



WEEKLY EPIDEMIOLOGICAL REPORT

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Impact of alcohol consumption on Asia (Part I)

Many of our countries in Asia have not given alcohol the serious attention accorded to other addictive drugs such as narcotics and nicotine. Though the alcohol problem is not given 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 rapidly in the European Region and rising more rapidly in the Western Pacific Region. It is also rising in the South East Asian Region. 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. 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. The burden of alcohol use falls heaviest on developing countries.

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. 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 other media and carry out sponsorship activities.

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 in 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 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 the respondents drinking daily. Use is higher among poor families. 93 per cent of the respondents used locally produced alcohol, which is not reflected in the per capita consumption.

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

Contents

Page

1. Leading Article - Impact of alcohol consumption on Asia (Part I)	1
2. Surveillance of vaccine preventable diseases & AFP (6 th - 12 th Oct 2007)	3
3. Summary of diseases under special surveillance (6 th - 12 th Oct 2007)	3
4. Summary of newly introduced notifiable diseases (6 th - 12 th Oct 2007)	3
5. Laboratory surveillance of dengue fever (6 th - 12 th Oct 2007)	3
6. Summary of selected notifiable diseases reported (6 th - 12 th Oct 2007)	4

WEEKLY
Sri Lanka - 2007

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.

Consumption of both beer and spirits in India has 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.

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 beverages are 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.

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 advertisements.

Transnational alcohol companies use unethical advertising and marketing tactics to attract customers particularly among the lower economic sector of the society. Alcoholic drinks are advertised as products which will bring sexual prowess, success, and power.

Some advertisements 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.

Alcohol consumption creates poverty : Available information 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 the low-income families was spent on alcohol and tobacco. Another survey in 1997 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.

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.

The alcohol 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 battering, discord in the home, abused and deprived children, non-working or chronically ill husbands who become a burden to both family and society. Besides loss in the 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.

Children and alcohol : In Western Europe there is a trend where more teenagers are turning to alcohol at a 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 the 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.

Source :

Impact of alcohol consumption on Asia The Globe 2001-02; Special Issue 4: 4-5

Part 11 of this article will be published in the next issue.

Table 1: Vaccine-preventable Diseases & AFP

6th - 12th Oct 2007 (41st Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
Acute Flaccid Paralysis	00	01 NE=1	00	00	00	00	00	00	01	02	65	96	-32.1%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00.0%
Measles	00	00	00	00	00	00	00	00	00	00	64	36	+77.8%
Tetanus	01 KL=1	00	00	00	00	00	00	01 RA=1	02	00	30	37	-18.9%
Whooping Cough	00	00	00	00	00	00	00	01 RA=1	01	00	35	66	-47.0%
Tuberculosis	115	07	09	29	00	00	00	00	160	223	8033	7797	+3.0%

Table 2: Diseases under Special Surveillance

6th - 12th Oct 2007 (41st Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Number of cases during same week in 2006	Total number of cases to date in 2007	Total number of cases to date in 2006	Difference between the number of cases to date between 2007 & 2006
	W	C	S	NE	NW	NC	U	Sab					
DF/DHF*	65	09	07	19	29	04	03	21	157	234	4687	8430	-44.4%
Encephalitis	02 GM=2	00	00	00	01 PU=1	00	00	02 RP=2	05	03	166	98	+69.4%
Human Rabies	01 CB=1	00	00	00	00	01 AP=1	00	00	02	03	53	52	+1.9%

Table 3: Newly Introduced Notifiable Diseases

6th - 12th Oct 2007 (41st Week)

Disease	No. of Cases by Province								Number of cases during current week in 2007	Total number of cases to date in 2007
	W	C	S	NE	NW	NC	U	Sab		
Chickenpox	05	09	06	04	02	00	04	12	42	2715
Meningitis	03 GM=2 KL=1	00	05 GL=2 HB=3	03 JF=1 TR=1 KM=1	07 KR=4 PU=3	00	01 BD=1	11 KG=6 RP=5	30	541
Mumps	12	02	01	13	05	00	00	03	36	1709

*DF / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.
NA= Not Available.
Sources:
Weekly Return of Communicable Diseases:
Diphtheria, Measles, Tetanus, Whooping Cough, Human Rabies, Dengue Haemorrhagic Fever, Japanese Encephalitis, Chickenpox, Meningitis, Mumps.
Special Surveillance:
Acute Flaccid Paralysis.
National Control Program for Tuberculosis and Chest Diseases:
Tuberculosis.
Details by districts are given in Table 5.

Provinces: W=Western, C=Central, S=Southern, NE=North & East, NC=North Central, NW=North Western, U=Uva, Sab=Sabaragamuwa.
DPDHS Divisions: CB=Colombo, GM=Gampaha, KL=Kalutara, KD=Kandy, ML=Matale, NE=Nuwara Eliya, GL=Galle, HB=Hambantota, MT=Matara, JF=Jaffna, KN=Killinochchi, MN=Mannar, VA=Vavuniya, MU=Mullaitivu, BT=Batticaloa, AM=Ampara, TR=Trincomalee, KM=Kalmunai, KR=Kurunegala, PU=Puttalam, AP=Anuradhapura, PO=Polonnaruwa, BD=Badulla, MO=Moneragala, RP=Ratnapura, KG=Kegalle.

Table 4: Laboratory Surveillance of Dengue Fever 6th - 12th Oct 2007 (41st Week)

Samples	Number tested	Number positive *	Serotypes				
			D ₁	D ₂	D ₃	D ₄	Negative
Number for current week	08	01	00	00	00	00	01
Total number to date in 2007	425	45	01	22	12	00	09

Source: Genetech Molecular Diagnostics & School of Gene Technology, Colombo. * Not all positives are subjected to serotyping.

Table 5: Selected notifiable diseases reported by Medical Officers of Health
6th - 12th Oct 2007 (41st Week)

DPDHS Division	Dengue Fever / DHF*		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Returns Received Timely**
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	%
Colombo	41	1244	03	316	00	10	00	62	02	66	02	116	00	03	02	123	77
Gampaha	18	541	06	288	02	24	02	65	00	45	03	181	00	14	05	172	86
Kalutara	06	293	03	392	00	05	00	40	02	38	06	122	00	01	01	55	100
Kandy	08	333	03	245	00	03	01	56	00	09	02	73	02	70	15	1888	86
Matale	01	87	04	183	00	06	00	24	00	12	02	50	00	05	02	127	75
Nuwara Eliya	00	35	00	213	00	02	00	106	00	368	01	09	01	32	04	509	86
Galle	01	75	05	147	00	10	00	18	00	39	01	63	00	26	00	18	81
Hambantota	01	64	05	159	00	06	00	21	00	17	00	38	00	48	00	20	100
Matara	05	151	01	257	00	08	01	35	00	24	11	191	03	187	00	29	100
Jaffna	18	94	03	157	00	02	04	380	00	11	00	00	03	85	03	23	88
Kilinochchi	00	01	00	00	00	00	00	05	00	00	00	00	00	02	00	04	00
Mannar	00	07	04	21	00	00	02	73	00	00	00	02	00	00	00	19	75
Vavuniya	01	20	03	46	00	04	01	18	00	53	00	02	00	00	00	08	100
Mullaitivu	00	03	00	25	00	08	00	20	00	01	00	00	00	00	01	13	40
Batticaloa	00	75	00	452	00	09	00	18	00	10	00	00	00	22	01	1060	55
Ampara	00	03	00	99	00	00	01	04	01	01	00	03	00	01	01	28	71
Trincomalee	00	54	07	224	00	04	00	24	00	23	00	10	00	15	01	105	78
Kurunegala	26	547	15	396	00	07	00	58	01	32	05	45	00	36	06	79	94
Puttalam	03	122	04	128	01	13	03	74	00	04	00	25	00	06	00	74	89
Anuradhapura	03	162	02	105	00	08	01	21	00	16	02	23	00	18	01	40	74
Polonnaruwa	01	58	03	86	00	03	01	12	00	04	00	20	00	00	00	41	100
Badulla	00	55	07	491	00	05	02	78	00	10	00	45	02	145	04	302	93
Monaragala	03	39	00	283	00	02	00	48	01	28	01	43	03	71	00	39	90
Ratnapura	12	334	15	493	02	18	00	58	00	19	04	60	00	24	01	89	88
Kegalle	09	290	02	242	00	08	02	51	03	08	08	110	00	33	04	192	82
Kalmunai	0	03	08	181	00	01	00	08	00	08	00	01	00	02	04	112	69
SRI LANKA	157	4687	103	5629	05	166	21	1377	10	846	48	1232	14	846	56	5169	83

Source: Weekly Returns of Communicable Diseases (WRCD).

*Dengue Fever / DHF refers to Dengue Fever / Dengue Haemorrhagic Fever.

**Timely refers to returns received on or before 20 October, 2007. Total number of reporting units =290. Number of reporting units data provided for the current week: 242

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