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Daniel Baquet Thomas Jefferson University, daniel.baquet@jefferson.edu

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Public Health Considerations and the Culture of Alcohol in Vietnam

Daniel Baquet

College Within A College: Population Health

Introduction

The problem of alcohol in Vietnam is interesting when considering the culture surrounding alcohol throughout the country, particularly amongst men. In 2010, Vietnamese men drank 12.1 liters of pure alcohol per capita, while women drank only 0.2 liters (WHO, 2014). The WHO Global Status Report on Alcohol and Health stated, "Vietnam's national drinking patterns ... are among the most fatal with the highest possible score for alcohol-attributable years of life lost," a metric which includes liver cirrhosis, road traffic crashes, and the prevalence of alcohol use disorders and alcohol dependence (WHO, 2014). In addition, domestic alcohol production in Vietnam has increased and presumably continues to do so (Ngoc, Thieng, Huong 2012). This poster aims to discuss the culture of alcohol in Vietnam, highlight problems it presents to the health of the Vietnamese people, and propose possible policies designed to help ameliorate the burden of alcohol abuse on the Vietnamese healthcare system.

Problem Definition and Magnitude

- High rates of alcohol use in Vietnam increase the national burden of chronic disease as well as consequent problems related to alcohol use, such as traffic accidents, injuries, intimate partner violence, risky sexual behavior, and more (Hoy, Rao, Nhung, Marks, Hoa 2013)
- Problematic alcohol use has a far greater impact on men in Vietnam than women. National data in Vietnam demonstrates that nearly "40% of men were hazardous/harmful users (4-6 drinks per day) and 25% were binge drinkers (>6 drinks per day), whereas only 3% of women were hazardous/harmful drinkers and <1% were binge drinkers" (Bui et al. 2015).
- Another subset of the Vietnamese population in which alcohol consumption is concerning includes university students. Male students were found to be more likely to have drinking problems than female students, but the percentages in this population were not as skewed as national numbers suggesting possible changes in drinking norms with more young women using alcohol.
- A final subset to consider includes rural communities. Total household expenditure on alcohol was remarkable among rural communities, particularly poorer households (Giang, Allebeck, Spak, Minh, Dzung 2008). Homebrewed liquors are also more popular in rural areas. These homebrewed liqueurs also have dramatic variance in alcohol content compared with typical international standards for spirits being 30-40% alcohol by volume. Percentage of alcohol has been found to be as high as 76.7% by volume in Vietnam (Lachenmeier, Anh, Popova, Rehm 2009).

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

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

	ASDR*		AAF (%)	
Liver cirrhosis, males / females	39.3	9.2	71.7	37.7
Road traffic accidents, males / females	51.3	9.3	36.2	0.7
*Per 100 000 population (15+).				

Years of life lost (YLL) score*, 2012 LEAST < 1 2 3 4 6 > MOST

*Based on alcohol-attributable years of life lost.

Chart source: WHO Vietnam Country Profile 2014

Ideas for Future Interventions

- Greater public education surrounding the effects of alcohol and the impact that it has on one's health, both short and long term, is essential.
- Government policies increasing the prices of alcohol and establishing an elevated tax on alcohol would help to lower the purchase of alcohol. There is evidence that reduction of alcohol availability could effectively lower drinking levels, particularly among younger drinkers and students (Diep, Tan, Knibbe, Vries 2016).
- Symptom-specific screening by primary care providers with a more universal screening at the intake step of a patient's visit with supportive materials, such as education pamphlets or easily accessible information in waiting areas (Abidi et al. 2016)
- Continuity of care between primary and tertiary treatment centers is critical. It is important to have a "complete care chain" for alcohol treatment, without which the success of treatment for alcohol abuse could be compromised (Haughwout, Harford, Castle 2016). Communication is key throughout healthcare and anywhere in the world.
- Increasing publicity in the media can be done locally and nationally with advertisements on billboards, public transportation, and national television. This will place the problem toward the forefront of people's minds.
- Culturally relevant education of healthcare workers to encourage their intervention on behalf of patients at the primary care level can help to change drinking behavior. This is also significant in that proper education of providers will help to limit barriers to care due to provider biases and attitudes and, therein, ensure better access to care (Hanpatchaiyakul, Eriksson, Kijsomporn, Ostlund 2016).
- A varied, multi-pronged approach to the many components involved in this issue will be necessary to truly alleviate the burden.
- As a result of my research, there are few current interventions surrounding this issue in Vietnam. Adding any initiatives toward bringing awareness to the problem in the country will help bring progress in addressing alcohol abuse.



Photo source: http://www.mapsofworld.com/vietnam/





Photo source: http://www.dailymail.co.uk/news/ article-1348906

Conclusion

There is a good deal of research exploring the culture of alcohol in Vietnam. However, much more can be done to widen our understanding in order to better assist in addressing the problem. Specifically, research on the movement between primary and tertiary health systems when treating patients for substance abuse would be helpful in understanding how the Vietnamese health system functions. This would be telling of how fluid transitions between providers may be, how educated providers are on substance abuse, how providers feel about the function of the system, and what their consensus is for how best to enact change. Without collaboration with the Vietnamese healthcare system itself, it will be especially difficult to make significant impact through an international public health venture. However, the ideas for intervention suggested and proposed in this paper will provide some insight into potential methods by which future providers and researchers, both international and Vietnamese, can have an impact on the culture of alcohol in Vietnam.



Photo source: http://pomegranate.asia



Photo source: http://permaculturenews.org/

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