Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Australia consumes 10.5 litres of pure alcohol per capita per year, roughly equivalent to 2.2 bottles of wine or 4.0 litres of beer per week per person aged 15 and over. In addition, in Australia, some population groups are at higher risk than others; specifically:

36% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

Men consume 16 litres of pure alcohol per capita per year while women consume 5.2 litres per capita per year.

1.5% of adults are dependent on alcohol.

Life expectancy is 0.7 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Impact on life expectancy

Impact on health expenditure

Based on current consumption patterns in Australia, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 2.9% of health expenditure and a reduction in the workforce productivity. Consequently, Australia’s GDP is estimated to be 0.9% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Australia has to raise additional revenues equivalent to an increase in tax of AUD 267 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Australia performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving alcohol prevention and reduction activities in schools and workplaces;
- Upscaling action to tackle drink-driving, for example by enforcing sobriety checkpoints;
- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for example by time or place;
- Strengthening regulation of marketing on industry sponsorship of sporting and youth events.

OECD analyses looked at an enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Australia, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Australia, investing AUD 4 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 1.6 million non-communicable diseases and injuries by 2050;
- save AUD 499 million per year in health costs;
- increase employment and productivity by the equivalent of 14 thousand full-time workers per year.

For every AUD 1 invested in the policy package, AUD 16 are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Austria** has one of the highest levels of alcohol consumption – **12 litres of pure alcohol** per capita per year, roughly equivalent to 2.5 bottles of wine or 4.6 litres of beer per week per person aged 15 and over. In addition, in Austria, some population groups are at higher risk than others; specifically:

- **33% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 11% more likely** to binge drink monthly if they have completed higher education.

- **28% of girls** and **36% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 34% more likely to perform well at school.

Life expectancy is **1.1 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Austria, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.6% of health expenditure** and a reduction in the workforce productivity. Consequently, Austria’s GDP is estimated to be **2% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Austria has to raise additional revenues equivalent to an increase in tax of **EUR 368** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

**Austria** performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving alcohol **prevention and reduction activities** in schools and workplaces;
- Strengthening **restriction on availability** of alcohol to vulnerable and high-risk groups;
- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, and using health warning label on alcohol containers.

Countries with a maximum score can still enhance policy implementation and enforcement.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use.** The package contains many of the policy priorities for Austria, including:

- **Strengthening sobriety checkpoints to counter drink-driving**
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- **Alcohol taxation**
- **Strengthening screening and counselling in primary care**
- **Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays**
- Minimum unit pricing targeting cheap alcohol

In **Austria**, investing EUR 2.1 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **573 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 161 million** per year in health costs;
- increase employment and productivity by the equivalent of **8 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model's documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Belgium consumes **11.1 litres of pure alcohol** per capita per year, roughly equivalent to 2.3 bottles of wine or 4.3 litres of beer per week per person aged 15 and over. In addition, in Belgium, some population groups are at higher risk than others; specifically:

- **32% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 8% more likely** to binge drink monthly if they have completed higher education.

- **Men consume 17.2 litres** of pure alcohol per capita per year while **women consume 5.3 litres** per capita per year.

- **16% of girls** and **23% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 52% more likely to perform well at school.

Life expectancy is **0.9 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Belgium, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Belgium’s GDP is estimated to be **1.5% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Belgium has to raise additional revenues equivalent to an increase in tax of **EUR 255** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Belgium performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for example by day or hour;
- Strengthening pricing policies targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening regulation of marketing, particularly those targeting young people.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Belgium, including:

- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol
- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation

In Belgium, investing EUR 2.1 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 733 thousand non-communicable diseases and injuries by 2050;
- save EUR 166 million per year in health costs;
- increase employment and productivity by the equivalent of 9 thousand full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPHeP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Bulgaria** has one of the highest levels of alcohol consumption – **12.7 litres of pure alcohol** per capita per year, roughly equivalent to 2.6 bottles of wine or 4.9 litres of beer per week per person aged 15 and over. In addition, in Bulgaria, some population groups are at higher risk than others; specifically:

- **33.4% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Men** consume **20.2** litres of pure alcohol per capita per year while **women** consume **5.7** litres per capita per year.

- **27% of girls** and **32% of boys** aged 15 **have been** drunk at least twice in their life. Children who never experienced drunkenness are 14% more likely to perform well at school.

- **Women** are 43% **more likely** to binge drink monthly if they have **completed higher education**.

Life expectancy is **1.1 years lower** over the next 30 years due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in **Bulgaria**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.8% of health expenditure** and a reduction in the workforce productivity. Consequently, Bulgaria’s **GDP** is estimated to be **1.9% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, **Bulgaria** has to raise additional revenues equivalent to an increase in tax of **BGN 59** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Bulgaria performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of screening and counselling within primary care services for people who drink heavily;
- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Applying health warning label on alcohol containers;
- Strengthening regulation of advertising on social media and new media, which are frequently used by younger people.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Bulgaria, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Bulgaria, investing BGN 1.8 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 496 thousand non-communicable diseases and injuries by 2050;
- save BGN 19.9 million per year in health costs;
- increase employment and productivity by the equivalent of 5.4 thousand full-time workers per year.

For every BGN 1 invested in the policy package, BGN 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Canada consumes 8.9 litres of pure alcohol per capita per year, roughly equivalent to 1.8 bottles of wine or 3.4 litres of beer per week per person aged 15 and over. In addition, in Canada, some population groups are at higher risk than others; specifically:

- **21% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **34% of all alcohol** is consumed by 6% of the people who drink heavily.

- **25% of girls** and **20% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 31% more likely to perform well at school.

- **Women are 39% more likely** to binge drink monthly if they have completed higher education.

Life expectancy is **0.6 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Canada, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.4% of health expenditure** and a reduction in the workforce productivity. Consequently, Canada’s GDP is estimated to be **1.2% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Canada has to raise additional revenues equivalent to an increase in tax of **CAD 266** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Canada performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to **tackle drink-driving** to prevent traffic crashes and injuries;
- Strengthening **regulation of advertising** on social media and new media, which are frequently used by younger people;
- Improving alcohol **prevention and reduction activities** in schools and workplaces.

### OECD analyses looked at enhanced policy package to tackle harmful alcohol use.

The package contains many of the policy priorities for Canada, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Canada, investing CAD 3.1 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **2.7 million non-communicable diseases and injuries** by 2050;
- save **CAD 704 million** per year in health costs;
- increase employment and productivity by the equivalent of **31 thousand full-time workers** per year.

For every **CAD 1 invested** in the policy package, **CAD 16** are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Croatia** has alcohol consumption of 9.2 litres of pure alcohol per capita per year, roughly equivalent to 1.9 bottles of wine or 3.5 litres of beer per week per person aged 15 and over. In addition, in Croatia, some population groups are at higher risk than others; specifically:

- **27.6% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Men consume 14.7 litres of pure alcohol per capita per year while women consume 4.2 litres per capita per year**
- **19% of girls and 31% of boys aged 15 have been drunk** at least twice in their life. Children who never experienced drunkenness are 27% more likely to perform well at school.

Life expectancy is **1.0 year lower** over the next 30 years due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in **Croatia**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.6% of health expenditure** and a reduction in the workforce productivity.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Croatia has a level of policy implementation that varies across policy areas, and there are opportunities for further action. Policy priorities could include:

- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, and using **health warning label** on alcohol containers;
- Strengthening **restriction of alcohol availability** to vulnerable and high-risk groups, for instance by day and hour.

In Croatia, investing HRK 9.0 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **267 thousand non-communicable diseases and injuries** by 2050;
- save **HRK 71 million** per year in health costs;
- increase employment and productivity by the equivalent of **2.5 thousand full-time workers** per year.

For every HRK 1 invested in the policy package, HRK 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

In Cyprus\(^1\), the levels of alcohol consumption are around 10.8 litres of pure alcohol per capita per year, roughly equivalent to 2.2 bottles of wine or 4.2 litres of beer per week per person aged 15 and over. In addition, in Cyprus, some population groups are at higher risk than others; specifically:

- **28% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Men consume 16.9 litres** of pure alcohol per capita per year while **women consume 4.8 litres** per capita per year.

- **Women are 195% more likely** to binge drink monthly if they have completed higher education.

- **3.1% of adults are dependent** on alcohol.

Life expectancy is **0.5 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Cyprus, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.8% of health expenditure** and a reduction in the workforce productivity.

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Note by Turkey

The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the “Cyprus issue”.

Note by all the European Union Member States of the OECD and the European Union

The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.

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1. Note by Turkey

The information in this document with reference to “Cyprus” relates to the southern part of the Island. There is no single authority representing both Turkish and Greek Cypriot people on the Island. Turkey recognises the Turkish Republic of Northern Cyprus (TRNC). Until a lasting and equitable solution is found within the context of the United Nations, Turkey shall preserve its position concerning the “Cyprus issue”.

Note by all the European Union Member States of the OECD and the European Union

The Republic of Cyprus is recognised by all members of the United Nations with the exception of Turkey. The information in this document relates to the area under the effective control of the Government of the Republic of Cyprus.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Cyprus performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of screening and counselling within primary care services for people who drink heavily;
- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Strengthening pricing policies targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening regulation of marketing, particularly those targeting younger people.

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Cyprus, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Cyprus, investing EUR 1.7 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 68.7 thousand non-communicable diseases and injuries by 2050;
- save EUR 4.8 million per year in health costs;
- increase employment and productivity by the equivalent of 900 full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Czech Republic** has one of the highest levels of alcohol consumption – **14.4 litres of pure alcohol** per capita per year, roughly equivalent to 3 bottles of wine or 5.5 litres of beer per week per person aged 15 and over. In addition, in Czech Republic, some population groups are at higher risk than others; specifically:

- **42% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- Men consume **22.3 litres** of pure alcohol per capita per year while women consume **7 litres** per capita per year.
- **22% of girls** and **25% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 13% more likely to perform well at school.
- Women are **44% more likely** to binge drink monthly if they have completed higher education.

Life expectancy is **1.0 year lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the **Czech Republic**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.5% of health expenditure** and a reduction in the workforce productivity. Consequently, the Czech Republic’s **GDP** is estimated to be **1.6% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the **Czech Republic** has to raise additional revenues equivalent to an increase in tax of **CZK 2012** per person per year.
In the Czech Republic, investing CZK 35.6 per person per year in the enhanced policy package to tackle harmful alcohol use will:

• prevent 858 thousand non-communicable diseases and injuries by 2050;
• save CZK 1.2 billion per year in health costs;
• increase employment and productivity by the equivalent of 10 thousand full-time workers per year.

For every CZK 1 invested in the policy package, CZK 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at http://oecdpublichealthexplorer.org/

Find the full OECD report Preventing Harmful Alcohol Use at oe.cd/alcohol2021
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in Denmark consume on average 10.3 litres of pure alcohol per capita per year, roughly equivalent to 2 bottles of wine or 4 litres of beer per week per person aged 15 and over. In addition, in Denmark, some population groups are at higher risk than others; specifically:

- **30% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Men consume 15.8 litres** of pure alcohol per capita per year while **women consume 4.9 litres** per capita per year.

- **37% of girls and 47% of boys** aged 15 have been drunk at least once in their life. Children who never experienced drunkenness are 7% more likely to perform well at school.

- **Women are 2% less likely** to binge drink monthly if they have completed higher education.

Life expectancy is **1.1 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Denmark, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Denmark’s GDP is estimated to be **1.6% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Denmark has to raise additional revenues equivalent to an increase in tax of **DKK 2 620** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

**Denmark** has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving alcohol prevention and reduction activities in schools and workplaces
- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for instance by time or place;
- Training servers on how to prevent, identify and manage intoxicated drinkers, and using **health warning label** on alcohol containers

Countries with a maximum score can still enhance policy implementation and enforcement.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Denmark, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Denmark, investing DKK 19.3 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **355 thousand non-communicable diseases and injuries** by 2050;
- save DKK 917 million per year in health costs;
- increase employment and productivity by the equivalent of **5.2 thousand full-time workers** per year.

For every DKK 1 invested in the policy package, DKK 16 are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Estonia has more alcohol consumption of 9.2 litres of pure alcohol per capita per year, roughly equivalent to 1.9 bottles of wine or 3.5 litres of beer per week per person aged 15 and over. In addition, in Estonia, some population groups are at higher risk than others; specifically:

- **42% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women are 6% more likely** to binge drink monthly if they have completed higher education.
- **Men consume 15.0 litres of pure alcohol per capita per year** while women consume **4.4 litres per capita per year**.
- **25% of girls and 29% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 24% more likely to perform well at school.

Life expectancy is **1.6 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Estonia, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.5% of health expenditure** and a reduction in the workforce productivity. Consequently, Estonia’s GDP is estimated to be **3.4% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, **Estonia has to raise additional revenues equivalent to an increase in tax of EUR 170 per person per year.**
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

**Estonia** performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- Strengthening regulation of **advertising on social media and new media**, which are frequently used by younger people;
- Strengthening **restriction on availability** of alcohol to vulnerable and high-risk groups, for instance by time or place;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, as for instance in Germany and Spain.

In Estonia, investing EUR 1.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **137 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 3.6 million** per year in health costs;
- increase employment and productivity by the equivalent of **1.5 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

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**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Estonia, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- **Alcohol taxation**
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

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Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in Finland consume on average 10.8 litres of pure alcohol per capita per year, roughly equivalent to 2.2 bottles of wine or 4.2 litres of beer per week per person aged 15 and over. In addition, in Finland, some population groups are at higher risk than others; specifically:

- **28% of adults** engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **24% of girls and 26% of boys** aged 15 have been drunk at least once in their life. Children who never experienced drunkenness are 45% more likely to perform well at school.
- **Men** consume 16.8 litres of pure alcohol per capita per year while **women** consume 5.1 litres per capita per year.
- Life expectancy is **1.2 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Finland, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **4.0% of health expenditure** and a reduction in the workforce productivity. Consequently, Finland’s GDP is estimated to be **2.3% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Finland has to raise additional revenues equivalent to an increase in tax of **EUR 369** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*.

**Finland** has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- **Strengthening penalties against drink-driving** to prevent road traffic crashes and injuries
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, as for instance in Germany and Spain
- **Applying health warning label** on alcohol containers

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### OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Finland, including:

- **Strengthening sobriety checkpoints to counter drink-driving**
- **Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays**
- **Alcohol taxation**
- **Strengthening screening and counselling in primary care**
- **Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays**
- **Minimum unit pricing targeting cheap alcohol**

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**In Finland, investing EUR 2.4 per person per year in the enhanced policy package to tackle harmful alcohol use will:**

- **prevent 337 thousand non-communicable diseases and injuries** by 2050;
- **save EUR 88 million** per year in health costs;
- **increase employment and productivity by the equivalent of 4.8 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

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Discover the OECD SPheP-NCD data explorer and the model's documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

France has one of the highest levels of alcohol consumption – **12.3 litres of pure alcohol** per capita per year, roughly equivalent to 2.5 bottles of wine or 4.7 litres of beer per week per person aged 15 and over. In addition, in France, some population groups are at higher risk than others; specifically:

- **31% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women are 9% more likely** to binge drink monthly if they have completed higher education.
- **31% of all alcohol** is consumed by **5% of the people who drink heavily**.
- **11% of girls** and **15% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 40% more likely to perform well at school.

Life expectancy is **1.0 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

**Impact on life expectancy**

- **Impact on health expenditure**

Based on current consumption patterns in France, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.7% of health expenditure** and a reduction in the workforce productivity. Consequently, France’s GDP is estimated to be **1.4% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, France has to raise additional revenues equivalent to an increase in tax of **EUR 188** per person per year.
Discover the OECD SPheP-NCD data explorer and the model's documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)

OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*.

**France** has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, as for instance in Germany and Spain;
- Strengthening regulation of **advertising on social media and new media**, which are frequently used by younger people.

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for France, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In France, investing EUR 2.1 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **3.8 million non-communicable diseases and injuries** by 2050;
- save **EUR 682 million** per year in health costs;
- increase employment and productivity by the equivalent of **48 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Germany** has one of the highest levels of alcohol consumption – **12.9 litres of pure alcohol** per capita per year, roughly equivalent to 2.6 bottles of wine or 5 litres of beer per week per person aged 15 and over. In addition, in Germany, some population groups are at higher risk than others; specifically:

- **34% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **3.5% of adults are dependent on alcohol.**
- Men consume **19.9 litres** of pure alcohol per capita per year while women consume **6.2 litres** per capita per year.
- **25% of girls and 29% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 37% more likely to perform well at school.

Life expectancy is **1.1 years lower** over the next 30 years due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Germany, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.5% of health expenditure** and a reduction in the workforce productivity. Consequently, Germany’s **GDP** is estimated to be **1.7% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Germany has to raise additional revenues equivalent to an increase in tax of **EUR 239** per person per year.
In Germany, investing EUR 2.1 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 4.8 million non-communicable diseases and injuries by 2050;
- save EUR 1.3 billion per year in health costs;
- increase employment and productivity by the equivalent of 64 thousand full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at http://oecdpublichealthexplorer.org/

Find the full OECD report Preventing Harmful Alcohol Use at oe.cd/alcohol2021
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

In Greece the levels of alcohol consumption are around **10.2 litres of pure alcohol** per capita per year, roughly equivalent to 2.1 bottles of wine or 3.9 litres of beer per week per person aged 15 and over. In addition, in Greece, some population groups are at higher risk than others; specifically:

- **23.6% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women are 64% more likely** to binge drink monthly if they have completed higher education.
- **17% of girls and 22% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 31% more likely to perform well at school.

Life expectancy is **0.8 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Greece, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.7% of health expenditure** and a reduction in the workforce productivity. Consequently, Greece’s GDP is estimated to be **1.2% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Greece has to raise additional revenues equivalent to an increase in tax of **EUR 67** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

**Greece** performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- Strengthening **restriction on availability** of alcohol to vulnerable and high-risk groups, for instance by time or place;
- Improving **alcohol prevention and reduction** activities in schools and workplaces;
- Strengthening **regulation of marketing**, especially those targeting younger people.

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Greece, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

**In Greece, investing EUR 1.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:**

- prevent **533 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 34 million** per year in health costs;
- increase employment and productivity by the equivalent of **5.8 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Hungary has alcohol consumption of 11.3 litres of pure alcohol per capita per year, roughly equivalent to 2.3 bottles of wine or 4.3 litres of beer per week per person aged 15 and over. In addition, in Hungary, some population groups are at higher risk than others; specifically:

- **33.5% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 6% less likely** to binge drink monthly if they have completed higher education.

- **Men consume 18.1 litres of pure alcohol per capita per year while women consume 5.4 litres per capita per year**.

- **27% of girls and 35% of boys aged 15 have been drunk** at least twice in their life. Children who never experienced drunkenness are 57% more likely to perform well at school.

Life expectancy is **1.3 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Hungary, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.3% of health expenditure** and a reduction in the workforce productivity. Consequently, Hungary’s GDP is estimated to be **2.8% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Hungary has to raise additional revenues equivalent to an increase in tax of HUF 22012 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Hungary performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

• Improving the implementation of screening and counselling within primary care services for people who drink heavily;

• Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for instance by restricting alcohol sales by day and hour;

• Strengthening regulation of marketing, particularly those targeting younger people;

• Training servers on how to prevent, identify and manage intoxicated drinkers and using health warning label on alcohol containers.

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Hungary, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Hungary, investing HUF 349 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 950 thousand non-communicable diseases and injuries by 2050;
- save HUF 11 billion per year in health costs;
- increase employment and productivity by the equivalent of 12 thousand full-time workers per year.

For every HUF 1 invested in the policy package, HUF 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at http://oecdpublichealthexplorer.org/

Find the full OECD report Preventing Harmful Alcohol Use at oe.cd/alcohol2021
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Iceland consumes 9.1 litres of pure alcohol per capita per year, roughly equivalent to 1.9 bottles of wine or 3.5 litres of beer per week per person aged 15 and over. In addition, in Iceland, some population groups are at higher risk than others; specifically:

28% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

Women are 3% more likely to binge drink monthly if they have completed higher education.

Men consume 13.9 litres of pure alcohol per capita per year while women consume 4.3 litres per capita per year.

7% of girls and boys aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 77% more likely to perform well at school.

Life expectancy is 0.6 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Impact on life expectancy

Impact on health expenditure

Based on current consumption patterns in Iceland, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 2.1% of health expenditure and a reduction in the workforce productivity. Consequently, Iceland’s GDP is estimated to be 0.7% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Iceland has to raise additional revenues equivalent to an increase in tax of ISK 13 006 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Iceland performs well in several policy areas but there are opportunities for further action. Policy priorities could include:

- Upscaling action to tackle drink-driving for example by enforcing sobriety checkpoints;
- Training servers on how to prevent, identify and manage intoxicated drinkers, and using health warning label on alcohol containers;
- Strengthening pricing policies targeting cheap alcohol to protect heavy drinkers and young people.

Countries with a maximum score can still enhance policy implementation and enforcement.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Iceland, including:

- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening sobriety checkpoints to counter drink-driving
- Health services

In Iceland, investing ISK 354 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 17 thousand non-communicable diseases and injuries by 2050;
- save ISK 526 million per year in health costs;
- increase employment and productivity by the equivalent of 218 full-time workers per year.

For every ISK 1 invested in the policy package, ISK 16 are returned in benefits, not considering any impact on the alcohol industry.
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

In Italy the levels of alcohol consumption are around 7.8 litres of pure alcohol per capita per year, roughly equivalent to 1.6 bottles of wine or 3.0 litres of beer per week per person aged 15 and over. In addition, in Italy, some population groups are at higher risk than others; specifically:

- **22.1% of adults** engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **0.6% of adults** are dependent on alcohol.
- **Men** consume 12.5 litres of pure alcohol per capita per year while **women** consume 3.5 litres per capita per year.
- **17% of girls** and **20% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 55% more likely to perform well at school.

Life expectancy is **0.6 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Italy, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **0.7% of health expenditure** and a reduction in the workforce productivity. Consequently, Italy’s GDP is estimated to be **0.7% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Italy has to raise additional revenues equivalent to an increase in tax of **EUR 27** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

**Italy** has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- Strengthening regulation of **advertising on social media and new media**, which are frequently used by younger people;
- Applying **health warning label** on alcohol containers.

In **Italy**, investing EUR 1.7 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **1.7 million non-communicable diseases and injuries** by 2050;
- save **EUR 197.6 million** per year in health costs;
- increase employment and productivity by the equivalent of **17.4 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Ireland has one of the highest levels of alcohol consumption – 12.9 litres of pure alcohol per capita per year, roughly equivalent to 2.6 bottles of wine or 5.0 litres of beer per week per person aged 15 and over. In addition, in Ireland, some population groups are at higher risk than others; specifically:

- **37.8% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 15% more likely** to binge drink monthly if they have completed higher education.

- **Men consume 19.6 litres of pure alcohol per capita per year while women consume 6.4 litres per capita per year.**

- **16% of girls and 14% of boys aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 25% more likely to perform well at school.**

Life expectancy is **0.8 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Ireland, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **4.1% of health expenditure** and a reduction in the workforce productivity. Consequently, Ireland’s GDP is estimated to be **1.9% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Ireland has to raise additional revenues equivalent to an increase in tax of **EUR 464 per person per year.**
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Ireland has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of screening and counselling within primary care services for people who drink heavily;
- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Strengthening regulation of marketing, particularly those targeting younger people;
- Applying health warning label on alcohol containers.

Countries with a maximum score can still enhance policy implementation and enforcement.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Ireland, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Minimum unit pricing targeting cheap alcohol

In Ireland, investing EUR 2.2 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 319 thousand non-communicable diseases and injuries by 2050;
- save EUR 82 million per year in health costs;
- increase employment and productivity by the equivalent of 3 thousand full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Japan** has a relatively low level of alcohol consumption – 8 litres of pure alcohol per capita per year, roughly equivalent to 1.6 bottles of wine or 3.1 litres of beer per week per person aged 15 and over. In addition, in Japan, some population groups are at higher risk than others; specifically:

- **Men consume 12.3 litres** of pure alcohol per capita per year while **women consume 3.9 litres** per capita per year.

23% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

1.1% of adults are dependent on alcohol.

Life expectancy is **0.7 years lower** over the next 30 years due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men reduce, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Japan, OECD simulations estimate that diseases and injuries caused by drinking above the 1-1½ drinks per day lead to treatment costs equal to **1.1% of health expenditure** and a reduction in the workforce productivity. Consequently, Japan’s GDP is estimated to be **1% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Japan has to raise additional revenues equivalent to an increase in tax of **JPY 11,452** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Japan performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Strengthening regulation of advertising on social media and new media, which are frequently used by young people;
- Strengthening pricing policies targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for instance by time or place;
- Upscaling action to tackle drink-driving for example by enforcing sobriety checkpoints;

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Japan, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Japan, investing JPY 250 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 4.2 million non-communicable diseases and injuries by 2050;
- save JPY 85 billion per year in health costs;
- increase employment and productivity by the equivalent of 62 thousand full-time workers per year.

For every JPY 1 invested in the policy package, JPY 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPHeP-NCD data explorer and the model's documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Latvia has one of the highest levels of alcohol consumption – 12.8 litres of pure alcohol per capita per year, roughly equivalent to 2.6 bottles of wine or 4.9 litres of beer per week per person aged 15 and over. In addition, in Latvia, some population groups are at higher risk than others; specifically:

44% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

Women are 30% more likely to binge drink monthly if they have completed higher education.

Men consume 20.9 litres of pure alcohol per capita per year while women consume 6.1 litres per capita per year.

24% of girls and 25% of boys aged 15 have been drunk at least once in their life. Children who never experienced drunkenness are 44% more likely to perform well at school.

Life expectancy is 1.6 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Latvia, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 3.7% of health expenditure and a reduction in the workforce productivity. Consequently, Latvia’s GDP is estimated to be 3.6% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Latvia has to raise additional revenues equivalent to an increase in tax of EUR 150 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*. Latvia has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of **screening, counselling and treatment** for people who drink heavily;
- Improving alcohol **prevention and reduction activities** in schools and workplaces;
- Strengthening **regulation of advertising** on social media and new media, which are frequently used by younger people;
- Applying **health warning label** on alcohol containers.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Latvia, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Latvia, investing EUR 1.4 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **210 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 8.6 million** per year in health costs;
- increase employment and productivity by the equivalent of **2.3 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Lithuania** has one of the highest levels of alcohol consumption – **13.2 litres of pure alcohol** per capita per year, roughly equivalent to 2.7 bottles of wine or 5.1 litres of beer per week per person aged 15 and over. In addition, in Lithuania, some population groups are at higher risk than others; specifically:

- **49.3% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Men** consume **21.3** litres of pure alcohol per capita per year while **women** consume **6.6** litres per capita per year.
- **Women are 24% more likely to binge drink monthly if they have completed higher education.**
- **4.9% of adults** are dependent on alcohol.

Life expectancy is **1.9 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in **Lithuania**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **4.2% of health expenditure** and a reduction in the workforce productivity. Consequently, Lithuania’s **GDP** is estimated to be **3.8% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, **Lithuania** has to raise additional revenues equivalent to an increase in tax of **EUR 167** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol.*

**Lithuania** performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, and using **health warning label** on alcohol containers;

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Lithuania, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- **Alcohol taxation**

**In Lithuania, investing EUR 1.3 per person per year in the enhanced policy package to tackle harmful alcohol use will:**

- prevent *308 thousand non-communicable diseases and injuries* by 2050;
- save EUR 10.7 million per year in health costs;
- increase employment and productivity by the equivalent of **3.5 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Luxembourg** has one of the highest levels of alcohol consumption in the OECD – **12.9 litres of pure alcohol** per capita per year, roughly equivalent to 2.6 bottles of wine or 5 litres of beer per week per person aged 15 and over. In addition, in Luxembourg, some population groups are at higher risk than others; specifically:

- **48% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women** are 6% more likely to binge drink monthly if they have completed higher education.
- **Men** consume **19.5 litres** of pure alcohol per capita per year while **women consume 6.4 litres** per capita per year.
- **10% of girls** and **10% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 39% more likely to perform well at school.

Life expectancy is **1.0 year lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in **Luxembourg**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Luxembourg’s **GDP** is estimated to be **1.2% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, **Luxembourg** has to raise additional revenues equivalent to an increase in tax of **EUR 321** per person per year.
In Luxembourg, investing EUR 2.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **37 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 14 million** per year in health costs;
- increase employment and productivity by the equivalent of **421 full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

**OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.**

**Luxembourg** has overall a very good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Strengthening **restriction on availability** of alcohol to vulnerable and high-risk groups, for instance in public environments;
- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- Introducing **health warning label** on alcohol containers.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Luxembourg, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

**In Luxembourg, investing EUR 2.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:**

1-low level of implementation, 4-high level. Countries with a maximum score can still enhance policy implementation and enforcement.

*Limited data available which contributed to a lower score*
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Luxembourg has one of the highest levels of alcohol consumption in the OECD – **12.9 litres of pure alcohol** per capita per year, roughly equivalent to 2.6 bottles of wine or 5 litres of beer per week per person aged 15 and over. In addition, in Luxembourg, some population groups are at higher risk than others; specifically:

- **48% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women are 6% more likely** to binge drink monthly if they have completed higher education.
- **Men consume 19.5 litres** of pure alcohol per capita per year while women consume **6.4 litres** per capita per year.
- **10% of girls and 10% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are **39% more likely** to perform well at school.

Life expectancy **is 1.0 year lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Luxembourg, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Luxembourg’s GDP is estimated to be **1.2% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Luxembourg has to raise additional revenues equivalent to an increase in tax of **EUR 321** per person per year.
In Luxembourg, investing EUR 2.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 37 thousand non-communicable diseases and injuries by 2050;
- save EUR 14 million per year in health costs;
- increase employment and productivity by the equivalent of 421 full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

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Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

**Mexico** has a relatively low level of alcohol consumption – *5 litres of pure alcohol* per capita per year, roughly equivalent to 1 bottle of wine or 1.9 litres of beer per week per person aged 15 and over. In addition, in Mexico, some population groups are at higher risk than others; specifically:

18% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

Women are 6% less likely to binge drink monthly if they have completed higher education.

54% of all alcohol is consumed by 4% of the people who drink heavily.

1.3% of adults are dependent on alcohol.

Life expectancy is **1.0 year lower** over the next 30 years due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Mexico, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **0.4% of health expenditure** and a reduction in the workforce productivity. Consequently, Mexico’s GDP is estimated to be **1.5% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Mexico has to raise additional revenues equivalent to an increase in tax of **MXN 272** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO's Global Strategy to Reduce the Harmful Use of Alcohol.

Mexico performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for example by time or place;
- Strengthening pricing policies targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening regulation of advertising on social media and new media, which are frequently used by younger people.

In Mexico, investing MXN 19.3 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 4.2 million non-communicable diseases and injuries by 2050;
- save MXN 1.7 billion per year in health costs;
- increase employment and productivity by the equivalent of 103 thousand full-time workers per year.

For every MXN 1 invested in the policy package, MXN 16 are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in the Netherlands consume on average 9.6 litres of pure alcohol per capita per year, roughly equivalent to 2.0 bottles of wine or 3.7 litres of beer per week per person aged 15 and over. In addition, in the Netherlands, some population groups are at higher risk than others; specifically:

- **27% of adults** engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **0.6% of adults** are dependent on alcohol.
- **Men** consume 14.8 litres of pure alcohol per capita per year while **women** consume 4.5 litres per capita per year.
- **18% of girls** and **19% of boys** aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are 33% more likely to perform well at school.

Life expectancy is **0.6 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the Netherlands, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.8% of health expenditure** and a reduction in the workforce productivity. Consequently, the Netherlands’ GDP is estimated to be **0.6% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the Netherlands has to raise additional revenues equivalent to an increase in tax of **EUR 23 per person per year**.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*.

The Netherlands has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- **Strengthening pricing policies** targeting cheap alcohol, especially to protect heavy drinkers and young people;
- **Strengthening regulation of marketing**, particularly those targeting younger people;
- **Strengthening restriction on availability** of alcohol to vulnerable and high-risk groups, for instance by time or place.

Countries with a maximum score can still enhance policy implementation and enforcement.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for the Netherlands, including:**

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In the Netherlands, investing EUR 2.0 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **557 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 143 million** per year in health costs;
- increase employment and productivity by the equivalent of **6.9 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Norway has one of the lowest levels of alcohol consumption – 7.4 litres of pure alcohol per capita per year, roughly equivalent to 1.5 bottles of wine or 2.8 litres of beer per week per person aged 15 and over. In addition, in Norway, some population groups are at higher risk than others; specifically:

- **32% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 22% more likely to binge drink monthly if they have completed higher education**.

- **Men consume 11.2 litres of pure alcohol per capita per year while women consume 3.6 litres per capita per year**.

- **13% of girls and 18% of boys aged 15 have been drunk** at least once in their life. Children who never experienced drunkenness are 45% more likely to perform well at school.

Life expectancy is **0.6 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Norway, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Norway’s GDP is estimated to be **1.0% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Norway has to raise additional revenues equivalent to an increase in tax of **NOK 2 698** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Norway has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Improving alcohol prevention and reduction activities in schools and workplaces;
- Improving the implementation of screening and counselling within primary care services for people who drink heavily.

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

*Limited data available which contributed to lower score.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Norway, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Norway, investing NOK 24.9 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 322 thousand non-communicable diseases and injuries by 2050;
- save NOK 1.3 billion per year in health costs;
- increase employment and productivity by the equivalent of 4.1 thousand full-time workers per year.

For every NOK 1 invested in the policy package, NOK 16 are returned in benefits, not considering any impact on the alcohol industry.
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in Poland consume on average 11.7 litres of pure alcohol per capita per year, roughly equivalent to 2.4 bottles of wine or 4.5 litres of beer per week per person aged 15 and over. In addition, in Poland, some population groups are at higher risk than others; specifically:

- **35% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 62% more likely** to binge drink monthly if they have completed higher education.

- **Men consume 18.4 litres** of pure alcohol per capita per year while women consume **5.6 litres** per capita per year.

- **21% of girls** and **17% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 42% more likely to perform well at school.

Life expectancy is **1.6 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Poland, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.1% of health expenditure** and a reduction in the workforce productivity. Consequently, Poland’s GDP is estimated to be **3.1% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Poland has to raise additional revenues equivalent to an increase in tax of **PLN 595** per person per year.
In Poland, investing PLN 4.9 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 3.9 million non-communicable diseases and injuries by 2050;
- save PLN 483 million per year in health costs;
- increase employment and productivity by the equivalent of 46 thousand full-time workers per year.

For every PLN 1 invested in the policy package, PLN 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model's documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Portugal has one of the highest levels of alcohol consumption – 12 litres of pure alcohol per capita per year, roughly equivalent to 2.5 bottles of wine or 4.6 litres of beer per week per person aged 15 and over. In addition, in Portugal, some population groups are at higher risk than others; specifically:

- **26.6% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 80% more likely** to binge drink monthly if they have completed higher education.

- **Men consume 19.4 litres of pure alcohol per capita per year** while **women consume 5.6 litres per capita per year**.

- **13% of girls** and **14% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 26% more likely to perform well at school.

Life expectancy is **1 year lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Portugal, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.3% of health expenditure** and a reduction in the workforce productivity. Consequently, Portugal’s GDP is estimated to be **1.9% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Portugal has to raise additional revenues equivalent to an increase in tax of EUR 115 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Portugal performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- Strengthening regulation of **advertising on social media and new media**, which are frequently used by younger people;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, as for instance in Germany and Spain.

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

### OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Portugal, including:

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### In Portugal, investing EUR 1.6 per person per year in the enhanced policy package to tackle harmful alcohol use will:
- prevent **542 thousand non-communicable diseases and injuries** by 2050;
- save **EUR 45 million** per year in health costs;
- increase employment and productivity by the equivalent of **6 thousand full-time workers** per year.

For every **EUR 1 invested** in the policy package, **EUR 16** are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Romania has alcohol consumption of 11.7 litres of pure alcohol per capita per year, roughly equivalent to 2.4 bottles of wine or 4.5 litres of beer per week per person aged 15 and over. In addition, in Romania, some population groups are at higher risk than others; specifically:

**34.7% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

**Men** consume 18.6 litres of pure alcohol per capita per year while **women** consume 5.5 litres per capita per year.

**Women** are 16% more likely to binge drink monthly if they have completed higher education.

**1.3% of adults** are dependent on alcohol.

Life expectancy is **1.5 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Romania, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.0% of health expenditure** and a reduction in the workforce productivity. Consequently, Romania’s GDP is estimated to be **2.2% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Romania has to raise additional revenues equivalent to an increase in tax of **RON 111** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Romania has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of screening and counselling within primary care services for people who drink heavily;
- Strengthening penalties against drink-driving to prevent road traffic crashes and injuries;
- Strengthening regulation of marketing, particularly those targeting younger people;
- Training servers on how to prevent, identify and manage intoxicated drinkers, and using health warning label on alcohol containers.

In Romania, investing RON 4.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 1.1 million non-communicable diseases and injuries by 2050;
- save RON 70 million per year in health costs;
- increase employment and productivity by the equivalent of 12.5 thousand full-time workers per year.

For every RON 1 invested in the policy package, RON 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in the Russian Federation consume on average 11.2 litres of pure alcohol per capita per year, roughly equivalent to 2.3 bottles of wine or 4.3 litres of beer per week per person aged 15 and over. In addition, in the Russian Federation, some population groups are at higher risk than others; specifically:

- **35% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **9.3% of adults are dependent on alcohol**
- **Men consume 19.1 litres of pure alcohol per capita per year while women consume 4.6 litres per capita per year**
- **7% of girls and 9% of boys aged 15 have been drunk** at least once in their life. Children who never experienced drunkenness are 32% more likely to perform well at school.

Life expectancy is **1.7 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the Russian Federation, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.2% of health expenditure** and a reduction in the workforce productivity. Consequently, Russia’s GDP is estimated to be **3.5% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the Russian Federation has to raise additional revenues equivalent to an increase in tax of RUB 4 817 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

The Russian Federation performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of screening and counselling within primary care services for people who drink heavily;
- Improving alcohol prevention and reduction activities in schools and workplaces;
- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Training servers on how to prevent, identify and manage intoxicated drinkers.

In the Russian Federation, investing RUB 60 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 14 million non-communicable diseases and injuries by 2050;
- save RUB 22.5 billion per year in health costs;
- increase employment and productivity by the equivalent of 192 thousand full-time workers per year.

For every RUB 1 invested in the policy package, RUB 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at http://oecdpublichealthexplorer.org/

Find the full OECD report Preventing Harmful Alcohol Use at oe.cd/alcohol2021
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in the Slovak Republic consume on average 11.1 litres of pure alcohol per capita per year, roughly equivalent to 2.3 bottles of wine or 4.3 litres of beer per week per person aged 15 and over. In addition, in the Slovak Republic, some population groups are at higher risk than others; specifically:

- **36.2% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women are 30% more likely** to binge drink monthly if they have completed higher education.
- **Men consume 17.4 litres** of pure alcohol per capita per year while women consume 5.3 litres per capita per year.
- **21% of girls** and **23% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 20% more likely to perform well at school.

Life expectancy is 1.4 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the Slovak Republic, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 3.5% of health expenditure and a reduction in the workforce productivity. Consequently, the Slovak Republic’s GDP is estimated to be 2.8% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the Slovak Republic has to raise additional revenues equivalent to an increase in tax of EUR 162 per person per year.
In the Slovak Republic, investing EUR 1.3 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 542 thousand non-communicable diseases and injuries by 2050;
- save EUR 26 million per year in health costs;
- increase employment and productivity by the equivalent of 6 thousand full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in Slovenia consume on average 11.9 litres of pure alcohol per capita per year, roughly equivalent to 2.4 bottles of wine or 4.6 litres of beer per week per person aged 15 and over. In addition, in Slovenia, some population groups are at higher risk than others; specifically:

- **37.5% of adults** engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **Women are 17% more likely** to binge drink monthly if they have completed higher education.
- **Men consume 18.4 litres** of pure alcohol per capita per year while **women consume 5.6 litres** per capita per year.
- **26% of girls** and **27% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 23% more likely to perform well at school.

Life expectancy is 0.4 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Slovenia, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 0.6% of health expenditure and a reduction in the workforce productivity. Consequently, Slovenia’s GDP is estimated to be 0.6% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Slovenia has to raise additional revenues equivalent to an increase in tax of EUR 29 per person per year.
In Slovenia, investing EUR 1.2 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 64 thousand non-communicable diseases and injuries by 2050;
- save EUR 4 million per year in health costs;
- increase employment and productivity by the equivalent of 790 full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Slovenia has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for instance by time or place;
- Strengthening regulation of advertising on social media and new media, which are frequently used by younger people;
- Improving the implementation of screening and counselling within primary care services for people who drink heavily;
- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Slovenia, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Spain has one of the highest levels of alcohol consumption – 12.7 litres of pure alcohol per capita per year, roughly equivalent to 2.6 bottles of wine or 4.9 litres of beer per week per person aged 15 and over. In addition, in Spain, some population groups are at higher risk than others; specifically:

- **25.6%** of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women** are **137% more likely** to binge drink monthly if they have completed higher education.

- **Men** consume **20.1 litres** of pure alcohol per capita per year while **women** consume **5.8 litres** per capita per year.

- **22%** of girls and **19%** of boys aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are **54%** more likely to perform well at school.

Life expectancy is **0.8 years lower** over the next 30 years, due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Spain, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.3% of health expenditure** and a reduction in the workforce productivity. Consequently, Spain’s GDP is estimated to be **1.0% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Spain has to raise additional revenues equivalent to an increase in tax of **EUR 43** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*.

**Spain** has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to ***tackle drink-driving*** to prevent road traffic crashes and injuries;
- Strengthening regulation of ***advertising on social media and new media***, which are frequently used by younger people;
- Improving alcohol ***prevention and reduction activities*** in schools and workplaces;
- Applying ***health warning label*** on alcohol containers.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Spain, including:

- **Health services**
- **School, workplace**
- **Drink-driving**
- **Availability**
- **Marketing**
- **Pricing**
- **Bar staff training, warning label**

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

In Spain, investing EUR 1.7 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 1.5 million non-communicable diseases and injuries by 2050;
- save EUR 151 million per year in health costs;
- increase employment and productivity by the equivalent of 16.8 thousand full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPHeP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in Sweden consume on average 8.9 litres of pure alcohol per capita per year, roughly equivalent to 1.8 bottles of wine or 3.4 litres of beer per week per person aged 15 and over. In addition, in Sweden, some population groups are at higher risk than others; specifically:

- 28% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- Men consume 13.7 litres of pure alcohol per capita per year while women consume 4.2 litres per capita per year.
- 12% of girls and 10% of boys aged 15 have been drunk at least once in their life. Children who never experienced drunkenness are 44% more likely to perform well at school.
- Women are 42% less likely to binge drink monthly if they have completed higher education.

Life expectancy is 0.8 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Sweden, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 3.4% of health expenditure and a reduction in the workforce productivity. Consequently, Sweden’s GDP is estimated to be 1.6% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Sweden has to raise additional revenues equivalent to an increase in tax of SEK 3 757 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol.*

**Sweden** has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving alcohol **prevention and reduction activities** in schools and workplaces
- Strengthening **regulation of advertising** on social media and new media, which are frequently used by younger people
- Applying **health warning label** on alcohol containers

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

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<th>Policy Area</th>
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OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Sweden, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In **Sweden**, investing **SEK 22.5 per person per year in the enhanced policy package** to tackle harmful alcohol use will:

- prevent **686 thousand non-communicable diseases and injuries** by 2050;
- save **SEK 2.1 billion** per year in health costs;
- increase employment and productivity by the equivalent of **9.7 thousand full-time workers** per year.

For every **SEK 1 invested** in the policy package, **SEK 16** are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](oe.cd/alcohol2021)
Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in Switzerland consume on average 11.5 litres of pure alcohol per capita per year, roughly equivalent to 2.4 bottles of wine or 4.4 litres of beer per week per person aged 15 and over. In addition, in Switzerland, some population groups are at higher risk than others; specifically:

- **35.6% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- **4.3% of adults are dependent on alcohol**
- **10% of girls and 17% of boys aged 15 have been drunk** at least twice in their life. Children who never experienced drunkenness are 20% more likely to perform well at school.
- **Men consume 17.6 litres of pure alcohol per capita per year while women consume 5.6 litres per capita per year.**
- **Life expectancy is 0.7 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Switzerland, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Switzerland’s GDP is estimated to be **1.3% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Switzerland has to raise additional revenues equivalent to an increase in tax of **CHF 274** per person per year.

Impact on life expectancy

Impact on health expenditure

** switzerland
In Switzerland, investing CHF 3.3 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- Prevent 523 thousand non-communicable diseases and injuries by 2050;
- Save CHF 141 million per year in health costs;
- Increase employment and productivity by the equivalent of 7 thousand full-time workers per year.

For every CHF 1 invested in the policy package, CHF 16 are returned in benefits, not considering any impact on the alcohol industry.

OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Switzerland performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for instance by time or place;
- Strengthening penalties against drink-driving to prevent road traffic crashes and injuries;
- Strengthening regulation of advertising on social media and new media, which are frequently used by younger people.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Switzerland, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In Switzerland, investing CHF 3.3 per person per year in the enhanced policy package to tackle harmful alcohol use will:

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Find the full OECD report Preventing Harmful Alcohol Use at [oe.cd/alcohol2021](http://oe.cd/alcohol2021)
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

People in the United Kingdom consume on average 11.4 litres of pure alcohol per capita per year, roughly equivalent to 2.3 bottles of wine or 4.4 litres of beer per week per person aged 15 and over. In addition, in the United Kingdom, some population groups are at higher risk than others; specifically:

- **30% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 21% more likely** to binge drink monthly if they have completed higher education.

- **Men consume 17.8 litres of pure alcohol per capita per year while women consume 5.4 litres per capita per year.**

- **31% of girls and 29% of boys aged 15** have been drunk at least once in their life. Children who never experienced drunkenness are 24% more likely to perform well at school.

Life expectancy is **0.8 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the United Kingdom, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.0% of health expenditure** and a reduction in the workforce productivity. Consequently, the UK’s GDP is estimated to be **1.6% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the United Kingdom has to raise additional revenues equivalent to an increase in tax of **GBP 209** per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

The United Kingdom has some strong policy areas, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to tackle drink-driving to prevent road traffic crashes and injuries;
- Strengthening regulation of marketing, particularly those targeting younger people;
- Applying health warning label on alcohol containers.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for the United Kingdom, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In the United Kingdom, investing GBP 1.8 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 4.1 million non-communicable diseases and injuries by 2050;
- save GBP 658 million per year in health costs;
- increase employment and productivity by the equivalent of 57.4 thousand full-time workers per year.

For every GBP 1 invested in the policy package, GBP 16 are returned in benefits, not considering any impact on the alcohol industry.
Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

The United States consume 9.9 litres of pure alcohol per capita per year, roughly equivalent to 2 bottles of wine or 3.8 litres of beer per week per person aged 15 and over. In addition, in the United States, some population groups are at higher risk than others; specifically:

- 26% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.
- 35% of all alcohol is consumed by 5% of the people who drink heavily.
- Women are 17% less likely to binge drink monthly if they have completed higher education.
- 8% of adults are dependent on alcohol.

Life expectancy is 0.8 years lower over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the United States, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to 3.5% of health expenditure and a reduction in the workforce productivity. Consequently, GDP in the United States is estimated to be 1.9% lower on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the United States has to raise additional revenues equivalent to an increase in tax of USD 526 per person per year.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol.*

The **United States** performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening **regulation of marketing**, particularly those targeting younger people.

**OECD analyses looked at enhanced policy package to tackle harmful alcohol use.** The package contains many of the policy priorities for the United States, including:

- Strengthening sobriety checkpoints to counter drink-driving
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- Alcohol taxation
- Strengthening screening and counselling in primary care
- Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays
- Minimum unit pricing targeting cheap alcohol

In the United States, investing USD 2.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **33 million non-communicable diseases and injuries** by 2050;
- save **USD 15 billion** per year in health costs;
- increase employment and productivity by the equivalent of **424 thousand full-time workers** per year.

For every **USD 1 invested** in the policy package, **USD 16** are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at  [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at  [oe.cd/alcohol2021](oe.cd/alcohol2021)