



# Law and Alcohol

## Policy Brief for the Western Pacific Region

### Who might use this brief

#### ■ **Parliamentarians and parliamentary advisors**

- ▶ Whether in government, opposition, ministers or backbenchers, the unique functions of parliamentarians as lawmakers, approvers of budgets, holders of government to account and constituency leaders provide opportunities to support action to address public health risk from alcohol use.

#### ■ **Government officials**

- ▶ Health officials and public servants in the Ministry of Health charged with responsibility as decision makers or advisers to decision makers on policy and law reform proposals to address the acceptability, availability and affordability of alcoholic beverages.
- ▶ Officials and public servants in sectors outside health who may be advising on a policy or law proposal that addresses the acceptability, availability and affordability of alcoholic beverages.

### How can this brief be used?

- As information in an accessible and summarised form about the risks of alcohol use globally and in the Western Pacific Region and a link to further detailed information.
- As a resource, sharing evidence-based laws available to parliamentarians and government officials to address alcohol consumption and alcohol-related health harms.
- To inform development of briefing materials, speeches, cabinet submissions and legislative proposals.
- To encourage advocacy across government sectors and in the community.



## Why regulate alcohol use?

**Alcohol is a major risk factor for cancer and other noncommunicable diseases (NCDs) regionally and globally.**



In 2019, there were **485,424 alcohol-attributable deaths** in the Western Pacific Region.



The WHO Best Buys and many other recommended **interventions for alcohol require laws and regulations for successful implementation.**



**Alcohol harm often extends beyond the individual drinker to family and community members and road users.** As such, measures addressing alcohol often have benefits beyond the health sector.



Regional alcohol per capita consumption in 2022 for those aged 15 and over was 5.2 litres per calendar year, **sitting just above the global average of 5 litres.**



**Gender, culture, social and religious factors influence alcohol use** in the region and globally. The region has the third highest rates of alcohol consumption of any WHO Region.



## Alcohol and the sustainable development agenda

- Alcohol use impedes sustainable development. Despite declining alcohol per capita consumption in the Western Pacific Region, it still has some of the highest rates of alcohol use among adults of any WHO Region.
- The 2030 Agenda for Sustainable Development recognises alcohol as a major barrier to sustainable development. Target 3.5 provides that States should:

*‘Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol’.*

Progress is measured by alcohol yearly per capita consumption (aged 15 years and over) in litres of pure alcohol. The leading causes of alcohol-attributable deaths in the region are haemorrhagic stroke, liver cirrhosis and road traffic accidents.

## Global strategies and frameworks to address alcohol use

- WHO’s Global Strategy to Reduce the Harmful Use of Alcohol (Global Alcohol Strategy) 2010 is the main international instrument on alcohol.
- A Global Alcohol Action Plan was adopted by the World Health Assembly in 2022 to support implementation of the Global Alcohol Strategy, setting a global target of a relative reduction of 20% in alcohol consumption by 2030 compared to 2010.
- The SAFER initiative, a collaboration between WHO and key international partners, includes a technical package focusing on five areas of intervention.

### 2010 WHO Global Alcohol Strategy and WHO Global Alcohol Action Plan 2022-2030

Ten policy area options and interventions to be implemented, as appropriate, at the national level:

- |                                               |                                                                                         |
|-----------------------------------------------|-----------------------------------------------------------------------------------------|
| 1. Leadership, awareness and commitment       | 7. Pricing policies                                                                     |
| 2. Health services’ response                  | 8. Reducing the negative consequences of drinking and alcohol intoxication              |
| 3. Community action                           | 9. Reducing the public health impact of illicit alcohol and informally produced alcohol |
| 4. Drink-driving policies and countermeasures | 10. Monitoring and surveillance                                                         |
| 5. Availability of alcohol                    |                                                                                         |
| 6. Marketing of alcoholic beverages           |                                                                                         |

The Global Alcohol Action Plan 2022-2030 proposes global actions and measures in six areas:



Implementation of high-impact strategies and interventions



Advocacy, awareness and commitment



Partnership, dialogue and coordination



Technical support and capacity-building



Knowledge production and information systems



Resource mobilisation

## Alcohol in the NCD Agenda

- Alcohol is recognised as one of five major NCD risk factors. The WHO Global Action Plan on the Prevention and Control of Noncommunicable Diseases 2013-2030 (Global NCD Action Plan) includes a list of Best Buys (cost-effective measures) and other recommended interventions countries can adopt to address alcohol and other NCD risk factors in Appendix 3. Appendix 3 was updated in 2022.
- An Implementation Road Map 2023-2030 for the Global NCD Action Plan was adopted at the World Health Assembly in 2022 to further guide and support Member States to take urgent measures on NCDs.

### WHO 'Best Buys' and other recommended interventions for alcohol and the SAFER technical package

Best Buys (effective interventions with cost-effectiveness analysis):

1. Increasing excise taxes on alcoholic beverages
2. Enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
3. Enacting and enforcing restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

Good buys (effective interventions with cost-effectiveness analysis that is not quite as cost-effective as the Best Buys):

1. Enacting and enforcing drink-driving laws and blood alcohol concentration limits via sobriety checkpoints
2. Providing brief psychosocial intervention for persons with hazardous and harmful alcohol use

There are six further measures for alcohol control that WHO recommends that have been shown to be effective but for which no cost-effective analysis currently exists. These include:

- |                                                                                                                                              |                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Carrying out regular reviews of prices in relation to level of inflation and income                                                       | sponsorships and activities targeting young people                                                                                                                    |
| 2. Establishing minimum prices for alcohol where applicable                                                                                  | 5. Providing prevention, treatment and care for alcoholic use disorders and comorbid conditions in health and social services                                         |
| 3. Enacting and enforcing an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets | 6. Providing consumers with information, including labels and health warnings, about content of alcoholic beverages and the harms associated with alcohol consumption |
| 4. Restricting or banning promotions of alcoholic beverages in connection with                                                               |                                                                                                                                                                       |

The SAFER technical package provides five of the most cost-effective alcohol control priority intervention areas. These include:

1. **Strengthen restrictions on alcohol availability**
2. **Advance and enforce drink driving counter measures**
3. **Facilitate access to screening, brief interventions and treatment**
4. **Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion**
5. **Raise prices on alcohol through excise taxes on pricing policies**



## Alcohol in the Western Pacific NCD Agenda

- There are two key regional NCD instruments: the 2014 Pacific NCD Roadmap – adopted by Pacific leaders to respond to the NCD crisis in the Pacific – and the Regional Action Framework for NCD Prevention and Control in the Western Pacific Region endorsed by the WHO Regional Committee for the Western Pacific in 2022.

## Where does law come into it?

All three of the WHO Best Buys and many of the other interventions listed in Appendix 3 to address alcohol require the adoption of government laws or regulations to be effective.

## How to introduce strong alcohol control laws?

- **Take a multisectoral approach: Alcohol use and harm is not just a health issue. As such, laws addressing alcohol use and harm affect many sectors and are not just developed by the health sector.**

For example, liquor licensing laws are commonly administered by justice ministries, while taxes may be administered by finance ministries, which means that the responsible ministers for those portfolios will need to take an active role in the enactment of those laws. Multisectoral coordination and cooperation across a wide range of government sectors and the broader society, as appropriate, is essential. Who to include when developing alcohol control laws and policies will vary depending on country context but may include sectors including development, transport, social welfare, education and employment, sports, treasury/finance, justice, agriculture, women, housing, enforcement or implementing agencies, trade, religious institutions and relevant civil society. Law can play an important role in establishing multisectoral bodies, however, multisectoral action does not require a legal mandate to be effective (see case study 1 for an example of utilising a multisectoral approach to address alcohol).

- **Consider a comprehensive approach: Evidence-based alcohol laws are most effective when they are comprehensive.**

Countries can introduce comprehensive laws and policies by relying on the WHO Best Buys and other recommended interventions, the SAFER initiative and adopting these, as appropriate, to the country context (see case study 2 for an example of how a comprehensive law can reduce alcohol harm).

- **Public health policies should be protected from conflicts of interest: Alcohol industry interference can be a key barrier to the adoption of alcohol control laws.**

Strategies used by the alcohol industry to delay action include arguing in favour of self-regulation, disputing evidence and using litigation or threats of litigation to deter governments.

## What can parliamentarians and parliamentary advisers do to support regulation of alcohol?

- Familiarise themselves as parliamentarians about global and regional alcohol use and the public health harm from alcohol, and take up opportunities to learn more about it as they are offered through conferences, webinars, briefings etc.
- Ask the Ministry of Health and/or WHO Country Office to conduct briefings for interested parliamentarians.
- In formal and informal parliamentary activities, support action to enable evidence-based alcohol regulation.
- In parliamentary committee hearings seek briefings from WHO or other holders of evidence-based information on alcohol use, the harm it causes and available policy options to address it.
- In formal and informal parliamentary activities, support action to enable evidence-based alcohol regulation.
- When draft laws are provided for examination and in parliamentary oversight committees before introduction into parliament, ensure they align with evidence-based measures recommended by WHO.
- In plenary sessions of parliament, ask questions about data on alcohol use, shifts in per capita consumption and the incidence of NCD's attributable to alcohol and monitoring for compliance of current laws.
- In parliament and cabinet, actively support evidence-based laws that address the availability, acceptability and affordability of alcohol.
- Advisers can prepare speaking notes which are customised to stakeholders and sectors depending on the audience and purpose of the speech.
- Consider asking questions of responsible authorities, seeking more information and speaking publicly about reform obstacles or compliance issues.

## What can government officials do to support alcohol regulation?

- Seek opportunities which arise to raise awareness about the harms attributable to alcohol use (for example via media interest, conferences, local events).
- Identify champions who may influence public opinion and increase visibility of the issue of harm from alcohol use.
- Seek opportunities to brief incoming governments or new Ministers about the importance of alcohol regulation.
- Seek out evidence-based information from WHO guidance documents as well as country specific information.
- Prepare briefings and identify opportunities in the legislative program.
- Consider the investment case for alcohol regulation in the cycle of country health planning and annual budget preparation.
- Address issues that impede effective alcohol regulation and develop strategies and policies to address them (for example ensure public health policies are protected from the interests of the alcohol industry).
- Establish multisectoral bodies or working groups focusing on alcohol which include relevant sectors.
- Tailor briefings, speeches, talking points and discussions with other sectors to show how alcohol relates to their sector. Examples include:
  - ▶ **For the finance sector:** that alcohol taxes are an effective measure that reduces alcohol consumption, reduces health inequities and generates government revenue.
  - ▶ **For police and law enforcement:** that alcohol laws can reduce crime, accidents and violence, especially violence against women.
  - ▶ **For the transport sector:** that alcohol laws can reduce drink driving and road traffic accidents.
  - ▶ **For the education sector:** that alcohol laws can protect children from harmful industry advertising.

## Some useful global and regional resources on alcohol and law

- World Health Organization, Laws and regulations addressing the acceptability, availability and affordability of alcoholic beverages (2025)
  - ▶ A comprehensive look at how and why to use law to address the acceptability, availability and affordability of alcoholic beverages. Full of useful materials, examples and case studies and can assist the policy development and law reform process.
- Pacific Community, The Pacific Legislative Framework for Non-Communicable Diseases
  - ▶ Annex 2-1 of the Framework contains a model Liquor Control Bill that Pacific countries and territories can use as a guide for their own alcohol laws.
  - ▶ The Pacific Legislative Framework complements other NCD initiatives in the region including the Pacific NCD Roadmap and the Pacific Monitoring Alliance for NCD Action (known as the MANA Dashboard) which monitors the implementation of the Roadmap in 21 Pacific Island Countries and Territories (PICTs).
  - ▶ For alcohol, the MANA dashboard indicators include WHO Best Buys and other recommended interventions including alcohol licensing, advertising, taxation and drink driving.
  - ▶ The MANA dashboard shows areas where PICTs have consistently introduced policies and legislation, such as alcohol licensing (where the dashboard shows in 2021-2022 all PICTs had a licensing system in place), and areas where few PICTs have introduced measures, such as alcohol advertising (where just 33% of PICTs are recorded as having alcohol advertising measures in place in 2021-2022).



## Case study one: Vietnam relies on a multisectoral approach to introduce first comprehensive alcohol law for the Western Pacific Region and introduce a historic alcohol tax

Vietnam has one of the highest per capita alcohol consumption rates in the Western Pacific Region. To combat this, in 2019, Vietnam became the first country in the region to pass a comprehensive alcohol control law. The *Law for the Prevention and Control of Alcohol-Related Harm* came into force on 1 January 2020 and covers multiple WHO best buys and other recommended interventions for alcohol, including:

- Banning all advertising of alcohol 15% ABV and above, for alcohol below this banning advertising from 6pm-9pm every day and the requirement for alcohol advertisements to carry warnings on alcohol-related harms;
- Banning marketing strategies that include corporate giveaways, images, logos, music, film talents and other product brands targeting children and youth;
- Banning marketing strategies that target children, youth and pregnant women;
- Restricting the establishment of new premises for on-site consumption businesses within 100 metres of kindergartens, pre-schools, general education establishments and health care facilities;
- Banning the sale of alcohol to people under 18;
- Banning drink driving for all motorised vehicles.

A multisectoral approach was essential in getting the alcohol law passed, a milestone which took almost a decade for the country to achieve, with the importance of multisectoral coordination also entrenched in the law. The Ministry of Health who led the drafting of the alcohol law worked with stakeholders from other government agencies, provincial authorities, development partners including the World Health Organization and civil society to pass the law and overcome significant opposition from the alcohol industry who sought to deter, delay and weaken the measure. The law further ensures multisectoral coordination continues by establishing the roles and responsibilities of relevant agencies in implementing the law. These are further expanded on in the Guiding Decree of the Law issued in February 2020.

A multisectoral approach was also essential to Vietnam's adoption of the revised Excise Tax Law. The revised law was adopted by the National Assembly of Vietnam on 14 June 2025 and includes phased hikes of alcohol and tobacco excise taxes and introduces a tax on sugar-sweetened beverages. Alcohol with 20% alcohol content or more, and beer, will start at the current 65% tax in 2026, with 5% annual increases to reach 90% in 2031. For alcohol below this content, the rate will begin at 35% in 2026 and rise by 60% by 2031. The revised law, which aims to protect the future of Vietnamese youth and community health, resulted from an effective multisectoral approach with strong leadership from the Minister of Finance and the Minister of Health and support from other government departments as well as key local and international public health partners.



## Case study two: Lithuania shows how alcohol control laws can reduce alcohol-related deaths and improve public health

The European country of Lithuania has a strong history of introducing alcohol control laws and policies in line with WHO Best Buys to reduce alcohol consumption and alcohol-related harm in the country. In 1995 the *Law on Alcohol Control* was adopted, however, the period since 2008 has seen the adoption of comprehensive alcohol policies. These have included:

- A comprehensive ban on alcohol advertising on TV, radio and internet
- Stricter drink driving provisions
- Increases in excise taxes for all alcoholic beverages
- Restrictions on retail sales of alcohol including:
  - ▶ Banning alcohol sales in petrol stations
  - ▶ Banning retail sales hours for alcohol before 10am and after 8pm (Monday to Saturday) and before 10am and after 3pm on Sundays with some limited exceptions and
  - ▶ Banning the sale of alcohol above 7.5% ABV at special events including fairs, mass gatherings and sports competitions and the sales of alcohol above 13% ABV at exhibitions
- Raising the minimum legal drinking age from 18 to 20
- A prohibition of the production of home-brewed alcoholic beverages with an exception allowed for naturally fermented alcoholic beverages produced for personal use of natural persons, where the ethyl alcohol strength of such beverages by volume is not over 18% (for beer - no higher than 9.5%)

Evaluation of alcohol control measures in Lithuania have found that:

- The impact of two phases of integrated alcohol control policies in 2008/2009 and 2017/2018 have been associated with an average reduction of almost 1 litre of adult (15 years and over) alcohol per capita consumption.
- Between 2012 and 2019 during a period where extensive alcohol control policies were implemented, absolute education-based inequalities in all-cause mortality in Lithuania decreased by 18% among men and by 14% among women.
- Large increases in excise tax implemented in 2017 have been found to have an immediate reduction of death rates among males.

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