

The health burden related to excessive alcohol consumption, both in terms of morbidity and mortality, is considerable (Rehm et al., 2009; WHO Europe, 2012a). In Europe, alcohol is the third leading risk factor for disease and mortality after tobacco and high blood pressure. High alcohol intake is associated with increased risk of heart, stroke and vascular diseases, as well as liver cirrhosis and certain cancers. 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. It is, however, one of the major avoidable risk factors.

The EU region has the highest alcohol consumption in the world. Measured through monitoring annual sales data, it stands at 10.7 litres of pure alcohol per adult on average across EU member states, using the most recent data available (Figure 2.6.1). Leaving aside Luxembourg – because of the high volume of purchases by non-residents in this country – Austria, France, Latvia, Lithuania and Romania reported the highest consumption of alcohol, with 12.0 litres or more per adult in 2010. At the other end of the scale, southern European countries (Cyprus, Greece, Italy, Malta) along with Nordic countries (Iceland, Sweden, and Norway) have relatively low levels of consumption, in the region of 7-8 litres of pure alcohol per adult. Turkey and the Former Yugoslav Republic of Macedonia have rates well below four litres.

Although average alcohol consumption has gradually fallen in many European countries over the past three decades, it has risen in some others. There has been a degree of convergence in drinking habits across the European Union, with wine consumption increasing in many traditional beer-drinking countries and *vice versa*. The traditional wine-producing countries of Italy, France and Spain, as well as Greece, have seen their alcohol consumption per capita fall substantially since 1980 (Figures 2.6.1 and 2.6.2). On the other hand, alcohol consumption per capita in Cyprus, Finland, Iceland and Ireland rose by a quarter or more since 1980 although, in the case of Iceland and Cyprus, it started from a low level and therefore remains relatively 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 (Bennett, 2003; WHO Europe, 2012a). Strict controls on sales and high taxation are mirrored by overall lower consumption in most Nordic countries.

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. Much of the burden of disease associated with alcohol consumption occurs among persons who have an alcohol dependence problem. The consumption of large quantities of alcohol at a single session, termed “binge drinking”, is also a particularly dangerous pattern of consumption (Institute of Alcohol Studies, 2007), which is on the rise in some countries and social groups, especially among young males (see Indicator 2.1 “Smoking and alcohol consumption among children”).

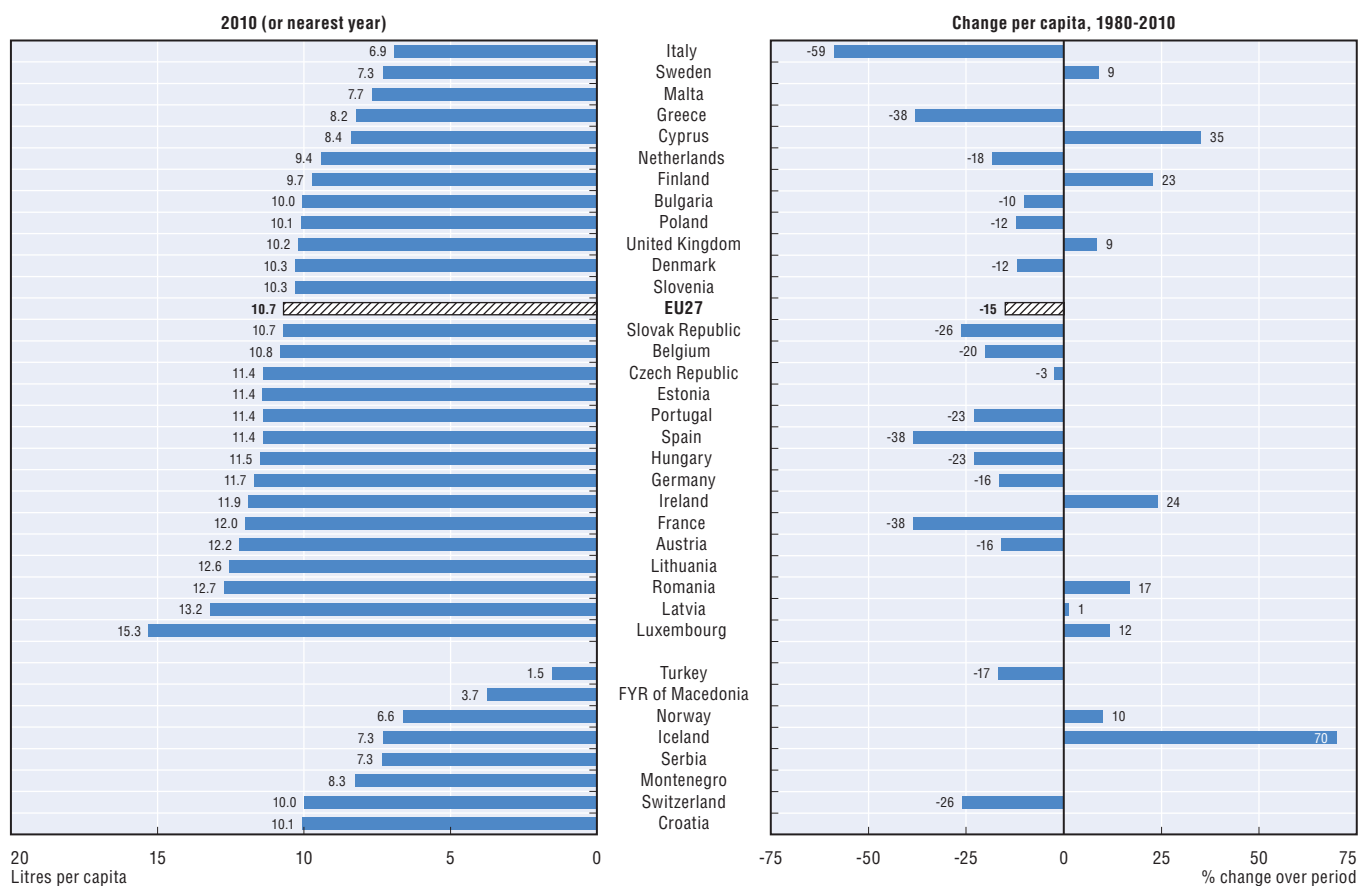
The 2006 Commission Communication on an EU strategy to support member states in reducing alcohol-related harm highlighted a number of priority themes, including protecting children and young people, reducing harm from alcohol-related road accidents, reducing the negative impact of alcohol in the workplace, education on harmful consumption, and developing a common alcohol evidence base at EU level (EC, 2009a). 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 policy options for restricting the availability and marketing of alcohol. This initiative was boosted in 2011 by the adoption of a new European Action Plan by the WHO Regional Office for Europe.

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 alcohol 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, resulting in a slight underestimation, and Sweden for 16 years and over. 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.

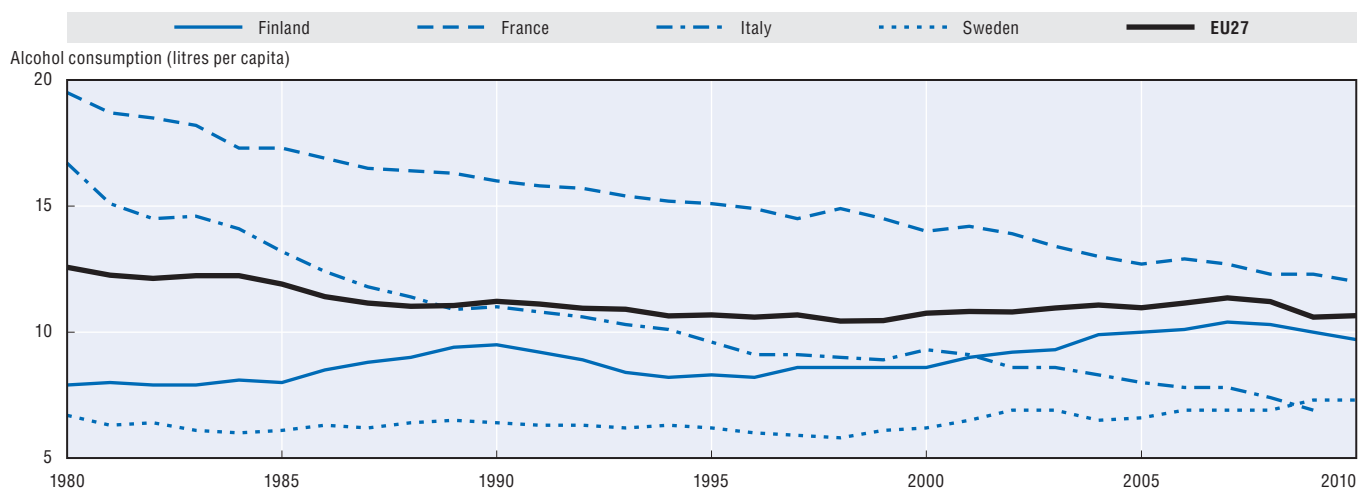
2.6.1. Alcohol consumption among population aged 15 years and over, 2010 and change, 1980-2010



Source: OECD Health Data 2012; WHO Global Information System on Alcohol and Health.

StatLink <http://dx.doi.org/10.1787/888932704038>

2.6.2. Trends in alcohol consumption, selected EU countries, 1980-2010



Source: OECD Health Data 2012; WHO Global Information System on Alcohol and Health.

StatLink <http://dx.doi.org/10.1787/888932704057>