

## The challenge

Alcohol is the third leading risk factor for preventable death and disease globally, and is a major cause of ill health. Alcohol intake in the WHO European Region is the highest in the world. On average, adults (aged 15 years or over) in the Region consume 10.9 L pure alcohol per year (2008–2010); the global average among adults is 6.2 L.<sup>1</sup>

Here are some key facts about alcohol consumption:

- Approximately two out of three adults in the WHO European Region drink alcohol regularly.
- Men drink more than twice as much as women: excluding abstainers, the average per capita consumption for 2008–2010 was 22.7 L of pure alcohol for men and 10.1 L for women.
- People in the group aged 20–39 years, particularly males, suffer the highest proportion of deaths attributable to alcohol.
- Unrecorded consumption of pure alcohol has decreased in the Region, from 22% (2003–2005) to 17% (2008–2010).
- Over the past five years, the WHO European Region has seen an annual reduction of 2% in alcohol consumption.
- On average, 31.8% of men and 12.6% of women who drink alcohol experienced an incident of heavy episodic drinking during the past month, but rates vary widely between Member States. Heavy episodic drinking is as drinking at least 60 g alcohol on one occasion.

## What works

Policies on pricing, limiting availability and restricting marketing have been proven to limit consumption. In addition, programmes for early identification of and brief advice to people with hazardous and harmful patterns of alcohol consumption have proved effective in primary care, social-welfare settings, and accident and emergency departments, as have programmes set in the workplace and educational environments.

The Alcohol Use Disorders Identification Test (AUDIT) is a simple ten-question test developed by WHO as a method of screening for excessive drinking and to assist in brief assessment. A self-administered web-based version of the AUDIT is available on the website of the WHO Regional Office for Europe (<http://www.euro.who.int/test-your-alcohol-consumption>).



<sup>1</sup> All data cited come from the Global status report on alcohol and health 2014 (Geneva: World Health Organization; 2014 ([http://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/en](http://www.who.int/substance_abuse/publications/global_alcohol_report/en), accessed 10 June 2014).

In the WHO European Region, 6.4% of men and 1.2% of women are estimated to be dependent on alcohol, and 12.6% of men and 2.9% of women have an alcohol-use disorder.

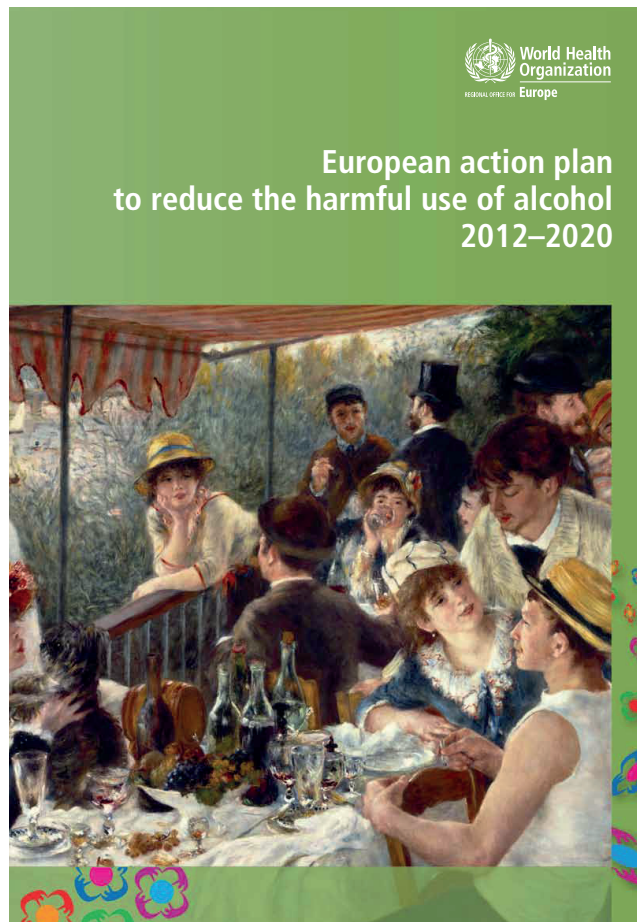
### Alcohol-related harm

Alcohol consumption is a major risk factor for premature death globally. In the European Region, it accounts for one in every seven deaths in men and one in every 13 deaths in women in the group aged 15–64 years.

The risk of dying from an alcohol-related condition increases with the total amount of alcohol consumed over a lifetime. Most alcohol is drunk on heavy-drinking occasions; these increase all risks, including those of ischaemic heart disease and sudden death. Alcohol can diminish individual health and human capital throughout the lifespan, from before birth to old age.

- Exposure to alcohol during pregnancy can impair the brain development of the fetus and is associated with intellectual deficits that become apparent later in childhood.
- The adolescent brain is particularly susceptible to alcohol. The longer the onset of consumption is delayed, the less likely it is that alcohol-related problems and alcohol dependence will emerge in adult life.
- In the workplace, harmful alcohol use and heavy episodic drinking increase the risk of problems such as absenteeism, presenteeism (low productivity) and inappropriate behaviour. Workplaces can increase the risk of alcohol-use disorders and alcohol dependence.

Alcohol is related to more than 200 diseases. In the WHO European Region, more than 90% of net deaths attributable to alcohol (the number of deaths after subtracting the beneficial effects of alcohol on ischaemic heart disease, ischaemic stroke and diabetes) have three major causes: cancer, liver cirrhosis and injuries. Without taking the beneficial effects of alcohol into consideration, the proportions of deaths related to these three causes are still close to 80% of all alcohol-attributable deaths: 79.4%, 79.6% and 78.4%, respectively.



### WHO policy response

In response to the high rates of morbidity and mortality due to alcohol, the WHO Regional Office for Europe has spearheaded efforts to curb alcohol-related harm for over 20 years. In 2011, the WHO Regional Committee for Europe adopted a new European action plan to reduce the harmful use of alcohol 2012–2020. The action plan reflects the most recent evidence on alcohol-related public health policies and includes a range of policy options to reduce harmful use. It is organized according to 10 points for action, following those in the WHO global strategy to reduce the harmful use of alcohol, adopted in 2010.

Very strong evidence supports the effectiveness of policies that regulate the alcohol market to reduce the harm done by alcohol, including taxation and managing the physical availability of alcohol (for example, by limiting times of sale and raising the minimum drinking age). Alcohol taxes are particularly important in targeting young people and the harm done by alcohol. The evidence shows that, more violent harm results from extending the hours in which alcohol can be sold. Restricting the volume and content of advertising and marketing of alcohol products is likely to reduce harm.

Harm from drinking disproportionately affects poorer people. People who are socially disadvantaged or live in socially disadvantaged areas experience more harm from the same dose of alcohol than those who are better off. This could be related to other risk factors, such as nutrition and social stress. Increased spending on social welfare policies can mitigate the impact of economic downturns and unemployment on increased alcohol-related deaths.

<sup>2</sup> European action plan to reduce the harmful use of alcohol 2012–2020. Copenhagen: WHO Regional Office for Europe; 2012 (<http://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2012/european-action-plan-to-reduce-the-harmful-use-of-alcohol-20122021>, accessed 10 June 2014).