2.6. Alcohol consumption among adults

The global health burden related to excessive alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world (Rehm *et al.*, 2009; WHO, 2004b). It is associated with numerous harmful health and social consequences, including drunkenness and alcohol dependence. High alcohol intake increases the risk for heart, stroke and vascular diseases, as well as liver cirrhosis and certain cancers. Foetal exposure to alcohol increases the risk of birth defects and intellectual impairments. Alcohol also contributes to death and disability through accidents and injuries, assault, violence, homicide and suicide, and is estimated to cause more than 2 million deaths annually. It is, however, one of the major avoidable risk factors for disease.

Alcohol consumption, as measured by annual sales, stands on average across OECD countries at 9.7 litres per adult, using the most recent data available. Leaving aside Luxembourg – given the high volume of purchases by non-residents in that country – Ireland, Hungary and France reported the highest consumption of alcohol, with 13.0 litres or more per adult per year in 2006-07. At the other end of the scale, Turkey, Mexico and some of the Nordic countries (Norway and Sweden) have relatively low levels of alcohol consumption, ranging from one to seven litres per adult (Figure 2.6.1).

Although average alcohol consumption has gradually fallen in many OECD countries over the past two decades, it has risen in some others (Figure 2.6.2). There has been a degree of convergence in drinking habits across the OECD, with wine consumption increasing in many traditional beer-drinking countries and *vice versa*. The traditional wine-producing countries of Italy, France and Spain, as well as the Slovak Republic and Greece, have seen their alcohol consumption per capita drop substantially since 1980 (Figures 2.6.2 and 2.6.3). On the other hand, alcohol consumption per capita in Iceland, Ireland and Mexico rose by as much as 40% or more since 1980 although, in the case of Iceland and Mexico, it started from a very low level and therefore remains relatively low.

Variations in alcohol consumption across countries and over time reflect not only changing drinking habits but also the policy responses to control alcohol use. Curbs on advertising, sales restrictions and taxation have all proven to be effective measures to reduce alcohol consumption (Bennett, 2003). Strict controls on sales and high taxation are mirrored by overall lower consumption in most Nordic countries, while falls in consumption in France, Italy and Spain may be associated with the voluntary and statutory regulation of advertising, partly following a 1989 European directive.

Although adult alcohol consumption per capita gives useful evidence of long-term trends, it does not identify sub-populations at risk from harmful drinking patterns. The consumption of large quantities of alcohol at a single session, termed "binge drinking", is a particularly dangerous pattern of consumption (Institute of Alcohol Studies, 2007), which is on the rise in some countries and social groups, especially among young males (see Indicator 2.1 "Smoking and alcohol consumption at age 15").

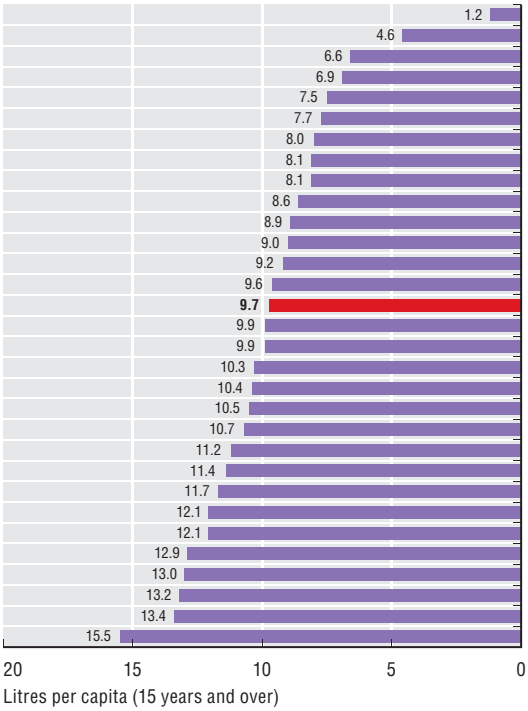
Figure 2.6.4 shows the relationship between alcohol consumption in 1990 and deaths from liver cirrhosis in 2006. In general, countries with high levels of alcohol consumption tend to experience higher death rates from liver cirrhosis 10 to 15 years later compared with countries with lower levels of consumption. In most OECD countries, death rates from liver cirrhosis have fallen over the past two decades, following quite closely the overall reduction in alcohol consumption.

Definition and deviations

Alcohol consumption is defined as annual sales of pure alcohol in litres per person aged 15 years and over. The methodology to convert alcohol drinks to pure alcohol may differ across countries.

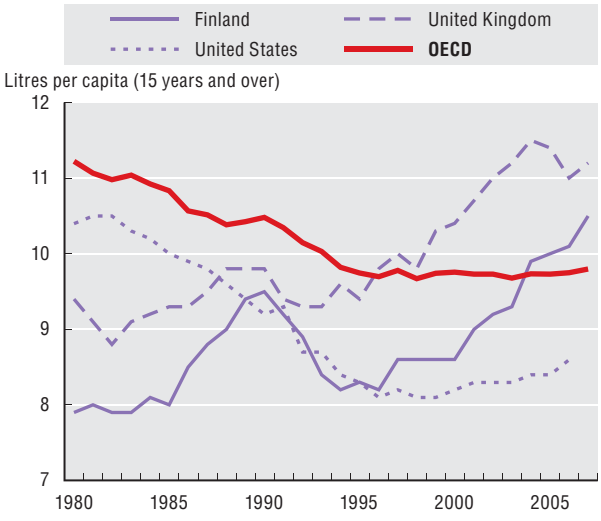
Italy reports consumption for the population 14 years and over, Sweden for 16 years and over, and Japan 20 years and over. In some countries (*e.g.* Luxembourg), national sales do not accurately reflect actual consumption by residents, since purchases by non-residents may create a significant gap between national sales and consumption.

2.6.1 Alcohol consumption, population aged 15 years and over, 2007 (or latest year available)

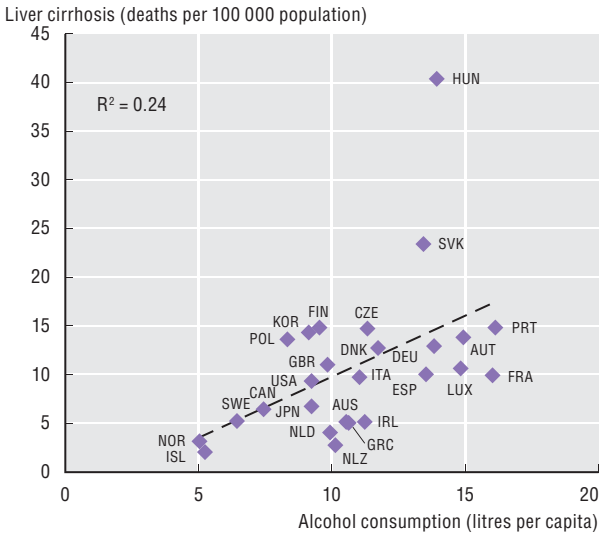


2.6.2 Change in alcohol consumption per capita, population aged 15 years and over, 1980-2007

2.6.3 Trends in alcohol consumption, selected OECD countries, 1980-2007

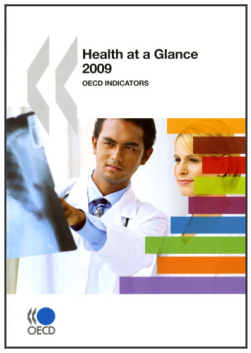


2.6.4 Alcohol consumption, 1990 and liver cirrhosis deaths, 2006



Source: OECD Health Data 2009.

StatLink http://dx.doi.org/10.1787/717840061754



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