



# POLICY BRIEF:

Institute of Policy Studies of Sri Lanka

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## The Political Economy Dynamics of Alcohol Control in Sri Lanka

### INTRODUCTION

Alcohol consumption is a significant public health concern, both globally and in Sri Lanka. Annually, alcohol consumption leads to the loss of three million lives worldwide.<sup>1</sup> Alcohol use is a major behavioral risk factor for non-communicable diseases (NCDs). More than half of the annual 3 million alcohol-related deaths globally is attributed to NCDs, including cancer.<sup>2</sup> In Sri Lanka, alcohol is responsible for 4,201 deaths per 100,000 population each year.<sup>3</sup> Notably, the economic cost of alcohol-related conditions in Sri Lanka in 2015 was estimated at USD 885.86 million, accounting for 1.07% of the GDP that year.<sup>4</sup> The formulation of alcohol control policies is influenced by both political and economic factors and their intricate interactions, known as the political economy. Religious and cultural norms, public policy context, the influence of powerful interest groups, voter and politician attitudes, and government bureaucracies' stance are vital dimensions of alcohol policy control. Understanding the power dynamics among different stakeholders in alcohol control policies is crucial for introducing and effectively implementing effective policies. The political economy of alcohol control in Sri Lanka presents unique challenges due to its complexity.

This policy brief presents key messages extracted from the study titled "Political Economy Analysis of the Alcohol Industry in Sri Lanka," conducted by the Institute of Policy Studies of Sri Lanka under the RESET Alcohol Initiative. These messages aim to advocate for the control of alcohol consumption in Sri Lanka and the effective implementation of existing policy measures.

1 World Health Organization. (2023). Alcohol. Retrieved from [https://www.who.int/health-topics/alcohol#tab=tab\\_1](https://www.who.int/health-topics/alcohol#tab=tab_1)

2 World Health Organization. (2022). Noncommunicable Diseases. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases>

3 Alcohol and Drug Information Centre. (2023). Alcohol Statistics - Sri Lanka. Retrieved from <https://adicsrilanka.org/alcohol-statistics-sri-lanka/>

4 Ranaweera S, Amarasinghe H, Chandraratne N, Thavorncharoensap M, Ranasinghe T, Karunaratna S, et al. (2018) Economic costs of alcohol use in Sri Lanka. PLoS ONE 13(6): e0198640. <https://doi.org/10.1371/journal.pone.0198640>

## KEY MESSAGES

**PREVENT UNETHICAL INDUSTRY INTERFERENCES:** Unethical industry interference occurs at different levels and intensities, utilizing various strategies that hinder the effectiveness of alcohol policy formulation and implementation. This interference is particularly evident in questionable product promotions, often disguised as corporate social responsibility activities, and potential corrupt practices. Furthermore, there are doubts regarding troubling connections between researchers, research institutes, and industry funding, leading to the deliberate production of false evidence and recommendations in favor of the industry. Additionally, in recent years, there has been an increase in industry targeting females under the guise of feminism and women empowerment. Despite the current low prevalence of female alcohol consumption,<sup>5</sup> the industry views the female population as an ‘untapped customer base.’ Implementing internal procedures to identify and limit interactions with the alcohol industry, ensuring the accountability and transparency of government officials dealing with the alcohol industry, is a key strategy to minimize the industry’s unethical interferences. Moreover, institutionalizing conflict-of-interest assessments across sectors, including health, agriculture, and trade, is also important in this regard. To curb illegal and indirect promotions, exploring the potential regulation of corporate social responsibility activities undertaken by the alcohol industry, treating them as forms of marketing, should be considered.

**CHANGE FALSE SOCIAL ATTITUDES AND STOP THE DISSEMINATION OF MISINFORMATION ON ALCOHOL CONSUMPTION:** Unlike tobacco, alcohol enjoys a level of social acceptance, posing challenges to public campaigns against alcohol abuse. Concepts such as social drinking and perceived safe levels of consumption embedded in alcohol consumption contribute to these challenges. Additionally, there are social misconceptions such as linking masculinity with alcohol consumption and linking happiness and fun with alcohol consumption. Raising general awareness about the adverse impacts of alcohol, encompassing not only its detrimental health effects but also its economic and social impacts, is a steppingstone in changing the social attitude on alcohol consumption. The media plays a crucial role in shaping public opinion on alcohol-related issues. However, conventional media is often influenced by corporate-driven narratives that may not align with public health objectives. In this context, addressing media influence through alternative media engagement should be prioritized. However, it should be acknowledged that changing social norms is challenging and requires a longer duration. Hence, continued and collaborative effort is needed. Furthermore, generating evidence-based knowledge and disseminating it effectively to stakeholders is needed to refute false information created by the industry.

**STRENGTHEN CIVIL SOCIETY ADVOCACY AND USE PUBLIC STANCE FOR REFORM:** Community organizations and other civil society groups play an important role in shaping public opinion and getting political support and commitment for alcohol control policies. These organizations serve as vital “message carriers” capable of advocating for reform, underscoring the importance of strengthening their capacities. Moreover, the study underscores the influence of public perception on political decision-making, proposing the framing of alcohol control as a popular electoral issue to capitalize on the sizable non-drinking population.

5 Ministry of Health and Department of Census and Statistics (2021). Non-Communicable Diseases Risk Factor Survey (STEPS Survey) Sri Lanka, Ministry of Health Sri Lanka. According to the survey, 43.3% of males and 1.2% of females in the age category of 18-69 reported currently drinking alcohol (having consumed alcohol in the past 30 days).

**IMPROVE COORDINATION AND CORPORATION AMONG KEY STAKEHOLDERS:** The study analysis indicates that stakeholder relationships and coordination in formulating and implementing alcohol control policies are not in good shape. Coordination gaps were evident between the two major decision-making bodies, National Authority on Tobacco and Alcohol (NATA) and Department of Excise (DOE) primarily due to their conflicting interests. While NATA focuses on minimizing alcohol-related harm by regulating production, marketing, and access, especially concerning vulnerable populations like children, the DOE's mandate revolves around revenue collection and protection, aligning with the Ministry of Finance's revenue targets. These tensions often lead to rivalry between these bodies in alcohol policy formulation and implementation, impeding effectiveness of alcohol control policies. To address these conflicts and enhance trust and coordination among stakeholders, it is essential to ensure policy alignment across diverse stakeholders from the policy development stage.

*This policy insight was prepared by IPS researcher Sunimalee Madurawala (sunimalee@ips.lk), based on the study 'Political Economy Analysis of the Alcohol Industry in Sri Lanka' carried out by Sunimalee Madurawala, Kimuthu Kiringoda, and Dilukshi Pathirana under the RESET Alcohol Initiative in Sri Lanka funded by the Vital Strategies.*

*<https://www.ips.lk/political-economy-analysis-of-the-alcohol-industry-in-sri-lanka/>*