

2. NON-MEDICAL DETERMINANTS OF HEALTH

2.2. Alcohol consumption among adults

The health burden related to excessive alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world (Rehm et al., 2009; WHO, 2004a). High alcohol intake is associated with numerous harmful health and social consequences, such as 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, and is estimated to cause more than 2 million deaths worldwide per year. In the Russian Federation, the sharp rise in premature mortality and decline in life expectancy during the 1990s was due, in part, to excessive alcohol consumption (WHO, 2004a). It is, however, one of the major avoidable risk factors for disease.

Alcohol consumption as measured by annual sales stands at 9.1 litres per adult on average across OECD countries, using the most recent data available (Figure 2.2.1). France, Austria, Portugal, the Czech Republic and Estonia reported the highest consumption of alcohol, with 12.0 litres or more per adult per year in 2009. Low alcohol consumption was recorded in Indonesia, India, Turkey and Israel where religious and cultural traditions restrict the use of alcohol among some population groups, as well as in China, Mexico and some of the Nordic countries (Norway, Iceland and Sweden).

Although average alcohol consumption has gradually fallen in many OECD countries over the past three decades, it has risen in some others such as Finland and Mexico. 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, France and Spain, as well as the Slovak Republic and Germany have seen per capita consumption fall by one third or more since 1980 (Figure 2.2.1). Alcohol consumption in the Russian Federation, as well as in Brazil 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 (Bennett, 2003). Strict controls on sales and high taxation are mirrored by overall lower consumption in most Nordic countries, while falls in consumption in France, Italy and Spain may also be associated with the voluntary and statutory regulation of advertising, following a 1989 European directive.

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 at a single session, termed “binge drinking”, is 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.

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 (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.

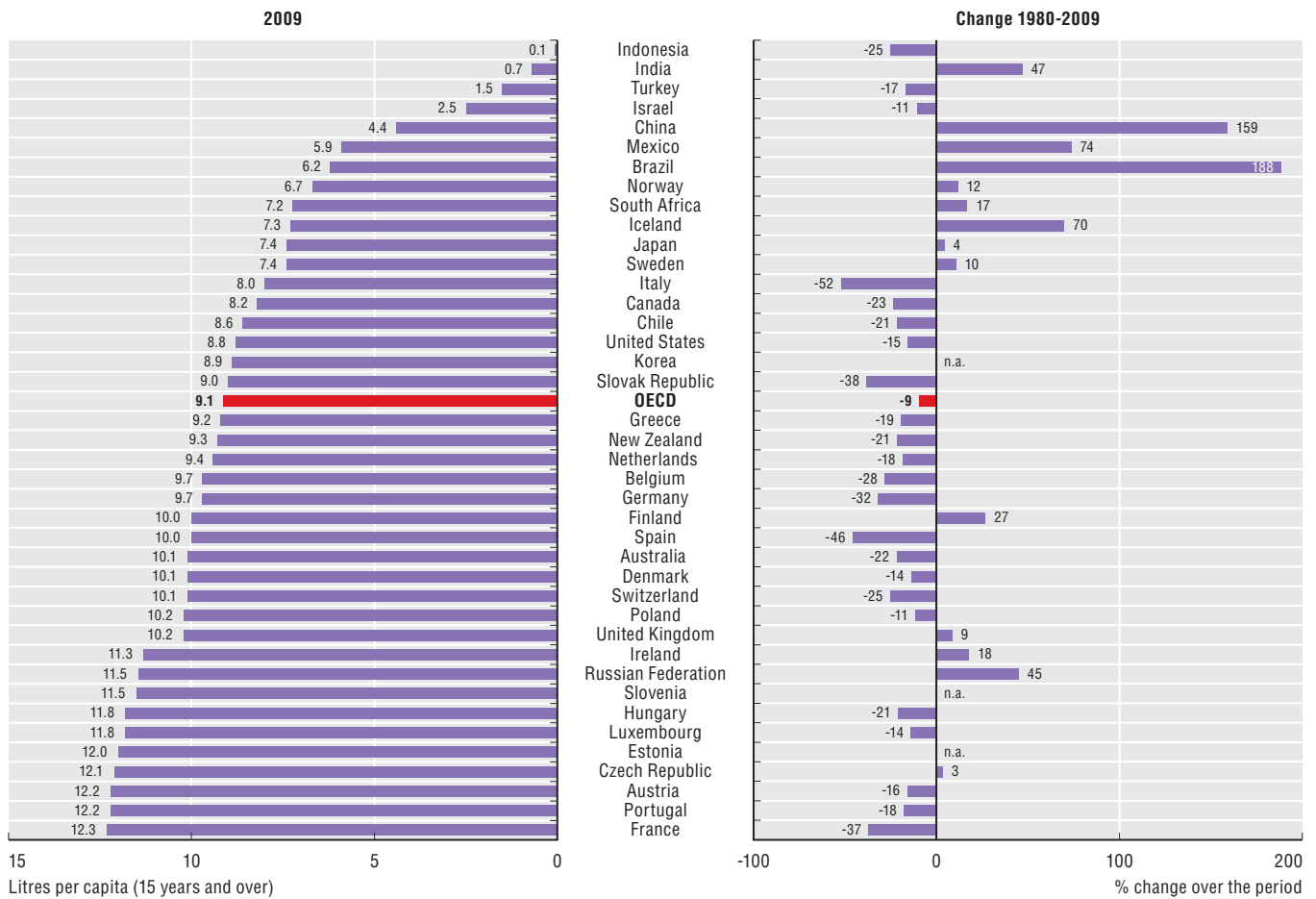
Italy reports consumption for the population 14 years and over, Sweden for 16 years and over, and Japan 20 years and over. In some countries (e.g. Luxembourg), national sales do not accurately reflect actual consumption by residents, since purchases by non-residents may create a significant gap between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

Information on data for Israel: <http://dx.doi.org/10.1787/888932315602>.

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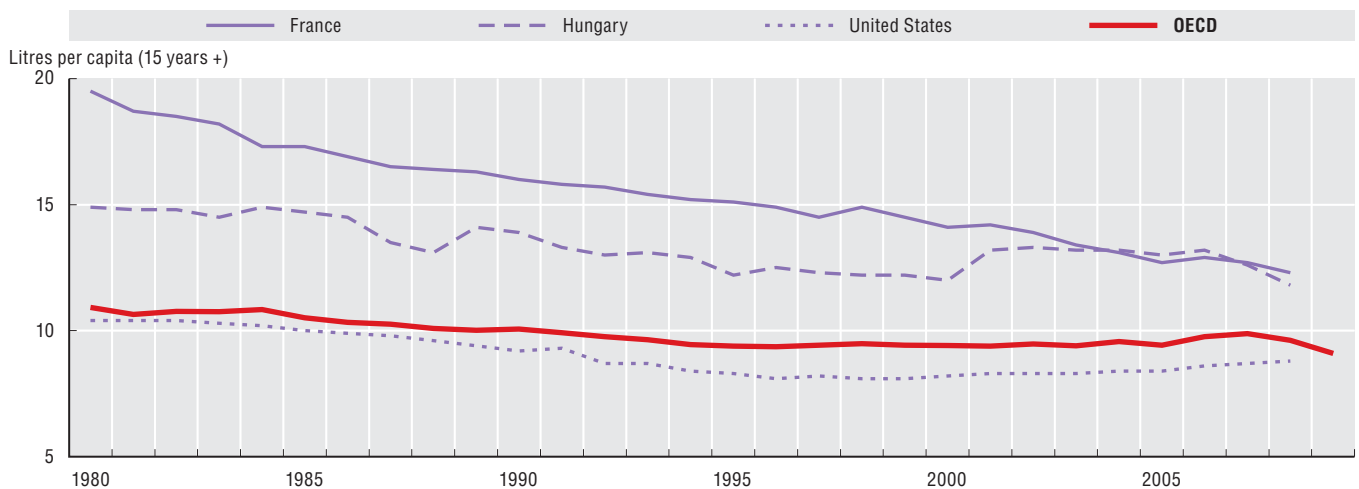
2.2.1 Alcohol consumption, population aged 15 and over, 2009 (or nearest year) and change between 1980 and 2009



Source: OECD Health Data 2011; WHO (2011a).

StatLink <http://dx.doi.org/10.1787/888932523918>

2.2.2 Trends in alcohol consumption, selected OECD countries, 1980-2009



Source: OECD Health Data 2011.

StatLink <http://dx.doi.org/10.1787/888932523937>



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