



Joint Statement on Reducing and Preventing Alcohol Harms in the Asia Pacific and Southeast Asia Regions

Date: 10 October 2025

Background

We, member organizations of the Asia Pacific Alcohol Policy Alliance and the Southeast Asia Alcohol Policy Alliance, representing a broad network of civil society organizations, public health advocates, and experts across the two regions, issue this joint policy statement. We acknowledge that there is no safe level of alcohol consumption and that it is a major public health problem. It remains a key risk factor for non-communicable diseases (NCDs), injuries, and violence, significantly impeding social and economic development.

We reaffirm our commitment to accelerating the implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan (2022-2030), and the SAFER Initiative, which guides global efforts towards achieving Sustainable Development Goal (SDG) Target 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and alcohol consumption. We also acknowledge the impact of alcohol on at least 13 health-related SDG targets, and the role of alcohol as an obstacle to the achievement of at least six other SDGs – ending poverty (SDG 1), quality education (SDG 4), achieving gender equality (SDG 5), clean water and sanitation (SDG 6), achieving sustainable economic growth (SDG 8), and reducing inequalities between and within countries (SDG 10).

This statement outlines our shared policy priorities and calls for decisive action by the WHO, governments, and regional bodies to strengthen evidence-based alcohol control policies to protect public health.

I. Policy Priorities and Call to Action for Governments, Regional Bodies, and International Organizations

We call upon all governments in the Asia Pacific and Southeast Asia regions to strengthen and enforce evidence-based alcohol control policies, particularly the WHO "SAFER" package of cost-effective interventions in alignment with their own national context, including but not limited to the following:

A. Strengthen Restrictions on Alcohol Availability (S)

- 1.** Implement and strictly enforce comprehensive limits on the physical availability of alcohol, including reduced hours and days of sale, as well as limitations on points of sale (both on- and off-premise).
- 2.** Establish a licensing system to monitor the production, wholesale, sales, including delivery, and serving of alcoholic beverages.
- 3.** Establish minimum legal consumption and purchasing ages (without lowering current statutes).

B. Advance and Enforce Drink-Driving Countermeasures (A)

- 1.** Mandate and enforce low blood alcohol concentration (BAC) limits for the general population, as well as even lower limits for novice and commercial drivers, in line with best practice.
- 2.** Invest in and scale up random breath testing and other high-visibility enforcement measures.

C. Facilitate Access to Screening, Brief Interventions, and Treatment (F)

- 1.** Integrate alcohol screening and brief interventions (SBI) into routine primary health care and community-based services, including for NCDs and mental health programs.
- 2.** Increase investment in, and access to, specialized and affordable treatment services for alcohol-use disorders, ensuring equity and availability, especially in rural and underserved areas.

D. Enforce Bans or Comprehensive Restrictions on Alcohol Advertising, Sponsorship, and Promotion (E)

- 1.** Enact and rigorously enforce comprehensive bans on all forms of alcohol marketing, including cross-border and digital media, to protect children, adolescents, and vulnerable populations from exposure.

E. Raise Prices on Alcohol through Excise Taxes and Pricing Policies (R)

1. Systematically increase excise taxes on all alcoholic beverages, ensuring the real price of alcohol rises relative to income and inflation.
2. Introduce minimum unit pricing policies to eliminate the sale of cheap alcohol and limit its access to minors and vulnerable populations.

II. SAFER+ ("SAFER Plus")

In addition to the SAFER policies, we urge governments, regional bodies, and international organizations to take immediate action on the following:

- A. Avoid conflict of interest and undue influence of commercial interests in public health policies.
- B. Publish the progress report on the status of the implementation of regional strategies related to alcohol.
- C. Review and amend regulations to prevent the proliferation of online alcohol sales and home delivery that circumvent existing controls, including age restrictions.
- D. Reject alcohol industry self-regulation initiatives, as these are inadequate and ineffective, to protect public health interests.
- E. Denormalize alcohol consumption and raise awareness on the harms of alcohol.
- F. Integrate mental health issues into alcohol interventions and policies, and vice versa, in recognition of the clear and consistent links between alcohol consumption and mental health problems.
- G. Accelerate the implementation of the WHO "3 by 35" initiative to increase the real price of alcohol by at least 50% by 2035 through health taxes.
- H. Earmark additional alcohol excise tax revenue to fund alcohol-related health promotion, harm prevention, treatment, and universal health care.
- I. Introduce health warning labels for alcohol packaging to empower individuals to make informed decisions and increase awareness of alcohol-attributable health risks.

III. Regional Agenda for Civil Society Organizations (CSOs)

As a network of civil society organizations, APAPA and SEAAPA commit to the following actions, aligned with the Global Alcohol Action Plan:

1. Advocacy and Awareness

- a. Spearhead Public Health Advocacy:** Conduct and coordinate sustained evidence-based advocacy campaigns to mobilize political will for the full implementation and enforcement of the SAFER+ interventions at national and sub-national levels, with a focus on achieving SDGs.
 - b. Counter Industry Interference:** Systematically monitor and expose alcohol industry strategies that seek to undermine public health policies, and advocate for the development of national policies to protect policy-making from industry interference.
 - c. Empower communities in the most vulnerable communities, including children, adolescents, and youth:** Develop and disseminate culturally and linguistically appropriate information on the risks of alcohol consumption, particularly no-safe-level messaging, and the benefits of effective alcohol control policies, including health taxes.
- 2. Partnership and Coordination**
 - a. Strengthen Multi-Sectoral Alliances:** Forge and strengthen partnerships with diverse sectors, including civil society groups (children and youth groups, women's organizations, geographic and social minority groups), public health and social welfare advocates (NCD and mental health advocates, road safety organizations), public health, medical, economic, and other professional societies, and traditional and new media entities to build a unified front for alcohol policy and health taxes.
 - b. Facilitate Regional and Sub-Regional Cooperation:** Foster dialogue and knowledge sharing among APAPA and SEAAPA members to harmonize policy efforts and address cross-border challenges, particularly related to marketing and illicit trade.
- 3. Knowledge Sharing and Information Systems**
 - a. Conduct and Disseminate Research:** Support independent research to document the magnitude and nature of alcohol-attributable harm, the economic costs of alcohol consumption, and the effectiveness of SAFER policy interventions and health taxes.
 - b. Monitor Policy Implementation:** Establish, share, and maintain robust national and regional monitoring mechanisms to track government progress on policy adoption and enforcement, holding stakeholders accountable to global and national commitments.
- 4. Technical Support and Capacity-Building**

- a. Build Capacity for Policy Implementation: Provide technical assistance and capacity-building to governments and other CSOs on drafting, enacting, and enforcing evidence-based alcohol control interventions, policies, and legislation. (Include SAFER+).
- b. Support Treatment and Prevention: Collaborate with health care and community providers to promote training and resources for the delivery of alcohol SBI and treatment services.

IV. Joint Declaration

APAPA and SEAAPA stand united in their mission to significantly reduce and prevent alcohol-attributable morbidity and mortality in the Asia Pacific and Southeast Asia regions, thereby contributing to the achievement of SDG 3.5. We urge governments and regional bodies to reduce alcohol consumption and prevent alcohol harms by enacting and implementing national policies and legislation following the recommended interventions under the WHO SAFER Initiative and above-recommended SAFER+ interventions, as a critical development and public health priority. Civil society organizations in the region are committed to playing an active, independent, and constructive role as advocates, monitors, and partners in achieving a future where our communities and our children are protected from the impacts of alcohol harm.

Signatories:

- Asia Pacific Alcohol Policy Alliance Secretariat
 - Gayle Amul, Secretary (Philippines)
 - Ma-Anne Rosales-Sto.Domingo, Legal Adviser (Philippines)
 - Lloyd Esteban, Knowledge Manager (Philippines)
- Southeast Asia Alcohol Policy Alliance Secretariat
 - Professor Sawitri Assanangkornchai, Chair (Thailand)
 - Professor Wit Wichaidit, Secretary (Thailand)
 - Chanyanoot Chunual, Program Coordinator (Thailand)
- Voluntary Health Association of India (India)
- The Concerned for Working Children (India)

- Association for Promoting Social Action (India)
- ADIC Sri Lanka (Alcohol and Drug Information Centre)
- Healthy Lanka Alliance for Development (Sri Lanka) - Secretariat of the Sri Lankan Alcohol Policy Alliance
- Child Workers in Nepal Concerned Centre (CWIN-Nepal) - Secretariat of the Nepal Alcohol Policy Alliance
- Stop Drink Network (Thailand)
- Centre for Alcohol Studies (Thailand)
- Social Synergy Network Foundation (Thailand)
- ImagineLaw (Philippines)
- Action for Economic Reforms (AER) (Philippines)
- YAY! I'm Sober (Philippines)
- Cook Islands Road Safety Council (Cook Islands)
- Centre for Economics and Community Development (ECCO) (Vietnam)
- Cancer Society of New Zealand (New Zealand)
- Hong Kong Alliance for Advocacy Against Alcohol (Hong Kong, China)
- Foundation for Alcohol Research and Education (Australia)
- Health Coalition Aotearoa (New Zealand)
- Associate Professor Andy Towers, Massey University (New Zealand)
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Note from the Secretariats of the Asia Pacific Alcohol Policy Alliance and the Southeast Asia Alcohol Policy Alliance: *This is a live document, and additional signatories will be added as the statement is shared for endorsement by civil society organizations working on alcohol policy in both regions.*