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Chronische Krankheiten

An increasing major threat to public health

The globalization of alcohol abuse

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Rapid socio-cultural change and increasing cultural globalization in many parts of the world lead to significant growth in the use of drugs and alcohol and ask for the implementation of effective counter-measures. This article illustrates alcohol abuse as rising major threat to public health and its response by the Blue Cross as one of the few international organizations in the field of alcohol prevention and treatment.

Alcohol has been used in many societies of the world for ages. For a long time, however, consumption of alcohol has been strictly regulated by traditions, social norms and natural limitations. More and more however the global alcohol market is expanding, particularly into developing countries. The saturation of markets for alcoholic beverages in the West combined with a higher industry concentration and increased market power has led to the expansion of the international alcohol industry in new markets in Africa, Asia and Latin-America. Meanwhile, in many developing countries, alcohol is often more easily available than clean drinking water. Today the ten biggest multinational brewers sell more than one-third of all industrially produced beer in the world, and their share of the global market is increasing. They make massive marketing efforts aimed particularly at new user groups such as young people, women and ethnic groups who traditionally did not drink. As a consequence, new drinks and drinking habits are being globalized across different continents and sections of the population. For example, young people in developing countries are increasingly drinking and displaying the same harmful pattern of drinking – ‘binge drinking’ – common among young people in developed countries.

One of the challenges is that many developing countries are highly dependent on national revenues from alcohol. In some Indian states for example alcohol makes up as much as 23% of the revenue. (In comparison, 2002, the European Union drew 2.4% revenue from alcohol taxes). Of course, the state dependence on revenue from alcohol tax is not an incentive to impose restrictions on the advertisement and sale of alcohol and strict enforcement of such restrictions. The country seeks to maximize income, but the social costs of alcohol are often

overlooked. These costs include the direct expenditures of treating injuries and diseases as well as rehabilitation costs, property loss, law enforcement costs, and losses in productivity due to absenteeism or loss of productive years of life. (1)

A vicious circle of adverse health, social and economic effects

Severe health, social and economic effects of alcohol consumption are well documented and witnessed all over the world. Regular alcohol abuse can lead to a multitude of chronic diseases whereas sporadic excessive drinking (binge drinking) is hold responsible for acute adverse effects such as accidents, injuries, violence and risk behavior. A link between alcohol and drug abuse with the spread of Aids has been broadly documented, for example in the latest WHO resolution of «Public health problems caused by harmful use of alcohol» of May 2005. Alcohol consumption leads to a higher probability of unprotected sex (and therefore to a higher risk of HIV-infection). Furthermore, a positive diagnosis for HIV can also cause an increase in alcohol consumption which may reduce the success of the treatment of the AIDS infection.

Most known chronic diseases attributable to alcohol are diseases of the liver such as fatty liver (adipohepatic), cirrhosis of the liver and alcoholic hepatitis. The risk of acquiring cirrhosis of the liver rises when an amount of 50g pure alcohol is consumed during the period of 10 to 15 years (which is approximately half a liter of wine or 1.2 liters of beer per day). Chronic alcohol abuse can lead to damage of parts of the nervous system which can cause neurological and mental illnesses. The extent of these damages depends upon the degree and severity of the alcohol consumption, nutrition and individual disposition.

With the daily consumption of more than four glasses of alcohol, the risk for cardiovascular diseases increases significantly. Not only chronic alcohol abuse but also binge drinking can have a damaging effect on the cardiovascular system. A quarter of all sudden deaths due to heart attacks among young men are a consequence of binge drinking. The risk of a stroke is increased tenfold by this drinking pattern. In some parts of the world where alcohol is brewed uncontrolled and illegally at home (often by those who cannot afford to buy alcohol), ill effects of alcohol consumption can arise from a single bout of drinking. (2)

Therefore, the World Health Organization has pointed out alcohol abuse as one of the major causes of the global disease burden: 2002, it has been estimated that there are about 2 billion people worldwide who consume alcoholic beverages and among them, 76.3 million with diagnosable alcohol use disorders. In the developing world alcohol ranks as the fourth cause of disability among men; in the industrialized regions it even ranks first. In the European Region alone, 2002 alcohol consumption was responsible for the deaths of 63,000 young people aged from 15 to 29! Such figures document the following statement by T. Babor: “No other product so widely available for consumer use, not even tobacco, accounts for so much disability as alcohol”. (3)

Destabilizing the daily hand to mouth economy

The increase in alcohol consumption in many developing nations where health and economic systems are weakest is of particularly great concern. Poor people around the globe are vulnerable even to small changes destabilizing their daily hand to mouth economy. For those living under harsh circumstances, alcohol may seem an easy way out. This is also along the lines of the image portrayed by the alcohol producers – a taste of luxury, recreation and the world beyond everyday worries. But the social, economic, health and other problems created by alcohol use are severe additional burdens for poor people.

Men traditionally drink more frequently and more heavily than women. However, the patterns of drinking for men and women are beginning to converge. While men still experience more direct drinking-related harm than women, women as well as children are often the victims of the harmful use of alcohol by men: Domestic violence, broken families, neglected children, a husband failing to bring income to the family in addition to the money spent on alcohol – all this put an extremely heavy burden for poor families.

A recent paper in the National Medical Journal of India points out: “Although it is important to recognise that alcohol consumption typically increases with affluence, it should be kept in mind that some of the adverse effects related to drinking are aggravated by poverty. For example malnutrition and infections common among the poor interact with alcohol in the development of liver disease. As a result, alcohol related mortality is often highest among the poor in a society.” (4)

The approach of the International Federation of Blue Cross

Rapid socio-cultural change and increasing cultural globalization in many parts of the world leading to significant growth in the use of drugs and alcohol ask for the implementation of effective counter-measures. The International Federation of the Blue Cross (IFBC) is one of the few international organizations in the field of prevention, treatment and after-care of alcohol abuse and its related problems.

The IFBC is a politically and denominationally independent umbrella organization consisting of about 40 national member organizations, predominantly in Africa, Europe, Brazil and India. As a global network community the federation supports its member organizations in building up their competence in the field of alcohol- and substance abuse related problems. In collaboration with our partners, we promote the exchange of knowledge and create opportunities for our members to share their experience by developing multi-national projects, transfer of knowhow and project-based partnerships.

Based on christian values, the members of the IFBC are engaged in the prevention and treatment of alcohol and other drug related problems. One of the specific assets is the extensive expertise in the area of self-help work. Furthermore, they commit themselves for comprehensive alcohol-political measures. Particularly our members in the south work under difficult social and political conditions in countries where alcohol dependent people not only look for help in vain, but are also often excluded from communities, stigmatized as being „useless drunkards” (as it has been the case in Europe in the 19th century, before alcoholism was recognized as an illness). Prevention activities of our member organizations in Africa, India and Brazil integrate services for children and youth at risk through counseling, skills development and creation of employment. Furthermore, awareness for alcohol and drug related issues are created through educational programs in schools, communities and slums. In addition medical and therapeutic help is provided to alcohol dependent people and their families, in close collaboration with churches, self-help groups and other NGOs.

Based on the strong evidence of the link between alcohol, Aids and poverty we are convinced that if our members succeed in implementing effective alcohol prevention, this will also be a contribution to the prevention of poverty and AIDS. Our goal is not that Blue Cross Organizations start developing AIDS Prevention Programs; however, we aim at integrating the substance abuse issue in existing Aids and poverty programs of other NGOs. In addition, we put a strong focus on a holistic approach in the projects and services of our member organizations: This requires the consequent inclusion of women and children, a target group that is often strongly directly and indirectly affected by the effects of alcoholism as mentioned above.

The south empowers the south!

Based on the motto „The south empowers the south“, the IFBC develops resource centers on the aspect of substance abuse and related health risks such as poverty and HIV/AIDS. One of the main aims of these centers is to mobilize resources and key people within and outside of the Blue Cross, in order to make it possible to train people on the field so they are qualified to develop sustainable and culture specific projects.

As a project example we like to refer to a community based project lead by the resource centre in Lesotho: In a participative assessment in a local rural community near Maseru, people of the village described unemployment, poverty, boredom and lack of self esteem as causes behind alcohol and drug related problems. Based on this situational analysis, an income generating project has been developed together with the local community and the Blue Cross partners. In this project example, alternative livelihood has been generated through planting and selling trees to the government. The target group of the project addresses young unemployed people at risk as well as those engaged in home brew production of alcohol. (This kind of illegal alcohol production without any legislation or restriction leads to a high availability in rural of alcohol as well as often to severe alcohol dependency of the brewers).

Encouraged by the positive experiences of our first resource centre in Lesotho, the IFBC plans to initiate further centers in Africa, India and Brazil so that increased capacity and networking within the issues of prevention, treatment and advocacy of alcohol and drug related issues will be possible!

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