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ALCOHOL AND OTHER DEPENDENCE PROBLEMS

Progress Report by the Regional Director

1. INTRODUCTION

The Regional Committee at its twenty-sixth session adopted resolution WPR/RC26.R11 requesting the Regional Director:

"to include the topic of alcoholism as a separate agenda item at the next session of the Regional Committee and to prepare a report on this subject in collaboration with the governments of the Region prior to that session."

2. ACTION TAKEN

2.1 The Adviser under the intercountry prevention and control of drug abuse project took up his post on 1 February 1976. The basis was thus established for substantially strengthening services in the fields of drug dependence and alcoholism to countries and areas of the Region. The Adviser will also be responsible for activities in the field of mental health, which is becoming increasingly important in the Region.

2.2 A working group was convened in Manila from 4 to 10 November 1975, to formulate strategies and recommendations on health education programmes concerning drug abuse for young people. The abuse of alcohol was also taken into consideration during the group's discussions. Special emphasis was placed on the integration of education in prevention within community development programmes, the production of indigenous teaching materials, and the need to consider socio-cultural background factors and to test the suitability of educational approaches before they are broadly implemented.

2.3 In order to fulfill the request made to the Regional Director in resolution WPR/RC26.R11, a questionnaire on various aspects of alcohol consumption and related problems was circulated to Member States in the Region. A summary of the findings is presented below.

### 3. QUESTIONNAIRE FINDINGS

Seventeen countries or areas returned completed questionnaires. Two answered by letter; thirteen did not reply. Annex 1 contains an analysis of the answers to the questionnaire. In summary, the most important findings are:

- (a) ten countries, 82% of the total population of all countries or areas returning the questionnaire, view the consequences of alcohol consumption as a major to moderate problem. In ten countries or areas, representing 84% of the total population, alcohol-related problems are reported to be increasing;
- (b) few countries possess precise data on the magnitude and characteristics of the problem, and available data are not comparable country by country;
- (c) the level of alcohol consumption and alcohol-related problems seems to be highest, and the price of alcohol in relation to wages earned, lowest, in economically developed countries;
- (d) traffic accidents and deleterious effects on the family are regarded as the most serious consequences of alcohol dependence, while ten countries or areas regard it as a health hazard. No country recommends prohibition of alcohol as a solution to its problems;
- (e) preventive measures are mostly limited to restrictions on the sale of alcohol and penalties for drunken driving. Efforts to educate the public are limited and educational aids are either not available or insufficient;
- (f) in a majority of countries or areas, treatment and rehabilitation facilities are confined to existing hospital services, and specialized aid, socially-oriented assistance or staff training programmes are few or do not exist.

#### 4. PLANNED FUTURE ACTION

4.1 Considering the widespread and serious problems encountered in the Region as a result of increasing alcohol consumption, high priority should be given by governments to adequate ways and means of combating and containing them. Special attention should be given to:

- (a) gathering basic epidemiological data, and establishing monitoring systems for their upkeep, in order to design the most adequate means for preventive and curative action, based on a realistic assessment of the nature and extent of the problem;
- (b) planning and implementing educational and legislative measures, to be combined with comprehensive treatment and rehabilitation facilities;
- (c) introducing test programmes and evaluation techniques to secure the highest possible benefit from measures implemented within the limits of national resources;
- (d) organizing courses and training programmes for personnel involved in the management of alcohol-related problems.

4.2 WHO will cooperate with governments in the above-mentioned activities upon request. The subject of alcohol and other dependence problems will be discussed by the working group on early intervention programmes in drug abuse to be held in Manila in December 1976, and by the working group on health education programmes for young people concerning drug abuse in 1977.

ANNEX 1

PROBLEMS RELATED TO ALCOHOL CONSUMPTION IN THE WESTERN PACIFIC REGION  
RESULTS OF A QUESTIONNAIRE

In compliance with the resolution adopted by the twenty-sixth session of the Regional Committee which requested the Regional Director to prepare a report on alcoholism for its twenty-seventh session, a study on problems related to alcohol consumption was carried out in collaboration with Member States in the Region.<sup>1</sup>

Completed questionnaires were received from seventeen countries/areas and letters from two; thirteen did not reply.

Definition:

Most countries have accepted the WHO definition of drug dependence, and agree that alcohol dependence could be included. In some countries other definitions are used in addition to that given by WHO.

1. Evaluation of the Alcohol Consumption Problem

Two countries or areas view alcohol consumption as a major problem, eight as a moderate problem and seven as a minor problem. Ten countries or areas state that the alcohol problem is increasing, five that it is static and one that it is decreasing. Expressed in percentages of the total population in countries or areas completing the questionnaire, those representing 82% of the population regard alcohol consumption as a major to moderate problem, while those with 84% of the population report an increasing problem (Tables Ia and Ib).

2. Magnitude and Characteristics of the Problem

A number of questions were phrased in such a way as to throw light on aspects of alcohol consumption such as prevalence, frequency of physical and mental complications, mortality rate, hospitalization rate and frequency of criminal offences committed through alcoholism including traffic accidents.

Few countries have estimates or statistics to answer these questions and, where such information is available, sources and methods vary so much from country to country that comparisons are impossible. Periodical

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<sup>1</sup> See resolution WPR/RC26.R11 (Handbook of Resolutions and Decisions of the Regional Committee for the Western Pacific, Vol. 1, 1976, p. 98).

routine reports containing empirical data on alcohol dependence are made to the administration in four countries; surveys based on population samples in one. The main source of information on alcohol dependence is written reports on hospital admissions.

3. Total Alcohol Consumption

A survey has been made of alcohol consumption in ten countries or areas, based on the latest available annual statistical figures for production, importation and exportation. Since these figures have been obtained from revenue sources, the annual consumption is related to the fiscal year.

Two of the ten countries (Australia and the Philippines) did not give consumption figures in their replies to the questionnaire; instead figures in reports on alcohol problems, submitted to WHO in 1971, relating to the fiscal year 1968-69, have been used. The level of consumption, recalculated to per capita consumption of spirits, wine and beer, measured in litres of 100% alcohol, is given in Table II.

4. Illicit production seems to be of relatively minor importance in the Region. No country or area has identified illicit production as a major problem; only one identified it as a moderate problem and three as a minor problem.

5. Attitudes Towards Drinking of Alcohol (Table III)

This part of the questionnaire cannot be regarded as anything like a representative study. It is probably more an expression of the personal views of the people completing the questionnaire in the national health administrations. Consequently, only very strong and consistent agreement in one direction or the other can be considered. It is clearly significant that no country or area believes in total prohibition as a solution to alcohol-related problems, and nowhere is alcohol consumption identified as a problem primarily affecting the lower socio-economic strata of the population; rather to the contrary. There is also broad agreement on the entertainment value of alcohol.

6. Social Consequences of Alcohol Dependence (Table IV)

This evaluation is inherently subject to the same bias and qualifications as that for attitudes towards alcohol drinking.

It is noteworthy that traffic accidents are almost unequivocally regarded as the major social problem resulting from alcohol dependence, when it is considered that traffic accidents and offences are not directly related to dependence, but to acute intoxication. This certainly implies that societal problems related to alcohol consumption are more extensive than alcohol dependence per se.

Otherwise, there is a strong consensus that the most serious consequences of alcohol dependence (alcoholism) are to be found in the realm of family life: disruption and economic deprivation inflicted on the family.

Surprisingly, the hazards to health of long standing over-consumption of alcohol are rated low. Since these hazards are well known and well documented, the relatively minor importance attached to them by those who completed the questionnaire is probably due to inadequacies in the detection and reporting systems.

## 7. Preventive Measures (Table V)

### Sale of Alcohol

In a majority of countries or areas, restrictions exist as to opening hours for shops selling alcohol and for places of entertainment where alcohol is served. Requirement of a license to sell alcohol and legal prohibition of the sale of alcohol to minors is almost universal.

Among those completing the questionnaire no government monopolies exist on alcohol production, and the sale of alcohol is, with few exceptions, in private hands. In other words, governments and administrations are, by and large, not utilizing the instruments of production and sale as regulatory mechanisms for the consumption of alcohol.

## 8. Cost of Alcohol in Relation to Minimum Income

An attempt has been made to compare the price of the cheapest available alcoholic beverage (liquor and beer) with the purchasing capacity of low income groups (earners of minimum wages), the implied assumption being that some relationship exists between being able to afford to buy alcohol and problems related to alcohol consumption (Table VI).

On the whole, alcohol is relatively cheaper in countries with a high degree of economic development, even if prices (revenues) are higher (Table VII).

## 9. Penalties for Drunkenness

Behaviour disturbances caused by alcohol intoxication are, from a judicial point of view, regarded differently in different countries. In eight countries drunken behaviour is regarded as criminal, in six it is not. Or on the other hand, there is almost unanimous agreement that driving while under the influence of alcohol should be considered as a criminal act, which is the case in fourteen out of fifteen countries or areas. This is in close accordance with the awareness expressed that alcohol intoxication is a major cause of traffic accidents (compare Table IV).

10. Educational Efforts

Only in four countries is preventive education part of primary and secondary school curricula. In an additional two countries this subject is taught in secondary schools only. In ten, there is no alcohol/drug education in the school curricula.

The public is informed about problems related to alcohol consumption in four countries, while there is no such activity in twelve. Educational campaigns against drunken driving are being launched in eleven of fifteen countries.

11. Mass Media

Radio, television, and the press are obvious means for educating the public on alcohol-related problems. As can be seen from Table VIII, the mass media is still playing a modest role in most countries or areas. Advertisements for alcohol are completely prohibited in one small area (Cook Islands) and are banned from radio and television in New Zealand and Guam. In eleven countries, no restrictions are applied.

Aids for alcohol/drug preventive education seem to be developed only sparingly in the Region (Table IX). In most countries or areas, such aids are not available and, where they exist, are generally felt to be insufficient.

12. Treatment and other service facilities for people with alcohol related problems (Table X) have been established by a number of governments, but are mostly part of the existing in- and out-patient facilities at general and mental hospitals. Very few governments have made specialized services and socially oriented service facilities available.

In no country or area has a national plan, specifically designed for the development of treatment and after-care services, or staff training been proposed.

13. Among possible means of combating alcohol problems (Table XI), the strongest emphasis is on educational measures in schools and through the mass media. Legal controls and the involvement of religious bodies are rated of high importance, while remedial and rehabilitative measures are deemed of less value.

Table Ia - THE PROBLEM OF ALCOHOL CONSUMPTION

Severity of Problem	Population (thousands)	Percentage of total population of countries/areas completing questionnaire
A. <u>Major</u> Australia Papua New Guinea	16 458	7.29
B. <u>Moderate</u> American Samoa, Cook Islands, Fiji, Japan, Malaysia, New Zealand, Philippines, Tonga	168 847	74.84
C. <u>Minor</u> Gilbert Islands, Guam, Hong Kong, Macao, Republic of Korea, Solomon Islands, Tuvalu	40 306	17.84
T O T A L	225 611	100.00

Table Ib - THE PROBLEM OF ALCOHOL CONSUMPTION

Severity of Problem	Population (thousands)	Percentage
A. <u>Increasing</u> Australia, Fiji, Japan, Malaysia, New Zealand, Papua New Guinea, Philippines, Solomon Islands, Tonga, Tuvalu	185 458	83.84
B. <u>Static</u> American Samoa, Cook Islands, Guam, Macao, Republic of Korea, Samoa	35 669	16.13
C. <u>Diminishing</u> Gilbert Islands	66	.03
T O T A L	221 193	100.00



Table II - ANNUAL PER CAPITA CONSUMPTION IN LITRES  
(Fiscal Year 1974 - 1975)

Countries or Areas	Spirits	Wine	Beer	100% Alcohol
Australia*	1.8	9.0	122.0	6.34
Cook Islands	(1.0)**	(1.0)**	33.2	1.72
Fiji	1.7	-	25.6	1.57
Gilbert Islands	0.4	0.2	27.0	1.11
Hong Kong	1.0	1.1	15.3	1.79
Japan	1.3	3.0***	33.1	5.46
Macao	?	1.4	5.9	(0.42)
New Zealand	2.2	1.7	117.0	5.22
Philippines*	2.6	1.2	6.7	1.47
Republic of Korea	0.1	0.3	3.4	0.20

\* Fiscal year 1968-69

\*\* In the statistics, spirits and wines are combined.

\*\*\* Including "Sake"

Table III - ATTITUDES TOWARDS ALCOHOL DRINKING

Kinds of Attitudes	No. of Countries/Areas	
	Yes	No
Regarded as:		
manly	12	3
being for wealthy people only	4	12
lowering to the sexual drive	1	14
an important part of entertainment	15	1
strengthening	5	8
for peasants and manual workers	0	14
adding to status	6	8
a practice that should be banned	0	15
bad for the brain	3	12
good for the imagination	6	9
causing social problems	9	6

Table IV - SOCIAL CONSEQUENCES OF ALCOHOL DEPENDENCE  
(In order of importance: I, II, III)

Types of Social Consequence	No. of Countries/Areas		
	I	II	III
Likely to cause:			
traffic accidents	4	4	4
economic difficulties within the family	6	1	2
disruption of the family	3	3	4
a criminal offence to be committed	2	0	1
decrease in work efficiency/absenteeism	1	4	0
social disturbances	0	2	4
hazards to health	1	2	1

Table V - LEGAL RESTRICTIONS REGARDING THE SALE AND  
THE SERVING OF ALCOHOL

Type of Restriction	No. of Countries/Areas	
	Yes	No
limited hours for sale from shops	12	3
limited hours for serving in restaurants	10	4
license required to sell	14	1
sale to minors forbidden*	12	3
Government monopoly:		
on production	0	0
on sale	3	12

\* Age limitation over 18-21 years

Table VI - AMOUNT OF CHEAPEST ALCOHOLIC BEVERAGE  
THAT COULD BE PURCHASED FROM DAILY MINIMUM WAGE

Countries or Areas	Spirits (in litres)	Beer (in litres)
Cook Islands	0.54	4.76
Fiji	0.72	6.59
Hong Kong	0.43	7.17
Japan	3.64	10.10
New Zealand	1.42	22.22
Papua New Guinea	0.31	3.58
Republic of Korea	2.86	2.00
Tonga	0.22	2.29
Tuvalu	0.44	4.55

Table VII - ANNUAL PER CAPITA REVENUE FROM SALE OF ALCOHOL

Cook Islands	US\$ 33.3
Gilbert Islands	5.03
Hong Kong	8.81
Japan	25.7
Macao	5.53
New Zealand	17.9
Papua New Guinea	6.46
Republic of Korea	4.89

Table VIII - NUMBER OF COUNTRIES/AREAS USING THE MASS MEDIA FOR DISSEMINATION OF INFORMATION ON ALCOHOL PROBLEMS

Radio	Television	Newspapers	Frequency
3	1	4	weekly
13	9	9	rarely

Table IX - EDUCATIONAL AIDS

Types of Educational Aid	No. of Countries/Areas		
	Not Available	Sufficient	Not Sufficient
Films	7	2	1
Film Strips	6	1	3
Posters	5	2	4
Brochures	7	1	3
Others	-	-	-

Table X - TREATMENT AND OTHER SERVICE FACILITIES FOR PEOPLE WITH ALCOHOL RELATED PROBLEMS

Treatment and Other Facilities	No. of Countries/Areas	
	Yes	No
Consultation Bureaux	2	8
Information Centres	3	7
Sobering-up Stations	1	10
Out-patient services (general or mental hospitals)	10	3
Specialized out-patient units	2	9
In-patient service (general hospital)	8	3
In-patient service (mental hospital)	6	4
Specialized unit in-patient care	3	8
Half-way house care	4	9
Family case-work	4	9
Treatment within the penal system	3	10
Long-term follow-up of persons coming for treatment	3	10

Table XI - MOST IMPORTANT MEANS FOR COMBATING ALCOHOL PROBLEMS  
(In order of importance: I, II, III)

Means of Combating Alcohol Problems	No. of Countries/Areas		
	I	II	III
Through:			
instruction in schools	5	1	1
education of the public through the mass media	2	2	3
involvement of religious bodies	1	3	3
legal control	4	2	0
rehabilitation of alcohol abusers	0	6	0
efficient treatment of physical and mental complications	2	0	0
concentration of social workers on risk groups	1	0	3
establishment of Alcoholics Anonymous Associations		1	1