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THE IMPACT OF SUBSTANCE ABUSE IN ASIA

In 2000, alcohol, tobacco and illegal drug use ranked among the top 10 leading risk factors for disease in developed countries. According to the World Health Organization (WHO), smoking kills five million people annually, and 70 percent of future tobacco-related deaths will come from developing countries. By 2025, up to seven million people from low-income countries are estimated to die from tobacco-related diseases.

The WHO also estimates that there are about two billion people worldwide consuming alcoholic beverages, of which 76.3 million are diagnosed with alcohol use disorders. Alcohol use causes 3.5 percent of all death and disability in the world.

The use of illegal drugs is closely linked with many social and economic problems ranging from petty crimes and prostitution to poverty and international terrorism. Moreover, injecting drug use is one of the main factors contributing to the spread of HIV/AIDS in many countries in Europe and Asia.

This issue of *Health Alert Asia-Pacific* discusses the social, cultural and economic impact of substance abuse in Asia. It shows how mass media and advertising influence men, women and the youth to be hooked on alcohol, tobacco and illegal drugs. This issue also discusses the consequences of substance abuse on the sexual behavior of individuals and how it may lead to sexual abuse and violence.

On the pro-active side, the responses of various organizations to the problems posed by substance abuse are profiled. It is hoped that the activities of Thai Health Promotion, Mainline Foundation, Asian Harm Reduction Network, and the University of Southern Philippines Foundation may serve as models and inspirations for other organizations.

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WHERE DRUGS & SEX MEET– THE NEXUS

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In the southern regions of Vietnam, HIV prevalence rates that were dropping until recently are rising again, as women begin to inject readily available heroin. In well-studied Ho Chi Minh City, the nexus between sex work and drug use is clear. Qualitative and quantitative data show that street-based sex workers are more likely to inject drugs and much more likely to be HIV-infected. Female sex workers are also beginning to inject heroin in Myanmar. While injecting drug use among female sex workers is not so common in India, many of them drink alcohol.

Recently, a survey found extensive use of amphetamines and heroin among female sex workers in Phnom Penh, Cambodia. In Nagaland, in India's northeast region, sex workers who used drugs were involved in sexual networks with both the uniformed and non-uniformed military. Although this assessment was funded by the Gates-endowed Avahan project, no appropriate harm reduction activities were available for women with addictions and additional funds needed to be raised. Local NGOs that have been supporting sex workers now need to learn quickly how to offer treatment for addictions, facilitate needle and syringe programs, and provide drug substitution treatment.

United Nations Secretary General Kofi Annan noted in his UNGASS Declaration of Commitment progress report that, as of 2003, prevention services reached only 16 percent of sex workers. Many sex workers have heard of condoms but were offered nothing for their problems with drugs.

As we scramble to offer harm reduction services that are women-friendly in these few identified places where women are injecting drugs and sharing injecting equipment, we are left to wonder how long it will be before female sex workers will begin injecting in new places where opiates and amphetamines are ubiquitous.

If pockets of women who sell sex are indeed rapidly crossing over to injecting drugs in very specific locations, perhaps a regional quick-response team to provide focused "quick-start" harm reduction services for them could have an equally swift prevention impact. We should also ask urgently, how many harm reduction programs for male IDUs routinely offer sexual prevention services and advice to their clients. ❖

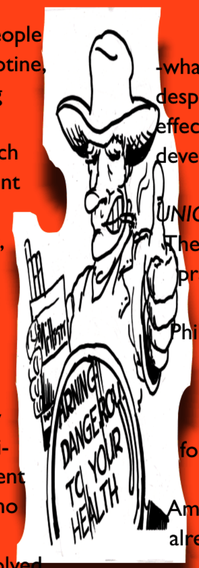
Source: Adapted from Health and Development Networks' Key Correspondent article posted in SEA-AIDS e-forum
Http://www.healthdev.org/eforums/cms/individual.asp?sid=141&sname=ICAAP

DRUGS & THE FILIPINO YOUTH

THE PERSISTENCE OF SUBSTANCE ABUSE IN ADOLESCENCE

ELMA LAGUNA UNIVERSITY OF THE PHILIPPINES

One of the pressing problems among young people is the rampant use of substances such as nicotine, alcohol and drugs. Studies conducted among Filipino youth highlight the increasing proportion of young adults who engage in risk-taking behaviors such as smoking, drinking and drug use. Current data point to the long-term consequences of these behaviors, particularly on the health of young people. It seems, however, that the desire among adolescents to be adventurous prevails over warnings on the ill effects of behaviors often labeled as "unhealthy".



Young Adult Fertility and Sexuality Survey (2002)

The 2002 Young Adult Fertility and Sexuality Survey (YAFS) conducted by the UP Population Institute and the Demographic Research and Development Foundation reports a significant proportion of Filipino youth who have experienced and are currently into smoking, drinking and drug use. The YAFS study involved 20,000 respondents from all over the country.

Smoking has been tried by almost half of Filipino adolescents, while seven in 10 admitted to having tried alcoholic beverages. Among young people aged 15-24, 11 percent admitted to having used illegal drugs sometime in their life. Such behaviors occur despite their knowledge that smoking, drinking and drugs are harmful to one's health.

It is worth noting that, true to the "adventurous" nature of young people, engagement in these behaviors is usually fleeting, as a majority eventually drops the habit. Drug use has the highest attrition rate, with about 75 percent of those who try drugs eventually abandoning it. Among those surveyed, only 2.8 percent currently use drugs; however, given that there are about 15 million young adults in the country, this translates to about 420,000 Filipinos in the 15-24 age group using drugs.

Another finding is the "younging and feminization" of risk behaviors. In 1994, smoking was experienced by 60 percent of young males and 16 percent of females. In 2002, smoking prevalence among males rose to 64 percent while that of females to almost doubled to 30 percent. The same pattern is found for drinking and drug use. In 1994, only one percent of young women admitted to ever using illegal drugs, rising to 3.2 percent in 2003 (Cruz and Berja, 2004).

Beyond these numbers, the critical question remains--what propels young people to experiment with drugs despite their awareness of the harm they can do, as well as its effects on their social, emotional and psychological development?

UNICEF Baseline Survey (2005)

The 2005 UNICEF study on the knowledge, awareness and practices of young people on HIV/AIDS and sexual health was conducted in 12 cities and provinces across the Philippines. A total of 4,111 young adults aged 12-20 were interviewed for the survey.

The UNICEF results generally follow the trend found in the 2002 YAFS; a significant proportion had tried drugs, but majority of them did not develop the habit. Among those who are 12-20 years old, seven percent have already tried illegal drugs, 12 percent among males and 2.5 percent among females. Among those who have tried drugs, four in 10 among males are current drug users while the statistic is 28 percent among females.

Marijuana appears to be the drug of choice among respondents with 54 percent of males and 48 percent of females being hooked on this drug. Shabu (crystallized methamphetamine) is also popular among young Filipinos. In terms of demographic characteristics, drug use experience varies according to age, educational status, and current enrollment status. Higher prevalence of drug use is found among older respondents compared with the younger ones. This is to be expected as age can be linked with education, more exposure and more resources for drugs. Simply put, older respondents are expected to have more money to buy drugs, are aware of where to get drugs, etc.

Results show a very slight variation in drug experimentation across educational status. However, when looking at current drug use, youth with elementary education at most are more likely to be current users than those with more education. School enrollment also appears to protect young adults from drug abuse as a higher proportion of out-of-school youth are hooked to drugs (i.e., use drugs daily).

Timing of drug initiation likewise varies according to the respondents' characteristics. Interestingly, females, on average, try drugs earlier than males (14.5 years old for females; 15 years for males).

The likelihood of drug use increases by 47 percent with age, while males are six times more likely to use drugs than females. On the other hand, being enrolled and having a college education decreases the likelihood of drug use by 40 to 47 percent. Moreover, a good relationship with siblings decreases propensity to use drugs by 34 percent.

Considering the illegal nature of drugs in the country and widespread awareness on the negative effects of drug addiction, further studies in the risks for drug abuse among the youth should be a priority concern. More than simply counting the number of drug users, further analyses should look into other contextual factors that might affect adolescent behaviors. ❖

USPF: EDUCATING INJECTING DRUG USERS

With a long history of community work, one of the University of Southern Philippines Foundation's (USPF) most remarkable outreach programs is its advocacy among injecting drug users (IDUs) to promote HIV/AIDS prevention by establishing programs on IDU intervention and harm reduction.

USPF initiated a clean-up drive to end the indiscriminate disposal of used syringes and introduced the idea of rotating the placement of injections to minimize infections. It teaches the proper use of needles and offers counseling services to IDUs. It also distributes free needles and syringes whenever these are available. It has mobilized and trained groups of harm reduction advocates among former and current IDUs to work in various community outreach and peer education activities.

An IDU who graduates from USPF seminar-workshops receives a kit, which contains condoms, syringes, swabs, alcohol and information materials, all of which can be replenished when they return to the clinic for testing and follow-up counseling. Also discussed in the seminar-workshops are topics on safer sex, Hepatitis C and health care.

In dealing with the IDUs, the foundation's approach is to promote self-esteem among drug users who feel that they are social outcasts. USPF educates IDUs in a non-coercive, non-judgmental and highly confidential manner. The foundation also empowers IDUs by inviting them to join advocacy activities such as the World AIDS Day. ❖

Source: 2005 Philippine HIV/AIDS Country Profile. Health Action Information Network.

HARM REDUCTION DEMYSTIFIED

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In the face of such dire circumstances, harm reduction sheds some hope that there is a way to effectively deal with the epidemic and save the lives of people at risk. Harm reduction has been defined by the International Harm Reduction Association as an approach that "focuses on reducing the harm related to drug use rather than eliminating drug use itself. Harm Reduction aims to prevent the spread of infections including HIV/AIDS, hepatitis and other blood-borne infections; reduce the risk of overdose and other drug-related fatalities; and lessen the negative effects drug use may have on individuals and communities, including poverty and crime."

Often misinterpreted as a lenient and permissive stance on drug use, harm reduction is, in fact, a strategy that complements demand, supply and poverty reduction policies and enhances their efficiency. Fundamentally, harm reduction, also known as risk minimization, is based on a set of principles that provide the groundwork for replicable interventions for people using drugs. At the core of these principles is a hierarchy that means to achieve the following goals:

- To encourage the drug user to stop using illicit drugs;
- To encourage the drug users to stop injecting illicit drugs;
- To ensure that the drug user does not *share* any of their injecting equipment, especially needles and syringes, with any other person; and
- If sharing does occur, to ensure that the injecting equipment is disinfected between each use.

Misconceptions regarding harm reduction often come from its non-judgemental and morally neutral attitude. Harm reductionists do not compel drug users to stop using drugs; instead, it insists that drug users should be careful and manage the risks associated with drug use to prevent related hazards. Indeed, reducing the harmful consequences of drug use without necessarily reducing drug consumption is a staple in the approach and has been demonstrated to increase adherence and involvement in various health services.

As such, the best way to get the message across to drug users is by involving them, as well as recovering users, in the delivery of information, education and services and the design and planning of programs and policies that will inevitably affect them. As may be expected, what is shared will be better received when it comes from a peer with whom a user can identify.

It is important to note that harm reduction services, as a complement to other HIV/AIDS and drug use strategies and policies, should always be part of a greater set of services that maximize applicability, access and efficiency. These core services include pharmacotherapy (methadone and buprenorphine substitution or maintenance therapies for example), needle and syringe exchange programmes (NSEP) and outreach. Scientific evidence has consistently demonstrated that such services are effective in reducing the adverse effects of drug use. An UNODC report states that "in those few cases in which they [harm reduction] have been tried, such as in small-scale pilot projects, they have been found them to be effective in slowing, stabilizing and reversing the spread of HIV among IDUs and their sexual partners".

Unfortunately, even with plenty of evidence and the presence of enabling policies, access to harm reduction services in Asia remains limited. Moral and ideological opposition and non-comprehensive approaches to HIV/AIDS and drug use constrain implementation. While replicable and good practice models have been successfully developed in Hong Kong, Iran, India, Indonesia, Malaysia and Vietnam, support in terms of resources and policies remains marginal.

Ultimately, constraints on harm reduction programs burden not only drug users but also the rest of society. Denying drug users preventive assistance and social care by insisting on responses that demonize them hampers the delivery of crucial support that can truly help them break the vicious cycle of drug use and HIV/AIDS. ❖

POVERTY, HIV/AIDS & DRUG USE

On September 26, 2005, a large scale regional project called "From Margins to Mainstream" was launched by the Mainline Foundation and the Asian Harm Reduction Network (AHRN). Addressing the linkages between poverty, HIV/AIDS and drug use, the four-year project (2005-2008) kicked off in Chiang Mai, Thailand with the first of four workshops, held from September 26 to 30.

It is widely accepted that there is a strong triangular correlation between HIV/AIDS, drug use and poverty. In the Asia Pacific region, 1,192 people die every hour of AIDS, and up to 85 percent of new reported HIV/AIDS cases in Asia are due to the sharing of unclean needles used for injecting drugs. Moreover, 95 percent of those living with HIV/AIDS and more than half of the estimated 13 million drug users worldwide live in developing countries.

Mainline Foundation, an NGO based in the Netherlands, and the Asian Harm Reduction Network are taking the first step in addressing these linkages. AHRN and Mainline, along with seven other organizations from Cambodia, India, Indonesia, Iran, Malaysia, Nepal and Pakistan, are working together in order to develop innovative and replicable responses to the proliferation of drug use and HIV/AIDS in resource-poor settings.

The objective of the project is to create opportunities to develop a local infrastructure that alleviate the effects of poverty. Another component of the project seeks to empower vulnerable and disenfranchised communities living on the margins to be reintegrated in the mainstream. The aims are derived from the overwhelming conviction that HIV/AIDS and drug use are poverty driven; thus, specific responses tailored to the national context and local situation are planned. These responses range from the provision of hospice care and the support of homeless people living with HIV/AIDS in Malaysia, to planting a vineyard producing organic table grapes in Pakistan. Other responses include outreach programs to hidden population segments and social care for the homeless and the youth.

The lively and informative exchanges that took place during the September workshops illustrated lessons learned, potential obstacles and real successes from the region.

In sum, the workshop led to critical thinking, dialogue and discussion on the nature of poverty and its effects on disenfranchised communities, particularly with regard to street-based drug users. The work undertaken in Chiang Mai provided the foundation for NGOs to present their work dealing with the causes and effects of poverty, open avenues for financial support, and steer opposition away from controversial services and approaches.

The show of solidarity from the participants and the level of commitment from partner organizations highlight the fact that networking and synergy are effective tools in tackling HIV/AIDS and drug use through their root cause: poverty. It is clear that poverty is an unacceptable human condition that is not only a problem for the poor but concerns everyone as responsible global citizens. ❖

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WHERE DRUGS & SEX MEET- THE NEXUS

Epidemiologists have often concentrated on one easily-identified behavior as an amplifier of the HIV/AIDS epidemic: male IDUs buying sex. Sharing injecting equipment is a much more efficient way of acquiring and transmitting HIV than unprotected sex. It is a reasonable assumption that the majority of drug users are men, and it is true that gender expectations make men more vulnerable to addictions, but women also use drugs.

Shortly after the *International Conference on AIDS in Asia & the Pacific*. (ICAAP) in Melbourne in 2001, the report *Revisiting the Hidden Epidemic* described women using drugs in China, Vietnam, Nepal, Philippines, India, Bangladesh, Indonesia, Sri Lanka and Pakistan.

Though there is a dearth of studies on the nexus between sex work and drug use in China, government surveillance figures demonstrate that street-based sex workers who are being held in detention centers are known to be HIV infected. Off the record, people say that injecting drugs is taking place even among sex workers who work in barber shops.

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Drug abuse is closely linked with other problems associated with urbanization and migration. Although urban centers may offer better opportunities, this highly competitive environment also pushes many people to suffer from poverty, marginalization and the lack of social safety nets. In Asia, most opiate abusers come from lower income groups and are often marginalized or excluded from mainstream social and economic structures. However, recent research has shown a different situation for ATS abuse: a study conducted in Bangkok in 2000 reveals a growing number of ATS users who take drugs for stress relief, to fight fatigue or have fun.

Intravenous Drug Use and HIV/AIDS

Since the 1980s, Asia has continued to experience the twin epidemics of injecting drug use and explosive rates of HIV/AIDS. Sharing and re-using needles is widespread throughout Asia with up to 50 percent of IDUs sharing needles.

In some Asian countries, the HIV epidemic is concentrated among injecting drug users (IDUs). In Indonesia, IDUs previously made up less than one percent of people with HIV, but in 2001, it has increased to 19 percent. In China, 70 percent of people infected with HIV are IDUs. The same rates are found in other Asian countries such as Myanmar (63%), Vietnam (65%), Malaysia (70%), Nepal (50%) and Iran (75%).

While injecting is usually associated with heroin use, many countries now report the injection of amphetamines, which is more common in Japan and South Korea, but also occurring in Thailand, Laos, Indonesia, the Philippines and China. Even if injecting methamphetamines has not yet reached high levels in Asia, it may still influence the spread of HIV among drug users as it encourages risky sexual behavior.

Challenges and effective responses

The criminalization of drug abuse in many Asian countries has posed challenges in effectively providing treatment to drug users and curbing drug addiction. As there are different reasons for taking drugs, responses should also be flexible and varied; drug control measures should be responsive to different contexts of use.

efforts also must be made to improve primary health care, reduce criminality, and improve social order and justice to curb the demand for drugs. Moreover, rehabilitation must develop from mere detoxification to more meaningful rehabilitation measures that will facilitate reintegration into the larger community

Lastly, a comprehensive harm reduction approach that includes education regarding the risks of sharing needles, introduction of peer and outreach educators, delivery of primary health care services, and provision of voluntary counseling and HIV testing for drug users must also be implemented. ❖

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HARM REDUCTION DEMYSTIFIED

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ASIAN HARM REDUCTION NETWORK

Many stakeholders recognize that the HIV/AIDS epidemic in Asia is being driven by injecting drug use through the sharing of non-sterile syringes and needles. With approximately 5.5 million injecting drug users spread all over Asia, it is not surprising that the twin HIV/AIDS and drug use epidemic being considered as a major concern. Being home to 60 percent of the world's population and being a major drug production and trafficking nexus, Asia faces an uphill battle against HIV/AIDS, Hepatitis C, sexually transmitted infections and drug abuse.

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DRUG ABUSE IN ASIA
VULNERABILITIES & CHALLENGES AHEAD

MA. DONNA C. MIRANDA

Drug abuse in Asia has been present for thousands of years. Aside from dealing with a long tradition of smoking opium and heroin among its indigenous population, persistent poverty and poor economic opportunities have pushed many of its people into the more lucrative option of producing illicit drugs. With growing global demand for illicit drugs, developing countries in Asia easily find themselves as the main producer of opium poppy. Afghanistan is currently producing 87 percent of the world's illegal opium supply with increasing amounts processed into heroin and morphine.

Asia is not only the main producer of illicit drugs but also faces an increasing problem of consumption. Poverty, limited economic opportunities, unequal distribution of wealth, increasing marginalization, and political conflict are among the reasons that feed Asia's drug trafficking situation. Like other public health concerns such as tuberculosis and HIV/AIDS, poor social structures and security impede efforts to curb drug addiction in Asia.

The United Nations Office on Drugs and Crime (UNODC) World Drug Report for 2005 reveals that some 200 million people, or five percent of the world's population aged 15-64, have used drugs in the last 12 months. Of this figure, 160 million people used cannabis, 26 million people used amphetamines, and eight million used ecstasy. Today, opiates continue to be a major problem especially in Asia. In Europe and Asia, opiates accounted for 62 percent of all drug treatment cases in 2003.

Prevalence estimates for drug use in Asia are scarce, with large-scale surveys conducted only in Thailand, the Philippines and Japan. Surveys from Thailand and Japan report that cannabis is the most common drug and amphetamine type stimulants (ATS) represent a close second. In 2001, the Thai national household survey reported that ATS is replacing cannabis as the most commonly used drug in Thailand. In the Philippines, cannabis and *shabu* (crystalline methamphetamine) are the most commonly used drugs. The Philippines, Thailand and Japan generally report higher levels of methamphetamine use relative to other countries in the region.

A study conducted in 2004 by the UNODC on the use of ATS in East Asia and the Pacific reveals clear evidence of an increase in ATS use. Findings from the report show dominant use of methamphetamine in the region, with the exception of China where higher levels of ecstasy use are reported. Methamphetamine pills dominate in Thailand, Myanmar, Cambodia, Vietnam and Lao PDR, while crystalline methamphetamine is widely used in Japan, the Philippines, Singapore, Brunei Darussalam and Malaysia. Use of methamphetamine has continued to increase over the past year in many countries in the region. Despite rising levels of ATS use in many countries, heroin remains the major drug problem in the region as it continues to dominate treatment demand and drug-related offences in most countries. Moreover, the injection of the drug presents a major concern for HIV transmission.

Along with drug production and trafficking comes the increasing problem of consumption. Studies have shown that addiction rates are higher in drug producing areas and trafficking routes. For instance, Thailand is considered to have the worst amphetamine abuse problem in the world, with millions of amphetamine pills flowing into the country from Myanmar every year. The same is observed in the Yunnan province of China, as it happens to be located on the heroin trafficking route from Myanmar to Hong Kong. Many Asian cities serve as transit points for drug trafficking, among them Bangkok, Kuala Lumpur, Singapore and Hong Kong.

Even when there is no special occasion, many Filipinos hang out together in the streets, in front of their houses and convenience stores for binge drinking. This is particularly true in low-income communities where men would share a bottle of gin. Binge drinking usually lasts the whole day; most of the time, the drinking session ends when there is no one left standing.

Alcohol often affects ones behavior and judgment. Women become more talkative, laugh more loudly, and even flirt more. Men, already usually loud, become boastful and aggressive. Alcohol even emboldens risky behavior, sometimes leading to unsafe sex which leads to STIs or unplanned pregnancy. Like in any other society, drunkenness among Filipinos results to sexual abuse, drug abuse, suicide, violence and vehicular accidents

Young Drinkers

The youth comprise 20 percent, or 15.1 million, of the Philippine population; thus, they are also the target market of many industries. Alcohol advertisements target young people using the coming-of-age theme, shifting from sleazy to hip marketing strategies. Hence, while the law sets the minimum legal drinking age at 18, underage drinking is widespread in Philippine society. Young drinkers get alcohol from home with or without their parents' permission, from friends, or they buy it themselves.

The Young Adult Fertility and Sexuality Study (YAFS) shows that the number of young alcohol drinkers increased from 45 percent in 1994 to 60 percent in 2002. The YAFS study also reports that 45 percent of Filipino youth smoke and 25 percent use illegal drugs. While alcohol use is the most common vice among Filipino youth, alcohol use receives the least attention compared with smoking or illegal drug use.

Teens try beer out of curiosity based on what they observe in their families, hear from friends, and see in media. Even more dangerous is when they believe in wrong notions about alcohol. For instance, some teenagers believe that they won't get drunk if they take drugs with alcohol. The YAFS study also reveals that most first time sex experiences among teenagers happened while they were drunk. Such instances leads to unwanted pregnancies, which could make them stop attending school.

Alcohol abuse is a major social and economic concern in the Philippines. More steps should be done by government, media, civil society and families to reduce the risks posed by alcoholism. The government should enact policies that protect against this threat, while the private sector should be more responsible in promoting and advertising alcohol drinking as a lifestyle. ❖

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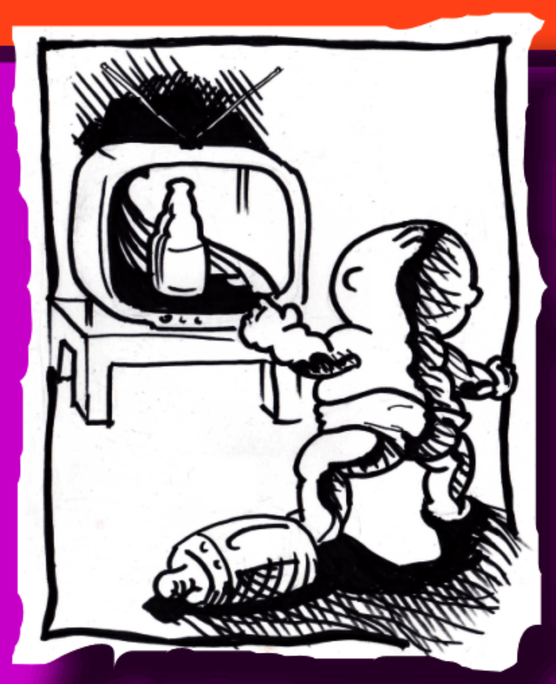
A TALE OF NUMBERS

- 76.3 million persons diagnosed with alcohol use disorders
- 15.3 million persons diagnosed with drug use disorders
- Injecting drug use reported in 136 countries; 93 countries report having HIV cases among this group
- For US$ 1 invested in drug treatment, US$ 7 are saved in health and social costs



YOUNG AND INTOXICATED

THE SOCIAL ASPECT OF ALCOHOL DRINKING AMONG FILIPINO YOUTH

JOYCE P. VALBUENA
Health Action Information Network

Alcoholism is a growing social concern in the Philippines. While there may be no official statistics available, the consequences of alcoholism are very obvious when you go out in the community or inside homes. There are many undocumented cases of alcoholic persons who just collapse in the streets because of drunkenness.

This could be due to the fact that most Filipinos do not consider alcoholism as a medical problem. Most Filipinos do not submit to medical treatment even if they are considered to be severely alcoholic (i.e., being drunk all day, every day).

The Philippines ranks behind other Asian countries in per capita pure alcohol consumption (3.75 liters), well behind Thailand (8.47 liters), South Korea (7.71 liters) and Japan (7.3 liters). However, this does not give the true picture of consumption patterns in many countries. For instance, the estimated volume of unrecorded consumption in the Philippines is 3.0 liters of pure alcohol per capita for people over 15 years old. Unrecorded alcohol consumption in the Philippines could be attributed to traditionally-produced alcoholic beverages produced in villages or homes, and are not being accounted for in statistics.

Moreover, the influx of commercial and imported drinks intensifies alcohol drinking among many Filipinos. The market is flooded with imported alcoholic beverages at very low prices. American, European and even occasional Chilean or South African wine are available locally, sometimes for less than PhP 200 (US$ 5) a bottle.

According to the Family Income and Expenditure Survey, the average Filipino family spends about one percent of their income for alcoholic beverages. Beer is the favorite among Filipinos because of its affordability and availability.

Drinking, Culture and Advertising

Drinking is embedded in Filipino culture, and alcohol drinking is a big part of Filipino merry-making activities and festive rituals. Almost every event of any significance is marked with some sort of ceremony or celebration, and almost all of these rituals involves alcohol.

The alcohol industry banks their advertising strategy on much-loved Filipino traditions as it animates the way Filipinos celebrate. Beer and liquor are portrayed with positive images focusing on basic Filipino values. For instance, beer and other alcoholic beverages have been associated in advertising with thirst quenching, male bonding, friendship and camaraderie, unity, youthfulness and fun, among others.

Alcohol appears in the media as part of daily Filipino life--from soap operas to situation comedies to basketball games to music videos. Advertising portrays a direct line between alcohol and happiness, sexual conquest, success and excitement. Alcohol drinkers are portrayed as heroic, attractive, athletic and successful. While Filipino women are still being shown as the fantasy of male beer drinkers, alcohol beverage companies are intensifying their campaign to target women as the number of working women increases, giving them disposable income to spend on alcoholic drinks.

MAKING PUBLIC HEALTH A GOVERNMENT CONCERN
THE THAILAND EXPERIENCE

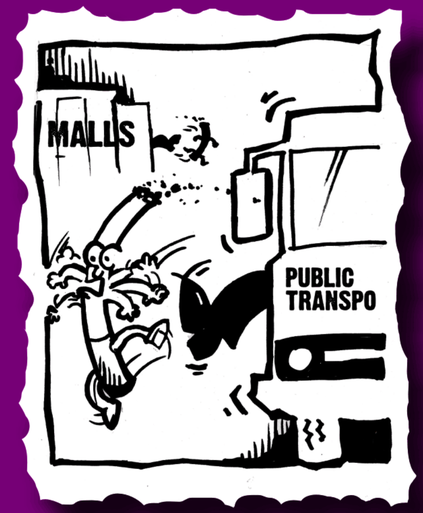
MICHAEL DAVID C.TAN

In 2002, when the Institute for Thai Health Promotion (ThaiHealth) insisted that health warnings should take up half the space of cigarette packs sold in Thailand, the giant tobacco makers were obviously not pleased. But Dr. Hatai Chitanondh, president of ThaiHealth, argued for the policy, defending the right of the Thai government to introduce policies designed to protect its people from ill health. "This is a public health issue," he said. "We should stand up to such threats."

Thailand's fight against the proliferation of smoking started in 1996 when the Fiscal and Financial Master Plan for Social Development was formed, which established an autonomous health promotion institute and a health insurance fund to finance its efforts. This was a response to international commitments to public health, including the World Health Organization's (WHO) call for public health organizations to tackle preventable health problems and to help the people achieve physical, spiritual and social well-being. In 2001, ThaiHealth was established by the Health Promotion Foundation Act of 2001 with the main objective of reducing sickness and death as a way to improving Thais' quality of life.

Responding to a need

ThaiHealth has an annual budget of US$ 35 million, sourced from two percent of the excise taxes on tobacco and alcohol. With the revenue not subject to normal budgetary processes, ThaiHealth reports directly to the Cabinet and the Parliament, granting it considerable autonomy. This autonomy has allowed ThaiHealth to succeed in its undertakings, acting as a catalyst for changes in values, lifestyles and social attitudes. Already, smoking is banned in at least 22 types of public areas in Thailand including buses, taxis, phone booths, air-conditioned restaurants and malls.



Latest data show that smoking is the most significant risk factor in Thailand, with an estimated 42,000 people having died from smoking-related illnesses in the last two decades. Although the smoking rate among Thais aged 15 and above has decreased from 35.2 percent in 1981 to 22.4 percent in 2001, over 10 million people still smoke--nearly a sixth of the population--with a growing number among children, young adults and women. According to a study by the Thailand Action on Smoking and Health Foundation, around 125 Thais die every day from smoking-related illnesses a worrying picture since the youngest Thai smokers start puffing at the age of 11.

To counter a resurgence of smoking in Thailand, ThaiHealth is coordinating its efforts with different partners, such as the Single Parent Network. One of its drives is the removal of cigarette packs behind or beside cashiers' counters in retail shops and convenience stores to limit point-of-sale advertising. While this seems like a small undertaking, ThaiHealth stresses its importance because point-of-sale displays of cigarettes is considered an inducement for young people to smoke, and getting rid of it may just stop new smokers from taking the habit. An estimated 500,000 retail outlets, ranging from small stores to supermarket chains, are being targeted by the drive.

ThaiHealth's latest effort is the bid to require tobacco companies to place graphic warnings on at least 50 percent of their covers, a big leap considering that even the Framework Convention on Tobacco Control only expects such warnings to eat up 30 percent of the packet's cover. Already, 12 pictures have been identified to appear on cigarette packets, including graphic images of lung cancer, heart disease, smoke-stained teeth, and a curved cigarette to depict the impotence suffered by male smokers. With this policy, Thailand has become only the fourth country after Canada, Brazil and Singapore to impose this. In Canada, up to 44 percent of smokers have reconsidered their habit upon seeing these graphic warnings.

ThaiHealth's health promotion strategies take a holistic view of health and there remains much to be done. Already, all of these efforts send a strong signal to other Southeast Asian countries that it is possible even for developing countries to have effective tobacco control measures that protect public health. ❖

SMOKE SIGNALS

When the traffic lights turn red, *Mang* Julio Ramirez crosses the busy highways to sell cigarettes, often a stick at a time to *jeepney* drivers. Earning only about US$ 20 cents per pack of 20 cigarettes, he says, "It doesn't earn me a lot but it helps me survive." A cigarette vendor for over 20 years now, Mang Julio's case is no different from many street vendors in the Philippines.

According to 1998 estimates, no less than 47,500 hectares of Philippine farmland were planted with tobacco, yielding over 70,000 metric tons of the product. This is estimated to be worth over PhP 102 million (US$1.88 million), which generated PhP 21.4 billion (US$396 million) in tax revenues and other fees. As of 1995, the National Tobacco Authority (NTA) estimated that at least 2.1 million people are provided with livelihood by the tobacco industry--at least 75,000 farmers and 11,000 tobacco manufacturing employees, plus the cigarette vendors, resellers, small store owners, and other downstream industries. That the tobacco industry helps people earn a living has actually been one of the arguments defending the industry.

However, studies conducted by the Department of Health (DOH) estimate that at least 250,000 active and passive smokers suffer from lung cancer, chronic obstructive pulmonary disease, coronary artery disease, and cerebrovascular disease. Nearly 80 percent of these cases (200,000) will affect Filipino males in their productive ages, and about five percent of them will die within a year. Caring for these people will cost Filipino taxpayers PhP 46 billion (US$ 85 million) annually, with another one billion pesos (US$18.5 million) in productivity lost due to illness and PhP 18 billion (US$333 million) lost due to death.

Approximately one in three Filipinos (34 percent) smoke. According to the National Nutrition and Health Survey (NNHS) conducted in 2003-2004 by the Food and Nutrition Research Institute, an estimated 20,000 Filipinos die annually from smoking-related illnesses, leaving the government poorer by about PhP 46 billion in economic and medical costs. ❖

MICHAEL DAVID C.TAN

RESOURCE LIST

Global Status Report: Alcohol & Young People [2001]
http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.1.pdf

Drawing on WHO's global alcohol database, this report provides an overview of the prevalence of drinking among young people, alcohol-related mortality and other health effects, trends in the alcohol environment surrounding youthful drinking, and prevention policies designed to reduce alcohol-related problems among the young.

International Guide for Monitoring Alcohol Consumption and Related Harm [2000]
Http://whqlibdoc.who.int/hq/2000/WHO_MSD_MSB_00.4.pdf
This document provides guidance to WHO Member States on epidemiological monitoring in order to inform and facilitate effective policy formulation and improve the global and regional comparability of data on alcohol use and health consequences. It is intended to provide general principles and practical guidance on the development of realistic and effective sets of indicators of alcohol consumption and harm for different countries with different levels of resources.

What Do People Think They Know About Substance Dependence [2001]
http://www.who.int/substance_abuse/publications/en/37325-E.pdf

This pamphlet attempts to shed some light on the highly complex and at times controversial issue of substance dependence. It contains myths and facts concerning the issue and is aimed primarily at policymakers responsible for substance dependence prevention, treatment and support programs. [Available in Chinese, English, French, German, Portuguese, Spanish]

All WHO publications may be requested from World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

Substance Use and Abuse Awareness Guide
http://www.bw.edu/resources/hr/substance/index.html
Developed for the Baldwin-Wallace College academic community in Ohio, USA, this publication provides practical information, in checklist format, in identifying symptoms of alcohol and drug dependence. It also suggests how you can be a part of the solution.

Gender Differences in Substance Dependence and Abuse (2004)
http://www.drugabusestatistics.samhsa.gov/2k4/genderDependence/genderDependence.pdf
A national survey in the USA, this study provides information on the prevalence, patterns, and consequences of drug and alcohol use and abuse presented with emphasis on gender perspectives.

The Globe
This journal is concerned with the international aspects of alcohol problems and provides a venue for organizations which give focus to the struggle against the worldwide influence of the alcoholic beverage industry. Available in print and electronic copy. Contact Global Alcohol Policy Alliance, Alliance House, 12 Caxton Street, London, SW1H 0QS, UK. gapa@ias.org.uk

Websites
http://www.tobaccoprogram.org/
The Tobacco Dependence Program is dedicated to reducing the harm to health caused by tobacco use through education, treatment, research and advocacy. Based in New Jersey, USA; email: info@tobaccoprogram.org

The Framework Convention Alliance
http://www.fctc.org/factsheets/index.php
The Framework Convention Alliance (FCA) is an alliance of approximately 200 non-governmental organizations representing about 80 countries around the world that are working jointly and separately to support the development, signing, and ratification of an effective Framework Convention on Tobacco Control (FCTC) and related protocols.

A series of fact sheets are available on the internet. They are designed for policymakers, NGOs, journalists and others interested in tobacco. They provide summaries of current research, provide responses to common industry arguments, give some guidance on the relevant sections of the global tobacco treaty (the FCTC), and provide sources for more information. Contact: Rue Henri-Christiné 5, Case Postale 567, CH-1211, GENEVA, Switzerland. FCA@globalink.org

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