

Alcohol Reform in Viet Nam

Confronting Rising Consumption, Injury and Harm

Nguyen Minh Tam,¹ Christopher M. Doran,² Peter S. Hill³ and Michael P. Dunne⁴

1 Hue University of Medicine and Pharmacy, Hue City, Viet Nam

2 Hunter Medical Research Institute, University of Newcastle, Hunter Valley Research Foundation, Newcastle, NSW, Australia

3 Australian Centre for International and Tropical Health, School of Population Health, The University of Queensland, Herston, QLD, Australia

4 School of Public Health, Queensland University of Technology, Kelvin Grove, QLD, Australia

Alcohol consumption has been identified as an important risk for chronic disease and injury, with an estimated 3.8% of all global deaths and 4.6% of disability-adjusted life-years (DALYs) attributed to alcohol.^[1] A recent burden of disease study conducted in Viet Nam suggests that alcohol was a contributing risk factor in 5% of the total disease burden and the leading cause of disability among males.^[2] Alcohol is also a key contributor to road traffic injuries, which ranked second in terms of Viet Nam's burden of disease. A recent study of male accident victims due to traffic injuries indicated that 60.4% of patients admitted to the emergency department at a central Viet Nam hospital had a blood alcohol concentration level over the legal limit.^[3]

With recent liberalization and economic growth in Viet Nam, the prevalence and consumption of alcohol has risen markedly. Results from the latest National Health Survey suggest that 46% of males and 2% of females aged 15 years and older consumed alcohol at least once a week.^[4] Over the period 2005–2010, consumption of alcohol has increased 92% from 1229 million litres (14.1 litres per capita) to 2363 million litres (27.5 litres per capita).^[5] In 2010, the total value of the alcohol market was Viet Nam dong (VND) 88.5 trillion (equivalent to \$US2.7 billion or \$US31.67 per capita).^[5-7] The value of the alcohol market has increased 111% over the period 2005–2010

and, by 2015, the industry forecasts a market value of over VND122 trillion.^[5,7] In per capita terms, this represents a 60% increase over the period 2005–2010 from \$US31.67 to \$US50.64. Gross domestic product (GDP per capita) rose 86% over the same period from \$US647 to \$US1204.^[5,8] The cost of alcohol relative to GDP provides an indication of affordability which has increased by 14% (in per capita terms) from 4.9% in 2005 to 4.2% in 2010.

Viet Nam has experienced two decades of strong economic development and, with the increased exposure of Vietnamese people to drinking cultures around the world together with higher incomes and rising living standards, many more Vietnamese can now afford to socialize with friends and engage in business over drinks. Research among rural adolescents suggests that access to money is a clear determinant of drinking behaviour, with employed adolescents more likely to drink than students.^[9] Vietnamese male identity continues to be expressed through social interaction at the bia hoi (beer hall), café or karaoke bar with their male friends.^[10] A growing number of young consumers see this as part of a highly desirable social life, with consumption of alcoholic drinks at a bar or restaurant becoming increasingly popular.^[5] With increasing exposure to international influences through a globalized media, greater international travel and communication, patterns

and locations for drinking are evolving and, particularly among young Vietnamese, have become more Westernized.

Another driver of increased alcohol supply and demand is the low level of market controls imposed by the government. Although the Vietnamese government has introduced a number of strategies, the lack of enforcement renders them ineffective. For example, legislation was passed in 2008 to prohibit people under 18 years old buying or consuming alcohol; however, limited enforcement allows people under 18 easy access to alcoholic drinks. In response to the drink-driving problem, the government imposed zero tolerance restrictions on car drivers, but in a concession to the most populous form of transportation, allows 50 mg of alcohol per 100 mL of blood for motorbike drivers. Although financial punishment is in place for violations, the lack of enforcement and a lack of equipment to test blood and breath render the laws ineffective. A study of 480 male patrons in restaurants in Viet Nam showed that over half drove after drinking three drinks or more at least once per week, and three quarters of the men had a blood alcohol concentration over the legal limit when exiting the restaurant.^[11] Most respondents over-estimated the number of drinks they could consume in 1 hour to drive safely and legally, most had never planned to avoid driving after drinking and most perceived the possibility of being caught or suffering a punishment for drink driving to be very low. Lessons from developed countries show that the existence of statutes impacts only those least likely to drink and drive, while perceptions of the likelihood of arrest and individual agreement with the goals of drinking and driving laws significantly reduce the propensity for almost everyone.^[12]

To curb this growth and address the burden of harm associated with alcohol misuse, a strengthened and more effective response is required by the Vietnamese government. A comprehensive global assessment by the WHO of the effectiveness of policies and programmes to reduce alcohol-related harm found that policies that regulated the environment in which alcohol is marketed (particularly its price and availability) are effective in reducing alcohol-related harm, as are leg-

islation to reduce drink-driving and brief interventions targeted at risky drinkers.^[13] School-based education, a popular measure, was found to be ineffective in reducing alcohol-related harm, although the authors note that public education has a role in providing information and raising the profile of alcohol-related harm on political and public agendas. A key message from the existing literature is that policies work best in combination. Doran and Shakeshaft recommended combining fiscal measures such as taxation with other supply-and-demand side initiatives to provide incentives to manufacturers to extend the product development of low-strength beer and wine and disincentives aimed at reducing the manufacture of high-alcohol-content drinks and marketing of alcohol to young and vulnerable subgroups of the population.^[14] Cobiac et al. suggested that the Australian Government, by implementing a package of cost-effective interventions, could bring about a 10-fold improvement in health gains compared with current practice.^[15]

To address the drinking problem, the Vietnamese government has tasked the Ministry of Health with drafting a National Policy on Alcohol-Related Harm Prevention and Control. The development of an effective and efficient approach to alcohol policy in Viet Nam will be difficult and impeded by a number of factors, including vested interest in the government in alcohol manufacturing, a lack of appreciation of the evidence base, challenges imposed by free trade agreements and involvement of the alcohol industry in policy processes. For example, in 2010, the Vietnamese government controlled two of the largest alcohol companies in Viet Nam, the Saigon alcohol beer and beverages corporation and the Hanoi alcohol beer and beverages corporation, with a combined market share of 63.1%.^[5] A recent study found that higher excise tax on alcohol products is the most cost-effective intervention to reduce burden of harm from alcohol misuse in Viet Nam.^[16] However, as part of its commitment on joining the World Trade Organization in 2007, the Viet Nam government made several changes to tax rates in favour of imported brands; the tax levied on imported beer was reduced to 65% and will reduce further to 35% in the next 5 years, while

for wine and spirits the tax rate will be reduced from 65% to 45–50% in the next 5–6 years.^[5] This will increase the affordability of alcohol and together with the rising number of consumers of legal drinking age (65% of the total population in 2010) will boost total alcohol consumption growth.

Viet Nam is in need of a comprehensive and sustainable alcohol policy that can balance the government's commitment to remove barriers to economic growth with a long-term public health approach to minimize preventable harms and related economic burden. An effective response will require not only the state, but also non-governmental organizations to support and hold regulatory agencies to account.^[17] An essential part of this progress is the development of evidence-based alcohol policy that is independent of commercial interests.

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Correspondence: Professor *Christopher M. Doran*, Hunter Medical Research Institute, University of Newcastle, Hunter Valley Research Foundation, DMB Room 230K, King & Watt Streets, Newcastle, NSW, 2300, Australia. E-mail: christopher.doran@hnehealth.nsw.gov.au