

A National Problem

Combating Mongolia's Drinking Epidemic

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Mongolia faces an epidemiological challenge in addressing the burden of alcohol use and related problems. Males, rural populations and those aged 25-34 years old exhibited the highest levels of risky drinking practices, while urban populations exhibit higher levels of general alcohol consumption (Demaio, et. al., 1).

Mongolia holds the record for having the highest alcoholic population in the world (Gorence, 2). Mongolia's Ministry of Health, with the United Nation's World Health Organization (WHO), conducted a survey that found Mongolians were dependent on alcohol at a rate three times higher than Europe-- 22% for Mongolian men and 5% for women (Lim, 2). On a weekly basis, nearly one in five Mongolian men binge-drink (Lim, 3), which has been defined by the National Institute of Health's National Institute on Alcohol Abuse and Alcoholism as consuming five or more drinks in two hours resulting in a blood alcohol content of 0.08 g/dl or more (niaaa.hih.gov., 1). Morning drinking by rural men with lower-levels of employment and education suggests that problematic drinking is widespread (Demaio, et. al., 1).

The WHO recognized alcohol as one of the four major drivers of non-communicable diseases, which are the leading cause of mortality in Mongolia (Demaio, et. al., 1). The proportion of those

who drank more than 40 grams of alcohol per day experienced:

- 42.4% Anxiety or stress
- 42.1% Rapid heartbeat or tachycardia
- 36.1% High blood pressure or hypertension
- 32.2% Depression or low mood
- 23.1% Head injury
- 10.5% Cirrhosis of the liver
- 10.4% Heart attack (Tsetsegdary, 35)

According to Jaraglsaikhan Dambadarjaa (Jargal), Economist and President of the non-governmental organization (NGO) "Mongolians for Fair Taxes, Wise Spending", alcoholism is a major factor behind children increasingly being born with genetic disorders. He shared this anecdote:

A friend of mine, who traveled to the famous Sharaljuut resort and spa, saw hundreds of wheel-chaired children with spinal anomalies seeking treatment. This year, the spa received three times as many children (Dambadarjaa, 1).

Other alcohol-related problems are drunk driving and the worsening of crime. More than 70% of car owners live in urban settings, and 15% of drinkers who own a car, have reported driving while intoxicated. This figure is close to four times the driving-while-intoxicated level of the U.S. The fourth-leading cause of death is now road-traffic accidents (Demaio, et. al., 4). Surveys indicate that

72% of violent crime (murder, violent robbery and attacks) is fueled by alcohol (Lim, 3). Women and children are especially prone to experiencing daily vodka-fueled domestic violence.

The Blame Game

Heavy drinking by men in Mongolia is not new. In both urban and rural settings, it takes place during celebrations along with families or friends. Drinking is a core part of Mongolian culture; Genghis Khan was reputed to have celebrated the conquering of his enemies with the consumption of huge quantities of alcohol. In rural areas, families have been brewing yoghurt spirits and fermented mare's milk for many generations, a tradition that continues to this day. This drink, associated with celebration, strength and virility, is predominantly consumed by men and it is common to drink it throughout the day (Demaio, et. al., 2).

An alcoholism researcher in Mongolia, Sean Armstrong, says alcohol has been a very important colonization tool—first used by the Chinese, and later by the Russians. In the 1870s, the Manchus used it as a key tool in the colonization of the country and economic exploitation. A common Mongolian saying is, “the Russians were quite smart—first they brought vodka, then they brought communism, and after vodka, anything would seem like a good idea” (Lim, 5).

Jargal, Economist and President of “Mongolians for Fair Taxes, Wise Spending” argues that Mongoloid ethnic groups or “yellow-skinned races” have

little to no ability to process alcohol. That’s why we get easily drunk and get poisoned more” (Dambadarjaa 1). Similar to Russia’s northern indigenous yellow-skinned races, Koryak, Chukchi, Nenet minorities as well as Native Americans, Mongolians are genetically more vulnerable to alcohol dependency and abuse (Dambadarjaa, 1).

The article, Polymorphisms of Alcohol Metabolizing Enzyme and Cytochrome P4502E1 Genes in Mongolian Population, published by The Genetics Society of Korea, scientifically corroborates this. Simply put, Korean, Japanese and Chinese people are less susceptible to alcoholism while Mongoloid people have a higher occurrence of “ineffective enzymes” for metabolizing alcohol, which predisposes them more to alcohol dependency and abuse (Kim, et al., 1).

Supply

One reason for Mongolia’s high level of alcoholism is the widespread access to alcohol. There is on average one liquor store for every 270 people, the highest number worldwide (Lim, 3). Most grocers have dedicated liquor aisles, some with more than 25 types of vodka alone, costing just USD \$2.00 for a half-pint (Lim, 3). Imported beer and wine with lower alcohol content are much more expensive per unit.

In Mongolia, there are more than 120 alcoholic beverage companies and local firms control over 90% of the market, the result of lobbying which created a favorable sales environment. Many politicians

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have direct ties to or interest in the alcohol industry and alcohol licenses and taxes are large revenue streams for the government. Said Armstrong, alcoholism researcher in Mongolia, "Alcohol is one of the single most important sources of income for the Mongolian government...Currently 20 to 23% of government income comes from taxes directly related to alcohol use and sales" (Lim, 5). Recently, even the health minister had his own profitable brand of vodka. Many brands also appeal to nationalism, using heroes like Genghis Khan, or Mongolian regions, associating brands with patriotism, pride, and leadership.

Despite the ban on advertising, the industry has excellent branding and has successfully influenced public opinion on issues relating to alcohol. Urban drinking is associated with celebrations and social events. The alcohol industry has capitalized Western-style marketing to depict alcohol consumption therein, leading to higher levels of drinking in these settings (Demaio, et. al., 5).

In addition, the industry has created the belief that alcohol, like a vitamin, is a vital nutrient needed by the body. This is helped by the fact that alcohol consumption in Mongolian culture is traditionally viewed as medicinal, curing a whole host of conditions. The industry has even co-opted the WHO's "standard drink" concept. Normally a measure of abuse, the industry has turned this concept into a standard of healthy consumption. Through aggressive social media campaigning, the industry promotes alcohol as vital to maintaining "standard alcohol consumption" (Armstrong and Tsogtbaatar, 213S). The WHO has defined "standard drink" as "notional" most often containing "10g of ethanol" along with other components (Armstrong and Tsogtbaatar, 213S).

Demand

One of Ulan Bator police station's top ranking policemen, Davkharbayar, said that since Mongolia became independent of the Soviet Union in 1990, the level of alcohol abuse worsened drastically. Social upheaval resulted from the economic liberalization in the post-Soviet era.

Unemployment and poverty are the main issues why people get drunk. In the early 1990s, the manufacturing plants closed down and workers became very poor. With the market economy, the unemployment rate became critical and drinking really started (Lim, 2-3).

Tumendemberel, a former college teacher and recovered alcoholic said, "Many Mongolians don't want to face these problems, so they drink to escape them. But far from escaping their problems, alcohol has made them much worse" (Wingfield-Hayes, 2.)

High alcohol intake also is linked to "social and epidemiological" transition processes, such as urbanization. The despair of unemployed and poor rural herders who have moved with their traditional circular tents, or gers, to the capital city is large. Of the urban population, up to 80% of Mongolian men had consumed alcohol in the prior year (Demaio, et. al., 5). Urban respondents to a survey stated that they were nearly three times more likely as their rural counterparts to list alcohol as a way to deal with stress (Demaio, et. al., 5). Consumption will rise as Mongolians become more urbanized, and have more access to alcohol.

Decreasing Alcohol Abuse in Mongolia

Government

In 2003, the National Program on the Control and

Prevention of Alcoholism was passed. Since then, however, the \$400 USD budget for the program remains unchanged (Armstrong and Tsogtbaatar, 211S). Why such a low budget? As mentioned previously, for several prominent parliamentary members, their primary source of income comes from alcohol production and sale and nearly 25% of the government's budget comes from alcohol taxes. As a result, no legislative policies have been passed to enforce more stringent blood alcohol concentration laws nor to maintain more sobriety checkpoints for drivers. Access to alcohol needs to be restricted by adjusting the pricing structure—for vodka in particular—and alcohol marketing needs more strict regulation by government (Demaio, et. al., 5).

None of alcohol's tax and other government revenues were allocated to Mongolia's alcoholism epidemic. The 2007 research budget for narcology, the sole psychiatric modification method used by alcohol-related health care providers nationwide, was less than \$4,000 compared to the estimated \$250,000 minimum spent on market research by the alcohol industry (Armstrong and Tsogtbaatar, 211S).

The government has one hospital in the capital where alcoholics are admitted for up to two years. However, once they are released, few opportunities for work exist and alcohol once again becomes a means of escape. The hospital has the capacity for only about 1,800 patients per year (Lim, 5). Patients commonly stay for 10 days, of which they only receive medication for the first five and then attend lectures about solving life problems through safe and healthy methods. While some patients receive after treatment checkups, others do not.

Rural Mongolian men who are descendants of a centuries'-long tradition of home-brewed alcohol, are less aware about heavy drinking hazards and risks (Demaio, et. al., 5). Culturally sensitive treatment for the reduction of rural alcohol addiction as

well as campaigns against alcoholism are lacking. In particular, primary health care providers in these settings have insufficient training to recognize alcohol abuse and to give effective advice in order to help curb heavy drinking (Tsesegdary, 41).

The WHO and NGOs

The international public health community is complicit in failing to address Mongolia's alcohol abuse. The WHO could lead a response, with the cooperation of and/or financial aid from multilateral organizations such as the United Nations Development Program in Mongolia and Asian Development Bank, which have respectively identified alcoholism to be "amongst the top 15 barriers to development" and "a stronger contributor to poverty than any other variable" (Armstrong and Tsogtbaatar, 212S).

Overall, the WHO has not nationally communicated the risks of alcoholism. The success of the alcohol industry in co-opting the WHO's "standard drink" concept is a prime example. The WHO works exclusively with medical providers and narcologists for the development of behavioral change communication. It has yet to create a social marketing campaign that is national in scope. Its initiatives continue to focus on updating treatment standards and lobbying to increase prevention program funding. It has not involved the public health sector, which would be critical to managing funds.

NGOs often report that the Mongolian government has failed to address this fundamental challenge to national development. NGOs are necessary to help implement and monitor policies and programs yet the problem's scope continues to limit their efficacy. There is no collective public health approach to the problem. In 2008, only one of 32 projects approached alcohol abuse from a population-based perspective (Armstrong and Tsogtbaatar,

212S-213S). More than 75% of these outpatient programs are private support groups and housing (Armstrong and Tsogtbaatar, 212S-213S). A common theme of these programs (with the exception of two) was that they were mainly urban and faith-based—predominantly Christian groups such as Alcoholics Anonymous (AA). As a coordinator of one faith-

Local municipalities and jurisdictions should be funded to develop their own plans and programs, ensuring full public involvement, including local action committees along with both national and local health care providers and other relevant personnel.

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based NGO stated: “the converts ... from alcohol abuse programs are Christianity’s most outspoken supporters” (Armstrong and Tsogtbaatar, 213S). Published reports on AA’s impact throughout the country are yet to be seen (Armstrong, 3).

Dealing with alcoholism in Mongolia focuses on the alcoholic, but does not go far enough to provide codependency counseling, support and direction to women and children. Children exposed to alcoholism face a higher risk of becoming addicted and physically abusive. Raising children under circumstances that enable alcohol abuse at home guarantees that the problem will continue on to the next generation.

A Sector-Wide Approach

With the help of the WHO, civil society, public health professionals, marketing experts, the media and wider community, government could launch a comprehensive health education campaign, informing citizens of its national alcohol problem and the urgency to do something about it. Early interventions are more effective and should include school-based and harm-reduction programs (Demaio, et. al., 6).