

Alcoholisation in Third World Countries

*S. Mesaki**

Abstract

The consumption of alcohol in the developing world has increased dramatically in recent decades. Consequently, third world countries will have to contend with problems related to excessive drinking. This article analyses the gradual transformation of alcohol from an 'integrative' pastime to a costly abuse as big international companies deliberately push alcohol into developing countries at a time when its marketing in the industrialised countries themselves is under attack. It lists the reasons for the increase in drinking habits of Third world peoples, citing Nigeria and Tanzania as cases in point.

Introduction

Of all the drugs known and used by human beings in the course of their chequered history, alcohol is regarded to be the oldest because of its easy procurement. Today it is said to be the world's most widely used and damaging drug (Royal College of Psychiatrists, 1986). The commercial production and marketing of alcohol all over the world has been on the increase in the last three decades. For example, between 1960 and 1980, world commercial production of beer is reported to have more than doubled in the developed countries. This increase occurred mainly in Europe, Canada, and the USA, which altogether produced 80% of the product (Grant, 1985).

During the same period, world commercial consumption of alcohol per head is said to have risen by 50% (Walsh *et al*, 1985). It is alarming and a matter of great concern that the third world has succumbed to this rapid rate of growth in the consumption of alcohol (especially of beer), relative to other indicators of economic growth in low-income countries. In Zambia, for example, the consumption of commercial beverages showed a tendency to rise

* Department of Sociology, University of Dar-es-Salaam

between 1961 and 1976, when per capita intake increased from 41.5 litres to 150 litres per annum, with a peak of 202 litres in 1974. In Brazil, first admissions to hospitals with a diagnosis of alcohol trebled between 1960 and 1970. In Chile, 30% of the budget for medical and psychiatry services in the early 1970s was spent on medical care of 'alcoholism'. And in Sri Lanka, the contribution of alcoholic cirrhosis to total cirrhosis rates rose from 24% in 1948 to 55% in 1968. In Kuwait road accident rates tripled between 1965 and 1975, with alcohol implicated (WHO, 1979). Eleven per cent of adult males in Mexico are said to be addicted to alcohol, a rate rivalling the USA's male estimate of 12.5%. These striking facts indicate that alcohol problems can spread globally if not checked (WHO, 1985).

The World Health Organisation (WHO) is particularly worried that per capita consumption of alcohol in many of the third world countries will equal, or even surpass, those of the West in a short span of time (Heise, 1991). Walsh and Grant (1985:199) explain that the growth in the consumption of alcoholic beverages in some developing countries has been much more rapid, and complain that if this trend continues for another generation they will attain or even exceed the per capita consumption levels in developed countries. In the early 1970s, the rate of alcoholism among Zambians was put at 18.5 per 100,000 population (Mwanalushi, 1982). In Nigeria, the amount of beer available from recorded production and imports rose from 106 to 148 million litres between 1970 and 1976. In Venezuela, imports of whisky rose from 3.7 million litres in 1970 to 6 million in 1975. In Tahiti beer consumption rose by 400% from 1958 to 1971, whereas the consumption of whisky recorded a 26-times increase in the same period (WHO, 1979:365). Consequently, third world countries will have to contend with similar problems afflicting developed countries with regard to excessive drinking.

The Culture of Booze: From Venerable Custom to Costly Abuse

It is not disputed that drinking alcohol was (and still is) a part of the culture of many societies of the world. Also it should be borne in mind that, whereas cocaine, heroin, and other narcotics cause much anxiety in society, alcohol is a drug which seems to be socially acceptable. Drinking in traditional African settings had an integrative function, as opposed to the disturbing effects of alcohol prevailing today. First of all traditional beer (*ugimbi*, *komomi*) was considered as food. In fact it is a source of vitamin B.

Secondly, and more important, alcohol was embedded into the social and cultural fabric of many African societies. Beer was used for ceremonial purposes (birth, marriage, initiation, death). It was offered for propitiation to ancestral and other spirits, to express and reinforce social organisation (hospitality, reward for communal labour, and tribute to chiefs, facilitation of the work of courts or councils). Karp has written thus with respect to the Iteso of Western Kenya:

Virtually all important or extraordinary occasions among the Iteso are accompanied by communal forms of drinking. Beer drinking is a social mechanism for indicating that situations are special, and Iteso conceptions of festivity are defined in terms of beer drinking (Karp, 1987:90).

Msungu writes of *komon* or *wungingi*, a traditional drink of the Wahehe of Tanzania, whose history goes back to the 17th century as follows:

Historically *komon* was not for commercial purposes. It used to be drunk freely depending on the occasion. ...it was brewed for people in villages on special occasions. These could be to cultivate a farm communally, to collect grass for thatching houses, or to help a village build a house. Other occasions that warranted the brewing of *komon* include libation for the dead, weddings, and also during funerals to console the bereaved family (*Sunday Observer*, May 19, 1996: 5)

The writer pays particular attention to the role of libation, that is, a drink poured as offering to the gods for being such an important event among the Wahehe in which only *komon* is "happily accepted by the souls of the dead as a special thanksgiving gesture." And we are told about the intoxicating drink among the Chagga of Kilimanjaro being, "the mysterious stimulant for the spirit of sublimity...being intoxicated meant to dive into the strata of origin, the identification with the totemic animal..." (Washburne, 1961:25).

Another important point is that beer drinking was regulated by competing demands on available grain, nature of events, and the time for preparation. Despite the conventional use of alcohol in various spheres of social and cultural life in traditional societies, drunkenness and alcohol problems were unknown. This was due to a number of factors. To start with, the alcohol content of traditional beer was very low (approximately 3%). Secondly, the availability of beer was restricted to the post-harvest period. Furthermore, since drinking was a social event, individuals never drank alone, and the amount of liquor taken per person was limited by the necessity for social etiquette. Thus drinking, traditionally, had a central ritualistic and symbolic

function, and social norms strictly dictated who could drink, how much, and under what circumstances (Heise, 1991).

During colonialism, the alcohol scene changed considerably. First, the availability of the beverages was no longer restricted to periods of the year when grain was in abundance, and neither was brewing a domestic affair restricted to the household domain. Secondly, due to ready availability of and increased outlets for alcoholic drinks, trade in alcohol became a major commercial enterprise, particularly in the urban areas. With rapid urbanisation, the introduction of factory-made alcohol and cash nexus in rural economies, drinking was transformed from an august function to an intoxicating pass-time. Alcohol became available to a wider clientele, and drinking moved from the homesteads to public bars and drinking halls. Outside (foreign) influences also gave alcohol new symbolic value. It was during colonialism that new and more powerful liquors were introduced, and foreign (European) alcohol was associated with power and prestige.

After independence, restrictive and discriminatory measures concerning the availability of, and access to, refined alcoholic beverages were removed in most countries. Moreover, the establishment of brewing industries was one of the first steps towards post-colonial industrialisation. Planners more often considered alcohol as a stepping stone to industrial development. In fact, even in some deeply indebted African countries today, breweries are among the few well-functioning industries. This is apparently due to the fact that taxes from the production and sale of alcohol make up a significant part of third world governments' revenue. Alcohol appears to be a rewarding venture for cash-hungry governments. It is believed to generate between 7 and 15 per cent of government revenue in many third world countries including Kenya, Mexico, Tanzania and Zimbabwe (Heise, 1991). It is notable that, at a time when many commercial and industrial concerns are going bankrupt, the alcohol trade is booming. There are many reasons for this apart from the lust for inebriation.

Alcohol Marketing and Trade

It is important to realise that alcohol is heavily involved in the sponsorship of entertainment and sporting events, and this is apparently seen as very useful for both tourism and the local population. These elements give the industry a powerful role in the political economy of many developing countries. Indeed it is a wonder that government officials have been more preoccupied with the

expansion of alcohol production than with limiting its destructive impact on health and development. This expansion has been spurred both by the infiltration of large alcohol multinationals into developing country markets, and government policies in the third world which nurture domestic alcohol industries. Whereas per capita alcohol consumption is said to be declining in Western nations, big alcohol companies look for new markets in the third world. As Cavanagh has noted, "...without the infusion of foreign capital and know-how, the developing world would have decidedly less alcohol today. And without imported *Madison Avenue*-style marketing campaigns, fewer people would drink" (Heise, 1991).

Powerful and resourceful corporations from the developed West are deliberately pushing alcohol into developing countries at a time when alcohol marketing in the industrialised countries themselves is under attack. Today the link between alcohol and status is reinforced by multinational alcohol firms which portray their products as tickets to western lifestyles. According to M. Grant, "the advertising campaigns pushing alcohol in developing countries are even more aggressive than those in the United States" (Heise, 1991). Grant says that the slogans and images used exploit the understandable desire of third world citizens to 'buy into' a sophisticated lifestyle they can never hope to achieve.

A major feature of the global market in alcoholic beverages during the past three decades has been the increase in the extent to which commercial production and international trade have become concentrated among a relatively small number of commercial giants. Walsh and Grant (1985) found that only 14 out of 500 multinational corporations listed 'drink' as their major area of activity. This phenomenon is not unique to the alcoholic beverage market, but according to Heise (1991), its relevance to the changing pattern of both domestic and international trade is significant. She notes that many of the advertising and promotional tactics being used to push alcohol are similar to the techniques employed by the cigarette multinationals.

Is it coincidental that five of the world's top alcohol producers are also best known for their tobacco interests (Phillip Morris, R.J. Reynolds, Imperial Group, American Brands, and the Rembrandt /Rothmans Group)? Cavanagh has the answer when he writes, "Buying up alcoholic beverage firms was strategic for the large tobacco conglomerates. Now they can apply the well-tested expertise they've developed marketing one addictive product, tobacco, to the promotion of another -- alcohol" (quoted in Heise, 1991:15).

Between 1981 and 1983 WHO carried out studies on the influence of transnational corporations, tourism, trade and other international factors on the output and availability of alcoholic beverages (Cavanagh, 1985). Analysis was made on how increasing control by large corporations over alcohol production and trade was spreading alcohol problems in the third world, especially with regard to women, youths and other vulnerable groups. It was found out that corporate power was behind many of the alcoholic ills afflicting third world countries. In the early 1980s expenditure on advertising alone, by corporate power, was put at \$2 billion. Cavanagh and Clairmonte have argued, "...such a massive advertising barrage becomes the launching pad for new alcohol categories and brands thereby generating new tastes, opening up new markets, and assisting transnational alcohol corporations to compete much more effectively for the consumer's income" (Cavanagh and Clairmonte, 1985:202).

Local Brewing

Apart from advertising and exporting alcohol to the developing countries, multinational companies also invest in producing alcoholic beverages locally. The case of Nigeria is illustrative. Nigeria is one of Africa's largest producers of barley-based beer, and brewing is one of the country's oldest established industries. Many of the country's federal states have brewing as one of their development priorities. But despite a long history of brewing experience, Nigeria still does not have the manufacturing capacity or technical know-how to build breweries on its own. And instead of relying on imported beer, more and more barley and malt is bought from abroad for brewing beer locally. Thus in 1987 Nigeria spent \$14 million on barley and malt imports, money which could have trained 28,000 community health workers (Heise, 1991:17).

Of course, most countries in Africa are bound by the same predicament. Their tropical climates cannot produce the high-grade barley required for brewing beer, and European brewing technology will not work with locally abundant foodstuffs such as sorghum and cassava. According to WHO, of the 46 countries where commercial production of beer grew more than 50% between 1975 and 1980, 42 were developing countries, with the bulk of the produce consumed locally (Heise, 1991). But while many countries are pursuing alcohol-promoting policies, they cannot satisfy local demand for 'modern' alcoholic beverages such as beer.

In Tanzania, for example, the total demand for beer in 1989 was 29,016,000 crates (of twenty five bottles), while the production capacity of the 2 brewing plants in Dar-es-Salaam and Arusha was 15,176,000 crates. The shortfall was thus 14,016,000 crates. It was projected that by 1995 the demand for beer would be 46,520,000 crates, with a deficit of 29,120,000 (*Business Times*, April 7, 1989).

Partly due to this shortage, but also because of the exorbitant price of factory-produced beer, most ordinary citizens of third world countries drink home-made alcoholic beverages of varying quality and potency. Home-based brewers, fermenters, and distillers account for the lion's share of the alcohol drinks in these countries. As much as 90% of local supplies comes from these sources. Indeed factory produced liquor has not displaced home production. What is happening is the addition of European style drinks rather than a shift from traditional to factory produced beverages (Grant, quoted in Heise, 1991) Table 1 shows how 'traditional' alcohol production is still in command in some countries of the third world.

Table 1: Sources of alcohol in selected countries (1980s) %

<i>Country</i>	<i>Factory Produced</i>	<i>Home-made</i>	<i>Imports</i>
Costa Rica	-	-	30
Egypt	100	-	-
Gambia	2	90	8
Kenya	15	83	2
Mexico	50	50	-
Morocco	96	-	4
Sri Lanka	69	30	1
Tanzania	10	90	-

Source: Heise, 1991:15

Kilonzo notes that until 1987, when records were examined, imported alcoholic beverages accounted for less than 1% of available alcohol. The situation has since changed due to the liberalisation of the economy, but according to Kilonzo the increase was not expected to be more than a factor of two to three. Also, according to him, 89% of available alcohol in Tanzania is in the form of home brews when reduced to absolute alcohol. This figure places Tanzania in

the medium consumption countries between Mexico, Kenya and Gambia on the high side, and Egypt, Morocco, and Sri Lanka on the low side among developing countries (Kilonzo, 1992).

Since many home-brews are made from the same grains which are grown locally for food, alcohol production diminishes food supplies as well. In Cameroon, for example, it is estimated that as much as one-third of the millet and sorghum harvest is diverted to manufacturing traditional beer, a practice which can lead to severe shortages between harvests (Heise, 1991). Indeed if the demand for alcohol is high, land itself is sometimes diverted from food production.

In Tanzania, the year 1985 is said to have been a special boom period for local intoxicants. We are told that in Iringa, Tanzania, people are planting *mianzi* from which *ulanzi*, a local favourite liquor, can be tapped. Lundhal reports that, "Nowadays as you travel in Iringa you can see that the light-green *mianzi* is taking more and more space from the deeper-green maize" (Heise, 1991). This is because it pays better to grow *mianzi* and sell *ulanzi* for cash. The same can be said of other types of brewing in which the money factor is supreme in the manufacture and sale of the alcohol.

To maximise profits, brewers have resorted to uncouth methods of making alcohol to the extent of endangering the health of their customers. They go to great lengths to produce more intoxicating alcohol to impress their clients (Kilonzo, *et al.*, 1990). Thus the account of the history of *komon* among the Wahehe ends with a sour note:

...the commercialisation of this attractive drink, has reduced its quality and palatability due to the fact that many brewers do not use the proper formula used by the founders...brewers in Mwanza, Songea and even Iringa have discovered new formulas to make the drink stronger by adding chemicals and other drugs. Indeed these illicit brewers have spoiled the original taste of *komon*, forcing typical Hehes to reject and 'ridicule it'...they strongly believe that it is no longer the *komon* they were used to...(Msungu, 1996, *ibid*)

Why Increase in Drinking?

There are a number of factors to explain the increase in drinking habits of third world peoples. First, is the fact that many people have the means to afford alcohol. The number of public employees has expanded greatly with the attainment of independence and more opportunities being offered in private industries, parastatals and the informal sector. The salaries of these

employees have been on the rise as governments announce salary increments almost every year (e.g., May-day celebrations). The availability of alcohol, whether locally produced or imported, is assured.

Also the outlets are more abundant now (especially with the liberalisation of trade) than ever before. According to D. Mung'ong'o (*Business Times*, November 4, 1994: 15) in Dar-es-Salaam, Tanzania, there has been an increase in the number of bars selling beer (only) from 300 in 1976 to 3000 in 1994. This number does not include stores, kiosks and groceries which are littered all over the city selling (*on the premises*) imported beer and local brands as the authorities cast a blind eye on their operations. It is reported that the bar sector provides employment and sustainable income to around 15,000 persons (barmaids and servers) as well as another 12,000 people who engage in meat roasting, making soup, chips and eggs to go with the booze.

The number of those engaged in brewing local *pombe* is even higher, according to Mung'ong'o, (1992). The restrictions (such as age) which were exercised by custom are no longer observed as youths find the freedom to start drinking early, especially when they have the purchasing power of their own. Many parents also tend to drink more and in front of their children, who then emulate them. Some important events, such as funerals or weddings, are punctuated with beer (liquor), and champagne bottles are even broken in weddings as a fashionable milestone, a sign of modernity, affluence and prestige of those concerned. Advertising plays a big part in exalting the utility of alcohol. Many religious prohibitions are flouted as seemingly devout Muslims and Christians justify why it is OK to drink provided one does not take too much and get drunk!

Ramifications: Fun or Binge

A mixture of humour and alcoholic lethargy beguiles a customer in Arusha, Tanzania, with the following writings on the wall:

*Get drunk and go to sleep.
Because when you go to sleep you commit no sin.
And when you make no sin you go to heaven.
So let us all get drunk and go to heaven*
(Macha, *Sunday News*, May 12, 1982).

Another advertisement about Tusker, a Kenyan beer sold widely in Tanzania, is aired in TV and radio stations of Tanzania, and goes like this:

*Kazi... kazi..
Tufanye kazi kwa nguvu zote
Kazi... kazi..
Tujenge taifa letu
Baada ya yazi burudika
Ni wakati wa Tusker!*

The advert applauds the need for a deserved beer drink after working hard and building the nation.

It is such deception, characteristic of the alcoholic trade, which cloak the wisdom of using alcohol to solve other ills. Alcohol is seen as a solution to problems rather than a problem in itself.

In reality, drinking severely compromise the economic, social and medical well-being of developing countries. In particular, according to Nikander, *et al.*, (1992) the health problems related to excessive alcohol consumption in Africa seem to differ from those found in the Western countries. This may be due to yet undiscovered reasons, such as genetic or nutritional factors, impurities in local brews, and consumption of alcoholic beverages containing other pharmacologically harmful, toxic and even cancer causing substances. It is important for those who drink even for the fun of it to be aware of these terrible costs of a drink.

Conclusion

WHO ranks alcohol-related problems as the world's major health concerns which threaten to overwhelm the health services (*The New Internationalist*, September, 1983). However, alcohol-related problems must not be viewed in isolation. They have to be considered in their totality and avoid the pitfalls of concentrating exclusively on alcoholism as a form of dependency or deviant behaviour (Brunk, 1985). As such alcohol-related problems need to be seen as a consequence of particular lifestyles, and of choices made both by individuals and societies (Grant, 1985). To handle social problems related to alcohol, WHO advises each country to formulate explicit and comprehensive national alcohol policies. Such policies have to prioritise on prevention, and must take into account the history of the country concerned, its culture, and its drinking practices.

References

- Brunk, K. Formulating Comprehensive National Alcohol Policies. in M. Grant, *Alcohol Policies*. WHO: pp 137-142.
- Cavanagh, J. and F. Clairmonte. 1985. *Alcoholic Beverages: Dimensions of Corporate Power*. London: Croom Helm
- CCT 1982. *Pombe au Ulevi*. Dar-es-Salaam: EMAU.
- Grant, M. (Ed). 1985. *Alcohol Policies*. WHO: Geneva.
- Hause, P. 1988. *Brewers, Beerhalls and Boycotts: A History of Liquor in South Africa*. Johannesburg: Raven Press.
- Heise, L 1991. Trouble Brewing: Alcohol in the Third World. *World Watch* Vol. 4 No. 4, 1991, pp. 11-18.
- Karp, I. 1987. Beer Drinking and Social Experience in an African Society: An Essay in Formal Sociology. In I.Karp *African Systems of Thought* pp 83-119.
- Kilonzo, G.P. and Y.T. Pitkanen. 1992. *Pombe: Report of Alcohol Research Project in Tanzania, 1988-1990*.
- Madeley, J. 1981. The cost of a drink. *World Health*. August, 1981 pp 5-6.
- Marshall, M. (Ed). 1982 *Through a Glass darkly: Beer and Modernisation in Papua New Guinea* Boroko PNG: Institute of Applied Social and Economic Research.
- McCarthy, R. (Ed) 1959. *Drinking and Intoxication: Selected Readings in Social Attitudes and Controls* New Brunswick: College and University Press.
- Mwanalushi, M. 1982. The African Experience. *World Health* December, 1982, pp. 13-15.
- Nikander, P., E. Kilima, G.P. Kilonzo. 1992. Commercialisation of the Traditional Alcohol Beverages. In Kilonzo G.P. and Y.T. Pitkanen *et al.*, (eds) (1992)
- Pan, L 1975. *Alcohol in Colonial Africa* Helsinki: Finnish Foundation for Alcohol Studies Vol. 22.

- Partnanen, J. 1991. *Sociability and Intoxication: Alcohol and Drinking in Kenya, Africa and the Modern World*. Finnish Foundation for Alcohol Studies.
- Royal College of Psychiatrists. 1986. *Alcohol: Our Favourite Drug: New Report of a Special Committee of the Royal College of Psychiatrists*. London: Tavistock.
- Sain, B. 1989. *Alcohol Addiction: A Study in Nature and Dimensions of Drinking and Prohibition*. New Delhi: H.K. Publishers and Distributors.
- Walsh, B and M. Grant. 1985. The Alcohol Trade and its Effects on Public Health. *World Health Forum*, Vol. 6 No. 3, 1985, pp 195-199.
- Washburne, C. 1961. *Primitive Drinking*. New Haven and New York: College and University Press.
- Wilson, A. 1982. Alcohol: A Rising Tide. *World Health*. December 1982 pp. 2-5