

## 4. DISCUSSION

*“Godfrey and Maynard (1995), have classified the wide range of policy options available to reduce the public health burden of alcohol consumption into three main groups: population-based policies, problem-directed policies and direct interventions. The first group, or population-based policies, are policies aimed at altering levels of alcohol consumption among the population. They include policies on taxation, advertising, availability, controls including prohibition, rationing and state monopolies, promotion of beverages with low or no alcohol content, regulation of density of outlets, hours and days of sale, drinking locations and minimum drinking age, health promotion campaigns and school-based education. Such strategies are usually seen as relatively ‘blunt’ instruments, because, rather than being directed at only those with drinking problems, they affect all drinkers. However, it is worth noting that, except for school-based education and health promotion campaigns, these are generally the policies where effectiveness has been most clearly demonstrated.*

*The second group of policies are those aimed at specific alcohol-related problems, such as drunken driving (e.g. promoting widespread random breath testing) or alcohol-related offences. These policies are more focused and, hence, are less likely to affect the non-problem drinker. However, there is a risk that focusing on one problem alone might, in turn, cause others to go unnoticed and maybe even worsen in magnitude (Godfrey and Maynard, 1995).*

*The third group of policies involves interventions directed at individual drinkers. These include brief interventions, treatment and rehabilitation programmes. Except for the brief interventions, many such ‘treatments’ are administered only to those individuals with the most severe problems. Successful interventions have potentially a major impact in improving the individual’s quality of life, but would have to encompass a sizable population of this particular group in order to have a noticeable impact on the macro level of problems (Godfrey and Maynard, 1995).*

*With the wealth of scientific evidence currently available, decision-makers are now better placed to make informed public policy choices. The following basic conclusions can be drawn from a review of the research (Klingemann, 1993; Holder, 1999; Babor, 2002; Ludbrook, 2002):*

There are a wide range of policy options available to reduce the public health burden of alcohol use.

- ◆ alcohol problems are highly correlated with per capita consumption, and reductions in per capita consumption produce a decrease in alcohol problems;
- ◆ the greatest amount of evidence with regard to public policy has been accumulated on the price-sensitivity of alcoholic beverage sales, suggesting that alcoholic beverage demand is responsive to price movements, so that as price increases, demand declines and vice versa;
- ◆ heavy drinkers have been shown to be affected by policy measures, including price, availability and alcohol regulation;
- ◆ alcohol policies that affect drinking patterns by limiting access and discouraging drinking under the legal purchasing age are likely to reduce the harm linked to specific drinking patterns;
- ◆ individual approaches to prevention (e.g. school-based prevention programmes) are shown to have a much smaller effect on drinking patterns and problems, than population-based approaches that affect the drinking environment and the availability of alcoholic beverages;
- ◆ legislative interventions to reduce permitted blood alcohol levels for drivers, to raise the legal drinking age and to control outlet density have been effective in lowering alcohol-related problems.

*(From Global Status Report – Alcohol Policy – World Health Organization, Department of Mental Health and Substance Abuse, Geneva, 2004)*

#### 4.1 Definition of an Alcoholic Beverage

The definition of an alcoholic beverage sets the guidelines for the application of national laws, mainly for taxation purposes. The definition is an important legislative issue, because if the limit on alcohol content is set high, some beverages with low alcohol content may not be subjected to any regulations.

In some countries, (e.g. Switzerland) the official pricing policy is to encourage people to consume low-alcohol or non-alcoholic beverages, in order to discourage consumption of high-alcohol content beverages, such as spirits (Holder, 1998). The evidence, although not conclusive, suggests that promoting beverages of lower alcohol content can be an effective strategy to reduce consumption of high-alcohol spirits and the associated harm (Babor et al., 2003).

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Nepal to a high of 5% alcohol by volume in Bhutan. Thailand (> 0.5%), Indonesia (1%), and Myanmar (2%) have a low cut-off point for the definition. Sri Lanka and India have a cut-off of 4% alcohol by volume. According to the Global Status Report on Alcohol Policy – 2004, (WHO, 2004b) the range for the legal definition of alcoholic beverages across the world lies between 0.1–12.0% alcohol by volume, with a mean of 1.95%.

Setting the limit on alcohol content high, such that widely consumed beverages like beer and wine are excluded from the definition, could send a wrong signal to the community, particularly the youth, that these are not in the same category as spirits and therefore less harmful. Member States should consider setting the limit such that all alcoholic beverages are included in the regulatory process.

## 4.2 Price of Alcoholic Beverages

The price of alcoholic beverages strongly influences consumption patterns. (Edwards, 1994). Generally, consumers respond to a price increase by reduced consumption, particularly excess or harmful use of alcohol. Data from developed countries suggests that the impact is more among price-sensitive consumers such as the youth rather than occasional drinkers. Heavy drinkers also respond to price change (Holder, 1995).

The price of alcoholic beverages in Member States should be interpreted relative to the buying power of the community. Data across countries should not be compared by a direct conversion to a standard currency as these comparisons would be meaningless. An indicator sometimes used is the ratio of the price between beer and colas. The rationale for looking at the price of beer and a soft drink is that the pricing policy of alcoholic beverages by governments can be to encourage the consumption of non-alcoholic drinks. In the SEAR Member States the beer-cola ratio generally ranges from 2 to 4. This suggests that one can purchase 2 to 4 colas for the same price as one beer. A point to note is the relatively low cost of 'local alcoholic beverages' (i.e. country liquor sold by different names in different countries) compared to beer, wine and spirits. The health consequences of impurities and adulterants in local alcoholic beverages remains a matter of concern. In all responding countries, the price of alcohol containing beverages has increased in the last five years but whether the price increase is above the rise in buying power was not determined by this questionnaire.

An important issue in the SEAR Member States is that if the price of beer, wine and spirits are raised, consumers have the option of switching to local alcoholic beverages or even illicit liquor.

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The price of alcoholic beverages should be set at a level that can alter consumption decision, with an effective mechanism to prevent the consumer's shifting towards cheaper illegal alcohol. With increasing income, the impact of a one time rise in price maybe neutralized. Thus the prices should be adjusted periodically so that the prices of alcoholic beverages rise at, or beyond, the rate of inflation.

### 4.3 Taxation of Alcoholic Beverages

In many countries, alcohol is an important source of revenue for governments, and therefore, an established target of taxation. The ongoing process of liberalization, privatization and globalization in the restructuring economies of the Region has seen the liquor industry becoming stronger with rationalization of taxes. However, despite the reduction in taxes, they still constitute a substantial amount of the total cost of alcohol.

All seven responding countries have a general sales tax or a value added tax. Most countries have a tax between 7–20%, except Myanmar which has a tax of 40%. Generally the taxation is related to the alcohol content and is higher for beverages with higher alcohol content.

In India, the tax on alcoholic beverages contributes to more than 10% of state tax revenues (Mahal, 2000; Damodar, 2004). In an empirical study, Mahal reports that considering the price elasticity of demand in alcohol consumption among rural youth, it would need roughly an 80–90% increase in prices to achieve an effect similar to prohibition. To achieve such prices of alcohol an effective method is the raising of excise taxes at the production stage on installed capacity. This especially needs to be seen in the context of a high level of tax evasion (almost 2.5 times the sales, Benegal, 2005). Richupan (2005), reviewing the alcohol taxation policy in Thailand and establishment of the Thai Health Promotion Fund, observes that alcohol taxation policy should be considered an effective policy instrument to internalize the cost of alcohol consumption, which makes those consuming alcohol pay for the social costs. Amornvivat (2005) providing a government perspective of alcohol taxation, recommends for Thailand, a substantial increase in tax rates, equalization of taxes on alcohol contained in different alcoholic beverages and inflationary adjustment to the taxes. He observes that non-tax measures complement tax measures by playing a dominant role in deterring alcohol use and abuse.

Taking the Bangalore study (Gururaj, 2006) as an example, it is estimated that in India while gains in terms of revenue from alcohol sales were INR 216 billion every year, losses from the adverse effects of alcohol were estimated to be INR 244 billion, apart from the immeasurable losses due

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to multiple and rollover effects of alcohol consumption. Needless to say, the available estimates are merely the tip of the iceberg. The seeming gain from the existing alcohol control policies, i.e. the revenue from excise taxes, ends up being spent to counter the effects of alcohol use in the medium- and long-term. Similarly short-term gains of economic development such as establishing new breweries end up with social mal-development; which is coupled with inefficient enforcement of rules and regulations.

One option is to allocate part of the taxes generated from the sales of alcohol to support health promotion, including community education, sports and recreational activities. Thailand has adopted, under its health promotion act, the use of “sin tax” on tobacco and alcohol and the proceeds are used for health promotion activities, including reducing alcohol consumption and related problems.

#### 4.4 Drink-driving Legislation

A clear association between alcohol use and injury, specially Road Traffic Injury (RTIs), within six hours of alcohol consumption has been proven beyond doubt (Cheriptel, 1993 and 2003). Sindelar (2004), in a recent review of available literature from high-income countries, observed that nearly 5–50% of patients registering to the emergency department for trauma had consumed alcohol. Driving under the influence of alcohol, even when the blood alcohol concentration (BAC) is within the legal limit, has a higher risk particularly for new and young drivers.

Drink-driving is an emerging issue in all SEAR Member States. Indonesia is yet to establish a maximum legal BAC when driving a car. Although Bhutan has not established a maximum legal BAC when driving, drink-driving is prohibited and rigorously enforced by the police. Nepal does not permit any alcohol in the blood while driving. Maximum legal BACs established in other countries range from 30–70% mg.

In all seven responding countries, random road side breath testing is either not available or very seldom used, except in special drives such as during New Year and other festivals.

Effective counter-measures for drink-driving include:

- 1) setting legal BAC at an appropriate level, and if possible, lowering the legal BAC level;
- 2) active surveillance system for drink-driving;
- 3) swift punishment(s) including licence suspension; and
- 4) specific measures for high-risk groups, such as setting a lower level of legal limit of BAC among new and young drivers and commercial drivers (“zero tolerance”).

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It has been shown in research studies that regular and comprehensive Random Breath Testing is more effective than setting fixed sobriety checkpoints (Peek-Asa, 1999).

The SEAR Member States could consider introducing comprehensive drink-driving legislation which includes provisions for the legal interpretation of a refusal to take a test, the penalties (fine, suspension of licence, or imprisonment) and treatment or education programmes for habitual drink-driving offenders, or offenders who have significantly exceeded the legal BAC.

## 4.5 Restrictions on Consumption and Availability

Various legislative measures could be used for reducing alcohol consumption, and thereby the harm from its use, by limiting the physical availability of alcohol. There is evidence that limiting the easy availability of alcohol influences the rates of alcohol-related injuries and other problems (Klingemann, 1993).

### 4.5.1 Legal age limit for buying alcohol

Setting a minimum legal age limit for purchasing or drinking alcohol is a measure targeted at the youth by restricting their access to alcohol. Among the youth, alcohol use usually begins as 'experimentation' often initiated in peer groups. School friends often form the first group in which alcohol consumption is initiated. It may also occur within the family, at social gatherings on special occasions such as birthdays or marriages, where alcohol is served. In the SEAR Member States the legal age limit for buying alcohol, either on-premise (restaurant/bar) or off-licence (shops, supermarkets), is 18. In Indonesia it is 21, and 25 in India.

Evidence suggests that consumption of alcohol is usually influenced by the age at which alcohol is legally available (for purchase in shops or consumption in bars) and a higher age for purchasing/drinking is effective in reducing alcohol-related problems and the consumption of alcohol by minors (Grube, 2001). Some studies from Western countries show that one of the predictors of life-time alcohol-related problems is early age of onset of regular alcohol consumption (Chou, 1992; Kraus, 2000).

Even though a minimum age for purchasing alcohol has been stipulated by the law, strict enforcement of this is found wanting as it is common to see many youngsters buying and also being under the influence of alcohol. It is known that even a moderate increase in enforcement levels can significantly reduce the sale of alcoholic beverages to underage young people (Wagenaar, 2000).

Having a legal age limit for buying alcoholic beverages does not necessarily mean that young people will not have access to alcohol. Social and cultural factors play a key role in alcohol consumption among the youth. The giving of alcoholic beverages by parents or older siblings and friends to those who are underage, exists to some degree in many countries, often as part of the local culture and norms.

There is now evidence that drinking alcohol is being initiated at progressively younger ages. There has been a significant lowering of the age at initiation of drinking in India. Data from Karnataka showed a drop from a mean of 28 years to 20 years between the birth cohorts of 1920–30 and 1980–90 (Benegal, 2005). Some young people move from experimentation to regular consumption and some to harmful use of alcohol. The first occasion of “getting drunk” is an event of similar importance to that of initiation into alcohol consumption. Parents’ drinking habits and the attitude of the family to alcohol strongly affect children’s pattern of alcohol consumption. The attitude of some communities in which alcohol consumption, particularly among young males, is condoned and accepted as a sign of “growing up” encourages young people to drink alcohol because their uncivilized behaviour is excused.

#### **4.5.2 Restrictions on alcohol consumption in different public domains**

Prohibition of public drinking at specific settings such as educational institutions, public places (offices and factories), recreational settings (parks and beaches, cinema halls, sports stadiums) and fast-food restaurants could ensure a safe public environment and minimize or avoid injuries and loss of public property.

Alcohol consumption is legally forbidden in health care establishments, educational buildings and government offices in all the seven responding countries. The responses for consumption of alcohol in public parks vary. There is no restriction in Bhutan, Nepal and Thailand; it is legally forbidden in India and Indonesia; partially restricted in Sri Lanka and subject to voluntary agreement in Myanmar. Consumption during sporting events also varies with no restriction in Sri Lanka and Thailand; partial restrictions in Bhutan, voluntary agreement in Myanmar; but forbidden in India, Indonesia and Nepal. For consumption during leisure events there is no restriction in Bhutan, Myanmar and Thailand; partial restriction exists in India, Nepal and Sri Lanka, while it is forbidden in Indonesia. For consumption of alcohol in the workplace there is voluntary agreement in Bhutan; partial restriction in Thailand; no restriction in Sri Lanka and it is legally forbidden in India, Indonesia, Myanmar and Nepal. The variable responses in permission to use alcohol in parks, sporting events

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**Restricting alcohol consumption at workplaces results in a healthier and more productive workforce.**



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and leisure events is probably a reflection of the permissiveness of that particular society's attitude towards alcohol consumption.

Restricting alcohol consumption at workplaces could potentially reduce some forms of alcohol-related harm. One of the measures to reduce work-related accidents and absenteeism is to develop comprehensive workplace health programmes that address alcohol and drug abuse, thus resulting in a healthier and more productive workforce.

Restriction of drinking in public places, recreational settings, the workplace and other public domains is to emphasize that alcohol is a special commodity which does not mix well with certain environments and occupations, or with workplaces and is crucial to encouraging safety and orderly behaviour. To derive benefit from these messages it is essential that there is strict enforcement of the law by the concerned agencies and that there is complete support from local communities for such rules.

#### 4.5.3 Level of state control on production and sale of beer, wine and spirits

Legislative control of production, marketing and retail sale of alcohol could take the following positions: (a) total control of production and/or sales (state monopoly) b) partial control (licencing system) or (c) absolutely no control (total liberalization). From a public health perspective, it is the retail level which is important for controlling individual consumption, while monopolizing of production and wholesale distribution may facilitate revenue collection and effective control of the market.

India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand do not have a state monopoly on the production and retail sale of beer, wine and spirits. A licence for production and retail sale is required in all seven responding countries. In Bhutan there is a state monopoly for production and retail sale of beer and spirits. Wine is not produced locally but import is fully controlled by the state as is its retail sale.

A system of state monopoly on retail sales can ensure a smaller number of outlets and limited hours of sale. A retail state monopoly reduces the physical availability and also reduces the profit motive of private enterprises. It also eliminates promotion through discount pricing and permits high retail prices to be established (Holder, 1998).

A licencing system requires that anyone who wants to sell or produce alcoholic beverages has to apply for a licence granted by the concerned authorities after paying a fee. Failure to follow the conditions of sales regulations can lead to suspension of the licence. From a public health perspective, particularly for a licencing system, a key issue is effective

enforcement of laws on retail sale of alcoholic beverages. This requires comprehensive and continuous checking of licences in retail outlets.

The following components could ensure an effective licencing system:

- ◆ Large fee for a licence (part of which could be used to counter the adverse effects of alcohol use, such as health promotion activities)
- ◆ Stringent procedures for grant of licences (they should not be granted automatically)
- ◆ Effective monitoring and enforcement
- ◆ Ensuring that strict sanctions will be applied for all violations such as selling alcoholic beverages to underage or clearly intoxicated people
- ◆ Use of the licencing system for limiting the number, concentration and location of licenced outlets in one area. (WHO, 2004b)

In cases where state monopolies are not politically feasible, such a licencing system could be useful in minimizing alcohol-related harm, as part of an alcohol control policy. However, in countries where much of the alcohol consumption is unrecorded, home-brewed or smuggled, neither a monopoly nor a licencing system alone would be likely to raise the level of government control.

Worldwide experience shows that total prohibition on the production, sale, and consumption of alcohol usually does not succeed, unless firmly rooted in the local culture or strong religious convictions of the majority of the population (Ritson, 1994). Although there is some evidence that total prohibition of alcohol does reduce consumption and alcohol-related problems, it could also promote organized crime and corruption through cross-border smuggling and brewing of illicit liquor (Levine, 2004).

The regulation imposed by society on the sales and production, especially of the illicit variety of alcohol has been sketchy and not uniform across the Region. A notable aspect in the societal response has been the involvement of women's groups in banning the sale and consumption of alcohol in some areas (Joshi, 2004). The impact of these and similar movements have not been adequately evaluated either in terms of the broader parameters related to alcohol consumption or the long-term sustainability. What is noteworthy in these attempts is the intense immediate pressure generated against the prevalent alcohol policies and alcohol consumption.

#### **4.5.4 Existing restrictions for the off-licence sale of beer, wine and spirits**

Off-licence sale refers to the purchase of alcohol in a shop or supermarket for consumption in private settings. There are many ways

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in which countries can limit the sale of alcoholic beverages in shops and supermarkets through restrictions on hours, days and place of sale, and the density and location of outlets.

All seven responding countries have restrictions on the hours of sale. Days of sale are restricted in Bhutan, India, Indonesia and Sri Lanka. Places of sale are restricted in Bhutan, India, Indonesia, Myanmar and Nepal. Density of outlets is restricted in Bhutan, India, Indonesia, Myanmar and Sri Lanka.

Studies of changes in hours or days of sale have often demonstrated increased drinking or increased rates of alcohol-related harm with increased number of hours or days of sale (Chikritzhs, 2002). Babor (2002) and colleagues note that reductions in the hours and days of sale, and number of outlets are associated with a reduction in alcohol consumption and related problems.

#### 4.5.5 Level of enforcement of existing sales restrictions

The success of all policy options is dependent on strict, equitable and impartial enforcement of regulations. Enforcement could be improved through governmental or local action. Restrictions on the sale of beer, wine and spirits are fully enforced in India, Myanmar and Thailand. These are partially enforced in Bhutan, Nepal and Sri Lanka. These are rarely enforced in Indonesia, but with 90% of the population being Muslim most people are abstainers.

#### 4.6 Alcohol Advertising and Health Warnings

Alcohol advertising has the potential of promoting changes in attitudes and social values, including publicizing the desirability of social drinking to its viewers, which encourages a higher consumption of alcohol and weakens the social climate towards effective alcohol control policy. In countries where advertising in the media is not totally banned, there is frequent portrayal of alcohol use in media as a harmless pursuit, showing solidarity, friendship and masculinity, while neglecting any negative consequences.

Alcohol advertising is not permitted in Bhutan, India and Indonesia. Of the four countries (Myanmar, Nepal, Sri Lanka and Thailand) which permit alcohol advertising, health warnings on advertisements are legally required only in Thailand. Health warnings on containers/bottles of alcoholic beverages are legally required only in India and Thailand.

Of the four countries where alcohol advertising is permitted (Myanmar, Nepal, Sri Lanka and Thailand), in Myanmar it is legally forbidden on national television, national and local radio, partially restricted in

newspaper/magazines and cinemas; there is voluntary agreement on advertising on billboards while there are no restrictions at the point of sale. In Nepal it is legally forbidden on national and cable television, national local radio and cinema, but there are no restrictions on advertising in newspapers, magazines, billboards and points of sale. In Sri Lanka the regulation varies from no restrictions to partial restriction to voluntary agreement in all media. Thailand is the most liberal advertising in different media, with partial restriction in some and no restrictions in the other.

It is known that advertising can influence consumer choices, have a positive short-term impact on knowledge and awareness about alcohol, but it has proved difficult to measure the exact effects of advertising on the demand for alcoholic beverages, in part because the effects are likely to be cumulative and long-term. Recent literature suggests that advertising and other marketing activities increase the overall demand and influences teenagers and young adults towards higher consumption and problematic drinking (Saffer, 2006). Self-regulation by the mass media has been attempted by developing codes of advertising for and by the industry. However, the effectiveness of voluntary codes is likely to be limited in developing countries because of lack of enforcement.

Even in places where alcohol advertising is banned, messages on alcohol use could be conveyed to existing or potential consumers in a variety of ways such as surrogate advertising (brand sharing of products including name and logos), advertising at the point of sales, and sponsorship of events, particularly in teenager-friendly events such as sports, music and cultural events. Thus an effective monitoring system is needed.

The overall research evidence suggests that advertising has a small but contributory impact on drinking behaviour (Edwards, 1994). Restricting and controlling alcohol advertising as a policy measure is relevant and appropriate for a comprehensive alcohol control policy (Rehn, 2001).

#### 4.7 Alcohol Sponsorship and Promotion

An important part of alcohol marketing and promotion are sponsorships by the alcohol beverage industry. The sponsorships usually cover events which are locally popular in the Region, such as cricket and football. In addition, sponsorship of events patronized by the affluent, such as golf and horse racing is common, particularly for high priced Western branded alcohol. A substantial amount of sponsorship is directed at the youth. If these sponsored events are televised, they may in fact amount to the same effect as direct alcohol advertising on television.

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Marketing, particularly to the young, plays a critical role in the globalization of patterns of alcohol use.

Sponsorship and promotion of events by the alcohol industry is permitted in Bhutan and Thailand. It is completely forbidden in India and Indonesia. In Sri Lanka sponsorship is permitted with some restrictions in serving free alcohol as a part of sales promotion. In Myanmar sponsorship is legally forbidden except for beer, while for sporting and youth events there are partial restrictions. In Nepal sponsorship of sporting and youth events is legally forbidden but some sales promotions have partial restrictions.

Sales promotion is particularly common in the SEAR Member States. This is permitted in Bhutan, India, Myanmar, Sri Lanka and Thailand and with partial restrictions in Nepal but it is legally forbidden in Indonesia. The concept of sales promotion, e.g. 'happy hours' where alcoholic beverages are subsidised in different ways promotes the concept of 'happiness' when drinking alcohol. The environment thus created encourages drinking.

Promotion of products through the mass media has been used both by the alcohol industry to promote its products and by governments to control harm from alcohol use. While mass media is a popular means for attempting to control harm from alcohol use, evidence suggests that complementary and reciprocal community actions pursued in conjunction are more effective than media campaigns alone (Jernigan, 1996). In addition, mass media campaigns are expensive and could be countered by aggressive, well-funded alcohol industry advertisements. An example of the success of alcohol industry promotion is the finding that a significant proportion (27%) of Sri Lankan men expressed favourable attitudes toward the alcohol industry (Perera, 2004).

Marketing, particularly to the young, plays a critical role in the globalization of patterns of alcohol use. Given that aggressive marketing strategies are used by these industries to promote their products among young people, scientifically designed epidemiological studies of alcohol use are essential to formulate effective prevention strategies.

#### 4.8 Level of Enforcement of Existing Advertising and Sponsorship Restrictions

Advertising and sponsorship restrictions can be effective only if they are fully enforced. Along with the enforcement of existing sales restrictions, advertising and sponsorship restrictions should also be strictly, equitably and impartially implemented. Ideally an independent consumer forum should monitor and oversee enforcement.

Rules are fully enforced in India, Indonesia, Myanmar and Sri Lanka; partially enforced in Nepal and not enforced in Bhutan. In Thailand rules are partially enforced for advertising but not for sponsorship.

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