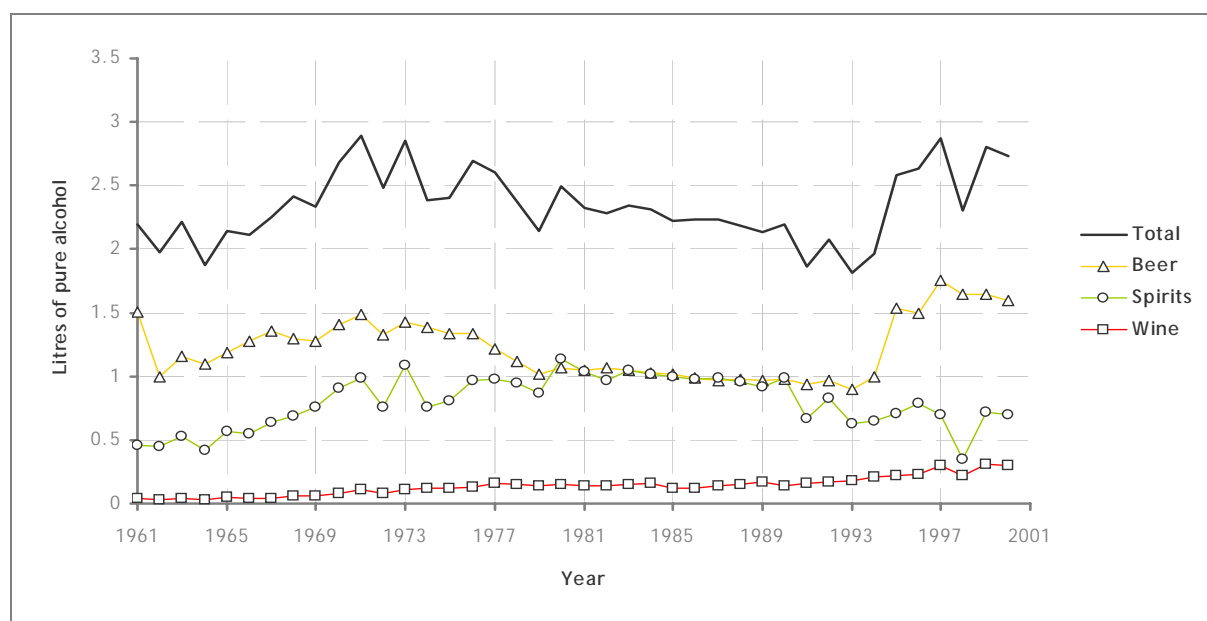


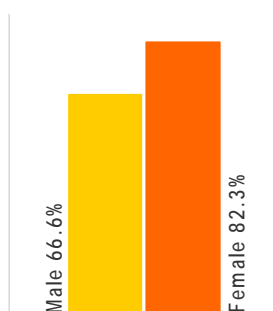
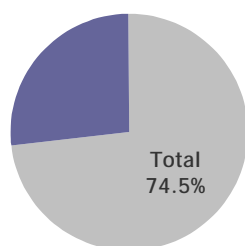
SINGAPORE

Recorded adult per capita consumption (age 15+)



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

Last year abstainers



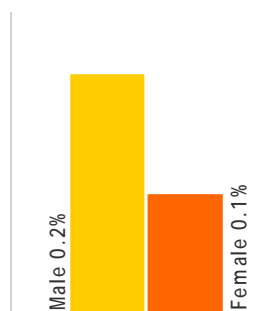
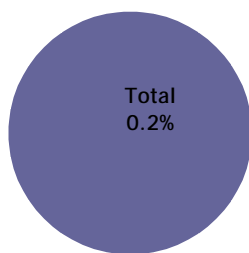
Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 6216$; males $n = 3090$ and females $n = 3126$. Population aged 15 years and above.¹

A 1998 national health survey of Singapore residents aged 18 to 69 years old found the rate of abstainers to be 59.5% (total), 46.6% (males) and 72.4% (females). The rate of regular drinkers was found to be 2.6% (total), 4.3% (males) and 0.8% (females). Regular drinking was defined as drinking on four or more days a week.²

In a stratified random survey of 1547 subjects aged 18–65 years, it was found that only about 17% of Chinese drank alcoholic beverages, 8% drank 4–20 days a month and 2% drank on more than 20 days a month.³

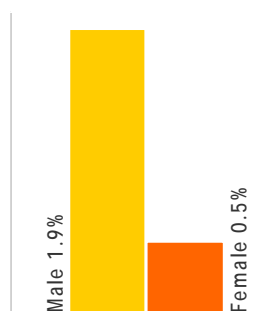
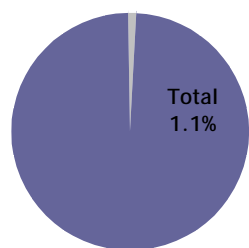
Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 74% (males) and 96% (females). Data is for after year 1995.⁴

High risk drinkers



Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 6216$; males $n = 3090$ and females $n = 3126$. Population aged 15 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

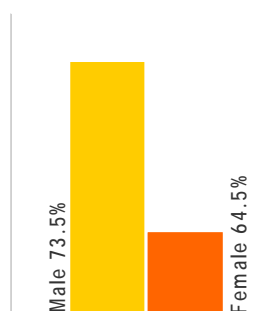
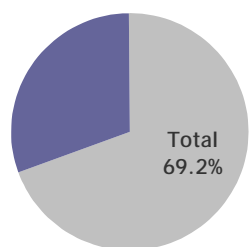


Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 6216$; males $n = 3090$ and females $n = 3126$. Population aged 18 years and above. Definition used: at least once a week consumption of six or more standard drinks in one sitting.¹

A 1998 national survey of Singapore residents aged 18 to 69 years found the rate of binge drinking to be 5.1% (total), 9% (males) and 1.2% (females). Binge drinking was defined as consumption of five or more alcoholic drinks on a single occasion at least once during the past month.²

In a study of 272 schizophrenia patients in Singapore, 73.6% were abstainers, 15.8% were ‘mild’ users of alcohol, and 10.3% of the sample were found to be heavy users of alcohol. ‘Heavy’ use referred to persistent use despite clearly associated problems and would correspond to DSM-IV diagnosis of psychoactive substance abuse, regular excessive consumption or binges with severity judged according to the extent of the problems, roughly corresponding to the psychoactive substance dependence diagnosis in DSM-IV.⁵

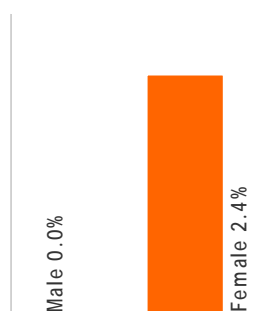
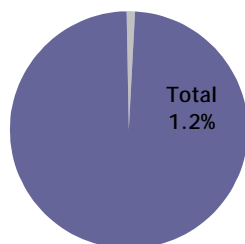
Youth drinking (last year abstainers)



Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 260$; males $n = 136$ and females $n = 124$. Population aged 15 to 19 years old.¹

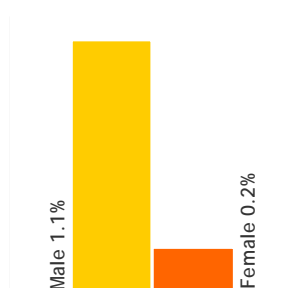
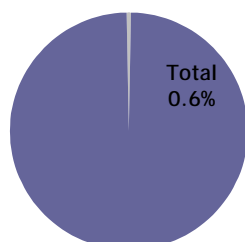
A 1988 study of drinking behaviour among 1160 college students in Singapore found the rate of alcohol users to be 61% (total), 72% (males) and 52% (females).⁶

Youth drinking (heavy episodic drinkers)



Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 260$; males $n = 136$ and females $n = 124$. Population aged 15 to 19 years old. Definition used: at least once a week consumption of six or more standard drinks in one sitting.¹

Alcohol dependence (last year)



Data from the 2000–2001 Multi-Country Survey Study. Total sample size $n = 6216$; males $n = 3090$ and females $n = 3216$. 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.

A comparative study of alcohol dependence in Chinese and Indian patients admitted to a hospital in Singapore (46 patients – 21 Chinese and 25 Indian) found the rate of alcohol dependence among patients referred to treatment to be 45.6%.⁷

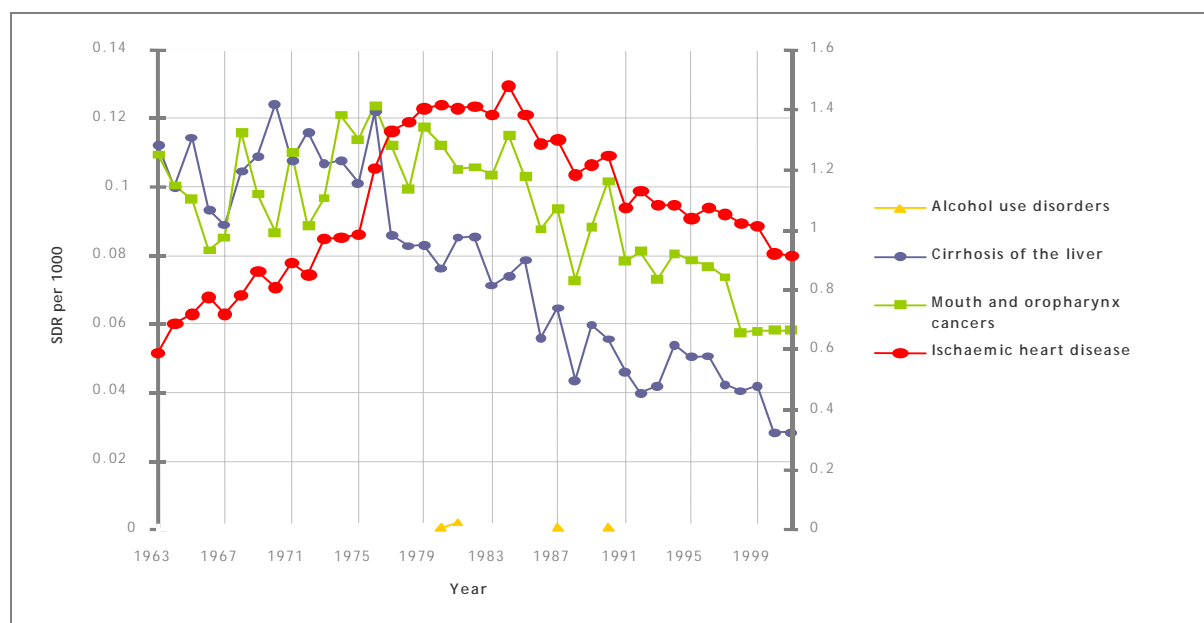
Unrecorded alcohol consumption

The unrecorded alcohol consumption in Singapore 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).⁴

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

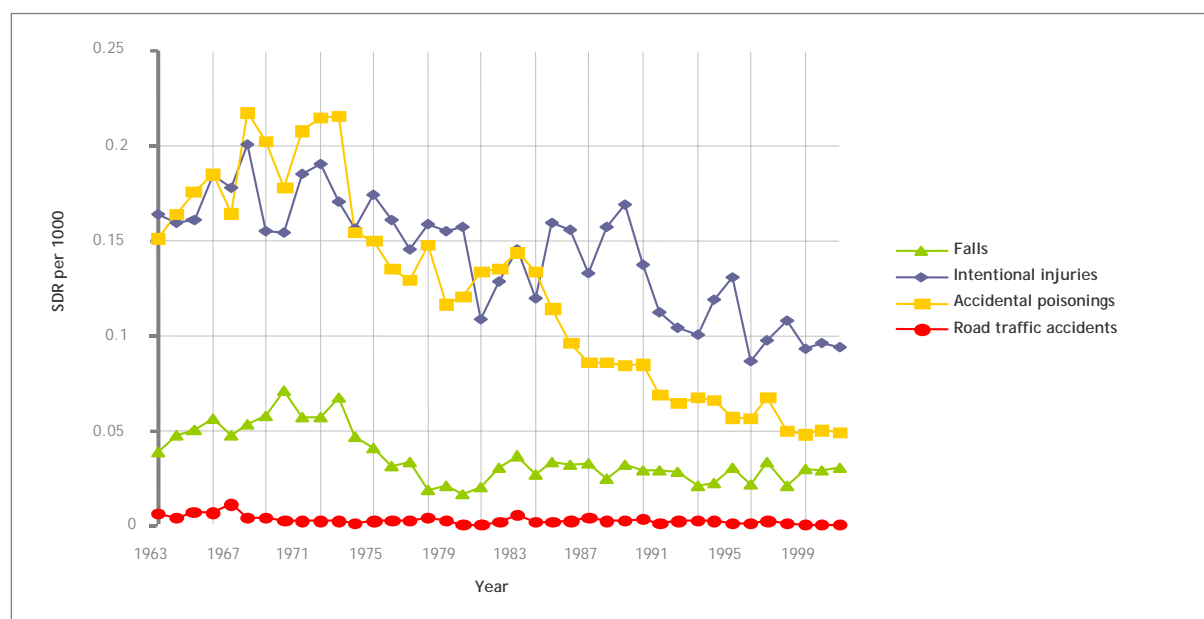
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

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

All road traffic accident deaths that occurred in Singapore over a period of 1 year were reviewed: a total of 226 deaths occurred. Blood alcohol was detected in 42 (18.7%) victims.⁸

A comparative study of rapists and molesters in Singapore found that rapists were more likely to report having drunk alcohol.⁹

In a study looking at 85 Chinese alcoholics in Singapore, it was found that all patients had physical health problems, especially gastric pain (72%), vomiting (39%), paraesthesia (20%) and self-neglect (15%). A quarter had depressive symptoms with 10% expressing suicidal thoughts. For those who were married, 85% had marital

problems and 30% of wives experienced physical abuse. About half the workers had taken sick leave because of alcohol-related problems and 10% had received warnings or complaints at work.¹⁰

Country background information

Total population 2003	4 253 000	Life expectancy at birth (2002)	Male	77.4
Adult (15+)	3 359 870		Female	81.7
% under 15	21	Probability of dying under age 25 per 1000 (2002)	Male	4
Population distribution 2001 (%)			Female	3
Urban	100	Gross National Income per capita 2002	US\$	20 690
Rural	0			

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

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