

Alcohol consumption among adults

Harmful alcohol use is a leading cause of death and disability worldwide, particularly in those of working age (OECD, 2015). Alcohol use is among the top ten leading risk factors in terms of years of healthy life lost in 32 OECD countries (Forouzanfar et al., 2016), and consumption in OECD countries remains well above the world average. In 2015, alcohol use led to 2.3 million deaths, caused by cancers, heart diseases and liver diseases, among others. Most alcohol is drunk by the heaviest-drinking 20% of the population. Heavy drinking is associated with a lower probability of employment, more absence from work, and lower productivity and wages.

On average, recorded alcohol consumption has decreased in the OECD since 2000 (Figure 4.3), from 9.5 litres per capita per year to 9 litres of pure alcohol per capita each year, equivalent to 96 bottles of wine. The extent of the decrease varies greatly by country, and consumption has in fact increased in thirteen OECD countries, as well as in China, India, Lithuania and South Africa. Consumption increased by 0.1 to 1 litre in Canada, Chile, Israel, Korea, Mexico, Norway, Slovenia, Sweden and the United States, as well as in South Africa. The increase was stronger in Belgium, Iceland, Latvia and Poland, as well as China, India and Lithuania (1.1 to 5.3 litres per capita). In all other countries, alcohol consumption decreased between 2000 and 2015. The largest drops occurred in Denmark, Ireland, Italy and the Netherlands (more than 2 litres per capita).

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. Across the OECD, an average of 12% of women and 30% of men take part in regular binge-drinking (at least once per month) (Figure 4.4). Rates range from 8% in Hungary to 37% in Denmark, and display large gender gaps, with men exhibiting higher rates in virtually all countries. These gaps are lowest in Spain and Greece (8-10 points), and are highest in Estonia, Finland and Latvia (over 25 points).

Many policies addressing harmful use of alcohol already exist: some target heavy drinkers only, while others are more broadly based. While all OECD countries apply taxes to alcoholic beverages, the level of taxes may greatly vary across countries. New forms of fiscal policies have been implemented like minimum pricing of one unit of alcohol in Scotland. Regulations on advertising alcoholic products have been set up in many OECD countries, but the forms of media included in these regulations (e.g. printed newspapers, billboards, the internet) and the enforcement of the law vary a lot across countries. All OECD countries have legally set maximum levels of blood alcohol concentration for

drivers, but the enforcement of these regulations may be haphazard and varies widely across and within countries. Less stringent policies include health promotion messages, school-based and worksite interventions and interventions in primary health care settings. Comprehensive policy packages including fiscal measures, regulations and less stringent policies are shown to be the most effective to reduce harmful use of alcohol (OECD, 2015).

Definition and comparability

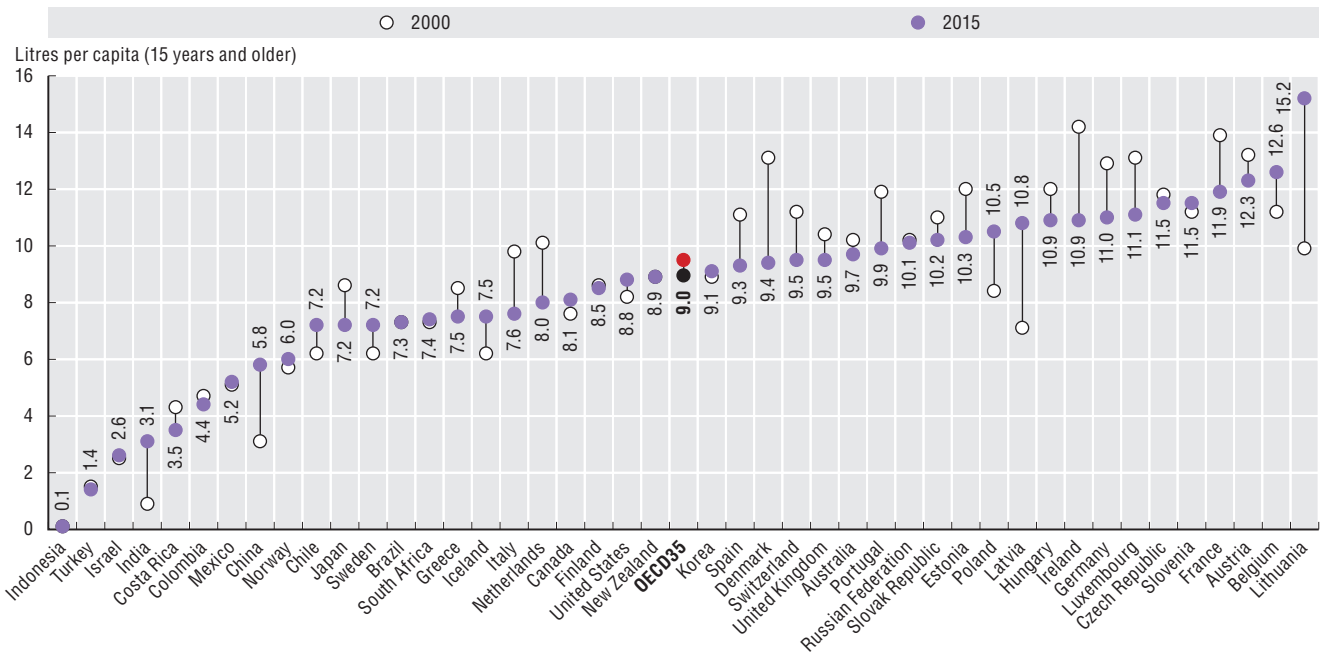
Recorded alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over. Most countries report data for the population aged 15+, but there are some exceptions as highlighted in the data source of the OECD Health Statistics database. The methodology to convert alcohol drinks to pure alcohol may differ across countries. Official statistics do not include unrecorded alcohol consumption, such as home production. 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. The WHO reports unrecorded alcohol consumption in their Global Health Observatory data repository. 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 as recorded in the WHO-GISAH database.

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.

References

- Forouzanfar, M.H. et al. (2016), "Global, Regional, and National Comparative Risk Assessment of 79 Behavioural, Environmental and Occupational, and Metabolic Risks or Clusters of Risks, 1990–2015: A Systematic Analysis for the Global Burden of Disease Study 2015", *The Lancet*, Vol. 388, pp. 1659–1724.
- OECD (2015), *Tackling Harmful Alcohol Use: Economics and Public Health Policy*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264181069-en>.

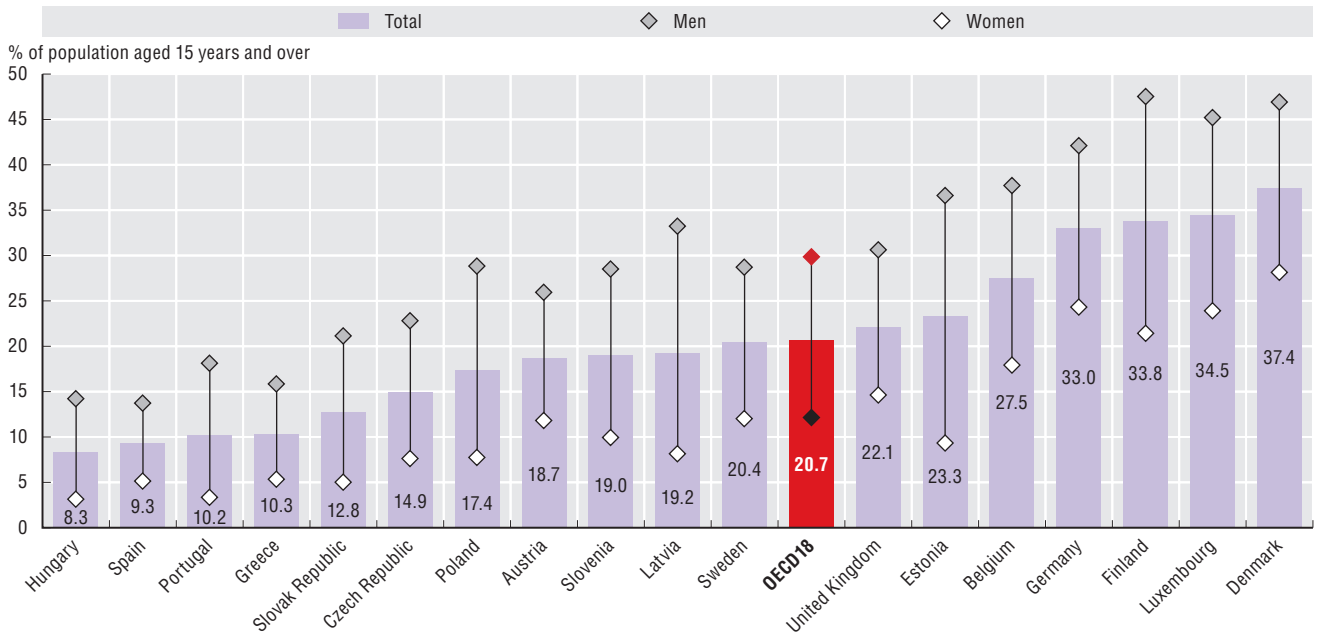
4.3. Recorded alcohol consumption among adults, 2000 and 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933602747>

4.4. Regular binge-drinking (at least once a month) by gender, 2014



Source: Eurostat EHS 2014.

StatLink <http://dx.doi.org/10.1787/888933602766>



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