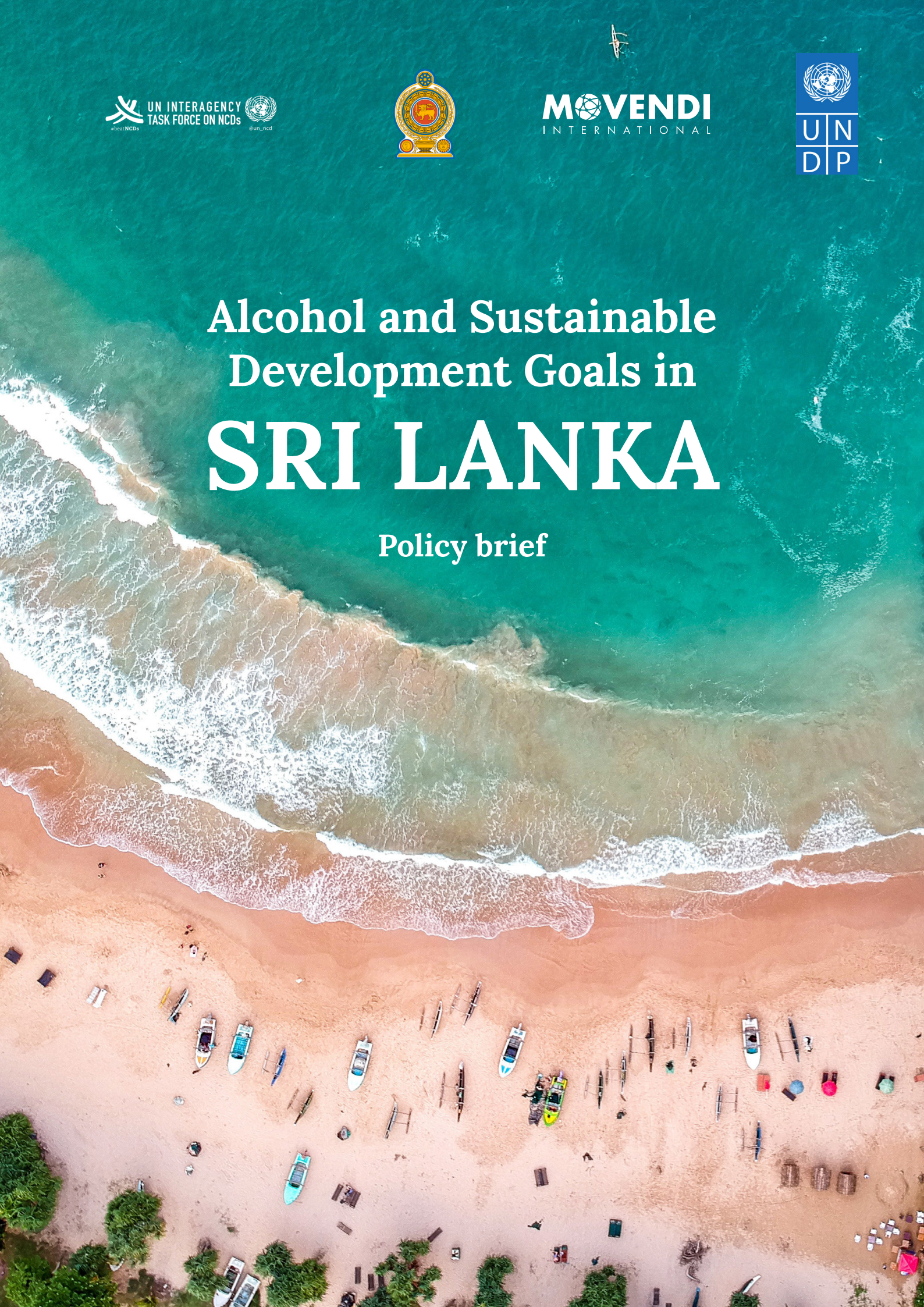
UN INTERAGENCY TASK FORCE ON NCDs
#beatNCDs @un_ncd

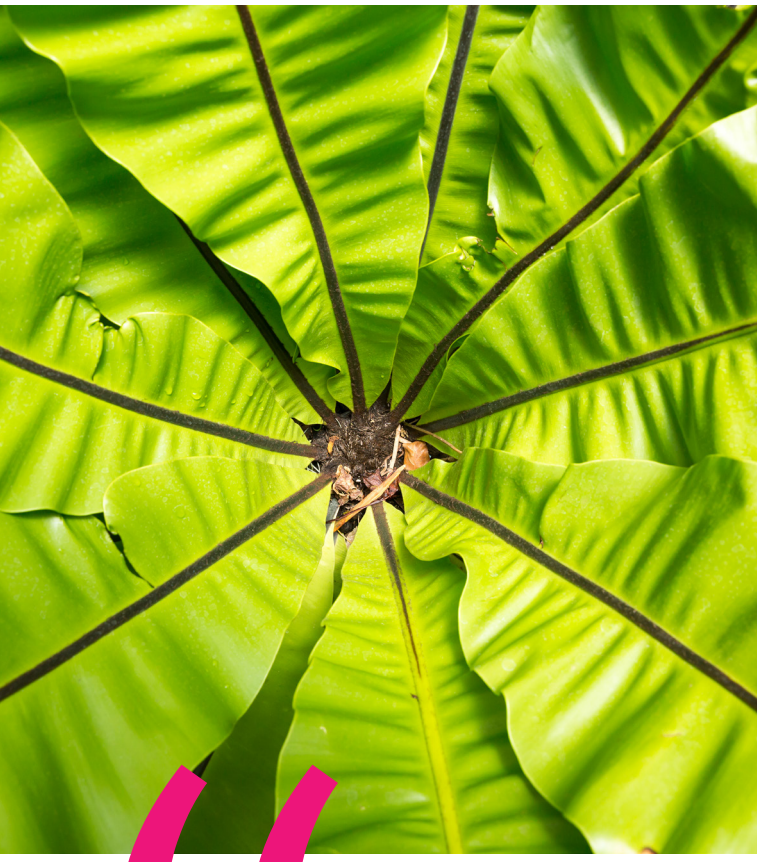
MOVENDI INTERNATIONAL

UNDP

Alcohol and Sustainable Development Goals in SRI LANKA

Policy brief





ALCOHOL CONSUMPTION CONTRIBUTES TO 3 MILLION DEATHS GLOBALLY EACH YEAR, ACCOUNTING FOR 5.3% OF ALL DEATHS, AND IS THE THIRD LEADING RISK FACTOR FOR POOR HEALTH WORLDWIDE.

Introduction

Alcohol consumption contributes to three million deaths globally each year, accounting for 5.3 percent of all deaths, and is the third leading risk factor for poor health worldwide [1]. Alcohol use has a direct negative impact on many health-related targets in the sustainable development goals (SDGs) including infectious diseases, maternal and child health, non-communicable diseases (NCDs) and mental health and injuries.

Alcohol consumption also has wider effects, adversely impacting 14 SDGs[1] and 54 targets of the Agenda 2030, including broader indicators relating to economic and social development, environment and equality. Through its various health, social and economic harms, alcohol is a major obstacle to sustainable development [2].[2]

This brief analyzes the impact of alcohol across the sustainable development goals, specifically for Sri Lanka, building on the findings of the Investment Case for Alcohol Control in Sri Lanka (see **Box 1**) to consider how alcohol control can advance Sri Lanka's social, economic and SDGs in line with Sri Lanka's Vision 2030 [3] and Agenda 2030 [4].

1 While alcohol is recognised as having a negative impact on all 14 goals, SDG 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss is not included here due to a lack of country specific data

2 For more information, see Movendi International. Alcohol Obstacles to Development. How Alcohol Affects the Sustainable Development Goals.

Box 1. Key findings from the Investment Case for Alcohol Control in Sri Lanka

- Around 20,000 lives are lost annually because of alcohol in Sri Lanka.
- Alcohol costs Sri Lanka LKR 335 billion each year, 2.18 percent of its GDP in 2018.
- Investing in five key alcohol control policy actions can save 104,000 lives and avert LKR 643 billion in economic losses over 20 years (2024-2044).
- For every one LKR invested in alcohol control measures, Sri Lanka would receive 12.2 by 2044.

This brief provides narratives[3] and key facts on how alcohol impedes sustainable development in Sri Lanka. It also offers recommendations for what many 'non-health sectors' can do in response, in collaboration with the Ministry of Health, each other, parliamentarians, the UN system, civil society and other partners. Increasing taxation on alcohol is an example. It generates government revenue for development financing in addition to improving health equity and reducing burdens on health systems and economies.

Sri Lanka should use this policy brief to build on this progress and advance alcohol control measures urgently. Priorities are to invest in and scale-up the interventions modelled in the investment case and implement its recommendations in full. Sri Lanka's National Authority on Tobacco and Alcohol (NATA), and an alcohol control strategy (once developed), can help set additional priorities, responsibilities and resources in line with the recommendations set forth.

3 Narratives adapted from Movendi International. Alcohol Obstacles to Development. How Alcohol Affects the Sustainable Development Goals.

Goal 1:
End poverty in all its forms everywhere.

Spending on alcohol diverts a significant percentage of household resources.

Alcohol imposes significant economic burdens on families, communities and countries, while economic status also impacts alcohol use and the relative burden of alcohol harm in several ways [2]. Spending on alcohol diverts a significant percentage of household resources from productive and sustainable investments, such as for food, education, healthcare, housing, and agricultural inputs, that can help keep and lift people out of poverty. Treating alcohol-attributable diseases can result in catastrophic out-of-pocket medical expenditures, particularly for the poor, trapping families in a 'vicious cycle' of poverty and poor health. Poverty is linked to increased vulnerability to alcohol-use disorders and alcohol-use-related consequences, compounded by reduced access to treatment and less access to education and other health messaging opportunities [5]–[8]. Persons of low socioeconomic status bear a disproportionate burden, with the 'harm per litre' also greater amongst poorer drinkers and their families than their wealthier counterparts in any given society [9].

Key facts

- Sri Lankan households that consume alcohol dedicate, on average, less of their income to healthcare and education compared to their non-alcohol-consuming counterparts [10].
- Low-income Sri Lankan households often spend a high proportion of their income on alcohol, exceeding 30 percent of their total expenditure [10].
- Alcohol expenditure among poor families has been noted to exceed the government assistance provided to communities through Sri Lanka's poverty alleviation programme [10].
- Kassipu, an illicit alcohol, is consumed predominantly in poorer Sri Lankan communities. Kaissipu is unregulated, imposing additional potential harms [11].
- The majority of alcohol consumers also use tobacco. A study of men in Sri Lanka found that those in the two lowest income groups (US$76-143 each month) spent around 40 percent of their income on alcohol and tobacco [12].

Recommendations

- Increase taxes on alcohol to reduce consumption and protect the population from alcohol-attributable harms. Consider investing health tax revenue into pro-poor policies, such as universal health coverage and other social protection measures.
- Increase understanding of the health harms of alcohol use across all communities, using communication methods that have broad reach and are easily understood.
- Increase accessibility and availability of treatment for alcohol dependence, especially in primary care settings. Ensure programmes and services are available in low-income and rural settings.
- Increase research on the impact of alcohol on the poor in Sri Lanka to inform policy and alcohol control measures.
- Include informal and illicit alcohol in alcohol control measures, with emphasis on reaching poorer communities.

Goal 2:
End hunger, achieve food security and improved nutrition and promote sustainable agriculture.

Consumers of alcohol are more likely to be food insecure than those not consuming alcohol and alcohol intake also serves as a predictor of poor nutritional status.

Spending on alcohol and healthcare for alcohol-attributable illness crowds out more productive household spending such as healthy food and education [2]. Consumers of alcohol are more likely to be food insecure than those not consuming alcohol and alcohol intake also serves as a predictor of poor nutritional status [13]–[15]. Alcohol is a serious risk factor for malnutrition, with chronic alcohol consumption resulting in maldigestion and malabsorption of essential nutrients [2]. Moreover, the production and distribution of alcohol poses environmental harms, subsequently squandering support for sustainable food production systems [16].

Key facts

- Nearly 30 percent of Sri Lankans are food-insecure [17].
- For the price of one bottle of a commonly consumed beer in Sri Lanka, about 15 eggs or two kilograms of rice could be bought [18]–[20].[1]
- Alcohol-related injuries are particularly prevalent in Sri Lankan men working in the agricultural sector [21].
- In Sri Lanka, daily alcohol use by a household member is associated with an increased likelihood of maternal malnutrition [22].

1 This calculation is based on the following values; 200 Sri Lankan rupees for one beer as of 2016, 13.5 Sri Lankan rupees for one egg as of 2017, and 110.4 Sri Lankan rupees for one kilogram of rice as of 2018.

Recommendations

- Raise awareness about the harms of alcohol consumption, including how alcohol impacts household budgets diverting limiting resources from basic needs and alcohol use as a risk of malnutrition, particularly among at-risk groups.
- Integrate occupational health promotion into the agricultural sector to minimize alcohol-related injuries, promoting the magnitude of food grown, and creating more opportunity to reduce rates of food insecurity in Sri Lanka.

Goal 3:
Ensure healthy lives and promote well-being for all at all ages.

Alcohol is a major obstacle to health and universal health coverage.

Alcohol is the third leading risk factor for poor health worldwide, accounting for 5.1 percent of the global burden of disease and injury, and contributes to three million deaths globally each year, accounting for 5.3 percent of all deaths. Alcohol consumption is a causal risk factor for more than 200 diseases, injuries and other health conditions [1]. Alcohol is a major risk factor for NCDs including cancer, cardiovascular disease, digestive diseases, diabetes and mental ill-health [2]. Alcohol is also a major risk factor for HIV/AIDS and tuberculosis (TB), by increasing the risk of transmission, infection and subsequent mortality by suppressing immune responses [2]. Alcohol is also associated with harm to others and is a major driver for violence, road traffic injuries, and domestic abuse. SDG 3 includes an alcohol-specific target, Target 3.5, to strengthen the prevention and treatment of the harmful use of alcohol [23, p. 3]

Key facts

- Every year, alcohol kills around 20,000 people in Sri Lanka. Investing in five alcohol control measures could save more than 5,300 lives each year [24].
- More than one in five road traffic injuries among men and more than one in ten among women in Sri Lanka are alcohol-attributable [9].
- Nearly one in four mental disorders are alcohol-attributable in Sri Lanka, where rates of depression in Sri Lankans consuming alcohol are three-fold that of their non-drinking counterparts. This creates a vicious cycle where poor mental health can drive more alcohol consumption. This is particularly concerning considering Sri Lanka's suicide rates are among the highest in the world [21], [25], [26].
- Tobacco use is more common in Sri Lankans who consume alcohol [27]. Consumption of both alcohol and tobacco can exacerbate health risks. Using both tobacco and alcohol is associated with a five-fold increased chance of developing cancers of the oral cavity, oropharynx, larynx and esophagus, increasing to 30 times higher for heavy users [28].

Recommendations

- Invest in alcohol control measures to reduce demand, consumption, and alcohol-attributable harms.
- Improve access to screening, brief interventions and treatment. Integrate alcohol screening and brief interventions into primary healthcare settings.
- Enforce drink-driving countermeasures by implementing sobriety checkpoints, random breath-testing, and suspending licenses where appropriate [29].
- Integrate peer support groups into communities to aid alcohol cessation, as well as improve mental health by reducing societal stigma surrounding alcohol and addiction [29], [30].

Goal 4:
Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Alcohol use is associated with poor school engagement, poor performance, truancy, and dropping out of school.

Alcohol threatens educational outcomes. Alcohol use is associated with poor school engagement, poor performance, truancy, and dropping out of school [2]. Alcohol impairs one's ability to learn [31]. Furthermore, college students that consume alcohol have been shown to be less motivated and have worse academic performances than their non-alcohol-consuming counterparts [32]. Alcohol control helps keep children in school: (1) when families are healthier, children are not forced to drop out of school to take care of a sick relative or find work to make up for lost wages; (2) household spending on alcohol and expenditures due to alcohol-related ill health is money not used to support children's education; and (3) consumption by children is associated with negative educational outcomes.

Key facts

- The Global School-Based Student Health Survey in 2016 found that 3.2 percent of Sri Lankan students (aged 13-17 years old) reported current use of alcohol, with higher consumption among males (5.5 percent) and among those aged 16-17 years old (5.8 percent). Of current drinkers, 27 percent consume two or more drinks a day [33].
- Alcohol consumption is more prevalent among Sri Lankan youth who do not attend school (16.3 percent) than their schooled counterparts (4.9 percent). Alcohol use is also more prevalent among rural youth (14.7 percent) [34].
- In Sri Lanka, lower levels of education are correlated with hazardous alcohol consumption [27].
- A qualitative study of policymakers in Colombo revealed a lack of recognition of adolescent drinking being a problem in Sri Lanka. They also revealed a lack of knowledge about the extent of social media marketing of alcohol in Sri Lanka and its influence in drinking behaviour among adolescents [35]
- Sri Lanka's National Dangerous Drugs Control Board has a Preventive Education and Training Unit that conducts programmes for school students that aim to reduce the risks for alcohol abuse, as well as programmes for teachers to provide anti-alcohol education [36].

Recommendations

- Increase alcohol taxes to raise prices and reduce affordability of alcohol to prevent youth from initiating alcohol use or encourage them to quit.
- Strictly enforce laws prohibiting the sale of alcohol to minors.
- Train teachers to provide anti-alcohol education and integrate alcohol control into the curriculum to raise awareness of the harms of alcohol among youth.
- Ensure alcohol control programmes for children and youth also reach those out of school.

Goal 5:
Achieve gender equality and empower all women and girls.

Alcohol fuels the epidemic of violence against women and imposes gender-specific risks to women and girls' health and wellbeing.

Alcohol marketing has a history of perpetuating discriminatory norms and attitudes surrounding women and girls, fueling harmful masculinity and the sexualization, objectification and dehumanization of women. There is also a strong relationship between alcohol and domestic violence, intimate partner violence and sexual assault [2]. While alcohol consumption is generally more prevalent among men, women are more likely to develop many alcohol-attributable illnesses, sooner than their male counterparts [37], [38]. Under-use of treatment services for alcohol consumption among women exacerbates this burden [39]. The alcohol industry is increasingly using marketing and advertisement, as well as new product development (e.g. fruity flavours, low calorie products) to specifically target and appeal to women and youth [40], [41].

Key facts

- According to the STEPS survey (2021), a much higher percentage of men in Sri Lanka report current alcohol use than women (43 percent of men and 1.2 percent of women). Women are more than twice as likely to be lifetime abstainers than their male counterparts (92 percent and 34 percent respectively) [42].
- The prevalence of women who are lifetime abstainers is declining in Sri Lanka, from 40 percent of women in 2015 to 34 percent in 2021 [42].
- The purchase of alcohol by women is banned in Sri Lanka [43].
- Women in Sri Lanka face additional stigma regarding substance use which can act as a barrier to health seeking behaviours [44].
- A public opinion poll of Sri Lankan adults found that participants were most concerned about the link between alcohol consumption and domestic violence (54 percent) [45].
- A study of women in Sri Lanka found those whose partner consumed alcohol were at significantly higher risk of violence as compared with women whose partners did not use alcohol [46]. Another study in Sri Lanka found that 76 percent of the perpetrators of intimate partner violence against women were regular alcohol consumers [47].

Recommendations

- Increase efforts to address the nexus between alcohol and gender-based and interpersonal violence.
- Incorporate alcohol control into gender equality strategies.
- Integrate screening of harmful alcohol consumption into maternal and women's health settings.

Goal 6:
Ensure availability and sustainable management of water and sanitation for all.

Alcohol poses a threat to global water security due to its large water footprint in addition to polluting waterways.

Alcohol production uses an immense amount of water, with a litre of wine requiring 870 liters of water and a litre of beer requiring 298 liters of water. At the same time, the alcohol industry pollutes waterways, emitting various chemicals into vital waterways during the production process, further threatening water security [2].

Key facts

- The Kelani River which is the main water source for the majority of the population in Colombo is the most polluted river in Sri Lanka. Several industries including breweries have factories along the riverbank and pollute waste into the river [48].
- Only 60 percent of Sri Lankans are able to access pipeborne water, where the remaining 40 percent of the population has to access water through a variety of public sources, often vulnerable to droughts [49].
- In 2020, more than 300,000 Sri Lankans were impacted by droughts [50].
- A litre of beer requires 298 litres of water to produce [51]. Estimates suggest beer production totaled 125 million litres in Sri Lanka in 2015 [52].

Recommendations

- Assess the impact of alcohol production on water pollution and access to clean water in Sri Lanka.
- Raise awareness of the impact of alcohol production on water security.

Goal 8:
Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

Alcohol impedes sustainable economic growth.

The global economic costs of alcohol consumption are estimated at 2.6 percent of GDP [53]. In some countries, the economic burden is as high as 5.4 percent of GDP [54]. The majority of costs (61 percent) are incurred through indirect productivity losses (i.e. absenteeism, presenteeism and decreased labour force), while just one-third (39 percent) are direct costs (i.e. health care expenditures) [53]. Alcohol is a serious risk factor of absenteeism and presenteeism from work, as well as premature mortality, impeding sustainable economic growth. Alcohol consumption is also associated with worse educational outcomes including not completing secondary or tertiary education [2]. Alcohol consumption at workplaces results in impaired work performance and unsafe working environments [55]. Alcohol control can help avoid the tangible productivity and GDP losses that result from premature mortality, sick leave, and unwell workers who remain on the job but perform below capacity [53], [56].

Key facts

- Alcohol costs Sri Lanka an estimated LKR 335 billion in economic losses every year, equivalent to around 2.18 percent of its 2018 GDP [24].
- Each year, alcohol causes around 20,000 deaths in Sri Lanka [24].
- In the Sri Lankan workforce, alcohol consumption predominates in manual workers [57].

Recommendations

- Increase taxation on alcohol products to raise prices and reduce affordability. This will decrease consumption, improving health and productivity, and positively impacting sustainable economic growth.
- Ensure alcohol control measures and health are included in national economic growth plans and policies and pursued, including in COVID-19 recovery plans.

Goal 10:
Reduce inequality within and among countries.

Alcohol use widens inequalities within and among countries, not just in terms of health outcomes but across development dimensions.

Low- and middle-income countries (LMICs) already endure 85 percent of the world's premature mortality from NCDs, with the poorest and most marginalized disproportionately affected, having little to no access to essential health services and information [58]. Despite having lower consumption, the alcohol-attributable disease burden is highest in low- and lower-middle- income countries compared to upper-middle- and high- income countries. Persons of low socioeconomic status bear a disproportionate burden, with the 'harm per litre' also greater amongst poorer drinkers and their families than their wealthier counterparts in any given society [9]. With the alcohol industry increasingly targeting LMICs and vulnerable populations in their marketing strategies, stronger alcohol control measures are needed [59].

Key facts

- Illicit alcohol, which is widespread in Sri Lanka, circumvents legislative attempts to reduce alcohol use and alcohol-related harms, such as alcohol taxation, health warnings and minimum age restrictions [11].
- In Sri Lanka, alcohol consumption predominates in males, particularly those lacking formal education and living in urban areas [27].
- Low-income Sri Lankan households often spend a high proportion of their income on alcohol, exceeding 30 percent of their total expenditure, exacerbating inequalities [10].
- Alcohol use among males varies considerably by region in Sri Lanka – from 13 percent in Malmunei to 55 percent in Badulla [60].

Recommendations

- Increase taxation on alcohol products to raise prices and reduce affordability. Optimize taxes and pricing policies for impacts on health, equity, revenue and sustainable development.
- Prioritize vulnerable populations in alcohol control policy making, for example by reinvesting revenue from taxation into pro-poor policies, such as universal health coverage and other social protection and poverty alleviation measures.
- Tailor alcohol control programmes to benefit those with low income, lower education levels, and other vulnerable populations, in order to reduce inequalities.

Goal 11:
Make cities and human settlements inclusive, safe, resilient and sustainable.

The strong links between alcohol and violence threatens safe, healthy and sustainable public spaces, particularly for women, children, older persons and people with disabilities.

Alcohol causes 900,000 deaths due to interpersonal violence each year [2], [61]. Moreover, alcohol harms the environment, with alcohol production contaminating water, emitting greenhouse gasses, consuming energy, disposing waste in the environment, and also contributing to waste in landfills [62].

Key facts

- Women in Sri Lanka whose partner consumed alcohol were at significantly higher risk of violence as compared with women whose partners did not use alcohol [46]. A study in Sri Lanka found that 76 percent of the perpetrators of intimate partner violence against women were regular alcohol consumers [47].
- Alcohol causes more than one in five road traffic injuries among men and more than one in ten among women [63].
- Rates of attempted homicide, rape, and sexual abuse have risen in Sri Lanka between 2017-2020 [64].

Recommendations

- Regulate alcohol sales and the density of outlets to protect neighborhoods and communities from harm.
- Raise awareness of support available for alcohol cessation and harms caused by alcohol including violence and interpersonal violence.
- Strengthen drink driving counter measures, including increasing the availability of breathalyzers.

Goal 12:
Ensure sustainable consumption and production patterns.

Alcohol production threatens sustainable use of natural resources – what could be food becomes toxic, addictive, and carcinogenic.

Cereal crops, used to produce alcohol such as beer, whiskey, vodka and sake, are one of the most important groups of food crops due to being energy dense and a key source of protein, carbohydrates and various vitamins. More broadly, alcohol production is very resource-intensive and not sustainable. Already at current levels, alcohol production and consumption are not sustainable, threatening food and water security and imposing environmental harms. At the same time, the majority of the alcohol industry's profit comes from heavy alcohol use [2].

Key facts

- There are several breweries in Sri Lanka - the largest of which is the Lion Brewery, which produces the majority of the beers consumed in the country [65].
- Breweries in Sri Lanka, among other industries, have factories lining the bank of the Kelani River and pollute waste into the river. The Kelani river is the most polluted river in Sri Lanka despite being the main water source for the majority of the population in Colombo [48].
- Unrecorded alcohol accounts for around 40 percent of total alcohol consumption [63].
- Among current male drinkers in Sri Lanka, 40 percent report heavy episodic drinking.[1] The prevalence of heavy episodic drinking is highest among adolescents aged 15-19 years at 48 percent [63].

1 Heavy episodic drinking is defined here as the proportion of adults (15+ years) who have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days [66]

Recommendations

- Implement educational programmes on the potential risks of consuming illicit alcohol, to reduce demand.
- Innovate, implement and enforce new and existing environmental regulations and agreements covering alcohol manufacturing, transport, consumption and post-consumption waste to reduce the environmental harms of alcohol.
- Raise awareness of the wide-ranging harms of alcohol production and consumption, including harms to others.

Goal 13:
Take urgent action to combat climate change and its impacts.

Alcohol production and consumption fuel the climate change crisis due to its high energy use, waste of natural resources and greenhouse gas (GHG) emissions.

Alcohol's contribution to GHC emissions is significant. In the UK, alcohol consumption accounts for 1.46 percent of total GHG emissions in the country while in Australia beer consumption alone results in GHG emissions equivalent to 48,000 car rides around the world. Alongside consumption, the use of fertilizer, intense water use, packaging, waste, transport of raw materials and products themselves, and refrigeration all contribute to climate change [2].

Key facts

- Sri Lanka ratified the Paris Agreement on Climate Change in 2016 [67].
- As part of its strategy on climate change, Sri Lanka aims to reduce emissions by 23 percent by 2030 [68].
- Climate change is a growing problem in Sri Lanka, with temperatures consistently on the rise [69].
- Heat-related deaths are projected to rise in Sri Lanka's elderly population [68].

Recommendations

- Assess the environmental impact of alcohol in Sri Lanka.
- Implement programmes and initiatives that hold the alcohol industry responsible for its environmental impact.
- Include alcohol control and its environmental benefits in the implementation of Sri Lanka's strategy on climate change and the 2015 Paris Agreement to help reach climate change goals.

Goal 16:
Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.

Alcohol has a well-documented link with violence, thus threatening the achievement of SDG Targets 16.1 and 16.2.

Globally, 90,000 deaths each year due to interpersonal violence are alcohol attributable. Children and youth bear a disproportionate burden of the harm to others caused by alcohol, suffering alcohol violence at the hands of adults, often from parents [2]. Moreover, the alcohol industry has a well-documented history of unethical practices and pervasive interference in public policy and to maximize profits [70] [71] [2]. Alcohol control requires good governance, including a strong legislative and regulatory framework, a comprehensive alcohol control strategy as well as strong multisectoral coordination such as through a functioning national coordinating mechanism.

Key facts

- Fragmentation of alcohol control policies across Sri Lankan ministries weakens implementation and enforcement, and provides a means for interference from the alcohol industry [35].
- Prices of beer sharply declined in 2017, with this being partly attributed to interference from the alcohol industry [35].
- Public opinion polls suggest the majority of Sri Lankans (60 percent) perceive the alcohol industry as a barrier for adequate alcohol control measures [45].
- Sri Lanka has a multisectoral body to facilitate the implementation of alcohol control policy – the National Authority on Tobacco and Alcohol (NATA) [72], [73].

Recommendations

- Establish legally binding measures to limit interaction with the alcohol industry and prevent alcohol industry interference. One example would be to implement a code of conduct to ensure there is no engagement with, or harmful influence by, the alcohol industry on health policy making.
- Regularly engage with and sensitize ministries across government about alcohol control and the wide-reaching harms of alcohol.
- Strengthen multisectoral coordination by developing and implementing a national multisectoral alcohol control strategy. Ensure that the strategy and NATA are supported with reliable, dedicated funding and include monitoring and accountability structures.
- Leverage the existing network of civil society organizations working on alcohol control and ensure they are included in national strategies, plans and activities.

Goal 17:
Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

Calls for a 'New Global Partnership' and policy coherence are highly pertinent to alcohol control because all sectors have a fundamental responsibility to protect the right to health.

Moreover, alcohol taxation, and the intersectional collaboration it requires, enhances domestic capacity for tax and other revenue collection. Increasing alcohol taxes is a win-win-win because taxes reduce alcohol-attributable disease and lives, advance health equity while mobilizing revenue [74]. Alcohol control efforts can also leverage and promote South-South and triangular cooperation.

Key facts

- Sri Lanka raised the excise tax on alcohol by 20 percent in 2023, causing about half the price of a bottle of arrack, commonly consumed in Sri Lanka, to be attributable to excise tax, VAT, and social security levy [75].
- Profits made from manufacturing, selling, or importing liquor in Sri Lanka face a tax of 40 percent [76].
- An estimated 40 percent of Sri Lanka's alcohol consumption is from illicit alcohol. Sri Lanka's illicit alcohol industry circumvents tax regulations [77].

Recommendations

- Increase alcohol excise tax rates regularly to reduce affordability, taking into account inflation and income growth.
- Consider using revenues made from alcohol tax in controlling illicit trade, universal health coverage and other health and social protection programmes.

[ALCOHOL] IS EXACERBATING INEQUALITIES, DEEPENING POVERTY, AND COMPOUNDING ENVIRONMENTAL DAMAGE.

Conclusion and next steps

Sri Lanka is not spared from alcohol's far-reaching development harms. Every year, alcohol causes around 20,000 deaths in Sri Lanka. The high human costs of alcohol use are only one part of the story. Each year, alcohol use is costing Sri Lanka LKR 335 billion, equivalent to 2.18 percent of its GDP in 2018. It is exacerbating inequalities, deepening poverty, and compounding environmental damage.

The Ministry of Health is strongly committed but cannot tackle the issue alone; support is required from other sectors and actors. The Government of Sri Lanka is encouraged to work closely with the WHO, UNDP, the UN country team, Movendi International and other partners to strengthen alcohol control, including the WHO 'best buys' and recommendations identified in the Investment Case.

This includes taking the requisite whole-of-government and whole-of-society steps to:

- **Take action to strengthen, implement and enforce the five key alcohol control policy actions modeled in this investment case:**
  - » Strengthening restrictions on alcohol availability.
  - » Advancing and enforcing drink-driving countermeasures.
  - » Facilitating access to screening, brief interventions and treatment.
  - » Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion.
  - » Raising prices on alcohol through excise taxes and pricing policies.
- **Strengthen multisectoral coordination for alcohol control in Sri Lanka, promote a whole-of-society approach and take action to protect against industry interference.**
- **Raise awareness of the far-reaching harms of alcohol including harm to others**
- **Implement measures to protect against the health harms of illicit and informally produced alcohol.**
- **Identify opportunities to integrate alcohol control into wider sustainable development strategies, programmes and activities in Sri Lanka.**

This brief was based on research conducted by Alexa McGuinness. Design by Zsuzsanna Schreck.

References

[1] World Health Organization, "Alcohol Key Facts." Accessed: Jun. 14, 2023. [Online]. Available: https://www.who.int/news-room/fact-sheets/detail/alcohol

[2] Movendi International, "Alcohol Obstacle to Development: How Alcohol Affects the Sustainable Development Goals." Accessed: Jul. 17, 2023. [Online]. Available: https://movendi.ngo/wp-content/uploads/2020/02/Alcohol-and-SDGs-Movendi.pdf

[3] Presidential Expert Committee (PEC), "Sustainable Sri Lanka 2030 Vision and Strategic Plan." Accessed: Nov. 27, 2023. [Online]. Available: https://www.presidentsoffice.gov.lk/wp-content/uploads/2019/05/Final-v2.4-Typeset-MM-v12F-Cov3.pdf

[4] United Nations Department of Economic and Social Affairs, "Transforming our world: the 2030 Agenda for Sustainable Development." Accessed: Nov. 27, 2023. [Online]. Available: https://sdgs.un.org/2030agenda

[5] R. Jayathilaka, S. Selvanathan, and J. S. Bandaralage, "Is there a link between alcohol consumption and the level of poverty?," Applied Economics, vol. 48, no. 22, pp. 2054–2063, May 2016, doi: 10.1080/00036846.2015.1114574.

[6] K. J. Karriker-Jaffe, S. C. M. Roberts, and J. Bond, "Income Inequality, Alcohol Use, and Alcohol-Related Problems," Am J Public Health, vol. 103, no. 4, pp. 649–656, Apr. 2013, doi: 10.2105/AJPH.2012.300882.

[7] S. Calling, H. Ohlsson, J. Sundquist, K. Sundquist, and K. S. Kendler, "Socioeconomic status and alcohol use disorders across the lifespan: A co-relative control study," PLoS One, vol. 14, no. 10, p. e0224127, Oct. 2019, doi: 10.1371/journal.pone.0224127.

[8] A. Farhoudian et al., "Barriers and Facilitators to Substance Use Disorder Treatment: An Overview of Systematic Reviews," Subst Abuse, vol. 16, p. 11782218221118462, Aug. 2022, doi: 10.1177/11782218221118462.

[9] World Health Organization, "Global status report on alcohol and health 2018." Accessed: Jun. 14, 2023. [Online]. Available: https://www.who.int/publications-detail-redirect/9789241565639

[10] R. Jayathilaka, "Alcohol and Poverty: Are they Related?," Sri Lanka Economic Journal, vol. 8, pp. 25–59, Jul. 2007.

[11] P. Siriwardhana, A. H. Dawson, and R. Abeyasinge, "Acceptability and Effect of a Community-Based Alcohol Education Program in Rural Sri Lanka," Alcohol Alcohol, vol. 48, no. 2, pp. 250–256, Mar. 2013, doi: 10.1093/alcalc/ags116.

[12] V. De Silva, D. Samarasinghe, and R. Hanwella, "Association between concurrent alcohol and tobacco use and poverty," Drug and Alcohol Review, vol. 30, no. 1, pp. 69–73, 2011, doi: 10.1111/j.1465-3362.2010.00202.x.

[13] R. S. Bergmans, L. Coughlin, T. Wilson, and K. Malecki, "Cross-sectional associations of food insecurity with smoking cigarettes and heavy alcohol use in a population-based sample of adults," Drug Alcohol Depend, vol. 205, p. 107646, Dec. 2019, doi: 10.1016/j.drugalcdep.2019.107646.

[14] L. R. Reitzel et al., "Association of Problematic Alcohol Use and Food Insecurity among Homeless Men and Women," Int J Environ Res Public Health, vol. 17, no. 10, p. 3631, May 2020, doi: 10.3390/ijerph17103631.

[15] S. Barve, S.-Y. Chen, I. Kirpich, W. H. Watson, and C. McClain, “Development, Prevention, and Treatment of Alcohol-Induced Organ Injury: The Role of Nutrition,” Alcohol Res, vol. 38, no. 2, pp. 289–302, 2017.

[16] B. P. Weidema, M. de Saxcé, and I. Muñoz, “Environmental impacts of alcoholic beverages”.

[17] World Food Programme, “Sri Lanka.” Accessed: Jul. 17, 2023. [Online]. Available: https://www.wfp.org/countries/sri-lanka

[18] H. Leifman and B. Trolldal, “Price and income elasticities for alcohol in Sri Lanka,” International Journal of Alcohol and Drug Research, vol. 8, no. 2, Art. no. 2, Dec. 2020, doi: 10.7895/ijadr.277.

[19] A. R. Wickramarachchi et al., “An Analysis of Price Behavior of Major Poultry Products in Sri Lanka,” vol. 12, no. 2, Art. no. 2, May 2017, doi: 10.4038/jas.v12i2.8231.

[20] CEIC, “Sri Lanka Retail Price: Average: Colombo: Rice: Samba.” Accessed: Jul. 17, 2023. [Online]. Available: https://www.ceicdata.com/en/sri-lanka/retail-price-by-commodity-colombo-city-period-average/retail-price-average-colombo-rice-samba

[21] L. Schölin et al., “Involvement of alcohol in injury cases in rural Sri Lanka: prevalence and associated factors among in-patients in three primary care hospitals,” BMC Public Health, vol. 22, p. 514, Mar. 2022, doi: 10.1186/s12889-022-12958-8.

[22] P. Jayawardena, “UNDERLYING CAUSES OF CHILD AND MATERNALMALNUTRITION IN THE ESTATE SECTOR OF SRI LANKA,” Journal of South Asian Studies, vol. 2, no. 3, Art. no. 3, Oct. 2014.

[23] United Nations Department of Economic and Social Affairs, “Goal 3.” Accessed: Sep. 18, 2023. [Online]. Available: https://sdgs.un.org/goals/goal3

[24] United Nations Development Programme and Movendi International, “Making the case for investing in alcohol control in Sri Lanka (forthcoming).”

[25] I. S. Obot, R. Room, GENACIS, and World Health Organization, Eds., “Alcohol, gender and drinking problems: perspectives from low and middle income countries.” Geneva: World Health Organization, Department of Mental Health and Substance Abuse, 2005.

[26] R. Jenkins, J. Mendis, S. Cooray, and M. Cooray, “Integration of mental health into primary care in Sri Lanka,” Ment Health Fam Med, vol. 9, no. 1, pp. 15–24, Jan. 2012.

[27] P. Katulanda, C. Ranasinghe, A. Rathnapala, N. Karunaratne, R. Sheriff, and D. Matthews, “Prevalence, patterns and correlates of alcohol consumption and its’ association with tobacco smoking among Sri Lankan adults: a cross-sectional study,” BMC Public Health, vol. 14, p. 612, Jun. 2014, doi: 10.1186/1471-2458-14-612.

[28] World Health Organization, “World Cancer Day: know the facts – tobacco and alcohol both cause cancer.” Accessed: Jul. 11, 2023. [Online]. Available: https://www.who.int/europe/news/item/03-02-2021-world-cancer-day-know-the-facts-tobacco-and-alcohol-both-cause-cancer

[29] World Health Organization, “The SAFER technical package: five areas of intervention at national and subnational levels.” World Health Organization, 2019. Accessed: Jul. 17, 2023. [Online]. Available: https://apps.who.int/iris/handle/10665/330053

[30] K. Tracy and S. P. Wallace, “Benefits of peer support groups in the treatment of addiction,” Subst Abuse Rehabil, vol. 7, pp. 143–154, Sep. 2016, doi: 10.2147/SAR.S81535.

[31] A. J. Charlton and C. J. Perry, "The Effect of Chronic Alcohol on Cognitive Decline: Do Variations in Methodology Impact Study Outcome? An Overview of Research From the Past 5 Years," Front Neurosci, vol. 16, p. 836827, Mar. 2022, doi: 10.3389/fnins.2022.836827.

[32] W. El Ansari, C. Stock, and C. Mills, "Is Alcohol Consumption Associated with Poor Academic Achievement in University Students?," Int J Prev Med, vol. 4, no. 10, pp. 1175–1188, Oct. 2013.

[33] Ministry of Health, Nutrition and Indigenous Medicine and Ministry of Education, "Global School-Based Student Health Survey Results Sri Lanka 2016," 2017.

[34] Family Health Bureau, "National Youth Health Survey 2012/2013 Sri Lanka," 2015. Accessed: Jul. 17, 2023. [Online]. Available: https://srilanka.unfpa.org/sites/default/files/pub-pdf/Youth%20Health%20Survey.pdf

[35] L. Athauda, R. Peiris- John, J. McCool, R. Wickremasinghe, and S. Ameratunga, "The alcohol marketing policy environment and adolescent drinking in Sri Lanka: A qualitative exploration of stakeholder perspectives," World Med & Health Policy, vol. 14, no. 3, pp. 544–559, Sep. 2022, doi: 10.1002/wmh3.471.

[36] National Dangerous Drugs Control Board, "Preventive Education and Training Unit." Accessed: Jun. 16, 2023. [Online]. Available: https://www.nddcb.gov.lk/preventive-education-and-training-unit.php

[37] CDC, "Excessive Alcohol Use and Risks to Women's Health." Accessed: Nov. 27, 2023. [Online]. Available: https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm

[38] Institute of Alcohol Studies, "Women and alcohol," Oct. 2020. Accessed: Nov. 27, 2023. [Online]. Available: https://www.ias.org.uk/report/women-and-alcohol/

[39] M. McCaul, D. Roach, D. Hasin, C. Weisner, G. Chang, and R. Sinha, "Alcohol and Women: A Brief Overview," Alcohol Clin Exp Res, vol. 43, no. 5, pp. 774–779, May 2019, doi: 10.1111/acer.13985.

[40] A. Marie Atkinson, Sumnall, Harry, Begley, Emma, and Jones, Lisa, "A rapid narrative review of literature on gendered alcohol marketing and its effects: exploring the targeting and representation of women," Institute of Alcohol Studies, Oct. 2019. [Online]. Available: https://www.ljmu.ac.uk/~/media/phi-reports/pdf/2019-10-ias-gendered-marketing-report.pdf

[41] M. Sudhinaraset, C. Wigglesworth, and D. T. Takeuchi, "Social and Cultural Contexts of Alcohol Use," Alcohol Res, vol. 38, no. 1, pp. 35–45, 2016.

[42] Ministry of Health, "Sri Lanka STEPS Survey 2021 Fact Sheet." Accessed: Jul. 11, 2023. [Online]. Available: https://www.ncd.health.gov.lk/images/pdf/Steps-Fact-Sheet.pdf

[43] "Sri Lanka's president rejects move to allow women to buy alcohol," BBC News, Jan. 14, 2018. Accessed: Jul. 17, 2023. [Online]. Available: https://www.bbc.com/news/world-asia-42682526

[44] A. R. Jayamaha et al., "The Pattern of Substance Use and Characteristics of the Individuals Enrolled in Residential Treatment at Selected Rehabilitation Centers in Sri Lanka: A Descriptive Cross-Sectional Study," Subst Abuse, vol. 16, p. 11782218221100823, May 2022, doi: 10.1177/11782218221100823.

[45] RESET Alcohol, ADIC, and Vital Strategies, "Public Opinion Poll Results on Alcohol Consumption in Sri Lanka." Accessed: Nov. 27, 2023. [Online]. Available: https://www.vitalstrategies.org/wp-content/uploads/Public-Opinion-Poll-Results-on-Alcohol-Consumption-in-Sri-Lanka.pdf

[46] Department of Census and Statistics. UNFPA, “Women’s Wellbeing Survey - 2019 Sri Lanka,” 2020.

[47] C. Kohombange Colombo and S. Lanka, “Intimate partner violence: the silent burden in Sri Lankan women,” Injury Prevention, vol. 18, no. Suppl 1, pp. A183–A183, Oct. 2012, doi: 10.1136/INJURYPREV-2012-040590Q.18.

[48] C. Narangoda, D. Amarathunga, and C. D. Dangalle, “Evaluation of water quality in the upper and lower catchments of the Kelani River Basin, Sri Lanka,” Water Practice and Technology, vol. 18, no. 3, pp. 716–737, Mar. 2023, doi: 10.2166/wpt.2023.034.

[49] United Nations Sri Lanka, “Water as a Gamechanger for Sustainable Recovery in Sri Lanka.” Accessed: Jul. 17, 2023. [Online]. Available: https://srilanka.un.org/en/224274-water-gamechanger-sustainable-recovery-sri-lanka

[50] ReliefWeb, “Drought Situation Report - Sri Lanka 10th May 2020 at 1200hrs - Sri Lanka.” Accessed: Jul. 17, 2023. [Online]. Available: https://reliefweb.int/report/sri-lanka/drought-situation-report-sri-lanka-10th-may-2020-1200hrs

[51] L. Kaye, “Breweries across the world strive to decrease beer’s water footprint,” The Guardian, Aug. 16, 2011. Accessed: Jul. 26, 2023. [Online]. Available: https://www.theguardian.com/sustainable-business/brewing-companies-water-usage-footprint

[52] Statista, “Sri Lanka: annual beer production 2015”. Accessed: Jul. 26, 2023. [Online]. Available: https://www.statista.com/statistics/825213/sri-lanka-malt-liquor-production/

[53] J. Manthey, S. A. Hassan, S. Carr, C. Kilian, S. Kuitunen-Paul, and J. Rehm, “What are the Economic Costs to Society Attributable to Alcohol Use? A Systematic Review and Modelling Study,” PharmacoEconomics, vol. 39, no. 7, pp. 809–822, Jul. 2021, doi: 10.1007/s40273-021-01031-8.

[54] M. Thavorncharoensap, Y. Teerawattananon, J. Yothasamut, C. Lertpitakpong, and U. Chaikledkaew, “The economic impact of alcohol consumption: a systematic review,” Substance Abuse Treatment, Prevention, and Policy, vol. 4, no. 1, p. 20, Nov. 2009, doi: 10.1186/1747-597X-4-20.

[55] M. M. Thørrisen, T. Bonsaksen, N. Hashemi, I. Kjeken, W. van Mechelen, and R. W. Aas, “Association between alcohol consumption and impaired work performance (presenteeism): a systematic review,” BMJ Open, vol. 9, no. 7, p. e029184, Jul. 2019, doi: 10.1136/bmjopen-2019-029184.

[56] I. Sohi, A. Franklin, B. Chrystoja, A. Wettlaufer, J. Rehm, and K. Shield, “The Global Impact of Alcohol Consumption on Premature Mortality and Health in 2016,” Nutrients, vol. 13, no. 9, p. 3145, Sep. 2021, doi: 10.3390/nu13093145.

[57] O. Walton, S. Karn, and G. Lokuge, “Rethinking Alcohol and Conflict: The Politics of Alcohol in Post-war Sri Lanka and Nepal,” Civil Wars, vol. 23, no. 3, pp. 461–487, Jul. 2021, doi: 10.1080/13698249.2021.1995682.

[58] World Health Organization, “Noncommunicable diseases: Mortality.” Accessed: Jul. 17, 2023. [Online]. Available: https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/ncd-mortality

[59] P. Delobelle, “Big Tobacco, Alcohol, and Food and NCDs in LMICs: An Inconvenient Truth and Call to Action,” Int J Health Policy Manag, vol. 8, no. 12, pp. 727–731, Sep. 2019, doi: 10.15171/ijhpm.2019.74.

[60] Ministry of Health, “Quartely NCD Report.” Accessed: Jul. 18, 2023. [Online]. Available: http://www.ncd.health.gov.lk/images/Quarterly_NCD_bulletin_-_Q3_2021-1-5.pdf

[61] World Health Organization, "Global strategy to reduce the harmful use of alcohol." Accessed: Jun. 14, 2023. [Online]. Available: https://www.who.int/publications-detail-redirect/9789241599931

[62] M. Sargent, "Environmental Sustainability of Alcohol Industry", Accessed: Jul. 17, 2023. [Online]. Available: https://www.academia.edu/11332855/Environmental_Sustainability_of_Alcohol_Industry

[63] World Health Organization, "Alcohol Sri Lanka Country Profile," 2019. Accessed: Jun. 14, 2023. [Online]. Available: https://cdn.who.int/media/docs/default-source/country-profiles/substances-abuse/lka.pdf?sfvrsn=c64ecc99_3&download=true

[64] Department of Census and Statistics, "Statistical Abstract 2021." Accessed: Jul. 17, 2023. [Online]. Available: http://www.statistics.gov.lk/abstract2021/CHAP13

[65] Asia Wealth Management Co, "DISTILLERIES COMPANY OF SRI LANKA PLC COMPANY UPDATE."

[66] World Health Organization, "Global Health Observatory Alcohol, heavy episodic drinking (population) past 30 days." Accessed: Jul. 27, 2023. [Online]. Available: https://www.who.int/data/gho/indicator-metadata-registry/imr-details/459

[67] "The Paris Agreement on Climate Change and Sri Lanka," The Lakshman Kadirgamar Institute. Accessed: Jul. 17, 2023. [Online]. Available: https://lki.lk/publication/the-paris-agreement-on-climate-change-and-sri-lanka/

[68] World Health Organization. "Health and climate change: country profile 2015: Sri Lanka." Accessed: Jul. 17, 2023. [Online]. Available: https://www.who.int/publications-detail-redirect/WHO-FWC-PHE-EPE-15.45

[69] "World Bank Climate Change Knowledge Portal." Accessed: Jul. 17, 2023. [Online]. Available: https://climateknowledgeportal.worldbank.org/

[70] J. McCambridge, M. Mialon, and B. Hawkins, "Alcohol industry involvement in policymaking: a systematic review," Addiction, vol. 113, no. 9, pp. 1571–1584, Mar. 2018, doi: 10.1111/add.14216.

[71] T. F. Babor, K. Robaina, and J. Noel, "The Role of the Alcohol Industry in Policy Interventions for Alcohol-Impaired Driving," in Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem, National Academies Press (US), 2018. Accessed: Jul. 26, 2023. [Online]. Available: https://www.ncbi.nlm.nih.gov/books/NBK500055/

[72] World Health Organization Regional Office for South-East Asia, "Alcohol Policy in the WHO South-East Asia Region: A Report".

[73] "National Authority on Tobacco and Alcohol." Accessed: Jul. 17, 2023. [Online]. Available: https://www.nata.gov.lk/web/index.php?lang=en

[74] World Health Organization. "Health taxes." Accessed: Jul. 26, 2023. [Online]. Available: https://www.who.int/health-topics/health-taxes

[75] "Sri Lanka hikes cigarette, alcohol taxes 20-pct," EconomyNext. Accessed: Jul. 17, 2023. [Online]. Available: https://economynext.com/sri-lanka-hikes-cigarette-alcohol-taxes-20-pct-124882

[76] Sri Lanka Inland Revenue, “Tax Chart Year of Assessment 2020/2021.” Accessed: Jul. 17, 2023. [Online]. Available: http://www.ird.gov.lk/en/publications/SitePages/Tax_Chart_2021.aspx?menuid=1404#

[77] G. D. Dayaratne, “State of the Sri Lankan Alcohol Industry and analysis of governing policies,” in Research studies: working paper series, no. no. 19. Colombo: Institute of Policy Studies of Sri Lanka, 2013.