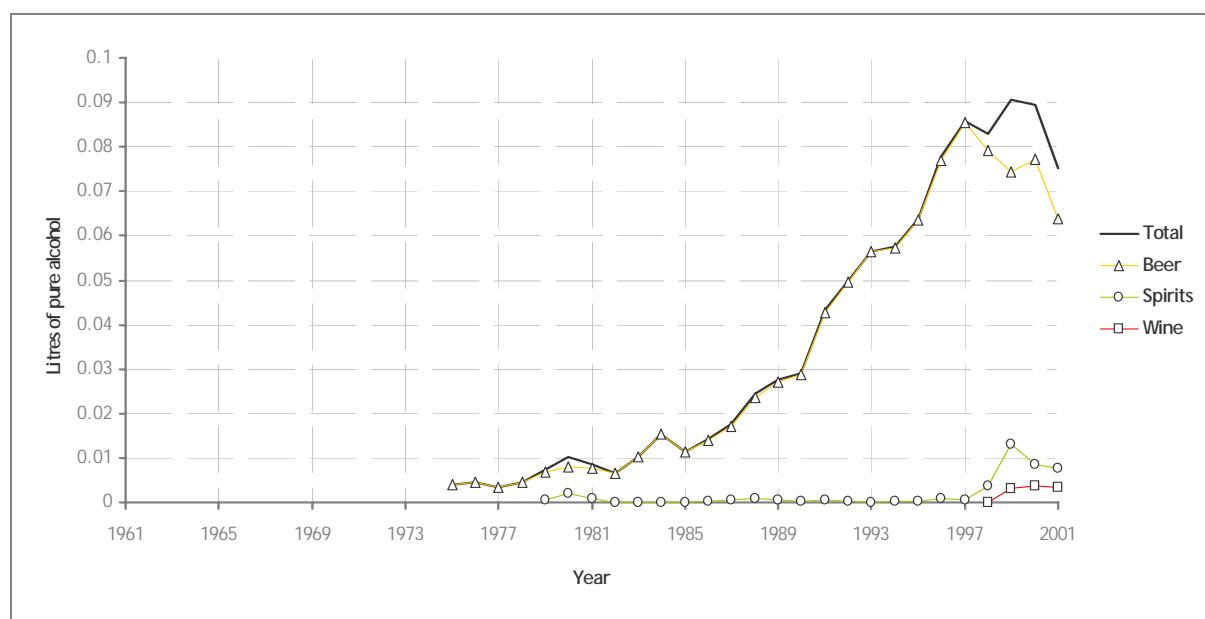


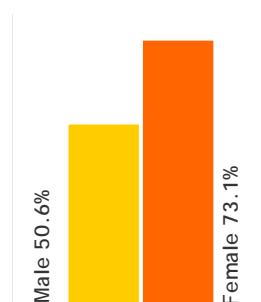
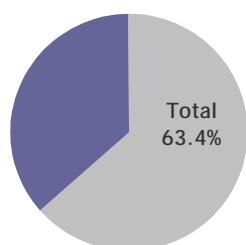
NEPAL

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Lifetime abstainers

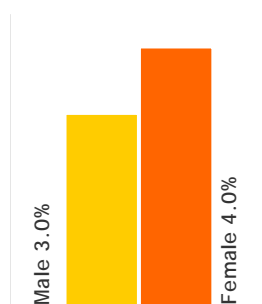
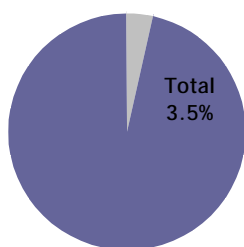


Data from the 2003 World Health Survey. Total sample size $n = 8633$; males $n = 3674$ and females $n = 4959$. Sample population aged 18 years and above.¹

A 2000 national survey covering 2400 households in 16 districts representing both rural and urban areas as well as ecological and developmental regions found that the rate of last year abstainers among the total population sampled was 59%. The rate of last year abstainers was 51.7% among males and 72.3% among females. The most popular drinks consumed in the last 30 days are *Jand* or *Chhang* (home brews fermented from rice, millet, maize and wheat), homemade *Raksi* (distilled liquor made of grains or unrefined sugar for household use) and local *Raksi* locally made for commercial purposes. There is a clear pattern of current use by place of residence. Respondents living in rural areas are more likely to use alcohol than that of urban areas. This is much more pronounced in females. More than one third of females in rural areas are currently using alcohol as against three in ten in urban areas. In rural Nepal, most traditional users of alcohol consume *Jand* as food.²

A 2001 national survey (total sample size $n = 2261$; age group 15 to 59 years) found that 67.5% of the total sample have consumed alcohol.³

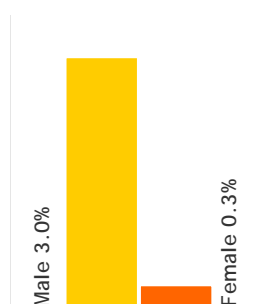
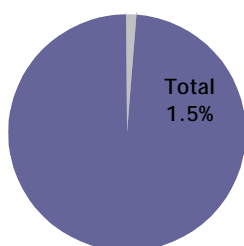
Heavy and hazardous drinkers



Data from the 2003 World Health Survey. Total sample size $n = 8633$; males $n = 3674$ and females $n = 4959$. Sample population aged 18 years and above. Definition used: average consumption of 40 g or more of pure alcohol a day for men and 20 g or more of pure alcohol a day for women.¹

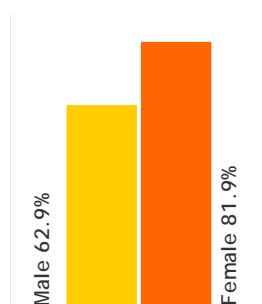
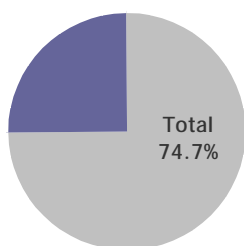
According to the 2003 World Health Survey (total sample size $n = 2613$; males $n = 1559$ and females $n = 1054$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 11.1 (total), 12.3 (males) and 9.5 (females).¹

Heavy episodic drinkers



Data from the 2003 World Health Survey. Total sample size $n = 8633$; males $n = 3674$ and females $n = 4959$. Sample population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

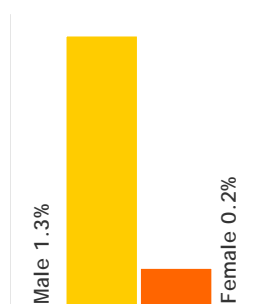
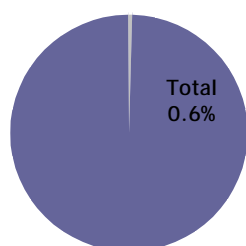
Youth drinking (lifetime abstainers)



Data from the 2003 World Health Survey. Total sample size $n = 1697$; males $n = 644$ and females $n = 1053$. Sample population aged 18 to 24 years old.¹

A subsample of the main survey done in 2000 (covering 2400 households in 16 districts) of children and youths aged between 10 and 17 years ($n = 426$) found that 17.4% were current drinkers (last 12 months). The prevalence among boys (21.8%) is almost double that of girls (11.2%) indicating gender variation in using alcohol. The study also found that the rate of reported drinking in the past 30 days was 9.2% (total), 10.1% (boys) and 7.9% (girls).^{2,4} One half of those Nepalese children who drink initiated alcohol before the age of 13. Traditional and cultural occasions appear to be the most important occasion of initiating alcohol.⁵

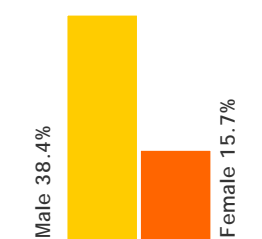
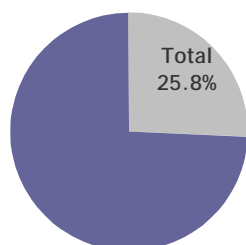
Youth drinking (heavy episodic drinkers)



Data from the 2003 World Health Survey. Total sample size $n = 1697$; males $n = 644$ and females $n = 1053$. Sample population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Note: These are preliminary, early-release, unpublished data from WHO's World Health Survey made available exclusively for this report. Some estimates may change in the final analyses of these data.

Alcohol dependence in the community of Dharan



The aim of this study was to assess the prevalence of alcohol dependence in the community of Dharan, Nepal. The CAGE questionnaire was administered to all adult individuals living in houses selected randomly in the township of Dharan (total sample size $n = 2344$; males $n = 1047$ and females $n = 1297$).⁶

Traditional alcoholic beverages

Types of traditional and local alcoholic beverages include country liquor (low quality alcohol made from molasses and produced in small distilleries in every district of Nepal), homemade liquor (from grains and sugar-cane and often using the powder of dry batteries, ammonium chloride, fertilizer), *Jad* (made of rice), *Chang* (made of rice by a different procedure) and *Raksi* (home-brewed alcohol made out of rice, millet or barley).⁷

Unrecorded alcohol consumption

In most parts of the country, liquor is freely available and unlicensed home-brewing accounts for the major production of alcohol. In fact, the Liquor Control Act of Nepal allows the production of homemade forms of alcohol for domestic use, although much home-made alcohol is diverted to the market. Such activity takes place mostly in rural settings, but also occurs in urban areas. The poor are dependent on home-brewing for their livelihood.⁶

Morbidity, health and social problems from alcohol use

Among a group of 50 women (age range 26–75 years) with alcohol-related problems who were seen over a 16-month period, from January 1998 to June 1999 in a general hospital setting in Dharan, a town in East Nepal, 35 cases (70%) were admitted to a medical ward of the hospital with alcohol-related physical problems (alcoholic liver disease in 33 cases and alcoholic cardiomyopathy in two cases). Fifteen cases (30%) presented with alcohol-related psychological problems – depression in 12 cases, withdrawal symptoms in two cases and alcoholic hallucinosis in one case.⁸

Alcohol could be considered the number one problem drug if one seriously considers the magnitude and extent of the problem it has created in Nepal. For example, in just one of the 75 districts, during one month in 1989, 46 men and 4 women were arrested for being rowdy under the influence of alcohol (The Rising Nepal, 28 March 1989). Such arrests are mentioned almost every day in the national daily newspapers.⁹

In Nepal, many crimes are committed under the influence of alcohol. Much violence both outside and inside the home has taken place under its influence, and it has been the root cause or precipitant in many antisocial and

criminal acts. Alcohol has been the starting drug for many, and it has also been freely available whenever the drug of choice is not available.⁹

In a large-scale study covering about 2400 households in 16 of Nepal's 70 districts, the adult respondents perceived the impact of family members' use of alcohol and drugs on children as violence and physical abuse (33.4%), neglect and mental abuse (28.5%), deprivation from education (20.2%) and push factor for children to use intoxicants (11.1%), malnutrition and running away from home. 35.9% of children interviewed felt that there was an impact of parental drinking on the family. The impact included domestic violence (40%), loss of wealth and indebtedness (27.8%), loss of social prestige and bad relationship with neighbours.²

Excessive use of alcohol is also linked to the economic exploitation in some communities in Nepal. Most of the traditional alcohol user groups have lost their land due to the excessive use of alcohol and the land has been mortgaged by the upper caste people, traditionally non-alcohol user groups.²

Country background information

Total population 2003	25 164 000	Life expectancy at birth (2002)	Male	59.9
Adult (15+)	15 098 400		Female	60.2
% under 15	40	Probability of dying under age 5 per 1000 (2002)	Male	81
Population distribution 2001 (%)			Female	87
Urban	12	Gross National Income per capita 2002	US\$	230
Rural	88			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

References

1. Ustun TB et al. The World Health Surveys. In: Murray CJL, Evans DB, eds. *Health Systems Performance Assessment: Debates, Methods and Empiricism*. Geneva, World Health Organization, 2003.
2. Dhital R et al. *Alcohol and drug use in Nepal with reference to children*. Kathmandu, Child Workers in Nepal Concerned Center, 2001.
3. Nepal Demographic and Health Survey 2001. Ministry of Health, 2002. In: *WHO Global NCD InfoBase*. Geneva, World Health Organization.
4. Dhital R. Alcohol and young people in Nepal. *The Globe Special Issue 4*. Globe Alcohol Policy Alliance, 2001–2002.
5. *Nepal alcohol study presented*. FORUT, Campaign for Development and Solidarity, 2001 (<http://www.forut.no/index.php/10933-1>, accessed 26 April 2004).
6. Jhingan HP et al. Prevalence of alcohol dependence in a town in Nepal as assessed by the CAGE questionnaire. *Addiction*, 2003, 98(3):339–343.
7. Siddiqui SA. *Alcohol consumption and its aftermath in Nepalese society*.
8. Sharma A, Khandelwal SK. Women with alcohol-related problems in Nepal. *Addiction*, 2000, 95(7):1105–1108.
9. Shrestha NM. Alcohol and drug use in Nepal. *British Journal of Addiction*, 1992, 87(9):1241–1248.