**The Minutes of the Meeting for Health-related Organizations**

**“Alcohol and Adolescents”**

**Wednesday, 25th January 2012**

Meeting place: VSO meeting room, “Bolor” Business Center, Ulaanbaatar

Meeting time: 3:00 - 5:00 pm

Discussion topic: **“Alcohol and Adolescents”**

Chairperson: Dr. Odontsetseg Brown, Coordinator for HROs’ monthly regular

 meetings, Chairperson, Foundation for Health Policy Promotion

Speaker: Unurtsetseg Tsedev, Head, Center for Child and Women

 Protection (CCWP)

**Agenda**

1. Record those attending
2. Apologies for absence
3. Minutes for the meeting in November 2011, on **“**Alcohol and Adolescents**”**
4. Matters arising from the Minutes
5. “Secretary’s report” (any correspondence or other communications)
6. Agenda items:

**“**Alcohol and Adolescents**”**

1. Any Other Business
2. Date and time of the next meeting.

Item 1

**Those present:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Position & Organization** | **Email & Telephone** |
| 1 | Dr. Odontsetseg Brown | Coordinator, HROs monthly regular meetingsChairperson, Foundation for Health Policy Promotion | odnoo1220@yahoo.comobrown@pactworld.org99149656, 329267 |
| 2 | Ulambayar Badarch | Manager for Cooperative Programs, Chingeltei District Health Center | perke\_mn@yahoo.com89995766 |
| 3 | Unurtsetseg Tsedev | Head, Center for Child and Women Protection (CCWP) | unur\_mhsw@yahoo.com99092146 |
| 4 | Solongo.Ch  | Researcher, Public Health Institute | soko\_ch85@yahoo.com 99135279 |
| 5 | Enkhtuya.D | ECPAT Mongolia | enkhtuya@adc.org.mn99028922, 324333 |
| 6 | Tuul.O | Adolescent doctor, Bayanzurkh District Health Center | tuul\_bzd@yahoo.com99688554, 88688554 |
| 7 | Oyun-Erdene.O | Researcher, Public Health Institute | oyunaa\_001@yahoo.com99894437 |
| 8 | Munkhnyam Davaabat | Program Assistant, Peace Corps Mongolia | dmunkhnyam@peacecorps.govmozgi@yahoo.com99005198, 99830947 |
| 9 | Tsedenbal Ariuntuya | Health and First Aid Program Manager, Mongolian Red Cross Society | global.holy@yahoo.com99196904 |
| 10 | Undarmaa Enkhbat | Researcher, Center for Environmental Health and Human Ecology | eundarmaa@hotmail.com99886448 |
| 11 | Murungi Didas | VSO Volunteer, Chingeltei District Health Center | murungididas@yahoo.co.uk |
| 12 | Javzan.S | Medical Doctor, Dulma Ling Community Center, Light of the Path NGO, “Bodi Zul” Foundation  | javzan\_22@yahoo.com99809854 |
| 13 | Tuya.J | Adolescent doctor, Sukhbaatar District Health Center | Tuya1108 |
| 14 | Tseren-Ochir Tsengelmaa | Adolescent doctor, Bayanzurkh District Health Center | 99269000 |
| 15 | Dulamjav Damdindorj | Program Support Officer, VSO International –Mongolia | Dulamjav.damdindorj@vsoint.org318515, 88624838, 91914838 |

**Item 2**

**Apologies for absence**

Apologies for absence were received from:

1. Oyunbileg.J, General Director of the PHI
2. Ada van Vliet, former VSO volunteer, who is continuously working with the Nalaikh District Health center and two other organizations
3. Buhuu Tserendagva, Project Coordinator, Sante Sud International NGO
4. Enkhtuya.P, Associate Director, Foundation for Health Policy Promotion

**Item 3**

**Minutes for November 30th 2011 meeting, “HIV/AIDS and STIs in Mongolia. An update for World AIDS day”**

The minutes for November 30th 2011 meeting on **“HIV/AIDS and STIs in Mongolia.**An update for World AIDS day**”** had been circulated by email, and were distributed at the meeting; they were approved by the meeting participants.

**Item 4**

**Matters arising from the minutes**

There were no matters arising from the November 2011 meeting minutes.

**Item 5**

**“Secretary’s report” / Correspondence (any communications)**

As we discussed at the previous meetings, now we have scheduled a meeting in July 2012, on “Culture Shocks & Social Stigmas”.

**Item 6**

**Matters for discussion** (such as proposals, or reports on ongoing projects)

Speakers & **“Alcohol and Adolescents”**

Presentations: Unurtsetseg Tsedev, Head, Center for Child and Women

 Protection (CCWP)

The presentation will be posted shortly on the website at [www.mongolhealthnetwork.org](http://www.mongolhealthnetwork.org/)

***See addendum at the end of these Minutes for notes on this presentation.***

**Item 7:**

**Any other business**

The chair thanked Ms. Unurtsetseg Tsedev for the informative and interesting presentation.

The chair asked the participants to note that, as a matter of course, there is no meeting scheduled in February because of Tsagaan Sar, an almost week-long holiday this year.

Any members who had not attended this meeting are welcome to add their comments and suggestions for the proposed topics for future meetings by emailing healthnetting@yahoo.co.uk .

**Item 8**

Date and time 3:00 - 5:00 pm

of the next meeting: March 28, 2012, Wednesday

 VSO Meeting Room

Topic of the next meeting: **Eliminate TB!** Update for World Tuberculosis Day.

 "Transforming the fight to eradicate TB"

**Speaker:** Dr Batbayar Ochirbat, Head, National Tuberculosis Research

and Surveillance Centre, National Center for Communicable Diseases

**Addendum to Minutes**

**Discussion on “Alcohol and Adolescents in Mongolia”**

**THE FULL POWERPOINT PRESENTATION FROM THE MEETING WILL BE POSTED SHORTLY ON THE** [**www.mongolhealthnetwork.org**](http://www.mongolhealthnetwork.org) **WEBSITE**

***Below are working notes for this presentation followed by a summary of the Questions and Answers on the subject.***

**The main points raised by the speaker:**

* Why do we need to talk about the issue on alcohol and adolescents?
* Alcohol production, marketing, import and consumption
* What are the affects and impacts of alcohol on adolescents?
* What actions need to be taken against alcohol addiction and alcoholism among adolescents?

**Why do we need to talk about the issue on alcohol and adolescents?**

* Survey done by World Vision Mongolia and Association against Alcoholism and drug addiction shows us a very alarming conclusion on alcohol consumption among adolescents. 70.6 % of all adolescents participating in the survey aged between 12-17, have consumed alcohol, and the first interest or influence to use alcohol has been given by either their mother, father, grandparents or other family members and/or relatives.
* 81.9 of all adolescents involved in the survey said that they live in environment where alcohol is regularly used.
* Of all adolescents that consumed alcohol, 86.8% has consumed alcohol at the level of intoxication, 8.5% has consumed at dangerous consumption level.
* 16% of the survey participants said that they know what are the harms and negative effects of alcohol.
* They don’t know at what age it’s allowed to start drinking by law and 55.7% of the kids have bought alcohol for their parents or family members.
* The legal age for drinking alcohol in Mongolia is 21and for smoking 18.
* Alcohol metabolism and alcohol sensitivity are different between different ethnic/racial groups. Because of genetically-induced abnormal and lower level of some enzymes such as alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH), which play an important role in individual and racial differences in acute and chronic reactions to alcohol, among Orientals of Mongoloid origin, alcohol sensitivity and associated discomfort symptoms are higher among them. These enzymes’ deficiency among individuals of the Mongoloid race is mainly responsible for the acute sensitivity to alcohol commonly observed in this race.
* Southern Russian that are of mongoloid race (eskimos, koryak, nenets) and American Native Indians tend to have higher acute sensitivity to alcohol.
* **Alcohol dependency and addiction**
* It is an important factor to know at what age an individual started drinking. The younger the kids start drinking alcohol the more likely they are to get alcohol-addicted.
* People starting drinking before 21 years of age are 4 times more likely to be seriously addicted to alcohol than people who start at 21 years of age or older.
* The study results show that:

- 40% of people who started drinking at the age younger than 15 years old became addicted to alcohol

- 25% of people who started drinking when they were around 17 years old became addicted to alcohol

- 10% of people who started drinking after the age of 21years old became addicted to alcohol

- 2.5% of people who started drinking when they were 25 years old or older became addicted to alcohol

* Alcohol-addicted people most likely to deny that they are addicted.

**Alcohol production, marketing, import and usage**

* The amount of alcohol production in Mongolia has increased steadily since 2005 (shown on the table)

19.0 million liters in 2005,

22.1 million liters in 2006,

36.7 million liters in 2007,

42.2 million liters in 2008, and

53.4 million liters in 2009

* The Alcohol Imports is also increasing in Mongolia since 2005

 9.4 million liters in 2005,

12 million liters in 2006,

19.6 million liters in 2007,

22.8 million liters in 2008,

11.8 million liters in 2009, and

21 million liters in 2010

* On the other hand, since 2008, the Alcohol Exports have increased between 2005 and 2007, and then have decreased between 2007 and 2009:

48.1 thousand liters in 2005,

109.4 thousand liters in 2006,

* 1. thousand liters in 2007,

103.9 thousand liters in 2008, and

76.1 thousand liters in 2009

* Number of different types of retailers that offer alcohol (first half of 2010)

214 Wholesales

453 Coffee shops

569 Restaurants

904 Bars

5804 Convenient and Grocery Stores

* In 2009, in Mongolia, the amount of alcohol consumed domestically (domestic production + import - export), we have consumed 36.4 litres of alcohol per person above 18 years old. This amount does not include airag/ fermented horse milk, and home produced alcohol drinks.
* By different types of alcohol drinks: 2 litres of spirits, 9.7 litres of vodka, 24.1 litres of beer and 0.7 litres of wine per person per year.

**What are the negative impacts of alcohol on adolescents?**

* 175 adolescents in 2006
* 231 adolescents in 2007
* 264 adolescents in 2008 served by sobering centers / drunk tanks.
* **As the results of the study show, the common reasons for adolescents drinking**
* Curiosity; test how it feels
* Adolescents consider that drinking makes them look “cool”, grown-up, and independent
* To impress girls or boys
* To feel that they are equal to adults
* **As the results of the study show, the common reasons for adults drinking:**
* Boredom
* Stress, distress and anxiety
* Problems and challenges
* Socializing
* **Drinking can lead to and/or cause:**
* Unsafe sex: STIs, HIV/AIDS
* Unwanted pregnancy
* Gatherings and loitering with no reason
* Crimes and violence
* Traffic and domestic injuries
* Family disruptions and relationship breakups
* Acute and chronic poisoning
* Vulnerability to organ damage after chronic alcohol abuse
* Addiction
* Neglect of children
* Work and school absenteeism

**How to fight against alcoholism among adolescents?**

* Education, awareness raising, behaviour change communication interventions among adolescents
* Life skills training among adolescents (learn to say “no”, give less free time, let them know that this is equivalent to a mental disease, disorder)
* Develop skills for health, public health, adolescent health, alcohol detoxification, school and community based health promotion
* Preventive measures: establish leisure options including sport and non-formal/on-line learning as alternatives, counselling, etc.,

**Not to make misleading advertisements or give out messages such as:-**

* we and our ancestors have been drinking, there is nothing wrong with drinking
* if you don’t drink appropriate amount of alcohol your organism develops alcohol deficiency, which makes you vulnerable to certain diseases
* if balanced, drinking alcohol is fine
* to become a real man, it needs to learn how to drink
* if you can’t drink you are not a real man
* brag of how much you can drink, and what expensive fine drinks you’ve been drinking
* drinking makes parties funnier
* drinking helps to be open and outgoing

**Some suggested positive messages:**

* Drinking does not indicate wealth anymore
* Most modern business people, successful young people and professionals avoid drinking
* Drinking causes work or school absenteeism and family disruptions
* Drinking has negative impacts on health including mental health

**Discussion and recommendations:**

**Q:** As international literature suggests that increasing tax on alcohol, and limiting access to and availability of alcohol drinks are the effective ways of alcohol abuse prevention, do you think that these can be effective in Mongolia?

**A:** Yes. But those decisions need to be made at policy-making levels, whereas my lecture is more focused on educating adolescents. I do agree that influencing on policy-making through evidence-based facts and findings are important in alcohol abuse prevention.

**Comment/Information sharing by Ulambayar**: Last year a presenter from Sri Lanka made a very pertinent point. Approaching the alcohol industry directly is not very effective. Advertisement is the best way to prevent alcohol abuse. One example is that Hollywood is decreasing alcohol drinking/smoking scenes in movies. Mongolia and Russia are the only countries with so many drunk tanks (sobering centers). From what I saw in the UK was that the police puts drunk people in a taxi and the taxi driver takes them round town until they get sober then make them pay for the trip. The economic leverage / making the drunks pay for being drunk can be very effective way to reduce alcohol abuse.

**Discussions:**

* We conduct life skills training by ILO training curricula and modules, which includes a very pragmatic approach on how to cope with peer pressure, and capacity development and empowering adolescents. In response to the Ministry of Justice and Internal Affairs and the Local Governor’s Offices’ request, we conducted our life skills training in several locations throughout Mongolia, and learned that people need this kind of training at all levels. When we were conducting our training in Aimags for soums governor’s offices’ administrative officials, people were telling us that we were talking about something impossible. The possible reason for this is that those officials largely do not work closely with adolescents, and they do not know adolescents’ psychology and needs . For example when we were conducting training in Sukhbaatar aimag, the participants said that alcohol consumption among adolescents has increased dramatically because of 21 thousand tugrugs monthly cash distribution to everybody. We think that in this case the problem is the lack of knowledge, education and awareness among adolescents, but not the cash distribution.
* We have looked up the statistics on alcohol price and surprisingly it was the most stable price during the last 10 years. Prices on alcohol did not increase accordance with other prices and inflation.
* In Umnugobi aimag, at request of local people we conducted a training session for Fathers, and learned that involving Fathers was very effective, as they are the most influential and ideal “guru” to adolescents.
* The inter-sectoral coordination and collaboration is the key to successful implementation of related Laws and Regulations to fight against alcohol abuse among the general population including adolescents. We are the ECPAT (End to child prostitution, child pornography and trafficking of children for sexual purposes), an International network of organisations and individuals working together, protecting children’s fundamental rights to be free and secure from all forms of commercial sexual exploitation. While working with different groups of people in many different locations of Mongolia, we learned that in efforts towards behaviour change, we need to collaborate with health and public organizations and professionals. Because, we are professionals in “social science, human and child rights”, we can’t describe and fully understand the specific health related issues, and therefore can’t deliver the correct messages related to the health impacts of alcohol abuse.
* It would be more effective if we were to combine our capacity, skills and strength that each sector and organization can offer in reducing alcohol abuse among adolescents.
* The social workers and psychologists are the people who are trained to work with adolescents, and understand the social determinants of the issue. Unfortunately, the government does not provide sufficient funds to train and have them work in schools, and communities.
* During my recent trip to the Philippines I visited a health center with a department of social workers where 36 social workers work in one health center.
* The government needs to take a coordinated policy and integrated approach. In general, our policy documents are quite good, but there is a gap in having a clear division of actions between different sectors or authorities. It’s not clear who is responsible for what, and funding mechanisms are not included. In other words, the policy documents provide what needs to be done, but without guiding who exactly and how to do those measures or actions, and where funds should come from. Plan/actions without clear funding mechanisms do not work.

**Q:** From my personal observation and some people’s opinion, I thought that drinking alcohol has been decreasing?

**A:** Maybe it is decreasing in UB, but in rural areas it remains to be a big social and health issue.

* Drinking is a big problem in soums / rural areas. One example is the vocational training centers have now started providing a monthly allowance of 40 thousand tugrug to each student, which increased alcohol consumption among the students. Soum centers organize an alcohol-free day which is only causing more drinking as it gives a reason for people to drink more the day before and after the alcohol-free day.

**Speaker:** I am here today to call for your attention and actions to integrate our preventive actions, acknowledging the need to really reduce alcohol abuse among our next generation / adolescents. Therefore, we’d like to invite you, health and public health professionals, to work with us. We have developed 9 different training modules and we are interested to have public health principles in our training curricula.

**Comment:** At the PHI we conduct training on non-communicable disease risk factors which includes alcohol abuse prevention. We are happy to share information and cooperate with ECPAT in integrating the related training curricula and modules.

**Tsengelmaa:** We would like to have your life skills training in Bayanzurkh health center to train our health professionals, as well as train peer educators and trainers for communities.

**Munkhnyam:** Our Peace Corps volunteers actively work with adolescents and alcohol abuse, and we are open to discussions about possible cooperation with all of you.

**Ulambayar:** In my opinion the best and most sustainable approach is to get it integrated into the training curricula of schools, health centers and other settings through the Ministry of Education and Educational Institutions.

**End of recorded discussion.**