

POLICY RESPONSE TO
ALCOHOL CONSUMPTION
AND TOBACCO USE DURING
THE COVID-19 PANDEMIC
IN THE WHO SOUTH-EAST
ASIA REGION

**PREPAREDNESS FOR
FUTURE PANDEMIC
EVENTS**

BRIEF 7, JULY 2022

SNAPSHOT SERIES ON
ALCOHOL CONTROL
POLICIES AND PRACTICE

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CONTROL POLICIES AND PRACTICE



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ABOUT THE SERIES

In 2022 – more than a decade after adopting the [WHO global strategy to reduce the harmful use of alcohol](#) – attention has been called to accelerate the implementation of high-impact interventions for alcohol control. Recent efforts including the [global action plan for 2022–2030](#) aim to leverage the available evidence and policy know-how and quicken progress in tackling alcohol consumption and its effects. Making evidence accessible and spotlighting real-world experiences is a core component for advancing the implementation of effective policy interventions. Doing so requires a multipronged approach that addresses the social and cultural acceptability of alcohol consumption, its availability and affordability.

In 2021, WHO launched a series of advocacy briefs about “blind spots” related to reducing alcohol consumption. The resulting topic-specific briefs were considered starting points for navigating the evidence and its use

in practice, forming the first edition of the “Snapshot Series”. [Topics covered in 2021](#) included socioeconomic inequalities, unrecorded alcohol consumption, conflicts of interest, labelling, digital marketing and per capita alcohol consumption.

Now in its second edition, this series continues its aim to create topical “snapshots”, serving as a compass for navigating critical issues related to the high-impact and innovative interventions to accelerate progress in reducing alcohol consumption.

This second edition of the series provides a portfolio of policy guidance tackling the determinants driving the acceptability, availability and affordability of alcohol. It explores, among other topics, alcohol outlet licensing, location and density, alcogenic settings and adolescents, gender-responsive alcohol control policies, zero- and low-alcohol beverages.

How was this brief developed?

The 2022 series has evolved in its approach to best meet the information needs of its readership, applying a four-step process to explore each topic. First, leading experts were engaged in searching and consolidating the available scientific evidence. Second, the first-hand experiences of countries related to the topic were sampled and documented. Third, stakeholders were brought together in webinars to discuss the evidence and country experiences. Lastly, the literature, experiences from countries and insights from discussions were brought together in a brief report that forms the varied issues of the “snapshots”.

Audience

The series is intended for a broad audience, including people working in public health, and local and national alcohol and tobacco policy; policy-makers from national, regional and local administrations; government officials; researchers; civil society groups; consumer associations; the mass media; and people new to alcohol control policy, research or practice.

What is a health promotion approach to reducing alcohol consumption?

Drinking alcohol has multidimensional connotations. Robust and growing evidence demonstrates that cultural, social and religious norms influence consumption – acceptability, ease of purchase (availability) and price (affordability). Addressing this multidimensional causality chain requires a portfolio of health promotion interventions to moderate the determinants driving alcohol consumption and, in turn, enable populations to increase control over and improve their health to realize their full potential.

Interested in other topics?

The [Less Alcohol webpage](#) provides other briefs in this series and forthcoming webinars. Subscribe to the [newsletter](#) to be informed of new releases of briefs and notified of webinars to take part in these conversations. If you have a suggestion for a topic that has yet to be explored, contact the team at lessalcohol@who.int ■

Determinants driving the consumption of alcohol

	Acceptability	Availability	Affordability
Public health objective	Protect consumers	Promote healthier settings	Building resilient societies
Health promotion interventions	Raising awareness, e.g. labelling	Mediating licensing, e.g. outlet density and location, online sales	Increasing prices, excise taxes and moderating other measures, reducing and ending financial incentives and subsidies
	Banning or comprehensively restricting alcohol marketing, advertising, sponsorships and promotion	Promoting healthy settings and a pro-health environment, e.g. schools, stadiums	Tackling unrecorded alcohol consumption
	Addressing commercial determinants and conflict of interests		

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BRIEF AT-A-GLANCE

The COVID-19 pandemic: implications on alcohol consumption and tobacco use

COVID-19 has caused severe social and economic disruptions and taken an incalculable toll on human health. The effects of the disease have been both direct, in terms of morbidity and mortality from the virus, and indirect, through strained health and social systems and the depression of global economies. The adoption of public health measures, including travel restrictions, physical distancing, and stay-at-home directives, has significantly changed how goods are produced, purchased, and consumed, including unhealthy commodities such as alcohol and tobacco. Throughout the pandemic, changes in the consumption of alcohol and tobacco have been observed, coupled with the increased likelihood of severe infections of COVID-19 among those who consume alcohol and use tobacco. In response, and to contend with these changes, countries in the WHO South-East Asia Region have implemented a range of policy approaches affecting the acceptability, availability and affordability of alcohol and tobacco.

A conceptual framework to approach the policy challenges

Addressing the multidimensional connotations of drinking alcohol and smoking tobacco requires a portfolio of population-wide interventions. A taxonomy of 25 variables for alcohol and 23 for tobacco was identified. Each variable represents a policy tool related to acceptability, availability or affordability.

relationships between alcohol consumption and tobacco use and the severity of, and mortality from, COVID-19 infections. Similarly, many governments restricted the sale of alcohol on-premises and off-premises during the initial waves of the pandemic. In addition to changes in regulations, some countries strengthened their support to those who consume alcohol and use tobacco, for example, by increasing the availability of, and access to, telephone and virtual mental health supports. Significant participation by the alcohol and tobacco industry was also observed, primarily through corporate social responsibility initiatives.

Lessons learned from the COVID-19 pandemic

Five lessons were learned from findings across the 11 countries: i) the heavy focus on measures related to acceptability and availability of alcohol and tobacco; ii) the significant expansion of online ordering and home-delivery of alcohol and tobacco products; iii) the measures related to acceptability and availability are easier to implement and frequently under the purview of emergency acts; iv) the temporality of the measures reduced the potential for long-term gains in health and well-being that may have been experienced had these measures been sustained; and v) governments may struggle with feeling indebted towards the alcohol and tobacco industries following the COVID-19 pandemic.

Preparation for future pandemic events

The section brings together the findings from each of the

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