Current information on Use and Harm from Alcohol in the WHO South-East Asia Region

Alcohol Control Series No. 6
The other titles in the “Alcohol Control Series” are:

No. 1. Burden and Socio-Economic Impact of Alcohol – The Bangalore Study

No. 2. Public Health Problems Caused by Harmful Use of Alcohol – Gaining Less or Losing More?

No. 3. Alcohol Control Polices in the South-East Asia Region: Selected Issues

No. 4. Alcohol Use and Abuse – What You Should Know

No. 5. Reducing Harm from Use of Alcohol – Community Responses
Current information on Use and Harm from Alcohol in the WHO South-East Asia Region

Alcohol Control Series No. 6

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STP- Mental Health and Substance Abuse

For restricted circulation only

Mental Health and Substance Abuse Unit
Department of Non-Communicable Diseases and Mental Health
World Health Organization Regional Office for South-East Asia

November 2006
# Table of Contents

**Introduction**

Country Information

- Bangladesh  
  
- Bhutan  
  
- Democratic Peoples Republic of Korea  
  
- India  
  
- Indonesia  
  
- Maldives  
  
- Myanmar  
  
- Nepal  
  
- Sri Lanka  
  
- Thailand  
  
- Timor Leste  

**Conclusion**
Introduction

The objective if this review was to compile currently available information on alcohol related issues in Member Countries. This will form the basis of design and development of policies and programmes and identify research needs to prevent alcohol related harm in the Region. The information contained in this compilation is from several sources.

First, relevant publications by all Units of the World Health Organization, after the year 2000 on alcohol were reviewed. The WHO Global Alcohol Database containing information from the WHO Global Status Report on Alcohol and the WHO Global InfoBase, which contains country level data on important NCD risk factors including alcohol use, were particularly useful. The WHO SEARO documents containing the most recent information on alcohol policies and legislation too were used extensively.

Searches on peer-reviewed journals were also carried out. Mainly, the database of the National Library of Medicine, of the National Institute of Health of the United States, also known as PubMed was used for this purpose. The Hellis Library Network was also used. Abstracts of suitable publications and full-text articles of those considered important were obtained. For all countries such articles published after 2000 were considered. Similar searches were carried out for articles before 2000 for countries for which we could not find relevant information.
Internet searches for conference proceedings, irrespective of the date published were carried out countries from which sufficient data were not available. Information from the WHO Country Offices was also sought for such countries. The data from WHO Risk Factor Survey of the Stepwise approach to Non-communicable diseases was also considered. Once the latest data from this survey becomes available, it can be appended to this compilation.

Country-wise, the published studies have been arranged in chronological order for this documents. It will be extremely useful if the readers of this document point out any errors of omission of commission, in order to improve its quality.
BANGLADESH

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 = 5508; males n = 2567 and females n = 2941. Sample population aged 18 years and above.¹

Heavy and hazardous drinkers

Data from the 2003 World Health Survey. Total sample size n = 5508; males n = 2567 and females n = 2941. 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 = 282; males n = 275 and females n = 7), the mean value (in grams) of pure alcohol consumed per day among drinkers was 4.9 (total), 4.9 (males) and 4.1 (females).¹

WHO Global Status Report on Alcohol 2004
© World Health Organization 2004
Heavy episodic drinkers

Data from the 2003 World Health Survey. Total sample size $n = 5508$; males $n = 2567$ and females $n = 2941$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.\(^1\)

Youth drinking (lifetime abstainers)

Data from the 2003 World Health Survey. Total sample size $n = 1017$; males $n = 416$ and females $n = 601$. Sample population aged 18 to 24 years old.\(^1\)

A survey conducted among residential students of higher educational institutions in Dhaka City by LIFE – a non-profit private institution for public policy advocacy (total sample size $n = 465$; 336 males and 130 females) found that 13.73% of males and 3.07% of females abused alcohol (no definition of alcohol abuse available).\(^2\)

Youth drinking (heavy episodic drinkers)

Data from the 2003 World Health Survey. Total sample size $n = 1017$; males $n = 416$ and females $n = 601$. 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.

Traditional alcoholic beverages

Local alcoholic beverages called cholai and tari are consumed by the lower socioeconomic classes, while workers drink another distilled beverage called Bangla Mad.

Morbidity, health and social problems from alcohol use

In Bangladesh, the consumption of alcohol is strictly prohibited both as a social function and as a religious rite by most of the religions. Yet, the problem of alcoholism is becoming a threat to the nation’s welfare. Information obtained from law enforcement authorities, treatment providers and other sources indicate that problems of alcohol abuse have become quite common in Bangladesh. Although the problem is more serious in...
urban areas of the country (probably due to easy accessibility of alcoholic beverages), there are indications that it is emerging at an increasing rate in rural areas. Alcohol is being produced by some pharmaceutical industries in Bangladesh. Moreover, some crude forms are produced and used by the poor, usually by fermentation of boiled rice, sugar-cane, and molasses.2

Although no systematic assessment has been undertaken so far to establish the prevalence and patterns of substance abuse in Bangladesh, reports from different governmental and non-governmental drug addiction and treatment centres and from various journals and studies report increasing drug-related crimes in the country. It is noted that the younger generation, especially students, are most vulnerable to this problem.3

At least 90 Bangladeshis died in 1998, including 70 in Gaibandha, after consuming illegal homemade alcohol. In the following year, there was an incident of alcohol poisoning in the north-eastern town of Narsingdi, about 50 miles from the capital Dhaka, where 96 people reportedly died and more than 100 hospitalized as a result of drinking illegal homemade liquor.4

In a 1995 study of 30 male multiple drug users (aged 20 years and above) it was found that alcohol was one of the most frequently used drug (50% of the sample reported use of alcohol prior to the interview).5

Country background information

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>146,736,000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>62.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>90,976,320</td>
<td>Female</td>
<td>62.6</td>
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<tr>
<td>% under 15</td>
<td>38</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>73</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>26</td>
<td>Gross National Income per capita 2002</td>
<td>US$ 360</td>
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</tr>
<tr>
<td>Rural</td>
<td>74</td>
<td>In Bangladesh, approximately 83% of the population are Muslim.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


References

BANGLADESH

There is little information about alcohol and related issues from Bangladesh. The limited information available is summarized below. This small but significant data indicates that alcohol is accessible to users in the lower, middle and upper strata of the population, albeit in small quantities.

Table 2 shows important cost comparisons of drugs and alcohol (locally produced or imported alcohol). The comparison suggests that heroin and herbal cannabis are cheaper than country made and overseas liquor. By the same token, country made liquor is four times cheaper than imported liquor.

<table>
<thead>
<tr>
<th>Location</th>
<th>Litre/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dhaka</td>
<td>293 155.53</td>
</tr>
<tr>
<td>Mymenshingh</td>
<td>118 983.60</td>
</tr>
<tr>
<td>Chittagong</td>
<td>156 687.10</td>
</tr>
<tr>
<td>Sremongal</td>
<td>498 981.24</td>
</tr>
<tr>
<td>Komilla</td>
<td>101 245.00</td>
</tr>
<tr>
<td>Santahar</td>
<td>85 860.00</td>
</tr>
<tr>
<td>Parbaitpur</td>
<td>74 460.00</td>
</tr>
<tr>
<td>Pabna</td>
<td>29 190.00</td>
</tr>
<tr>
<td>Khulna</td>
<td>68 790.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1 427 352.47</strong></td>
</tr>
</tbody>
</table>

*Source: Department of Narcotics Control, Ministry of Home Affairs*
Table 2: Cost comparisons of drugs and alcohol

<table>
<thead>
<tr>
<th>Name of drug</th>
<th>Price of single dose (Taka)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>20–50</td>
</tr>
<tr>
<td>Herbal cannabis</td>
<td>10–30</td>
</tr>
<tr>
<td>Country made liquor</td>
<td>30–60</td>
</tr>
<tr>
<td>Overseas liquor</td>
<td>100–300</td>
</tr>
<tr>
<td>Phensedyl (codeine preparation)</td>
<td>100–150</td>
</tr>
<tr>
<td>Pethadine injection</td>
<td>60–150</td>
</tr>
<tr>
<td>Buprenorphine injection</td>
<td>30–50</td>
</tr>
</tbody>
</table>

Source: Department of Narcotics Control, Ministry of Home Affairs

Table 3: Statement of cases, accused and seizure during the years 2002 and 2003

<table>
<thead>
<tr>
<th>Type of alcohol</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
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<tr>
<td></td>
<td>Cases</td>
<td>Accused</td>
</tr>
<tr>
<td>Illegal distillation</td>
<td>1 608</td>
<td>1 859</td>
</tr>
<tr>
<td>Wash (Zauwa)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bakhar (Fermenting agent)</td>
<td>1 1</td>
<td>1</td>
</tr>
<tr>
<td>Tari (Todi)</td>
<td>114</td>
<td>115</td>
</tr>
<tr>
<td>Pachwai</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Country liquor</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Foreign liquor</td>
<td>286</td>
<td>331</td>
</tr>
<tr>
<td>F.L. (beer)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rectified spirit</td>
<td>87</td>
<td>92</td>
</tr>
<tr>
<td>Denatured spirit</td>
<td>51</td>
<td>59</td>
</tr>
</tbody>
</table>

Source: Department of Narcotics Control, Ministry of Home Affairs

Table 3 presents the number of drug/alcohol cases and quantities seized in the years 2002 and 2003, while Table 4 presents the data for the years 2004 and 2005 (January-April).
<table>
<thead>
<tr>
<th>Type of alcohol</th>
<th>2004</th>
<th>2005 (Jan-Apr)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Accused</td>
</tr>
<tr>
<td>Illegal distillation</td>
<td>1,668</td>
<td>1,795</td>
</tr>
<tr>
<td>Wash (Zauwa)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bakhar (Fermenting agent)</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Tari (Todi)</td>
<td>108</td>
<td>110</td>
</tr>
<tr>
<td>Pachwai</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Country liquor</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Foreign liquor</td>
<td>179</td>
<td>182</td>
</tr>
<tr>
<td>F.L. (beer)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Rectified spirit</td>
<td>94</td>
<td>124</td>
</tr>
<tr>
<td>Denatured spirit</td>
<td>47</td>
<td>55</td>
</tr>
</tbody>
</table>

Source: Department of Narcotics Control, Ministry of Home Affairs
WHO Global InfoBase: Data from the World Health Survey

Bangladesh

Alcohol, Abstainer:

The information below is associated with the following survey:

<table>
<thead>
<tr>
<th>Title</th>
<th>World Health Survey, Bangladesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>2003</td>
</tr>
<tr>
<td>Coverage</td>
<td>National</td>
</tr>
<tr>
<td>Final Response Rate</td>
<td>85.36%</td>
</tr>
<tr>
<td>InfoBase Ref. #</td>
<td>101691a1</td>
</tr>
<tr>
<td>Urban/Rural</td>
<td>both urban and rural populations</td>
</tr>
</tbody>
</table>

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:21:37 AM
## Bangladesh

### Alcohol Abstainer Definitions

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>689</td>
<td>88.4</td>
<td>85-91</td>
</tr>
<tr>
<td>30-39</td>
<td>649</td>
<td>86.4</td>
<td>83-90</td>
</tr>
<tr>
<td>40-49</td>
<td>624</td>
<td>84.2</td>
<td>81-88</td>
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<td>50-59</td>
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<tr>
<td>60-69</td>
<td>192</td>
<td>93.0</td>
<td>89-97</td>
</tr>
<tr>
<td>70+</td>
<td>133</td>
<td>96.6</td>
<td>94-99</td>
</tr>
<tr>
<td>18+</td>
<td>2,577</td>
<td>88.3</td>
<td>86-90</td>
</tr>
</tbody>
</table>

### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,017</td>
<td>99.4</td>
<td>99-100</td>
</tr>
<tr>
<td>30-39</td>
<td>868</td>
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<td>100-100</td>
</tr>
<tr>
<td>40-49</td>
<td>487</td>
<td>99.5</td>
<td>99-100</td>
</tr>
<tr>
<td>50-59</td>
<td>287</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>60-69</td>
<td>177</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>70+</td>
<td>114</td>
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<td>100-100</td>
</tr>
<tr>
<td>18+</td>
<td>2,950</td>
<td>99.7</td>
<td>99-100</td>
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### Both Sexes

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<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
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<tr>
<td>18-29</td>
<td>1,706</td>
<td>94.4</td>
<td>93-96</td>
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<tr>
<td>30-39</td>
<td>1,517</td>
<td>93.7</td>
<td>92-95</td>
</tr>
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<td>40-49</td>
<td>1,111</td>
<td>91.3</td>
<td>89-93</td>
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<td>50-59</td>
<td>577</td>
<td>95.4</td>
<td>93-98</td>
</tr>
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<td>60-69</td>
<td>369</td>
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<td>94-98</td>
</tr>
<tr>
<td>70+</td>
<td>247</td>
<td>97.9</td>
<td>96-100</td>
</tr>
<tr>
<td>18+</td>
<td>5,527</td>
<td>94.1</td>
<td>93-95</td>
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</tbody>
</table>

### 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, Bangladesh

**Year:** 2003

**Coverage:** national

**Final Response Rate:** 82.73%

**InfoBase Ref. #:** 101691c1

**Urban/Rural:** urban

### Bangladesh

**Alcohol Abstainer Definitions**

**Definition:** lifetime abstainer / never drinker

**Alcohol Type:** alcohol (general)

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>268</td>
<td>79.4</td>
<td>74-85</td>
</tr>
<tr>
<td>30-39</td>
<td>229</td>
<td>76.8</td>
<td>70-84</td>
</tr>
<tr>
<td>40-49</td>
<td>226</td>
<td>72.7</td>
<td>64-81</td>
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<td>50-59</td>
<td>103</td>
<td>82.5</td>
<td>71-94</td>
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<tr>
<td>60-69</td>
<td>55</td>
<td>76.1</td>
<td>61-92</td>
</tr>
<tr>
<td>70+</td>
<td>29</td>
<td>86.4</td>
<td>70-103</td>
</tr>
<tr>
<td>18+</td>
<td>910</td>
<td>77.9</td>
<td>73-82</td>
</tr>
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</table>
### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
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<td>351</td>
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<td>96-100</td>
</tr>
<tr>
<td>30-39</td>
<td>321</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>40-49</td>
<td>150</td>
<td>99.2</td>
<td>98-101</td>
</tr>
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<td>50-59</td>
<td>74</td>
<td>100.0</td>
<td>100-100</td>
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<tr>
<td>60-69</td>
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### Both Sexes

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<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
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<tr>
<td>70+</td>
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<td>91.5</td>
<td>81-102</td>
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<td>18+</td>
<td>1,874</td>
<td>88.0</td>
<td>85-91</td>
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</table>

**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, Bangladesh
Year: 2003
Coverage: national
Final Response Rate: 86.78%
InfoBase Ref. #: 101691c2
Urban/Rural: rural

Bangladesh

Alcohol Abstainer Definitions

Definition: lifetime abstainer / never drinker
Alcohol Type: alcohol (general)

Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>421</td>
<td>91.3</td>
<td>88-95</td>
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<tr>
<td>30-39</td>
<td>420</td>
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<td>Sample Size (n)</td>
<td>Prevalence %</td>
<td>95 % CI</td>
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<td>-----------</td>
<td>----------------</td>
<td>--------------</td>
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</tr>
<tr>
<td>Females</td>
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<td>18-29</td>
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<td>30-39</td>
<td>547</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>40-49</td>
<td>337</td>
<td>99.6</td>
<td>99-100</td>
</tr>
<tr>
<td>50-59</td>
<td>213</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>60-69</td>
<td>137</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>70+</td>
<td>86</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>18+</td>
<td>1,986</td>
<td>99.9</td>
<td>100-100</td>
</tr>
<tr>
<td>Both Sexes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>1,087</td>
<td>96.0</td>
<td>94-98</td>
</tr>
<tr>
<td>30-39</td>
<td>967</td>
<td>94.9</td>
<td>93-97</td>
</tr>
<tr>
<td>40-49</td>
<td>735</td>
<td>93.0</td>
<td>91-95</td>
</tr>
<tr>
<td>50-59</td>
<td>400</td>
<td>96.6</td>
<td>94-99</td>
</tr>
<tr>
<td>60-69</td>
<td>274</td>
<td>98.2</td>
<td>97-100</td>
</tr>
<tr>
<td>70+</td>
<td>190</td>
<td>98.9</td>
<td>98-100</td>
</tr>
<tr>
<td>18+</td>
<td>3,653</td>
<td>95.6</td>
<td>94-97</td>
</tr>
</tbody>
</table>
Alcohol, Consumer:

The information below is associated with the following survey:

**Title:** World Health Survey, Bangladesh  
**Year:** 2003  
**Coverage:** National  
**Final Response Rate:** 85.36%  
**InfoBase Ref. #:** 101691a1  
**Urban/Rural:** both urban and rural populations

**Alcohol, Consumer - heavy drinker**

**Bangladesh by Age Group**

![Bar chart showing prevalence of heavy drinking by age group in Bangladesh.]

**Graph Details:**

**Bangladesh**

**Alcohol Consumer Definition**

**Definition:** heavy drinker  
**Alcohol Type:** pure alcohol  
**Measurement Unit:** Other  
**Measurement Unit Other:** >=20g/day for females, >=40g/day for males  
**Period:** last week

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>670</td>
<td>0.2</td>
<td>0.0-0.6</td>
</tr>
<tr>
<td>30-39</td>
<td>626</td>
<td>0.0</td>
<td>0.0-0.1</td>
</tr>
<tr>
<td>40-49</td>
<td>611</td>
<td>0.3</td>
<td>0.0-0.9</td>
</tr>
<tr>
<td>50-59</td>
<td>284</td>
<td>0.3</td>
<td>0.0-0.9</td>
</tr>
<tr>
<td>60-69</td>
<td>190</td>
<td>0.8</td>
<td>0.0-1.9</td>
</tr>
<tr>
<td>70+</td>
<td>131</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>18+</td>
<td>2,512</td>
<td>0.2</td>
<td>0.0-0.5</td>
</tr>
<tr>
<td>Age Group</td>
<td>Sample Size (n)</td>
<td>Prevalence (%)</td>
<td>95 % CI</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------</td>
</tr>
<tr>
<td>18-29</td>
<td>1,016</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>30-39</td>
<td>868</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>40-49</td>
<td>486</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>50-59</td>
<td>287</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>60-69</td>
<td>177</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>70+</td>
<td>114</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>18+</td>
<td>2,948</td>
<td>0.0</td>
<td>0-0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,686</td>
<td>0.1</td>
<td>0-0.3</td>
</tr>
<tr>
<td>30-39</td>
<td>1,494</td>
<td>0.0</td>
<td>0-0.1</td>
</tr>
<tr>
<td>40-49</td>
<td>1,097</td>
<td>0.2</td>
<td>0-0.5</td>
</tr>
<tr>
<td>50-59</td>
<td>571</td>
<td>0.1</td>
<td>0-0.4</td>
</tr>
<tr>
<td>60-69</td>
<td>367</td>
<td>0.4</td>
<td>0-1.0</td>
</tr>
<tr>
<td>70+</td>
<td>245</td>
<td>0.0</td>
<td>0-0</td>
</tr>
<tr>
<td>18+</td>
<td>5,460</td>
<td>0.1</td>
<td>0.0-0.2</td>
</tr>
</tbody>
</table>

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
Studies or reports meeting the inclusion criteria for this review were not found
BHUTAN

Recorded adult per capita consumption (age 15+)

Note: No data on spirits available, and no data on wine prior to 1994.

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

Traditional alcoholic beverages

The Bhutanese consume *ara*, an alcohol distilled from the brewing of locally produced rice, barley and maize.¹

Morbidity, health and social problems from alcohol use

Cirrhosis of the liver caused the third highest number of recorded deaths in Bhutan in the year 2000. Of the deaths recorded in hospitals, the second highest was caused by injuries. Alcohol consumption is an important factor in both these problems.²

Country background information

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>2 257 000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>60.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>1 331 630</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>41</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>93</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Female</td>
<td>62.4</td>
</tr>
</tbody>
</table>

Population distribution 2001 (%)

<table>
<thead>
<tr>
<th>Urban</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural</td>
<td>93</td>
</tr>
</tbody>
</table>

Gross National Income per capita 2002

| US$ | 590 |


References


WHO Global Status Report on Alcohol 2004
© World Health Organization 2004
### BHUTAN

#### 2 Price of alcoholic beverages

<table>
<thead>
<tr>
<th>Off-licence</th>
<th>Usual quantity (ml)</th>
<th>Price (Ngultrums)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average locally produced or most consumed beer</td>
<td>Most consumed beer is imported from outside country</td>
<td>35/bottle</td>
</tr>
<tr>
<td>Average and most consumed table wine</td>
<td>650</td>
<td>300/bottle</td>
</tr>
<tr>
<td>Average locally produced or most consumed spirits</td>
<td>750</td>
<td>70/bottle</td>
</tr>
<tr>
<td>If it exists, other special or different local alcoholic beverage, Ara Sing Chang, Bang Chang (10–50% alc. vol).</td>
<td>750</td>
<td>30/bottle</td>
</tr>
<tr>
<td>Average Non-alcoholic soft drink</td>
<td>1500</td>
<td>45/bottle</td>
</tr>
</tbody>
</table>

2 a Change in price during the last five years Increased

#### 3 Taxation of alcoholic beverages

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 a General sales tax or VAT (Value Added Tax)</td>
<td>Yes</td>
</tr>
<tr>
<td>3 b Percentage of the tax</td>
<td>50% on beer (7–20%)</td>
</tr>
<tr>
<td>3 c Duty-paid, excise or tax stamps or labels</td>
<td>No</td>
</tr>
<tr>
<td>3 d Level of alcohol tax (percentage of the retail or selling price)</td>
<td>Beer (approx. 4.5% alcohol by volume) 5%</td>
</tr>
<tr>
<td></td>
<td>Wine (approx. 12% alcohol by volume) 12–14%</td>
</tr>
<tr>
<td></td>
<td>Spirits (approx. 40% alcohol by volume) 20–60%</td>
</tr>
</tbody>
</table>

#### 4 Drink-driving legislation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 a Maximum legal blood alcohol concentration (BAC) when driving a car*</td>
<td>Not determined</td>
</tr>
<tr>
<td>4 b Frequency of Random Roadside Breath Testing (RBT) of drivers*</td>
<td>No RBT*</td>
</tr>
<tr>
<td>4 c Geographical distribution of RBT use</td>
<td>NA</td>
</tr>
</tbody>
</table>

* Although there is no BAC and RBT system, drunken driving is prohibited. Road and Surface Transport and Royal Bhutan Police strictly monitor this policy.
### 5 Restrictions on consumption and availability

#### 5 a Legal age limits for buying alcohol

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Spirits</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

#### 5 b Restrictions on alcohol consumption in different public domains

<table>
<thead>
<tr>
<th>Public Domain</th>
<th>Control Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Government offices</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Public transport</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Parks, streets etc.</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Sporting events</td>
<td>Partial restriction</td>
</tr>
<tr>
<td>Leisure events (concerts etc.)</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Workplaces</td>
<td>Voluntary agreement</td>
</tr>
</tbody>
</table>

#### 5 c Level of state control on production and sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>State Control Type</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>State monopoly (full state control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Production</td>
<td>Yes</td>
<td>Not produced but import is fully controlled by the state.</td>
<td>Yes</td>
</tr>
<tr>
<td>Retail sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Licence is required (partial state control)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Production</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Retail sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5 d Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>Restriction Type</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale are restricted*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale are restricted**</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Places of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Density of outlets is restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

* Bar timing is after 1 pm only
** Every Tuesday is observed as dry day where serving of alcohol is restricted

#### 5 e Level of enforcement of existing sales restrictions

| Enforcement Level | |
|-------------------| |
| Partially enforced | |
### Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th></th>
<th>Alcohol advertising allowed and exists in some form</th>
<th>Health warnings legally required on the advertisement</th>
<th>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### Regulation of alcohol advertising in different media

<table>
<thead>
<tr>
<th>Type of Media</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>National TV</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Cable TV</td>
<td>Restricted</td>
<td>Restricted</td>
<td>Restricted</td>
</tr>
<tr>
<td>National radio</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Local radio</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Billboards</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Points of sale</td>
<td>Restricted</td>
<td>Restricted</td>
<td>Restricted</td>
</tr>
<tr>
<td>Cinema</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
</tbody>
</table>

### Alcohol sponsorship and promotion

<table>
<thead>
<tr>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>No restrictions</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
</tbody>
</table>

### Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions

<table>
<thead>
<tr>
<th>Advertising</th>
<th>Not enforced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsorship</td>
<td>Not enforced</td>
</tr>
</tbody>
</table>
Advertising and promotion of alcohol is not permitted. Lack of manpower is the major constraint in enforcing current regulations. Financial constraints hamper drink driving detection. Lack of human and financial resources hampers public information and education. (World Health Organization Country Office Bhutan, quoting information from the Government of Bhutan, 2006)

There is no stigma attached to alcohol use. The usual barriers and deterrents to using alcohol inherent in other societies are not as apparent in Bhutan. Alcohol is a part of almost all social occasions, including childbirth. Until recently it was not a taboo for Bhutanese children to drink at an early age. Now many women are drinking beer and wine. Common home made wine varieties used traditionally as food beverages have alcohol content of less than 5%. Studies have shown that as much as 50% of the grain harvests of households are used to brew alcohol. Home made alcohol production exceeds industrial production. Alcohol production and sale has become a livelihood for a large number of people. In certain areas home made alcohol is the only source of cash income to farmers. Alcohol one of the five leading causes of deaths in all age groups. Drunk driving is the major cause of accidents.  

(Dorji C. The myth behind the alcohol and happiness. The Second International Conference on Gross National Happiness. St. Francis Xavier University, Antigonish, Nova Scotia, Canada 2005
(http://gpiatlantic.org/conference/papers.htm accessed 23 November 2006)
DEMOCRATIC PEOPLE’S REPUBLIC OF KOREA (THE)

Recorded adult per capita consumption (age 15+)

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

Country background information

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>22 664 000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male 64.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>16 771 360</td>
<td>Female 67.1</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>26</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male 56</td>
</tr>
<tr>
<td>Population distribution 2001 (%)</td>
<td>61</td>
<td>Female 54</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>61</td>
<td>Gross National Income per capita 2002</td>
<td>US$ *</td>
</tr>
<tr>
<td>Rural</td>
<td>39</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Estimated to be in the low income range ($735 or less)

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database
Democratic Peoples Republic of Korea

There is no information in the WHO Global InfoBase and WHO SEARO publication, Alcohol Control Policies in the South-East Asia Region: Selected issues. Other Studies or reports meeting the inclusion criteria for this review also were not found.
INDIA

Recorded adult per capita consumption (age 15+)

![Graph showing per capita consumption](chart)

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

Last year abstainers in Andhra Pradesh

![Bar chart showing abstainers](chart)

According to the 2003 World Health Survey (total sample size \( n = 9540 \), males \( n = 4605 \) and females \( n = 4935 \); sample population aged 18 years and above), the rate of lifetime abstainers was 89.6% (total), 80.2% (males) and 98.4% (females).²

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 75% (males) and 96% (females). Data is for after year 1995.³

The 2003 National Household Survey of Alcohol and Drug Abuse of 40 697 males aged between 12 to 60 years old found that the rate of lifetime abstainers among the sampled population was 74.1%. Of the total sampled population, 21.4% were reported to be current users of alcohol (used in last 30 days).⁴

A sample of 1831 people (aged 10 years and above) interviewed in 1997–1998 in Meghalaya and upper Assam region found that the prevalence rate of alcohol use was 12.5%. Female alcohol use was low (3.2%) compared with male use (20.2%). Distribution by age documents that prevalence was approximately 23% among adults and the older age group (30 years and above) and 4.2% among adolescents and young adults (10 to 29 years).⁵
High risk drinkers in Andhra Pradesh

According to the 2003 World Health Survey (total sample size $n = 9540$, males $n = 4605$ and females $n = 4935$; sample population aged 18 years and above), the rate of heavy and hazardous drinking among the total population was 1.4% (total), 2.4% (males) and 0.4% (females). Heavy and hazardous drinking was defined as 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.²

Data from regional surveys (male subjects 15 years and above) conducted in 1997 show that for the Lucknow, Mandsaur and Thoubal regions, the rate of heavy drinking among male current drinkers was 79.7%, 87.9% and 89% respectively. Heavy drinking was defined as monthly consumption of 75 ml or more of pure alcohol.⁶

According to the 2003 World Health Survey (total sample size $n = 722$; males $n = 658$ and females $n = 64$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 35.9 (total), 38.3 (males) and 12.9 (females).²

Heavy episodic drinkers in Andhra Pradesh

According to the 2003 World Health Survey (total sample size $n = 9540$, males $n = 4605$ and females $n = 4935$; sample population aged 18 years and above), the rate of heavy episodic drinking among the total population was 1.4% (total), 2.9% (males) and 0.1% (females). Heavy episodic drinking was defined as at least once a week consumption of five standard drinks in one sitting.²

Youth drinking in Andhra Pradesh (last year abstainers)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 5119$; males $n = 2387$ and females $n = 2732$. Sample population aged 18 years and above. Definition used: at least once a week consumption of six or more standard drinks in one sitting.¹
According to the 2003 World Health Survey (total sample size \( n = 1767 \), males \( n = 870 \) and females \( n = 897 \), sample population aged 18 to 24 years), the rate of lifetime abstainers was 95.9% (total), 92% (males) and 99.6% (females).\(^2\)

A National Family Health Survey conducted in 1998–1999 (sample size males \( n = 26297 \) and females \( n = 24602 \); age group 15 to 19 years old) found the rate of youth drinking to be 1.5% (total), 2.4% (males) and 0.6% (females).\(^7\)

### Youth drinking in Andhra Pradesh (heavy episodic drinkers)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Male 1.6%</th>
<th>Female 0.0%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.7%</td>
<td>1.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

According to the 2003 World Health Survey (total sample size \( n = 1767 \), males \( n = 870 \) and females \( n = 897 \), sample population aged 18 to 24 years), the rate of heavy episodic drinkers among the total population was 0.3% (total), 0.7% (males) and 0.0% (females). Heavy episodic drinking was defined as at least once a week consumption of five or more standard drinks in one sitting.\(^2\)

### Alcohol dependence in Andhra Pradesh (last year)

<table>
<thead>
<tr>
<th></th>
<th>Total 3.6%</th>
<th>Male 6.8%</th>
<th>Female 0.7%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.7%</td>
<td>1.6%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

According to The Hindustan Times, it is estimated that around 1% of the population can be classified as being alcohol-dependent. This translates into about five million people dependent on alcohol.\(^8\)

Note: The Multi-Country Survey Study was not nationally representative and was carried out only in Andhra Pradesh. The World Health Survey was carried out in six states in India spread across the country (Assam, West Bengal, Maharashtra, Karnataka, Rajasthan and Uttar Pradesh) based on specified stratification criteria and is fairly representative of the country. These are preliminary, early-release, unpublished data from WHO’s Multi-Country Survey Study and World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

### Traditional alcoholic beverages

Country liquor is a distilled alcoholic beverage made from locally available cheap raw material such as sugar-cane, rice, palm, coconut and cheap grains, with an alcohol content between 25% and 45%. Common varieties of country liquor are arrack (from paddy or wheat), desi sharab and tari. Illicit liquor is mostly produced clandestinely in small production units with raw materials similar to that used for country liquor. With no legal quality control checks on them, alcohol concentration of illicit liquor varies (up to 56%). Adulteration is quite frequent, industrial methylated spirit being a common adulterant, which occasionally causes incidents like mass poisoning with consumers losing their lives or suffering irreversible damage to the eyes. Cheaper than licensed...
country liquor, illicit liquor is popular among the poorer sections of the population. In many parts of India, illicit production of liquor and its marketing is a cottage industry with each village having one or two units operating illegally.\textsuperscript{6}

*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 and has a shelf life of about 24 hours.\textsuperscript{9} *Toddy* is popular among the lower socioeconomic groups in south India.\textsuperscript{10}

Besides these, home production for self-consumption is also common in some parts of India. Home fermentation and distillation is also common in several tribal areas in the country, especially the north-eastern region of the country.\textsuperscript{11}

The use of alcohol is widespread in the villages of India. *Toddy* is brewed all along the coast as are rice beers like *handia* and *chhung* in the hills and the tribal belts. The area of Arunachal Pradesh boasts a rice wine called *apong*. Distillates, however, are also common - from *arrack* to *desi* to the *mahua* used in the tribal belts. Contrary to *toddy* and the rice brews which are not considered very damaging to the health – being natural brews and lightly fermented – the distillates are strong alcoholic drinks.\textsuperscript{11}

*Jack-fruit wine* is an alcoholic beverage made by ethnic groups in the eastern hilly areas of India. As its name suggests, it is produced from the pulp of jack-fruit (*Artocarpus heterophyllus*). Ripe fruit is peeled and the skin discarded. The seeds are removed and the pulp soaked in water. Using bamboo baskets, the pulp is ground to extract the juice, which is collected in earthenware pots. A little water is added to the pots along with fermented wine inoculum from a previous fermentation. The pots are covered with banana leaves and allowed to ferment at 18 to 30°C for about one week. The liquid is then decanted and drunk. During fermentation, the pH of the wine reaches a value of 3.5 to 3.8, suggesting that an acidic fermentation takes place at the same time as the alcoholic fermentation. Final alcohol content is about 7\% to 8\% within a fortnight.\textsuperscript{12}

In Bangalore, the following types of alcoholic beverages are consumed most often: *Arrack*, a traditional drink produced (both legally and illegally) by distilling fermented molasses, raw brown sugar, palm wine, rice, or palm sugar; it has an alcohol content ranging from 20\% to 40\%. *Palm wine*, another traditional alcoholic beverage produced from either the coconut tree or other palm trees, is also consumed.\textsuperscript{13}

*Daru*, a drink distilled from the flowers of the mahwa tree and which ranges in alcohol content from 20\% to 40\% is consumed among the Rajputs of north-western India.\textsuperscript{13}

*Zu* and *Rohi* are locally brewed alcoholic beverages found in Nagaland (10 to 20\% ethanol content).\textsuperscript{14}

Unrecorded alcohol consumption

The unrecorded alcohol consumption in India is estimated to be 1.7 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).\textsuperscript{3}

Morbidity, health and social problems from alcohol use

Industry association sources estimate that 15\% to 20\% of absenteeism and 40\% of accidents at work are due to alcohol.\textsuperscript{15} Alcohol use among industrial workers is increasing and this has led to an increase in alcohol-related sickness and absenteeism. The annual loss due to alcohol-related problems in work places is between Rs 70 000 to 80 000 million.\textsuperscript{14}

A study looking at the prevalence and associations of hazardous drinking in a male industrial worker population in India found that hazardous drinking was significantly associated with severe health problems, such as head injuries and hospitalizations.\textsuperscript{16}

The country's road research institute estimates that 25\% of road accidents were alcohol-related, one third of the drivers on the highway were under the influence of alcohol and 20\% of accident-related head injury victims seen in emergency rooms of hospitals have consumed alcohol prior to the accident.\textsuperscript{17}

Alcohol involvement is known to be present among 15\% to 20\% of traumatic brain injuries at the time of injury.\textsuperscript{18}

Alcohol-related problems made up 17.6\% of the case load of psychiatric emergencies in an Indian General Hospital.\textsuperscript{19}

In a study looking at risk factors for suicide, it was found that the prevalence of alcohol use disorders among people who committed suicide in the city of Madras was 34\%.\textsuperscript{20}
The percentage of alcohol-related court cases in a police station in Kohima, Nagaland increased from 78% in 1995 to 88.8% in 1997.14

In India household expenditure on alcohol varies between 3% to 45% of income. Alcohol abuse is one of the main killers of young men in India today. However, its real impact is on the social and family dynamics that underlie its communities. Domestic violence and an exacerbation of poverty have made alcohol abuse the single most important problem for women in India.21 With one in three people in India falling below the poverty line, the economic consequences of expenditures on alcohol attain special significance. Besides money spent on alcohol, a heavy drinker also suffers other adverse economic effects. These include reduced wages (because of missed work and lowered efficiency on the job), increased medical expenses for illness and accidents, legal cost of drink-related offences, and decreased eligibility of loans.22

In a 1997 study comparing two groups of families within the same community in Delhi, India (Group A having at least one adult consuming alcoholic drinks at least three times per week in the last month and group B having no adult consuming more than one drink in the last month), it was found that Group A, on an average, spent almost 14 times more on alcohol per month compared with group B. A larger proportion of families in group A had significant debt compared with group B. The implications of this are towards fewer financial resources for food and education of children and fewer resources for purchasing daily living consumables. The more heavily drinking group A was more likely to report major illnesses or injuries during the past one year and was more likely to require medical treatment.23

In a study of 180 women seeking prenatal care in rural South India, it was found that 20% of the women reported domestic violence and 94.5% of these women identified their husbands as the aggressors. Husband’s alcohol use was a significant risk factor for domestic violence.24 The role of alcohol in domestic violence is also cited in another Indian study which found that 33% of spouse-abusing husbands were using alcohol. Of these 15% were occasional, 45% frequent and about 40% were daily users of alcohol. More than half of the spousal abuse took place during the period of intoxication.14

Country background information

| Total population 2003 | 1 065 462 000 |
| Life expectancy at birth (2002) | Male 60.1 |
| Adult (15+) | 713 859 540 |
| % under 15 | 33 |
| Probability of dying under age 5 per 1000 (2002) | Male 37 |
| Population distribution 2001 (%) | Female 95 |
| Urban | 28 |
| Rural | 72 |
| Gross National Income per capita 2002 | US$ 480 |


References

4. 2003 National Household Survey of Alcohol and Drug Abuse. New Delhi, Clinical Epidemiological Unit, All India Institute of Medical Sciences, 2004.
## Price of alcoholic beverages

<table>
<thead>
<tr>
<th>Quantity (ml)</th>
<th>Price (Rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>650</td>
<td>50</td>
</tr>
<tr>
<td>750</td>
<td>300–1800</td>
</tr>
<tr>
<td>750</td>
<td>200–600</td>
</tr>
<tr>
<td>750</td>
<td>80</td>
</tr>
<tr>
<td>300</td>
<td>10</td>
</tr>
</tbody>
</table>

### Change in price during the last five years

Increased by 5%

## Taxation of alcoholic beverages

<table>
<thead>
<tr>
<th>Description</th>
<th>Type</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>General sales tax or VAT (Value Added Tax)</td>
<td>Sales tax</td>
<td>20% and above</td>
</tr>
<tr>
<td>Percentage of the tax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duty-paid, excise or tax stamps or labels</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Level of alcohol tax (percentage of the retail or selling price)</td>
<td>Beer (approx. 4.5% alcohol by volume)</td>
<td>150%</td>
</tr>
<tr>
<td></td>
<td>Wine (approx. 12% alcohol by volume)</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Spirits (approx. 40% alcohol by volume)</td>
<td>250% and above</td>
</tr>
</tbody>
</table>

## Drink-driving legislation

<table>
<thead>
<tr>
<th>Description</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum legal blood alcohol concentration (BAC) when driving a car</td>
<td>30 mg%</td>
</tr>
<tr>
<td>Frequency of Random Roadside Breath Testing (RBT) of drivers</td>
<td>Occasional</td>
</tr>
<tr>
<td>Geographical distribution of RBT use</td>
<td>Highways/ Expressways</td>
</tr>
</tbody>
</table>
### 5 Restrictions on consumption and availability

#### 5 a Legal age limits for buying alcohol

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Wine</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Spirits</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>

#### 5 b Restrictions on alcohol consumption in different public domains

<table>
<thead>
<tr>
<th>Location</th>
<th>Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Government offices</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Public transport</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Parks, streets etc.</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Sporting events</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Leisure events (concerts etc.)</td>
<td>Permitted with licence</td>
</tr>
<tr>
<td>Workplaces</td>
<td>Legally forbidden</td>
</tr>
</tbody>
</table>

#### 5 c Level of state control on production and sale of beer, wine and spirits

**State monopoly (full state control)**

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail sale</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

**Licence is required (partial state control)**

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Retail sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5 d Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale</td>
<td>Dry days are notified</td>
<td>Dry days are notified</td>
<td>Dry days are notified</td>
</tr>
<tr>
<td>Places of sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Density of outlets restricted</td>
<td>Permission is given on demand</td>
<td>Permission is given on demand</td>
<td>Permission is given on demand</td>
</tr>
</tbody>
</table>

#### 5 e Level of enforcement of existing sales restrictions

Fully enforced
### 6 Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th></th>
<th>Alcohol advertising and health warnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td>Alcohol advertising allowed and exists in some form</td>
</tr>
<tr>
<td>6 b</td>
<td>Health warnings legally required on the advertisement</td>
</tr>
<tr>
<td>6 c</td>
<td>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</td>
</tr>
<tr>
<td>6 d</td>
<td>Regulation of alcohol advertising in different media</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Media</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>National TV</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Cable TV</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>National radio</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Local radio</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Billboards</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Points of sale</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Cinema</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
</tbody>
</table>

### 7 Alcohol sponsorship and promotion

<table>
<thead>
<tr>
<th></th>
<th>Alcohol sponsorship and promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Alcohol industry sponsorship of sporting events</td>
</tr>
<tr>
<td></td>
<td>Alcohol industry sponsorship of youth events</td>
</tr>
<tr>
<td></td>
<td>Sales promotion in the form of serving free alcohol (complying with existing age and other sales restrictions)</td>
</tr>
<tr>
<td></td>
<td>Sales promotion in the form of sales below cost e.g. two for one, happy hour (complying with existing age and other sales restrictions)</td>
</tr>
</tbody>
</table>

### 8 Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions

<table>
<thead>
<tr>
<th></th>
<th>Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Advertising</td>
</tr>
<tr>
<td></td>
<td>Sponsorship</td>
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</tbody>
</table>
WHO Global InfoBase: Data from the World Health Survey

India

Alcohol, Abstainer:

The information below is associated with the following survey:

<table>
<thead>
<tr>
<th>Title</th>
<th>World Health Survey, India</th>
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<tbody>
<tr>
<td>Year</td>
<td>2003</td>
</tr>
<tr>
<td>Coverage</td>
<td>Subnational</td>
</tr>
<tr>
<td>Final Response Rate</td>
<td>92.97%</td>
</tr>
<tr>
<td>InfoBase Ref. #</td>
<td>101711a1</td>
</tr>
<tr>
<td>Urban/Rural</td>
<td>both urban and rural populations</td>
</tr>
</tbody>
</table>

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

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:19:54 AM
## Alcohol Abstainer Definitions

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,382</td>
<td>91.4</td>
<td>88-94</td>
</tr>
<tr>
<td>30-39</td>
<td>1,115</td>
<td>73.2</td>
<td>69-77</td>
</tr>
<tr>
<td>40-49</td>
<td>898</td>
<td>77.6</td>
<td>73-82</td>
</tr>
<tr>
<td>50-59</td>
<td>550</td>
<td>81.4</td>
<td>76-87</td>
</tr>
<tr>
<td>60-69</td>
<td>406</td>
<td>82.3</td>
<td>76-88</td>
</tr>
<tr>
<td>70+</td>
<td>249</td>
<td>81.4</td>
<td>75-88</td>
</tr>
<tr>
<td>18+</td>
<td>4,600</td>
<td>83.2</td>
<td>81-85</td>
</tr>
</tbody>
</table>

### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,614</td>
<td>99.5</td>
<td>99-100</td>
</tr>
<tr>
<td>30-39</td>
<td>1,300</td>
<td>98.0</td>
<td>97-99</td>
</tr>
<tr>
<td>40-49</td>
<td>799</td>
<td>98.8</td>
<td>98-100</td>
</tr>
<tr>
<td>50-59</td>
<td>594</td>
<td>98.6</td>
<td>98-100</td>
</tr>
<tr>
<td>60-69</td>
<td>421</td>
<td>98.5</td>
<td>97-100</td>
</tr>
<tr>
<td>70+</td>
<td>204</td>
<td>99.2</td>
<td>98-100</td>
</tr>
<tr>
<td>18+</td>
<td>4,932</td>
<td>98.9</td>
<td>98-99</td>
</tr>
</tbody>
</table>

### Both Sexes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>2,996</td>
<td>95.0</td>
<td>93-97</td>
</tr>
<tr>
<td>30-39</td>
<td>2,415</td>
<td>85.1</td>
<td>83-87</td>
</tr>
<tr>
<td>40-49</td>
<td>1,697</td>
<td>88.0</td>
<td>85-91</td>
</tr>
<tr>
<td>50-59</td>
<td>1,144</td>
<td>90.2</td>
<td>87-93</td>
</tr>
<tr>
<td>60-69</td>
<td>827</td>
<td>90.7</td>
<td>87-94</td>
</tr>
<tr>
<td>70+</td>
<td>453</td>
<td>88.4</td>
<td>84-92</td>
</tr>
<tr>
<td>18+</td>
<td>9,532</td>
<td>90.6</td>
<td>89-92</td>
</tr>
</tbody>
</table>

**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, India  
**Year:** 2003  
**Coverage:** subnational  
**Final Response Rate:** 90.77%  
**InfoBase Ref. #:** 101711c1  
**Urban/Rural:** urban

**Alcohol, Abstainer - lifetime abstainer / never drinker - India by Age Group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>374</td>
<td>89.3</td>
<td>86-93</td>
</tr>
<tr>
<td>30-39</td>
<td>300</td>
<td>75.2</td>
<td>69-81</td>
</tr>
<tr>
<td>40-49</td>
<td>249</td>
<td>72.6</td>
<td>64-81</td>
</tr>
<tr>
<td>50-59</td>
<td>140</td>
<td>84.1</td>
<td>77-91</td>
</tr>
<tr>
<td>60-69</td>
<td>111</td>
<td>80.3</td>
<td>71-89</td>
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<tr>
<td>70+</td>
<td>72</td>
<td>83.8</td>
<td>73-94</td>
</tr>
<tr>
<td>18+</td>
<td>1,246</td>
<td>81.6</td>
<td>78-85</td>
</tr>
</tbody>
</table>

**Graph Details:**  
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:19:56 AM  
[+] click to enlarge graph
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>428</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>30-39</td>
<td>401</td>
<td>98.2</td>
<td>97-100</td>
</tr>
<tr>
<td>40-49</td>
<td>259</td>
<td>98.6</td>
<td>97-100</td>
</tr>
<tr>
<td>50-59</td>
<td>142</td>
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<tr>
<td>60-69</td>
<td>126</td>
<td>99.3</td>
<td>98-101</td>
</tr>
<tr>
<td>70+</td>
<td>60</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>1,416</strong></td>
<td><strong>99.3</strong></td>
<td><strong>99-100</strong></td>
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</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>802</td>
<td>94.4</td>
<td>93-96</td>
</tr>
<tr>
<td>30-39</td>
<td>701</td>
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<tr>
<td>40-49</td>
<td>508</td>
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<tr>
<td>50-59</td>
<td>282</td>
<td>92.7</td>
<td>89-96</td>
</tr>
<tr>
<td>60-69</td>
<td>237</td>
<td>90.3</td>
<td>86-95</td>
</tr>
<tr>
<td>70+</td>
<td>132</td>
<td>90.5</td>
<td>84-97</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>2,662</strong></td>
<td><strong>90.4</strong></td>
<td><strong>89-92</strong></td>
</tr>
</tbody>
</table>

**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.
**Title:** World Health Survey, India  
**Year:** 2003  
**Coverage:** subnational  
**Final Response Rate:** 93.82%  
**InfoBase Ref. #:** 101711c2  
**Urban/Rural:** rural

**Alcohol Abstainer Definitions**  
**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,008</td>
<td>91.6</td>
<td>88-95</td>
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<tr>
<td>30-39</td>
<td>815</td>
<td>73.0</td>
<td>69-77</td>
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<td>40-49</td>
<td>649</td>
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<td>73-83</td>
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<tr>
<td>50-59</td>
<td>410</td>
<td>81.1</td>
<td>75-87</td>
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<tr>
<td>60-69</td>
<td>295</td>
<td>82.6</td>
<td>76-89</td>
</tr>
<tr>
<td>70+</td>
<td>177</td>
<td>81.1</td>
<td>74-88</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>3,354</strong></td>
<td><strong>83.3</strong></td>
<td><strong>81-86</strong></td>
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<tr>
<td>Age Group</td>
<td>Sample Size (n)</td>
<td>Prevalence %</td>
<td>95 % CI</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td>--------------</td>
<td>---------</td>
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<tr>
<td>18-29</td>
<td>1,186</td>
<td>99.5</td>
<td>99-100</td>
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<td>40-49</td>
<td>540</td>
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<td>452</td>
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<td>97-100</td>
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<td>97-100</td>
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<td>70+</td>
<td>144</td>
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<td>98-100</td>
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<tr>
<td>18+</td>
<td>3,516</td>
<td>98.8</td>
<td>98-99</td>
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<table>
<thead>
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<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
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<td>18-29</td>
<td>2,194</td>
<td>95.1</td>
<td>93-97</td>
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<tr>
<td>30-39</td>
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<td>82-87</td>
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<td>40-49</td>
<td>1,189</td>
<td>88.2</td>
<td>85-91</td>
</tr>
<tr>
<td>50-59</td>
<td>862</td>
<td>89.9</td>
<td>87-93</td>
</tr>
<tr>
<td>60-69</td>
<td>590</td>
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<tr>
<td>70+</td>
<td>321</td>
<td>88.2</td>
<td>84-93</td>
</tr>
<tr>
<td>18+</td>
<td>6,870</td>
<td>90.6</td>
<td>89-92</td>
</tr>
</tbody>
</table>

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.
Alcohol, Consumer:

The information below is associated with the following survey:

- **Title:** National Family Health Survey (NFHS-2), 1998-99: India
- **Year:** 1999
- **Coverage:** National
- **InfoBase Ref. #:** 101033a1
- **Urban/Rural:** both urban and rural populations

### India

#### Alcohol Consumer Definition

**Definition:** current drinker

**Alcohol Type:** alcohol (general)

#### Table

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>26,297</td>
<td>2.4</td>
<td>-</td>
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<tr>
<td>20-24</td>
<td>21,461</td>
<td>7.7</td>
<td>-</td>
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<td>25-29</td>
<td>19,641</td>
<td>14.9</td>
<td>-</td>
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<tr>
<td>30-39</td>
<td>33,554</td>
<td>23.6</td>
<td>-</td>
</tr>
<tr>
<td>40-49</td>
<td>24,151</td>
<td>26.1</td>
<td>-</td>
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<td>50-59</td>
<td>15,195</td>
<td>23.9</td>
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</tr>
<tr>
<td>15+</td>
<td>160,871</td>
<td>16.7</td>
<td>16.5-16.9</td>
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</tbody>
</table>

**Graph Details:**

WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:20:26 AM
### Females

<table>
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<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>24,602</td>
<td>0.6</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td>22,288</td>
<td>1.1</td>
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<tr>
<td>25-29</td>
<td>20,761</td>
<td>2.0</td>
<td>-</td>
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<td>30-39</td>
<td>32,127</td>
<td>2.5</td>
<td>-</td>
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<td>40-49</td>
<td>21,253</td>
<td>3.1</td>
<td>-</td>
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<td>15,108</td>
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</tr>
<tr>
<td>60+</td>
<td>18,588</td>
<td>3.1</td>
<td>-</td>
</tr>
<tr>
<td>15+</td>
<td>154,726</td>
<td>2.2</td>
<td>2.1-2.3</td>
</tr>
</tbody>
</table>

**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**: National Household Survey of Drug and Alcohol Abuse 2003 (NHSDAA)

**Year**: 2003

**Coverage**: National

**Final Response Rate**: 82.9%

**InfoBase Ref. #**: 101566a1

**Urban/Rural**: both urban and rural populations

---

**India**

**Alcohol Consumer Definition**

- **Definition**: Unspecified
- **Alcohol Type**: alcohol (general)

---

### Alcohol, Consumer - unspecified

**India by Age Group**

**Males**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-18</td>
<td>8,587</td>
<td>3.4</td>
</tr>
<tr>
<td>19-30</td>
<td>13,216</td>
<td>17.7</td>
</tr>
<tr>
<td>31-40</td>
<td>7,805</td>
<td>29.2</td>
</tr>
<tr>
<td>41-50</td>
<td>5,920</td>
<td>29.9</td>
</tr>
<tr>
<td>51-60</td>
<td>5,168</td>
<td>25.6</td>
</tr>
</tbody>
</table>

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**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.
A collective review shows that nearly 30% of adult men and less than 5% of women consume alcohol giving a male to female ratio of 6:1. Alcohol use is higher in poorer communities. The average age of initiation has reduced from 28 years during the 80s to 20 years in recent years. The amount of drinking increases with age and duration. The commonest place of drinking is pubs / bars and retail outlets (60 – 70%) in urban areas, while in rural areas it’s the local outlets selling alcohol. Based on the available data, alcohol accounts for 15-20% of premature mortality in adult men. Nearly one third of nighttime road traffic injuries and deaths can be attributed to alcohol. 25% of those hospitalized with stroke had long term alcohol use. In the Indian region, a significant relationship has been established between alcohol and risky sexual behaviour leading to HIV/AIDS and other STDs. There are many barriers to address the harms from alcohol. (Gururaj G., Rao GN, Bengal V, Murthy P. Alcohol use and public health: the Indian Perspective. National Institute of Mental Health and Neurosciences Bangalore, India, for World Health Organization, 2006.)

An ethnographic study of the communities in Sundarban Delta, West Bengal, found that drinking is an integral feature of the cultural landscape. Locally brewed alcohol and so-called Indian-made foreign liquor (IMFL) are consumed in these villages. Reported effects of problem drinking included social disturbances, family discord, and domestic violence. Increasing problem alcohol use was attributed by villagers to social changes resulting from development, such as improved transportation and communications. The findings illustrates the limitations of western clinical models of dependence and the importance of clarifying sociocultural conditions that define locally acceptable and problem use. (Chowdhury AN, Ramakrishna J, Chakraborty AK, Weiss MG. Cultural context and impact of alcohol use in the Sundarban Delta, West Bengal, India. Social Science and Medicine. 2006 Aug;63(3):722-31)
In a survey of 28,507 individuals stratified by rural, town, slum and urban areas in Bangalore showed that alcohol consumption is a predominantly a male phenomenon and 23.7% of the total study population reported to have consumed alcohol in the last one year against 1.5% of females. In the 16-60 year age group it was 32.6% among males. Within the same age group of males, 29.1% of those in rural areas and 38.7% of those in towns consumed alcohol. 2.3% of females in towns and 1.8% in rural areas were users. Nearly a third of users were regular users. Whisky and arrack were the first choices for consumption for 89%. Alcohol users were found to be at approximately three times the risk (OR 2.8) of suffering from a health problem compared non-users. A disproportionately greater (7.8% vs. 1.6%) of alcohol users suffered from intentional or unintentional injuries during preceding 12 months. They also had problems at home and work. This study estimated that Rs. 244 billion was spent yearly in India to manage consequences of alcohol use. **Burden and socio-economic impact of alcohol: Bangalore Study.** World Health Organization Regional Office for South-East Asia 2006

In an epidemiological study on a sample of 2,264 individuals (male, 1,033; female, 1,231) aged 15 years and older in 2002-2003 in a tea garden population of Assam, the total age-adjusted prevalence of alcohol consumption was 59.2% (male, 69.3%; female, 54%). More than half of the respondents (54.7%) were multiple users of alcohol and tobacco. Prevalence of alcohol consumption in the 15-24 year age group was 32.2% Socio-demographic correlates such as education, occupation, and marital status were important predictors of substance uses irrespective of sex. Users of alcohol and tobacco were mostly illiterate, manual workers, and widows/widowers. (Medhi GK, Hazarika NC, Mahanta J. **Correlates of alcohol consumption and tobacco use among tea industry workers of Assam.** Journal of Substance Use and Misuse. 2006;41(5):691-706.)

Prevalence of current alcohol use range from 7% in Gujarat (officially under prohibition) to 75% in Arunachal Pradesh. Prevalence of in women has been estimated at less than 5% but higher in north-eastern states. Beer accounts for less than 5% of consumption. The Constituent Assembly of independent India included prohibition as a one of the directive principles of state policy. Alcohol use for the majority is stigmatized. No prescribed patterns of behaviour exist to regulate drinking
behaviours. The signature pattern is one of heavy drinking. Alcohol related problems account for over a fifth of hospital admissions. There has been a significant drop in lowering of age at initiation of drinking. The largest expansion of sales is seen in southern India, visibly focused on the non-traditional segment of urban women and young people. The current official responses focus exclusively in supply reduction (prohibition-centric) and tertiary prevention. (Bengal V. India: alcohol and public health. Addiction. 2005 Aug;100(8):1051-6.)

A study using a multilevel cross-sectional analysis of alcohol consumption from the data of the 1998-1999 Indian National Family Health Survey of 301,984 adult individuals in 92,447 households in 3215 villages in 440 districts in 26 states, found that the total prevalence of alcohol use was 19.8% for men and 2.8% for women. Men with no education were more likely to consume alcohol. Men and women living in households at the lowest standard-of-living quintile were more likely to consume alcohol (OR, 1.92; 95% CI, 1.81-2.03, and OR, 2.72, 95% CI, 2.18-3.39), respectively, than those classified as living in the top quintile. Members of scheduled tribes and castes and other backward classes were more likely to consume alcohol than members of other caste groups. There was no difference in alcohol consumption between men from states that were not under prohibition (OR, 1.36; 95% CI 0.69-2.03) and those that were. States not under prohibition has higher alcohol use by women (OR, 3.04, 95% CI, 1.59-4.48) than those under partial or complete prohibition. Therefore caste, education and standard of living independently influence alcohol use in India. Prohibition policies appear to have little effect on alcohol use by men, but may reduce the proportion of women who consume alcohol. (Subramanian SV, Nandy S, Irving M, Gordon G, Smith GD. Role of Socioeconomic markers and state prohibition policy in predicting alcohol consumption among men and women in India: A multilevel statistical analysis. Bulletin of the World Health Organization, Vol 83:11:829-836 November 2005)

Prevalence of alcohol use among women was 5.8% and 33.2% for males in Karnataka. Two divergent patterns of consumption in women are seen. The traditional pattern is frequent heavy use of cheaper alcohol usually alone, by less educated women in rural settings and poorer segments of the urban society. The more affluent, educated urban women who are comparatively younger, more
educated and earn more, drink less on typical drinking occasions, drink less frequently and have shorter durations of drinking. They are more likely to be unmarried and without children. Emancipation as a result of education, economic independence and urbanization along with the effects of globalization that affect women in urban India appear to increase the chance of initiating consumption. (Bengal V, Nayak M, Murthy P, Chandra P, Gururaj G. Women and alcohol in India. In Alcohol, gender and drinking problems – Perspectives from low and middle income countries. World Health Organization, 2005)

In a case-control study of 234 subjects randomly selected from a population of male workers in Goa who had participated in a survey of drinking behaviour found hazardous drinkers having significantly poorer physical and mental health and show trends for adverse social outcomes such as violence. Casual drinkers were no different from abstainers on any of the key outcomes. As compared to casual drinkers, hazardous drinkers tend to drink alone, in bars, and prefer non-commercial alcoholic beverages which are cheaper and have high alcohol concentration. (Gaunekar G, Patel V, Rane A., The impact and patterns of hazardous drinking amongst male industrial workers in Goa, India.. Social Psychiatry and Psychiatric Epidemiology. 2005 Apr;40(4):267-75)

A study providing national estimates of regular tobacco and alcohol use in India and their associations in a representative survey of 471,143 people over the age of 10 years in 1995-96 (the National Sample Survey) found that the national prevalence of regular use of was alcohol 4.5%. Men were 9.7 times more likely to regularly use alcohol. Respondents belonging to scheduled castes and tribes recognized as disadvantaged groups were significantly more likely to report regular use of alcohol. People from rural areas had higher rates compared to urban dwellers, as did those with no formal education. Individuals with incomes below the poverty line had higher relative odds of use of alcohol compared to those above the poverty line. The regular use of both tobacco and alcohol also increased significantly with each diminishing income quintile. (Neufeld KJ, Peters DH, Rani M, Bonu S, Brooner RK,. Regular use of alcohol and tobacco in India and its association with age, gender, and poverty. Drug and Alcohol Dependence. 2005 Mar 7;77(3):283-91)
A study analyzing the data from the fifty-second round of the National Sample Survey, a representative survey of 120,942 households across India, found a higher risk of borrowing/distress selling during hospitalization for individuals from households that use both tobacco and alcohol (OR 1.51, p<0.05), even after controlling for socio-economic and demographic factors. The same groups also met a higher percentage of hospitalization expenditures through borrowing/distress selling of assets. The adjusted population-attributable risk proportion of borrowing/distress selling to meet hospital expenditures for tobacco and alcohol use was 16%. (Bonu S, Rani M, Peters DH, Jha P, Nguyen SN. Does use of tobacco or alcohol contribute to impoverishment from hospitalization costs in India? Health Policy Planning. 2005 Jan;20(1):41-9)

In a National Household Survey carried out of non-institutionalized males in 24 states between the ages of 12-60 years (n=40,697) covering both urban and rural populations 21.4% were current users of alcohol. It estimated that there were approximately 62.46 million alcohol users in this age group. The highest proportion of users were in the 41-50 year age group (32.2%). The North-East States had the highest prevalence of current use. The mean age of commencement was 21.3 years. (United Nations Office for Drugs and Crimes and Ministry of Social Justice and Empowerment, Government of India The Extent, pattern and trends of drug abuse in India, National Survey, 2004)

A study using data from the National Family Health Survey-II, a nationally representative survey from India of 92,486 households found that children from households that use tobacco or alcohol were less likely to be immunized, more likely to have acute respiratory tract infection, more likely to be malnourished, and more likely to die before first birthday even after controlling for other socio-economic and demographic characteristics. (Bonu S, Rani M, Jha P, Peters DH, Nguyen SN. Household tobacco and alcohol use, and child health: an exploratory study from India. Health Policy. 2004 Oct;70(1):67-83)

In the Global Youth Tobacco Survey (GYTS) carried out in standards 8, 9 and 10 in 6350 schools in 8 states in which 16,932 students participated, those who smoked
and used alcohol ranged from 6.9% (Meghalaya) to 13.1% (Sikkim). Among boys the range was from 8.5% (Meghalaya) to 19.6% (Manipur) and among girls, 2.9% (Manipur) to 7.7% (Mizoram). (Sinha DN, Gupta PC, Pednekar MS., Prevalence of smoking and drinking among students in north-eastern India. National Medical Journal of India. 2003 Jan-Feb;16(1):49-50)

In a study of 50,220 men aged 45 years and over from the lower and lower-middle section of the general population of Mumbai showed that 18.8% were currently consuming alcoholic beverages, of which 32.8% drank on at least 6 days per week. The most popular beverage was locally distilled products of fruits and grain (country liquor). Seventy-five per cent of the consumers of country liquor would consume over 53 g of ethanol on a day when they drank, with 46.6% of these doing so on at least 6 days per week. (Gupta PC, Saxena S, Pednekar MS, Maulik PK. Alcohol consumption among middle-aged and elderly men: a community study from western India. Alcohol and Alcoholism. 2003 Jul-Aug;38(4):327-31)

A study of subjects admitted for treatment of alcohol dependence with (n=30) and without (n=30) found that sensation seeking as a personality variable was significantly associated with sexual risk taking behaviour among heavy alcohol users. (Chandra PS, Krishna VAS, Benegal V and Ramakrishna J., High-risk sexual behaviour & sensation seeking among heavy alcohol users Indian Journal Medical Research 117, February 2003, pp 88-92)

In a study of 658 admissions with injuries to an Emergency Unit of a General Hospital in Bangalore India, 30% of males and 4% of females had taken alcohol prior to the injury. Injuries in 80% of men and 18% of women were probably linked use of alcohol by self or others. Violent and deliberate injuries are significantly related to alcohol use and form the largest segment of alcohol related injuries. (Benegal V, Gururaj G, Murthy P. Project Report on a WHO Multi-Centre Collaborative Project on establishing and monitoring alcohols involvement in casualties. (http://www.nimhans.kar.nic.in/Deaddiction/lit/Alcohol%20and%20Injuries_WH O%20Collab.pdf) Accessed 27 November 2006)
In a study aimed at identifying alcohol related road traffic injuries in 12 major hospitals in Bangalore city, it was found that nearly 28% of traffic injuries were directly attributable to alcohol. The roadside survey showed that drivers under the influence of alcohol varied from 11% as detected by police testing drivers on suspicion to 40% by random checking. Among those tested positive, 35% were above the legally permissible limit to 30mg/100ml. (Gururaj G, Bengal V, National Driving under the influence of alcohol and road traffic injuries in Bangalore. Institute of Mental Health and Neurosciences Bangalore, India. 2002)

In a study of matched data on 10312 individuals from 2937 households above the age of 10 years in Delhi found that among males, the prevalence of use of only alcohol and concurrent smoking and drinking was 3.3 and 9.6 per cent respectively. Concurrent use was higher in the 31-40 year age group and dependence higher in the 41-50 year age group. Both at surveys I and II current smokers had higher percentage of alcohol drinkers compared to tobacco abstainers; dependent smokers had higher percentage of dependent drinkers. The use of alcohol at survey II was higher among tobacco smokers compared to tobacco abstainers identified at survey I. (Mohan D. Chopra A. and Sethi H. The co-occurrence of tobacco and alcohol in the general population of Metropolis Delhi Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India Indian Journal of Medical Research 116, October 2002, pp 150-154 D.)

A study on alcohol use in three states in India showed that 97% of females abstained while the current use ranged from 20.8% to 37.5% in males. Among current drinkers, high monthly quantities of alcohol ranged from 66.7% to 92.9%. The prevalence of alcohol related problems in the three investigated areas were relatively high. (World Health Organization Alcohol Consumption in India: A cross sectional study, in Surveys of drinking patterns and problems in seven developing countries, 2001)

A rapid assessment study of 72 colonies in five types of housing clusters in Delhi showed that the prevalence of tobacco, alcohol, cannabis and opioids use among
males was 27.6, 12.6, 0.3 and 0.4 per cent respectively. The rates were highest in resettlement clusters followed by urban villages, unauthorized, regularized and in “other” clusters. The use rates remained unchanged during the re-survey. Dependent use (any drug) increased in the resettlement clusters only during the re-survey. (Mohan D, Chopra A, and Sethi H., A rapid assessment study on prevalence of substance abuse disorders in metropolis Delhi Indian Journal of Medical Research 114, September 2001, pp 107-114)

Strict rules and guidelines covered who could drink and under what circumstances. Ancient Indian society had the knowledge of how to prepare beverage alcohol, but did not support routine alcohol use and regarded abstinence as a virtue for most people. During the colonial period distilled beverages of a much higher alcohol content gradually replaced traditional fermented beverages. Drinking changed from ritualistic and occasional to become a part of everyday social intercourse and entertainment. Currently hundreds of kinds of alcoholic beverages are made and consumed. Illicit liquor production occurs in many parts. Home production for personal consumption is also present in some parts of the country. The India-made Foreign Liquor and beer sector are the most visible part of the alcohol industry. Joint ventures with international companies have taken place. Nearly all the major transnational companies have a presence in India. Since direct advertising is not permitted indirect advertising is used by the industry. The Country Liquor segment is more decentralized and most brand names have only a local presence. They do not indulge in advertising. (Saxena S. Country profile of alcohol in India. In Alcohol and public health in 8 developing countries, World Health Organization, Geneva 1999)
INDONESIA

Recorded adult per capita consumption (age 15+)

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

Last year abstainers

A 2000 regional survey (sample size males $n = 1550$ and females $n = 1529$; age group 15 to 74 years old) found that the rate of lifetime abstainers was 59.9% (total), 61.3% (males) and 58.5% (females).²

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 1995.³
High risk drinkers

Data from the 2000–2001 Multi-Country Survey Study. Total sample size \( n = 9780 \); males \( n = 4399 \) and females \( n = 5381 \). Sample population aged 18 years and above. Definition used: consumption of five or more standard drinks for males and three or more standard drinks for females on a typical drinking day.\(^1\)

Heavy episodic drinkers

Data from the 2000–2001 Multi-Country Survey Study. Total sample size \( n = 9780 \); males \( n = 4399 \) and females \( n = 5381 \). Sample population aged 18 years and above. Definition used: at least once a week consumption of six or more standard drinks in one sitting.\(^1\)

Youth drinking (last year abstainers)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size \( n = 1385 \); males \( n = 668 \) and females \( n = 717 \). Sample population aged 18 to 24 years. For the age group 15 to 19 years (subsample \( n = 364 \)), the rate of last year abstainers was 92.9% (total), 86.9% (males) and 98.4% (females).\(^1\)

Youth drinking (heavy episodic drinkers)

Data from the 2000–2001 Multi-Country Survey Study. Total sample size \( n = 1385 \); males \( n = 668 \) and females \( n = 717 \). Sample population aged 18 to 24 years old. For the age group 15 to 19 years (subsample \( n = 364 \)), the rate of heavy episodic drinkers was 1.1% (total), 1.1% (males) and 1.1% (females). Definition used: at least once a week consumption of six or more standard drinks in one sitting.\(^1\)
Alcohol dependence (last year)

Total 1%
  Male 1.7%
  Female 0.3%

Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 9905$. Population aged 15 years and above. Alcohol dependence was measured using ICD-10 criteria.¹

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

Traditional alcoholic beverages

**Brem** (rice wine) is a by-product of tape (fermented sticky rice or cassava). The wine comes out of the rice during fermentation. *Brem* is rice wine made from glutinous rice and coconut milk. It is usually homemade. It has an alcohol content of about 7% to 9% after three days of fermentation. Old *brem* (more than three days old) is sour and contains more alcohol; young *brem* is sweeter.⁴

**Tuak** is a fermented sugar palm drink, favoured by people of North Sumatra. *Tuak* is a sweet wine made from the juice of the coconut palm flower. It is fermented for about one month. The alcohol content is about 5%. The distillation of *brem* or *tuak* brews contain 20% to 50% alcohol.⁴

**Arak** is a hard liquor. It is fermented from the sap of a special kind of palm tree. It is a colourless, sugarless spirit distilled from either *brem* or *tuak*. The homemade *arak* can also be made from fermenting glutinous rice. The liquid from this fermentation is then distilled. This kind of wine is known as *arak beras* - rice-based *arak*.⁴

**Lapen** is common in Central Java but each province in Indonesia has its own palm sugar-based alcoholic drinks.⁵

Unrecorded alcohol consumption

The unrecorded alcohol consumption in Indonesia is estimated to be 1.0 litre pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).³

Country background information

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>219 883 000</th>
<th>Life expectancy at birth (2002)</th>
<th>64.9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>153 918 100</td>
<td>Male 64.9</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>30</td>
<td>Female 67.9</td>
<td></td>
</tr>
<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>45</td>
</tr>
<tr>
<td>Urban</td>
<td>42</td>
<td>Male 45</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>58</td>
<td>Female 36</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gross National Income per capita 2002</td>
<td>US$ 710</td>
</tr>
</tbody>
</table>

References


### Definition of an alcoholic beverage (minimum volume %)

<table>
<thead>
<tr>
<th>Off-licence</th>
<th>Usual quantity (ml)</th>
<th>Price (Rupiah)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average locally produced or most consumed beer</td>
<td>330</td>
<td>6 500 – 8 500</td>
</tr>
<tr>
<td></td>
<td>820</td>
<td>12 000 – 16 000</td>
</tr>
<tr>
<td>Average and most consumed table wine</td>
<td>750</td>
<td>138 000 – 780 000</td>
</tr>
<tr>
<td>Average locally produced or most consumed spirits</td>
<td>750</td>
<td>132 000 – 405 000</td>
</tr>
<tr>
<td>If it exists, other special or different local alcoholic beverage: Tuak, arak, cap tikus, topi miring (&gt; 20% alc. vol)</td>
<td>Not available in shops</td>
<td>Not available in shops</td>
</tr>
<tr>
<td>Average Non-alcoholic soft drink</td>
<td>1 500</td>
<td>8 350</td>
</tr>
</tbody>
</table>

2 a Change in price during the last five years Increased

### Taxation of alcoholic beverages

<table>
<thead>
<tr>
<th>Type A (1%)</th>
<th>Local product</th>
<th>1 250/litre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imported product</td>
<td>1 250/litre</td>
<td></td>
</tr>
<tr>
<td>Type A (1–5%)</td>
<td>Local product</td>
<td>2 050/litre</td>
</tr>
<tr>
<td>Imported product</td>
<td>2 500/litre</td>
<td></td>
</tr>
<tr>
<td>Type B (5–15%)</td>
<td>Local product</td>
<td>3 150/litre</td>
</tr>
<tr>
<td>Imported product</td>
<td>10 000/litre</td>
<td></td>
</tr>
<tr>
<td>Type B (15–20%)</td>
<td>Local product</td>
<td>7 800/litre</td>
</tr>
<tr>
<td>Imported product</td>
<td>20 000/litre</td>
<td></td>
</tr>
<tr>
<td>Type C (&gt; 20%)</td>
<td>Local product</td>
<td>25 500/litre</td>
</tr>
<tr>
<td>Imported product</td>
<td>50 000/litre</td>
<td></td>
</tr>
</tbody>
</table>

* Government decree No. 3, 1997 divided alcoholic beverages into three types: Type A – 1–5%, Type B – 5–20%, Type C – 20–55%*

### Drink-driving legislation

4 a Maximum legal blood alcohol concentration (BAC) when driving a car

4 b Frequency of Random Roadside Breath Testing (RBT) of drivers

4 c Geographical distribution of RBT use

No regulation

No RBT

NA
## Alcohol Control Policies in the South-East Asia Region — Selected Issues

### 5 Restrictions on consumption and availability

#### 5 a Legal age limits for buying alcohol

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Wine</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Spirits</td>
<td>21</td>
<td>21</td>
</tr>
</tbody>
</table>

#### 5 b Restrictions on alcohol consumption in different public domains

<table>
<thead>
<tr>
<th>Public Domain</th>
<th>Legal status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Government offices</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Public transport</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Parks, streets etc.</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Sporting events</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Leisure events (concerts etc.)</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Workplaces</td>
<td>Legally forbidden</td>
</tr>
</tbody>
</table>

#### 5 c Level of state control on production and sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>State monopoly (full state control)</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail sale</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licence is required (partial state control)</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Retail sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5 d Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Places of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Density of outlets is restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5 e Level of enforcement of existing sales restrictions

<table>
<thead>
<tr>
<th>Enforcement Level</th>
<th>Rarely enforced</th>
</tr>
</thead>
</table>

### Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th></th>
<th>Alcohol advertising allowed and exists in some form</th>
<th></th>
<th>Health warnings legally required on the advertisement</th>
<th></th>
<th>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</th>
<th></th>
<th>Regulation of alcohol advertising in different media*</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>No</td>
<td></td>
<td>NA</td>
<td></td>
<td>No</td>
<td></td>
<td><img src="table-of-media.png" alt="Table of Media" /></td>
</tr>
</tbody>
</table>

### Alcohol sponsorship and promotion*

<table>
<thead>
<tr>
<th></th>
<th>Alcohol industry sponsorship of sporting events</th>
<th></th>
<th>Alcohol industry sponsorship of youth events</th>
<th></th>
<th>Sales promotion in the form of serving free alcohol (complying with existing age and other sales restrictions)</th>
<th></th>
<th>Sales promotion in the form of sales below cost e.g. two for one, happy hour (complying with existing age and other sales restrictions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
</tr>
<tr>
<td>Wine</td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
</tr>
<tr>
<td>Spirits</td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
<td></td>
<td>Forbidden</td>
</tr>
</tbody>
</table>

### Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions

<table>
<thead>
<tr>
<th></th>
<th>Advertising</th>
<th></th>
<th>Sponsorship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fully enforced*</td>
<td></td>
<td>Fully enforced*</td>
</tr>
</tbody>
</table>

---

* Although there is no regulation in Indonesia, alcohol consumption is prohibited as 90% of Indonesian citizens are Muslims. In Aceh and several other districts alcohol consumption is punishable under Shari'ah law. Restrictions on advertising and sponsorship are fully enforced.
WHO Global InfoBase: Data from the National Household Health Survey

Indonesia

Alcohol, Consumer:

The information below is associated with the following survey:

Title: SURKESNAS 2001 National Household Health Survey Morbidity Study: NCD risk factors in Indonesia
Year: 2001
Coverage: national
InfoBase Ref. #: 101266a1
Urban/Rural: both urban and rural populations

Alcohol, Consumer - current drinker
Indonesia by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>5.0</td>
<td>0.5</td>
</tr>
<tr>
<td>25-34</td>
<td>5.5</td>
<td>0.3</td>
</tr>
<tr>
<td>35-44</td>
<td>10.0</td>
<td>1.0</td>
</tr>
<tr>
<td>45-54</td>
<td>5.0</td>
<td>0.3</td>
</tr>
<tr>
<td>55-64</td>
<td>4.0</td>
<td>0.3</td>
</tr>
<tr>
<td>65-100</td>
<td>4.0</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:19:09 AM
### Indonesia

**Alcohol Consumer Definition**

- **Definition:** current drinker
- **Alcohol Type:** alcohol (general)

#### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>1,444</td>
<td>5.3</td>
<td>-</td>
</tr>
<tr>
<td>25-34</td>
<td>1,326</td>
<td>6.9</td>
<td>-</td>
</tr>
<tr>
<td>35-44</td>
<td>1,266</td>
<td>9.7</td>
<td>-</td>
</tr>
<tr>
<td>45-54</td>
<td>943</td>
<td>5.1</td>
<td>-</td>
</tr>
<tr>
<td>55-64</td>
<td>645</td>
<td>4.0</td>
<td>-</td>
</tr>
<tr>
<td>65+</td>
<td>506</td>
<td>4.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>25+</strong></td>
<td><strong>6,130</strong></td>
<td><strong>5.7</strong></td>
<td><strong>5.1-6.3</strong></td>
</tr>
</tbody>
</table>

#### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>1,658</td>
<td>0.6</td>
<td>-</td>
</tr>
<tr>
<td>25-34</td>
<td>1,728</td>
<td>0.6</td>
<td>-</td>
</tr>
<tr>
<td>35-44</td>
<td>1,471</td>
<td>1.3</td>
<td>-</td>
</tr>
<tr>
<td>45-54</td>
<td>1,002</td>
<td>0.6</td>
<td>-</td>
</tr>
<tr>
<td>55-64</td>
<td>629</td>
<td>0.8</td>
<td>-</td>
</tr>
<tr>
<td>65+</td>
<td>515</td>
<td>1.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>25+</strong></td>
<td><strong>7,003</strong></td>
<td><strong>0.8</strong></td>
<td><strong>0.6-1</strong></td>
</tr>
</tbody>
</table>

**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:

<table>
<thead>
<tr>
<th>Title</th>
<th>Year: 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: Integrated community based intervention on major NCDs in Depok Municipality - baseline survey 2003</td>
<td>Coverage: Subnational</td>
</tr>
<tr>
<td>Final Response Rate: 92.7%</td>
<td>Urban/Rural: both urban and rural populations</td>
</tr>
<tr>
<td>InfoBase Ref. #: 101745a3</td>
<td></td>
</tr>
</tbody>
</table>

**Indonesia**

**Alcohol Consumer Definition**

- **Definition:** Unspecified
- **Alcohol Type:** alcohol (general)
- **Period:** last year

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-64</td>
<td>862</td>
<td>20.5</td>
<td>18.8-23.2</td>
</tr>
</tbody>
</table>

### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-64</td>
<td>993</td>
<td>7.1</td>
<td>4.3-9.9</td>
</tr>
</tbody>
</table>

**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
MALDIVES

Recorded adult per capita consumption (age 15+)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Beer</th>
<th>Spirits</th>
<th>Wine</th>
</tr>
</thead>
<tbody>
<tr>
<td>1961</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1965</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1969</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1973</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1977</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1981</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1985</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1989</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1993</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>1997</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>2001</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Note: Yearly data on spirits not available before 1993, thus total alcohol consumption has not been calculated for those years.

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

Maldives is a strictly Muslim country with a ban on the consumption of alcohol. There is no particular legislation on alcohol, as it is controlled under the law of Islamic Shari’ah. The Ministry of Justice recorded 44 cases of offences related to alcohol in 1998, 42 in 1999, 27 in 2000 and 46 in 2001 (source: Statistical Yearbook 2002). Alcohol is available for non-Muslim residents or visitors through permits or licenses from the Ministry of Trade and Industries for importation of alcoholic beverages (unlimited amount) through a local authorized warehouse. In total there are some 3–4 warehouses that supply the resorts also.

Traditional alcoholic beverages

The local brew is raa, a sweet toddy tapped from the crown of the palm trunk.

Country background information

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>184 440</td>
<td>Female</td>
<td>65.6</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>42</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>38</td>
</tr>
<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td>Female</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>72</td>
<td>In Maldives, approximately 100% of the population are Muslim.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


References

1. Luna JM. WHO Representative to the Maldives. Personal communication. 27 February 2004.
MALDIVES

Alcohol consumption is prohibited in Maldives for Maldivian citizens and punishable under Shari’ah law. However, its import for tourist trade is permitted. Foreigners (diplomats) residing in Maldives, are given special permits for consumption of alcohol on the inhabited islands such as Malé but are forbidden from serving alcohol to local Maldivians.

There is no local production of beer, wine and spirits.

Alcohol is permitted to be sold only in “resorts” for which a licence is required; elsewhere, on any inhabited island (including Malé), it is strictly forbidden, by law. There is full enforcement of existing sales restrictions. The total ban on sale of alcohol is enforced by the police; when visitors arrive into the country, they are informed that the import/consumption of alcohol is prohibited. Penalties imposed for non-compliance are fines and imprisonment.

No alcohol advertising is allowed. No alcohol sponsorship and promotion is allowed. Advertising and sponsorship restrictions are fully enforced.
There is no information in the WHO Global InfoBase. Other Studies or reports meeting the inclusion criteria for this review also were not found.
### MYANMAR

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

![Graph showing recorded adult per capita consumption](image)

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

**Last year abstainers**

Estimates from key alcohol experts showing proportion of adult males and females who had been abstaining (last year before the survey). Data is for after year 1995.1

**Unrecorded alcohol consumption**

The unrecorded alcohol consumption in Myanmar is estimated to be 0.4 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).1

**Country background information**

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>49,485,000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>56.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>33,649,800</td>
<td>Female</td>
<td>61.8</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>32</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>118</td>
</tr>
<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td>Female</td>
<td>94</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>28</td>
<td>Gross National Income per capita 2002</td>
<td>US$ *</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>72</td>
<td>*Estimated to be in the low income range ($735 or less)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**References**


WHO Global Status Report on Alcohol 2004
© World Health Organization 2004
2 Price of alcoholic beverages

<table>
<thead>
<tr>
<th>Off-licence</th>
<th>Usual quantity (ml)</th>
<th>Price (Kyats)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average locally produced or most consumed beer</td>
<td>640</td>
<td>750</td>
</tr>
<tr>
<td>Average and most consumed table wine</td>
<td>350</td>
<td>650</td>
</tr>
<tr>
<td>Average locally produced or most consumed spirits</td>
<td>700</td>
<td>730</td>
</tr>
<tr>
<td>If it exists, other special or different local alcoholic beverage: Khaung Yay, Htan Yay, Dani Yay (40% alc. vol.)</td>
<td>1000</td>
<td>1000</td>
</tr>
<tr>
<td>Average Non-alcoholic soft drink</td>
<td>285</td>
<td>200</td>
</tr>
</tbody>
</table>

2 a Change in price during the last five years Increased

3 Taxation of alcoholic beverages

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 a General sales tax or VAT (Value Added Tax)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3 b Percentage of the tax</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>3 c Duty-paid, excise or tax stamps or labels</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3 d Level of alcohol tax (percentage of the retail or selling price)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer (approx. 4.5% alcohol by volume)</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Wine (approx. 12% alcohol by volume)</td>
<td>40%</td>
<td></td>
</tr>
<tr>
<td>Spirits (approx. 40% alcohol by volume)</td>
<td>40%</td>
<td></td>
</tr>
</tbody>
</table>

4 Drink-driving legislation

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 a Maximum legal blood alcohol concentration (BAC) when driving a car</td>
<td>70 mg%</td>
</tr>
<tr>
<td>4 b Frequency of Random Roadside Breath Testing (RBT) of drivers</td>
<td>Rarely performed</td>
</tr>
<tr>
<td>4 c Geographical distribution of RBT use</td>
<td>Mostly performed in urban highly populated areas</td>
</tr>
</tbody>
</table>
## 5 Restrictions on consumption and availability

### 5a Legal age limits for buying alcohol

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Spirits</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

### 5b Restrictions on alcohol consumption in different public domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Off-licence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Government offices</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Public transport</td>
<td>Partially restricted</td>
</tr>
<tr>
<td>Parks, streets etc.</td>
<td>Voluntary agreement</td>
</tr>
<tr>
<td>Sporting events</td>
<td>Voluntary agreement</td>
</tr>
<tr>
<td>Leisure events (concerts etc.)</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Workplaces</td>
<td>Legally forbidden</td>
</tr>
</tbody>
</table>

### 5c Level of state control on production and sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>State monopoly (full state control)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beer</strong></td>
</tr>
<tr>
<td>Production</td>
</tr>
<tr>
<td>Retail sale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licence is required (partial state control)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beer</strong></td>
</tr>
<tr>
<td>Production</td>
</tr>
<tr>
<td>Retail sale</td>
</tr>
</tbody>
</table>

### 5d Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale are restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Places of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Density of outlets is restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### 5e Level of enforcement of existing sales restrictions

Fully enforced
### Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th>6</th>
<th>Alcohol advertising and health warnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td>Alcohol advertising allowed and exists in some form</td>
</tr>
<tr>
<td>6 b</td>
<td>Health warnings legally required on the advertisement</td>
</tr>
<tr>
<td>6 c</td>
<td>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</td>
</tr>
<tr>
<td>6 d</td>
<td>Regulation of alcohol advertising in different media</td>
</tr>
<tr>
<td>Type of Media</td>
<td>Beer</td>
</tr>
<tr>
<td>National TV</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Cable TV</td>
<td>NA</td>
</tr>
<tr>
<td>National radio</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Local radio</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td>Partial restriction</td>
</tr>
<tr>
<td>Billboards</td>
<td>Voluntary agreement</td>
</tr>
<tr>
<td>Points of sale</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Cinema</td>
<td>Partial restriction</td>
</tr>
</tbody>
</table>

### Alcohol sponsorship and promotion

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

### Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions

<table>
<thead>
<tr>
<th>8</th>
<th>Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>Fully enforced</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>Fully enforced</td>
</tr>
</tbody>
</table>
WHO Global InfoBase: Data from the World Health Survey

Myanmar

Alcohol, Abstainer

The information below is associated with the following survey:

- **Title:** World Health Survey, Myanmar
- **Year:** 2003
- **Coverage:** national
- **Final Response Rate:** 97.29%
- **InfoBase Ref. #:** 101723a1
- **Urban/Rural:** both urban and rural populations

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

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/24/2006 3:10:14 AM
### Myanmar

**Alcohol Abstainer Definitions**

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

#### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>725</td>
<td>70.9</td>
<td>65-76</td>
</tr>
<tr>
<td>30-39</td>
<td>646</td>
<td>63.7</td>
<td>58-70</td>
</tr>
<tr>
<td>40-49</td>
<td>521</td>
<td>65.4</td>
<td>59-71</td>
</tr>
<tr>
<td>50-59</td>
<td>295</td>
<td>70.0</td>
<td>63-77</td>
</tr>
<tr>
<td>60-69</td>
<td>224</td>
<td>81.2</td>
<td>75-87</td>
</tr>
<tr>
<td>70+</td>
<td>140</td>
<td>79.3</td>
<td>71-88</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>2,551</strong></td>
<td><strong>69.6</strong></td>
<td><strong>65-74</strong></td>
</tr>
</tbody>
</table>

#### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>850</td>
<td>98.8</td>
<td>98-100</td>
</tr>
<tr>
<td>30-39</td>
<td>832</td>
<td>98.3</td>
<td>97-100</td>
</tr>
<tr>
<td>40-49</td>
<td>706</td>
<td>96.9</td>
<td>94-100</td>
</tr>
<tr>
<td>50-59</td>
<td>443</td>
<td>96.1</td>
<td>94-99</td>
</tr>
<tr>
<td>60-69</td>
<td>301</td>
<td>96.9</td>
<td>94-100</td>
</tr>
<tr>
<td>70+</td>
<td>203</td>
<td>98.8</td>
<td>97-101</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>3,335</strong></td>
<td><strong>97.7</strong></td>
<td><strong>96-99</strong></td>
</tr>
</tbody>
</table>

#### Both Sexes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,575</td>
<td>85.4</td>
<td>83-88</td>
</tr>
<tr>
<td>30-39</td>
<td>1,478</td>
<td>83.0</td>
<td>80-86</td>
</tr>
<tr>
<td>40-49</td>
<td>1,227</td>
<td>83.5</td>
<td>80-87</td>
</tr>
<tr>
<td>50-59</td>
<td>738</td>
<td>85.4</td>
<td>82-89</td>
</tr>
<tr>
<td>60-69</td>
<td>525</td>
<td>89.8</td>
<td>86-94</td>
</tr>
<tr>
<td>70+</td>
<td>343</td>
<td>90.6</td>
<td>86-95</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>5,886</strong></td>
<td><strong>85.2</strong></td>
<td><strong>83-88</strong></td>
</tr>
</tbody>
</table>

**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, Myanmar  
**Year:** 2003  
**Coverage:** national  
**Final Response Rate:** 96.7%  
**InfoBase Ref. #:** 101723c1  
**Urban/ Rural:** urban

**Alcohol Abstainer Definitions**  
**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>149</td>
<td>74.7</td>
<td>63-86</td>
</tr>
<tr>
<td>30-39</td>
<td>150</td>
<td>63.7</td>
<td>51-76</td>
</tr>
<tr>
<td>40-49</td>
<td>133</td>
<td>67.8</td>
<td>57-79</td>
</tr>
<tr>
<td>50-59</td>
<td>69</td>
<td>71.9</td>
<td>58-86</td>
</tr>
<tr>
<td>60-69</td>
<td>52</td>
<td>87.2</td>
<td>78-96</td>
</tr>
<tr>
<td>70+</td>
<td>37</td>
<td>87.4</td>
<td>71-104</td>
</tr>
<tr>
<td>18+</td>
<td>590</td>
<td>72.7</td>
<td>64-81</td>
</tr>
<tr>
<td>Age Group</td>
<td>Sample Size (n)</td>
<td>Prevalence %</td>
<td>95 % CI</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------</td>
<td>--------------</td>
<td>---------</td>
</tr>
<tr>
<td>18-29</td>
<td>221</td>
<td>99.1</td>
<td>98-100</td>
</tr>
<tr>
<td>30-39</td>
<td>196</td>
<td>98.1</td>
<td>94-102</td>
</tr>
<tr>
<td>40-49</td>
<td>180</td>
<td>96.4</td>
<td>91-102</td>
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<tr>
<td>50-59</td>
<td>97</td>
<td>97.7</td>
<td>94-101</td>
</tr>
<tr>
<td>60-69</td>
<td>94</td>
<td>95.7</td>
<td>90-101</td>
</tr>
<tr>
<td>70+</td>
<td>58</td>
<td>97.3</td>
<td>92-102</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>846</strong></td>
<td><strong>97.7</strong></td>
<td><strong>95-101</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>370</td>
<td>88.7</td>
<td>84-94</td>
</tr>
<tr>
<td>30-39</td>
<td>346</td>
<td>83.0</td>
<td>77-89</td>
</tr>
<tr>
<td>40-49</td>
<td>313</td>
<td>83.9</td>
<td>78-90</td>
</tr>
<tr>
<td>50-59</td>
<td>166</td>
<td>86.6</td>
<td>80-93</td>
</tr>
<tr>
<td>60-69</td>
<td>146</td>
<td>92.3</td>
<td>86-99</td>
</tr>
<tr>
<td>70+</td>
<td>95</td>
<td>93.1</td>
<td>84-103</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>1,436</strong></td>
<td><strong>86.9</strong></td>
<td><strong>83-91</strong></td>
</tr>
</tbody>
</table>

**Notes:**
1. Lines in **bold** indicate the value represents a “Total Age Group”
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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, Myanmar

**Coverage:** National

**Final Response Rate:** 97.48%

**InfoBase Ref. #:** 101723c2

**Year:** 2003

**Urban/Rural:** Rural

---

**Alcohol Abstainer Definitions**

**Definition:** lifetime abstainer / never drinker

**Alcohol Type:** alcohol (general)

---

**Myanmar**

**Males**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>576</td>
<td>66.9</td>
<td>64-67</td>
</tr>
<tr>
<td>30-39</td>
<td>496</td>
<td>63.7</td>
<td>57-71</td>
</tr>
<tr>
<td>40-49</td>
<td>388</td>
<td>64.4</td>
<td>57-71</td>
</tr>
<tr>
<td>50-59</td>
<td>226</td>
<td>69.4</td>
<td>62-77</td>
</tr>
<tr>
<td>60-69</td>
<td>172</td>
<td>78.9</td>
<td>71-87</td>
</tr>
<tr>
<td>70+</td>
<td>103</td>
<td>75.8</td>
<td>65-86</td>
</tr>
<tr>
<td>18+</td>
<td>1,961</td>
<td>68.6</td>
<td>64-74</td>
</tr>
</tbody>
</table>

---

Graph Details:

WHO Global InfoBase (infobase.who.int), universal time: 11/24/2006 3:10:17 AM

[+ ] click to enlarge graph
### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>629</td>
<td>98.6</td>
<td>97-100</td>
</tr>
<tr>
<td>30-39</td>
<td>636</td>
<td>98.3</td>
<td>97-100</td>
</tr>
<tr>
<td>40-49</td>
<td>526</td>
<td>97.0</td>
<td>94-100</td>
</tr>
<tr>
<td>50-59</td>
<td>346</td>
<td>95.7</td>
<td>93-99</td>
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<tr>
<td>60-69</td>
<td>207</td>
<td>97.5</td>
<td>94-101</td>
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<tr>
<td>70+</td>
<td>145</td>
<td>99.5</td>
<td>98-101</td>
</tr>
<tr>
<td>18+</td>
<td>2,489</td>
<td>97.7</td>
<td>96-100</td>
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### Both Sexes

<table>
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<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
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<tr>
<td>18-29</td>
<td>1,205</td>
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<td>914</td>
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<td>50-59</td>
<td>572</td>
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<tr>
<td>60-69</td>
<td>379</td>
<td>88.6</td>
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<tr>
<td>70+</td>
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<td>18+</td>
<td>4,450</td>
<td>84.6</td>
<td>82-87</td>
</tr>
</tbody>
</table>

**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.
Myanmar: Published Studies

A cross sectional community household survey in Daw Pone township in 2004 of 825 households (5106 subjects) showed alcohol dependence was 23 per 1000 population, or 7% of males over 18 years as per ICD 10 criteria, diagnosed by a psychiatrist.

Another study in 2004 of a rural area (Pardagy village) Kyauktan showed the same prevalence of alcohol dependence of 23 per 1000 population. This was seen most in the 20 to 40 year age group.

In the Mandaly Mental Hospital, alcohol related disorders were found to be 27.8% in 2004.

(World Health Organization Country Office Myanmar)
NEPAL

Recorded adult per capita consumption (age 15+)

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

Lifetime abstainers

A 2000 national survey covering 2400 households in 16 districts representing both rural and urban areas as well as ecological and developmental regions found that the rate of last year abstainers among the total population sampled was 59%. The rate of last year abstainers was 51.7% among males and 72.3% among females. The most popular drinks consumed in the last 30 days are Jand or Chhang (home brews fermented from rice, millet, maize and wheat), homemade Raksi (distilled liquor made of grains or unrefined sugar for household use) and local Raksi locally made for commercial purposes. There is a clear pattern of current use by place of residence. Respondents living in rural areas are more likely to use alcohol than that of urban areas. This is much more pronounced in females. More than one third of females in rural areas are currently using alcohol as against three in ten in urban areas. In rural Nepal, most traditional users of alcohol consume Jand as food.

A 2001 national survey (total sample size $n = 2261$; age group 15 to 59 years) found that 67.5% of the total sample have consumed alcohol.
Heavy and hazardous drinkers

According to the 2003 World Health Survey (total sample size $n = 2613$; males $n = 1559$ and females $n = 1054$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 11.1 (total), 12.3 (males) and 9.5 (females).\(^1\)

Heavy episodic drinkers

Data from the 2003 World Health Survey. Total sample size $n = 8633$; males $n = 3674$ and females $n = 4959$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.\(^1\)

Youth drinking (lifetime abstainers)

Data from the 2003 World Health Survey. Total sample size $n = 1697$; males $n = 644$ and females $n = 1053$. Sample population aged 18 to 24 years old.\(^1\)

A subsample of the main survey done in 2000 (covering 2400 households in 16 districts) of children and youths aged between 10 and 17 years ($n = 426$) found that 17.4% were current drinkers (last 12 months). The prevalence among boys (21.8%) is almost double that of girls (11.2%) indicating gender variation in using alcohol. The study also found that the rate of reported drinking in the past 30 days was 9.2% (total), 10.1% (boys) and 7.9% (girls).\(^2,4\) One half of those Nepalese children who drink initiated alcohol before the age of 13. Traditional and cultural occasions appear to be the most important occasion of initiating alcohol.\(^5\)
Youth drinking (heavy episodic drinkers)

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 in the community of Dharan

Traditional alcoholic beverages

Types of traditional and local alcoholic beverages include country liquor (low quality alcohol made from molasses and produced in small distilleries in every district of Nepal), homemade liquor (from grains and sugar-cane and often using the powder of dry batteries, ammonium chloride, fertilizer), Jad (made of rice), Chang (made of rice by a different procedure) and Raksi (home-brewed alcohol made out of rice, millet or barley).

Unrecorded alcohol consumption

In most parts of the country, liquor is freely available and unlicensed home-brewing accounts for the major production of alcohol. In fact, the Liquor Control Act of Nepal allows the production of homemade forms of alcohol for domestic use, although much home-made alcohol is diverted to the market. Such activity takes place mostly in rural settings, but also occurs in urban areas. The poor are dependent on home-brewing for their livelihood.

Morbidity, health and social problems from alcohol use

Among a group of 50 women (age range 26–75 years) with alcohol-related problems who were seen over a 16-month period, from January 1998 to June 1999 in a general hospital setting in Dharan, a town in East Nepal, 35 cases (70%) were admitted to a medical ward of the hospital with alcohol-related physical problems (alcoholic liver disease in 33 cases and alcoholic cardiomyopathy in two cases). Fifteen cases (30%) presented with alcohol-related psychological problems – depression in 12 cases, withdrawal symptoms in two cases and alcoholic hallucinosis in one case.

Alcohol could be considered the number one problem drug if one seriously considers the magnitude and extent of the problem it has created in Nepal. For example, in just one of the 75 districts, during one month in 1989, 46 men and 4 women were arrested for being rowdy under the influence of alcohol (The Rising Nepal, 28 March 1989). Such arrests are mentioned almost every day in the national daily newspapers.

In Nepal, many crimes are committed under the influence of alcohol. Much violence both outside and inside the home has taken place under its influence, and it has been the root cause or precipitant in many antisocial and
criminal acts. Alcohol has been the starting drug for many, and it has also been freely available whenever the
drug of choice is not available.9

In a large-scale study covering about 2400 households in 16 of Nepal’s 70 districts, the adult respondents
perceived the impact of family members' use of alcohol and drugs on children as violence and physical abuse
(33.4%), neglect and mental abuse (28.5%), deprivation from education (20.2%) and push factor for children to
use intoxicants (11.1%), malnutrition and running away from home. 35.9% of children interviewed felt that
there was an impact of parental drinking on the family. The impact included domestic violence (40%), loss of
wealth and indebtedness (27.8%), loss of social prestige and bad relationship with neighbours.2

Excessive use of alcohol is also linked to the economic exploitation in some communities in Nepal. Most of the
traditional alcohol user groups have lost their land due to the excessive use of alcohol and the land has been
mortgaged by the upper caste people, traditionally non-alcohol user groups.2

Country background information

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>15 098 400</td>
<td>Female</td>
<td>60.2</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>40</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>81</td>
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<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td></td>
<td>Female</td>
<td>87</td>
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<tr>
<td>Urban</td>
<td>12</td>
<td>Gross National Income per capita 2002</td>
<td>US$</td>
<td>230</td>
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<tr>
<td>Rural</td>
<td>88</td>
<td></td>
<td></td>
<td></td>
</tr>
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</table>


References

7. Siddiqui SA. Alcohol consumption and its aftermath in Nepalese society.
NEPAL

<table>
<thead>
<tr>
<th></th>
<th>Definition of an alcoholic beverage (minimum volume %)</th>
<th>All alcohol containing beverages regardless of percentage</th>
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<tbody>
<tr>
<td>2</td>
<td>Price of alcoholic beverages</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Off-licence</strong></td>
<td><strong>Usual quantity (ml)</strong></td>
</tr>
<tr>
<td></td>
<td>Average locally produced or most consumed beer</td>
<td>650</td>
</tr>
<tr>
<td></td>
<td>Average and most consumed table wine</td>
<td>750</td>
</tr>
<tr>
<td></td>
<td>Average locally produced or most consumed spirits</td>
<td>600</td>
</tr>
<tr>
<td></td>
<td>If it exists, other special or different local alcoholic beverage: Raksi (home-made) (upto 80% alc. vol)</td>
<td>600</td>
</tr>
<tr>
<td></td>
<td>Average Non-alcoholic soft drink</td>
<td>200</td>
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</tbody>
</table>

2 a Change in price during the last five years Increased

3 | Taxation of alcoholic beverages                        |                                                          |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 a</td>
<td>General sales tax or VAT (Value Added Tax)</td>
<td>Yes</td>
</tr>
<tr>
<td>3 b</td>
<td>Percentage of the tax</td>
<td>13%</td>
</tr>
<tr>
<td>3 c</td>
<td>Duty-paid, excise or tax stamps or labels</td>
<td>Yes</td>
</tr>
<tr>
<td>3 d</td>
<td>Level of alcohol tax (percentage of the retail or selling price)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beer</td>
<td>Rs 45/litre</td>
</tr>
<tr>
<td></td>
<td>Country beer</td>
<td>Rs 15/litre</td>
</tr>
<tr>
<td></td>
<td>Wine (upto 17% alcohol)</td>
<td>Rs 80/litre</td>
</tr>
<tr>
<td></td>
<td>Spirits (less than 40 u.p.)</td>
<td>Rs 34/litre</td>
</tr>
<tr>
<td></td>
<td>Spirits (40–65 u.p.)</td>
<td>Rs 200/litre</td>
</tr>
<tr>
<td></td>
<td>Spirits (65 u.p. and above)</td>
<td>Rs 75/litre</td>
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</table>

4 | Drink-driving legislation                              |                                                          |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 a</td>
<td>Maximum legal blood alcohol concentration (BAC) when driving a car</td>
<td>No alcohol is permitted in the blood</td>
</tr>
<tr>
<td>4 b</td>
<td>Frequency of Random Roadside Breath Testing (RBT) of drivers</td>
<td>Rarely</td>
</tr>
<tr>
<td>4 c</td>
<td>Geographical distribution of RBT use</td>
<td>NA</td>
</tr>
</tbody>
</table>
### Restrictions on consumption and availability

#### 5 a  Legal age limits for buying alcohol

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Spirits</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

#### 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: No restrictions
- Parks, streets etc.: No restrictions
- Sporting events: Legally forbidden
- Leisure events (concerts etc.): Partially restricted
- Workplaces: Legally forbidden

#### 5 c  Level of state control on production and sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>State monopoly (full state control)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Beef</td>
</tr>
<tr>
<td>Production</td>
</tr>
<tr>
<td>Retail sale</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licence is required (partial state control)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Beef</td>
</tr>
<tr>
<td>Production*</td>
</tr>
<tr>
<td>Retail sale</td>
</tr>
</tbody>
</table>

* Licence is not required for up to five litres of home-made alcohol for personal use at a time, up to six times per year

#### 5 d  Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale are restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Places of sale are restricted*</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Density of outlets is restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>

* eg. religious places, office premises

#### 5 e  Level of enforcement of existing sales restrictions

| Level of enforcement of existing sales restrictions | Partially enforced |
6 Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th></th>
<th>Alcohol advertising allowed and exists in some form</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td>Health warnings legally required on the advertisement</td>
<td>No</td>
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<tr>
<td>6 b</td>
<td>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</td>
<td>No</td>
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<table>
<thead>
<tr>
<th>6 d</th>
<th>Regulation of alcohol advertising in different media</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Media</td>
<td>Beer</td>
</tr>
<tr>
<td>National TV</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Cable TV</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>National radio</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Local radio</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Billboards</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Points of sale</td>
<td>No restrictions</td>
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<tr>
<td>Cinema</td>
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7 Alcohol sponsorship and promotion

<table>
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<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol industry sponsorship of sporting events</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Alcohol industry sponsorship of youth events</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Sales promotion in the form of serving free alcohol (complying with existing age and other sales restrictions)</td>
<td>Partial restrictions</td>
<td>Partial restrictions</td>
<td>Partial restrictions</td>
</tr>
<tr>
<td>Sales promotion in the form of sales below cost e.g. two for one, happy hour (complying with existing age and other sales restrictions)</td>
<td>Partial restrictions</td>
<td>Partial restrictions</td>
<td>Partial restrictions</td>
</tr>
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</table>

8 Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions

<table>
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<tr>
<th></th>
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<th>Sponsorship</th>
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<tr>
<td></td>
<td>Partially enforced</td>
<td>Partially enforced</td>
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</table>
WHO Global InfoBase: Data from the World Health Survey

Nepal

Alcohol, Abstainer:

The information below is associated with the following survey:

<table>
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<th>Title</th>
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<tbody>
<tr>
<td>Year</td>
<td>2003</td>
</tr>
<tr>
<td>Coverage</td>
<td>National</td>
</tr>
<tr>
<td>Final Response Rate</td>
<td>98.28%</td>
</tr>
<tr>
<td>InfoBase Ref. #</td>
<td>101725a1</td>
</tr>
<tr>
<td>Urban/Rural</td>
<td>both urban and rural populations</td>
</tr>
</tbody>
</table>

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

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:18:05 AM
### Alcohol Abstainer Definitions

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

#### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,070</td>
<td>61.4</td>
<td>57-66</td>
</tr>
<tr>
<td>30-39</td>
<td>848</td>
<td>45.3</td>
<td>41-50</td>
</tr>
<tr>
<td>40-49</td>
<td>713</td>
<td>43.6</td>
<td>39-49</td>
</tr>
<tr>
<td>50-59</td>
<td>473</td>
<td>48.0</td>
<td>42-54</td>
</tr>
<tr>
<td>60-69</td>
<td>332</td>
<td>55.9</td>
<td>49-63</td>
</tr>
<tr>
<td>70+</td>
<td>249</td>
<td>57.6</td>
<td>49-66</td>
</tr>
<tr>
<td>18+</td>
<td>3,685</td>
<td>52.7</td>
<td>50-56</td>
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</table>

#### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,780</td>
<td>81.2</td>
<td>78-84</td>
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<td>30-39</td>
<td>1,302</td>
<td>73.8</td>
<td>70-77</td>
</tr>
<tr>
<td>40-49</td>
<td>844</td>
<td>71.6</td>
<td>68-76</td>
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<tr>
<td>50-59</td>
<td>466</td>
<td>66.9</td>
<td>61-73</td>
</tr>
<tr>
<td>60-69</td>
<td>371</td>
<td>71.3</td>
<td>66-77</td>
</tr>
<tr>
<td>70+</td>
<td>216</td>
<td>73.5</td>
<td>66-82</td>
</tr>
<tr>
<td>18+</td>
<td>4,979</td>
<td>75.4</td>
<td>73-78</td>
</tr>
</tbody>
</table>

#### Both Sexes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>2,850</td>
<td>72.8</td>
<td>70-75</td>
</tr>
<tr>
<td>30-39</td>
<td>2,150</td>
<td>61.0</td>
<td>58-64</td>
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<tr>
<td>40-49</td>
<td>1,557</td>
<td>58.4</td>
<td>55-62</td>
</tr>
<tr>
<td>50-59</td>
<td>939</td>
<td>57.4</td>
<td>53-62</td>
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<td>18+</td>
<td>8,664</td>
<td>64.9</td>
<td>63-67</td>
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</table>

**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, Nepal  
**Year:** 2003  
**Coverage:** National  
**Final Response Rate:** 97.67%  
**InfoBase Ref. #:** 101725c1  
**Urban/Rural:** Urban

### Alcohol, Abstainer - lifetime abstainer / never drinker - Nepal by Age Group

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

#### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>197</td>
<td>52.2</td>
<td>40-64</td>
</tr>
<tr>
<td>30-39</td>
<td>132</td>
<td>46.0</td>
<td>35-57</td>
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<tr>
<td>40-49</td>
<td>92</td>
<td>35.9</td>
<td>22-49</td>
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<tr>
<td>50-59</td>
<td>64</td>
<td>33.0</td>
<td>20-46</td>
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<tr>
<td>60-69</td>
<td>31</td>
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<td>30-75</td>
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<tr>
<td>70+</td>
<td>28</td>
<td>44.7</td>
<td>22-67</td>
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<tr>
<td>18+</td>
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**Graph Details:**  
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:18:06 AM
### Females

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<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>292</td>
<td>87.6</td>
<td>82-93</td>
</tr>
<tr>
<td>30-39</td>
<td>201</td>
<td>82.2</td>
<td>76-88</td>
</tr>
<tr>
<td>40-49</td>
<td>98</td>
<td>76.9</td>
<td>66-88</td>
</tr>
<tr>
<td>50-59</td>
<td>52</td>
<td>62.0</td>
<td>43-81</td>
</tr>
<tr>
<td>60-69</td>
<td>43</td>
<td>81.3</td>
<td>68-95</td>
</tr>
<tr>
<td>70+</td>
<td>23</td>
<td>84.4</td>
<td>66-103</td>
</tr>
<tr>
<td>18+</td>
<td>709</td>
<td>81.9</td>
<td>77-87</td>
</tr>
</tbody>
</table>

### Both Sexes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>489</td>
<td>71.8</td>
<td>65-78</td>
</tr>
<tr>
<td>30-39</td>
<td>333</td>
<td>65.2</td>
<td>58-73</td>
</tr>
<tr>
<td>40-49</td>
<td>190</td>
<td>56.3</td>
<td>48-65</td>
</tr>
<tr>
<td>50-59</td>
<td>116</td>
<td>45.9</td>
<td>32-60</td>
</tr>
<tr>
<td>60-69</td>
<td>74</td>
<td>66.4</td>
<td>52-80</td>
</tr>
<tr>
<td>70+</td>
<td>51</td>
<td>60.6</td>
<td>47-74</td>
</tr>
<tr>
<td>18+</td>
<td>1,253</td>
<td>64.3</td>
<td>58-70</td>
</tr>
</tbody>
</table>

**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, Nepal  
**Year:** 2003  
**Coverage:** National  
**Final Response Rate:** 98.4%  
**InfoBase Ref. #:** 101725c2  
**Urban/Rural:** Rural

---

**Alcohol, Abstainer - lifetime abstainer / never drinker - Nepal by Age Group**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>873</td>
<td>63.4</td>
<td>59-68</td>
</tr>
<tr>
<td>30-39</td>
<td>716</td>
<td>45.2</td>
<td>40-50</td>
</tr>
<tr>
<td>40-49</td>
<td>621</td>
<td>44.9</td>
<td>39-50</td>
</tr>
<tr>
<td>50-59</td>
<td>409</td>
<td>50.9</td>
<td>45-57</td>
</tr>
<tr>
<td>60-69</td>
<td>301</td>
<td>56.3</td>
<td>49-63</td>
</tr>
<tr>
<td>70+</td>
<td>221</td>
<td>59.7</td>
<td>51-69</td>
</tr>
<tr>
<td>18+</td>
<td>3,141</td>
<td>54.0</td>
<td>51-57</td>
</tr>
</tbody>
</table>

**Definition:** lifetime abstainer / never drinker

**Alcohol Type:** alcohol (general)

---

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:18:08 AM
### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1,488</td>
<td>79.9</td>
<td>77-83</td>
</tr>
<tr>
<td>30-39</td>
<td>1,101</td>
<td>72.2</td>
<td>68-76</td>
</tr>
<tr>
<td>40-49</td>
<td>746</td>
<td>70.9</td>
<td>66-75</td>
</tr>
<tr>
<td>50-59</td>
<td>414</td>
<td>67.7</td>
<td>62-74</td>
</tr>
<tr>
<td>60-69</td>
<td>328</td>
<td>70.1</td>
<td>64-76</td>
</tr>
<tr>
<td>70+</td>
<td>193</td>
<td>72.1</td>
<td>63-81</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>4,270</strong></td>
<td><strong>74.2</strong></td>
<td><strong>71-77</strong></td>
</tr>
</tbody>
</table>

### Both Sexes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>2,361</td>
<td>73.0</td>
<td>70-76</td>
</tr>
<tr>
<td>30-39</td>
<td>1,817</td>
<td>60.2</td>
<td>57-64</td>
</tr>
<tr>
<td>40-49</td>
<td>1,367</td>
<td>58.8</td>
<td>55-62</td>
</tr>
<tr>
<td>50-59</td>
<td>823</td>
<td>59.4</td>
<td>55-64</td>
</tr>
<tr>
<td>60-69</td>
<td>629</td>
<td>63.4</td>
<td>58-69</td>
</tr>
<tr>
<td>70+</td>
<td>414</td>
<td>65.2</td>
<td>58-72</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>7,411</strong></td>
<td><strong>65.0</strong></td>
<td><strong>62-68</strong></td>
</tr>
</tbody>
</table>

**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.
In a community study of 2344 adults living in the town of Dharan, the prevalence of alcohol dependence was 25.8%. It peaked at 45-54 years. Dependence was common among those with lower levels of education, widowers and divorcees and those belonging to the Matawli community. The extent of dependence was influenced by socio cultural sanctions. Alcohol abuse and its problems often do not come to the attention of doctors, is largely tolerated and problems are treated by local “quacks” and faith healers. Production of home made alcohol is allowed, but it is diverted to the market. (Jhingan HP, Shyangwa P, Sharma A, Prasad KM, Khandelwal SK. *Prevalence of alcohol dependence in a town in Nepal as assessed by the CAGE questionnaire.* Addiction. 2003 Mar;98(3):339-43)

The Demographic and Health Survey of Nepal found that 67% of the males between 15 and 60 years of age consumed alcohol. The largest percentage (73.3%) was in the 25-29 year age group. 47.4% of those in the 15-19 year age group also consumed alcohol. The urban and rural prevalences were 75.0% and 66.7% respectively. 72.7%, 77.0% and 59.9% of the males Mountain, Hill and Terai consumed alcohol, in the age group studied. (Ministry of Health Nepal. *Nepal Demographic and Health Survey*, 2002)

Liquor production at home is one of the common employment ventures undertaken by women, which takes place mostly in rural settings. Most of the women with alcohol related psychological problems attending a general hospital setting belonged to hill country ethnic groups, had their first drink during childhood, and continued to drink during their pregnancies. Most of the younger women of less than 40 years of age were from urban backgrounds with relatively well-off financial status while the
older women were from a rural background. (Sharma A, Khandelwal SK. **Women with alcohol-related problems in Nepal.** Addiction. 2000 Jul;95(7):1105-6)

A study using a two stage representative sample of 1400 households in the Kathmandu Metropolitan city in 2001 showed that 22% of males and 9% of women aged 12 years and above use alcohol. The prevalence of alcohol dependence in the general population was 4.5% by CAGE and 5.5% by the Brief-MAST. The ratio of dependent men to women in the general population was 5:1 and 4:1 by CAGE and Brief-MAST respectively. Alcohol dependence among alcohol users was 14.7% by CAGE and 17.7% by Brief-MAST. The ratio of male to female alcohol dependence among alcohol users is 5.6:1 and 3.78:1 by CAGE and Brief-MAST respectively. Suicide rates in the country and in KMC were 10.38 and 6.74 respectively, while the suicide rates among alcohol users and alcohol dependents were 112.37 and 634.17 (Brief-MAST) and 766.39 (CAGE) respectively (Shretha NM, Shrestha DM, Karmacharya K, Sharma A. (Ref: Study of prevalence of alcohol use and suicide in Kathmandu Metropolitan City. Internal document, WHO South-East Asia Regional Office 2001)

In a sub-sample of 426 children between 10-17 years of age of a national survey in 2000 found that 21.8% of boys and 11.2% of girls consumed alcohol during the last 12 months. The median age of initiation was 13 years. Traditional and cultural occasions accounted for initiation in 60% of them. (Rupa Dhital **Alcohol advertising and young people in Nepal.** 2000)
SRI LANKA

Recorded adult per capita consumption (age 15+)

![Graph showing recorded adult per capita consumption](image)

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

Lifetime abstainers

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%.

**Heavy and hazardous drinkers**

![Diagram showing percentages of heavy and hazardous drinkers]

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).

According to the WHO GENACIS Study (2002 survey; total sample size \( n = 1027 \), males \( n = 505 \) and females \( n = 522 \; \text{age range 20 to 64 years} \)), 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 pure alcohol for men and 20 g or more of pure alcohol for women.

**Heavy episodic drinkers**

![Diagram showing percentages of heavy episodic drinkers]

According to the WHO GENACIS Study (2002 survey; total sample size \( n = 1027 \), males \( n = 505 \) and females \( n = 522 \; \text{age range 20 to 64 years} \)), 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 standard drinks in one sitting.
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 guestimates, 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

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>19 065 000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>67.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>14 298 750</td>
<td>Female</td>
<td>74.3</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>25</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>20</td>
</tr>
<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td>Female</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


References

3. Preliminary results from the Gender, Alcohol and Culture: An International Study (GENACIS Project). International Research Group on Gender and Alcohol (for more information please see http://www.med.und.nodak.edu/depts/irgga/GENACISProject.html).


### SRI LANKA

#### 1 Definition of an alcoholic beverage (minimum volume %)

4

#### 2 Price of alcoholic beverages

<table>
<thead>
<tr>
<th>Off-licence</th>
<th>Usual quantity (ml)</th>
<th>Price (Sri Lankan Rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average locally produced or most consumed beer</td>
<td>625</td>
<td>65</td>
</tr>
<tr>
<td>Average and most consumed table wine</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Average locally produced or most consumed spirits</td>
<td>750</td>
<td>340</td>
</tr>
<tr>
<td>If it exists, other special or different local alcoholic beverage: Kasippu (widely used)</td>
<td>300</td>
<td>40</td>
</tr>
<tr>
<td>Average Non-alcoholic soft drink</td>
<td>300</td>
<td>30</td>
</tr>
</tbody>
</table>

2 a Change in price during the last five years Increased

#### 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)

- **Beer (More than 4.5%)** Rs 53.50/litre
- **Beer Less than 4.5%** Rs 37.50/litre
- **Wine (approx. 12% alcohol by volume)** Rs 200.00/litre
- **Spirits (Local arrack: approx. 40% alcohol by volume)** Rs 395.00/litre
- **Spirits (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

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Spirits</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

#### 5 b Restrictions on alcohol consumption in different public domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Government offices</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Public transport</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Parks, streets etc.</td>
<td>Partially restricted</td>
</tr>
<tr>
<td>Sporting events</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Leisure events (concerts etc.)</td>
<td>Partially restricted</td>
</tr>
<tr>
<td>Workplaces</td>
<td>No restrictions</td>
</tr>
</tbody>
</table>

#### 5 c Level of state control on production and sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>State monopoly (full state control)</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail sale</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licence is required (partial state control)</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Retail sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5 d Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Places of sale are restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Density of outlets is restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5 e Level of enforcement of existing sales restrictions

| Enforcement level | Partially enforced |
### Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th></th>
<th>Alcohol advertising allowed and exists in some form</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a</td>
<td>Health warnings legally required on the advertisement</td>
<td>No</td>
</tr>
<tr>
<td>6b</td>
<td>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Regulation of alcohol advertising in different media</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Type of Media</strong></td>
<td><strong>Beer</strong></td>
</tr>
<tr>
<td>National TV</td>
<td>Restricted</td>
<td>Restricted</td>
</tr>
<tr>
<td>Cable TV</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
<tr>
<td>National radio</td>
<td>Restricted</td>
<td>Restricted</td>
</tr>
<tr>
<td>Local radio</td>
<td>Restricted</td>
<td>Restricted</td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Billboards</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Points of sale</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Cinema</td>
<td>Voluntary agreement</td>
<td>No restrictions</td>
</tr>
</tbody>
</table>

### Alcohol sponsorship and promotion

<table>
<thead>
<tr>
<th></th>
<th>Alcohol industry sponsorship of sporting events</th>
<th>No restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Alcohol industry sponsorship of youth events</td>
<td>No restrictions</td>
</tr>
<tr>
<td></td>
<td>Sales promotion in the form of serving <em>free alcohol</em> (complying with existing age and other sales restrictions)</td>
<td>Partial restrictions</td>
</tr>
<tr>
<td></td>
<td>Sales promotion in the form of <em>sales below cost</em> e.g. two for one, happy hour (complying with existing age and other sales restrictions)</td>
<td>No restrictions</td>
</tr>
</tbody>
</table>

### Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions

<table>
<thead>
<tr>
<th></th>
<th>Advertising</th>
<th>Direct advertising restrictions are strictly enforced</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sponsorship</td>
<td>Direct sponsorship restrictions are strictly enforced</td>
</tr>
</tbody>
</table>
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

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

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

**Alcohol Abstainer Definitions**

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>827</td>
<td>79.4</td>
<td>69-89</td>
</tr>
<tr>
<td>30-39</td>
<td>710</td>
<td>56.3</td>
<td>52-61</td>
</tr>
<tr>
<td>40-49</td>
<td>677</td>
<td>49.7</td>
<td>44-56</td>
</tr>
<tr>
<td>50-59</td>
<td>451</td>
<td>46.5</td>
<td>39-54</td>
</tr>
<tr>
<td>60-69</td>
<td>232</td>
<td>48.6</td>
<td>30-67</td>
</tr>
<tr>
<td>70+</td>
<td>168</td>
<td>56.3</td>
<td>39-74</td>
</tr>
<tr>
<td>18+</td>
<td>3,065</td>
<td>60.9</td>
<td>57-65</td>
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<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
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<tr>
<td>18-29</td>
<td>902</td>
<td>97.7</td>
<td>96-99</td>
</tr>
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<td>30-39</td>
<td>819</td>
<td>97.3</td>
<td>96-99</td>
</tr>
<tr>
<td>40-49</td>
<td>717</td>
<td>97.6</td>
<td>96-99</td>
</tr>
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<td>50-59</td>
<td>503</td>
<td>97.4</td>
<td>95-100</td>
</tr>
<tr>
<td>60-69</td>
<td>288</td>
<td>99.6</td>
<td>99-100</td>
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<tr>
<td>70+</td>
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<td>3,419</td>
<td>97.7</td>
<td>96-99</td>
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<table>
<thead>
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<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
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<td>18-29</td>
<td>1,729</td>
<td>87.3</td>
<td>82-92</td>
</tr>
<tr>
<td>30-39</td>
<td>1,529</td>
<td>75.2</td>
<td>71-79</td>
</tr>
<tr>
<td>40-49</td>
<td>1,394</td>
<td>77.8</td>
<td>73-83</td>
</tr>
<tr>
<td>50-59</td>
<td>954</td>
<td>78.2</td>
<td>70-87</td>
</tr>
<tr>
<td>60-69</td>
<td>520</td>
<td>74.3</td>
<td>63-86</td>
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<tr>
<td>70+</td>
<td>358</td>
<td>77.7</td>
<td>68-88</td>
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<tr>
<td>18+</td>
<td>6,484</td>
<td>79.7</td>
<td>78-82</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>111</td>
<td>63.8</td>
<td>44-84</td>
</tr>
<tr>
<td>30-39</td>
<td>93</td>
<td>43.8</td>
<td>18-70</td>
</tr>
<tr>
<td>40-49</td>
<td>75</td>
<td>43.9</td>
<td>19-69</td>
</tr>
<tr>
<td>50-59</td>
<td>67</td>
<td>38.8</td>
<td>22-56</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>380</strong></td>
<td><strong>52.1</strong></td>
<td><strong>38-66</strong></td>
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#### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>117</td>
<td>99.3</td>
<td>98-101</td>
</tr>
<tr>
<td>30-39</td>
<td>100</td>
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<td>92-100</td>
</tr>
<tr>
<td>40-49</td>
<td>90</td>
<td>89.8</td>
<td>78-101</td>
</tr>
<tr>
<td>50-59</td>
<td>73</td>
<td>92.4</td>
<td>81-104</td>
</tr>
<tr>
<td>60-69</td>
<td>39</td>
<td>97.2</td>
<td>94-101</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>436</strong></td>
<td><strong>94.6</strong></td>
<td><strong>89-100</strong></td>
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</table>

#### Both Sexes

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>228</td>
<td>76.6</td>
<td>67-87</td>
</tr>
<tr>
<td>30-39</td>
<td>193</td>
<td>75.8</td>
<td>61-91</td>
</tr>
<tr>
<td>40-49</td>
<td>165</td>
<td>72.0</td>
<td>59-85</td>
</tr>
<tr>
<td>50-59</td>
<td>140</td>
<td>70.4</td>
<td>60-81</td>
</tr>
<tr>
<td>60-69</td>
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<td>68-92</td>
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<tr>
<td>70+</td>
<td>35</td>
<td>63.8</td>
<td>43-85</td>
</tr>
<tr>
<td><strong>18+</strong></td>
<td><strong>816</strong></td>
<td><strong>74.1</strong></td>
<td><strong>66-82</strong></td>
</tr>
</tbody>
</table>

**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  
**Coverage:** national  
**Year:** 2003  
**Final Response Rate:** 98.7%  
**InfoBase Ref. #:** 101735c2  
**Urban/Rural:** rural

### Sri Lanka

**Alcohol Abstainer Definitions**

- **Definition:** lifetime abstainer / never drinker
- **Alcohol Type:** alcohol (general)

#### Males

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

#### Females

- **Alcohol Type:** alcohol (general)
### Age Specific Data

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>715</td>
<td>96.9</td>
<td>95-99</td>
</tr>
<tr>
<td>30-39</td>
<td>654</td>
<td>97.1</td>
<td>95-99</td>
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<tr>
<td>40-49</td>
<td>572</td>
<td>98.2</td>
<td>97-99</td>
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<tr>
<td>50-59</td>
<td>398</td>
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<td>95-100</td>
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<tr>
<td>60-69</td>
<td>234</td>
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<td>100-100</td>
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<tr>
<td>70+</td>
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<tr>
<td>18+</td>
<td>2,737</td>
<td>97.8</td>
<td>97-99</td>
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</table>

### Both Sexes

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

**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  
**InfoBase Ref. #:** 101735c3  
**Urban/Rural:** semi (peri)-urban

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

**Definition:** lifetime abstainer / never drinker  
**Alcohol Type:** alcohol (general)

#### Males

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>29</td>
<td>79.0</td>
<td>40-118</td>
</tr>
<tr>
<td>30-39</td>
<td>23</td>
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</tr>
<tr>
<td>18+</td>
<td>78</td>
<td>90.0</td>
<td>72-108</td>
</tr>
</tbody>
</table>

#### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>21</td>
<td>100.0</td>
<td>100-100</td>
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<tr>
<td>30-39</td>
<td>28</td>
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<td>100-100</td>
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<tr>
<td>40-49</td>
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<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>18+</td>
<td>91</td>
<td>100.0</td>
<td>100-100</td>
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Graph Details:  
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:12:26 AM
### Both Sexes

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<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>50</td>
<td>88.3</td>
<td>64-113</td>
</tr>
<tr>
<td>30-39</td>
<td>51</td>
<td>99.6</td>
<td>99-100</td>
</tr>
<tr>
<td>40-49</td>
<td>41</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>18+</td>
<td>169</td>
<td>95.9</td>
<td>88-104</td>
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</tbody>
</table>

**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
- **InfoBase Ref. #:** 101735c4
- **Urban/Rural:** no info

---

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

![Bar Graph](image)

**Graph Details:**
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:12:27 AM
Sri Lanka
Alcohol Abstainer Definitions

**Definition:** lifetime abstainer / never drinker
**Alcohol Type:** alcohol (general)

<table>
<thead>
<tr>
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<th>Sample Size (n)</th>
<th>Prevalence %</th>
<th>95 % CI</th>
</tr>
</thead>
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<tr>
<td>Males</td>
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<td></td>
<td></td>
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<tr>
<td>18-29</td>
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<td>98.5</td>
<td>95-101</td>
</tr>
<tr>
<td>30-39</td>
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<td>43.6</td>
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</tr>
<tr>
<td>50-59</td>
<td>27</td>
<td>57.7</td>
<td>28-87</td>
</tr>
<tr>
<td>18+</td>
<td>161</td>
<td>64.4</td>
<td>61-68</td>
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<td></td>
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<tr>
<td>18-29</td>
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<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>30-39</td>
<td>37</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>40-49</td>
<td>25</td>
<td>100.0</td>
<td>100-100</td>
</tr>
<tr>
<td>50-59</td>
<td>25</td>
<td>100.0</td>
<td>100-100</td>
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<tr>
<td>18+</td>
<td>155</td>
<td>100.0</td>
<td>100-100</td>
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<td>Both Sexes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>92</td>
<td>99.0</td>
<td>97-101</td>
</tr>
<tr>
<td>30-39</td>
<td>74</td>
<td>67.1</td>
<td>65-69</td>
</tr>
<tr>
<td>40-49</td>
<td>60</td>
<td>90.1</td>
<td>75-105</td>
</tr>
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<td>50-59</td>
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<td>60-69</td>
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<td>38.6</td>
<td>25-52</td>
</tr>
<tr>
<td>18+</td>
<td>316</td>
<td>81.0</td>
<td>79-83</td>
</tr>
</tbody>
</table>

**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.
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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 sprit 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)

THAILAND

Recorded adult per capita consumption (age 15+)

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

Abstainers (non-drinkers)

In a case-control study of the relationships between alcohol dehydrogenase-2 (ADH2), aldehyde dehydrogenase-2 (ALDH2) and male alcohol use disorders (AUD), the research sample included 153 paired cases (probable AUD) and controls (non-probable AUD), sampled from Khon Kaen villagers from north-east Thailand. 86.9% of the controls were current drinkers.2

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 31% (males) and 72% (females). Data is for after year 1995.3
Harmful and hazardous drinkers in southern Thailand

Survey in a southern Thai community. Total sample size $n = 898$; males $n = 325$ and females $n = 573$; aged 35 years and older. Respondents who scored 8 or more on the AUDIT were classified as having hazardous or harmful alcohol consumption or possibly dependence.4

In a study of 91 alcohol-dependent subjects, 77 hazardous or harmful drinkers, and 144 abstainers or light drinkers (all subjects were Buddhist males aged 18 years or over), it was found that the median alcohol intake was 75 and 49 g/drinking day in the alcohol-dependent and harmful or hazardous groups respectively. The former group drank on average 25 days/month, whereas the harmful or hazardous drinkers drank 10 days/month. Drinking alone was more common in the alcohol-dependent group (67%) whereas harmful or hazardous drinkers typically drank with friends (58%) and infrequent drinkers drank only at social functions (61%). Only 28% of alcohol-dependent subjects perceived themselves as dependent on alcohol.5

In a 1997 study of 220 dentists working in 14 provinces in southern Thailand (age range 22 to 54 years), it was found that 19.1% consumed alcohol on a weekly basis.6

Youth drinking (consumes alcohol)

National survey conducted in 2001 (males $n = 2862$ and females $n = 2778$, aged 15 to 19 years old).1

In a 1999 survey of 1725 students aged 15 to 21 years (893 males and 832 females) attending one of three vocational schools in Chiang Rai Province, alcohol consumption during the previous three months was reported by 826 males (92.5%) and 670 females (80.5%).7

Alcoholism in Karen villages in northern Thailand

In a study conducted in 1999–2000 in 31 Karen tribal villages in northern Thailand (size of each village ranges from 52 to 435 persons), alcoholism was reported in most villages. 25% of the villages reported having between one and four alcoholic persons and 41% reported having more than four alcoholic persons.8

Traditional alcoholic beverages

Thailand has several traditional alcoholic beverages: Satoh, Ou and Krauche. Satoh production is carried out by using three kinds of rice: white sticky rice, red sticky rice and non-polished rice, yielding 29% ethanol within nine days at room temperature.9

Lao khao is a potent alcoholic beverage made from rice that is widely distilled and sold in villages.10

Lao-lao (homemade rice whiskey) and lao-hai (alcoholic drink made of sticky rice) are also consumed.

Unrecorded alcohol consumption

The unrecorded alcohol consumption in Thailand 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).3
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**

[Graph showing chronic mortality rates for various causes over a period of years.]

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

**Acute mortality**

[Graph showing acute mortality rates for various causes over a period of years.]

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

A survey found that 62% of traffic accident victims had a positive blood alcohol concentration. An estimated 45% of deaths from traffic accidents in Thailand are due to alcohol consumption.

A substantial proportion (44%) of traffic injury cases seeking emergency services in public hospitals had a blood alcohol concentration of 0.1% or more. A recent study revealed that one third of road traffic accident patients were under the influence of alcohol, and consumption of alcohol one hour before driving was associated with a threefold increased risk of being involved in a traffic accident.

In a study looking at consecutive emergency room admissions aged 14 years and older, admitted from 18:00 to 02:00 in three regional hospitals in Thailand (total sample size n = 992), it was found that among the 404 males and 127 females admitted for trauma, 43% and 13% respectively had positive AUDIT scores, compared with 35% of male non-trauma and 6% of female non-trauma patients. The study also revealed that 39% of all males presenting to the emergency room for treatment between 18:00 and 02:00 misuse alcohol. The rate was significantly lower (8%) among females.

A retrospective analysis was done of 3225 injured motorcyclists treated at Phra Chom Klao Hospital between 1999 and 2000. Approximately 21% of the riders involved in accidents had been drinking alcohol.

A study conducted in 1995 in eight provinces in Thailand tested 4675 male drivers. The crude prevalence of high blood alcohol concentration (BAC) – over 50 mg/dl – was 12.6%. During 22:00 to 24:00 the prevalence rose to 19.2%, 16% and 11.9% among the motorcyclists, the 4-wheel vehicle drivers and the 6-or-more-wheel vehicle drivers, respectively.

Economic and social costs

The economic cost of hospitalized alcohol-related illness per person per admission was estimated to be over 20,000 Baht (US$ 800) in 1992 which included medical treatment costs and indirect costs from lost earnings, decreased productivity of the patient and family, transportation costs, and other non-medical equipment and food.

Country background information

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>62,833,000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>66.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>47,124,750</td>
<td>Female</td>
<td>72.7</td>
<td></td>
</tr>
<tr>
<td>% under 15</td>
<td>25</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>32</td>
</tr>
<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td>Female</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>20</td>
<td>Gross National Income per capita 2002</td>
<td>US$</td>
<td>1,980</td>
</tr>
<tr>
<td>Rural</td>
<td>80</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>


References


### THAILAND

<table>
<thead>
<tr>
<th></th>
<th>Definition of an alcoholic beverage (minimum volume %)</th>
<th>&gt; 0.5</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Price of alcoholic beverages</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Off-licence</strong></td>
<td><strong>Usual quantity (ml)</strong></td>
<td><strong>Price (Baht)</strong></td>
</tr>
<tr>
<td>Average locally produced or most consumed beer</td>
<td>250</td>
<td>30–60</td>
<td></td>
</tr>
<tr>
<td>Average and most consumed table wine</td>
<td>330</td>
<td>45–70</td>
<td></td>
</tr>
<tr>
<td>Average locally produced or most consumed spirits</td>
<td>320</td>
<td>30–60</td>
<td></td>
</tr>
<tr>
<td>If it exists, other special or different local alcoholic beverage: Satho (7–15 % alc. vol.)</td>
<td>640</td>
<td>30–60</td>
<td></td>
</tr>
<tr>
<td>Average Non-alcoholic soft drink</td>
<td>250</td>
<td>13–15</td>
<td></td>
</tr>
</tbody>
</table>

2 a Change in price during the last five years | Increased |

<table>
<thead>
<tr>
<th>3</th>
<th>Taxation of alcoholic beverages</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 a</td>
<td>General sales tax or VAT (Value Added Tax)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3 b</td>
<td>Percentage of the tax</td>
<td>7% (7–20%)</td>
<td></td>
</tr>
<tr>
<td>3 c</td>
<td>Duty-paid, excise or tax stamps or labels</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3 d</td>
<td>Level of alcohol tax (percentage of the retail or selling price)</td>
<td>Beer (approx. 4.5% alcohol by volume)</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wine (approx. 12% alcohol by volume)</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spirits (approx. 40% alcohol by volume)</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Drink-driving legislation</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4 a</td>
<td>Maximum legal blood alcohol concentration (BAC) when driving a car</td>
<td>50 mg%</td>
<td></td>
</tr>
<tr>
<td>4 b</td>
<td>Frequency of Random Roadside Breath Testing (RBT) of drivers</td>
<td>Sometimes</td>
<td></td>
</tr>
<tr>
<td>4 c</td>
<td>Geographical distribution of RBT use</td>
<td>Mostly performed in urban, highly populated areas</td>
<td></td>
</tr>
</tbody>
</table>
### 5 Restrictions on consumption and availability

#### 5a Legal age limits for buying alcohol

<table>
<thead>
<tr>
<th></th>
<th>On-premise (years)</th>
<th>Off-licence (years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beer</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Wine</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Spirits</td>
<td>20</td>
<td>18</td>
</tr>
</tbody>
</table>

#### 5b Restrictions on alcohol consumption in different public domains

<table>
<thead>
<tr>
<th>Public Domain</th>
<th>Restriction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Government offices</td>
<td>Legally forbidden</td>
</tr>
<tr>
<td>Public transport</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Parks, streets etc.</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Sporting events</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Leisure events (concerts etc.)</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Workplaces</td>
<td>Partially restricted</td>
</tr>
</tbody>
</table>

#### 5c Level of state control on production and sale of beer, wine and spirits

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Retail sale</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Retail sale</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

#### 5d Existing restrictions for the off-licence sale of beer, wine and spirits

<table>
<thead>
<tr>
<th></th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of sale are restricted</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Days of sale are restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Places of sale are restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Density of outlets is restricted</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>

#### 5e Level of enforcement of existing sales restrictions

- Fully enforced
6 Alcohol advertising and health warnings

<table>
<thead>
<tr>
<th></th>
<th>Alcohol advertising allowed and exists in some form</th>
<th></th>
<th>Health warnings legally required on the advertisement</th>
<th></th>
<th>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</th>
<th></th>
<th>Regulation of alcohol advertising in different media</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a</td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 b</td>
<td>Health warnings legally required on the advertisement</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 c</td>
<td>Health warnings of any kind legally required on the containers/bottles of alcoholic beverages</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 d</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Media</th>
<th>Beer</th>
<th>Wine</th>
<th>Spirits</th>
</tr>
</thead>
<tbody>
<tr>
<td>National TV</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
</tr>
<tr>
<td>Cable TV</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
</tr>
<tr>
<td>National radio</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
</tr>
<tr>
<td>Local radio</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
</tr>
<tr>
<td>Newspapers/magazines</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
<td>Partial restriction</td>
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<tr>
<td>Billboards</td>
<td>No restrictions</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Points of sale</td>
<td>No restrictions</td>
<td>No restrictions</td>
<td>No restrictions</td>
</tr>
<tr>
<td>Cinema</td>
<td>No restrictions</td>
<td>No restrictions</td>
<td>No restrictions</td>
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</table>

7 Alcohol sponsorship and promotion

<table>
<thead>
<tr>
<th></th>
<th>Alcohol industry sponsorship of sporting events</th>
<th></th>
<th>Alcohol industry sponsorship of youth events</th>
<th></th>
<th>Sales promotion in the form of serving free alcohol (complying with existing age and other sales restrictions)</th>
<th></th>
<th>Sales promotion in the form of sales below cost e.g. two for one, happy hour (complying with existing age and other sales restrictions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No restrictions</td>
<td></td>
<td>No restrictions</td>
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<td>No restrictions</td>
<td></td>
<td>No restrictions</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Level of enforcement of existing advertising and sponsorship restrictions indicated in the two previous questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>Partially enforced</td>
</tr>
<tr>
<td>Sponsorship</td>
<td>Not enforced</td>
</tr>
</tbody>
</table>
WHO Global InfoBase : Data from Cigarette smoking and alcohol drinking behaviour survey

Thailand

Alcohol, Consumer:

The information below is associated with the following survey:

<table>
<thead>
<tr>
<th>Title</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>The cigarette smoking and alcoholic drinking behaviour survey 2001</td>
<td>2001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>national</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>InfoBase Ref. #</th>
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<tbody>
<tr>
<td>101185a1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Urban/Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>both urban and rural populations</td>
</tr>
</tbody>
</table>

Alcohol, Consumer - current drinker
Thailand by Age Group

Graph Details:
WHO Global InfoBase (infobase.who.int), universal time: 11/21/2006 10:07:59 AM
## Thailand

### Alcohol Consumer Definition

**Definition:** current drinker  
**Alcohol Type:** alcohol (general)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td></td>
<td>19.9</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
<td></td>
<td>55.8</td>
<td>-</td>
</tr>
<tr>
<td>25-29</td>
<td></td>
<td>68.1</td>
<td>-</td>
</tr>
<tr>
<td>30-34</td>
<td></td>
<td>67.1</td>
<td>-</td>
</tr>
<tr>
<td>35-39</td>
<td></td>
<td>69.2</td>
<td>-</td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>67.5</td>
<td>-</td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>58.7</td>
<td>-</td>
</tr>
<tr>
<td>60+</td>
<td></td>
<td>37.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>15+</strong></td>
<td></td>
<td><strong>55.9</strong></td>
<td>55.3-56.5</td>
</tr>
</tbody>
</table>

### Females

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Sample Size (n)</th>
<th>Prevalence (%)</th>
<th>95 % CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td></td>
<td>1.9</td>
<td>-</td>
</tr>
<tr>
<td>20-24</td>
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<td>7.2</td>
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<td>25-29</td>
<td></td>
<td>10.2</td>
<td>-</td>
</tr>
<tr>
<td>30-34</td>
<td></td>
<td>12.3</td>
<td>-</td>
</tr>
<tr>
<td>35-39</td>
<td></td>
<td>14.2</td>
<td>-</td>
</tr>
<tr>
<td>40-49</td>
<td></td>
<td>14.2</td>
<td>-</td>
</tr>
<tr>
<td>50-59</td>
<td></td>
<td>11.5</td>
<td>-</td>
</tr>
<tr>
<td>60+</td>
<td></td>
<td>5.7</td>
<td>-</td>
</tr>
<tr>
<td><strong>15+</strong></td>
<td></td>
<td><strong>9.8</strong></td>
<td>9.4-10.2</td>
</tr>
</tbody>
</table>

### 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.
Currently, spirits is the dominant form of alcohol used, although beer consumption has shown an eightfold increase between 1982 and 2001. According to the National Statistics Office, 56% of males and 10% of females consumed alcohol in 2004. The alcohol market is dominated by a few companies. Imported beverages have only a small foothold. Alcohol is estimated to be the third most important health risk factor in the country. Road Traffic is the second biggest cause of death with alcohol being a major contributor. The prevalence of alcohol dependence was 19.4% and 4.1% among the male and female adults in 2001. A recent study showed that families with drinking members have a higher risk of family violence. The Thai Health Promotion Foundation receives 2% surcharge from tobacco and alcohol taxes, and has an Alcohol Consumption Control programme. (Thamarangsi T. Thailand: alcohol today. Addiction. 2006 Jun;101(6):783-7)

Surveys of high-school years 7, 9 and 11 and vocational school year 2 students in four provinces in Southern Thailand found that the rates of alcohol consumption in the past 30 days were 19.3%, 17.3% and 15.2% (p>0.05) in 2002, 2003 and 2004. (Assanangkornchai S, Pattanasattayawong U, Samangsri N, Mukthong A. Substance use among high-school students in southern Thailand: Trends over 3 years (2002-2004). Drug and Alcohol Dependence. 2006 Jul 10;)

In a cross-sectional community population survey of two urban and five rural areas in Southern Thailand, the age-adjusted prevalence of hazardous-harmful drinking was 10% (27% in males and 1% in females) for the 1,005 subjects aged 35 years or more, using the Alcohol Use Identification Test (AUDIT). Median intensity of drinking was 43 g and 25 g per drinking day in the hazardous-harmful and non-problem drinkers respectively. Of all the subjects, 48%, 25% and 15% of the hazardous-harmful, non-problem and non-
drinkers had abnormal GGT. (Assanangkornchai S, Pinkaew P, Apakupakul N. *Prevalence of hazardous-harmful drinking in a southern Thai community* Drug and Alcohol Review. 2003 Sep;22(3):287-93)

In a study of three groups, comprising 144 non/infrequent/light drinkers, 77 hazardous/harmful drinkers and 91 alcohol dependents no protective association was shown between early religious life and later alcohol use disorders. Hazardous/harmful drinkers were less likely to report being moderately to strongly religious, than were non/infrequent/light drinkers. (Assanangkornchai S, Conigrave KM, Saunders JB., *Religious beliefs and practice, and alcohol use in Thai men.* Alcohol and Alcoholism. 2002 Mar-Apr;37(2):193-7)

In the same sample, median alcohol intake was 75 and 49 g/drinking day in the alcohol-dependent and harmful or hazardous groups respectively. The former group drank on average 25 days/month, whereas the harmful or hazardous drinkers drank 10 days/month. Drinking alone was more common in the alcohol-dependent group (67%), whereas harmful or hazardous drinkers typically drank with friends (58%), and infrequent drinkers drank mainly at social functions (61%). Only 28% of alcohol-dependent subjects perceived themselves as dependent on alcohol. It concluded that alcohol dependence was characterized by continual drinking, whereas hazardous or harmful consumption was associated with an intermittent pattern. (Assanangkornchai S, Saunders JB, Conigrave KM. *Patterns of drinking in Thai men.* Alcohol and Alcoholism. 2000 May-Jun;35(3):263-9)

Of 1,138 corpses that were sent for autopsy at Chiang Mai University from January to December 2003, 78.4% had suffered unnatural death. Of these 153 were used as a sample. In the sample, 74 (48.4%) were from traffic injuries. Blood alcohol was detected in 82 (53.6%) of them, and 99% were male. The Blood Alcohol Concentrations in the accident deaths were very high, with 67 (81.7%) having blood alcohol concentrations of more than 50 mg, and only 15 (18.3%) with less than 50 mg%. The authors concluded that Alcohol was one of the most common associations with unnatural death in Thailand. (Narongchai S, Narongchai P. *The prevalence of detectable blood alcohol concentration among unnatural deaths in*

In a large prospective study in which on scene, in-depth investigation and reconstruction of 969 collisions involving 1082 motorcycle riders, alcohol proved to be the most outstanding causative factor. Alcohol accidents were more frequent on weekends and particularly at night. Drunk drivers were more likely to be in a single vehicle accident, violate traffic control signals, and to be in non-intersection collisions. They were more likely to be inattentive to the driving task just before they crashed, and to be the primary or sole cause of the accident. One-fourth of all riders did not go to the hospital, and another 42% needed only treatment in the emergency room. Drinking riders were more likely to be hospitalized and far more likely to be killed. (Kasantikul V, Ouellet JV, SmithT, Sirathranont J, Panichabhongse V. The role of alcohol in Thailand motorcycle crashes. Accid Anal Prev. 2005 Mar;37(2):357-66.)
TIMOR-LESTE

Recorded adult per capita consumption (age 15+)

![Graph showing recorded adult per capita consumption](image)

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

Country background information

<table>
<thead>
<tr>
<th>Total population 2002</th>
<th>739 000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (2002)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>54.8</td>
</tr>
<tr>
<td>Female</td>
<td>60.5</td>
</tr>
<tr>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>142</td>
</tr>
<tr>
<td>Female</td>
<td>108</td>
</tr>
</tbody>
</table>

Source: The World Health Report 2004
There is no information in the WHO Global InfoBase and WHO SEARO publication, Alcohol Control Policies in the South-East Asia Region: Selected issues. Other Studies or reports meeting the inclusion criteria for this review also were not found.
Conclusion

The information compiled in this document, will be useful resource material for Member States. There maybe other published or unpublished data which are available within countries. Combined, these two information sources could serve as the basis for countries to identify gaps in the information and to develop plans and programmes on prevention of harm from alcohol use.

The next step proposed by the Mental Health and Substance Abuse Unit of SEARO is to conduct a community-based assessment in selected Member States of the magnitude of use and harm from alcohol use. This assessment will be conducted by local experts in collaboration with SEARO. Based on the information obtained in these assessments, community based interventions will be implemented with the objective of prevention of harm from alcohol use. Since the interventions will be based on locally conducted community assessments, they will not only be evidence based, but also culturally appropriate.

We hope this programme will assist Member States in reducing public health problems caused by harmful use of alcohol.