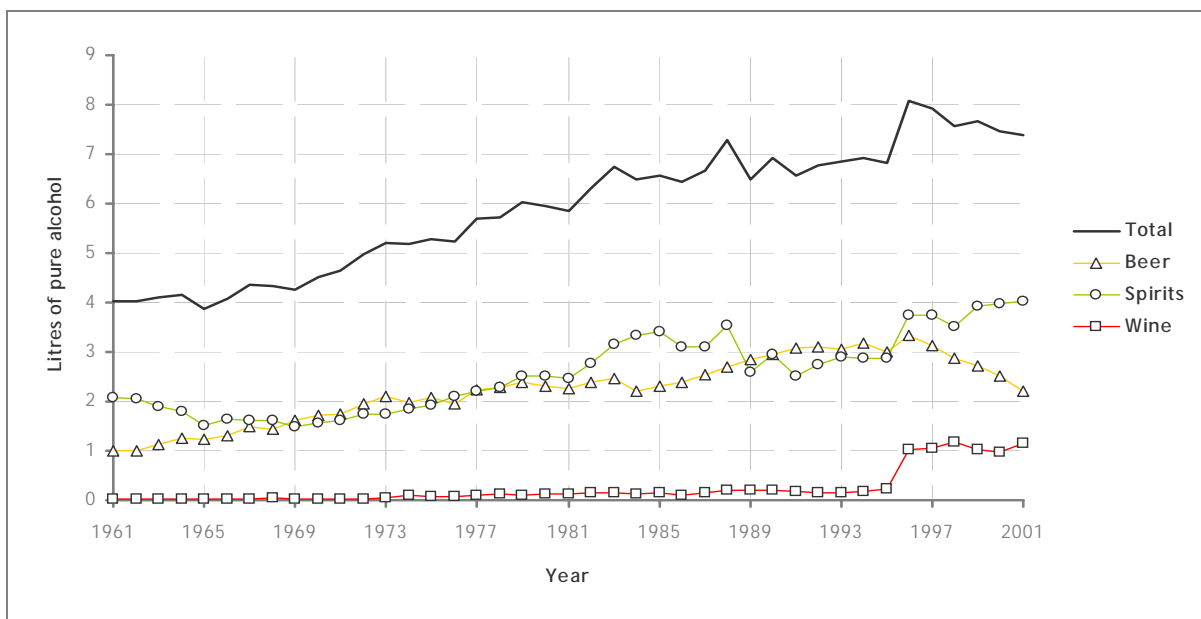


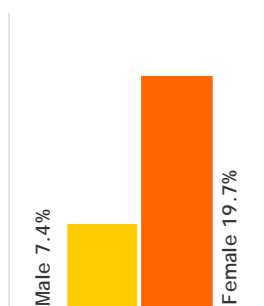
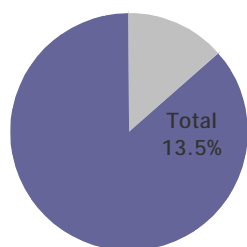
# JAPAN

## Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

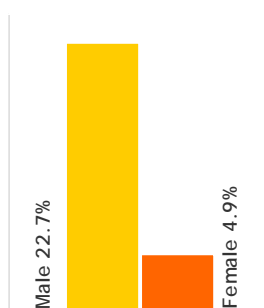
## Last year abstainers



Data from the WHO GENACIS study. National survey conducted in 2001 (age group 20 to 64 years). Total sample size  $n = 2025$ ; males  $n = 1009$  and females  $n = 1016$ .<sup>1</sup>

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 12% (males) and 23% (females). Data is for after year 1995.<sup>2</sup>

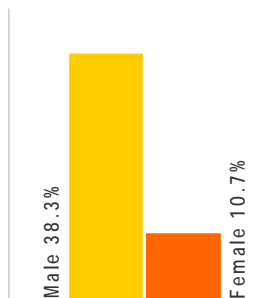
## Heavy and hazardous drinkers (among drinkers)



Data from the WHO GENACIS study. National survey conducted in 2001 (age group 20 to 64 years). Total sample size  $n = 2025$ ; males  $n = 1009$  and females  $n = 1016$ . Definition used: average consumption of 40 g or more of pure alcohol a day for males and 20 g or more of pure alcohol a day for females (data is for among drinkers only).<sup>1</sup>

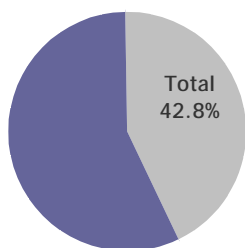
A 2000 national survey (males  $n = 2937$  and females  $n = 3885$ ; aged 20 years and above) found that 7.5% of males and 0.8% of females reported heavy drinking. Heavy drinking was defined as drinking more than three times a week and more than 540 ml of alcohol per occasion.<sup>3</sup>

Heavy episodic drinkers (among drinkers)



Data from the WHO GENACIS study. National survey conducted in 2001 (age group 20 to 64 years). Total sample size  $n = 2025$ ; males  $n = 1009$  and females  $n = 1016$ . Definition used: consumption of six or more drinks in one sitting (among drinkers only).<sup>1</sup>

Youth drinking (non-drinkers)

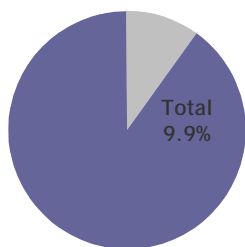


A 2000 questionnaire survey of 47 246 junior high school students and 59 051 senior high students randomly selected from 120 junior high schools and 100 senior high schools nationwide. Non-drinkers were 55% of the junior high sample and 33% of the senior high sample.<sup>4</sup>

A survey of 6115 students enrolled in 14 junior high schools in Chiba Prefecture found that the rate of lifetime prevalence of alcohol drinking was 75.6% (total), 78.4% (males) and 72.8% (females).<sup>5</sup>

A 1990 survey of 5240 junior high school students obtained from 12 representative schools of the Chiba Prefecture in Japan found that the lifetime prevalence of drinking alcohol was 78.2% (total), 80.4% for boys and 75.9% for girls. Consumption occurred most frequently on a ceremonial occasion (52.4%), followed by drinking with family (39%), with peers (20.6%), after a bath (9.7%) and at ritual parties among friends (9.3%).<sup>6</sup>

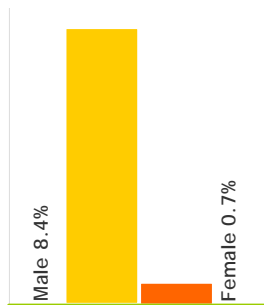
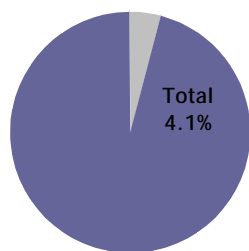
Youth drinking (problem drinkers)



First national survey of Japanese adolescent drinking behaviours conducted in 1996. The subjects were 42 183 junior high school students and 72 396 senior high school students. Problem drinking was defined by the QF (Quantity-Frequency) scale, (3% of the junior high sample and 14% of the senior high sample).<sup>7</sup>

A survey conducted in 2000 among 743 junior high school students and 791 senior high school students in the area covered by the Wakkanai Health Centre of Hokkaido found that 90.2% and 87.9% of male and female senior high school students of the third grade respectively, drank more than once per month. Frequent drinkers tended to have more experiences with problems associated with drinking such as blackout and vomiting.<sup>8</sup>

Alcohol dependence in Gifu city (lifetime prevalence)



A 1997–1999 community-based interview survey of a random sample of residents aged 20 years or older in Gifu city (urban). Alcohol dependence was measured according to the DSM-III-R. Total sample size  $n = 1029$ ; males  $n = 451$  and females  $n = 578$ .<sup>9</sup>

The 6-month prevalence rate of alcohol dependence in the same study was found to be 3.3% (total), 5.9% (males) and 0.5% (females).<sup>9</sup>

There are three million problem drinkers in Japan and alcoholism is increasing. 60% of problem drinkers are salaried businessmen who claim that getting drunk with clients or co-workers is part of their job and a mark of company loyalty. Refusing a drink from one’s employer is considered an insult that can damage a career.<sup>10</sup>

Traditional alcoholic beverages

*Sake* is the traditional beverage of Japan which is fermented from rice. It has an alcohol content of between 15% and 17%. It usually takes about a month to brew *sake* and there is a six-month period where it is ‘aged’ before release.<sup>11</sup>

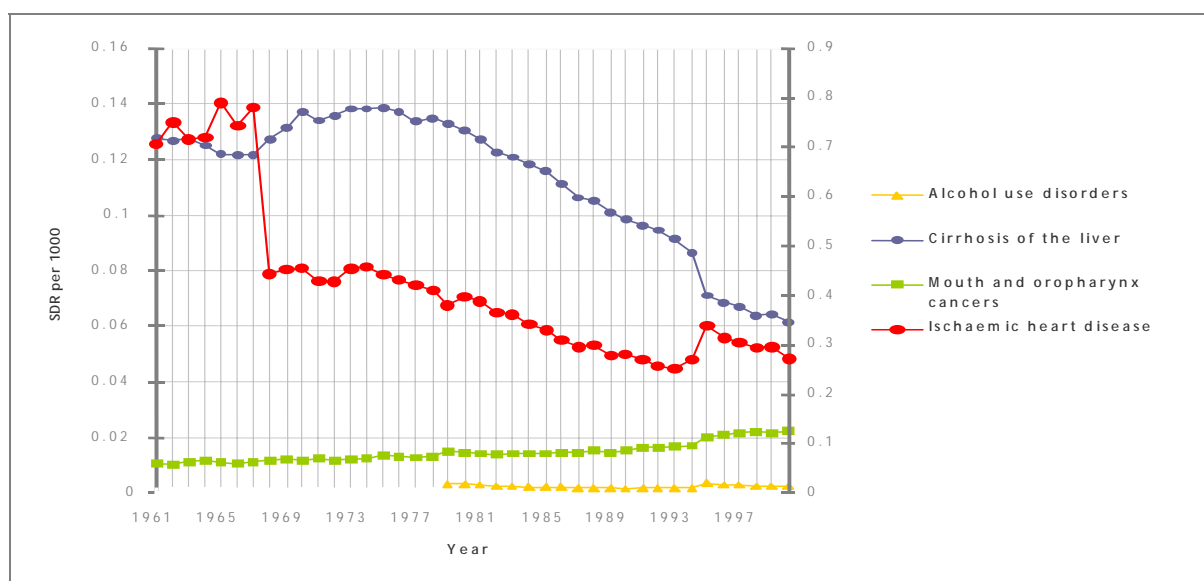
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Japan is estimated to be 2.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).<sup>2</sup>

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

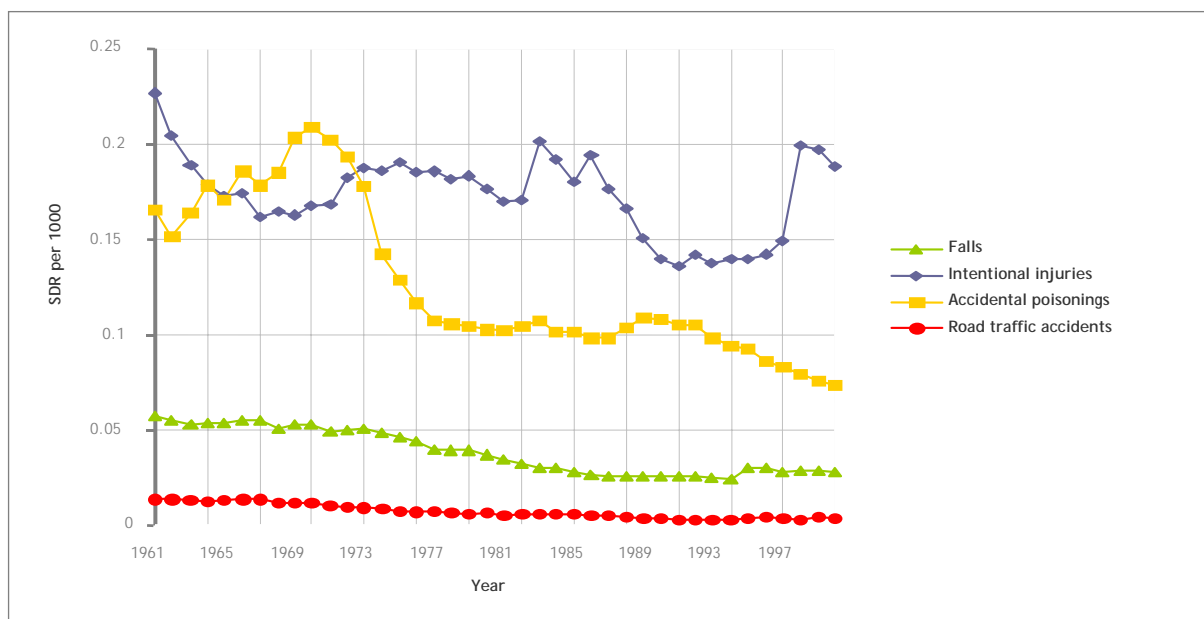
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

### Acute mortality



Source: WHO Mortality Database

### Morbidity, health and social problems from alcohol use

Alcohol is involved in approximately 4000 traffic deaths a year in Japan, almost half of all traffic accident deaths in the country.<sup>12</sup>

Motor vehicle traffic accidents are a leading cause of death among children, adolescents and young adults between 16 and 20 years of age. Even though high school students are prohibited from having drivers licenses by internal school rules, this age group was the primary responsible party for 30% of accidents and fatal accidents in the year 2000.<sup>13</sup>

Questionnaires sent to 1350 hospitals authorized by the Japanese Society of Gastroenterology asked about the number of inpatients with different types of alcoholic liver diseases admitted to each hospital between 1998 and 2001. The percentage of heavy drinkers among all admitted patients with liver diseases or liver cirrhosis was approximately 15%. Of the patients with alcoholic liver cirrhosis, the cirrhosis was derived from alcohol alone in 61% of cases.<sup>14</sup>

In a 10-year follow-up study of 1101 residents (433 men and 668 women) in sub-rural Hisayama aged 40 years or more, the results found suggested that alcohol intake, even light drinking, was a predictor of future hypertension among Japanese men.<sup>15</sup>

In a study where researchers used published vital statistics data from 1992 to 1996 to calculate the attributable risk percent (ARP) in 5-year cohorts of Japanese men aged 20 years and older, it was found that among Japanese men, heavy alcohol consumption accounted for 70.7% of deaths due to cirrhosis, 76.8% of liver cancer deaths, 88.5% of esophageal cancer deaths, and 87.4% of head and neck cancer deaths.<sup>16</sup>

Out of 7376 victims of sudden or violent deaths inspected and autopsied at Tokyo Metropolitan Medical Examiner's Office in 1989, 9.4% of victims were regarded as heavy drinkers and 2.7% of victims without past problem drinking were thought to be drunk at time of death. 12.1% of all cases were alcohol-related. In middle-aged men (45 to 54 years), 34% of all sudden or violent deaths were alcohol-related. Among the major causes of alcohol-related deaths, alcoholic liver disease accounted for 25%, gastrointestinal bleedings for 13%, cardiovascular diseases for 12% and violent deaths (e.g. acute alcohol intoxication, falls, traffic accidents, suicide) for 37%.<sup>17</sup>

### Economic and social costs

In Japan, the economic costs of alcohol abuse were estimated at US\$ 5.7 billion in 1987.<sup>18</sup>

## Country background information

<b>Total population 2003</b>	127 654 000	<b>Life expectancy at birth (2002)</b>	Male	78.4
Adult (15+)	109 782 440		Female	85.3
% under 15	14	<b>Probability of dying under age 5 per 1000 (2002)</b>	Male	4
<b>Population distribution 2001 (%)</b>			Female	4
Urban	79	<b>Gross National Income per capita 2002</b>	US\$	33 550
Rural	21			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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