

Use of illegal toxic alcohol is killing hundreds every year in Pakistan; family physicians have to play a more proactive role in saving precious lives

Manzoor Butt

Correspondence:

Dr Manzoor Ahmed Butt

Family Physician, Researcher & Trainer

Rawalpindi, Pakistan

Email: drmanzoor@ymail.com

Background

In 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption. [1] The harmful use of alcohol ranks among the top five risk factors for disease, disability and death throughout the world. [2] It is a causal factor in more than 200 disease and injury conditions. [3] Drinking alcohol is associated with a risk of developing such health problems as alcohol dependence, liver cirrhosis, cancers and injuries [4].

For the past ten years, there has been an increase in alcohol users in Pakistan. The majority of alcohol users take illegal toxic liquors. The most alarming factor is the involvement of 10 years plus children in this habit.

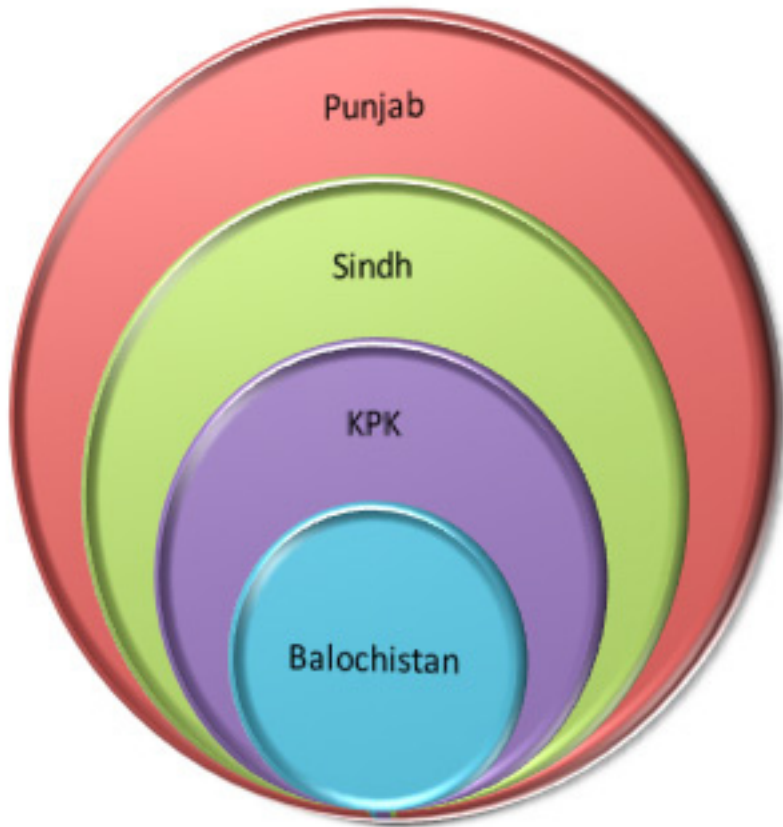
Introduction

This article describes use of illegal toxic alcohol in Pakistan. Pakistan is a country of 97% Muslims. Alcohol use was permitted here until April, 1977. Although the majority of the population were alcohol abstainers those who were in habit of it could buy all types of beer, wine and spirits from wine shops. Pakistan has three main licensed brewers that distill various types of wines of export quality.

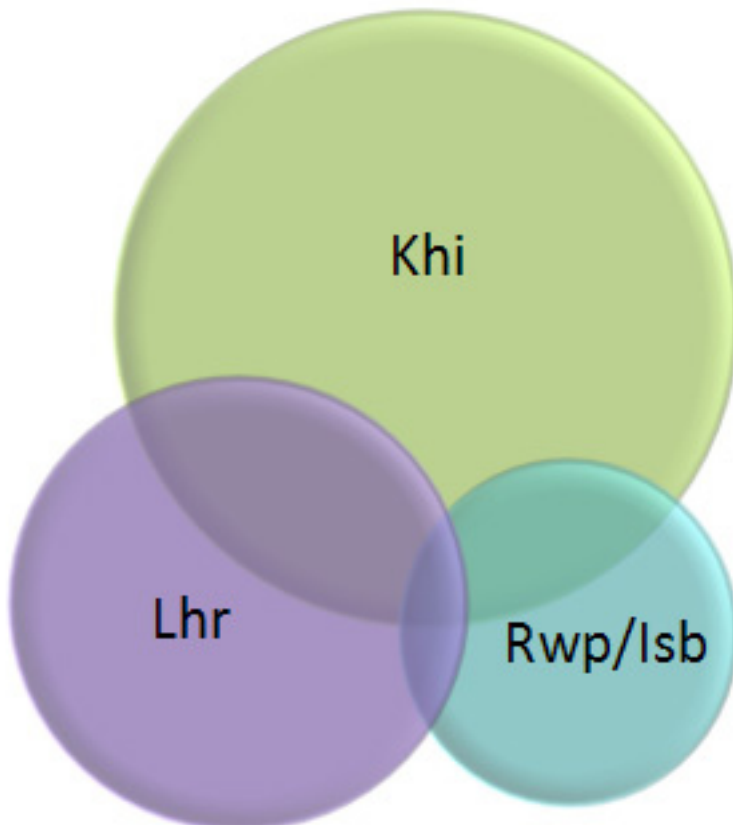
In April, 1977, the government of Pakistan banned use of all types of wines in the country. The use of beer was allowed but later, the Prohibition (Enforcement Of Hadd) Order, 1979 banned all types of alcohol use for Muslims. It forbids Muslims to buy, possess, transport and drink beverages containing alcohol. Despite this law, Muslims who used to drink wines did not stop, rather there is a definite rise in the number of people who use alcohol. This law allows non Muslims to buy wines from legal stores for them. They are provided special permits for purchase of liquor but they are not allowed its use in public. The minimum age limit for them is 21. Many poor non Muslims sell their legally purchased wines illegally to Muslims for making money. Upper and Middle class buy safe drinks from them.

Prevalence of alcohol use in Pakistan

Province wise



The majority of alcohol users live in the following three cities.



Karachi (KHI), Lahore (LHR) Twin cities of Rawalpindi-Islamabad (RWP/ISB)

A WHO report describes the following statistics for Pakistan [5]



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2010

Source: Reference [5]

Abstainers (%), 2010

	Males	Females	Both sexes
Lifetime abstainers (15+)	89.6	94.8	92.1
Former drinkers* (15+)	5.2	2.6	3.9
Abstainers (15+), past 12 months	94.7	97.3	96.0

*Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

Source: Reference [5]

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2012

	ASDR*		AAF (%)	
	Males	Females	Males	Females
Liver cirrhosis, males / females	37.4	33.0	2.4	14.1
Road traffic accidents, males / females	40.8	8.6	0.1	0.0

*Per 100 000 population (15+).

Years of life lost (YLL) score*, 2012

LEAST < 1 2 3 4 5 > MOST

*Based on alcohol-attributable years of life lost.

Source: Reference [5]

Prevalence of alcohol use disorders and alcohol dependence (%), 2010*

	Alcohol use disorders**	Alcohol dependence
Males	0.5	0.3
Females	0.1	0.1
Both sexes	0.3	0.2
WHO Eastern Mediterranean Region	0.3	0.2

*12-month prevalence estimates (15+).

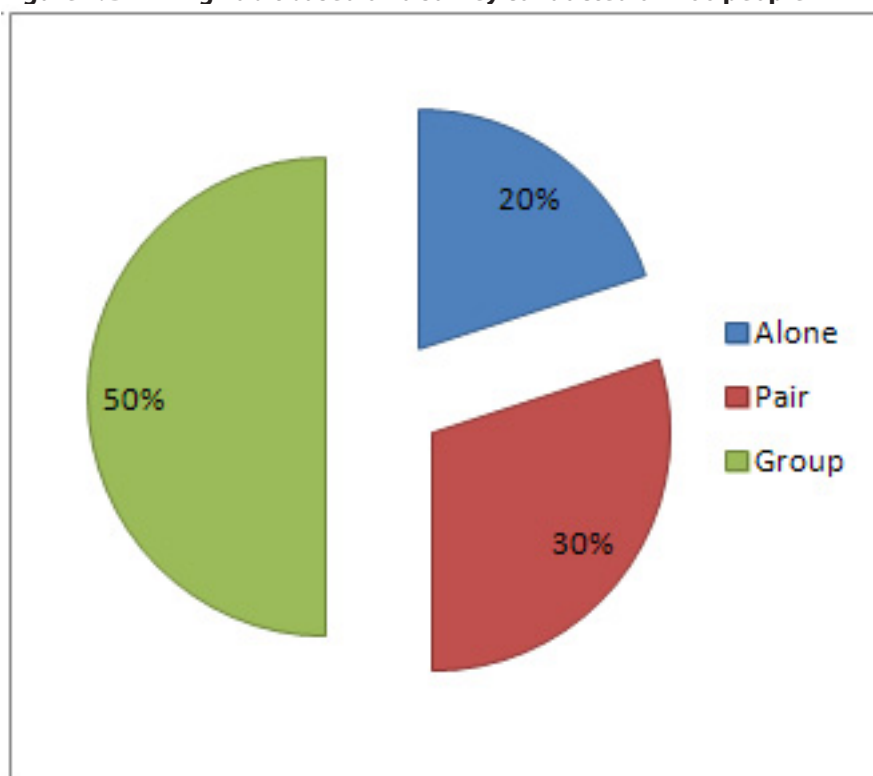
**Including alcohol dependence and harmful use of alcohol.

Source: Reference [5]

The above data represents usage of drinks containing ethyl alcohol and does not depict figures about the usage of the most commonly used methanol mixed illegal toxic liquors. The author has surveyed his community and interviewed 100 people of different age groups. His study shows the following drinking behavior in the community.

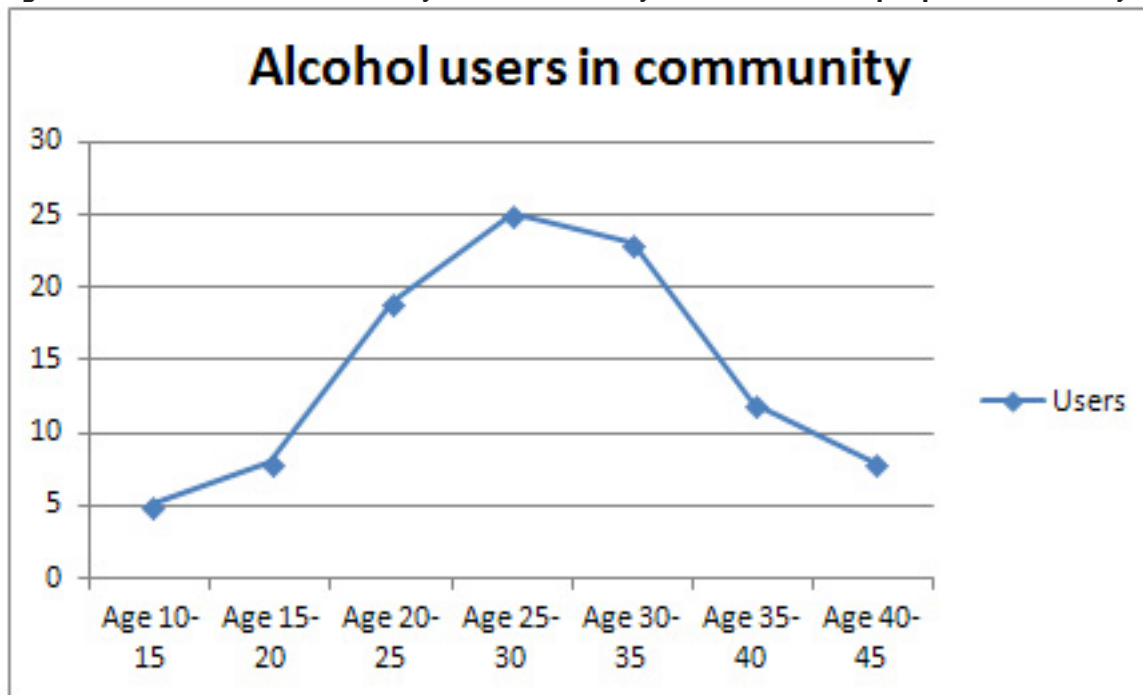
Drinking behavior in the community

Figure 1: Drinking habit based on a survey conducted on 100 people



The lowest drinking age is 10 and the percentage of new drinkers rises up to 30's. The incidence of alcohol drops after 40's because of disease, death or inability to purchase the liquor. The majority use water, soda or soft drinks (Seven up /Pepsi) to dilute their drinks. They usually drink with friends. One person drinks one bottle in a session which starts in the evening and lasts up to late night. Most of them (60%) drink on a daily basis. There is a huge rise in the number of drinkers and volume of alcohol used in marriages and festivals. The majority suffer from retching, stomach pain, and morning headache. Involvement in sex, crime and in other drugs like Hashish and Heroin is seen in some users.

Figure 2: Alcohol users in community based on a survey conducted on 100 people of community



Types of toxic liquors

1) Denatured alcohol is also called Methylated spirits. It is ethanol that has additives to make it poisonous, extremely bad tasting, foul smelling or nauseating, to discourage recreational consumption. The main additive has traditionally been 10% methanol, giving rise to the term "Methylated spirits". This is a very poor man's drink. The sellers mix water and cough syrups in it.

2) Non Muslims have a legal quota of purchase. Many of them who sell their quota mix Methylated spirits in it. This is more expensive than type 1.

3) Illegal brewing in homes by local and old methods. It is not possible to control percentage of ethanol in such wines. It can cause severe consequences including death due to high ethanol contents. This is known as Country or Desi (country) Sharab (wines). It is more expensive than the above two types.

4) Kachi Sharab is the most common form of illegal toxic liquor in Pakistan. It is being produced by the illegal brewers and many poor and working-class Pakistanis continue to lose their lives due to it. It is the major social problem of south Punjab and Sindh. It is manufactured using Methylated spirit, thinner, alcohol containing cough syrups, and Mandrax tablets (Meth-aqualone, a sedative and hypnotic drug). They mix all these ingredients in mineral water. The mafia involved in this business has labels and empty bottles from national and international brands. They even have a system that puts bottle caps with seals. It is not possible to differentiate this illegal toxic liquor from authentic wines.

According to a news report, 8600 people lost their lives during the last ten years due to toxic liquors. The real figures are much higher because all deaths are not reported due to social reasons as families tend to hide such deaths and declare it natural death. [6] Exact nationwide data is not available because many

do not disclose information. Similarly no definite data is available regarding the morbidity and mortality of illegal alcohol use.

How to address this problem - what is the solution?

The protection of the health of populations by preventing and reducing the harmful use of alcohol is a public health priority. [1] The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries. The toxic liquor containing methanol is causing blindness and early deaths. The latest causal relationships suggested by research are those between harmful use of alcohol and infectious diseases such as tuberculosis and HIV/AIDS. [1]

The following steps, if taken with full will and commitment, can reduce the use of toxic liquors among children and other toxic liquor users.

1) Control of Methylated spirit sale for commercial and industrial use.

The most important action to prevent use of illegal toxic liquor depends upon the government. Pakistan Excise and Custom department has laws to regulate the use of Methylated spirit for commercial and industrial use. This law asks the licensed sellers to keep record of all sales and to restrict the sale to registered users for commercial and industrial use. This law is not in real implementation and toxic liquor mafia succeeds to buy large volumes of Methylated spirit for drinking purposes. There is intense need to ensure that this alcohol is not sold to those who mix it with rectified spirit and sell it for drinking purposes.

2) Treatment and counseling for alcoholics.

This is mainly the responsibility of the government sector. There are no separate centers for the counseling and treatment of these people in government hospitals. Medical and Chronic Liver Disease departments are supposed to provide treatment to them. They do help when gross complications develop but their role in helping the patients to quit alcohol is almost zero. They are regarded as sinners and not patients by most. They definitely have a right for treatment. Alcoholism is not simply a disease presenting with stomach, intestinal, lung and liver problems but it is a huge social problem with extremely dangerous outcomes. People are also afraid of disclosing this information as drinking is a crime for Muslims in Pakistan.

3) Role of Family Physicians in prevention, treatment and counseling of alcoholics at community level

The family physicians work in their communities and know these people well. They can provide social counseling using community volunteers. They can treat them directly and through shared care with government medical and gastro intestinal experts. People have more trust and faith in them. They in association with community members and support organizations can help to prevent and treat toxic liquor use. The suffering families literally beg doctors to help them in treating and rehabilitating their near and dear ones. Due to lack of interest of family physicians, this field is open for quacks that make money and worsen the cases. The media is full of advertisements from such quacks and money makers who claim to be expert in treating alcohol and substance abuse. The silence of family physicians is compelling people to consult quacks.

4) Helping the youth at community level

The involvement of small children in alcohol use demands urgent intervention for organizing healthy educational and recreational activities for this age group. They must be helped to have access to primary universal education and vocational training for better health and future. Government of Punjab provides free education and vocational training in government schools and other associated institutions. There is urgent need to augment social mobilization for helping these children to get benefit from these free facilities. These children belong to the extreme poverty fraction of community and their parents are not interested in educating them. They prefer to put them in small jobs and expose them to open hazards associated with such jobs.

Conclusion

Due to ban on alcohol beverages for Muslims in Pakistan, the use of illegal toxic liquors has increased many folds over past years. Various types of toxic liquors are being used by alcoholics. It is not possible to lift this ban due to social and religious reasons. The government needs to strengthen the laws controlling sale of Methylated spirits for commercial and industrial use. The government health care centers do not provide organized care for quitting alcohol. The majority of community

based family physicians are not interested in treating alcohol and substance abuse. The sufferers are only left with a choice to consult quacks that not only make money but also spoil them because of lack of knowledge and training. The most important aspect of this problem is to prevent children and teenagers from using toxic liquors. People have trust and faith in their family physicians. The real solution rests with them as they are qualified persons and can increase their knowledge of this special care through CMEs and professional development strategies.

References

1. Global status report on alcohol and health 2014 - http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf
2. WHO, 2011a; Lim et al., 2012
3. Statistical Classification of Diseases and Related Health Problems (ICD) 10th revision, WHO, 1992
4. WHO, 2004a; Baan et al., 2007; Shield, Parry & Rehm, 2013
5. World Health Organization report/ Pakistan, 2014
http://www.who.int/substance_abuse/publications/global_alcohol_report/profiles/pak.pdf?ua=1
6. The daily Jang, Rawalpindi, Pakistan; issue of 27th December, 2014.