

# DEVELOPING A POLICY LANDSCAPE IN CAMBODIA TO COMBAT HARMFUL ALCOHOL CONSUMPTION



Southeast Asia  
Public Policy Institute



# **Developing a Policy Landscape in Cambodia to Combat Harmful Alcohol Consumption**

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# Executive Summary

In recent years, the recorded alcohol market in Cambodia has been increasing and is projected to continue growing, buoyed by a rising middle class, growth in international tourism, and rapid urbanization. Much of the growth has been driven by the beer market, which was valued at USD 1.1 billion in 2023 and is projected to increase twofold by 2032<sup>1</sup>. Wine and spirits consumption remains relatively lower. However, the unrecorded alcohol market in Cambodia is also significant, accounting for almost half of the alcohol consumed per capita<sup>2</sup>.

Alcohol consumption among youth remains a concern in the country, with almost a third of young people between 15 to 19 years identified as current drinkers (this is in line with regional neighbours)<sup>3</sup>. Heavy episodic drinking (HED) is also a societal and public health challenge, with reports that 26 percent of drinkers engage in so-called 'binge drinking'<sup>4</sup>. According to the 2025 National Alcohol Attitudes Survey included in this white paper, over 28 percent of respondents engage in medium-risk drinking, with five percent considered high-risk and four percent likely addicted to alcohol.

These insights point to a need for a more comprehensive alcohol policy framework in Cambodia to address harmful consumption such as underage drinking and encourage moderation. Notable policy gaps include the lack of a minimum legal purchase age (MLPA), national drinking guidelines and formal definitions for alcohol beverages and standard drink measurements across all beverage categories, and a licensing system for the sale and service of alcohol beverages. There are also issues around the enforcement of existing regulations, such as the mandated blood alcohol limit for driving.

Nevertheless, Cambodia has made progress. This includes new regulations in 2024 on the advertising of alcohol, the drafting of a sub-decree to implement a legal purchasing age, and early-stage discussions on the formalization of national drinking guidelines. Notably in 2015, the Cambodian government published a comprehensive draft Law on Alcohol Control, though it appears that the constituent parts of the law, such as a legal purchasing age, are being dealt with in separate regulations.

There are opportunities for both the Cambodian government and non-government stakeholders to support the development of a landscape that better promotes safer and responsible drinking habits. Based on the research reported in this white paper, which includes a national survey on social attitudes

to alcohol and insights from a multi-stakeholder policy dialogue in March 2025, we have identified three key policy challenges for Cambodia concerning the harmful consumption of alcohol. These challenges can be addressed in the near-term with relatively ‘out of the box’ policy solutions aligned with global best practice and can be supported by a ‘whole of society’ approach that leverages the contributions of economic operators, government agencies and institutions, and civil society and community actors.

The policy challenges are:

- Misconceptions that consumers have around alcohol
- The consumption of alcohol by underage individuals
- Road traffic safety and alcohol consumption

Our recommendations to address the above challenges, detailed further in this paper, include:

- The development of National Drinking Guidelines and the concept of a Standard Drink. This should be grounded in global best practice, and supported by scientific evidence while being properly curated to Cambodia’s sociocultural context and local consumption patterns.
- The completion of the draft sub-decree establishing a minimum legal purchasing age (MLPA), with reference to global best practice and local experiences from pilot projects. Implementation should leverage the capacity of local economic operators across retail and hospitality.
- The enforcement of blood alcohol content (BAC) limits across the country, in particular outside of urban areas, based on global best practice, engagement of national road traffic police, and economic operators including producers, retail, hospitality, and the road transport sector.

Beyond regulatory measures, the government can include a wider range of stakeholders, including the private sector and civil society, in the enforcement and education of Cambodia’s alcohol regulations and policies. This includes leveraging a broad range of stakeholders in the development and implementation of public communications on harmful drinking and moderation across the challenge areas identified. This would include economic operators including producers, retailers, hospitality, and other businesses; government at the national and municipal level;

the healthcare sector, educational institutions, and civil society and community organisations.

Specifically, it may also include:

- Partnerships with the private sector and economic operators develop training schemes for on-trade servers and retailers to support ID-checks and the societal support for the MLPA.
- Roll-out of voluntary measures by industry on-package labelling for at-risk groups such as underage people, pregnant people, and drivers.

A common theme stressed during the March 2025 alcohol policy dialogue, and as confirmed by case studies from global best practice, is that enforcement is as critical as regulation and that close cooperation between government agencies and private sector stakeholders and civil society is crucial to reaching regulatory compliance and operationalizing policies.

## About the authors

This policy white paper was researched and co-authored by Dr. Kimlong Chheng, President, Asian Vision Institute; Ed Ratcliffe and Cheryl Cosslett, Southeast Asia Public Policy Institute; and Dr. Marjana Martinic, MM Science and Policy Advisors. The national survey featured in this report was undertaken by Chandara Gnim, Director, MM4A. This white paper was supported by the Asia Pacific International Wine and Spirits Association (APISWA).

## Introduction

The Southeast Asia Public Policy Institute (SEAPPI) and the Asian Vision Institute (AVI) have researched and prepared this policy white paper with a view to supporting the development of a policy landscape in Cambodia to combat harmful alcohol consumption.

The paper explores the role of alcohol in Cambodian society and the economy and includes new data from a national survey of the Cambodian public on social attitudes towards alcohol. It also includes a review of Cambodia's alcohol policy framework and global policy best practice.

The paper concludes with three priority recommendations for Cambodia to address specific challenges relating to harmful alcohol consumption. These recommendations aim to guide nation-wide reforms by the government as well as highlight where non-government stakeholders, including the private sector, civil society, and the broader community, can contribute to reducing harm.

An interim version of this paper was presented at the first Alcohol Policy Multi-stakeholder Dialogue held in Phnom Penh, Cambodia on March 6, 2025. This final version incorporates the insights and discussions that took place during the event.

The Cambodian government has an opportunity to build on past and ongoing efforts to ensure that alcohol regulation aligns with its broader five-year strategic vision and strategic development plan to promote healthy, resilient, and inclusive development alongside a vibrant business climate. At the March 6 multi-stakeholder dialogue, participants emphasized the need for ongoing dialogue between government, industry, and civil society to refine policy recommendations; strengthening enforcement mechanisms to ensure regulatory measures are effectively implemented; continuing research and data collection to monitor trends and measure the impact of policy interventions; and increasing greater public awareness efforts to shift social norms toward responsible alcohol consumption.

# 1. Landscape — Alcohol in Cambodia

## Alcohol in society and the economy

The recorded alcohol market in Cambodia has been steadily increasing in size in recent years and is projected to continue growing, buoyed by a burgeoning middle class, growth in international tourism, and rapid urbanization.

Much of the growth has been driven by the beer market, which was valued at USD 1.1 billion in 2023.<sup>5</sup> By 2032, the market is projected to increase twofold to USD 2.2 billion, with an annual market growth rate of 8.18 percent.<sup>6</sup> Cambodians consume an average of 72.2 litres of beer per person annually.<sup>7</sup> Total beer consumption in 2023 totaled 1.1 billion litres, placing Cambodia 21<sup>st</sup> in the world for beer consumption.<sup>8</sup> Of this figure, beer imports accounted for only 11 million litres.<sup>9</sup> Data from the National Survey featured in this paper (Section 3) also confirms that beer is the preferred drink for Cambodians, largely due to the perception that it is ‘safer’ than other alcohol beverage categories.

The dominance of beer consumption in Cambodia reflects relatively recent changes in alcohol consumption patterns. The consumption of local spirits, unrecorded wine, and homemade liquor was once widespread, particularly in rural areas. However, with the rapid growth of Cambodia’s beer industry and rising incomes, consumer preferences have shifted from local or homemade spirits to beer. Beer has thus been a driver behind the country’s rise in recorded alcohol consumption.<sup>10</sup> In 2023, beer accounted for 96 percent of the total volume of recorded alcohol beverage consumption, and 76 percent of total per capita pure alcohol consumption in Cambodia. Several factors contribute to Cambodia’s high beer consumption, including the wide variety of beer selection, affordability, and sociocultural influence, among others. In particular, rising incomes have seen beer replace the consumption of local spirit brands and other alcohol products. Conversely, the consumption of international brands of wine and spirits remains relatively low, mostly due to affordability. By volume, spirits accounted for 3.3 percent of all alcohol sold in 2021.

However, the unrecorded alcohol market in Cambodia is also significant.<sup>11</sup> Unrecorded alcohol consumption in Cambodia is largely driven by homemade alcohol beverages, particularly in rural areas, as well as smuggled spirits and beer brands. In 2019, unrecorded alcohol consumption accounted for almost half of the alcohol consumed per capita in Cambodia.<sup>12</sup> This number is slightly lower than Cambodia’s neighbour to the east, Vietnam (63 percent) but much higher than its neighbour to the west, Thailand (15 percent).



Over the past three decades since Cambodia liberalized its economy following the 1993 election, a new investment law was adopted, allowing private investment to grow. The alcohol sector makes a significant contribution to Cambodia's economy through job creation, tax revenue, and GDP growth. According to the Customs Department, around 98 percent of Cambodia's beer market demand is met by local production.<sup>13</sup> Employment in the beer industry has simultaneously risen, with the workforce growing from 3,393 in 2019 to 4,803 in 2023, across production, distribution, and sales.<sup>14</sup> The alcohol industry also brings positive impacts on the tourism and sports sectors, and generated USD 297 million in tax revenue in 2023, around five percent of the country's total tax revenue.

Meanwhile, Cambodia beer exports were valued at USD 1.12 in 2022, with Singapore, China, France, the US, and Vietnam as key export markets.<sup>15</sup> However, Cambodia still imports more beer than it exports, with beer imports totaling USD 15.6 million in the same year, mainly from Thailand, Vietnam, China, Japan, and Mexico.<sup>16</sup>

## **Consumption patterns**

Alcohol consumption among Cambodians is common; in 2020, 49.2 percent of adults in Cambodia reported drinking alcohol in the previous 12 months.<sup>17</sup> The National Survey also reveals that 86 percent of Cambodians have tried alcoholic beverages in the course of their lives.

According to World Health Organization (WHO) data, in 2020, total per capita consumption of recorded alcohol in Cambodia was 3.2 litres, compared with 2.8 litres in Vietnam and 6.8 litres in Thailand. Total per capita consumption, which includes unrecorded alcohol, was 6.6 litres, compared with 8.3 litres in Thailand and 8.7 litres in Vietnam, an average for the WHO Western Pacific Region of 6.1 litres and a global average of 5.5 litres. These figures are based on an average for 2016-2018 and are all available from the WHO Global Health Observatory.

Alcohol consumption among Cambodians varies along gender lines. Among men, 60 percent were identified as drinkers, and 38.8 percent among women.<sup>18</sup> Alcohol consumption per capita for men was 13.8 litres, while the figure among women was 3.4 litres, reflecting differences in gender roles and overall drinking culture. The variation in drinking patterns between men and women are consistent with both the regional and global trends of higher alcohol consumption among men, and are aligned with patterns highlighted by our National Survey.

Meanwhile, as in many countries across the Asia Pacific, alcohol consumption among youth remains a concern in Cambodia. In 2019, 31 percent of young people between 15 to 19 years of age were identified as current drinkers, similar to the prevalence of youth drinking in Thailand (30 percent) and Vietnam (34 percent).<sup>19</sup> The prevalence of youth drinking across Western Pacific countries (WPR) was 37 percent in 2019, a 3.5 percent increase since 2010. This figure is higher than the regional estimate for Southeast Asia at 11.2 percent, a 2.7 percent increase since 2010.<sup>20</sup>

## **Harmful consumption**

Heavy episodic drinking (HED) is a societal and public health challenge. HED, also referred to as “binge drinking,” is defined as consuming a large amount of alcohol in a short period of time.<sup>21</sup> The prevalence of HED has increased significantly, more than doubling between 2016 and 2019. In 2020, reported HED prevalence in Cambodia reached 26 percent, which means that one in every four adults engaged in binge drinking.<sup>22</sup> Among our National Survey respondents, over 28 percent engage in medium risk drinking, with five percent at high risk and four percent likely addicted to alcohol.

Among drinkers only, one out of two engage in HED, indicating that it is a common behavior.<sup>23</sup> According to the Global Burden of Disease (GBD) Study, the prevalence of harmful drinking was highest in Cambodia among younger men and women between 15 and 39 years.<sup>24</sup> Forty-four percent of men in this age group and 18.2 percent of women were classified as harmful drinkers.<sup>25</sup>

HED prevalence in Cambodia also differs by gender. HED prevalence among adult men is twice as high as among adult women at 33.2 percent and 13.4 percent respectively. In comparison, HED prevalence is estimated at 27.5 percent among men and 10.8 percent among women in WPR, and 15.6 percent and 5.1 percent respectively among men and women in the Southeast Asia region. Consistent with these figures, our National Survey also reveals that men are more likely than women to be at risk due to alcohol consumption. The increase in HED is reported to be highest for men between the ages of 40 and 64 years, reflecting the age range when noncommunicable diseases (NCDs) typically manifest. Without additional and targeted action aimed at HED, achieving a 20 percent reduction in harmful drinking by 2030 over 2010 levels, as laid out in the WHO Global Alcohol Action Plan, may be a challenge for Cambodia.

When it comes to Cambodian youth (aged 15 to 19 years), 25.8 percent reported

engaging in HED, compared to 30.9 percent in Vietnam and 21.6 percent in Thailand.<sup>26</sup> While frequent drinking is reportedly rare among Cambodian youth, half of those who had consumed alcohol during the preceding 30 days reported at least one episode of intoxication.<sup>27</sup> HED prevalence among the youth is also higher for men than women.

Indeed, alcohol consumption is the fifth leading risk factor for NCDs in Cambodia. It is associated with almost seven percent of the total attributable burden from deaths and disability, and represents a more significant risk factor in Cambodia compared to the rest of the WPR. The NCD burden from high alcohol consumption, measured in disability-adjusted life years (DALYs,) reached 6.72 in 2019, higher than the WPR regional average of 4.67. Data from both WHO and the Global Burden of Disease study further show that alcohol-attributable mortality and morbidity in Cambodia have increased since 2010.<sup>28 29</sup>

Since 2000, Cambodia has seen an increase in alcohol-attributable deaths among men and women, with a death rate twice the WPR regional average. According to WHO, mortality and morbidity due to alcohol increased by 15 and 10 percent respectively between 2010 and 2019. Particularly concerning is the three-fold increase in both liver cirrhosis prevalence and deaths, as well as the prevalence of alcohol use disorders since 2000. The high rate of liver cirrhosis reflects Cambodia's widespread issue with excessive drinking.

In addition, road traffic deaths attributable to alcohol in the country are higher than the regional average, doubling between 2000 and 2019. Of all alcohol-attributable road traffic deaths in 2019, almost 40 percent involved motorcycles.<sup>30</sup> The burden from alcohol-attributable road traffic accidents in Cambodia is highest for young adults between the ages of 20 and 29 years.

## 2. Global alcohol policy landscape and best practice

### Global narratives on alcohol policy

In 2010, the WHO launched its global strategy to reduce the harmful use of alcohol and agreed on a roadmap for its implementation through the Global Alcohol Action Plan 2022-2030 (GAAP) in 2022, which aims to reduce harmful alcohol use by 20 percent by 2030.<sup>31 32</sup> The initiative is part of the broader strategy to address NCDs globally and feeds into the UN's agenda of Sustainable Development Goals.<sup>33 34</sup>

Global instruments aimed at reducing harmful use of alcohol provide an important general framework and direction of travel, but the development and application of policy measures and supporting initiatives is devolved to UN Member States, as most appropriate within their national context. The WHO recognizes that the final decision about how to address the harmful use of alcohol should be left to governments, which are best placed to determine the most appropriate plan of action within the context of national circumstances and resources.

The implementation of the Global strategy and GAAP relies on approaches recommended in WHO's SAFER technical package,<sup>35</sup> which rests primarily on regulation. It includes the strengthening of restrictions on alcohol availability, particularly as a means of preventing access to alcohol by young people and other high-risk groups; restrictions on marketing activities, notably in digital media; and taxation and pricing of alcoholic beverages. Two additional pillars include impaired driving countermeasures consisting of law enforcement and supporting interventions, and providing access to screening, brief interventions, and treatment for those whose drinking puts them at risk of harm.

There is widespread recognition of the need for an integrated whole-of-society approach to solving the world's major health and social problems. Joint action that involves government, civil society, and the private sector is at the core of the UN Sustainable Development Goals that are intended to build equity and reduce disparities. WHO's Global strategy to reduce the harmful use of alcohol is also based on the concept of an approach that involves all stakeholders.

While government regulation is central to the implementation of these interventions, both the Global strategy and the GAAP rely on a whole-of-society

approach for their execution. Roles are also outlined for civil society, academia, and the private sector, whose engagement is critical in supporting government regulation but who can also play an independent role in advocacy and raising awareness, partnership and dialogue, technical support and capacity building, and in providing information and mobilizing resources.

One of the operational objectives of the GAAP states the need to *“strengthen multisectoral action through effective governance, enhanced political commitment, leadership, dialogue and coordination of multi-stakeholder action.”* It echoes a similar call in the Global strategy that defines a legitimate role for industry members in efforts to reduce harmful drinking. Paragraph 45(d) of the Global strategy states that *“economic operators in alcohol production and trade are important players in their role as developers, producers, distributors, marketers and sellers of alcoholic beverages. They are especially encouraged to consider effective ways to prevent and reduce harmful use of alcohol within their core roles mentioned above, including self-regulatory actions and initiatives.”*

## **The global alcohol policy toolkit**

This section explores the key policy tools that governments and regulators use to address harmful consumption.

### **1. Marketing and advertising**

Governments regulate alcohol marketing in an effort to reduce exposure for underage youth and other at-risk groups, by determining when, where, and whether advertising, marketing placement, and sponsorship of events are permitted. However, the GAAP also clearly identifies a role for industry self-regulation and co-regulation as being on a par with government regulation. Action area 3 of the GAAP calls for *“developing and enforcing self-regulatory measures on marketing and advertising in conjunction with the development and enforcement of statutory regulations or within a co-regulatory framework.”*

In many countries, marketing restrictions are implemented through a self-regulatory mechanism in which codes are developed and applied by industry members and their associations working together with advertisers. Responsibility for overseeing and enforcing compliance and addressing complaints ideally sits with an independent self-regulatory organization, or SRO. According to WHO data, in 2016, alcohol marketing in over half of all countries (53 percent) involved a combination of regulation and self-regulatory standards.<sup>36</sup> Self-and co-regulation of alcohol marketing is currently in place in the UK, US, countries in the European Union (EU), as well as in Australia and New Zealand. In the Asia region,

industry codes apply in several countries, including Cambodia, Japan, Malaysia, and Taiwan, and several Indian states. These codes are applied in addition to any existing government regulations, often exceeding those requirements in rigor. Assessments of compliance and practice suggest that the self-regulatory system is effective. The US Federal Trade Commission (FTC) has consistently found that compliance in that country is high,<sup>37</sup> and the European Advertising Standards Authority (EASA) reports that compliance exceeds 90 percent across EU countries.<sup>38</sup>

In the area of digital marketing, industry members have developed and signed on to global Digital Guiding Principles intended to ensure that marketing reaches only adult audiences.<sup>39</sup> These principles, updated regularly and as recently as 2024, have been reviewed independently and compliance has been assessed. An independent review in 2024<sup>40</sup> found a 98.2 percent compliance rate for all signatory brands marketed on digital platforms with implemented safeguards against exposure to underage youth. The challenge in this area, and for self-regulation generally, is some alcohol producers that are not signatories to existing codes and who cannot be held accountable for irresponsible behavior.

## **2. Sales and licensing regimes**

Regulation of alcohol sales includes provisions around where, when, and by whom alcohol beverages may be sold, and who may purchase them. Licensing is a fundamental regulatory element, determining where alcohol may be sold and in some instances the types of beverages that may be sold in particular outlets. In several Nordic countries, alcohol sales are allowed only through government monopoly stores (e.g., *Systembolaget* in Sweden). Other countries may permit the sale of beer and wine in grocery stores, for example, but restrict sales of spirits to specialized shops. Other countries have no such provisions, but require licenses for alcohol retail that must be renewed on a regular basis. Licensing provisions also include stipulations on when alcohol may be sold, for instance, on particular days of the week and during certain hours, and whether sales are permitted on public holidays or specific occasions (e.g., some Indian states ban all alcohol sales during national elections).

Licensing is also a tool for addressing unrecorded alcohol. The sale of illegal or counterfeit products is prohibited under licensing, with punitive measures for those who break the law. The purpose is twofold: on the one hand, it is intended to prevent illegal trade, often associated with other criminal activity. On the other, it safeguards the integrity and quality of alcoholic beverages that are sold

and served, protecting consumers from contaminated and adulterated products.

A central function of licensing is to restrict access to alcohol by young people. For this purpose, most countries set a legal purchase age threshold below which access to alcohol is prohibited. The minimum legal purchase age (MLPA) makes it illegal to sell alcohol to those who are underage, and also prohibits purchase of alcohol by adults for anyone under the age limit. In most countries, MLPA is the same as the age of majority, with 18 years the international norm. Depending on culture and custom, some countries set higher age limits, for example, 19 years in South Korea, 20 years in Thailand, 21 in the US, Indonesia, and Malaysia, and 25 in some Indian states.

| Country           | Minimum Legal Purchase Age Limit (MLPA) |
|-------------------|---|
| China             | 18                                      |
| India             | 18/21/25                                |
| India             | 18/21/25 (varies by state)              |
| Indonesia         | 21                                      |
| Japan             | 20                                      |
| Republic of Korea | 19                                      |
| Laos              | 18                                      |
| Malaysia          | 21                                      |
| Myanmar           | 18                                      |
| Nepal             | 18                                      |
| Philippines       | 18                                      |
| Singapore         | 18                                      |
| Taiwan            | 18                                      |
| Thailand          | 20                                      |
| Vietnam           | 18                                      |

While licensing and MLPA legislation are important elements of any regulatory

framework around alcohol, both are only effective if enforced. Although they may be on the books, in some countries resources are inadequate to enforce the rules. This is an area where industry actors can take on a supporting role, providing enforcement at points of sale and in licensed premises to ensure compliance with age limits and to prevent underage drinking. Initiatives in the Asia-Pacific (APAC) region include “SMASHED”, an alcohol education program that imparts life skills to young people through live theatre. The initiative has been implemented in Cambodia, Indonesia, Taiwan, Australia, and New Zealand.<sup>41</sup>

### **3. Taxation and excise**

Every country in which the sale, purchase, and consumption of alcohol are legal applies fiscal measures to its production and trade. Taxes on alcoholic beverages are a significant source of revenue that can be used for various public purposes. They span several types that are applied differently and at different levels depending on the particular country. Deciding on the optimal fiscal structure and taxation rate is within the purview of national governments, as most appropriate within their national context.

Three main types of taxes are applied to alcoholic beverages, namely general tax, customs tax, and excise tax. General tax applies to all goods and services in the form of a sales tax or value-added tax (VAT). Customs taxes are applied to foreign goods and can be used as a trade barrier to protect domestic production. In the case of alcoholic beverages, the most significant tax is excise. The application of excise tax is most common for luxury goods and in cases where the intent is to regulate the demand for particular products.

Setting the level of alcohol excise tax is a complex issue that is decided by governments according to national needs and context. However, it is important to bear in mind that alcohol is alcohol and the same in beer, wine, and distilled spirits. Countries around the world recognise the concept of a ‘standard’ drink, that applies to beer, wine, and spirits alike, and is based on the same alcohol content across all categories. Therefore, taxation based on alcohol content is the most equitable application of excise tax, recognizing that when it comes to alcohol content in the final drink consumed, all drinks are equal.

A public health rationale is often cited to justify excise taxes on alcohol beverages with the assumption that the basic supply and demand principle of economics applies and that increasing price will reduce consumption and, in particular, harmful drinking. However, empirical evidence shows that not all consumers are equally responsive to taxation. Research shows that heavy drinkers, including



those engaging in HED, are less likely to reduce their consumption in response to increased excise taxes than moderate drinkers.<sup>42</sup>

In addition, alcohol beverages differ from many other consumer goods in that they include a wide range of beverages at different price points. Affordability of alcohol is more important to consumers than absolute price and taxation is a regressive tool that unduly affects those with the lowest incomes.<sup>43</sup> Consumers generally respond to the reduced affordability of beverages by switching to less expensive alternatives, both within and across categories and by shifting consumption from on-trade to off-trade to reduce cost.<sup>44</sup> Studies from both low- and higher-income countries show that those in the lowest income groups are likely to reduce their demand for some essential goods and services in response to increased taxes on alcohol beverages.<sup>45</sup> These include durable goods, healthcare and education, and, depending on the country, fresh foods and produce. For countries with large low-income populations, therefore, the unintended consequences of increased taxation on legal alcohol products must be weighed against potential benefits.

There is a final and critically important consideration around the application of alcohol taxes for countries like Cambodia where the unrecorded alcohol market is large. Unrecorded alcohol is universally cheaper than recorded (and legal) beverages,<sup>46</sup> and is the main driver for its consumption, according to studies from Indonesia, India, and Vietnam,<sup>47</sup> as well as from other countries around the world.<sup>48</sup> In addition, there is evidence that consumers of unrecorded alcohol are more likely to be heavier drinkers, and are also less educated and with significantly less disposable income,<sup>49</sup> which contributes further to unintended consequences without achieving the intended public health goal. A shift from recorded to unrecorded alcohol also has significant consequences for governments in the form of net fiscal loss and reduced, rather than increased, tax revenue. To be effective, taxation schemes must therefore require careful attention to social and economic realities in a country to avoid the unintended consequences of excessive fiscal measures.

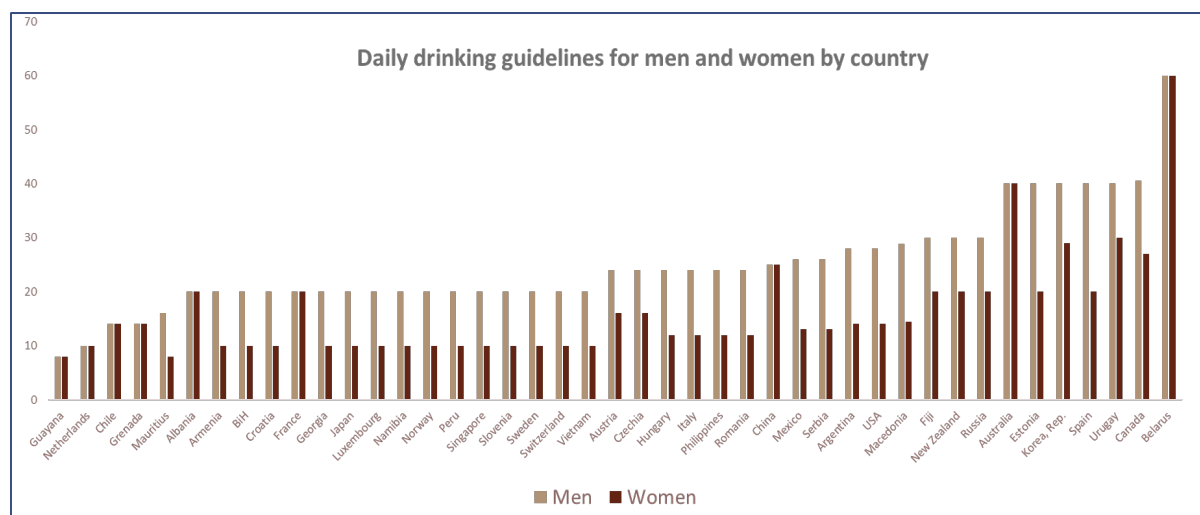
#### **4. Consumer information**

Reducing harmful drinking requires equipping consumers with tools that enable informed decisions about their drinking habits and raise awareness about potential health risks. Governments in many countries have taken the important step of providing their citizens with drinking guidelines based on complete scientific evidence on drinking and health. Currently, 53 countries around the

world provide guidance on alcohol consumption with recommendations about upper drinking thresholds, including specific advice for men and women, daily or weekly consumption limits, and special provisions for at-risk groups such as underage youth, elderly people, and pregnant women.<sup>50</sup>

To be most effective, guidelines are best positioned within the wider context of health, nutrition, and lifestyle. Most countries with drinking guidelines (62 percent) incorporate them into overall diet and nutrition advice. While the framing of drinking recommendations varies across countries, 80 percent of guidelines offer recommendations for daily drinking levels and 80 percent also recommend lower levels for women than men, recognizing women’s greater physiological susceptibility to alcohol’s effects. Meanwhile, most (71 percent) recommend consuming no more than the equivalent of 1 drink per day for women and 2 drinks per day for men.

### Drinking recommendations for men and women in official drinking guidelines



To make this advice practical and applicable to individual drinking habits, a clear definition of a “drink” is essential. **The “standard drink” is a concept that allows consumers to understand and calculate how much they are drinking, helping them to make drinking guidelines relevant to their own behavior.** For this purpose, many governments define a “standard drink” based on the amount of pure alcohol contained in a glass of beer, wine, and spirits. The amount in a standard drink is always the same, regardless of beverage type. Since the alcohol content (ABV) varies between beer, wine, and spirits, they are served in different-sized glasses to ensure each contains the same amount of alcohol. Having a “standard drink” not only operationalizes guidelines but educates people that alcohol is alcohol and presents in all types of drinks. This dispels the misguided

notion that some alcoholic beverages are “healthier”, “safer”, or “weaker” than others.

There is no uniform international definition of a standard drink, with measurements across countries ranging from 7 to 20 grams of pure alcohol. However, the most common definition, used in over half of the countries with formal measure, specifies 10 grams of pure alcohol per standard drink. This is also the definition most commonly used, for example, by WHO in its materials and toolkits. At present, only nine countries/regions in Asia formally define a “standard drink.”

| Drinking guidelines in Asia |                           |       |                            |  |
|-----------------------------|---------------------------|-------|----------------------------|--|
| Country                     | Daily recommendations (g) |       | Standard drink (g ethanol) | Issuing authority                                    |
|                             | Men                       | Women |                            |  |
| China                       | 15                        | 15    | -                          | National Health and Family Planning Commission, 2022 |
| Hong Kong                   | -                         | -     | 10                         | Department of Health, 2021                           |
| India                       | -                         | -     | 10                         | Food Safety and Standards Authority of India, 2018   |
| Japan                       | 40                        | 20    | 20                         | Ministry of Health, Labor and Welfare, 2024          |
| South Korea                 | 40                        | 20    | 7                          | Ministry of Health and Welfare, 2019                 |
| Philippines                 | 24                        | 12    | 12                         | Food & Nutrition Research Institute, 2012            |
| Singapore                   | 20                        | 10    | 10                         | Singapore Health Promotion Board, 2024               |
| Taiwan                      | 20                        | 10    | 10                         | Ministry of Health and Welfare, 2021                 |
| Vietnam                     | 20                        | 10    | 10                         | Ministry of Health, 2020a; Ministry of Health, 2020b |

While the definition of standard drinks and development of drinking guidelines is the responsibility of governments in accordance with best practice and national context, there is room for initiatives by other stakeholders, including civil society and industry members that can support and amplify these recommendations. The GAAP identifies these actions as including the “*availability of easily understood consumer information on the labels of alcoholic beverages (including composition, age limits, health warnings and contraindications for alcohol consumption)*”.

Such information can be shared on beverage alcohol container labels in various

forms, such as text, symbols, or pictograms, to suit local regulations and enhance consumer understanding. To date, health warnings, generally focusing on drinking and driving, pregnancy, and underage drinking are mandated in 35 countries worldwide. Information about alcohol content, ingredients and allergens, and place of origin are more widespread. In the case of the EU, provisions and requirements for labeling apply to all Member States.<sup>51</sup> Flexibility is allowed in how certain information is presented, in alignment with broader food labeling regulations.

Producers around the world have taken voluntary steps to make additional consumer information available, exceeding requirements mandated by governments. These include on-label pictograms warning about drinking in pregnancy, while driving, or by underage youth, as well as links to websites and QR codes pointing to additional information on drinking and health outcomes, guidelines, standard drinks, and other directional information aimed at educating consumers.

“Responsible Drinking APAC”<sup>52</sup> is an industry-supported digital platform that provides geo-localized consumer information in 15 countries across the region that reflects drinking guidelines, standard drink definitions, and other measures, as available.

## **5. Road traffic safety and blood alcohol content (BAC) limits**

Due to the impact of alcohol on concentration, reaction time, focus, and mental acuity, in addition to the high social cost of alcohol-attributable road traffic crashes and deaths, countries around the world set legal limits for blood alcohol content (BAC) for driving purposes. These limits are used to determine intoxication and for enforcement. In most countries, driving with a BAC that exceeds the permitted threshold is criminalized and carries severe penalties.

The standard for intoxication varies by country, ranging from 1.0 mg/ml to zero tolerance in Vietnam and Brazil. Across countries, the most commonly applied BAC limit is 0.5mg/ml blood.<sup>53</sup> BAC limits apply to adult drivers in the general population, but some countries have specific limits that apply to novice drivers or to commercial drivers, for whom limit thresholds are more stringent. For example, a zero tolerance policy applies to those just learning to drive in Australia, with a 0.2mg/ml limit for novice drivers. In Canada and Germany, zero tolerance applies to all drivers below the age of 21 years. Thailand’s regulations stipulate a 0.2mg/ml limit for novice drivers below the age of 20. Laos, the Philippines, and Thailand all set a BAC limit of 0.0 for professional drivers.

### Blood alcohol content (BAC) limits in APAC countries

| Country     | BAC limit |
|-------------|-----------|
| Cambodia    | 0.5       |
| China       | 0.2       |
| Taiwan      | 0.5       |
| India       | 0.3       |
| Japan       | 0.3       |
| Korea       | 0.3       |
| Laos        | 0.8       |
| Malaysia    | 0.5       |
| Philippines | 0.5       |
| Singapore   | 0.8       |
| Thailand    | 0.5       |
| Vietnam     | 0.0       |

While BAC limits exist in legislation in most countries, enforcement varies significantly, reflecting available resources. The WHO's Global Status Report on Road Safety<sup>54</sup> uses a rating system to assess the degree of enforcement in individual countries. It includes the application of penalties for those violating BAC laws, measures such as random breath testing, and requirements such as mandatory interlock devices on vehicles for those previously charged with drunk driving.

Prevention of drunk driving is an area where private sector actors are particularly active. Alcohol producers and their various associations around the world support the enforcement of BAC limits, for example, by providing breathalyzers to police to facilitate random breath testing. Mass media campaigns against drinking and driving have been launched in many countries with industry support, and reminders are incorporated into some commercial communications.

The alcohol industry has also actively engaged with retailers and the hospitality sector to provide training for servers and staff in bars and restaurants to prevent

drinking and driving. These initiatives include encouraging patrons to limit their alcohol intake, offering water and non-alcoholic beverages, and providing safe ride programs for those who have consumed alcohol excessively.

Several campaigns and initiatives have been launched in the APAC region to address drinking and driving. The “Wrong Side of the Road” campaign is an interactive digital platform that raises awareness about drinking and driving risks. Launched in 2022, the campaign is available in China, Taiwan, India, Singapore, and Thailand.<sup>55</sup> The “Power of NO,” a digital public awareness campaign which brings together stakeholders from government, civil society, and the private sector to change the culture around drinking and driving in Cambodia, Indonesia, Laos, Malaysia, Philippines, Thailand, and Vietnam.<sup>56</sup>

## 3. Alcohol Policy in Cambodia

### Policy overview

In comparison to the established global best practices and the alcohol policy toolkit referenced above, Cambodia currently needs a more comprehensive alcohol policy and regulatory framework. Notable policy gaps include the lack of a minimum legal purchase age (MLPA), formal definitions for alcohol beverages and standard drink measurements across all beverage categories, and a licensing system for the sale and service of alcohol beverages. There are also issues around the enforcement of existing regulations, for example around the application of the mandated blood alcohol limit for driving.

Nonetheless, Cambodia has made progress in alcohol regulation in recent years. There are draft measures including on the development of a legal purchasing age to prevent underage drinking, the implementation of a licensing system for the sale and service of alcohol to improve regulatory oversight, and nascent discussions on the formalization of national drinking guidelines. A common theme stressed during the March 2025 alcohol policy dialogue was that enforcement was as critical as regulation and that close cooperation between government agencies and private sector stakeholders and civil society was crucial to reaching regulatory compliance and operationalizing policies. All in all, Cambodia has yet to develop an institutional mechanism for implementation of alcohol policy, which could come into being with the legal purchasing age.

### Changing government approach

Public concerns regarding alcohol have become increasingly prominent on social media platforms, particularly regarding advertising billboards and posters along the streets and next to Buddhist temples and schools. These have continued to put paramount pressure on the Cambodian government to take proactive measures on alcohol control. The Cambodian government is increasingly concerned about alcohol-related harm, particularly from NCDs. H.E. Or Vandine, Secretary of State at the Ministry of Health, has raised concerns about the alarming rise in alcohol consumption among young people, calling for decisive action between 2025 and 2030 to address this growing issue.

Government attention has turned to strengthening the regulatory framework around alcohol, including a draft Law on Alcohol Control and a draft Sub Decree on the Legal Purchasing Age. However, the overall approach seeks to balance

economic growth with social responsibility, and there is high expectation for self-regulation and other responsibility measures from the alcohol sector.

Amid the implementation of the Global Alcohol Action Plan, the existing gaps in Cambodia's policy and regulatory frameworks present opportunities for strengthened collaboration between public and private stakeholders in fostering moderation and addressing harmful consumption in Cambodia.

## **Alcohol regulatory frameworks in Cambodia**

Cambodia's approach to alcohol control regulations has seen growing attention over the last decade as the government increasingly recognises alcohol-related public health issues in a growing market. The regulations have sought to balance health-related concerns and social order while maintaining the economic realities of a billion-dollar industry with contributions to the national economy.

As Cambodia continues developing its regulations, policymakers face the challenge of designing interventions that effectively reduce alcohol-related harm while acknowledging alcohol's cultural and economic role in Cambodian society. Policy development has also faced the inherent challenge of regulating an area that touches on many aspects of society and the economy, and therefore involves a large number of both internal and external stakeholders for policy development and enforcement.

Combined, all this has resulted in slow development of the alcohol policy landscape, as well as some significant policy gaps such as the lack of a legal purchasing age and comprehensive licensing regime, in addition to low enforcement of existing policies on advertising and traffic safety.

## **Draft alcohol control law**

In 2015, the Cambodian government published a draft Law on Alcohol Control. Almost a decade later, the law remains in draft form. One possible reason for the lack of progress is extremely broad and comprehensive scope of the law, covering a range of issues including:

1. Minimum legal purchasing age
2. Restrictions on purchase and sale of alcohol
3. Restrictions on consuming alcohol in public



4. Labelling, marketing and promotion
5. Taxation on production and consumption

The breadth of the law inevitably entails the coordination of many different stakeholders across multiple ministries. As is shown in this section, the government has more recently taken a different approach with the drafting of separate laws or decrees on the legal purchasing age and marketing.

### **Advertising and marketing: industry code and 2024 regulations**

In the absence of government regulation of alcohol marketing, beer, wine, and spirits producers, both foreign and domestic, signed an agreement in June 2024 to jointly implement the “Self-Regulatory Code for Responsible Alcohol Marketing and Communication in Cambodia.”<sup>57</sup> The Code includes 15 specific provisions, with a focus on fostering a vibrant and accountable industry that prioritises consumer well-being and adheres to the highest marketing standards.

A more structured approach followed, in the form of a Ministry of Information notice on January 9, 2024, reinforcing existing alcohol advertising guidelines including banning the use of prizes in alcohol marketing. This was followed by more substantial action on July 23, 2024, with Prakas No. 084, which created comprehensive procedures for managing alcohol advertisements throughout the country.

The government also set up the Alcohol Advertising Management Working Group, chaired by the Ministry of Information, with involvement of the ministries of commerce, health, and industry, science and technology. The group leads and directs mechanisms and regulations with the aim of protecting consumer health and promoting fair competition.

The 2024 regulations are the most thorough attempt yet at creating consistent national standards for alcohol marketing. Prakas No. 084 introduced major restrictions on when, where, and what content alcohol advertisements can contain, especially focusing on protecting minors. The rules forbid portraying alcohol as helping social success, sexual attractiveness, or physical performance – themes commonly used in previous marketing campaigns across the country. It includes as follows:

- 1. Truth in Advertising:** All representations of alcohol products must be accurate and free from misleading claims.

## **2. Content Limitations:**

- Prohibition of sexually suggestive imagery or themes
- Restriction against on-stage alcohol consumption during marketing events
- Prohibition of hosts encouraging alcohol consumption during public events
- Ban on violent, pornographic, or nude imagery that could undermine Cambodian cultural values
- Restriction against depicting alcohol consumption in conjunction with driving
- Prohibition of marketing that positions alcohol as essential for social acceptance, success, or patriotism

## **3. Vulnerable Population Protections:**

- Strict prohibition against targeting or utilizing minors in alcohol promotion
- Ban on marketing elements appealing to youth, including cartoon characters or celebrity endorsements
- Prohibition of advertisements targeting pregnant or nursing women
- Requirement to respect non-drinkers, including religious figures, cultural leaders, patients, and expectant mothers

## **4. Time and Location Constraints:**

- Television and radio advertising blackout period from 6:00 pm to 8:00 pm (with limited exceptions for displaying brand names)
- Ban on marketing elements appealing to youth, including cartoon characters or celebrity endorsements

## **5. Health Warning Requirements:**

- Mandatory inclusion of safety messages such as “Don’t Drink and Drive” or “Drink Responsibly”

- Warning text must occupy at least 25% of the advertisement's total area
- Digital platforms must implement age-verification warnings

#### **6. Prohibited Health Claims:**

- Ban on suggesting therapeutic benefits from alcohol consumption
- Restriction against disease prevention claims without legal authorization

#### **7. Prohibited Promotions:**

- Ban on promotional prizes or activities that might encourage excessive consumption
- Prohibition on featuring women as promotional vehicles for alcohol products (Ministry of Information 2024).<sup>58</sup>

In February 2025, the Minister of Information Neth Pheaktra, also the Chairman of the Alcohol Product Advertising Management Team (APAMT), directed producers, importers, distributors and advertising agencies involved with alcohol advertising to submit an application for alcohol advertising approval at the APAMT Secretariat before advertising liquor products.<sup>59</sup>

## **Enforcement of responsible marketing**

Responsible marketing is one of the cornerstones of self-regulation for responsible economic operators. Limiting any marketing communications to consumers above the legal purchasing age, for example, as well as carrying moderation messages is an important step to addressing various forms of harmful consumption. This has been recognised in Cambodia with the industry code mentioned above and has also been backed up by recent guidelines from the Ministry of Information on alcohol marketing.

As with all of these policy areas, proper enforcement is essential. There have been recent issues in Cambodia concerning a 'ring pull' promotional campaign that allows consumers to win prizes. Although conclusive scientific proof is lacking, impulsive purchases of alcohol beverages, particularly beer and energy drinks, to win prizes or more drinks have been considered a contributing factor to harmful consumption behaviours, especially among relatively low-income groups.

The further expansion of the industry code and the active enforcement of the Ministry of Information regulations will contribute to addressing harmful consumption, as well as creating a healthy competitive market among responsible economic operators.

## **Licensing and sales regime**

There is no formal licensing regime applicable to alcohol sales and distribution businesses, including off-trade (e.g. liquor shops) and on-trade (e.g. pubs, bars, and nightclubs). As of today, only a commercial licence to operate the business is required.

As Cambodia still does not have a law or regulations on a legal purchasing age, there is no requirement for a buyer to show an identity card or proof indicating their age. Notably, the Cambodian Ministry of Interior issues identity cards to citizens aged 15 and over, and over 90 percent of Cambodians have ID cards.

There is significant scope for licensing regimes to support responsible practices. For example, in many countries, background checks and some degree of training is required to obtain an alcohol sales licence. Where there is a mandatory legal purchasing age, selling to minors can result in a licence being revoked, as well as

civil or criminal penalties. Licenses can also be linked to broader efforts such as staff training on selling to minors or intoxicated individuals.

### **Battambang pilot project on legal purchasing age**

In an effort to curb underage drinking and smoking, Battambang Province implemented a pilot program in June 2024 restricting alcohol and tobacco sales to minors under 18, targeting five secondary schools in Battambang and Bavel districts. This pilot project is spearheaded by Great Peace Cambodia and supported by local authorities. Local shops near these schools are voluntarily participating by refusing sales to minors and displaying logos to indicate their commitment.

Vendors have responded positively to the campaign. Despite some loss in profits, they recognise the social value of their participation and have expressed satisfaction with their involvement in the initiative. While this remains primarily a community-driven effort, the director of the Battambang Department of Education, Youth and Sports has expressed interest in expanding the initiative across the province. This expansion will require careful planning and coordination with provincial leaders and educational authorities.

## **Taxation and excise**

Cambodia's alcohol import tax rates are relatively moderate, ranging roughly between 10 percent to 50 percent. While taxation and excise are not the focus of this white paper, it is useful to note that the Cambodian government has strengthened its regulatory and enforcement framework on alcohol beverages as well as other products such as sweetened energy drinks. However, slow progress has been made since these are considered complex issues and challenges to strike a balanced policy mix that governs public health on the one hand and economic considerations on the other.

## **Consumer information**

There are no formal requirements for alcohol products to carry information such as labelling for at-risk groups, though many local and internationally-owned alcohol producers do feature such information in line with their responsible practices. Cambodia also does not have guidelines for a standard drink or national drinking guidelines.

### **Public messaging on harmful consumption**

In October 2024, the Alcohol Control Working Group under the Ministry of Information launched a campaign to shift the focus of alcohol product advertising from promotion towards health education.

The campaign requires that all alcohol advertisements feature educational messages that include “Drinking alcohol is bad for your health from the first glass”, “If you drink alcohol, do not drive” and “Drinking alcohol can lead to social, family and sexual violence”, with the product image minimised and placed below the warning.

The campaign was led by H.E. Neth Pheaktra, Minister of Information and Chair of the Alcohol Control Working Group (ACWG), and involved 1,000 participants, including government officials, alcohol sellers, advertisers, media, artists, influencers and key opinion leaders (KOLs).

### **Road safety law**

In addition, the Road Traffic Law establishes clear limits for alcohol consumption while operating vehicles, setting maximum thresholds at 0.25 ml per litre of breath or 0.50 grams per litre of blood, aligning with international standards. The regulatory system also implements a progressive penalty point system that can ultimately result in license revocation for repeat offenders. The penalty structure is tiered based on severity:

1. Basic violations (blood alcohol concentration between 0.4 and 0.8) incur imprisonment of one to six months and fines from 800,000 riel to 4 million riel (approximately USD 1,000)
2. Enhanced violations (breath alcohol readings exceeding 0.40mg per liter or blood concentrations above 0.80g per liter) face one to three years imprisonment and financial penalties ranging from 4 million riel (USD 1,000) to 15 million riel (USD 3,700)
3. Fatal consequence violations, where intoxicated driving results in fatalities, penalties escalate to imprisonment of two to five years and fines between 10 million riel (USD 2,500) and 25 million riel (USD 6,100) (Law on Road Traffic: 2014).<sup>60</sup>

### **“If you drink, do not drive” (2012)**

Launched in 2012, the “If You Drink, Do Not Drive” campaign represents a targeted public health intervention addressing a specific demographic and behavioural pattern in traffic fatalities. The initiative targeted teenagers and young adults who are most vulnerable to risks of excessive consumption of alcohol and drunk driving. It emerged in response to road safety figures: a daily death rate of 5 people from road accidents, with drunk driving causing 14 percent of these deaths, making it the second biggest factor after speeding. At that time, the campaign focused on the 15-34 age group, who make up two-thirds of alcohol-related traffic deaths. This targeting allows for messages and enforcement aimed at the highest risk group.<sup>61</sup>

This campaign marked a shift in Cambodia’s public health policy, moving from general road safety messages to specific problem-focused actions. Before 2012, alcohol-related traffic incidents were not given much special attention in national safety plans, despite significantly contributing to traffic deaths. The campaign was an evidence-based response to data, applying successful behavior-changing methods from around the world to Cambodia. To this day, the government has continued to enforce this campaign in order to curb harmful drunk driving across the country. The WHO has appeared to be actively supportive of this initiative by providing breathalysers and capacity training for enforcement police. In addition, the Ministry of Information has stepped up its engagement by implementing alcohol advertising guidelines and a public awareness campaign with the slogan “Drink Responsibly” or “If You Drink, Don’t Drive”, joined by TADA Cambodia, a local riding service, in an effort to combat harmful drinking behaviors and consequences.

## **National Survey 2025**

**To inform our research and recommendations, the research agency and partner on this white paper MM4A undertook comprehensive research in Cambodia to identify gaps and perceived need for creating national drinking guidelines, as well as to assess current social trends and cultural attitudes toward alcohol consumption in the country.**

### **Methodology**

MM4A, in partnership with the National Institute of Social Affairs, conducted a national survey in December 2024. The survey had a sample size of 1363, obtained

through multi-stage random sampling that represented five geographical categories (Capital, Tonle Sap, Plain, Plateau & Mountain, Coastal) and nine localities (Phnom Penh, Battambang, Siem Reap, Kampong Cham, Prey Veng, Kampong Speu, Kratie, Sihanoukville, and Kampot).

Soft quotas were set in gender, age (18 and above), and location area as per population split, including a balance in rural/urban and drinker/non-drinker characteristics. When more than one eligible household member was found, the Kish-grid selection method was employed to pick a respondent.

The survey also included an Alcohol Use Disorders Identification (AUDIT) to measure harmful alcohol use amongst respondents by using 10 standard questions (score 0-4). A total score of 0-7 was categorized as low risk; 8-15 was categorized as medium risk or drinking too much alcohol; 16-19 would indicate high risk or harmful alcohol consumption; and 20-40 was categorized as addiction likely or likelihood of alcohol dependence. Respondents were also queried regarding their perception of a standard drink, the benchmark used to establish thresholds for moderate drinking guidelines.

In addition to the national survey, MM4A organized eight offline focus group discussions (FGDs), with a total of 64 participants, in Battambang and Phnom Penh in December 2024. Respondents were a mix of females and males between the age of 18 and 60, had varying occupations (students, blue collar workers, professionals, etc.), and were all current drinkers of beer, wine, or spirits. The key survey findings were presented at the March 6 multi-stakeholder dialogue in Phnom Penh.

## **Respondent Profiles**

Respondents in this study are more likely to be middle-aged and from middle to low-income backgrounds, with nearly half of them self-employed. Only eight percent of the respondents are in the upper household income bracket; 45 percent fall in the USD 300-800 monthly household income bracket, and 47 percent earn less than USD 300. Meanwhile, most respondents (65 percent) only had primary to secondary schooling, with 5 percent having no education, 20 percent having high school education, and nine percent having pursued higher education.

The majority of the respondents (67 percent) live in urban areas, while 33 percent are in rural areas. Eleven percent of respondents come from the capital;



the rest are evenly distributed amongst plain, Tonle Sap, plateau and mountain, and coastal areas. The gender distribution amongst respondents is roughly equal. Meanwhile, a majority of respondents are aged between 30-45 years (43 percent), followed by 18-29 years (31 percent), and over 45 years (25 percent), averaging 37 years old.

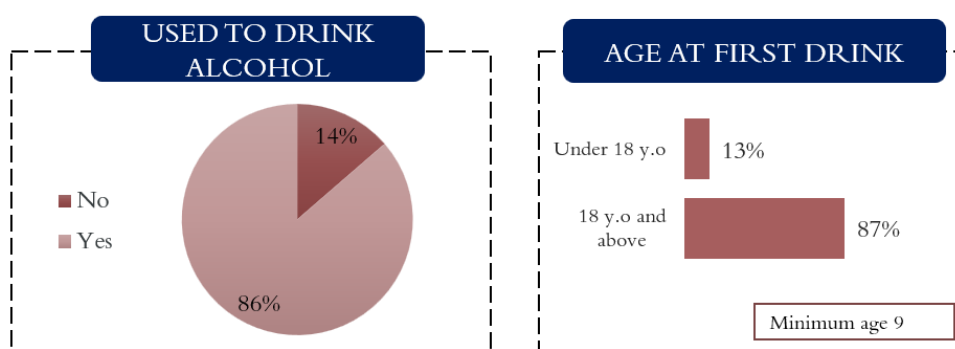
The majority of respondents (79 percent) are married and living with their spouse or partner, including children under 17 years old, while single individuals, as well as those who are divorced, widowed, or separated, are more likely to live with their parents or relatives.

## Key Survey Findings

The survey reveals that around 86 percent of respondents have consumed alcoholic beverages, with 13 percent having had their first alcoholic drink before they reached 18 years of age. The survey also shows that young men in urban areas are more likely than other demographic groups to consume alcohol more frequently. Approximately 37 percent of respondents are at risk due to excessive alcohol consumption. Men are more likely to be in this at-risk group than women (49 percent vs. 18 percent).

### *Alcohol consumption (1)*

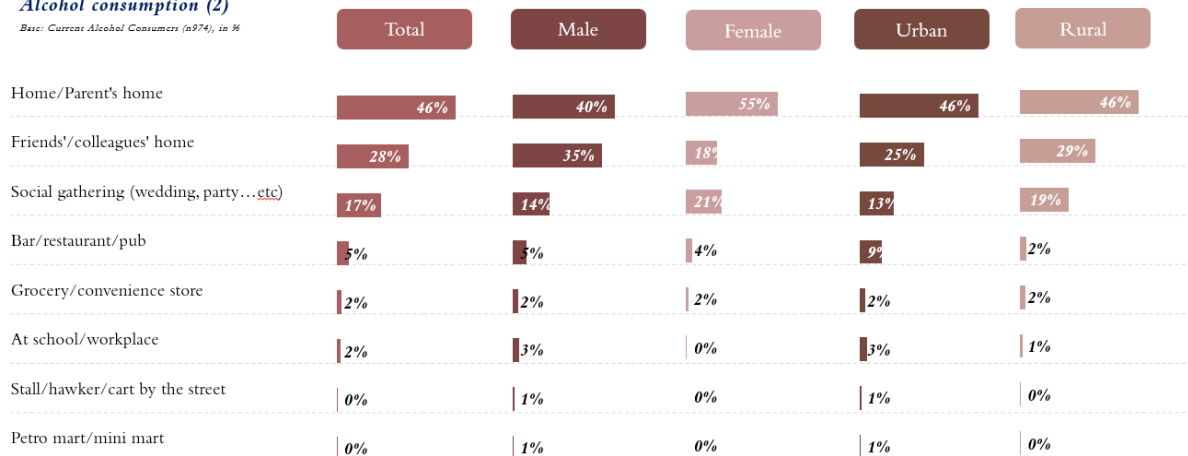
*Base: All Respondents (n1,363), in %*



Approximately 83 percent of respondents reported consuming alcoholic beverages primarily at home or at the homes of friends and relatives, as well as during social gatherings, in the last year. Men tend to drink more than women in public or other homes, while urban residents are more inclined to consume alcohol on-site (restaurants, pubs, bars) compared to those living in rural areas.

### Alcohol consumption (2)

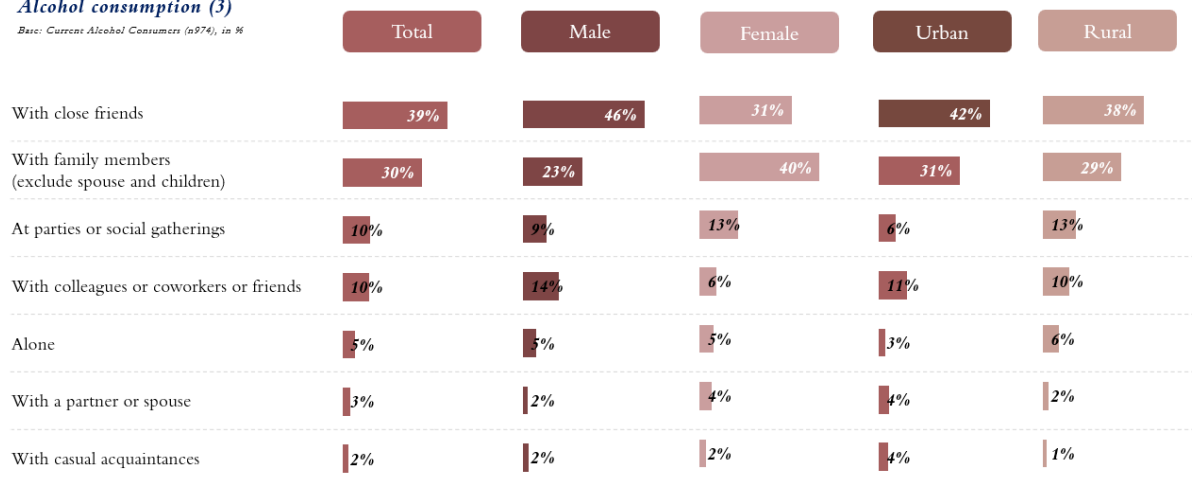
Base: Current Alcohol Consumers (n974), in %



**Close friends and family members are the primary individuals with whom respondents reported choosing to drink.** Men tend to drink more often with close friends, whereas women are more inclined to drink with family members. Additionally, there are some differences in drinking habits in urban and rural areas. Respondents from rural areas, for instance, are more likely to drink at parties or social gatherings compared to urban residents.

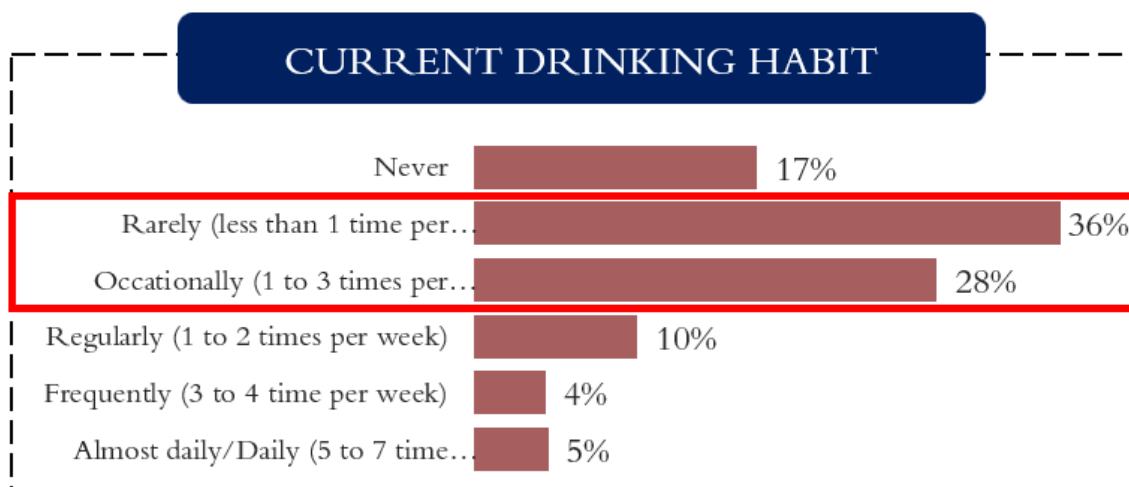
### Alcohol consumption (3)

Base: Current Alcohol Consumers (n974), in %



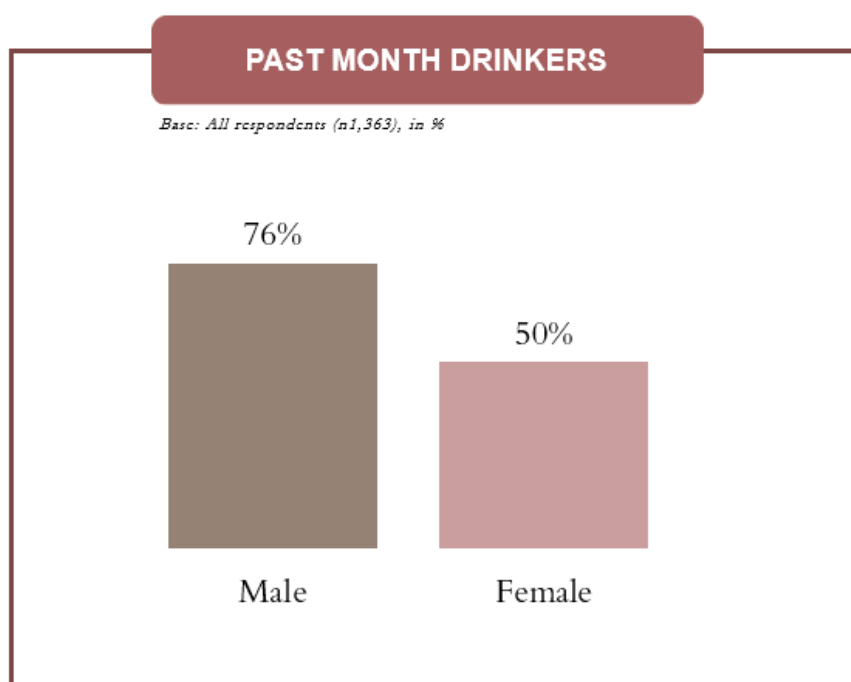
**Most individuals also reported consuming alcohol sporadically, averaging about one to three times a month.** This trend is consistent across all demographics. Nonetheless, the survey indicates that men tend to drink more often than women, consistent with previous findings. Men are additionally more prone to being intoxicated at social gatherings and driving while under the influence of

alcohol compared to women. The difference in proportions does not significantly vary between urban and rural areas.



### *Alcohol consumption practice*

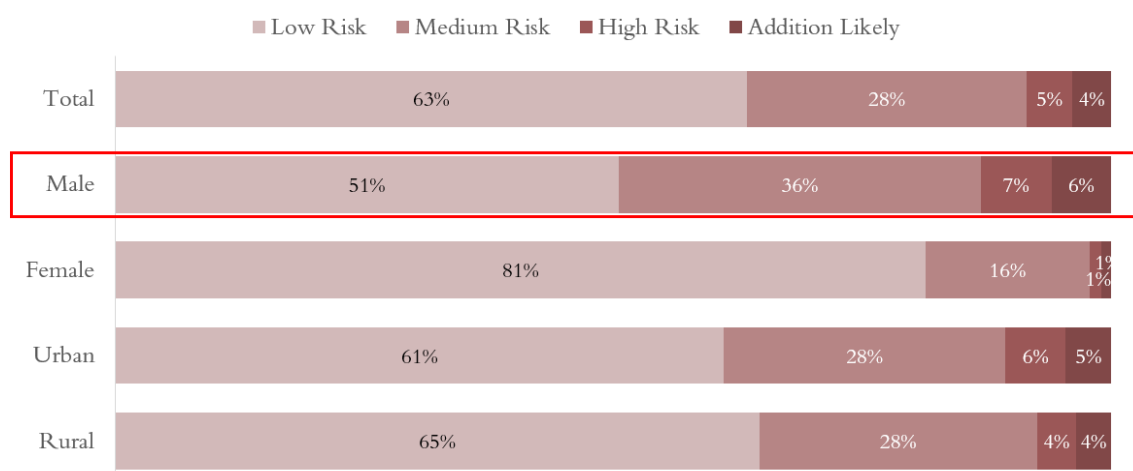
*Base: Current Alcohol Consumers (n974), in %*



**Over 60 percent of those surveyed who currently drink have no problems with alcohol, while the rest are at medium risk (28 percent), high risk (5 percent), or likely addicted (4 percent). Men are more likely than women to be at risk due to alcohol consumption. The risk is not significantly different between rural and urban areas.**

## Harmful alcohol consumption

Base: Current Alcohol Consumers (n=974), in %



**The survey also highlights a common misunderstanding regarding the definition of safe drinking, as most respondents identify it by beverage category rather than alcohol by volume (ABV).** In Cambodia, beer is the most popular alcoholic beverage, with over 62 percent of consumers considering it the safest option. This perception of safety likely stems from its categorization as beer, rather than being based on its actual alcohol by volume (ABV) content. This is concerning because alcohol can pose risk when not handled responsibly, regardless of the type of beverage.

**When comparing actual consumption with what drinkers perceive as safe consumption (measured in grams of pure alcohol or standard drinks (SDs)), current intake exceeds perceived safe limits.** This discrepancy highlights the urgent need for clear and effective safe/standard drinking guidelines. Men and women report consuming an average of 50g (5 SDs) and 20g (2 SDs) per sitting, respectively. However, respondents perceive safe consumption limits to be 3 SDs (30g) for men and 2 SDs (20g) for women.

**Drinkers express a need for national drinking guidelines (NDGs) and recommend that these be set at the same level for both men and women: 3 SDs (30g) per day.** In advocating for the creation of standard guidelines for alcohol consumption, the respondents feel that such measures will aid in lowering their alcohol intake, as they will have a clear understanding of appropriate drinking limits.

Notably, these are subjective perceptions from survey respondents and are not science-based policy recommendations. In particular, there are a limited number

of markets that standardize drinking guidelines as the same for both men and women, and 30g/day may be considered high for women.

## Perception of Drinking Safety

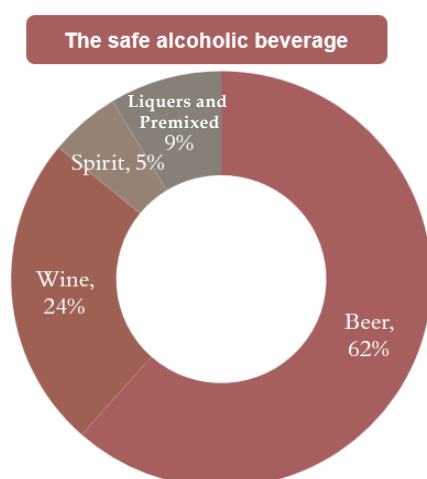
The National Survey also aimed to capture how the Cambodian public defines and understands moderate alcohol consumption. Respondents were queried regarding their perception of a standard drink (SD), the benchmark used to establish thresholds for moderate drinking guidelines. As mentioned in the policy section of this report, a standard drink is a measure of alcohol equivalent to approximately 10 grams of pure alcohol, though the precise definition varies across countries.

The survey reveals a clear gender variation in alcohol intake. Men reported significantly higher monthly consumption (76 percent) than women (50 percent). On average, men consumed 50 grams of pure alcohol or 5 SDs per sitting, while women consumed 30 grams or 3 SDs per sitting.

In Cambodia, beer is the most popular alcoholic beverage, with over 62 percent of respondents considering it the safest option followed by wine (24 percent), liquor (9 percent), and spirit (5 percent). This perception of safety likely stems from its categorization as beer, rather than being based on its actual alcohol by volume (ABV) content.

### *Perception on drinking safety*

Base: All Respondents (n=1,363), in %



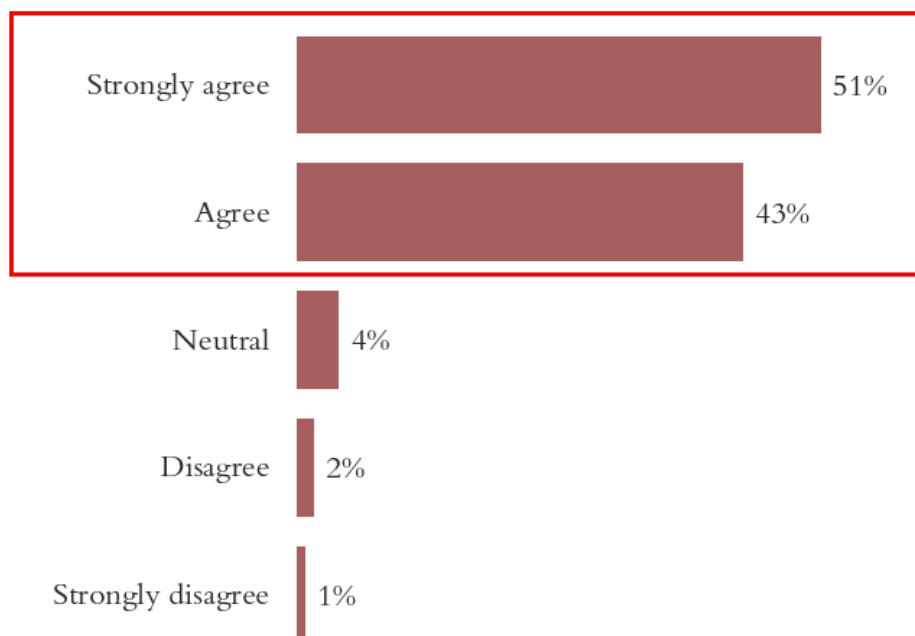
Notably, the perception of safe alcohol intake also varies by gender. When asked about alcohol consumption limits, male respondents believe alcohol

beverages can be safely consumed in amounts up to 30 grams or 3 SDs. For women, the number is 20 grams or 2 SDs per sitting. Even so, the current alcohol consumption significantly exceeds the safe limits recommended by the respondents themselves. This discrepancy highlights the urgent need for clear and effective safe and standard drinking guidelines.

Finally, almost all (94 percent) respondents support the establishment of standard guidelines for alcohol consumption. They generally perceive a “drink guideline” to contain approximately 30 grams of pure alcohol, corresponding to three SDs per sitting for both men and women. Respondents believe that such measures will aid in lowering their alcohol intake, as they will have a clear understanding of appropriate drinking limits.

### *Alcohol Consumption Guideline*

*Base: All Respondents (n1,363), in %*



## 4. Cambodia: Identifying Key Challenges of Harmful Consumption

Efforts to reduce harmful drinking must include two independent but complementary approaches. First, a balanced regulatory framework provides structure around the alcohol market, encompassing its production and trade. This framework safeguards the integrity of products and protects those at potential risk of harm, including through legal measures. Second, targeted interventions not requiring legislation can also directly address consumers and help minimize risks.

National policy development and regulation are clearly the domain of government. However, non-regulatory interventions can involve civil society and the private sector. Such interventions are flexible, responsive, and pragmatic, and can be tailored to local social, cultural, and economic contexts. The inclusion of non-governmental actors also allows existing resources to be maximized. However, regardless of the intervention, its implementation must always sit within the context of a broader regulatory framework, where it can build upon and strengthen formal government action.

Based on the research reported in this white paper, we have identified three key policy challenges for Cambodia concerning the harmful consumption of alcohol:

1. Misconceptions and the level of understanding that consumers have around alcohol
2. The consumption of alcohol by underage individuals
3. Road traffic safety and alcohol consumption

The issues above are clearly societal challenges in Cambodia, as evidenced by existing data and the recent National Survey. These are also challenges that can be addressed by relatively 'out of the box' policy solutions that have been implemented in other jurisdictions currently not part of the Cambodian policy landscape, such as national drinking guidelines or a minimum legal purchasing age. These policy tools should be developed by Cambodian policy stakeholders and localized to align with the national cultural context. The identified challenges are also policy areas where there is a significant role for economic operators and the broader community to support in the implementation and communication of the policy.

The section below provides an overview of targeted interventions in these three areas where shared engagement can help in reducing harm. We offer some illustrative examples of initiatives implemented across countries and in Cambodia.

## **Challenge 1: Targeting Misconceptions around Alcohol**

### **The challenge**

The National Survey reveals that many Cambodian drinkers have limited or inaccurate understanding around alcohol consumption. To illustrate, most respondents consider beer the safest alcoholic beverage to consume based on beverage categorization, instead of the actual alcohol by volume (ABV) content. Heavy Episodic Drinking (HED), or binge drinking, is also a concern in Cambodia; current intake exceeds both actual and perceived safe drinking levels.

To this end, better information to educate Cambodian consumers on moderation is needed, which can be useful in guiding Cambodians to practice moderation in drinking. Almost all respondents (94 percent) of the National Survey express support for the establishment of standard guidelines for alcohol consumption.

Based on global best practices around drinking guidelines and the definition of a standard drink, localized policy solutions can be implemented in Cambodia. These best practice approaches include the following elements: lower recommendations for women than men, usually 1 drink versus 2 drinks per day; a standard drink definition of 10g, regardless of beverage type; advice to avoid HED and recommendations that underage youth, pregnant women, and those who are driving or engaging in high-risk activities refrain from drinking altogether.

### **Policy tools: National drinking guidelines, standard drinks, and labelling for at-risk groups**

As outlined in the global policy section, national drinking guidelines are a common policy tool to help consumers better understand their alcohol consumption. National drinking guidelines are operationalized by the concept of a ‘standard drink’; both are usually developed by the government, in consultation with experts and stakeholders.

#### ***Standard drink***

While there is some variation in standard drinks, the most common measure is



10g pure alcohol. That is equivalent to around 285ml beer at 4.8 percent ABV, 100ml wine, or 30ml spirits at 40 percent ABV.

The Cambodian government should consult internally as to whether this measure is appropriate to its national context. Advantages to adopting 10g include the ease of international comparison and ease of trade and labelling for international products. This number also aligns with a common serving, as the most popular drink in Cambodia is beer, and popular brands have, on average, a strength of 5 percent ABV.

Adopting a formal standard would go a long way to both improving consumer understanding and supporting initiatives to reduce harmful drinking in Cambodia. An official, established definition of a ‘standard drink’ can counter existing misperceptions in Cambodia, as it allows for an assessment of drinking risks based on alcohol content that applies uniformly across all beverage categories.

Data from Asia show that harmful drinking can be associated with any beverage category, regardless of its ABV. For example, according to national survey data from Thailand, beer is consumed by over half of underage youth and is also the most common beverage for drinking initiation.<sup>62</sup> Meanwhile, data from Taiwan shows that heavy drinkers are more likely to consume rice spirits than any other beverage category.<sup>63</sup> The ‘standard drink’ can thus help raise awareness that wine, beer, and spirits all contain alcohol and in the same amounts, and can all be abused and contribute to harmful drinking patterns, empowering consumers to make responsible choices about how much they drink and to modify dangerous drinking patterns.

### ***National drinking guidelines***

Drinking guidelines with accurate and balanced information on alcohol and health are an essential tool for reducing harmful drinking. Recommendations that accurately reflect scientific evidence and are based on the concept of the ‘standard drink’ allow consumers to make informed decisions and to navigate the line between moderate and excessive drinking. Broadly, drinking guidelines must also reflect levels of consumption at which total risk of all possible outcomes combined (all-cause risk) is lowest. They must account for both potential negative and positive outcomes of drinking, consistent with the best available scientific evidence as applicable to the Cambodian context.

Cambodia’s national drinking guideline should reflect scientific evidence that the outcomes associated with light and moderate drinking are different from those

linked with excessive consumption. It can also acknowledge the differences in drinking patterns between men and women, as further highlighted by our National Survey, and the unique risks of drinking for different demographics. For instance, the guideline can provide different recommendations for men and women, and also guidance for at-risk groups and in high-risk settings. Due to body size and composition differences and the way in which they process alcohol, recommended levels for men are generally higher than for women, most frequently set at 20 grams and 10 grams per day – or two drinks and one drink – respectively.<sup>64</sup>

The National Survey referenced in this white paper finds that Cambodian drinkers perceive a reasonable drinking guideline to be approximately 30 grams alcohol per sitting (per day) for both men and women. This is notably higher than many countries in the region which set guidelines at 20 grams for men, though it is lower than Japan and Korea at 40 grams. It is also significantly higher than many countries in the region for women which is commonly set at 10 grams.

The development of national drinking guidelines is a complex process, based on evidence, public health expert advice, government and policymakers, and stakeholder consultation. The process to develop guidelines will include a risk assessment based on evidence about alcohol-related harms, demographic data, and cultural norms. The process should also involve some degree of stakeholder consultation, including with the public.

Notably, national drinking guidelines are not usually set in law, but are recommendations by the government or a government agency. In Cambodia, government agencies involved may include the National Centre for Health Promotion (NCHP) and the Department of Health Protection under the Ministry of Health, and the National Institute of Public Health (NIPH),

The following organisations issue national drinking guidelines in their respective countries (this list is not exhaustive);

| Country   | Issuing authority                                     |
|-----------|---|
| China     | <u>National Health and Family Planning Commission</u> |
| Hong Kong | Department of Health                                  |
| India     | Food Safety and Standards Authority of India          |

|             |   |
|-------------|---|
| Japan       | <u>Ministry of Health, Labor and Welfare</u>                              |
| Korea, Rep. | <u>Ministry of Health and Welfare</u>                                     |
| Philippines | Food & Nutrition Research Institute                                       |
| Singapore   | Singapore Health Promotion Board  |
| Taiwan      | Ministry of Health and Welfare  |
| Vietnam     | Ministry of Health  |
| US          | Department of Agriculture and the Department of Health and Human Services |
| UK          | <u>Chief Medical Officer of the National Health Service</u>               |
| Australia   | National Health and Medical Research Council                              |

### ***Guidelines and labelling for specific groups***

Raising consumer awareness about the potential health outcomes of drinking, both positive and negative, empowers positive choices and can help to minimize risks. It is clear that alcohol consumption is not recommended at all for some groups in society, including pregnant women, children, and people with specific health risks, and this is reflected in many national drinking guidelines. Some also include specific advice for older adults or those who have certain health risks and conditions. Given Cambodia’s challenges in underage drinking prevalence and road safety, the government may consider such advisories in the national drinking guideline.

In some cases, the inclusion of icons such as the pregnancy label is legally mandated in some countries, while it may be voluntary in others. Labelling reflecting standard drinks and national drinking guidelines are usually part of voluntary action by industry. Around the world, industry members provide voluntary on-label reminders relevant to health, including information about national guidelines and standard units, and reminders about drinking and driving, age limits, and pregnancy.<sup>65</sup>

ABInBev, a Belgium-based multinational brewing company, places guidance labels on 100 percent of its beer cans and bottles in all markets it manufactures in, including in 26 countries where mandatory labeling is voluntary.<sup>66</sup> Heineken, which has a significant presence in Cambodia, has started displaying a QR code on-pack that links to further information on alcohol and health, in addition to a

legal drinking age symbol on pack for all its alcoholic beverage lines.<sup>67</sup>

In 2021, to support the International Alliance for Responsible Drinking's commitments, Pernod Ricard added two warning pictograms on its packaging against underage drinking and drink driving, complementing its pre-existing warning logo against drinking when pregnant. The company has also launched a digital e-label system with QR codes on its bottles with information about product content, health risks, and responsible drinking guidelines.<sup>68</sup>



## Implementation and communication

The development of policy by the government around national drinking guidelines, standard drinks, and advice to specific groups should be supported by a strong government-led communications campaign. There is also a significant role that the private sector and broader community can play.

### *Private sector*

Industry players can contribute by spearheading initiatives to communicate guidelines to the public and incorporate related information in their campaigns and marketing materials. Globally, alcohol industry actors have shown a strong commitment to the dissemination of information on drinking and health. Dedicated online portals have been created by producers and affiliated organizations to share consumer information about alcohol and health, drinking guidelines, and standard drinks<sup>69</sup>

### **Case Study: DrinkAware (Ireland)**

Drinkaware, an independent charity in Ireland, offers comprehensive information to the public and works with communities, industry members, and governments.<sup>70</sup> The free MyDrinkaware app allows users to track alcohol consumption, read the nutritional value in their alcoholic beverages, and set goals to moderate drinking. Its Drinking Check self-assessment tool, based on the WHO's AUDIT tool, can help users identify the amount of alcohol that can put them at risk. Drinkaware also provides an e-learning course on alcohol education for employees as part of health and safety training or an induction program.

### **Case Study: DrinkWise (Australia)**

In Australia, DrinkWise provides information in support of formal government recommendations. Comprehensive information is also provided on the platform DRINKiQ that has been adapted to a number of national contexts across Asia and globally. Among other offerings, DrinkWise has a Standard Drinks calculator, moderation resources, and various fact sheets and resources on harmful drinking, labeling, and the effects of alcohol.

### **Case Study: Responsible Drinking APAC**

The newly launched regional initiative, Responsible Drinking APAC, offers a Cambodia-specific website containing general information and advice for consumers. This platform was developed with support from regional and national alcohol trade associations.<sup>71</sup>

Another initiative involves digital innovation to provide information on alcohol and health through e-labels and QR codes.<sup>72</sup> A global initiative to apply this technology is currently underway, and dedicated media launches in several countries, including in Cambodia, have helped to increase awareness among consumers.

## ***Health and science community***

Meanwhile, medical and scientific organizations can be involved in campaigns and public education efforts that help promote information on safe drinking and health outcomes, in addition to promoting safe drinking guidelines in their respective professional practices and interactions with the average Cambodian.

Medical and scientific organizations play an important role in sharing such information with the public. They also play an important role in raising awareness among health professionals who are the first points of contact with consumers and need to be able to provide expert, informed advice.

Advice on alcohol is available online from universities and medical institutions and accessible to the wider public. There are also general information resources like the [Mayo Clinic](#) and [Cleveland Clinic](#) in the US, which are considered authoritative resources for information, along with [WebMD](#), which is a publicly accessible portal. Similar resources are available in some other countries. In Germany, the Germany Center for Addictions provides information on alcohol and health and information on consumption patterns in Germany.<sup>73</sup>

#### **Case Study: Singapore HealthHub**

The HealthHub<sup>74</sup> in Singapore is a resource supporting the Healthier SG initiative by the Ministry of Health. It is a consumer-facing resource that provides information on all aspects of health relevant to citizens. Information on the hub provides drinking limits and guidelines and relevant health information, as well as practical guidance on drinking and support resources.

#### **Case Study: Harvard University's Nutrition Source**

The Harvard University School of Public Health offers information on alcohol consumption within the context of lifestyle on its Nutrition Source.<sup>75</sup> This reflects the current best available scientific evidence on drinking and health outcomes. Topics covered risks and potential benefits and the importance of drinking patterns.

#### **Case Study: Mexico's National Psychiatric Institute**

The Instituto Nacional de Psiquiatría in Mexico<sup>76</sup> provides information and resources relevant to alcohol. These include information on drinking and health outcomes, as well as research tools that include national surveys and their results, and guidance for implementing prevention programs.

### **Next steps**

In the next 12 months, the government and policy community in Cambodia can support better consumer awareness of moderation over harmful drinking through the following actions:

1. The Cambodian government should consider how to start a process for the development National Drinking Guidelines and a Standard Drink, aligned with global best practice, but also grounded in scientific evidence and curated to Cambodia's sociocultural context and local consumption patterns.
2. Concurrently with the development of drinking guidelines, the government should also consider the development of a broad communications strategy to the public. As per the examples above, this strategy should consider leveraging the capacities and reach of private sector - including producers, retailers and hospitality, as well as healthcare practitioners, municipal government, civil society and community organisations
3. Alongside guidelines aimed at people who choose to consume alcohol, the government should explore the roll-out of voluntary measures by industry on-package labelling for at-risk groups such as underage people, pregnant people, and road drivers.

## **Challenge 2: Preventing Underage Drinking**

### **The challenge**

Underage drinking is a concern in Cambodia. According to the National Survey (MM4A 2025), around 13 percent of Cambodians began consuming alcohol before the age of 18. Given the cultural norm of drinking at homes and with friends in Cambodia, underage drinking likely goes unrecorded.

### **Policy tools: Mandatory Legal Purchasing Age**

To address underage drinking, most governments have set a legally mandated age limit for the purchase of alcohol beverages. However, a legal age threshold currently does not exist (yet) in Cambodia, setting it apart from most countries in the region and around the world, where the most commonly applied age is 18 years. An age limit makes it illegal for underage youth to purchase alcohol and for retailers to sell wine, beer, or spirits to anyone below the threshold. Notably, a sub-decree under the Ministry of Commerce setting a legal purchasing age of 18 is in draft form and under consideration.

While the policy development of a MLPA is relatively straightforward, on its own, a government mandated purchase age is of limited effectiveness unless it is accompanied by enforcement and sanctions against violators. This is another

area where targeted interventions, implemented in partnership by various actors, can play a role.

In terms of further policy development, the design of a comprehensive licensing regime for the sale of alcoholic beverages would be highly complementary to the development of the legal purchasing age. A licensing regime can help ensure that retailers and servers are aware of the legal purchasing age, as well as providing measures, such as revoking the licence, for non-compliance. Further, police forces must be informed and trained on enforcement measures, which can include ‘mystery shoppers’ to check on compliance (see below).

### **Implementation and communication**

Producers and retailers have a direct responsibility for helping to reduce harmful drinking at points of sale. Training of staff is an important element of such interventions, along with building knowledge about laws and liability, skills to recognize excessive drinking and deal with difficult patrons, premise design and lighting to reduce potential for harm, and a clear understanding of minimum age requirements. In some instances, training can be linked with obtaining an alcohol license, helping to raise standards. Training materials and programs that can be adapted for the Cambodian context are available.

In the US, the TIPS program provides training for servers and retailers.<sup>77</sup> Australia mandates Responsible Service of Alcohol (RSA) training for anyone selling, offering or serving alcohol under the following types of liquor licences: general, on-premise, late night, and packaged liquor.<sup>78</sup>

Global training materials have been developed by various organizations, such as the International Alliance for Responsible Drinking,<sup>79</sup> and can be accessed and used by others. Official certification for serving personnel is also available through various training programs. The Taiwan Beverage Alcohol Forum (TBAF) initiated the Responsible Beverage Service (RBS), which provides information for servers and regarding skills, legal and social responsibilities, and best practices in responsible service of alcohol within the hospitality and retail industries in the country.<sup>80</sup>

Partnerships with retailers have been set up in many countries to require proof of age from anyone purchasing alcohol. So-called ‘mystery shoppers’, including undercover law enforcement officials, have been used to assess whether retail outlets are selling and serving alcohol to those younger than the officially mandated age limit. Evidence suggests that Mystery Shopper interventions can



increase age verification for alcohol purchases, and be an effective supplement to compliance checks and responsible drinking programs.<sup>81</sup> The US Office of Justice Programs, with the assistance of the BARS Program, conducted a ‘mystery shopper’ intervention that sought to increase staff ID checks for the sale of alcoholic beverages at licensed establishments.

Linking age verification to licensing and imposing heavy fines can also provide an incentive not to sell alcohol to underage youth. These interventions are best implemented in conjunction with awareness raising campaigns across communities.

Industry actors also have a long track record of educational interventions in schools, universities, and other settings, to raise awareness of drinking age limits and the risks of underage drinking. Some are formally integrated into the teaching curriculum, while others are in the form of participatory activities like theatre and other role-playing that allow students to familiarize themselves with different scenarios and potential consequences of drinking.<sup>82</sup>

#### **Case Study: Smashed**

Smashed is a theatre-based interactive live or online school program for young people that explores reasons for drinking and impact on the individual, decision making, and provides resources for teachers, parents, and students.<sup>83</sup> The program is supported by Diageo and has been implemented in 24 countries across the world. In APAC, SMASHED programs have been run in schools in Cambodia, India, Indonesia, Philippines, and Taiwan, as well as in Australia and New Zealand. In Cambodia<sup>84</sup> Smashed Live is conducted in partnership with Meta House, a creative arts hub, with support from the Ministry of Education.

A widely used model, originally developed by WHO, integrates drinking alcohol into a broader skills-based approach to build resilience and self-confidence among young people and to develop the tools needed to deal with peer pressure and broader challenges. These interventions are particularly important for youth in deprived social groups or with a weak family structure. Recognizing the important role of peers and parents, some interventions rely on peer-to-peer counselling while others are aimed at educating and raising awareness among parents to instill in them the skills to engage with their children to address drinking.

### **Case Study: School-based life skills training**

A life-skills approach to educating young people about alcohol within the context of other pressures and behaviors has been successfully implemented in several countries, including in the APAC region in Australia, Hong Kong, Japan, Malaysia, New Zealand, S. Korea, and Thailand<sup>85</sup>. The training, intended to build resiliency, is implemented in schools with the active participation of teachers and students, and has been independently reviewed in scientific studies.

### **Case Study: Learn about alcohol and other things**

A prevention guide for young people with the aim of increasing awareness and building knowledge is available free online from the Mexican National Council on Addictions (CONADIC)<sup>86</sup>. The guide, *Conoce sobre alcohol y alcohol más*, focuses on interventions that can help prevent drinking among underage youth and addresses harmful and extreme drinking patterns.

### **Next steps**

In the next 12 months, the government and policy community in Cambodia can help address underage drinking through the following actions:

1. The government should accelerate the completion of the draft sub-decree establishing a MLPA, building in global best practice and local experiences from pilot projects and the experience of local economic operators across retail and hospitality.
2. As the MLPA is developed and comes into force, the government should also consider the development of a broad communications strategy to the public. As per the examples above, this strategy should consider leveraging the capacities and reach of private sector, especially retailers and hospitality, as well as educators, the police, municipal government, civil society and community organisations
3. Alongside guidelines aimed at people who choose to consume alcohol, the government should explore the roll-out of voluntary measures by industry on-package labelling for underage people
4. In cooperation with the government and the final MLPA, there is a role for economic operators to work together to develop training schemes for on-

trade servers and retailers to support ID-checks and the societal support for the MLPA.

### **Challenge 3: Alcohol and Road Safety**

#### **The challenge**

In Cambodia, more than 1,500 people died in 2,844 traffic accidents in 2024, according to data from the National Road Safety Committee (NRSC). While traffic incidents and deaths have declined over the years, drunk driving remains the main culprit for road traffic fatalities and crashes in the country.<sup>87</sup> Road-traffic accidents contribute significantly to the health burden from excessive drinking and are a target area for WHO's policy recommendations for reaching the 2030 goal of a 20 percent reduction.<sup>88</sup>

#### **Policy tools**

While Cambodia's maximum BAC of 0.5g per liter is on-par with neighboring countries such as Thailand, Malaysia, and the Philippines, it is still higher than that of other countries in the region, including China, Korea, and India. The Cambodian traffic law also prescribes penalties for drivers caught drunk-driving, which can include imprisonment and a fine, as well as marks on their driving record.

However, enforcement gaps still abound and vary along urban-rural divides. While setting appropriate blood alcohol content levels and implementing enforcement measures fall within the remit of the Cambodian government, the responsibility for contributing to their effectiveness is broader.

#### **Implementation and communication**

Around the world, civil society and the private sector have supported efforts to communicate the risks of drinking and driving through mass media campaigns. In countries where public resources are inadequate, the private sector has provided breathalyzers to law enforcement to strengthen roadside testing. Other initiatives include partnerships with rideshare programs and taxi services for intoxicated patrons in bars, sponsored by alcohol producers to prevent drink driving. Training service staff in licensed premises to recognise intoxicated patrons and prevent them from driving is another important component and integral to responsible service.

In Cambodia, several efforts are currently underway with the participation of both civil society groups and alcohol producers to support the reduction of drunk driving. *Power of No*, a digital public awareness campaign, is a cooperation involving government and road traffic associations with support from the Asia-Pacific International Spirits and Wine Association (APISWA), the leading regional industry body.<sup>89</sup> The campaign aims to change the acceptability of drinking and driving across Southeast Asia and to encourage responsible consumer behavior. *Auto-Sobriety*, a training program aimed at drinking and driving by young adults in high schools and universities, was developed by the United Nations Institute for Training and Research (UNITAR) in partnership with major drinks producers and implemented in Cambodia between 2022 and 2024.<sup>90</sup>

#### **Case Study: Supporting road traffic safety in the Dominican Republic**

Major alcohol beverage producers, working through the International Alliance for Responsible Drinking, actively supported the adoption, implementation, and enforcement of a BAC limit and law in the Dominican Republic.<sup>91</sup> The initiative involved a range of partners from civil society and academia, along with government entities and NGOs, industry trade associations, and retailers. Support was also provided to active enforcement, notably through training the police force and provision of breath-testing devices. Mass media campaigns amplified the effort and its impact.

#### **Case Study: Global Road Safety Partnership**

GRSP, the Global Road Safety Partnership,<sup>92</sup> is a non-profit organization devoted to reducing the toll of road traffic crashes around the world. It is hosted through the International Federation of Red Cross and Red Crescent Societies (IFRC). Implementation of GRSP's programs is through multisectoral collaboration between governments, the private sector, and civil society. GRSP engages in a range of actions from building capability within national police forces, offering resources, educating about road safety, providing grants and running in-country programs.

#### **Next steps**

In the next 12 months, the government and policy community in Cambodia can help address road traffic accidents related to alcohol through the following actions:

1. The government should commit attention and resources to the enforcement of BAC limits across the country, in particular outside of urban areas. As with the example above, there is a role for economic operators to support police training, breathalyzers and communications.
2. As part of the enforcement plan, the government should develop a broad communications strategy to the public about drink driving. As per the examples above, this strategy should consider leveraging the capacities and reach of economic operators including producers, retailers and hospitality actors, in addition to other businesses such as petrol stations, advertisers and media. There is also a role for educators, the police, municipal governments, and civil society and community organizations in conveying the message.
3. Alongside guidelines aimed at people who choose to consume alcohol, the government should explore the roll-out of voluntary measures by industry on-package labelling for drivers.

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