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PART I : SECTION (I) — GENERAL

Government Notifications

NATIONAL POLICY ON ALCOHOL CONTROL - SRI LANKA

NATIONAL Policy on Alcohol Control of Sri Lanka is approved by the Cabinet of Ministers, to support implementation of actions on alcohol control from 15th April, 2015 onwards. The necessity of having an effective National Policy on Alcohol Control was a long felt need as alcohol consumption is a significant contributor to the disease burden, premature mortality and disability. The Ministry of Health, Nurtition and Indigenous Medicine with all relevant stakeholders developed this policy to provide policy guidance and directions to all stakeholders and provincial authorities to achieve a significant control in alcohol consumption and reduction of morbidity, mortality and disability associated with its use.

ANURA JAYAWICKRAMA,
Secretary,
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Ministry of Health, Nutrition and Indigenous Medicine,
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Colombo 10,
20th May, 2016.

Sri Lanka National Policy on Alcohol Control 2015

1. Introduction

The use of alcohol has a serious effect on public health, development and poverty alleviation and is considered to be one of the main risk factors for poor health globally. Alcohol consumption can destroy the lives of individuals, wreck families and damage the societal fabric of a country.

Alcohol consumption is a significant contributor to the global burden of disease and is listed as the first leading risk factor for premature deaths and disabilities in low and lower middle income countries. Alcohol is a causal factor in 60 types of diseases and injuries and a component cause in 200 others (WHO Global Status Report on Alcohol, 2004).

In Sri Lanka age standardized Cirrhosis mortality rate among males is 37.3 per 100,000 males (Global Health Observatory Data Repository, 2012). Alcohol is strongly linked with high suicide rate in the country (Abeysinghe R,

2008). It is a causative factor for domestic violence within families and there is a complex relationship between alcohol and poverty in Sri Lanka (Subramaniam and Sivayogan, 2001 ; De Silva, Samarasinghe and Hanwella, 2011).

In Sri Lanka 7 out of 10 deaths are due to Non-Communicable Diseases (NCD) and alcohol consumption is identified as one of the four causal factors, the other three being tobacco use, unhealthy dietary habits and lack of exercise. The current prevalence of alcohol consumption in Sri Lanka is 39.6% among males and 2.4% among females (National Alcohol Use Prevalence Survey in Sri Lanka, 2012). Hence, any increase in prevalence of alcohol use could have a significant impact on the burden of disease and has to be avoided at any cost (Global Status Report on Alcohol, 2011). It is assuring that despite widespread consumption, a higher percentage of people currently does not drink alcohol at all.

The National Policy on Alcohol Control is presented in this context, giving due consideration to the obligations of the Government of Sri Lanka under the WHO Global Alcohol Policy initiative and the WHO Global Plan to reduce mortality due to NCDs by 25% by 2025, the latter being an aftermath to the Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of Non-Communicable Diseases, attended by His Excellency the President in 2011 (United Nations General Assembly Resolution - UN-A/RES/66/2).

Related Policies and Legislations

1. National Authority on Tobacco and Alcohol Act, No. 27 of 2006 (NATA Act)
2. Excise Ordinance No. 8 of 1912
3. Sri Lanka National Policy for the Prevention and Control of Drug Abuse, 2005
4. Sri Lanka Police Ordinance (Amended in 1984)

2. Guiding Principles

1) Programmes to address alcohol use and harm should be guided by public health interest and based on best available evidence which is appropriate to the context of Sri Lanka.
2) Policies should be equitable and sensitive to racial, religious and cultural ethos of the country.
3) Alcohol should not be considered as any other commodity because of the multifaceted harm to society, economy, health and in achieving developmental goals.
4) As many issues related to alcohol control fall beyond the purview of the health sector, a coordinated multi-sectoral approach should be adopted to address its harm.
5) Public health should be given priority in relation to competing economic and commercial interests, and approaches that support this direction should be promoted.
6) The alcohol industry that includes producers, distributors, marketers, retailers and those indirectly linked with the industry should not be made parties at any stage in development or implementation of financial, trade, health, educational or any other policies relating to alcohol control.
7) Individuals and families affected by use of alcohol should have access to affordable and effective preventive, curative and rehabilitative care services including community based rehabilitation programmes.
8) The policies enunciated and the strategies and programmes developed on the basis of this policy should reinforce the objectives of the National Authority on Tobacco and Alcohol Act and strengthen the law, strategies and programmes on prevention and control of alcohol use.
9) Community participation in planning, implementation, monitoring and evaluation of the programme should be ensured.
10) Political commitment for effective implementation of the National Policy on Alcohol Control and action plan should be assured.

3. Vision

Sri Lanka achieves the best practices in alcohol control

4. Objectives

1. Eliminate all forms of promotion of alcohol products and promotion of alcohol use
2. Enforce pricing, trade and investment policies related to the different aspects of the alcohol trade
3. Reduce availability of and accessibility to alcohol products
4. Protect all segments of the population from consequences of alcohol use at home, workplaces and public places
5. Eliminate all types of injuries related to alcohol including road traffic injuries
6. Create a social milieu that prevents initiation and discourages alcohol use
7. Promote surveillance and research on alcohol related issues including impact on the country's development at large
8. Strengthen supportive services and rehabilitation with the involvement of the community
9. Prevent alcohol industry interference on National Policy on Alcohol Control
10. Implement and monitor the National Policy on Alcohol Control in par with the provision of NATA Act

In order to achieve the above objectives following priority policy areas are identified.

5. Priority Policy Areas

1. Marketing
2. Pricing, trade and investment
3. Availability and accessibility of alcohol products from any source
4. Protecting all segments of the population from consequences of alcohol use
5. Driving, road use and operating machinery after drinking alcohol
6. Community action
7. Surveillance, monitoring, evaluation and research
8. Strengthening supportive services and rehabilitation
9. Preventing alcohol industry interference
10. Institutional arrangements and financing

6. Strategies and Operational Objectives for Priority Policy Areas

6.1 Marketing

Strategy : Eliminate all direct and indirect forms of alcohol advertising, promotion and marketing

* Current legislation on advertising and sponsorship of alcohol products should be strictly enforced by the designated enforcement authorities on a proactive basis.
* New legislation and regulations should be developed on point of sale advertising, internet promotions, promotions through Corporate Social Responsibility (CSR) projects, events classified as "private" promotions and advertising in places where alcohol is served such as restaurants.
* New legislation and regulations aimed at elimination of all forms of promotion of alcohol use through locally and internationally produced publications and entertainment programmes including television, dramas and cinema should be developed. The authors, editors, publishers, producers as well as those who dub for the local market, directors, translators, sponsors and the media organizations transmitting such programmes should be held liable for infringements.
* A transparent system for monitoring such marketing methods and responding to such methods, and a system for accepting and acting on public complaints on the same should be established.
* The penalties for violating the laws and regulations on alcohol marketing should be constantly reviewed and increased as a deterrent.

* Laws and regulations should be enacted to ensure that labeling and packaging of alcohol products do not contain any misleading terms or images that imply the product as harmless, less harmful than other alcohol products, or that it confers health benefits.

6.2 ***Pricing, trade and investment***

Strategy : Eliminate the harm related to alcohol and minimize consumption of alcohol through pricing, trade and investment policies related to the different aspects of the alcohol trade, while optimizing government revenue.

* The excise and other taxes applied on alcohol products should be regularly optimized to maximize revenue generation for the government, while concurrently reducing consumption and harm - an approach which has scientific backing internationally.

* Transparency of alcohol taxation should be improved to ensure that quantum of tax that government receives from each price increase is made public and the data made publicly accessible. All necessary steps should be taken to ensure that production volumes are not underestimated when computing the taxes dues to the government.

* Tax concessions such as Board of Investment (BOI) status should not be granted for production, distribution and sale of alcohol within Sri Lanka.

* Duty free import and sale of alcohol products should be abolished.

* Clauses in international, multilateral and bilateral trade agreements that weaken the control of harm and use of alcohol in Sri Lanka should be turned down by the Government and the public health impact of alcohol should be given significant weight during negotiations of such treaties.

* Import of raw materials of alcohol products (e. g. different types of spirits) for industrial purposes should be strictly limited and all steps should be taken to ensure that such chemicals are used for the stated purposes for which they were imported.

6.3 Availability and accessibility of alcohol products from any source

Strategy 1 : Restrict availability and accessibility of alcohol products in a sustained and coordinated manner to ensure the elimination of all forms of alcohol related harm and subsequently achieving the goal of an alcohol-free society.

* Implementing a system where a ceiling is placed on the pure alcohol content of all alcohol products sold in Sri Lanka and then gradually reduce it over a period of ten years.

* Medium and long term measures that can be used to phase out alcohol production and sale should be studied and evaluated, taking into account the public health and economic benefits and any countervailing factors.

* Appropriate legislative, executive, administrative and other measures should be in place to minimize the access of all types of alcohol products to those below the age of 21 years in consistence with the NATA Act.

* Ensure granting licenses for “tourist” purposes is not used to circumvent the restrictions placed by the requirements of alcohol licensing, which takes into account factors such as population densities and public opinion.

* Subsidizing purchase of alcohol through any means e. g. as a part of a price of an entrance ticket, should be prohibited.

* A new transparent system of obtaining licenses for sale of all types of alcohol beverages giving significant weight to public opinion, and public health and safety considerations should be established.

* Issuance of temporary liquor licenses should be discontinued.

* Sale of alcohol products in public gatherings where children have access e. g. sports events should be prohibited.

* The import, production, marketing and sale of alcohol products attractive to young people, broadly known as "alcopops" (described as beverages with fruit or other flavours which also contain a measurable percentage of alcohol) should be prohibited.

Strategy 2 : Illicit production and sale of alcohol should be eliminated through sustained, vigorous law enforcement and community interventions, without political or other considerations.

* A mechanism for data collection and evaluation, independent of enforcement agencies, in every Divisional Secretary division should be initiated.

* A coordinating mechanism for regional response in law enforcement should be implemented by promoting collaboration and information sharing among enforcement agencies and other government agencies.

* Punitive measures to deter illegal production, transport and sale should be increased.

* The extent of availability of illicit alcohol, instead of the number of cases filed, should be taken as the measure of effectiveness of enforcement agencies in eliminating illicit alcohol.

* The support at all levels of governance to ensure non-interference with law enforcement should be obtained.

* Protection should be given to community workers including local religious leaders who provide community leadership to eliminate production, distribution and sale of illicit brews.

6.4 ***Protecting all segments of the population from consequences of alcohol use***

Strategy : Take all possible measures to protect users and non users of alcohol from negative consequences of alcohol use at public places, work places and home.

* All possible legal, regulatory, administrative enactments should be strengthened and strictly enforce to minimize negative consequences of alcohol use such as violence (including domestic violence) and accidents.

* Consumption of alcohol in public places should be prohibited by law.

* As there is a strong link between violence, including domestic violence, child abuse, suicide and alcohol use, all policies and programmes aimed at perventing of those should give due consideration for prevention and control of alcohol use.

* Identify and refer alcohol users who are liable to cause harm to themselves or others due to their alcohol use by non-health sector agencies, e. g. social services, outreach officers of agencies such as social and youth services, child and women's protection agencies and public and private work places.

* Serving alcohol products at public and government functions and events using public funds (which include entertainment allowance of policy makers) should be discontinued.

* Disorderly conduct following alcohol use at public and workplace should be eliminated through strict enforcement of deterrent punishments.

* Excessive alcohol consumption should be recognized by employers and employees of establishments serving alcohol and should be held responsible for subsequent adverse consequences of serving alcohol to persons impaired due to consumption of alcohol.

6.5 ***Driving, road use and operating machinery after alcohol use***

Strategy: Prevent driving vehicles, road use and operating machinery after consumption of alcohol.

* No one with a Blood Alcohol Concentration (BAC) exceeding permissible level should be allowed to drive a vehicle.
* The capacity of the police to detect those driving while impaired due to alcohol use should be improved, including mandatory regular checking by the police.
* The penalties for driving with more than the permissible level of alcohol in blood and the compensation for victims of accidents associated with alcohol use should be increased regularly.
* Steps should be taken to assess the feasibility and benefits of measuring BAC of all those admitted to hospitals following accidents.
* No one should be allowed to operate machinery after consumption of alcohol.

6.6 ***Community action***

Strategy: Ensure that all segments of the community become active partners in working towards an alcohol-free society, taking care not to glamorize alcohol use.

* Public awareness on issues related to alcohol such as seen and unseen harms of use, loss of well-being, measures required to eliminate harms and laws related to manufacture, distribution, marketing, wholesale and retailing alcohol products should be improved.
* All segments of the population should be educated on how alcohol use is promoted, and the factors initiating and maintaining use of alcohol and counteract to control.
* Children, young adults and alcohol users should be trained to recognize and resist pressures to start and to continue using alcohol.
* The public should be encouraged to become vigilant and report when laws and regulations related to alcohol are breached, for which an effective mechanism should be established under NATA.
* Communities should be encouraged to expose and counter the determinants that promote alcohol use and harm through outreach networks available through the government officers at the grass root level.
* Communities should be made aware of myths on behavioral patterns following alcohol use in order to thwart anti-social behavior following alcohol use.
* All available outreach networks of the government, including the primary health care network should be utilized to minimize and counter the mounting trend of social acceptance of use of alcohol at events such as weddings, funerals and other social functions.
* All alcohol users should be continuously encouraged to refrain from consuming alcohol.
* The capacity of local government authorities to develop, coordinate and implement local policies and community action that promote an alcohol-free society should be improved.
* Clubs of families with alcohol-related problems should be formed at the community level to improve community awareness on alcohol related harm.

6.7 ***Surveillance, monitoring, evaluation, and research***

Strategy: Implement a system for surveillance, monitoring, evaluation and research which contributes to a paradigm shift towards an alcohol free society.

* Measures to monitor and regularly publish the real prices and the affordability of different alcohol products should be instituted.
* Data collected by different government agencies on the volumes of production of different alcohol products, imports, exports and the income generated should be published and made available to researchers.
* A system to monitor and regularly report negative health and other consequences of alcohol use (e.g. alcohol related accidents, violence, cirrhosis, suicides, deliberate self-harm) should be established.
* Initiate, as a priority, unbiased research on economics of alcohol use to ascertain the net economic impact of alcohol on the country's economy.
* Steps should be taken to improve capacity for alcohol related research in universities and in Government research and survey institutes.
* The impact of global trade and other agreements on implementation of this policy should be monitored continuously.

6.8 ***Strengthening supportive services and rehabilitation***

Strategy:Take the lead role by the health sector in mobilizing different sectors and communities for alcohol control, prevention of alcohol use and addressing individual, family, community and national level on harm and control of alcohol use.

* The capacity of the primary health care network for preventing alcohol use initiation, addressing community level determinants of alcohol use, and identification and appropriate referral or management of those at risk of alcohol related harms and those suffering from alcohol use disorders should be improved on a priority basis.
* The range of services currently available to alcohol users in Government, Non-Government and private sectors should be reviewed and the quality, availability, affordability and accessibility of such services should be improved at all levels to meet the current demands for such services.
* Programmes in primary care settings and other social networks which support early interventions in respect of alcohol users should be initiated.
* A system to coordinate services for alcohol users detected with conditions such as tuberculosis, sexually transmitted diseases and mental disorders should be developed and implemented.
* Introduce a cost effective methodology by establishing alcohol rehabilitation centres based on the social ecological approach to overcome alcohol related and mixed problems. These Centres should be extended island wide.

6.9 ***Preventing alcohol industry interference***

Strategy: Prevent and counter influences currently present in the alcohol industry, during development and implementation of alcohol related policies, legislations and programmes, in both the Government and Non Government sectors.

* Take measures to limit interactions of Government officials with the alcohol industry enabling government officials only to inform the industry of the Government decisions and requests for data through administrative regulations.
* Ensure the transparency of those interactions that are permitted above.
* A system to prevent conflicts of interest in relation to the alcohol industry between Government officials and the Non-Goverment sector should be established.

* All steps should be taken to ensure that researchers and funders with direct or indirect links with the alcohol industry or its front-organizations, in the past or present, are excluded from any initiatives related to this policy.
* Immediate steps should be taken to phase out all Corporate Social Responsibility (CSR) projects by the alcohol industry, which allows access to and influencing different Government and Non-Government sectors.
* All possible precautions should be taken to prevent sponsorship or support from the alcohol industry for development or implementation of public health, fiscal, education, trade, youth, sports and other government policies and programmes.

6.10 ***Institutional arrangements and financing***

Strategy: Implement and monitor the National Policy on Alcohol Control by the Ministry of Health with active participation of other relevant sectors.

* The Ministry of Health should be the lead agency in implementing this policy and should seek active support from all other relevant sectors. A time-bound multi-sectoral strategic plan, specifying responsibilities of each stakeholder should be prepared based on this policy by the Ministry of Health in collaboration with all stakeholders.
* NATA should be strengthened to implement this policy as this is its legitimate role.
* A multi-sectoral advisory committee consisting of all stakeholders should be appointed by the Hon. Minister of Health which will monitor and periodically report the progress.
* A sustainable mechanism of funding for the implementation of this policy should be established by the government.

7. Coordinating mechanism

Directorate of Mental Health in the Ministry of Health is the focal point for coordinating the implementation of National Policy on Alcohol Control with the guidance of Director General of Health Services (DGHS) and relevant Deputy Director General. At the provincial and district levels, the planning and coordination unit of Provincial Director of Health Services (PDHS) office and Medical Officer/Mental Health (Focal Point) in Regional Director of Health Services (RDHS) office will function as coordinating bodies.

The number of different Government agencies required to be involved in preparation of effective alcohol policies. The coordination and collaboration with Ministries of Health, Labour, Education, Culture, Sports, Science & Technology and departments of Police and Taxation are important.

8. Monitoring and evaluation

The policy should be accompanied by a specific action plan and supported by effective and sustainable implementation and evaluation mechanism. The development of clearly defined objectives with targets and time-frames at the planning stage of the national policy will allow close monitoring of outcomes of the policy. Directorate of Mental Health in the Ministry of Health is responsible to develop guidelines for implementation, monitoring and evaluation of activities mentioned in the National Policy on Alcohol Control in consultation with the NATA, which will be used by the relevant provincial and district levels. The planning and coordination unit of PDHS office and Medical Officer/Mental Health (Focal Point) in RDHS office will monitor at provincial and district levels.

9. Establishing a mechanism to facilitate and sustain implementation of strategies

* Provide systems to collect and analyze pertinent data
* Conduct National Alcohol Summit as a regular event
* Conduct research and publicizing the findings in the annual report - provide information to public and media.

10. Subcommittee of the National Committee on Mental Health

A Subcommittee comprising of following organizations will be formed to assist in the implementation of this policy. The DGHS will be the chair and Director/Mental Health will convene the Committee.

1. Ministry of Health, Nutrition and Indigenous Medicine
2. Ministry of Justice and Labour Relations
3. Ministry of Education
4. Ministry of Policy Planning, Economic Affairs, Child, Youth & Cultural Affairs
5. Ministry of Social Services, Welfare and Livestock Development
6. Ministry of Religious Affairs
7. Ministry of Women's Affairs
8. Ministry of Tourism and Sports
9. Ministry of Industry and Commerce
10. Department of Police
11. Department of Excise
12. Colleges of Psychiatrists, Community Physicians, Physicians
13. Civil Society Organizations
14. National Dangerous Drugs Control Board (NDDCB) and NATA.

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