WEEKLY EPIDEMIOLOGICAL REPORT

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Ministry of Health, Nutrition & Indigenous Medicine

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Alcohol Epidemiology; Trends, Techniques and Transitions

Epidemiology is defined as the study of the distribution and determinants of health-related states or events in specified human populations and its application to the control of health problems. Alcohol Epidemiology has developed by an assembly of four main pillars which are named as,

- Psychosocial **epidemiology**,
- Psychiatric **epidemiology**,
- Chronic disease **epidemiology**,
- **Epidemiological** sociology.

Psychosocial epidemiology discusses the distinct psychiatric disorders, including alcohol use disorders. They are not different from commonly seen aetiological factors like social stress. However, psychiatric epidemiology measures mental disorders including alcohol-related issues. Alcohol dependence is discussed in chronic disease epidemiology while epidemiological sociology is the area of social consequences of alcohol use and abuse.
In United Nations' Sustainable Development Goals (SDG), a special focus has been given to the harmful use of alcohol and its impact on human health. Harmful use of alcohol is defined according to the national context of alcohol per capita consumption of a person aged 15 or older within a calendar year in litres of pure alcohol.

Global Burden

In 2016, the harmful use of alcohol was responsible for 3 million deaths which account for 5.3% of total global deaths (7.7 % - Male and 2.6% - Female). Alcohol misuse has become the seventh leading risk factor for premature death and disability. According to World Health Organization (WHO), alcohol becomes the first risk factor when the 15–49-year range is considered. Further, it was reported that 14% of deaths in the 20-39 age group are related to alcohol. In 2018, WHO reported that more than 200 disease conditions and injury-related health events (liver diseases, road injuries, violence, cancers, cardiovascular diseases, suicides, tuberculosis, and HIV/AIDS) are attributed to alcohol consumption.

Local Burden

According to a study published in 2014, alcohol consumption is mainly a problem for Sri Lankan males. It revealed that the prevalence of current alcohol use was 23.7%. The figure for males was 48.1%, for females it was 1.2%. The same study reported that Sri Lankan Tamils had the highest current drinking (67.1%), and Sri Lankan Moors had the lowest (7.3%).

Defining Alcohol use

The definition of a standard drink varies from one country to another. However, in general, a standard drink contains 10-14g of alcohol which is equivalent to 12 ounces of beer, 8-9 ounces of malt liquor, 5 ounces of wine or 1.5 ounces shot of distilled spirits.
The definition of safe limits for alcohol use also varies worldwide. However, safe limits are less for women than men, typically about half as much.
Moderate alcohol use in dietary guidelines is defined as up to one standard drink for females or two drinks for males, whereas binge drinking is defined as drinking more than four standard drinks for women and five standard drinks for men.

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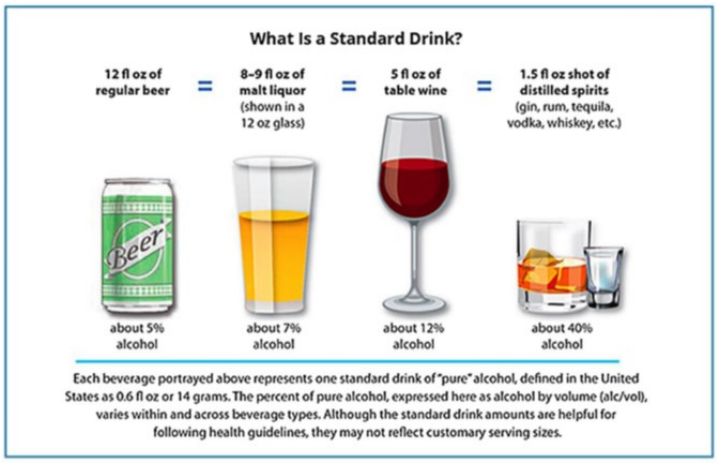


Global Alcohol use patterns

The average consumption of alcohol was likely to be 6.4l per person aged 15 or older, in 2016. The consumption has risen from 5.5l per person (aged 15 and above) in 2005. However, a clear geographical variation can be seen in the amount consumed, with the lowest per capita consumption of alcohol seen in the Middle East and Northern Africa, while the highest consumption is seen in Russia and Europe. However, a clear decline in per capita consumption of alcohol could be seen in Russia (18.1L in 2000 to 11.7L in 2016) and European (12.1L in 2000 to 9.8L in 2016) regions during the past decade. However, in contrast per capita consumption had increased in Western Pacific and South-East Asia during this time.

Nevertheless, it was seen that drinkers per capita have increased across the regions which suggest that those who drink at all are drinking more heavily than before.
The types of alcohol consumed by people vary according to geography. Eighty-eight per cent of the total alcohol consumption in the South-East Asian region consists of spirits, which account for 45% of the global consumption. However, Beer is the most consumed alcoholic beverage in North America, South America and Europe yet accounts for only 34% of the total global consumption.

Further, binge drinking was reported to be the highest in Europe. However, binge drinking prevalence has declined in Europe by 10-12% in both the total population and population of active drinkers from 2000 to 2016.

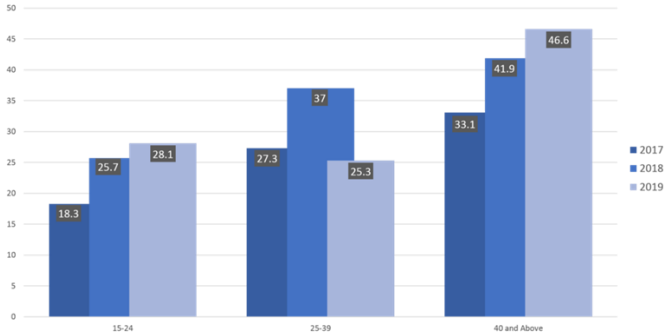
Alcohol epidemiology in Sri Lanka

Alcoholism is a major health burden in Sri Lanka. In 2018, the per capita consumption of alcohol in Sri Lanka amounted to 4.1 litres per annum. This was a dramatic increase from the year 2005 when it was 2.6 litres per annum.

Nearly 28% of the Sri Lankan population is known to consume alcohol during the last year. Current drinking is reported as 48% in males and 1.2% in females, with a higher prevalence in urban areas. In 2016, per capita consumption was estimated at 14.6L among drinkers, compared to the global average of 15.1L.
Arrack is the predominant beverage in Sri Lanka. From 2010 through 2017, arrack accounted for approximately 70% of the total consumption of alcohol in Sri Lanka. There is a declining trend in the consumption of arrack where it was 90% of the total consumption in 1990. However, the decline in the consumption in arrack was followed by an increase in the consumption of beer, where the total consumption was 4% in 1990 and 25% in 2015. Unrecorded alcohol consumption in Sri Lanka mainly consists of Kasippu.

Heavy, episodic pattern drinking is common among Sri Lankan drinkers where 31.7% of the drinkers consumed >60g of alcohol at least once during the last month, with a prevalence of 40.8% and 13.2% in males and females, respectively. It is found that 40% of all alcohol consumed by Sri Lankans is illicit, which carries health effects arising from its toxicity.

In 2016, alcohol-related deaths per 100,000 population were 2,880 due to liver cirrhosis, 675 due to road traffic accidents, and 649 due to cancer.



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Reference

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 29th– 04th Feb 2022 (05th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	13	1430	0	2	0	0	0	0	0	3	0	8	0	0	0	0	0	0	1	4	0	0	0	1	**1**	**100**
Gampaha	90	1349	0	0	0	0	0	0	0	0	0	10	0	0	0	0	0	0	2	4	0	2	0	0	**0**	**72**
Kalutara	56	385	0	3	0	0	0	0	5	5	9	42	0	1	0	1	0	0	1	7	2	5	0	0	**0**	**100**
Kandy	41	339	0	3	0	0	0	0	0	0	1	15	1	3	0	3	0	0	0	5	0	0	0	0	**1**	**97**
Matale	15	70	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	1	2	0	0	2	38	**5**	**100**
NuwaraEliya	3	28	0	3	0	0	0	0	0	0	2	6	0	2	0	0	0	0	1	1	0	0	0	0	**6**	**100**
Galle	52	351	0	0	0	0	0	0	0	0	8	60	0	3	0	0	0	0	1	4	0	3	0	0	**0**	**100**
Hambantota	30	134	0	5	0	0	0	0	0	0	3	17	1	4	0	1	0	0	1	1	0	1	11	63	**3**	**100**
Matara	27	119	0	1	0	0	0	0	0	0	2	17	0	0	0	0	0	0	0	2	0	1	6	32	**2**	**100**
Jaffna	66	471	1	3	0	1	1	14	3	7	1	8	24	135	0	2	0	0	2	16	0	2	0	0	**29**	**88**
Kilinochchi	3	27	0	1	0	0	0	0	0	6	0	1	0	3	0	0	0	0	0	0	0	0	0	1	**25**	**100**
Mannar	13	123	0	1	0	0	0	0	0	0	1	4	0	0	0	0	0	0	0	0	3	7	0	0	**33**	**84**
Vavuniya	3	24	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	**0**	**95**
Mullaitivu	1	13	0	0	0	0	0	2	0	0	1	6	1	2	0	0	0	0	1	2	0	0	0	0	**10**	**100**
Batticaloa	23	129	0	9	1	1	0	0	0	0	1	5	0	0	0	0	0	0	1	2	1	6	0	0	**23**	**100**
Ampara	0	31	0	2	0	0	0	0	0	0	1	15	0	1	0	0	0	0	0	7	0	3	0	2	**9**	**100**
Trincomalee	33	143	0	1	0	0	0	1	0	0	0	3	0	0	0	4	0	0	0	0	0	2	0	0	**22**	**92**
Kurunegala	58	698	0	2	0	1	0	0	0	0	4	20	1	7	0	0	0	0	1	5	0	2	10	67	**0**	**100**
Puttalam	52	487	0	0	0	0	0	0	0	0	1	6	1	2	0	0	0	0	0	0	2	8	0	1	**10**	**92**
Anuradhapur	14	73	0	0	0	0	0	0	0	0	9	43	1	3	0	1	0	1	1	2	0	2	4	60	**0**	**92**
Polonnaruwa	4	30	0	1	0	0	0	0	0	1	3	30	0	0	0	0	0	0	1	1	0	1	9	35	**0**	**88**
Badulla	21	272	0	4	0	0	0	0	0	0	1	30	1	6	1	12	0	0	0	3	0	1	1	4	**0**	**100**
Monaragala	11	48	0	0	0	0	0	2	0	1	8	58	0	3	0	5	0	0	3	5	0	6	1	11	**0**	**100**
Ratnapura	69	313	0	8	0	2	0	1	0	14	15	123	2	4	0	4	0	0	4	6	3	3	9	29	**0**	**95**
Kegalle	29	225	0	1	0	0	0	1	0	3	5	75	1	2	0	0	0	0	1	7	1	5	0	2	**0**	**100**
Kalmune	15	49	0	11	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	2	0	0	**20**	**100**
SRILANKA	**86**	**7361**	**1**	**61**	**1**	**6**	**1**	**21**	**8**	**40**	**76**	**611**	**34**	**181**	**1**	**33**	**0**	**1**	**23**	**87**	**13**	**62**	**53**	**346**	**6**	**95**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 04th Feb , 2022 Total number of reporting units 361 Number of reporting units data provided for the current week: 344 **C****-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

29th - 04th Feb 2022 (05th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	01	00	00	00	00	00	01	02	07	06	11.1 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	00	00	00	00	01	04	07	- 42.8 %
Measles	02	00	00	00	00	00	00	00	00	02	00	03	03	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	402	02	45	12	07	14	05	01	25	513	107	898	629	42.7 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

NA = Not Available

Covid-19 Prevention & Control

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

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