

**YANGON UNIVERSITY OF ECONOMICS
DEPARTMENT OF APPLIED ECONOMICS
MASTER OF PUBLIC ADMINISTRATION PROGRAMME**

**A STUDY ON COMMUNITY KNOWLEDGE, ATTITUDE AND
PRACTICE OF ALCOHOL CONSUMPTION IN MYANMAR
(Case Study: Kyauktan Township, Yangon Region)**

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MPA - 30 (20th BATCH)**

MARCH, 2023

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**A thesis submitted in partial fulfillment of the requirements for the Master of
Public Administration (MPA) Degree**

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This is to certify that this thesis entitled “**A STUDY ON COMMUNITY KNOWLEDGE, ATTITUDE AND PRACTICE OF ALCOHOL CONSUMPTION IN MYANMAR (Case Study: Kyauktan Township, Yangon Region)**”, submitted as a partial fulfillment towards the requirements for the degree of Master of Public Administration has been accepted by the Board of Examiners.

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ABSTRACT

Alcohol consumption is one of the most important issues of future health, sociocultural and economic problems. The main objective of the study is to identify community knowledge, attitude and practice of alcohol consumption in Kyauktan Township. This paper used descriptive method by using primary and secondary data. The survey was conducted in selected 2 wards (Ah Nauk Paing and Ah Lel Paing) from total 9 wards of Kyauktan township. Among them, only 250 persons were chosen as sample size by using snowball sampling method. The most respondents who have much knowledge about “can addict alcohol drinking”, “regular or over drinking is affected to health”, “alcohol drinking causes liver disease” and “alcohol drinking causes stomach ulcer disease”. Their mean scores are above 4 and most respondents who agree they have accepted causes and diseases of alcohol consumption. Some respondents have not much knowledge about “restricted areas by government” and the mean score is the lowest among all the knowledge about alcohol consumption. The most respondents who have good attitude about “alcohol drinking should limit at home” and “alcohol drinking should limit below 18 years old”. The respondents have good practice about “eating nutritious food daily” and its mean score is 4.64 and the highest score among the practice about alcohol consumption.

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ABBREVIATIONS

AFAB	:	Assigned female at birth
AIDS	:	Acquired Immunodeficiency Syndrome
AMAB	:	Assigned male at birth
AUDIT	:	Alcohol Use Disorder Identification Test
AW	:	Alcohol Withdrawal
BATF	:	Bureau of Alcohol, Tobacco and Firearms
BD	:	Binge Drinking
CDC	:	Centers for Disease Control
CIF	:	Cost, Insurance and Freight
DHHS	:	Departments of Health and Human Services
DOD	:	Department of Veterans Affairs and Defense
DOT	:	Departments of Transportation
DT's	:	Delirium Tremens
FDA	:	Food and Drug Administration
FTC	:	Federal Trade Commission
HIV	:	Human Immunodeficiency Virus
IRD	:	Internal Revenue Department
JAMA	:	Journal of the American Medical Association
LIRC	:	Liquor Importer Registration Certification
MCL	:	Myanmar Companies Law
MLDA	:	Minimum Legal Drinking Age
MOC	:	Ministry of Commerce
MOHA	:	Ministry of Home Affairs
NGO	:	Non Governmental Organization
NIAAA	:	National Institute on Alcohol Abuse and Alcoholism
RCAI	:	Registration Certificate for Alcohol Importation
SES	:	Socio-Economic Status
SGT	:	Specific goods tax
SOP	:	Scope of Procedures
STI	:	Sexually Transmitted Infection
USDA	:	United States Department of Agriculture
UTL	:	Union Tax Law
WHO	:	World Health Organization

CHAPTER 1

INTRODUCTION

1.1 Rationale of the Study

Ethyl alcohol, commonly referred to as alcohol, can be produced through the process of fermentation or distillation of grains, seeds, honey, and fruits. The abundance of alcohol varieties worldwide highlights the need to acknowledge the potential negative effects and repercussions of its consumption. Thus, the harmful implications of alcohol cannot be disregarded.

The consumption of alcohol can have severe negative effects on the human body, mind, and overall quality of life. Those struggling with alcohol addiction must contend with the detrimental consequences of their drinking habits. While alcohol was once a socially accepted form of recreation, modern society now acknowledges the immense stress and harm associated with its use.

Alcohol consumption has evolved into a form of addiction, leading to both immediate and long-term negative health consequences. Individuals grappling with alcohol addiction also face the daunting challenge of withdrawal symptoms upon cessation, which can include nausea, anxiety, and other adverse effects.

The economic advancement from a less affluent society to a more prosperous one holds the promise of eventually reducing alcohol-related harm. However, in the short term, such progress can actually lead to a rise in alcohol consumption and its associated harm, as greater access to alcoholic beverages becomes available.

Alcohol consumption is a pressing concern that has significant implications for future health, socio-cultural norms, and economic welfare. The consequences of alcohol use are far-reaching, including increased likelihood of engaging in risky sexual behavior, higher rates of suicide, violence, juvenile delinquency, family and interpersonal conflicts, a greater risk of accidents, and serious health problems.

Investing in the youth population can bring significant social and economic benefits to a country, as they represent a valuable asset for growth and development. Proper

management of this valuable resource can lead to more efficient economic development and progress for the country as a whole.

Presently, the younger generation is experiencing significant challenges associated with alcohol consumption. Individuals between the ages of 18 and 29 are more likely to struggle with alcohol abuse and dependence than any other age group, leading to a host of social and cultural problems as alcohol consumption continues to rise.

Drinking alcohol is the fifth leading cause of premature death and disability worldwide. Myanmar, in particular, experiences a high number of years lost to alcohol-related harm, with over 12,500 individuals perishing annually from alcohol-related liver cirrhosis. Alcohol use disorders are also more prevalent in Myanmar than in neighboring regions. Despite the alarming rates of alcohol harm within the country, Myanmar has yet to implement a comprehensive national alcohol control policy.

As reported by a Ministry of Health and Sports representative, the number of hospitalized patients in Myanmar has increased dramatically in recent years, rising from over 36,000 in 2012 to more than 86,000 in 2017, reflecting an increase from 2.4% to 3%. The underlying cause of this trend is primarily attributed to the growth of alcohol consumption and addiction, which surged by 2.5 times between 2013 and 2018. As Myanmar undergoes rapid socio-economic development, noncommunicable diseases have emerged as a growing public health concern, largely driven by shifting lifestyle patterns.

Kyauktan Township in Yangon Region was chosen for the survey. There are crowded and migrant population in Kyauktan, Yangon Region and Thilawa Special Economic Zone is situated in there. Moreover, uneducated person, poor people and low income people can stay in Kyauktan as the recent cost for home is very cheap and can find low wage job easily. There can be alcohol related problem in low income family. The data collection from survey questionnaire can make easily on the respondents in Kyauktan. Studying on knowledge, attitude and practice of the residents from different region is worth to be studied for this thesis.

1.2 Objectives of the Study

The Objective of the Study is to identify the knowledge, attitude and practice level concerning with alcohol consumption.

1.3 Methods of Study

This thesis use descriptive method based on primary data and secondary data. The secondary data collect from reports, journals, various internet web-sites. Interview was conducted by using a face to face approach for primary data.

1.4 Scopes and Limitation of the Study

The survey will collect only residents from Kyauktan Township in Yangon Region. The survey will complete with questionnaires by collecting 5% respondents per ward for 2 wards (Ah Nauk Paing and Ah Lel Paing) from total 9 wards of Kyauktan township. These respondents aged 18 years and over are targeted for this survey. The survey will collect information only on public knowledge and attitude on alcohol consumption and practice on what they do.

1.5 Organization of the Study

This thesis is organized into five chapters where the first chapter is introduction with rationale, objectives of the study, method of the study, scope and limitation and organization of the study. The second chapter composes the literature review. The third chapter is the overview of alcohol consumption in Myanmar. The fourth chapter presents analysis of survey data and results. The last chapter is conclusion which composes finding and recommendation.

CHAPTER 2

LITERATURE REVIEW

2.1 Alcohol Consumption Among Youths

Engaging in frequent and excessive use of drugs during adolescence can result in a multitude of negative outcomes such as impaired emotional regulation, increased likelihood of engaging in risky sexual behaviors, heightened aggression and violence, diminished cognitive function and memory and structural changes in the brain. (Bajac, Feliu-Soler, Meerhoff, Latorre, & Elices, 2016). Binge drinking (BD) is a form of excessive alcohol consumption characterized by the consumption of at least 5 units of alcoholic beverages within a span of about two hours. (Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994).

Binge drinking is categorized as a hazardous pattern of alcohol consumption, involves the consumption of a substantial amount of alcohol over a brief period, often within a few days of the week (Parada et al., 2012). Alcohol consumption is a significant issue during adolescence and young adulthood.

Young et al. (2006) showed that the consumption of alcohol by young individuals is a pressing public health issue and a major policy concern across many nations, being a significant contributor to accidental deaths in this demographic.

Rates of alcohol consumption among college students and other young adults are also large. College students are frequently undergoing significant role changes, such as moving away from their family home for the first time, living with peers, and encountering less adult supervision, which may heighten the likelihood of alcohol misuse and abuse. New social and institutional factors (e.g., college parties, football weekends), along with living in altered physical and social surroundings, may create an environment conducive to excessive alcohol consumption among college students.

Young individuals frequently engage in alcohol consumption across various settings, such as their homes, friends' homes, bars , restaurants, outdoor locations like parks, beaches, and sports stadiums, schools, workplaces, and even moving vehicles.

Both college and noncollege young adults exhibit high levels of alcohol use and binge drinking.

Excessive alcohol consumption is frequently linked to personal negative outcomes, including academic underachievement, unwanted pregnancy, sexually transmitted infections, property damage, criminal behavior, and injuries. (Hingson et al, 2005).

The World Health Organization (WHO) has classified alcohol consumption as the third most significant risk factor for disease and disability worldwide (WHO, 2011). Pricing policies, such as taxation and pricing strategies are utilized to decrease the affordability of alcoholic beverages, with the aim of moderating the levels of consumption (World Health Organization, 2011).

Individuals who engage in hazardous drinking behaviors are susceptible to social harm and negative consequences. Hazardous drinking patterns may lead to a variety of issues, including but not limited to, familial conflicts, workplace difficulties, legal complications and financial troubles (Rehm, 2010). The risk of mortality from an alcohol related condition increases proportionally with the amount of alcohol consumed over an individual's lifetime, with heavy drinking episodes carrying a heightened risk of harm.

2.2 Advantages and Disadvantages of Alcohol Consumption

2.2.1 Advantages of Alcohol Consumption in Moderation

Moderate alcohol consumption may offer certain benefits. "The flavonoids and antioxidants found in wine have been shown to be beneficial for heart and vascular health, particularly among individuals with types 2 diabetes. Those with diabetes may generate an excess of free radicals due to poor sugar metabolism" Kessler says.

A 2016 review published in the American Journal of Public Health suggests that moderate alcohol consumption may reduce the risk of developing type 2 diabetes.

A November 2019 review published in Nutrient highlights the potential of polyphenols found in red wine to mitigate chronic diseases linked to oxidative stress.

The report also highlights how a plant-based diet is associated with reducing the risk of cardiovascular disease in individuals with hypertension, lowering the incidence of colon cancer in people with a family history of the disease, improving glycemic

control in individuals with type 2 diabetes, and reducing the frequency and severity of migraines in people who suffer from them regularly.

In addition, a 2012 study published in *The American Journal of Clinical Nutrition* indicates that red wine may have prebiotic properties, which could potentially stimulate the growth of beneficial gut bacteria.

According to a study published in *JAMA Network Open* in June 2020, involving nearly 19887 individuals with an average age of 62, consuming low to moderate amounts of alcohol (defined as up to 8 drinks per week for individuals assigned female at birth and fewer than 15 drinks per week for those assigned male at birth) was significantly correlated with maintaining high cognitive function over time and a reduced risk of cognitive decline.

Individuals who consume low to moderate amounts of alcohol are less likely to experience decreased total cognitive function, mental status, word recall, and vocabulary in comparison to those who abstain from drinking altogether, according to research.

In November 2019, a study published in *Metabolites* explored the potential health advantages of alcohol and highlighted that beer, as a fermented beverage, is rich in polyphenols such as ferulic acid, xanthohumol, catechins, epicatechins, and proanthocyanidins, which may contribute to the maintenance of a healthy gut microbiome.

According to a review in the *American Journal of Public Health*, intermittent alcohol consumption may offer protection against gallstones by decreasing stone formation and increasing gallbladder mortality. The study found that individuals who consume 5 or more grams of alcohol per day have a 40 percent lower risk of developing symptomatic gallstones.

2.2.2 The Disadvantages of Alcohol Consumption Heavily

While moderate alcohol consumption has some potential health benefits, the negative effects of alcohol consumption become more pronounced with heavy or binge drinking. Excessive alcohol consumption can put a strain on the liver, as it is the organ responsible for metabolizing and detoxifying alcohol. If the liver is filtered alcohol, it can generate metabolites that are harmful to health and can get diseases like as fatty liver, hepatitis and cirrhosis," Kessler says.

Another potential drawback of alcohol consumption in the human body can harm the entire gastrointestinal tract. In October 2014 review in the World Journal of Gastroenterology, ethanol has been shown to inhibit bone growth and remodelling, leading to a higher risk of osteoporosis and fractures.

According to the American Cancer , research is linked it to cancers, breast, liver and colon cancer. According to a January 2017 review in Pharmacological Research, alcohol may grow cancerous tumor and increase the progression and aggressiveness of tumors.

Additionally, research published in The Journal of the American Medical Association in March 2018 suggests that excessive alcohol consumption may increase the risk of breast cancer in women, particularly those who have a family history of the disease.

According to the Centers for Disease Control and Prevention (CDC), long term and excessive consumption of alcohol, whether it's wine or other forms of alcoholic beverages, can increase the likelihood of developing cardiovascular problems such as high blood pressure, heart disease, heart failure and stroke. The reason why alcohol can have negative effects on the heart is because it can cause an increase in blood pressure and heart rate as well as contribute to the development of obesity. All of these factors can contribute to the damage of the heart and increase the risk of developing cardiovascular disease. Excessive alcohol consumption during early adulthood can hinder the attainment of peak bone mass, even though osteoporosis which is characterized by low bone mineral density, is typically more noticeable in older individuals.

Excessive alcohol consumption can contribute to weight gain due to its high calorie content of seven calories per gram and lack of essential nutrients as noted by Harvard Health Publishing. This is why consuming too much alcohol can be detrimental to weight management goals. The CDC warns that excessive alcohol consumption can increase the risk of developing obesity or being overweight, which in turn can lead to several comorbidities such as heart disease, diabetes, and high blood pressure. Therefore, consuming too much alcohol can pose a significant disadvantage when it comes to maintaining a healthy weight and reducing the risk of developing chronic illnesses.

The CDC highlights that alcohol consumption can impair judgement and lead to making potentially harmful decisions. That's because drinking can lead to:

- Poor judgment
- Reduced reaction time
- Loss of balance
- Motor skills
- Slurred speech

Per the CDC, this impaired function can lead to immediate risks such as:

- Car accidents
- Violent behavior
- Risky sexual behavior.

It can be alcohol poisoning, a medical emergency that can cause fatal getting from high levels of blood alcohol, according to the CDC.

Alcohol is a noxious substance that can negatively impact virtually every system in body. The effects of alcohol can change with some effects manifesting themselves quickly, while others may take longer to surface and could occur after drinking multiple beverages. Drinking too much alcohol could also cause to social problems like:

- unemployment
- relationship breakdowns
- domestic abuse
- homelessness.

2.3 Influences of Social Media Sites

The current cohort of teenagers and young adults are being raised in an environment where social media platforms like facebook and twitter are ubiquitous and emphasize the creation and exchange of user generated content and interactions among users (Lenhart et al. 2005). Social media content featuring alcohol may have an impact on the behavior of young individuals.

People can utilize social media to disclose details about their personal lives while corporations and groups can leverage it to advertise their offerings. The majority of online platforms include features that allow users to indicate whether they approve or disapprove of content. This means that users can not only form their own opinions

about a post or video, but can also see how many offers and occasionally even who, have expressed similar sentiments.

Social media sets itself apart from traditional mass media and early internet advertising by enabling multidirectional and user generated communication about content. Unlike earlier web pages, which typically featured content from a single entity or solely offered information about a product, social media platforms encourage interaction and conversation among users (Kaplan and Haenlein 2010).

Facebook and twitter are highly popular websites in the United States, especially among teenagers and young adults. According to 2013 statistics, Facebook was used by 77% of adolescents, while Twitter was used by 24% of adolescents (Madden et al. 2013b). Therefore, any content related to alcohol that is shared on these platforms has the ability to reach a significant number of teenagers and young adults.

There are various aspects of social media platforms that can impact the likelihood of being exposed to alcohol-related content, such as the types of posting formats that users can utilize and the prevailing culture of privacy and anonymity. Given that mentions of personal alcohol consumption may be considered illegal for individuals who are below 21 years of age, these concerns are particularly significant.

Apart from the content related to alcohol that users themselves create, there is a rising apprehension about the degree to which young people are exposed to advertising and promotional material for alcohol on social media platforms. Studies conducted in both the United States and the United Kingdom have shown that the leading alcohol brands have a notable presence on social media platforms such as Facebook, Twitter, and YouTube (Jernigan and Rushman 2014; Winpenny et al. 2014).

An examination of social media advertising for top alcohol brands in the UK has revealed the prevailing marketing tactics, such as advertising for branded offline events (e.g., parties, gatherings), interactive games, sponsoring of virtual events, and encouraging alcohol consumption.

Alcohol companies utilize Facebook to encourage users to express their fondness for their brands by requesting them to "like" their pages, as well as to share images of themselves drinking the particular alcoholic drink or taking part in real-world events that the company sponsors. Twitter is another platform where alcohol brands urge their followers to share photos of themselves while using a specific hashtag, especially if they have attended a sponsored event, to reinforce the brand's image among

the Twitter audience. This approach is particularly alarming since Twitter is highly prevalent among younger adolescents (Nicholls 2012).

Social media provides a fresh platform for alcohol advertisers to connect with consumers, primarily due to the ability to aim messages and create relationships with their target audience (Jernigan and Rushman 2014). This tactic is especially worrisome as it can effortlessly reach minors and young adults who are not legally permitted to consume alcoholic beverages. There exists software that enables alcohol brands to request age verification before a user can follow the brand's account and engage with the brand. Such software often demands that the user provide a birth date to confirm they are of legal drinking age. Nevertheless, a recent investigation into alcohol brands revealed that none of them employed any external age verification measures (Jernigan and Rushman 2014).

Social media has the ability to merge conventional media exposure to alcohol-related content with peer interaction, such as the approval of specific conduct, which can result in an even stronger influence on drinking behavior. To illustrate, the social media connections that teenagers form both within and outside their social networks offer numerous avenues of potential influence.

These channels could facilitate the dissemination of alcohol-related content or the encouragement of alcohol-related conduct, both within a particular network and across different networks (Mundt 2011). The potential effectiveness of such messages has been proven on numerous occasions. Consequently, teenagers who come across alcohol-related references on their friends' Facebook profiles view them as reliable and influential sources of information (Moreno et al. 2009a).

Hence, social media platforms offer a widely available and easily accessible source of information for today's teenagers and young adults, merging the influence of interpersonal persuasion with the broad impact of mass media. Social media platforms have the potential to be utilized in the same way as traditional media channels to advocate responsible alcohol consumption and enhance awareness of the negative consequences associated with excessive drinking.

According to McCreanor and colleagues (2013, p. 119), at present, the available research is rudimentary and limited to general descriptions, necessitating the need for novel techniques and extensive, in-depth investigations to gain a more comprehensive

comprehension of young individuals' drinking customs on social media, as well as commercial promotion of alcohol.

2.4 Alcohol Portrayal on Television Affects Actual Drinking Behaviour

As alcohol consumption becomes more prevalent on television, the desire for drinking among young individuals grows. Alcohol, being generally accepted in most Western societies, contributes to this trend. Numerous prevention advocates and policymakers advocate for a complete ban on alcohol advertising, while the alcohol industry argues that it is responsible and promotes responsible drinking practices.

The portrayal of alcohol in movies seems to result in increased alcohol consumption among young individuals during the film. The consumption of alcohol may increase as a result of alcohol advertisements, even for non-brand-specific drinks. For instance, individuals may consume more Heineken after watching a Grolsch commercial. Therefore, the prohibition of alcohol advertising could potentially decrease alcohol consumption in homes.

It may be useful to explicitly inform individuals, especially parents, that movies contain alcohol portrayals that can have a direct impact on drinking behavior, even if alcohol portrayals are banned in movies. This can lead to increased awareness of the influence of media on drinking behavior and help individuals make informed decisions about their alcohol consumption. Movies featuring alcohol and drinking characters have been shown to have a direct impact on the amount of alcohol consumed by young adult males, particularly when they have access to alcohol while watching.

In situations where alcohol portrayal is present in movies and commercials, and there are individuals in a group who are at risk for problematic drinking, it may be beneficial to decrease the availability of alcohol. Young adults may be influenced to consume more alcohol due to the portrayal of alcohol on television screens.

Young adults tend to imitate the drinking behavior of actors while watching a movie, particularly during the early part of the movie. Men were more likely than women to imitate the sipping of alcohol, highlighting the gender differences in alcohol consumption behavior (Connally et al., 1994; Hanewinkel and Sargent, 2009; Sargent et al., 2006).

Alcohol cues depicted in movies may trigger an individual's attentional bias toward alcohol and evoke feelings of craving, which can be a significant factor in their alcohol consumption (Franken et al., 2003; Schoenmakers et al., 2010). Alcohol cues

in movies may lead to imitation of alcohol consumption by viewers, particularly by men, as they may be more inclined to imitate the actions of characters on screen. These cues might also elicit attentional biases for alcohol and stimulate feelings of craving, which can further contribute to increased alcohol consumption.

Heavy drinkers tend to have a tendency to selectively attend to alcohol-related stimuli, which could increase their craving for alcohol and result in increased drinking (Field and Eastwood, 2005; Franken et al., 2003). One potential reason for the higher likelihood of men to imitate alcohol consumption in movies could be due to the fact that male characters are often portrayed as consuming alcohol more frequently than female characters, not only in the specific movie we studied but also in movies in general. (Everett et al., 1998; Koordeman et al., 2011a; Stern, 2005). The sipping cues in this movie were evenly distributed over the length of the movie. However, attentional bias for alcohol cues might be more profound when alcohol cues are viewed for the first time.

2.5 Threat to Health of Alcohol Consumption

Alcohol, which is used to make wine, beer, spirits, and liqueurs, is a legal drug that has sedative properties and can cause addiction or dependency in individuals who consume excessive amounts. It contributes to millions of deaths each year worldwide and causes disabilities and poor health for many people.

The impact of alcohol consumption is influenced by numerous factors, such as the quantity of alcohol ingested, the speed at which it is consumed, the person's gender, weight, body size, and body fat percentage, the quantity of food present in the stomach, the use of medication (including over-the-counter drugs), the person's mental state at the time of consumption, and the location in which the drinking takes place.

After alcohol is consumed and enters the bloodstream, the body metabolizes it at a consistent rate of 20 milligrams per deciliter (mg/dL) per hour. Thus, for instance, if the blood alcohol concentration were 40 mg/dL, it would take roughly two hours for the body to fully metabolize the alcohol. Prolonged or excessive alcohol consumption can lead to inflammation of the pancreas, which can result in pancreatitis.

Pancreatitis has the potential to trigger the discharge of pancreatic digestive enzymes, resulting in discomfort in the abdominal region. On the other hand, liver disease caused by excessive alcohol consumption can be a dangerous condition that can

lead to the accumulation of harmful waste and toxins in the body, posing a threat to life. Long-term inflammation of the liver can lead to the development of cirrhosis, which is characterized by the formation of scar tissue. The presence of this scar tissue can result in permanent impairment of the liver.

Consuming alcohol can impact cognitive abilities, making it difficult to form long-lasting memories, think logically, make sound decisions, and regulate emotions. Intoxication can result in slurred speech, a common indicator of alcohol-induced impairment, which arises due to the decline in communication between the brain and the body. Chronic, excessive alcohol consumption can lead to permanent damage to the brain.

Excessive consumption of alcohol can result in a number of physical discomforts, such as bloating, gas, abdominal fullness, diarrhea, and painful bowel movements. Additionally, it may also contribute to the development of ulcers or hemorrhoids. Chronic heavy drinking can also have adverse effects on the cardiovascular and respiratory systems, increasing the risk of heart-related illnesses. For women, excessive drinking can impact the menstrual cycle and may even lead to infertility.

Regular and prolonged consumption of alcohol increases the likelihood of developing alcohol-associated cancers. This risk is not limited to heavy drinkers alone, as those who consume even a single drink per day or engage in binge drinking (consuming 4 or more drinks for women and 5 or more drinks for men in a single sitting) may experience a modest increase in their risk of developing certain cancers. According to 2009 data, approximately 3.5% of cancer-related deaths in the United States (equivalent to around 19,500 deaths) were linked to alcohol consumption.

The consumption of alcohol has the potential to alter one's behaviour in a negative manner. Alcohol abuse not only poses a threat to one's physical and mental health but also has the potential to harm relationships and society as a whole. This may be due to the association of alcohol consumption with increased instances of violence, criminal activity, accidents, and driving while under the influence. Among individuals aged 15 to 49 years, alcohol is the most significant risk factor for premature mortality and disability, contributing to 10% of all deaths in this age group. Moreover, individuals from disadvantaged and vulnerable populations are more likely to experience alcohol-related hospitalization and death.

Alcohol consumption has a more significant impact on mortality rates than other causes such as tuberculosis, HIV/AIDS, diabetes, hypertension, digestive diseases, road injuries, and violence. The immediate effects of excessive alcohol consumption include nausea, vomiting, and a hangover. Individuals of all ages may struggle with alcohol abuse, and this can depend on factors such as the frequency of consumption and the manner in which alcohol is consumed.

Excessive alcohol consumption can lead to disruptions in regular sleeping patterns, resulting in insomnia or insufficient restful sleep. This can lead to heightened levels of stress and anxiety. Additionally, there is a link between alcohol consumption and mental health issues such as depression, anxiety, risk-taking behaviour, personality disorders, schizophrenia, and even suicide. Engaging in binge drinking can impair one's judgement and weaken inhibitions, leading to risky behaviours. This may include engaging in unprotected sex, which can increase the likelihood of contracting sexually transmitted infections (STIs) such as chlamydia, HIV, or hepatitis. Additionally, it can also result in unintended pregnancies.

Alcohol consumption can cause dehydration in both the body and skin. It also has the potential to widen blood vessels, resulting in red or blotchy skin. Regular consumption of alcohol may contribute to weight gain as alcoholic beverages tend to have high calorie content due to their starch and sugar composition. Alcohol has no nutritional value and the calories it contains are considered "empty". Furthermore, alcohol can interfere with the body's ability to absorb calcium. If calcium intake is inadequate, bones can become weak and thin, increasing the risk of developing osteoporosis.

Regular and long-term alcohol consumption can lead to infertility in both men and women. In men, alcohol consumption can also lead to impotence. Additionally, consuming alcohol during pregnancy can result in damage to the development of the unborn baby. Heavy alcohol consumption can increase the risk of developing high blood pressure, which in turn can lead to chronic kidney disease. Frequent and excessive alcohol consumption can irritate the lining of the intestines, leading to inflammation, ulcers, and an increased risk of intestinal and colon cancer. Furthermore, alcohol-induced damage to the intestines can compromise the body's ability to properly absorb essential nutrients and vitamins.

Consuming alcohol heavily or over a prolonged period of time can result in inflammation of the pancreas. This can be an extremely painful condition, characterized by symptoms such as vomiting, fever, and weight loss. In severe cases, the condition can be life-threatening and lead to death. Excessive alcohol consumption can lead to the development of stomach ulcers and internal bleeding. It can also cause gastritis, which is the inflammation of the stomach lining. This can impede the absorption of essential vitamins and nutrients from food, and potentially increase the risk of developing stomach cancer.

Excessive alcohol consumption can cause the accumulation of fat in the liver, leading to inflammation and a condition called alcoholic hepatitis. This can progress to liver failure and even death. Additionally, chronic heavy drinking can cause permanent scarring of the liver, a condition known as cirrhosis. Excessive alcohol consumption increases the risk of liver cancer, and women are particularly vulnerable to the effects of alcohol on the liver because their livers take longer to break down alcohol and to repair damage. Heavy drinking also weakens the immune system, making a person more prone to lung infections such as pneumonia, and increases the risk of a collapsed lung. Furthermore, when a person drinks to the point of vomiting, they could inhale vomit into their lungs, which can lead to choking and even death.

Consuming alcohol in excess can lead to high blood pressure, increasing the risk of stroke and heart attack. Long-term alcohol consumption can also weaken the heart muscles, leading to heart failure, which can impact various body systems, including the lungs, liver, and brain. Binge drinking and heavy drinking over time can cause an irregular heartbeat, a condition associated with sudden death.

Consuming alcohol regularly can raise the risk of breast cancer in women. Alcohol consumption can affect hormone levels in the body, such as oestrogen, which is crucial for the normal development and functioning of female reproductive organs. However, alcohol intake can cause an increase in oestrogen levels, leading to the growth of breast cancer cells. Regularly exceeding the weekly alcohol limits increases the risk of developing various types of cancer, making alcohol the second highest risk factor for cancer after smoking. These types of cancer include mouth cancer, upper throat cancer, food pipe cancer, voice box cancer, colon cancer, breast cancer, bowel cancer, and liver cancer.

Consuming alcohol can cause damage to the brain, leading to problems with memory, behavior, and learning ability. This damage can be permanent and may result in mental health problems or alcoholism. The negative effects of alcohol on the brain are particularly concerning for young people, whose brains are still developing and are therefore more susceptible to lasting damage.

After consuming large quantities of alcohol, a person may experience a hangover, which is characterized by dehydration and symptoms of alcohol poisoning. Drinking alcohol can lead to a headache, nausea, fatigue, and irritability. Binge drinking, on the other hand, involves consuming excessive amounts of alcohol in a short period of time. Consuming over eight units of alcohol in a single sitting is considered binge drinking for men, whereas for women, it is consuming more than six units of alcohol on one occasion. Binge drinking can lead to long-term or permanent health issues. It can also cause blackouts, memory loss, anxiety, and irregular heartbeat.

Alcohol consumption was responsible for approximately 0.9 million deaths and 52.4 million injuries worldwide in 2016. The majority of these injuries were due to road accidents, self-harm, interpersonal violence, and falls, resulting in 373,000, 146,000, 88,000, and 76,000 alcohol-attributable deaths, respectively. These categories were the most significant contributors to the overall burden of alcohol-attributable injuries.

2.6 Socio-economic Status and Alcohol Consumption

Researchers have measured socio-economic status using different parameters at individual, area/neighborhood, and national levels. These parameters include personal income, debt, family or household income, educational level, employment status, and housing status. Socio-economic status has also been assessed based on neighborhood or area disadvantage, as well as gross national income.

Changes in socio-economic status can have an impact on a person's alcohol consumption and its consequences, in addition to the overall socio-economic status. Experiencing severe economic loss, such as job loss or homelessness, has been linked to a greater likelihood of experiencing negative alcohol-related consequences, developing alcohol dependence, and becoming intoxicated. However, moderate economic loss, such as reduced work hours or wages or loss of retirement savings, does not seem to have such an impact.

Individuals with higher socio-economic status (SES) may consume similar or greater amounts of alcohol compared to those with lower SES. However, individuals with lower SES tend to experience a disproportionate burden of negative alcohol-related consequences. Adults with higher SES are more likely to engage in drinking frequently and consume more alcoholic beverages on average compared to those with lower SES.

Several factors contribute to this disparity, including the fact that individuals with higher income can more easily afford to purchase alcohol and are more likely to participate in social activities that involve drinking compared to those with lower socio-economic status.

A 2016 study found a positive association between individual socio-economic status and drinking status. In other words, individuals with higher income tended to consume more alcohol. The study also revealed that men living in neighborhoods with higher socio-economic status were more likely to engage in heavy drinking and become intoxicated.

Individuals with a lower socioeconomic status tend to consume alcohol less frequently than those with a higher socioeconomic status. However, they have higher rates of alcohol-related mortality and morbidity due to factors such as limited access to quality healthcare and higher levels of stress.

Individuals with a lower socioeconomic status experience a higher number and greater severity of stressful life events, such as loss of income, death of a loved one, relocation, and divorce. In disadvantaged neighborhoods, binge drinking and alcohol abuse are more prevalent compared to neighborhoods with higher-income residents.

Binge drinking, also known as heavy episodic drinking, has a more significant detrimental effect on health compared to moderate drinking over time. This pattern of heavy episodic drinking is a significant contributor to the high rates of alcohol-related mortality among those with a low socioeconomic status. The increasing affordability and accessibility of alcohol over the years have led to a larger percentage of the population consuming larger amounts of alcohol more frequently.

Alcohol consumption is a significant factor in the unequal distribution of health and mortality outcomes among different socioeconomic groups, with greater mortality risks observed among those with lower socioeconomic status. Therefore, policies

related to alcohol must consider the socioeconomic disparities in alcohol use and its associated harms.

The link between alcohol use and socioeconomic status is multifaceted and differs among individuals. While anyone can develop alcohol addiction or experience harmful effects from alcohol consumption, the detrimental health consequences are more prevalent among those who are unemployed, engage in manual labor, and have lower incomes associated with a lower socioeconomic status. Therefore, it is crucial to provide education and access to treatment for alcohol-related issues to people from all socioeconomic backgrounds.

The degree and nature of socioeconomic disparities related to alcohol use can vary among different countries and regions, and may be influenced by broader factors such as cultural, religious, and economic differences. Within EU countries, gender differences also play a role in the magnitude and direction of these inequalities. Typically, individuals with a lower socioeconomic status and educational attainment, regardless of gender, are less likely to consume alcohol currently and are more inclined to abstain compared to those with a higher socioeconomic status and education.

Despite having lower rates of current alcohol consumption and higher rates of abstinence, individuals with a lower socioeconomic status and educational background, both men and women, are at greater risk of alcohol-related mortality. This indicates that alcohol has a more detrimental effect on the health of those from lower socioeconomic and educational groups when consumed. However, the patterns of heavy drinking, hazardous drinking, and binge drinking based on education status are not straightforward and differ by country and gender.

Across Europe, both males and females with the lowest educational attainment and socioeconomic status are less likely to consume alcohol currently and more likely to abstain compared to those with higher educational attainment and socioeconomic status. The strength of the association between education level and current drinking status is more pronounced in higher-income countries compared to lower-income countries.

The correlation between socioeconomic status/education and heavy drinking can differ depending on gender. For example, in the Netherlands, Germany, Switzerland, France, and Austria, women with a higher educational attainment are more inclined to engage in heavy drinking compared to those with lower educational

attainment. It is important to note that the relationship between socioeconomic status/education and heavy drinking among women varies across European countries. The pattern observed in the Netherlands, Germany, Switzerland, France, and Austria, where women with higher educational attainment tend to drink heavily, is not consistent across all countries. For instance, in Italy, Finland, and the Czech Republic, the pattern is reversed. Among men, however, a strong association exists between educational attainment and heavy drinking, with those of lower educational attainment being more likely to engage in heavy drinking compared to those with higher educational attainment.

2.7 Alcohol Withdrawal

Alcohol use usually starts during childhood or adolescence, while regular consumption typically begins during the transition from adolescence to adulthood. Heavy drinkers who suddenly stop consuming alcohol or significantly reduce their alcohol intake may experience alcohol withdrawal symptoms. These symptoms can range from mild to moderate, such as tremors, irritability, anxiety, and agitation, to more severe symptoms such as delirium tremens, hallucinations, and seizures.

Four stages of alcoholism regarded as pre-alcoholic, early alcoholic, chronic alcoholic, and end-stage alcoholism.

As the long-term effects of alcohol abuse take hold, individuals may have attempted to reduce or cease their alcohol consumption multiple times. Financial problems or job loss may exacerbate the associated distress and sorrow. During the final stages of alcoholism, prompt treatment is essential. Failure to address the issue can result in the development of alcohol-induced illnesses like cancer or cirrhosis.

Receiving alcohol addiction treatment can help individuals understand the nature of their addiction and equip them with the necessary tools for achieving long-term recovery. The most successful route to long-term recovery often involves medical treatment within a rehabilitation facility.

The severity and nature of withdrawal symptoms can vary widely among individuals depending on several factors such as the type and duration of substance/behaviour use, age, physical health, mental and emotional state, and the withdrawal process used. Common withdrawal symptoms may include difficulty

sleeping, irritability, changes in mood, depression, anxiety, physical aches and pains, cravings, fatigue, hallucinations, nausea and vomiting, diarrhea, sweating, and tremors. Withdrawal symptoms can be severe, especially for those who have been using drugs or alcohol for a prolonged period. Symptoms can include paranoia, confusion, tremors, disorientation, and seizures. Public and private services are available to provide withdrawal programs that aim to treat these symptoms, prevent complications, and plan for treatment after the withdrawal symptoms have subsided. The severity and duration of withdrawal symptoms vary depending on the type of substance or behavior, as well as an individual's age, physical health, mental and emotional state, and the specific withdrawal process used.

During withdrawal from substance or behavioural addiction, medications may be administered to alleviate physical symptoms such as nausea, vomiting, diarrhoea, abdominal cramps, headaches, and tremors. Withdrawal management can occur in various settings, such as a hospital, residential detox unit or even at home. Attempting to detox without support can lead to relapse and can pose a risk to one's health. Counselling, as well as support from loved ones, can also be beneficial in managing withdrawal symptoms.

For patients who experience severe withdrawal, it is recommended that they receive pharmacotherapy to manage their symptoms and minimize the risk of seizures and delirium tremens. The most effective and safe medications for this purpose are benzodiazepines, which not only alleviate withdrawal symptoms but also reduce the incidence of seizures and delirium tremens.

2.8 Government Policy on Alcohol Consumption

The alcohol guidelines in England recommend that men limit their regular daily consumption to 3 to 4 units, and women to 2 to 3 units. Despite these recommendations, half of all alcohol consumed in the UK is consumed in episodes of binge drinking, even though many people still manage to stay within the recommended limits.

Local councils in the UK can use health and wellbeing boards to commission prevention and treatment services that are tailored to the specific needs of their communities. These services may include programs delivered by health professionals that identify and provide brief advice, which has been proven effective in changing behavior, as well as treatment for alcohol dependence.

Furthermore, the UK government is taking steps to address alcohol advertising and its impact on young people by implementing policies that prohibit advertisements targeting this demographic. This is an effort to reduce the exposure of young people to alcohol-related content and promote healthier behaviors.

UK government are working with the regulators (the Advertising Standards Authority and Ofcom) to:

- (1) examine ways to make sure that adverts promoting alcohol are not shown during programmes that appeal to young people
- (2) ensure the full and vigorous application of Advertising Standards Authority powers to online and social media
- (3) look at rules and incentives that might get in the way of promoting lower strength alcohol products
- (4) work with industry to develop a scheme to verify people's actual ages, to be used on alcohol company websites and associated social media

Receiving adequate support is crucial for individuals struggling with alcohol dependency to achieve a successful recovery. To this end, the government has initiated a pilot programme for drug and alcohol recovery that utilizes a payment-by-results model. This means that treatment providers will be compensated based on the results they achieve in three key areas of a person's life, marking the first time this approach has been implemented in such a program. They are:

- (1) service users become free from addiction to drugs and/or alcohol
- (2) reduced re-offending or continued non-offending
- (3) improved health and wellbeing

All European nations have implemented some form of alcohol regulation or plan. However, the scope and effectiveness of these regulations or plans differ across countries, regions, and municipalities. Despite the comprehensiveness or strictness of each country's alcohol action plan, it is essential to continually evaluate, modify, and reinforce it to ensure it remains effective. Every nation stands to gain from periodic reviews and adjustments of their alcohol policies.

The following 10 action points are in accordance with the WHO global strategy to reduce the harmful use of alcohol, and are listed in the same order as the original document. They propose a range of policy options and measures that can be adopted, and adapted, at the national level, accounting for each country's unique circumstances,

including cultural and religious contexts, national public health priorities, as well as resources, capacities, and capabilities.

The primary focus areas include leadership, awareness, and commitment, health service response, community and workplace initiatives, policies and measures targeting drink-driving, the availability of alcohol, marketing of alcoholic products, pricing policies, addressing the adverse effects of drinking and alcohol intoxication, mitigating the public health impact of illicit and informal alcohol production, and monitoring and surveillance.

Realizing significant progress in addressing the harmful effects of alcohol consumption requires strong leadership from national and local governments, which ensures that all sectors and levels of society are fully committed and aware of the potential gains from a sustained and coherent effort to reduce the harmful use of alcohol. Only through such collective action can effective alcohol policies be implemented and their benefits fully realized. To ensure the effectiveness of an action plan aimed at reducing the harm caused by alcohol consumption, it is crucial to establish the necessary infrastructure for policy development, priority setting, monitoring and surveillance, research and evaluation, workforce development, and programme delivery. Only by providing such essential support can the objectives of the action plan be achieved and the desired outcomes realized.

Numerous alcohol strategies and initiatives at the national level emphasize the importance of educating and informing the public about alcohol and its associated health risks. While this principle is based on the premise that consumers have a right to be aware of the risks and that the public should be knowledgeable about the topic, it also underscores the notion, which is not supported by evidence, that educating people is sufficient to solve alcohol-related issues. In reality, alcohol education typically focuses solely on providing information regarding the risks associated with alcohol consumption, and it may be used to raise awareness of available resources for treating alcohol use disorders or to garner public support for effective alcohol policies.

The responsibility of the national government to establish and implement an action plan aimed at mitigating the negative effects of alcohol is frequently divided among several governmental departments and levels. These departments may include those that focus on industry and trade, agriculture, employment, finance, and health. In order to establish a coherent alcohol policy, the interests and priorities of these different

sectors must be harmonized, which can be a complex process. Additionally, certain sectors may have more influence than others and may therefore exert greater control over the policy-making process. Effective coordination is necessary to ensure that all levels of government and affected sectors and stakeholders are taken into account when crafting alcohol policy. A coordinating body, such as a national alcohol council, should be established to include senior representatives from relevant ministries, health professionals, and other partners. By bringing together diverse perspectives and expertise, this body can facilitate effective decision-making and policy implementation.

National politicians possess the authority to regulate and shape the environment in which alcohol is marketed. Given their official roles and personal perspectives, politicians often have a vested interest in addressing alcohol-related issues. However, civil society and public opinion can also play a crucial role in shaping alcohol policy reform. It is important to take into account the diverse perspectives and interests of all stakeholders in crafting effective alcohol policy. Other than governments, there are several other groups that support public health-oriented alcohol policy. These include independent, publicly funded institutions, insurance industry programs, issue-based non-governmental organizations (NGOs) and networks, and professional public health associations, as well as health and medical professionals and institutions.

Community-based prevention programs that identify and offer brief advice to individuals with alcohol use disorders can not only improve health outcomes and save lives but also reduce the financial burden on health systems. Additionally, these programs can be effective in reducing alcohol-related traffic fatalities and assault injuries caused by excessive drinking. A community mobilization approach has proven effective in raising awareness of issues related to drinking in licensed premises, such as noise and aggressive behavior. It involves working with community members to identify and develop solutions to these problems, as well as encouraging establishment owners to take responsibility for addressing them. Effective community programs are characterized by their ability to implement evidence-based interventions, such as stricter enforcement of laws that prohibit the sale of alcohol to minors or intoxicated individuals, or the implementation of drink-driving laws, and to mobilize support for these interventions.

To achieve meaningful reductions in the needless loss of life and injuries resulting from drink-driving, a comprehensive and sustained collaborative effort is

necessary among the government, traffic police, criminal justice system, safety authorities, health sector, local communities, and other stakeholders.

Thailand implemented the Alcoholic Beverage Control Act B.E. 2551 (the Act) in 2008 with the goal of reducing alcohol-related harm by discouraging drinking among current drinkers and preventing drinking initiation among youth (Royal Thai Government Gazette, 2008).

Despite the implementation of an extensive range of alcohol control regulations and measures in Thailand since the enactment of the Alcoholic Beverage Control Act B.E. 2551 in 2008, the prevalence of alcohol consumption in the population aged 15 and older (15+) has remained steady at around 30–33% over the past decade (National Statistical Office, 2015). Thailand has the highest alcohol per capita consumption rate in the WHO SouthEast Asia region, and the fourth highest in Asia, with 7.2 L of pure alcohol consumed by individuals aged 15 and older (World Health Organization, 2014).

Thailand had the highest alcohol-attributable deaths in the WHO South-East Asia region in 2010, and the prevalence of alcohol use disorders was twice the regional average (World Health Organization, 2014). Thai youth's alcohol use has been linked to an increased risk of various negative consequences, including but not limited to drink-driving, violence, injuries, acute health problems, unsafe sexual behaviors, as well as an inclination towards other unhealthy behaviors such as smoking, prescription drug misuse, and illicit substance use (Assanangkornchai, Mukthong, & Intanont, 2009; Chaveepojnkamjorn & Pichainarong, 2011).

The primary strategy of the Thai government in controlling alcohol has been to focus on the supply side. Government officials have noted that limiting the availability of alcohol can not only reduce purchasing power but also shape attitudes towards drinking. The government sector respondents recognized that controlling demand for alcohol alone would be relatively ineffective. However, they also acknowledged that a combination of demand and supply control strategies may increase efficacy.

Broadly speaking, alcohol policies in the U.S. can be classified into two main categories: (1) those designed to modify individual drinking behavior, and (2) those aimed at regulating the availability and distribution of alcoholic beverages.

Publicly funded information and education programs, along with State and local laws imposing penalties for driving under the influence of alcohol, are examples of policies aimed at shaping individual drinking habits. The United States has

implemented policies to increase public awareness of the health risks associated with alcohol consumption, such as the mandatory health warning labels on alcoholic beverage containers. Additionally, certain States have enforced laws that require mandatory sentencing for individuals convicted of drinking and driving offenses to discourage such behavior.

There are policies aimed at reducing access to alcohol, such as increasing the minimum legal drinking age (MLDA), limiting the number, location, and operating hours of establishments selling alcoholic beverages, and banning alcohol promotion on college campuses. Furthermore, "dram shop" laws are a type of policy that aims to create a safe drinking environment by holding drinking establishments and private hosts accountable for any damages caused by a person to whom they have served alcoholic beverages.

The development of alcohol-related policies in the United States is a multifaceted process that involves various levels of government, including federal, state, and local, as well as non-governmental organizations like citizen and industry groups, which all play a role in shaping policy decisions.

There are multiple Executive branch departments and agencies that are responsible for federal alcohol policies in the United States. The Department of the Treasury and the Federal Trade Commission, for example, are responsible for regulating health warning labels on alcoholic beverage containers. The Departments of Health and Human Services (DHHS) and the United States Department of Agriculture (USDA) share the responsibility for formulating the dietary guidelines that include recommendations on alcohol consumption. Meanwhile, the Treasury Department administers Federal alcohol-related tax policies and collects the corresponding revenues, in addition to regulating health warning labels on alcoholic beverage containers together with the Federal Trade Commission.

Additionally, the USDA also oversees policies on agricultural production of crops used for alcoholic beverages, such as grains and grapes. The Department of Transportation, on the other hand, is responsible for addressing transportation issues related to alcohol, including highway safety and the use of alcohol by pilots, railway workers, and ship personnel.

The Departments of Health and Human Services (DHHS), the Departments of Transportation (DOT) and Education are responsible for developing policies for

preventing alcohol use, while DHHS, the Departments of Veterans Affairs (VA) and Defense (DOD), and the Social Security Administration are responsible for developing policies related to alcohol treatment, such as health care reimbursement. Research on alcohol-related issues is undertaken by DHHS, the Departments of Veterans Affairs (VA) and Defense (DOD), and the Departments of Transportation (DOT); as evident, it is crucial to have continuous coordination and collaboration among policies and programs within this complex Federal structure. The National Institute on Alcohol Abuse and Alcoholism (NIAAA), which operates under the Department of Health and Human Services (DHHS), is the primary agency responsible for alcohol research in the United States.

After the repeal of Prohibition, the 21st amendment to the U.S. Constitution granted the States the power to regulate various aspects of commerce related to alcoholic beverages. The States have been granted the authority to regulate many aspects of commerce regarding alcoholic beverages, including policies on the sale of alcohol, who is permitted to drink it and where, and the regulation of alcohol advertising. Additionally, the States are responsible for establishing penalties for the misuse of alcohol and may also levy taxes on alcoholic beverages.

Each state in the US has the autonomy to create its own set of policies regarding the sale and consumption of alcoholic beverages, including who can drink alcohol, where it can be sold and how it can be advertised. Additionally, some states also permit local governments to develop their own policies on alcohol use, resulting in neighboring regions having contrasting policies. In some cases, counties that allow the sale of alcohol may be adjacent to counties that prohibit it altogether or have certain restrictions in place. Alcohol is a commonly consumed substance in various social, cultural, and ceremonial settings. Its production and sale generate revenue for governments via taxes and provide employment and business profits for citizens. Additionally, moderate alcohol consumption may offer certain health benefits for some individuals.

Policymaking on alcohol is not limited to government entities. Several non-governmental organizations also play a vital role in shaping policies. National organizations like Mothers Against Drunk Driving and the National Council on Alcoholism and Drug Dependence, the alcohol industry, including producers and distributors, and citizen advocacy and advisory groups at the state, county, and municipal levels, all have an impact on policy development. Private sector

organizations play an important role in the policy development process by offering diverse perspectives to policymakers. These organizations include advocacy groups, industry representatives, and citizen advisory groups at the local, state, and national levels. Their participation ensures that non-governmental viewpoints are heard and considered. Their advocacy efforts can also have a significant impact on policy adoption or rejection.

To illustrate, in 1970, the NIAAA was established through a joint effort by private sector, scientific, and governmental groups. While private sector groups can be involved in shaping policy, typically it's the responsibility of government to promulgate and implement policies. However, one noteworthy exception pertains to alcohol advertising policies, which the alcoholic beverage industry has voluntarily created, put into effect, and overseen to ensure compliance.

The involvement of non-governmental entities can add a layer of complexity to the process of formulating policies. Occasionally, the proposals put forward by one group of private sector entities may clash with those of other private sector groups. To illustrate, while the alcoholic beverage industry has voluntarily regulated advertising, there is now a debate about whether government should place restrictions on alcohol advertising and, if so, what those limitations should entail.

Several private sector groups with divergent viewpoints regarding restrictions on alcohol advertising are currently participating in discussions across multiple platforms. These talks, in conjunction with any public sentiment they generate and pertinent scientific information, will serve as the foundation for governmental decisions on whether to institute or reject fresh policies regulating alcohol advertising.

Public policies, enshrined in laws and regulations, are typically created when public concern about an issue has reached a tipping point. While science can be a key factor in shaping policies when public backing already exists, it seldom stands alone as the sole basis for policy development. A combination of economic, cultural, religious, and political influences frequently carry greater weight in the process than scientific data supporting or opposing a specific policy.

For instance, the efficacy of health warning labels affixed to containers of alcoholic beverages (as addressed later on) can be scrutinized by science. Furthermore, science can assess the potential benefits and drawbacks of various policies, both in the short and long run. At present, scientific inquiry into the advantages and disadvantages

of moderate alcohol consumption throughout one's lifetime is a case in point of how science can contribute to public discussions about matters that have the potential to give rise to policy options.

During the early 1970s (specifically, from 1970 to 1975), many states began decreasing the minimum age at which individuals could purchase or possess alcohol. By the mid-1970s, statistical data on highway safety demonstrated a significant rise in alcohol-related traffic fatalities, particularly among 16 to 24-year-olds, who were disproportionately represented among those losing their lives on the roadways. Another cause for public worry centered on the absence of uniformity among State laws on the minimum legal drinking age (MLDA), which, from the mid- to late 1970s, ranged from 18 to 21 years old. In essence, the worry was that these disparities in MLDA laws across different states provided an incentive for young people to travel across state lines to acquire alcohol in areas with lower MLDA limits, thus elevating their likelihood of alcohol-related harm and fatalities.

Starting in the mid-1970s, numerous states began increasing their minimum legal drinking age (MLDA). Research investigating the effects of these modifications demonstrated that raising the MLDA resulted in fewer alcohol-related traffic accidents involving young people subject to the law. Furthermore, data indicated that these effects endured for several years (O'Malley and Wagenaar 1991; Wagenaar 1993).

Science is proving to be a vital tool in the ongoing national policy discussion surrounding underage drinking and alcohol-related traffic fatalities among young people. Persisting concern over these matters has resulted in an increase in backing for the adoption of zero-tolerance laws, which establish a maximum legal blood alcohol concentration (BAC) level of 0.02 or less for drivers under the age of 21. States that have implemented zero-tolerance laws observed a mean reduction of 20% in fatal single-vehicle nighttime (SVN) crashes compared to states that did not reduce the legal BAC limit for underage drinkers. Researchers have projected that if all states enforced these BAC limits for drivers aged 15 to 20, it could avert at least 375 fatal SVN crashes annually (Hingson 1994).

Ongoing public concern and backing for strict measures to diminish underage alcohol consumption, coupled with the indisputable scientific proof of the efficacy of the MLDA law, has led several states to pass or deliberate on zero-tolerance laws. In 1988, a regulation was passed necessitating that all alcoholic beverages (including beer,

wine, and distilled spirits) bottled on or after November 18, 1989, carry a label cautioning the public about multiple significant health hazards linked to alcohol use, such as birth defects if alcohol is consumed during pregnancy, impaired ability to drive a vehicle or operate machinery, and health issues. For almost 20 years, starting from 1972, there had been discussions regarding the need for a health warning label on alcoholic beverages, particularly distilled spirits. Eventually, the legislation for warning-label was passed, which allowed science to investigate the effects of these labels on public knowledge, attitudes, and behavior towards alcohol consumption. Despite increasing public awareness of the three alcohol-related health risks mentioned on the labels, there seems to be no significant impact on changing behaviors (Hilton 1993).

The expanding body of research on alcohol-related issues has the potential to inform and guide policy development and decision-making. This research provides policymakers, public policy advocates, and consumers with a better understanding of the potential consequences of their actions. Armed with this knowledge, they can more effectively design and implement programs and public policy strategies aimed at reducing alcohol-related problems and improving overall health outcomes. By utilizing the latest scientific evidence, policymakers and advocates can make informed decisions and develop policies that have the greatest potential to achieve their goals.

2.9 Reviews on Previous Studies

According to the thesis “Alcohol consumption behaviour of young people in Thailand: Perspectives of stakeholders in Petchaburi Province,” this study aims to gather comprehensive information on the drinking patterns of youth in Petchaburi Province, and to examine the views of community partners on the behavior and alcohol use of these young people.

It was recommended that adolescents from single-parent families have a higher tendency to consume alcohol compared to those living with both parents. The social acceptance of drinking is a significant motivator for young people to consume alcohol, though they also mention enjoying the taste and effects of alcohol.

According to the article, “Prevalence of Alcohol Consumption and Hazardous Drinking, Tobacco and Drug Use in Urban Tanzania, and Their Associated Risk Factors,” this article is to analyze the prevalence of alcohol use and hazardous drinking,

tobacco use, and the connections between hazardous alcohol use, the use of other substances, socio-demographic factors (including poverty), and economic and social functioning.

The study found that hazardous alcohol consumption was not influenced by the poverty differences in the two geographic regions, but was significantly associated with being male, employment status, and experiencing common mental disorders.

According to the research ‘Alcohol Consumption and Current Situation of Drinking Risk Level Among University Students in Mandalay Region,’ the aim of the study is to evaluate the level of alcohol consumption risk among university students in Myanmar, using the Alcohol Use Disorder Identification Test (AUDIT), and to analyze the motives for drinking.

The findings suggest a need for strict laws prohibiting the sale of alcohol to individuals under the age of eighteen. Additionally, implementing an alcohol intervention program and promoting behavior change communication in health promotion campaigns could prove useful in reducing alcohol consumption among students.

According to the research “Alcohol consumption among adult males in urban area of Thanlyin Township, Yangon Region, Myanmar,” the aim of the study is to investigate the frequency and risk factors of alcohol use among adult males residing in the urban area of Thanlyin Township, Yangon Region in 2013.

The study recommends urgent action to address the high prevalence of alcohol consumption among adult males in urban areas, particularly among young adults. To address this issue, alcohol and tobacco control policies should be reinforced or strengthened, while intensifying tobacco control programs. Additionally, health education and promotion activities should be strengthened to reduce alcohol consumption across the country.

CHAPTER 3

ALCOHOL CONSUMPTION AND ALCOHOL CONTROL IN MYANMAR

3.1 Myanmar Culture and Alcohol Consumption

In the past, the people of Myanmar consumed minimal amounts of alcohol due to the country's strict adherence to Buddhist principles. However, with the advent of globalization, Myanmar has been exposed to a range of transnational influences that have had a significant impact on the country.

This phenomenon, often referred to as "border crossing," has penetrated virtually every aspect of Myanmar's culture, technology, religion, education, and politics (Rush, 2009; Soonthorn et al., 2014).

The influence of Western culture has gained acceptance among the citizens of Myanmar, particularly in urban areas, and has gradually seeped into the rural regions. The modernization process has led to an increasing number of young people from rural areas migrating to urban centers in search of better employment opportunities and higher education.

This has brought about a transformation in the structure of the family, where the trend has shifted from a traditional joint family system, comprising several generations residing together in a single household and sharing strong bonds, to a nuclear family.

Furthermore, the influence of Western culture has had a significant impact on Myanmar's drinking habits, particularly among teenagers and adults who now perceive drinking alcohol as a western and fashionable practice, symbolizing sophistication and modernity.

It is noteworthy that in traditional Myanmar culture, the consumption of beer or hard liquor was predominantly restricted to males, but now it has become increasingly common for females to partake in such activities and drink alongside their male counterparts.

3.2 Alcohol Control in Myanmar

Notification 39/2020, which was issued by the Ministry of Commerce on May 25, 2020, outlines the licensing rules and prerequisites for importing alcohol. Notification 39 specifies that a Myanmar company that meets the requirements set out in the notification may become a liquor importer, provided it is established in accordance with the Myanmar Companies Law.

Notification 39 sets out certain criteria that a Myanmar company must meet in order to apply for a Liquor Importer Registration Certification (“LIRC”) with the MOC, such as:

- (1) Having a valid importer and importer registration certificate issued by the MOC
- (2) Having a valid relevant alcohol license (i.e., FL11, FL4, or FL5) issued under one of directors’ names
- (3) Having a valid storage license issued by the relevant district General Administration Department
- (4) Being granted the exclusive distributorship or exclusive dealership by a foreign liquor manufacturer and distributor.

Notification 39 also sets out certain terms and conditions for liquor importation:

- (1) Liquor shall be imported through Yangon port or Yangon airport
- (2) The minimum import price is set at CIF (Cost, Insurance, and Freight) US\$8 per liter
- (3) Liquor importers shall comply with requirements on the label
- (4) Liquor importers shall affix the tax stamp on liquor bottles within 21 days, under the supervision of the Internal Revenue Department, before moving liquor bottles out of the customs warehouse
- (5) Liquor is to be stored only at licensed premises

3.3 Government Lifts Restriction on Importation of Foreign Alcohol in Myanmar

With the objective of combating the unlawful import of alcohol, meeting the market demand for quality products, and accurately assessing and collecting taxes, the Ministry of Commerce (MOC) in Myanmar issued Notification no. 38/2020 on May

25, 2020. This notification removed foreign alcoholic spirits from the list of restricted imports.

While Notification-38 lifted the restrictions on foreign alcoholic spirits, beer remains on the list of restricted imports. Subsequent to Notification-38, the Ministry of Commerce (MOC) in Myanmar also released Notification no. 39/2020 on May 25, 2020, outlining the procedures for importing foreign alcoholic spirits.

Notification-39 mandates that a Registration Certificate for Alcohol Importation (RCAI) must be obtained in order to import alcohol. The applicant for alcohol importation must be a Myanmar company that holds an importer-exporter registration certificate, which has been issued by the Ministry of Commerce (MOC). Additionally, one of the directors of the company must possess a wholesale license (FL-11) to distribute alcohol.

Notification 38 and 39 do not provide a specific definition or clarification on the term 'Myanmar company' or the allowed foreign investment ratio for importing foreign alcoholic spirits. It can be assumed that a company with up to 35% foreign shareholding is permitted to import foreign alcoholic spirits based on the Myanmar Companies Law 2017 (MCL).

The applicant company must either act as the exclusive distributor of an alcohol brand or the exclusive dealer for a distributor. Additionally, the company must possess licensed premises issued by the Ministry of Home Affairs (MOHA) for the storage or distribution of alcohol.

Notification-39 outlines the procedures involved in importing alcohol, including the application for the RCAI, the application for the alcohol import license, and the conditions related to alcohol importation, all falling within the scope of procedures (SOP).

To apply for the RCAI, the company must provide its name, registration number, and details of the alcoholic spirits to be imported, including alcohol percentage, brand name, trademark, type, ingredients, packaging, and country of origin. Additionally, the company's address and FL-11 license must be included. Importing pure alcohol or ethyl alcohol requires FL-4 and FL-5 licenses for mixing, adding color and flavoring agents, and bottling of the imported alcoholic spirits. The RCAI is valid for one year, and renewal must be sought three months before its expiration date.

An application for an alcohol import license requires the submission of the following documents: the original FDA approval, a sample of how the importer company's name will be affixed to the bottle of the alcoholic spirit, importer registration certificate, and the pro forma invoice or sales contract related to importing the alcohol.

The importation of alcohol is subject to specific conditions, including the requirement to import through either Yangon Port or Yangon Airport and to maintain a minimum CIF of USD 8 per liter of alcohol.

The labelling requirements for imported alcohol stipulate that the company with an RCAI must include certain details on the packaging of the imported alcohol. These details include the type of alcohol, net volume, alcohol percentage, name of the importing company, and the registered office address or the address of the distribution place.

In addition, imported alcohol must bear the label "Tax Paid" before being sold in the market, and the label must be affixed under the supervision of the Internal Revenue Department (IRD) within 21 days of the alcohol being moved from the customs warehouse.

Notifications 38 and 39, along with the requirements and procedures outlined therein, do not apply to the importation of foreign alcoholic spirits for use in hotels and duty-free shops. Instead, the Ministry of Commerce ("MOC") has established distinct procedures for such importation, which must be followed in order to obtain MOC approval for the importation of alcohol for use in hotels and duty-free shops.

The relaxation of restrictions on the importation of foreign alcoholic spirits, as enabled by Notifications 38 and 39, is a positive step towards market liberalization, especially considering the growing demand for high-quality alcoholic spirits in Myanmar.

3.4 Tax Policy on Alcohol in Myanmar

The Union Tax Law (UTL) 2020 was approved by Parliament in September 2020 and became effective from 1 October 2020. The law applies to the fiscal year 2020/2021 ending 30 September 2021.

Table (3.1)
Specific Goods and Respective SGT Rates Under UTL 2020
SGT Rates for Importation and Produced Domestically

Sr. No.	Description of specific goods	Price level	Tax rates
8	(a) Various types of liquor	Between 300 – 1000 kyats per liter	180 kyats per liter
	(b) Various types of liquor	Between 1001 – 2000 kyats per liter	449 kyats per liter
	(c) Various types of liquor	Between 2001 – 3000 kyats per liter	749 kyats per liter
	(d) Various types of liquor	Between 3001 – 4000 kyats per liter	1049 kyats per liter
	(e) Various types of liquor	Between 4001 – 5000 kyats per liter	1349 kyats per liter
	(f) Various types of liquor	Between 5001 – 6000 kyats per liter	1648 kyats per liter
	(g) Various types of liquor	Between 6001 – 7000 kyats per liter	1948 kyats per liter
	(h) Various types of liquor	Between 7001 – 8000 kyats per liter	2248 kyats per liter
	(i) Various types of liquor	Between 8001 – 9000 kyats per liter	2548 kyats per liter
	(j) Various types of liquor	Between 9001 – 10000 kyats per liter	2847 kyats per liter
	(k) Various types of liquor	Between 10001 – 11000 kyats per liter	3147 kyats per liter
	(l) Various types of liquor	Between 11001 – 12000 kyats per liter	3447 kyats per liter
	(m) Various types of liquor	Between 12001 – 13000 kyats per liter	3747 kyats per liter
	(n) Various types of liquor	Between 13001 – 14000 kyats per liter	4046 kyats per liter
	(o) Various types of liquor	Between 14001 – 15000 kyats per liter	4346 kyats per liter

Table (3.1) Specific Goods and Respective SGT Rates Under UTL 2020
SGT Rates for Importation and Produced Domestically (Continued)

Sr. No.	Description of specific goods	Price level	Tax rates
	(p) Various types of liquor	Above 15001 kyats per liter	60% of the price of a liter
9	Various types of beer		60%
10	(a) Various types of wine	Up to 750 kyats per liter	87 kyats per liter
	(b) Various types of wine	Between 751 – 1500 kyats per liter	264 kyats per liter
	(c) Various types of wine	Between 1501 – 2250 kyats per liter	438 kyats per liter
	(d) Various types of wine	Between 2251 – 3000 kyats per liter	615 kyats per liter
	(e) Various types of wine	Between 3001 – 3750 kyats per liter	791 kyats per liter
	(f) Various types of wine	Between 3751 – 4500 kyats per liter	966 kyats per liter
	(g) Various types of wine	Between 4501 – 6000 kyats per liter	1229 kyats per liter
	(h) Various types of wine	Between 6001 – 7500 kyats per liter	1580 kyats per liter
	(i) Various types of wine	Between 7501 – 9000 kyats per liter	1931 kyats per liter
	(j) Various types of wine	Between 9001 – 10500 kyats per liter	2282 kyats per liter
	(k) Various types of wine	Between 10501 – 13500 kyats per liter	2808 kyats per liter
	(l) Various types of wine	Between 13501 – 16500 kyats per liter	3510 kyats per liter
	(m) Various types of wine	16501 kyats and above per liter	50% of the price of a liter

Source: Myanmar Union Taxation Law 2020

3.5 Government Enforce Ban on Alcohol Advertising

According to official regulations in Myanmar, individuals under the age of 18 are not permitted to purchase alcohol legally. However, research indicates a rise in the unlawful purchase and consumption of alcohol among underage individuals in the country.

Myanmar also imposes specific restrictions on the consumption of alcohol in public spaces, such as educational institutions, government buildings, and workplaces, where it is strictly prohibited by law (World Health Organisation Country Office, Myanmar). Despite the official regulations and restrictions, it has been observed that several government officials in Myanmar indulge in alcohol consumption in public spaces.

The promotion and sponsorship of alcohol in Myanmar are strictly regulated. National TV and radio programs, as well as local radio broadcasts, are entirely prohibited from advertising or endorsing any form of alcohol. However, limited advertising is permitted in printed materials, newspapers, magazines, and cinemas. Additionally, the "16 Guideline" published in 2012 recommends a complete prohibition of alcohol advertising in all print media. While there are partial legal restrictions on alcohol industry sponsorship in sporting and youth events, there are no restrictions on the sales promotion of alcohol, especially at the point of sale.

Myanmar imposes legally binding restrictions on alcohol advertising through various mediums, including national television, cable television, national and local radio, print media, cinemas, billboards, point-of-sale promotions, and online platforms, including social media.

Table (3.2) Regulation on Alcohol Advertising of Different Medias in Myanmar

	Beer Ads	Wine Ads	Spirit Ads
National TV	Ban	Ban	Ban
Social Media	Partial restriction place	Partial restriction place	Partial restriction place
Billboards	Ban	Ban	Ban
Local radio	Ban	Ban	Ban
Point of sale	Partial restriction place	Partial restriction place	Partial restriction place
Cinemas	Ban	Ban	Ban
Print Media	Ban	Ban	Ban
Cable Television	Ban	Ban	Ban
The Internet	Partial restriction place	Partial restriction place	Partial restriction place

Source: World Health Organization, 2016

CHAPTER 4

SURVEY ANALYSIS

4.1 Survey Profile

This chapter presents the experiment of community knowledge level, analysis of attitude and practice concerning with alcohol consumption in Kyauktan Township. In this analysis, a survey is scrutinize by using descriptive method to analyze community knowledge, attitude and practice of alcohol consumption in Kyauktan Township. The survey interview for this study was conducted from September to November in 2022.

Kyauktan Township is located in the southern part of Yangon. The Township comprises nine wards and thirty two village tracts and shares borders with Thanlyin Township to the north, Thongwa to the east, the Yangon river to the west and Gulf of Mottama to the south.

The study on community knowledge, attitude and practice of alcohol consumption of Kyauktan Township was completed in selected 2 wards (Ah Nauk Paing and Ah Lel Paing) from total 9 wards of Kyauktan township which are Ah Shey Paing, Ah Lel Paing, Ah Nauk Paing, Sin Kan, Shwe Kone, San Chein Hmi, Thi Tar Myaing, Shwe Pyi Thar Yar and Aye Mya Thi Dar.

Current total population of Kyauktan Township is 169659. Most of the people in the Township live in rural areas. Urban areas have 44722 people and rural areas have 124937 people. Kyauktan Township has 83359 male and 86300 females. As Thilawa Special Economic Zone is developing, most of the factory locate in the Kyauktan Township.

The Township has 75 primary schools, 9 middle schools and 7 high schools. The most famous high school is B.E.H.S No.1 and B.E.H.S No.2. The Township has 6 public hospitals.

4.2 Survey Design

This study was a study of knowledge, attitude and practice on alcohol consumption in Myanmar (case study: Kyauktan Township). Total population is 83359 of male and 86300 of female in Kyauktan Township. Sample size is 250 in Kyauktan Township.

The survey design is based on the 250 respondent's data was collected in the Kyauktan Township of data collection. These data were collected from the participants (age 18 years and above).

The questionnaire is composed into four main parts. This study was collected by using five likert scale questionnaire with face to face interview method of four main parts. They are

- Personal Profile
- Educational Question for alcohol consumption
- Observation question for alcohol consumption attitude
- Observation question for alcohol consumption practice

First, the personal profile included eight questions. In this question include the respondents of age, gender, education, occupation, marital status, religion, family member and family income. The second question was knowledge of respondents with alcohol related diseases. The knowledge level based on ten questions and respondents were filled correct answers and then give score or mark. The third question is measured the attitude level of respondents. The fourth questions were practice of respondents. Practice level of respondents is measured on the basic of ten questions.

4.3 Survey Analysis

4.3.1 Characteristics of the Respondents

The Characteristics of Respondents on alcohol consumption is based in Kyauktan. There are 8 different kinds of variables from various distributions of gender, age, marital status, religion, education, condition of occupations, family income per one month and family member. The gotten answers by respondents are various and different from one each other.

Table (4.1) Characteristics of the Respondents

Biography of the Respondents	Frequency	Percentage (%)
Gender		
Male	189	75.6
Female	61	24.4
Total	250	100
Marital Status		
Single	131	52.4
Married	119	47.6
Total	250	100
Age		
18-30	114	45.6
31-45	77	30.8
46-60	51	20.4
Above 61	8	3.2
Total	250	100
Religion		
Buddhism	241	96.4
Hinduism	9	3.6
Total	250	100
Education		
Primary	61	24.4
Middle	58	23.2
High	80	32.0
Bachelor	44	17.6
Master	7	2.8
Total	250	100
Occupation		
Staff	85	34.0
Own Business	33	13.2
Unemployed	109	43.6
Other	23	9.2
Total	250	100

Table (4.1) Characteristics of the Respondents

Biography of the Respondents	Frequency	Percentage (%)
Family Income		
< 150,000	91	36.4
150,000 – 300,000	80	32.0
300,000 – 500,000	62	24.8
> 500,000	17	6.8
Total	250	100
Family Members		
3	35	14.0
3 – 5	188	75.2
> 5	27	10.8
Total	250	100

Source: Survey data (2022)

Table (4.1) shows the characteristic of the respondents. Among 250 respondents 189 respondents were male and 61 respondents were female.

According to the Table (4.1), the number of single respondents 52.4% and married respondents 47.6% in the sample. The age distribution of respondents in Kyauktan Township is presented in Table. The respondents' age ranges from 18 years to above 61 years. Most of the respondents are 18 to 35 years old.

As a religion section, most of the respondents are Buddhism who are 96.4 percent and the second is Hinduism who are 3.6 percent.

Among the respondents, all are literate ranges from primary level to master level. It can be clearly seen that most of the respondents were high school level shown in Table (4.1). And then 23.2 % of respondents were middle school level. According to the table (4.1), this data is difference between the level of the respondent's education. The least percentage of the respondents are master level found the survey data and they have knowledge for these drinking related diseases and knowledge. 17.6% of the respondents' drink alcohol with bachelor level and are unmatured young people.

As an occupation, 13.2% of the respondents are working own business. Therefore, they have enough financial assets to drink alcohol. And 34% of the

respondents is doing as staff worker. Most of the respondents are unemployment in Kyauktan township.

In the table (4.1), most of the respondents who have income below 150,000 MMK. The second is people who have middle income to drink alcohol. As Myanmar kyat, they have income between 150,000 MMK and 300,000 MMK. The least of the respondents have income above 500,000 MMK. They have strongly financial assets to drink.

Finally, table shows that most drinkers have between three and five family members. They have much stress in the workplace. Therefore, they drink alcohol to relieve their stress.

4.3.2 Knowledge of Respondents on Alcohol Consumption

The public education and the knowledge are important points in managerial processes of excise tax and diseases in studying the alcohol consumption. The knowledge of Alcohol consumption by respondents was studied into two parts. The respondents should know and be nice to know the measurement of knowledge on alcohol liquid, excise laws, diseases. If the knowledge of respondents was weak, the relevant persons of the relating departments have to try to uplift.

Knowledge, attitude and practice questions divided into five portions by using five likert scale questionnaire. Respondents who strongly disagree are given 1 score, respondents who disagree are given 2 score, respondents who neutral are given 3 score, respondents who agree are given 4 score, respondents who strongly agree are given 5 score.

The following table (4.2) show that mean score level of respondents on alcohol consumption. Respondents who get from 1.00 score to 1.80 score is very poor level, respondents who get from 1.81 score to 2.60 score is poor level, respondents who get from 2.61 score to 3.40 score is moderate level, respondents who get from 3.41 score to 4.20 score is good level and respondents who get from 4.21 score to 5.00 score is very good level.

Table (4.2) Mean Score Level of Respondents on Alcohol Consumption

Mean Score Range	Mean Rating	Interpretation
4.21-5.00	Strongly agree	Very good
3.41-4.20	Agree	Good
2.61-3.40	Neutral	Moderate
1.81-2.60	Disagree	Poor
1.00-1.80	Strongly disagree	Very poor

Table (4.3) Knowledge of Respondents on Alcohol Consumption

No.	Particulars	Mean Score	Standard Deviation
1	Alcohol is an addicted thing	4.00	0.656
2	Alcohol drinking is affected to developing brain	3.89	0.560
3	Regular or over drinking is affected to health.	4.11	0.311
4	Alcohol drinking causes liver disease	4.07	0.252
5	Alcohol drinking causes stomach ulcer disease	4.00	0.000
6	Alcohol drinking increases blood pressure	3.86	0.518
7	Alcohol drinking causes heart attack.	3.78	0.622
8	I know government controls alcohol drinkers' age	3.62	0.848
9	I know government controls alcohol by tax law	3.43	0.904
10	I know government restricts alcohol drinking areas	3.30	0.957
	Overall	3.81	0.563

Source: Survey data (2022)

Table (4.3) shows knowledge of respondents on alcohol consumption under the diseases related to drinking, taxes and knowledge. The mean score about alcohol is an addicted thing was 4. The respondents who agrees the addiction to alcohol, was greater than not agreeing group. Most of the respondents agree and know addiction to alcohol in Kyauktan Township. There are good about the respondents' knowledge.

Similarly, the respondents of people who agree that alcohol drinking is affected to developing brain are the most. The mean score about alcohol drinking is affected to developing brain was 3.89. Most drinkers should avoid alcohol drinking for not affecting human brain development. Therefore, the respondent's knowledge are good. Significantly, the respondents of people who agree regular or over drinking is affected to health are the most. The mean score about regular or over drinking is affected to health was 4.11. In this question, most respondents agree and did not have any disagreement. And they have practical knowledge when drinking alcohol and know forgetting things and affecting brain severely. Therefore, knowledge level of respondents are good.

Apparently, the respondent of people who agree alcohol drinking causes liver disease are the most. The respondents of people who strongly agree alcohol drinking causes liver disease are the smallest. The mean score about alcohol drinking causes liver disease was 4.07. Similar to above question, most respondents agree and did not have any disagreement. They have disease knowledge related to alcohol drinking that can cause liver disease when drinking alcohol more than enough. In this condition, there are good level of knowledge.

The respondent of people who agree alcohol drinking causes stomach ulcer disease are the most. The mean score about alcohol drinking causes stomach ulcer disease was 4. In this question, they did not have any disagreement and strongly agreement. It is special to know and most respondents surely agree that can cause stomach ulcer. And they have practical knowledge on alcohol drinking and good knowledge level.

The respondent of people who agree alcohol drinking increases blood pressure are the most. The respondents of people who did not agree alcohol drinking increases blood pressure are the smallest. The mean score about alcohol drinking increases blood pressure was 3.86. This can be seen as good level of knowledge.

The respondents of people, who agree alcohol drinking causes heart attack are the most. Respondents who did not agree alcohol drinking causes heart attack are the least. The mean score about alcohol drinking causes heart attack was 3.78. Drinking more than three servings of alcohol per day leads to a level of toxic substances in the blood that directly increases the risk of heart attack. Therefore, they have enough knowledge about it.

Myanmar Government controls age limit to drink alcohol in Myanmar and it is above 18 years old for people. In this table (4.3), the respondent who agree or know the government control age limit are the most. The respondents who strongly agree or know about it are the least. The mean score about government controls age limit to drink alcohol in Myanmar was 3.62. Therefore, the respondents have good level of knowledge.

Likewise, the respondents who agree or know knowledge on tax of alcohol are the most. The respondents who did not agree or know knowledge on tax of alcohol are the least. The mean score about knowledge on tax of alcohol was 3.43. There are good level of knowledge. But this score is nearly moderate level. Therefore, the government should promote knowledge about taxes on imposing alcohol.

The respondents who agree or know restricted areas by Government are the most. The respondents who did not agree or know restricted areas by Government are the least. The mean score about restricted areas by Government was 3.3. Knowledge level of respondents are moderate. Therefore, the government should promote and contribute about the restricted areas.

The overall mean score is 3.81. This can be seen as good level of knowledge on alcohol consumption among respondents in Kyauktan Township. Among the knowledge questions, alcohol consumption, regular or over drinking is affected to health is the highest mean score that is 4.11. The most of respondents knew enough about alcohol consumption is affected to health. The least mean score is 3.30 about restricted areas by government. Therefore, the promotion and knowledge about restricted areas by government is necessary and important to foster this factor.

4.3.3 Attitude of Respondents on the Alcohol Consumption by Respondents

The attitude on alcohol consumption depends on the neighborhood in which individual was born and brought up. Environment also exerts a great influence on the attitude, behavior, and moral person. Respondents' attitude concerning alcohol is examined on the basis eight questions presented in Appendix. Mean score range, mean rating and interpretation are presented in Table (4.2).

Table (4.4) Attitude of Respondents on the Alcohol Consumption

No.	Particulars	Mean Score	Standard Deviation
1	Effective reducing alcohol drinking by public seminars	3.08	0.999
2	Alcohol drinking cannot increase social affairs	3.82	0.794
3	Alcohol drinking should limit at home	4.14	0.348
4	Alcohol drinking should limit for family or friend	3.46	1.049
5	You shouldn't encourage alcohol drinking to someone else	3.15	1.044
6	Alcohol drinking cannot relieve pressure	3.04	0.812
7	Alcohol drinking cannot create new ideas	3.05	1.178
8	Alcohol drinking should limit below 18 years old	4.07	0.708
	Overall	3.48	0.8665

Source: Survey data (2022)

Table (4.4) shows about attitude of respondents on the alcohol consumption. The most of respondents assumed that “effective reducing alcohol drinking by public seminars” agree. The nearly half of total respondents assumed that “effective reducing alcohol drinking by public seminars” did not agree. The mean score about effective reducing alcohol drinking by public seminars was 3.08. The nearly half of the total respondents were not agreed to accept that public seminars could reduce alcohol consumption. But most of the respondents were agreed and believe that seminars could reduce drinking alcohol. There are moderate about the respondents’ attitude.

The most of respondents who believed that “alcohol drinking cannot increase social affairs” are very clear. The mean score about alcohol drinking can increase social affairs was 3.82. Therefore, the respondents have good level of attitude. In social media age, most people drink alcohol in their environment with their colleagues.

Most of the respondents who agree that people should not drink alcohol at home. The second most of the respondent who strongly agree that people should limit alcohol drinking at home. The mean score about people should not drink alcohol at

home was 4.14. In this factor, respondents clearly know that people should not drink alcohol at home in front of family. Therefore, the respondents have good attitude.

The most of respondents who agree that alcohol drinking should not encourage to a family member or friend. But the second most of the respondents who did not agree that should not encourage to family or friend. The mean score about alcohol drinking should not encourage to a family member or friend was 3.46. Attitude level of respondents are good.

Most respondents agree that shouldn't encourage to drink alcohol to someone else. The second most of the respondents did not agree that shouldn't encourage to drink alcohol to someone else. The mean score about shouldn't encourage to drink alcohol to someone else was 3.15. In this event, many respondents did not agree that shouldn't encourage alcohol drinking to someone else and this was not good attitude. Therefore, this can be seen as moderate level of attitude.

Most respondents of the total agree about alcohol drinking can relieve pressure. The second most respondents did not agree about alcohol drinking can relieve pressure. The mean score about alcohol drinking can relieve pressure was 3.04. Therefore, there are moderate about respondents' attitude.

Similarly, most of the respondents agree about alcohol drinking can create new ideas. The second most respondents did not agree about alcohol drinking can create new ideas. The mean score about alcohol drinking can create new ideas was 3.05. The agreement is relatively the same as disagreement about alcohol drinking can create new ideas. There are moderate about the respondents' attitude.

The most respondents agree about alcohol drinking should limit below 18 years old. But a few respondent did not strongly agree about alcohol drinking should limit below 18 years. The mean score about alcohol drinking should limit below 18 years old was 4.07. Nearly all respondents agree about alcohol drinking should limit below 18 years old and this was good attitude.

The overall mean score is 3.48. This can be seen as good level of attitude on alcohol consumption among respondents in Kyauktan Township. Among the attitude questions about alcohol drinking should limit at home is the highest mean score that is 4.14. The most of respondents assumed about alcohol drinking should limit at home. The lowest mean score is 3.04 about alcohol drinking can relieve pressure. It is nearly

reached neutral level about alcohol drinking could relieve pressure and mean that it did not accept both agreement and disagreement.

4.3.4 Practice on the Activities of Alcohol Consumption by Respondents

Table (4.5) Practice on the Locations and Purposes of Alcohol Consumption by Respondents

No.	Particulars	Number of Respondent	Percentage (%)
1	Locations for alcohol consumption	181	72.4
	Restaurant	44	17.6
	Home	8	3.2
	Bank of river	10	4.0
	Park	7	2.8
	University		
	Total	250	100
2	Purposes for alcohol consumption	60	24.0
	Like	147	58.8
	Fun	8	3.2
	Nasty	35	14.0
	Pressure	-	-
	Other		
	Total	250	100

Source: Survey data (2022)

Table (4.5) shows about practice on the locations and purposes of alcohol consumption by respondents in Kyauktan Township. The first one is the most respondents who drink alcohol at restaurant most and the percentage is above the half among five locations. They are possible to drink alcohol for respondents and it has 72.4% drinking at restaurant. The second most respondents who drink at home and the percentage is 17.6%. The respondents who drink at bank of river and the percentage is 3.2%.

The least respondents who drink at university and the percentage is 2.8%. The respondents who drink at park and the percentage is 4.0%. There are official restrictions on alcohol consumption in public areas, such as educational buildings, parks where it is legally forbidden in Myanmar, drinking alcohol in schools and public parks can be found.. According to the result of table (4.3) about knowledge of respondents on alcohol consumption, the least mean score is 3.30 about restricted areas by government. Moreover, according to the result of table (4.4) about attitude of respondents on the alcohol consumption, the second most of the respondents did not agree that shouldn't encourage to drink alcohol to someone else. Thus , this can be seen that knowledge and attitude of respondents influence on the practice of alcohol consumption.

Similarly, the respondents who drink alcohol for fun most and the percentage is 58.8%. The second most of the respondents who drink alcohol for liking and the percentage is 24.0%. The least respondents who drink alcohol for nasty and the percentage is 3.2%.

The respondents who drink alcohol for pressure and the percentage is 14.0%. According to the table (4.1) characteristics of the respondents, most of the respondents who have family income below 150,000 MMK and most of the respondents are unemployment. Thus , this can be seen that occupation and income level of respondents influence on the practice of alcohol consumption.

Table (4.6) Practice on the Activities of Alcohol Consumption by Respondents

No.	Particulars	Mean Score	Standard Deviation
1	I don't use to drive any vehicle after drinking alcohol	3.02	1.148
2	I am reducing amount of alcohol consumption	3.58	1.334
3	I use to drink alcohol occasionally.	3.93	0.725
4	I don't use to drink alcohol around children	3.53	1.380
5	I eat nutritious food daily	4.64	0.480
6	I use to play physical exercise daily	3.70	0.957
7	I use to make medical checkup at hospitals or clinics	3.22	1.168
8	I am willing to suspend alcohol consumption	3.38	1.427
	Overall	3.63	1.077

Source: Survey data (2022)

The practice of respondents on alcohol consumption has been studied. To construct the modern and developed township, the good practice is needed really.

Table (4.6) shows the practice on the activities of alcohol consumption by respondents. The most of respondents use to drive any vehicle after drinking alcohol. The second most of respondents did not drive any vehicle after drinking alcohol. These two are a little difference. The mean score about don't used to drive any vehicle after drinking alcohol was 3.02. There are moderate level about respondents' practice. Some respondents did not drive after drinking but most respondents drove. Therefore, the government should promote driving policy after drinking alcohol.

The most of respondents drank alcohol without reducing any amount. Similarly, the second most of respondents who drank alcohol with gradually reducing any amount. The mean score about reducing amount of alcohol consumption was 3.58. But the respondents who agree and strongly agree are greater than disagree of reducing alcohol amount. Therefore, the respondents have good practice.

The most of respondents drank alcohol occasionally. The least respondents did not drink alcohol occasionally. The mean score about drinking alcohol occasionally is 3.93. It found out that the many different between agree and disagree of drinking alcohol occasionally. This can be seen as good practice of respondents.

The most of respondents who agree about don't use to drink alcohol around children. The least respondents disagree about don't use to drink alcohol around children. The mean score about drinking alcohol around children is 3.53. The respondents who agree and strongly agree are greater than disagree about don't use to drink alcohol around children. Thus, the respondents have good practice.

Significantly, the most respondents agree about eating nutritious food daily. The second most respondents strongly agree about eating nutritious foods daily. The respondents who disagree about eating nutritious foods daily is zero. The mean score about eating nutritious food daily is 4.64. The most of respondents have enough knowledge about alcohol consumption is affected to health. The respondents about eating nutritious food daily have a good practice.

The most of respondents who agree about making physical exercise daily. The second most of respondents who did not make physical exercise daily. The mean score about making physical exercise daily is 3.7. The respondents who agree and strongly agree are higher than disagree about making physical exercise daily. The most of

respondents have enough knowledge about drinking alcohol causes diseases. Thus, this can be seen as good practice of respondents.

The most of respondents who agree about making medical checkup at hospital or clinics. The least of respondents who did not agree strongly about making medical checkup at hospital or clinics. The mean score about making medical checkup at hospital or clinics is 3.22. This is the moderate level of respondents' practice. The most of respondents knew that alcohol consumption could be harmful health and life. But most of the respondents are low level of family income and it is difficult to make medical checkup.

The most of respondents who were not willing to suspend alcohol consumption. The second most of respondents who were willing to suspend alcohol consumption. The mean score about willing to suspend alcohol consumption is 3.38. The most of respondents drink alcohol for fun and liking. This is moderate practice of respondents. There is a little difference between agree and disagree about willing to suspend alcohol consumption. Therefore, the government should promote about health related to alcohol drinking.

The overall mean score is 3.63. This can be seen as good level of practice on alcohol consumption among respondents in Kyauktan Township. Many respondents who agree about eating nutritious foods daily although they are drinking alcohol consumption and it is the largest mean score among all and the mean score is 4.64. The most of respondents knew enough the negative effect of alcohol consumption on health. The smallest mean score is 3.02 about driving any vehicle after drinking alcohol. In this event, there was not good practice condition. The most of respondents have high school level of education and the second most of respondents have only primary level of education. There was weakness about the respondent's practice.

CHAPTER V

CONCLUSION

5.1 Findings

In Kyauktan, the men were mostly alcohol drinkers, customarily leading in their family-role and the adult men were specifically playing in the economic sector but the women participation in family economy were one per four of adult men in Kyauktan today. Most of residents had the good education and job opportunity but there was still a little number of always-alcohol drinkers.

The population of rural areas in Kyauktan is greater than urban areas. And the ration of male and female is too small. As an economic factor, there is Thilawa Special Economic Zone which is mainly involved driving economy for Yangon Region. But Kyauktan is far away from Yangon downtown area to get there.

However, they have enough public schools for education and hospitals for healthcare in Kyauktan. The most of respondents have family-members above three and five. For condition of occupations distribution, the most of respondents were unemployment, 13.2% of respondents are working for own business, some are working as a government staff and few are doing in the other things.

About alcohol consumption, the most of drinkers could have difficulties to be able to drink the high price of alcohol bottles. To be safe the public interest, the safety of working area and the disturbance of fighting after alcohol drinking might be carefully prohibited.

The most respondents who have much knowledge about “can addict alcohol drinking”, “regular or over drinking is affected to health”, “alcohol drinking causes liver disease” and “alcohol drinking causes stomach ulcer disease”. Their mean scores are above 4 and most respondents who agree they have accepted causes and diseases of alcohol consumption. The most respondents who have not much knowledge about “restricted areas by government” and the mean score is the lowest among all the knowledge about alcohol consumption. Their overall mean score is 3.81 and it shows that most respondents know knowledge about diseases and taxes alcohol consumption.

The most respondents who have good attitude about “alcohol drinking should limit at home” and “alcohol drinking should limit below 18 years old”. Their mean scores are above 4 and most respondents who have good manners to avoid bad things such as drinking alcohol at home and should not drink below 18 years old. The most respondents who have least attitude about “alcohol drinking can create new ideas”. The mean score is 3.05 which is the lowest among the attitude about alcohol consumption. The overall mean score is 3.48 about attitude about alcohol consumption. It is nearly to moderate level. Therefore, this can be seen as good attitude of respondents.

The most respondents about the practice on the locations and purposes of alcohol consumption is the restaurant and for fun. The respondents about the practice on the activities of alcohol consumption by respondents have much practice about eating nutritious food daily and its mean score is 4.64 and the highest score among the practice about alcohol consumption. The lowest mean score about “used to drive any vehicle after drinking alcohol” is 3.02. Therefore, government and related department should educate they should not drive after drinking alcohol. The overall mean score of practice about alcohol consumption is 3.63. This can be found that respondents have good practice.

5.2 Recommendations

The government should intensify limitation of alcohol liquor promotion program and advertise to reduce because the alcohol consumption could be formed by the media. The discipline on the alcohol consumption had better amended not to disturb the male workers because the male was participating in the family economic sector. Alcohol liquor selling ought to be permitted and prohibited near and around the park and bank of the river because there were alcohol-drinkers between 18 years and 30 year. And they are dangerous to drink at bank and it is needed to prohibit the areas of public park. There should be stricter to follow the rule of the park.

The application of license was essential not to let in near and around the working area and need to let in the luxury area for taking public rest in the leisure time. The township departments required to appoint the liaison officer to be better public relation in giving the awareness. The amount of alcohol licenses was needed limit to permit and the disciplines were seriously necessary to make tighter. The Township GAD was necessary to make more to reduce the constraint.

Although there are official restrictions on alcohol consumption in public areas, such as in health care centres, educational buildings, government offices, parks and pagodas where it is legally forbidden in Myanmar, drinking alcohol in schools and public parks can be found. Therefore, authority need to monitor and penalize effectively for people who drink alcohol in public areas.

Especially, the authority of Kyauktan township should enforce discipline and fines and have to announce in order to know all the residents in Kyauktan Township.

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APPENDIX

Community Knowledge, Attitude and Practical Observation of Alcohol Consumption (No need to mention name and address) Survey Questionnaire

Please answer the questions by circling the numbers.

Part (1) Personal Information

(1) Gender

1. Male
2. Female

(2) Marital Status

1. Single
2. Married

(3) Age

- | | |
|----------|-------------|
| 1. 18-30 | 3. 46-60 |
| 2. 31-45 | 4. Above 60 |

(4) Religion

1. Buddhism
2. Hinduism

(5) Education

1. Primary
2. Middle
3. High
4. Bachelor
5. Master

(6) Occupation

1. Staff
2. Own Business
3. Unemployed
4. Other

- (7) Family Income
1. Under 150,000
 2. 150,000 – 300,000
 3. 300,000 – 500,000
 4. Above 500,000

- (8) Family Members
1. 3
 2. 3 – 5
 3. Above 5

Assessment of Community Knowledge on Alcohol Consumption

Please indicate your level of agreement with the following statements. (Perceived Ease of Use)

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
Alcohol is an addicted thing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking is affected to developing brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular or over drinking is affected to health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking causes liver disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking causes stomach ulcer disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking increases blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking causes heart attack.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Government controls alcohol drinkers' age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know government control alcohol by tax law	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you know government restrict alcohol drinking areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment of Attitude on the Alcohol Consumption

Please indicate your level of agreement with the following statements. (Perceived Ease of Use)

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
Effective reducing alcohol drinking by public seminars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking cannot increase social affairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking should limit at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking should limit for family or friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You shouldn't encourage alcohol drinking to someone else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking cannot relieve pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking cannot create new ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol drinking should limit below 18 years old	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assessment of Practice on the Activities of Alcohol Consumption

(A) Please answer the questions by circling the numbers.

(1) Locations for alcohol consumption

(1) Restaurant

(2) Home

(3) Park

(4) Bank of River

(5) University Or School

(2) Purposes for alcohol consumption

(1) Like

(2) Fun

(3) Nasty

(4) Pressure

(5) Other

(B) Please indicate your level of agreement with the following statements. (Perceived Ease of Use)

Questions	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	1	2	3	4	5
I don't use to drive any vehicle after drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am reducing amount of alcohol consumption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use to drink alcohol occasionally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't use to drink alcohol around children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat nutritious food daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use to play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
physical exercise daily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I use to make medical checkup at	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>