BRAZIL

Recorded adult per capita consumption (age 15+)

![Graph showing recorded adult per capita consumption in Brazil from 1961 to 2001.](image)

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

Lifetime abstainers

According to the WHO GENACIS Study (2001/2002 regional survey of all urban residents in Botucatu; total sample size $n = 857$, males $n = 377$ and females $n = 480$; age range 20 to 64 years), the rate of last year abstainers was 51.5% (total), 40% (males) and 60.5% (females).²

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 36% (males) and 57% (females). Data is for after year 1995.³
Heavy and hazardous drinkers (among drinkers)

According to the 2003 World Health Survey (total sample size \( n = 3719 \); males \( n = 1841 \) and females \( n = 1878 \)), the mean value (in grams) of pure alcohol consumed per day among drinkers was 4.3 (total), 6.8 (males) and 1.9 (females).\(^1\)

According to the WHO GENACIS Study (2001/2002 regional survey of all urban residents in Botucatu; total sample size \( n = 857 \), males \( n = 377 \) and females \( n = 480 \); age range 20 to 64 years), the rate of last year heavy and hazardous drinking among drinkers was 17.8% for men and 18.2% for women. Heavy and hazardous drinking was defined as consumption of 40 g or more of pure alcohol a day for males and 20 g or more of pure alcohol a day for females.\(^2\)

An urban survey conducted in the city of Pelotas, southern Brazil among 1277 subjects aged 15 years and over found that the rate of prevalence of alcohol consumption was 54.2%; 11.9% (21.7% of men and 4.1% of women) reported potentially harmful levels of alcohol use and 4.2% were classified as manifesting alcohol dependence by the CAGE questionnaire.\(^4\)

Heavy episodic drinkers

According to the WHO GENACIS Study (2001/2002 regional survey of all urban residents in Botucatu; total sample size \( n = 857 \), males \( n = 377 \) and females \( n = 480 \); age range 20 to 64 years), the rate of heavy episodic drinking among drinkers was 29.3% for men and 22.5% for women. Heavy episodic drinking was defined as consumption of five or more standard drinks in one sitting at least once a month in the last year.\(^2\)

In a recent household survey carried out in a sample of 2302 adults in Salvador, Brazil (1052 males and 1250 females), 56% of the sample acknowledged drinking alcoholic beverages. Overall 12-month prevalence of high-risk drinking was 7%, six times more prevalent among males than females (almost 13% compared to 2.4%). Cases of high-risk drinking were defined as those subjects who referred weekly binge drinking (eight or more drinks in one sitting) plus episodes of drunkenness and those who reported any use of alcoholic beverages but with frequent drunkenness (at least once a week).\(^5\)
Youth drinking (lifetime abstainers)

A 1999 survey of 1500 university students (aged between 18 and 25 years) in the state of Minas Gerais found that the rate of lifetime prevalence of alcohol use was 83% and that 48% of students currently use alcohol. A street children of Brazil’s urban centres also seem to use alcohol regularly. A 1993 survey conducted in five Brazilian cities and using a convenience sample of children aged 6 to 18 years old showed that the prevalence rate of last month alcohol use ranged from 24.5% in Fortaleza to 81.5% in Recife.

Youth drinking in large cities (lifetime prevalence)

A 1997 survey of 15,501 students (aged 10 to 18 years old) in Brazil’s ten largest state capitals found that 15% of the students were frequent users of alcoholic drinks (frequent use was defined as consumption of alcohol six or more times in the 30 days preceding the survey).

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.
Alcohol dependence in large cities

An urban survey of a representative sample of 1260 people aged 15 and over in a town in southern Brazil found that the prevalence rate of alcohol use disorder (using AUDIT) was 7.9% (total), 14.5% (males) and 2.4% (females).10

A cross-sectional study carried out in a random representative sample ($n = 330$; 243 men and 76 women) out of 1977 homeless people lodged in five public hostels of the Rio de Janeiro metropolitan area found the overall lifetime prevalence of alcohol abuse or dependence using the Composite International Diagnostic Interview (CIDI) and the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) to be 44.2% (53.1% in men and 15.8% in women).11

An urban survey conducted in 1995 of 275 inpatients in a general hospital found that 12.4% were diagnosed as having an alcohol use disorder by the AUDIT questionnaire. Among men the prevalence was 22% and for women it was 3%.12

A survey of 1459 people aged over 13 years living in a district of Rio de Janeiro found that 51% of the total sample used alcohol and that 3% (4.9% of males and 1.7% of females) were suspected of alcoholism, based on the CAGE test. The greatest prevalence of the use of alcohol and alcoholism was found among men between 30 and 49 years of age. Abstinence from alcohol was more frequent among low-income groups.13

Traditional alcoholic beverages

*Cachaça, aguardente de cana, pinga or caninha* are the beverages obtained with an alcohol content of 38–54% v/v, from the distillation of fermented sugar-cane juice.14

*Pinga* is a highly popular spirit distilled from sugar-cane and is cheaply available. According to one study, it sells at an average price of just US$ 0.25 per 50 ml dose. The average cost of a 750 ml bottle of lager is US$ 0.82.15

Unrecorded alcohol consumption

The unrecorded alcohol consumption in Brazil is estimated to be 3.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).3

Ministry of Agriculture figures suggest that illegal production of *pinga* is estimated to be one billion litres per year. This is in addition to the approximately one billion litres produced annually through legal means. This massive production is partly a by-product of the huge sugar-cane plantation programme, which was instigated as a means of producing alcohol as a petrol substitute to drive cars. Side-effects of this over production of sugar-cane are that alcohol in all forms is extremely cheap. For example, 1 litre of domestic alcohol, used for household cleaning, costs less than US$ 0.50, whilst a litre of *pinga* costs US$ 2.00. At one quarter the price, and despite its unsavoury and dangerous additives (which include sulfuric acid), some alcohol-dependents intermittently resort to drinking domestic alcohol instead of pinga.16

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.
Chronic mortality

![Graph showing chronic mortality trends for different causes.](image)

Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality

![Graph showing acute mortality trends for different causes.](image)

Note: Caution should be exercised when interpreting the results as death registration level is incomplete.
Morbidity, health and social problems from alcohol use

A cross-sectional study carried out in the emergency room of a level 1 trauma centre in the city of São Paulo between August 1998 and August 1999 analysed 464 patients. Positive blood alcohol concentrations (BAC) were found in 28.9% of the cases and in 83.4% BAC was equal to 0.10%.\(^\text{17}\)

A study in the Metropolitan area of São Paulo during 1994 showed that a high blood alcohol concentration was found in 50.6% of motor vehicle accident victims.\(^\text{18}\)

A youth survey of 7th to 11th grade students in public and private schools in São Paulo city found that Episodic Heavy Drinkers (EHDs) reported higher percentage of adverse consequences, such as physical fights, accidents and school absenteeism after drinking. EHDs are more likely to engage in other high-risk behaviours. In the public schools, they were more likely to carry guns, get involved in physical fights, attempt suicide, and use inhalants than abstainers. They are also more likely to use marijuana and smoke cigarettes than moderate drinkers.\(^\text{19}\)

In a survey of adolescents in Porto Alegre, it was found that 30.5% of the subjects who had ever drunk alcohol admitted having experienced some kind of problem related to its use. In 70% of these cases the problem was a physical one such as headaches, dizziness and vomiting. However, 16.5% woke up late and 4.1% missed classes due to alcohol consumption.\(^\text{20}\)

Data from a study conducted in 1990–1991 in three metropolitan regions looking at the distribution of mental disorders in the Brazilian population found that the prevalence of various forms of alcoholism point to a significant potential demand for psychiatric care in the population over the age of 15, with rates ranging from 4.5% to 8.7% and up to 15% among males in some cities.\(^\text{21}\)

Alcoholism and drug use together account for close to 20% of all hospitalizations for mental disorders in Brazil. The proportion is as high as 28% in the South, according to data for 1995. Alcoholism was the underlying cause of 3621 deaths (only 10.8% of those were women), 35.5% of which were of persons under the age of 40.\(^\text{21}\)

In a study looking at 616 children and youth patients hospitalized for alcoholic intoxication in São Paulo between 1993 and 1997, it was found that 35.2% of cases were due to reasons of abuse, 26.3% of cases were accidental and 18.8% were for suicidal reasons. The most frequently involved toxic agents were aguardiente (pinga), accounting for 12.2% of cases, beer (5.2%), wine (4.4%) cleaning alcohol (15.6%), cosmetic alcohol (5.8%) and combustive fuel (3.9%).\(^\text{22}\)

A study of 2000 cases of mild head trauma in Curitiba, southern Brazil found that alcohol intoxication played a major role as an associated factor related to head trauma and was involved in 17.6% of the cases studied.\(^\text{23}\)

Country background information

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<tbody>
<tr>
<td>Adult (15+)</td>
<td>128 498 400</td>
<td>Female 72.3</td>
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<tr>
<td>% under 15</td>
<td>28</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male 42</td>
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<td>Population distribution 2001 (%)</td>
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<td>Female 34</td>
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<td>Gross National Income per capita 2002</td>
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<td>Rural</td>
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References

2. Preliminary results from the Gender, Alcohol and Culture: An International Study (GENACIS Project). International Research Group on Gender and Alcohol (for more information please see http://www.med.und.nodak.edu/depts/irgga/GENACISProject.html).


