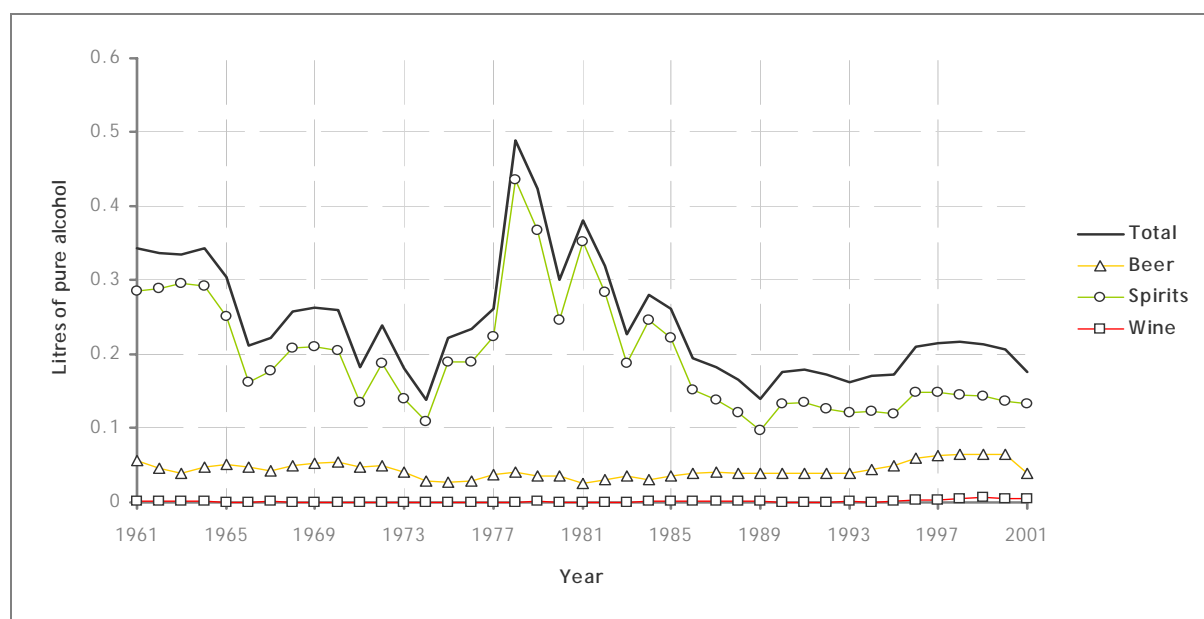


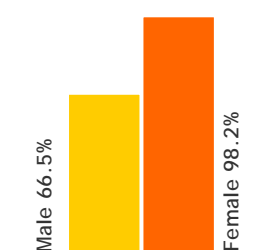
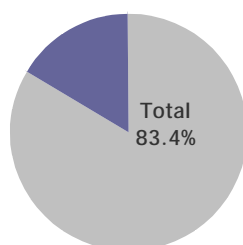
SRI LANKA

Recorded adult per capita consumption (age 15+)



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

Lifetime abstainers



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

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

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

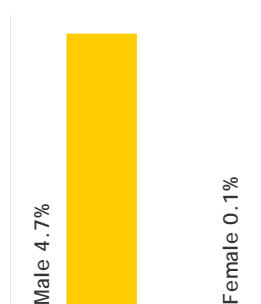
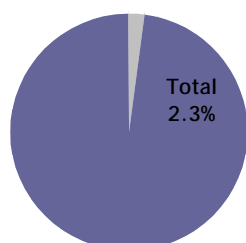
A 2002–2003 survey conducted in 11 districts in Sri Lanka (total sample size $n = 306$; males $n = 155$ and females $n = 151$) found that 63% of the total subjects had never consumed alcohol (140 women and 53 men). Twenty percent of those sampled consumed alcohol more than twice a week – with 8% using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

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

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

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

Heavy and hazardous drinkers

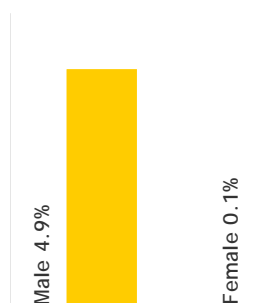
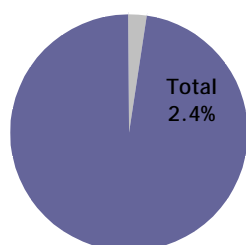


Data from the 2003 World Health Survey. Total sample size $n = 6114$; males $n = 2878$ and females $n = 3236$. Sample population aged 18 years and above. Definition used: average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.¹

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

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

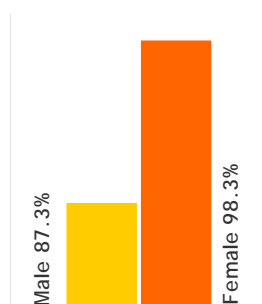
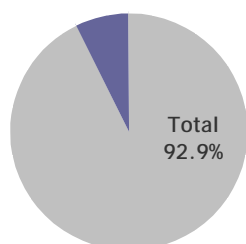
Heavy episodic drinkers



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

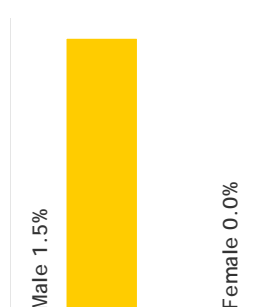
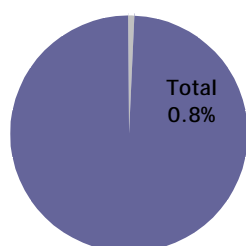
According to the WHO GENACIS Study (2002 survey; total sample size $n = 1027$, males $n = 505$ and females $n = 522$; age range 20 to 64 years), the rate of heavy episodic drinking among drinkers was 13.3% for men and 0.0% for women. Heavy episodic drinking was defined as consumption of five or more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

Youth drinking (lifetime abstainers)



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

Youth drinking (heavy episodic drinkers)



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

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

Alcohol dependence

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

Traditional alcoholic beverages

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

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

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

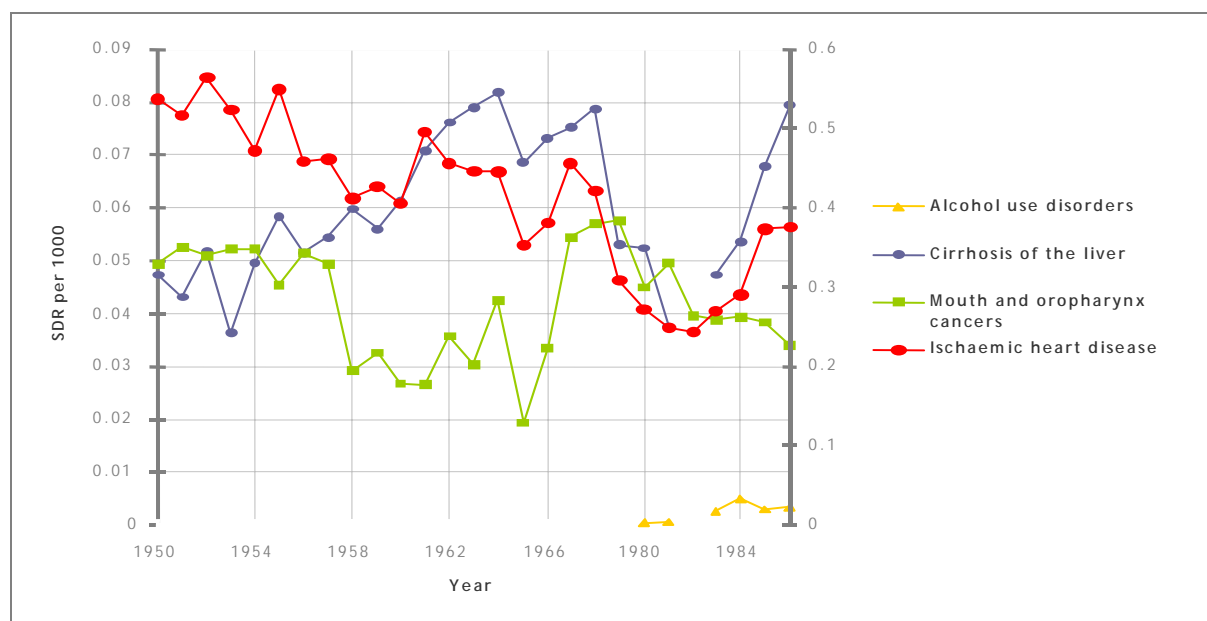
Unrecorded alcohol consumption

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

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

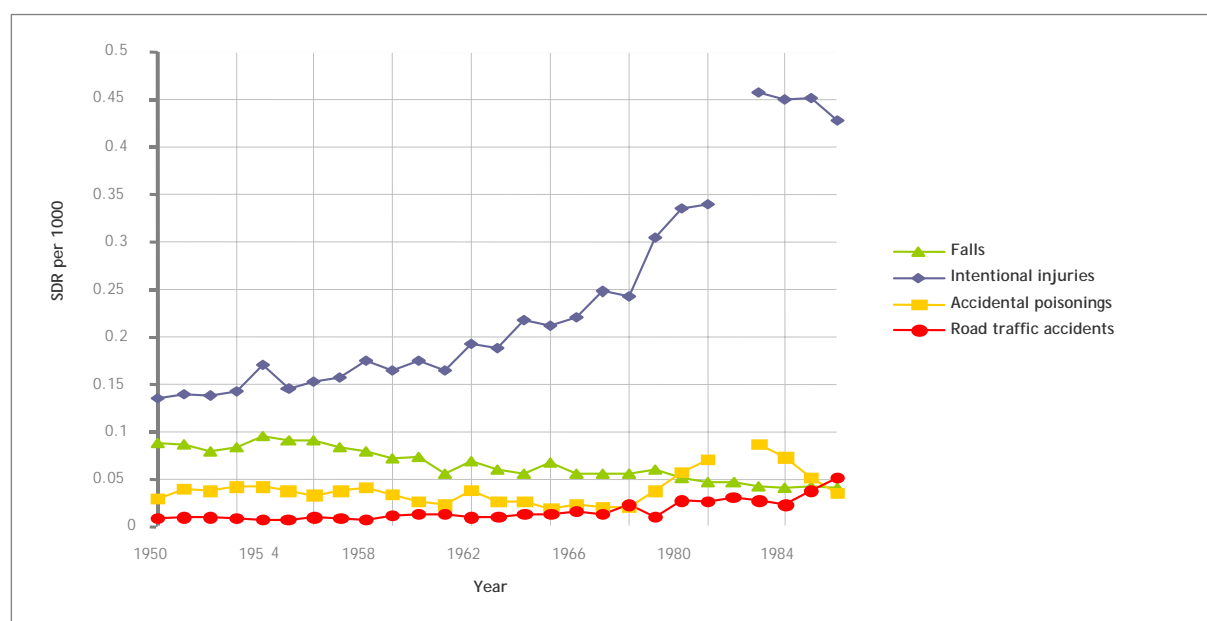
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



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

Acute mortality



Source: WHO Mortality Database

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

Morbidity, health and social problems from alcohol use

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

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

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

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

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

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

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

Country background information

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

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

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