

Country snapshot Bangladesh

Alcohol and health



This snapshot provides an overview of alcohol consumption in Bangladesh, 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)¹.

As part of the **SAFER** initiative, country teams, identified opportunities to advance action on alcohol policies and interventions. This work has cross-disciplinary applications for ministries and agencies with a mandate to work on alcohol, such as Ministry of Health and Family Welfare, Ministry of Home Affairs, and National Board of Revenue and Customs.

► Opportunities for action



Strengthen restrictions on alcohol availability



Facilitate access to screening, brief intervention and treatment



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

¹ ¹ The Global Alcohol Action Plan 2022-2030 was adopted by Member States at the Seventy-fifth World Health Assembly.



Country context

In recent decades Bangladesh has made notable socioeconomic progress, including poverty reduction, increasing life expectancy and improvement in population health status and indicators such as reduction in under-five mortality rate (3). Since 2000, agriculture has been a key driver in reducing poverty with the sector

providing more than 40% of total employment in Bangladesh and playing a vital role in promoting the growth of manufacturing and services (4). Despite these successes, challenges still remain such as an increasing noncommunicable disease burden (3), where in 2021 noncommunicable diseases accounted for 71% of total deaths in Bangladesh (5).

► Alcohol consumption trends

- In 2022, total alcohol per capita consumption remained low (negligible when measured as litres of pure alcohol per year in adults (15+ years) compared to 3.6 l/yr at the regional level and 5.0 l/yr at the global level (6).
- It is estimated that in 2020, 5.4 % of adults consumed alcohol¹, 8.0% of males compared to 3.0% of females (6).
- In 2020, 1.1% of people (15+ years) engaged in heavy episodic drinking², 1.9% of males compared to 0.4% of women (6).

► Culture and tradition

- Religious and cultural norms have contributed to low consumption rates in Bangladesh (7).
- An official permit is required for people to purchase and consume alcoholic beverages. Indigenous Peoples are permitted to produce, sell and consume traditional alcoholic drinks (7).

► Unrecorded alcohol

- In 2019, unrecorded alcohol per capita consumption was negligible when measured as litres of pure alcohol per year for adults aged 15 years and older (6).
- The seizure of illicit country liquor and Chalai mod (local alcoholic beverages) during the year 2020 was 10 962.87 liters and the amount of foreign liquor in that period was 155.84 liters, 2317 bottles and 5587 cans of beer (8).
- Health concerns with home-made alcohol products include impurities in local production or toxic content that can result in illness or even death (7).

¹ 'Consumed alcohol' in this context refers to having drunk alcohol in the past 12 months, age-standardized.

² Heavy episodic drinking refers to consuming 6 or more drinks on any occasion in the past 30 days, age-standardized.

Health consequences of alcohol consumption

► Mortality and morbidity related to alcohol



Alcohol use disorders

among males (15+ years) is **1.4%**
12 month prevalence (2016) (6).

among females (15+ years) is **0.3%**
12 month prevalence (2016) (6).



Liver cirrhosis **due to alcohol** use death rates¹

among males is **3.9 per 100 000**
population (2021) (9).

among females is **1.7 per 100 000** population
(2021) (9).

► Road traffic deaths



There were over **30 000 WHO estimated road traffic fatalities** in 2021 (10).

In 2019, **the alcohol-attributable road traffic crash death rate** was **0.2 per 100 000** population, age-standardized (6).



► Young people

In 2019, **1.5% of young people** (15–19 years) were consuming alcohol (11).

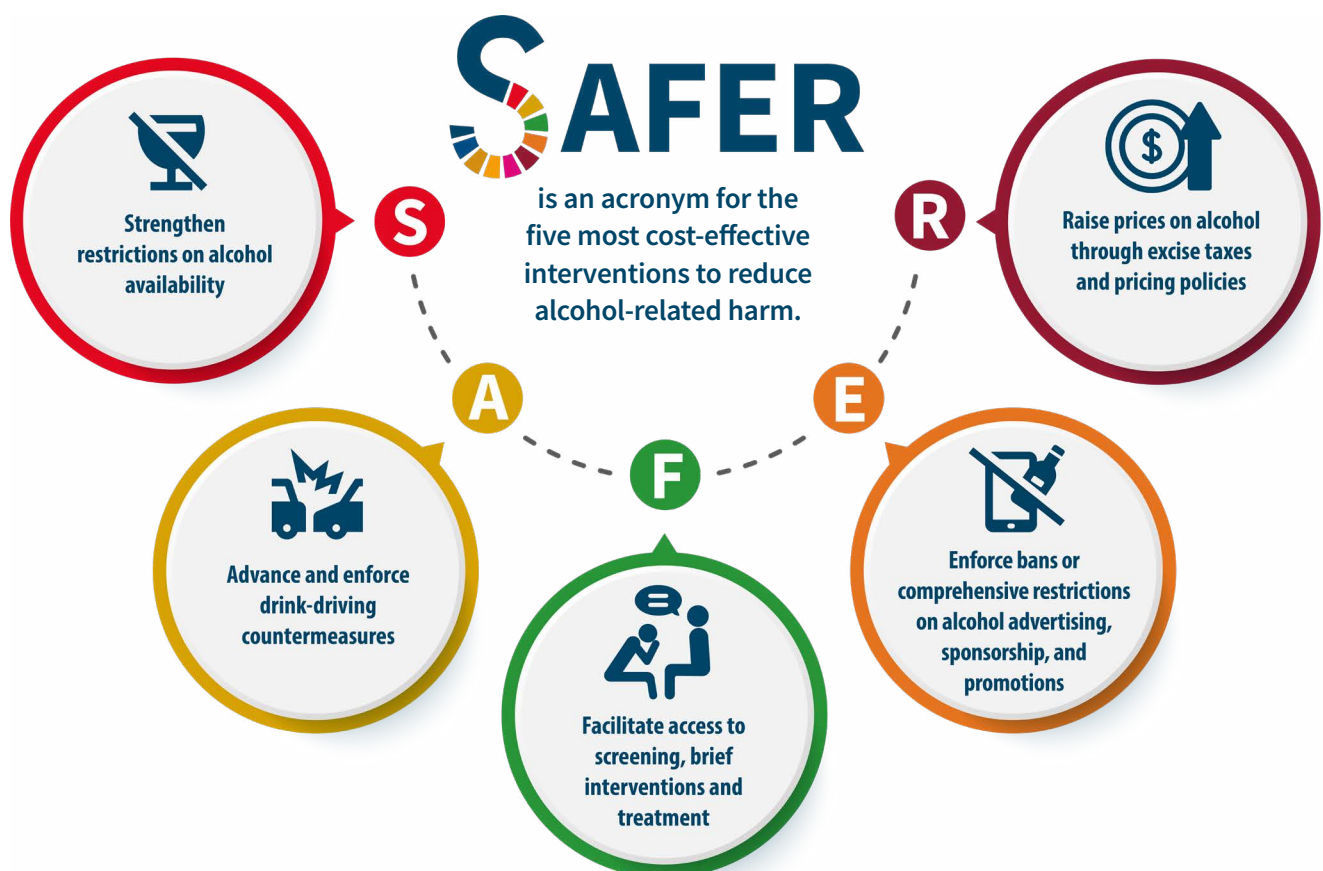
Alcohol is a psychoactive substance with dependence-producing properties. The consumption of alcohol and problems related to alcohol vary widely around the world, but the burden of alcohol-related disease and death remains significant in most countries (11, 12).



¹ Age-standardized death rates per 100 000, estimates for the year 2021.

Alcohol consumption can result 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 (12). Worldwide, 2.6 million deaths result from alcohol consumption yearly (11). 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 (11). 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

In 2022, The Ministry of Home Affairs, Government of Bangladesh introduced new alcohol laws titled **Alcohol Control Rule 2022** regarding the sale, marketing, import-export, storage, production, processing and consumption of alcohol (13).

Strengthen restrictions on alcohol availability

- An official permit is needed for the individual consumption and use of alcohol products (13).
- People must be 21 years old to purchase and consume alcohol (13).
- Vendors can sell a maximum of three units of alcohol to permitted holders at one time and a maximum of seven units for one month with exceptions for special permit holders (13).
- Authorities can issue licenses to sell alcohol in an area if there are 100 local or foreign liquor permit holders (13).
- The import-export, production, processing, supply, marketing, sale, purchase, storage, and containing of alcohol require licenses (13).
- Bars, off-trade shops, on-trade shops, and local liquor shops must be closed on Fridays, some religious holidays and other government declared holidays (13).
- Conditions were developed for establishing bars in hotels, restaurants, and clubs. Conditions required include at least 200 permit holder members, export processing zones, theme parks, and the government's development projects and locations where foreign nationals reside (13).
- Bars selling alcohol are required to close by 10 pm, while the bars with late closing license close at 2.00 am (13).

Advance and enforce drink-driving countermeasures

- The blood-alcohol concentration limit for the general population and young people is ≤ 0.03 g/ (10).
- Random breath tests to measure blood alcohol level are conducted and police often conduct random breath tests in road crash prone areas (10).
- A dope² test, along with a physical fitness certificate, is required to get a professional driving (14).

Facilitate access to screening, brief interventions and treatment

- The WHO Mental Health Gap Action Programme³ is provided to primary health care service providers, which includes assessment, management and follow up of substance use disorders including alcohol (15).
- The Ministry of Home affairs, Government of Bangladesh provides treatment through their central drug addiction treatment center in Dhaka and three regional treatment centers at Rajshahi, Chattagram and Khulna (15).
- The Ministry of Health, Government of Bangladesh, allocates beds for the treatment of substance use disorders in a mental health hospital located in Pabna, and also at the National Institute of Mental Health, Dhaka (15).
- There are a total 360 private, drug addiction treatment centers in Bangladesh (3).

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 A dope test involves testing a biological sample, such as urine or hair, for the presence of a legal or illegal drug.

³ The programme aims at scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income.

Policy mapping in the context of SAFER interventions

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

- Alcohol permit holders or license holders are not allowed to show alcohol products to other persons for commercial or other purposes (13).
- All alcoholic product bottles must carry the following messages: “Drinking alcohol is injurious to health” and “Drinking alcohol without the provisions of the law is a punishable offense.” (13).

Raise prices on alcohol through excise taxes and pricing policies

- Beer, wine and spirits are subjected to alcohol excise taxes (16).
- A foreign remittance earner duty-free shops can import alcohol (13).
- Restaurants, hotels, clubs, or bars can procure 40% of required alcohol for sale from Bangladesh Parjatan Corporation by paying duty taxes at regular rates or through import. The other 60% of alcohol is to be collected from local sources (13).
- Clubs having more than 200 permit holder members can import a maximum of 40% of foreign liquor. The remaining 60% is to be procured from local sources (13).

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.

Key actions

- Strengthening restrictions on availability and limiting the import of alcohol
- Facilitating access to screening, brief interventions and treatment
- Enforcing bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotions.



National resources

- WHO Special Initiative for Mental Health - Bangladesh was selected to be part of the WHO's Director General's Special Initiative for Mental Health in 2021 to support systems transformation and scaling up of mental health services (17).
- National Mental Health Strategic Plan 2020 - 2030 (18).
- Multisectoral action plan for the prevention and control of noncommunicable diseases 2018-2025 (19).
- Narcotics Control Act 2018 (20).
- Alcohol Control Rules 2022 (13).

Regional resources

- Alcohol Policy in the WHO South-East Asia Region: A Report (2017) (21).
- Making South-East Asia SAFER from alcohol-related harm: Current status and way forward (2019) (22).

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