

Country snapshot Nepal

Alcohol and health



This snapshot provides an overview of alcohol consumption in Nepal, 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 alcohol promotion, advertising and sponsorship. Ensuring enforcement of restrictions.



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Country context

Noncommunicable diseases are a significant health burden in Nepal, accounting for 49% premature deaths from all NCDs deaths (3). In response, the government has developed a number of

key strategies and policy responses, which include a multi-sectoral action plan aimed at harnessing the power of partnership and building the capacity of health workers (4).

▶ Alcohol consumption trends

- In 2022, alcohol per capita consumption (15+ years, pure alcohol) was 3.7 litres per year (l/yr) compared with 3.6 l/yr regionally and 5 l/yr globally (5).
- In 2020, 23.9% of adults (15+ years) were current drinkers¹, 25.8% men and 17.8% women (6).
- In 2020, 9.5% of adults (15+ years) engaged in heavy episodic drinking², 15.1% of men compared to 5.1% of women (6).
- In 2020, 66.1% of adults (15+ years) were lifetime abstainers³, 56.2 % men and 74.8% women (6).



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▶ Unrecorded alcohol

- Unrecorded alcohol comprises approximately two-thirds of the total alcohol consumed (6). The majority of unrecorded alcohol consumed was homebrewed spirits such as Aila/Raksi and wine such as Jaad (6).



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▶ Health and socio-economic indicators

29.65 M population (2024) (7)	19.69% (15–24 years) (2024) (8)	70 years life expectancy at birth (2021) (9)	42.91 billion gross domestic product Current USD (2024) (10)	6.16 % current health expenditure as % of the gross domestic product (2023) (11)
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¹ Current drinkers refers to drinkers who consumed alcohol in the last 12 months, age-standardized.
² Heavy episodic drinking refers to having consumed 6 or more standard drinks on a single occasion in the past 30 days, age-standardized.
³ Lifetime abstainers is defined as the proportion of adults (15+ years) in a given population who have not consumed any alcohol during their lifetime, assessed at a given point in time.

Health consequences of alcohol consumption

► Mortality and morbidity related to alcohol



Alcohol use disorders¹

among males (15+ years) is **3.1%**
12 month prevalence (2016) (5).

among females (15+ years) is **0.6%**
12 month prevalence (2016) (5).



Liver cirrhosis death rates²

among males (15+ years) is **13.4 per 100 000**
population (2019) (5).

among females (15+ years) is **5.6 per 100 000**
population (2019) (5).

► Road traffic deaths



In 2019, **16.3%** of road traffic deaths were
attributed to alcohol (12).

Approximately one in six adults reported they
drove a vehicle while under the influence of
alcohol in the past 30 days (6).

► Young people



In 2019, **11.2% of young people**
(15–19 years) consumed alcohol, **12.3% of**
boys and **10.1% of girls** (5).

*Alcohol is a psychoactive substance with dependence-producing properties.
The consumption of alcohol and problems related to alcohol vary widely around
the world, but the burden of alcohol-related disease and death remains significant
in most countries (13)*



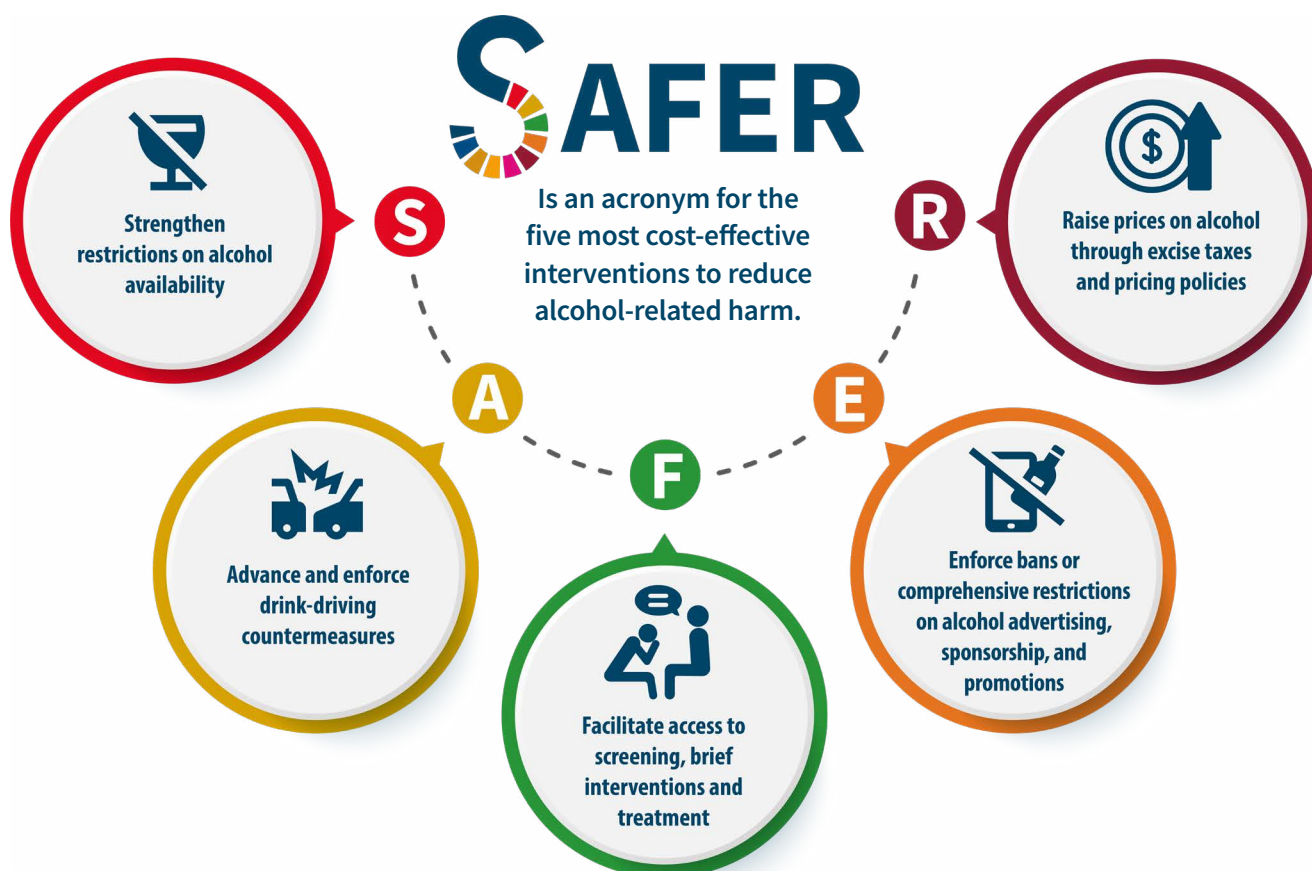
¹ Alcohol use disorder refers to problematic pattern of alcohol use leading to significant distress or impairment, encompassing conditions like alcohol dependence and harmful use, characterized by a loss of control, craving, tolerance, withdrawal, continued use despite negative consequences (health,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

² Alcohol-attributed liver cirrhosis age-standardized death rates per 100 000 population.

Alcohol 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 (14). Alcohol was estimated to have caused 2.6 million deaths worldwide in 2019 (15). A significant proportion of the disease burden attributable to alcohol consumption arises from unintentional and intentional injuries, including road traffic crashes, violence and suicide, particularly among young people (14). 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 interventions¹

Strengthen restrictions on alcohol availability

- *Liquor Act 1974* refers to the licensing issue and renewal, the right of VAT officers to conduct raids and administer punishment and reward for information on illicit alcohol (16).
- *Alcohol Rules 1977* refers to the prohibition of selling alcohol in any form, in public places such as the compound of a temple, educational institutions, schools and colleges or within the 200 yards of these places (17).
- *Hotel Management and Sale and Distribution of Liquors (Control) Act, 1966* (2nd Amendment, 2010) refers to the selling and serving of alcohol from 12:00 noon to 24:00 (weekdays) and 12:00 to 01:00 am on Fridays by hotels and shops (18).
- *Alcohol Sales and Distribution Regulatory Directives 2008* provides the following:
 - Liquor shops can only open between 10:00 and 22:00
 - Sales are prohibited to young people under 18 years
 - A separate section is required in department stores for alcohol (18, 19).
- *The Consumer Protection Act, 2018* – prohibits producing or selling goods or services that cause adverse effect on health (20).

Enforcing alcohol availability legislation is challenging (unpublished communication, [August 2023]). For example, in 2019, those aged between 15 to 19 years of age reported not having difficulty accessing alcohol (6).

Advance and enforce drink-driving countermeasures

- *Motor Vehicles and Transport Management Act 1993* – prohibits the use of alcohol or any other intoxicating substance by drivers while driving a vehicle (21).

Facilitate access to screening, brief interventions and treatment

- In primary health care, brief interventions for alcohol use are part of the Package of Essential Non-Communicable Diseases² (unpublished communication, [August 2023]). Limited resources hamper its implementation (23).
- Two government facilities provide rehabilitation for alcohol and substance use, while additional services are provided by non-governmental organisations (unpublished communication, [August 2023]).

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

- The *National Broadcasting Act, 1993* (3rd Amendment, 2010) discourages but doesn't prohibit the advertising of alcoholic products (24).
- The *Public Health Service Act, 2018*, article 45 of the act prohibits advertising the production, distribution, dissemination and transmission of alcohol materials (25).
- In 2019, approximately 20% of adults reported seeing advertisements promoting alcohol on various media platforms (6).

Raise prices on alcohol through excise taxes and pricing policies

- The current excise tax structure applies to alcoholic beverages:
 - Beer: specific volumetric excise tax.
 - Wine: specific volumetric excise tax with tiers and higher rates for alcohol with higher alcohol concentration.
 - Spirits: alcohol content based excise tax with tiers and higher rates for alcohol with higher alcohol.
- The later tax increase took place in December 2024 (26).

¹ 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.

² The Package of Essential Non-Communicable Diseases assesses the risk of alcohol abuse using the CAGE questionnaire, motivational interviewing with the 5A's (Ask, Advise, Assess, Assist and Arrange) and motivational counselling with 5R's (Relevance, Risk, Rewards, Roadblocks and Reception) (22)

Opportunities for action

As part of the SAFER inter-country learning initiative, country teams, supported by WHO, identified opportunities to

advance action on policies and interventions. The following are key areas that could be explored for future action.

Strengthening restrictions on alcohol promotion, advertising and sponsorship. Ensuring enforcement of restrictions.



Key actions for enforcing checks on alcohol advertisements on digital, print and other forms of media could include:

- Strengthening implementation of the Public Health Service Act 2018, article 45, which provides a comprehensive ban on promoting, sponsoring, and advertising alcoholic products.
- Conducting enforcement checks of alcohol advertisements in all forms of media.
- Training for inspectors/enforcers at the provincial level.
- Training for administrative chiefs, health coordinators, and police at the municipal level.
- Developing enforcement and sanction regulations for Public Health Service Act 2018, article 45.

Key actions for generating social mobilization among enforcement agencies, civil society, and municipal administration could include:

- Conducting orientation meetings between enforcement agencies, civil society, and the Federation of Mayors.
- Conducting training for media, health personnel and others.
- Creating a forum for mayors for alcohol control.

National resource policies

- Multi-sectoral action plan for the Prevention and Control on Non-Communicable Diseases 2021-2025 (27).
- Draft Alcohol Policy, developed in 2017, contains the key points:
 - A total ban on alcohol advertisement, promotion and sponsorship.
 - Decreasing availability: in the future, alcohol will only be sold by specially licensed shops for certain hours.
 - Decreasing alcohol availability: the minimum age for alcohol purchases is increased from 18 to 21 years.
 - All alcohol containers will have at least a 75% health warning.
 - Alcohol will no longer be used in Government-sponsored programs and events.
 - Alcohol can no longer be sold in public places, including heritage sites, educational institutions, and sports complexes (28).

Resource policies

- Alcohol Policy in the WHO South-East Asia Region: A Report (2017) (29).
- Making South-East Asia SAFER from alcohol-related harm: Current status and the way forward (2019) (30).

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connect, share, practice

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