Fact sheet

Alcohol

World Health Organization
REGIONAL OFFICE FOR Europe

Key facts

- Alcohol is the sixth leading cause of ill health and premature death in high-income countries *(1).*
- The WHO European Region has the highest level of alcohol consumption in the world, in part driven by high consumption in the central and eastern parts of the Region. Consequently, the alcohol-attributable disease burden is also high *(2)*.
- Approximately 70% of the adults in the WHO European Region drink alcohol *(2)*. On average, Europeans consume 10.7 litres of pure alcohol per year *(3).*
- Men consume more alcohol than women; in 2014 the average consumption per drinker was 19.4 litres for men and 12.9 litres for women *(3).*
- Most alcohol is consumed in heavy drinking occasions (60 g of pure alcohol or more on one occasion) which worsen all risks *(4).* Among drinkers, 31.8% of men and 12.6% of women report heavy episodic drinking in the past 30 days *(2)*.
- The link between alcohol and crime, particularly violent crime, is strong, including social offences such as robbery, sexual offences, homicide, and assaults *(5)*.

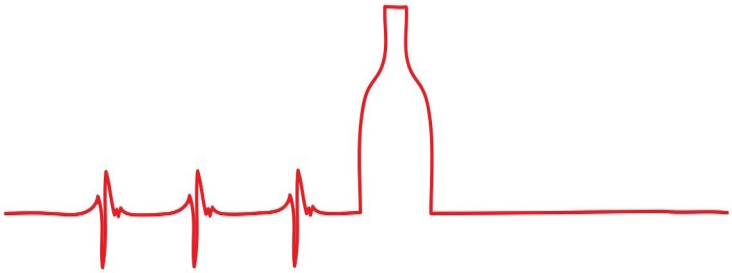
In the WHO European Region, 6.4 % of males and 1.2 % of females are estimated to be **alcohol dependent** and 12.6 % of males and 2.9 % of females have an **alcohol use disorder** *(6).*

Alcohol and inequality

In general, lower socioeconomic groups consume less alcohol overall but experience higher levels of alcohol-attributable harm than higher socioeconomic groups. This has been termed the **'alcohol harm paradox'** *(7)*.

Alcohol-related harm

Alcohol use is an important risk factors for disease. Alcohol is a component cause of more than 200 health conditions *(2).* Alcohol is a major risk factor for premature mortality. The majority of the burden of alcohol-attributable mortality is from liver cirrhosis, cancer, cardiovascular diseases), and injury *(8)*. In the European Region, alcohol has a causal impact in approximately 15% of all causes of death. The highest proportion of deaths attributable to alcohol is among men aged 20–39 years *(2)*.



Harm to others

Alcohol consumption can have a negative impact on people other than the drinker *(2)*. The harms can be relative mild (e.g. being wakened by a drinker) or very severe (e.g. death or lifelong disability). Harm to others includes economic costs, violence, road traffic accidents, property damage, sexual harm, drink-driving and child abuse and neglect *(9)*.

On a societal level, harms associated with drinking include the deterioration of personal and working relationships, criminal behavior, productivity losses and substantial health care costs *(2)*. WHO is collaborating in a research project which measures and analyses the harm to others from drinking in low-and middle-income countries, in terms of the situation in each society and also in cross-national analyses *(10).*

Alcohol and pregnancy

Alcohol intake at any stage during pregnancy can cause pregnancy complications and impair fetal development. Exposure to alcohol during pregnancy can interfere with the neurological development of the fetus and is associated with miscarriage, stillbirth, low birth weight, prematurity, intellectual deficits, and physical malformations *(11)*.

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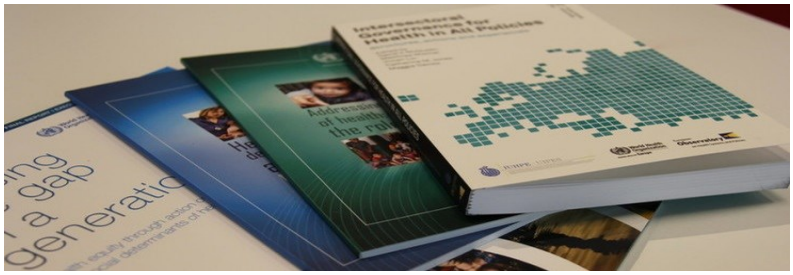
WHO policy response

Effective measures and policies exist to reduce harms from alcohol and improve population health *(4)*. In particular, three policy areas (the 'best-buys') have proven cost-effective. These population-based measures include increasing price via taxation, restricting access to retailed alcohol, and imposing a ban on alcohol advertising *(8)*. A further evidence-based policy is implementation of early identification and brief intervention programmes in primary care settings for individuals with hazardous or harmful alcohol consumption *(4)*.

The European Action Plan to reduce the harmful use of alcohol 2012–2020 outlines a range of evidence-based policy options. The action plan is closely linked to the 10 actions areas of the WHO global strategy to reduce the harmful use of alcohol *(4)*.

The Regional Office regularly monitors Member States' implementation of the action plan. For example, the most recent data show that of the 53 Member States, 38 have a written national policy on alcohol, and 49 have legally binding regulations on alcohol advertising *(6)*.



Alcohol within health policy frameworks

A number of health policy frameworks in the WHO and wider UN system are highly relevant to alcohol. The **Sustainable Development Goal (SDG) 3, target 3.5**, is to "strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol" *(12)*. The relative reduction of harmful use of alcohol by 10% by 2025 is a target in the **Noncommunicable Disease (NCD) Global Monitoring Framework** *(13)*. **Health 2020** target area 1 'Burden of disease and risk factors' aims for a 1.5% relative annual reduction in overall premature mortality from cardiovascular diseases, cancer, diabetes and chronic respiratory diseases; alcohol consumption is a one of the core indicators to measure progress *(14)*.

References

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