

2.6. Alcohol consumption among adults

The health burden related to harmful alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world (Rehm et al., 2009; WHO, 2011d). Alcohol use is associated with numerous harmful health and social consequences, including an increased risk of a range of cancers, stroke, and liver cirrhosis, among others. Foetal exposure to alcohol increases the risk of birth defects and intellectual impairment. Alcohol also contributes to death and disability through accidents and injuries, assault, violence, homicide and suicide, and is estimated to cause more than 2.5 million deaths worldwide per year (WHO, 2011d). WHO estimates that 4% of the global burden of disease is attributable to alcohol, which accounts for about as much mortality and disability as tobacco and hypertension (Rehm et al., 2009). In the United States, excessive alcohol consumption is the third leading cause of death, accounting for 80,000 deaths per year and 2.3 million potential years of life lost (CDC, 2012). Health care costs associated with excessive drinking in the United States are estimated at USD 25.6 billion (Bouchery et al., 2006). In the Russian Federation, alcohol misuse was a major contributing factor to the sharp rise in premature mortality and decline in life expectancy during the 1990s (OECD, 2012c).

Alcohol consumption, as measured by annual sales, stands at 9.4 litres per adult, on average, across OECD countries, based on the most recent data available (Figure 2.6.1). Leaving aside Luxembourg – given the high volume of purchases by non-residents in that country – France, Austria, Estonia reported the highest consumption of alcohol, with 12.0 litres or more per adult per year in 2011. Low alcohol consumption was recorded in Turkey and Israel, as well as in Indonesia and India, where religious and cultural traditions restrict the use of alcohol in some population groups.

Although average alcohol consumption has gradually fallen in many OECD countries over the past two decades, it has risen in several Northern European countries (Iceland, Sweden, Norway and Finland) as well as in Poland and Israel. There has been a degree of convergence in drinking habits across the OECD, with wine consumption increasing in many traditional beer-drinking countries and vice versa. The traditional wine-producing countries of Italy, Greece, Spain, Portugal and France, as well as the Slovak Republic, Switzerland and Hungary have seen per capita consumption fall by one fifth or more since 1990 (Figure 2.6.1).

Alcohol consumption in the Russian Federation, as well as in Brazil, India, and China has risen substantially, although in the latter two countries per capita consumption is still low.

Variations in alcohol consumption across countries and over time reflect not only changing drinking habits but also the policy responses to control alcohol use. Curbs on advertising, sales restrictions and taxation have all proven to be effective measures to reduce alcohol consumption (Babor et al., 2010).

Although adult alcohol consumption per capita gives useful evidence of long-term trends, it does not identify sub-populations at risk from harmful drinking patterns. The consumption of large quantities of alcohol in a single session (heavy episodic drinking, or binge drinking), is an especially dangerous pattern of consumption (Institute of Alcohol Studies, 2007), which is on the rise in some countries and social groups, especially among young people (Devaux and Sassi, forthcoming).

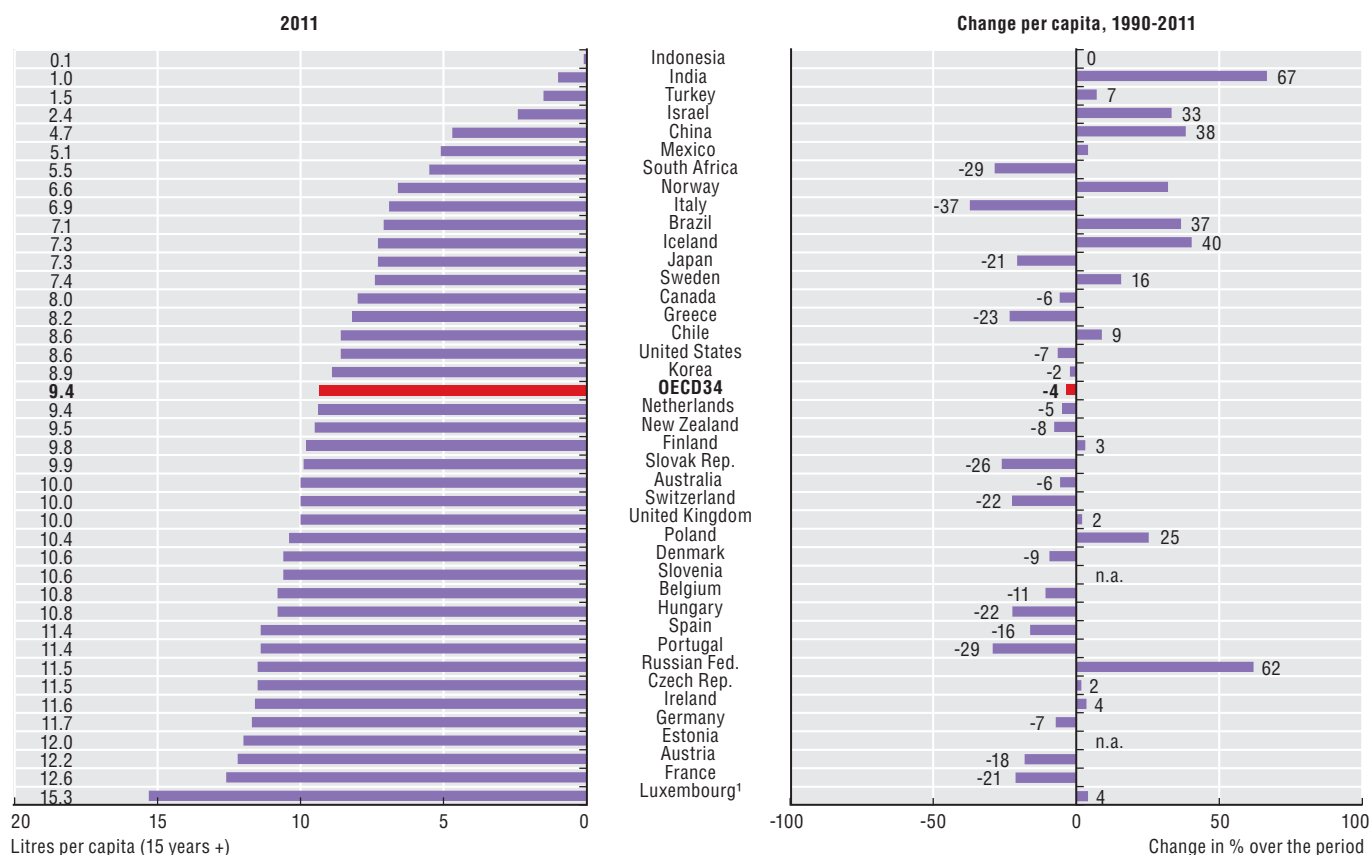
In 2010, the World Health Organization endorsed a global strategy to combat the harmful use of alcohol, through direct measures such as medical services for alcohol-related health problems, and indirect measures such as the dissemination of information on alcohol-related harm (WHO, 2010a).

Definition and comparability

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

Italy reports consumption for the population 14 years and over, Sweden for 16 years and over, and Japan 20 years and over. In some countries (e.g. Luxembourg), national sales do not accurately reflect actual consumption by residents, since purchases by non-residents create a significant gap between sales and consumption.

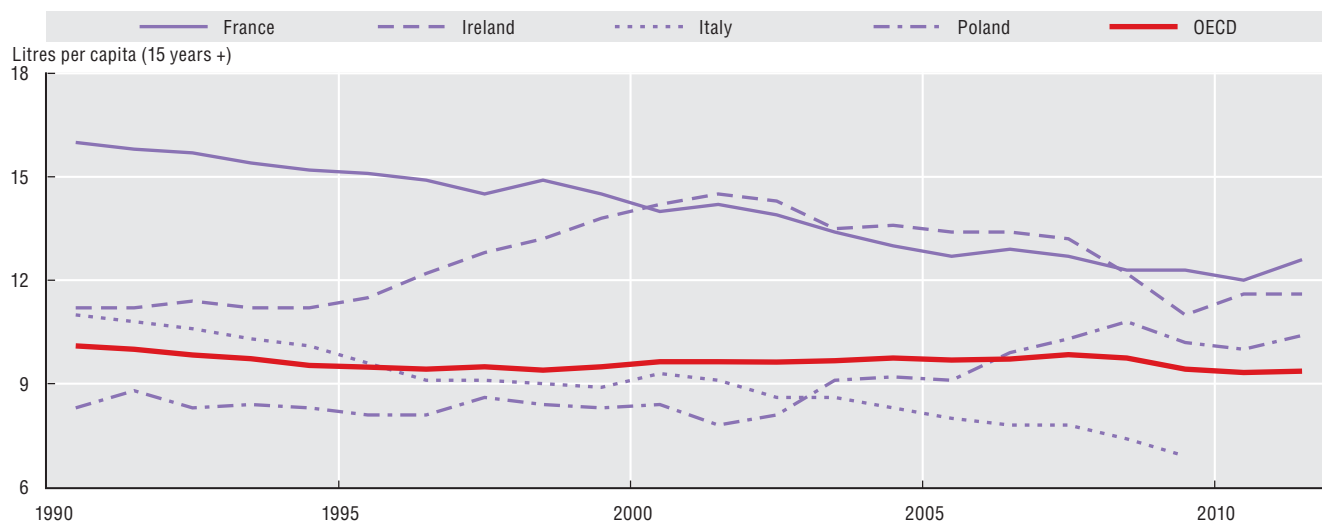
2.6.1. Alcohol consumption among adults, 2011 and change between 1990 and 2011 (or nearest year)



1. In Luxembourg, national sales do not accurately reflect actual consumption by residents, since purchases by non-residents create a significant gap. Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>; WHO for non-OECD countries.

StatLink <http://dx.doi.org/10.1787/888932916648>

2.6.2. Trends in alcohol consumption, selected OECD countries, 1990-2011



Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932916667>



From:
Health at a Glance 2013
OECD Indicators

Access the complete publication at:
https://doi.org/10.1787/health_glance-2013-en

Please cite this chapter as:

OECD (2013), "Alcohol consumption among adults", in *Health at a Glance 2013: OECD Indicators*, OECD Publishing, Paris.

DOI: https://doi.org/10.1787/health_glance-2013-20-en

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