

ALCOHOL CONSUMPTION AMONG ADULTS

Alcohol-related harm is a major public health concern in the European Union, both in terms of morbidity and mortality. Alcohol was the third leading risk factor for disease and mortality after tobacco and high blood pressure in Europe in 2012, and accounted for an estimated 7.6% of all men's deaths and 4.0% of all women's deaths (WHO, 2014). High alcohol intake is associated with increased risk of heart diseases and stroke, as well as liver cirrhosis and certain cancers, but even moderate alcohol consumption increases the long-term risk of developing such diseases. Foetal exposure to alcohol increases the risk of birth defects and intellectual impairments. Alcohol also contributes to death and disability through accidents and injuries, assault, violence, homicide, and suicide, particularly among young people.

Measured through sales data, overall alcohol consumption stood at 9.8 litres of pure alcohol per adult on average across EU Member States in 2016, down from 11 litres in 2006 (Figure 4.7). Lithuania reported the highest consumption of alcohol, with 13.2 litres per adult, followed by France, the Czech Republic, Bulgaria, Austria, Luxembourg, Ireland, and Latvia with more than 11 litres per adult. At the other end of the scale, Greece, Italy and Sweden have relatively low levels of consumption, below 8 litres of pure alcohol per adult.

Although overall alcohol consumption per capita is a useful measure to assess long-term trends, it does not identify sub-populations at risk from harmful drinking patterns. Heavy episodic drinking, also known as "binge drinking", is more common among men, and particularly young men aged 20-29. More than 40% of men aged 20-29 report heavy episodic drinking on average across the EU. Nonetheless, a sizeable proportion of both men and women at older ages also report regular heavy drinking (Figure 4.8).

A number of countries have taken initiatives to limit harmful use of alcohol in recent years. Some interventions target heavy drinkers only, other target young drinkers (e.g. sales restrictions to young people below a certain age, tighter alcohol consumption limit for young drivers), while others are more broadly based. In 2018, Scotland introduced minimum pricing per unit of alcohol at 50 pence, which set a minimum price of GBP 1 for a 500 ml can of beer and GBP 4.69 for a bottle of wine. Wales also plans to introduce such a minimum price for alcohol with the Public Health (Minimum Price for Alcohol) (Wales) Act. Minimum pricing is likely to reduce the consumption of cheap alcohol, in particular in harmful patterns such as binge drinking and alcohol-dependent use.

Regulations on advertising alcoholic products have taken different forms on different media (e.g. printed newspapers, billboards, the internet). For example, Estonia recently passed a law restricting alcohol sales and alcohol marketing practices. This new law specifically aims to restrict the visibility of

alcohol in public places (e.g. by requiring stores to reduce the public display of alcoholic products) and to change advertising practices so as to avoid linking alcohol consumption with good times such as holidays. In addition, alcohol advertisement by alcohol operators will be prohibited from social media, except on their own websites.

All EU countries have set maximum levels of blood alcohol concentration for drivers in their legislation, but these regulations are not always enforced rigorously. Less stringent policies include health promotion messages, school-based and worksite interventions, and greater counselling by family doctors or other primary care providers. Comprehensive policy packages including fiscal measures, regulations and less stringent policies are shown to be the most effective to reduce harmful use of alcohol (OECD, 2015).

Definition and comparability

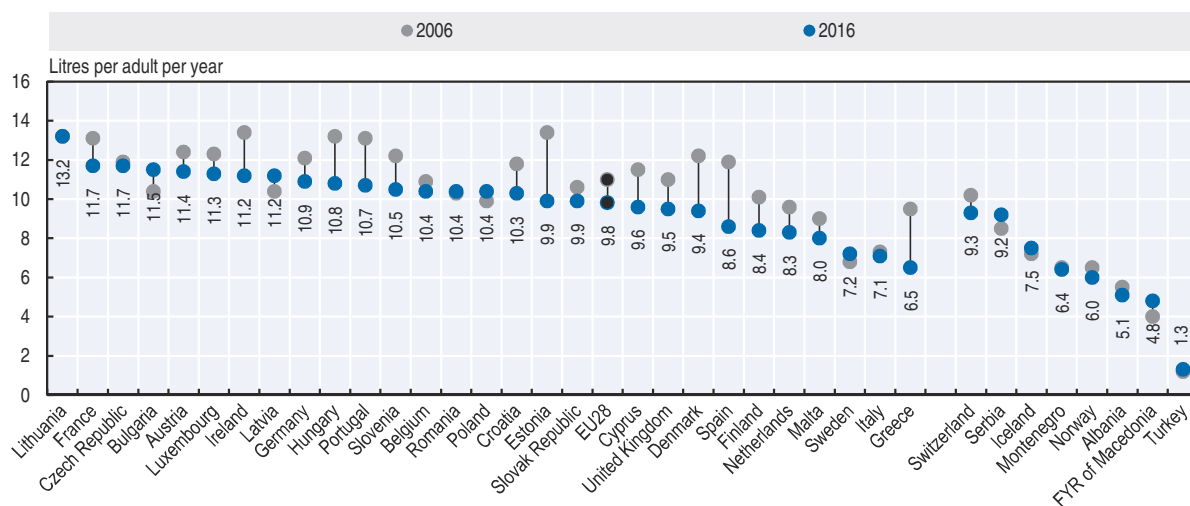
Overall alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over. The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as home production. In some 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 average alcohol consumption in France and Germany.

Regular heavy episodic drinking (or binge drinking) is derived from self-reported information as part of the European Health Interview Survey in 2014. Regular binge drinking is defined as having 60 grams of pure alcohol per single occasion at least once a month over the past 12 months. The figures represent the proportion of adults who reported binge drinking at least once a month over the past 12 months as a percentage of adults who drank alcohol in the past 12 months.


References

- OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264181069-en>.
- WHO (2014), *Global Status Report on Alcohol and Health 2014*, WHO, Geneva, http://apps.who.int/iris/bitstream/handle/10665/112736/9789240692763_eng.pdf;jsessionid=3F94D8649E27F3B91FBC499D73207030?sequence=1.

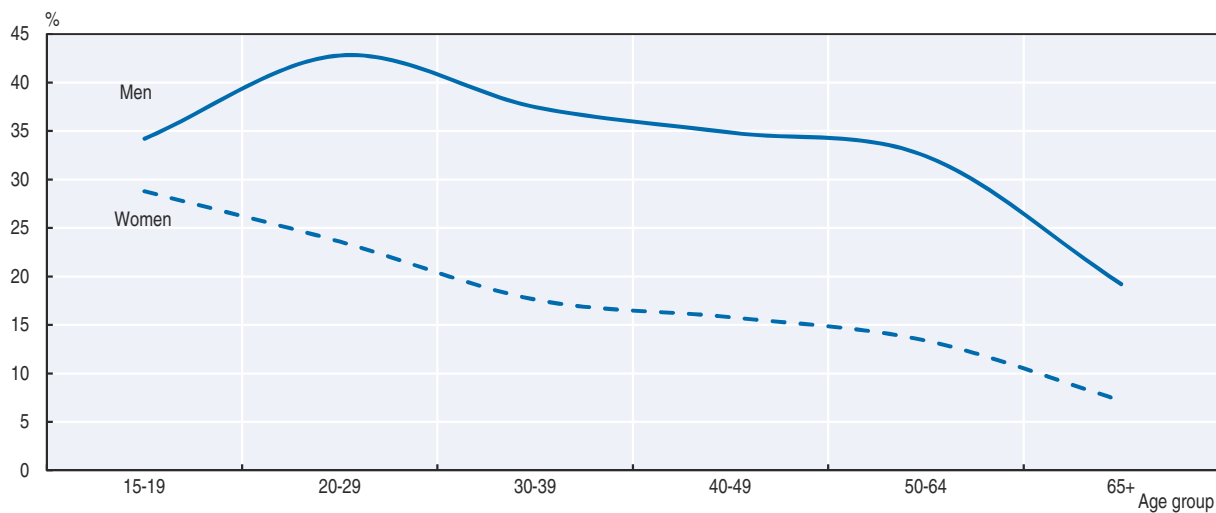
4.7. Overall alcohol consumption among adults, 2006 and 2016 (or nearest years)



Source: OECD Health Statistics 2018, <https://doi.org/10.1787/health-data-en>; Global Information System on Alcohol and Health for non-OECD countries and Austria, Belgium, Germany, Greece, Italy, Latvia, Luxembourg, Portugal, and Spain.


StatLink  <http://dx.doi.org/10.1787/888933835060>

4.8. Gender gap in regular heavy episodic drinking by age, EU average, 2014



Note: The EU average is not weighted by country population size.

Source: Eurostat, EHIS 2014.

StatLink  <http://dx.doi.org/10.1787/888933835079>



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