Alcohol consumption among adults

The health burden related to harmful alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world (Rehm et al., 2009; WHO, 2014; OECD, 2015). Alcohol use is associated with numerous harmful health and social consequences, including an increased risk of a range of cancers, stroke, and liver cirrhosis, among others. Foetal exposure to alcohol increases the risk of birth defects and intellectual impairment. Alcohol also contributes to death and disability through accidents and injuries, assault, violence, homicide and suicide. The use of alcohol is estimated to cause more than 3.3 million deaths worldwide per year, and accounts for 5.1% of the global burden of disease (WHO, 2014). Health care costs associated with excessive drinking in the United States are estimated at USD 25.6 billion (Bouchery et al., 2011). In the Russian Federation, alcohol misuse was a major contributing factor to the sharp rise in premature mortality and decline in life expectancy during the 1990s (OECD, 2012). The use of alcohol also has broader societal consequences, accounting for large losses in work productivity through absenteeism and premature mortality, as well as injuries and death among non-drinkers (e.g. because of traffic accidents caused by drivers under the influence of alcohol).

Alcohol consumption, as measured by recorded data on annual sales, stands at 8.9 litres per adult, on average, across OECD countries, based on the most recent data available (Figure 4.3). Austria, Estonia and the Czech Republic, as well as Lithuania, reported the highest consumption of alcohol with 11.5 litres or more per adult per year in 2013. Low alcohol consumption was recorded in Turkey and Israel, as well as in Indonesia and India, where religious and cultural traditions restrict the use of alcohol in some population groups.

Although average alcohol consumption has gradually fallen in many OECD countries since 2000, it has risen in Poland, Sweden and Norway, as well as in Latvia, Lithuania and the Russian Federation. However, national aggregate data does not permit to identify individual drinking patterns and the populations at risk. OECD analysis based on individual-level data show that hazardous drinking and heavy episodic drinking are on the rise in young people and women especially. Men of low socioeconomic status are more likely to drink heavily than those of a higher socioeconomic status, while the opposite is observed in women (OECD, 2015). Alcohol consumption is highly concentrated, as the large majority of alcohol is drunk by the 20% of the population who drink the most (Figure 4.4), with some variation across countries. The 20% heaviest drinkers in Hungary consume about 90% of all alcohol consumed, while in France the share is about 50%.

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, 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).

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. WHO produces estimates for unrecorded alcohol consumption.

Survey-based estimates of the amount of alcohol drunk by the 20% heaviest drinkers rely on the data analysis of the latest available national health surveys for 13 OECD countries. The list of surveys is provided in Table A.1 in Annex A in the publication *Tackling Harmful Alcohol Use – Economics and Public Health Policy* (OECD, 2015).

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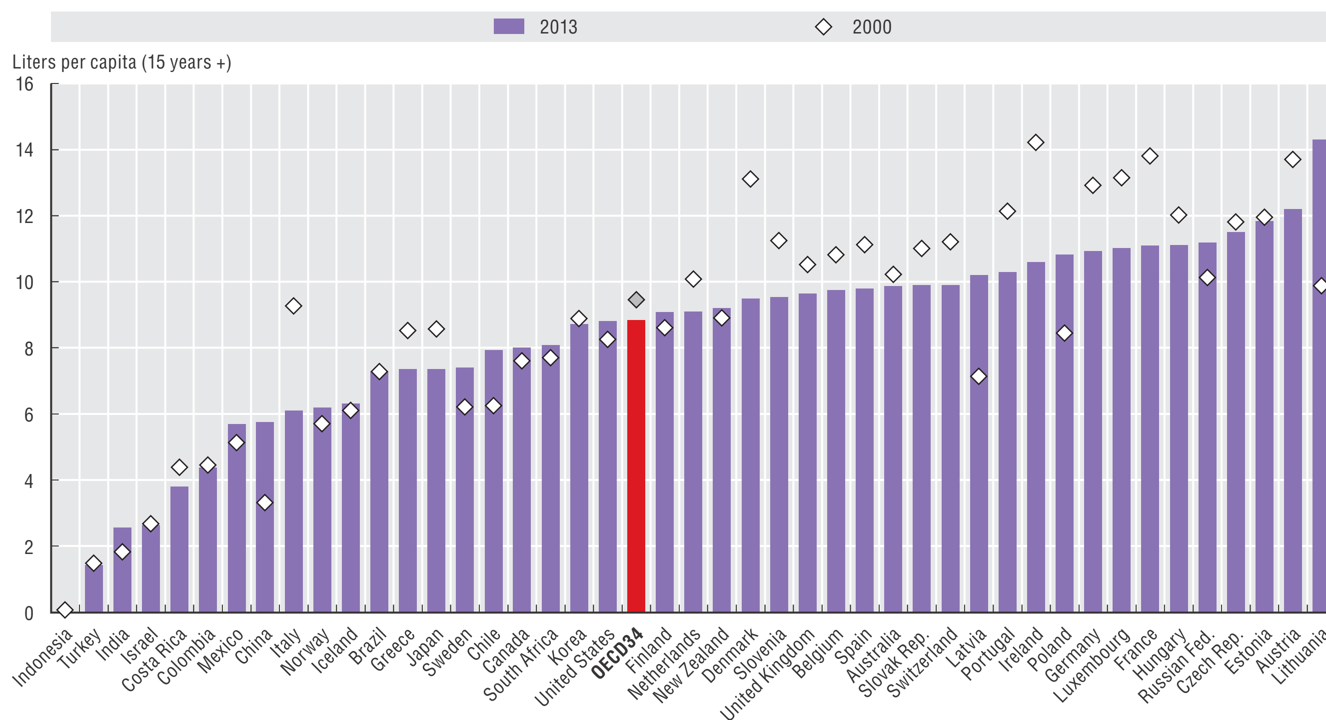
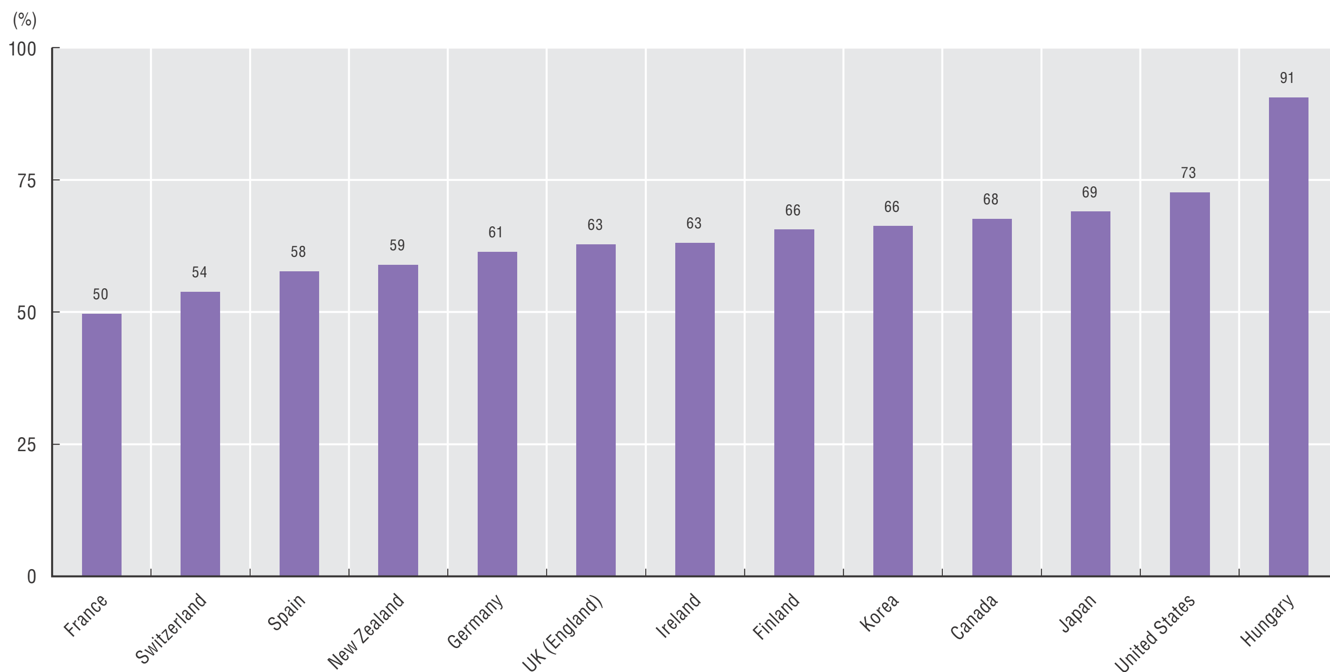
4.3. Alcohol consumption among adults, 2000 and 2013 (or nearest years)



Source: OECD Health Statistics 2015, *http://dx.doi.org/10.1787/health-data-en*; WHO for non-OECD countries.

StatLink http://dx.doi.org/10.1787/888933280835

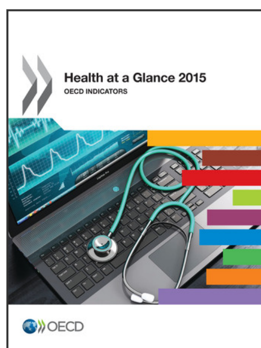
4.4. Share of total alcohol consumed by the 20% of the population who drink the most, 2012 (or nearest year)



Source: OECD (2015), *Tackling Harmful Alcohol Use – Economics and Public Health Policy.*

StatLink http://dx.doi.org/10.1787/888933280835

Information on data for Israel: *http://oe.cd/israel-disclaimer*



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