BOLIVARIAN REPUBLIC OF VENEZUELA

Recorded adult per capita consumption (age 15+)

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

Last year abstainers

In a 1998 study of 40 patients with Diabetes Mellitus Type 2 and 30 healthy subjects with similar characteristics (age range 30 to 75 years), it was found that 15% of the sample were alcohol consumers.2

Weekly alcohol drinkers in Maracaibo

Data from an urban survey conducted in the city of Maracaibo (males n = 63 and females n = 145). Definition used: consumption of at least one unit of alcohol a week (one unit = one whiskey or one vodka or one gin (40% alcohol content) or two glasses of wine or three beers).3


Youth drinking in Caracas (female alcohol consumers)

A 1999 urban survey of 331 female adolescents (aged between 13 and 19 years old).5

Alcohol dependence among doctors (lifetime prevalence)

A survey of 191 resident doctors of a large university hospital in Venezuela using the Spanish version of the Diagnostic Interview Schedule (DIS). The same survey found the rate of lifetime alcohol abuse to be 20.9%.5

Traditional alcoholic beverages

**Corn liquor** is consumed by an indigenous tribe in Venezuela. Several times each year, especially during the corn harvest season, the trunk of a large tree would be hollowed out and filled with corn mash by an individual specially chosen by the community. The corn mash would be allowed to ferment to create an alcoholic beverage, with a high enough alcoholic content to cause intoxication after consumption of only two glasses or gourdfuls. When the corn liquor was ready, a village festival would be held in which all adults would drink to the point of falling down. Men would typically bring their bows and arrows and fight to settle grudges. Festivals would end after two or three days, when the corn liquor ran out. There were rarely individuals who consumed alcoholic beverages at times other than festival celebrations.6

Unrecorded alcohol consumption

The unrecorded alcohol consumption in the Bolivarian Republic of Venezuela is estimated to be 2.0 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).1

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

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

Acute mortality

Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

In a 1999 survey of 331 female adolescents aged between 13 and 19 years in Caracas, 15.44% of the adolescents sampled reported experiencing problems associated with alcohol drinking. Of these, 62.86% had problems with family, 22.86% had problems with friends, 8.57% had problems with strangers and 5.71% had problems with the police.7

A study conducted on a Latin American indigenous population found that the majority of both men (98%) and women (53%) had drunk alcohol at some time in their lives, with 94% and 26% respectively having consumed alcohol within the past 12 months. Using a cut-off score of 8 for the AUDIT, 86.5% of all men and 7.5% of all women were found to be problem drinkers. Focus group discussions revealed that traditional patterns of binge
drinking of corn liquor had gradually been replaced by consumption of commercial beer and rum at more frequent intervals and with more negative social consequences.6

With increasing contact with Creole culture, several changes occurred which resulted in changes in drinking patterns. Cash incomes were generated through the sale of cash crops, timber, and through day labour on nearby cattle ranches. Men from the villages began to frequent the bars of nearby towns and consume beer and rum. Drinking to the point of intoxication in town, at times accompanied by fighting, became a frequent pattern for men during harvest times or on payday for those working in ranches. Other alcohol-related problems which developed as a result of changes in drinking patterns include lack of food, medicine, or school supplies for children (as a result of spending all or most of cash incomes on alcohol), individual cases of trauma from falls, fights, or vehicular accidents (usually bicycles or motorcycles), medical illnesses and family problems (most commonly arguments or fights). Disorderly conduct or fighting would frequently result in individuals being put in village jails, especially on holidays, e.g. the period from 24 December to early January.6

A case-control study of 292 cases of gastric cancer and 485 controls in a high-risk area of Venezuela found that male alcohol drinkers were at higher risk than male non-drinkers for gastric cancer.7

### Country background information

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>25,699,000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>71.0</th>
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</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>17,218,330</td>
<td>Female</td>
<td>76.8</td>
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<tr>
<td>% under 15</td>
<td>33</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
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<tr>
<td>Population distribution 2001 (%)</td>
<td>87</td>
<td>Female</td>
<td>19</td>
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<tr>
<td>Urban</td>
<td>87</td>
<td>Gross National Income per capita 2002</td>
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<tr>
<td>Rural</td>
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### References