

# Country snapshot

# Sri Lanka

## Alcohol and health

This snapshot provides an overview of alcohol consumption in Sri Lanka, its health effects, the current policy response and key opportunities for action. The snapshot was developed to accelerate progress in the implementation of the five high-impact **SAFER** interventions (1), in the context of the [Global Alcohol Action Plan](#) (2).

As part of the **SAFER** initiative, country teams, supported by WHO, identified opportunities to advance action on alcohol policies and interventions. These cross-disciplinary country teams were nominated from different ministries or agencies with a mandate to work on alcohol, such as ministries of health, finance, trade, justice and transport.



## ► Opportunities for action



Strengthening restrictions on the availability of alcohol



Raising tax revenue of excise duty on alcohol



# Country context

Sri Lanka has achieved substantial gains in maternal and child survival as well as control and prevention of infectious diseases (3). However, the public health gains of the past decades are at stake with the more recent economic crisis (4), which is also compromising growth and development (5). Noncommunicable diseases (NCDs) are the predominant cause of mortality, accounting for about 75 percent of all deaths, with the remainder attributable to communicable, maternal, perinatal, and nutritional conditions making up approximately 15 percent of

deaths in 2021. Disability-adjusted life years also reflect a much higher burden from NCDs, consistent with the country's epidemiological transition toward chronic conditions dominating overall disease burden (6). Sri Lanka's economy is anchored in the services sector, including tourism, industry, including construction and manufacturing, and agriculture, with targeted support from international financing aimed at expanding energy, agriculture, tourism, and regional development to boost private sector growth and employment (7).

## ► Alcohol consumption trends

- In 2022, alcohol per capita consumption was 2.7 litres per year l/yr (15+ years, pure alcohol) compared with 3.6 l/yr regionally and 5 l/yr globally (8).
- In 2021, 20.7% of adults (18–69 years) were current drinkers,<sup>1</sup> 43.3% of men in comparison to 1.2% of women<sup>3</sup> (9).
- In 2021, 15.1% of men (18–69) engaged in heavy episodic drinking<sup>2</sup>, compared to 0.3% of women<sup>3</sup> (9).
- In 2021, 65.1 % of adults (18–69 years) were lifetime abstainers, 34.2% of men compared to 91.9% of women<sup>3</sup> (9).

## ► Unrecorded alcohol

- In 2022, unrecorded per capita consumption was 0.1 litres of pure alcohol, 15+ years population (8).
- Unrecorded alcohol is widely popular, available and accessible in semi-urban and rural areas and has been associated with binge drinking, intoxication, poisoning and self-harm (10).

## ► Health and socio-economic indicators

<b>23.2 M</b> population (2025) (11)	<b>15.2%</b> between 15 and 24 years old (2025)(11)	<b>77.2 years</b> life expectancy at birth (2021) (12)	<b>98.96 billion</b> gross domestic product Current USD (2024) (14)	<b>3.68 %</b> current health expenditure as % of the gross domestic product (2023) (15)
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<sup>1</sup> Current drinkers refers to having consumed alcohol in the past 30 days.

<sup>2</sup> Heavy episodic drinking refers to consuming 6 or more drinks on any occasion in the past 30 days.

<sup>3</sup> Data is sourced from national authorities and may not represent WHO official statistics.

# Consequences of alcohol consumption

## ► Mortality and morbidity related to alcohol



### Alcohol use disorders<sup>1</sup>

was **5.9% among men** over 15 years and **0.7% among women** over 15 years in 2016 (8).



### Liver cirrhosis death rates<sup>2</sup>

**among men was 11.1** while **among women was 2.9** in 2019 (8).

## ► Road traffic deaths



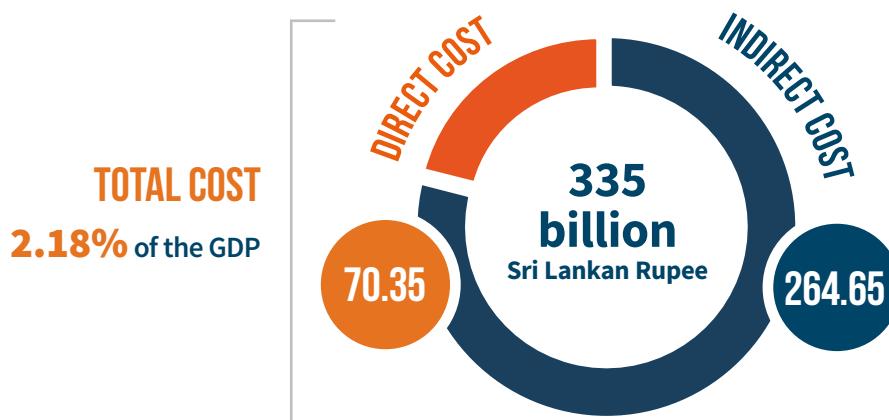
In 2019, **19.3% of road traffic deaths** was attributed to alcohol (8). Between 2005 and 2019, **4.5% of the seven main causes of road traffic accidents** were **caused by alcohol** (16).

## ► Young people



In 2019, **18.3% of young people** (15–19 years) were **current drinkers of alcohol** (8).

## ► Economic cost of alcohol consumption



Every year, alcohol use causes around 335 billion Sri Lankan Rupee in economic losses in Sri Lanka, equivalent to 2.18% of the gross domestic product. The indirect costs include absenteeism, presenteeism and decreased labour force (17)

<sup>1</sup> A problematic pattern of alcohol use leading to significant distress or impairment, encompassing conditions like alcohol dependence and harmful use, characterized by a loss of control, craving, tolerance, withdrawal, continued use despite negative consequences (health, social, work), and neglecting other activities, classified under ICD-10 codes (F10.1 & F10.2).

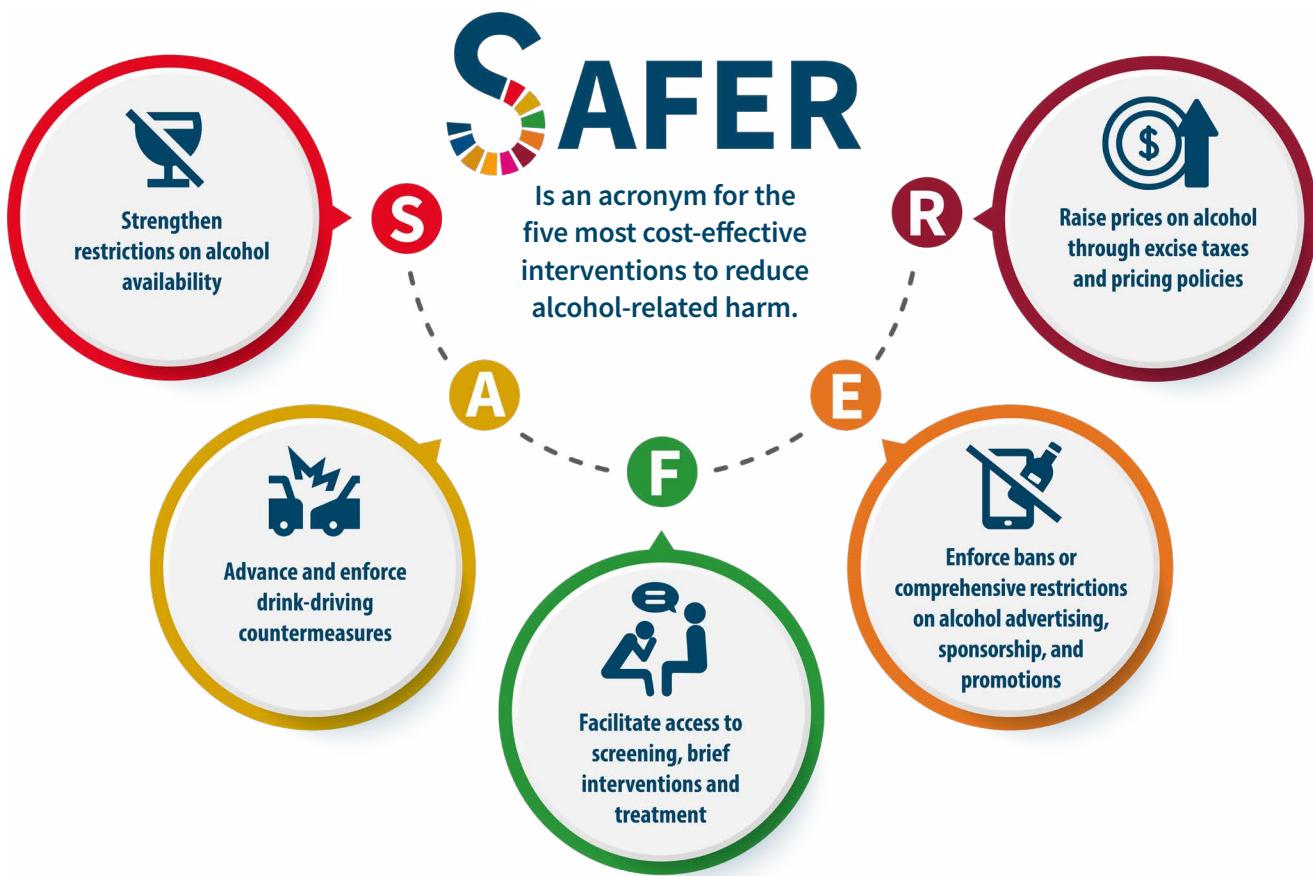
<sup>2</sup> Alcohol-attributed liver cirrhosis age-standardized death rates, 15+ years, per 100 000 population.



**A**lcohol consumption results in significant harm to individuals, their families and societies. Alcohol (ethanol) is a psychoactive and toxic substance that impacts multiple biological systems. The consumption of alcohol is a causal factor in more than 200 disease and injury conditions (18). Alcohol was estimated to have caused 2.6 million deaths worldwide in 2019 (19). A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including those due to road traffic crashes, violence and suicide, particularly in young people (15). Alcohol consumption presents a significant challenge for countries,

mainly due to its economic burden on the health system, criminal justice system and labour productivity.

Cultural, social and religious norms influence alcohol consumption, as well as its normalization (acceptability), ease of purchase (availability) and price (affordability). Addressing this multidimensional causality requires a portfolio of high-impact interventions. **SAFER** is a technical package that comprises five population-based interventions to reduce alcohol-related harm, allowing countries to reduce alcohol consumption and related health, social and economic consequences (1).



# Policy mapping in the context of SAFER interventions<sup>1</sup>

## Strengthen restrictions on alcohol availability

- Alcohol beverages are sold in licensed premises and outlets (20). Sale is allowed by retail licensed premises from 8:00 am until 10:00 pm. Alcohol consumption in licensed hotel and restaurant is permitted from 10:00 am to 12:00 pm.
- Alcohol outlets must be at least 100 metres distant from schools and religious places (unpublished, communication [August 2023]).
- The government establishes days on which licensed premises are closed, e.g. full moon days and national holidays (unpublished, communication [August 2023]).
- A person shall not sell, offer for sale, or permit or promote the sales of any alcoholic product to any person under 21 years of age (21).

## Advance and enforce drink-driving countermeasures

- The blood-alcohol concentration limit for driving is 0.08 g/dl (22).
- The blood-alcohol concentration limit for young people and commercial drivers is 0.08 g/dl (22).

## Facilitate access to screening, brief interventions and treatment

- There are 220 mental health clinics providing treatment for alcohol related disorders as well as 11 alcohol rehabilitation centres across the country (unpublished, communication [August 2023]).

## Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotions

- Advertisement, sponsorship, promotion, and free distribution of alcohol products are prohibited. However, in foreign films where there are alcohol references and or images, alcohol scenes are blurred and hot line counselling numbers displayed with supportive messages (9).

## Raise prices on alcohol through excise taxes and pricing policies

- Currently, the country applies different tax structures and rates for domestic production and importation of alcoholic beverages. The alcohol taxes are specific taxes mostly based on litres of pure alcohol, except for bottled toddy and imported alcoholic beverages, which are taxed per bulk litre (23). Since 2022 a new tax for social security is applied on all alcoholic beverages at 2.5% on the same basis as VAT.
- Automatic indexation of the alcohol excise tax to inflation applies since 2024.
- In 2019, a sticker management system was implemented to enhance the protection of excise revenue and deter counterfeits (24).

<sup>1</sup> Policy mapping was conducted as part of a landscape assessment report for the SAFER inter-country learning initiative. Cross-disciplinary country teams were comprised of nominated representatives from ministries and agencies with a mandate to work on alcohol such as health, finance, trade, justice and/or transport.



# Opportunities for Action

**A**s part of the SAFER inter-country learning initiative, country teams, supported by WHO, identified opportunities to advance

action on policies and interventions. Key points are captured below and could be considered as potential future actions.

## Increasing the price of alcoholic beverages through taxes and pricing policies



### Key actions could include

- Reform the alcohol tax policy and strengthen tax administration to increase alcohol tax and price while reducing alcohol affordability and consumption.
- Improving the monitoring and information tax system.
- Reviewing the tax associated with beer and overall the alcohol tax structure.

## Strengthening restrictions on alcohol availability of alcohol



### Key actions could include

- Upgrading the regulatory mechanism for 'Toddy' (a local alcohol drink).
- Developing an online licensing platform.
- Reviewing the ownership and property transfer policy of liquor licenses.
- Restricting the opening hours.

## General key actions



- Improving security features and security management system.
- Assessing the possibility to introduce health warning labels on alcoholic products.
- Conducting advocacy and awareness campaigns.
- Implementing multi-sectoral alcohol prevention interventions, including capacity building for healthcare professionals and communities.

## Additional resources

- National Authority on Tobacco & Alcohol Act (Parliamentary Act no 27 of 2006) – NATA Act (21)
- National Policy on Alcohol Control (25)
- Motor Traffic Act (26)
- Alcohol Policy in the WHO South-East Asia Region: A Report (27)
- Making South-East Asia SAFER from alcohol-related harm: Current status and way forward (28)
- The Political Economy Dynamics of Alcohol Control in Sri Lanka (2024) (29)
- Public Opinion Poll Results on Alcohol Consumption in Sri Lanka (30)
- Alcohol Profile 2019/2021: An Insight of alcohol industries in Sri Lanka (31)
- Alcohol and Sustainable Development Goals in Sri Lanka (32)



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### Contributors

**Lakpriya Viraj Rohan Ratnayake**, Ministry of Health, Sri Lanka

**Jayanie Chandima Wickrama Arachchi**, Ministry of Finance, Economic Stabilization and National Policies, Sri Lanka

**Manannalage Bimsara Malshan Piyasiri**, National Authority on Tobacco and Alcohol, Sri Lanka

**Methisge Ann Sudarshani Dabarera**, Economic Stabilization and National Policies, Sri Lanka

**Jayantha de Silva**, Excise Department of Sri Lanka

**Thirupathy Suveendran**, World Health Organization Country Office in Sri Lanka

**Andrea Bruni**, World Health Organization Regional Office for South-East Asia

**Sajeeva Ranaweera**, World Health Organization Regional Office for South-East Asia

**Alyson Brown**, World Health Organization

World Health Organization Department of Health Determinants, Promotion and Prevention

World Health Organization Department of Noncommunicable Diseases and Mental Health

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#### Less Alcohol Unit

Department of Health Promotion and Social Determinants

Website: <https://www.who.int/teams/health-promotion/reduce-the-harmful-use-of-alcohol>

E-mail: [lessalcohol@who.int](mailto:lessalcohol@who.int)

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