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My Number: DMH/A/19/2016 Ministry of Health, Nutrition and Indigenous Medicine 385, Ven. Baddegama Wimalawansa Thero Mawatha, "SUWASIRIPAYA" Colombo 10. 02.08.2016

All:

Provincial Health Secretaries Provincial Directors of Health Services Regional Directors of Health Services Directors of Teaching Hospitals Medical Superintendents of Hospitals Heads of Specialized Programmes and Campaigns Heads of Institutions

Strengthening actions on Alcohol control at community setting

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.

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). In Sri Lanka 7 out of 10 deaths are due to Non-Communicable Diseases and alcohol consumption is identified as one of the four causal factors. Alcohol is strongly linked with high suicide rate in the country (Abeyasinghe 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 & Sivayogan, 2001; De Silva, Samarasighe & Hanwella, 2011).

To address the issue of increasing use of alcohol, Government of Sri Lanka developed a National Policy on Alcohol Control which will be launched to the public very soon. In order to support the implementation of the policy please ensure implementing following alcohol prevention activities with active participation of all relevant stakeholders in your respective area/institution.

In summary;

- 1. All PDHSs/RDHSs should support implementation of activities for prevention and control of alcohol use and supervise the activities/programmes conducted in their respective areas in relation to implementation of National Policy on Alcohol Control.
 - 2. Consultant Psychiatrists, MOO/MH (Focal Point), MOO/MH and MOOH are expected to work together to create awareness among all health staff and the community at

large about alcohol prevention. Organize community programmes with relevant target groups; Schools, Sports clubs, Community organizations, civil societies etc.

- 3. All Consultant Psychiatrists are expected to conduct at least one separate clinic at the institution for alcohol users to follow up and to rehabilitate them. Expand the clinic services to the community through Medical officers/ Mental Health with the support of area Medical Officer of Health and non-health stakeholders such as Department of Social Services, Youth Affairs and Samurdhi.
- 4. All Medical Officers of Health and Public Health Inspectors are expected to take steps to prohibit sponsoring events by alcohol industry in public gatherings especially where children have access. e.g. sports events. Promote reporting of violations of the National Authority of Tobacco and Alcohol (NATA) Act to the Authority.
- 5. Expand alcohol rehabilitation services at institution and community level by establishing Alcohol Rehabilitation Centres at least one per district. The primary care staff could identify the families affected by alcohol use and refer them for supportive services.
- 6. All Medical Officers of Health and Public Health Inspectors to ensure not to sell /serve alcohol products to those under 21 years of age in any hotels/restaurants/ alcohol serving outlets etc. in their respective areas.

I expect your fullest cooperation to prevent and control the use of alcohol in the community with the aim of promoting mental wellbeing and reducing the morbidity and mortality associated with alcohol use in Sri Lanka. More information can be obtained from Consultant Psychiatrists, Medical Officers/Mental Health in your district and from the Directorate of Mental Health, Ministry of Health (mhusrilanka@gmail.com) and National Authority of Tobacco and Alcohol (NATA).

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Cc:

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