Alcohol Legislation and Policy in CLMV Countries

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Abstract

This study aimed to analyze gaps of alcoholic beverage laws and regulations in Cambodia, Lao PDR, Myanmar, and Vietnam (CLMV). Using qualitative approaches with the Global Strategy to Reduce the Harmful Use of Alcohol as a framework, we conducted a document research on laws and regulations implemented before 28 February 2017.

The most popular laws and policies of CLMV focus on 1) taxation, 2) blood alcohol concentration limits, 3) restriction on alcohol advertising, and 4) national surveillance. The main policy gaps found in this study included: lack of national leadership and commitment on alcohol policy, lack of control between on-premise and off-premise sales of alcoholic beverages; regulations on alcoholic beverage marketing, sales promotion and product placement; and responsible beverage services training measures. Other key policy gaps included a lack of efficient and effective enforcement, especially control of illegal alcoholic beverages. Promulgation of the overarching national alcohol policy legislation and establishment of national alcohol control committees with participation from several sectors and further cooperation with other stakeholders to tackle illegal alcoholic beverages are recommended.

Keywords: alcoholic beverage, CLMV countries, alcohol legislation

นโยบายและกฎหมายแอลกอฮอล์ในประเทศ CLMV

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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อวิเคราะห์ช่องว่างของมาตรการและกฎหมายเครื่องดื่มแอลกอฮอล์ของประเทศกัมพูชา ลาว เมียนมาร์ และเวียดนาม (CLMV) ในการศึกษานี้ใช้ระเบียบวิธีวิจัยเชิงคุณภาพ โดยใช้ยุทธศาสตร์ระดับโลกเพื่อลดการ

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ดื่มสุราแบบอันตรายเป็นกรอบในการวิเคราะห์ และศึกษาเอกสารทางกฎหมายและมาตรการต่างๆ ที่บังคับใช้ก่อนวันที่ 28 กุมภาพันธ์ พ.ศ. 2560

ผลการศึกษา พบว่า ประเทศในกลุ่ม CLMV ส่วนใหญ่มีมาตรการและกฎหมายเครื่องดื่มแอลกอฮอล์ในด้านการจัดเก็บ ภาษี การจำกัดระดับแอลกอฮอล์ในเลือด การจำกัดการโฆษณา และการเฝ้าระวังเป็นสำคัญ ในขณะที่ส่วนขาดของมาตรการ และกฎหมายเครื่องดื่มแอลกอฮอล์ ประกอบด้วย มาตรการแสดงความเป็นผู้นำและมุ่งมั่นในนโยบายแอลกอฮอล์ระดับชาติ มาตรการควบคุมร้านจำหน่ายเครื่องดื่มแอลกอฮอล์แบบมีสถานที่ดื่ม (on-premise) และแบบไม่มีสถานที่ดื่ม (off-premise) มาตรการควบคุมการส่งเสริมการขายและการจัดวางผลิตภัณฑ์เครื่องดื่มแอลกอฮอล์ และมาตรการฝึกอบรมการให้บริการ เครื่องดื่มแอลกอฮอล์อย่างรับผิดชอบ นอกจากนี้ การบังคับใช้มาตรการและกฎหมายอย่างมีประสิทธิภาพยังเป็นช่องว่างที่ สำคัญ โดยเฉพาะอย่างยิ่งการจัดการเครื่องดื่มแอลกอฮอล์ที่ผิดกฎหมาย การศึกษานี้มีข้อเสนอแนะให้ประเทศในกลุ่ม CLMV เร่งประกาศใช้มาตรการเชิงนโยบายด้านแอลกอฮอล์ระดับชาติที่ครอบคลุมการจัดการปัญหาแอลกอฮอล์ในทุกมิติและจัดตั้ง คณะกรรมการควบคุมเครื่องดื่มแอลกอฮอล์แห่งชาติโดยส่งเสริมการมีส่วนร่วมจากทุกภาคส่วน รวมทั้ง ร่วมมือกับผู้มีส่วน เกี่ยวข้องในภูมิภาคเพื่อแก้ไขปัญหาเครื่องดื่มแอลกอฮอล์ที่ผิดกฎหมาย

คำสำคัญ: เครื่องดื่มแอลกอฮอล์, ประเทศ CLMV, กฎหมายแอลกอฮอล์

Background & Rationale

ambodia, Lao PDR, Myanmar and Vietnam (henceforth known as CLMV), the four new members of the Association of South East Asian Nations (ASEAN) have widened the disparities of development gaps between the CLMV countries and other nations within ASEAN. However, they have abundant natural resources and their real GDP growths in 2017 were all higher than global real GDP growth and the Southeast Asian region. It is anticipated that the new economic growth will motivate the alcohol industry to accelerate the market and increase alcohol consumption in these countries.

The World Health Organization (WHO) estimated that CLMV's alcohol per capita consumption (APC) per year will increase by 14-67% in 2025, largely in Vietnam, Cambodia, Lao PDR, and Myanmar.⁽⁴⁾

Alcohol consumption affects not only the health of consumers but also the economic and social structure at both the national and global level. Alcohol is a cause of many non-communicable diseases (NCDs) such as cancer and liver disease and is a leading cause of road traffic injuries. WHO reported that in 2014 the number of deaths from alcohol consumption was about 3.3 million and contributed to about 5% of the global burden of disease.⁽⁴⁾

Alcohol is a health risk that can be prevented and controlled at the individual, community, national and international levels. It is essential for countries to have policies and measures to control and reduce alcohol problems, ^(5,6) and it is imperative that each country cooperates in the development of such policies and measures to control alcohol problems. The present study aimed to review the current situation of alcohol legislation in CLMV in terms of current laws and regulations.

Methodology

This study used qualitative approaches through a document review to identify the current

situation of national legislation to control and reduce alcohol use and related harms in the target countries. Data sources were identified via online search engines to find published documents written in English language only. Data included legislative documents as well as research articles and archived data reporting current alcohol related laws. The Global Strategy to Reduce the Harmful Use of Alcohol (2010) was used as a framework to conduct the content analysis in this study. In addition, the present study compiled national data according to the indicator set of the WHO report in 2014. Data were collected between 15 December 2016 and 28 February 2017.

Results

Situation of alcohol consumption in CLMV

Table 1 shows a summary of alcohol consumption in the four countries compared with

ASEAN and the whole world. CLMV have different levels of alcohol per capita consumption (APC); in 2016 Cambodia, Laos and Vietnam had relatively high levels of 6.7, 10.4 and 8.3 liters per capita, respectively, while Myanmar had a relatively low level of 4.8 liters per capita, in comparison with the global level of 6.3 liters per capita. Similarly, the import values of alcoholic beverages in million US dollars were relatively high in Cambodia (168.3), Laos PDR (199.5) and Vietnam (155.7) and relatively low in Myanmar (94.7). The highest prevalence of heavy episodic drinking was reported in Lao PDR (14.6%), which was twice the global average and markedly higher than the other countries.

Measures for tackling alcohol-related harm in CLMV

Ten comprehensive measures for reducing alcohol-related harms were identified by WHO. (10)

Table 1 Summary of situation of alcohol consumption in CLMV

Indicator	Cambodia	Laos PDR	Myanmar	Vietnam	Thailand	ASEAN [†]	Global
APC* (liter per capita per year)							
2010	5.0	7.0	2.9	4.7	7.6	3.9	6.3
2016	6.7	10.4	4.8	8.3	8.3	4.9	6.3
(% change)	(34.0)	(48.5)	(65.5)	(76.6)	(9.21)	(25.8)	(-)
Prevalence of heavy episodic	1.4	14.6	0.1	1.4	1.1	1.4	7.5
drinking** in 2010 (%)							
Alcohol import (million USD)							
2012	26.7	15.5	42.4	76.2	302.6	-	-
2016	168.3	199.5	94.7	155.7	298.6	-	-
(% change)	(528)	(1,180)	(123)	(104)	(-1.32)	-	-
GDP growth (%) in 2017	6.8	6.9	7.6	6.3	3.9	5.3	3.7

^{*} APC: alcohol per-capita consumption, ** Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days [†] Average among ASEAN members

Sources: The World Bank Group⁽⁷⁾, International Monetary Fund⁽²⁾, The International Trade Centre⁽⁸⁾, World Health Organization⁽⁹⁾

We analyzed available national policies and measures in CLMV based on available documents using the following items:

1) Leadership, awareness, and commitment

This measure is defined as the availability of national alcohol policies and nationwide awareness-raising campaigns. (4) None of the CLMV countries have a national alcohol policy. We did not find any alcohol control measure in the National Health Plan of Myanmar for the period 2017-2021. Cambodia has been drafting the National Alcohol Policy Act since 2013. The alcohol policy of Lao PDR is also still under development. Vietnam appointed a national alcohol policy committee in 2014 aiming to have a complete national alcohol policy by 2020. (11)

National awareness-raising measures were found only in Lao PDR and Vietnam. Lao PDR has declared that families are required to be educated on the dangers of drinking alcohol, and Vietnam states that people in the community will have access to information, education, and communication about the harms of abusing alcoholic beverages. Cambodia has implemented awareness-raising measures at the local level, and some community councils have taken action and issued community council notifications regarding damage and problems caused by consuming alcohol. (13)

2) Health services' response

Lao PDR, Myanmar and Vietnam have health services support to solve problems related to harmful use of alcohol. The Lao PDR government included this measure under the national alcohol control law; a person who is addicted to alcoholic beverages must voluntarily be cured and treated with careful attention and assistance from family, community, society and hospitals. (11) Myanmar launched a mental health project, which was sponsored by WHO, in 1990 and has included six mental illnesses: psychosis, epilepsy, intellectual disability, depression, anxiety disorders, and alcohol dependence. (14) For Vietnam, the national alcohol policy committee states that people addicted to alcoholic beverages will be detected, selected, given counseling, and treated for detoxification, prevention of relapse, and chronic diseases. (111)

3) Community action

In terms of legislation supporting community action, Cambodia has raised awareness at the local level, some community councils have taken action and issued notifications regarding harmful use of alcohol. (13) Lao PDR has formulated an alcohol control law whereby the society and communities are responsible to participate in the process to control alcoholic beverages in regards to advertising, dissemination, and mobilization to acknowledge the negative effects of consuming alcoholic beverages. (15) For Myanmar and Vietnam, however, no information on this type of legislation was found.

4) Drink-driving policies and counter measures

Drink-driving control legislation is the measure found in all CLMV countries, particularly the BAC (blood alcohol concentration) control. The strictest BAC limit was found in Myanmar's legislation which states that driving after the consumption of

any amount of alcohol is illegal. The BAC limit in Cambodia (all vehicles) and Vietnam (motorcycles and mopeds) is 50 mg/100 ml. While the BAC limit in Lao PDR is 80 mg/100 ml. In addition, Lao PDR has specific laws on drink-driving such as vehicle operators cannot drive when drunk; drivers of transport vehicles shall not drive while intoxicated; and prohibition for consumers of alcoholic beverages to drive vehicles.

5) Availability of alcohol

There are 5 key indicators of alcohol: (a) national control of production and sale of alcohol; (b) restrictions on on-/off-premise sales of alcoholic beverages; (c) national minimum purchasing or consumption age; (d) restrictions on drinking in public places or at official public activities and functions (places that people can access, such as hospitals, government offices, public parks, theaters, bus stations, gas stations, etc.); and (e) restrictions on the purchase of alcohol at petrol stations.⁽⁴⁾

Except for Cambodia, a majority of the CLMV countries already have some legislation to control the availability of alcohol. In Lao PDR, the alcohol control law states that businesses selling alcoholic beverages must obey the law on promotion of investment and the law on enterprises with technical agreement with the public health sector, retailers are prohibited from selling alcohol during 4pm - 11pm and are prohibited from distributing alcohol to children under the age of 18 years. (15) In addition, parents shall not allow children aged under 18 years to consume alcoholic beverages. (21) Alcohol services are prohibited at the following

locations; healthcare services; educational facilities; offices of government agencies; religious sites; embassies; public parks; theaters; bus stations; gas stations; stadiums, and factories. (12) Similarly, Myanmar's law states that manufacturing and distribution of alcoholic beverages must be authorized and selling or distributing any alcoholic beverages to a person who is under the age of 18 years is prohibited. (22) Vietnam uses a licensing system for controlling production and distribution of alcoholic beverages and the minimum alcohol purchase age is 18 years. (23) Furthermore, distribution of alcoholic beverages was recognized in 3 levels (distributor, wholesaler and retailer) and has a density limit; 1 distribution license for 400,000 people or more, 1 wholesaling license for 100,000 people or more, and 1 retailing license for 1,000 people or more. (23) Drinking alcoholic beverages is restricted in the following places: educational establishments (schools, school dormitories and canteens); (24) health establishments; and government offices. (25)

6) Marketing of alcoholic beverages

The main indicators on marketing of alcoholic beverages in the present study included: (a) regulations on alcohol advertising; (b) regulations on alcohol product placement; and (c) regulations on alcohol sales promotions.⁽⁴⁾

Except for Myanmar, whose legislation for alcohol marketing control was not accessible, the CLMV countries already have some legislation to control marketing of alcohol. Cambodia's Prime Minister announced that alcohol advertising on TV and billboards must specify a warning message,



"When drunk, not drive" or "Drive, don't drink", (3) advertising alcohol products is not allowed during the hours of 6pm to 8pm (26) and marketing must be regulated by a voluntary code of conduct in promoting "responsible drinking". However, these measures are just a directive; there is no enforcement or penalty for non-compliance. (27)

Lao PDR's legislations state that alcohol advertisements must not include any aspect of belief to the consumption, production, trademark; prohibit sales or consumption promotion of all alcoholic beverages⁽¹⁵⁾ and alcohol advertisements are also prohibited near schools and child community areas.⁽²¹⁾

In Vietnam, alcoholic beverages with an ethanol volume of 15% or less are only permitted to be advertised on printed newspapers, electronic newspapers, radio and television stations, and the internet. Alcoholic beverages with an ethanol volume of more than 15% are only permitted to be advertised within the boundary of alcohol producers, inside stores, and alcohol consumption places. However, the advertisements must not be visible or audible to people outside the business boundaries. (28) Advertisement laws contain restrictions on advertising wine that contains 15% alcohol content or above, such as the maximum allowed for newspapers is 15%, 20% for magazines, 10% for audio and visual press and 5% for pay TV; and the time limit for putting up a banner is 15 days. (29) Commercial laws prohibit the promotion of wine and beer to persons under the age of 18 years; prohibit the promotion in any form of sale promotions and commercial advertisements of wines with an alcoholic content of 30% or more; prohibit commercial advertisements such as: mass media, all kinds of publications, all kinds of boards, signs, banners, panels, posters, and fixed objects. (30) The government of Vietnam has an intention to strictly control advertisements, marketing, and promotion of wine, beer and other alcoholic beverages in the national alcohol policy by 2020. (11) Responsible agencies have included restrictions on the marketing of beer and liquor with an alcoholic volume of less than 15% in terms of marketing content, time, density and warning messages in the on-going draft proposal of the law of alcohol related harm reduction.

7) Pricing policies

Pricing policy options and interventions include many measures, such as establishing specific domestic taxes; banning the use of price promotions; and establishing minimum prices. (10)

The tracing indicator on pricing policies in the present study is excise tax. (4)

According to the existing legislation in CLMV, taxation is the most popular policy measure for reducing the harmful use of alcohol. This kind of price control has the most significant effect on the control of alcohol consumption in each country. All four countries have adopted an ad valorem tax on alcoholic beverages. In Cambodia, there is a 25% tax for beer and a 10% tax for wine and spirits, as well as a 3% public lighting tax. (31) In Lao PDR, there is a 50% tax for beer, 60% tax for wine (alcoholic content less than 15%) and 70% tax for spirits (alcoholic content of 15% and over). (32) In Myanmar, there is a 10-17% tax for liquor, 60% tax

for imported liquor, 60% tax for beer, 10-50% tax for local wine and a 50% tax for imported wine. (33) In Vietnam, there is a 60% tax for beer and other beverages with alcohol content of 20% and over (mainly spirits) and a 30% tax for beverages with alcohol content less than 20%. Vietnam has regularly increased the tax rates of alcoholic beverages, and the excise rates on all alcoholic beverages increase by 5% every year. (34)

8) Reducing the negative consequences of drinking and alcohol intoxication

This target area focuses directly on reducing the harms from alcohol intoxication and drinking without necessarily affecting the underlying alcohol consumption. (10) Indicators in this area include responsible beverage services training and labels on alcohol containers. (4) Although some countries (Lao PDR and Myanmar) have already implemented some measures in reducing the negative consequences of drinking and alcohol intoxication, no country has promulgated comprehensive legislation in accordance with this strategy. Lao PDR focused on alcoholic beverage labeling; the alcoholic beverage law states that producers have the obligation to label bottles with a health warning message in order to get consumers to acknowledge that this alcoholic beverage is dangerous and causes negative effects on their health. (15) Myanmar's law prohibits selling alcohol to intoxicated persons. (22)

9) Reducing the public health impact of illicit alcohol and informally produced alcohol

Indicators on reducing the public health impact of illicit alcohol and informally produced

alcohol in this study include informal or illicit production and smuggling in national alcohol policies.⁽⁴⁾

Three countries have promulgated the legislation in prohibiting illicit alcohol and informally produced alcohol, namely Lao PDR, Myanmar, and Vietnam. In Lao PDR, the law prohibits any person illegally running a business related to forbidden alcoholic beverages. The law does not apply to traditional flour alcohol and alcohol which is produced by families for use in cultural festivals. (15) Myanmar's law states that no person shall have in his or her possession any quantity of alcoholic liquor in excess of the limit prescribed; no alcoholic liquor shall be bottled for sale; and no prohibited alcoholic liquor shall be sold. (22) Vietnam's law obliges wine traders to buy wine of legal origins; smuggled wine (fake wine, unsafe wine, and wine of inferior quality) shall be confiscated and destroyed in accordance with other relevant laws; and wine traders are responsible for cooperating with competent agencies in preventing wine smuggling, production of fake wine, and trade fraud. (23)

10) Monitoring and surveillance

Indicators on monitoring and surveillance include national surveys on alcohol consumption; legal definition of an alcoholic beverage; and national monitoring systems.⁽⁴⁾

In regards to alcohol consumption surveys, all CLMV countries have been supported by WHO in conducting national STEPwise approaches to surveillance (STEPS) surveys, giving some national statistics on the alcohol situation in each country.



The definition of an alcoholic beverage can be found in the laws of Lao PDR⁽¹⁵⁾ and Vietnam.⁽³⁵⁾ In parts of national monitoring systems, the systems were monitored by the ministries of health, except in Lao PDR where the implementation of alcohol policies is monitored by a board composed of relevant agencies such as the Ministry of Industry and Commerce, the Ministry of Finance, the Ministry of Information and coordinated by the Ministry of Public Health.⁽¹⁵⁾ A summary of these alcohol strategies is shown in Table 2.

Discussion

Table 1 summarized the situation of alcohol consumption in CLMV. Laos PDR had a higher APC rate than Thailand (10.4 : 8.3 liters per capita), while the rate in Vietnam and Cambodia were closer to that of Thailand. However, all four countries had a higher percentage change of APC than Thailand. This may be due to the relatively high economic expansion (6.3-7.6%).

Table 2 summarized the alcohol strategies in CLMV countries. The results showed that alcohol legislation of CLMV countries was not fully introduced according to the 10 comprehensive measures for reducing alcohol-related harms identified by WHO. Taxation, BAC limits, restrictions on alcohol advertising, monitoring and surveillance are the most popular policy measures in the four countries.

Large gaps of alcohol legislation in CLMV were observed, for example the national alcohol policy implementation is not yet available; the level of availability of alcohol control lacks appropriate

measures between on-premise and off-premise sales of alcoholic beverages; regulations on alcoholic beverage marketing do not cover regulations on sales promotion and product placement; and responsible beverage services training measures. In addition, law enforcement was found to be a key gap in the control of alcoholic beverages, especially in reducing the impact of illegal alcoholic beverages. The majority have already promulgated the legislation in prohibiting illicit alcohol and informally produced alcohol, but these are widely spread in all CLMV countries.

In Lao PDR, results from the present study are consistent with the global status report on alcohol and health, published in 2018. The Law on Controlling of Alcoholic Beverage (2014) has enforced important measures such as the national minimum purchasing or consumption age; alcohol marketing control; restrictions on drinking in public places; and national monitoring system. (15) However, the report mentions that the BAC level in Myanmar was 0.08%, (9) not 0% as reported by the Motor Vehicle Law (2015) which states that no one is allowed to drive a motor vehicle after the consumption of alcohol. (16)

The present study expresses concern on the large gaps of alcohol beverage control in CLMV while each government focuses on economic development in terms of both trade and investment. Data from the International Trade Centre (ITC) showed that the value of imported alcohol beverage in CLMV has increased dramatically from 2012 to 2016: 528% for Cambodia, 1,180% for Laos PDR, 123% for Myanmar and 104% for Vietnam.⁽⁸⁾

Table 2 Summary of the alcohol strategies in CLMV countries

No	Clobal Stratage	Country					
No.	Global Strategy	Cambodia	Lao PDR	Myanmar	Vietnam		
1	Leadership, awareness, and commitment (a) Written national alcohol policies (b) Nationwide awareness-raising activities	draft	V		draft ✓		
2	Health services' response		✓	✓	✓		
3	Community action	✓	✓				
4	Drink-driving policies and countermeasures (a) BAC limits (b) Methods used to ascertain driver BACs	50 mg% √ N/A	80 mg% √ N/A	0 mg% √ N/A	50 mg% ✓Breath test		
5	Availability of alcohol (a) National control of production and sale of alcohol (licenses) (b) Restrictions on on-/off-premise sales of alcoholic beverages	√ N/A	√	1	1		
	 (c) National minimum age (purchase/drink) (d) Restrictions on drinking in public places (e) Restrictions on purchase of alcohol at petrol stations (f) Restrictions on sale time* 		(18/18)	(18/-) ✓ N/A	(18/-) ✓		
	(g) Restrictions on outlet density*				✓		
6	Marketing of alcohol beverages (a) Regulations on alcohol advertising (b) Regulation on alcohol product placement (c) Regulation on alcohol sales promotions (d) Methods of detecting marketing infringements	√ N/A	✓ ✓ ✓N/A	✓N/A ✓N/A ✓N/A ✓N/A	✓ ✓ ✓		
7	Pricing policies, excise tax - Ad valorem (based on value) - Specific rate (based on ethanol volume)	✓	1	/	✓		
8	Reducing the negative consequences of drinking and alco (a) Responsible beverage services training (b) Labels on alcohol containers (c) Not sell to intoxicated person*	hol intoxicati	on 🗸	√			
9	Reducing the public health impact of illicit alcohol and ir (a) Inclusion of informal or illicit production and smugglin in national alcohol policies (b) Methods used to track illicit or informal alcohol		duced alcoho ✓ ✓ N/A	ol √ üN/A	<i>J</i>		
10	Monitoring and surveillance (a) National surveys on alcohol consumption (b) Legal definition of an alcoholic beverage	STEPS	STEPS ✓	STEPS	STEPS ✓		
	(c) National monitoring systems	MOH	Committee	√ N/A	MOH		

Note: * measures added by the authors, N/A= Reported in WHO Global report 2014 but information is not accessible, STEPS = STEPwise approaches on surveillance survey

This was consistent with the increasing prevalence of alcohol consumption in CLMV during 2010-2016: 34% for Cambodia, 48.5% for Laos PDR, 65.5% for Myanmar and 76.6% for Vietnam, all of them were higher than the regional average of 25.8%. (9) Therefore, the development of comprehensive and effective alcohol control laws is urgently needed.

Conclusions and Recommendations

The alcohol legislation of CLMV still lacks many effective measures, especially the national alcohol policy strategy, alcohol access control, and marketing control. In addition, law enforcement is lacking, especially for prevention and management of illegal alcoholic beverages. Recommendations for further development of alcohol control policy in CLMV include:

Promulgation of the overarching national alcohol policy legislation and national strategic action plans are highly recommended for countries that have not implemented such initiatives.

Strengthening comprehensive alcohol availability control and alcohol marketing regulations, as these countries are heavily influenced by the alcohol industry.

Establishment of alcohol policy supportive system such as a national alcohol control committee or a national alcohol policy advisory committee to advise the government on controlling and preventing alcohol-related problems, and on monitoring and evaluation of alcohol policy interventions.

Stricter implementation of policies on do-

mestic level and further cooperation between authorities and other stakeholders regionally (e.g. custom department, frontier policeman, marine police, Interpol) to thwart the sale and distribution of illicit alcoholic beverages.

Developing measures restricting access to alcohol, adopting specific tax rates (based on ethanol volume, as higher ethanol volume will be taxed more) in the excise tax system, and restricting sale time and outlet density.

ASEAN's public health sector should strengthen new member states (CLMV countries) to prevent alcohol problems (e.g. ASEAN framework on alcohol control).

Limitations

The present study mainly relied on an analysis of legislation papers from individual four countries (Cambodia, Lao PDR, Myanmar and Vietnam). Key informants from some countries were contacted for provision of additional related data sources, confirmation of the data analysis, and opinions on recommendations. However, some of them were not available due to their current duties. Thus, the analyses of each country in this report were based on the team's knowledge and data available.

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