Alcohol-related harm is a major public health concern in the European Union, both in terms of morbidity and mortality (WHO Europe, 2012; OECD, 2015). Alcohol was the third leading risk factor for disease and mortality after tobacco and high blood pressure in Europe in 2012 and accounted for an estimated 7.6% of all men's deaths and 4.0% of all women's deaths, though there is evidence that women may be more vulnerable to some alcohol-related health conditions compared to men (WHO, 2014). High alcohol intake is associated with increased risk of heart, stroke and vascular diseases, as well as liver cirrhosis and certain cancers, but even moderate alcohol consumption increases the long term risk of developing such diseases. 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, particularly among young people.

The EU region has the highest alcohol consumption in the world. Measured through monitoring annual sales data, it stands at 10 litres of pure alcohol per adult on average across EU member states in 2014 (Figure 4.8). Austria, Belgium, Bulgaria, Croatia and Lithuania reported the highest consumption of alcohol, with 12 litres or more per adult. At the other end of the scale, Greece, Italy, Sweden, as well as Albania, Iceland, Norway and Turkey have relatively low levels of consumption, below 8 litres of pure alcohol per adult. In particular, the rate for Turkey is below 2 litres.

Although average alcohol consumption has gradually fallen in many European countries over the past three decades, it has risen in some others. Alcohol consumption has notably increased since 2000 in Belgium, Bulgaria, Latvia, Lithuania, Malta, Poland and Sweden (Figure 4.8). There has been a degree of convergence in drinking habits across the European Union, with wine consumption increasing in many traditionally beer-drinking countries and vice versa.

Although adult alcohol consumption per capita is a useful measure to assess long-term trends, it does not identify sub-populations at risk from harmful drinking patterns. Heavy drinking and alcohol dependence account for an important share of the burden of diseases associated with alcohol. One in four adults regularly consumes large quantities of alcohol in a single session, a practice known as binge drinking, with variations from 5% in Cyprus to 37% in Denmark (Figure 4.9). Binge drinking is more prevalent among men than women in all countries. OECD analysis based on individual-level data show that hazardous drinking and binge drinking are on the rise in young people and women especially. Men of low socio-economic status are more likely to drink heavily than those of a higher socio-economic status, while the opposite is observed in women (OECD, 2015).

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 the dissemination of information on alcohol-related harm (WHO, 2010). The OECD used this as a starting point to identify a set of policy options to be assessed in an economic evaluation relying on a computer-based simulation approach, and showed that several policies have the potential to reduce heavy drinking, regular or episodic, as well as alcohol dependence. Governments seeking to tackle binge drinking and other types of alcohol abuse can use a range of policies that have proven to be effective, including counselling heavy drinkers, stepping up enforcement of drinking-and-driving laws, as well as raising taxes, raising prices and increasing the regulation of the marketing of alcoholic drinks (OECD, 2015).

In 2006, the European Union launched its Strategy to support member states in reducing alcohol-related harm. Its aims include reducing injuries and death from alcohol-related road accidents, preventing alcohol-related harm among adults and reducing the negative impact on the workplace, and developing and maintaining a common evidence base (European Commission, 2012).

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. Unrecorded alcohol consumption and low quality of alcohol consumed (beverages produced informally or illegally) remain a problem, especially when estimating alcohol-related burden of disease among low income groups. 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. Alcohol consumption in Luxembourg is thus the mean of alcohol consumption in France and Germany.

Regular binge drinking is derived from self-reports of the European Health Interview Survey 2014. Regular binge drinking is defined as having six or more alcoholic drinks per single occasion at least once a month over the past 12 months.

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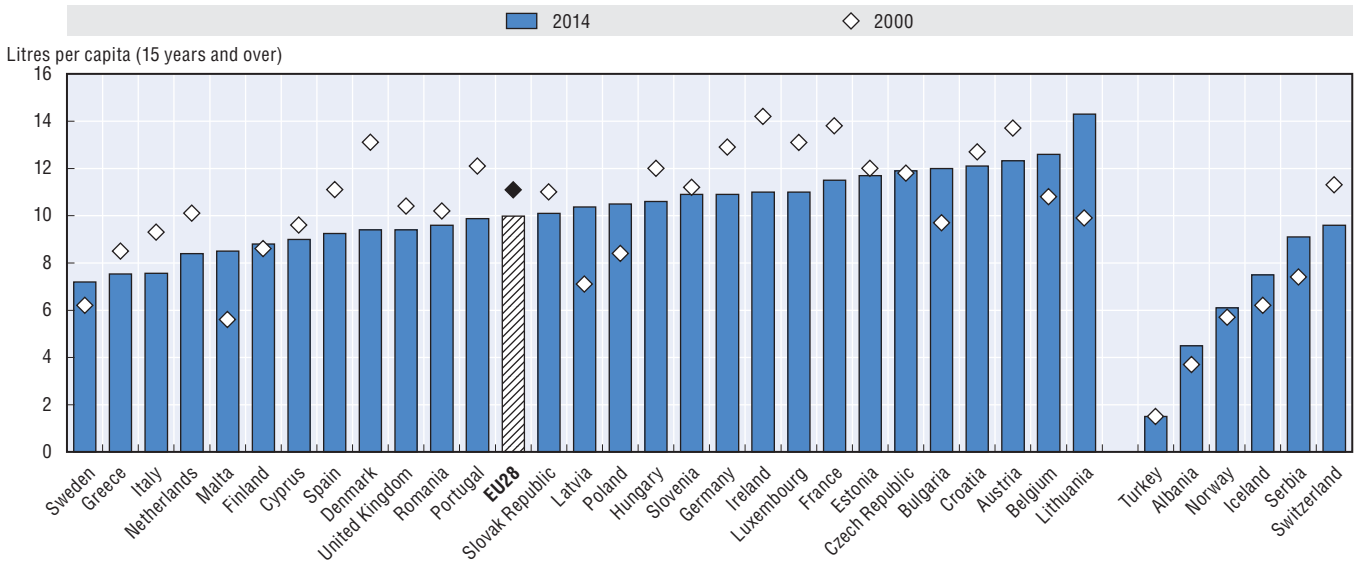
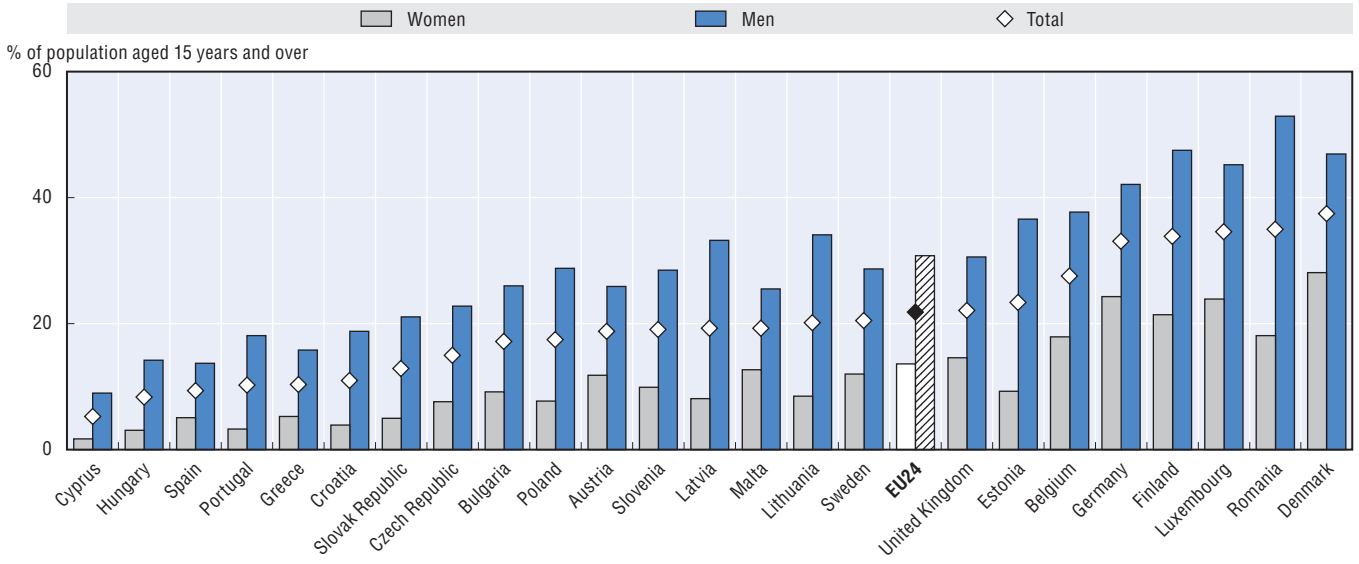
4.8. Alcohol consumption among adults, 2000 and 2014 (or nearest years)



Source: *OECD Health Statistics 2016*; Global Information System on Alcohol and Health for non-OECD countries and Austria, Belgium, Greece, Iceland, Italy, Latvia, Portugal and Spain.

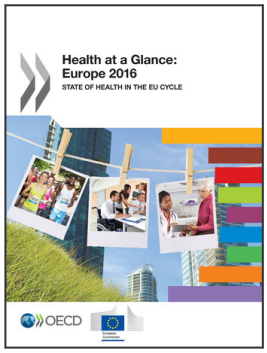
StatLink http://dx.doi.org/10.1787/888933428990

4.9. Regular binge drinking in EU countries, 2014



Source: Eurostat, EHIS 2014.

StatLink http://dx.doi.org/10.1787/888933429007



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