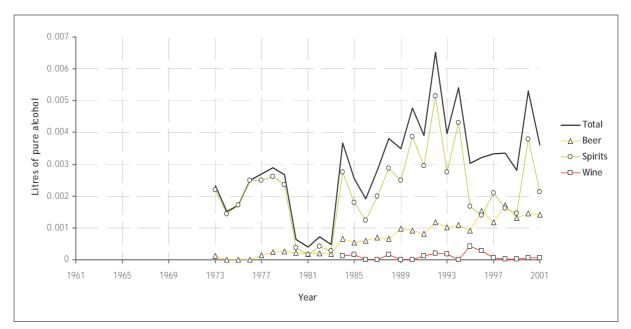
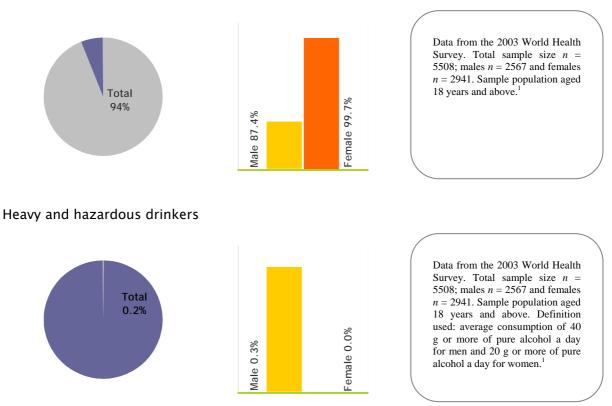
# BANGLADESH



# Recorded adult per capita consumption (age 15+)

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



Lifetime abstainers

According to the 2003 World Health Survey (total sample size n = 282; males n = 275 and females n = 7), the mean value (in grams) of pure alcohol consumed per day among drinkers was 4.9 (total), 4.9 (males) and 4.1 (females).<sup>1</sup>

Data from the 2003 World Health Survey. Total sample size n = 5508; males n = 2567 and females

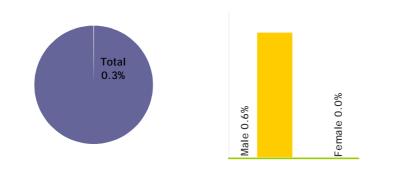
n = 2941. Sample population aged

18 years and above. Definition used: at least once a week

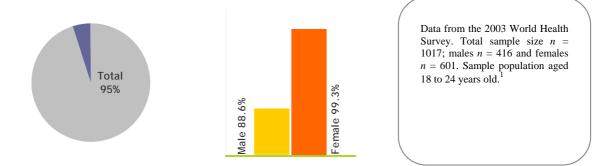
consumption of five or more

standard drinks in one sitting.1

## Heavy episodic drinkers

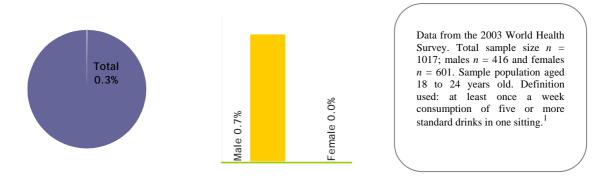


## Youth drinking (lifetime abstainers)



A survey conducted among residential students of higher educational institutions in Dhaka City by LIFE – a non-profit private institution for public policy advocacy (total sample size n = 465; 336 males and 130 females) found that 13.73% of males and 3.07% of females abused alcohol (no definition of alcohol abuse available).<sup>2</sup>

## Youth drinking (heavy episodic drinkers)



Note: These are preliminary, early-release, unpublished data from WHO's World Health Survey made available exclusively for this report.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.

## Traditional alcoholic beverages

Local alcoholic beverages called *cholai* and *tari* are consumed by the lower socioeconomic classes, while workers drink another distilled beverage called *Bangla Mad*.

## Morbidity, health and social problems from alcohol use

In Bangladesh, the consumption of alcohol is strictly prohibited both as a social function and as a religious rite by most of the religions. Yet, the problem of alcoholism is becoming a threat to the nation's welfare. Information obtained from law enforcement authorities, treatment providers and other sources indicate that problems of alcohol abuse have become quite common in Bangladesh. Although the problem is more serious in urban areas of the country (probably due to easy accessibility of alcoholic beverages), there are indications that it is emerging at an increasing rate in rural areas. Alcohol is being produced by some pharmaceutical industries in Bangladesh. Moreover, some crude forms are produced and used by the poor, usually by fermentation of boiled rice, sugar-cane, and molasses.<sup>2</sup>

Although no systematic assessment has been undertaken so far to establish the prevalence and patterns of substance abuse in Bangladesh, reports from different governmental and non-governmental drug addiction and treatment centres and from various journals and studies report increasing drug-related crimes in the country. It is noted that the younger generation, especially students, are most vulnerable to this problem.<sup>3</sup>

At least 90 Bangladeshis died in 1998, including 70 in Gaibandha, after consuming illegal homemade alcohol. In the following year, there was an incident of alcohol poisoning in the north-eastern town of Narsingdi, about 50 miles from the capital Dhaka, where 96 people reportedly died and more than 100 hospitalized as a result of drinking illegal homemade liquor.<sup>4</sup>

In a 1995 study of 30 male multiple drug users (aged 20 years and above) it was found that alcohol was one of the most frequently used drug (50% of the sample reported use of alcohol prior to the interview).<sup>5</sup>

Total population 2003	146 736 000	Life expectancy at birth (2002)	Male	62.6
Adult (15+)	90 976 320		Female	62.6
% under 15	38	Probability of dying under age 5 per 1000 (2002)	Male	71
Population distribution 2001 (%)			Female	73
Urban	26	Gross National Income per capita 2002	US\$	360
Rural	74	In Bangladesh, approximately 83% of the population are Muslim.		

#### Country background information

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Factbook 2003, The World Health Report 2004

#### References

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