The global health burden related to excessive alcohol consumption, both in terms of morbidity and mortality, is considerable (Rehm *et al.*, 2009; WHO, 2004). It is associated with numerous harmful health and social consequences. High alcohol intake increases the risk for 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 annually.

Alcohol consumption across EU countries is 10.8 litres per adult per year. Leaving aside Luxembourg – because of the high volume of purchases by non-residents in that country – Estonia, Hungary and France reported the highest consumption of alcohol, with more than 12.5 litres per adult in 2007-08. At the other end of the scale, Turkey, Malta and some of the Nordic countries (Norway, Sweden and Iceland) have relatively low levels of alcohol consumption, ranging from one to seven litres per adult (Figure 2.7.1).

Although average alcohol consumption has gradually fallen in many EU countries over the past three decades, it has risen in some others (Figure 2.7.1). 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 the Slovak Republic, Greece and Germany have seen their alcohol consumption per capita fall substantially since 1980 (Figures 2.7.1 and 2.7.2). On the other hand, alcohol consumption per capita in Iceland, Cyprus, Finland and Ireland rose by as much as 30% 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). 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 be associated with the voluntary and statutory regulation of advertising, partly following a 1989 European directive. 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 ones, such as the dissemination of information on alcohol-related harm (WHO, 2010c).

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 (see Indicator 2.1 “Smoking and alcohol consumption at age 15”).

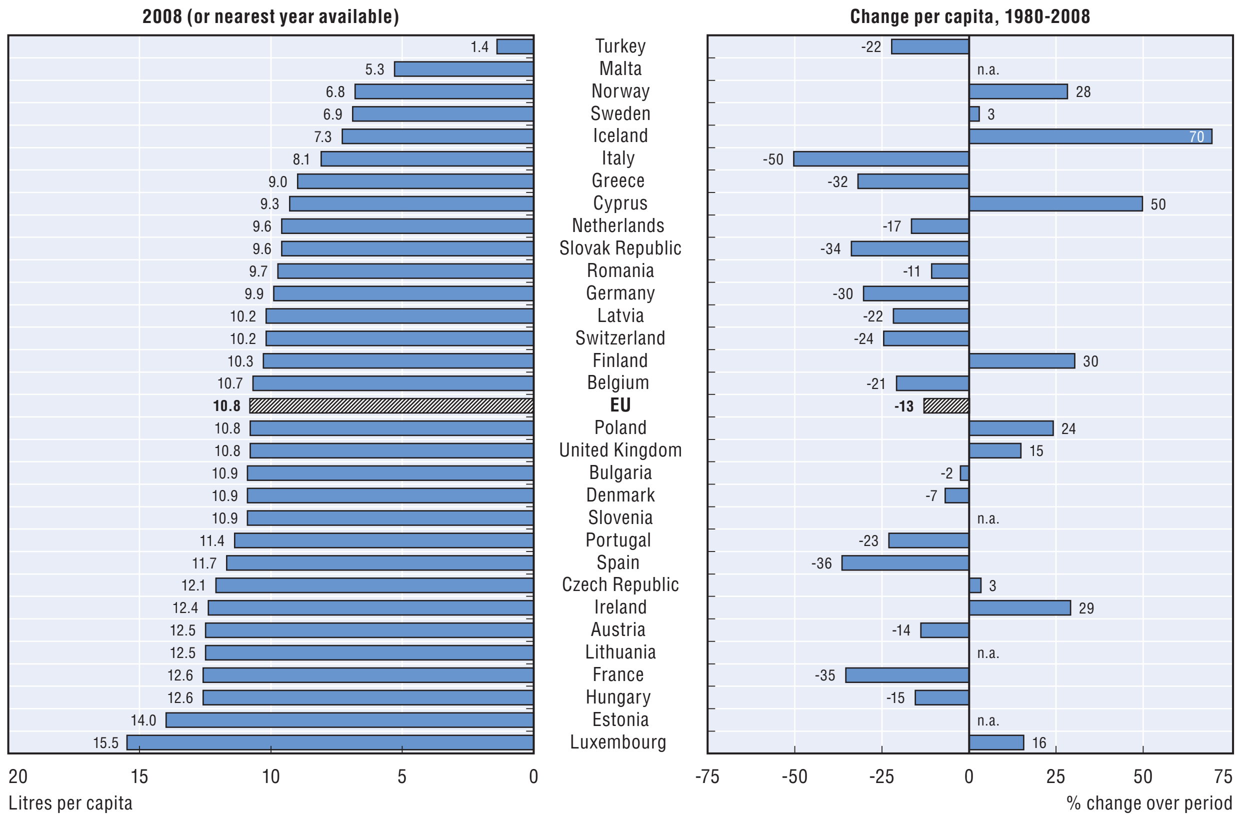
Figure 2.7.3 shows the relationship between alcohol consumption in 2005 and deaths from liver cirrhosis in 2008. In general, countries with high levels of alcohol consumption tend to experience higher death rates from liver cirrhosis. In most EU countries, death rates from liver cirrhosis have fallen over the past two decades, following quite closely the overall reduction in alcohol consumption.

Definition and deviations

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.

Italy reports consumption for the population 14 years and over, 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.

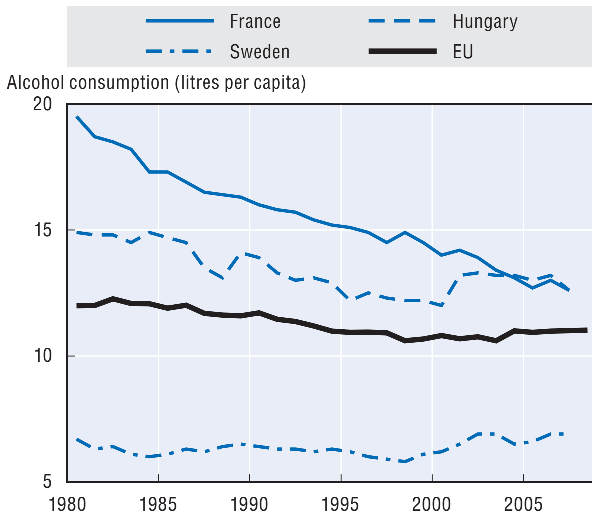
2.7.1. Alcohol consumption among population aged 15 years and over



Source: OECD Health Data 2010; *Eurostat Statistics Database*; WHO (2010).

StatLink http://dx.doi.org/10.1787/888932336559

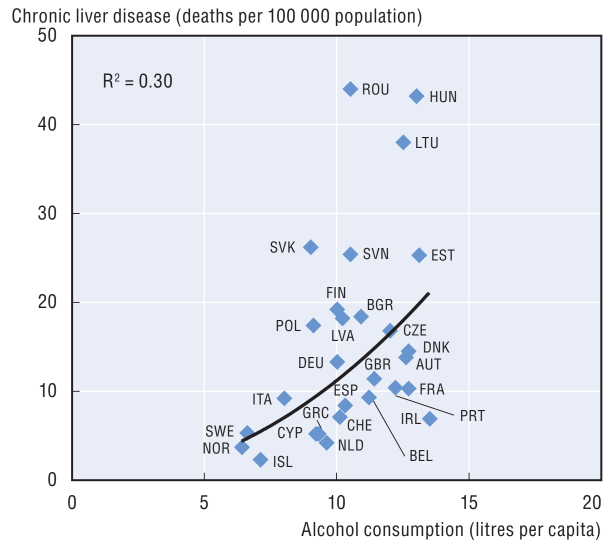
2.7.2. Trends in alcohol consumption, selected EU countries, 1980-2008



Source: OECD Health Data 2010; *Eurostat Statistics Database*; WHO (2010).

StatLink http://dx.doi.org/10.1787/888932336578

2.7.3. Alcohol consumption, 2005 and chronic liver disease deaths, 2008 (or nearest year available)



Source: OECD Health Data 2010; *Eurostat Statistics Database*; WHO (2010).

StatLink http://dx.doi.org/10.1787/888932336597

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