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# Global Status Report on Alcohol 2004

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World Health Organization  
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# Part I

Introduction

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## Introduction

The World Health Organization (WHO) estimates that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders. From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence, and other biochemical effects of alcohol. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life due to death or disability. There is increasing evidence that besides volume of alcohol, the pattern of the drinking is relevant for the health outcomes. Overall there is a causal relationship between alcohol consumption and more than 60 types of disease and injury. Alcohol is estimated to cause about 20–30% of oesophageal cancer, liver cancer, cirrhosis of the liver, homicide, epileptic seizures, and motor vehicle accidents worldwide (WHO, 2002).

Alcohol causes 1.8 million deaths (3.2% of total) and a loss of 58.3 million (4% of total) of Disability-Adjusted Life Years (DALY) (WHO, 2002). Unintentional injuries alone account for about one third of the 1.8 million deaths, while neuro-psychiatric conditions account for close to 40% of the 58.3 million DALYs. The burden is not equally distributed among the countries. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries. In Europe alone, alcohol consumption was responsible for over 55 000 deaths among young people aged 15–29 years in 1999 (Rehm & Eschmann, 2002).

Given alcohol's significance in world health, WHO has, since 1996, been developing a database, the Global Alcohol Database, to provide a standardized reference source of information for global epidemiological surveillance of alcohol use and its related problems. The database is the world's largest single source that documents global patterns of alcohol use, health consequences and national policy responses, by country. This monitoring system and database enables WHO to disseminate data and information on trends in alcohol consumption, drinking patterns and alcohol-related mortality, including details of policy responses in countries. The aim of the project is to provide up-to-date and comparative data regarding the status of alcohol consumption and alcohol problems.

WHO has been undertaking a major exercise in passive epidemiological surveillance, gathering published and unpublished data and information about key aspects of the alcohol situation in WHO Member States. Given that this was a pioneering effort to document a highly diverse and complex issue, the findings clearly reveal the shortcomings of global alcohol epidemiology. The data presented in this report can be found in the Global Alcohol Database and most of it is also available on the web site of the database (WHO, 2004a). Two earlier reports that were published by WHO using data from this database were the first *Global Status Report on Alcohol* (WHO, 1999) and the *Global Status Report: Alcohol and Young People* (2001a).

This new edition provides an update on the global picture of the status of alcohol as a factor in world health and contains data that is not found in the earlier edition. The *Global Status Report on Alcohol 2004* seeks to document what is known about alcohol consumption and drinking patterns among various population groups as well as alcohol's impact on health worldwide. This information will hopefully spur further research and action to prevent and

reduce alcohol-related injury and disease globally. For this new edition, more emphasis has been placed on the need to enhance the comparability of data by setting clear and comprehensive priorities in terms of data collection. As far as possible, there has been an effort to obtain the same indicators for the majority of countries. Unlike the earlier edition, the current report does not present data on alcohol trade and production, and alcohol policy. Alcohol policy is the topic of a separate report, the *Global Status Report: Alcohol Policy* (WHO, 2004c), which analyses alcohol policies in 118 WHO Member States. That data is based on focal point replies to a questionnaire. For further details please refer to the report, which is also available online at [http://www.who.int/substance\\_abuse](http://www.who.int/substance_abuse).

The report consists of two sections. The first section presents an overview and comparative analyses of the alcohol situation on a regional and global basis using indicators such as per capita alcohol consumption and drinking patterns. There is also a discussion on the health and social consequences of alcohol use.

The second section of the report consists of a CD-ROM which presents individual country profiles for 189 Member States for which sufficient data were available, bringing together information on each of these indicators: trends in adult per capita consumption as well as prevalence/drinking patterns data, information regarding traditional and/or locally produced alcoholic beverages, unrecorded alcohol consumption, health and social problems, including morbidity and mortality from alcohol-related causes and the social and economic costs of alcohol abuse.

The *Global Status Report on Alcohol 2004* stands as a picture of much of the state of knowledge and state of world health related to alcohol. The evidence it gives will hopefully stimulate further efforts to document alcohol use, problems and policies in WHO Member States.