

Regional Action Plan to Implement Global Strategy to Reduce Harmful Use of Alcohol for the South-East Asia Region

2014–2025



**World Health
Organization**

REGIONAL OFFICE FOR

South-East Asia

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Introduction

SEAR regional situation

Alcohol consumption leads to many negative impact on all dimensions of health; physical, mental, social and spiritual. Alcohol consumption relates to over 60 groups of diseases, caused 3.3 million global deaths in 2012 (5.9% of all global death) including 634,539 deaths in the South-East Asia Region (SEAR). Alcohol attributed to 5.1% of global burden of diseases, in term of total Disability-adjusted life years (DALYs) in 2012, and 4.0% for SEAR. Alcohol consumption also leads to many Non-communicable diseases (NCDs), including cardiovascular diseases and many cancers, as well as many communicable diseases including HIV/AIDS, TB and lower respiratory infection, that altogether attributed to a great proportion of global and regional burden of diseases.

Alcohol consumption also has a negative impact on other people surrounding drinkers and largely associates with many social and economic adverse consequences to population, especially the poor. It also undermines social asset in the long run, and therefore impedes social and economic development, particularly in low and middle-income countries through productivity loss, poverty enhancement, and impacts on social safety and quality of life. Magnitude and severity of alcohol-related problems in SEAR are prominent particular on NCDs, violence, domestic violence and traffic injuries.

Many health risks and social problems are also associated with alcohol consumption, in various patterns; causal relationship, reinforcement, coincidence, gateway. These undesirable behaviors related to alcohol include tobacco use, illicit drug abuse, violent behaviours, unsafe sex, HIV/AIDS, crime, financial problems and unemployment. These alcohol-related problems are also impediments of achievement of socio-economic development agenda, including the Millennium Development Goals (MDGs).

Compared to other regions, SEAR has relatively low drinker prevalence (13.5%) but a high percentage of heavy episodic drinking or binge drinking. The Region has witnessed an increasing consumption among youth and female population, which conventionally have low drinking prevalence. Adult Per-capita consumption rose continuously from 2.2 in 2005 to 3.4 litres of ethanol in 2010 and is forecasted to further increase to be close to 4 litres of ethanol in 2025. Although with significant drop in recent years, estimated unrecorded alcohol consumption still has a significant share in SEAR, accounted for almost 50% of regional consumption. Meanwhile, there is a shift of drinking pattern from indigenous style to metropolitan western-style beverages, as well as from ritual use to life style-related drinking. Majority of alcohol consumed in the Region is in the form of spirit (77.3%).

As an emerging market for alcohol industry, alcohol market in SEAR generally has a significant and continuous growth, both in terms of market volume and value. Alcohol

industries have progressively been investing and doing marketing in the region. In addition to globalization and a growing of bilateral, regional and multi-lateral trade agreements that facilitate the free flow of and investment in alcohol, alcohol marketing (product, price, place, promotion) might boost the consumption and negative impact of alcohol in the Region, as well as might limit the ability of Member States to prevent and control alcohol-related harms.

Overall, situation of policy and intervention to address harms from alcohol in SEAR countries is quite weak in term of incomprehensiveness, inconsistency, and outdate. The existing policies and legislation, furthermore, are lack of effective implementation and enforcement and have not taken well enough in to account public health interest. Most SEAR MSs have ineffective alcohol-specific infrastructures to support the alcohol policy process including agency, policy and strategy, law and regulation.

Global and regional initiatives on NCDs and alcohol

Global initiatives

- Resolution WHA58.26 on public health problems caused by harmful use of alcohol
- Resolution WHA63.13 on the Global Strategy to reduce the harmful use of alcohol and the WHO global networks of the National Counterparts to implement the Global Strategy to Reduce the Harmful Use of Alcohol was set up later in 2011
- Resolution WHA66.10 on the Global Action Plan for the Prevention and Control of Noncommunicable Diseases (NCDs) 2013-2020 and global target on reduction of harmful use of alcohol as one of the nine voluntary targets

Regional initiatives

Resolution SEA/RC54/R2 on Mental Health and Substance Abuse, including Alcohol, SEA/RC59/R8 on Alcohol Consumption Control: Policy Options which endorsed the Regional Policy Framework, document SEA/RC59/15, to provide strategic guidance to Member States are the key policy milestones to address the issues of the alcohol-related problems in the SEAR.

SEARO has provided support to Member States for the development of alcohol policy and implementation of the Global Strategy to reduce the harmful use of alcohol. The Regional

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