

Country snapshot Timor-Leste

Alcohol and health



This snapshot provides an overview of alcohol consumption in Timor-Leste, 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



The draft alcohol control bill will be reviewed and revised, as necessary, with the aim of progressing it through parliament.



Identify SAFER interventions for implementation.

Country context

In May 2002, Timor-Leste became the first new sovereign state of the 21st century (3). Significant work has been undertaken in rebuilding infrastructure such as roads, ports and airports, water and sanitation

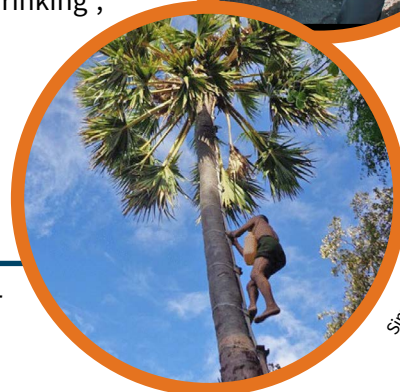
systems, government facilities and institutional frameworks (3). Timor-Leste strongly focuses on noncommunicable disease prevention, with approximately 51% of deaths attributed to such diseases, in 2021 (4).

▶ Alcohol consumption trends

- In 2022, alcohol per capita consumption (15+ years, pure alcohol) was 0.2 litres per year (l/yr) compared with 3.6 l/yr regionally and 5 l/yr globally (5).
- In 2020, 34.5% of adults (15+ years) were current drinkers¹, 43.9% men and 24.9% women (5).
- In 2020, 9.2% of adults (15+ years) engaged in heavy episodic drinking², 12.8% of men compared to 5.5% of women (5).
- In 2020, 53.4% of adults (15+ years) were lifetime abstainers³, 43.7 % men and 63.3% women (5).



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▶ Unrecorded alcohol

- In 2019, unrecorded per capita consumption was 0.1 litres per year (15+ years, pure alcohol) (5).

▶ Health and socio-economic indicators

1.4 M
population
(2024) (6)

21.7%
(15–24 years)
(2024)(7)

68 years
healthy life
expectancy
at birth
(2021) (8)

1.88 billion
gross domestic
product
Current USD
(2024) (9)

9.6 %
current health
expenditure as
% of the gross
domestic product
(2023) (10)

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%**
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 **4.5 per 100 000**
population (2019) (5).

among females (15+ years) is **2.7 per 100 000**
population (2019) (5).

► Road traffic deaths



In 2019, **16.9% and 13%** of road traffic deaths
were attributed to alcohol in **males** and
females respectively (11).

► Young people



In 2019, **16.3% of young people**
(15–19 years) consumed alcohol, **17.8% of boys**
and **14.8% 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 (12)



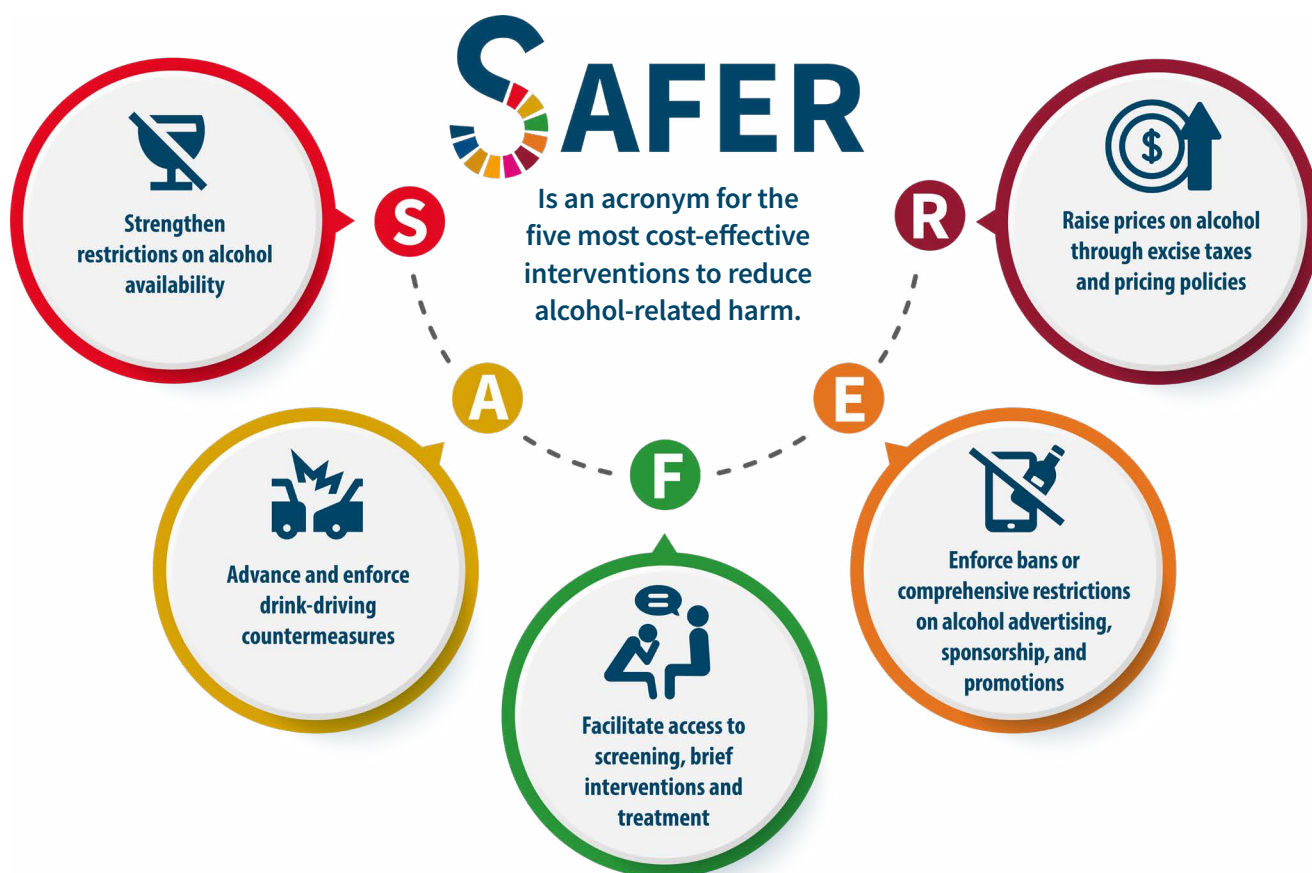
¹ A problematic pattern of alcohol use leading to significant distress or impairment, encompassing conditions like alcohol dependence and harmful use, characterized by a loss of control, craving, tolerance, withdrawal, continued use despite negative consequences (health, social, work), and neglecting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

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 (13). Alcohol was estimated to have caused 2.6 million deaths worldwide in 2019 (14). 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 (13). 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

- Alcohol is very available in Timor-Leste ([Regional Office for South-East Asia], [World Health Organization], unpublished information, 2019)).
- In 2019, the country had 15 distributors and 206 licensed on-premise outlets and many unlicensed outlets also operate in the country ([Regional Office for South East Asia], [World Health Organization], unpublished information, 2019)).
- Timor-Leste hasn't established a licensing system for the sale of alcohol ([Regional Office for South-East Asia], [World Health Organization], unpublished information, 2019)). For example, there is no:
 - regulation regarding the hours and days of sale that alcohol can be purchased from both on-premise and off-premise outlets (15) and or;
 - legal minimum age required concerning the sale of alcohol (15).

Advance and enforce drink-driving countermeasures

- The blood-alcohol concentration limit for driving a vehicle is 0.05 g/dl (2017) (16).
- The blood-alcohol concentration limit for young people and commercial drivers is 0.05 g/dl (2017) (16).

Facilitate access to screening, brief interventions and treatment

- Screening for alcohol use as a risk factor for hypertension and diabetes has started as part of triage and counselling in primary health care.

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

- There are restrictions on alcohol use in public places, including healthcare facilities, education buildings, government offices and public transport (17).
- There are no legally binding regulations on alcohol advertising, product placement or sponsorship, ([Regional Office for South-East Asia], [World Health Organization], unpublished information, 2019)).

Raise prices on alcohol through excise taxes and pricing policies

- In accordance with the New Excise Tax for 2023 the following excise tax apply (18):
 - Beer with alcohol content less than 4.5%: USD 2.7/litre
 - Beer with alcohol content of 4.5% or more: USD 4.5/litre
 - Wine, Vermouth and other fermented beverages, e.g. cider, perry: USD 4.5/litre
 - Ethyl alcohol (other than denatured) and other alcohol beverages: USD 8.9/litre

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.

Opportunities for action

As part of the SAFER inter-country learning initiative, country teams supported by WHO identified opportunities to advance policy and intervention action. Key points are captured below and could be considered potential future actions.

Review alcohol control bill and progress bill through parliament



Key actions

- Develop Terms of Reference for reviewing the draft Alcohol Control Bill, which includes establishing a working group.
- Review Alcohol Control Bill.
- Pending review, progress the Alcohol Control Bill

SAFER Interventions

- Identify SAFER interventions for implementation.

National resource

- Multisectoral action plan for the prevention and control of noncommunicable diseases in Timor-Leste (2018- 2021) (19).
- Addressing mental health in Timor-Leste (20).

Regional resources

- Alcohol Policy in the WHO South-East Asia Region: A Report (2017) (17).
- Making South-East Asia SAFER from alcohol-related harm: Current status and way forward (2019) (15).



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► Acknowledgements

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connect, share, practice

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