Alcohol in Europe

Alcohol prevention day 16 April 2015

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Disease burden attributable to alcohol and tobacco in factors in comparison with other risk factors in 2010 (Lim et al, *Lancet,* 2012; 380: 2224-60, corrected)





Global risk factor ranks for all ages and sexes combined in 1990 and 2010, and percentage change (Lim et al, *Lancet,* 2012; 380: 2224-60, corrected)

1990				2010	2010	
Mean rank (95% UI)	Risk factor	-	Risk factor	Mean rank (95% UI)	% change (95% UI)	
1-1 (1-2)	1 Childhood underweight		1 High blood pressure	1.1(1-2)	27% (19 to 34)	
2.1 (1-4)	2 Household air pollution	- Second	2 Smoking (including SHS)	1.9 (1-2)	3% (-5 to 11)	
2.9 (2-4)	3 Smoking (including SHS)		3 Household air pollution	4.6 (3-7)	-37% (-44 to-29)	
4-0 (3-5)	4 High blood pressure		4 Low fruit	5-0 (4-8)	29% (25 to 34)	
5.5 (3-8)	5 Suboptimal breastfeeding		5 Alcohol use	5-1 (3-7)	32% (17 to 47)	
7-4 (6-8)	6 Ambient PM pollution		6 High body-mass index	6.1 (4-8)	82% (71 to 95)	
7-5 (6-8)	7 Low fruit		7 High fasting plasma glucose	6.6 (5-8)	58% (43 to 73)	
7.7 (6-8)	8 Alcohol use		8 Childhood underweight	8.5 (6-11)	-61% (-66 to-55)	
9·7 (9-12)	9 High fasting plasma glucose		9 Ambient PM pollution	8.7 (7-11)	-7% (-13 to -1)	
10-9 (9–14)	10 High body-mass index		10 Physical inactivity	10.0 (8-12)	0% (0 to 0)	
11-1 (9-15)	11 Iron deficiency		11 High sodium	11-2 (8-15)	33% (27 to 39)	
12-3 (9-17)	12 High sodium		12 Low nuts and seeds	12.9 (11-17)	27% (18 to 32)	
13-9 (10-19)	13 Low nuts and seeds	- Ar	13 Iron deficiency	13.5 (11-17)	-7% (-11 to -4)	
14-1 (11-17)	14 High total cholesterol		14 Suboptimal breastfeeding	13-8 (10-18)	-57% (-63 to -51)	
16-2 (9-38)	15 Sanitation		15 High total cholesterol	15-2 (12-17)	3% (-13 to 19)	
16-7 (13-21)	16 Low vegetables		16 Low whole grains	15-3 (13-17)	39% (32 to 45)	
17-1 (10-23)	17 Vitamin A deficiency		17 Low vegetables	15.8 (12-19)	22% (16 to 28)	
17-3 (15-20)	18 Low whole grains	+	18 Low omega-3	18-7 (17-23)	30% (21 to 35)	
20-1 (13-29)	19 Zinc deficiency		19 Drug use	20-2 (18-23)	57% (42 to 72)	
20-6 (17-25)	20 Low omega-3		20 Occupational injury	20-4 (18-23)	12% (-22 to 58)	
20-8 (18–24)	21 Occupational injury	TIT	21 Occupational low back pain	21-2 (18-25)	22% (11 to 35)	
21.7 (14-34)	22 Unimproved water	1 JAC	22 High processed meat	22-1 (17-32)	22% (2 to 44)	
22.6 (19–26)	23 Occupational low back pain	ATT	23 Intimate partner violence	23.8 (20-28)	0% (0 to 0)	
23·2 (19–30)	24 High processed meat	XIII	24 Low fibre	24.5 (19-32)	23% (13 to 33)	
24-2 (21–26)	25 Drug use	1 1 TI	25 Lead	25.5 (23-29)	160% (143 to 176)	
	26 Low fibre	111	26 Sanitation			
	30 Lead		29 Vitamin A deficiency			
		1. N	31Zinc deficiency			

34 Unimproved water

Ascending order in rank
Descending order in rank

Estimated proportion of global population 15+ using psychoactive substances in the past 12 months (2010)





In Europe: high exposure, high burden of mortality and disease

- For men between ages of 15 and 64, 1 in 7 deaths were caused by alcohol (clearly premature deaths given the life expectancy in Europe)
- For women of the same age category, 1 in 13 deaths are caused by alcohol



Most important risk factors for mortality among young people 15–29 years, WHO EURO



Alcohol attributable SDRs per 100.000 people - 2010



Alcohol attributable SDRs for injury/violence per 100.000 people - 2010



Proportion of deaths for major disease categories attributable to alcohol



IARC on alcohol and cancer

- Globally, alcohol-attributable cancers account for 25% of alcoholrelated deaths for women and 18% for men – making it one of the largest entirely avoidable risk factors.
- Seven types of cancer are significantly associated with alcohol use:
 - Cancer of the oral cavity
 - Esophagus
 - Liver
 - Pharynx
 - Colorectum
 - Female breast
 - Larynx



Proportion of alcohol-attributable deaths caused by harm to others, 15-64 years old



Social costs of alcohol – 1.3% of GDP (EU) € 155.8 billion in 2010 (Italy: 25 billion)



(Anderson and Baumberg 2006).



Alcohol consumption



Total alcohol per capita consumption (15+ years; in litres of pure alcohol), 2010





Total, unrecorded and recorded alcohol per capita (15+ years) consumption in litres of pure alcohol by WHO region and the world, 2010





Adult drinking (2010)





Drinking among 15 to 19-year-olds (2010)





Proportion (%) of recorded adult consumption by type of beverages by WHO region and the world, 2010





Total alcohol per capita (15+ years) consumption by WHO region, 2005 and 2010

WHO regions	Total APC 2005	Total APC 2010
EUR	12.2	10.9
AFR	6.2	6.0
AMR	8.7	8.4
EMR	0.7	0.7
SEAR	2.2	3.4
WPR	6.2	6.8
World	6.1	6.2

In the WHO European Region, was a 10% decrease in total per capita consumption from 2005 to 2010.



Central-Western and Western Country Group





Nordic Countries



Southern Europe

1995

Recorded adult per capita consumption of alcohol (litres of pure alcohol) 6 01 11 71 71

1990



2000

Year

2005

2010



Country examples – changes in total alcohol consumption from 2005 to 2010

- Italy: decrease from 10.5 to 6.7 (36%)
- Moldova: **decrease** from 18.2 to 16.9 (8%)
- Serbia: increase from 9.2 to 12.6 (37%)
- Georgia: increase 5.6 to 7.7 (38%)



Total average alcohol per capita consumption, recorded and unrecorded, 2008-2010, men and women





Prevalence (%) of heavy episodic drinking (HED) among the total population (15+ years) and adolescents by WHO region and the world, 2010





Prevalence (%) of heavy episodic drinking among total population (15+ years) and adolescents (15–19 years) by sex, WHO region and the world, 2010

	Μ	ales	Females		
WHO region	All (15+) (%)	Adolescents (%)	All (15+) (%)	Adolescents (%)	
AFR	9.3	10.3	2.1	2.2	
AMR	20.9	29.3	6.9	7.1	
EMR	0.1	0.1	0.0	0.0	
EUR	24.9	40.0	8.9	22.0	
SEAR	3.1	2.1	0.1	0.0	
WPR	14.0	18.3	1.3	6.1	
World	12.3	16.8	2.9	6.2	



Alcohol use during the past 30 days, boys (ESPAD, 2011)





Alcohol use during the past 30 days, girls (ESPAD, 2011)





Being drunk during the past 30 days, **boys** (ESPAD, 2011)





Being drunk during the past 30 days, girls (ESPAD, 2011)





Alcohol policy





63rd World Health Assembly (17-21 May, 2010)

Endorsed the Global strategy to reduce the harmful use of alcohol in the WHA resolution 63.13







European action plan to reduce the harmful use of alcohol 2012–2020



European action plan to reduce the harmful use of alcohol (EAAP) 2012–2020 – 10 action areas

- Leadership, awareness and commitment, as sustainable intersectoral action requires strong leadership and a solid base of awareness and political will
- Health services' response, as these services are central to tackling health conditions in individuals caused by harmful alcohol use
- **Community action**, as governments and other stakeholders can support and empower communities in adopting effective approaches to prevent and reduce harmful alcohol use
- **Policies and countermeasures on drink–driving**, as it is extremely dangerous to drivers, passengers and other people using the roads
- Availability of alcohol, as public health policies to regulate commercial or public availability have proved to be very effective in reducing the general level of harmful use and drinking among minors



EAAP 2012–2020 – 10 action areas

- Marketing of alcoholic beverages, as systems are needed to protect people, particularly children and young people, from advanced advertising and promotion techniques
- **Pricing policies**, as most consumers, particularly heavy drinkers and young people, are sensitive to changes in the prices of alcohol products
- Reducing the negative consequences of drinking and alcohol intoxication, in order to minimize violence, intoxication and harm to intoxicated people
- Reducing the public health impact of illicit and informally produced alcohol, as its consumption could have additional negative health consequences due to its higher ethanol content and potential contamination with toxic substances
- **Monitoring and surveillance**, as relevant data create the basis for the appropriate delivery and success of responses







Status Report on Alcohol and Health in 35 European Countries 2013

World Health Organization

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European information system on alcohol and health:

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