Alcohol consumption among adults

Alcohol use is a leading cause of death and disability worldwide, particularly among those of working age. High alcohol intake is a major risk factor for heart diseases and strokes, liver cirrhosis and certain cancers, but even low and moderate alcohol consumption increases the long-term risk of these diseases. Alcohol also contributes to more car crashes and injuries, violence, homicides, suicides and mental health disorders than any other psychoactive substance, particularly among young people. Alcohol-related diseases and injuries incur a high cost to society. Life expectancy is nearly a year lower on average across OECD countries than it would be if people consumed less alcohol. An average of 2.4% of health spending goes on dealing with the harm caused by alcohol consumption – and the figure is much higher in some countries (OECD, 2021[10]). The COVID-19 pandemic and associated government measures to limit mobility affected patterns and places of alcohol consumption. Some of the problems associated with harmful alcohol consumption were intensified by the crisis, such as engaging in harmful drink to cope with stress or domestic violence (OECD, 2021[11]).

Measured through sales data, overall alcohol consumption averaged 8.7 litres per person across OECD countries in 2019, down from 9.1 litres in 2009 (Figure 4.3). Latvia reported the highest consumption in 2019 (12.9 litres), followed by the Czech Republic, Austria, France, Hungary, Lithuania and Slovenia, all with over 11 litres per person. Turkey, Israel, Costa Rica, Colombia and Mexico had comparatively low consumption levels (under 5 litres per person). Among partner countries, consumption was relatively high in Russia (10.8 litres) and low in Indonesia, India and China (less than 5 litres). Average consumption fell in 29 OECD countries between 2009 and 2019, with the largest reductions in Lithuania and Greece (by 2 litres). Consumption also fell markedly in Russia (by 5 litres). However, alcohol consumption increased by more than 3 litres per person in Latvia, and by over 0.5 litres per person in India, Poland, Slovenia and Spain. At the time of writing, five OECD countries had reported the level of overall alcohol consumption in 2020. Four countries show no significant change in the level compared to the previous three years, while Norway reported an 18% increase (from 6.1 litres in 2019 to 7 litres in 2020).

While national data on overall consumption per capita facilitate assessment of long-term trends, they do not identify sub-populations at risk from harmful drinking patterns. Alcohol is disproportionately consumed by a minority of people. People who drink heavily make up 4% to 14% of the population, but they consume between 31% and 54% of all alcohol consumed, depending on the country (Figure 4.4). For instance, in Canada, 6% of the drinkers who drink heavily consume 34% of all alcohol.

Significant disparities exist in patterns of alcohol consumption. In almost all countries, people with higher educational attainment (i.e. those who have completed tertiary or university education) are more likely to be weekly drinkers (Figure 4.5). This effect is considerably stronger in women than in men. On average across 25 OECD countries, women with higher education are 82% more likely to drink alcohol weekly compared to women with lower education. In Latvia, women are up to three times more likely to drink weekly if they have completed tertiary education. For men, this difference is smaller: men with tertiary education are 26% more likely to drink weekly than men with lower education. Conversely, in the Slovak Republic, Lithuania, Mexico and Portugal, men with a lower education are more likely to drink weekly. The positive association between frequency of drinking and education level is largely explained by the economic dimension: alcohol is more affordable for people with more education and higher incomes. However, when looking at alcohol-related harm, the social gradient shows a different pattern of inequality. Harmful drinking is more prevalent in people with lower socio-economic status.

Policies to tackle harmful alcohol use include broad-based strategies and those that target heavy drinkers. Comprehensive policy packages built on a "PPPP strategy" – pricing policies to limit affordability of cheap alcohol, policing to counter drink-driving, primary care based counselling for people with harmful patterns of alcohol use, and protecting children from alcohol promotion – are effective and cost-effective for tackling harmful alcohol use (OECD, 2021[10]).

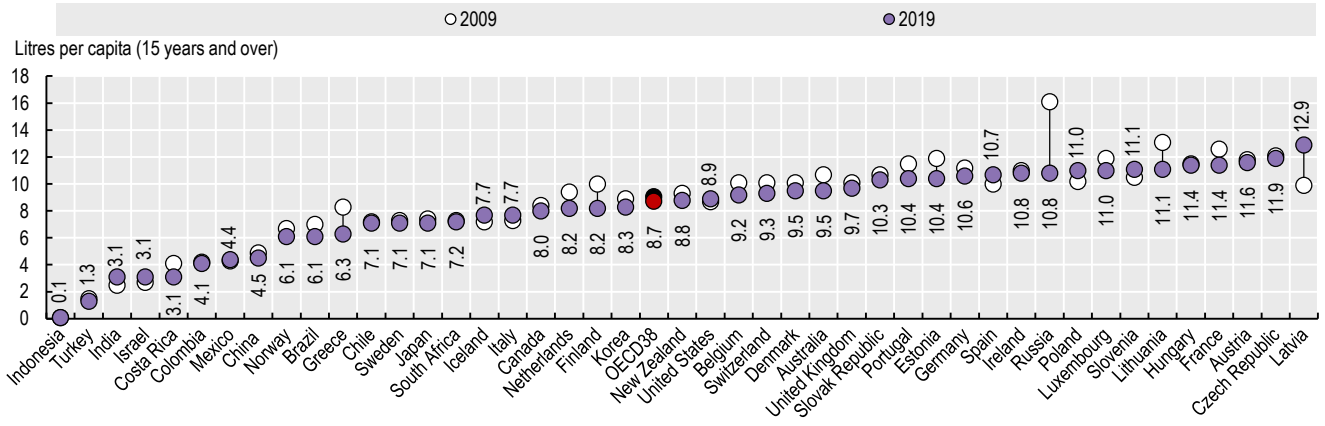
Definition and comparability

Recorded alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over (with some exceptions highlighted in the data source of the OECD Health Statistics database). Data come from national sources – in a few instances these may differ from data shown in the OECD 2021 report on preventing harmful alcohol use, which uses data from the WHO Global Information System on Alcohol and Health, with methodological differences.

The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as home production. In Estonia and Russia, data include a correction for tourist consumption, cross-border trade and illegal alcohol trade and consumption. In some countries (e.g. Luxembourg), national sales do not accurately reflect actual consumption by residents, since purchases by non-residents may create a significant gap between national sales and consumption. Alcohol consumption in Luxembourg is thus estimated as the mean of alcohol consumption in France and Germany.

Data on the proportion of alcohol consumed and disparities in weekly drinking derive from OECD analyses based on national survey data: the Canadian Community Health Survey 2015-16 (Canada); the Health Survey for England 2016 (England, United Kingdom); Baromètre santé 2017 (France); the Korean National Health and Nutrition Examination Survey 2018 (Korea); Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco 2016-17 (Mexico); the National Health and Nutrition Examination Survey 2015 (United States); and the European Health Interview Survey 2014 (remaining 25 countries). Disparities in weekly drinking are measured by comparing the proportions of weekly drinkers between people with tertiary education and those without, for men and women separately. Values below zero indicate that people without tertiary education are more likely to be weekly drinkers.

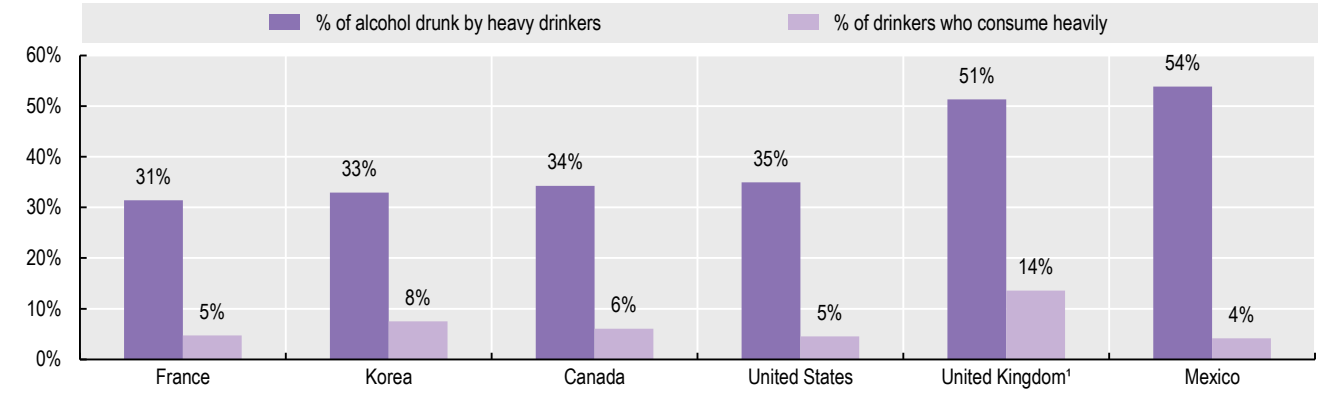
Figure 4.3. **Recorded alcohol consumption among the population aged 15 and over, 2009 and 2019 (or nearest year)**



Source: OECD Health Statistics 2021.

StatLink https://stat.link/u6dwko

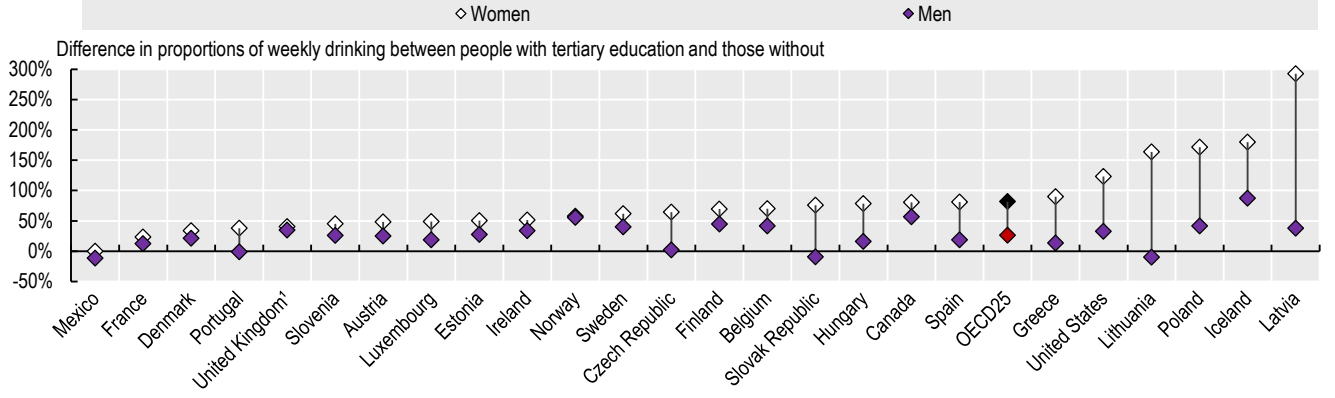
Figure 4.4. **Proportion of alcohol consumed by heavy drinkers, 2015-18**



1. Data only includes England.
Source: OECD (2021[10]), *Preventing Harmful Alcohol Use*, *https://dx.doi.org/10.1787/6e4b4ffb-en*.

StatLink https://stat.link/kr46bu

Figure 4.5. **Disparities in weekly drinking, by educational attainment and sex, 2014-17**



1. Data only includes England.
Source: OECD (2021[10]), *Preventing Harmful Alcohol Use*, *https://dx.doi.org/10.1787/6e4b4ffb-en*.

StatLink https://stat.link/ml3p4q