

# Alcohol, health and policy response in the WHO European Region

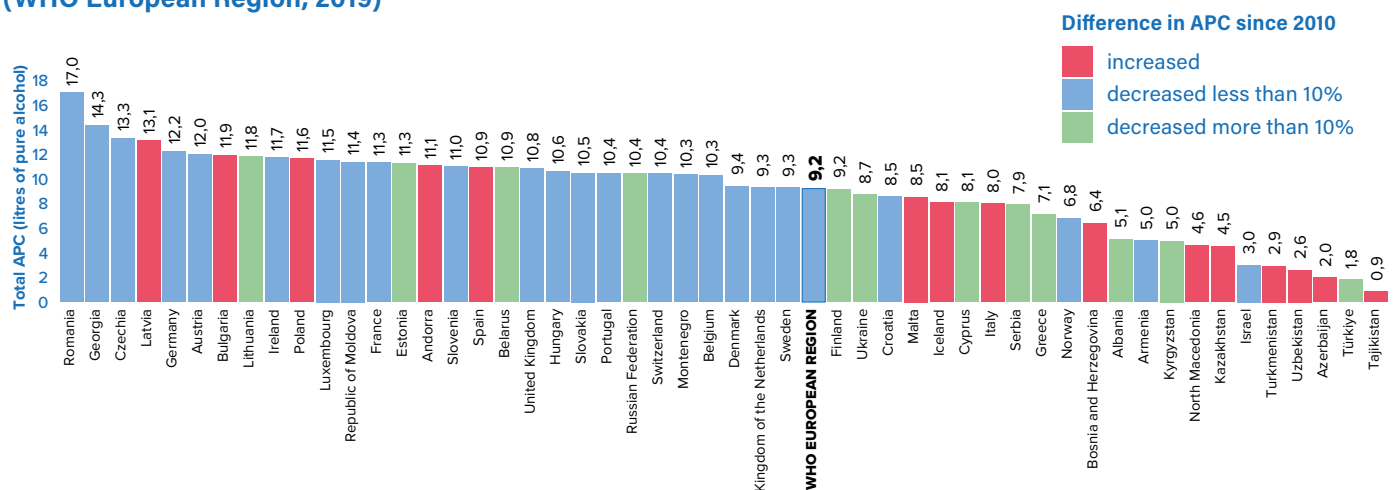
## Alcohol use

Member States of the WHO European Region with information on alcohol use: 51  
Corresponding adult (15+) population in 2019: 760 269 000

In 2019, the average adult in the WHO European Region drank 9.2 litres of pure alcohol, the highest regional average in the world. Men consumed 3.7 times more alcohol (14.9 litres) than women (4.0 litres).

In the same year, there were more than 470 million drinkers in the WHO European Region, with an average of two out of every three adults consuming alcohol. Drinking was more common among men (70.7%) than women (54.9%). Among current drinkers only, excluding lifetime abstainers and former drinkers, the average consumption per adult was 14.7 litres of pure alcohol, with men consuming 21.0 litres and women 7.3 litres.

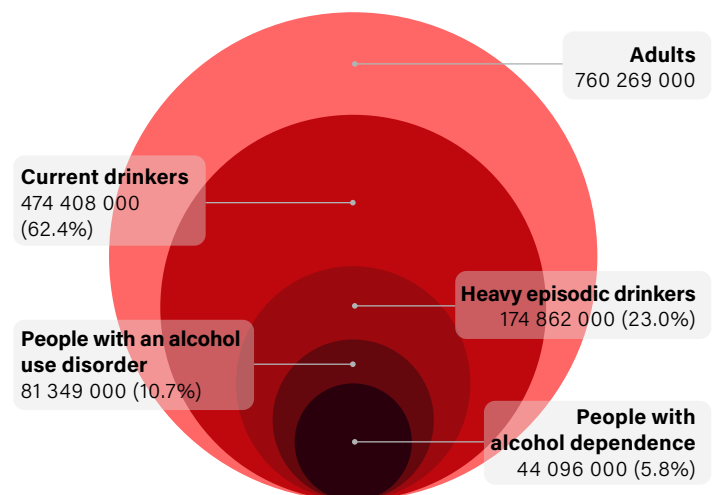
### Total alcohol per capita consumption (APC)<sup>1</sup> in the adult population (15+), in litres of pure alcohol (WHO European Region, 2019)



Since 2010, the Region has reduced alcohol consumption by nearly 10%, putting it on track to meet the European Framework for Action on Alcohol 2022–2025 goal of a 10% reduction by 2025. However, this decrease is primarily due to countries outside the European Union. Despite the overall decline, alcohol consumption increased in 15 Member States between 2010 and 2019.

<b>Total APC:</b> <b>9.2L</b> (9.8% less than in 2010)	<b>How much is 9.2 litres of pure alcohol?</b>
<b>Recorded APC:</b> <b>7.9L</b> (85.9% of total APC)	<b>558 cans of beer</b> 330ml can
<b>Unrecorded APC:<sup>2</sup></b> <b>1.3L</b> (14.1% of total APC)	<b>102 bottles of wine</b> 750ml bottle
<b>Tourist APC:</b> <b>0.01L</b> (0.1% of total APC)	<b>31 bottles of spirits</b> 750ml bottle

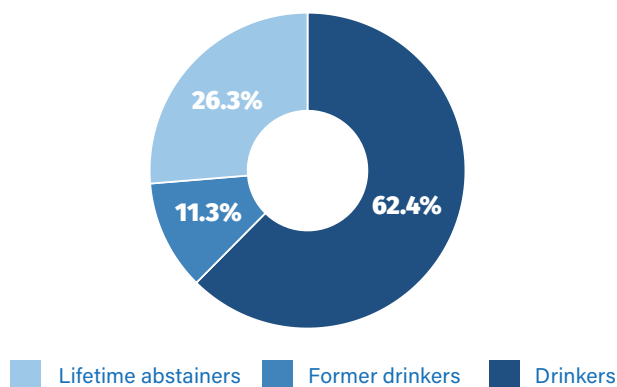
### Alcohol use and disorders (WHO European Region, 2019)



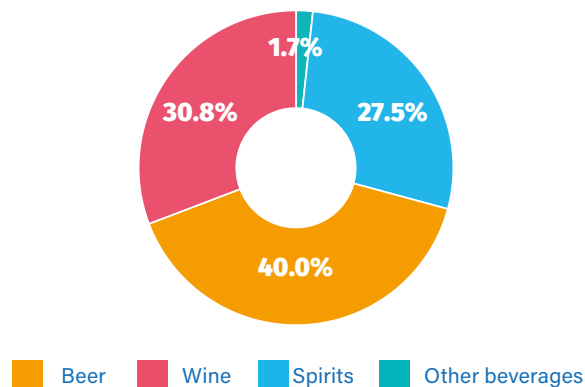
<sup>1</sup> Total APC is the sum of recorded and unrecorded alcohol, adjusted for tourist alcohol consumption.

<sup>2</sup> Unrecorded alcohol refers to various alcoholic products not included in official statistics on alcohol taxation or sales in the country where they are consumed. This is because they are typically produced, distributed, and sold outside formal government-controlled channels. Examples include homemade, smuggled, or counterfeit alcohol.

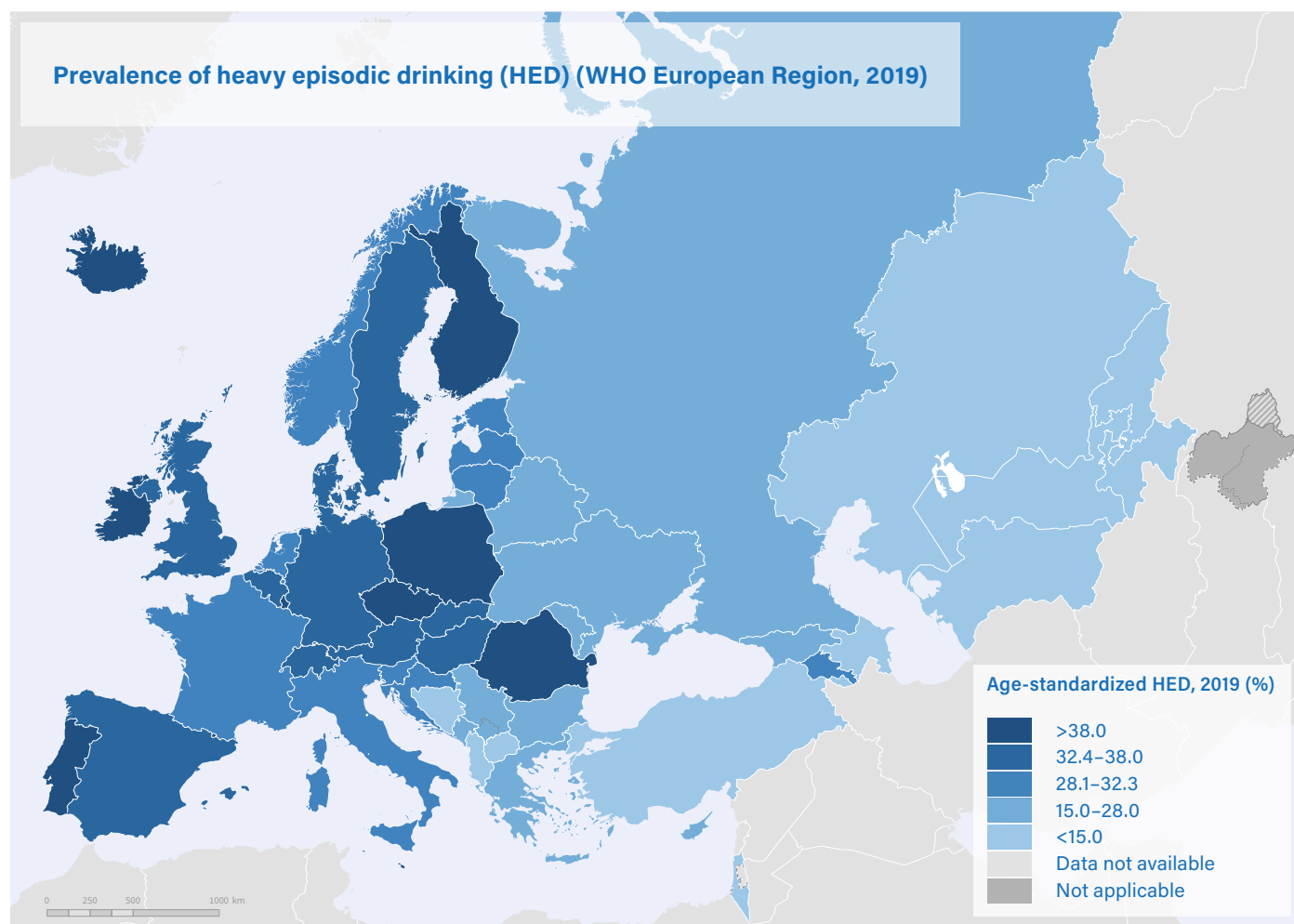
**Proportion of adult population (15+) by drinking status (WHO European Region, 2019)**



**Alcohol consumption by type of beverage, as percentage of recorded APC (WHO European Region, 2019)**



- Most alcohol consumed in the Region came from beer (40.0%), followed by wine (30.8%) and spirits (27.5%).
- Heavy episodic drinking (HED) is defined as consuming 60 grams or more of pure alcohol on one occasion at least once a month in the past year. Around 23% of the adults in the Region, more than 175 million people, reported engaging in HED, a drinking pattern associated with acute consequences, such as injuries and poisonings. This prevalence was higher among men (34.0%) than women (12.8%). When considering only drinkers, it went up to more than one in every three drinkers (36.9%). However, since HED prevalence is based on self-report in surveys, these numbers are likely to be severely underestimated.
- More than one in every 10 adults (10.7%) in the Region experienced alcohol use disorders, and more than one in every 20 (5.8%) lived with alcohol dependence.



# Alcohol-attributable harm

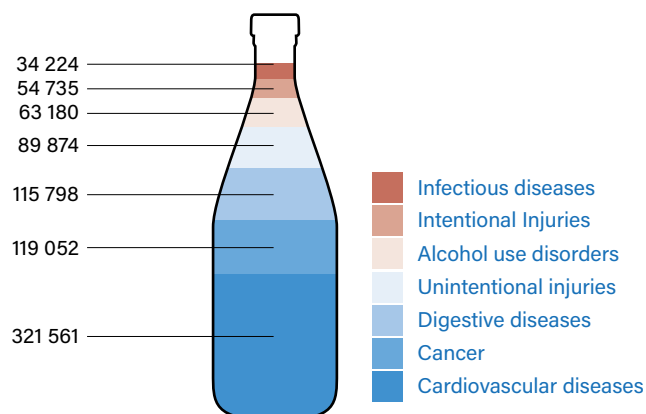
Member States with information on alcohol-attributable harm: 50  
Corresponding total population in 2019: 927 671 000

Alcohol consumption has a causal impact on more than 200 health conditions and diseases. Cardiovascular diseases are the leading cause of death related to alcohol in the WHO European Region.

Globally, in 2019, the WHO European Region had the highest proportion of all deaths that were caused by alcohol and the second highest for disability-adjusted life years (DALYs). Every day, around 2191 people died from alcohol-related causes in the Region.

More than 27 million DALYs in the Region were caused by alcohol – i.e. more than 27 million healthy years of life were lost to alcohol consumption.

## Distribution of alcohol-attributable deaths by cause (WHO European Region, 2019)



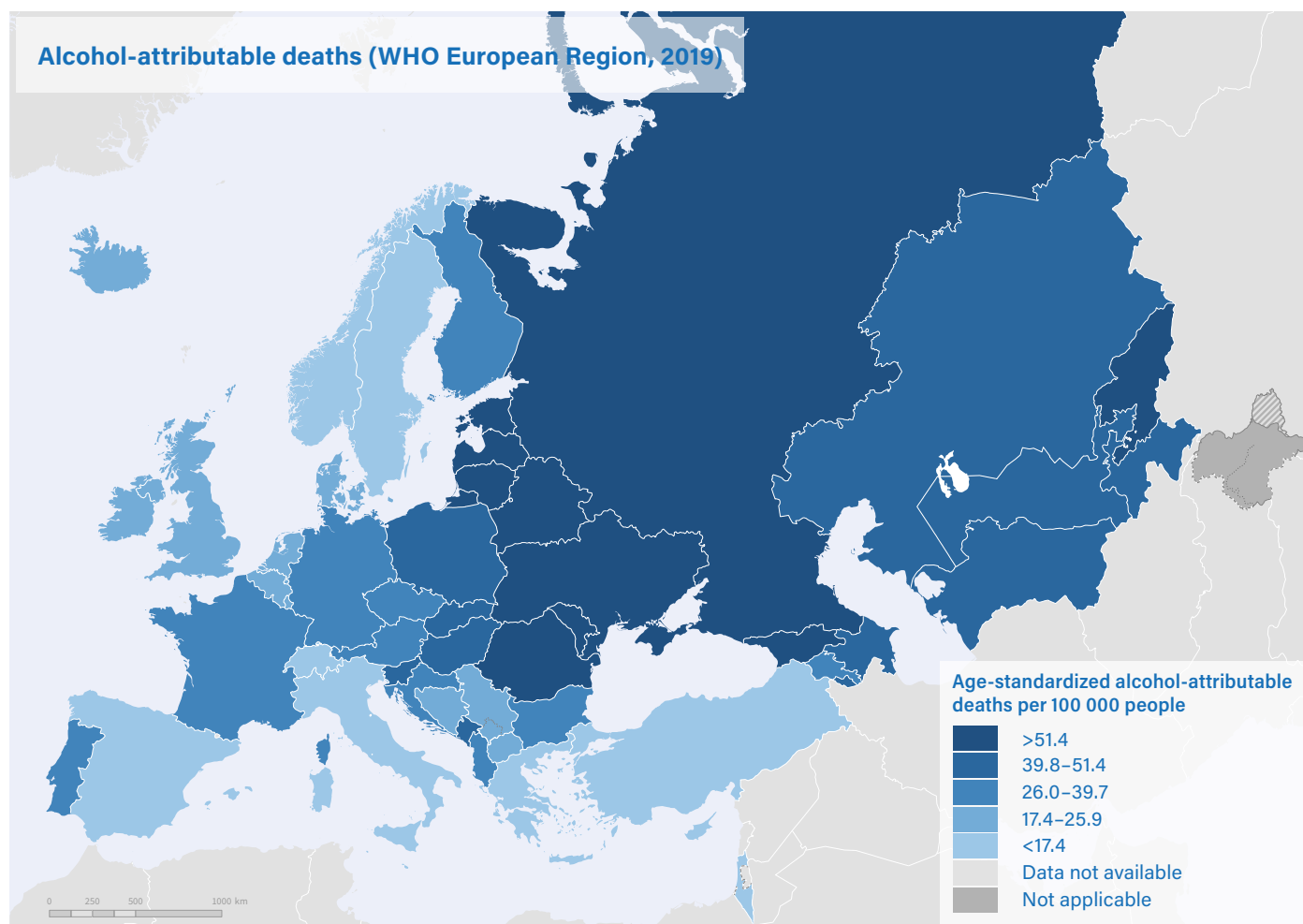
## 799 845 deaths

in the WHO European Region were estimated to be alcohol-attributable in 2019

## 8.8%

of all deaths in the Region were caused by alcohol

## Alcohol-attributable deaths (WHO European Region, 2019)



- In 2019, alcohol was responsible for almost one in every three injury deaths in the Region, 42% of all homicides, 37% of suicides and 35% of road deaths.
- Alcohol caused 6% of all cancer deaths in 2019 because it is a major risk factor for some of the most common cancer types. For women, a total of 43% of all cancer deaths that were caused by alcohol were due to breast cancer. For men, a total of 39% of all cancer deaths that were caused by alcohol were due to colon and rectum cancer.
- A relatively high proportion of alcohol harm occurs early in the life course. Around one in every three deaths in men and one in every five deaths in women between 30 and 40 years of age were due to alcohol.

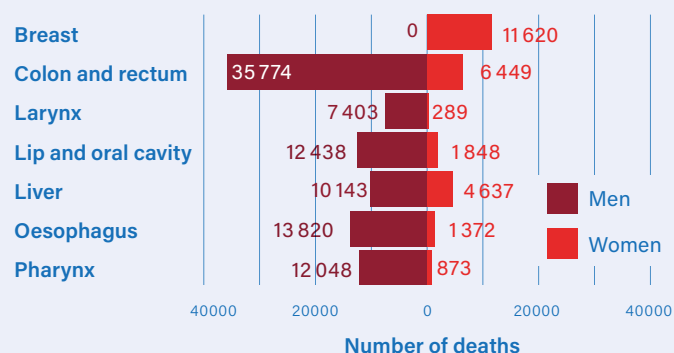
### Alcohol-attributable deaths by cause<sup>a</sup> (WHO European Region, 2019)

	Men	Women	Total	%	% of all deaths <sup>b</sup>
All causes	513 693	286 152	799 845	100.0%	8.8%
Infectious diseases	25 729	8 495	34 224	4.3%	7.1%
Tuberculosis	5 330	847	6 178	0.8%	29.1%
HIV/AIDS	1 622	198	1 820	0.2%	5.1%
Lower respiratory infections	18 773	7 445	26 218	3.3%	9.8%
Noncommunicable diseases	371 793	249 218	621 011	77.6%	7.6%
Cancer	91 626	27 426	119 052	14.9%	5.7%
Alcohol use disorders	50 453	12 727	63 180	7.9%	100.0%
Epilepsy	2 707	614	3 321	0.4%	18.5%
Cardiovascular diseases	143 048	178 513	321 561	40.2%	8.3%
Hypertensive heart disease	10 644	3 242	13 886	1.7%	7.3%
Ischaemic heart disease	95 430	147 620	243 050	30.4%	11.3%
Ischaemic stroke	5 866	7 523	13 390	1.7%	1.8%
Haemorrhagic stroke	23 508	18 691	42 199	5.3%	13.6%
Digestive diseases	80 489	35 309	115 798	14.5%	28.3%
Cirrhosis of the liver	71 072	33 230	104 302	13.0%	58.4%
Injuries	116 171	28 439	144 610	18.1%	31.1%
Unintentional injuries	71 228	18 646	89 874	11.2%	28.2%
Road injury	18 845	5 502	24 347	3.0%	35.4%
Falls	15 277	4 342	19 619	2.5%	21.6%
Drowning	5 659	774	6 433	0.8%	33.1%
Intentional injuries	44 943	9 793	54 735	6.8%	37.5%
Suicide	36 624	7 034	43 658	5.5%	36.8%
Homicide	8 318	2 759	11 078	1.4%	41.8%

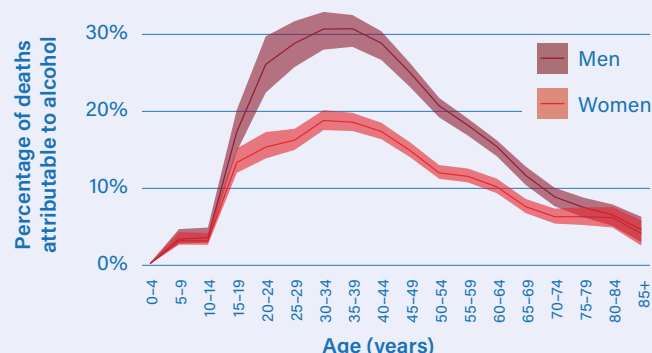
<sup>a</sup> Due to minor causes being omitted from the table, the total in this table may not match the sum of listed causes.

<sup>b</sup> Proportion of all deaths due to given cause attributable to alcohol.

### Alcohol-attributable cancer deaths (WHO European Region, 2019)



### Proportion of deaths caused by alcohol use, by age and sex (WHO European Region, 2019)



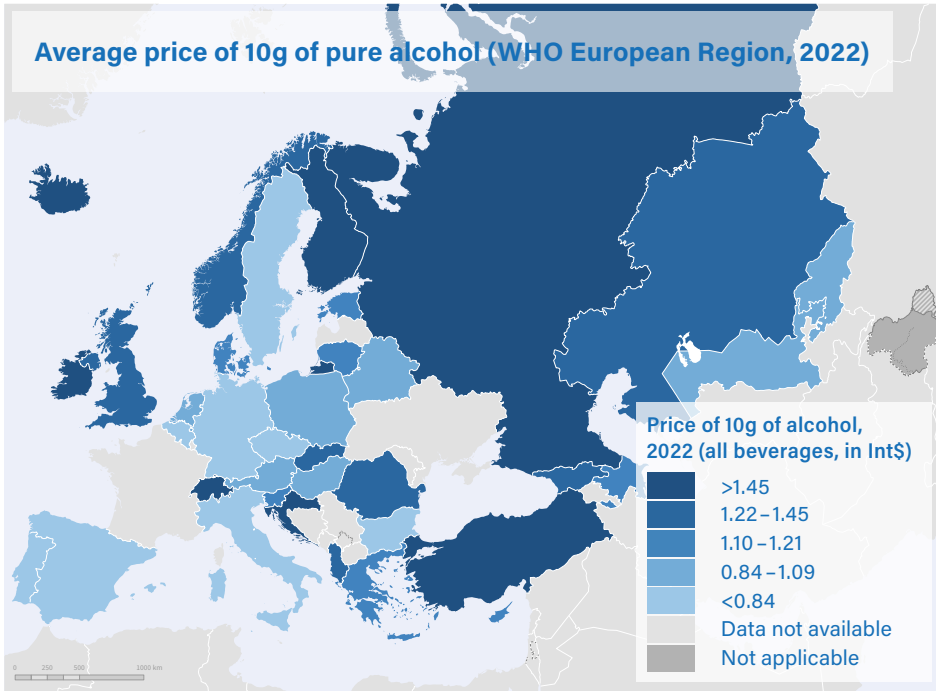
# Alcohol policies

Member States with information on alcohol policies: 49  
Corresponding total population in 2019: 887 977 000

The European Framework for Action on Alcohol 2022–2025, adopted by all 53 Member States (MS), utilizes the latest evidence to address alcohol-related harms through comprehensive, evidence-based policies and collaborative efforts.

It includes six priority areas where action should be taken: pricing, health information with a focus on alcohol labelling, health services' response, availability, marketing, and community action.

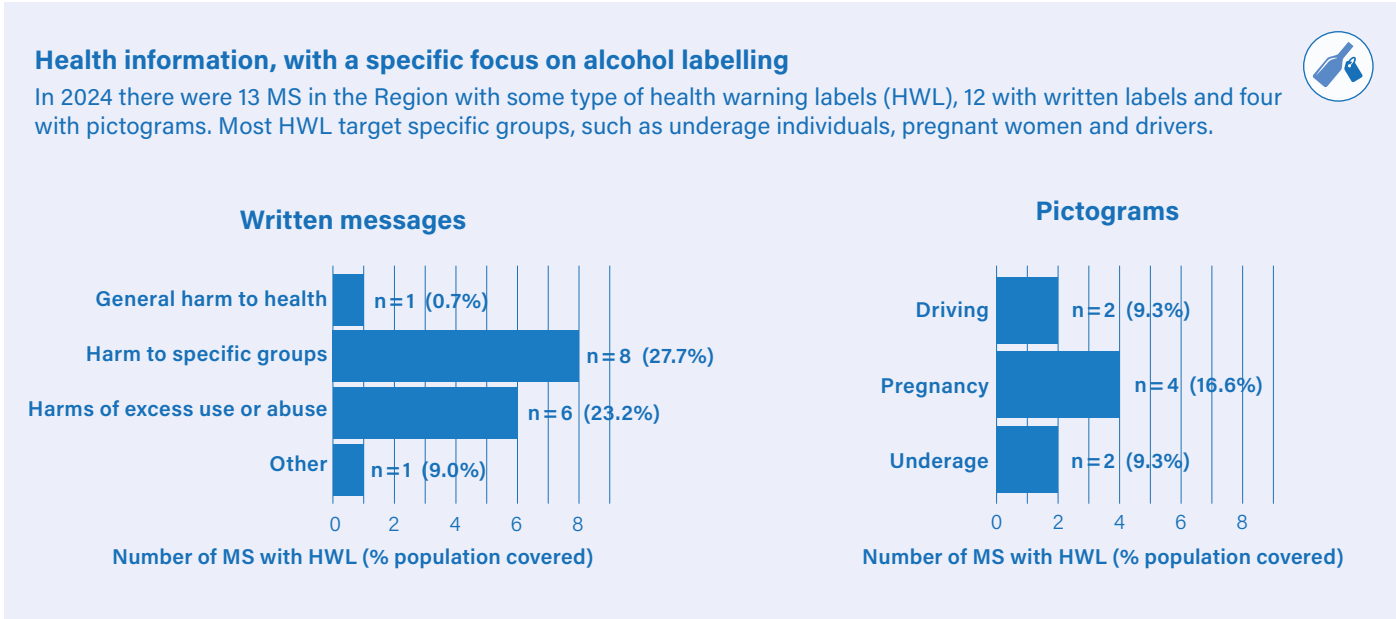
In 2019, 34 out of 49 MS, representing 81% of the population in the WHO European Region, had a comprehensive written policy on alcohol or were in the process of revising one. Of those, 22 MS (50% of the population) had a national action plan for implementing their national alcohol policies.



## Pricing

Tax and pricing policies are some of the best researched measures to reduce alcohol consumption and related harm. Evidence shows that making alcohol less affordable decreases consumption. However, alcohol has become more affordable due to rising average incomes and lower production costs, which reduce prices. In the WHO European Region, alcohol taxes contribute relatively little to the final prices of alcoholic beverages, accounting for only about 37%. In contrast, tobacco taxes are implemented at the WHO recommended level of 75%.

In 2022 the average cost of 10g of pure alcohol, weighted for the proportion of different types of beverage consumed, was 1.49 Int\$ (international dollars): 1.17 Int\$ for 10g of pure alcohol from beer, 1.13 Int\$ for wine, and 2.10 Int\$ for spirits.



## Health services' response



Around 74% of the Region's population had screening and brief interventions (SBI) for potential alcohol use disorders available in health services (n=30 MS). In 21 MS (58% of the population), SBI was provided in primary care.

Specialized treatment for alcohol use disorders was available for 93% of the population (n=41 MS), with 92% (n=39 MS) providing both inpatient and outpatient care in mental health facilities.

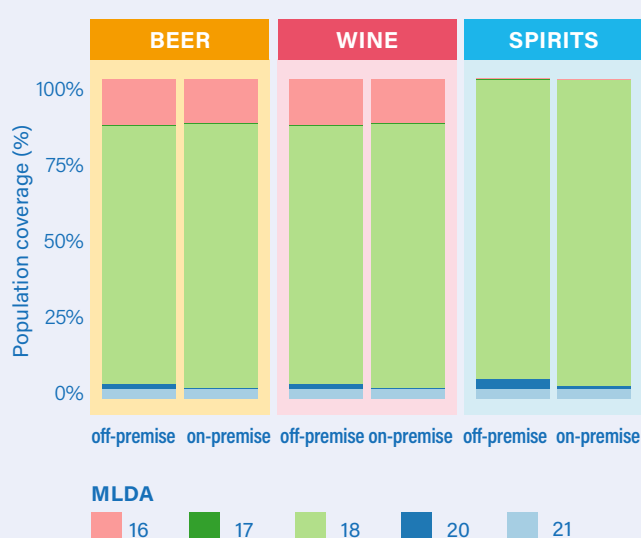
Psychosocial treatment programmes were available for 96% of the region (n=44 MS). The most available type of psychosocial interventions across MS were cognitive behavioural therapy and psychoeducation (both n=38 MS, 89%).

Medication for alcohol use disorders was available in most MS (n=46, 98% of the population), but while 84% of the population (n=37 MS) had access to treatment of acute conditions, only 12% (n=14 MS) had access to treatment for relapse prevention.

## Availability



The average minimum legal drinking age (MLDA) for on- and off-premises consumption was lower for beer and wine (17.8 years) compared to spirits (18.1 years). At least seven MS allowed beer and wine consumption at the age of 16, and at least two MS allow consumption of spirits at the same age.

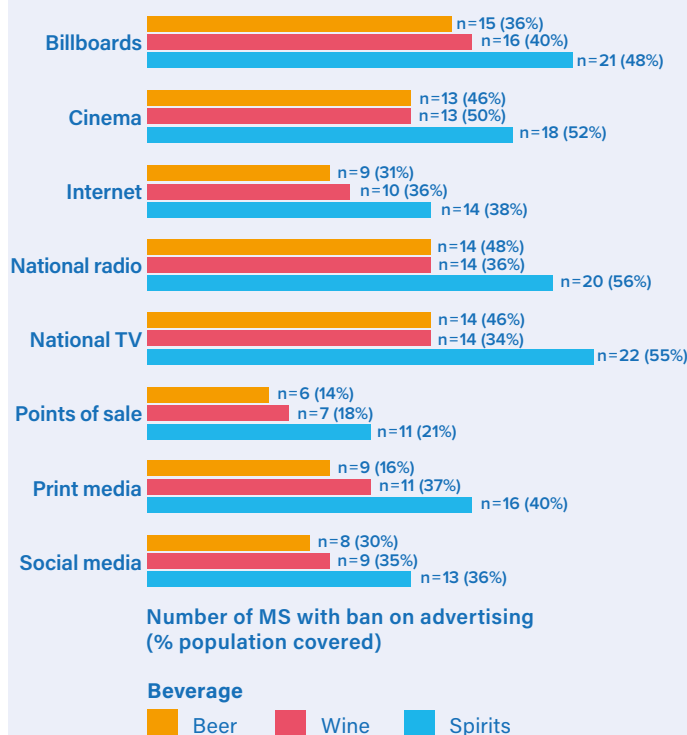


The majority of the population in the Region faced no restrictions at national level on the days of on-premises alcohol sales (96%, n=42 MS), and only around 55% faced restrictions on hours of sales (n=22 MS for beer and wine, n=24 MS for spirits). Density restrictions on premises with alcohol sales covered only 8% (n=4 MS) of the population in the Region.

## Marketing



Full bans on alcohol advertising remained uncommon in the Region, with only five MS reporting full bans across all platforms and points of sale for all beverages. The most widely implemented ban covered spirits advertisements on national TV, reaching 55% of the population in the Region (n=22 MS). The least implemented ban pertained to beer advertisements at points of sale, covering only 14% of the population (n=6 MS).

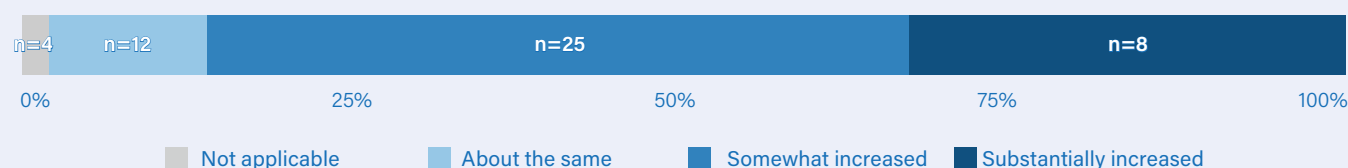


## Community action



In 2019, at least 33 MS reported increased government policies and activities for community action in 2019 compared to 2010, representing 86% of the Region's population.

### Overall scope and intensity of government policies and activities in the area of community action in 2019 compared to 2010



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#### References:

1. Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/377960>). Licence: CC BY-NC-SA 3.0 IGO.
2. Global report on the use of alcohol taxes, 2023. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/374614>). Licence: CC BY-NC-SA 3.0 IGO.
3. Turning down the alcohol flow: background document on the European framework for action on alcohol, 2022–2025. Copenhagen: WHO Regional Office for Europe; 2022 (<https://iris.who.int/handle/10665/361975>). Licence: CC BY-NC-SA 3.0 IGO.