

4. RISK FACTORS FOR HEALTH

Alcohol consumption among adults

Alcohol use is a leading cause of death and disability worldwide, particularly in those of working age. It accounted for an estimated 7% of male and 2% of female deaths worldwide in 2016 (Griswold et al., 2018^[1]). High alcohol intake is a major risk factor for heart diseases and stroke, liver cirrhosis and certain cancers, but even low and moderate alcohol consumption increases the long-term risk of these diseases. Alcohol also contributes to more accidents and injuries, violence, homicide, suicide and mental health disorders than any other psychoactive substance, particularly among young people.

Measured through sales data, overall alcohol consumption averaged 8.9 litres per person across OECD countries in 2017, down from 10.2 litres in 2007 (Figure 4.4). Lithuania reported the highest consumption (12.3 litres), followed by Austria, France, the Czech Republic, Luxembourg, Ireland, Latvia and Hungary, all with over 11 litres per person. Turkey, Israel and Mexico have comparatively low consumption levels (under 5 litres per person). Among key partners, consumption was relatively high in the Russian Federation (11.1 litres) and low in Indonesia, India, Costa Rica and Colombia (less than 5 litres). Average consumption fell in 27 OECD countries between 2007 and 2017, with the largest reductions in Israel, Estonia, Greece and Denmark (by 3 litres or more). Consumption also fell markedly in the Russian Federation (by 7 litres). However, alcohol consumption increased by more than 1 litre per person in China and India, and by over 0.5 litres per person in Chile.

While overall consumption per capita helps 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 disease. On average across OECD countries, 3.7% of adults were alcohol dependent in 2016 (Figure 4.5). In all countries, men are more likely to be alcohol dependent, with 6% of men and 1.6% of women alcohol dependent on average. Dependence is most common in Latvia, Hungary, and Russian Federation (more than 9% of adults). In these three countries, gender gaps are also high, with the share of alcohol dependent men about five times higher than for women.

The share of dependent drinkers does not always correlate with overall alcohol consumption levels, reflecting differences in consumption patterns and diagnosis of alcohol dependence. France, for instance, had the third highest alcohol consumption in 2017, yet rates of alcohol dependence below the OECD average. Conversely, the United States has a high share of alcohol dependence in 2016 (7.7%), but recorded consumption is at the OECD average.

Policies addressing harmful alcohol use include broad-based strategies and ones that target heavy drinkers. All OECD countries apply taxes to alcoholic beverages, but the level of taxes differs greatly. In addition, some countries have implemented new forms of pricing policies, such as

minimum pricing of one alcohol unit in Scotland. Advertising regulations exist in most OECD countries, but law enforcement and the forms of media included in these regulations (e.g. printed newspapers, billboards, the internet and TV) varies. In Norway, Lithuania and Sweden, for instance, there are complete bans on TV adverts, including on social media, while other countries set partial limitations. Controls on the physical availability, drinking age and hours of sale; and drink-driving rules are other commonly used policies (OECD, 2015^[1]).

Definition and comparability

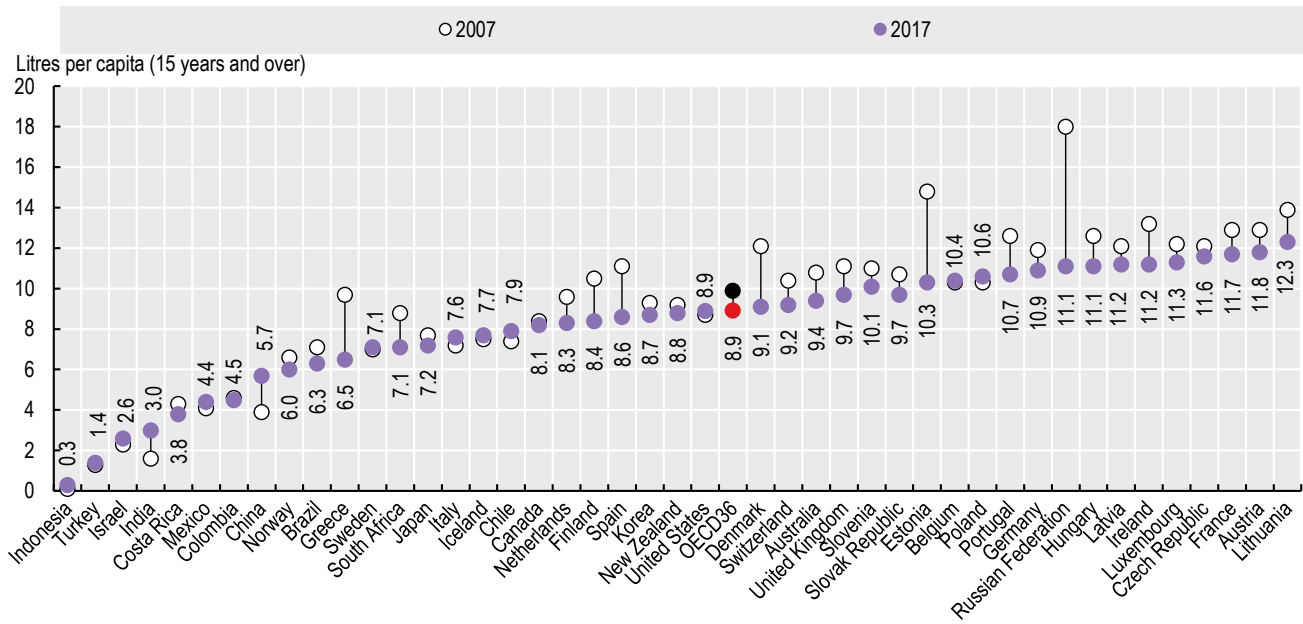
Recorded alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over (with some exceptions highlighted in the data source of the OECD Health Statistics database). The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as home production. In Estonia, data adjust for tourist consumption and unrecorded consumption. 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 estimated as the mean of alcohol consumption in France and Germany.

Alcohol dependence is coded as F10.2 in ICD-10 among adults aged over 15 years old during a given calendar year. The numerator is the number of adults between 18 and 65 years with a diagnosis of F10.2 during a calendar year. The denominator is the mid-year resident population over 15 years during the same calendar year. The WHO also reports alcohol use disorders among people aged 15 years and over as a prevalence over 12 months, which includes both alcohol dependence and harmful use of alcohol coded as F10.1 in ICD-10.

References

- [2] Griswold, M. et al. (2018), "Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016", *The Lancet*, Vol. 392/10152, pp. 1015–1035, [http://dx.doi.org/10.1016/S0140-6736\(18\)31310-2](http://dx.doi.org/10.1016/S0140-6736(18)31310-2).
- [1] OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris, <https://dx.doi.org/10.1787/9789264181069-en>.
- [3] WHO (2018), *Global status report on alcohol and health*.

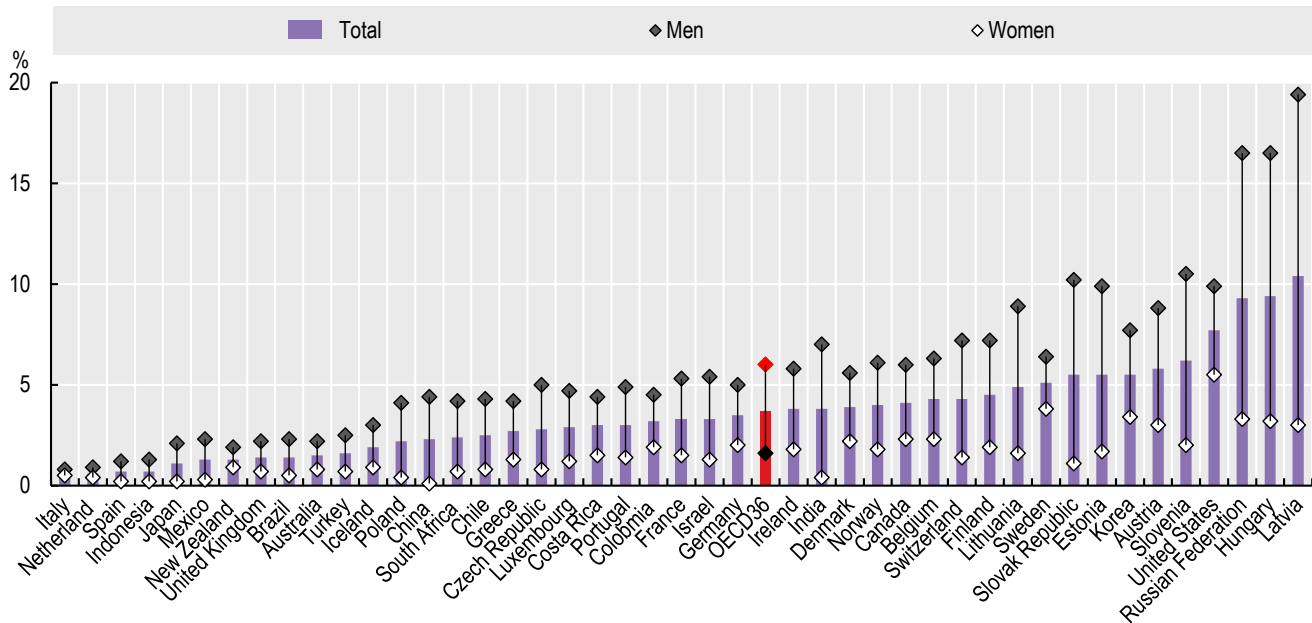
Figure 4.4. Recorded alcohol consumption among adults, 2007 and 2017 (or nearest year)



Source: OECD Health Statistics 2019.

StatLink <https://doi.org/10.1787/888934015334>

Figure 4.5. Share of dependent drinkers, by sex, 2016



Source: Global Status Report on Alcohol and Health, WHO 2018.

StatLink <https://doi.org/10.1787/888934015333>



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