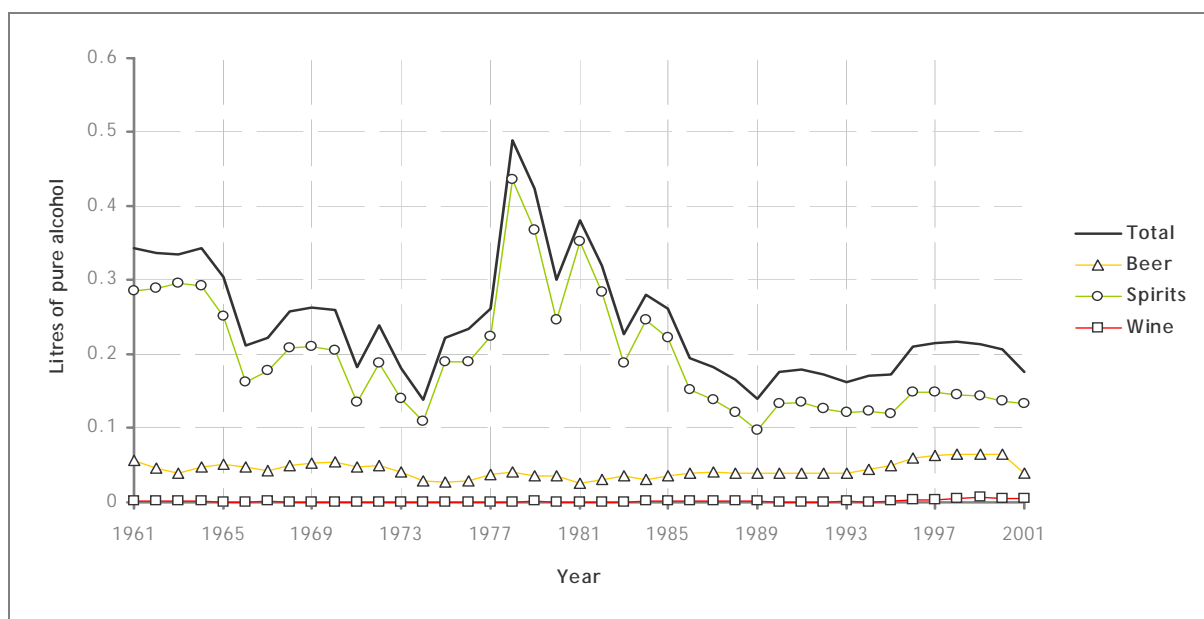


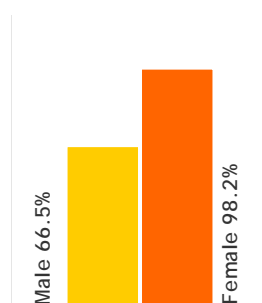
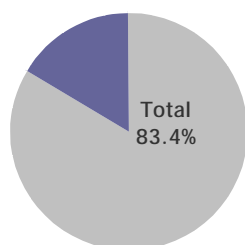
SRI LANKA

Recorded adult per capita consumption (age 15+)



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

Lifetime abstainers



Data from the 2003 World Health Survey. Total sample size $n = 6114$; males $n = 2878$ and females $n = 3236$. Sample population aged 18 years and above.¹

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 74% (males) and 96% (females). Data is for after year 1995.²

According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of last year abstainers was 67.6% (total), 41.4% (males) and 92.9% (females).³

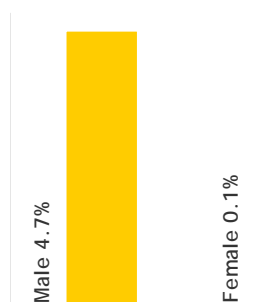
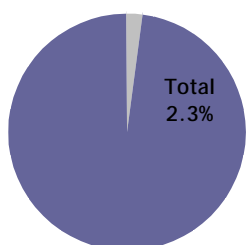
A 2002–2003 survey conducted in 11 districts in Sri Lanka (total sample size $n = 306$; males $n = 155$ and females $n = 151$) found that 63% of the total subjects had never consumed alcohol (140 women and 53 men). Twenty percent of those sampled consumed alcohol more than twice a week – with 8% using it daily. Kasippu (the common form of alcohol illicitly brewed and sold) was the most frequently used alcoholic beverage. The highest proportion of daily drinkers was among those with least (formal) education. A little over 7% of men said that their alcohol expenditure was greater than their income.⁴

A survey conducted in a semi-urban community in southern Sri Lanka (total sample size $n = 783$) revealed that 5% of females and 52.5% of males aged above 10 years old were current alcohol users. Age-specific prevalence of alcohol use was highest among those aged between 40 to 50 years for both sexes. By ethnicity, the highest prevalence was found among Tamils (43%), followed by Sinhalese (32%) and Muslims (9%).⁵

A cross-sectional study conducted among 1200 people in the Gampaha district showed that 37.7% of men and 1.6% of women had consumed alcohol during the fortnight preceding the interview and these men and women

were classified as regular drinkers. Among men 15.2% were drinking every other day or more frequently (heavy drinkers). The average consumption of the regular drinkers was 24.1 units per week for men and 6.3 units per week for women. The percentage of men drinking more than 21 units per week was 13.2%. The per capita annual alcohol consumption of the men in the sample was 5.6 litres and the corresponding figure for women was 0.055 litres. *Kassipu* contributed 65% of ethanol consumed by the community, *arrack* contributed 28% and beer 3%.⁵

Heavy and hazardous drinkers

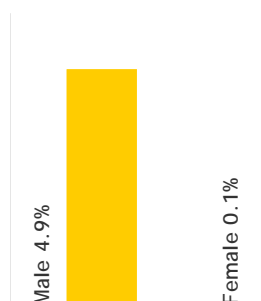
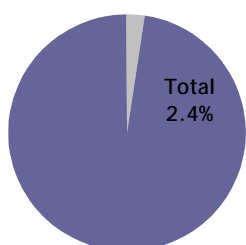


Data from the 2003 World Health Survey. Total sample size $n = 6114$; males $n = 2878$ and females $n = 3236$. Sample population aged 18 years and above. Definition used: average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.¹

According to the 2003 World Health Survey (total sample size $n = 652$; males $n = 630$ and females $n = 22$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 24.8 (total), 25.3 (males) and 11.6 (females).¹

According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of last year heavy and hazardous drinking among drinkers was 15.6% for men and 0.0% for women. Heavy and hazardous drinking was defined as average daily consumption of 40 g or more of alcohol for men and 20 g or more of alcohol for women.³

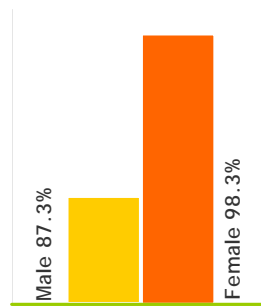
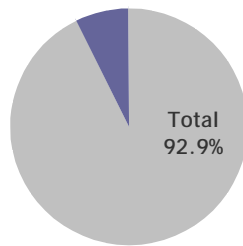
Heavy episodic drinkers



Data from the 2003 World Health Survey. Total sample size $n = 6114$; males $n = 2878$ and females $n = 3236$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

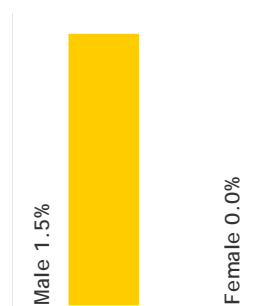
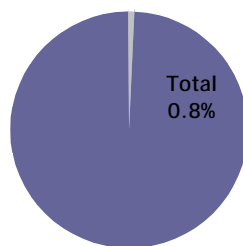
According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of heavy episodic drinking among drinkers was 13.3% for men and 0.0% for women. Heavy episodic drinking was defined as consumption of five or more drinks in one sitting at least once a month in the last year.³

Youth drinking (lifetime abstainers)



Data from the 2003 World Health Survey. Total sample size $n = 963$; males $n = 480$ and females $n = 483$. Sample population aged 18 to 24 years old.¹

Youth drinking (heavy episodic drinkers)



Data from the 2003 World Health Survey. Total sample size $n = 963$; males $n = 480$ and females $n = 483$. Sample population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Note: These are preliminary, early-release, unpublished data from WHO's World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

Alcohol dependence

An epidemiological survey of a population of 7643 people reveals a surprisingly high incidence of alcoholism among males over the age of 25 years (29 per 1000).⁶

Traditional alcoholic beverages

Arak is an alcoholic drink made from the distillation of the juice of a palm tree or from coconut toddy.

Toddy is an alcoholic drink made by fermenting the sap of a coconut palm. It is white and sweet with a characteristic flavour. It has between 4 and 6% alcohol by volume and has a shelf life of about 24 hours.⁷

Much of the alcohol consumed in Sri Lanka is moonshine (hooch), known in common parlance as 'pot arrack' and which, according to some estimates, amounts to about 90% of the total volume of alcohol consumed in the country. This would denote that Sri Lankans consume an annual average of over 33 litres of moonshine per capita or over 627 million litres of moonshine in total (not in pure alcohol terms).⁸

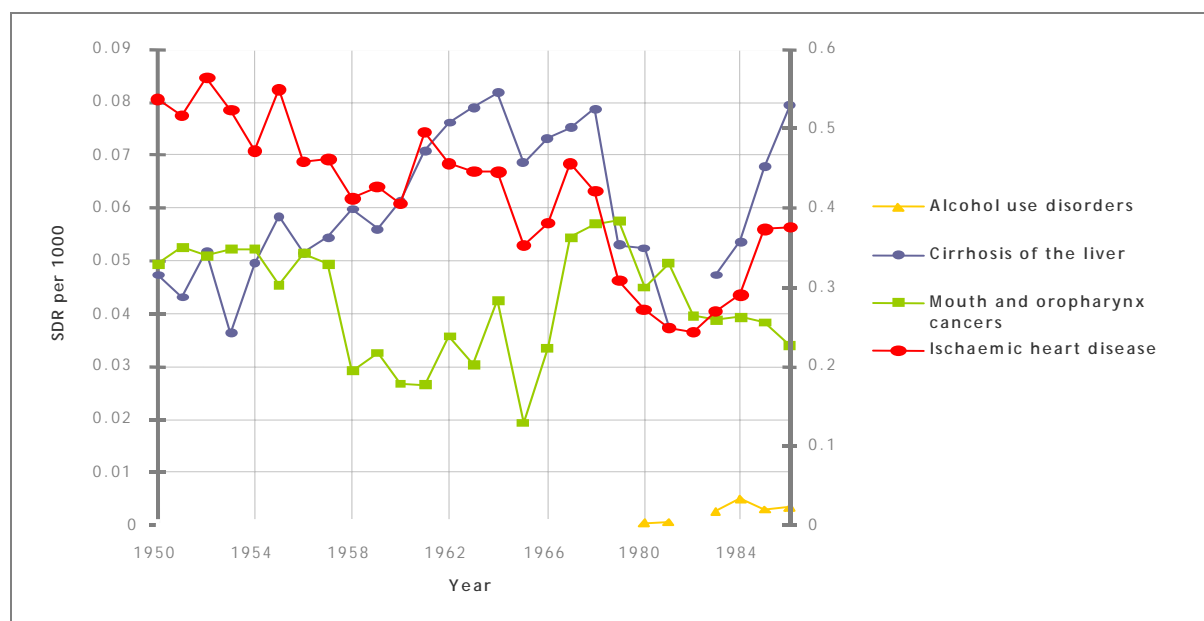
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Sri Lanka is estimated to be 0.5 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).²

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

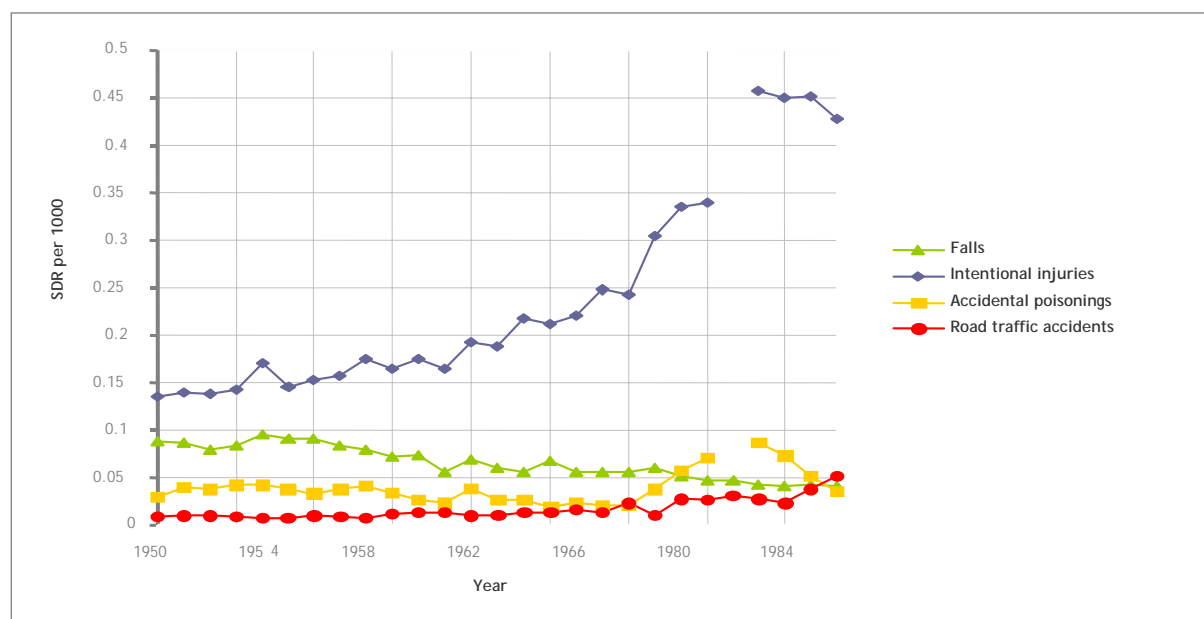
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

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

Note: Caution should be exercised when interpreting the results as death registration level is incomplete.

Morbidity, health and social problems from alcohol use

At the time of accident, 89% of drivers and 28.1% of pedestrians were under the influence of alcohol. Alcohol was related to 67.4% of accidents taking place during the night.⁹

According to the Department of Traffic Police, the detections of driving under the influence of alcohol were 8.86% in 1990 but had increased to 20.75% in 1993.¹⁰

According to the Ministry of Health, the number of cases of those hospitalized due to alcohol psychosis, alcohol dependence and alcohol withdrawal had increased by 4436 cases from 1998 to 1999.¹⁰

Of 184 patients involved in cases of physical assault who were admitted to Colombo North General Hospital, Ragama during a two-month period between May 1994 and June 1994, it was found that 25.5% of the victims were under the influence of alcohol at the time of the assault, whereas only 29.9% of assailants were described by both victims and reports as being definitely sober. Nearly 77.2% of incidences of assault were associated with alcohol ingestion, either by the assailant or by the victim. The study noted that most instances of assault, including wife battering, were alcohol-related.¹¹

According to a recent survey, 84% of the suicides in the Gokarella area have been committed after consuming liquor. Also, 90% of the crimes investigated by the police are directly or indirectly linked to the consumption or sale of liquor.¹²

In a descriptive cross-sectional study looking at domestic violence in the Medical Officer of Health (MOH) area of Kantale in the Trincomalee district of eastern Sri Lanka, it was found that there was an association between domestic violence and alcohol consumption by the batterer.¹³

A survey conducted in six Sri Lankan districts found that between 30% and 50% of the income of low-income families was spent on alcohol and tobacco. Another 1997 survey found that the total expenditure on tobacco and alcohol exceeded the amount of government assistance given to the community under the government's poverty alleviation programme.¹⁴

Country background information

Total population 2003	19 065 000	Life expectancy at birth (2002)	Male	67.2
Adult (15+)	14 298 750		Female	74.3
% under 15	25	Probability of dying under age 5 per 1000 (2002)	Male	20
Population distribution 2001 (%)			Female	16
Urban	23	Gross National Income per capita 2002	US\$	840
Rural	77			

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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12. Edirisinghe EMG. Liquor – home for moral and economic poverty. *Daily News*, 14 August 2002 (<http://origin.dailynews.lk/2002/08/14/fea07.html>, accessed 12 September 2003).
13. Subramaniam P, Sivayogan S. The prevalence and pattern of wife beating in the Trincomalee district in eastern Sri Lanka. *Southeast Asian Journal of Tropical Medicine and Public Health*, 2001, 32(1):186–219.
14. Assunta M. Impact of alcohol consumption on Asia. *The Globe Special Issue 4*, Global Alcohol Policy Alliance, 2001–2002.

SRI LANKA

1	Definition of an alcoholic beverage (minimum volume %)	4
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2 Price of alcoholic beverages		
<i>Off-licence</i>	<i>Usual quantity (ml)</i>	<i>Price (Sri Lankan Rupees)</i>
Average locally produced or most consumed beer	625	65
Average and most consumed table wine	-	-
Average locally produced or most consumed spirits	750	340
If it exists, other special or different local alcoholic beverage: Kasippu (widely used)	300	40
Average Non-alcoholic soft drink	300	30

2 a	Change in price during the last five years	Increased
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3 Taxation of alcoholic beverages		
3 a	General sales tax or VAT (Value Added Tax)	Yes
3 b	Percentage of the tax	20% (7–20%)
3 c	Duty-paid, excise or tax stamps or labels	No
3 d	Level of alcohol tax (percentage of the retail or selling price)	
	<i>Beer</i> (More than 4.5%)	Rs 53.50/litre
	<i>Beer</i> Less than 4.5%	Rs 37.50/litre
	<i>Wine</i> (approx. 12% alcohol by volume)	Rs 200.00/litre
	<i>Spirits</i> (Local arrack: approx. 40% alcohol by volume)	Rs 395.00/litre
	<i>Spirits</i> (Locally made foreign liquor: approx. 40% alcohol by volume)	Rs 525.00/litre

4 Drink-driving legislation		
4 a	Maximum legal blood alcohol concentration (BAC) when driving a car	60 mg%
4 b	Frequency of Random Roadside Breath Testing (RBT) of drivers	Sometimes
4 c	Geographical distribution of RBT use	Carried out in different regions and between rural and urban areas

5 Restrictions on consumption and availability		
5 a	Legal age limits for buying alcohol	
	<i>On-premise (years)</i>	<i>Off-licence (years)</i>
Beer	18	18
Wine	18	18
Spirits	18	18

5 b	Restrictions on alcohol consumption in different public domains	
Health care establishments	Legally forbidden	
Educational buildings	Legally forbidden	
Government offices	Legally forbidden	
Public transport	Legally forbidden	
Parks, streets etc.	Partially restricted	
Sporting events	No restrictions	
Leisure events (concerts etc.)	Partially restricted	
Workplaces	No restrictions	

5 c	Level of state control on production and sale of beer, wine and spirits		
State monopoly (full state control)			
	<i>Beer</i>	<i>Wine</i>	<i>Spirits</i>
Production	No	No	No
Retail sale	No	No	No
Licence is required (partial state control)			
	<i>Beer</i>	<i>Wine</i>	<i>Spirits</i>
Production	Yes	Yes	Yes
Retail sale	Yes	Yes	Yes

5 d	Existing restrictions for the off-licence sale of beer, wine and spirits		
	<i>Beer</i>	<i>Wine</i>	<i>Spirits</i>
Hours of sale are restricted	Yes	Yes	Yes
Days of sale are restricted	Yes	Yes	Yes
Places of sale are restricted	No	No	No
Density of outlets is restricted	Yes	Yes	Yes

5 e	Level of enforcement of existing sales restrictions	Partially enforced
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6 Alcohol advertising and health warnings			
6 a	Alcohol advertising allowed and exists in some form		Yes
6 b	Health warnings legally required on the advertisement		No
6 c	Health warnings of any kind legally required on the <i>containers/bottles</i> of alcoholic beverages		No
6 d	Regulation of alcohol advertising in different media		
	<i>Type of Media</i>	<i>Beer</i>	<i>Wine</i>
	National TV	Restricted	Restricted
	Cable TV	No restrictions	No restrictions
	National radio	Restricted	Restricted
	Local radio	Restricted	Restricted
	Newspapers/magazines	No restrictions	No restrictions
	Billboards	No restrictions	No restrictions
	Points of sale	No restrictions	No restrictions
	Cinema	Voluntary agreement	No restrictions

7 Alcohol sponsorship and promotion			
	<i>Beer</i>	<i>Wine</i>	<i>Spirits</i>
Alcohol industry sponsorship of sporting events	No restrictions	No restrictions	No restrictions
Alcohol industry sponsorship of youth events	No restrictions	No restrictions	No restrictions
Sales promotion in the form of serving <i>free alcohol</i> (complying with existing age and other sales restrictions)	Partial restrictions	Partial restrictions	Partial restrictions
Sales promotion in the form of <i>sales below cost</i> e.g. two for one, happy hour (complying with existing age and other sales restrictions)	No restrictions	No restrictions	No restrictions

8 Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions	
Advertising	Direct advertising restrictions are strictly enforced
Sponsorship	Direct sponsorship restrictions are strictly enforced

WHO Global InfoBase: Data from the World Health Survey

Sri Lanka

Alcohol, Abstainer

The information below is associated with the following survey:

Title:World Health Survey, Sri Lanka

Year:2003

Coverage:national

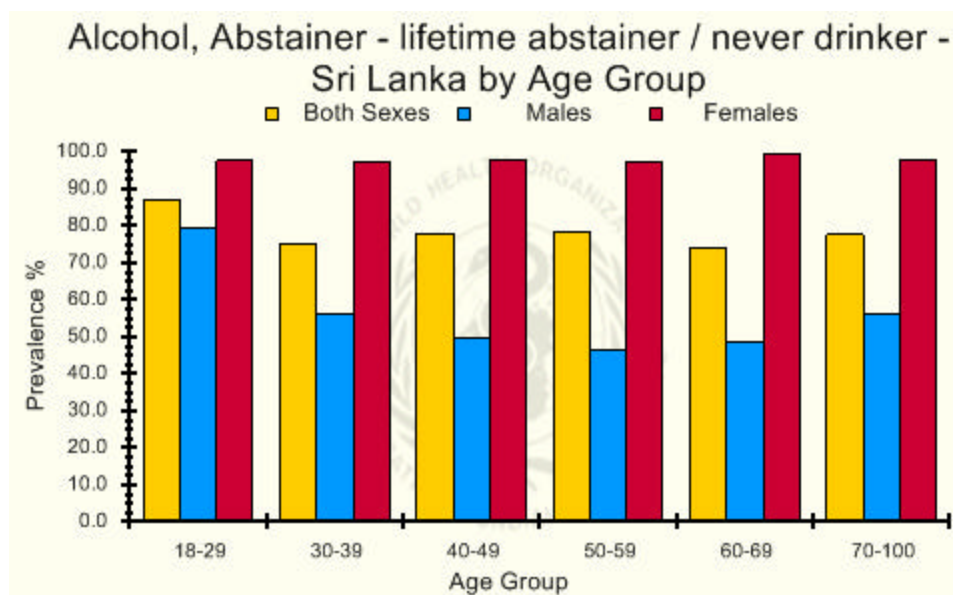
Final Response Rate:98.71%

InfoBase Ref. #:101735a1

Urban/Rural:both urban and rural populations

Notes:

[View Complete Survey Information](#)



Graph Details:

WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:12:22 AM

Sri Lanka

Alcohol Abstainer Definitions

Definition: lifetime abstainer / never drinker

Alcohol Type: alcohol (general)

Males			
Age Group [?]	Sample Size (n) [?]	Prevalence %	95 % CI [?]
18-29	827	79.4	69-89
30-39	710	56.3	52-61
40-49	677	49.7	44-56
50-59	451	46.5	39-54
60-69	232	48.6	30-67
70+	168	56.3	39-74
18+	3,065	60.9	57-65

Females			
Age Group [?]	Sample Size (n) [?]	Prevalence %	95 % CI [?]
18-29	902	97.7	96-99
30-39	819	97.3	96-99
40-49	717	97.6	96-99
50-59	503	97.4	95-100
60-69	288	99.6	99-100
70+	190	97.8	95-101
18+	3,419	97.7	96-99

Both Sexes			
Age Group [?]	Sample Size (n) [?]	Prevalence %	95 % CI [?]
18-29	1,729	87.3	82-92
30-39	1,529	75.2	71-79
40-49	1,394	77.8	73-83
50-59	954	78.2	70-87
60-69	520	74.3	63-86
70+	358	77.7	68-88
18+	6,484	79.7	78-82

Notes:

1. Lines in **bold** indicate the value represents a "Total Age Group"
2. The "+" indicates the age range goes to the upper boundary
3. Total age group values do not appear on graphs as they are not directly comparable to age specific values.
4. If you find information that does not appear correct, please direct your feedback to us using the form below.

The information below is associated with the following survey:

Title:World Health Survey, Sri Lanka **Year:**2003
Coverage:national
Final Response Rate:98.75%
InfoBase Ref. #:101735c1 **Urban/Rural:**urban

Sri Lanka

Alcohol Abstainer Definitions

Definition: lifetime abstainer / never drinker

Alcohol Type: alcohol (general)

Males			
Age Group [?]	Sample Size (n) [?]	Prevalence %	95 % CI [?]
18-29	111	63.8	44-84
30-39	93	43.8	18-70
40-49	75	43.9	19-69
50-59	67	38.8	22-56
18+	380	52.1	38-66

Females			
Age Group [?]	Sample Size (n) [?]	Prevalence %	95 % CI [?]
18-29	117	99.3	98-101
30-39	100	96.1	92-100
40-49	90	89.8	78-101
50-59	73	92.4	81-104
60-69	39	97.2	94-101
18+	436	94.6	89-100

Both Sexes			
Age Group [?]	Sample Size (n) [?]	Prevalence %	95 % CI [?]
18-29	228	76.6	67-87
30-39	193	75.8	61-91
40-49	165	72.0	59-85
50-59	140	70.4	60-81
60-69	55	80.4	68-92
70+	35	63.8	43-85
18+	816	74.1	66-82

Notes:

1. Lines in **bold** indicate the value represents a "Total Age Group"
2. The "+" indicates the age range goes to the upper boundary
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4. If you find information that does not appear correct, please direct your feedback to us using the form below.

The information below is associated with the following survey:

Title: World Health Survey, Sri Lanka

Year: 2003

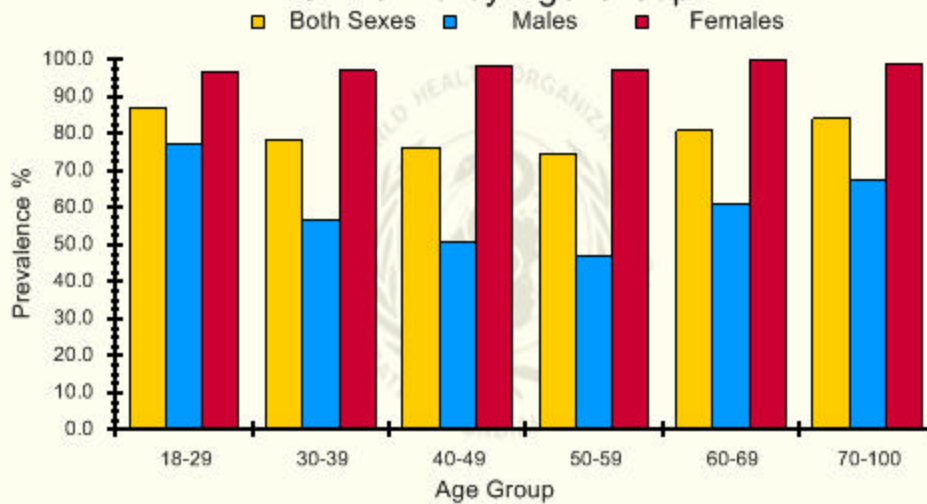
Coverage: national

Final Response Rate: 98.7%

InfoBase Ref. #: 101735c2

Urban/Rural: rural

Alcohol, Abstainer - lifetime abstainer / never drinker - Sri Lanka by Age Group



Graph Details:

WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:12:25 AM

Sri Lanka

Alcohol Abstainer Definitions

Definition: lifetime abstainer / never drinker

Alcohol Type: alcohol (general)

Males			
Age Group	Sample Size (n)	Prevalence %	95 % CI
18-29	644	77.5	73-82
30-39	557	56.8	51-62
40-49	556	50.8	45-57
50-59	350	47.0	40-54
60-69	196	61.0	52-70
70+	143	67.6	57-79
18+	2,446	61.5	58-65

Females			

Age Group ¹	Sample Size (n) ²	Prevalence %	95 % CI ³
18-29	715	96.9	95-99
30-39	654	97.1	95-99
40-49	572	98.2	97-99
50-59	398	97.5	95-100
60-69	234	100.0	100-100
70+	164	98.9	97-100
18+	2,737	97.8	97-99

Both Sexes

Age Group ¹	Sample Size (n) ²	Prevalence %	95 % CI ³
18-29	1,359	86.8	83-90
30-39	1,211	78.6	75-82
40-49	1,128	76.4	73-80
50-59	748	74.8	71-79
60-69	430	80.9	76-86
70+	307	84.3	78-91
18+	5,183	80.4	79-82

Notes:

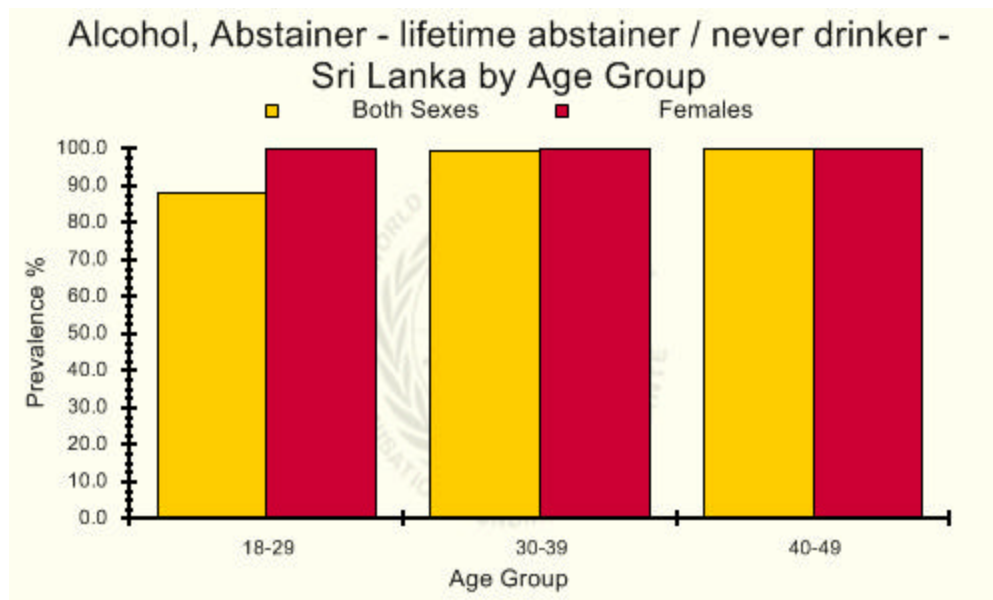
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2. The "+" indicates the age range goes to the upper boundary
3. Total age group values do not appear on graphs as they are not directly comparable to age specific values.
4. If you find information that does not appear correct, please direct your feedback to us using the form below.

The information below is associated with the following survey:

Title:World Health Survey, Sri Lanka
Coverage:national
InfoBase Ref. #:101735c3

Year:2003

Urban/Rural:semi (peri)-urban



Graph Details:

WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:12:26 AM

Sri Lanka

Alcohol Abstainer Definitions

Definition: lifetime abstainer / never drinker

Alcohol Type: alcohol (general)

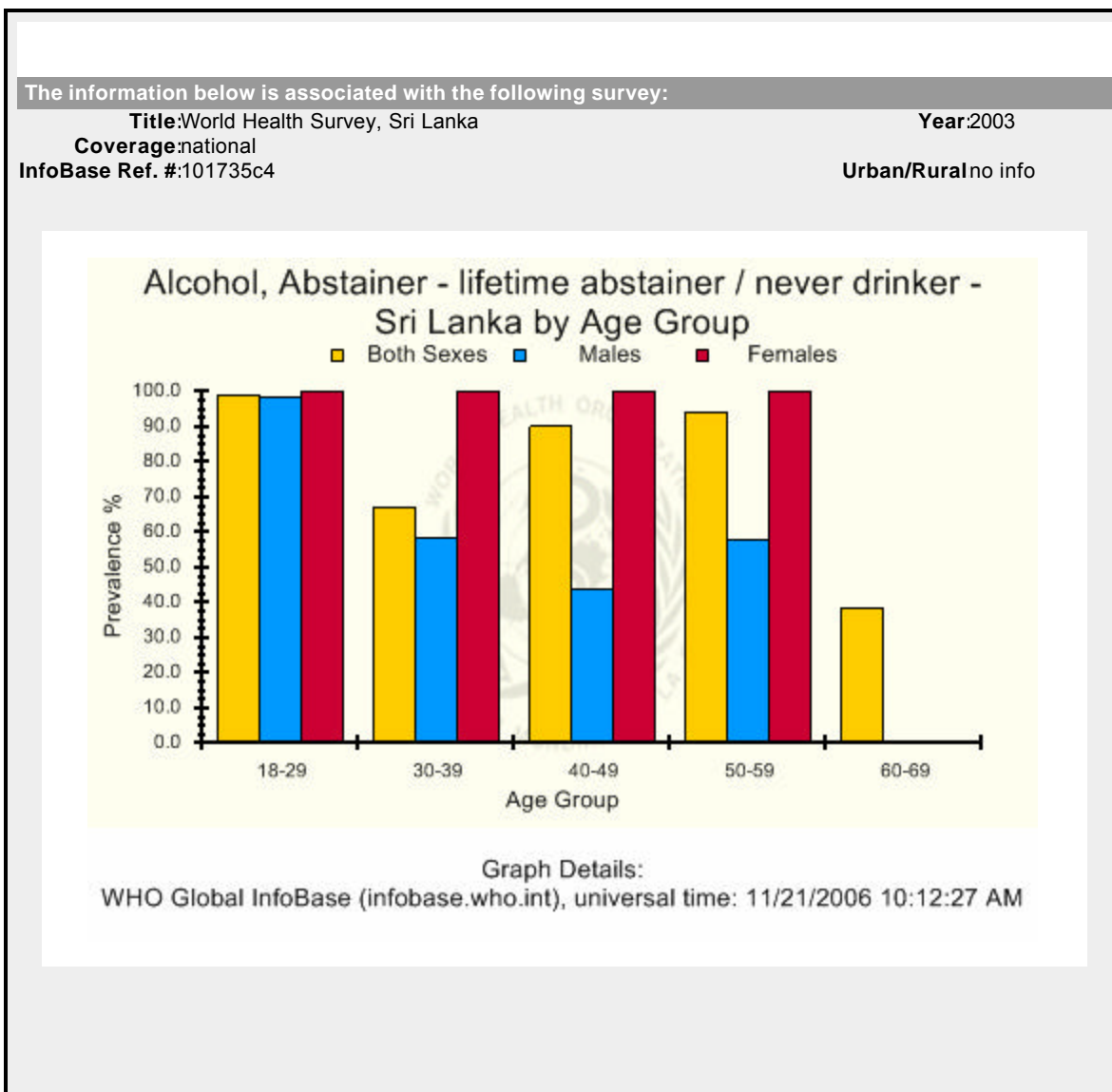
Males			
Age Group	Sample Size (n)	Prevalence %	95 % CI
18-29	29	79.0	40-118
30-39	23	99.1	97-101
18+	78	90.0	72-108

Females			
Age Group	Sample Size (n)	Prevalence %	95 % CI
18-29	21	100.0	100-100
30-39	28	100.0	100-100
40-49	30	100.0	100-100
18+	91	100.0	100-100

Both Sexes				
Age Group?	Sample Size (n)?	Prevalence %	95 % CI?	
18-29	50	88.3	64-113	
30-39	51	99.6	99-100	
40-49	41	100.0	100-100	
18+	169	95.9	88-104	

Notes:

1. Lines in **bold** indicate the value represents a "Total Age Group"
2. The "+" indicates the age range goes to the upper boundary
3. Total age group values do not appear on graphs as they are not directly comparable to age specific values.
4. If you find information that does not appear correct, please direct your feedback to us using the form below.



Sri Lanka

Alcohol Abstainer Definitions

Definition: lifetime abstainer / never drinker

Alcohol Type: alcohol (general)

Males			
Age Group?	Sample Size (n)?	Prevalence %	95 % CI?
18-29	43	98.5	95-101
30-39	37	58.2	55-61
40-49	35	43.6	28-59
50-59	27	57.7	28-87
18+	161	64.4	61-68

Females			
Age Group?	Sample Size (n)?	Prevalence %	95 % CI?
18-29	49	100.0	100-100
30-39	37	100.0	100-100
40-49	25	100.0	100-100
50-59	25	100.0	100-100
18+	155	100.0	100-100

Both Sexes			
Age Group?	Sample Size (n)?	Prevalence %	95 % CI?
18-29	92	99.0	97-101
30-39	74	67.1	65-69
40-49	60	90.1	75-105
50-59	52	94.0	84-104
60-69	25	38.6	25-52
18+	316	81.0	79-83

Notes:

1. Lines in **bold** indicate the value represents a "Total Age Group"
2. The "+" indicates the age range goes to the upper boundary
3. Total age group values do not appear on graphs as they are not directly comparable to age specific values.
4. If you find information that does not appear correct, please direct your feedback to us using the form below.

Sri Lanka: Published Studies

There has been a three fold increase in production beer from 1995 to 2004. Not much change seen in per-capita spirit production. Illicit alcohol consumption is significant. The increase of beer consumption is probably due to expansion of use among the traditionally abstinent female population. Alcohol epidemiology is not well developed in Sri Lanka. The existence of the illicit trade complicates all measures to reduce alcohol related harms. Interventions to reduce alcohol related violence have shown promising results. Alcohol use is an important contributor to poverty. There is inordinate harm to many poor families from celebratory use of alcohol. (Samarasinghe D. **Sri Lanka: Alcohol now and then.** Addiction.2006 May;101(5):626-8)

In a nationally representative sample 53.1% of males 6.4% above 15 years old were current alcohol users. The majority of male drinkers got used to drinking between 10 – 24 years while for female drinkers it was between 20-34 years. Those who got used to drinking at an early age continued to be heavy drinkers. Heavy frequent drinking was not widespread, with only 8% of male drinkers reporting it. Heavy or frequent light drinking was not seen among female drinkers. Drinking was gender, ethno-religious and sector specific. Use of illicit liquor was popular in the low income groups. In all sectors, except among estate Tamil and the Christian communities drinking among the females was almost negligible, due to cultural reasons. Nine out of ten respondents was of the opinion that alcohol advertising should be not allowed. (Hettige S, Paranagama D. **Gender and alcohol in Sri Lanka.** In Alcohol, gender and drinking problems – Perspectives from low and middle income countries. World Health Organization, 2005)

In an intervention study on developing cost-effective interventions for reducing harm from alcohol promising results were shown in many parameters related to alcohol use, violence following use and acceptance of production of illicit alcohol by communities (**Final report of WHO / ADIC Collaborative project to test interventions in communities to prevent harm related to alcohol use**, 2005)

The current prevalence of alcohol use was 21.2% and 3.3% among males and females of a survey of 455 students aged 15 – 19 years in the southern district of Sri Lanka. (Perera B, Torabi MR. **Preliminary study of smoking and alcohol use among students in southern Sri Lanka**. Psychol Rep. 2004 Jun;94(3 Pt 1):856-8

A study of one hundred and fifty randomly selected general practitioners in two districts of the Western Province showed that although 81% of the GPs were frequently confronted with problems related to alcohol misuse, their efforts to detect the problem was poor. (Gurugama NP, Seneviratne SL, Peiris DT, de Silva HJ., **Detection and management of alcohol misuse by general practitioners**. Ceylon Medical Journal. 2003 Dec;48(4):122-4)

A survey of serious violence over one year showed that alcohol withdrawal was the commonest cause of violence in a male psychiatry ward in a general hospital. Abeyasinghe R, Jayasekera R. **Violence in a general hospital psychiatry unit for men**. Ceylon Medical Journal. 2003 Jun;48(2):45.

