

Alcohol consumption in the WHO European Region

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Early European alcohol consumption

People have been drinking alcohol for thousands of years, since the development of permanent settlements and the cultivation of crops began in the Neolithic period (10 000–4000 BC). Restrictions on alcohol consumption have existed for almost as long, with regulations on the price and strength of beer found in the Babylonian Code of Hammurabi (circa 1770 BC) (1,2). Historically, wine drinking predominated in southern European countries such as Italy, whereas northern areas such as Scandinavia saw a greater intake of beer and later spirits, with some overlap where the cultures met (3).

Throughout Europe, ale was traditionally made at home by women

and consumed domestically by people of all ages and genders (4). Around the 13th century, hops were added to ale to make beer, which lasted longer but was still not a viable product for long-distance trade (5). The growth of urban centres from the 11th century made commercial brewing feasible for the concentrated market of urban consumers (2); however, in rural areas brewing remained a largely domestic industry until the proliferation of ale houses in the 16th century (5).

Ale and beer were readily available to the majority of the population. In contrast, wine, which was more labour-intensive to produce but kept for longer periods, was a higher-status drink. Greco-Roman ideology associated beer-drinking with barbarism

but championed wine-drinking, and the people of ancient Greece and Rome were responsible for establishing wine production and exportation networks across much of Europe (6). Early medical authorities praised wine for its nourishing properties (7), and wine was a key ingredient in remedies for a wide range of illnesses, from snake bites to venereal diseases (1).

The alchemical distillation of spirits had been introduced to Europe from Arabic culture by the 12th century (2). The scarcity of early distilled products meant that they were mostly used medicinally, and were often associated with religious orders (8). Distillation later spread from monasteries and universities to apothecaries and, in the 16th century, to specialist distillers. Commercial production had an impact on the use of spirits, and consumption patterns shifted from medicinal uses to consumption for enjoyment (9).

Alcohol and social change

The 18th century saw a rapid increase in the consumption of strong liquor. Commercial production decreased the cost and increased the supply of products that lasted longer and had more alcohol per unit of volume (10). This dramatic rise in heavy drinking had inevitable social consequences, and particular concerns arose about consumption by women and the working classes (1,5).

The anxiety and major social problems provoked by rising levels of intoxication gave rise to the temperance movement in Europe, which initially focused on promoting moderate drinking and later focused increasingly on prohibition (1). The movement was partly driven by the moral ideology of the growing middle class, but was also an attempt to improve the efficiency of workers in a rapidly industrializing society (10,11).

By the early 19th century, the common narrative around the cause of drunkenness was changing. No longer did people view all human deviance as the product of sin; they assumed there was something wrong with the individual. In the case of the inebriate, this appeared to be poor willpower. From this developed the idea of habitual drunkenness as a disease, and alcohol as the pathogenic agent (9).

Labelling drunkenness as a disease meant that clinicians and society at large could submit excessive drinkers to various practices in the name of treatment (9). The view of drunkenness as a psychiatric condition in which the restoration of the individual's willpower was necessary for recovery meant that, by the end of the 19th century, treatment generally involved institutionalization (12). Although not always successful, treatment in institutions did bridge the gap between penitentiary- and health-focused approaches to recovery (13).

Regulation of alcohol consumption increased during the First World War in recognition of the need to maintain the health of citizens, both military and civilian, to maximize their productivity in the war effort (14). This reflected the emergence of scientific

influence on policy-making, with physiological studies of the effects of drinking dominating discussions about alcohol consumption and industrial efficiency (15).

Attempts to continue alcohol prohibition followed after the end of the First World War, most notably in the United States of America but also in some parts of Europe, particularly Scandinavia (16). Although these attempts generally proved short-lived, in most European regions alcohol consumption continued to decline until after the Second World War (17).

During the 1950s and 1960s, new factors such as general increases in leisure time, disposable income and options for travel led to further changes in drinking patterns. Across Europe, alcohol consumption increased from 1950 onwards, peaked in the mid-1970s and then gradually began to decline (18). During this time, particular risk groups were identified: concerns about women's drinking were prominent in the 1970s and 1980s, and about young people's relationship with alcohol in the 1980s and 1990s (19).

Alcohol and modern society

Over the last 40 years, the emphasis on the night-time economy has increased. The combination of new youth-oriented nightclubs and bars in towns, the desire among urban planners to encourage European "café culture" and the expansion of 24-hour licensing has instigated a change in the type, frequency and amount of alcohol being socially consumed. During the 1990s, as changes in drink preferences and attitudes to intoxication led to increased sessional consumption, concerns about binge drinking among young people increased (20).

The definition of binge drinking has varied over time and across cultures. However, its current emphasis on young people drinking in public places risks eclipsing other modes of increased alcohol consumption that can be harmful to health – albeit with potentially less obvious social consequences – such as drinking at home (21). Many people, particularly in older age groups, regularly exceed recommended weekly limits, often as part of normalized drinking at mealtimes or at the end of the working day. Some consumers consider this pattern of drinking unremarkable in comparison to heavy episodic drinking, and can therefore overlook the significant associated health risks (22).

Drinking alcohol remains a highly symbolic activity, with the type of drink, time and place of drinking, and choice of drinking companions all contextually relevant (1). Alcohol is considered a social norm relating to certain activities (such as watching sports or going to nightclubs), groups of people (such as work colleagues or university students) and times of the year (such as New Year's Eve or holiday celebrations). Drinking is often used to signify a transition, including major life events (such as a birth, one's coming of age, a marriage or a death) and more mundane activities (such as finishing work or starting the weekend). Different types of

drink can be associated with a particular occasion, social status, gender or membership in a subculture (23).

While many of these contexts are defined by the positive connotations of alcohol consumption, there are many negative associations typically linked to drinking in excess. Significant alcohol use is linked to other risk behaviours, such as smoking, use of illegal drugs and risky sexual practices (24). Excess alcohol intake can also lead to behaviours with wider negative social consequences, such as violence and crime, drink-driving, alcohol-related accidents, marital harm and child abuse (25). Evidence suggests that the higher the level of alcohol consumption, the more serious the associated crime or injury (1). Economic costs to the individual include money spent on alcohol as well as lost income from reduced productivity, which has further associated productivity costs to wider society (26).

Sociocultural variations in alcohol consumption

There have been several attempts during the last century to describe the typographies of drinking habits across Europe, taking into account factors such as predominant type of drink, preferred drinking location, amount of alcohol consumed, frequency of consumption and attitude to drunkenness (1,27). Although no clear, overarching definition exists, studies show that people in Mediterranean countries generally engage in more daily, light drinking that is integrated into everyday life, whereas those in northern European countries engage in heavier episodic drinking related to weekends and celebrations (28).

However, greater internationalization through travel, migration and online media has blurred the boundaries of national drinking cultures, and differences in levels and patterns of drinking between countries are smaller than they were 40 years ago. This suggests that drinking patterns across Europe are more similar than commonly believed (1).

Despite increasing homogenization at a national level, different drinking subcultures exist within and between countries, including those based on sociodemographic features such as age, gender, religion, socioeconomic status and occupation.

The age at which young people first start to drink alcohol varies between European countries. Parental drinking habits are known to influence those of young people, and a positive family environment is associated with a lower probability of risky substance use (1). Data from the European Social Survey show that the likelihood of binge drinking decreases with age, and yet younger people are more likely to abstain from alcohol than middle-aged and older people (29).

The likelihood of drinking several times a week increases with age, although younger people tend to drink larger volumes when they do drink than older people (29). Younger people also drink more alcohol in larger groups and in social locations such as bars and at

parties. As age increases, the importance of the spouse as the main drinking partner also increases, with consumption more often at home during mealtimes (30).

Differences in alcohol consumption have traditionally been used by society to symbolize and regulate gender roles (30). Drinking has long been associated with displays of masculinity. In all reported cultures and historical periods, men have been more likely than women to drink alcohol, consume greater amounts of alcohol and cause more alcohol-related problems, while female drinking is generally more heavily policed (31). However, as noted in modern comparisons, countries with greater levels of gender equality display smaller gender differences in drinking behaviour (30). People from groups with lower socioeconomic status are more likely to abstain from alcohol. However, they are also more likely to drink excessively and become dependent on alcohol than those from groups with higher socioeconomic status (1). At a national level, countries with a higher per capita income currently have higher rates of drinking for both men and women (30).

Certain occupations have also been more readily associated with alcohol consumption than others, including those that involve access to alcohol (as for bartenders and publicans) and professional occupations that involve high levels of stress (as for doctors and lawyers) (8). In addition, manual workers have been shown to be at higher risk of alcohol-related harm than nonmanual workers (32). Different religious groups also have varying attitudes to alcohol consumption. Some groups, such as Muslims and Mormons, take a proscriptive approach; other groups, such as Christians and Jews, include alcohol in particular circumstances (including religious rituals) but take a negative view of drunkenness more widely (9,27).

The role of the alcohol industry

Drinking cultures have always been influenced by the changing structure of the alcohol industry. In recent decades, the industry has moved from being organized largely on a national basis towards consolidation into a small number of transnational companies that dominate the global alcohol supply and are able to command significant marketing and lobbying power (33). The extensive influence of the alcohol industry on drinking habits operates through targeted marketing of particular drinks (such as alcopops) and major global event sponsorships (such as Fédération Internationale de Football Association (FIFA) World Cup tournaments), as well as attempts to influence both national policy (for example, opposition to minimum unit pricing in Scotland) (34) and international policy (for example, influence over the content of trade agreements towards deregulation of alcohol markets).

Recent changes in tackling harmful alcohol use

The 1950s and 1960s saw a general liberalization of alcohol policies in industrialized countries, even as many tightened legislation on other drugs (14,35). Notable exceptions included legislation around

drink-driving, where the risk of harm to others had been proven; the new ability to quantitatively measure blood alcohol concentration also meant legislation became easier to enforce (14). The 1970s and 1980s saw the development of the new public health model for drugs and alcohol. It incorporated whole-population theories of risk for alcohol consumption, a shift in emphasis from alcohol addiction and dependence to attention to hazardous and harmful drinking in the general population, and a growing interest in epidemiology as a research tool (36).

Current alcohol policies cover a range of areas, including taxation, marketing regulations, product labelling, drinking environments, health education and trade. Recent developments, such as the agreement to implement minimum unit pricing in Scotland after years of legal challenges, have brought new evidence-based approaches to alcohol policy which focus on health outcomes as the primary concern of policy (34).

The 21st century has seen a proliferation in pan-European initiatives on alcohol, including projects such as GENACIS, an international study on gender, alcohol and culture (37); the Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project (ALICE RAP) (38); and Reducing Alcohol Related Harm (RARHA) (39); as well as strategies such as the WHO European action plan to reduce the harmful use of alcohol 2012–2020 (40). Despite these international efforts, significant variations in national alcohol policies persist across Europe, including variations in excise duty, minimum drinking age, blood alcohol concentration limit for driving, and definitions of what constitutes an alcoholic drink (1).

This variation is also seen in annual alcohol consumption per capita trends in European countries, with levels of alcohol consumption declining in France, Italy and Spain, but increasing in

Cyprus, Finland and the United Kingdom. Despite these national variations, data from the European Health Information Gateway show that there has been an overall decline in annual alcohol consumption per capita across Europe since 1970 (41).

Alcohol: a complex cultural issue

Across all ages and cultures, people have recognized that the consumption of alcohol has both positive and negative aspects. On one hand, alcohol is traditionally associated with cultural and religious celebrations, enjoyed as an enabler of sociability and considered a fundamental pleasure to drink. On the other hand, the negative effects of alcohol consumption, including social disruption and violence, links to crime, and poor physical and mental health, are clear (40).

Historically, it has not always been clear where to draw the line between drinking for benefit and drinking with negative consequences. While modern medical science has enabled more robust measurement of the physiological effects of alcohol, it is harder to be exact when measuring social effects, particularly considering the interpersonal and intrapersonal variability in the effect of alcohol consumption at particular doses and in particular contexts.

Alcohol has always been subject to both social and political regulation in terms of who may consume it, how, when, where and for what reasons (10). Central to both has been the conflict between limiting individual autonomy and acting in the best interests of the population. The exact point of compromise has varied across history and cultures; however, the growing body of evidence regarding alcohol's harm to others supports the need for a wider societal approach to moderating consumption.

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