
Global Status Report on Alcohol 2004



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Part I

Global overviews

Drinking patterns

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Drinking patterns

The consumption of alcoholic beverages can be studied from a number of viewpoints, ranging from the viewpoint of an economist to that of a cultural anthropologist. When viewed from a public health perspective, alcoholic beverages can potentially be an agent of illness and mortality. Depending on the consumption pattern, use of alcoholic beverages can elevate the drinker's risk of health problems (traffic and other accidents, chronic illness such as cirrhosis and cancer, and mental disorders such as alcohol dependence) as well as social problems (inability to cope with work, family and other roles, and harm to those in the drinker's surrounding environment). Against this burden, there is some evidence that small amounts of alcohol may play a protective role in heart disease (Midanik & Room, 1992; Corrao et al., 2000).

The distribution of drinking patterns in the population at large is of interest from all these perspectives, although different perspectives tend to emphasize different aspects of drinking. A public health analysis should take into account environmental factors, because they put drinking in its socioeconomic context and can provide important information on potential means of harm reduction. However, a public health analysis should also take into account the amount of alcohol consumed, because the alcohol content of beverages is a key risk factor for its various adverse consequences – as a biochemical agent in the development of chronic health problems, as an intoxicant involved in accidents and other acute problems, and as a dependence-causing substance in chronic problems (Midanik & Room, 1992).

Alcohol consumption in the population can be measured in two main ways: by analysing production and distribution statistics for alcoholic beverages as market commodities and by asking samples of the population questions about their drinking behaviour (Midanik & Room, 1992).

Survey data offer important advantages. In the first place, it is one way to measure, however imperfectly, the alcohol consumption, which is not recorded in official statistics – which in many countries constitutes the greater share of total alcohol consumption. Second, survey data can give a picture of the social location of drinking in a society, and also allows a direct focus on charting the distribution and correlates in the population of the patterns of drinking most likely to be associated with harm – intoxication episodes, and long-term heavy drinking. Third, a survey offers a way to measure directly alcohol-related problems, which do not show up in police or health statistics: problems in family life, for instance, or in work performance. Fourth, analyses of survey data can explore directly the relationship between patterns and contexts of drinking and the occurrence of social and health problems. Fifth, when surveys are repeated over time, they can be used to monitor the situation in the society and to evaluate policy initiatives (WHO, 2001b).

However, the most important advantage of survey data over consumption statistics is that each respondent's patterns are recorded separately. A person's drinking pattern can thus be related to other personal characteristics and behaviours. Drinking patterns can be surveyed for all kinds of population subgroups, whereas consumption statistics can be broken down only geographically.

A further advantage of survey data is that they allow a detailed examination of different facets of drinking behaviour. Many drinkers have quite complex patterns of drinking. Consider an example of a week's drinking by a relatively heavy-drinking respondent (adapted from Midanik & Room, 1992):

- one drink after work on Monday with a work client
- two drinks with family dinner on Monday, Tuesday and Thursday
- no drinks on Wednesday
- eight drinks at a party on Friday night
- two drinks on a Saturday afternoon while relaxing in the backyard
- four drinks out at dinner with friends on Saturday evening
- no drinks on Sunday

The respondent's pattern can be summarized in a number of ways. In terms of *volume* of drinking, here the respondent drinks, on average, three drinks a day. In terms of *frequency* of drinking, the respondent drinks nearly every day – 5 days out of 7. But neither of these summaries provides a sense of *variability* in the drinking pattern – that the respondent drinks relatively moderate amounts on most days, but sometimes drinks much larger amounts. This aspect of drinking can be covered by a measure of dispersion (like the standard deviation), or with a summary of how often the respondent drinks more than a certain amount. For example, this respondent probably falls into the category of heavy episodic drinking – consuming five or more drinks on one occasion at least once a week (Midanik & Room, 1992).

The aspect of drinking pattern that should be emphasized during data collection and analysis depends in part on the purpose of the research. When viewed as a risk factor for many long-term physical consequences of drinking – such as cirrhosis of the liver – the overall volume of drinking is probably the most important aspect. But as a risk factor for accidents or social disruptions, it is the individual episodes of heavy drinking that are of interest, in combination with the drinking context. The greatest immediate risk associated with the above sample respondent's drinking week, for instance, would probably be if he or she attempted to drive home on Friday or Saturday night. For studies attuned to such consequences, the average number of drinks per day is less important than the frequency of drinking large amounts of alcohol. Someone who drinks one drink at lunch and two with dinner every day, for example, would be at less risk for problems associated with intoxication than the sample respondent, although the overall volume of drinking would be the same (Midanik & Room, 1992).

The modern tradition of survey research on drinking patterns and problems in the general population is a rather recent development. Some countries (mainly developed ones) have established in about the last 30 years or so a tradition of repeated surveys, allowing trends and developments to be monitored in the whole society and in subgroups of the population. Survey research on drinking patterns and problems in developing societies is much less common (although some exceptions such as in Costa Rica, India and Mexico can be found). Such surveys have contributed important information on the demography of drinking – where different patterns on drinking (or abstention) are distributed by subgroups of the population formed by differentiations such as gender, age, socioeconomic status and region of residence. They might have become a way of gathering information on alcohol consumption not recorded in official statistics. As a society builds up a tradition of such surveys, they also become tools for monitoring trends in different social groups, and sometimes for evaluating the effects of policy interventions in the society. They thus become an important tool for alcohol policymaking in a public health perspective (WHO, 2001b).

This report looked at rates of alcohol abstainers, some measure of heavy and hazardous drinking, high risk drinking or problem drinking, heavy episodic drinking or binge drinking and alcohol dependence.

Who are the abstainers?

As can be seen in Table 6, the rates of abstainers vary considerably across countries. The proportion of last year abstainers among the total adult population reported across countries ranged from a low of 2.5% in Luxembourg to a high of 99.5% in Egypt. In relation to lifetime abstainers (have never tried alcohol) among the total adult population, the rates range from 9.4% in Latvia to 98.4% in the Comoros (see country profiles for more information). Care must be taken when interpreting this table as the cut-off age for different countries varies (from 12 years and above to 18 years and above). Given the role of alcohol in different societies, these differences may be quite easily explained. The one consistency that appears to transcend cultures is the difference in abstention rates between males and females. A higher proportion of women abstain from alcohol than men. A second common finding is the role of religion in shaping drinking habits. For instance, countries with Islam as the official religion almost always have higher rates of abstinence. However, in each case, one must keep in mind that patterns of abstinence, like drinking patterns, may vary within specific subpopulations and across different regions of a particular country. This is especially true for multicultural and multiethnic societies, in which different groups may represent quite diverse traditions with respect to alcohol.

Table 6: Rate of last year abstainers among the adult population

Country	Year	Total (%)	Male (%)	Female (%)
Albania	1995	24.0	12.0	36.0
Algeria	1995	89.0	80.0	98.0
Argentina ^a	2003	16.2	7.5	23.2
Armenia	1995	24.0	12.0	36.0
Australia	2001	17.5	14.1	20.8
Austria	1993	11.0	5.8	16.1
Azerbaijan	1995	24.0	12.0	36.0
Barbados	1995	49.5	29.0	70.0
Belarus	1995	3.0	2.0	4.0
Belgium	2001	18.9	11.5	25.8
Belize	1995	34.0	24.0	44.0
Benin ^{a,b}	1998	N.A.	16.8	14.3
Bolivia	1995	34.5	24.0	45.0
Botswana	1995	53.5	37.0	70.0
Brazil ^a	2001–2002	51.5	40.0	60.5
Bulgaria	1997	N.A.	32.1	65.1
Cambodia	1995	85.0	74.0	96
Canada ^b	1998–1999	22.1	17.8	26.1
Chile	2002	25.3	22.0	28.6
China ^a	2000–2001	48.6	27.5	73.1
Colombia	2000–2001	15.1	4.9	20.7
Costa Rica	1995	60.0	45.0	75.0
Cuba	1995	49.5	29.0	70.0
Cyprus	1995	8.0	1.0	15.0
Czech Republic (the)	2002	14.6	9.1	20.0

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Country	Year	Total (%)	Male (%)	Female (%)
Denmark ^b	1997–1998	3.0	2.0	4.0
Egypt	2000–2001	99.5	99.0	100.0
El Salvador	1995	23.5	9.0	38.0
Fiji ^b	1993	88.7	78.8	97.9
Finland	2000	7.4	7.1	7.7
France	1999	6.7	4.3	8.9
Georgia	2000–2001	22.9	8.7	33.5
Germany	2000	5.1	4.3	5.9
Greece	1995	8.0	1.0	15.0
Guatemala	1995	53.5	45.0	62.0
Guyana	1995	30.0	20.0	40.0
Haiti	1995	60.0	58.0	62.0
Honduras	1995	23.5	9.0	38.0
Hungary	2001	17.5	9.2	25.5
Iceland	2003	11.8	11.4	12.2
India ^a	2000–2001	79.1	67.1	89.3
Indonesia	2000–2001	94.8	89.8	98.9
Iraq	1995	89.0	80.0	98.0
Ireland ^c	2002	22.0	17.0	26.0
Israel	2001	35.5	25.7	45.4
Italy	2000	25.0	36.4	12.8
Jamaica	2001	57.6	43.8	69.4
Japan	2001	13.5	7.4	19.7
Jordan	1995	86.0	74.0	98.0
Kenya	1995	55.0	45.0	65.0
Kiribati ^b	1981	73.1	51.4	92.9
Kyrgyzstan	1995	70.0	60.0	80.0
Lebanon	2000–2001	77.4	67.4	86.7
Lesotho ^{a,b}	N.A.	74.0	47.0	81.0
Lithuania	1999	20.0	10.0	28.0
Luxembourg	1995	2.5	1.0	4.0
Malaysia	1995	49.5	35.0	64.0
Marshall Islands (the)	N.A.	66.3	80.6	95.5
Mexico	1998	41.6	22.4	55.0
Micronesia (Federated States of)	N.A.	67.6	45.1	90.9
Mongolia	1995	41.5	20.0	63.0
Myanmar	1995	69.5	45.0	94.0
Namibia	1998	N.A.	39.0	53.0
Netherlands (the)	2001	15.8	9.4	21.8
New Zealand ^b	2000	15.0	12.0	17.0
Nicaragua	1995	23.5	9.0	38.0
Nigeria ^a	2000–2001	75.6	51.3	89.6
Norway	1999	6.0	5.8	6.2
Pakistan	1995	94.5	90.0	99.0
Palau	1990–1991	N.A.	23.1	64.2
Papua New Guinea	1995	54.5	22.0	87.0
Paraguay	1995	28.0	18.0	38.0
Peru	2002	24.9	20.2	29.0
Philippines (the)	1995	40.0	10.0	70.0
Poland	1995	19.0	12.0	26.0
Portugal	1995	15.5	7.0	24.0

Country	Year	Total (%)	Male (%)	Female (%)
Republic of Korea (the) ^b	2001	27.1	12.4	38.9
Republic of Moldova (the)	1995	13.5	9.0	18.0
Romania	1995	38.0	23.0	53.0
Russian Federation (the)	1996	23.1	9.0	35.0
Saudi Arabia	1995	97.0	95.0	99.0
Seychelles	1995	27.5	10.0	45.0
Singapore	2000–2001	74.5	66.6	82.3
Slovakia	2000–2001	7.7	3.6	10.4
Slovenia	1995	24.0	12.0	36.0
South Africa	1995	69.0	55.0	83.0
Spain ^a	2003	37.7	26.9	48.7
Sri Lanka	2002	67.6	41.4	92.9
Suriname	1995	42.5	30.0	55.0
Sweden	2002	11.3	8.0	14.7
Switzerland	2002	22.5	14.2	30.4
Syrian Arab Republic (the)	2000–2001	95.7	92.4	98.8
Tajikistan	1995	70.0	60.0	80.0
Thailand ^b	2001	67.4	44.1	90.2
TFYR Macedonia ^d	1995	24.0	12.0	36.0
Tokelau ^e	1976	N.A.	50.0	92.0
Trinidad and Tobago	1995	49.5	29.0	70.0
Tunisia	1995	82.5	70.0	95.0
Turkey	2000–2001	80.4	77.5	82.5
Turkmenistan	1995	45.0	35.0	55.0
Uganda ^a	2003	54.3	48.2	60.3
The United Kingdom	2000	12.0	9.0	14.0
United States of America (the)	2002	33.9	29.3	38.2
Uzbekistan	1995	70.0	60.0	80.0
Venezuela	1995	42.5	30.0	55.0

a Regional survey

b No definition of abstainers given.

c Last month abstainers

d The former Yugoslav Republic of Macedonia

e Current abstainers

Note: Please refer to individual country profiles for details of references/sources used.

Who are the heavy drinkers?

Heavy drinking is a pattern of drinking that exceeds some standard of moderate drinking or – more equivocally – social drinking. Heavy drinking is often defined in terms of exceeding a certain daily volume (e.g. three drinks a day) or quantity per occasion (e.g. five drinks on an occasion, at least once a week), or daily drinking. Such persistent patterns of drinking may incur acute or chronic health and social consequences on the drinker in question. Table 7 presents some data for selected countries with data on heavy drinkers. Note that this table is not comparable as different surveys have varying definitions of heavy drinking and samples cover different age ranges. However, the majority of the data below are for the adult population of 18 years and above.

Table 7: Heavy drinkers among the adult population

Country	Year	Total (%)	Male (%)	Female (%)
Argentina ^{a,b,c}	2003	N.A.	11.5	2.0
Australia ^d	2001	7.0	6.7	7.2
Austria ^{b,c}	1993	N.A.	17.3	7.0
Brazil ^{b,c}	2001–2002	N.A.	17.8	18.2
Bulgaria ^e	1997	N.A.	18.2	0.8
Burkina Faso ^b	2003	11.6	10.0	13.2
Chad ^b	2003	11.0	12.8	9.5
Colombia ^{c,f}	2001–2002	31.8	52.4	21.0
Costa Rica ^{b,c}	2003	N.A.	5.0	3.0
Czech Republic (the) ^{b,c}	2002	N.A.	25.7	12.5
Dominican Republic (the) ^b	2003	2.1	1.1	3.1
Ecuador ^b	2003	4.1	7.3	1.7
Estonia ^e	1997	N.A.	9.3	0.5
Ethiopia ^b	2003	9.3	8.1	10.6
Finland ^{b,c}	2000	N.A.	5.8	3.4
France ^{b,c}	1999	N.A.	16.6	7.8
Georgia ^{c,f}	2001–2002	27.8	50.1	10.6
Germany ^{b,c}	2000	N.A.	11.2	11.3
Ghana ^b	2003	1.9	2.1	1.7
Hungary ^b	2003	12.4	16.9	9.3
India ^b	2003	1.4	2.4	0.4
Israel ^{b,c}	2001	N.A.	5.9	4.7
Italy ^g	2000	5.8	9.8	2.0
Japan ^{b,c}	2001	N.A.	22.7	4.9
Lao People's Dem. Rep. ^b	2003	2.7	3.8	1.8
Mexico ^{c,f}	2000–2001	14.2	18.1	11.6
Namibia ^b	2003	4.1	3.1	4.9
Nepal ^b	2003	3.5	3.0	4.0
Netherlands (the) ^{b,c}	1999	N.A.	10.4	11.1
Nigeria ^{b,c}	2003	N.A.	27.8	36.1
Norway ^{b,c}	1999	N.A.	3.0	5.2
Paraguay ^b	2003	3.1	5.6	1.0
Russian Federation (the) ^b	2003	2.4	3.7	1.6
Slovakia ^b	2003	7.0	5.2	7.9
South Africa ^{c,f}	1998	7.6	7.0	8.8
Switzerland ^{b,c}	1997	N.A.	8.6	6.1
Turkey ^{c,f}	2000–2001	1.7	1.3	2.5
Uganda ^{b,c}	2003	N.A.	40.1	20.3
The United Kingdom ^{c,f}	2000	N.A.	39.0	42.0
United States of America (the) ^{b,c}	1996	N.A.	6.4	5.0
Viet Nam	2003	2.9	5.7	0.6
Zimbabwe	2003	2.7	5.8	1.0

^aRegional survey

^bConsumption of 40 g or more pure alcohol/day for men and 20 g or more pure alcohol/day for women.

^cAmong drinkers only

^dConsumption of more than 40 g pure alcohol/day for men and more than 20 g pure alcohol/day for women.

^eConsumption of 560 g of ethanol a week or more (80 g a day or more).

^fConsumption of five or more standard drinks for males and three or more standard drinks for females on a typical drinking day.

^gConsumption of more than 0.5 litres of wine daily.

Note: Please refer to individual country profiles for details of references/sources used.

Who are the heavy episodic drinkers?

The term “binge drinking” or “heavy episodic drinking”, as used in this report, has been rather ambivalently used in the literature. Gmel, Rehm and Kuntsche (2003) identified two main definitions: (a) a drinking occasion leading to intoxication, often measured as having more than x number of drinks on one occasion, and (b) a pattern of heavy drinking that occurs over an extended period of time set aside for this purpose, and linked to more clinical definitions of harmful use or dependence. This report uses the former definition of bingeing as a risky single drinking occasion. Data for some countries show continued trends of binge or heavy episodic drinking among those who drink. In Ireland, for example, results of a recent survey suggest that among those consuming alcohol, binge drinking is the norm among men and occurs in about a third of the drinking occasions of women (Ramstedt & Hope, 2003). A national survey conducted in New Zealand in 2000 found that 19% of male drinkers and 9% of female drinkers engaged in heavy episodic drinking at least weekly (Habgood et al., 2001). A more recent national survey conducted in the Republic of Korea found that 63.4% of drinkers (66.3% of male drinkers and 57.8% of female drinkers) had engaged in heavy episodic drinking (Ministry of Health and Social Affairs, 2002).

Table 8 presents data for a selected number of countries on rates of heavy episodic drinking among the total adult population. Again, caution must be taken when interpreting this table as the cut-off age for different countries varies (from 14 years and above to 18 years and above).

Table 8: Heavy episodic drinkers among the adult population

Country	Year	Total (%)	Male (%)	Female (%)
Australia ^a	2001	13.4	15.3	11.6
Belgium ^b	2001	20.1	32.6	8.4
Bosnia and Herzegovina ^e	2003	1.2	2.9	0.0
Brazil ^e	2003	9.9	17.2	4.1
Burkina Faso ^e	2003	10.9	13.9	7.7
Canada ^{c,f}	2001–2002	20.1	28.3	11.2
Chad ^e	2003	12.3	17.2	7.9
China ^e	2003	3.8	7.5	0.3
Colombia ^g	2001–2002	5.2	11.6	1.9
Comoros (the) ^e	2003	0.2	0.4	0.0
Congo ^e	2003	5.2	8.3	2.5
Costa Rica ^{c,d}	2003	N.A.	22.1	8.2
Côte d'Ivoire	2003	4.1	6.5	0.9
Czech Republic (the) ^{c,d}	2002	N.A.	28.8	9.9
Dominican Republic (the) ^e	2003	9.1	15.7	3.5
Ecuador ^e	2003	4.7	9.3	1.2
Estonia ^e	2003	6.9	15.2	2.3
Ethiopia ^e	2003	4.1	7.7	0.4
Finland ^{c,h}	2000	N.A.	49.1	14.1
France ^{c,h}	2000	N.A.	27.9	9.7
Georgia ^e	2003	10.8	22.3	1.2
Germany ^{c,d}	2000	N.A.	42.1	12.7
Ghana ^e	2003	1.4	2.5	0.4
Guatemala ^e	2003	1.3	3.4	0.2
Hungary ^e	2003	9.1	18.9	1.9
Iceland ^{c,d}	2001	N.A.	42.7	20.0
India ^e	2003	1.4	2.9	0.1

Country	Year	Total (%)	Male (%)	Female (%)
Italy ^{b,c}	2001–2002	N.A.	12.8	11.5
Japan ^{c,h}	2001	N.A.	38.3	10.7
Kazakhstan	2003	4.4	8.8	2.0
Lao People's Dem. Republic (the) ^e	2003	12.3	20.9	4.8
Mexico ^{c,d}	1998	N.A.	46.9	5.8
Namibia ^e	2003	6.2	9.5	4.0
Netherlands (the) ^{c,h}	1999	N.A.	36.6	11.6
Nigeria ^{c,d}	2003	N.A.	52.0	39.6
Paraguay ^e	2003	14.3	27.4	3.4
Philippines (the) ^e	2003	7.0	13.2	1.6
Russian Federation (the) ^b	2003	8.2	15.1	3.6
Slovakia ^b	2003	6.8	13.9	2.8
Spain ^e	2003	4.6	8.5	1.6
Sri Lanka ^e	2003	2.4	4.9	0.1
Ukraine ^e	2003	9.6	19.5	3.7
Uganda ^{c,d}	2003	N.A.	46.0	17.6
The United Kingdom ^g	2000	17.0	24.0	9.0
Viet Nam ^e	2003	4.7	10.2	0.3
Zimbabwe ^e	2003	4.0	10.1	0.9

a Consumption of seven or more standard drinks for males (five or more for females) on any one drinking occasion at least monthly.

b At least once a month six or more drinks on the same day.

c Among drinkers only

d Consumption of five or more drinks on one occasion at least once a month in the last year.

e At least once a week consumption of five or more standard drinks in one sitting.

f Consumption of five or more drinks on one occasion, 12 or more times in the last year.

g Consumption of six or more drinks on one occasion weekly or more.

h Consumption of six or more drinks on one occasion at least once a month in the last year.

Note: Countries in bold indicate that surveys were not national but regional. Please refer to individual country profiles for details of references/sources used.

Alcohol dependence

The Tenth Revision of the International Classification of Diseases and Health Problems (ICD-10) defines alcohol dependence syndrome as being a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value. A central descriptive characteristic of the dependence syndrome is the desire (often strong, sometimes overpowering) or sense of compulsion to take alcohol. It is worth noting here that reporting rates of alcohol dependence in different countries is complicated by the fact that there exists important differences in the diagnostic instruments and tools based on the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R) or the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and ICD-10; as well as if the prevalence rates measured refer to lifetime or last year alcohol dependence. Table 9 shows the rate of alcohol dependence among the national adult population in some selected countries. Again, caution must be taken when interpreting this table as the cut-off age and diagnostic measures used differed between countries.

Table 9: Alcohol dependence among adult population

Country	Year	Total (%)	Male (%)	Female (%)	Measure
Argentina ^a	1999	4.31	6.67	1.74	ICD-10
Australia ^a	1997	3.5	5.2	1.8	ICD-10
Austria ^b	1996	2.2	N.A.	N.A.	CAGE
Belgium ^b	2001	7.0	9.5	3.6	N.A.
Brazil ^b	2001	11.2	17.1	5.7	N.A.
Canada ^c	2002	9.3	14.0	4.5	mixed
Chile ^d	N.A.	6.4	11.0	2.1	DSM-III-R
China ^b	2001	3.8	6.6	0.2	DSM-III-R
Colombia ^a	2000–2001	4.8	9.8	2.2	ICD-10
Costa Rica ^{b,e}	2000–2001	7.0	10.8	2.4	mixed
Egypt ^a	2000–2001	0.2	0.4	0.0	ICD-10
Ethiopia ^d	1994	1.0	1.9	0.1	CAGE/CIDI
Finland ^b	2000	4.0	6.5	1.5	DSM-IV
France ^b	2000	N.A.	13.3	4.1	DETA ^f
Georgia ^a	2000–2001	3.2	7.3	0.2	ICD-10
Germany ^b	2000	3.8	6.0	1.5	DSM-IV
India ^a	2000–2001	3.6	6.8	0.7	ICD-10
Indonesia ^a	2000–2001	1.0	1.7	0.3	ICD-10
Iran ^e	N.A.	7.3	11.9	2.7	DSM-IV
Japan ^d	1997–1999	4.1	8.4	0.7	DSM-III-R
Mexico ^a	2000–2001	1.8	4.2	0.2	ICD-10
Netherlands (the) ^b	1996	5.5	9.0	1.9	DSM-III-R
Nigeria ^a	2001–2002	0.7	1.9	0.0	ICD-10
Peru ^h	2002	10.6	17.8	4.3	ICD-10
Poland ^b	1999	12.2	23.3	4.1	CAGE
Republic of Korea (the) ^a	2003	4.3	6.9	1.7	CIDI
Singapore ^a	2001–2002	0.6	1.1	0.2	ICD-10
Slovakia ^A	2001–2002	4.8	9.4	1.1	ICD-10
South Africa ^d	1998	N.A.	27.6	9.9	CAGE
Syrian Arab Republic (the) ^a	2001–2002	0.2	0.5	0.0	ICD-10
Turkey ^A	2001–2002	1.3	1.7	0.7	ICD-10
The United Kingdom ^b	N.A.	4.7	7.5	2.1	ICD-10
United States of America (the) ^g	2002	7.7	10.8	4.8	DSM-IV
Uruguay ^b	2001	5.0	8.5	1.3	DSM-IV

^aLast year alcohol dependence

^bNo definition of alcohol dependence given.

^cAlcohol dependence classification was based on a set of questions which examined aspects of alcohol tolerance (for e.g. needing more to have an effect), withdrawal, loss of control, and social or physical problems related to alcohol use in daily life.

^dLifetime alcohol dependence

^eAlcohol dependency/alcoholic was defined as an individual that presents/displays the inability to abstain from the consumption of spirits or is unable to stop when consuming spirits as well as symptoms of greater deprivation (e.g. tremors).

^fDiminuer entourage trop alcool (Reduce alcohol-based surroundings) test

^gAlcohol dependence or abuse

Note: Countries in bold indicate that surveys were not national. Please refer to individual country profiles for details of references/sources used.

Youth drinking

With the large exception of Europe and North America, there is little uniformity in the means and scales used to monitor alcohol consumption among young people. Although it is more common for countries to survey their young populations regarding alcohol use than to conduct national population surveys, the range of ages being surveyed and of definitions of categories of consumption used render cross-national comparisons difficult in most regions.

In Europe, two large-scale international studies have been carried out in an attempt to collect comparable data on alcohol use among young people. The European School Survey Project on Alcohol and other Drugs (ESPAD) was conducted for the first time in 1995 and subsequently in 1999 and 2003. This study examined drinking (also smoking and illicit drug use) among representative samples of 15–16-year-old school students in Europe. The second ESPAD study carried out in 1999 involved more than 90 000 students from a total of 30 countries. This is probably the largest international study of the social and behavioural aspects of alcohol epidemiology ever attempted (Plant & Miller, 2001). The Health Behaviour in School Children (HBSC) study, established in 1982, is conducted by an international network of research teams in collaboration with the WHO Regional Office for Europe. It aims to gain new insight into and to increase understanding of young people's health, well-being, health behaviour and social context. There have since been several rounds of the HBSC surveys being conducted every four years involving young people aged 11 to 15 years. The most recent surveys were in 2001/2002 whereby 35 countries and regions participated (WHO, 2004d).

Other examples of large-scale studies on youth and alcohol include the Monitoring the Future Survey (MTF) – an annual survey among 8th, 10th, and 12th graders in the United States, the Youth Risk Behavior Survey conducted among students in grades 9 to 12 in the United States, and the Harvard School of Public Health College Alcohol Study, and the recently initiated Health Behaviour and Lifestyle of Pacific Youth (HBLPY) survey conducted in the Federated States of Micronesia, Tonga and Vanuatu. Such initiatives should be strongly encouraged as a means to obtain reliable, useful and comparable data on monitoring alcohol consumption among youths.

In line with this, WHO has launched the Global school-based student health survey (GSHS) – an international collaborative surveillance project designed to help countries measure and assess the behavioural risk factors and protective factors in ten key areas (alcohol use being one of them) among young people aged 13 to 15. The GSHS is a relatively low-cost school-based survey which uses a self-administered questionnaire to obtain data on young people's health behaviour and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide. Among the countries participating in this study are the Bahamas, Botswana, Chile, China, Guatemala, Guyana, Jordan, Kenya, Mozambique, the Philippines, Swaziland, Trinidad and Tobago, Uganda, Venezuela, Zambia and Zimbabwe (to access more information on the GSHS, please see WHO, 2004b).

There is widespread agreement that the health and well-being of many young people today are seriously being threatened by the use of alcohol. Worries have arisen as emerging trends in consumption are starting to permeate youth culture, showing increasing signs of transcending national boundaries. There appears to be an international pattern towards a more hedonistic attitude to drinking, consciously using alcohol for its pleasurable psychological effects. Associated with this is a trend of increased drinking to intoxication. Increased binge drinking and intoxication in young people – the pattern of consumption associated with Northern

Europe – is now reported even in countries such as France and Spain in which drunkenness was traditionally alien to the drinking culture and in which the overall level of alcohol consumption is declining fairly steeply. In the Mediterranean countries, changes in drinking styles are associated with changes in beverage preferences, beer replacing wine as the main beverage of choice for young people. There are anecdotal reports that this change of beverage preference is linked to the increasing spread and popularity of Anglo-Irish style pubs across Europe (Global Alcohol Policy Alliance, 2001).

Internationally, therefore, an important current feature of young people's drinking is the importance of the 'buzz'. Many young people now drink in order to get drunk. Drunkenness is widely tolerated, indeed positively approved. Drinking to get drunk does seem to be the pattern favoured by a substantial and growing minority of young people and to have a disproportionate cultural importance (Global Alcohol Policy Alliance, 2001). Studies have shown a high prevalence of drunkenness as well as the trend towards more drunkenness – especially that involving the use of spirits – among youths in many countries (Schmid, 2003). A comparative study conducted in six European Union (EU) countries found that in all countries but one (Italy), the young people show a higher frequency of intoxication than their elders (Leifman, Österberg & Ramstedt, 2002). Another issue of concern is the emergence of alcoholic carbonated drinks (or more commonly known as alcopops) in the market today. Given their marketing, cartoon-style labeling and sweet taste, many of these drinks are targeted at young people (McKibben, 1996, cited in McKeganey, 1998) and concerns are raised as to whether alcopops act as a bridge to other, stronger alcohol products and/or reduce the age at which young people begin to start consuming alcohol.

Table 10 shows data for selected countries on the rate of heavy episodic drinking among youths (below 20 years old) and Table 11 shows data for selected countries on the rate of heavy episodic drinking among young adults (aged 18–24 years old). Again, care has to be taken when interpreting the data as different age group samples and definitions of heavy episodic drinking are used in the various studies.

Table 10: Heavy episodic drinkers among youths

Country	Year	Total (%)	Male (%)	Female (%)	Age group
Australia ^a	2001	10.7	9.6	11.8	14–19
Bulgaria ^b	1999	11.0	15.0	6.0	15–16
Canada ^c	2000–2001	15.3	26.3	5.2	15–19
China ^d	2000–2001	1.3	2.5	0.0	15–19
Colombia ^c	2000–2001	7.8	14.5	4.1	15–19
Cyprus ^b	1999	12.0	18.0	6.0	15–16
Denmark ^e	2002	N.A.	62.0	54.0	11–15
Finland ^b	1999	18.0	21.0	15.0	15–16
France ^b	1999	12.0	16.0	7.0	15–16
Georgia ^d	2000–2001	2.7	4.4	1.3	15–19
Greece ^b	1999	9.0	13.0	5.0	15–16
Hungary ^f	2003	27.5	39.2	22.2	15–16
Iceland ^b	1999	17.0	18.0	15.0	15–16
Ireland ^b	1999	31.0	32.0	32.0	15–16
India^d	2000–2001	0.5	1.2	0.0	15–19
Indonesia ^d	2000–2001	1.1	1.1	1.1	15–19
Lithuania ^b	1999	9.0	12.0	18.0	15–16
Malta ^b	1999	22.0	25.0	23.0	15–16
Mexico ^d	2000–2001	2.5	0.8	1.5	15–19
Nigeria^d	2000–2001	1.2	1.0	1.3	15–19
Norway ^b	2003	15.0	17.0	14.0	15–16
Poland ^b	1999	31.0	41.0	23.0	15–16
Sweden ^b	1999	17.0	22.0	13.0	15–16
Syrian Arab Republic (the) ^d	2000–2001	0.4	0.0	0.2	15–19
Turkey ^d	2000–2001	1.4	0.5	1.1	15–19
The United Kingdom ^b	1999	30.0	33.0	27.0	15–16
United States of America (the) ^f	2002	10.7	11.4	9.9	12–17

^aConsumption of seven or more standard drinks on any one drinking occasion for males and five or more standard drinks on any one drinking occasion for females (at least weekly).

^bConsumption of five or more drinks in a row three times or more in the last 30 days.

^cConsumption of five or more drinks on one occasion, twelve or more times in the last year (among drinkers only).

^dAt least once a week consumption of six or more standard drinks in one sitting.

^eConsumption of five or more standard drinks in one day at least once in the last month.

^fConsumption of five or more drinks on one occasion at least once in the past month.

Note: Countries in bold indicate that surveys were not national. Please refer to individual country profiles for details of references/sources used.

Table 11: Heavy episodic drinkers among young adults aged 18–24 years old

Country	Year	Total (%)	Male (%)	Female (%)
Bosnia and Herzegovina ^a	2003	0.8	1.8	0.0
Brazil ^a	2003	15.3	26.3	5.2
Burkina Faso ^a	2003	6.4	8.4	5.1
Chad ^a	2003	9.3	13.7	5.6
China^b	2000–2001	2.1	3.9	0.3
Colombia ^b	2000–2001	7.8	14.5	4.1
Comoros ^a	2003	0.3	0.6	0.0
Congo (the) ^a	2003	3.9	6.4	2.2
Côte d'Ivoire ^a	2003	3.9	6.9	0.3
Croatia ^a	2003	4.6	9.6	0.0
Czech Republic (the)	2003	20.1	32.7	9.0
Dominican Republic ^a	2003	12.0	17.9	7.4
Ecuador ^a	2003	5.1	11.2	0.5
Estonia ^a	2003	6.0	10.4	3.5
Ethiopia ^a	2003	2.0	4.2	0.2
Georgia ^a	2003	10.1	19.6	2.1
Ghana ^a	2003	0.6	1.0	0.3
Guatemala ^a	2003	1.7	4.8	0.0
Hungary ^a	2003	12.2	20.8	3.5
India^b	2000–2001	0.7	1.6	0.0
Indonesia ^b	2000–2001	0.8	1.3	0.3
Kazakhstan ^a	2003	3.1	6.8	1.1
Lao People's Democratic Republic (the) ^a	2003	11.5	19.2	5.3
Latvia ^a	2003	14.4	27.3	4.3
Lebanon ^b	2000–2001	0.2	0.4	0.0
Malawi ^a	2003	1.9	4.5	0.2
Malaysia ^a	2003	0.2	0.5	0.0
Mali ^a	2003	0.3	0.6	0.0
Mauritius ^a	2003	2.8	5.2	0.0
Mexico ^a	2003	3.1	6.3	0.8
Morocco ^a	2003	0.6	1.2	0.2
Namibia ^a	2003	5.4	10.6	2.0
Nepal ^a	2003	0.6	1.3	0.2
Nigeria^b	2000–2001	1.0	1.7	0.6
Paraguay ^a	2003	16.1	29.2	4.4
Philippines (the) ^a	2003	7.3	13.6	0.9
Russian Federation (the) ^a	2003	5.7	6.9	4.6
Slovakia ^a	2003	17.8	28.4	9.0
Spain ^a	2003	8.6	15.1	3.2
Sri Lanka ^a	2003	0.8	1.5	0.0
Tunisia ^a	2003	3.3	6.3	0.0
Turkey ^a	2003	0.8	2.1	0.0
Ukraine ^a	2003	8.5	13.4	4.9
Uruguay ^a	2003	8.4	13.5	2.8
Viet Nam ^a	2003	3.7	8.1	0.0
Zimbabwe ^a	2003	2.8	6.6	0.3

^aAt least once a week consumption of five or more standard drinks in one sitting.

^bAt least once a week consumption of six or more drinks in one sitting.

Note: Countries in bold indicate that surveys were not national. Please refer to individual country profiles for details of references/sources used.