

WHO/HSC/SAB/99.9  
English Only  
Distribution: General

# **Alcohol and Public Health in 8 Developing Countries**

**Editors: Leanne Riley and Mac Marshall**



**Substance Abuse Department  
Social Change and Mental Health  
World Health Organization  
Geneva, 1999**

## **ABSTRACT**

This book profiles the current situations concerning alcoholic beverages in eight developing countries: Brazil, India, Malaysia, Mexico, Nigeria, Papua New Guinea, South Africa and Zimbabwe. Each chapter author presents a brief historical sketch of alcohol in that country, describes the types of alcoholic beverages consumed, gives information on alcohol production, availability and marketing, discusses patterns of use, and then focuses on the particular alcohol-related problems that exist, along with whatever responses have been mounted to counteract them.

The contributors to the present book note the difficulties posed for public health planning by a relative lack of good scientific data about drinking that can be drawn upon for policy purposes, and they all urge that developing societies improve their record keeping and research capacity in this area. This becomes more urgent in the face of a number of consistent findings in the eight countries described here: (1) increases in consumption, with a concomitant growth in the number and variety of alcohol-related problems; (2) the recent and rapid development of new drinking populations (especially urban women and youth); (3) the increased power and influence of transnational corporations engaged in the manufacture and marketing of alcoholic beverages; (4) differential impacts on and disagreements among women and men over alcohol; (5) the continued presence of unlicensed, illegal production and its attendant problems of quality control and adulteration with harmful additives; and (6) marked increases in alcohol availability, especially via the number of retail outlets.

This book is one outcome of the Alcohol Policy in Developing Societies (APDS) project undertaken since 1996 by an international team of scholars in collaboration with the Substance Abuse Department of WHO.

**© World Health Organization 1999**

This document is not a formal publication of the World Health Organization (WHO), and all rights are reserved by the Organization. This document may, however, be freely reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale or for use in conjunction with commercial purposes.

All authors worked in their personal capacity and do not necessarily represent the institutions where they work, their countries of origin or where they live or work. The views expressed by named authors are solely the responsibility of those authors and do not represent the views or opinions of the World Health Organization.

## FOREWORD

*Dr Mary Jansen, Director, Substance Abuse Department, Social Change and Mental Health Cluster, World Health Organization, Geneva, Switzerland*

WHO has recognized the impact of alcohol on the health of the world's population for many years. WHA resolution 32.40, 1983, affirmed this by stating that "Problems related to alcohol consumption rank among the world's major public health problems and constitute serious hazards for human health, welfare and life." It has been estimated that alcohol's impact on global health is greater than that of tobacco or measles. In response to this reality, in 1992, all European Member States endorsed the European Alcohol Action Plan prepared by the WHO Regional Office for Europe. Two years later, the book *Alcohol Policy and the Public Good* (Edwards et al., 1994) was published, thoroughly reviewing the scientific evidence base for alcohol policies.

Most of the evidence available on the impact of alcohol use comes from research undertaken in developed countries. Much less is known from developing countries, where the majority of the world's population resides. Many countries have not collected epidemiological data that can show the impact of alcohol on individuals and communities at large, and this may have contributed to the low priority given to alcohol policy and a concerted national response.

In 1996, the WHO Substance Abuse Department began a project aimed at examining and summarizing the scientific base for and experience with alcohol policies in developing society contexts, in order to provide a clearer picture of the need for and the challenges involved in implementing effective public health policies about alcohol that are relevant to developing societies.

In depth case studies from Brazil, India, Malaysia, Mexico, Nigeria, Papua New Guinea, South Africa and Zimbabwe were prepared as part of that project and have been compiled in this book. The experiences reported provide a vivid account of alcohol problems and how complex the process of policy making and implementation may be in these societies. Looking at the quality and amount of work done by all the authors, I trust this book will have relevance to researchers and policy-makers in many other developing countries.

I am very grateful to all those who have contributed to this book for their commitment and top quality work. The WHO Substance Abuse Department aims at placing alcohol high on the global health agenda. The contributions of the scientists involved in *Alcohol Policies and Public Health in 8 Developing Countries* are indeed a critical part of the knowledge base for action. The understanding of the vast array of realities, cultures and settings where alcohol is having a negative impact will help in the formulation of effective global policies.



## CONTENTS

	Page
Preface .....	1
1. Introduction .....	5
2. Country Profile on Alcohol in Brazil .....	13
3. Country Profile on Alcohol in India .....	37
4. Country Profile on Alcohol in Malaysia .....	61
5. Country Profile on Alcohol in Mexico .....	75
6. Country Profile on Alcohol in Nigeria .....	95
7. Country Profile on Alcohol in Papua New Guinea .....	115
8. Country Profile on Alcohol in South Africa .....	135
9. Country Profile on Alcohol in Zimbabwe .....	157
10. Details on the Authors.....	177



## **PREFACE**

*Dr Robin Room, Research Professor, Centre for Social Research on Alcohol and Drugs, Stockholm University, Stockholm, Sweden*

The present book is an early fruit of the WHO project on Alcohol Policy in Developing Societies (APDS), a collaborative project of an international team of researchers to draw together the evidence for developing societies on patterns of drinking, on alcohol-related problems, and on preventive policy measures. Each of the case studies in the present volume is authored or co-authored by a member of the project's international team.

Besides the present book, the APDS project will have several other products. These will include, of course, a co-authored volume reporting the main results of the project. A separate volume is also in preparation of analyses of drinking patterns and problems in general populations in developing societies, in which authors from a number of countries reanalyze the alcohol data in their existing data sets. Along with some journal articles by project participants, a bibliography with selected annotations has already been published (Ialomiteanu, 1998).

### **1. ALCOHOL AND THE BURDEN OF DISEASE**

The recent World Health Organization estimation of the Global Burden of Disease (GBD) projects in stark terms the heavy toll of death and disability attributable to drinking. On a global basis, 3.5% of the total loss of disability-adjusted life-years is attributed to alcohol (Murray & Lopez, 1996). While the loss is proportionately greatest in developed societies, the estimated loss is also especially high in the Latin America and Caribbean region (9.7%) and in the eastern European and north Asian countries in transition (8.3%). No region of the world escapes some burden from alcohol-related death and disability. The high proportional loss in developed countries points to a potential for problems to grow, if not counteracted, in the course of development.

The burden from alcohol falls not only on the drinker, but also on those around him or her, in terms of adverse effects on health and social life. Deaths and disabilities due to drinking often occur to those in young adulthood. Such events are often seen and experienced as particularly tragic. They also represent a lost social investment for the society, when a person is removed from the active labour force when their potential future contribution is at a maximum. In such ways, drinking can silently subtract more from the potential development of a society than any net contribution from employment and taxes related to alcohol sales. Alcohol's role in social development is thus at best equivocal.

### **2. DIVERSITY AND CHANGE IN THE CULTURAL POSITION OF ALCOHOL**

The case studies in the present volume illustrate the enormous diversity of developing societies, and the wide range in the cultural position of drinking in different societies. The volume's editors remark both on similarities and on

disparities in the histories of the societies and in the role of drinking in them. Any outside observer would be wise to keep in mind that in most of the societies, the history of the society's engagement with drinking is long. As is often noted, this means that aspects of drinking practices are often deeply culturally embedded. What is less remarked is that often drinking practices have changed considerably within the span of the recorded history, and that they continue to change today. A majority of the population in most developing countries lives in conditions substantially different from those of their great-grandparents, and changes in drinking patterns and customs have often accompanied these general social changes.

Even less noted is the fact that the history of social and cultural responses to drinking problems is also commensurately lengthy in developing societies. In many places, there is a rich archaeology of legislative and regulatory measures to limit damage from drinking. At the level of customs and of conventional responses by others to the drinker, societies and communities also often have a wealth of experience upon which to draw. These societal experiences of formal and informal responses to problems from drinking carry implications for present-day debates and sentiment on alcohol policies.

### 3. COMPETING GLOBAL INFLUENCES

Along with the enormous range of local variation, the global picture shows some common elements. With some nuances and variations, societies everywhere tend to find themselves facing two competing global forces with respect to drinking and alcohol problems. At the core of one force are commercial interests, both global and local, in maintaining and indeed increasing the consumption of alcohol. These interests often act in similar ways in very different societies, promoting the expansion of drinking into new social contexts and situations. Understandably, their central perspective on drinking and its place in the society is that of the market, and for them the dominant image of a developing society is as an emerging market. A major advantage for commercial interests is that, as a cost of doing business, they can afford to support advocates and propagandists, at global as well as local levels.

A second advantage for market interests, on balance in the current world, is that drinking, and often the drinking of particular alcoholic beverages, has become a symbol and vehicle of cosmopolitanism. Through the wide reach of the global mass media, North American and western European lifestyles are presented glamorously and attractively nearly everywhere, often with an unrealistic presentation of amounts and styles of drinking. In this context, there are few cheaper ways in many societies to advertise one's cosmopolitan identification than by ordering a western European brand of bottled beer.

The cosmopolitan identification of global brands of alcohol can be equivocal. There

预览已结束，完整报告链接和二维码如下：

[https://www.yunbaogao.cn/report/index/report?reportId=5\\_30521](https://www.yunbaogao.cn/report/index/report?reportId=5_30521)

