

REDUCING

HARM FROM ALCOHOL USE: GOOD PRACTICES



**World Health
Organization**

Regional Office for South-East Asia

Mental Health and Substance Abuse Unit

Department of Sustainable Development and Healthy Environments

Contributing Authors

BHUTAN

MR TANDIN CHOGYEL

Program Officer for Mental Health
Department of Public Health
Ministry of Health
Thimphu

MR TSHERING DORJI

District Health Officer
Mongar District

MR KARMA WANGCHUK

District Health Officer
Lhuentse District

INDIA

DR VIVEK BENEGAL

Professor of Mental Health
National Institute of Mental Health and Neuro Sciences
Bangalore

MS. ANITA CHOPRA

Scientist,
National Drug Dependence Treatment Centre
All India Institute of Medical Sciences
New Delhi

DR G. GURURAJ

Professor & Head
Department of Epidemiology
National Institute of Mental Health and Neuro Sciences
Bangalore

DR RAKESH LAL

Professor and Officer-in-Charge
National Drug Dependence Treatment Centre
All India Institute of Medical Sciences
New Delhi

DR GIRISH N RAO

Associate Professor
Department of Epidemiology
National Institute of Mental Health and Neuro Sciences
Bangalore

DR RAJAT RAY

Professor and Chief National Drug Dependence
Treatment Centre and
Head, WHO Collaborating Centre
All India Institute of Medical Sciences
New Delhi

SRI LANKA

DR SAJEEVA RANAWEERA

Epidemiologist and Director
Public Service Delivery and Social Welfare Evaluation
Presidential Secretariat
Colombo

MR PUBUDU SUMANASEKARA

Alcohol and Drug Information Centre
Colombo

THAILAND

DR CHITLADA AREESANTICHAI

Lecturer and Researcher
College of Public Health Sciences
Chulalongkorn University
Bangkok

DR USANEYA PERNGPARN

Drug Dependence Research Center
College of Public Health Sciences
Chulalongkorn University
Bangkok

DR THAKSAPHON THAMARANGSI

Center for Alcohol Studies
International Health Policy Programme
Ministry of Public Health
Bangkok

MS ORRATAI WALEEWONG

Specialist in Alcohol Policy
International Health Policy Programme
Ministry of Public Health
Bangkok

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PREFACE

Documented evidence suggests that fermented beverages existed at least as early as 10 000 BC. Ancient references to alcoholic beverages can be found in literature from China, Egypt, Greece, India, Iran, Italy, pre-Colombian America and sub-Saharan Africa. Use of alcohol has a place in the rituals of many cultures around the world, including in some South-East Asian communities. Throughout history, alcohol has been regulated through social control whereby its use is permitted, and abuse discouraged. But today, things have evolved.

South-East Asian societies are experiencing changing stages of growth and development due to macro- and micro-level influences.

The impact of globalization, industrialization, migration and the media on the lives of people is palpable. The shift from agrarian to modern societies has led to psychological, cultural and social change. People are embracing new lifestyles, cultures and practices, leading to emerging problems such as the increased use and abuse of alcohol.

Traditionally, alcohol use has been considered a matter of personal choice, and harm from alcohol use seen as an issue to be addressed by the individual and the family. In recent years, awareness about harm from alcohol use has increased, not only with regard to the user but also harm to the family, the community and the entire nation.

Alcohol use results in approximately 2.5 million deaths each year, which is greater than the global number of deaths caused by HIV/AIDS, tuberculosis or violence. Approximately 4.5% of the global burden of disease and injury – more than 60 major types – is attributable to alcohol use. Alcohol consumption is the world's third largest risk factor for disease and disability. In addition, it is also associated with many serious social issues, including gender-based violence, child neglect and abuse, and absenteeism at the workplace.

Harm from alcohol use has been clearly detailed in the “Alcohol Control Series” developed by experts from the South-East Asia Region of the World Health Organization.



In trying to reduce this harm, we are confronting a formidable enemy. There are an estimated 600 factories, 1582 distributors and thousands of retail outlets involved in alcohol production and retailing in the Region. Over four million people are involved in this industry.

We now realize that only a coordinated, multisectoral approach can address the complex issues of prevention of harm from alcohol use, and governments are increasingly taking measures to protect their citizens from the dangers of alcohol abuse.

The Sixty-third World Health Assembly in May 2010 endorsed the Global Strategy to Reduce the Harmful Use of Alcohol. This strategy, based on evidence and best

practices, provides policy options taking into account diverse national, religious and cultural contexts. To be locally relevant, the strategy also considers the differences in Member States' resources, capacities and capabilities. Similarly, at its Fifty-ninth session in 2009, the Regional Committee for South-East Asia requested the Regional Director to support Member States in building and strengthening institutional capacity to develop information systems, policies, action plans and programmes on the prevention of harm from alcohol use.

In response to these high-level resolutions, experts in the South-East Asia Region have carried out significant studies to show governments and communities that, with

their participation, harm from alcohol use can be minimized. The impact evaluation of the community-based programmes in Bhutan, Sri Lanka and Thailand has shown very positive results. Other Member States may wish to analyse these pilot studies with a view to adapting them in their own countries.

I am confident that experts and governments working to promote the welfare of their communities by reducing harm from alcohol consumption will find this document useful.

A handwritten signature in black ink, reading "Samlee Plianbangchang". The signature is fluid and cursive.

DR SAMLEE PLIANBANGCHANG
Regional Director

EXECUTIVE SUMMARY

Communities around the world have been consuming alcohol for centuries.

Although alcohol use is acceptable in society, its abuse is strictly controlled by societal norms. More recently, alcohol use has shifted from its original ritualistic and symbolic purposes to recreational and excessive use in many parts of the world. Widespread alcohol use, leading to harm not only to the user but also to the family, the community and the entire nation is now recognized as a public health problem in many countries.

Globally, alcohol use results in approximately 2.5 million deaths each year. This figure is greater than the number of deaths caused by HIV/AIDS, tuberculosis or violence. Alcohol is a causal factor in more than 60 major types

of diseases and injuries and a component cause in 200 others. Indeed, alcohol use represents approximately 4.5% of the global burden of disease and is the world's third largest risk factor for disease and disability. It is also associated with many serious social issues, including gender-based violence, child neglect and abuse, absenteeism at the work place and economic loss.

The formal alcohol industry, which has emerged during the last few decades, strives to increase alcohol consumption through many means, and uses vast resources to do so. It is estimated that in the South-East Asia Region of the World Health Organization, over 600 factories, 1582 distributors, thousands of retail outlets and over 4 million people are involved

in alcohol production, retail and other elements of the industry.

The community and policy-makers in the Region should be made aware of issues related to alcohol consumption such as increasing use by women and the youth, the earlier age of initiation, availability of illicit alcohol, and the targeting of markets in developing countries by multinational manufactures.

The global community has realized the harm from alcohol use and is taking measures to reduce it. In May 2010, the World Health Assembly, representing all 193 WHO Member States, approved resolution WHA63.13 endorsing the Global Strategy to Reduce the Harmful Use of Alcohol,

which includes evidence-based measures to address use and consequent harm. Similarly, at its Fifty-ninth session in 2009, the Regional Committee for South-East Asia requested the Regional Director to support Member States in building and strengthening institutional capacity to develop information systems, policies, action plans and programmes on prevention of harm from alcohol use.

The experience of selected SEAR Member States in reducing harm from alcohol use through policy development and community action is documented in this book. In particular, the impact evaluation of community-based programmes in Bhutan, Sri Lanka and Thailand has shown very positive results.

1. INTRODUCTION

1.1

Historical note

THE ARCHAEOLOGICAL DISCOVERY of late Stone Age jugs has established the fact that fermented beverages existed at least as early as 10 000 BC. Ancient references to alcoholic beverages can be found in literature from China, Egypt, Greece, India, Iran, Italy, pre Colombian America and sub-Saharan Africa. The Babylonians as early as in 2700 BC worshipped a wine goddess and other wine deities. Use of alcohol has a place in the rituals of many cultures around the world. The Indian ayurvedic text describes the pleasurable and beneficial effects of alcohol if consumed in moderation but a poison if consumed in excess. Throughout history, alcohol use was regulated through social control whereby its use was permitted, but abuse discouraged.

South-East Asian societies are in transition through stages of growth and development due to macro- and micro-level influences. The impact of globalization, industrialization, migration and the media on the lives of people is palpable. The shift from agrarian to modern societies has affected them psychologically, culturally and socially. It has influenced every sphere of their lives. People are embracing new lifestyles, cultures and practices, which has given rise to new problems such as the increasing use and abuse of alcohol. Governments are now taking measures to protect their citizens from these changing global influences.

1.2

The alcohol industry

HISTORICALLY FOOD GRAINS were converted into alcoholic beverages in small quantities for personal use in homes in some countries in the WHO South-East Asia (SEA) Region. However, the advent of commercial distillation in the mid 19th

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