

AKADEMISCHES
FORUM FÜR
AUSSEN-
POLITIK -
ÖSTERREICH

UNION
ACADEMIQUE
DES AFFAIRES
ÉTRANGÈRES -
AUTRICHE



ACADEMIC FORUM FOR FOREIGN AFFAIRS - AUSTRIA

UNITED NATIONS YOUTH AND STUDENT ASSOCIATION OF AUSTRIA

EISENSTADT - GRAZ - INNSBRUCK - KLAGENFURT - LINZ - SALZBURG - VIENNA

VIMUN



VIENNA INTERNATIONAL MODEL UNITED NATIONS
11 - 15 August 2013

Preparation Paper/Study Guide:

United Nations Office on Drugs and Crime (UNODC)

“Prevalence of the Use of Alcohol”

Introduction

Alcohol consumption as a means of socialising or occasional enjoyment is prevalent worldwide with the majority of the adult population drinking most of the time at low-risk levels or even abstaining altogether. However, a broad range of alcohol consumption patterns, from daily heavy drinking to occasional hazardous and harmful drinking, constitute significant public health and safety risks in nearly all states. In particular, the annual prevalence of alcohol use is clearly above the global average in Europe (69%), the Americas (58%) and in the WHO Western Pacific region (56%), and is further on the rise in developing countries, particularly in Sub-Saharan Africa and Asia. Moreover, according to recent statistics published by the WHO, hazardous drinking patterns are increasing among adolescents and young adults, thus harmful alcohol use is increasingly affecting younger generations and also drinkers in developing countries. This can partly be ascribed to low taxation on alcoholic beverages, the consumption of homemade, illegally produced alcohol and the use of alcoholic carbonate drinks – better known as ‘Alcopops’ – that is equated with more problematic drinking patterns. Such drinking patterns constitute a worldwide problem, resulting in approximately 2.5 million deaths each year, including the loss of hundreds of thousands young lives. This indicates that nearly 4% of all deaths globally are related to alcohol consumption, which poses a greater percentage than all deaths caused by HIV/AIDS, violence or tuberculosis. It ranks eight among global risk factors for death and presents the third largest risk factor for disease and disability, varying from becoming dependent on such substances to causing injuries, cardiovascular diseases, HIV and hepatitis C or cancer. Besides these numerous chronic and acute health risks, alcohol consumption is also associated with many serious psycho-social issues including violence, child neglect and abuse, and absenteeism in the workplace. This indicates that the impact of alcohol consumption reaches deep into society, causing harm far beyond the physical and psychological health of the drinker. Despite the significance of alcohol consumption including its various implications, compared to other health risks, the harmful use of alcohol remains a low priority and is not given proper attention in the public policy sphere; most notably since other lesser health risks have higher priority. Not enough countries use effective policy options to prevent death, disease and injury from alcohol abuse. Although restrictions on alcohol marketing and on drunk driving have increased, there are no clear trends on most preventive measures. Many countries have weak alcohol policies and prevention programmes, and are slow in observing and securing the policies that are already in place.

Unrecorded Alcohol

Although in industrialised countries alcohol consumption figures are in general good indicators of the total amount of consumed alcoholic beverages, in some cases, as well as in many developing countries, such figures may be ambiguous. No country has complete records of alcohol consumption and existing figures are inaccurate in giving the real level of the total consumption. Unrecorded alcohol is not reflected in official statistics, such as sales figures. WHO statistics indicate that estimates, ranging from 30% to 50% of the global alcohol consumption, fall outside of government control and therefore it is difficult to monitor the total amount of consumed alcoholic beverages in individual countries. Such alcohol consumption falling outside of government control goes by many names, including non-commercial, moonshine, local or illicit alcohol, but is most frequently referred to as unrecorded alcohol. It comprises an overview category for any kind of alcohol that is not taxed as beverage alcohol or registered in the jurisdiction where it is consumed. Unrecorded alcohol exists in many, both licit and illicit, forms. The consumption of privately imported alcohol and the consumption of privately produced alcohol constitute the two greatest components in this unrecorded alcohol overview category. Privately imported alcohol includes alcoholic beverages imported by travellers within the legal quotas, small-scale smuggling that is illegal alcohol imported by travellers, and large-scale smuggling. Privately produced alcohol may refer to the production of wine and beer, which is legal in most countries, and to the production of spirits, which is an illegal activity.

The production of home-made distillates poses a serious challenge to controlling alcohol consumptions, regulating safety, controlling the product quality and generating revenue for governments. Due to the very low price in most communities, it is also challenging for commercial alcohol companies to sell their own branded products. The consumption of home-distilled products is closely related to income or economic status. Low costs of products appear to be the most common factor driving these markets, since most people are not able to afford commercially produced products. Furthermore, in some countries with strict alcohol control policies, unrecorded alcohol may replace commercial beverages when controls become too stringent. The most extreme case of this effect is found when prohibition is imposed. For instance, in Russia a heavy increase in illicit alcohol and large-distribution networks of illegal alcohol was evident after Gorbachev imposed heavy alcohol restrictions.

Although the production of many non-commercial beverages meets high quality standards, a large amount of what is included under this category may be contaminated and toxic. Thus, unrecorded alcohol also

constitutes a great public health risk, which is higher than recorded alcohol risks due to high methanol concentrations and other toxic compounds, which lead to more pronounced alcohol poisoning and chronic effects. Home-made illicit distillates can contain several impurities besides methanol, which pose cumulative, long-term health risks, which can lead to blindness or even death. Doctors have warned that anyone who consumed 30ml of the toxic liquor could take up to 12 days to fall ill and die, others who drink less still risk losing their eyesight. The Russian Ministry of Health claims that 30,000 deaths annually can be ascribed to alcohol poisoning due to contaminated self-distilled liquor. Methanol contamination is not only an issue in Russia and the former Soviet Union, but poses an increasing challenge to developing countries. For instance, in Uganda in 2010 at least 80 people died due to tainted banana gin and more recently in March 2013 in Libya over 700 people have fallen ill and 60 people died due to poisonous home-made liquor. Unrecorded alcohol in developing countries is affecting people on a global scale, as the recent examples of a British tourist dying in Thailand and an Australian student dying in Bali, two out of many incidents due to unrecorded alcohol, highlights.

As well as constituting a public health risk in many countries, the production and trade of illicit alcohol is often associated with organised crime. Governments are concerned about the proliferation of illegal products and real or potential problems of criminal activity associated with sale and distribution of illicit alcohol, in addition to being concerned about the safety of consumers, who may purchase contaminated products. Hence, unrecorded alcohol poses a serious challenge to condemning international crime as well as a great public health risk. It poses a difficult dimension for measuring the true nature of global alcohol consumption and its negative impacts on individuals and society, since unrecorded alcohol is a key indicator of alcohol consumption linked to the level of alcohol-related problems. Therefore, unrecorded alcohol constitutes a significant global issue that needs to be addressed by the international community.

International Involvement

United Nations

At the UN level, the UNODC is a global leader in the fight against illicit drugs and international crime. However, although alcohol is not an illicit drug, alcohol consumption, dependence and associated disorders are much more prevalent than drug disorders and the global burden of disease is much higher. Alcohol consumption starting in early adolescence, when the brain is still developing, considerably increases the likelihood of developing substance use disorders and addiction later in life. Furthermore, the production and consumption of unrecorded alcohol, most notably in regions with cross-border communications, fuel international criminal activity through large-scale smuggling and also violence. Hence, the UNODC in cooperation with the WHO, is also concerned about prevalent alcohol consumption and efforts to prevent and reduce alcohol consumption, including harmful patterns of drinking, are relevant to an overall drug prevention strategy, besides being crucial to any public health policy. The UNODC aims at increasing the minimum drinking age and at restricting advertisement of alcohol to the youth. The UNODC also wants to increase the price of alcoholic beverages through taxation, however this outcome might be reversed in countries where the vast majority of production and consumption is unrecorded. In 1998 a joint UNODC-WHO programme launched the Global Initiative on Primary Prevention of Substance Abuse that was implemented until 2003 in eight countries. This initiative was aimed at discouraging young people from using substances and at helping others, who had already experimented with substances, to stop using these. It was initiated in order to support several local partners from Central and Eastern Europe, Southeast Asia and Southern Africa in reducing substance use and abuse among young people. In 2010 the WHO published a Global Strategy to Reduce the Harmful Use of Alcohol which discussed several issues of importance to the implementation of policies to reduce alcohol consumption. Area 9 of the Global Strategy refers to reducing the public health impact of illicit and informally produced alcohol.

European Union

In accordance with Article 152 of the EC Treaty the EU has the competence and responsibility to address public health problems, such as harmful and hazardous alcohol consumption, by complementing national policies. Hence, in 2001 the Council called for a comprehensive Community strategy to reduce alcohol related harm. It further adopted Recommendations on drinking alcohol by young people, which invites the Commission to follow-up, assess and monitor developments and the measures taken to decide on the need for further actions. Such further actions were implemented in form of the adoption of the 'EU Strategy to support Member States in reducing alcohol related harm' in 2006. This strategy outlines five priority themes, which are relevant in all Member States:

- To protect young people, children and the unborn child

- To reduce injuries and death from alcohol-related road accidents
- To prevent alcohol-related harm among adults and reduce negative impacts on the workplace
- To inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption and on appropriate consumption patterns
- To develop and maintain a common evidence base at the EU level

These measures have been complemented by two EC co-financed projects that specifically deal with unrecorded alcohol. The SMART project is currently developing a survey methodology, which includes unrecorded alcohol consumption, that allows for more accurate data collection of overall alcohol consumption. The AMPHORA project dealt with a chemical analysis and toxicological evaluation of unrecorded alcohol. It concluded that the average strength of unrecorded spirits (47.8% volume) is higher compared to recorded spirits. This presents the major problem of unrecorded alcohol in the EU, since the quality as such is not as contaminated as in other regions, however, the ethanol value in unrecorded alcohol is higher in strength and lower in price. Thus, unrecorded alcohol may further contribute to higher drinking amounts.

In accordance with these measures, most Member States have taken actions and introduced policies to reduce alcohol-related harm. Despite the implementation of policies at both Community and national level, the level of harm, most notably among young people, on the roads and at workplaces is still unacceptable high in all Member States.

People's Republic of China

Alcohol is intertwined in almost every aspect of the Chinese culture and has been since earliest times. However, China is such a large and diverse country that it is difficult to estimate actual alcohol consumption. 80% of China's population lives in rural areas and even more could be considered as poor, thus the ability to purchase alcohol is limited and the production of home-made alcohol in large quantities is common. Despite these problems, the WHO has estimated that the per capita alcohol consumption in China has increased over 400% between the 1970s and the late 1990s, which makes it one of the fastest growing alcohol markets worldwide. In response, alcohol-policies have been adopted, such as the policy introducing a minimum drinking age of 18 in 2006 and the 'Road Traffic Safety Law' prohibiting drunk-driving in 2011.

Russian Federation

Alcohol consumption, most notably the consumption of unrecorded alcohol is a major issue in the Russian Federation, since it has been argued that the consumption of alcohol may be responsible for 30% of all deaths in Russia, of which one third can be ascribed to illicit alcohol. Due to these high numbers the adoption of appropriate legislation was necessary. Several alcohol policies are currently effective in Russia that are manifested in the 'Concept for the Implementation of a State Policy to Reduce the Scale of Alcohol Abuse and Prevention of Alcoholism in the Population of the Russian Federation for the Period until 2020'. This concept is aimed at reducing the amount of the consumed alcohol by the population, improving the demographic situation in the country by improving the population's life expectancy and by reducing the mortality level, and at promoting a healthy lifestyle. In regards to illicit alcohol

Article 6.14 of the Code of Administrative Offenses of the Russian Federation (2001) provides for liability for the products that do not comply with the requirements of state standards, sanitary rules and hygienic norms. Nevertheless, besides these policy measures, mortality rates due to alcohol abuse in Russia remain high.

United States of America

In comparison to the prevalent global trend of drastically increasing alcohol consumption, alcohol consumption in the United States has declined by 23% over the past two decades. Furthermore, abstention is more common than in any other Western Country, with millions of Americans being in support of prohibition. This can be ascribed to strict alcohol policies, such as the agreement of all 50 states in July 1988 to have a minimum alcohol purchase age of 21. Since alcohol matters are not decided upon a federal level, individual states are able to impose even stricter policies including prohibiting the sell of alcoholic beverages in several countries altogether. In contrast, the production of distilled alcohol is regulated at national level under USC Title 26 Subtitle E Ch 51. This chapter lists several requirements, such as paying exercise tax, that must be met to produce home-made alcohol. Owning or operating a distillation apparatus without fulfilling all requirements will result in federal criminal penalties. Besides this decrease in consumption and strict alcohol policies, alcohol consumption is still the third leading cause of preventable deaths in America and three in every ten Americans will be involved in an alcohol-related car accident at some point in their life.

Further Reading

<http://www.icap.org/PolicyTools/ICAPBlueBook/BlueBookModules/21NoncommercialAlcohol/tabid/180/Default.aspx>

http://ec.europa.eu/health/archive/ph_determinants/life_style/alcohol/forum/docs/alcohol_lib15_en.pdf

http://www.euro.who.int/_data/assets/pdf_file/0003/160680/e96457.pdf