

# Impact of alcohol consumption on Asia

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## I. Introduction

Many of our countries in Asia have not given alcohol the serious attention accorded to other addictive drugs such as narcotics and nicotine. Since the alcohol problem is not given the due urgency it warrants comprehensive information on alcohol consumption and its net effects on society are lacking in most developing and low-income countries.

The reality about alcohol consumption is that the developed countries are drinking less and, in contrast, consumption in developing countries is increasing. It is falling most rapidly in the European Region and rising most rapidly in the Western Pacific Region. It is also rising in the South East Asian Region **(1)**. Alcohol transnationals are merging and fewer of them are now supplying the bulk of the world's demands. The future's market is in the developing world, particularly Asia.

Alcohol use causes 3.5 per cent of all global death and disability in the world **(2)**. This puts alcohol on the same level with measles, tuberculosis, and malaria and indicates that it is more than five times as significant as illegal drugs in terms of its impact on global health **(3)**. The burden of alcohol use falls heaviest on developing countries. This presentation will give an overview of the impact of alcohol consumption on developing countries in Asia.

## II. Overview

Most countries in Asia do not have a national policy to reduce alcohol consumption. However, in countries with a predominantly Muslim population such as Bangladesh the production, sale, and consumption of alcoholic beverages is prohibited by law. India's constitution declares, "the State shall endeavour to bring about prohibition of the consumption of intoxicating drinks." Even then, since independence in 1947 successive governments have followed different policies on alcohol and currently the central government is encouraging deregulation of alcohol production and liberal imports of alcoholic beverages. The Thai government recently decided to legalise home made spirit.

In 1998 Sri Lanka attempted to formulate a National Alcohol Policy, but it has not yet been implemented or made public. Several countries - India, Malaysia, Vietnam and Sri Lanka - have implemented piecemeal legislation such as a ban on advertising on TV and radio, but the alcohol companies still have the freedom to promote their brands in the other media and carry out sponsorship activities.

## III. Alcohol consumption

In India, Sri Lanka, Thailand, and Malaysia drinking patterns illustrate how the per capita consumption figures of a country do not necessarily give the true picture of consumption patterns of Asian countries. Parallel with the international and more expensive alcoholic beverages, there exist the local, cheap, potent brews, both legal and illicit, which are not computed into the national statistics.

In Indonesia the national consumption is only 2.7 per cent, however Balinese showed a high prevalence of 40 per cent of locally produced palm wine. In Nepal while the per capita consumption is 2.5 litres, there is a substantial amount of home production and there is no data on consumption of smuggled or home or informally produced alcohol. Alcohol is considered an integral part of most social occasions among many ethnic groups.

In Sri Lanka a community survey of seven districts found 20 – 32 per cent current drinkers. In the rural area those who drink do so heavily. A survey in eight villages showed 71 per cent of respondents drinking daily. Use is higher among poor families. 93 per cent of respondents used locally produced alcohol, which is not reflected in the per capita consumption.

#### **IV. Expanding markets in Asia**

The American and European markets are saturated hence alcohol transnationals are looking towards Asia and other developing countries both to expand their sales and to set up production facilities. Asia has a young population and a growing economy. Carlsberg AS of Denmark with the recent merger has become one of the biggest brewers in the world. It is the biggest in Asia, outside Japan. Carlsberg has breweries in Malaysia, Indonesia, Thailand, Vietnam, Nepal, Hong Kong, and China. In Asia, Carlsberg's biggest market is Thailand.

In Thailand for several decades the Boon Rawd Brewery and its Singha label have controlled 95 per cent of the beer market. In the 1990s companies such as Carlsberg, Heineken, Miller, and Anheuser-Busch Breweries entered the market and now command a significant part of the market. Carlsberg, which entered in 1992 sells about 20 per cent of Thailand's beer, has two breweries that are a joint venture with the Danish Industrialisation Fund for Developing Countries and other Thai interests.

Heineken has the greatest presence in the developing countries. It is sold in 150 countries and brewed in 50 including Malaysia, Indonesia, Vietnam, Thailand and Papua New Guinea. About one quarter of its sales comes from the Asia Pacific and African regions, which were its most rapidly growing markets. In Indonesia Heineken Brewery owns 77 per cent of the Multi Bintang Brewery in East Java, which produces and markets Bintang, Tiger and Guinness beer.

Both beer and spirits consumption in India have been rising, possibly due to liberalisation of the Indian market. Several foreign companies have taken notice of India's increasing economic liberalisation and have entered into joint ventures with Indian companies. Anhaeuser-Busch entered the market through a joint venture with Bombay based Shaw Wallace and Co Ltd., India's third largest brewer.

Guinness entered through a joint venture with United Breweries India.

Privatisation and opening up the market to foreign companies dramatically changes the advertising and marketing of alcohol. The Beer Park outside the World Trade Centre in Bangkok is testimony to how foreign alcoholic beverage is promoted in Asia. In Sri Lanka the State owned Distilleries Corporation had not actively promoted its products. However, since the post-privatisation period alcohol products are widely promoted by local producers and importers.

#### **V. Alcohol marketing targets the poor**

The alcohol transnationals are now targeting developing countries in Asia, which present a huge potential market.

In Asia both adults and children cannot escape from the big commercial labels such as Guinness, Carlsberg, Heineken, and Anchor beer adverts. In coffee shops in Malaysia, beer and stout are sold and consumed without a licence. In supermarkets, beer and stout cans are lined up beside soft drinks equating the two products. This situation is reflected in many other parts of Asia.

Transnational alcohol companies use unethical advertising and marketing tactics to get customers particularly among the lower economic sector of society. Alcoholic drinks are advertised as products which will bring sexual prowess, success, and power. Many of us will be familiar with the 'Guinness Stout is good for you' campaign of the 1980s which was successful in capturing the poorer working class because it promised to 'put back what the day takes out.' Carlsberg's 'Long Cool Dane' campaign primarily targeted Asians.

Some adverts blatantly make misleading claims about health such as DOM Benedictine which is promoted as a health restorative tonic providing resistance to colds and indigestion for mothers who have just given birth, and Guinness Stout which suggests it is good for male fertility and virility.

Just like the tobacco companies, alcohol companies too have to buy good will from the public and hence engage in sponsorship and philanthropic activities. These sponsorship activities effectively circumvent bans on direct advertising in the mass media. Hence companies such as Guinness and Carlsberg sponsor cultural, musical, and sporting events. They also offer scholarships to poor students, buy computers for rural schools, and sponsor major local and international sporting events. The Oktoberfest, a German concept, is conducted in Malaysia, the Philippines, and Thailand.

## **VI. Alcohol consumption creates poverty**

Information presented to us indicates that our poor and our rural communities are more seriously affected. Alcohol consumption exacerbates poverty.

In Sri Lanka and Malaysia alcohol consumption is higher among poor families. In the rural areas in both countries, those who drink do so heavily, mainly locally produced alcohol. Poor households tend to spend a greater percentage of their income on alcohol. A study on the urban poor in Sri Lanka showed families that consumed alcohol spend more than 30 per cent of their total expenditure on alcohol. Another survey conducted in six Sri Lankan districts found that between 30 and 50 per cent of the income of low-income families was spent on alcohol and tobacco. Another 1997 survey found that the total expenditure on tobacco and alcohol exceeded the amount of government assistance given to the community under the government's poverty alleviation programme.

In India household expenditure on alcohol varies between 3–45 per cent of their income. Alcohol misuse is one of the main killers of young men in India today. But its real impact is on the social and family dynamics that underlie its communities. Domestic violence and an exacerbation of poverty have made alcohol misuse the single most important problem for women in India.

In Thailand, household expenditure on alcohol has increased from 1.2 to 2.5 per cent. Though the figure is small at the moment, it is on an upward trend.

In Malaysia, the biggest victims of alcohol are the poor, particularly the rural Indian labourers who work in rubber and oil palm estates. Here alcohol is a major factor in exacerbating poverty. They drink samsu, (a locally distilled potent spirit) and toddy. Of the 200,000 drinkers, 75 per cent are samsu drinkers. A regular drinker can down six bottles a day, which works out to RM9.00 or about three-quarters of his daily pay. In a month he can spend about RM300 on samsu which is about how much he earns.

The samsu menace ruins families and contributes to the breakdown of the basic social fabric of society. Often it is the women who bear the brunt of this problem – wife battery, discord in the home, abused and deprived children, non-working or chronically ill husbands who become a burden to both the family and society. Besides loss in family income, the burden on the family is worsened when the drinker falls ill, cannot work and needs medical treatment. This pattern of locally brewed alcohol gripping the lives of poor people is evident in other developing countries around Asia.

## **VII. Children and alcohol**

In Western Europe there is a trend where more teenagers are turning to alcohol at a younger and younger age. This trend is also creeping into Asia. In Thailand, Malaysia, and the Philippines more teenagers are starting to drink alcoholic beverages at an earlier age. In the Philippines 15-16 year olds are drinking and the age is dropping to 12 years. In Thailand 50 per cent of children start drinking before the age of 15 years. 45 per cent of Malaysian youth under 18 consume alcohol regularly. Of all the legal and illegal drugs, alcohol is by far the most widely used by teenagers, and according to a national survey many are regularly drinking to excess.

In 1997 Alcopops, or alcoholic lemonades and sodas with 4-5 per cent alcohol hit Malaysia and targeted the youths. They went by brand names such as Hooch, Stinger, DNA and Two Dogs and the bottles were colourful with cartoon characters which clearly indicated they were designed to appeal to youth. They were initially sold in nightspots and soon made their way to supermarkets and sold along with soft drinks. In the UK alcopops have been in the centre of controversies and studies show that they contribute to an increase in underage drinking.

## **VIII. Loss for the nation**

Drinking costs a nation billions of dollars. While the hidden cost has not been calculated for many of our countries, the burden on any nation is bound to be substantial when the cost of medical care, lost productivity through absenteeism, accidents at work, loss of job skills, salaries for police and social workers, court costs, damage to property and cars, insurance payments, etc. are added together.

Some figures:

- Malaysia - 38 per cent of those who died in road accidents; 30 per cent of hospital admissions for head injuries, 25 per cent below average in work performance of alcoholics ; 10 per cent reported having health problems; Alcoholics are 16 times more likely to be absent from their jobs
- Thailand – 62 per cent of traffic accident victims;

- India – 300 die from methanol poisoning; 3000 suffer long term disabilities such as blindness; 10 per cent of male suicides;
- Sri Lanka – the number of liver cirrhosis patients is increasing, among oral cancer patients 68 per cent were alcohol users; driving under influence of alcohol is 20 per 100,000
- Myanmar (Burma) – 11 per cent of psychiatric inpatients received primary diagnosis of alcohol dependence.

## **IX. Burden is greater on poorer countries**

Effects of alcohol are more devastating on developing countries. There are 1.3 billion people in developing countries living on less than US\$1 a day. In these countries, which are already faced with other more urgent basic needs problems, such as malnutrition, infectious diseases, and drought, losses and burdens due to alcohol are a criminal waste and will further stretch the already limited resources. Resources for the assessment of the alcohol problem, its prevention, and treatment are simply non-existent. Consuming alcohol will make them even poorer.

The living standards of the developing countries tell us that these countries are totally unprepared to face the onslaught of an alcohol epidemic. In a country like India, where about 53 per cent of the population live below the income poverty line, spending money on alcohol will have serious consequences. In the state of Orissa it was poverty born of intemperance where country liquor played havoc with the meagre earnings of the villagers. All 170 families in the Chatua village were spending Rs One lakh every year on sharaab, the local brew. This amount saved within one and a half years will be enough to construct an ayurvedic hospital at Chatua for the benefit of the people in 42 villages of the area.

A more serious problem for India would be a threat to food security for the poor and this is already starting to happen through a business venture by the Canadian Multinational, Seagram. The Indian government has approved Seagram to turn coarse grains, which is the poor person's staple food, into whisky, a rich man's drink. According to Indian scientists this will have serious impact on India's food security as 150 – 200 million people still depend on coarse grains for nutrition.

The Indians do know how to make alcoholic beverages from food grains but never pursued it because of the low yield (40 litres of alcohol per tonne). More importantly, in a country where 50 per cent of its population are undernourished, it would be unethical to convert food grains into whisky. The scientists predict that the farmers will start off as contractors supplying grains to Seagram but may end up as bonded labourers. The scientists see this project as destructive either way and do not want to see the country's poor left poorer and hungry in the process.

## **X. Prohibition – India's experience**

In Asia's context, India's experience serves as a good reference as to whether prohibition is the right strategy to adopt. Prohibition is enshrined in the Constitution of India and the states of Andhra Pradesh, Haryana and Gujarat have imposed it. The Andhra people were formerly among the heaviest drinkers in India.

The women blamed arrack, the local liquor popular among the rural folk, for rising domestic violence and the impoverishment of families. A grassroots movement led by women led to prohibition, which brought a dramatic effect on society. However, Andhra Pradesh had to reverse the prohibition policy for several reasons including smuggling, failure of the state agencies to monitor the state's long border, illicit brewing, which had gone up by 20-30 times, and loss of revenue. What is clear is there must be well-grounded economic policy in place such as taxation of various kinds, safeguards against corruption, measures to deter illegal production, promotion of a social climate which discourages drinking, along with efficient enforcement, if prohibitions are to work.

## **XI. Conclusion and recommendations**

It is clear that alcohol should be seen from a broader perspective for us in Asia. Borrowing some lessons learnt from the tobacco epidemic the following are some suggestions for action to take:

Firstly it is important to consider some basic ground rules:

1. Stop looking at countries according to WHO regions such as SEARO and WPRO: The alcohol industry does not look at countries from the perspective of these divisions. They look at countries in the light of whether they are viable markets – whether the economic, social and political environment is conducive to increase sales. Hence, advocates from Asian countries from both the SEARO and the WPRO regions need to come together as we have done now.
2. Greater surveillance of the alcohol industry: We need to monitor the industry closely and familiarise ourselves with its tactics, language, and arguments. We need to have a deeper understanding of the industry so that we are able to tackle the problems it causes.
3. Self-regulation does not work: Codes, especially those initiated and drafted by the industry are not effective in controlling alcohol. That is why the industry recommends them and they will fight any initiative for legislative controls.
4. Do not enter into a dialogue with the industry: The industry will attempt to establish partnership with the government and groups working on alcohol control which will water down their initiatives. We can learn lessons from the tobacco industry.
5. The industry cannot be involved in any alcohol control initiatives and activities: When the industry sponsors control activities it is usually because they will get more mileage out of it while the programme itself is rendered ineffective. The industry is already sponsoring drunk driving education in Thailand, which is not effective.
6. NGOs, educators, and researchers working on alcohol control need to network: There are many transborder issues that need to be addressed regionally or internationally such as satellite TV advertising, Internet advertising, Oktoberfest, and sponsorship of international events. The alcohol control community needs to establish networks in order to address these issues collectively.

7. Step up media coverage: Alcohol control advocates need to utilise the media more effectively. News coverage of alcohol problems is one effective way to put alcohol on the political agenda. A workshop on media advocacy is needed in the region.
8. People's initiatives: We need to organise and mobilise a more active ground movement to take up the alcohol issue. The experiences of India and Sweden can serve as valuable reference for us.

Recommended Action:

## **A.National Action**

Nationally governments must have a commitment to tackle the alcohol problem and not denounce it on one hand and promote it on the other. There must be a national policy to control alcohol abuse.

1. **Ban advertising and promotions**

Ban on all forms of advertising, direct and indirect, and the promotional activities of alcohol companies.

2. **Limiting the packaging, licences and availability**

Ban the sale of liquor in small bottling such as 145ml. There should be a limit on the size of bottles, limit drinking hours, and limit places where alcohol can be bought. Increase legal age for purchase of alcohol to 21 years.

3. **Alcohol tax**

If health budgets of developing countries are averaging 1 per cent of the national budget it is unrealistic to expect any resources from government for comprehensive alcohol control activities. It would be more realistic to generate money from taxing alcohol more. Experience from tobacco control shows us that a separate dedicated taxation can be used for health promotion and health sponsorship funds to replace alcohol industry support of sports and other sponsorship activities, public education and rehabilitation programmes.

4. **Eliminate subsidies**

Government subsidies in the form of tax deductions for alcohol marketing as a cost of doing business must be eliminated.

5. **Community-based health programmes**

Most countries cannot afford to train health and social workers specifically to tackle alcohol problems. In communities where a major portion of the population does not read or write, it is crucial to devise simple, creative, and low budget health programmes. Local government, health groups and other community organisations should all be involved in alcohol control programmes. Health groups can play a key role in the development of comprehensive national alcohol control programmes. Simple training manuals should be developed for workers in the field.

## **B. International action**

The alcohol problem must be addressed in a more concerted manner by international organisations such as the World Health Organization and the United Nations Drug Control Programme. We must also address market expansion to developing countries.

### 1. Global Treaty on alcohol

There must be a Framework Convention on Alcohol Control to bring countries together to set basic standards on alcohol control.

### 2. World Trade agreements

World trade agreements need to make special provision for alcohol to ensure these agreements may not be used to weaken health and safety regulations regarding alcohol.

### 3. Duty-free status should be removed

Remove the duty free status of alcoholic beverages sold at airports and during in-flight services.

#### References

1. Alcohol "Bigger health threat than tobacco", The Globe Magazine.
2. Murray CJL, Lopez AD, The Global Burden of Disease, V1 Cambridge, Harvard University Press, 1966.
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Additionally, alcohol consumption can increase the risk of diabetes, stroke, and heart disease. An estimated \$28 billion is spent each year on alcohol-related health care. How Alcohol Intoxication Increases Injury Risk. The social impact of alcohol abuse is a separate issue from the financial costs involved, and that impact begins in the home, extends into the community, and often affects society as a whole, much like the financial impact does. Alcoholism as a Family Disease. Research on the effects of alcohol abuse on families shows that alcohol abuse and addiction plays a role in intimate partner violence, causes families' financial problems, impairs decision-making skills, and plays a role in child neglect and abuse. Harmful alcohol consumption takes a heavy toll on people, the economy and the society. Over the next 30 years and on average across OECD countries, diseases and injuries caused by drinking more than 1 drink per day for women and 1.5 drinks per day for men " corresponding to lower-risk thresholds specifically used for the simulation " will cause life expectancy to be 0.9 years shorter than it otherwise would be; they will be also responsible. for about 2.4% of total health expenditure; while GDP will be 1.6% lower than otherwise due to reduced workforce participation and productivity. Life expectancy lost due to alcohol consumption above 1 drink per day for women and 1.5 drinks per day for men, average 2020'50. Alcohol consumption is a social issue in Central Asia. The authorities of countries in the region regularly hold campaigns to reduce alcohol consumption and improve the citizens' health. The issue nonetheless remains relevant and data on the region presents compelling numbers and trends. Follow us on Telegram. There is an overall decrease in alcohol consumption observed in Central Asian countries. According to the latest data of the World Health Organization (WHO), alcohol consumption is the highest in Kazakhstan. Kyrgyzstan and Turkmenistan are ranked second and third in alcohol consumption, followed by Tajikistan and Uzbekistan. In 2010, total alcohol per capita consumption in Kazakhstan was 9.3 liters, and in 2016 the figure decreased to 7.7 liters.