

Country snapshot Myanmar

Alcohol and health



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This snapshot provides an overview of alcohol consumption in Myanmar, its health effects, the current policy response and key opportunities for action. The snapshot was developed to accelerate progress in the implementation of the five high-impact [SAFER](#) interventions (1), in the context of the [Global Alcohol Action Plan](#) (2).

As part of the SAFER initiative, country teams, identified opportunities to advance action on alcohol policies and interventions. This work has cross-disciplinary applications for ministries and agencies with a mandate to work on alcohol, such as ministries of health, home affairs, planning and finance, trade, justice and transport.

► Opportunities for action



Formulate a national comprehensive alcohol policy and control plan through multisectoral collaboration



Advance and enforce drink-driving countermeasures



Facilitate access to screening, brief intervention and treatment



Country context

Myanmar has consistently focused on addressing noncommunicable diseases in the context of the broader health policy agenda (3). In 2021, it was estimated that noncommunicable diseases accounted for approximately 62% of deaths (4). The country experienced strong economic growth and poverty reduction from 2011 to 2019; however, the COVID-19 pandemic and country situations

have reversed some of these gains. In 2025, the powerful earthquake caused extensive losses in lives and livelihoods, infrastructure damage, and supply chain disruptions. The impacts have been compounded by conflict, high inflation, power outages, and trade and foreign exchange restrictions. Poverty remains high, with declining job quality, falling real wages, and increasing learning losses (5).

► Alcohol consumption trends

- In 2022, alcohol per capita consumption was 1.9 litres per year of pure alcohol (15+ years), compared to 3.6 l/yr regionally and 5.0 l/yr globally (6).
- In 2020, 38.2 % of adults 15+ years consumed alcohol¹, 49.1% of males compared to 27.6% of females (6).
- In 2020, 13.3% of people 15+ years engaged in heavy episodic drinking², 19.4% of males compared to 7.2 % of females (6).
- In 2020, 48.8 % of people 15+ years were lifetime abstainers, 37.7% of males compared to 59.5% of females (6).

► Culture and tradition

- Traditionally, much of the country's population has abstained or consumed minimal alcohol (7).
- This trend is slowly changing, as alcohol consumption has gradually increased since 2000 (7). In 2016, school adolescents aged 12 to 15 years increased consumption of alcohol from 0.9% in 2007 to 3.6% (8).
- The growing internet and social media use among local residents, especially young people, may be leading to increased consumption as they often share their experiences on social media platforms (7).
- An increasing number of bars in city centres and suburbs support this general social media trend (7).
- Smoking and betel chewing have been identified as significant risk factors of alcohol consumption. A study conducted to determine the prevalence and risk factors of alcohol consumption among adult males residing in urban area of Thanlyin Township, Yangon Region, found that ever smokers and ever betel chewers are about 4 times more likely to be ever alcohol user compared to their counterparts even if age and education level were adjusted (9).

► Unrecorded alcohol

- In 2020, unrecorded per capita consumption was 0.2 litres per year (15+ years, pure alcohol) (6).
- Anecdotally, illicit alcohol has been identified as an area of concern (unpublished communication, [May 2024]), mainly when products contain methanol, which has the potential to cause harm (10).

¹ 'Consumed alcohol' in this context refers to having drunk alcohol in the last 12 months.

² Heavy episodic drinking refers to consuming 6 or more drinks on any occasion in the past 30 days.

Health consequences of alcohol consumption

► Mortality and morbidity related to alcohol



Alcohol use disorders

among males (15+ years) is **3.2%**
12 month prevalence (2016) (6).

among females (15+ years) is **0.6%**
12 month prevalence (2016) (6).



Liver cirrhosis due to alcohol use death rates

among males is **8.6 per 100 000** population
(2021)¹ (11).

among females is **0.9 per 100 000** population
(2021)¹ (11).

► Road traffic accidents



From July 2019 and June 2020, **1024 out of 7210 (14.2%)** cases of severe injuries due to **road traffic accidents** were associated with alcohol use before the accident^{2,3}.

► Young people



In 2018, alcohol consumption was **20.3%** among young people aged **15–24 years** (12).

Alcohol is a psychoactive substance with dependence-producing properties. The consumption of alcohol and problems related to alcohol vary widely around the world, but the burden of alcohol-related disease and death remains significant in most countries (13).



¹ Age-standardized death rates per 100 000, estimates for the year 2021.

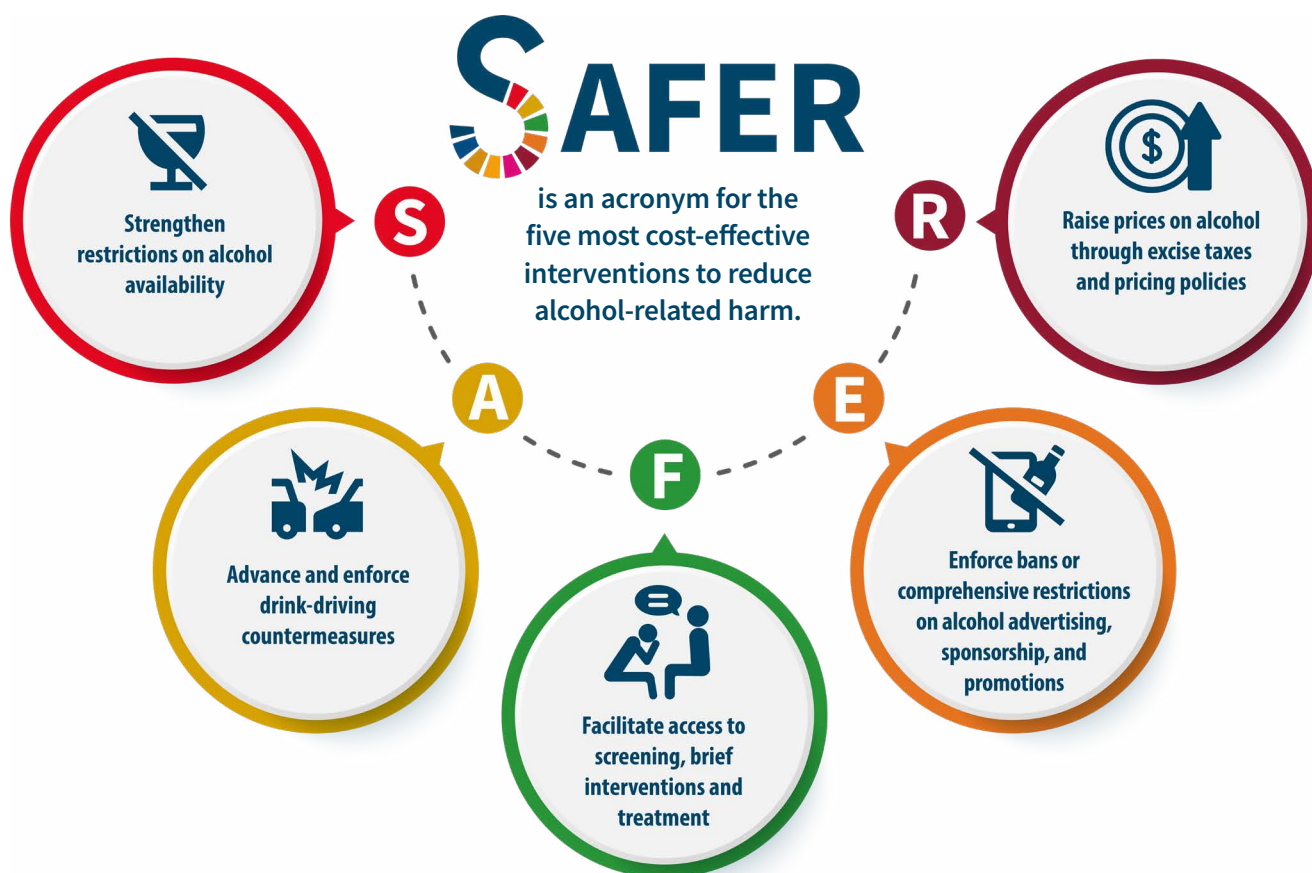
² Types of severely injured cases included pedestrians, drivers and passengers, with the proportion of drink-driving being the highest among drivers (unpublished information, [National Injury Surveillance Report, Ministry of Health, Myanmar]).

³ Estimates in this document should not be regarded as the nationally endorsed statistics of Member States which may have been derived using alternative methodologies. Published national statistics, if presented, are cited and included in the reference list.

Alcohol consumption can result in significant harm to individuals, their families and societies. Alcohol (ethanol) is a psychoactive and toxic substance that impacts multiple biological systems. The consumption of alcohol is a causal factor in more than 200 disease and injury conditions (14). Worldwide, 2.6 million deaths result from alcohol consumption yearly (13). A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including road traffic crashes, violence and suicide, particularly among young people (14). Alcohol consumption presents a significant challenge for countries

mainly due to its economic burden on the health system, criminal justice system and labour productivity.

Cultural, social and religious norms influence alcohol consumption, as well as its normalization (acceptability), ease of purchase (availability) and price (affordability). Addressing this multidimensional causality requires a portfolio of high-impact interventions. **SAFER** is a technical package that comprises five population-based interventions to reduce alcohol-related harm, allowing countries to reduce alcohol consumption and related health, social and economic consequences (1).



Policy mapping in the context of SAFER interventions¹

Strengthen restrictions on alcohol availability

- Restrictions for on/ off-premises sales of alcoholic beverages are present for hours, places, density, specific events, and intoxicated persons (15).
- Liquor shops with a license are mostly open from sunrise to 21:00. Convenience stores are generally open for 24 hours, some stop serving alcohol after 22:00, while on-trade outlets stop at 03:00 (15).
- In 2020, Myanmar reduced restrictions on the importation of spirits and liquor to improve the safety and quality of alcohol products in the country, reduce contraband alcohol and ensure better tax transparency and collections (16).

Advance and enforce drink-driving countermeasures

- The blood alcohol concentration limit for the general population, young people and commercial drivers is 0.08 g/dl (17).
- In 2020, the National Motor Vehicle Law (2015) was revised regarding drink-driving penalties (detention, fines, and license suspension) for first-time offences and repeated offences (18, 19).
- Police officers are equipped with alcohol breathalysers, and awareness-raising, drinking-driving media campaigns have been undertaken (unpublished communication, [May 2024]).

Facilitate access to screening, brief interventions and treatment

- In 2010, a community-based mental health care manual was developed, which included management for alcohol use and alcohol use disorders. Training sessions, based on the manual were conducted regionally (unpublished information, [May 2024]).
- In 2013, an Alcohol De-Addiction and Research unit was established in a Yangon Mental Health Hospital to care for individuals with alcohol related disorders and undertake alcohol related research (unpublished information, [May 2024]).

Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotions

- Alcohol advertising is banned in all traditional media and partially restricted for the internet, social media, and point of sale (17).
- The owners of pubs/bars, producers, and retailers are banned from promoting the sale of alcohol (17). However, promotional campaigns such as lucky draw programs are popular (unpublished information, [May 2024]).
- Alcohol sponsorship is banned in sports and youth events (17).
- Continuous and effective monitoring is needed to ensure compliance with alcohol advertising and other restrictions (unpublished communication, [April 2024]).

Raise prices on alcohol through excise taxes and pricing policies

- Alcohol tax is administered on a price tier system. The 2025 Union Tax Law (Law No. 6/2025 or 2025 UTL) increased the Specific Goods Tax (SGT) rates for liquor. The lowest tier applies to liquor priced between MMK 400 and MMK 2,200 per litre, with a tax rate of MMK 261 per litre. The highest tier, covering liquor priced at MMK 28,601 per litre and above, is taxed at 60% of the product's value per litre (20). On 31 March 2025, the State Administration Council enacted the UTL 2025, which clarifies the tax rates and procedures for taxes, including specific goods tax. The law, effective from 1 April 2025 has introduced changes to the tax rates for specific goods, including liquor and wine (21).
- Alcohol taxes are not earmarked for health promotion activities, including alcohol control (17).

¹ Policy mapping was conducted as part of a landscape assessment report for the SAFER inter-country learning initiative.

Opportunities for Action

As part of the SAFER inter-country learning initiative, country teams, supported by WHO, identified opportunities to

advance action on policies and interventions. The following are key areas that could be explored for future action.

Priority Areas



National policy and governance

- Formulating a national comprehensive alcohol control policy and alcohol control action plan that is guided by a technical working group and national alcohol control committee.
- Ensuring strong collaboration among all the concerned stakeholders, including inter-ministerial coordination to address alcohol-related harm.

Facilitate access to screening, brief interventions and treatment

- Promoting health literacy and awareness among youth networks, including schools under the Health Promotion School Initiative, through campaigns at universities, and via national and WHO social media channels.
- Promoting health education at primary health care centres to prevent harm from alcohol use, detect alcohol dependence early, and highlight treatment options.
- Providing training for primary health care staff to address alcohol-related health issues.
- Integrating alcohol use treatment seamlessly into primary health care services, providing a comprehensive approach to health care.

Advance and enforce drink-driving countermeasures

- Reducing blood alcohol concentration levels to 0.05g/dl or lower as per global recommendations.
- Focusing on deterrent and detection measures and increased penalties for offences.
- Implementing sobriety checkpoints and a graduated licensing system.
- Encouraging research on the dangers of drink driving road accidents.

Other identified areas for action



Strengthen restrictions on alcohol availability

- Increasing the minimum age for sales of alcohol to 21 instead of 18 years of age.

Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotions

- Enhancing regulation and enforcement mechanisms to restrict or ban alcohol marketing, including in digital media.
- Monitoring restrictions on alcohol advertising, sponsorship and promotions.
- Raising community awareness about alcohol digital marketing and social media influence.

National resource policies/regional resources

- Ministry of Health, The Republic of the Union of Myanmar- National Mental Health Policy and Strategic Plan for Mental Health (2021–2025) (3).
- Ministry of Health - National Strategic Plan for the Prevention and Control of NCD's (2023–2027) (22).
- Alcohol Policy in the WHO South-East Asia Region: A Report (2017) (23).
- Making South-East Asia SAFER from alcohol-related harm: Current status and way forward (2019) (17).

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