URUGUAY

Recorded adult per capita consumption (age 15+)

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

Lifetime abstainers

A 2001 national survey (subjects aged 12 to 64 years old living in cities larger than 5000 inhabitants; n = 2382) found the prevalence rate of lifetime abstainers to be 19.5% (total) and the prevalence rate of last year abstainers to be 30.6% (total).1

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 7% (males) and 21% (females). Data is for after year 1995.2
Heavy and hazardous drinkers

According to the 2003 World Health Survey (total sample size $n = 1909$; males $n = 1074$ and females $n = 835$), the mean value (in grams) of pure alcohol consumed per day among drinkers was 5.1 (total), 7.1 (males) and 2.7 (females).1

Heavy episodic drinkers

Data from the 2003 World Health Survey. Total sample size $n = 2981$; males $n = 1447$ and females $n = 1534$. Population aged 18 years and above. Definition used: at least once a week consumption of five or more standard drinks in one sitting.1

Youth drinking (lifetime abstainers)

Data from the 2003 World Health Survey. Total sample size $n = 297$; males $n = 155$ and females $n = 142$. Population aged 18 to 24 years old.1
Youth drinking (heavy episodic drinkers)

Data from the 2003 World Health Survey. Total sample size $n = 297$; males $n = 155$ and females $n = 142$. Population aged 18 to 24 years old. Definition used: at least once a week consumption of five or more standard drinks in one sitting.¹

Note: These are preliminary, early-release, unpublished data from WHO's World Health Survey made available exclusively for this report.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

Data from the 2001 National Survey on Prevalence and Consumption of Drugs (subjects aged 12 to 64 years old living in cities with greater than 5000 inhabitants; $n = 2382$). DSM-IV criteria was used to assess alcohol dependence.²

A national household survey of 2500 persons aged between 15 and 65 years found the rate of last month alcohol abuse to be 19.5%. ⁴

Unrecorded alcohol consumption

The unrecorded alcohol consumption in Uruguay 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).³

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

Morbidity, health and social problems from alcohol use

In Uruguay, men who consume alcohol are six times more likely to abuse their families than those who do not consume or consume moderately.5

Mortality from cirrhosis of the liver rose from 8.5 per 100 000 in the 1986–1991 period to 11.0 per 100 000 in 1995, and affects men much more than women.6

In a case-control study involving 160 cases of adenocarcinoma of the lung and 520 hospitalized controls in Uruguay between January 1998 and July 2000, it was found that hard liquor intake was associated with a 40% increase in risk of adenocarcinoma of the lung.7
A case-control study involving 331 cases of stomach cancer and 622 controls conducted in Montevideo, Uruguay during the period 1992–1996 found that alcohol drinking (particularly hard liquor and beer) was associated with an odds ratio (OR) of 2.4, after controlling for the effect of tobacco, vegetables, and other types of alcoholic beverages.\(^8\)

In a hospital-based case-control study involving 327 men with lung cancer and 350 male controls carried out between January 1988 and December 1990, a significant positive association was found between beer intake and the risk of lung cancer.\(^9\)

In a study comparing 210 cases of stomach cancer with 630 controls afflicted with a wide variety of diseases who were admitted for treatment at the University Hospital of Montevideo, Uruguay between July 1985 and December 1988, it was found that both wine and hard liquor carried increased odds ratios, but heavy drinkers of wine displayed a sixfold increase in risk of developing gastric carcinoma.\(^10\)

In a case-control study conducted in Uruguay between 1992 and 1996, it was found that pure hard liquor drinking was associated with an increased risk of 3.6 for cancer of the oral cavity and pharynx, whereas pure wine drinking showed an odds ratio of 2.1. When pure hard liquor drinkers were compared with pure wine drinkers, the odds ratio for pure liquor drinkers was 1.7. Furthermore, the risk associated with pure hard liquor drinking was analysed by subsite, and the highest odds ratios were observed for oral cavity cancer.\(^11\)

A case-control study found that beer drinkers showed an increased odds ratio of 5.5 in men for risk of non-Hodgkin’s lymphoma.\(^12\)

**Country background information**

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>3 415 000</th>
<th>Life expectancy at birth (2002)</th>
<th>Male</th>
<th>71.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult (15+)</td>
<td>2 595 400</td>
<td>Female</td>
<td>79.3</td>
<td></td>
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<tr>
<td>% under 15</td>
<td>24</td>
<td>Probability of dying under age 5 per 1000 (2002)</td>
<td>Male</td>
<td>18</td>
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<tr>
<td>Population distribution 2001 (%)</td>
<td></td>
<td></td>
<td>Female</td>
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<tr>
<td>Rural</td>
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**References**