Chapter 8

Investigation of Alcohol Consumption Determinants in Turkey With Multinomial Probit Model

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ABSTRACT

The main objective of this study is to determine key factors that may have a significant effect on alcohol consumption in Turkey. For this purpose, the cross-sectional data obtained from the Turkish Health Survey conducted in 2010 and 2012 by the Turkish Statistical Institute were analyzed through the multinomial probit model. Results revealed that several key variables were found to be a significant determinant of alcohol consumption, such as gender, age, education, marital status, income, general health status, tooth brushing frequency, situation of violence, fruit consumption frequency, tobacco use, exposure to tobacco smoke, and survey year. It is apparent that alcoholics need help to get rid of an addiction. Therefore, it would be inevitable for governments to intervene through national and international public health authorities. In particular, the ability of governments to design and implement comprehensive prevention strategies that combine the strengths of different policy approaches is critical to success.

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INTRODUCTION

Alcohol is legal psychoactive substance that is widely used in the world and has addictive properties. Particularly, excessive alcohol consumption increases the probability of cancer, cardiovascular diseases and many other chronic disease occurrences, besides this is a reason for preventable premature deaths. The protection of the health of population by preventing and reducing the harmful use of alcohol is one of the main objectives of the governments. More alcohol use than alcohol consumption limits recommended by the National Institute of Health and Care Excellence (NICE) has been defined as the use of bad alcohol. It is stated that alcohol abuse can cause physical, psychological, economic and social negative effects on individuals in this situation.

Since extraction of alcohol from the body is slower than the absorption, it causes a structure that r drunkenness and intoxications that disrupt the normal functioning of the body. Excessive alcohol consumption can lead to undesirable consequences such as intoxication, accidents, violence and reduced productivity. It can also contribute to the development of cancer, brain, liver, heart and bone pathologies and mental disorders.

In 2012, nearly 3.3 million deaths or 5.9% of global deaths were associated with alcohol consumption. There are significant gender differences in the proportion of alcohol-related global deaths. For example, 7.6% of deaths among males in 2012 and 4% of deaths among females were alcohol-dependent. In 2012, there were 139 million lives that resulted in disability due to alcohol consumption. There is also wide geographical variability in the rates of alcohol-related deaths and disabilities.

In order to avoid the negative consequences of excessive alcohol use, governments and public health organizations have approved the rules of “sensitive drinking” globally. For example, NICE recommends that those who choose to consume alcohol on a regular basis should not exceed three to four units per day. The World Health Organization (WHO) states that alcohol use is the third most important risk factor that increases the burden of disease in developed countries. Besides, thanks to the alcohol policies they developed, governments aim to reduce the harmful use of alcohol and the health and social burden that can be linked to alcohol in society. Such policies can be formulated at a global, regional, multinational, national and sub-national level. Most of the countries that are members of the World Health Organization have been working to reduce the use of alcohol in recent years. The majority of reporting countries have implemented enacted national alcohol policies. High-rate tax or price implementation for the solution of the problem of excessive alcohol consumption has attracted great attention among public health experts and policy makers (Nelson, 2014).
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