



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.



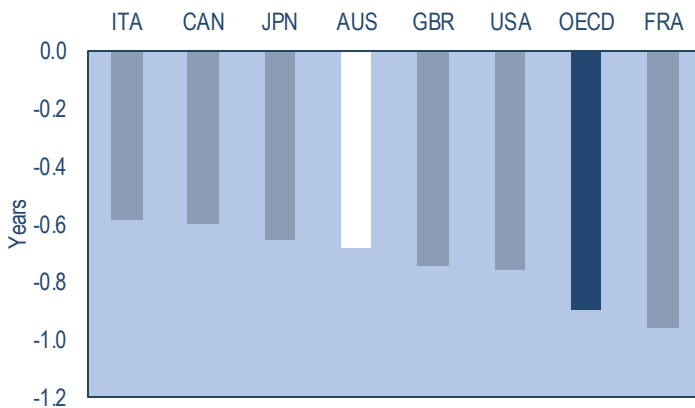
Men consume 16 litres of pure alcohol per capita per year while **women consume 5.2 litres** per capita per year



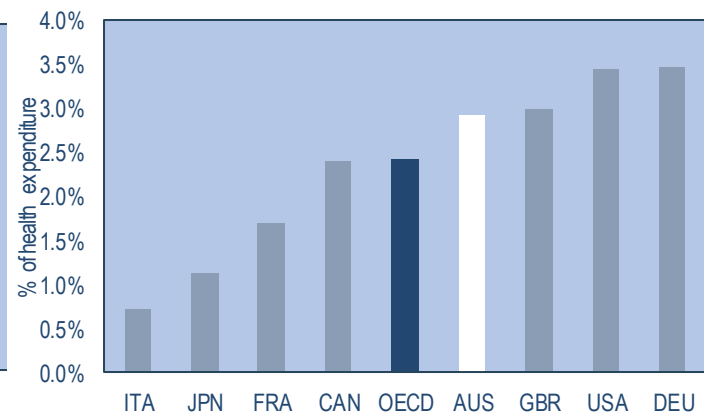
1.5% of adults are dependent on alcohol

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

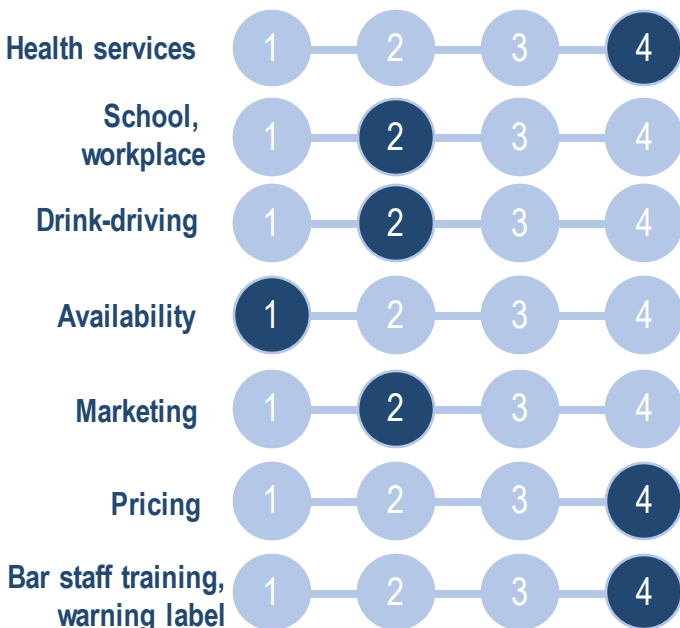


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Australia



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

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 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.



Men consume 18.5 litres of pure alcohol per capita per year while **women consume 5.8 litres** per capita per year



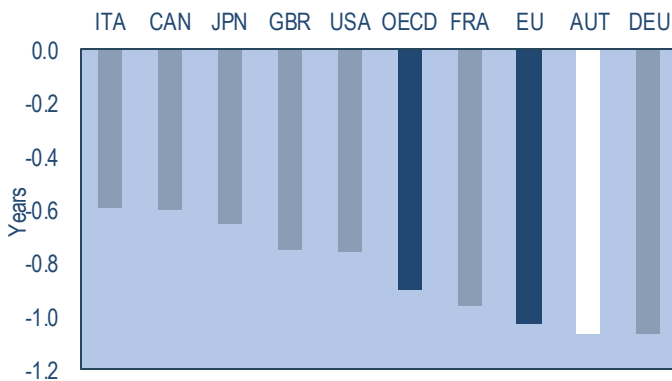
Women are **11% more likely** to binge drink monthly if they have **completed higher education**



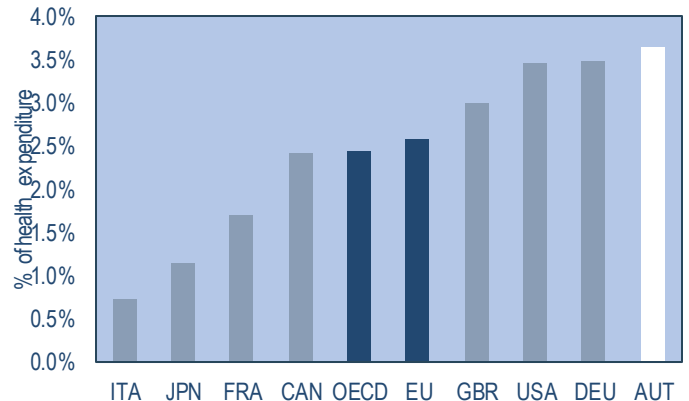
28% of girls and 36% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **34% more likely** to perform well at school.

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.

Impact on life expectancy

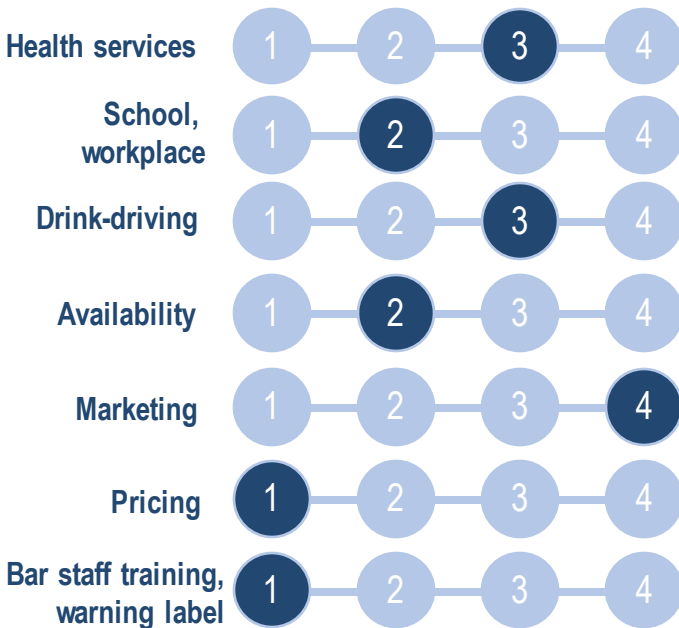


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Austria



1-lower level of implementation, 4-higher level.

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

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

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.



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.



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



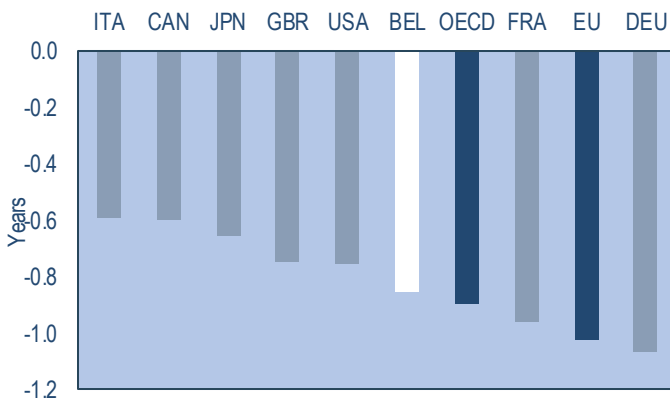
Women are **8% more likely** to binge drink monthly if they have **completed higher education**



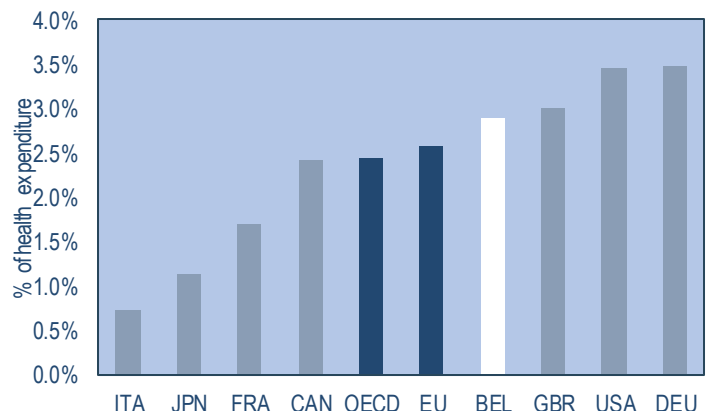
16% of girls and 23% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **52% more likely** to perform well at school.

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.

Impact on life expectancy

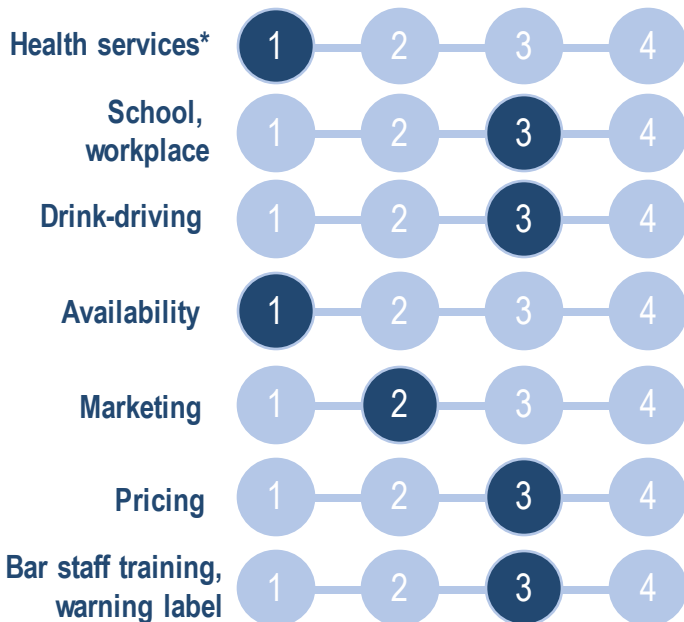


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Belgium



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.

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 a lower score

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



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.



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



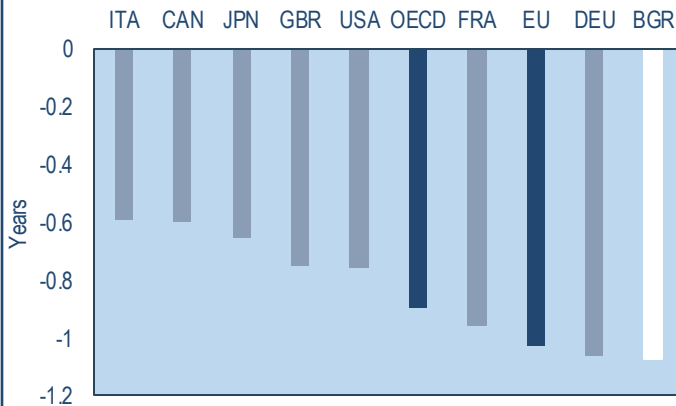
Women are **43% more likely** to binge drink monthly if they have **completed higher education**



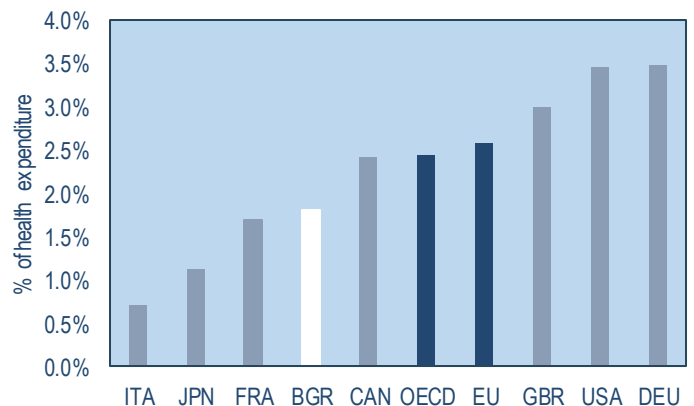
27% of girls and **32% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **14% more likely** to perform well at school.

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.

Impact on life expectancy

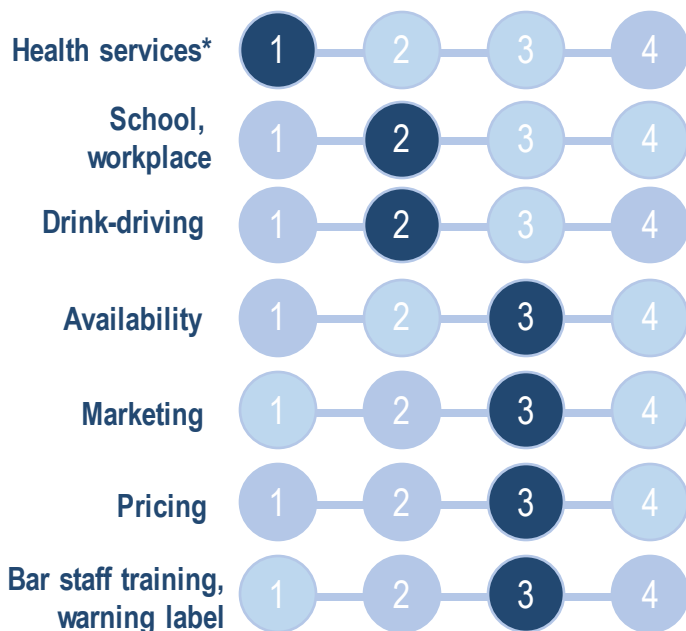


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Bulgaria



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 a lower score

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.



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**



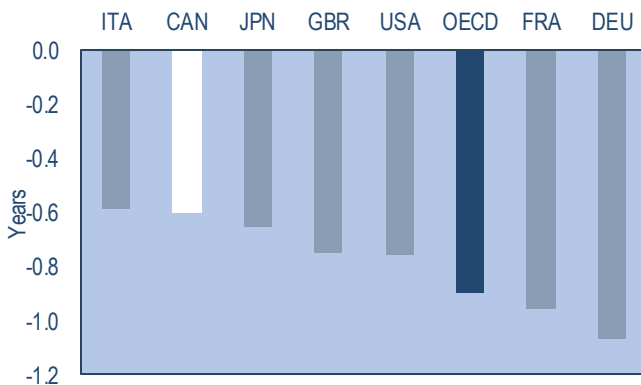
Women are **39% more likely** to binge drink monthly if they have **completed higher education**



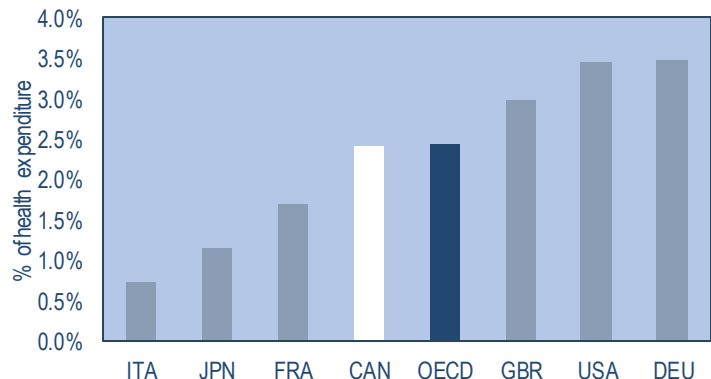
25% of girls and **20% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **31% more likely** to perform well at school.

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 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.

Implementation level of policies to address harmful alcohol use in Canada



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.

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 a lower score

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



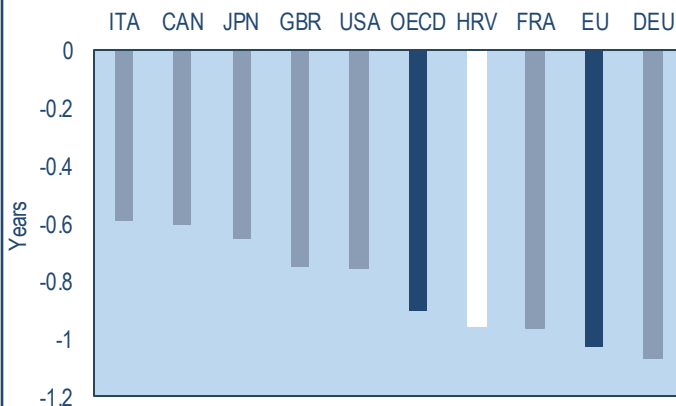
Women are **10% less likely** to binge drink monthly if they have **completed higher education**



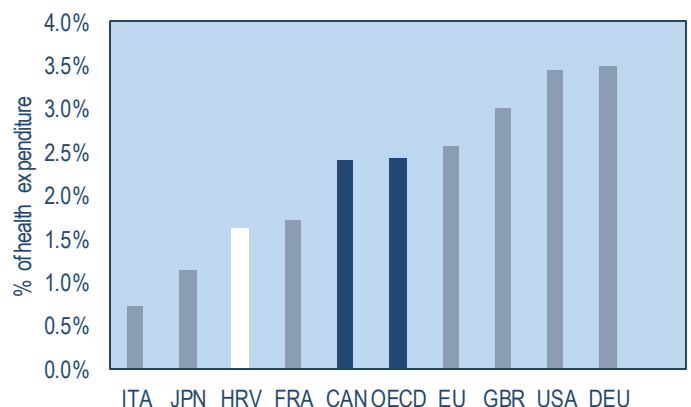
19% of girls and **31% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **27% more likely** to perform well at school.

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.

Impact on life expectancy

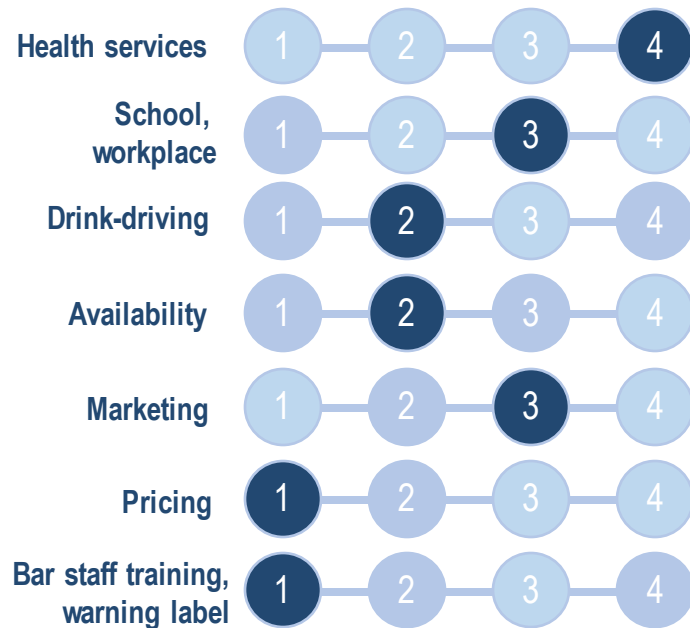


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Croatia



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

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.

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



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.



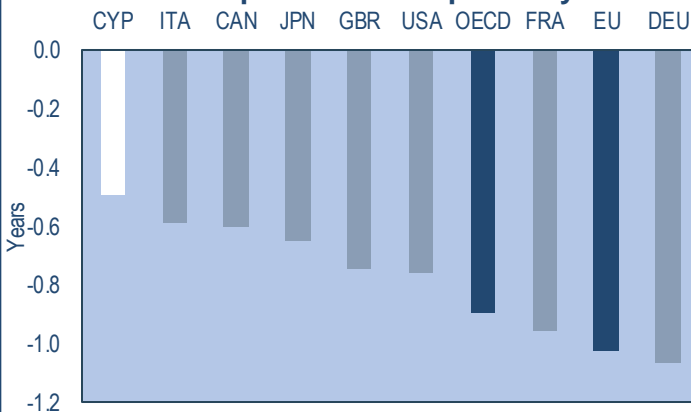
Women are **195% more likely** to binge drink monthly if they have **completed higher education**.



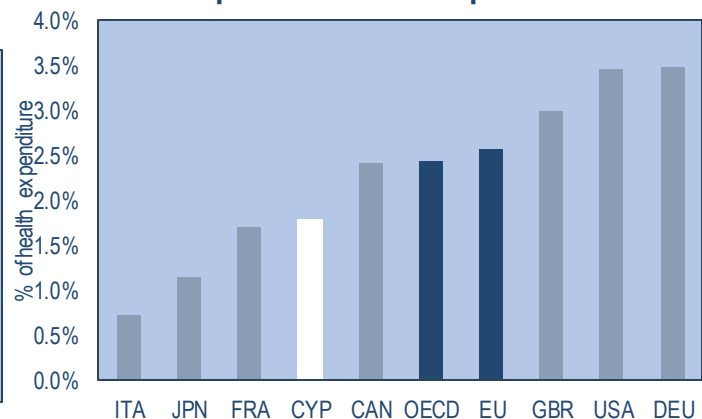
3.1% of adults are **dependent** on alcohol.

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.

Impact on life expectancy



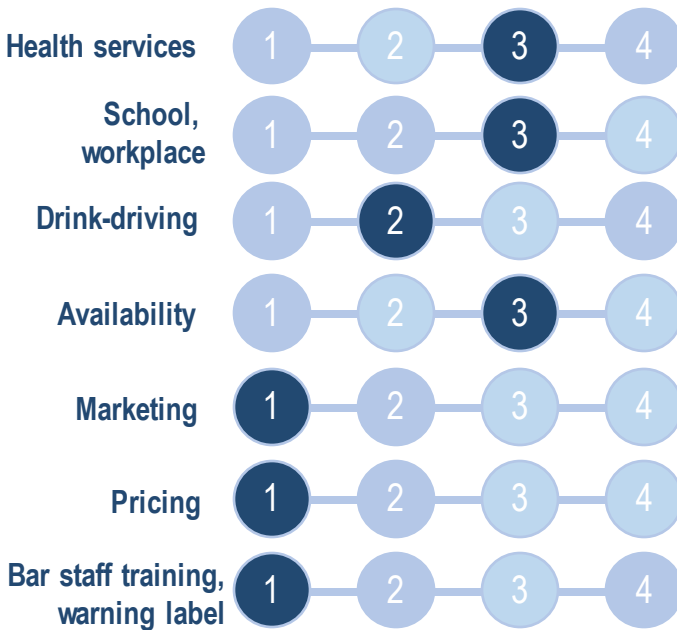
Impact on health expenditure



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.

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.

Implementation level of policies to address harmful alcohol use in Cyprus



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

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.

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

Czech Republic

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.



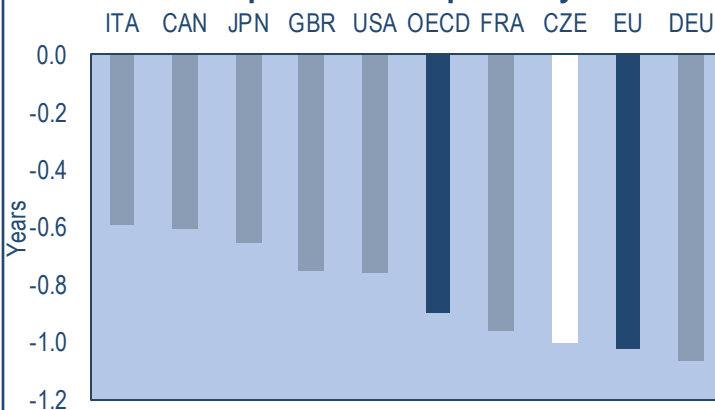
Women are **44% more likely** to binge drink monthly if they have **completed higher education**



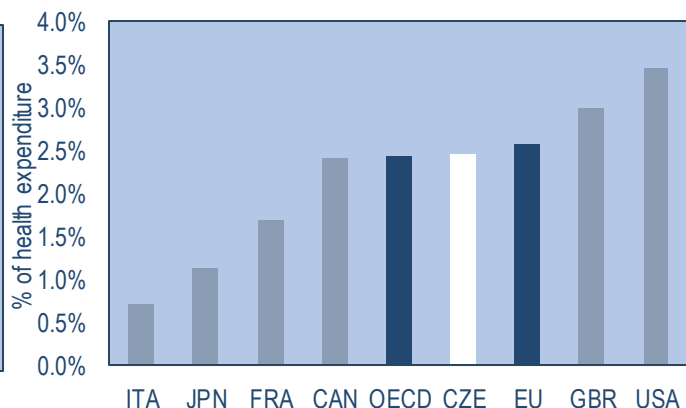
22% of girls and **25% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 13% more likely to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Czech Republic



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*.

Czech Republic performs well in some policy areas, but there are opportunities for further action. Policy priorities could include:

- Strengthening **penalties against drink-driving** to prevent road traffic crashes and injuries;
- 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 restricting alcohol sales by day and hour;
- **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 Czech Republic, 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 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.



Preventing Harmful Alcohol Use

Denmark

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



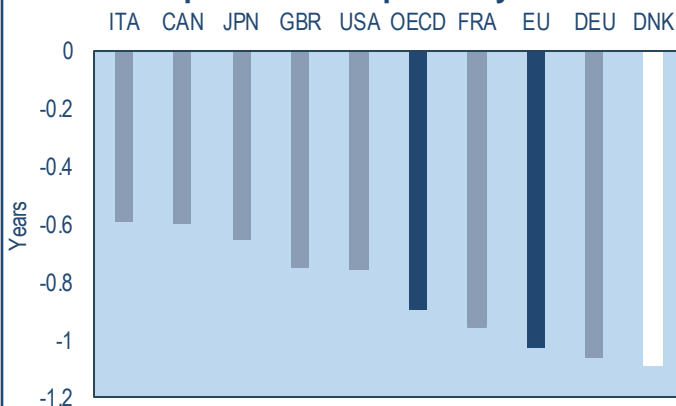
Women are **2% less likely** to binge drink monthly if they have **completed higher education**



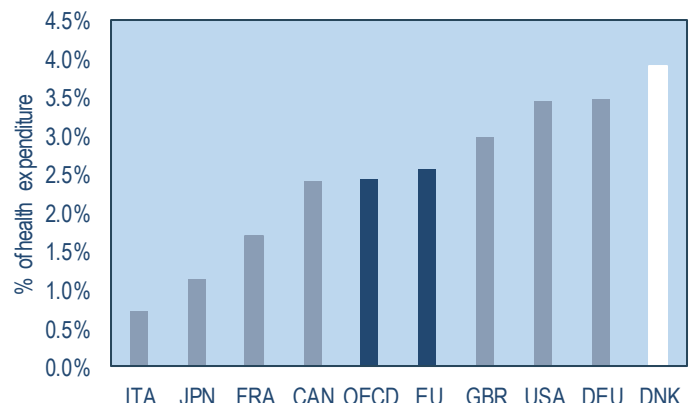
37% of girls and 47% of boys aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are **7% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Denmark



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

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 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.



Men consume **15.0 litres** of pure alcohol per capita per year while women consume **4.4 litres** per capita per year.



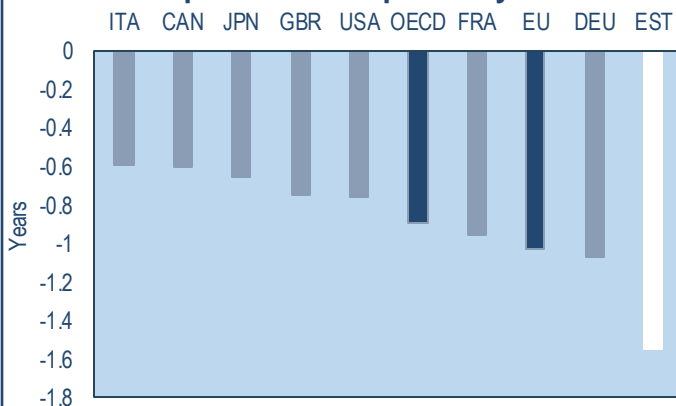
Women are **6% more likely** to binge drink monthly if they have **completed higher education**



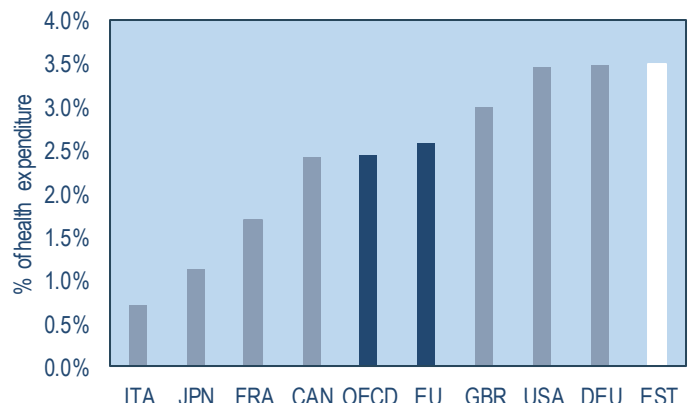
25% of girls and **29% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 24% more likely to perform well at school.

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.

Impact on life expectancy

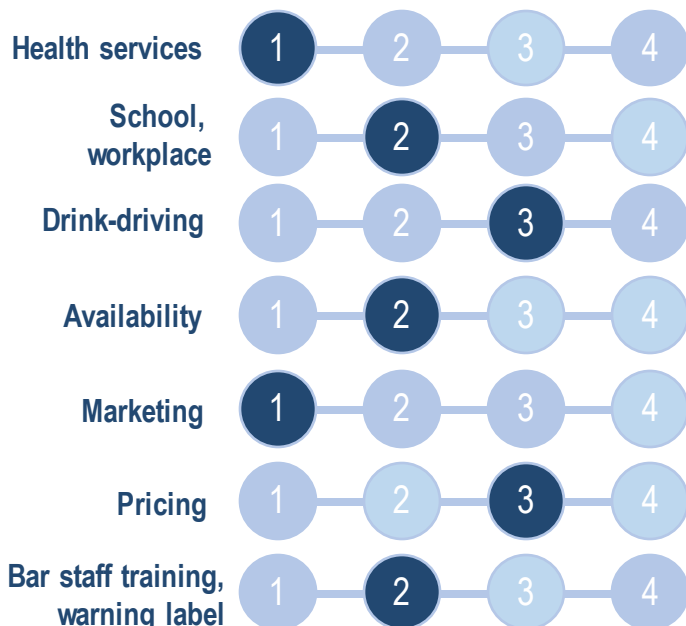


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Estonia



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

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.

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

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.



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.



Men consume **16.8 litres** of pure alcohol per capita per year while **women** consume **5.1 litres** per capita per year



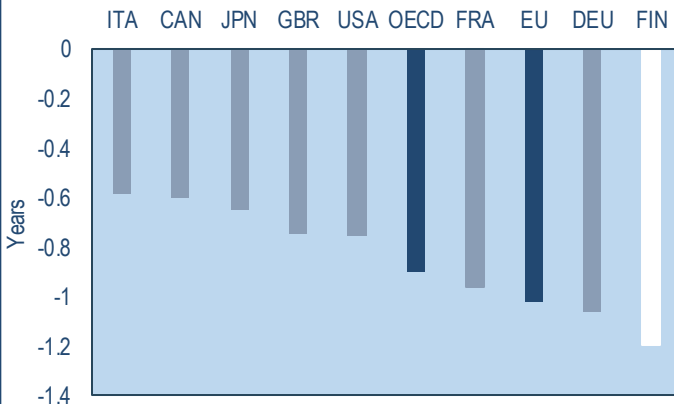
Women are **15% less likely** to binge drink monthly if they have **completed higher education**



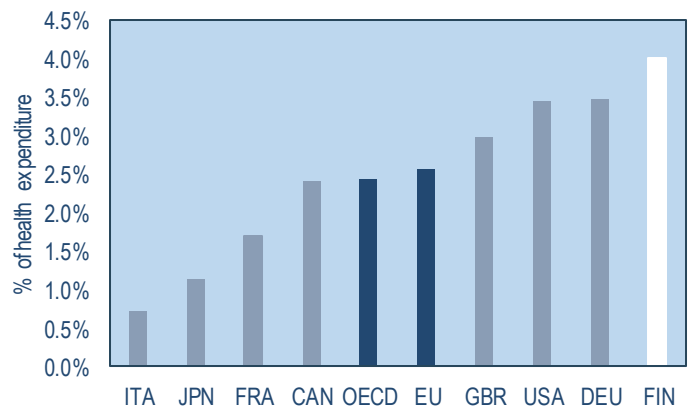
24% of girls and **26% of boys** aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are 45% more likely to perform well at school.

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.

Impact on life expectancy

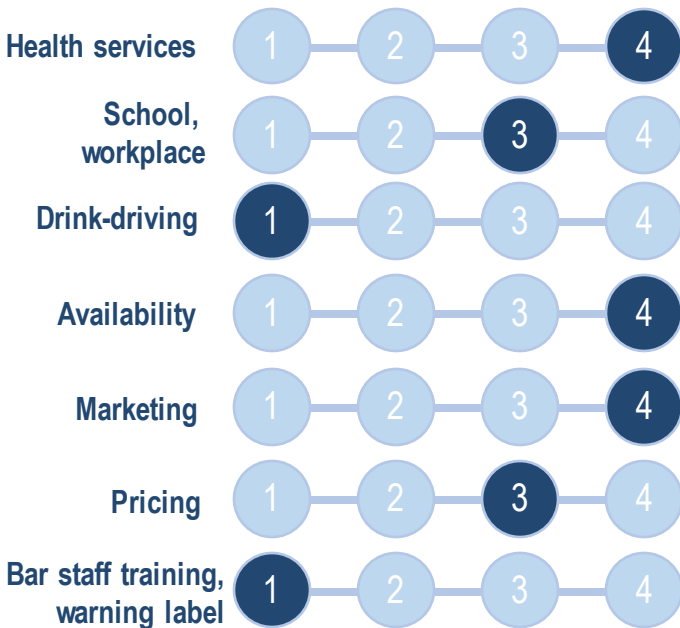


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Finland



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

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 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

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.



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.



31% of all alcohol is consumed by **5% of the people who drink heavily**



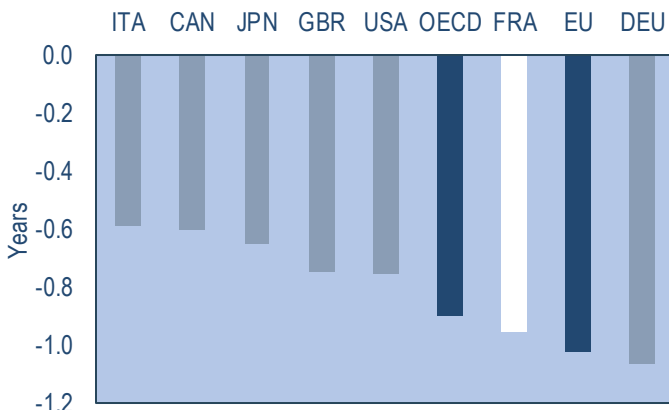
Women are **9% more likely** to binge drink monthly if they have **completed higher education**



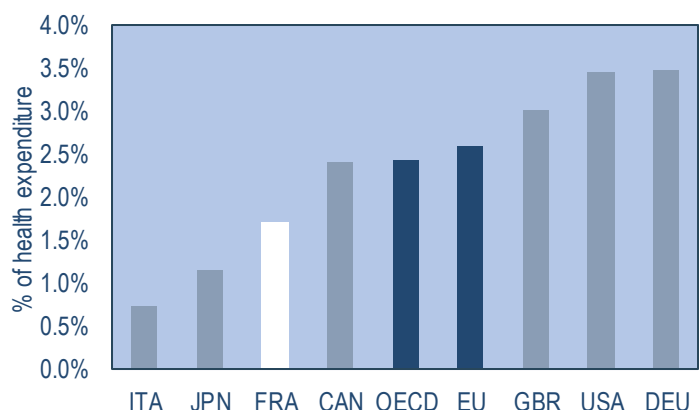
11% of girls and 15% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **40% more likely** to perform well at school.

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

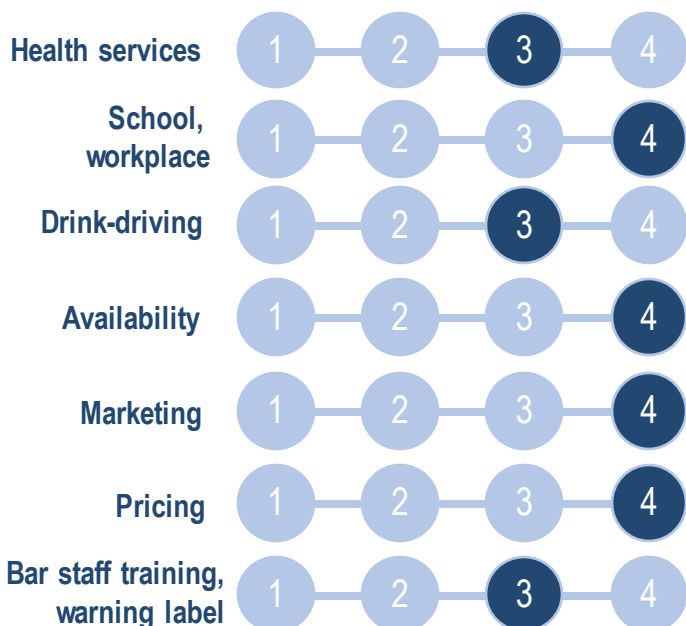


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in France



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

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.

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.



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.



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.



Men consume **19.9 litres** of pure alcohol per capita per year while women consume **6.2 litres** per capita per year.



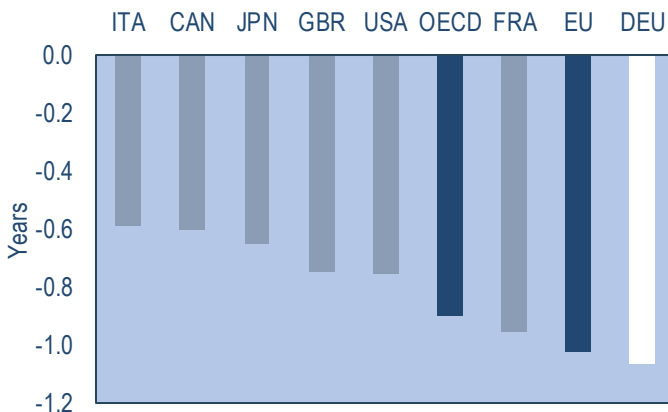
3.5% of adults are dependent on alcohol



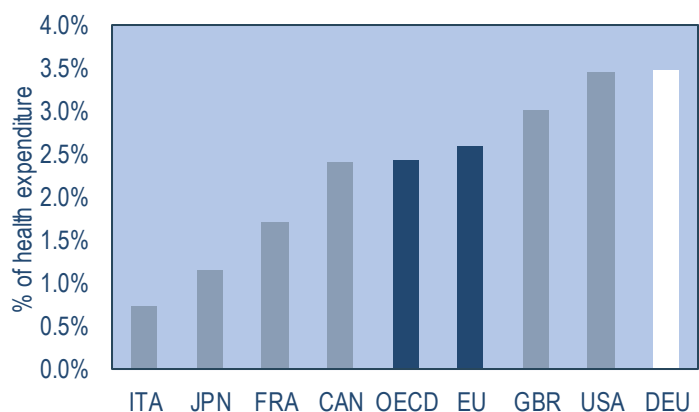
25% of girls and **29% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 37% more likely to perform well at school.

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.

Impact on life expectancy

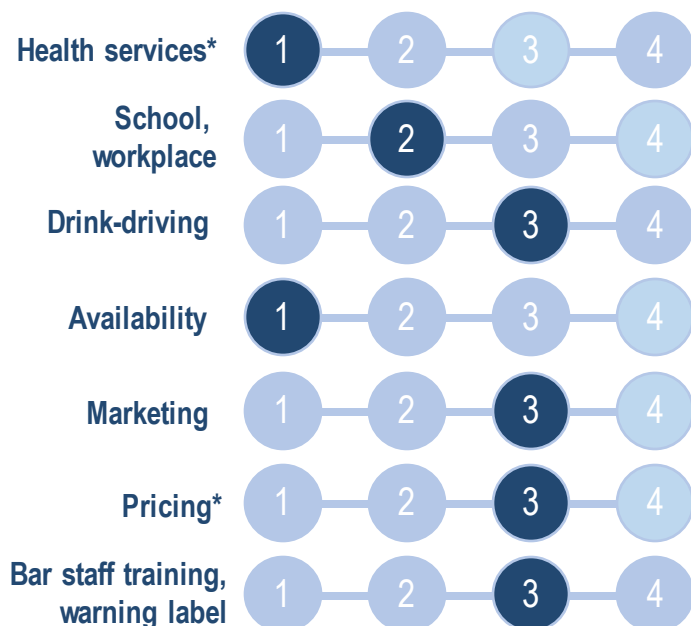


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Germany



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*.

Germany 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;
- 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.

*Limited data available which contributed to a lower score.

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



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.



Greece

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.



Men consume 16.2 litres of pure alcohol per capita per year while **women consume 4.5 litres** per capita per year.



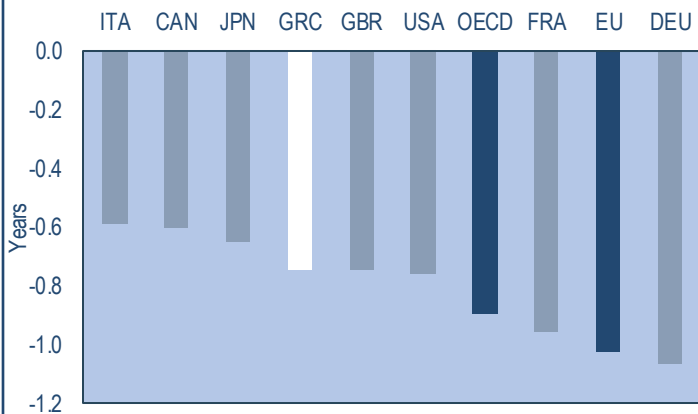
Women are **64% more likely** to binge drink monthly if they have **completed higher education**.



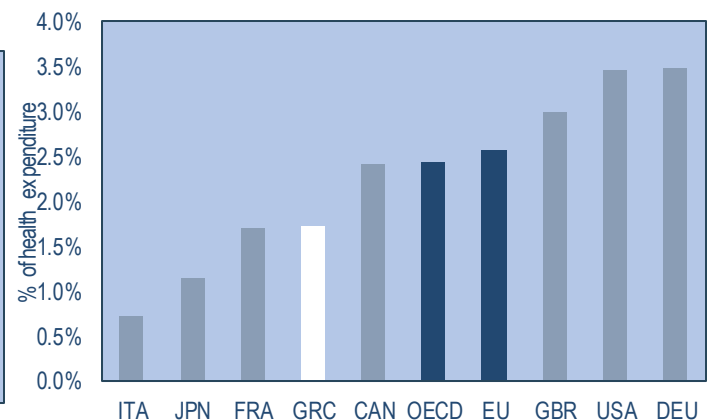
17% of girls and 22% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **31% more likely** to perform well at school.

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.

Impact on life expectancy

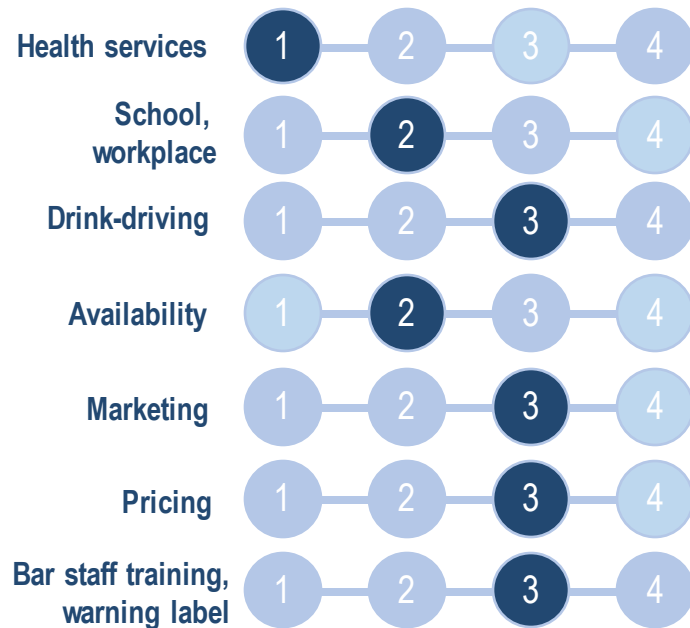


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Greece



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

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.

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.



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.



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.



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



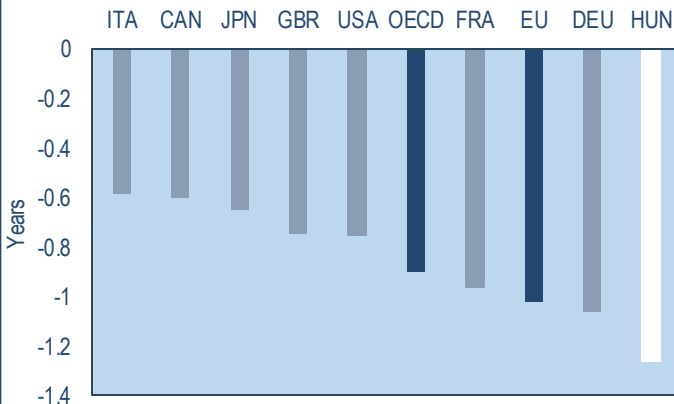
Women are **6% less likely** to binge drink monthly if they have **completed higher education**



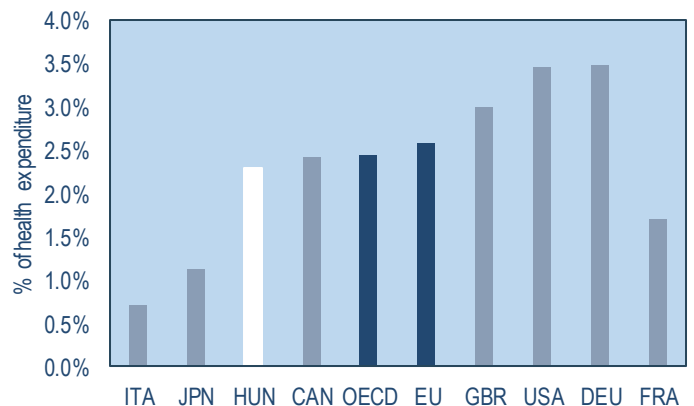
27% of girls and **35% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **57% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Hungary



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

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.

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.



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.



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



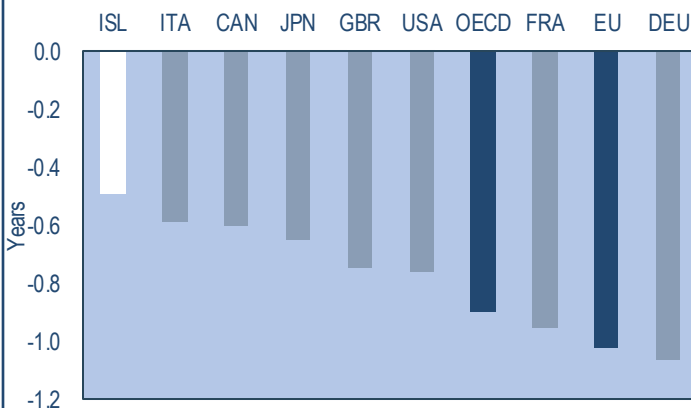
Women are **3% more likely** to binge drink monthly if they have **completed higher education**



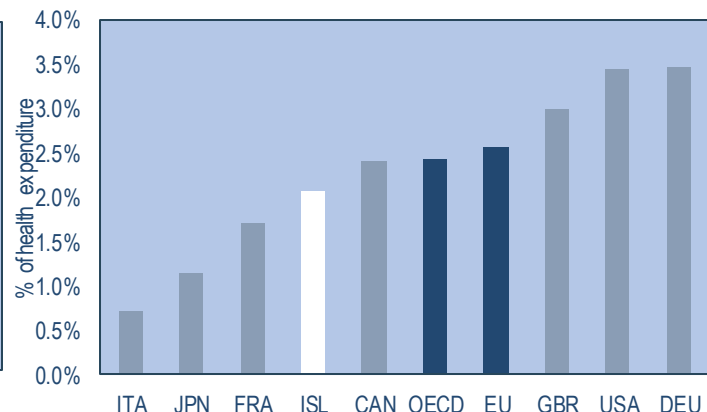
7% of girls and boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **77% more likely** to perform well at school.

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

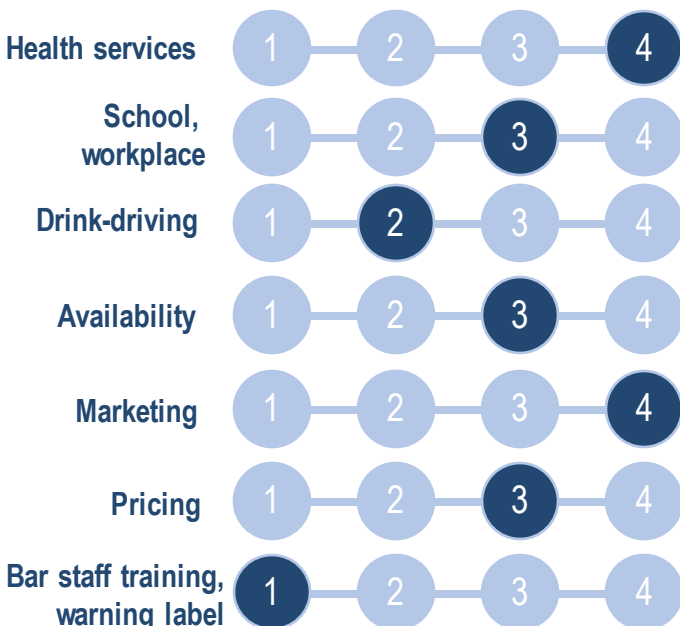


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Iceland



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.

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 Iceland, including:

NUDELL Eilla, ELS/HD

<Eilla.NUDELL@oecd.org>



Strengthening sobriety checkpoints counter drink-driving



Strengthening screening and counselling in primary care



Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays



Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays



Alcohol taxation



Minimum unit pricing targeting cheap alcohol

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.



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 **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.



Men consume 12.5 litres of pure alcohol per capita per year while **women consume 3.5 litres** per capita per year.



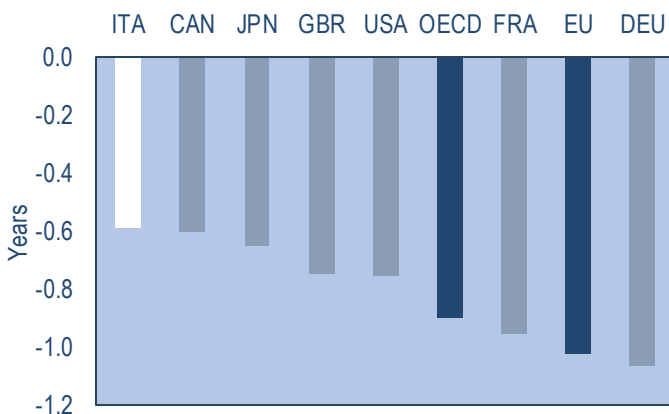
0.6% of adults are dependent on alcohol.



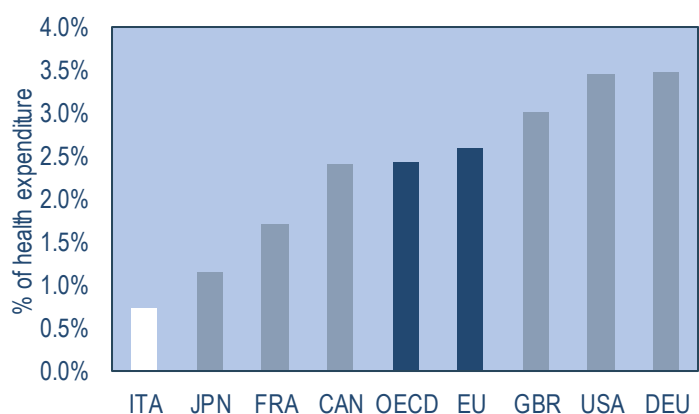
17% of girls and 20% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 55% more likely to perform well at school.

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.

Impact on life expectancy

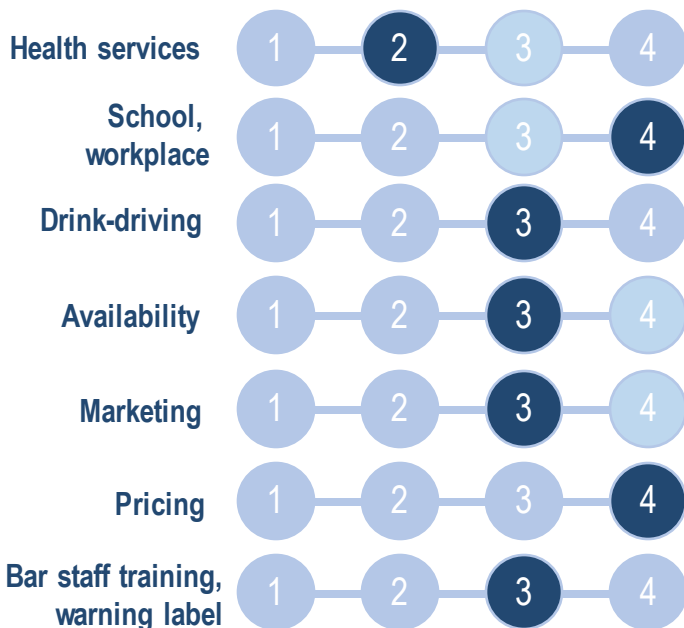


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Italy



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

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.

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



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



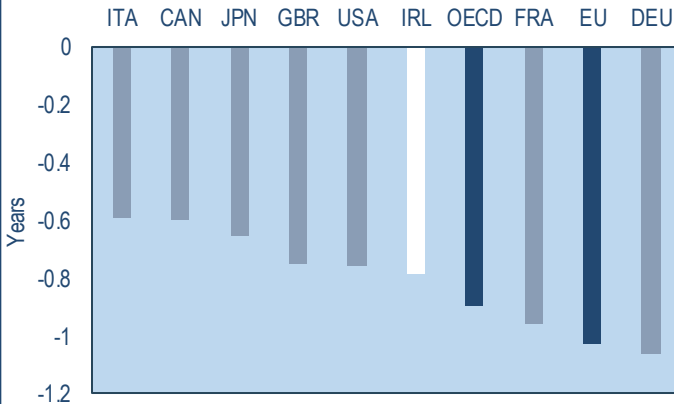
Women are **15% more likely** to binge drink monthly if they have **completed higher education**



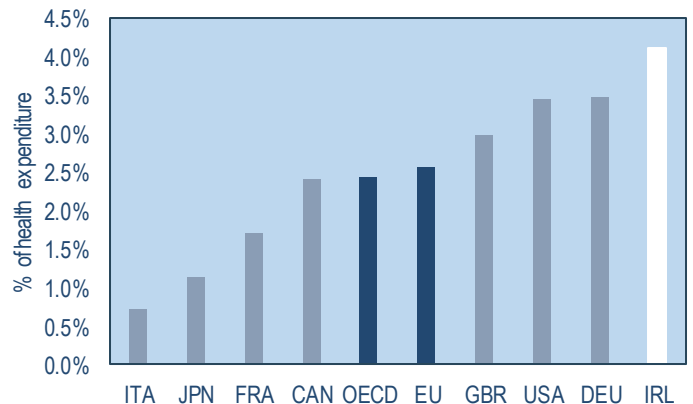
16% of girls and **14% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **25% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Ireland



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.

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 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



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 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.



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



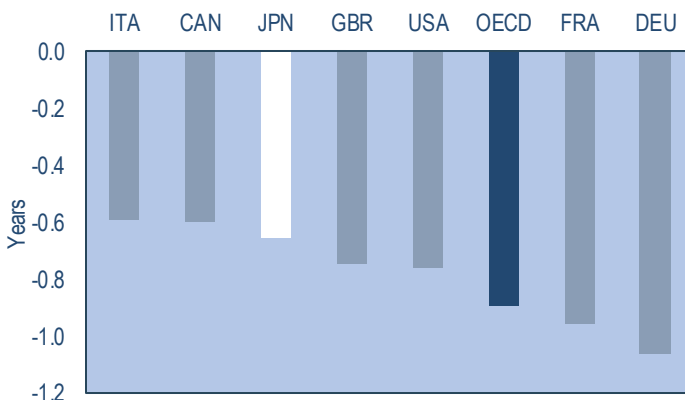
23% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.



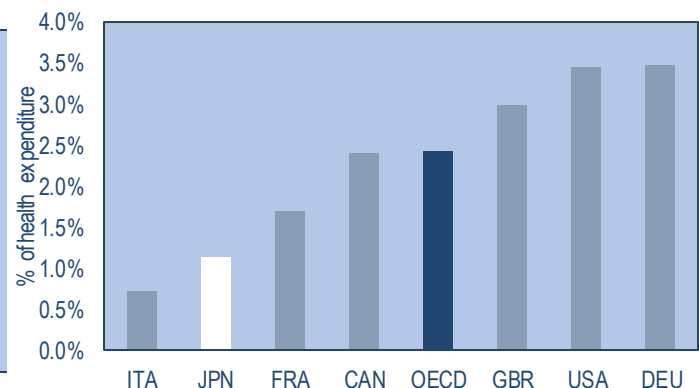
1.1% of adults are dependent on alcohol

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.

Impact on life expectancy

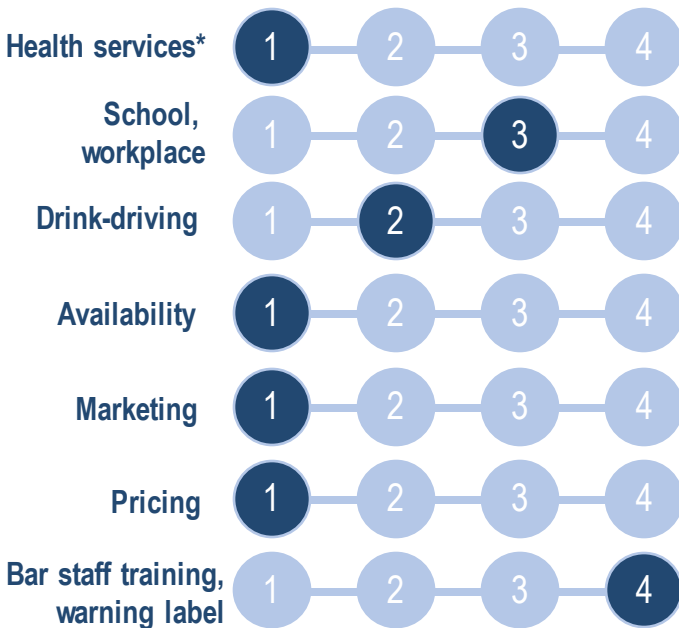


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Japan



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 a lower score

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.



Preventing Harmful Alcohol Use



Latvia

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.



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



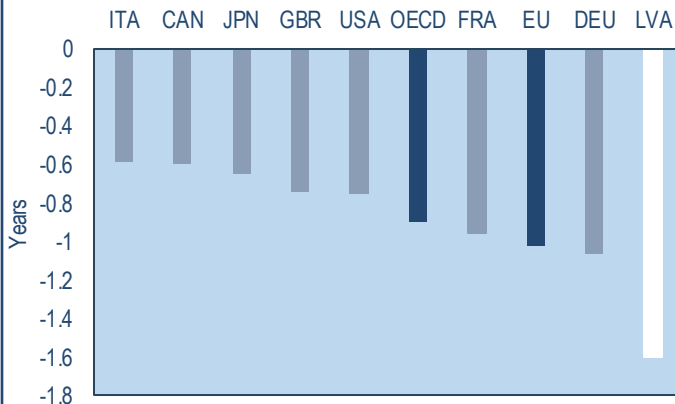
Women are **30% more likely** to binge drink monthly if they have **completed higher education**



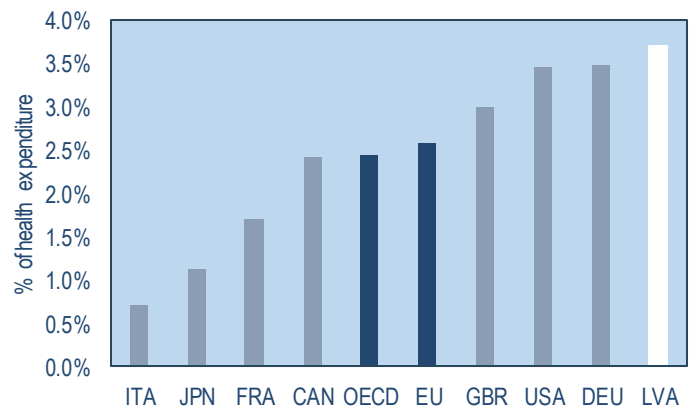
24% of girls and **25% of boys** aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are **44% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Latvia



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

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 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.



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.



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.



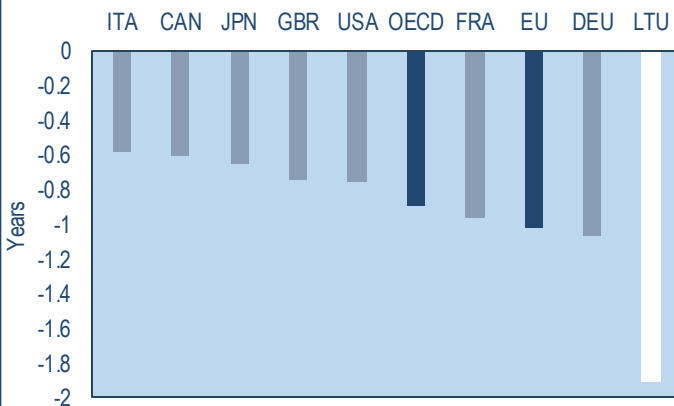
Women are **24% more likely** to binge drink monthly if they have **completed higher education**.



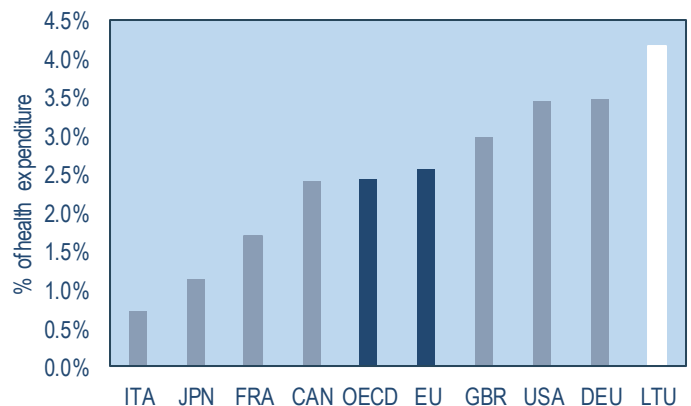
4.9% of adults are dependent on alcohol.

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.

Impact on life expectancy

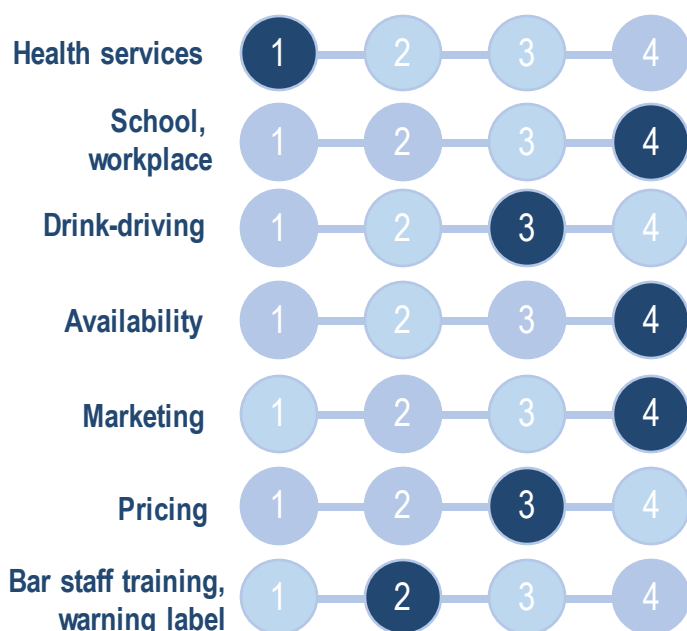


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Lithuania



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



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 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.



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

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.



Men consume **19.5 litres** of pure alcohol per capita per year while women consume **6.4 litres** per capita per year.



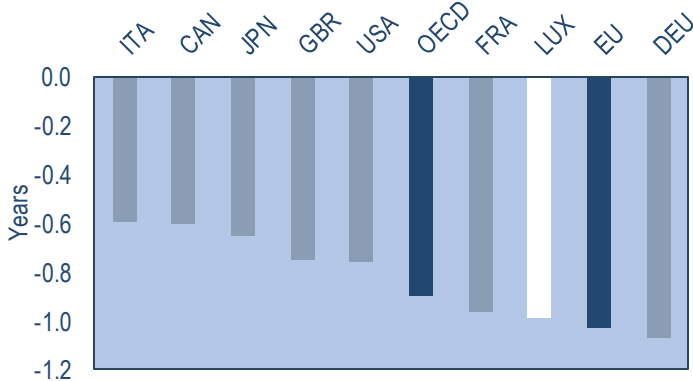
Women are **6% more likely** to binge drink monthly if they have **completed higher education**



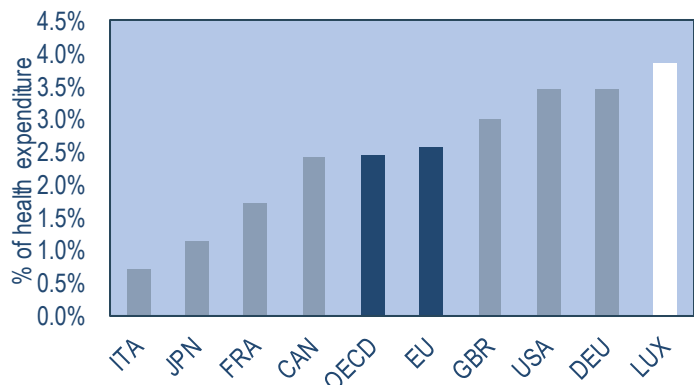
10% of girls and 10% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **39% more likely** to perform well at school.

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.

Impact on life expectancy

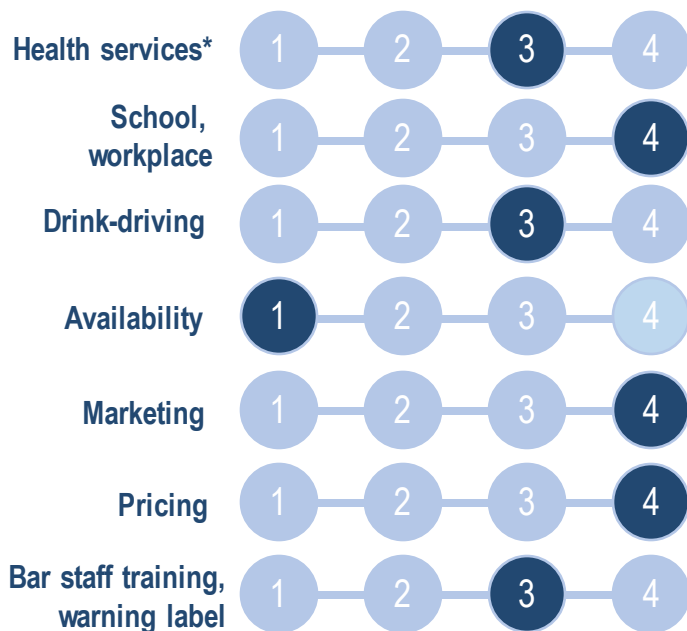


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Luxembourg



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.

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 a lower score

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:

- 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.



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

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.



Men consume **19.5 litres** of pure alcohol per capita per year while women consume **6.4 litres** per capita per year.



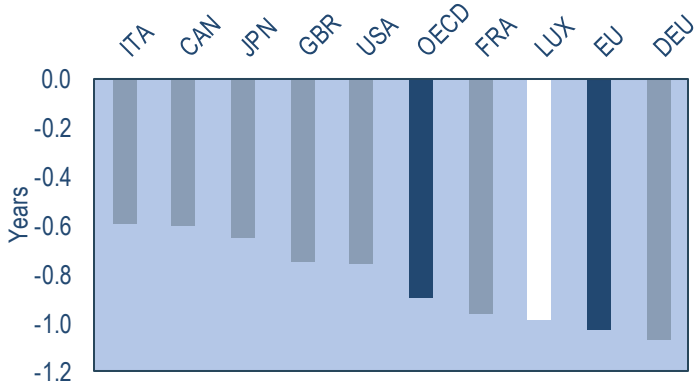
Women are **6% more likely** to binge drink monthly if they have **completed higher education**



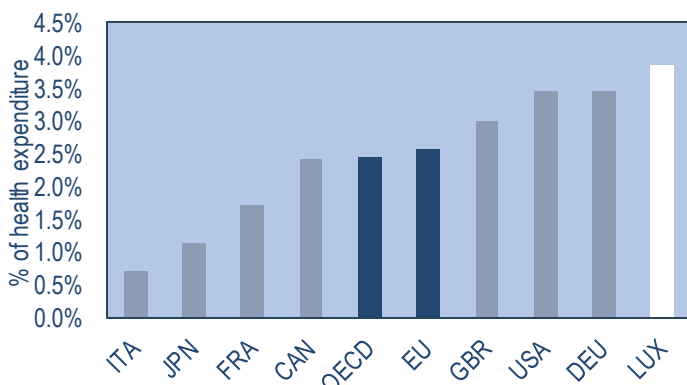
10% of girls and 10% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **39% more likely** to perform well at school.

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.

Impact on life expectancy

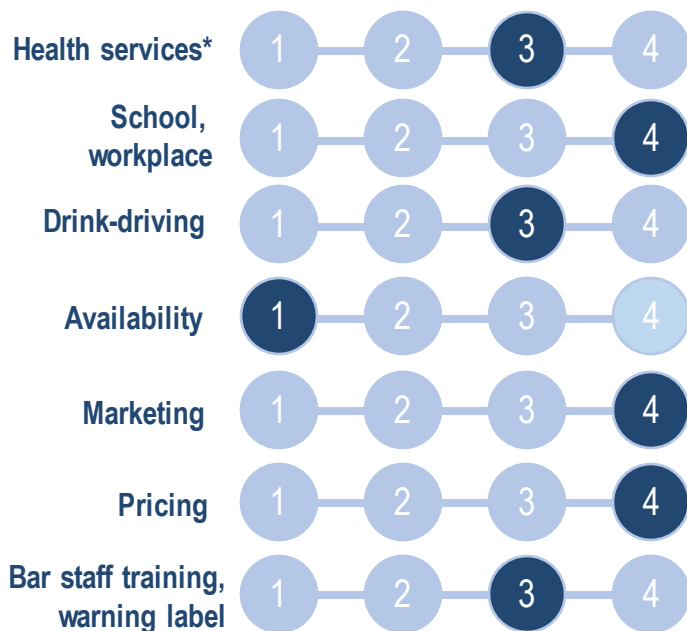


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Luxembourg



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.

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 a lower score

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:

- 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.



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

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.



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



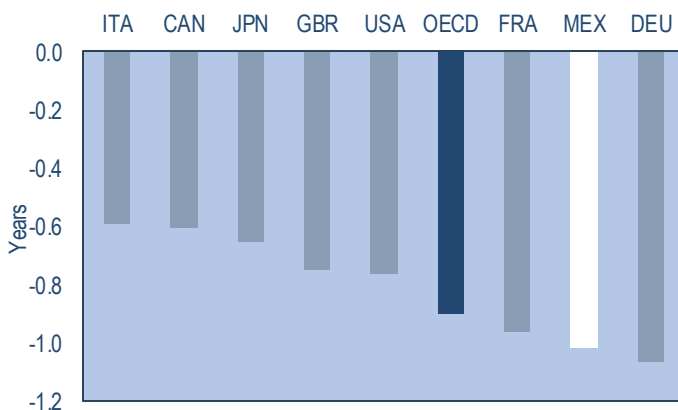
Women are **6% less likely** to binge drink monthly if they have **completed higher education**



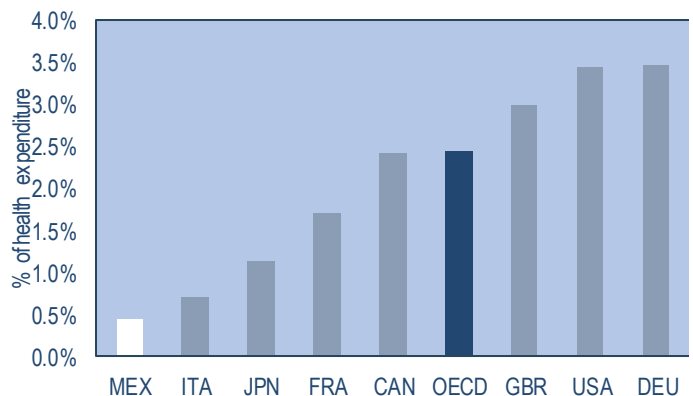
1.3% of adults are **dependent on alcohol**

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.

Impact on life expectancy

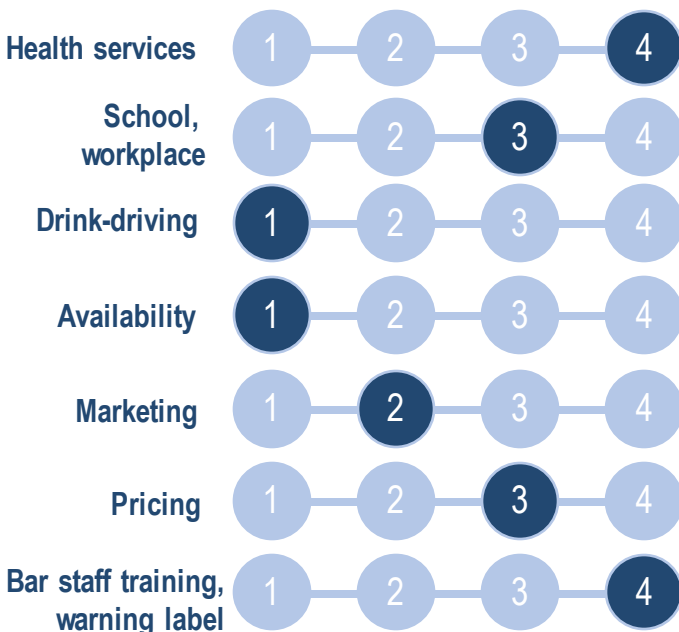


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Mexico



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

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.

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

Netherlands

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.



Men consume **14.8 litres** of pure alcohol per capita per year while **women** consume **4.5 litres** per capita per year



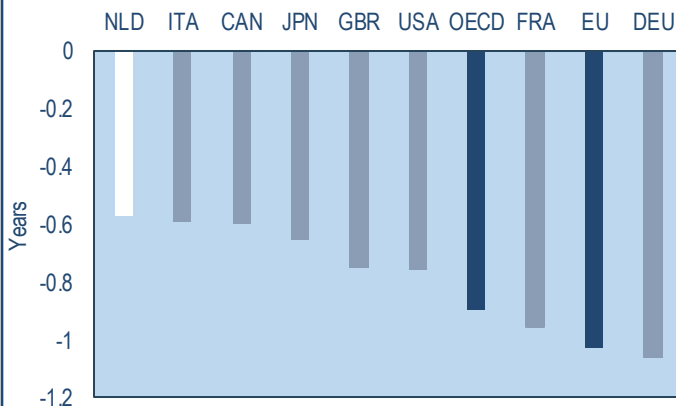
0.6% of adults are **dependent** on alcohol



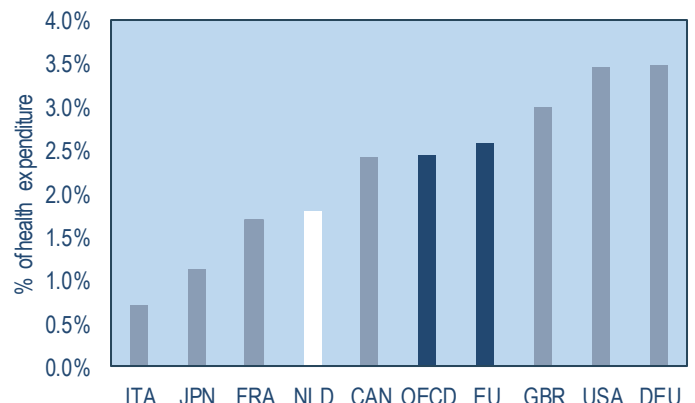
18% of girls and **19% of boys** aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are **33% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in the Netherlands



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.

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 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.



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.



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.



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



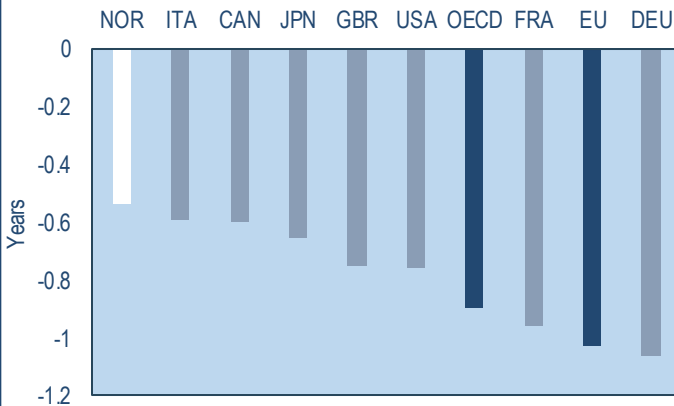
Women are **22% more likely** to binge drink monthly if they have **completed higher education**



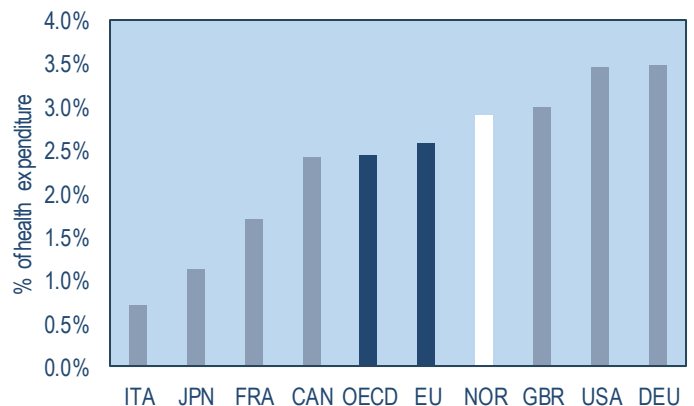
13% of girls and 18% of boys aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are **45% more likely** to perform well at school.

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.

Impact on life expectancy

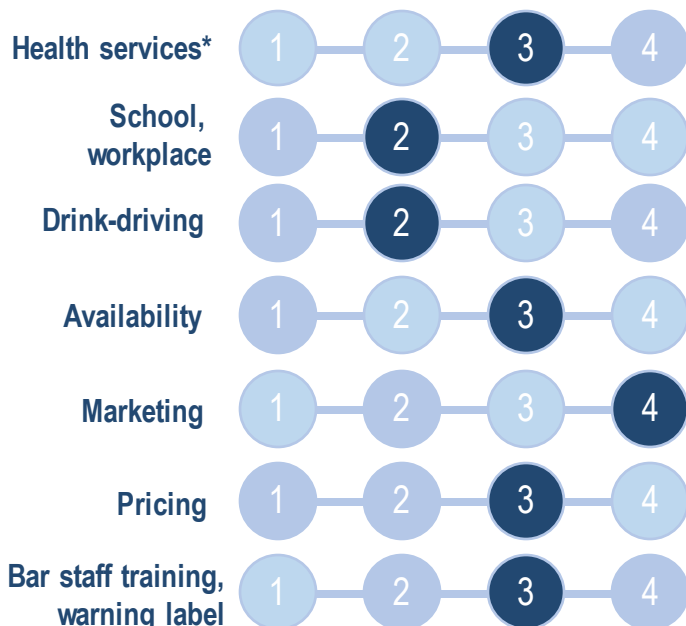


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Norway



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.



Poland

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.



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



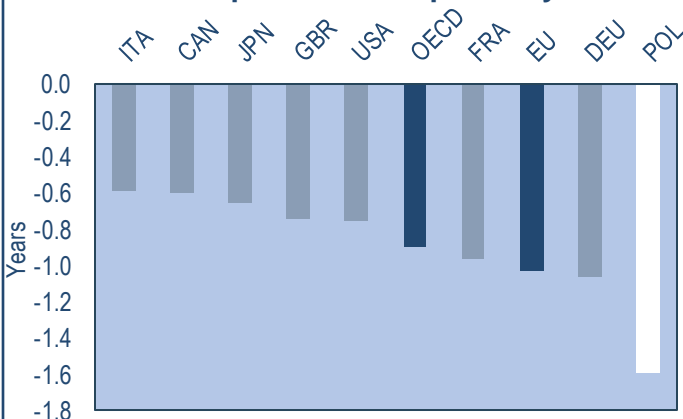
Women are **62% more likely** to binge drink monthly if they have **completed higher education**



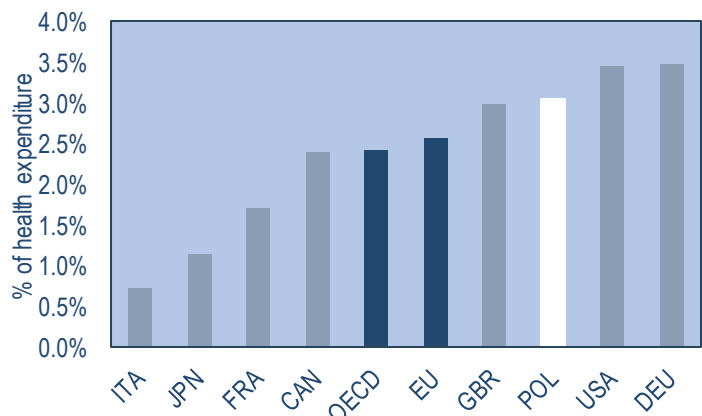
21% of girls and **17% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **42% more likely** to perform well at school.

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.

Impact on life expectancy

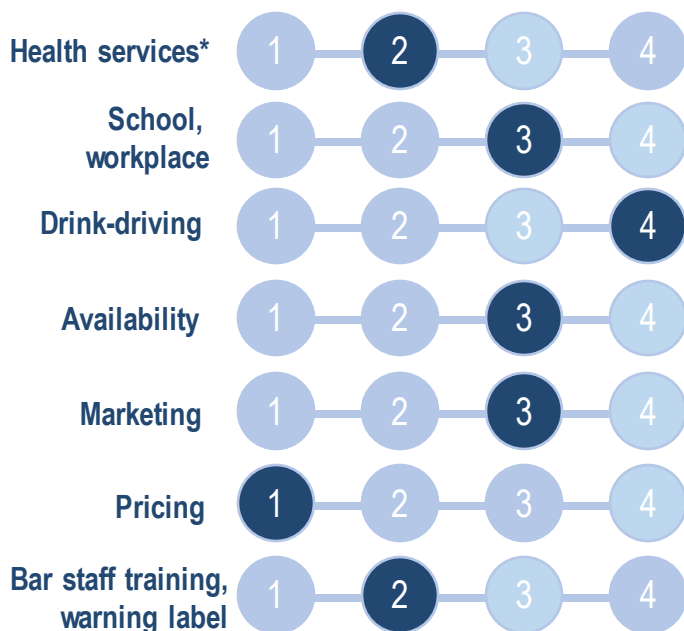


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Poland



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

Poland 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;
- Improving the implementation of **screening and counselling** within primary care services for people who drink heavily;
- **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.

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



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.



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



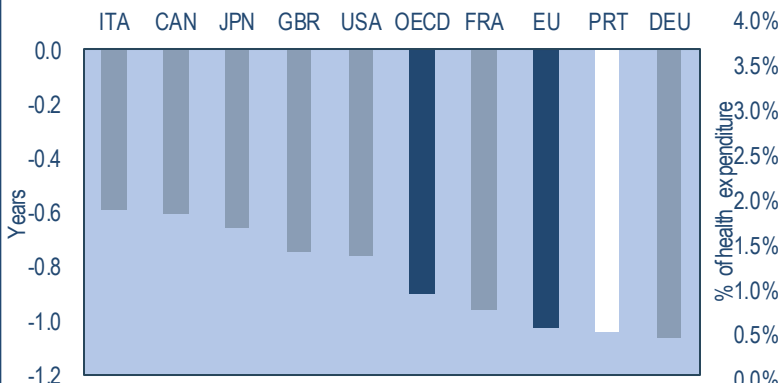
Women are **80% more likely** to binge drink monthly if they have **completed higher education**.



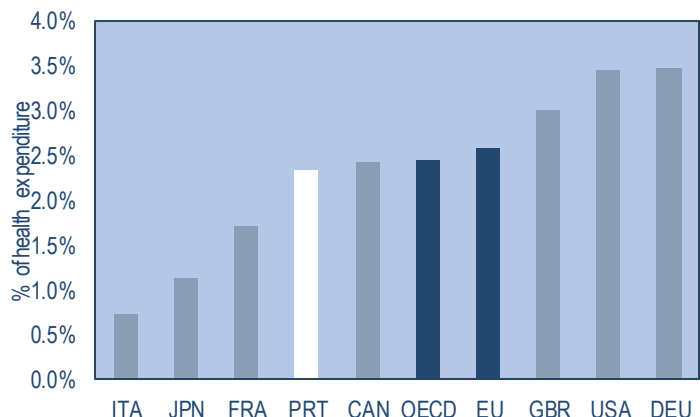
13% of girls and 14% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 26% more likely to perform well at school.

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.

Impact on life expectancy

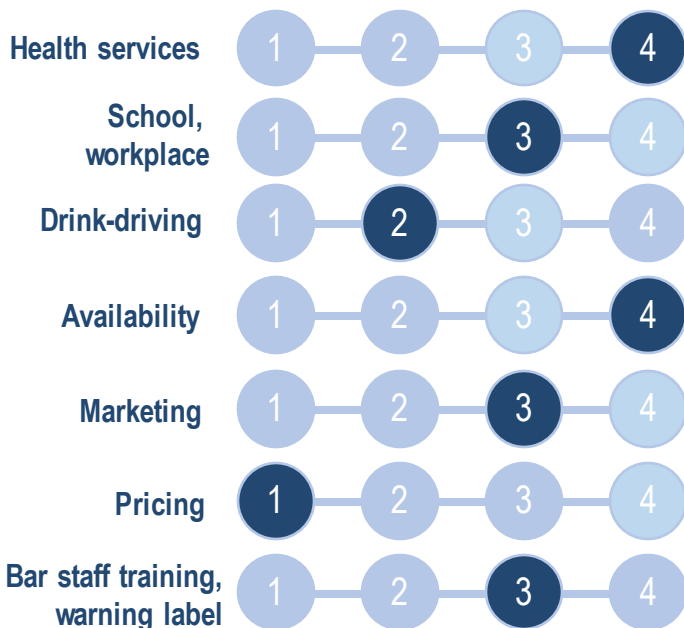


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Portugal



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

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.

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



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.



Romania

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.



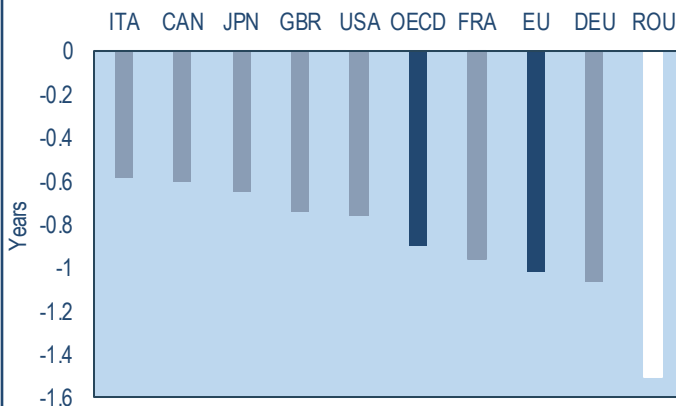
Women are **16% more likely** to binge drink monthly if they have **completed higher education**.



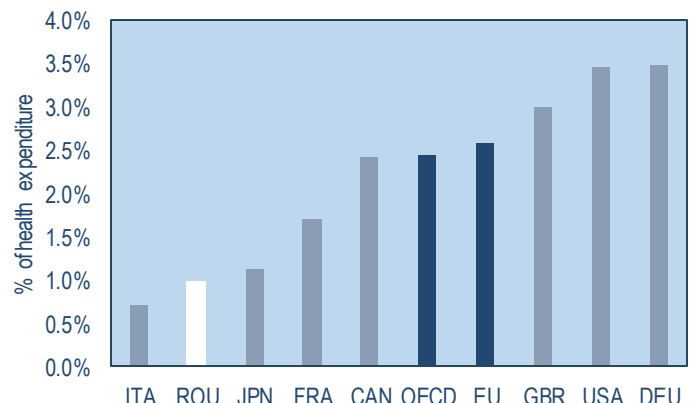
1.3% of adults are dependent on alcohol.

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.

Impact on life expectancy

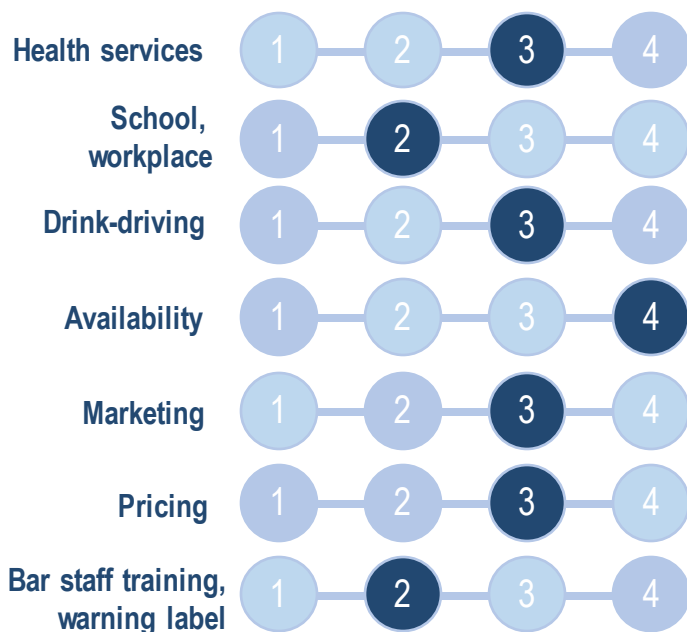


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Romania



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

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.

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



Preventing Harmful Alcohol Use

Russian Federation

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.



Men consume 19.1 litres of pure alcohol per capita per year while **women consume 4.6 litres** per capita per year



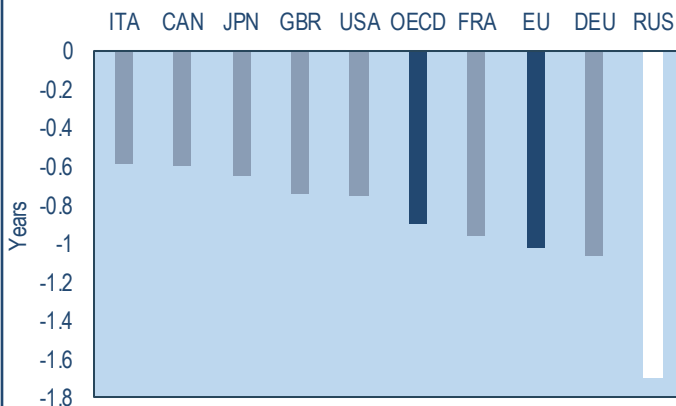
9.3% of adults are dependent on alcohol



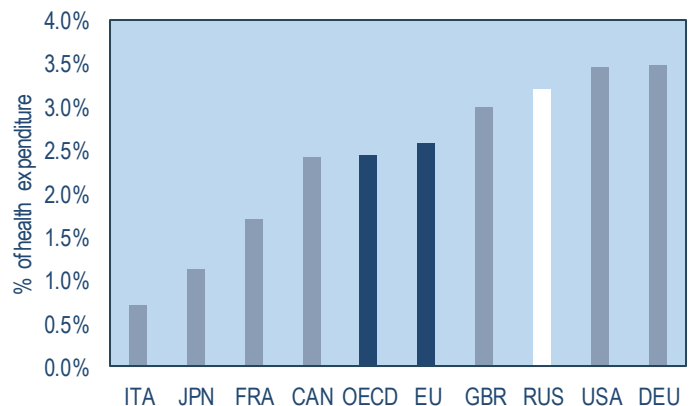
7% of girls and 9% of boys aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are 32% more likely to perform well at school.

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.

Impact on life expectancy

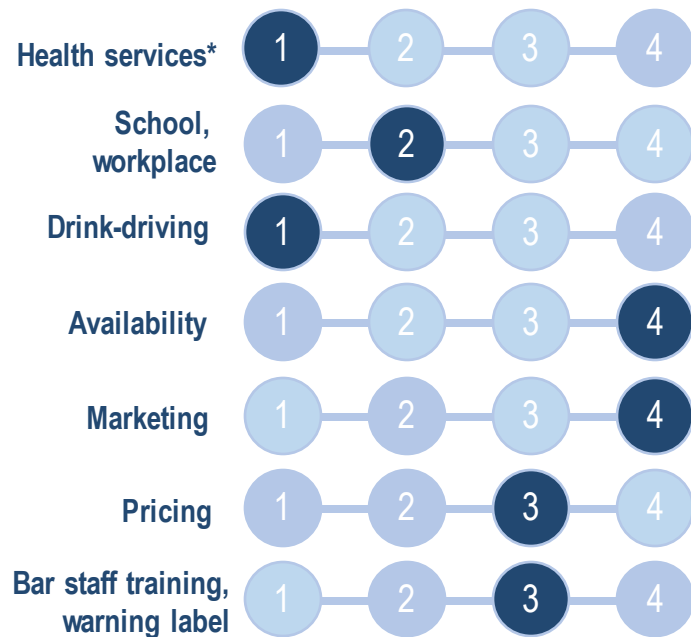


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in the Russian Federation



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.

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 the Russian Federation, 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 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.



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.

Slovak Republic

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.



Men consume **17.4 litres** of pure alcohol per capita per year while women consume **5.3 litres** per capita per year.



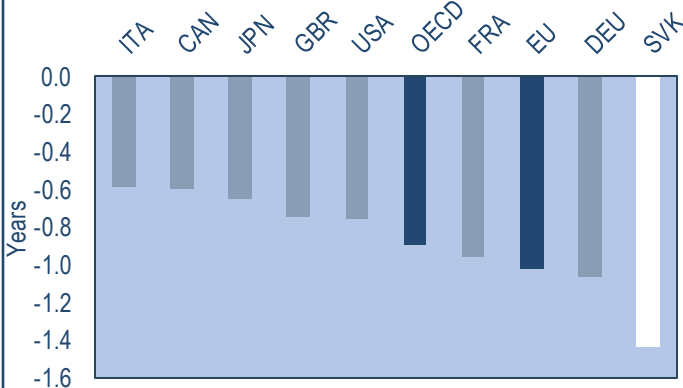
Women are **30% more likely** to binge drink monthly if they have **completed higher education**



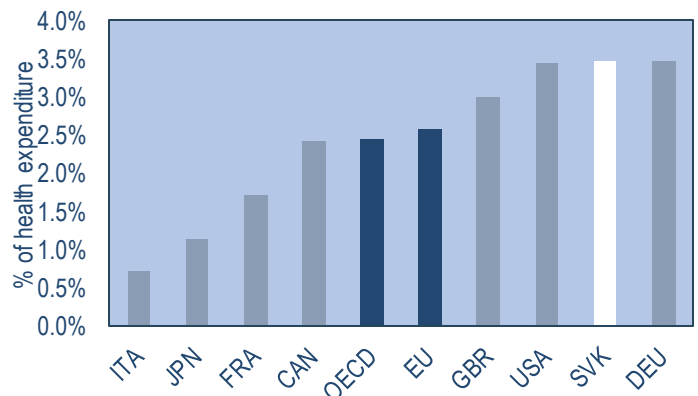
21% of girls and **23% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 20% more likely to perform well at school.

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.

Impact on life expectancy

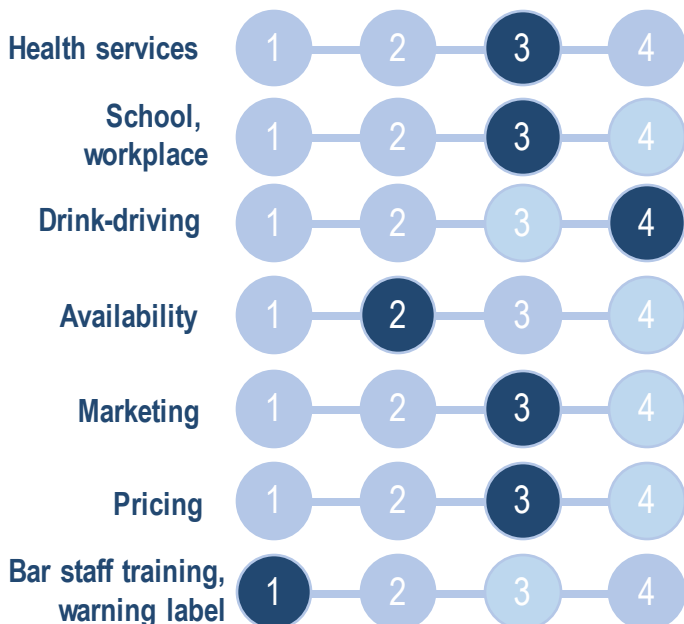


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in the Slovak Republic



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

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*.

Slovak Republic 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, for instance by time or place;
- 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, and using **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 Slovak Republic, 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 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.



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 **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.



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



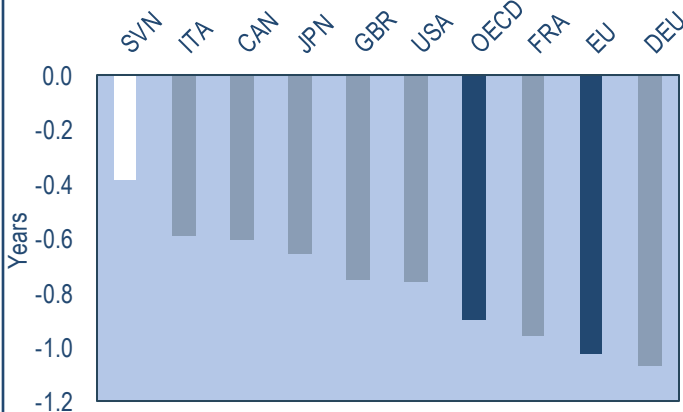
Women are **17% more likely** to binge drink monthly if they have **completed higher education**



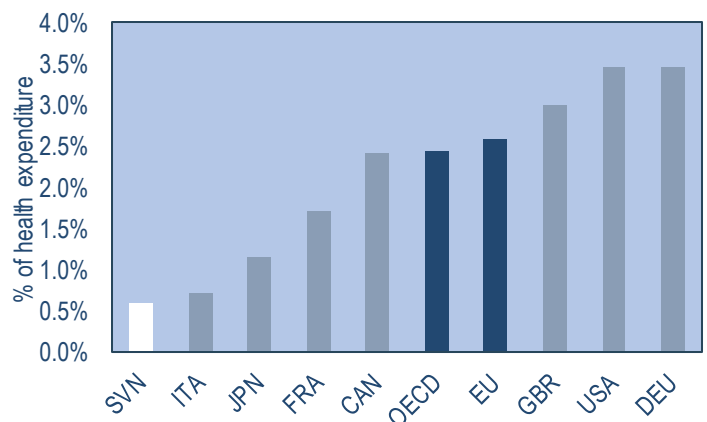
26% of girls and **27% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **23% more likely** to perform well at school.

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.

Impact on life expectancy

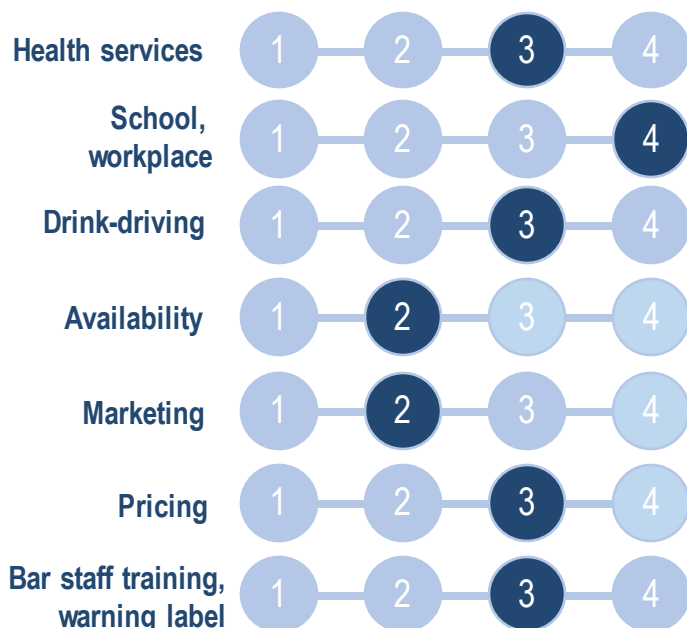


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Slovenia



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

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*.

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

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.



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.



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.



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



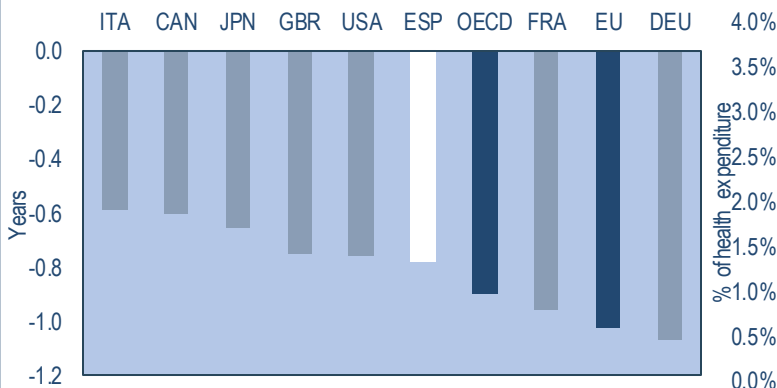
Women are **137% more likely** to binge drink monthly if they have **completed higher education**.



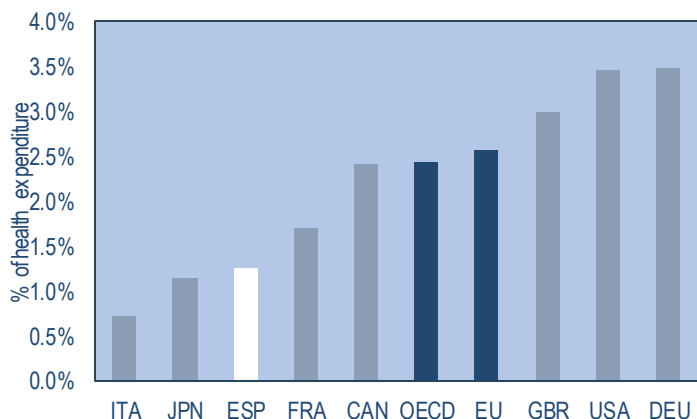
22% of girls and 19% of boys aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **54% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Spain



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.

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 Spain, 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 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.



Preventing Harmful Alcohol Use

Sweden

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



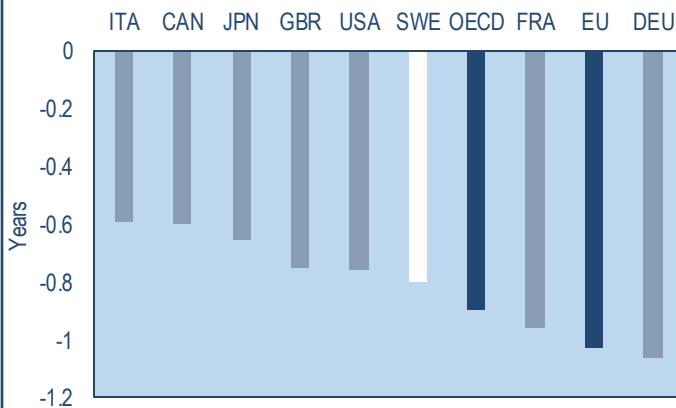
Women are **42% less likely** to binge drink monthly if they have **completed higher education**



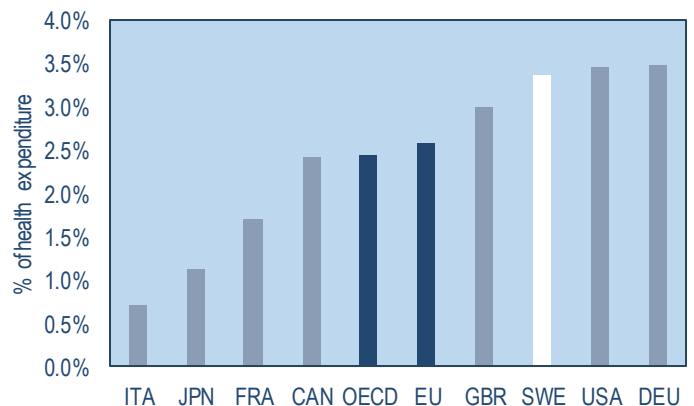
12% of girls and **10% of boys** aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are **44% more likely** to perform well at school.

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.

Impact on life expectancy



Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in Sweden



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.

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.



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.



Switzerland

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.



Men consume **17.6 litres** of pure alcohol per capita per year while women consume **5.6 litres** per capita per year.



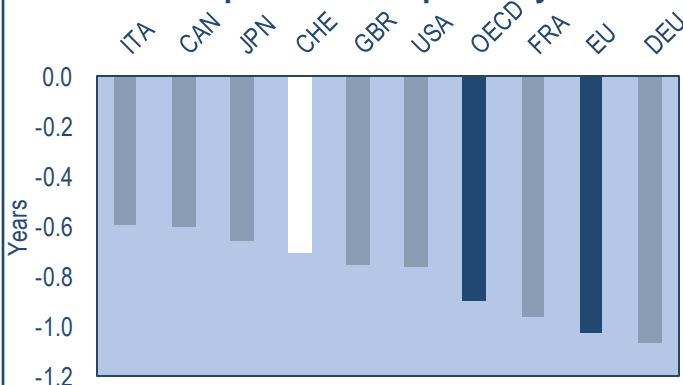
4.3% of adults are dependent on alcohol



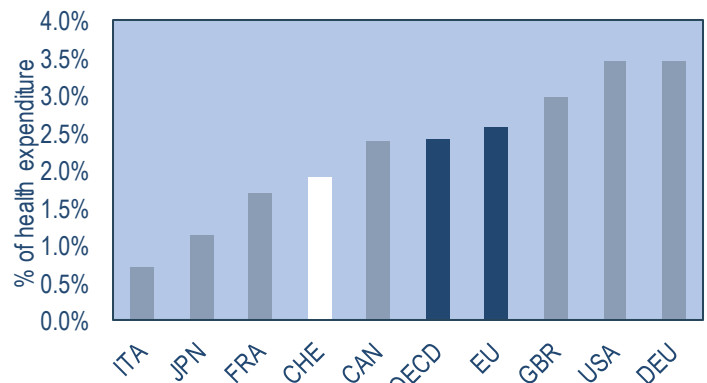
10% of girls and **17% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are 20% more likely to perform well at school.

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 **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.

Implementation level of policies to address harmful alcohol use in Switzerland



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.

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 a lower score

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:

- 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.



Preventing Harmful Alcohol Use

United Kingdom

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.



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



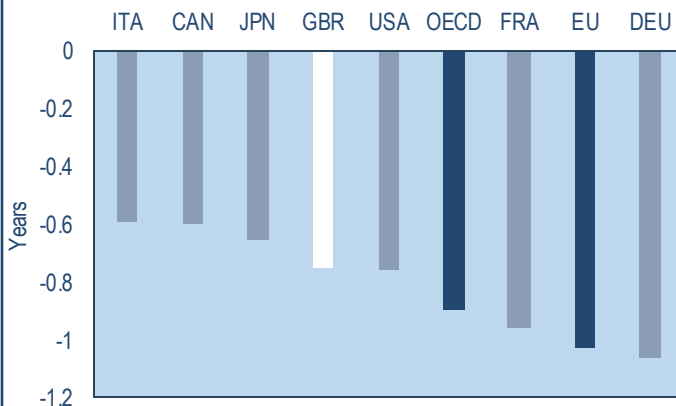
Women are **21% more likely** to binge drink monthly if they have **completed higher education**



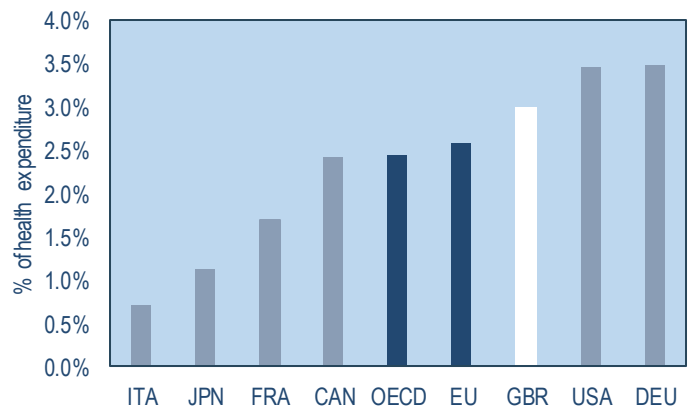
31% of girls and **29% of boys** aged 15 **have been drunk** at least once in their life. Children who never experienced drunkenness are **24% more likely** to perform well at school.

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.

Impact on life expectancy

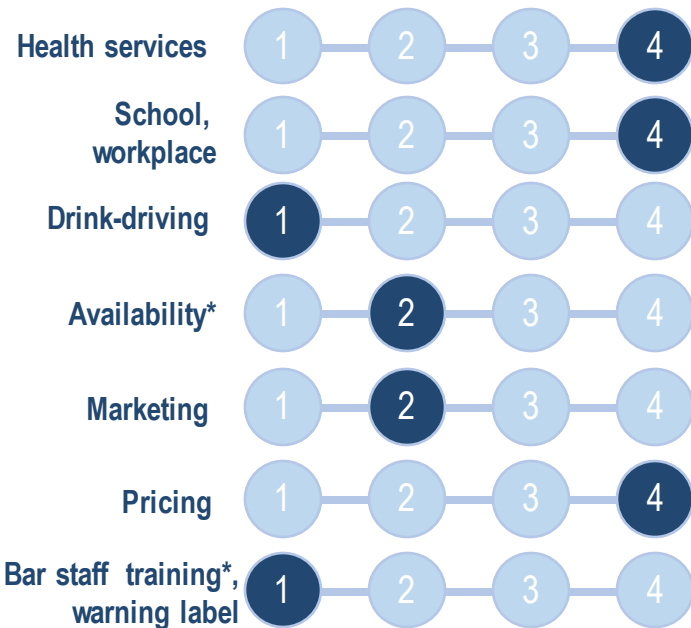


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in the United Kingdom



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.

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 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.



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.



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**



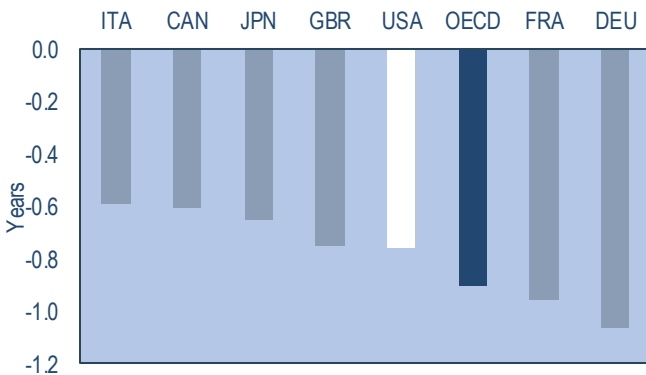
Women are **17% less likely** to binge drink monthly if they have **completed higher education**



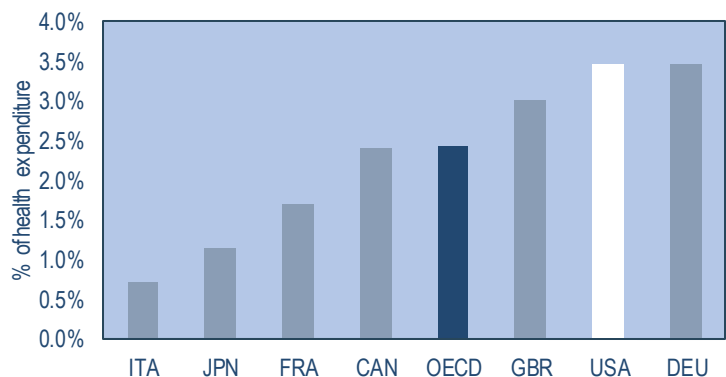
8% of adults are **dependent on alcohol**

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.

Impact on life expectancy

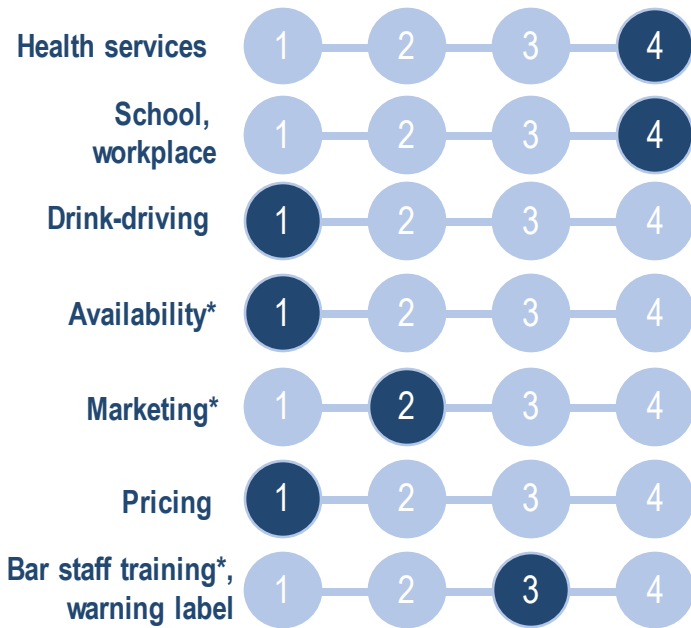


Impact on health expenditure



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.

Implementation level of policies to address harmful alcohol use in the United States



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.

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 a lower score

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.