

Alcoholism and Drug Abuse in China

By

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Introduction

Alcohol and drug abuse and dependence are worldwide concerns. In China, the largest country in the world, with an estimated 1.3 billion people, epidemiological studies have shown steady increases in alcohol consumption and the prevalence of alcohol-related problems since 1980. Studies conducted in recent years indicate marked changes in drinking and drinking patterns and health status in the general population in China. In every category studied (alcohol consumption rates, unrecorded alcoholic beverage consumption, types of beverages consumed, expenditures on drinking, health status related to drinking, morbidity rates of drinking-related physical diseases, and prevalence rates of alcohol-related psychiatric disorders), there were significant changes noted.

Prior to the end of the 1970s and especially during the period of the Cultural Revolution, the total amount of alcohol production and consumption was relatively low. However, since China has experienced rapid economic and social development, urbanization, and modernization, alcohol production and consumption rates have skyrocketed. The number of patients admitted to health care facilities for alcohol-related physical and mental diseases has increased steadily from 1980-2005. For example, current figures predict that the number of women drinking to excess in China will drastically increase in the early 21st century, as in many other developed countries (Hao et al, 1995). Although the ratio of male to female alcohol-related problems is still broader than in other industrialized nations, as China enters the World Trade Organization, and

Although China's alcohol consumption rates remain below those of developed western nations, there is growing concern for the future, if China continues at the current rate of increase.

Contributing to this rapid escalation in drinking and alcohol-related health problems have been significant changes in ideology and lifestyles, especially among the youth. In 1979 I visited China with a group of twenty-five world leaders in addictions. We spoke with representatives of the Chinese Psychiatric Association (CPA). We cautioned them about our concerns for China with modernization, stating that many of the social ills of the west would likely come along with modernization. The CPA representatives insisted that would not happen, primarily because then and now, alcohol abuse and dependence is viewed as a "bad habit," that can be overcome simply with more coercion by society and the family, and with more will-power. Traditionally, Chinese people believe that moderate drinking has a good effect on health. Traditional Chinese medicine states that alcohol is the leader of all kinds of medicine.

Times have changed. Although alcohol abuse and dependence is still so viewed, China is beginning to acknowledge the growing concerns about consumption rates.

The Extent of the Issues

Although epidemiological data is lacking as to the nature and extent of the issues in China, per capita alcohol consumption of pure alcohol for adults is an essential predictor of alcohol-related problems. According to the World Health Organization, the growth rate of average annual alcohol consumption in China was 402% from 1970-1996. The significance of these figures is that while the current global trend on alcohol use is sharply declining in developed nations and increasing steadily in developing countries, it is difficult to predict what the peak level of alcohol consumption is for China and when that will be reached. Thus, it is essential to continue to monitor these trends in China.

In China, alcohol is typically purchased in shops, restaurants and bars. Counterfeit alcoholic beverages and home-brewed alcohol is widely underrepresented in epidemiological data, for obvious reasons. It is estimated, though that unrecorded alcoholic beverage production is grossly underrepresented and yet it plays an important role in consumption patterns.

The rate of physical and emotional harm resulting from alcohol and drug use and abuse also remains underreported. In 2001 there were 100,000 automobile fatalities, with over 65% of these being alcohol-related. With the burgeoning in the number of cars in China, there is justifiable concern about the relationship of drinking and driving.

Status of Treatment in China

The development of treatment services for alcohol and drug abuse problems is just beginning in China. Beijing Medical University (BMU) is a leader in establishing treatment programs for alcoholism. For example, in March 2007 BMU began the first program for children of alcoholic and drug abusing families. They have sponsored a number of training events for professionals and recovering people from throughout China. Other provinces and cities are also moving forward in developing treatment and training services, including Shanghai Institute of Mental Health and the Yunnan Institute on Drug Abuse.

However, to date, there remain a number of obstacles to treatment in China:

1. Alcohol and drug abuse programs remain fairly separated due to the criminal aspects of drug abuse in China. Although obviously substance abusers worldwide “mix and match” drugs, depending on availability and other factors, in China today, alcohol and drugs are seen as two separate entities.
2. Self-help programs have been in existence in China for some time now, however, programs for drug addicts, i.e., Narcotics Anonymous, have experienced difficulties in finding places to meet and in remaining confidential from government scrutiny and surveillance. Some hospitals do not want to host NA meetings for fear of exposure for their alcoholic patients.
3. The criminalization of substance abuse keeps people out of treatment. Why risk exposure and possible incarceration by coming forward with one’s addiction.

4. Finally, and most importantly, the general public's attitude about substance abuse remains the biggest hurdle to people receiving treatment. Currently, treatment facilities see mostly late stage alcoholics, with serious medical and psychiatric complications and disorders, wherein the prognosis remains poor. Public health and education campaigns are needed to address the general attitudes about addiction.

There are several key building blocks to addressing the growing concern for alcohol and drug use and abuse in China. In recent years, as is the case in the overall Chinese economy, these building blocks are being constructed quickly.

1. The first building block that the Institute of Mental Health, Beijing Medical University Hospital, (BMU) and other treatment centers, put into place was the establishment of 12 Step Programs in 2000. BMU and An Ding Hospitals began offering A.A. and Al-Anon meetings to their in- and outpatients and since 2000 other centers throughout China have followed their example, including the Institute of Mental Health, Shanghai. \
2. In 2002, BMU hosted the first weeklong China Institute on Substance Abuse and educated over 200 medical personnel from throughout China about the role of 12 Step Programs and treatment approaches. A "dream team" faculty from the United States, Singapore, Australia, New Zealand, etc. was developed to offer this training. The General Services Offices of A.A., Al-Anon, and N.A. were also represented at this event.
3. Training of medical and non-medical personnel has continued since, under the guidance and support of the International Center for Health Concerns, Inc. (IHC). Through 2007 over 200 persons have received 300 hours of training in Beijing, Shanghai, and Kunming.
4. Epidemiological and other research projects have begun in 2007 with several universities in China and the U.S., in cooperation with the Pacific Institute on Research and Evaluation, the Chinese Center for Disease Control, BMU, and the National Institute on Drug Dependence, at BMU. These studies are essential to determine the nature and extent of the issues.
5. The China Association of Addiction Professionals is being formed under the China Association of Psychology, in cooperation with the National Association of Addiction Professionals/NAADAC. The first group of addiction professionals will be credentialed in 2008.
6. Training of other personnel will continue under the auspices of the International Center for Addiction Studies, in cooperation with IHC. The goal is to continue annual, weeklong training institutes in Beijing and Shanghai, eventually expanding this training to other Chinese cities. IHC is recruiting trainers with expertise in treatment, intervention, prevention, counseling, etc., to provide ongoing training, with

a special focus on China, Nepal, Bhutan, and other Asian nations. For further information, contact ICHC at djpowell2@yahoo.com.

7. The key step will be development of a cadre of addiction professionals (many of whom will be in recovery) to work as counselors at the hospitals throughout China.

These are the building blocks for the development of addiction services for China.

What Needs to be Done

In future years, the following steps need to be taken to move China forward in addressing its growing alcohol and drug abuse issues:

1. Development of a nationwide public policy and health promotion strategy for substance abuse, including prevention programs beginning with grammar school and middle school age children; public education concerning the nature and extent of substance abuse in China; and, public awareness campaigns addressing the stigma and public perceptions about alcohol abuse and alcoholism.
2. Continued epidemiological research into the nature and extent of the issues;
3. Environmental strategies to address alcohol and drug use and abuse, including, server education for bartenders, restaurants, etc.; police and law enforcement education and strategies to address drinking and driving concerns, and public intoxication; education of commercial sex workers concerning issues related to sexuality and drug abuse and HIV/AIDS transmission; and public awareness campaigns concerning drinking and driving.
4. Establishment of a national training center for substance abuse professionals, with the end goal of credentialing and employment of the cadre of newly formed addiction professionals.
5. Increase the range of options for treatment services, including in and outpatient programs, intensive care services, transitional residence programs, medically monitored services, etc.

Conclusion

China and Asia will be the country and continent of the 21st century. Anyone who doubts that has never been to China and looked into the eyes of the youth who know in their hearts they are the future generation of the world. When the populations of China and India are combined, they total 40% of the world. With the breathtaking growth in China of technology, industry, economic development, urbanization and modernization, the west would be wise to invest resources in addressing the social issues of this burgeoning region. If the reader wishes to be part of this challenge and opportunity, please contact David Powell at the above email address.

Bibliography

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