

Alcohol and alcohol-related harm in China: policy changes needed

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Abstract In China, alcohol consumption is increasing faster than anywhere else in the world. A steady increase in alcohol production has also been observed in the country, together with a rise in alcohol-related harm. Despite these trends, China's policies on the sale and consumption of alcoholic beverages are weak compared with those of other countries in Asia. Weakest of all are its policies on taxation, drink driving laws, alcohol sale to minors and marketing licenses. The authors of this descriptive paper draw attention to the urgent need for public health professionals and government officials in China to prioritize population surveillance, research and interventions designed to reduce alcohol use disorders. They describe China's current alcohol policies and recent trends in alcohol-related harm and highlight the need for health officials to conduct a thorough policy review from a public health perspective, using as a model the World Health Organization's global strategy to reduce the harmful use of alcohol.

Abstracts in **عربي, 中文, Français, Русский and Español** at the end of each article.

Introduction

In China, alcohol consumption is increasing faster than other parts of the world. Data from recent decades show a steady increase in alcohol production and consumption and in rates of alcohol-related conditions.^{1,2} These dramatic increases, noted after the 1980s, stem from China's fast economic development and the parallel rise in average income level.

Drinking alcoholic beverages has been traditionally accepted in China during major social events, such as the spring festival, wedding ceremonies and birthday parties. However, the rapid growth in the Chinese economy has been accompanied by noticeable changes in the drinking behaviour of the Chinese population. Furthermore, alcohol is now commonly consumed to relieve stress, facilitate social interaction and foster good relations between supervisors and employees, since these often eat out together after work or hold business meetings over dinner.^{1,2}

In this article, we first review recent trends in alcohol-related harm in China, primarily alcohol use disorders, and then describe the policies in place to mitigate alcohol-related harm. We finish with a set of recommended policy changes that could help contain the rapid increase in alcohol-related harm currently observed in the country.

Drinking and drinking patterns

A recent national survey of drinking in China revealed that 55.6% of the men and 15.0% of the women were current drinkers.³ Among respondents who endorsed alcohol consumption, 62.7% of the men and 51.0% of the women reported excessive drinking, 26.3% and 7.8%, respectively, reported frequent drinking, and 57.3% and 26.6%, respectively, reported binge drinking. These figures show that China has experienced dramatic increases in the consumption of alcoholic beverages since the late 1970s and even the 1990s.⁴ High-risk drinking behaviour has reached epidemic proportions in China.³

The Chinese population consumes a wide range of alcoholic beverages. The production of most alcoholic beverages has increased steadily since 2004 (Fig. 1), to the point that China is now one of the largest beer-producing countries in the world.⁵ Wine production and consumption have also increased substantially. The average annual consumption of alcohol among Chinese people 15 years of age or older has increased progressively, from 0.4 litres of pure alcohol in 1952 to 2.5 litres at the end of the Cultural Revolution in 1978,¹ to 4.9 litres in 2009. Furthermore, a substantial amount of unrecorded alcohol is also produced and consumed in China, so that the data in Fig. 1 only reflect the alcohol production officially recorded by the government.

In many places, especially in socially and economically disadvantaged areas, alcoholic beverages whose production goes unrecorded account for a considerable proportion of the alcohol consumed. As shown in Table 1, approximately 1.7 (30%) of the 5.9 litres of pure alcohol consumed in China in 2000 were unrecorded. Many cases involving the illegal, unrecorded manufacture and sale of alcoholic beverages have been unreported, some of which have resulted in mass poisoning and death. The sale and use of illegally manufactured liquor are almost impossible to regulate and must be eradicated. Morbidity and mortality from poisoning with methanol and other contaminants are a major public health concern.

Alcohol-related harm

Alcohol-related harm has not been systematically studied in China because reliable data are not available. Alcohol use disorders (AUDs), which encompass harmful patterns of drinking, such as alcohol dependence and abuse, have grown to become a frequent problem linked to disturbances in mental and physical health and in social functioning in China. According to recent World Health Organization (WHO) estimates, rates of AUD in China are 6.9% and 0.2% among men and women, respectively.⁶

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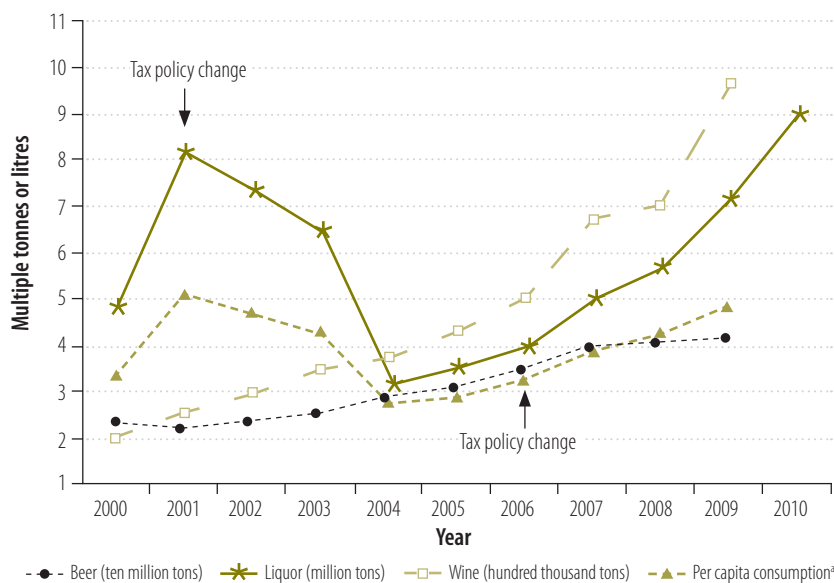
According to a review by Hao et al.,¹ the average rate of AUD in China increased from 0.455% (in Chongqing, a former city in Sichuan province, now a municipality with a population of approximately 29 million in 2010) in the mid-1980s to 3.428% (in a national population sample) in the mid-1990s. In a study involving four Chinese provinces, Phillips et al. found that the lifetime prevalence rate of AUDs was 9.0% in 2001–2005.⁷ It is difficult to ascertain to what extent differences in diagnosis, survey methods and reporting have contributed to the dramatic increase in the prevalence of AUD in China. Nonetheless, such a rise has paralleled equally dramatic increases in commercial alcohol production and changes in Chinese society's alcohol consumption habits.

The sex ratio in the rates of alcohol abuse and dependence in China is particularly interesting. Alcohol dependence exists when a person craves alcohol, develops a tolerance for it and is unable to refrain from drinking despite experiencing harmful consequences, such as liver damage or depression.⁸ On the basis of the above-mentioned studies, the male to female ratio in the rate of alcohol dependence is approximately 33:1,⁹ significantly higher than in developed countries. In Chinese culture, women are discouraged from drinking alcohol and from using illicit substances, but the current sex differential is likely to diminish in the future in the face of rising income levels and increased marketing.¹⁰

Studies have also suggested that the pattern of AUDs in urban populations in China is now quite similar to that seen in high-income countries. The pattern is still different in rural areas, where about 50 to 60% of the Chinese population lives. Urban surveys in China have repeatedly shown a significantly higher prevalence of alcohol dependence than rural surveys and a higher prevalence of AUDs among older males.^{11–13} Surveys that have included both urban and rural regions have revealed the prevalence of alcohol dependence to be higher than that of alcohol abuse.⁹ These findings highlight the need for treatment resources, especially in rural areas.

As in many other countries, in China excessive drinking has shown an association not just with health-related harm, but also with social harm, specifically traffic accidents,¹⁴ crime and child abuse,¹⁵ domestic violence^{16,17} and inju-

Fig. 1. Average annual national production of alcoholic beverages and average annual per capita consumption of alcohol in China, 2000–2011



^a Per capita annual consumption of pure alcohol (litres).

ries of all types, including work-related injuries.¹⁸ However, the data are very sparse and most studies are based on case analysis or small clinical samples. This points to the need for better epidemiological surveillance of alcohol use indicators in China's general population.

A public health approach to policy

Given the dramatic increase in alcohol production and consumption and of alcohol-related harm in China over the past 30 years, national alcohol policy in the country needs to be reviewed to improve policy coordination and enforcement, alcohol-related research, population surveillance and treatment services for people with AUDs. A review conducted by the authors, whose results are presented in Table 1, shows that many aspects of alcohol policy are weaker in China than in its neighbouring countries. New policies are needed in areas such as taxation, drink driving laws, alcohol sales to minors, marketing controls, licensing and regulation of availability of alcohol. For example, China has no enforceable legal drinking age and does not regulate when or where alcoholic products are sold.

Weak alcohol policies create conditions conducive to increased alcohol consumption and alcohol-related problems.¹⁰ China is pressed to conduct

a thorough review of its alcohol policies from a public health perspective. To guide this effort, we recommend that China's government officials follow WHO's *Global strategy to reduce the harmful use of alcohol*¹⁹ as a model for the planning and implementation of a public health approach to alcohol control. Many of the interventions in the strategy are universal measures intended to reduce the affordability, availability and accessibility of alcohol.²⁰ Given the broad reach, these measures are expected to have a large public health impact, especially if the informal market and illegal production of alcoholic beverages can be controlled. When universal measures are combined with interventions targeted at high-risk populations, such as adolescents (age restrictions), automobile operators (drink driving regulations), alcoholics (treatment and support) and hazardous drinkers (brief interventions in primary health care), the combined effect is likely to be substantial.

In the following sections, we describe how key aspects of WHO's global strategy apply to China and what additional measures are required to implement it. Of note, some policies have already been adopted in China and data regarding their effectiveness are available. Others, however, need to be assessed in the future for possible adjustments.

Table 1. Alcohol use disorder (AUD) prevalence and alcohol control policy in China and its neighbouring countries, 2003–2005

	China	India	Japan	Republic of Korea	Malaysia	Mongolia	Myanmar	Philippines	Russian Federation	Thailand	Viet Nam
AUD^a prevalence (%) in people aged ≥ 15 years											
Males	6.9	3.47	2.25	13.10	3.74	5.95	1.62	7.95	16.29	10.18	4.13
Females	0.22	0.42	0.13	0.41	0.42	0.20	0.05	0.95	2.58	0.99	0.14
Per capita average alcohol consumption (litres) in people aged ≥ 15 years											
Recorded/unrecorded	4.2/1.7 ^b	0.6/2.0	7.8/0.2	11.8/3.0	0.5/0.3	1.2/2.0	0.1/0.5	4.4/2.0	11.0/4.7	6.4/0.7	1.1/2.7
Excise tax on:											
Beer	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA
Wine	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA
Spirits	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	NA
National legal minimum age for off-premise sales of:											
Beer	No	Subnational	20	19	18	18	18	18	18	20	No
Wine	No	Subnational	20	19	18	18	18	18	18	20	18
Spirits	No	Subnational	20	19	18	18	18	18	18	20	18
National legal minimum age for on-premise sales of:											
Beer	No	Subnational	20	19	18	21	18	18	18	20	No
Wine	No	Subnational	20	19	18	21	18	18	18	20	18
Spirits	No	Subnational	20	19	18	21	18	18	18	20	18
Restrictions for on-premise sale of alcoholic beverages:											
Time	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	NA
Location	No	Yes	No	No	No	Yes	Yes	Yes	Yes	Yes	NA
Restrictions for off-premise sale of alcoholic beverages:											
Time	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Location	No	Yes	No	No	Yes	Yes	Yes	No	Yes	No	NA
National maximum legal blood alcohol concentration while driving, mg per 100 ml	0.02	0.03	0.03	0.05	0.08	0.05	0.07	– ^c	0.03	0.05	ZT
Legally binding regulations on:											
Alcohol advertising	Yes	Yes	No	Yes	Yes	Yes	Yes	No	NA	Yes	Yes
Alcohol product placement	No	Yes	No	No	Yes	Yes	Yes	No	NA	Yes	NA
Legally binding regulations on:											
Alcohol sponsorship	No	Yes	No	No	Yes	Yes	Yes	No	NA	Yes	NA
Alcohol sales promotion	No	Yes	No	No	Yes	Yes	Yes	No	NA	Yes	Yes

NA, not available; ZT, zero tolerance.

^a AUDs comprise not only the diagnostic categories “harmful use of alcohol” and “alcohol dependence”, but also alcohol-related psychoses.⁶

^b Estimated from data collected in 2000. Based on the *Global status report on alcohol and health*.⁶

^c No limit established.

Strengthening taxation

Taxation on the sale of alcoholic drinks is one of the world's most cost-effective and widely adopted alcohol control policies.^{10,20} Taxation in China has not been used to improve public health. In 2001, the government wanted to increase revenues from the sale of liquor and adopted new tax policies. It also limited to 20% the proportion of sales revenues that could be used for advertising and imposed different taxes on liquor made from potatoes and grain. Although the government's intention was to increase liquor revenues, liquor production decreased sharply from 2001 to 2004 (Fig. 1). In 2006 the government discontinued differential taxation for potato and grain liquor. This was followed by dramatic increases in alcohol consumption (Fig. 1).

Legislation on drink driving

China has made some progress in this area, but the increase in the number of automobiles and in traffic congestion has created a need for more and better policies. Criminal law has been amended to impose harsher punishments for drink driving (i.e. driving with a blood alcohol concentration of 0.02 mg to 0.08 mg of alcohol per 100 ml of blood). Drunk drivers (those with > 0.08 mg per 100 ml of blood) will have their license revoked when caught and cannot apply for a new license for 5 years. Preliminary data show that these measures are proving remarkably effective in reducing drinking and drunk driving in larger cities. However, they have to be more consistently enforced in other parts of the country, especially in medium-sized and small cities. Measures based on deterrence rather than punishment, such as random breath tests, are rarely used, yet studies have shown that they are more effective than punitive measures.^{10,20}

Age restrictions and marketing controls

Regulations on the administration of alcohol sales were issued by China's Ministry of Commerce in 2005 and went into effect in 2006. Their purpose was to ban the sale of alcoholic beverages to minors, but the penalties for violations are not specified.

More than 15 years ago China also issued an advertising regulation on alcoholic beverages (1995), but its enforcement has been weak. Violations are commonplace, alcohol commercials are

still aired during prime time television programmes and misleading and sensational advertising content is common.²¹ The most effective policy to prevent the exposure of vulnerable population groups, especially children and young adults, to aggressive marketing practices is a complete ban on alcohol marketing rather than the self-regulation codes promoted by the alcohol industry.¹⁰

Scaling up treatment programmes

Few treatment programmes are available in China for people with AUDs. Although some psychiatric hospitals in China have special addiction units for the treatment of patients with alcohol-related mental disorders, most of these units, which were established in the 1990s, are in major cities. Patients with AUDs rarely seek psychiatric help until they have developed serious psychiatric symptoms (hallucinations, delusions, suicidal ideation/attempts). Community-based treatment and rehabilitative programmes are urgently needed. Only a small proportion of patients can get psychiatric services in China, and only a few of the medications for the prevention of relapses that are used in developed countries are available in China. Those that are have not been officially approved for use in alcohol dependence because effectiveness studies have had small samples. Furthermore, China has few qualified primary health-care workers trained in the diagnosis and treatment of alcohol-related disorders, which makes it difficult to establish community-based specialized treatment programmes. Alternatively, medical services in general hospitals, such as gastroenterology departments, could provide treatment facilities for people with alcohol use disorders.

Drinking among government employees

Drinking among government employees, (e.g. civil servants, officials, even policemen), especially during working hours, has drawn considerable public attention in China. Several studies have shown that alcohol-related liver diseases are among the most common disorders found on regular physical examination among government employees,²² 20.3 to 34.9% of whom have been found to have fatty liver disease.²²⁻²⁴ This has caused much public criticism because the public perceives it as being linked

to corruption, abuse of power and bureaucratic inefficiency. In response to public disapproval, some local governments have begun to enforce a policy banning any drinking during working hours. However, a nation-wide effort is needed for such a policy to be successful. More comprehensive policies will have to be implemented as well. China's most influential newspaper, *People's Daily*, recently published a series of articles highlighting this problem.²⁵

More research and surveillance

Some reports on various aspects of alcohol-related harm in China have been published,^{17,26,27} but data are missing in many critical areas, such as the impact of alcohol consumption on health, families, work performance and absenteeism, crime and health resource utilization. The effects of alcohol consumption on health can take many forms, including gastrointestinal ulcers, liver damage, peripheral neuropathy and suicidal tendencies. Many indicators of alcohol production and consumption and of the harms produced by drinking are not up to date and fail to reflect the changes in drinking behaviour and in alcohol production observed in China over the last decade. The lack of data is a major obstacle to the development of services, programmes and policies.

No officially approved medication for alcohol dependence exists in China other than benzodiazepines for acute withdrawal. Hence, well designed clinical effectiveness trials involving traditional Chinese medicines and drugs already widely used in developed countries, such as naltrexone, topiramate and acamprosate, are needed. To fund research on alcohol-related harm, develop prevention and treatment programmes and monitor and enforce the implementation of policies surrounding the production, sale and use of alcoholic beverages, the Chinese Government could follow the example of Thailand and set aside a certain proportion (at least 0.5–1%) of the revenues gained from alcohol taxation.²⁸

Social marketing to support policy and treatment

Although alcohol-related harm in China has increased greatly in recent years, Chinese society does not yet view alcohol dependence as a treatable psychiatric condition.²⁹ The level of awareness surrounding the problem is

low and myths about AUDs abound. A recent survey showed that 41.9% of a sample of people living in rural China was not aware that alcoholism was a health problem, whereas 75.6% of urban residents were aware of this.³⁰ Of those interviewed in rural and urban areas, 32.1% and 41.4% believed, respectively, that alcoholism requires no treatment. A recent study in Beijing revealed that only 2.4% of the people with alcohol dependence received treatment and that only 1.4% of those treated sought treatment from mental health professionals.³¹ Other studies conducted in China have shown that early intervention is effective in problem drinkers recruited from both clinical³² and community settings.³³ Professionals and the general public need to be educated about the effectiveness of alcohol treatment services.

Public information campaigns emphasizing that alcohol dependence is a treatable medical disorder have proven successful in some countries. Historically the demand for the treatment of hypertension, diabetes and depression has increased substantially after public educational campaigns and there is reason to expect the same result after a public campaign on the treatment of alcohol dependence. Regional governments in China should set aside funds for the construction of treatment facilities for patients with alcohol-related disorders. All physicians should be taught about basic screening and brief interventions for AUDs. In the meantime, more public awareness activities should be conducted, especially in areas where alcohol dependence and its harms constitute serious problems. Deeply-rooted myths about drinking – e.g. “drinking is good for health”, “friendship can be measured by how much you drink”, “drinking is essential in business affairs”, “alcohol heightens sexual performance”, etc. – need to be debunked. Articles written by experts and medical journalists would reach more people and be more effective if they were published in the popular press. Public campaigns need to be tailored to local cultures and target different populations. For example, the Chinese Government is implementing a campaign that seeks to integrate health education into primary health care. The campaign covers many general topics, such as cigarette smoking, alcohol drinking, diet and exercise. If the campaign succeeds in increasing public awareness surrounding alcohol

abuse, it should be extended to the general population.

Government commitment and coordination

Few things can be accomplished in China without the direct involvement and support of the central government. Unlike the use of tobacco and illicit drugs, alcohol use has received scant attention from Chinese policy-makers and public health officials. Some of them even argue that the alcohol industry is an important driver of national economic growth.³⁴ To date, the government has focused on cracking down on the production of counterfeit alcohol products and on protecting the integrity of well-known brands, as well as on taxation of alcoholic beverages as a way to boost economic development. While such efforts are important, additional attention must be paid to alcoholic beverages that are legally produced and to the hazards resulting from their use. Besides paying relatively little attention to alcohol policy, China's government agencies for alcohol regulation are poorly coordinated. Several ministries share responsibility for different aspects of alcohol policy and no national supervisory or coordinating body exists.

As prescribed by WHO's *Global strategy to reduce the harmful use of alcohol*, China should establish an inter-ministerial office as a coordinating agency for overseeing legislative initiatives and policy-making, enforcing laws surrounding alcohol production, trade, sales and distribution, and monitoring health resource allocation for the treatment of individuals with alcohol dependence. We urge the Chinese government to prioritize this agenda at inter-ministerial joint meetings on mental health to improve awareness of the harms produced by alcohol dependence and reach consensus regarding appropriate policy. At these joint meetings, a national action plan for the control of alcohol-related harm control under the auspices of China's state council (cabinet) should be developed, as was done for the control of illicit drug use, to ensure that multiple stakeholders, including provincial and municipal governments, participate in the plan and provide access to the resources needed to implement programmes. Because the interests of producers and marketers of alcoholic beverages are clearly incompatible with these health-oriented measures, it is important not to include such vested

interest groups in collaborative actions among health and welfare workers.¹⁹

Conclusion

The expansion of alcohol production and consumption in China over recent decades has been followed by a predictable increase in both acute and chronic problems resulting from alcohol use, and the increase is likely to accelerate in the future. China urgently needs to develop a comprehensive national alcohol policy based on the experience of other countries and on WHO recommendations.¹⁹ It can do so by adopting measures aimed at controlling overall alcohol consumption (a population-based approach) as well as measures intended to reduce risky behaviours (a high-risk approach). The restriction of alcohol advertisement, taxation of alcoholic beverages, the setting of a legal age for drinking and policies against drink driving will have a significant impact on the frequency of alcohol-related problems.^{20,35}

The substantial economic and political reforms currently taking place in China are aimed at striking a balance between economic development and public health and between short-term and long-term alcohol control strategies. For this effort to succeed, a public health focus must be adopted now, along with long-term alcohol control policies. Both will eventually pay off politically and economically. In this process, China could benefit from the experiences of other Asian countries, such as the Republic of Korea and Thailand, that have implemented WHO's global strategy to reduce the harmful use of alcohol. ■

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ملخص

الكحول والأضرار الناجمة عن تعاطي الكحول في الصين: الحاجة إلى تغيير السياسات

الحكوميون في الصين بتحديد الأولويات لترصد السكان والبحث والتدخلات المصممة للتقليل من الاضطرابات الناجمة عن تعاطي الكحول. ويصفون السياسات الراهنة المعنية بالكحول في الصين والاتجاهات الحديثة في الأضرار الناجمة عن تعاطي الكحول، ويؤكدون على حاجة المسؤولين الصحيين لإجراء مراجعة شاملة للسياسات من منظور الصحة العمومية، واستخدام الاستراتيجية العالمية للحد من تعاطي الكحول على نحو صار الصادرة عن منظمة الصحة العالمية كنموذج.

يزداد استهلاك الكحول في الصين على نحو أسرع عن أي مكان آخر في العالم. وقد لوحظ كذلك وجود تزايد مطرد في إنتاج الكحول في البلد، مع ازدياد الأضرار الناجمة عن تعاطي الكحول. وعلى الرغم من هذه الاتجاهات، إلا أن سياسات الصين المعنية ببيع المشروبات الكحولية واستهلاكها ضعيفة مقارنة بسياسات البلدان الأخرى في آسيا، وأضعف هذه السياسات جميعاً، سياساتها المعنية بالضرائب وقوانين القيادة تحت تأثير الكحول وبيع الكحول للقصر وتراخيص التسويق. ويسترعى مؤلفو هذه الورقة الوصفية الاهتمام إلى الحاجة الماسة لكي يقوم العاملون في مجال الصحة العمومية والمسؤولون

الخلاصة

الصين: الحاجة إلى تغيير السياسات

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الكحول والأضرار الناجمة عن تعاطي الكحول في الصين: الحاجة إلى تغيير السياسات

تتطلب الصين تغيير السياسات المتعلقة بالكحول والأضرار الناجمة عن تعاطي الكحول. ويؤكدون على حاجة المسؤولين الصحيين لإجراء مراجعة شاملة للسياسات من منظور الصحة العمومية، واستخدام الاستراتيجية العالمية للحد من تعاطي الكحول على نحو صار الصادرة عن منظمة الصحة العالمية كنموذج.

Résumé

L'alcool et ses méfaits en Chine: les changements politiques nécessaires

En Chine, la consommation d'alcool augmente plus rapidement que partout ailleurs dans le monde. Une augmentation constante de la production d'alcool a également observée dans le pays, ainsi qu'une augmentation des méfaits de l'alcool. Malgré ces tendances, les politiques de la Chine en matière de vente et de consommation de boissons alcoolisées sont faibles comparées à celles des autres pays d'Asie. Les plus faibles de toutes sont ses politiques sur la taxation, les lois relatives à l'alcool au volant, la vente d'alcool aux mineurs et la commercialisation des licences. Les auteurs de cet article descriptif attirent l'attention sur la nécessité urgente pour les professionnels

de la santé publique et les fonctionnaires gouvernementaux chinois d'accorder la priorité à la surveillance de la population, la recherche et les interventions destinées à réduire les troubles liés à la consommation d'alcool. Ils décrivent les politiques actuelles sur l'alcool en Chine et les tendances récentes des méfaits de l'alcoolisme. Ils soulignent également la nécessité pour les autorités sanitaires de procéder à un examen approfondi de la politique dans une perspective de santé publique, en prenant comme modèle la stratégie globale de l'Organisation mondiale de la Santé afin de réduire l'usage nocif de l'alcool.

Резюме

Алкоголь и связанный с алкоголем вред в Китае: требуются изменения в политике

Потребление алкоголя в Китае растет быстрее, чем где-либо еще в мире. В стране также наблюдается устойчивый рост производства алкоголя, соответственно, увеличивается и вред, связанный с его потреблением. Несмотря на эти тенденции, политика Китая по вопросам продажи и потребления алкогольных напитков является слабой, по сравнению с другими странами Азии. Самыми слабыми ее аспектами являются вопросы налогообложения, законы, связанные с вождением в нетрезвом виде, продажей алкоголя несовершеннолетним и маркетинговые лицензии. Авторы данного исследования обращают внимание на срочную необходимость того, чтобы работники общественного здравоохранения и чиновники правительства Китая начали

уделять приоритетное внимание популяционному надзору, научным исследованиям и мероприятиям, направленным на сокращение нарушений, связанных с употреблением алкоголя. В документе описана текущая антиалкогольная политика Китая и последние тенденции в области связанного с алкоголем вреда. Также подчеркивается необходимость для руководителей системы здравоохранения провести тщательный пересмотр политики с точки зрения общественного здоровья, используя в качестве модели глобальную стратегию Всемирной организации здравоохранения по освобождению от вредной привычки употребления алкоголя.

Resumen

El alcohol y los daños relacionados con el alcohol en China: cambios necesarios en la política

En China, el consumo de alcohol está aumentando con mayor rapidez que en cualquier otro lugar del mundo, y también se ha observado un crecimiento constante de la producción de alcohol en el país, junto con un aumento de los daños relacionados con esta sustancia. A pesar de estas tendencias, las políticas chinas sobre la venta y consumo de bebidas alcohólicas son débiles en comparación con las de otros países asiáticos. Las políticas más débiles son las que regulan los impuestos, las leyes de consumo y conducción, la venta de alcohol a menores de edad y las licencias para la venta de alcohol. Los autores de este artículo descriptivo llaman la atención sobre la necesidad urgente de que los

funcionarios gubernamentales y los profesionales de la sanidad pública chinos den prioridad a la vigilancia de la población, a la investigación y a las intervenciones diseñadas para reducir los trastornos provocados por el consumo de alcohol. Describen las políticas actuales chinas relativas al alcohol, así como las tendencias presentes de los daños relacionados con el alcohol y destacan la necesidad de que los funcionarios de salud lleven a cabo una revisión de toda la política desde la perspectiva de la sanidad pública, usando como modelo la estrategia global de la Organización Mundial de la Salud para reducir el uso nocivo de alcohol.

References

1. Hao W, Chen H, Su Z. China: alcohol today. *Addiction* 2005;100:737–41. doi:10.1111/j.1360-0443.2005.01036.x PMID:15918802
2. Cochrane J, Chen H, Conigrave KM, Hao W. Alcohol use in China. *Alcohol Alcohol* 2003;38:537–42. PMID:14633640
3. Li Y, Jiang Y, Zhang M, Yin P, Wu F, Zhao W. Drinking behaviour among men and women in China: the 2007 China Chronic Disease and Risk Factor Surveillance. *Addiction* 2011;106:1946–56.
4. Wei H, Derson Y, Xiao S, Li L, Zhang Y. Alcohol consumption and alcohol-related problems: Chinese experience from six area samples, 1994. *Addiction* 1999;94:1467–76. doi:10.1046/j.1360-0443.1999.941014673.x PMID:10790899
5. Xinhua News Agency. China to remain world's largest beer producer. *Global Times*. 2009 24 August.
6. *Global status report on alcohol and health*. Geneva: World Health Organization; 2011. Available from: http://www.who.int/substance_abuse/publications/global_alcohol_report/en/index.html [accessed 15 January 2013].
7. Phillips MR, Zhang J, Shi Q, Song Z, Ding Z, Pang S et al. Prevalence, treatment, and associated disability of mental disorders in four provinces in China during 2001–05: an epidemiological survey. *Lancet* 2009;373:2041–53. doi:10.1016/S0140-6736(09)60660-7 PMID:19524780
8. *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization; 1992.
9. Hao W, Su Z, Liu B, Zhang K, Yang H, Chen S et al. Drinking and drinking patterns and health status in the general population of five areas of China. *Alcohol Alcohol* 2004;39:43–52. PMID:14691074
10. Babor TF, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K et al. *Alcohol: no ordinary commodity: research and public policy*. 2nd ed. New York: Oxford University Press; 2010.
11. Guo W, Lanzi G, Luobu O, Ma X, Zhen P, Ji Y et al. An epidemiological survey of alcohol use disorders in a Tibetan population. *Psychiatry Res* 2008;159:56–66. doi:10.1016/j.psychres.2007.09.012 PMID:18430475
12. Zhou L, Conner KR, Phillips MR, Caine ED, Xiao S, Zhang R et al. Epidemiology of alcohol abuse and dependence in rural Chinese men. *Alcohol Clin Exp Res* 2009;33:1770–6. doi:10.1111/j.1530-0277.2009.01014.x PMID:19572979
13. Zhou L, Conner KR, Caine ED, Xiao S, Xu L, Gong Y et al. Epidemiology of alcohol use in rural men in two provinces of China. *J Stud Alcohol Drugs* 2011;72:333–40. PMID:21388606
14. Zhang W, Zhao J, Yu J, Wu F, Liu W, Zhou Z et al. [Alcohol and other contributing factors among drivers who died in traffic accidents]. *Chin J Forensic Med* 2007;22:120–3. Chinese
15. Zhang DJ, Lin Y, Mao YJ, Hu ZQ. [A study on characteristics of criminals with alcohol-related offence in forensic psychiatry]. *J Forensic Med* 2003;23:86–9. Chinese
16. Zeng H, Wu XY. [Psychosocial factors associated with domestic violence]. *Chin J Dis Contr Prevent* 2010;14:1049–52. Chinese
17. Wang L, Wheeler K, Bai L, Stallones L, Dong Y, Ge J et al. Alcohol consumption and work-related injuries among farmers in Heilongjiang Province, People's Republic of China. *Am J Ind Med* 2010;53:825–35. PMID:20191598
18. Cherpitel CJ, Ye Y, Bond J, Borges G, Chou P, Nilsen P et al. Multi-level analysis of alcohol-related injury and drinking patterns: emergency department data from 19 countries. *Addiction* 2012;107:1263–72. doi:10.1111/j.1360-0443.2012.03793.x PMID:22236278
19. *Global strategy to reduce the harmful use of alcohol*. Geneva: World Health Organization; 2010.
20. Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet* 2009;373:2234–46. doi:10.1016/S0140-6736(09)60744-3 PMID:19560605
21. Zhang J. Alcohol advertising in China. In: Asia Pacific Alcohol Policy Alliance [Internet]. Meeting reports. Non-government Organization Meeting on Alcohol Policy; 24 September 2004. Auckland, New Zealand. Auckland: APAPA; 2012. Available from: http://apapaonline.org/APAPANetwork/Meeting_Reports/files/Auckland_Sept04/Alcohol_Marketing_China_pres.pdf [accessed 21 January 2013].
22. He M, Liao GY, Zhong RB, Fan YX, Zhong XN. [The prevalence rate of fatty liver and its risk factors among civil servants in a city]. *J Chongqing Med Univ* 2009;34:788–80. Chinese
23. Zhou Y. [Analysis of fatty liver and related factors among government officials during regular physicals]. *Chin J Mord Med* 2005;15:3491–4. Chinese
24. Yang XQ, Yang FF, Ge CH, Cai JF, Li ZF, Zhang C. [Analysis of findings from regular physicals for government officials in Hangzhou city]. *Zhejiang Prev Med* 2010;22:27–30. Chinese
25. Liu JH, Zheng HO. [Drinking with public funds causes great troubles, imperative actions needed]. *People's Daily*. 2012 January 17. Chinese.
26. Chen J, Zhang N, Ling Y, Wakai T, He Y, Wei L et al. Alcohol consumption as a risk factor for oesophageal adenocarcinoma in north China. *Tohoku J Exp Med* 2011;224:21–7. doi:10.1620/tjem.224.21 PMID:21505271
27. Zhang L, Welte JW, Wieczorek WF, Messner SF. Alcohol and crime in China. *Subst Use Misuse* 2000;35:265–79. doi:10.3109/10826080009147696 PMID:10714446
28. Thamarangsi T. The "triangle that moves the mountain" and Thai alcohol policy development: four case studies. *Contemp Drug Probl* 2009;36:245–77.
29. Tang YL. [Medicalization of deviance – concepts of alcoholism and drug addiction as diseases]. *Chin J Drug Depend* 2000;9:303–5. Chinese
30. Sun XH, Li XY, Phillips MR. [A cross-sectional survey of the awareness of common mental disorders among urban and rural residents in northern China]. *Chin Ment Health J* 2009;23:729–33. Chinese
31. Xiang YT, Ma X, Lu JY, Cai ZJ, Li SR, Xiang YQ et al. Alcohol-related disorders in Beijing, China: prevalence, socio-demographic correlates, and unmet need for treatment. *Alcohol Clin Exp Res* 2009;33:1111–8. doi:10.1111/j.1530-0277.2009.00933.x PMID:19382899
32. Li Z, Arthur D, Wu XJ, Gao FL, Ma YF, Song SM et al. [The effect of a brief intervention for problem drinkers in a Beijing general hospital: a randomized controlled trial]. *Chin J Nursing* 2006;41:585–8. Chinese
33. Li YZ, Liu Z, Li HJ, Ma JH, Sun YT, Wang LJ et al. [Study of early intervention in hazardous and harmful drinkers]. *Chin J Health Psychol* 2010;18:397–400. Chinese
34. Zhang GH. [Strategies to promote economy by utilizing value chain effects of alcohol industry in the western regions in China]. *Marketing Herald* 2005;7:122–4. Chinese
35. Casswell S, Thamarangsi T. Reducing harm from alcohol: call to action. *Lancet* 2009;373:2247–57. doi:10.1016/S0140-6736(09)60745-5 PMID:19560606

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