Global status report on alcohol and health 2018

World Health Organization

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CONTENTS

FOREWORD vii

ACKNOWLEDGEMENTS viii

ABBREVIATIONS x

EXECUTIVE SUMMARY xii

1. REDUCING THE HARMFUL USE OF ALCOHOL: A KEYSTONE IN SUSTAINABLE DEVELOPMENT 2

1.1 Alcohol in the context of the United Nations 2030 Agenda for Sustainable Development 2

1.2 Alcohol and SDG 2030 health targets 3

1.2.1 Reproductive, maternal, newborn, child and adolescent health 5

1.2.2 Infectious diseases 6

1.2.2.1 Risky sexual behaviour and sexually transmitted infections 7

1.2.2.2 Viral hepatitis 7

1.2.2.3 Tuberculosis 8

1.2.3 Major noncommunicable diseases 8

1.2.3.1 Cardiovascular diseases 8

1.2.3.2 Cancers 8

1.2.3.3 Liver diseases 9

1.2.4 Alcohol and mental health 10

1.2.4.1 Alcohol intoxication 11

1.2.5 Injuries, violence, homicides and poisonings 12

1.2.5.1 Injuries 12

1.2.5.2 Traffic injuries 12

1.2.5.3 Aggression and violence 12

1.2.5.4 Homicides 13

1.2.5.5 Alcohol poisoning 13

1.3 Alcohol and inequalities – across countries and within society 14

1.3.1 Drinking versus abstention: variations by socioeconomic level within a society and across societies 14

1.3.2 Variations in amount and pattern of drinking by status within a society 14

1.3.3 Patterns of change in drinking with economic development in a society 15

1.3.4 Health harm from alcohol use: less for more affluent drinkers 15

1.3.5 "Harm per litre" is greater for the poor than for the affluent in a given society 16

1.3.6 "Harm per litre" and socioeconomic development of societies 18

1.4 Alcohol and use of other psychoactive substances 19

2. GLOBAL STRATEGIES, ACTION PLANS AND MONITORING FRAMEWORKS . . . 24
2.1 Global strategies and action plans . . . 24
2.1.1 Regulation of alcohol and other psychoactive substances at international level . . . 24
2.1.2 Global strategy to reduce the harmful use of alcohol (WHO, 2010) . . . 25
2.1.3 Alcohol in global strategies and action plans on NCDs and mental health . . . 27
2.2 Global monitoring frameworks . . . 28
2.2.1 Global and regional information systems on alcohol and health . . . 29
2.2.2 The NCD Global Monitoring Framework . . . 30
2.2.3 Tracking progress in achieving the sustainable development goals . . . 31
2.3 Key indicators for global monitoring frameworks on alcohol and health . . . 31
2.4 National monitoring systems and their key components . . . 32

3. ALCOHOL CONSUMPTION . . . 38
3.1 Levels of consumption . . . 38
3.1.1 Current drinking and abstention rates . . . 39
3.1.2 Total alcohol per capita consumption (APC) . . . 41
3.1.3 Total alcohol per capita consumption (APC) among drinkers . . . 42
3.1.4 Unrecorded alcohol consumption . . . 43
3.1.5 Trends in current drinking and abstention . . . 44
3.1.6 Trends in total alcohol per capita consumption (APC) . . . 45
3.1.7 Trends in total alcohol consumption among drinkers . . . 46
3.2 Patterns of drinking . . . 46
3.2.1 Most consumed beverages . . . 46
3.2.2 Heavy episodic drinking (HED) . . . 47
3.3 Factors that have an impact on alcohol consumption . . . 49
3.3.1 Alcohol use in young people . . . 49
3.3.2 Alcohol use in women . . . 54
3.3.3 Economic wealth . . . 56
3.4 Projections of alcohol consumption up to 2025 . . . 58

4. HEALTH CONSEQUENCES . . . 62
4.1 Changes in our understanding of the health consequences of alcohol consumption . . . 63
4.2 Alcohol-attributable mortality and the burden of disease . . . 63
4.2.1 The alcohol-attributable burden of infectious diseases . . . 67
4.2.2 The alcohol-attributable burden of noncommunicable diseases . . . 69
4.2.2.1 Malignant neoplasms . . . 69
4.2.2.2 Diabetes mellitus . . . 71
4.2.2.3 Alcohol use disorders, alcohol poisonings and fetal alcohol syndrome . . . 72
4.2.2.4 Epilepsy and other neuropsychiatric disorders . . . 73
4.2.2.5 Cardiovascular diseases . . . 73
4.2.2.6 Digestive diseases . . . 75
4.2.3 The alcohol-attributable burden of injuries . . . 76
4.2.4 Factors that have an impact on health consequences . . . 78
4.2.4.1 Impact by age . . . 78
4.2.4.2 Impact by gender . . . 80
4.2.4.3 Impact by economic status . . . 82
4.3 Trends in the alcohol-attributable health burden, 2010–2016 . . . 84

5. ALCOHOL POLICY AND INTERVENTIONS . . . 88
5.1 Situation analysis . . . 88
5.1.1 Leadership, awareness and commitment . . . 88
5.1.1.1 Written national policies . . . 89
5.1.1.2 Nationwide awareness-raising activities . . . 92
5.1.2 Health services' response . . . 93
5.1.3 Community action . . . 94
5.1.4 Drink–driving countermeasures . . . 95
5.1.4.1 Blood alcohol concentration limits . . . 95
5.1.4.2 Drink–driving prevention measures . . . 97
5.1.4.3 Drink–driving penalties . . . 98
5.1.5 Regulating the availability of alcohol . . . 99
5.1.5.1 National control of production and sale of alcohol . . . 99
5.1.5.2 Restrictions on on-premise and off-premise sales of alcoholic beverages . . . 100
5.1.5.3 National minimum age for purchase . . . 101
5.1.5.4 Restrictions on drinking in public . . . 103
5.1.6 Marketing restrictions . . . 104
5.1.6.1 Restrictions on alcohol advertising . . . 105
5.1.6.2 Regulations on alcohol product placement . . . 107
5.1.6.3 Regulation of alcohol sales promotions . . . 107
5.1.6.4 Methods of detecting infringements of marketing restrictions . . . 108
5.1.7 Pricing . . . 108
5.1.8 Reducing the negative consequences of drinking . . . 110
5.1.8.1 Responsible beverage service (RBS) training . . . 110
5.1.8.2 Labels on alcohol containers . . . 111
5.1.9 Addressing informal and illicit production . . . 112
5.1.9.1 Inclusion of informal or illicit production in national alcohol policies . . . 113
5.1.9.2 Methods used to track informal or illicit alcohol . . . 113
5.1.10 Monitoring and surveillance . . . 113
5.1.10.1 National surveys on alcohol consumption . . . 113
5.1.10.2 Legal definition of alcoholic beverages . . . 114
5.1.10.3 National monitoring systems . . . 115
5.2 Progress since the Global strategy to reduce the harmful use of alcohol . . . 115
5.2.1 Trends in pricing policies . . . 116
5.2.2 Trends in marketing restrictions on alcoholic beverages . . . 116
5.2.3 Trends in regulations of physical availability of alcohol . . . 116
5.2.4 Trends in written national alcohol policies . . . 117
5.2.5 Trends in drink–driving policies and countermeasures . . . 118
5.2.6 Trends in reducing the negative consequences of drinking . . . 120
5.2.7 Trends in health services' response . . . 120
5.3 Population coverage of the "best buys" policy areas . . . 120
5.3.1 Taxation and pricing policies . . . 120
5.3.2 Regulating physical availability . . . 121
5.3.3 Restricting alcohol marketing . . . 123

6. REDUCING THE HARMFUL USE OF ALCOHOL: A PUBLIC HEALTH IMPERATIVE . . . 126
6.1 Progress in alcohol consumption, alcohol-related harm and policy responses . . . 126
6.2 Challenges in reducing the harmful use of alcohol . . . 129
6.2.1 The challenges of a multisectoral approach, its coordination and focus on the role of health sector . . . 129
6.2.2 The growing concentration and globalization of economic actors and strong influence of commercial interests . . . 130
6.2.3 The cultural position of drinking and corresponding concepts and behaviours . . . 131
6.3 Opportunities for reducing the harmful use of alcohol . . . 131
6.3.1 Building on the decrease in youth alcohol consumption in many high- and middle-income countries and increased health consciousness in populations . . . 132
6.3.2 Building on recognition of the role of alcohol control policies in reducing health and gender inequalities . . . 132
6.3.3 Building on the evidence of cost-effectiveness of alcohol control measures . . . 134
6.4 The way forward: priority areas at the global level . . . 134
6.4.1 Public health advocacy, partnership and dialogue . . . 135
6.4.2 Technical support and capacity-building . . . 136
6.4.3 Production and dissemination of knowledge . . . 136
6.4.4 Resource mobilization . . . 136
6.5 Conclusion . . . 137

COUNTRY PROFILES . . . 139

APPENDIX I– ALCOHOL CONSUMPTION . . . 341

APPENDIX II– HEALTH CONSEQUENCES . . . 365

APPENDIX III– INDICATORS RELATED TO ALCOHOL POLICY AND INTERVENTIONS . . . 373

APPENDIX IV– DATA SOURCES AND METHODS . . . 397

REFERENCES . . . 426

FOREWORD

Control alcohol, promote health, protect future generations

Alcohol use is part of many cultural, religious and social practices, and provides perceived pleasure to many users. This new report shows the other side of alcohol: the lives its harmful use claims, the diseases it triggers, the violence and injuries it causes, and the pain and suffering endured as a result.

This report presents a comprehensive picture of how harmful alcohol use impacts population health, and identifies the best ways to protect and promote the health and well-being of people.

It also shows the levels and patterns of alcohol consumption worldwide, the health and social consequences of harmful alcohol use, and how countries are working to reduce this burden.

While less than half of the world's adults have consumed alcohol in the last 12 months, the global burden of disease caused by its harmful use is enormous. Disturbingly, it exceeds those caused by many other risk factors and diseases high on the global health agenda. Over 200 health conditions are linked to harmful alcohol use, ranging from liver diseases, road injuries and violence, to cancers, cardiovascular diseases, suicides, tuberculosis and HIV/AIDS.

Although the highest levels of alcohol consumption are in Europe, Africa bears the heaviest burden of disease and injury attributed to alcohol.

The report finds that while inaction on alcohol control is widespread, there is also hope. For example, political commitment at the highest level to implement effective interventions has contributed substantially to the sharp reduction of alcohol use and related harm in eastern Europe.

The Sustainable Development Goals (SDGs) aim to provide a more equitable and sustainable future for all people by 2030, ensuring that no one is left behind. While the agenda's goals have health targets on substance abuse and addressing noncommunicable diseases, reducing alcohol-related harm also increases the chances of reaching other targets.

Maintaining the momentum towards the SDGs is only possible if countries demonstrate the political will and capacity to meet the different targets. Countries have committed to bring about change as part of the Global strategy to reduce the harmful use of alcohol and the *WHO Global action plan for the prevention and control of NCDs 2013–2020*.

Now the task we share is to help countries put in place policies that make a real and measurable difference in people's lives.

We have no time to waste; it is time to deliver on alcohol control.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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ABBREVIATIONS

15+	population of those aged 15 years and older
AAF	alcohol-attributable fraction
ABV	alcohol by volume
AD	alcohol dependence
ADH1B	alcohol dehydrogenase 1B
AFR	WHO African Region
AIDS	acquired immunodeficiency syndrome
ALD	alcoholic liver disease
AMR	WHO Region of the Americas
APC	alcohol per capita consumption
ARBD	alcohol-related birth defects
ARIMA	autoregressive integrated moving average
ARND	alcohol-related neurodevelopmental disorder
ASDR	age-standardized death rate
AUD	alcohol use disorder
AUDIT	Alcohol Use Disorders Identification Test
BAC	blood alcohol concentration
BMI	body mass index
BrAC	breath alcohol concentration
CAMH	Centre for Addiction and Mental Health
CEA	cost-effectiveness analysis
CI	confidence interval
CMPNC	communicable, maternal, perinatal and nutritional conditions
CVD	cardiovascular disease
DALY	disability-adjusted life year
DNA	deoxyribonucleic acid
EMR	WHO Eastern Mediterranean Region
EUR	WHO European Region
ESPAD	European School Survey Project on Alcohol and Other Drugs
FAO	Food and Agriculture Organization of the United Nations
FAOSTAT	Food and Agriculture Organization of the United Nations (FAO) statistical database
FAS	fetal alcohol syndrome
FASD	fetal alcohol spectrum disorder
FLACSO	Facultad Latino Americana de Ciencias Sociales
GBD	Global Burden of Disease
GDP	gross domestic product
GENACIS	Gender, alcohol, and culture: an international study
GHE	Global Health Estimates
GHO	Global Health Observatory
GISAH	WHO Global Information System on Alcohol and Health
GNI	gross national income
GSHS	Global School-based Student Health Surveys

GSRAH	Global Status Report on Alcohol and Health
HAART	highly active antiretroviral therapy
HCV	hepatitis C virus
HED	heavy episodic drinking
HIV	human immunodeficiency virus
HU	harmful use of alcohol
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
IHME	Institute for Health Metrics and Evaluation
IHR	International Health Regulations
IWSR	International Wine and Spirits Research
LMIC	low- and middle-income countries
MDGs	Millennium Development Goals
MVA	motor vehicle accidents
NACA	National AIDS Coordinating Agency
NCD	noncommunicable disease
ND	non-drivers
NGO	Nongovernmental organization
OIV	Organisation Internationale de la Vigne et du Vin
PAF	Population-attributable fraction
pFAS	partial fetal alcohol syndrome
PPP	purchasing power parity
RBS	responsible beverage service
RR	relative risks
SACU	Southern African Customs Union
SAMHSA	Substance Abuse and Mental Health Services Administration
SDGs	Sustainable Development Goals
SEAR	WHO South-East Asia Region
SES	socioeconomic status
STIs	sexually transmitted infections
STEPS	STEPwise approach to surveillance
TB	tuberculosis
UI	uncertainty intervals
UN	United Nations
UNWTO	World Tourism Organization
USD	US dollar
WHA	World Health Assembly
WHO	World Health Organization
WI	Wine Institute
WPR	WHO Western Pacific Region
YLD	years of life with disability
YLL	years of life lost

EXECUTIVE SUMMARY

CHAPTER 1: REDUCING THE HARMFUL USE OF ALCOHOL: A KEYSTONE IN SUSTAINABLE DEVELOPMENT

- The harmful use of alcohol is one of the leading risk factors for population health worldwide and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), including those for maternal and child health, infectious diseases (HIV, viral hepatitis, tuberculosis), noncommunicable diseases and mental health, injuries and poisonings. Alcohol production and consumption is highly relevant to many other goals and targets of the 2030 Agenda for Sustainable Development. Alcohol per capita consumption per year in litres of pure alcohol is one of two indicators for SDG health target 3.5 – "Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol".

- Alcohol frequently strengthens inequalities between and within countries, hindering the achievement of SDG 10 which calls for inequalities to be reduced. Harms from a given amount of drinking are higher for poorer drinkers and their families than for richer drinkers. This pattern of greater "harm per litre" is found for many different harms caused by alcohol.

- Economic development from a poorer society to a richer one may have potential in the longer term to mitigate alcohol-related harm, but more immediately it can bring about an increase in alcohol consumption and related harm as the availability of alcoholic beverages increases. Effective alcohol control measures in the interests of public health are especially important when rapid economic development is under way.

- Alcohol is often consumed before, along with, or after other psychoactive substance use, and the comorbidity of alcohol and tobacco dependence is strong and well documented. Public health policies, strategies and interventions should take into account the frequent association of alcohol consumption with the use of other psychoactive substances, particularly with opioids and benzodiazepines – for prevention of overdose deaths – and with cannabis – for road safety.

CHAPTER 2: GLOBAL STRATEGIES, ACTION PLANS AND MONITORING FRAMEWORKS

- The harmful use of alcohol is mentioned in numerous global strategies and action plans, but WHO's Global strategy to reduce the harmful use of alcohol continues to be the most comprehensive international policy document providing guidance on reducing the harmful use of alcohol at all levels.

- With development and ratification of the Framework Convention on Tobacco Control, alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks.

- The update of the evidence on cost-effectiveness of policy options and interventions undertaken in the context of an update of Appendix 3 of the Global action plan on NCDs resulted in a new set of enabling and recommended actions to reduce the harmful use of alcohol. The most cost-effective actions, or "best buys", include increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol.

- The growing evidence of a contributing role of harmful use of alcohol to the disease burden of infectious diseases such as HIV, tuberculosis, viral hepatitis and sexually transmitted infections has not yet been sufficiently recognized and addressed in the relevant global strategies and action plans.

- There has been a significantly increased demand for global information on alcohol consumption, alcohol-attributable harms and policy responses. WHO's Global Information System on Alcohol and Health (GISAH) is a global repository for all key alcohol-related indicators included in the 2030 Agenda for Sustainable Development and in global monitoring frameworks for noncommunicable diseases (NCDs).

- Monitoring and surveillance systems on alcohol and public health should cover three overall domains of key indicators, namely those on alcohol consumption, health and social consequences, and policy and programme responses. International comparability of data generated by countries is essential for global monitoring. Assessment and monitoring of unrecorded alcohol consumption continues to be a challenge for national monitoring systems.

CHAPTER 3: ALCOHOL CONSUMPTION

- Worldwide in 2016, more than half (57%, or 3.1 billion people) of the global population aged 15 years and over had abstained from drinking alcohol in the previous 12 months. Some 2.3 billion people are current drinkers. Alcohol is consumed by more than half of the population in only three WHO regions – the Americas, Europe and Western Pacific.

- In the African, Americas, Eastern Mediterranean and European regions, the percentage of drinkers has declined since 2000. However, it increased in the Western Pacific Region from 51.5% in 2000 to 53.8% today and has remained stable in the South-East Asia Region.

- Total alcohol per capita consumption in the world's population over 15 years of age rose from 5.5 litres of pure alcohol in 2005 to 6.4 litres in 2010 and was still at the level of 6.4 litres in 2016. The highest levels of per capita alcohol consumption are observed in countries of the WHO European Region.

- Whereas in the WHO African Region, the Region of the Americas and the Eastern Mediterranean Region alcohol per capita consumption remained rather stable, in the European Region it decreased from 12.3 litres in 2005 to 9.8 litres in 2016. The increase in per capita alcohol consumption is observed in the WHO Western Pacific and South-East Asia regions.

- Current drinkers consume on average 32.8 grams of pure alcohol per day, and this is some 20% higher (40.0 g/day) in the African Region and about 20% lower (26.3 g/day)

in the South-East Asia Region. Drinkers increased their alcohol consumption since 2000 in almost all regions except the WHO European Region.

- One quarter (25.5%) of all alcohol consumed worldwide is in the form of unrecorded alcohol – i.e. alcohol that is not accounted for in official statistics on alcohol taxation or sales as it is usually produced, distributed and sold outside the formal channels under governmental control.

- Worldwide, 44.8% of total recorded alcohol is consumed in the form of spirits. The second most consumed type of beverage is beer (34.3%) followed by wine (11.7%). Worldwide there have been only minor changes in beverage preferences since 2010. The largest changes took place in Europe, where the share of total recorded consumption of spirits decreased by 3% whereas that of wine and beer increased.

- Prevalence of heavy episodic drinking (HED) (defined as 60 or more grams of pure alcohol on at least one occasion at least once per month) has decreased globally from 22.6% in 2000 to 18.2% in 2016 among the total population, but remains high among drinkers, particularly in parts of Eastern Europe and in some sub-Saharan African countries (over 60% among current drinkers).

- Worldwide, more than a quarter (26.5%) of all 15–19-year-olds are current drinkers, amounting to 155 million adolescents. Prevalence rates of current drinking are highest among 15–19-year-olds in the WHO European Region (43.8%), followed by the Region of the Americas (38.2%) and the Western Pacific Region (37.9%).

- Results of school surveys indicate that in many countries of the Americas, Europe and Western Pacific alcohol use starts before the age of 15 years and prevalence of alcohol use among 15-year-old students can be in the range of 50–70% with remarkably small differences between boys and girls.

- Worldwide and in all WHO regions, prevalence of HED is lower among adolescents (15–19 years) than in the total population but it peaks at the age of 20–24 years when it becomes higher than in the total population. Except for the Eastern Mediterranean Region, all HED prevalence rates among drinkers of 15–24 years are higher than in the total population. Young people of 15–24 years, when they are current drinkers, often drink in heavy drinking sessions. Prevalence of HED is particularly high among men.

- In all WHO regions, females are less often current drinkers than males, and when women drink, they drink less than men. Worldwide, the prevalence of women's drinking went down in most regions of the world, except in the South-East Asia and Western Pacific Regions, but the absolute number of currently-drinking women has increased in the world.

- The economic wealth of countries is associated with higher alcohol consumption and higher prevalence of current drinkers across all WHO regions. The prevalence of HED among drinkers is fairly equal in most regions for higher- and lower-income countries, except in the WHO African Region where it is higher in lower-income countries compared with higher-income countries, and in the WHO European Region where, conversely, it is lower in low-income countries than in high-income ones.

- Until 2025, total alcohol per capita consumption in persons aged 15 years and older is projected to increase in the Americas, South-East Asia and the Western Pacific. This

is unlikely to be offset by substantial declines in consumption in the other regions. As a result, total alcohol per capita consumption in the world can amount to 6.6 litres in 2020 and 7.0 litres in 2025 unless projected increasing trends in alcohol consumption in the Region of Americas and the South-East Asia and Western Pacific Regions are stopped and reversed.

CHAPTER 4: HEALTH CONSEQUENCES

- In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs) – i.e. 5.1% of all DALYs in that year. Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes. Among men in 2016, an estimated 2.3 million deaths and 106.5 million DALYs were attributable to the consumption of alcohol. Women experienced 0.7 million deaths and 26.1 million DALYs attributable to alcohol consumption.

- The age-standardized alcohol-attributable burden of disease and injury was highest in the WHO African Region whereas the proportions of all deaths and DALYs attributable to alcohol consumption were highest in the WHO European Region (10.1% of all deaths and 10.8% of all DALYs) followed by the Region of the Americas (5.5% of deaths and 6.7% of DALYs).

- In 2016, of all deaths attributable to alcohol consumption worldwide, 28.7% were due to injuries, 21.3% due to digestive diseases, 19% due to cardiovascular diseases, 12.9% due to infectious diseases and 12.6% due to cancers. About 49% of alcohol-attributable DALYs are due to noncommunicable and mental health conditions, and about 40% are due to injuries.

- Worldwide, alcohol was responsible for 7.2% of all premature (among persons 69 years of age and younger) mortality in 2016. People of younger ages were disproportionately affected by alcohol compared to older persons, and 13.5% of all deaths among those who are 20–29 years of age are attributed to alcohol.

- Alcohol caused an estimated 0.4 million of the 11 million deaths globally in 2016 which resulted from communicable, maternal, perinatal and nutritional conditions, representing 3.5% of these deaths.

- Harmful use of alcohol caused some 1.7 million deaths from noncommunicable diseases in 2016, including some 1.2 million deaths from digestive and cardiovascular diseases (0.6 million for each condition) and 0.4 million deaths from cancers. Globally an estimated 0.9 million injury deaths were attributable to alcohol, including around 370 000 deaths due to road injuries, 150 000 due to self-harm and around 90 000 due to interpersonal violence. Of the road traffic injuries, 187 000 alcohol-attributable deaths were among people other than drivers.

- In 2016 the leading contributors to the burden of alcohol-attributable deaths and DALYs among men were injuries, digestive diseases and alcohol use disorders, whereas among women the leading contributors were cardiovascular diseases, digestive diseases and injuries.

- There are significant gender differences in the past 12-month prevalence of alcohol use disorders. Globally an estimated 237 million men and 46 million women have alcohol use disorders, with the highest prevalence of alcohol use disorders among men and women in the European Region (14.8% and 3.5%) and the Region of Americas (11.5% and 5.1%). Alcohol use disorders are more prevalent in high-income countries.

- In 2016 the alcohol-attributable disease burden was highest in low-income and lower-middle-income countries when compared to upper-middle-income and high-income countries.

- The proportion of alcohol-attributable deaths in total deaths decreased slightly between 2010 (5.6%) and 2016 (5.3%), but the proportion of alcohol-attributable DALYs remained relatively stable (5.1% of all DALYs in 2010 and 2016).

CHAPTER 5: ALCOHOL POLICY AND INTERVENTIONS

- In 2016, 80 countries reported having written national alcohol policies, while a further eight countries had subnational policies and 11 others had a total ban on alcohol. The percentage of countries with a written national alcohol policy steadily increased from 2008, and many countries have revised their policies since the Global strategy to reduce the harmful use of alcohol was released. The majority of countries in Africa and the Americas do not have written national alcohol policies. The presence of national alcohol policies is highest among reporting high-income countries (67%) and lowest among low-income countries (15%). Principal responsibility for the policy lies with the health sector in 69% of countries with a national policy.

- Levels of treatment coverage for alcohol dependence (calculated as the proportion of alcohol-dependent persons who are in contact with treatment services) varied widely in 2016 from close to zero in low- or lower-middle-income countries to relatively high (more than 40%) in high-income countries. Results of the survey indicate that the level of treatment coverage in most countries is not known. About half of reporting countries indicated that they increased the level of screening and brief interventions for hazardous and harmful drinking in primary health care settings since 2010, but most of this progress was confined to high-income and upper-middle-income countries.

- The majority (97) of responding countries have a maximum permissible blood alcohol concentration (BAC) limit to prevent drink–driving at or below 0.05%. However, 37 responding countries have a BAC limit of 0.08, and 31 responding countries have no BAC limits at all. Seventy countries (41%) reported using sobriety checkpoints and random breath-testing as prevention strategies, but 37 (32%) used neither strategy. The number of countries reporting these measures increased substantially between 2008 and 2016.

- Licensing systems are the commonest means of restricting alcohol availability, and 47 countries have a licensing system along with a government monopoly in at least one level of the alcohol market. Of the countries with an alcohol licensing system, most reported an increase in the number of licences to distribute and sell alcohol, particularly in the African and South-East Asia regions. Two in every five countries reported growth in the number of licences to produce alcohol. Increases in the number of licences for alcohol production and distribution is concentrated in low-income countries.

- The most common legal age limit for on-premise and off-premise alcohol purchase is 18 years, followed by 21 and 16 years. Countries without a legal minimum tend to be low-income or lower-middle-income countries.

- The majority of countries have some type of restrictions on beer advertising, with total bans most common for national television and national radio. Almost half of countries reported no restrictions on the Internet and social media, suggesting that regulation in many countries lags behind technological innovations in marketing. Thirty-five countries had no regulations on any media type. Most of the countries that reported no restrictions across all media types were located in the African (17 countries) or Americas regions (11 countries).

- Almost all (95%) countries have alcohol excise taxes, but fewer than half of them use the other price strategies such as adjusting taxes to keep up with inflation and income levels, imposing minimum pricing policies, or banning below-cost selling or volume discounts.

- Disclosing the alcohol content on alcoholic beverage labels is required for beer, wine and spirits in a majority of countries, but only a minority of countries requires basic consumer information such as calories and additives. Only eight countries require that alcoholic beverage labels must indicate the number of standard drinks in the container. Less than a third of responding countries mandate health and safety warning labels on bottles or containers, and only seven countries require rotation of the warning label text.

- A total of 104 countries reported having a national legal definition of alcoholic beverages, and beverages containing at least 0.5% alcohol by volume was the most common definition. Fifty countries provided a definition of a standard drink in grams of pure alcohol with 10 grams as the most common size for a standard drink.

- National monitoring systems most commonly collect data on alcohol consumption and related health consequences and less commonly monitor social consequences and alcohol policy responses.

- Effective alcohol policies protect the health of populations. The highest population coverage for the most cost-effective alcohol policies ("best buys") is observed for pricing policies, with excise taxes as the most common policy measure. However, reliable data indicate that population coverage of regulations on physical availability of alcohol and restrictions on alcohol marketing is significantly lower worldwide.

CHAPTER 6: REDUCING THE HARMFUL USE OF ALCOHOL: A PUBLIC HEALTH IMPERATIVE

- Despite some positive global trends in prevalence of HED and alcohol-related mortality and morbidity since 2010, there is no progress in reducing total per capita alcohol consumption in the world, and the global burden of disease attributable to alcohol continues to be unacceptably high. The current trends and projections point to an increase in total per capita consumption worldwide in the next 10 years that will put the target of a 10% relative reduction by 2025 out of reach unless implementation of effective alcohol control measures reverse the situation in countries with high and increasing levels of alcohol consumption.

- Concerted actions are needed to achieve at least stabilization of increasing trends in alcohol consumption in the South-East Asia and Western Pacific regions, acceleration of the decreasing trends in the Region of the Americas, initiation of a decrease in alcohol consumption in the African Region, and continued support for positive changes in the European Region.

- In the WHO European Region, the target of a 10% relative reduction of total per capita consumption in comparison with the 2010 level was achieved in 2016, demonstrating the feasibility of a 10% relative reduction in alcohol consumption as envisaged by the NCD Global Monitoring Framework.

- Alcohol policy development and implementation have improved globally but are still far from accomplishing effective protection of populations from alcohol-related harm. The skewed prevalence of effective alcohol policies in higher-income countries raises issues of global health equity and underscores the need for greater resources and priority to be placed on supporting development and implementation of effective actions in low- and middle-income countries.

- Among the challenges in reducing the harmful use of alcohol are low levels of political commitment to effective coordination of multisectoral action to reduce harmful use, the influence of powerful commercial interests which go against effective alcohol control policies, and strong drinking traditions in many cultures.

- Among the opportunities for reducing the harmful use of alcohol worldwide are inclusion of alcohol-related targets in major global policy and strategic frameworks such as the 2030 Agenda for Sustainable Development, increased health consciousness in populations, decreased youth alcohol consumption as observed in a wide range of countries, recognition of the role of alcohol control policies in reducing health and gender inequalities, and accumulating evidence of effectiveness and cost-effectiveness of a number of alcohol control measures.

- Addressing the harmful use of alcohol requires "whole of government" and "whole of society" approaches with appropriate engagement of public health-oriented NGOs, professional associations and civil society groups. At the international level, the broad scope and magnitude of health and social problems caused by the harmful use of alcohol require coordinated and concerted actions by different parts of the United Nations system and regional intergovernmental organizations in the context of the 2030 Agenda for Sustainable Development.

- New partnerships and appropriate engagement of all relevant stakeholders are needed to support the implementation of practical and focused technical packages based on the evidence of effectiveness and cost-effectiveness of different alcohol-control measures that can ensure returns on investments by reducing the harmful use of alcohol.

- Streamlined and simplified data generation, collection, validation and reporting procedures, as well as methodological advances in the assessment of treatment coverage for substance use disorders, are needed for effective monitoring and reporting on the alcohol-related indicators included in the monitoring framework for the SDGs.

- The magnitude of alcohol-attributable disease and its social burden and the availability of a range of effective and cost-effective policy options and interventions are in sharp contrast with the resources available at all levels to reduce the harmful use of alcohol. The lack of resources to finance prevention and treatment programmes and interventions calls for innovative funding mechanisms to address the harmful use of alcohol within the context of 2030 Agenda for Sustainable Development.

- The report also contains country profiles for all 194 WHO Member States as well as data tables supporting the information provided in chapters 2–5 (Appendices I–III) and a section explaining data sources and methods used in this report (Appendix IV).

1.
REDUCING THE HARMFUL USE OF ALCOHOL: A KEYSTONE IN SUSTAINABLE DEVELOPMENT

1. REDUCING THE HARMFUL USE OF ALCOHOL: A KEYSTONE IN SUSTAINABLE DEVELOPMENT

In many of today's societies, alcoholic beverages are a routine part of the social landscape for many in the population. This is particularly true for those in social environments with high visibility and societal influence, nationally and internationally, where alcohol frequently accompanies socializing. In this context, it is easy to overlook or discount the health and social damage caused or contributed to by drinking. However, as this report shows, the burden from drinking alcohol is great and widely distributed.

This report, which is produced in continuation of the series of WHO global status reports on alcohol (WHO, 1999; 2001; 2004; 2011; 2014), pulls together current knowledge of alcohol consumption and its risks to health on a global level, the health consequences of drinking alcohol and policy responses globally and in major world regions.

1.1 ALCOHOL IN THE CONTEXT OF THE UNITED NATIONS 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

On 25 September 2015, United Nations Member States adopted a set of goals to end poverty, protect the planet and ensure prosperity for all as part of a new sustainable development agenda (Box 1.1). The new United Nations Sustainable Development Goals (SDGs) replace the Millennium Development Goals (MDGs) and consist of 17 goals with 169 targets that all 193 United Nations Member States have agreed to try to achieve by the year 2030 (UN, 2015).

Box 1.1 The United Nations Sustainable Development Goals (UN, 2015)

Health and well-being have an important place in the SDGs. SDG 3 (Ensure healthy lives and promoting well-being for all at all ages) is underpinned by 13 targets that cover a wide spectrum of WHO's work. Alcohol consumption is a unique risk factor for population health as it affects the risks of approximately 230 three-digit disease and injury codes in the *International Statistical Classification of Diseases and Related Health Problems –10th Revision* (ICD-10) (Rehm et al., 2017a; WHO, 2007) including infectious diseases, noncommunicable diseases (NCDs) and injuries. Alcohol is specifically mentioned under health Target 3.5: "Strengthen the prevention and treatment of substance use, including narcotic drug abuse and harmful use of alcohol". The inclusion of a separate health target to strengthen the prevention and treatment of substance use disorders under SDG 3 illustrates the increased diversity of the new global development agenda and its recognition of harmful use of alcohol as a development issue in itself.

However, action to reduce the harmful use of alcohol will contribute to many other goals and targets of the 2030 agenda. Almost all of the other 16 SDGs are directly related to health or will contribute to health indirectly. The new agenda, which builds on the MDGs, aims to be relevant to all countries and focuses on improving equity to meet the needs of women, children and the poorest, most disadvantaged people. Unlike the MDGs, the SDGs are universal to all countries in terms of their nature and relevance, though how nations need to act in the implementation of the goals will vary with their capacities, realities and developmental levels.

Major foci in the SDGs are achieving sustainable economic growth (SDG 8), ending poverty (SDG 1), reducing inequalities between and within countries (SDG 10) and achieving gender equality (SDG 5). Alcohol production and consumption is highly relevant to each of these goals, although the relationships are often complex (Room & Jernigan, 2000). This chapter lays out and considers some of these complexities, but it focuses on the impact of alcohol consumption and the harmful use of alcohol on health within the context of the 2030 Agenda for Sustainable Development.

1.2 ALCOHOL AND SDG 2030 HEALTH TARGETS

The health and social harms from drinking alcohol occur through three main interrelated mechanisms: 1) the toxic effects of alcohol on diverse organs and tissues in the consumer's body (resulting, for instance, in liver disease, heart disease or cancer); 2) development of alcohol dependence whereby the drinker's self-control over his or her drinking is impaired, often involving alcohol-induced mental disorders such as depression or psychoses; and 3) through intoxication – the psychoactive effects of alcohol in the hours after drinking (Babor et al., 2010).

The impact of alcohol consumption on population health is presented in Chapter 4 of this report. This chapter focuses on alcohol-related harms which have a particular impact on the health-related SDG targets (Box 1.2).

Box 1.2 Health targets and indicators for SDG 3 (UN, 2015)

SDG health targets		Indicators for SDG health targets	
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births	3.1.1	Maternal mortality ratio
		3.1.2	Proportion of births attended by skilled health personnel
3.2	By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births	3.2.1	Under-five mortality rate
		3.2.2	Neonatal mortality rate
3.3	By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1	Number of new HIV infections per 1000 uninfected population, by sex, age and key populations
		3.3.2	Tuberculosis incidence per 1000 population
		3.3.3	Malaria incidence per 1000 population
		3.3.4	Hepatitis B incidence per 100 000 population
		3.3.5	Number of people requiring interventions against neglected tropical diseases
3.4	By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being	3.4.1	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease
		3.4.2	Suicide mortality rate
3.5	Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
		3.5.2	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
3.6	By 2020, halve the number of global deaths and injuries from road traffic accidents	3.6.1	Death rate due to road traffic injuries
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods
		3.7.2	Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1000 women in that age group
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population)
		3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income
3.9	By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1	Mortality rate attributed to household and ambient air pollution
		3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services)
		3.9.3	Mortality rate attributed to unintentional poisoning
3.A	Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate	3.A.1	Age-standardized prevalence of current tobacco use among persons aged 15 years and older
3.B	Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.B.1	Proportion of the population with access to affordable medicines and vaccines on a sustainable basis
		3.B.2	Total net official development assistance to medical research and basic health sectors
3.C	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.C.1	Health worker density and distribution
3.D	Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.D.1	International Health Regulations (IHR) capacity and health emergency preparedness

1.2.1 Reproductive, maternal, newborn, child and adolescent health

Alcohol use has an impact on the health of women and children. The association of alcohol consumption with engagement in unprotected sex (Scott-Sheldon et al., 2016; Rehm et al., 2012) has been shown to increase the risk of experiencing unintended pregnancy (Connery, Albright & Rodolico, 2014; Oulman et al., 2015; Lundsberg et al., 2018). Alcohol and drug use also increase the risk of fetal exposure to alcohol due to delayed recognition of pregnancy (Connery, Albright & Rodolico, 2014). This can continue to have negative implications for newborns (Schoeps et al., 2018).

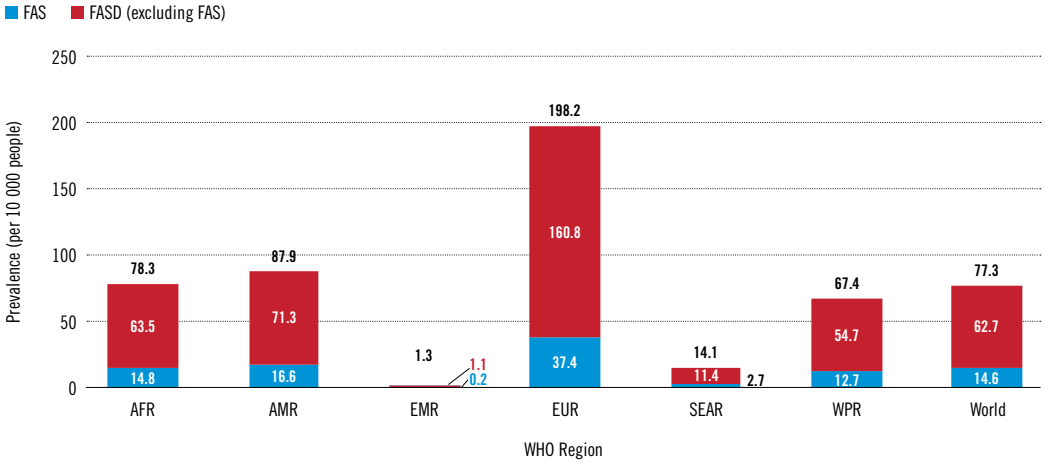
Alcohol use during pregnancy has been established as a risk factor for adverse pregnancy outcomes, including stillbirth, spontaneous abortion, premature birth, intrauterine growth retardation and low birth weight (Henriksen et al., 2004; Kesmodel & Kesmodel, 2002; Patra et al., 2010), and can result in a range of lifelong conditions known as fetal alcohol spectrum disorders (FASD) (Chudley et al., 2005) (Box 1.3).

Box 1.3 Fetal alcohol spectrum disorders (FASD)

FASD is an umbrella term which includes fetal alcohol syndrome (FAS), partial fetal alcohol syndrome (pFAS), alcohol-related neurodevelopmental disorder (ARND) and, depending on the diagnostic and classification system, alcohol-related birth defects (ARBD) (Chudley et al., 2005; Cook et al., 2016; Hoyme et al., 2016). FASD is characterized by central nervous system damage and its manifestations include physical, mental and behavioural features and learning disabilities with possible lifelong implications.

A systematic review and meta-analysis by Popova and colleagues estimated that the global prevalence of alcohol use during pregnancy in the general population amounts to 9.8% (Popova et al., 2017). In addition, Lange and colleagues observed, at the country level, that binge drinking during pregnancy ranged from 0.2% to 13.9% (Lange et al., 2017). Drinking during pregnancy resulted in an estimated prevalence of FAS in the general population of 14.6 per 10 000 people and a prevalence of FASD of 77.3 per 10 000 people (Popova et al., 2017). The prevalence of FAS and FASD varies by WHO region, with the prevalence being highest in the Region of the Americas (AMR) and the European Region (EUR) (Figure 1.1). Additionally, a recent systematic review and meta-analysis by Popova and colleagues found that 428 conditions (which spanned 18 of the 22 ICD-10 chapters) co-occurred with FASD (Popova et al., 2016). Some of the most common health problems are congenital malformations, chromosomal abnormalities, prenatal and postnatal growth delays, intellectual disability, behavioural disorders, speech and language difficulties, visual and audiological impairments, cardiac deformities and urogenital problems.

Figure 1.1 Prevalence of fetal alcohol syndrome and fetal alcohol spectrum disorders in the general population, by WHO region



Data obtained from Popova et al., 2017.
FAS = fetal alcohol syndrome; FASD = fetal alcohol spectrum disorders.
AFR = African Region; AMR = Region of the Americas; EMR = Eastern Mediterranean Region; EUR = European Region; SEAR = South-East Asia Region; WPR = Western Pacific Region.

Alcohol use in adolescents is associated with alterations in verbal learning, visual–spatial processing, memory and attention as well as with deficits in development and integrity of grey and white matter of the central nervous system (Spear, 2018). These neurocognitive alterations by adolescents' alcohol use seem to be related to behavioural, emotional, social and academic problems in later life (Brown et al., 2008; Windle et al., 2008).

Parental drinking or poor parent–adolescent relationship quality are among the factors related to adolescent alcohol use (Hummel et al., 2013; Sharmin et al., 2017; Yap et al., 2017).

There is a consistent and large amount of evidence demonstrating the positive association between parental and offspring drinking (Rossow et al., 2016; Sharmin et al., 2017). Perceived parental alcohol problems were associated significantly with a higher likelihood of frequent emotional symptoms, depression, low self-esteem and loneliness among both boys and girls (Pisinger, Bloomfield & Tolstrup, 2016). In addition, parental heavy drinking and alcohol problems were shown to be associated with worse outcomes in children, including educational outcomes (Mangiavacchi & Piccoli, 2018), drug use (Finan et al., 2018), conduct problems (Su et al., 2018) and criminality (af Klinteberg et al., 2011). Parental alcohol use disorders (AUDs) are associated with a higher risk of their children developing depression in adulthood (Wolfe, 2017; Fuller-Thomson et al., 2013). A number of mediating factors in these associations have been identified, which can play a protective role by increasing resilience or, conversely, can aggravate the vulnerability of children of parents with AUDs (Park & Schepp, 2015; Finan et al., 2018; Wolfe, 2017).

1.2.2 Infectious diseases

Alcohol consumption has been shown to increase the risk of HIV/AIDS by increasing the risk of transmission (resulting from an increased risk of unprotected sex (Rehm et al., 2017), and by increasing the risk of infection and subsequent mortality from tuberculosis and lower respiratory infections by suppressing a wide range of immune responses via

multiple biological pathways, particularly in people who engage in heavy episodic drinking or who chronically consume large amounts of alcohol (Sarkar, Jung & Wang, 2015).

1.2.2.1 Risky sexual behaviour and sexually transmitted infections

The association between alcohol use and risky sexual behaviour is complex. Alcohol use increases sexual risks and could affect factors such as partner selection and the likelihood of unprotected sex (Rehm et al., 2012; Williams et al., 2016). Greater quantities of alcohol consumed, rather than frequency of drinking, predict higher sexual risk (Kalichman et al., 2007). A meta-analysis drawing on 30 experimental studies (Scott-Sheldon et al., 2017) which had randomly assigned subjects to remain sober or to drink to a blood alcohol content (BAC) averaging 0.07%, and had then studied sexual decision-making after some form of sexual stimulation, found that drinking to mild intoxication "directly affects sexual decision-making (e.g. intentions to engage in unprotected sex)", which would result in increased sexual risk and potentially in HIV infection. Furthermore, there is a known association between alcohol use and risk factors – including unprotected sex, sex with multiple partners, transactional sex and coercive sex – for HIV and sexually transmitted infections (STIs) (Woolf-King & Maisto, 2011) (Box 1.4). If left untreated, STIs (other than HIV) pose an increased risk of acquiring an HIV infection. Women are often subjected to these risks by their male sexual partner's alcohol use. Sexual violence is related to both alcohol use and HIV risk (Baliunas et al., 2010).

Box 1.4 Alcohol and HIV/AIDS

The harmful use of alcohol is associated both with an increased risk of acquiring HIV infection and with negative effects on people living with HIV/AIDS in terms of treatment outcomes, morbidity and mortality (Baliunas et al., 2010; Bryant, 2006). The harmful use of alcohol has a negative impact on HIV infection and transmission in three main ways, namely:

- by increasing the risk of HIV transmission, notably through risky sexual behaviour such as inconsistent condom use and engaging in multiple sexual partnerships (Reis et al., 2016);
- by having a negative impact on HIV treatment, including alcohol–drug interactions, toxicity and/or reduction in treatment adherence and by increasing the risk of resistance to antiretroviral medications (Gross et al., 2017; de Oliveira et al., 2016; Rehm et al., 2010a);
- by compromising immune responses, leading to increased biological susceptibility to infection through deterioration of various pathways of the immune system (Schuper et al., 2010; Miguez et al., 2003), and disease progression (Neuman, Monteiro & Rehm, 2006; Neuman et al., 2012).

1.2.2.2 Viral hepatitis

Association of the harmful use of alcohol with risky sexual behaviour and a higher risk of common STIs can partially explain both the higher prevalence of viral hepatitis among persons with AUDs in comparison with the general population (Cortes et al., 2017), and the association between chronic HCV infection and both former and excessive current drinking (Taylor et al., 2016). Alcohol consumption has a synergistic effect with viral hepatitis in the progression of liver disease (Tikhanovich et al., 2014; Dolganiuc, 2015). In addition, alcohol is a well-known causal factor for non-infectious liver diseases, including hepatitis (Parker & Neuberger, 2018) and liver cirrhosis, and the latter is associated with high mortality (Sandahl et al., 2010) (section 1.2.3.3).

1.2.2.3 Tuberculosis

Harmful alcohol use is a strong risk factor for the development of tuberculosis (WHO, 2017c). The mechanisms of impact of alcohol use on tuberculosis are similar to those for other infectious diseases (Box 1.5).

Box 1.5 Alcohol and tuberculosis

Alcohol consumption can suppress the immune system, which is documented in individuals with heavy alcohol exposure (Laprawat et al., 2017; Imtiaz et al., 2017; Nahid et al., 2016; Lönnroth et al., 2008), which increases the risk for active tuberculosis. The risk rises with the increase in levels of alcohol consumption. There is a three-fold increase in the risk of tuberculosis associated with a diagnosis of alcohol use disorder (Imtiaz et al., 2017).

Alcohol consumption can influence the absorption and metabolism of tuberculosis drugs and increases the risk of chemically-driven liver damage (hepatotoxicity), which is already a common side effect of tuberculosis medications (Pande et al., 1996; Rehm et al., 2009a).

People with alcohol use disorders are at greater risk for poor treatment adherence, treatment failure and drug-resistant tuberculosis infection (De Gennaro et al., 2017).

1.2.3 Major noncommunicable diseases

The relationship between alcohol consumption and major NCDs is well documented (IARC, 2010; Rehm et al., 2010b; Lim, Vos & Flaxman, 2012), and reducing the harmful use of alcohol in populations is one of prerequisites of effective NCD prevention and control (Room et al., 2011; Beaglehole et al., 2011; Ezzati & Riboli., 2012; WHO, 2013). The estimates of alcohol-attributable burden of NCDs are presented in Chapter 4.

1.2.3.1 Cardiovascular diseases

Numerous epidemiological studies have observed a complex relationship between both the volume and patterns of alcohol consumption and the occurrence of cardiovascular diseases (Roerecke & Rehm, 2012; Klatsky, 2015; O'Keefe et al., 2014). Specifically, volume and patterns of alcohol consumption have been shown to increase the risk of hypertensive heart disease (Taylor et al., 2009; Briasoulis, Agarwal & Messerli, 2012), cardiomyopathy (Lacovoni, De Maria & Gavazzi, 2010), atrial fibrillation and flutter (Kodama et al., 2011), and haemorrhagic and other non-ischaemic strokes (Patra et al., 2010). The relationship between alcohol and the onset of ischaemic heart disease or ischaemic strokes is complex; people who consume low-to-moderate amounts of alcohol and do not engage in irregular heavy drinking have a lower disease risk, while people who engage in irregular heavy drinking or who consume higher volumes of alcohol have a higher disease risk (Roerecke & Rehm, 2010; Leong et al., 2014; Guiraud et al., 2010; Roerecke & Rehm, 2014).

1.2.3.2 Cancers

There is an established causal link between alcohol use and cancer development in the oropharynx, larynx, oesophagus, liver, colon, rectum and the female breast (Bagnardi et al., 2015; IARC, 2009). The risks are generally higher for females than males. Even moderate alcohol intake, corresponding to daily consumption of no more than 25 grams of pure alcohol, has been shown to increase the risk of developing female breast cancer (Bagnardi et al., 2015). The biological mechanisms of alcohol-related carcinogenesis are

not entirely understood, but several pathways have been identified by which alcohol is thought to contribute to cancer development. Most notably, alcohol has been shown to damage permanently the DNA strands in the cell, and to inhibit DNA repair processes from functioning, particularly through acetaldehyde – the immediate product of alcohol metabolism. Alcohol use may also lead to nutritional deficiencies that affect DNA processing pathways (Boffetta & Hashibe, 2006). Some genetic variations are also associated with an increased risk from alcohol in cancer development (IARC, 2009; Scoccianti, Straif & Romieu, 2013). Alcohol is also thought to modulate estrogen pathways, thus increasing the risk for development of breast cancer in females (Cao et al., 2015).

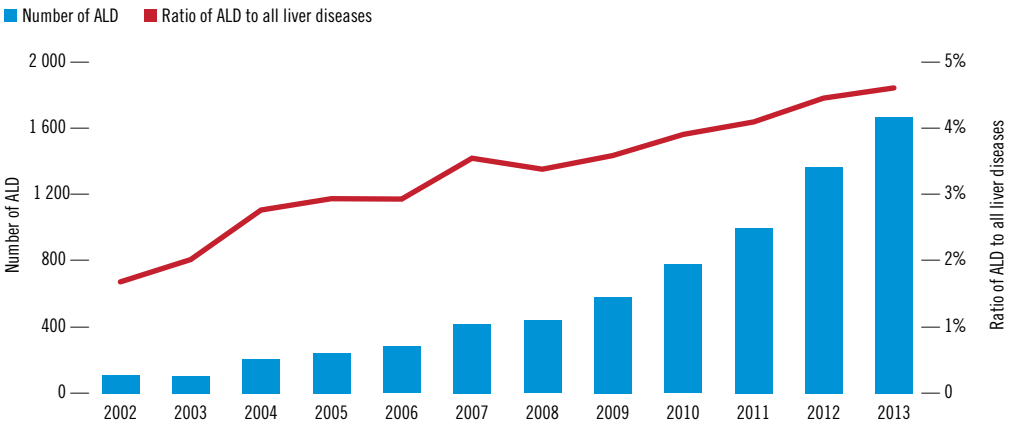
1.2.3.3 Liver diseases

The causal relationship of alcohol consumption and liver diseases is well established, and alcohol has been shown to have an ability to cause hepatocellular damage through ethanol metabolism-associated mechanisms and malnutrition (Gao & Bataller, 2011). Alcohol is one of the most frequent causes of liver disease; alcohol-involved subtypes of liver disease include alcoholic hepatitis, steatosis, steatohepatitis, fibrosis and cirrhosis. Acute alcoholic hepatitis and liver cirrhosis are associated with high mortality (which can reach 50% in acute alcohol hepatitis), and the median survival time of patients with advanced liver cirrhosis can be as low as 1–2 years (Bruha, Dvorak & Petrtyl, 2012). Health systems may face a significant and increasing treatment demand for alcohol liver diseases, as illustrated in Box 1.6.

Box 1.6 Rising alcoholic liver disease hospitalizations in China

The Beijing 302 Hospital is a large hospital treating patients from most parts of China, including over 40 000 patients per year with liver disease. Those treated for liver disease at the hospital are thus reflective of trends in liver disease in China. In the period 2002–2013, the distribution of types of liver disease changed at the hospital, with the proportion of alcoholic liver disease (ALD) more than doubling (Figure 1.2). Throughout this period, most of the patients with ALD (about 98%) were male. A study reporting this remarked that "the number of patients with ALD is rising at an alarming rate in China" (Huang et al., 2017).

Figure 1.2 Alcoholic liver disease (ALD) patients treated in each year 2002–2013 at Beijing 302 Hospital, and the ratio of ALD cases to all liver disease patients



Source: Huang et al., 2017, reproduced by permission of the publisher from Wolters Kluwer Health, Inc., under a Creative Commons licence.

1.2.4 Alcohol and mental health

In the chapter on "Mental, behavioural or neurodevelopmental disorders" of the 11th revision of the International Classification of Diseases (ICD-11), 11 four-digit diagnostic categories are assigned to mental health conditions caused by alcohol, ranging in their severity and duration from short-term acute alcohol intoxication to life-long disabling conditions such as dementia due to the use of alcohol (Table 1.1). Alcohol consumption and AUDs are also associated with increased risk of suicides (Box 1.7).

Table 1.1 Major mental, behavioural or neurodevelopmental disorders caused by alcohol in the 11th revision of the International Classification of Diseases (ICD-11) (WHO, 2018c)

ICD-11 Mental, behavioural or neurodevelopmental disorders caused by alcohol	
6C40.0	Single episode of harmful use of alcohol
6C40.1	Harmful pattern of use of alcohol
6C40.2	Alcohol dependence
6C40.3	Alcohol intoxication
6C40.4	Alcohol withdrawal
6C40.5	Alcohol-induced delirium
6C40.6	Alcohol-induced psychotic disorder
6C40.7	Other alcohol-induced disorders
	6C40.70 Alcohol-induced mood disorder
	6C40.71 Alcohol-induced anxiety disorder
6D84.0	Dementia due to use of alcohol
6D72.10	Amnestic disorder due to use of alcohol
6C40.Y	Other specified disorders due to use of alcohol
6C40.Z	Disorders due to use of alcohol, unspecified

Box 1.7 Alcohol and suicides

An expansive literature shows that alcohol intoxication can increase dysphoria, cognitive dysfunction, impulsivity and intensity of suicidal ideation. People have approximately seven times increased risk for a suicide attempt soon after drinking alcohol, and this risk further increases to 37 times after heavy use of alcohol (Borges et al., 2017). The alcohol-attributable fraction for suicide was estimated to be as high as 18% (Chapter 4). It is also known that the presence of AUDs at least doubles the risk of having depression (Boden & Fergusson, 2011). Risk of suicidal ideation, suicidal attempts and completed suicide are each increased by 2–3 times among those with AUDs in comparison with the general population (Darvishi et al., 2015).

AUDs (code 6C40), including alcohol dependence and harmful patterns of alcohol use, are quite common (and largely untreated) mental health conditions associated with significant morbidity and mortality (Schuckit, 2009; Connor, Haber & Hall, 2016). A broad range of alcohol-related social and interpersonal problems are often directly linked to alcohol intoxication.

1.2.4.1 Alcohol intoxication

Alcohol intoxication is not only the diagnostic category defining a particular alcohol-induced mental health condition and a very common transient condition among drinkers, but is also the third of the three broad mechanisms of alcohol-related harm noted above (toxic effects of alcohol, dependence potential, intoxication) (section 1.2.4). This dimension of the impact of drinking alcohol is often left to the police, welfare and justice systems to resolve but it should be a major concern for public health.

Alcohol is a psychoactive substance, affecting various neural pathways and parts of the brain, with its effects depending on the dose ingested, on genetic factors, on the learned experience of the drinker, as well as on aspects of the setting (Oscar-Berman & Marinković, 2007; Giancola et al., 2010). The potential variety of effects from alcohol is especially large. The potential effects of alcohol include impairment in attention, cognition and dexterity (which are important for such activities as driving a car); aggressive impulses and loss of behavioural control (important for criminal violence); and alcohol poisoning (which can be fatal). Each of these effects tends to affect the drinker, on average, at a different threshold: driving impairment at a BAC below 0.05%; aggression at a BAC of about 0.075% (Duke et al., 2011); and overdose at a BAC of around 0.35% (calculated from Gable, 2004). However, there is much individual variation in these effects, not only in terms of how much alcohol precipitates them but also, for some effects, in terms of whether they occur at all: for instance, only a minority of the population will display aggression (Giancola et al., 2010).

Alcohol intoxication plays a large role in alcohol's contribution to the global burden of disease through its role in alcohol-related injuries – including intentional injuries, but also in other health conditions that lead, for example, to cardiovascular deaths (George & Figueredo, 2010). Beyond causing harm to the drinker, alcohol intoxication is often the main mechanism of harm to others from drinking (Box 1.8).

Box 1.8 Harm to others from drinking

The harms to health are only part of the total alcohol-related harm. Harms from drinking occur not only to the drinker, but also to those around him or her – to others in the family or household, to relatives and friends, and to those encountered on the street. The harms may be to health (e.g. injury, a family member's anxiety or depression, transmission of infection to a sexual partner), or may be social (e.g. assault, community nuisance) or economic (e.g. damage to property, money for family necessities spent on drinking) (Karriker-Jaffe et al., 2018). Alcohol intoxication plays a large part in harms to others from drinking. In an Australian national adult sample, those who had been harmed in the last year by the drinking of a relative or other person known to them were asked about that person's drinking patterns. The average response was that the person drank five or more drinks (50 grams or more of ethanol) four times a week, and 13 drinks when drinking heavily (Laslett et al., 2010). Those most seriously harmed by another's drinking are likely to be other members of the household. To the extent that drinking, and particularly heavy drinking, is more common among adult males, the others in the family – the female partner and children – are particularly likely to be adversely affected, both in terms of the drinker's behaviour after drinking and in terms of shared family resources being expended on or in the course of the drinking (Laslett et al., 2017a; 2017b). Within the family, in other words, there is on average more drinking by the member with the highest social standing, but the harms from the drinking are spread more evenly. Outside the household, the adverse effects of drinking are more evenly spread in the population, though other drinkers may be at greater risk than abstainers (Waleewong et al., 2018).

1.2.5 Injuries, violence, homicides and poisonings

1.2.5.1 Injuries

Alcohol has been identified as an important risk factor in different types of injury. Alcohol contributes to the occurrence of both unintentional injuries (road traffic injuries, drowning, burns, poisoning, falls) and intentional injuries (suicide, interpersonal violence). The exact magnitude of the problem of alcohol-related injuries is unclear in many low- and middle-income countries but the overall burden of alcohol-attributable injuries is substantial (Chapter 4, section 4.2.3).

1.2.5.2 Traffic injuries

The important part that alcohol plays in traffic injuries is well established. The main focus in preventive policies and programmes has often been on the drinking driver; it is now well recognized that a driver's attention and driving skills are increasingly undermined according to how many drinks he or she has had before driving, with the decrement in performance starting with the second drink. In many countries, there are laws against drink–driving after drinking more than a small amount – usually defined in terms of BAC (e.g. 0.05%). It is not only the driver's drinking which contributes to road traffic injuries. A minor contribution to the statistics may come from drunken passengers in a vehicle who distract or interfere with the driver. Much more important numerically are drunken pedestrians. In South Africa, for instance, with a road traffic death rate (39.7 per 100 000 each year) double the global rate, it is estimated that 40% of road traffic deaths in 2007 were of pedestrians and over half of these pedestrians had a BAC above the legal limit for driving (Seedat et al., 2009). A study in Tayside, Scotland, found that intoxicated pedestrians constituted one third of road traffic deaths related to alcohol (Foster et al., 1988). At a hospital trauma centre in Melbourne, Australia, from 2009–2014, 24.7% of pedestrians injured in road traffic crashes were intoxicated (Mitra et al., 2017).

The role of alcohol in traffic injuries is well recognized, and laws against drink–driving are perhaps the most universal legal controls on drinking (Chapter 5). However, the laws need to be implemented and quite intensively enforced if they are to be effective in deterring drink–driving and reducing rate of alcohol-related casualties (Ross, 1984; Anderson, Chisholm & Fuhr, 2009). The relatively high rate of alcohol-related traffic casualties in many countries is strong evidence that enforcement of the laws is often weak.

1.2.5.3 Aggression and violence

A review of recent literature on the links between substance use and aggression found that "the research supporting the relation between all forms of aggression and alcohol use is enormous [and] unequivocal", while noting that "this relationship is likely moderated by individual difference and contextual factors [and] is most prominently demonstrated in men" (Tomlinson, Brown & Hoaken, 2016). Experimental studies have found a dose–response connection between BAC and aggression, with the effects becoming significant with a BAC of 0.05%, and rising with higher BAC levels (Duke et al., 2011).

While earlier studies often focused on alcohol's role in street violence, predominantly male-on-male, there has been an increased focus in recent years on alcohol's role in violence in the family and in intimate relations, including sexual violence. Studies of alcohol involvement in sexual aggression perpetration by young males have generally found a strong connection (Abbey et al., 2014), though the studies have been in a limited range

of high-income societies. A survey study in 10 central and southern European countries found that both sexual aggression and sexual victimization were associated with drinking in conjunction with sex, but not with the respondent's general drinking patterns. "Male [sexual aggression] perpetration rates were also higher the more regularly men drank alcohol in sexual interactions. For women, the link between alcohol use when having sex and sexual aggression perpetration was nonsignificant" (Krahé et al., 2015). A survey of men in six middle- and low-income countries in Asia and the Pacific found that men in non-Muslim majority countries who acknowledged "alcohol misuse" (based on AUDIT items on alcohol consumption and on social defaults due to drinking) reported higher rates of intimate partner sexual violence, including physical violence in connection with sex (Fulu et al., 2013).

1.2.5.4 Homicides

Drinking by the perpetrator or by the victim or by both is frequently a factor in homicide, arguably the most extreme form of aggression. The connection between drinking and homicide is strongest in societies where drinking is often heavy enough to induce intoxication; thus, changes in the population level of alcohol consumption have a considerably stronger effect on homicide rates in northern and eastern Europe than in southern Europe (Rossow, 2001; Pridemore & Chamlin, 2006). Studies of drinking by the offender and by the victim in homicides have chiefly been in societies where drinking to intoxication is common. Meta-analyses of these studies have found that 48% both of victims and of perpetrators had been drinking when the homicide occurred, and that 37% of the offenders and 33–35% of the victims had drunk enough to be intoxicated (Kuhns et al., 2011; 2014).

1.2.5.5 Alcohol poisoning

Alcohol poisoning is a consequence of drinking large amounts of alcohol in a short period of time. Drinking too much in a short period of time can affect breathing, heart rate, body temperature and gag reflex and may result in a coma and death. In comparisons with other psychoactive substances, alcohol is among the most lethal in terms of how close the amounts used for psychoactive effects are to the median amount that is lethal. Thus, using 33 grams of ethanol (about three drinks) as the "usual effective dose" of alcohol, Gable (2004) found a ratio of 10 between that and a "usual lethal dose" of 330 grams. This ratio was in the same range as that for intravenous heroin (Hendershot et al., 2009), methamphetamine (Sarkar, Jung & Wang, 2015) and cocaine (Whiteford et al., 2013). For many other psychoactive substances these ratios are considerably higher, and the use is thus less likely to result in death (see also Lachenmeier & Rehm, 2015) although it may trigger other health- or life-threatening conditions such as severe functional impairment in intoxication or substance-induced psychoses.

While poisoning clusters from contaminated alcohol often receive global press coverage, poisoning with ordinary beverage alcohol – usually in concentrated form such as distilled beverages – is an everyday reality in many societies, although it is often under-recorded in health statistics (Dufour & Caces, 1993). Alcohol poisoning statistics are especially high in the Russian Federation and some eastern European countries (Stickley et al., 2007). The Russian experience in recent decades shows that rates of alcohol poisoning can be affected by alcohol policies and economic circumstances (Razvodovsky, 2018; Neufeld & Rehm, 2018) (see also Box 5.1 in Chapter 5).

1.3 ALCOHOL AND INEQUALITIES – ACROSS COUNTRIES AND WITHIN SOCIETY

Goal 10 of the SDGs calls for actions to reduce inequalities between and within countries – including reduction of inequalities in outcomes by, inter alia, promoting appropriate legislation and policies as well as empowering and promoting the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status (UN, 2015).

Some of the complex relationships that underlie the inequalities associated with alcohol consumption and the harms caused by alcohol are considered below.

1.3.1 Drinking versus abstention: variations by socioeconomic level within a society and across societies

Both at an individual and at a population level, rates of drinking are associated with higher income. Thus within any society, poorer people are more likely to be abstainers than richer people (Bloomfield et al., 2006). Comparing across societies, rates of abstinence are higher in poorer societies than in richer ones (Probst, Manthey & Rehm, 2017). The relationship between a societal abstinence rate and the Gross Domestic Product (GDP) is particularly strong below a GDP threshold of about US$ 20 000 per capita per annum in 2010 (measured in purchasing power parity [PPP] dollars; Probst, Manthey & Rehm, 2017).

Although other factors are also involved, the patterns within a society and across societies reflect the fact that alcoholic beverages are commodities that require expenditure in a cash economy and resources in a barter or gift economy. However, policies leading to an increase in alcohol consumption in poorer societies or in lower-income segments of populations can be detrimental to achieving the SDGs. The resources spent on alcohol would be subtracted from more productive uses in the long run, and the harms from drinking often include impoverishment as well as ill-health (Saxena, Sharma & Maulik, 2003).

1.3.2 Variations in amount and pattern of drinking by status within a society

In many societies, access to alcoholic beverages has been greater for those who are accorded higher or more privileged status. Where alcohol is a market commodity, this will be partly a reflection of how much money the person has for purchasing (Kan & Lau, 2013), but it also commonly reflects social status differentiations.

One traditional differentiation has been with regard to gender. Men generally drink considerably more alcohol than women, both on heavier-drinking occasions and in terms of the volume of drinking; the gender difference is generally greater where there is greater gender inequality (Wilsnack et al., 2009). The difference is considerably more than would be accounted for by gender differences in body weight and composition. Within a given society, the gender differentiation is often greater among poorer people than among richer ones. In high-income countries it is common for the more affluent to drink more frequently on average than poorer persons (e.g. Bloomfield et al., 2006), although in less affluent societies there is some variation on this (Room et al., 2006).

For the risk of harm both to the drinker and to others, the most important aspects of drinking are a hazardous volume of drinking (defined approximately as averaging more

than two drinks – 24 grams of ethanol – per day) and whether and to what extent there is heavy episodic drinking (HED; sometimes drinking about five or more drinks – roughly 60 grams of ethanol). In terms of volume of drinking, and in relation to "hazardous drinking", a study of population surveys in 15 higher-income countries found that for men the countries were roughly evenly split on whether men with higher or with lower income or occupational status more often reported hazardous drinking and HED. In a majority of countries men with less education were more likely to report hazardous drinking and HED. Among women, those with more education and those with higher income/occupational status were more likely to report high-risk drinking (though less than higher-status men) in all but two countries. The countries were more evenly split on whether women with higher or lower educational level reported more HED; by income/occupational status HED was higher for lower-status women in eight countries and lower in two (Devaux & Sassi, 2015).

At least in higher-income countries, the patterns of distribution of HED by socioeconomic status have thus been found to vary between societies.

1.3.3 Patterns of change in drinking with economic development in a society

As societies become more affluent, there is a strong tendency for the level of alcohol consumption to increase (Chapter 3), except in Muslim-majority countries with a religion-based prohibition on drinking (Probst, Manthey & Rehm, 2017). Increases are particularly likely when the alcohol market is freed up in a context of economic development. Thus in Viet Nam for example, there was a 50% increase in alcohol production in a decade, with the proportion of adults drinking rising from 46% to 77% among men and 2% to 11% among women between 2002 and 2016 (Pham, Tran & Tran, 2018).

Although increased affluence may weaken the link of alcohol consumption to some harms (see below), the level of health harms from drinking is likely to rise, with some delay, with an increase in overall consumption in a population – often at a higher rate than the rise in consumption. The higher rise in the rate of harms reflects that, while increases in consumption are usually roughly proportional in different segments of the population (Room & Livingston, 2017), the risk curve relationship between the alcohol consumption level and the rate of harm often rises more steeply at higher levels of consumption.

1.3.4 Health harm from alcohol use: less for more affluent drinkers

On a cross-sectional aggregate basis, there seems to be a moderately negative relation between gross national income and levels of health harm from alcohol (Figure 4.19). The increased high-risk behaviour in a richer society seems to be more than counterbalanced by changes in other factors which go along with greater societal affluence.

On an individual level, however, the negative relation between socioeconomic status and alcohol-attributable mortality has been shown to be much stronger. As further discussed in section 1.3.5, the "harm per litre" of alcohol is substantially greater for poorer drinkers than for richer ones. Particularly within higher-income countries, the socioeconomic differences in alcohol-attributable mortality have been found to be about 1.5 to 2 times the size of those in all-cause mortality (Probst et al., 2014). A modelling study of alcohol-attributable mortality in South Africa, an upper-middle-income country, found a similar socioeconomic gap, with 60% of all alcohol-attributable deaths occurring in the lower 30% of the socioeconomic distribution (Probst et al., 2018).

1.3.5 "Harm per litre" is greater for the poor than for the affluent in a given society

Harms from a given amount and pattern of drinking are higher for poorer drinkers and their families than for richer drinkers in any given society (Schmidt & Room, 2012). This greater "harm per litre" is a consistent finding for many different kinds of harms from drinking – e.g. chronic diseases such as liver cirrhosis; injuries from drinking, both to the drinker and to others around the drinker; and infectious diseases where drinking plays a role in vulnerability to or spread of the infection or in disrupting the treatment regime.

A number of mechanisms can play a part in this differential effect in a given society:

- In more affluent families, there will be more possibilities for spatial separation from the drinking and its effects.

- The drinking environment itself also often differs by socioeconomic status, potentially modifying the relationship between alcohol use and related risks. For example, research has shown an association between the setting of alcohol consumption before sex and risky sexual behaviour such as unprotected sex (Kalichman et al., 2008; Scott-Sheldon et al., 2014). Other contextual factors that are likely to work to the disadvantage of persons of lower socioeconomic status with respect to alcohol-attributable harm are crowded living arrangements, lack of sanitation and a higher likelihood of social conflict and aggression in their social environment (Rehm et al., 2009b; Rossow, 1996).

- Where health care is not universal, affluence will play a role in the adequacy of health treatment and care.

- Poorer drinkers are likely to have more comorbidity, which worsens the adverse effects of the drinking.

- Some of the harm connected to heavy drinking arises from social reactions to drinking and intoxicated behaviour. In many societies, drunkenness is stigmatized, particularly when the drinker is poor. In a 14-country WHO study, alcohol-involved characterizations were uniformly considered among the most stigmatized of behaviours or states asked about (Room, 2005; Room et al., 2006).

- In part reflecting the stigma, reverse causation can also play a role; for very heavy drinkers, the drinking may reduce their employability and social standing.

A recent Scottish study (Katikireddi et al., 2017; Table 1.2) illustrates how dramatically the "harm per litre" can vary across categories of financial position or status in a society. In this study the rates of alcohol-induced hospitalization or death are strongly predicted by social status, however this is measured (Box 1.9), and the study's overall results provide dramatic evidence that socioeconomic status modifies the effect of alcohol consumption on harm to health. The study's results underline how much work still needs to be done – both in research and in policy interventions – on interactions between drinking behaviour and other factors related to or affected by social status. As the authors stated, "our findings highlight the need for policy to prioritize the tackling of inequalities in alcohol-attributable harms".

Table 1.2 Differences in alcohol-attributable hospitalization or death (hazard ratios) by 4 measures of socioeconomic status, in Scotland, 1995–2016: effects of drinking amount and pattern, and of two other risk factors

		Adjusted for age, sex, survey wave	Adjustment for age, alcohol consumption, binge drinking	Adding adjustment for body mass index, smoking
Income (quintile)	Highest 5	1.00	1.00	1.00
	4	1.51	1.58	1.46
	3	2.17	2.30	1.99
	2	2.36	2.83	2.24
	Lowest 1	4.41	4.85	3.58
Social class by occupation level 5 unskilled (versus level 1 professional)		5.22	4.33	3.02
Area-based deprivation: most deprived quintile (versus least deprived)		3.66	3.72	2.71
Education: lowest (ISCED 0) versus ≥ degree (ISCED 6–8)		3.76	3.44	2.50

Source: Katikireddi et al., 2017, reproduced by permission of the publisher from Lancet, under a Creative Commons licence.

Box 1.9 Adverse alcohol-attributable health effects greater with lower socioeconomic status, controlling for drinking amount and pattern

A Scottish study (Katikireddi et al., 2017) matched survey responses on drinking patterns to subsequent records of hospitalization for, or death from, alcohol-attributable causes, in a large study with 429 986 person-years of follow-up. Codes for AUDs, liver disease, alcohol poisoning and alcohol in the blood accounted for most of the cases. Controlling for age, sex and survey wave, and using Cox proportional hazard models, there were high hazard ratios for the lowest-status respondents as compared with those of highest status, no matter whether status was measured by income, by occupational social class category, by the deprivation of the area of domicile or by educational level (first column in Table 1.2). For each of these four measures of socioeconomic status, there was a regular gradient of proportional hazard by level of socioeconomic status, with the greatest additional proportional hazard usually between the lowest and next-to-lowest category. Adding in adjustment for alcohol consumption level and for binge drinking (second column; binge drinking defined as ≥408 gm ethanol for men and ≥288 gm for women) made little difference to the proportional hazard results. The socioeconomic status differences in rates of alcohol-attributable hospitalization or death thus appear to be primarily due to other contributing or interacting factors besides the rate or pattern of alcohol consumption. This conclusion is supported by an analysis which added in controls for two other potential contributing factors – body mass index (BMI) which is an indicator of obesity, and tobacco smoking (third column of figures): then the hazard ratios between lower and higher socioeconomic status were uniformly somewhat reduced. The study's data showed little evidence for reverse causation (that heavy drinking would result in a reduced socioeconomic status). A possibility not mentioned in the paper is that an alcohol-attributable disease code may carry some stigma, and may be less likely to be recorded for cases of high socioeconomic status.

1.3.6 "Harm per litre" and socioeconomic development of societies

Harms from a given level or pattern of drinking may also be higher for a lower-income society than for a higher-income one. Some factors involved at the individual level also operate differently between poorer and richer societies. For instance, the grading and furnishing of streets in a poorer country may be less likely to avert crashes. Impairments of health which interact with the effects of alcohol may mean worse outcomes for a given pattern of drinking than in richer societies. Thus Grittner et al. (2012), comparing population surveys in 25 countries and controlling for drinking patterns, found that male drinkers reported a higher rate of adverse external consequences of their drinking in lower-income countries than in higher-income countries.

Nevertheless, economic development from a poorer society to a richer one does not necessarily reduce rates of harm from alcohol. Historically, in many European societies and empires, industrialization of alcoholic beverages was an early aspect of the industrial revolution, and rates of heavy drinking and of harms from drinking rose steeply as the availability of alcoholic beverages increased and the relative price dropped (e.g. Rorabaugh,

Box 1.10 Implications of the commercialization of alcohol in developing societies: evidence from ethnographic studies

Ethnographic studies have described the mechanisms through which the commercial production of alcohol has generated, and continues to generate, socioeconomic and health disparities in developing countries (Room et al., 2006; Schmidt & Room, 2012). The commercialization of alcohol was often an integral part of growing economic inequality and typically leads to the widening availability of foreign brands of alcoholic beverages. Developing societies are transformed into consumer markets where new forms of alcoholic beverages become symbols of elite social status. This dynamic typically brings more drinking and thus a greater burden of alcohol-related problems on the population. In some societies, increased consumption interacts with culturally-determined patterns of behaviour and gender roles to produce explosive drinking styles, resulting in extremely high levels of violence and public disruption.

The burden of rising alcohol problems seldom falls evenly across socioeconomic groups. When the poor become a consumer market, purchasing commercial brands of alcohol takes a larger toll on personal and family income than it does in other social classes. The poor are also more vulnerable to the public disruption, violence and health-related harms that come with increased alcohol consumption.
In developing countries we find a general trend towards the greater availability of alcohol around the clock, and a shift towards the commercialized production of European-style beverages by increasingly globalized producers. In some cases, these changes in alcohol production play a direct role in generating economic disparities, as in cases where industrialized alcohol production takes over control of alcohol production from local communities and indigenous groups. For instance, in rural Zambia (Colson & Scudder, 1988), where beer brewing used to be an important source of income for local women, the increased availability of commercial brands of beer added to the economic burden on village families as men spent their wages on bottled beer. The women, in turn, lacked any independent income to make up the difference for their families, having lost their income from producing beer. As the men drank more frequently and heavily, the local community experienced more violence towards women and more health problems related to heavy drinking. Local authorities failed to respond with alcohol control policies, in part because of their institutionalized dependency on alcohol revenue.

Sources: Room et al., 2006; Schmidt & Room, 2012.

1979) – often in colonies around the world as well as in Europe (e.g. Jankowiak & Bradburd, 2003). In many societies, it took a century and more of grassroots temperance movements and public health control measures to bring down the rates of alcohol-related harm which had risen with economic development (Room et al., 2009; Nicholls, 2009). In most low- and middle-income societies in recent decades, the commercialization of alcohol has been proceeding faster. The commercialization of alcohol markets in Eastern Europe after the dissolution of the Soviet Union provides some dramatic recent examples of increases in alcohol consumption levels and in associated harms, which have now been countered to a considerable extent in some countries by new market control measures (e.g. Russia: Rabiee et al., 2017; Neufeld & Rehm, 2018). Evidence on the often serious adverse health and social effects of increases in alcohol consumption with socioeconomic development comes not only from health and social statistics, but from ethnographic studies (Box 1.10). Given that alcohol's role in economic development is so double-edged (Room & Jernigan, 2000), control of the alcohol market in the interests of public health becomes especially important when rapid economic development is under way.

1.4 ALCOHOL AND USE OF OTHER PSYCHOACTIVE SUBSTANCES

Target 3.5 of SDG3 is devoted to substance abuse, reflecting the global awareness that the achievement of healthy lives and well-being for all at all ages is hardly possible without strengthening the prevention of psychoactive substance use and provision of treatment for substance use disorders to all those in need. The use of psychoactive substances, including alcohol, is widespread in modern societies, and at individual level the use of several psychoactive substances is more of a rule than an exception.

Psychoactive substances have diverse effects and taking a second substance can amplify or build on the effect of the first, or it may diminish or counteract it, or the combination of the two substances may be experienced as a different effect. In everyday life, many people routinely alternate mundane stimulants like coffee, tea or tobacco and depressants like alcohol to change their mood and degree of alertness, often without conscious thought about doing so (Kiepek, Beagan & Harris, 2018).

Psychoactive substances can thus be complementary in various modes of use, so that using one substance may be positively associated with using another. On the other hand, they can substitute for one another; if one substance becomes too expensive, unavailable or risky, another may be substituted for it. For a very heavy consumer with substance dependence, if the supply of the usual substance is cut off it becomes a matter of urgency to find a supply of a cross-dependent substance as a substitute.

Heavy consumers of alcohol are also more likely to be heavy tobacco smokers and frequent consumers of other psychoactive substances. Harms which can arise from heavy alcohol use will often reflect the joint actions/effects of two or more substances. The joint effect may be multiplicative rather than additive. For instance, a Swedish longitudinal study found that the relative risk of head and neck cancers from heavy use of alcohol was 4.2 and from regular cigarette smoking was 6.3; however, from both behaviours together the relative risk was 22.1 (Lewin et al., 1998).

Studies of emergency hospital cases have found that a wide variety of controlled psychoactive substances are commonly taken before, along with, or after alcohol, so that both substances are affecting the body. A national sampling of visits to hospital

emergency departments in the USA in 2011 (SAMHSA, 2013) found that, among persons whose alcohol use was also a concern during the visit, the other drugs most commonly used were cocaine (29%), cannabis (25%), benzodiazepines (20%) and opioids (17%). Combinations of alcohol and other drugs – particularly depressants such as opioids or benzodiazepines –are often involved in overdoses and poisoning deaths. Thus in New York City in 1998, 28% of the 537 overdose deaths involving an opioid also involved alcohol, as did 24% of the 498 deaths involving cocaine (calculated from Coffin et al., 2003). The alcohol involvement in these deaths is often obscured by coding rules which prioritize other substances as the underlying cause of death; for instance, a 2006 update of the ICD-10 gave priority to opiates over other substances in this coding (Alexander, Barbieri & Kiang, 2017).

The comorbidity between alcohol dependence and tobacco dependence is strong. Estimates from the 1980s in the USA were that over 80% of those with alcohol dependence also smoked heavily, and that about 40% of heavy tobacco smokers would also qualify as having AUDs (Littleton et al., 2007). Discussing "the multiple levels of connections" between smoking and drinking, Room (2004b) commented that "each tends to be a risk factor for the other".

Such a relationship between commodities is "complementary". In the terminology of economics, a fall in the price or rise in the availability of one commodity is associated with a rise in the use of both commodities, as opposed to a "substitutive" relationship, where the use of the second commodity falls when the first commodity becomes more available. Where two substances are complementary it means that a public health measure to reduce the use of one problematic substance will tend also to have a beneficial effect in reducing the use of the other. Conversely, for a substitutive relationship the beneficial effect with respect to one substance will tend to have a deleterious effect with respect to the other. However, in this case the perceived net result from a public health perspective may still be favourable, as when older Californian cannabis users argued from their experience with substituting cannabis for alcohol and for various medications and other drugs (Lau et al., 2015).

Whether alcohol is complementary to or substitutive for another substance, and to what extent, may vary by population and time. What happens among heavy users is important from the perspective of public health, since they will account for more than their share of health and social harms from use of the substance. It is also important to producers and others involved in the market for the substance, since all psychoactive substances "have highly skewed consumption distributions" (Kleiman, 1999). For most psychoactive substances, the heaviest 20% of users tend to account for some 80% of the market (for cigarettes, heavy smokers account for an even larger fraction). Thus, 56% of the alcohol consumed in Australia is in drinks above the level of the low-risk guidelines that are aimed at helping people avoid chronic health harm; the 28% of the adult population doing this drinking account altogether for 84% of the total consumption when their drinks up to the guideline levels are counted in (Callinan et al., 2018). The skewed distribution of consumption means that the heavy users' patterns of consumption will dominate in analyses of complementarity or substitution based on aggregate consumption data.

In terms of markets as a whole, a series of studies in high-income countries – e.g. Australia (Cameron & Williams, 2001), Germany (Tauchmann et al., 2013) and Italy (Pierani & Tiezzi, 2009) – have found that tobacco and alcohol are complementary goods – i.e. that changes in one direction in the volume of use of one substance are associated with changes in the

same direction in the volume of the other. It has often been found that alcohol changes affect tobacco more than tobacco changes affect alcohol (e.g. Pierani & Tiezzi, 2009).

Studies on alcohol and cannabis, primarily on teenage or university student populations, have had more mixed results. Analysis of Australian population surveys found "some evidence to suggest that cannabis and alcohol are substitutes", although decriminalization of cannabis use in some Australian states went along with higher alcohol use (Cameron & Williams, 2001). A United States study of teenage samples found some evidence for substitution in the youngest cohort (aged about 13 years) – binge drinking decreased after medical marijuana became available – but there was no significant change for those aged about 15 and 17 years (Cerdá et al., 2018). On the other hand, Williams et al. (2004) found evidence that alcohol and cannabis were complementary among college students in the USA. Likewise, Pape, Rossow & Storvoll (2009) found complementarity among European teenagers: 80% of Norwegians aged 14–20 years who used cannabis had drunk alcohol at the same time and, in 35 European countries, the majority of 15–16-year-olds who had used cannabis had been drinking alcohol at the same time. An Australian study, using national drug survey data, did not find significant effects in terms of complementarity versus substitution either for any use or for the amount of use (Zhao & Harris, 2004).

The economists' contrast of complementarity versus substitution can be – and has been – applied to a variety of circumstances. In a study using aggregate-level data, such as amounts sold in a state or nation, finding complementarity between substance A and substance B might be the result of different consumers deciding independently to purchase more of one substance or another than they had purchased before. For instance, this "complementarity" might simply reflect an increase in average incomes. Even with individual-level longitudinal data, an increase in purchasing of both A and B does not necessarily mean that the substances are being used in conjunction – A might be for weekdays and B for weekends. At the other end of the spectrum, use in conjunction raises potential concerns about multiplicative risks – as with head and neck cancers, where the multiplicative risk may well reflect interactive effects when the smoking and drinking are contemporaneous.

However, many of the possible policy strategies to reduce substance use or its harms are quite distal to any mechanisms of joint action. With respect to the alcohol and cigarette combination, the consistent finding of complementarity raises the possibility for policy-making to affect two risk factors by measures directed at one of them, with the empirical studies suggesting that the alcohol level is the more powerful in affecting the level of use of the other substance. The fact that the literature is quite mixed on the relationship between cannabis and alcohol suggests that this combination needs to be approached differently. In this case, the most obvious harm from combined use is in activities like driving where concentration and alertness are important; public health-oriented policies directed at complementary use might focus on discouraging the combination of concurrent use and driving or an analogous activity. For the combination of alcohol and opioids, the main public health problem with concomitant use is overdose, which might therefore be a focus of preventive measures.

2. GLOBAL STRATEGIES, ACTION PLANS AND MONITORING FRAMEWORKS

2. GLOBAL STRATEGIES, ACTION PLANS AND MONITORING FRAMEWORKS

2.1 GLOBAL STRATEGIES AND ACTION PLANS

Alcohol is a psychoactive substance with toxic and dependence-producing properties. Although alcohol consumption varies considerably around the world, the health burden caused by alcohol is enormous. The harmful use of alcohol is among the leading risk factors for disease burden in populations worldwide (Chapter 4).

2.1.1 Regulation of alcohol and other psychoactive substances at international level

Throughout the history of alcohol use in societies there are many examples of regulation of alcohol production, distribution and consumption, some of them going back to ancient times (Bickel & DeGrandpre, 2013; Paredes, 1975). However, attempts to address the harmful use of alcohol at international level have a much shorter and different history than for some other psychoactive substances with significant impact on human health. While the first international treaty to control psychoactive substances was concerned with alcohol, it related to only one part of the world (in colonial Africa) and had no significant impact on alcohol production and trade for decades (Room, 2006). Neither alcohol nor tobacco was included in the modern international drug control treaties when they were adopted during 1961–1988 (The International Drug Control Conventions; UN , 2013). With development and ratification of the Framework Convention on Tobacco Control (FCTC) in response to the globalization of the tobacco epidemic (WHO, 2003), alcohol remains the only psychoactive and dependence-producing substance with significant global impact on population health that is not controlled at the international level by legally-binding regulatory frameworks. On the other hand, as a consumer product and trade item, alcohol comes under the jurisdiction of international trade treaties and the international trade system, which have focused on maximizing the freedom of international trade and investment and thereby minimizing "technical barriers to trade and other alcohol control measures" that national or local governments may impose. While there are "public health" exceptions in the treaties, these are interpreted narrowly, so that a provision in the interest of public health is not accepted if an alternative measure can be put forward as an option, whether or not the measure would be effective (O'Brien et al., 2017). Given the increasing encroachment of international trade and investment on the ability of national and subnational governments to control their alcohol markets, and the increasingly consolidated global alcohol producers, a strong public health case for considering the negotiation of a Framework Convention on Alcohol Control, or alternatively for including alcohol within other international control systems (Room et al., 2008), has been repeatedly presented and discussed by public health entities, experts and advocates (The Lancet, 2007; Casswell & Thamarangsi, 2009; Baumberg 2010).

2.1.2 Global strategy to reduce the harmful use of alcohol (WHO, 2010)

The Global strategy to reduce the harmful use of alcohol, negotiated and agreed by WHO Member States in 2010, represents international consensus that reducing the harmful use of alcohol and its associated health and social burden is a public health priority. The strategy provides guidance for action at all levels, including 10 recommended target areas for policy options and interventions for national action to reduce the harmful use of alcohol and the main components for global action to support and complement activities at country level (Box 2.1). The harmful use of alcohol is defined broadly in the strategy as "the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as patterns of drinking that are associated with increased risk of adverse health consequences". Hence, the concept of "harmful use of alcohol" in the strategy covers all categories of drinking within the diagnostic entities of the latest revision of the *International classification of diseases*, such as hazardous drinking, single episode of harmful use of alcohol, harmful pattern of drinking, and alcohol dependence (WHO, 2018a).

Box 2.1 Target areas for policy options and interventions and key components for global action to reduce the harmful use of alcohol (WHO, 2010)

Target areas
Area 1. Leadership, awareness and commitment
Area 2. Health services' response
Area 3. Community action
Area 4. Drink–driving policies and countermeasures
Area 5. Availability of alcohol
Area 6. Marketing of alcoholic beverages
Area 7. Pricing policies
Area 8. Reducing the negative consequences of drinking and alcohol intoxication
Area 9. Reducing the public health impact of illicit alcohol and informally produced alcohol
Area 10. Monitoring and surveillance.

Key components for global action
- Public health advocacy and partnership;
- Technical support and capacity building;
- Production and dissemination of knowledge; and
- Resource mobilization.

Endorsement of the Global strategy to reduce the harmful use of alcohol by the World Health Assembly was followed by the development and adoption of regional strategies and action plans which provide further guidance and support to countries, taking into consideration regional priorities and cultural contexts (Box 2.2).

Box 2.2 Regional strategies and action plans aimed at reducing the harmful use of alcohol

Region	Regional action plan/strategy	Year	Brief description
AFR	Reduction of the harmful use of alcohol: a strategy for the WHO African Region	2013	Main objectives: to provide a platform for advocacy for increased resource allocation, strengthening of action and intersectoral and international collaboration in responding to the problem; to provide guidance to Member States for the development and implementation of effective alcohol control policies based on public health interests; to address low awareness on alcohol-related harm in the community; to promote the provision of adequate health-care interventions for preventing harmful use of alcohol and managing the attendant ill-health and conditions; and to encourage the creation of systems of systematic surveillance and monitoring of alcohol production, consumption and harm in countries.
AMR	Plan of action to reduce the harmful use of alcohol	2011	Five broad objectives which span the regional and national level: to raise awareness and political commitment; to improve the knowledge base on the magnitude of problems and on effectiveness of interventions; to increase technical support to Member States; to strengthen partnerships; to improve monitoring and surveillance systems and dissemination of information for advocacy, policy development and education.
EUR	European action plan to reduce the harmful use of alcohol 2012–2020	2012	Building on previous European alcohol action plans, the five main objectives of the present action plan are aligned with those of the global strategy to: raise awareness of the magnitude and nature of the health, social and economic burdens of the harmful use of alcohol, and to foster increased government commitment to addressing those burdens; strengthen and disseminate the knowledge base on the size and determinants of alcohol-related harm and on effective interventions to reduce and prevent that harm; increase technical support to, and enhance the capacity of, Member States for reducing the harm done by alcohol, and managing and treating alcohol use disorders and associated health conditions; strengthen partnerships and improve coordination among stakeholders and increase mobilization of resources required for concerted action to reduce the harmful use of alcohol; and improve systems for monitoring and surveillance at subnational, national and European levels, and ensure more effective dissemination and application of information for advocacy, policy development and evaluation.
WPR	Regional action plan for the reduction of alcohol-related harm in the Western Pacific (2009–2014)	2009	The action plan aimed to halt and reverse the upward trend of the alcohol-related burden in the region through the five priority areas for action: 1) information and evidence – building a strong comparable information base at national and regional levels; 2) awareness and advocacy – raising awareness of alcohol-related harm and advocating for evidence-based interventions; 3) public health-oriented alcohol policies – providing guidance for designing national alcohol policies and programmes; 4) competence and capacity – enhancing competence and strengthening capacity of professionals in health and other sectors on reducing alcohol-related harm; 5) international coordination and cooperation – establishing effective mechanisms for information-sharing, international communication and cooperation.

Given the magnitude and the complexity of the problem, concerted global and regional efforts must be in place to support countries and communities in the challenges they face to reduce the harmful use of alcohol. International coordination and collaboration can create the synergies that are needed and can provide increased leverage for Member States to implement evidence-based measures.

2.1.3 Alcohol in global strategies and action plans on NCDs and mental health

Harmful use of alcohol is one of the key risk factors for the development of noncommunicable diseases (NCDs) and mental health conditions (Chapter 1). Harmful use of alcohol was an integral part of the United Nations Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases in 2011 (UN, 2011) and the WHO Global action plan for the prevention and control of NCDs 2013–2020 (WHO, 2013) with both documents referring to the Global strategy to reduce the harmful use of alcohol for guidance on policy options and interventions.

Box 2.3 Overarching and enabling actions, "best buys" and other recommended interventions to reduce the harmful use of alcohol (WHO, 2017a)

Overarching and enabling actions to reduce harmful use of alcohol (WHO, 2017a)
- Implement the Global strategy to reduce harmful use of alcohol through multisectoral actions in the recommended target areas
- Strengthen leadership and increase commitment and capacity to address the harmful use of alcohol
- Increase awareness and strengthen the knowledge base on the magnitude and nature of problems caused by harmful use of alcohol by awareness programmes, operational research, improved monitoring and surveillance systems

"Best buys"
- Increase excise taxes on alcoholic beverages
- Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)
- Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale)

Effective interventions
- Enact and enforce drink–driving laws and blood alcohol concentration limits via sobriety checkpoints
- Provide brief psychosocial interventions for persons with hazardous and harmful alcohol use

Other recommended interventions
- Carry out regular reviews of prices in relation to level of inflation and income
- Establish minimum prices for alcohol where applicable
- Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets
- Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people
- Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services

Appendix 3 in the NCD action plan contains a menu of policy options and cost-effective interventions for the prevention and control of major NCDs and their risk factors, including the harmful use of alcohol (WHO, 2013). Since the global action plan on NCDs was endorsed in 2013, Appendix 3 has been updated to take into consideration the emergence of new evidence of cost-effectiveness and the issuance of new WHO recommendations that show evidence of effective interventions. The updated Appendix 3 highlighting the most cost-effective interventions, renamed as "best buys", was endorsed in May 2017 by the Seventieth World Health Assembly (WHO, 2017b). Interventions included in the revised Appendix 3 were assessed for cost-effectiveness and feasibility as well as non-financial considerations. "Best buys" were defined as the most cost-effective and feasible for implementation interventions, with an average cost-effectiveness ratio of ≤ $I per 100 DALYs averted in low-income and lower-middle-income countries. Interventions with an average cost-effectiveness ratio of > $I per 100 DALYs averted were listed next as highly effective interventions that may be considered according to the country context. The updated Appendix 3 comprises 14 interventions to reduce the harmful use of alcohol, including three overarching/enabling policy actions, three "best buys", two interventions with documented high effectiveness, and six other recommended interventions (Box 2.3). As described in Chapter 1, alcohol is a principal causal factor for a number of mental health conditions, including alcohol dependence. The WHO mental health action plan 2013–2020 acknowledges the role of alcohol use as a risk factor for mental health conditions and a high level of comorbidity of severe mental disorders with alcohol and other substance use disorders, and reinforces the synergies in implementation of the mental health action plan and the Global strategy to reduce the harmful use of alcohol (WHO, 2013).

The harmful use of alcohol is mentioned in numerous other global strategies and action plans, but not at the level that is commensurate with the role of harmful use of alcohol in some major health and social challenges of modern societies. For example, the growing evidence of a significant contributing role of harmful use of alcohol to the disease burden of tuberculosis, HIV, hepatitis and sexually transmitted infections (Chapters 1 and 4) has not been yet been sufficiently recognized and addressed in the relevant global strategies and action plans (WHO, 2015a; WHO, 2015b).

2.2 GLOBAL MONITORING FRAMEWORKS

Local, national and international monitoring and surveillance frameworks are needed to monitor the magnitude and trends of alcohol consumption and related harm, as well as to monitor policy responses in conjunction with analysis of trends in alcohol consumption and alcohol-attributable disease burden. This is critical for strengthening advocacy, adjusting policy and programme responses to the trends in alcohol-related harm and for assessing the impact of interventions. The ultimate goal of monitoring and surveillance is to provide, in a timely manner, relevant and reliable information to policy-makers and decision-makers for ensuring effective prioritization, implementation and evaluation of policy options and interventions to reduce the harmful use of alcohol. With growing awareness of the impact of alcohol consumption on global health and an increase in international frameworks for action, as noted in section 2.1, the demand for global information on alcohol consumption and alcohol-attributable and alcohol-related harm, as well as related policy responses, has increased significantly.

2.2.1 Global and regional information systems on alcohol and health

The WHO Global Information System on Alcohol and Health (GISAH) serves exactly that purpose and enables these processes (Box 2.4). It was preceded by the Global Alcohol Database and, since the 1990s, has been increasing and has excelled in the wealth of information available online. GISAH now uses the web platform of the WHO Global Health Observatory (GHO).

Box 2.4 Recent developments in the WHO Global Information System on Alcohol and Health (GISAH)

The information in GISAH is currently organized according to several categories. The category "Levels of consumption" brings together important indicators of total alcohol per capita consumption (SDG indicator 3.5.2), recorded (in time series going back to 1960), unrecorded and tourist consumption, plus 3-year averages and projections. "Patterns of consumption" refers to indicators such as the prevalence of abstainers and heavy episodic drinkers.

The "Harms and consequences" category brings together both mortality indicators (e.g. age-standardized death rates and alcohol-attributable fractions for liver cirrhosis, road traffic injuries and cancer) and morbidity indicators (e.g. prevalence of alcohol use disorders).

The category "Alcohol control policies" comprises the largest number of indicators, including on monopoly and licensing, sales restrictions, age limits, drink–driving, marketing restrictions, taxation, and consumer information.

The category on economic aspects include data on alcohol tax revenues.

More recently, a category for youth has been added to bring together in one place information on young people from other GISAH categories and to present data from passive surveillance on alcohol consumption among young persons.

Key alcohol-related indicators for the SDGs and the NCD global monitoring framework are now highlighted in GISAH.

There are also new links to the alcohol policy timeline, representing major steps taken or milestones achieved in national alcohol policies, such as new legislation or action plans or major changes in restrictions. The entries are sorted by the 10 alcohol policy areas and are accessible by WHO region.

Finally, an archive was established to facilitate access to data that have been available on GISAH previously.

GISAH serves as a repository for all key indicators presented in the country profiles and additional indicators included in the statistical annexes of the *global status reports on alcohol and health*, as well as further data from passive surveillance of published and grey literature. GISAH's main data collection tool is the WHO Global Survey on Alcohol and Health which is implemented periodically by WHO's Department of Mental Health and Substance Abuse in collaboration with WHO's regional and country offices.

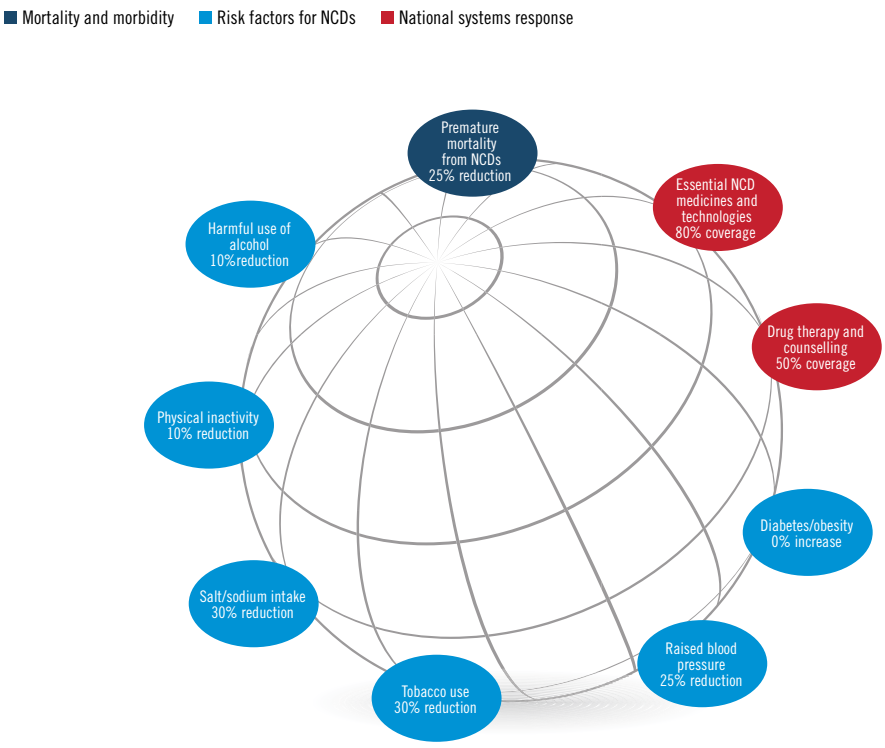
The GISAH theme page[1] serves as an introductory page to the information system, highlighting key facts and making data visualizations (such as interactive graphs and maps) accessible.

In addition to GISAH at the global level, regional information systems were set up in collaboration with WHO regional offices to access the information for countries by WHO Region.

2.2.2 The NCD Global Monitoring Framework

The Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-Communicable Diseases (NCDs) mandated the development of a global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of NCDs (UN, 2011). Following the declaration, WHO developed a global monitoring framework to enable global tracking of progress in preventing and controlling major NCDs – cardiovascular diseases, cancers, chronic lung diseases and diabetes – and their key risk factors.

Figure 2.1 Voluntary global targets for 2025 in the Global Monitoring Framework on NCDs



This work yielded a set of nine voluntary targets, including at least a 10% relative reduction in the harmful use of alcohol by 2025 (Figure 2.1) and a set of 25 indicators with three indicators for harmful use of alcohol (Figure 2.2). Inclusion of the alcohol target and indicators in the global monitoring framework for NCDs and their risk factors will increase the demand for high-quality global data on alcohol consumption and alcohol-related harm, and thus will increase attention on the WHO monitoring activities in this area.

[1] See: http://www.who.int/gho/alcohol/en/, accessed 16 July 2018.

Figure 2.2 Target and indicators for harmful use of alcohol under the NCD Monitoring Framework

Framework element	Target	Indicator
Behavioural risk factors		
Harmful use of alcohol	At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context	Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context Alcohol-related morbidity and mortality among adolescents and adults, as appropriate, within the national context

2.2.3 Tracking progress in achieving the Sustainable Development Goals

A robust follow-up and review mechanism for the implementation of the 2030 Agenda for Sustainable Development requires a solid framework of indicators and statistical data to monitor progress, inform policy and ensure accountability of all stakeholders. The global indicator framework was adopted by the United Nations General Assembly on 6 July 2017 and is contained in the Resolution adopted by the General Assembly on Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development (UN, 2017) (Chapter 1).

2.3 KEY INDICATORS FOR GLOBAL MONITORING FRAMEWORKS ON ALCOHOL AND HEALTH

International comparability of data is a key principle of any global monitoring activity. It requires extra efforts ranging from agreements on the selection of priority areas, through definitions and operationalization of indicators and common methodologies for data collection, to analysis and reporting. International monitoring requires intensive and concerted efforts from Member States, WHO and other international bodies. However, it is proposed to keep the monitoring mechanism simple and to align it with existing structures, systems and coordinating mechanisms. Effective monitoring and surveillance systems on alcohol and public health should cover several domains of key indicators, namely:

- Alcohol consumption
- Health and social consequences
- Policy and programme responses.

Several domains of alcohol consumption are important for assessment and monitoring within the context of the impact on the health of populations, namely:

- Total per capita consumption
- Recorded alcohol consumption
- Unrecorded alcohol consumption
- Tourist consumption
- Consumption by type of alcoholic beverage
- Prevalence of abstention rates (both former drinkers and lifetime abstainers)
- Prevalence of heavy episodic drinking (HED)
- Per capita consumption and patterns of drinking among drinkers only.

The use of alcohol-related mortality and morbidity indicators for monitoring requires a well-developed system of death registration and a comprehensive system of recording and reporting of incidence and prevalence of alcohol-attributable conditions in health services. Not many countries in the world have these two systems sufficiently developed to ensure effective and reliable monitoring of alcohol-related mortality and morbidity in populations. More details on alcohol consumption and on these indicators are contained in Chapter 3 and Appendix IV.

Monitoring of the implementation of policy and programme responses at national level focuses on progress in the development and implementation of alcohol policy measures and assessment of their impact. The monitoring framework should bring together indicators and data sources across the results chain in its entirety – i.e. from inputs/processes and outputs to outcomes (changes in levels and patterns of alcohol consumption) and impact (changes in alcohol-attributable mortality, morbidity and associated social costs). The framework can be used in multiple ways to address the monitoring and evaluation needs of different users.

In accordance with the Global strategy to reduce the harmful use of alcohol, the indicators for monitoring progress with policy and programme responses at country level are organized around each of the 10 target areas recommended for national action (see Chapter 5 and Appendix IV for more details).

2.4 NATIONAL MONITORING SYSTEMS AND THEIR KEY COMPONENTS

Countries need to develop their own capacity and empirical base for national monitoring of alcohol consumption, alcohol-related harm and policy and programme responses (Box 2.5).

Box 2.5 Key components for monitoring and surveillance of alcohol consumption, alcohol-related harm and policy responses at the national level (WHO, 2010)

Key components:

(a) establishing effective frameworks for monitoring and surveillance activities, including periodic national surveys on alcohol consumption and alcohol-related harm and a plan for exchange and dissemination of information;

(b) establishing or designating an institution or other organizational entity responsible for collecting, collating, analysing and disseminating available data, including publishing national reports;

(c) defining and tracking a common set of indicators of harmful use of alcohol and of policy responses and interventions to prevent and reduce such use;

(d) creating a repository of data at the country level based on internationally agreed indicators and reporting data in the agreed format to WHO and other relevant international organizations;

(e) developing evaluation mechanisms with the collected data to determine the impact of policy measures, interventions and programmes put in place to reduce the harmful use of alcohol.

Comparable and internationally standardized approaches for estimating alcohol per capita consumption, measuring drinking patterns via population-based surveys and estimating alcohol-attributable mortality and morbidity need to be strengthened and further developed. Comparability of data generated at national level is ensured by using international data collection tools for population-based surveys such as the STEPS survey[2] for population-based risk factor surveillance or the Global school-based student health survey (GSHS)[3] for monitoring trends in behaviours of adolescents in educational settings.

The mandate for monitoring and surveillance on alcohol and health at the national level usually originates from national strategies and action plans as well as from international commitments. Responsibility for alcohol monitoring systems should lie with an appropriate national health agency working in collaboration with different relevant governmental and academic structures and using the information available from the private sector. Inclusion of alcohol consumption and treatment coverage indicators in the SDG monitoring framework increases the profile of alcohol-related indicators in activities of national statistical bodies which orient their activities to monitoring progress towards achievement of the SDG 2030 goals.

One of the challenges for national monitoring systems continues to be the assessment and monitoring of unrecorded alcohol consumption which at global level amounts to approximately 25% of total per capita alcohol consumption and in some jurisdictions exceeds half of all alcohol consumed by the population (Chapter 3). An example of concerted national effort undertaken by a national statistical commission to estimate the proportion of unrecorded alcohol consumption in population is provided in Box 2.6

Box 2.6 Estimation of unrecorded alcohol consumption by the National Statistical Commission in Belarus

The consumption of unrecorded alcohol in Belarus was estimated for the first time for 2016. To ensure accuracy and objectivity, three different approaches were used for generating data and producing the estimates of unrecorded alcohol consumption. The approaches were:

1. Population-based surveys on alcohol consumption conducted under the auspices of the Ministry of Health included a STEPS survey with a section on unrecorded alcohol consumption in the alcohol module. Results of the STEPS survey which was implemented in 2016 were used to produce estimates of unrecorded alcohol consumption as a proportion of total alcohol consumption, and the quantities drunk in terms of home-distilled spirits (*Samogon*), home-made wine, alcohol brought from abroad and other alcohol-containing liquids.2. Household income and expenditure surveys conducted regularly by the National Statistical Committee enabled information to be generated on the volumes of alcohol beverage purchases by households across different beverage categories and sales channels (retail alcohol sales, alcohol from non-licensed individuals, or alcohol brought from abroad).

3. Mathematical modelling of unrecorded alcohol consumption used a paired linear regression model based on two groups of indicators: 1) socioeconomic indicators, including per capita income and educational attainment indicators, and 2) standardized death rates from alcohol-related health conditions such as acute pancreatitis, alcohol liver disease, alcohol poisonings and alcohol psychoses.

[2] See: http://www.who.int/ncds/surveillance/steps/instrument/STEPS_Instrument_V3.2.pdf (accessed 29 August 2018).
[3] See: http://www.who.int/ncds/surveillance/gshs/GSHS_Core_Modules_2013_English.pdf, (accessed 29 August 2018).

In view of the high prevalence of nonmedical use of psychoactive substances other than alcohol in populations, it is preferable to have an integrated system of monitoring substance use and its health consequences while maintaining a focus on alcohol in countries with high levels of alcohol consumption. However, surveillance activities focused only on alcohol consumption or on alcohol and other psychoactive substances require substantial resources and can be afforded only in well-resourced countries. One cost-effective and feasible approach is to integrate the monitoring of alcohol consumption into population-based surveillance activities on a broader range of risk factors. It is critical that implemented behavioural surveillance activities include modules on alcohol and, preferably, other psychoactive substance use.

Effective monitoring of alcohol-related morbidity and mortality requires other strategies involving the health-care system. A relatively inexpensive approach is a passive surveillance system in which regular reports on the key predefined indicators are submitted by hospitals, primary health-care units or emergency services to the designated institution. In well-developed health-care systems passive surveillance of alcohol-related health conditions can be integrated with health information systems.

Constant developments in methods of estimation of the alcohol-attributable disease burden create new opportunities for producing estimates of alcohol-attributable mortality and morbidity at national level using available data. One of the technical packages developed to assist countries in producing such estimates is described in Box 2.7.

Box 2.7 International Model of Alcohol Harms and Policies

The International Model of Alcohol Harms and Policies (InterMAHP) is a new, open access package for estimating alcohol-related harms. Downloadable at www.intermahp.cisur.ca, the package consists of a comprehensive methods guide and software that has been developed to assist alcohol research teams estimate the alcohol-attributable mortality and morbidity in their region of interest.

Developed collaboratively by researchers at the Canadian Institute for Substance Use Research and the Centre for Addiction and Mental Health (Canada), the methods and software allow research teams to load tailored population-specific inputs and assumptions within a standardized framework based on the methods employed therein.

InterMAHP has the ability to estimate harms in customizable drinking groups according to mean consumption levels (e.g. above or below local low-risk drinking guidelines if they exist). Subsequent versions currently under development will allow for modelling the health and consumption impacts of alcohol policies within a dynamic visual interface.

National reports on alcohol and health are an effective way to disseminate information that ideally integrates data on alcohol consumption, alcohol-related harms and policy responses at the national level and in different jurisdictions within a country. In some countries, national alcohol prevention days are established by the government to provide a fixed date for the release of a new report or the release of data on alcohol consumption, alcohol-related harms and societal responses. National reports also function as the catalytic mechanism for further development of alcohol control systems and for the strengthening of implementation mechanisms. Additional benefits include building up partnerships,

providing opportunities for national advocacy for effective alcohol policies and encouraging political and funding support for continued activities on alcohol monitoring and surveillance. As noted above, effective monitoring and surveillance systems on alcohol and public health should cover three main domains: alcohol consumption, the health consequences of alcohol use (i.e. morbidity and mortality related to the harmful use of alcohol), and alcohol policy and programme responses and their impact. Chapters 3, 4 and 5 provide all the information across these three domains in WHO regions, World Bank income groups of countries, and in the world.

3. ALCOHOL CONSUMPTION

3. ALCOHOL CONSUMPTION

Alcohol is consumed worldwide but the majority of people in the world abstained from alcohol in the past 12 months. Gender, age, health status, the economic wealth in a country, lifestyle choices, religion and cultural norms have an impact on alcohol use. Such factors also influence the form in which alcohol is consumed. For instance, unrecorded alcohol is often cheaper and therefore may be more produced and consumed in low-income countries. Some countries ban alcohol use, resulting in low alcohol per capita consumption and in unrecorded consumption accounting for a high share of overall alcohol consumption in a country. Worldwide, women are more often abstainers than men are, and women who consume alcohol drink less than men do. This chapter reports on levels and patterns of alcohol consumption, including abstention rates, in WHO regions and the world. Appendix IV contains a full list of WHO Member States by WHO region and World Bank income group.

3.1 LEVELS OF CONSUMPTION

Levels of alcohol consumption can be measured using several indicators. One is the prevalence (or the number) of current drinkers or abstainers in a country or region. Two of the other most important and commonly used indicators are total alcohol per capita consumption in litres of pure alcohol per person per year and alcohol consumption in grams of pure alcohol per person per day; the latter indicator can be converted from the previous one for total population or estimated per capita for the drinking population only. Box 3.1 contains a description of the indicators used in this report.

Box 3.1 Indicators of levels of alcohol consumption

Current drinkers: the percentage of those in the population aged 15 years and older who have consumed alcoholic beverages in the previous 12-month period.

Total alcohol per capita consumption (APC) is defined as the total (recorded plus estimated unrecorded) alcohol per capita (i.e. persons aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption. In this report this indicator is used for the total population of 15 years and older (including non-drinkers) and for current drinkers only in the population.

Grams of pure ethanol per day is another often-used measure of alcohol consumption. In this report this indicator is used for the total population of 15 years and older (including non-drinkers) and for current drinkers only in the population. In particular, this measure is used by a number of countries that have set guidelines for daily limits on drinking to minimize health and injury risks. Given the specific weight of alcohol of 0.793 g/cm3 (at 20°C), litres of pure ethanol per year can be converted into grams per day as follows:

g/day = APC x 1000 x 0.793 / 365 days.

3.1.1 Current drinking and abstention rates

A majority of the world's adult population abstained from drinking alcohol in the past 12 months. These persons may be lifetime abstainers or former drinkers (Box 3.2).

Box 3.2 Types of abstainers

Lifetime abstainers: people who have never consumed alcohol.

Former drinkers: people who have previously consumed alcohol but who have not done so in the previous 12-month period.

Past 12-month abstainers: people who did not drink any alcohol in the previous 12-month period. This includes former drinkers and lifetime abstainers.

In this report, rates of abstention refer to the percentage of people in a given population aged 15 years or older who are lifetime abstainers, former drinkers or past 12-month abstainers (as specified separately in each case).

Worldwide in 2016, 57% of the population (15+ years) had not consumed alcohol in the previous 12 months (Figure 3.1, Table 3.1) – i.e. 3.113 billion people worldwide aged 15 years and above. In this age group, some 683 million people (12.5% of the world population) had ceased alcohol consumption (i.e. they had consumed alcohol earlier in life but not in the previous 12 months). Almost half of the global adult population (44.5%), which is 2.429 billion people of the population aged 15+ years, has never consumed alcohol. Some 2.348 billion people (43% of the population) are current drinkers.

Alcohol is consumed by more than half of the population in only three WHO regions – the European Region (EUR) (59.9% of current drinkers), the Region of the Americas (AMR) (54.1%) and the Western Pacific Region (WPR) (53.8%).

Figure 3.1 Percentage of current drinkers, former drinkers and lifetime abstainers (in %) among the total population (15+ years) by WHO region and the world, 2016

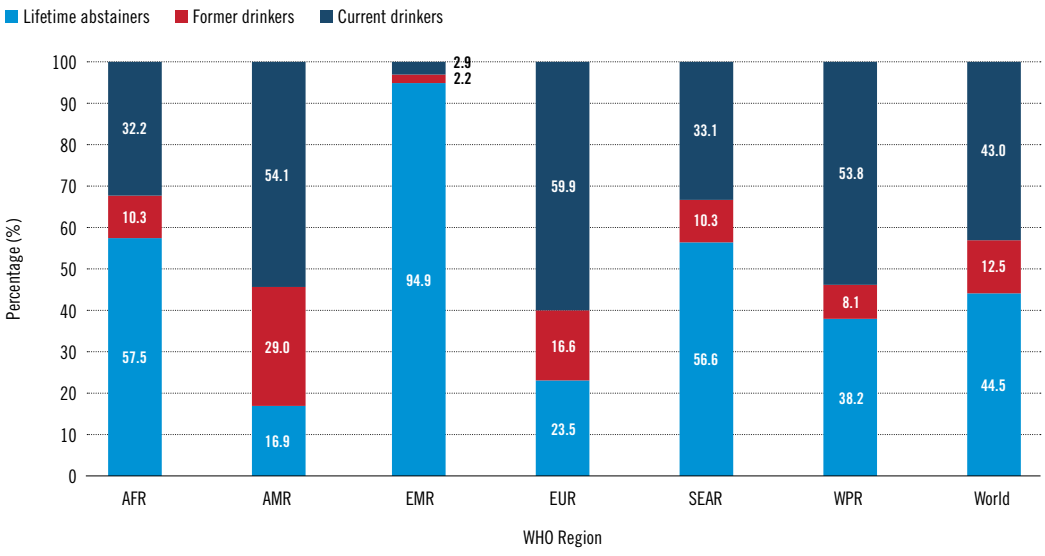
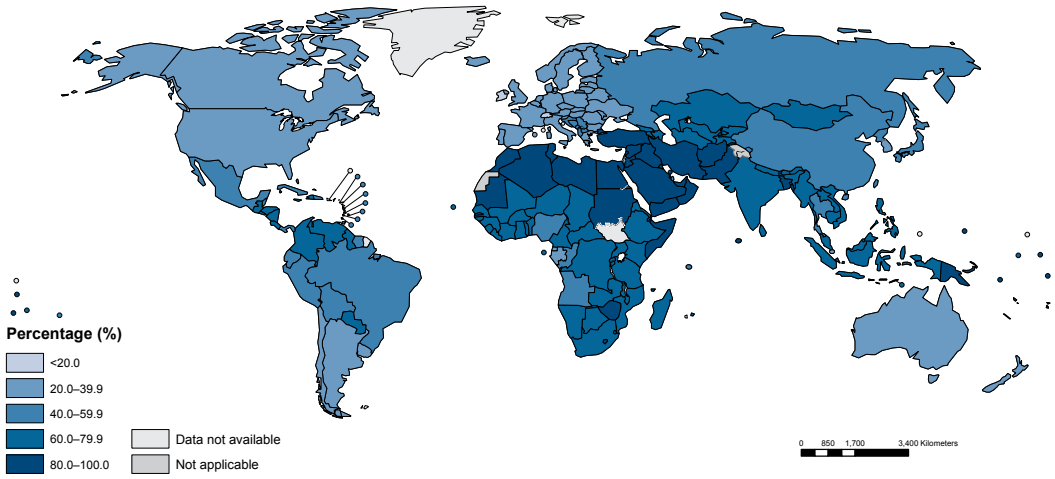


Table 3.1 Number of current drinkers, former drinkers and lifetime abstainers (in thousands) among the total population (15+ years) by WHO region and the world, 2016

WHO Region	Lifetime abstainers	Former drinkers	Current drinkers	Total population	Former drinkers/ past 12-month abstainers (%)
AFR	332 803	59 400	186 271	578 474	15.1
AMR	129 472	222 616	415 495	767 583	63.2
EMR	415 897	9 545	12 930	438 371	2.2
EUR	176 144	124 222	449 304	749 670	41.4
SEAR	796 697	144 914	466 323	1 407 934	15.4
WPR	578 350	122 528	814 775	1 515 654	17.5
World	**2 429 363**	**683 226**	**2 345 098**	**5 457 686**	**22.0**

There is considerable variation in prevalence rates of abstention across WHO regions (Figure 3.1) and WHO Member States (Figure 3.2). Comparison of Figure 3.2 to Figure 3.3 (showing total alcohol per capita consumption, or APC) reveals that APC is most affected by abstention rates, which are high in countries with low APC, because fewer drinkers add to the APC of that country or region. Lowest percentages of past 12-month abstention (< 40%) are found mainly in the high-income countries of Western Europe, North America, Australia and New Zealand, and Argentina, Chile and Uruguay of South America. The highest percentages of past 12-month abstention (≥ 80%) are found in Muslim-majority countries in North Africa and in the WHO Eastern Mediterranean Region.

Figure 3.2 Prevalence of past 12-month abstention (in %; 15+ years), 2016



Worldwide, 22% of all past 12-month abstainers have consumed alcohol in an earlier period of their lives (Table 3.1). Figure 3.1 and Table 3.1 indicate that the higher the percentage of past 12-month abstainers (lifetime abstainers plus former drinkers), the lower the percentage of former drinkers among abstainers. For example, 97.1% of the population in the WHO Eastern Mediterranean Region (EMR) are past 12-month abstainers, but only

2.2% of all past 12 months abstainers in this region are former drinkers. In contrast, in the WHO European Region only 40.1% of the population are past 12-month abstainers, but 41.1% of all past 12-month abstainers were former drinkers (16.6% of 40.1%). In the Region of the Americas, former drinkers (29.0%) even outnumber lifetime abstainers (16.9%). The percentage of former drinkers is an important indicator for monitoring trends in alcohol consumption in populations.

3.1.2 Total alcohol per capita consumption (APC)

Total APC comprises two components, namely the consumption of recorded and unrecorded alcohol. Recorded alcohol is alcohol consumed as a beverage that is recorded in official statistics, such as data on alcohol taxation or sales (see Appendix I for details by country). A description of unrecorded alcohol is provided in Box 3.3.

Box 3.3 Unrecorded alcohol

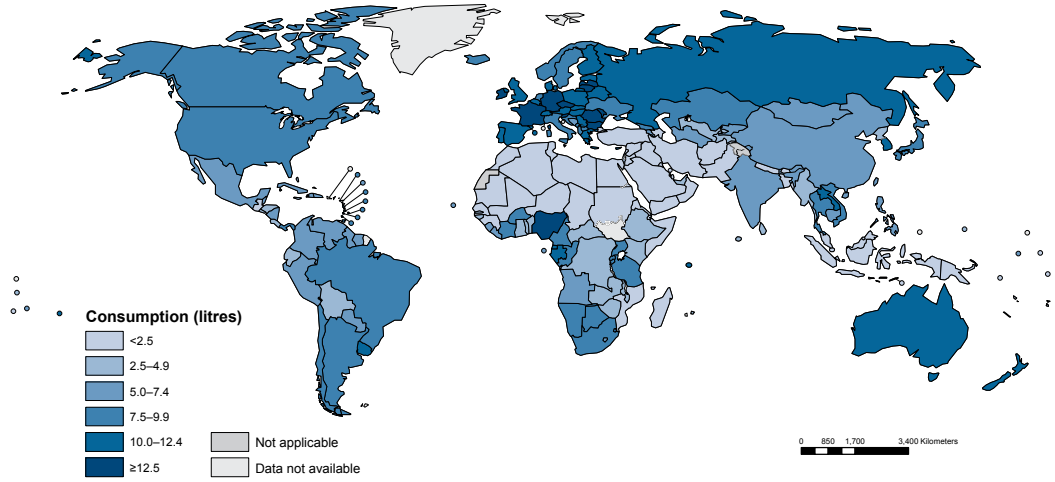
Unrecorded alcohol refers to alcohol that is not accounted for in official statistics on alcohol taxation or sales in the country where it is consumed because it is usually produced, distributed and sold outside the formal channels under government control. Unrecorded alcohol consumption in a country includes consumption of homemade or informally produced alcohol (legal or illegal), smuggled alcohol, alcohol intended for industrial or medical uses, and alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction). Sometimes these alcoholic beverages are traditional drinks that are produced and consumed in the community or in homes. Home-made or informally-produced alcoholic beverages are mostly fermented products made from sorghum, millet, maize, rice, wheat or fruits.

Unrecorded consumption also includes so-called surrogate alcohol, commonly ethanol that was not produced as beverage alcohol but is used as such (e.g. mouthwash, denatured alcohol, medicinal tinctures, aftershaves and perfumes).

There are different sources of data and various approaches to estimating unrecorded alcohol consumption, as discussed in Appendix IV.

As shown by the most recent WHO data, total APC in the world's population 15 years of age or older amounts to drinking on average 6.4 litres of pure alcohol per year (see Table 3.2 for further details), which translates into 13.9 grams of pure alcohol per day. However, there is wide variation in total alcohol consumption across WHO regions (Table 3.2) and Member States (Figure 3.3 and Appendix I for details by country). With a few exceptions from countries in the WHO African Region (e.g. Nigeria), from the WHO Region of the Americas (e.g. Uruguay) or in Australia and New Zealand (Western Pacific Region, or WPR), the highest per capita consumption of alcohol (10 litres or more) is observed in countries of the WHO European Region. Relatively high (7.5–9.9 litres of pure alcohol per capita) alcohol consumption levels are found mainly in high-income countries, particularly in the WHO Region of the Americas and the Western Pacific Region, but also in some countries in the African Region. The world's population with the lowest per capita consumption (less than 2.5 litres) lives in the WHO Eastern Mediterranean Region or in other Muslim-majority countries such as Niger in the WHO African Region, Indonesia in the WHO South-East Asia Region (SEAR), or Azerbaijan in the WHO European Region.

Figure 3.3 Total alcohol per capita consumption (APC) (15+ years; in litres of pure alcohol), 2016



Differences in the levels of total alcohol consumption between regions of the world and between countries are the result of complex interactions between a wide range of factors. These include sociodemographic factors, prevalence rates of abstention (section 3.1.1), level of economic development (section 3.3.3), religion and cultural norms, and the preferred alcoholic beverage types (section 3.2.1). For example, only 2.9% of the population in the Eastern Mediterranean Region had consumed alcohol in the past 12 months, contributing to the fact that the Eastern Mediterranean Region's share of the total alcohol consumption (0.7%) in the world is significantly less than its population size (8% of the world' population aged 15+ years). Conversely, the WHO European Region is home to 13.7% of the world's population aged 15+ years but consumes more than a fifth (21.2%) of the total alcohol worldwide.

3.1.3 Total alcohol per capita consumption (APC) among drinkers

As shown in Table 3.2, total per capita consumption in the total population does not follow the order of rank across regions of total per capita consumption among drinkers because of differences in prevalence of abstention from alcohol. The higher the prevalence of current drinkers, the lower the ratio between alcohol per capita consumption among drinkers to consumption in the total population. For instance, this ratio is 1.8 in the European Region with a prevalence of 59.9% current drinkers, whereas the ratio is 2.9 in the African Region with 32.2% current drinkers. Worldwide, alcohol consumers drink some 32.8 grams of pure alcohol per day (or 15.1 litres of pure alcohol annually). This is some 20% higher (40.0 g/day) in the African Region and about 20% lower (26.3 g/day) in the South-East Asia Region.

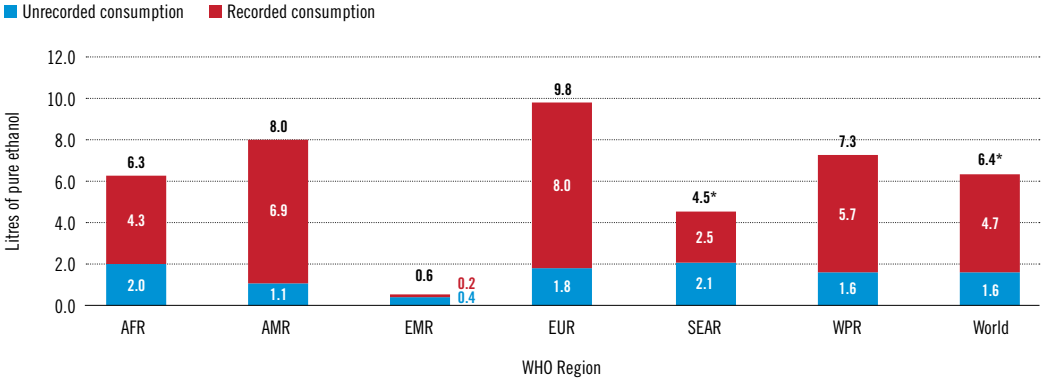
Table 3.2 Alcohol per capita consumption (in litres of pure alcohol and in grams per day) by WHO region and the world, 2016

	All		Drinkers only			
WHO Region	APC (in litres)	Grams/day	APC (in litres)	Grams/day	Current drinkers (%)	Ratio for drinkers/all based on grams/day
AFR	6.3	13.6	18.4	40.0	32.2	2.9
AMR	8.0	17.4	15.1	32.8	54.1	1.9
EMR	0.6	1.2	21.2	46.1	2.9	38.3
EUR	9.8	21.3	17.2	37.4	59.9	1.8
SEAR	4.5	9.8	12.1	26.3	33.1	2.7
WPR	7.3	15.8	13.8	30.0	53.8	1.9
World	**6.4**	**13.9**	**15.1**	**32.8**	**43.0**	**2.4**

3.1.4 Unrecorded alcohol consumption

One quarter (25.5%) of all alcohol consumed worldwide is in the form of unrecorded alcohol (Figure 3.4). In some countries, particularly in the South-East Asia Region and the Eastern Mediterranean Region, unrecorded alcohol consumption makes up some 50% or more of total alcohol consumption (45.4% in the South-East Asia Region, 70.5% in the Eastern Mediterranean Region). In lower-middle-income and low-income countries in the WHO South-East Asia Region, home-made spirits constitute a high percentage of total alcohol consumed (see section 3.3.3 for further data by income group).

Figure 3.4 Total, unrecorded and recorded alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol by WHO region and the world, 2016



* Note: The discrepancy between categories and total number can be explained due to rounding of numbers.

3.1.5 Trends in current drinking and abstention

Since 2000, the percentage of drinkers in the world has decreased by almost 5% from 47.6% to 43.0% (Table 3.3), or about a quarter of a billion people aged 15 years or more.

Table 3.3 Percentage (in %) of current drinkers, former drinkers and lifetime abstainers among the total population (15+ years) by WHO region and the world, 2016

	WHO Region	2000	2005	2010	2016
Lifetime abstainers	AFR	54.8	55.4	55.8	57.5
	AMR	15.4	16.0	16.2	16.9
	EMR	94.5	94.7	94.6	94.9
	EUR	20.0	20.0	21.6	23.5
	SEAR	59.6	60.9	59.0	56.6
	WPR	43.5	45.5	38.2	38.2
	World	**43.9**	**45.5**	**43.9**	**44.5**
Former drinkers	AFR	6.1	7.8	9.6	10.3
	AMR	21.0	23.5	26.0	29.0
	EMR	1.5	1.6	1.9	2.2
	EUR	9.9	11.6	13.9	16.6
	SEAR	7.3	6.9	7.3	10.3
	WPR	5.0	5.7	7.0	8.1
	World	**8.5**	**9.3**	**10.6**	**12.5**
Current drinkers	AFR	39.1	36.8	34.6	32.2
	AMR	63.5	60.5	57.8	54.1
	EMR	4.0	3.7	3.4	2.9
	EUR	70.1	68.4	64.6	59.9
	SEAR	33.2	32.2	33.7	33.1
	WPR	51.5	48.8	54.8	53.8
	World	**47.6**	**45.1**	**45.5**	**43.0**

In the European Region, the Region of the Americas (the two WHO regions with the highest per capita consumption), the WHO African Region and the East Mediterranean Region, the percentage of drinkers has decreased since 2000. However, it increased in the Western Pacific Region from 51.5% in 2000 to 53.8% in 2016 and has remained rather stable in the South-East Asia Region (2000: 33.2% of current drinkers; 2016: 33.1%). This only partly mirrors changes in total per capita consumption (Figure 3.5).

The decreases in prevalence of current drinkers were mainly due to increases in prevalence of former drinkers and much less due to increases in lifetime abstention. For example, in the WHO European Region the percentage of drinkers decreased by some 10.2% since 2000 (from 70.1% to 59.9%), which was due to an increase of 6.7% in the proportion of former drinkers and of 3.5% in lifetime abstainers. The increase in current drinkers in the Western Pacific Region is dominated by China where lifetime abstention prevalence decreased from 50.9% (2005) to 42.1% (2016), whereas prevalence of former drinkers increased by only 1.2% (from 0.9% to 2.1%). It is important to note that the trends in the Western Pacific Region as a whole are due to the trends observed in the population of China. In the rest of this region the prevalence of current drinking decreased

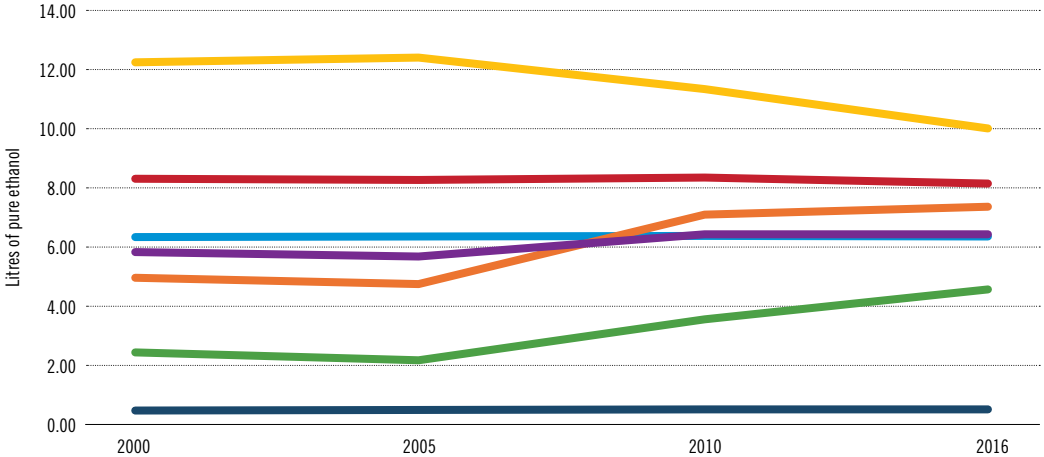
from 54.4% in 2000 to 47.3% in 2016, and this decrease is almost exclusively due to an increase in the prevalence of former drinkers from 18.7% in 2000 to 26.6% in 2016. In general, decreases in prevalence rates of current drinking are mainly due to increases in the prevalence of former drinkers, whereas increases in drinkers are mainly gained from lifetime abstainers.

3.1.6 Trends in total alcohol per capita consumption (APC)

Total alcohol per capita consumption has increased globally after a relatively stable phase between 2000 (5.7 litres of pure ethanol) and 2005 (5.5 litres). Since then, total per capita consumption rose from 5.5 litres in 2005 to 6.4 litres in 2010 and was still at the level of 6.4 litres in 2016 (Figure 3.5). However, there are diverging trends in different regions of the world. Most of the changes took place since 2005. Whereas in the WHO African Region, the Region of the Americas and the Eastern Mediterranean Region alcohol consumption remained rather stable, in the European Region alcohol consumption decreased from 12.3 litres in 2005 to 9.8 litres in 2016. Although the sharpest decreases were found in the formerly highest consuming countries such as the Russian Federation (from 18.7 litres in 2005 to 11.7 litres in 2016), the Republic of Moldova (from 21.6 litres in 2005 to 15.1 litres in 2016) or Belarus (from 15.3 litres in 2005 to 11.2 litres in 2016), alcohol consumption decreased in almost three fourths of all countries in the WHO European Region.

Alcohol per capita consumption increased in the WHO Western Pacific and South-East Asia regions. These regions include the highly populated countries of China and India, which account for the increases (China: 4.1 litres, 7.1 litres and 7.2 litres in 2005, 2010 and 2016 respectively; India: 2.4 litres, 4.3 litres and 5.7 litres in 2005, 2010 and 2016 respectively).

Figure 3.5 Trends in total alcohol per capita consumption (APC) (15+ years) in litres of pure alcohol in WHO regions, 2000–2016

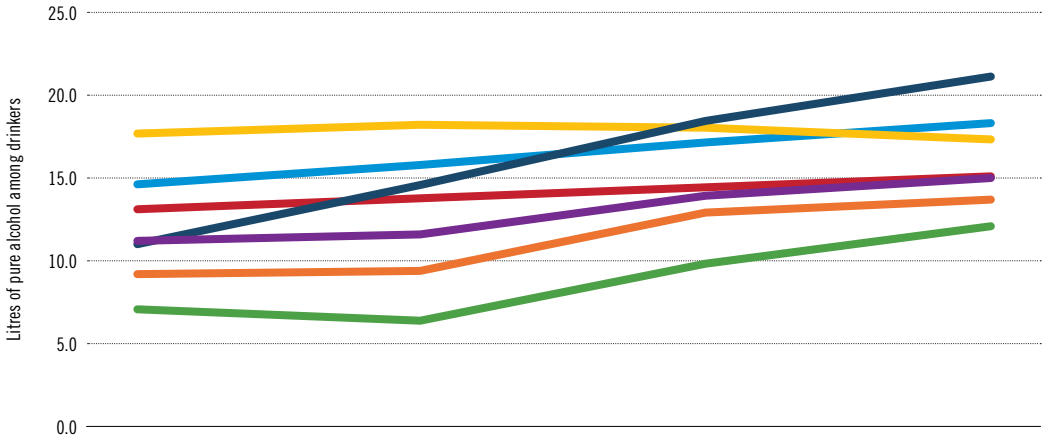


	2000	2005	2010	2016
AFR	6.2	6.3	6.3	6.3
AMR	8.2	8.2	8.2	8.0
EMR	0.4	0.5	0.6	0.6
EUR	12.1	12.3	11.2	9.8
SEAR	2.4	2.1	3.5	4.5
WPR	4.8	4.6	7.0	7.3
World	5.7	5.5	6.4	6.4

3.1.7 Trends in total alcohol consumption among drinkers

Alcohol consumption among drinkers (Figure 3.6) shows a slightly different picture than that in the total population. As the percentage of drinkers decreased worldwide (section 3.1.5), and total per capita consumption in the total population increased only slightly due to increases in the Western Pacific Region (China) and the South-East Asia Region (India) (Figure 3.5), total per capita consumption among drinkers has increased since 2000 in almost all regions except the WHO European Region (Figure 3.6). This can indicate that drinkers, although fewer in numbers, have increased their per capita consumption in most parts of the world.

Figure 3.6 Trends in total alcohol per capita consumption (APC) among drinkers (15+ years) in litres of pure alcohol in WHO regions, 2000–2016



	2000	2005	2010	2016
AFR	14.5	15.7	17.2	18.4
AMR	13.1	13.7	14.5	15.1
EMR	10.9	14.5	18.5	21.2
EUR	17.6	18.3	18.0	17.2
SEAR	7.0	6.3	9.8	12.1
WPR	9.2	9.3	12.9	13.8
World	11.1	11.5	14.0	15.1

3.2 PATTERNS OF DRINKING

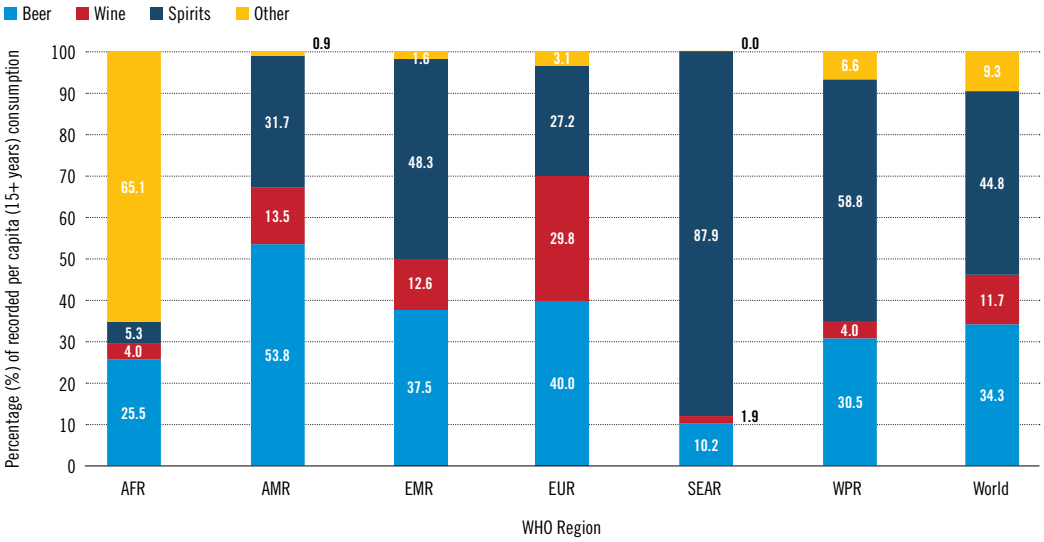
In addition to the extent of unrecorded consumption and the prevalence of current drinkers and past 12-month abstainers, total per capita consumption may be influenced by the predominant beverage type (e.g. wine versus spirits) consumed in a country or region, and also by the way in which people consume alcohol (e.g. more regularly or in heavy drinking sessions).

3.2.1 Most consumed beverages

Geographical differences exist regarding the type of alcohol people consume – beer, wine, spirits or other alcoholic beverages (e.g. fortified wines, rice wine or other fermented beverages made of sorghum, millet or maize), as shown in the country profiles section of this report.

Globally, 44.8% of total recorded alcohol is consumed in the form of spirits, which is also the most consumed beverage type in the South-East Asia Region (87.9%), Eastern Mediterranean Region (48.3%) and Western Pacific Region (58.8%; Figure 3.7). The second most consumed beverage type is beer, which accounts for 34.3% of all recorded alcohol consumed in the world. It is the most consumed type of beverage in the WHO Region of the Americas (53.8%) and the European Region (40.0%). Only 11.7% of total recorded alcohol is consumed in the form of wine. However, consumption of wine represents more than one fourth of total consumption in the WHO European Region (29.8%). "Other" beverages represent 9.3% of all consumption but constitute the most popular beverage type in the African Region accounting for almost half of all recorded alcohol consumed in this region (65.1%). Other beverages are, for example, fortified wines, rice wine, palm wine or other fermented beverages made of banana, sorghum, millet or maize.

Figure 3.7 Percentage (in %) of recorded alcohol per capita consumption (APC) (15+ years) in the form of beer, wine, spirits and other types of alcoholic beverages by WHO region and the world, 2016



Worldwide and also in all WHO regions, there have been only minor changes in beverage preferences since 2010. The largest changes took place in Europe, where the share of total recorded consumption of spirits decreased by 3% (from 30.2% to 27.2%), whereas wine increased (from 27.6% to 29.8%) as did beer (from 38.4% to 40.0%).

3.2.2 Heavy episodic drinking (HED)

Heavy episodic drinking (HED) is an indicator of the pattern of alcohol consumption (defined as 60 or more grams of pure alcohol on at least one single occasion at least once per month) which varies widely between countries (Figure 3.8). Heavy episodic drinking among drinkers is very high (≥ 60% of current drinkers) in the Russian Federation, in some other European countries (e.g. Bulgaria, Poland, Romania), and in some sub-Saharan African countries (e.g. Angola, Democratic Republic of the Congo). Other sub-Saharan countries also show high percentages (45% – < 60%) of HED, as does Australia and some countries in South America (e.g. Bolivia, Brazil, Paraguay, Peru).

Figure 3.8 Prevalence (in %) of heavy episodic drinking (HED) among current drinkers (15+ years), 2016

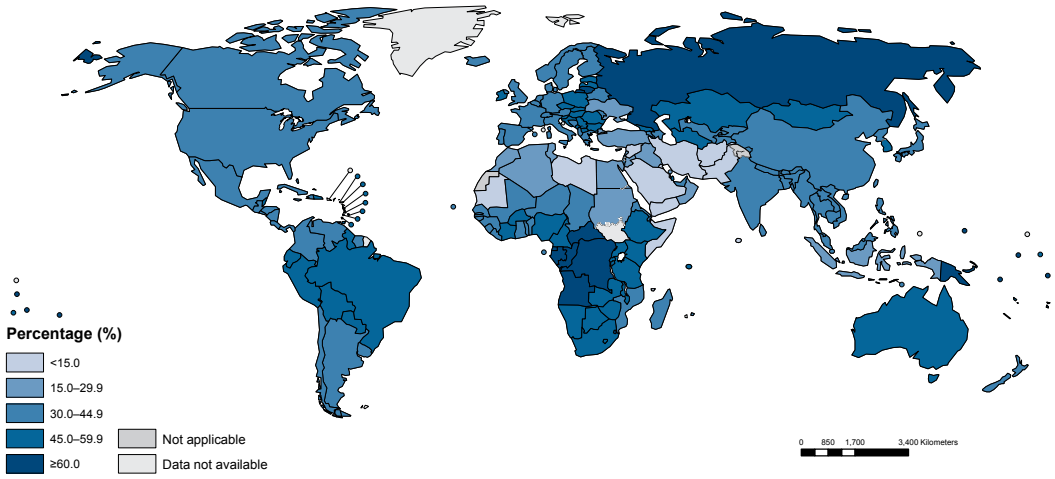


Table 3.4 shows that, on the regional level, higher APC is associated with higher prevalence of HED in the total population aged 15 years or older. For example, the WHO South-East Asia Region has an APC (15+ years) of 4.5 litres, while the prevalence of HED is 13.9% in the total population aged 15 years or older. Compared to the South-East Asia Region, the WHO Region of the Americas has a higher APC (8.0 litres), and the prevalence of HED in the total population aged 15 years or older is 21.3%. The association between total APC and prevalence of HED among drinkers is weaker. Worldwide almost one billion drinkers are heavy episodic drinkers.

Table 3.4 Total alcohol per capita consumption (in litres of pure alcohol) and prevalence of heavy episodic drinking (HED) (in %) among the total population aged 15+ years and among drinkers (15+ years) by WHO region and the world, 2016

	Among all (15+ years)		Among drinkers (15+ years)		
WHO Region	Total APC	HED prevalence (%)	Total APC	HED prevalence (%)	Number of HED drinkers (in thousands)
AFR	6.3	17.4	18.4	50.2	100 881
AMR	8.0	21.3	15.1	40.5	163 853
EMR	0.6	0.5	21.2	10.4	2 262
EUR	9.8	26.4	17.2	42.6	197 913
SEAR	4.5	13.9	12.1	40.7	195 746
WPR	7.3	21.9	13.8	40.6	332 368
World	**6.4**	**18.2**	**15.1**	**39.5**	**993 023**

The worldwide prevalence of heavy episodic drinking has decreased from 22.6% in 2000 to 18.2% in 2016 among the total population (Table 3.5) largely due to substantial decrease in HED prevalence in the WHO regions of Africa, the Americas and Europe, whereas the overall trends are not clear in the South-East Asia and Western Pacific regions.

This finding is valid not only among the total population for which decreases in prevalence of drinkers have been seen (section 3.1.5), but also among drinkers-only populations. Reduction in the prevalence of drinkers can be expected to be associated with reductions in the prevalence of HED drinkers, because fewer drinkers overall should be associated with fewer heavy episodic drinkers. However, the prevalence of HED also decreased among drinkers-only populations. The strongest decreases have been found for the African, Americas and European regions, which aligns with reductions in APC and the prevalence of drinking. For instance, the prevalence of HED among drinkers in Europe decreased by more than 10% (from 52.8% in 2000 to 42.6% in 2016). In the Region of the Americas, there was a reduction of 6.7% and in the African Region the reduction was 5.3% among drinkers. In other words, not only is the prevalence of current drinkers going down in some parts of the world but, even among those who continue to drink, the prevalence of individuals drinking in heavy drinking sessions is decreasing.

Table 3.5 Prevalence (in %) of heavy episodic drinking (HED) in the total population aged 15+ years and among drinkers (15+ years) by WHO region and the world, 2000–2016

	HED among all (%)				HED among drinkers (%)			
WHO Region	2000	2005	2010	2016	2000	2005	2010	2016
AFR	23.1	21.2	19.4	17.4	55.5	53.9	52.3	50.2
AMR	29.4	26.7	24.4	21.3	47.2	45.2	43.3	40.5
EMR	0.8	0.7	0.6	0.5	12.6	11.6	11.5	10.4
EUR	37.9	35.7	31.6	26.4	52.8	50.7	47.6	42.6
SEAR	14.4	13.5	14.3	13.9	43.1	41.6	41.5	40.7
WPR	22.4	20.0	23.9	21.9	43.0	40.4	43.4	40.6
World	**22.6**	**20.5**	**20.5**	**18.2**	**44.4**	**42.2**	**41.9**	**39.5**

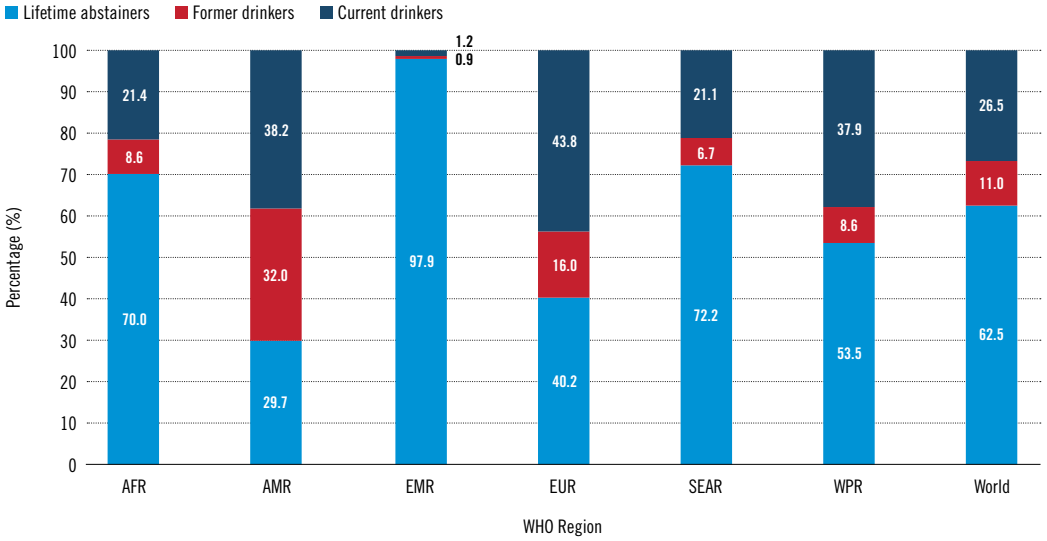
3.3 FACTORS THAT HAVE AN IMPACT ON ALCOHOL CONSUMPTION

Several major determinants have an impact on levels and patterns of alcohol consumption. Some are individual risk factors such as gender and age, and others are environmental factors (e.g. the availability of alcohol, the policy environment, the economic status of a country). The present section looks at alcohol use in young people and women and at economic wealth in countries.

3.3.1 Alcohol use in young people

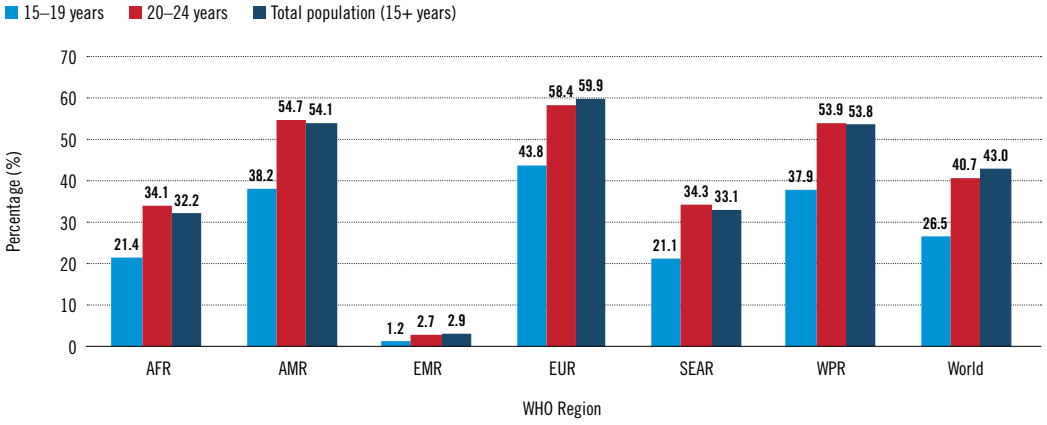
By comparing prevalence rates of abstainers and current drinkers among the population 15–19 years of age with those in the total population (Figure 3.9) it can be noted that young peoples' drinking mirrors the drinking behaviour of the total population. For example, prevalence rates of current drinking are highest in the WHO European Region (43.8%), followed by the Region of the Americas (38.2%) and the Western Pacific Region (37.9%). Accordingly, these rates are lowest (1.2%) in the Eastern Mediterranean Region. Worldwide, more than a quarter (26.5%) of all 15–19-year-olds are current drinkers, amounting to 155 million adolescents (AFR: 22.5 million; AMR: 29.9 million; EMR: 0.7 million; EUR: 22.3 million; SEAR: 37.9 million; WPR: 41.9 million). In addition, 64.2 million have already consumed alcohol but have ceased to drink in the past 12 months.

Figure 3.9 Percentage (in %) of current drinkers, former drinkers and lifetime abstainers among the total population (15–19 years) by WHO region and the world, 2016



Although 15–19-year-olds are less often current drinkers than the corresponding general population of 15+ years, this gap closes quickly (Figure 3.10). At the age of 20–24 years young people are often current drinkers to the same extent as the corresponding total population; in some regions persons aged 20–24 years may be even more frequent drinkers, which may mean that the prevalence of drinking peaks in this age group.

Figure 3.10 Percentage (in %) of current drinkers among the total population of 15–19 and 20–24-year-olds in comparison with the total population (15+ years) by WHO region and the world, 2016



With regard to patterns of alcohol consumption, HED among young people aged 15–19 years is particularly prevalent (≥ 20%) in Europe and high-income countries such as Australia, Canada, New Zealand and the USA (Figure 3.11) or in some South American countries with high per capita alcohol consumption such as Argentina and Chile. Accordingly, HED among young people is highest in the WHO European Region (24.1%) and high in the WHO Region of the Americas (18.5%) and the Western Pacific Region (18.8%, Figure 3.12).

Figure 3.11 Prevalence (in %) of heavy episodic drinking (HED) among 15–19-year-olds, 2016

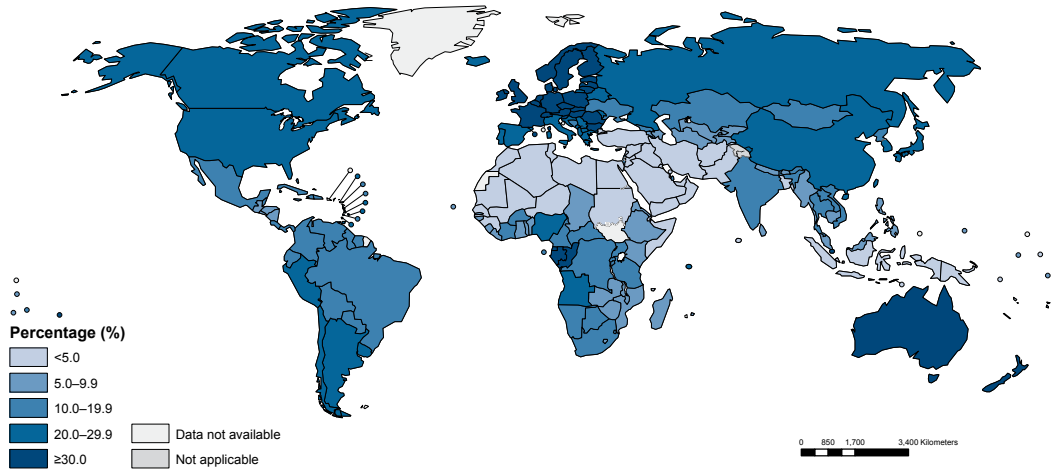
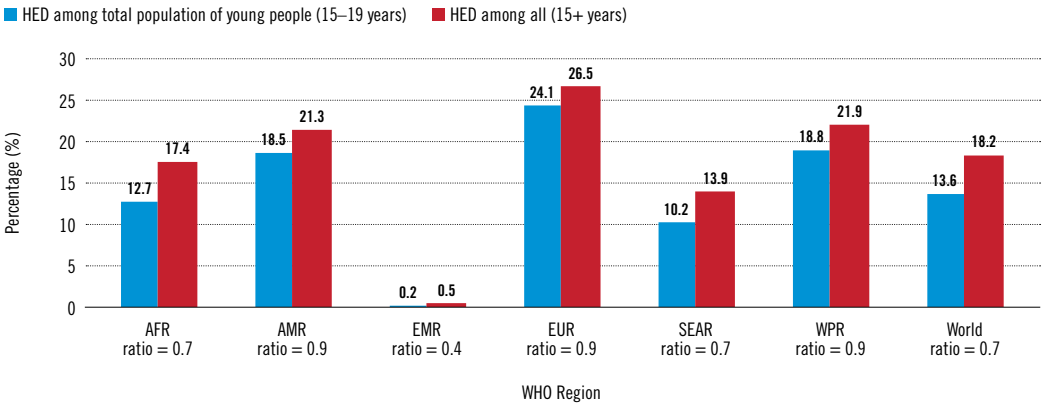


Figure 3.12 Prevalence (in %) of heavy episodic drinking (HED) among the total population aged 15 years and older and adolescents (15–19 years) and the corresponding adolescents-to-all ratios of HED prevalence by WHO region and the world, 2016



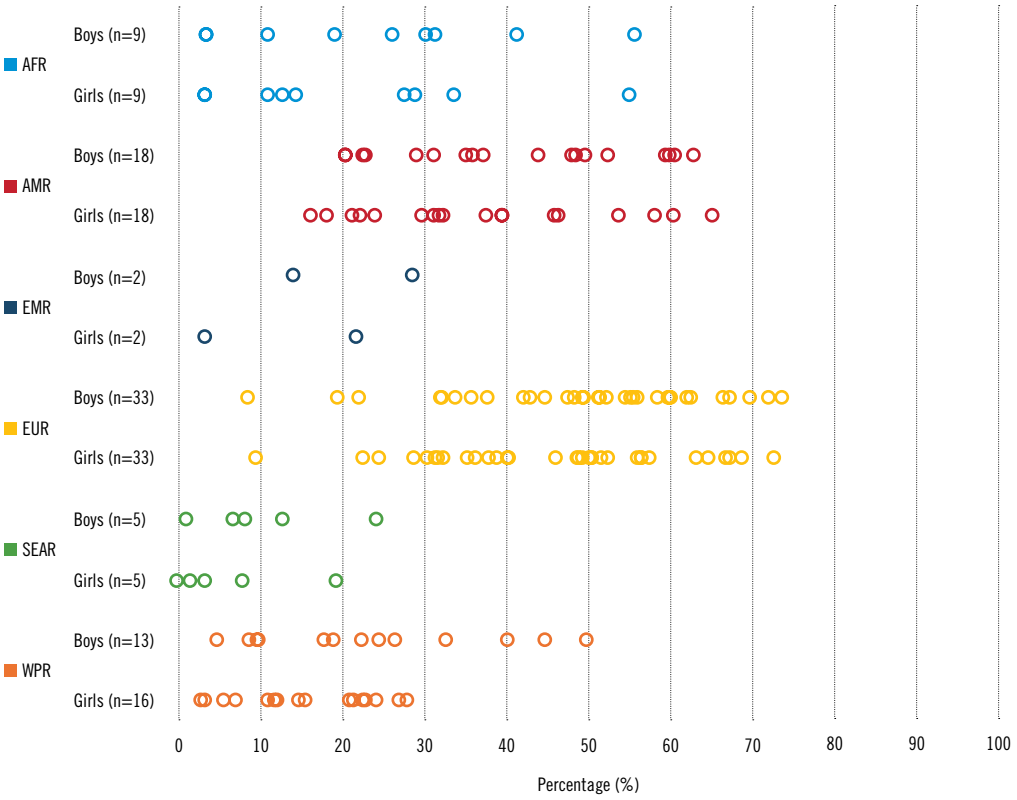
Globally, the prevalence of HED among young persons (15–19 years old) is lower (13.6%) than in the total population (18.2%). This is true for all WHO regions. The corresponding adolescent-to-all ratio is therefore lower than 1 in all regions. The ratio is closer to 1 in those regions (Americas, Europe, Western Pacific) in which the prevalence of HED is high in the general population.

Results of school surveys indicate that in many countries alcohol use starts early in life, and before the age of 15 years. Figure 3.13 shows the percentage of alcohol use during the past 30 days among 15-year-olds in countries which conducted the European school survey project on alcohol and other drugs (ESPAD), the Global school-based student health survey (GSHS) or other surveys with data which are internationally comparative. Results from these surveys point towards high prevalence of alcohol use during the past 30 days in many countries of the Americas, Europe and Western Pacific, and prevalence rates can be in the range of 50–70%. In countries of Africa which implemented school surveys, the prevalence of alcohol use among 15-year-old students varies widely from 10% to 30%, although in a few countries prevalence can be even higher. Remarkably small differences

are observed in prevalence of past 30 days alcohol use among boys and girls of 15 years of age in many countries where the school surveys were implemented. In general, the percentages are highest in Europe followed by the Region of Americas and vary from 1.2% to 74.0% in boys and zero to 73.0% in girls.

Figure 3.13 Alcohol use during the past 30 days among 15-year-old students by country[a] and gender

(n=34 countries data from ESPAD and 49 countries and areas data from GSHS)



[a]The countries and survey years shown in the figure are listed below.

Africa: Benin (2009), Ghana (2012), Malawi (2009), Mauritius (Mauritius) and Mauritius (Rodrigues) (2011), Mozambique (2015), Namibia (2013), Seychelles (2015), United Republic of Tanzania (2014)

Americas: Antigua and Barbuda (2009), Argentina (2012), Barbados (2011), Belize (2011), Bolivia (2012), Chile (2013), Costa Rica (2009), Dominica (2009), El Salvador (2013), Guatemala (2015), Guyana (2010), Honduras (2012), Jamaica (2010), Peru (2010), Suriname (2009), Trinidad and Tobago (2011), United States of America (2015), Uruguay (2012)

Eastern Mediterranean region: Lebanon (2011), Syrian Arab Republic (2010)

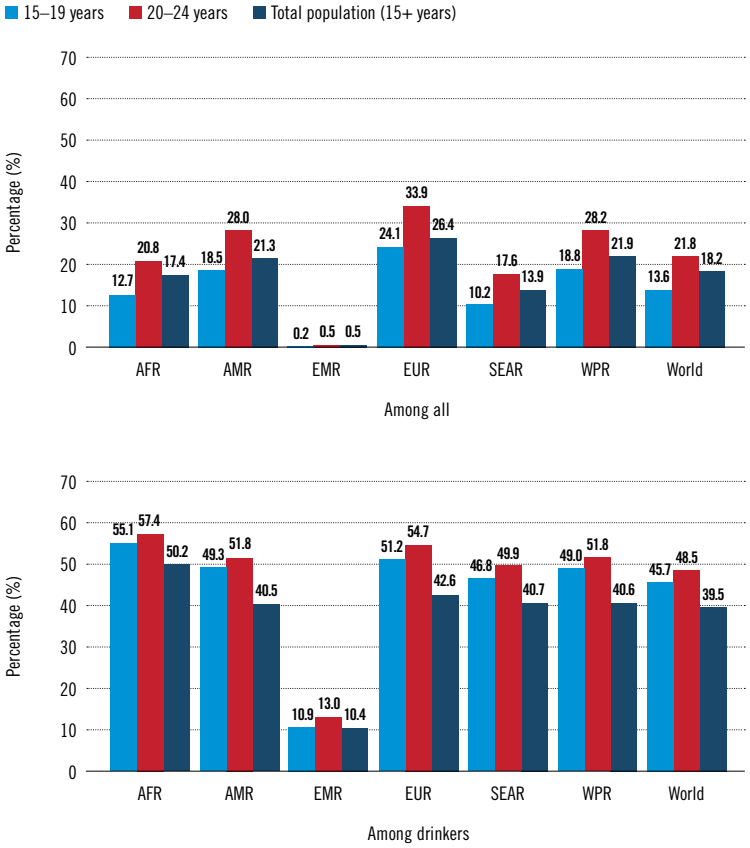
Europe: Albania (2015), Austria (2015), Belgium (Flanders) (2015), Bulgaria (2015), Croatia (2015), Cyprus (2015), Czechia (2015), Denmark (2015), Estonia (2015), Finland (2015), France (2015), Georgia (2015), Greece (2015), Hungary (2015), Iceland (2015), Ireland (2015), Italy (2015), Latvia (2015), Lithuania (2015), Malta (2015), Monaco (2015), Montenegro (2015), Netherlands (2015), Norway (2015), Poland (2015), Portugal (2015), Republic of Moldova (2015), Romania (2015), Slovakia (2015), Slovenia (2015), Spain (2015), Sweden (2015), The former Yugoslav Republic of Macedonia (2015)

South-East Asia: Bangladesh (2014), Indonesia (2015), Maldives (2009), Thailand (2015), Timor-Leste (2015)

Western Pacific: Brunei Darussalam (2014), Cambodia (2013), Cook Islands (2015), Fiji (2010), Kiribati (2011), Lao People's Democratic Republic (2015), Malaysia (2012), Mongolia (2013), Niue (2010), Philippines (2015), Samoa (2011), Solomon Islands (2011), Tonga (2010), Tuvalu (2013), Vanuatu (2011), Viet Nam (2013)

As with the prevalence of current drinking, the prevalence of HED increases from age 15–19 years to the age of 20–24 years (Figure 3.14). However, in all regions of the world HED peaks in the age group of 20–24 years and is higher than in the total population. Among drinkers, HED is also higher among the 15–19 years age group compared with the total population of drinkers, which can be interpreted to mean that 15–24-year-olds, when they are current drinkers, often drink in heavy drinking sessions. This can also be seen in the fact that, with the exception of the Eastern Mediterranean Region, all HED prevalence rates among drinkers are high in adolescence and early adulthood (around 45–55%).

Figure 3.14 Prevalence (in %) of heavy episodic drinking (HED) in the total population and among drinkers aged 15 years and older, adolescents (15–19 years) and young adults (20–24 years) by WHO region and the world, 2016



Comparable with the total population at all ages (15+ years), the HED prevalence among young people is going down worldwide or, as in the case of the WHO South-East Asia and Western Pacific regions, remains at least stable (Table 3.6). This is true for the total youth population and among youth drinkers.

Table 3.6 Trends in prevalence (in %) of heavy episodic drinking (HED) among adolescents (15–19 years) and young adults (20–24 years) and among all and drinkers by WHO region and the world, 2016

		Among all (%)				Among drinkers (%)			
	WHO Region	2000	2005	2010	2016	2000	2005	2010	2016
15–19 years	AFR	17.3	15.7	14.3	12.7	59.7	58.3	56.8	55.1
	AMR	25.8	23.4	21.4	18.5	55.7	53.5	51.8	49.3
	EMR	0.4	0.3	0.2	0.2	13.3	12.0	11.9	10.9
	EUR	35.1	33.5	29.0	24.1	61.7	60.0	56.3	51.2
	SEAR	10.2	9.6	10.4	10.2	48.1	46.9	47.3	46.8
	WPR	18.1	16.2	20.3	18.8	48.9	46.6	50.7	49.0
	World	**17.1**	**15.6**	**15.6**	**13.6**	**49.3**	**47.4**	**47.5**	**45.7**
20–24 years	AFR	26.9	24.8	22.9	20.8	62.1	60.6	59.3	57.4
	AMR	36.3	33.4	31.2	28.0	57.9	56.0	54.4	51.8
	EMR	0.9	0.8	0.7	0.5	15.6	14.2	14.2	13.0
	EUR	46.0	44.2	40.0	33.9	64.0	62.5	60.2	54.7
	SEAR	17.4	16.6	17.8	17.6	51.0	49.9	50.2	49.9
	WPR	27.2	24.7	29.9	28.2	52.0	49.7	53.5	51.8
	World	**25.8**	**23.7**	**24.2**	**21.8**	**52.3**	**50.3**	**50.4**	**48.5**

3.3.2 Alcohol use in women

In all WHO regions, females are less often current drinkers than males (Table 3.7). More than half of the world's female population aged 15 years or older are lifetime abstainers (54.6% or 1.489 billion; for men the figures are: 34.5% or 941 million). Women are similarly more often former drinkers (13.1% compared with 11.9% of men). In addition, when females drink alcohol, they drink less on average and engage less often in HED (Table 3.8). Besides differences in the prevalence of drinking (males/females ratio between 1.3 and 3.8), there are also important differences in total APC among drinkers (males/females ratio between 2.7 and 2.8), and HED among drinkers (males/females ratio between 2.1 and 4.2). Thus, not only do fewer women drink than men in all WHO regions, but when they drink they drink less and exhibit HED less often.

Table 3.7 Number and percentages of lifetime abstainers, former drinkers, and current drinkers (in thousands and in %), by sex among population (15+ years), 2016

		Lifetime abstainers		Former drinkers		Current drinkers		All	
WHO Region		Males	Females	Males	Females	Males	Females	Males	Females
AFR	N	128 819	203 984	32 894	26 506	125 130	61 141	286 843	291 631
	%	44.9	69.9	11.5	9.1	43.6	21.0	100	100
AMR	N	34 014	95 458	90 727	131 889	251 538	163 957	376 279	391 304
	%	9.0	24.4	24.1	33.7	66.8	41.9	100	100
EMR	N	208 390	207 510	7 596	1 949	10 387	2 543	226 373	212 002
	%	92.1	97.9	3.4	0.9	4.6	1.2	100	100
EUR	N	61 566	114 578	48 622	75 601	248 059	201 246	358 246	391 425
	%	17.2	29.3	13.6	19.3	69.2	51.4	100	100
SEAR	N	307 862	488 835	89 258	55 656	318 537	147 786	715 657	692 277
	%	43.0	70.6	12.5	8.0	44.5	21.3	100	100
WPR	N	200 021	378 329	56 377	66 152	509 868	304 908	766 265	749 389
	%	26.1	50.5	7.4	8.8	66.5	40.7	100	100
World	**N**	**940 671**	**1 488 695**	**325 473**	**357 753**	**1 463 519**	**881 580**	**2 729 664**	**2 728 028**
	%	**34.5**	**54.6**	**11.9**	**13.1**	**53.6**	**32.3**	**100**	**100**

Globally, sex ratios in APC among drinkers and HED among drinkers are higher than those for the prevalence of current drinking. However, these sex ratios are very similar across regions. There is almost no difference in sex ratios for APC among drinkers (world = 2.8) and – except for the WHO Eastern Mediterranean Region – sex ratios for HED (world = 2.5) vary only between 2.1 (African Region) and 2.7 (South-East Asia Region). Globally, but also in all WHO regions, sex ratios for HED have increased (world: from 2.3 in 2000 to 2.5 in 2016). This is largely due to a parallel reduction of HED prevalence rates among drinkers – for men from 56.1% in 2000 to 50.2% in 2016 and for women from 24.4% in 2000 to 19.9% in 2016 – because ratios are generally higher for lower prevalence rates.

Table 3.8 Percentage (in %) of current drinkers among all (15+ years), total alcohol per capita consumption (APC) among drinkers (15+ years); in litres of pure alcohol, and prevalence (in %) of heavy episodic drinking (HED) among drinkers (15+ years) by sex, as well as corresponding ratios, by WHO region and the world, 2016

	Percentage of current drinkers among all (15+ years) (%)			Total APC among drinkers (15+ years)			Prevalence of HED among drinkers (15+ years) (%)		
WHO Region	Males	Females	Male/ female ratio	Males	Females	Male/ female ratio	Males	Females	Male/ female ratio
AFR	43.6	21.0	2.1	23.1	8.6	2.7	60.5	28.2	2.1
AMR	66.8	41.9	1.6	20.0	7.1	2.8	53.0	20.3	2.6
EMR	4.6	1.2	3.8	24.3	9.1	2.7	12.8	3.1	4.2
EUR	69.6	51.7	1.3	23.8	8.3	2.8	56.5	24.5	2.3
SEAR	44.5	21.3	2.1	15.3	5.5	2.8	50.6	18.7	2.7
WPR	66.5	40.7	1.6	18.1	6.4	2.8	52.8	20.1	2.6
World	**53.7**	**32.4**	**1.7**	**19.4**	**7.0**	**2.8**	**50.2**	**19.9**	**2.5**

In general, the prevalence of HED among adolescents aged 15–19 years mirrors the prevalence among all (15+ years) (section 3.2.2), with the highest heavy episodic drinking rates among young people of both sexes found in the European Region (males: 36.2%; females: 11.5%), the Region of the Americas (males: 30.1%; females: 6.4%) and the Western Pacific Region (males: 30.0%; females: 6.4%) (Table 3.9). Similarly, both young men's and women's (15–19 years) HED prevalence rates mirror those of men and women in the corresponding total population (15+ years). This can be seen (except in the Eastern Mediterranean Region) in the very comparable adolescent-to-all ratios for both men and women.

Table 3.9 Prevalence (in %) of heavy episodic drinking (HED) among the total population aged 15 years and older and adolescents (15–19 years) and the corresponding adolescents-to-adults ratios by sex, by WHO region and the world, 2016

	All (15+ years) (%)		Adolescents (%)		Adolescents/all ratio	
WHO Region	Males	Females	Males	Females	Males	Females
AFR	28.3	6.8	20.8	4.3	0.7	0.6
AMR	35.0	8.2	30.1	6.4	0.9	0.8
EMR	0.9	0.1	0.3	0.0	0.4	0.5
EUR	40.7	13.5	36.2	11.5	0.9	0.8
SEAR	23.3	4.2	17.1	2.8	0.7	0.7
WPR	35.3	8.3	30.0	6.4	0.8	0.8
World	**29.2**	**7.2**	**21.9**	**4.7**	**0.7**	**0.7**

Worldwide, the prevalence of women's drinking decreased in most regions of the world with the exception of the South-East Asia and Western Pacific regions (Table 3.10). However, this is not a particular trend for women, because it mirrors similar trends in the prevalence of current drinking among men.

Table 3.10 Women's and men's prevalence rates (in %) of current drinking in the WHO regions and the world, 2000–2016

WHO Region		2000	2005	2010	2016
AFR	Men	50.9	48.3	46.1	43.6
	Women	27.6	25.5	23.4	21.0
AMR	Men	75.7	72.9	70.6	66.8
	Women	51.9	48.7	45.6	41.9
EMR	Men	6.2	5.7	5.3	4.6
	Women	1.7	1.5	1.4	1.2
EUR	Men	78.8	77.2	74.4	69.2
	Women	62.1	60.4	55.6	51.4
SEAR	Men	44.4	44.0	45.2	44.5
	Women	21.5	20.0	21.8	21.3
WPR	Men	63.4	61.0	67.4	66.5
	Women	39.3	36.4	42.0	40.7
World	**Men**	**57.9**	**55.7**	**56.2**	**53.6**
	Women	**37.3**	**34.7**	**34.8**	**32.3**

The decrease in the prevalence of drinking does not mean that globally there are fewer current drinkers, because the world's population has increased. In fact, in absolute numbers there were about 91 000 more women who drank alcohol in 2016 compared with 2000 despite a worldwide 5% decrease in the current drinking prevalence from 37.3% to 32.3%. Among men the prevalence in current drinking decreased by 4.3% from 57.9% to 53.6%, which globally amounts to an increase in absolute numbers of 245 000 currently drinking men.

3.3.3 Economic wealth

In general, the greater the economic wealth of a country, the more alcohol is consumed and the smaller the number of abstainers. As shown in Table 3.11 economic wealth is also associated with lower percentages of unrecorded APC of total APC, whereby this effect is attenuated in low-income countries. For example, in high-income countries only 11.4% of all alcohol consumed consists of unrecorded alcohol, whereas in low-income and lower-middle-income countries around 40% of all alcohol consumed is unrecorded alcohol.

Table 3.11 Total alcohol per capita consumption (APC) and unrecorded APC (in litres of pure alcohol) and the corresponding proportion (in %) of unrecorded APC of total APC, as well as alcohol consumption (in grams of pure alcohol per day), the prevalence (in %) of current drinkers and of heavy episodic drinking (HED) among current drinkers, among the total population aged 15+ years by income group and the world, 2016

Income groups	Total APC	Unrecorded APC	Percentage of unrecorded APC of total APC (%)	Prevalence of current drinkers (%)	Grams/ day among drinkers	Prevalence of HED among drinkers (%)	N (total population 15+ years in thousands)
High income	9.8	1.1	11.4	67.3	30.9	38.7	954 850
Upper middle income	7.0	1.5	21.4	47.7	34.3	40.7	2 057 630
Lower middle income	4.7	2.0	43.6	30.1	32.5	37.7	2 075 974
Low income	3.8	1.4	36.8	26.8	31.3	45.4	369 218
World	**6.4**	**1.6**	**25.5**	**43.0**	**32.8**	**39.5**	**5 457 686**

While the relationship between economic wealth, levels of alcohol consumption, share of unrecorded alcohol consumption and prevalence of current drinking appears well inter-related at global level (Table 3.11), the associations described may not be equally true in all WHO regions (Table 3.12). Consistently, the prevalence of drinkers is higher in higher-income countries across all regions. However, the prevalence of HED among drinkers is fairly equal in most regions for higher- and lower-income countries, except in the WHO African Region where it is higher in lower-income countries (51.2%) compared with higher-income countries (43.7%), and conversely in the WHO European Region (34.7% versus 43.5%). Total APC is globally higher in higher-income countries, and this is true of most WHO regions except for the African Region (lower: 6.3 litres; higher: 6.0 litres) and the Western Pacific Region (lower/higher 7.3 litres). In both regions, APC is similar but the proportion of unrecorded consumption is higher in the lower-income countries, which is the case in almost all regions except in the Eastern Mediterranean Region where, because of the many Muslim-majority countries, total consumption is generally low and unrecorded consumption is generally high.

Table 3.12 Total alcohol per capita consumption (APC) in litres of pure alcohol and the proportion (in %) of unrecorded APC of total APC, as well as the prevalence (in %) of current drinkers and of heavy episodic drinking (HED) among current drinkers, in WHO regions among the total population aged 15+ years by lower versus higher income groups, 2016

	Total APC (in litres)		Percentage of unrecorded APC of total APC (%)		Prevalence of current drinkers (%)		Prevalence of HED among drinkers (%)	
WHO Region	Low and lower middle income	High and upper middle income	Low and lower middle income	High and upper middle income	Low and lower middle income	High and upper middle income	Low and lower middle income	High and upper middle income
AFR	6.3	6.0	33.3	24.0	33.8	21.0	51.2	43.7
AMR	4.2	8.2	21.8	13.6	33.2	55.3	39.5	40.6
EMR	0.4	0.9	67.9	73.3	1.9	5.4	10.3	10.7
EUR	6.7	10.2	36.8	17.0	43.6	62.2	34.7	43.5
SEAR	4.4	8.3	47.3	21.1	32.8	40.7	40.8	38.3
WPR	7.3	7.3	48.5	19.0	34.0	56.2	39.6	40.8
World	**4.5**	**7.9**	**42.8**	**17.5**	**29.6**	**53.9**	**38.8**	**40.0**

Another factor that can be considered in combination with economic status is gender (Table 3.13). Globally, the sex ratio of current drinking decreases with economic status. However, once people drink, women drink less and are less often heavy episodic drinkers than men, but the ratio between men and women remains stable across income groups.

Table 3.13 Total alcohol per capita consumption (APC; in litres of pure alcohol), as well as prevalence (in %) of current drinkers and of heavy episodic drinking (HED) among the total population aged 15+ years by sex, income group and the world, 2016

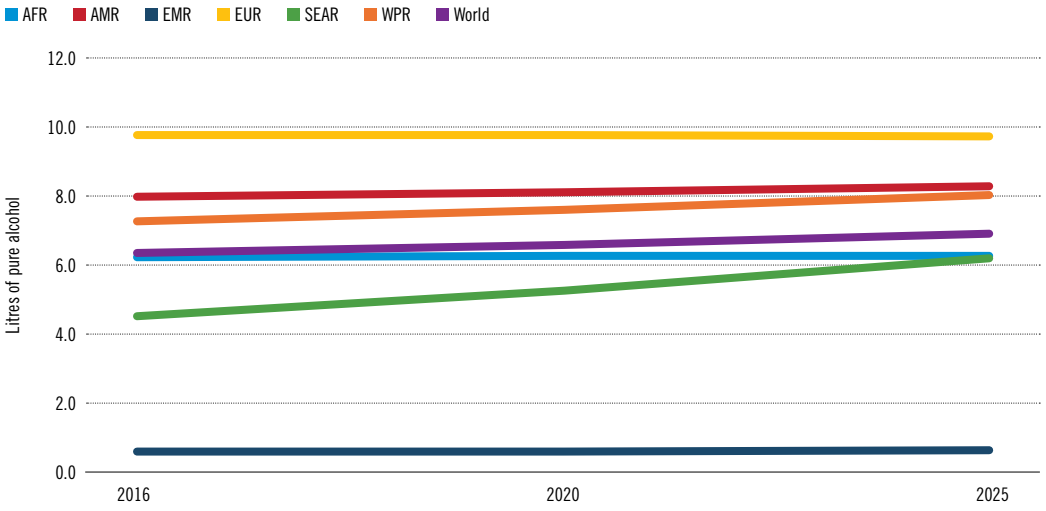
	Current drinkers (%)			Total APC among drinkers			Prevalence of HED among drinkers (%)		
Income groups	Males	Females	Male/ female ratio	Males	Females	Male/ female ratio	Males	Females	Male/ female ratio
High income	77.8	57.0	1.4	19.6	6.9	2.8	51.8	20.6	2.5
Upper middle income	59.3	36.1	1.6	20.4	7.3	2.8	52.2	21.0	2.5
Lower middle income	40.1	19.8	2.0	18.6	6.8	2.7	46.8	17.7	2.6
Low income	37.1	16.9	2.2	17.8	6.7	2.7	54.7	24.7	2.2
World	**53.7**	**32.4**	**1.7**	**19.4**	**7.0**	**2.8**	**50.2**	**19.9**	**2.5**

3.4 PROJECTIONS OF ALCOHOL CONSUMPTION UP TO 2025

Until 2025, total alcohol per capita consumption (15+ years) is expected to increase in half of the WHO regions (Figure 3.15), namely in the Region of the Americas (from 8.0 to 8.4 litres), the Western Pacific Region (from 7.3 litres to 8.1 litres) and the South-East Asia Region (from 4.5 to 6.2 litres). It is currently not expected that the increase in these regions will be counterbalanced by substantial decreases in the other WHO regions, where total alcohol per capita consumption will remain stable. Hence, APC is expected to increase globally (from 6.4 to 7.0 litres).

The highest increase is expected in the South-East Asia Region, with an increase of 2.2 litres alone in India which represents a large proportion of the total population in this region. However, increases, although smaller, are also expected in Indonesia and Thailand (with the second- and fourth-largest largest populations). The second-highest increase is projected for the populations of the Western Pacific Region, where the population of China is the largest, with an increase in per capita consumption of 0.9 litres of pure alcohol by 2025. Other countries such as Viet Nam also have expected high increases (e.g. more than 3 litres for Viet Nam). However, high-income countries of the Western Pacific Region, such as Australia and Japan, may decrease their per capita consumption. In the Region of the Americas there is variation in expected trends, but the three most populous countries – Brazil, Mexico and the USA – are predicted to increase alcohol consumption, leading to an overall increase in this region. The increase in worldwide total APC is not influenced by changes in the proportion of unrecorded consumption, which is projected to increase slightly from 25.5% in 2016 to 27.7% in 2020.

Figure 3.15 Projections of total alcohol per capita comsumption (APC) (15+ years) in litres of pure alcohol by WHO region, 2016–2025



	2016	2020	2025
AFR	6.3	6.3	6.3
AMR	8.0	8.1	8.4
EMR	0.6	0.5	0.6
EUR	9.8	9.8	9.8
SEAR	4.5	5.3	6.2
WPR	7.3	7.6	8.1
World	6.4	6.6	7.0

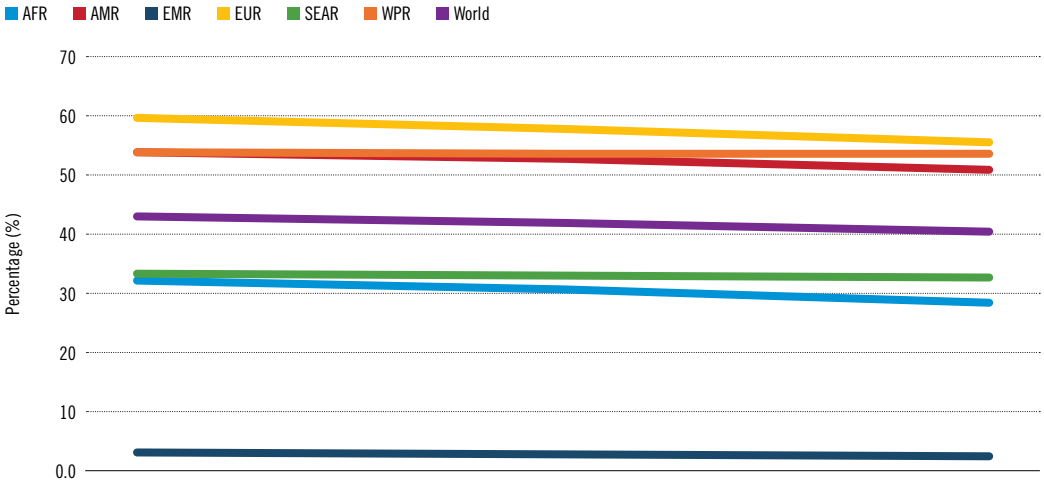
Globally, predicted increases in consumption by the year 2025 can be found across almost all countries' economic status groups (based on status as of 2016), except for high-income countries (no increase, or a slight decrease from 9.8 litres in 2016 to 9.7 litres in 2025), and will be strongest in middle-income countries. Of the middle-income countries, stronger increases are expected for the lower-middle-income countries (1.2 litres) compared with the upper-middle-income countries (0.6 litres). Also globally, an increase of 0.4 litres is expected in total alcohol per capita consumption in low-income countries by 2025 (Table 3.14). Calculations are based on the assumption that countries do not change their income group between 2016 and 2025.

Table 3.14 Projections of total and unrecorded alcohol per capita consumption (15+ years) in litres of pure alcohol by income group, 2016–2025

	2016		2020		2025		Difference 2025–2016	
Income groups	Total APC	Unrecorded otal APC	Total APC	Unrecorded otal APC	Total APC	Unrecorded otal APC	Total APC	Unrecorded otal APC
High income	9.8	1.1	9.8	1.1	9.7	1.1	-0.1	0.0
Upper middle income	7.0	1.5	7.2	1.5	7.6	1.6	0.6	0.1
Lower middle income	4.7	2.0	5.2	2.3	5.9	2.6	1.2	0.6
Low income	3.8	1.4	4.0	1.5	4.2	1.6	0.4	0.2
World	**6.4**	**1.6**	**6.6**	**1.8**	**7.0**	**1.9**	**0.6**	**0.3**

It is projected that the prevalence rate of current drinking will continue to decrease globally from 43.0% to 40.3% (Figure 3.16). The decrease in prevalence of current drinking will be weakest in the Western Pacific Region (by 0.3%) and the South-East Asia Region (by 0.4%). However, given the expected population increase in the 15+ years age group by almost 630 million, there will be 107 million more current drinkers in 2025 compared to 2016.

Figure 3.16 Projections of prevalence (in %) of current drinking (15+ years) by WHO region, 2016 – 2025



	2016	2020	2025
AFR	32.2	30.6	28.2
AMR	54.1	52.6	51.0
EMR	2.9	2.6	2.3
EUR	59.9	57.9	55.3
SEAR	33.1	32.7	32.7
WPR	53.8	53.5	53.5
World	43.0	41.7	40.3

The projected estimates of alcohol consumption and prevalence of current drinking presented in this section indicate that current trends in alcohol consumption in the world are determined by upward trends in alcohol consumption among drinkers.

4. HEALTH CONSEQUENCES

4. HEALTH CONSEQUENCES

The number of deaths and disability-adjusted life years (DALYs) (Box 4.1) caused and prevented by alcohol were estimated by comparing the risks of mortality and morbidity to these same risks under a counterfactual scenario in which there was no historical consumption of alcohol (i.e. the number of deaths and DALYs that would not have occurred in the absence of alcohol consumption).

Box 4.1. Terminology related to burden of disease and injury

Burden of disease is defined as the gap between current health status and an ideal situation in which everyone lives to old age free of disease and disability. Premature death, disability and risks that contribute to illness and injury are the causes of this health gap.

Disability-adjusted life years (DALYs) represent a time-based measure of overall burden of disease for a given population. DALYs are the sum of years of life lost due to premature mortality as well as years of life lost due to time lived in less than full health.

Alcohol-attributable deaths are defined as the number of deaths attributable to alcohol consumption. They assume a counterfactual scenario of no alcohol consumption. Thus, alcohol-attributable deaths are those deaths that would not have happened without the presence of alcohol.

Age-standardized (or age-adjusted) alcohol-attributable deaths or DALY rates refer to a weighted average of the age-specific death or DALY rates per 100 000 persons, where the weights are the proportions of persons in the corresponding age groups of the WHO standard population.

Alcohol-attributable fraction (AAF) is the proportion of all diseases and deaths that are attributable to alcohol. AAFs are used to quantify the contribution of alcohol as a risk factor to disease or death. AAFs can be interpreted as the proportion of deaths or burden of disease which would disappear if there had not been any alcohol. AAFs are calculated on the basis of the level of exposure to alcohol and the risk relations between the level of exposure and different disease categories.

Table 4.1 Causes of death and disability causally related to alcohol consumption

Diseases and injuries included in the analysis
Detrimental (included)
Communicable, maternal, perinatal and nutritional conditions
Tuberculosis, HIV/AIDS, lower respiratory infections
Noncommunicable diseases
Lip and oral cavity, pharyngeal cancers (exluding nasopharyngeal), oesophagus cancer, colon and rectum cancers, liver cancer, breast cancer, larynx cancer, alcohol use disorders, epilepsy, hypertensive heart disease, haemorrhagic stroke, alcoholic cardiomyopathy, cirrhosis of the liver, pancreatitis
Injuries
Unintentional injuries
Road injury, poisonings, falls, fire, heat and hot substances, drowning, exposure to mechanical forces, other unintentional injuries
Intentional injuries
Self-harm, interpersonal violence
Beneficial (at low levels of alcohol consumption*)
Noncommunicable diseases
Diabetes mellitus, ischaemic heart disease, ischaemic stroke

* No health benefit is seen for people who engage in binge drinking.
Not included in the analysis (however, alcohol has been shown to have an impact causally related to): major depressive disorder, atrial fibrillation and flutter, oesophageal varice, psoriasis.
For the corresponding ICD-10 codes, the references used to assess causality and the relative risks used, see Table IV.8.

The estimates presented (Table 4.1) are conservative in that they do not include the alcohol-attributable burden of unipolar depressive disorders and atrial fibrillation. Furthermore, the estimates do not take into account the potential differential effects of having the A allele variant *ADH1Brs1229984* on the risk of having fatal coronary heart disease and/or an ischaemic stroke (Holmes et al., 2014). Additionally, the chapter outlines the unequal effects of alcohol consumption by geographical region, age, sex and economic status.

4.1 CHANGES IN OUR UNDERSTANDING OF THE HEALTH CONSEQUENCES OF ALCOHOL CONSUMPTION

This chapter provides updated estimates of the number of alcohol-attributable deaths and DALYs. Since the publication of the *Global status report on alcohol and health 2014* (WHO, 2014), additional evidence has been produced on the risk relationships between alcohol consumption and the occurrence of diseases and injuries. The 2018 iteration of the *Global status report on alcohol and health* incorporates this new evidence on the risk relationships. First, recently-published meta-analyses update the relative risks used to model the deaths and the burden of disease attributable to alcohol consumption (see Appendix IV). Second, unlike the 2014 report, the 2018 *Global status report on alcohol and health* includes the burden of disease caused by alcoholic cardiomyopathy (Manthey et al., 2018) which was not previously estimatable. Third, the effect of alcohol on the risk of HIV/AIDS (Rehm et al., 2017b) was modelled on the effect of alcohol on the likelihood to engage in unprotected sex as opposed to the effect of alcohol on adherence to taking highly active antiretroviral therapy (HAART) (Hendershot et al., 2009). This latter method of modelling leads to the reporting of fewer alcohol-attributable HIV/AIDS deaths (Hendershot et al., 2009). Last, unlike the *Global status report on alcohol and health 2014*, the current report does not indicate the number of deaths from fetal alcohol spectrum disorder (FASD)/ fetal alcohol syndrome (FAS) as they are aggregated instead with alcohol use disorders (AUDs), alcoholic myopathy and alcohol poisonings.

In addition, the estimated burden of injuries caused by alcohol consumption includes the second-hand effects of consumption during pregnancy (limited to dysmorphic FAS) and the results of motor vehicle accidents after alcohol consumption, but does not take into account the secondary effects of alcohol on assaults (i.e. the estimates are based on injuries to the drinker attributable to alcohol consumption). As a result, the alcohol-attributable harms are underestimated, especially for women (alcohol contributes to domestic violence perpetrated against women) (Graham et al., 2008; Graham et al., 2011; Cherpitel et al., 2013) and for people under 15 years of age who do not consume alcohol but who are at risk of injuries from violence due to the drinking of others.

Consequently, the results of the analysis presented in this chapter underestimate the burden of disease attributable to alcohol consumption, especially among people of younger age.

4.2 ALCOHOL-ATTRIBUTABLE MORTALITY AND THE BURDEN OF DISEASE

The harmful use of alcohol resulted in an estimated 3 million deaths (5.3% of all deaths) globally in 2016; these estimates incorporate both the detrimental and beneficial health effects of alcohol consumption. The effects of alcohol consumption on mortality are greater than those of tuberculosis (2.3%), HIV/AIDS (1.8%), diabetes (2.8%), hypertension (1.6%), digestive diseases (4.5%), road injuries (2.5%) and violence (0.8%).

Alcohol led also to a large burden of disease and injury in 2016, causing 132.6 million DALYs which represented 5.1% of all DALYs in that year; as with the mortality burden, these estimates include both the detrimental and beneficial health effects of alcohol consumption. Deconstructed, 107.7 million DALYs were due to premature mortality (i.e. years of life lost, or YLL), representing 5.8% of all YLL, and 24.9 million DALYs were due to morbidity (i.e. years of life lived with disability, or YLD), representing 3.4% of all YLD.

Geographically, the age-standardized burden of disease and injury attributable to alcohol consumption varies across WHO regions (Tables 4.2 and 4.3).

Table 4.2 Age-standardized alcohol-attributable deaths per 100 000 people by broad disease category in WHO regions and the world, 2016

	Age-standardized alcohol-attributable deaths per 100 000 people, by WHO region and the world (2016)						
Cause	**AFR**	**AMR**	**EMR**	**EUR**	**SEAR**	**WPR**	**World**
All causes	70.6	34.1	7.0	62.8	36.8	24.3	38.8
Communicable, maternal, perinatal and nutritional conditions	24.8	1.8	0.3	2.7	8.0	2.1	5.0
Noncommunicable diseases	28.7	18.3	6.1	45.5	17.3	13.4	22.4
Malignant neoplasms	3.7	5.1	0.6	8.4	2.6	4.6	4.8
Diabetes mellitus	(0.4)	(0.5)	0.1	(0.2)	(0.2)	(0.3)	(0.3)
Alcohol use disorders	2.1	2.9	0.4	4.9	1.3	0.8	1.9
Epilepsy	0.7	0.2	0.0	0.3	0.2	0.1	0.2
Cardiovascular diseases	5.7	2.1	1.7	22.8	2.5	3.0	7.4
Digestive diseases	16.9	8.4	3.2	9.2	10.8	5.1	8.3
Injuries	17.1	14.0	0.6	14.6	11.6	8.9	11.4
Unintentional	13.6	8.2	0.5	8.2	9.3	7.4	8.3
Intentional	3.6	5.8	0.1	6.4	2.3	1.5	3.1

Note: The numbers in brackets indicate beneficial health effects.

Table 4.3 Age-standardized alcohol-attributable disability-adjusted life years (DALYs) per 100 000 people by broad disease category in WHO regions and the world, 2016

	Age-standardized alcohol-attributable disability-adjusted life years (DALYs) per 100 000 people, by WHO regionand the world (2016)						
Cause	**AFR**	**AMR**	**EMR**	**EUR**	**SEAR**	**WPR**	**World**
All causes	3 043.7	1 821.9	322.0	2 726.5	1 718.3	1 132.9	1 758.8
Communicable, maternal, perinatal and nutritional conditions	938.6	59.7	9.7	105.9	279.5	67.3	196.6
Noncommunicable diseases	1 157.7	877.6	275.4	1 616.3	762.1	531.5	861.8
Malignant neoplasms	118.2	144.1	19.1	238.2	83.0	122.2	133.7
Diabetes mellitus	(12.6)	(25.1)	4.0	(11.8)	(8.2)	(17.6)	(14.1)
Alcohol use disorders	249.4	370.1	122.7	477.7	188.6	163.9	246.4
Epilepsy	48.6	23.4	1.7	23.0	15.8	14.8	20.2
Cardiovascular diseases	152.3	60.3	39.0	541.2	69.4	82.2	168.3
Digestive diseases	601.9	304.8	88.8	347.9	413.5	166.0	307.4
Injuries	947.4	884.6	36.9	1 004.3	676.7	534.2	700.4
Unintentional	753.6	542.4	31.7	668.9	545.3	455.9	530.7
Intentional	193.8	342.2	5.2	335.4	131.4	78.3	169.7

Note: The numbers in brackets indicate beneficial health effects.

The aged-standardized alcohol-attributable burden of disease and injury was highest in the WHO African Region (AFR) (70.6 deaths and 3044 DALYs per 100 000 people). This is in contrast to the level of alcohol consumption which was highest in WHO's European Region (EUR). The alcohol-attributable burden of disease and injury in Africa was due, in part, to the large burden of disease caused by tuberculosis, cardiovascular diseases, digestive diseases and injuries (to which alcohol is a contributing factor). This explains why Africa has the highest age-adjusted burden of disease and injury attributable to alcohol consumption. The age-standardized burden of disease and injury attributable to alcohol consumption was lowest in the Eastern Mediterranean Region (EMR) (7.0 deaths and 322 DALYs per 100 000 people). The proportions of all deaths and DALYs caused by alcohol consumption were highest in the European Region, where 10.1% of all deaths and 10.8% of all DALYs were attributable to alcohol consumption, and were lowest in the Eastern Mediterranean Region, where 0.7% of all deaths and 0.7% of all DALYs were attributable to alcohol consumption (Figures 4.1 and 4.2).

Figure 4.1 Share of all deaths (in %) attributable to alcohol consumption, by WHO region, 2016

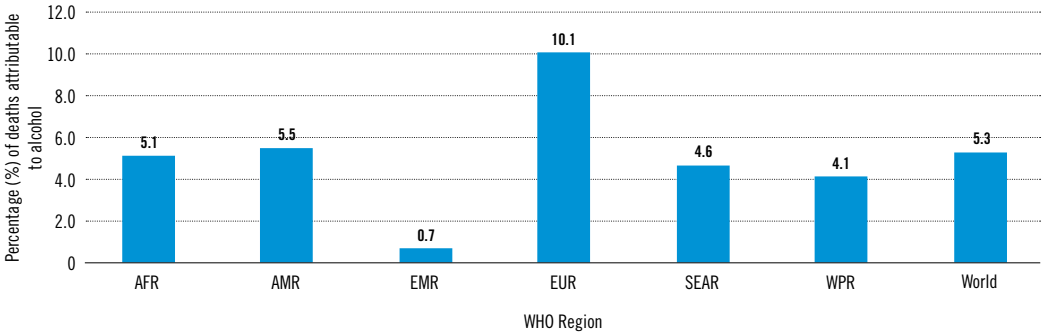
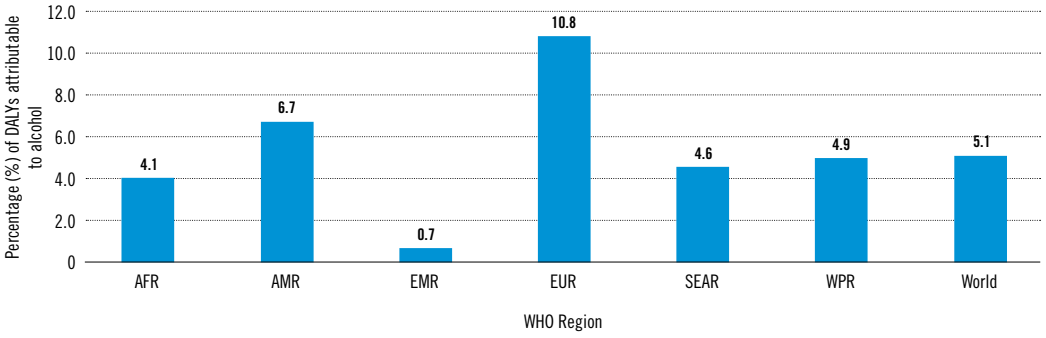


Figure 4.2 Percentage (in %) of all disability-adjusted life years (DALYs) attributable to alcohol consumption, by WHO region, 2016



Among the 230 three-digit ICD-10 codes to which alcohol is related, digestive diseases, unintentional injuries, cardiovascular diseases (CVDs) and diabetes were the leading contributors to the estimated 3 million alcohol-attributable deaths in 2016, and were individually responsible for 21.3%, 20.9% and 19.0% of these deaths respectively (Figure 4.3). Unintentional injuries, digestive diseases and AUDs were the leading contributors to the burden of disease and injury caused by alcohol and were individually responsible for 30.0%, 17.6% and 13.9% of all alcohol-attributable DALYs (Figure 4.4).

Figure 4.3 Percentage (in %) of alcohol-attributable deaths, as a percentage of all alcohol-attributable deaths, by broad disease category, 2016

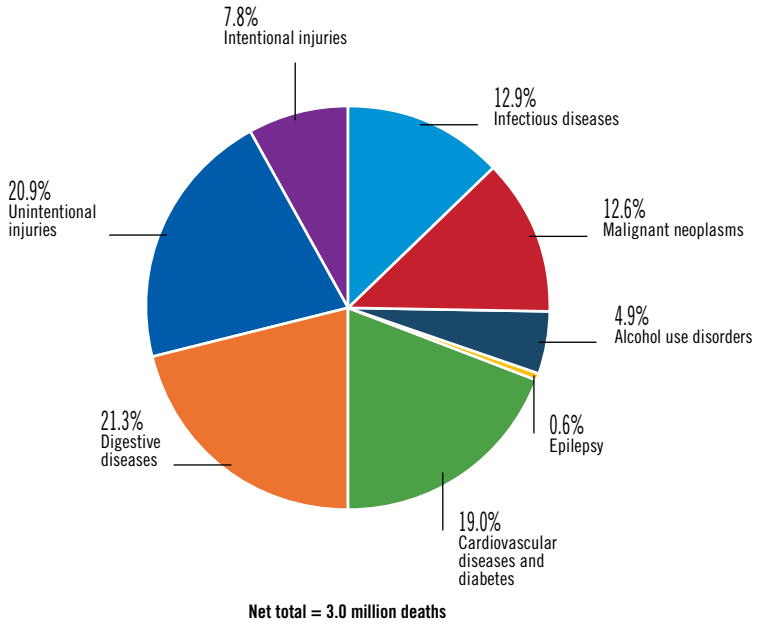
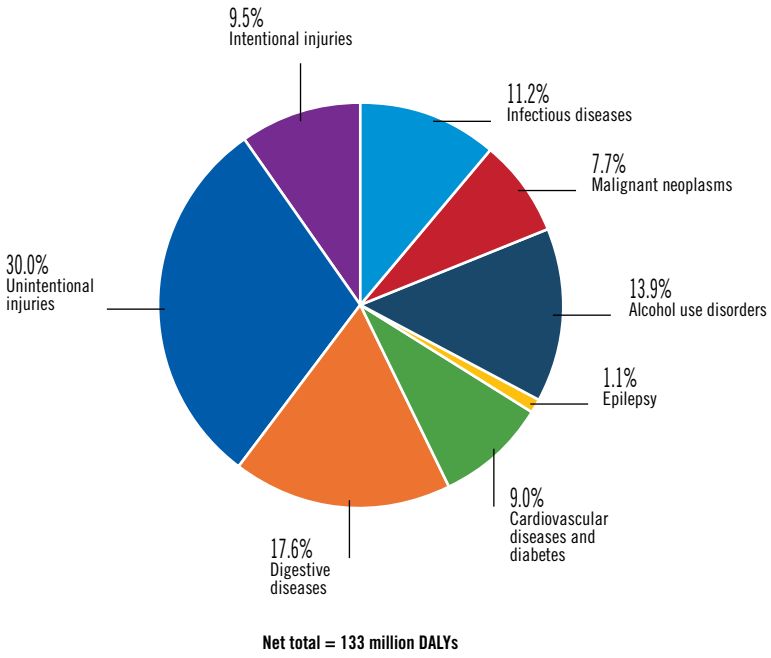
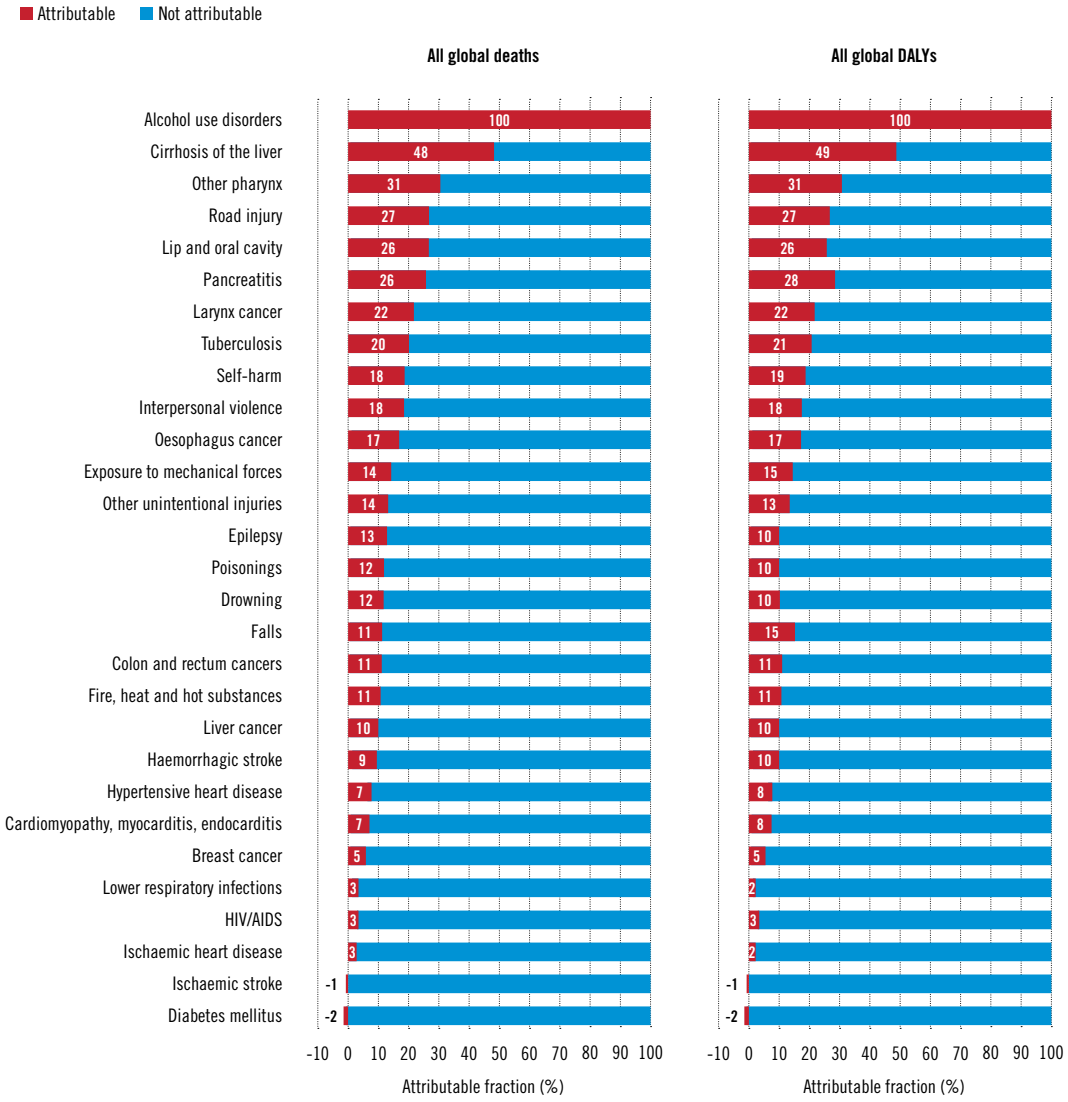


Figure 4.4 Distribution of the alcohol-attributable burden of disease, as a percentage (in %) of all alcohol-attributable disability-adjusted life years (DALYs), by broad disease category, 2016



The contribution of alcohol to disease- and injury-specific health burdens ranged from 100% for AUDs to 3% for deaths from ischaemic heart disease (a population-attributable fraction of -2% was observed for DALYs caused by ischaemic heart disease). Furthermore, an overall protective effect was observed for the impact of alcohol on ischaemic stroke and diabetes at the global level (Figure 4.5).

Figure 4.5 Alcohol-attributable fractions (AAFs) for selected causes of death, disease and injury, 2016



DALYs = Disability-adjusted life years.
Note: For ischaemic stroke and diabetes mellitus, the AAFs were negative, meaning that, overall, alcohol consumption has a beneficial effect on these diseases.

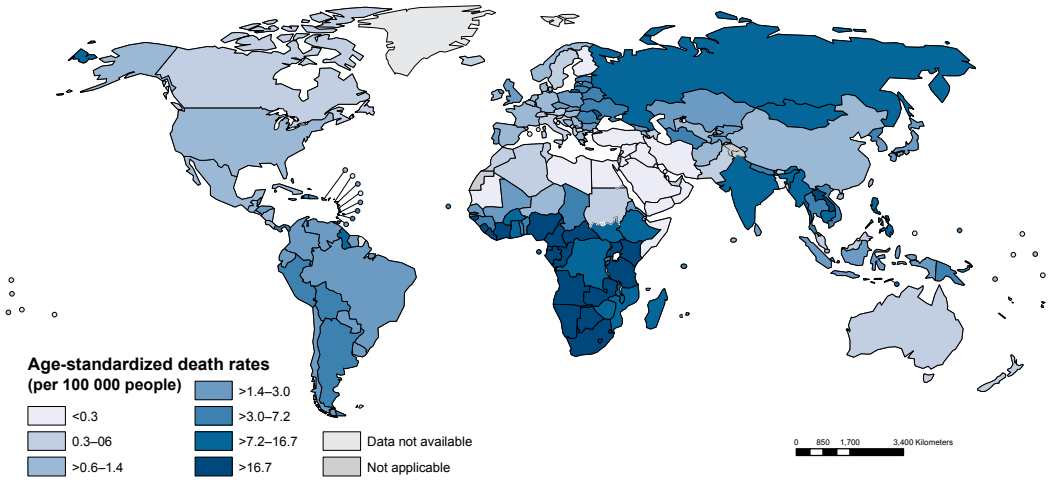
The following sections of this chapter outline the impact of alcohol on the burden of mortality and morbidity caused by 1) infectious diseases, 2) malignant neoplasms, 3) diabetes, 4) AUDs, alcohol poisonings and FAS, 5) epilepsy and other neuropsychiatric disorders, 6) CVDs, 7) digestive diseases and 8) injuries.

4.2.1 The alcohol-attributable burden of infectious diseases

Alcohol caused an estimated 0.4 million of the 11 million deaths globally in 2016 which resulted from communicable, maternal, perinatal and nutritional conditions (CMPNC), representing 3.5% of CMPNC deaths. Furthermore, alcohol caused an estimated 254 000 deaths from tuberculosis, 33 000 from HIV/AIDS and 99 000 from lower respiratory infections, representing 19.6%, 3.3% and 3.3% respectively of all deaths from those conditions.

The age-standardized alcohol-attributable burden of infectious diseases was highest in Africa and in the South-East Asian Region (SEAR), resulting respectively in 24.8 and 8 deaths per 100 000 people, and was lowest in the Eastern Mediterranean Region (EMR) (Figure 4.6). The impact of alcohol on CMPNC, measured as the proportion of CMPNC deaths due to alcohol, was highest in the European Region (EUR) and the Western Pacific Region (WPR), where 7.8% and 5.5% of all CMPNC deaths respectively were attributable to alcohol. Furthermore, the contribution of infectious diseases to all alcohol-attributable deaths was highest in Africa and in the South-East Asian Region where 33.1% and 14.1% respectively of all alcohol-attributable deaths were due to infections.

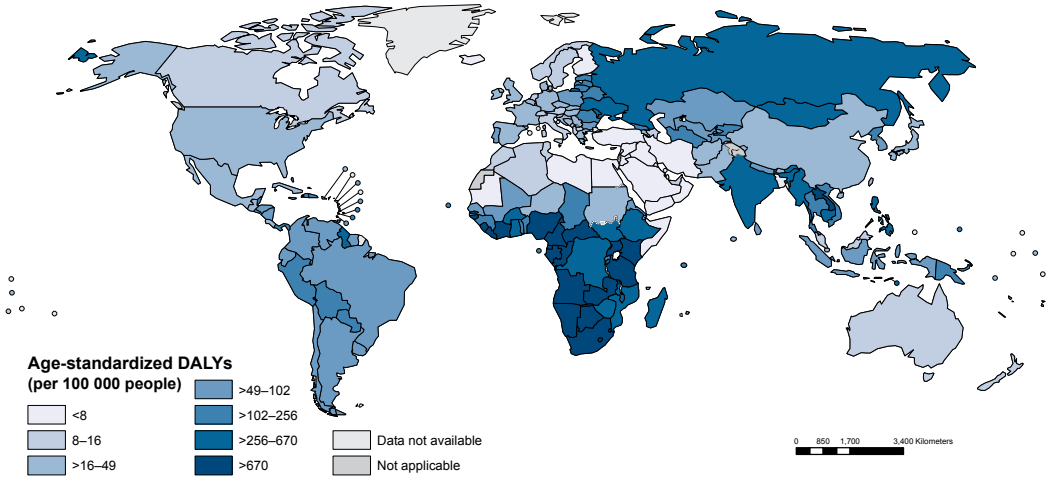
Figure 4.6 Global age-standardized alcohol-attributable infectious disease death rates, 2016



Alcohol had a lesser impact on CMPNC DALYs when compared to CMPNC deaths, causing 14.8 million CMPNC DALYs, representing 2% of all CMPNC DALYs. Furthermore, alcohol was responsible for 20.5%, 3.0% and 1.9% of DALYs caused by tuberculosis, HIV/AIDS and lower respiratory infections respectively. Geographically, the age-standardized alcohol-attributable burden of CMPNC DALYs was highest in Africa and in the South-East Asian Region, where 939 and 279 DALYs per 100 000 people respectively were attributable to alcohol, and was lowest in the Eastern Mediterranean Region where 10 DALYs per 100 000 people were attributable to alcohol (Figure 4.7). Additionally, the proportion of all CMPNC DALYs attributable to alcohol was highest in the European and Western Pacific regions where 5.5% and 3.2% respectively of all CMPNC DALYs were attributable to alcohol.

These estimates of the alcohol-attributable CMPNC burden exclude the multiple effects of alcohol on the risk of communicable diseases. First, alcohol has been shown to increase the likelihood of unprotected sex, and therefore alcohol is likely to have an impact on sexually transmitted diseases (in addition to HIV/AIDS); however, the effects of alcohol on the risks of sexually transmitted diseases were not included in these burden estimates (except for HIV/AIDS) (Rehm et al., 2017a). Second, although not modelled, alcohol has also been shown to increase the mortality risk from HIV/AIDS because of a lower adherence to HAART among alcohol consumers (with a larger effect seen for those persons who meet the diagnostic criteria for AUDs) (Hendershot et al., 2009). The effect of alcohol on adherence to a medication regime may also have a broader effect on the mortality and morbidity caused by diseases which are treated with a drug regimen.

Figure 4.7 Global age-standardized alcohol-attributable infectious disease disability-adjusted life years (DALYs), 2016



Alcohol directly affects the risk of the infection with HIV (through an increased risk of unprotected sex) and the mortality from HIV/AIDS (through decreased adherence to HAART). However, these effects overlap and therefore the AAFs can not be summed. For example, alcohol may play a role in a person becoming infected with HIV. Furthermore, this same person may have forgotten to take HAART due to alcohol consumption, leading to their death from HIV/AIDS. Therefore, alcohol would be both indirectly and directly responsible for the same death, and therefore the two AAFs for HIV/AIDS cannot be summed as this would lead to double counting. Consequently, only the effect of alcohol consumption on the risk of unprotected sex was included when modelling the effect of alcohol consumption on HIV/AIDS deaths and DALYs as this AAF is greater than the AAF for HIV/AIDS deaths and DALYs caused by a lower adherence to HAART.

4.2.2 The alcohol-attributable burden of noncommunicable diseases

Because of global population ageing, NCDs are now a major focus of national and global preventative efforts, with alcohol being considered one of the four key risk factors which contribute to this burden (Lutz, Sanderson & Scherbov, 2008; UN, 2016; WHO, 2013). The WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2020 focuses on cardiovascular diseases, cancers, chronic lung diseases and diabetes. The analysis of alcohol-attributable burden of NCDs also includes the impact of alcohol on digestive diseases and mental, neurological and substance use disorders where a significant portion of the disability is due to alcohol consumption (Hay et al., 2017; Whiteford et al., 2013). Alcohol consumption caused an estimated 1.7 million NCD deaths (4.3% of all NCD deaths) and 65.5 million NCD DALYs (4.2% of all NCD DALYs) in 2016.

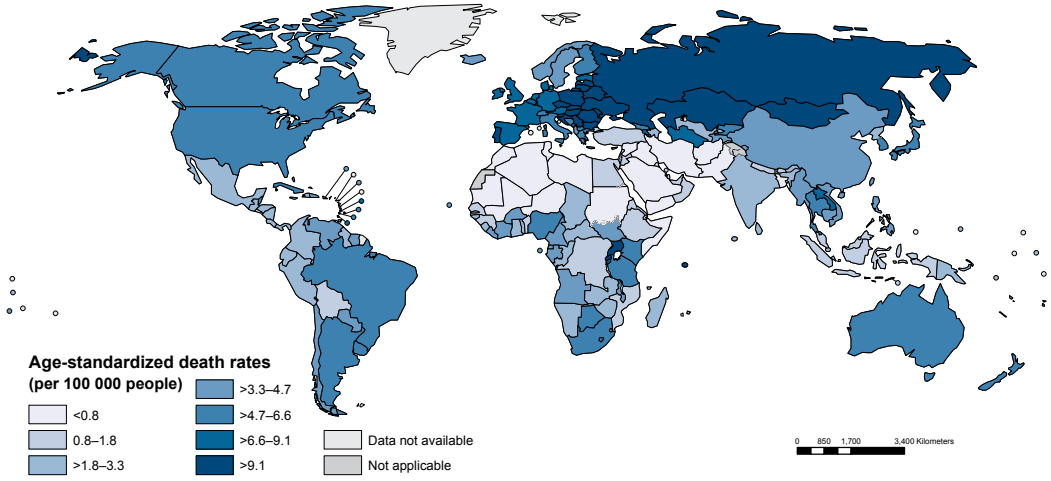
4.2.2.1 Malignant neoplasms

Cancer is a leading cause of death in both low-income and high-income countries (Torre et al., 2015), and the burden of cancer is expected to increase, especially in developing countries (where the majority of the world's population lives) due to population ageing as well as shifts in lifestyle and environmental risks as countries develop (Bray & Soerjomataram, 2015). The International Agency for Research on Cancer (IARC) has determined that alcohol consumption is causally related to oral cavity, oropharyngeal, hypopharyngeal, oesophageal (squamous cell carcinoma), colon, rectal, laryngeal, liver

and intrahepatic bile duct, and breast cancers (Bagnardi et al., 2015; IARC, 2009; IARC, 2007; Hill, 2003).

Globally in 2016, of the 9 million cancer deaths, an estimated 0.4 million were attributable to alcohol consumption (representing 4.2% of all cancer deaths). Geographically, the age-standardized burden of alcohol-attributable cancers was highest in the WHO European Region (8.4 deaths per 100 000 people) and in the Americas (5.1 deaths per 100 000 people) (Figure 4.8). Similarly, alcohol was responsible for the largest proportion of cancer deaths in the European and Americas regions, where 6.2% and 4.6% respectively of all cancer deaths were attributable to alcohol consumption.

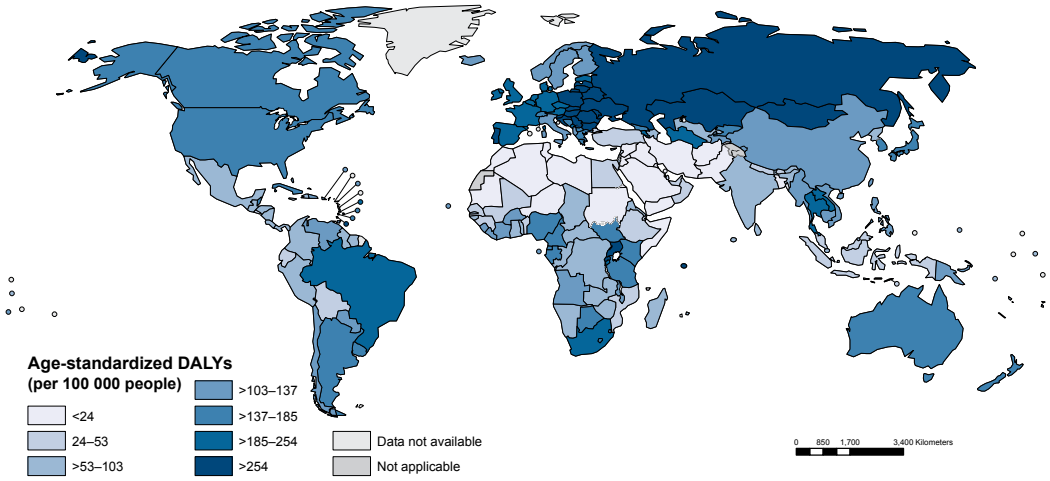
Figure 4.8 Global age-standardized alcohol-attributable malignant neoplasm death rates, 2016



Colorectal, liver and oesophageal cancers were the largest contributors to the alcohol-attributable cancer burden, responsible for 90 000, 84 000 and 73 000 alcohol-attributable cancer deaths ewspectively. Furthermore, alcohol had the largest impact on cancers of the upper aerodigestive tract, being responsible for 26.4% of all lip and oral cavity cancers, 30.5% of all other pharyngeal cancers (excluding nasopharyngeal cancers), 21.6% of all laryngeal cancers, and 16.9% of all oesophageal cancers.

Of the 244.6 million DALYS caused by cancers in 2016, 10.3 million were due to alcohol (4.2% of all cancer DALYs). Geographically, the age-standarized burden of alcohol-attributable DALYs due to cancer was highest in the European and Americas regions where, respectively, 238 and 144 DALYs per 100 000 people were due to alcohol. Furthermore, the contribution of alcohol to cancer DALYs was highest in Europe and the Americas, where 6.6% and 4.8% respective of all cancer DALYs were attributable to alcohol consumption (Figure 4.9).

Figure 4.9 Global age-standardized alcohol-attributable malignant neoplasm disability-adjusted life years (DALYs), 2016



As with cancer mortality, the largest contributors to the burden of alcohol-attributable cancer DALYs were liver, colorectal and oesophageal cancers, which were responsible for 22.5%, 20.6% and 18.5% respectively of all alcohol-attributable DALYs. Similarly, alcohol had the largest contributory impact on DALYs due to cancers of the upper aerodigestive tract, being responsible for 25.7% of all lip and oral cavity cancer DALYs, 30.6% of all other pharyngeal cancer DALYs (excluding nasopharyngeal cancers), 21.8% of all laryngeal cancer DALYs and 17.5% of all oesophageal cancer DALYs.

The burden of cancers attributable to alcohol consumption did not include the burden caused by cancer sites where there is insufficient evidence of carcinogenicity in humans (determined by the IARC monograph programme as Level 1a (IARC, 2009; IARC, 2007)). However, there is at least limited evidence of a causal association between alcohol consumption and cancers of the stomach, gallbladder, pancreas, prostate and kidney (decreased risk) as determined by the World Cancer Research Fund (Continuous Update Project). The addition of these cancers to an analysis which was limited to France in 2015 led to an increase in the alcohol population-attributable fraction for cancer incidence from 7.9% (when limited to cancers where causal evidence exists) to 8.4% (when including cancers where at least limited evidence of a causal association exists) – with these estimates based on data presented by Shield and colleagues (2018).

4.2.2.2 Diabetes mellitus

Diabetes mellitus is an important and increasing cause of mortality and morbidity globally, both directly (Danaei et al., 2011), causing 1.6 million deaths and 65.7 million DALYs in 2016, and indirectly, as a result of its effects on cardiovascular and kidney disease mortality and morbidity (Nakagami & Group DS, 2004; American Diabetes Association, 2004). The consumption of low-to-moderate amounts of alcohol reduces the risk of diabetes mellitus due to improved insulin sensitivity (Schrieks et al., 2015; Kim & Kim, 2012). However, chronic heavy consumption has been observed to disrupt glucose homeostasis and to lead to the development of insulin resistance, resulting in a higher risk of diabetes mellitus (Kim & Kim, 2012; Wan et al., 2005). Globally, alcohol had a net protective effect on diabetes mellitus, preventing 25 000 diabetes deaths and 1.1 million diabetes DALYs.

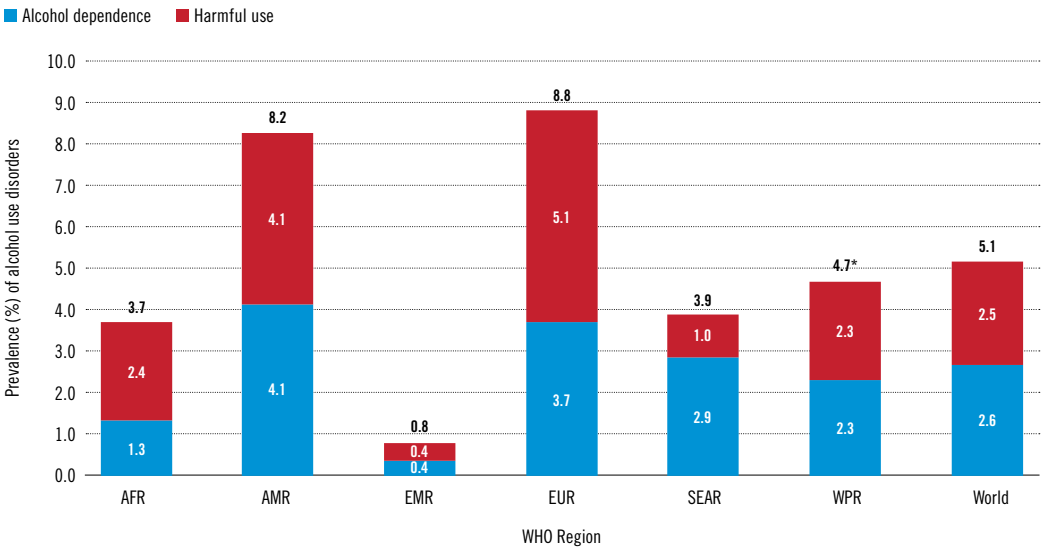
Consequently, without alcohol consumption there would have been an increase in the number of diabetes deaths and diabetes DALYs of 1.5% and 1.7% respectively in 2016.

Geographically, there was a variation in the effect of alcohol on diabetes mellitus mortality and morbidity. In the WHO Eastern Mediterranean Region, alcohol had a net detrimental age-standardized effect on diabetes, causing 0.1 deaths and 4.0 DALYs per 100 000 people. This detrimental effect of alcohol consumption on diabetes mellitus in the Eastern Mediterranean Region is likely to be caused by heavy alcohol consumption among drinkers in this region (despite an overall low prevalence of alcohol consumption). All other WHO regions experienced a net protective age-standardized effect of alcohol on diabetes mellitus, ranging from 0.2 deaths and 8.2 DALYs prevented per 100 000 people in the WHO South-East Asia Region to 0.5 deaths and 25.1 DALYs prevented per 100 000 people in the WHO Region of the Americas.

4.2.2.3 Alcohol use disorders, alcohol poisonings and fetal alcohol syndrome

Globally in 2016, AUDs, alcohol poisonings and FAS caused an estimated 146 000 deaths (representing 0.3% of all deaths) and 18.5 million DALYs (representing 0.7% of all DALYs). In 2016, an estimated 283 million people aged 15+ years had an AUD (representing 5.1% of adults). The past 12-months prevalence of AUDs varied by WHO region (Figure 4.10), with the prevalence of AUDs being the highest in the European Region (66.2 million people aged 15+ years, representing 8.8% of the population of that age group) and in the Region of the Americas (63.3 million, representing 8.2% of the population aged 15 years and older), and the prevalence of AUDs being the lowest in the Eastern Mediterranean Region (3.4 million, representing 0.8% of the population aged 15 years and older). Alcohol dependence (the most severe form of AUD) occurred in 2.6% of people of aged 15+ years in 2016; it was most prevalent in the Region of the Americas (4.1%) and the European Region (3.7%), and least prevalent in the Eastern Mediterranean Region (0.4%). For country-level data on prevalence of AUD see Appendix II.

Figure 4.10 Prevalence (in %) of alcohol use disorders (AUDs) among persons 15+ years, by WHO region and the world, 2016



* Note: The discrepancy between categories and total number can be explained due to rounding of numbers.

Although not presented separately in the estimates, alcohol poisonings lead to a large number of deaths each year, especially in countries in Eastern Europe (Kanny et al., 2015; Stickley et al., 2007; Gawryszewski & Monteiro, 2014). The measurement of alcohol poisoning deaths may be affected by the miscoding of alcohol poisonings as cardiovascular diseases (Whiteford et al., 2013); however, the miscoding of alcohol poisonings appears to be limited to the former Soviet Union (Zaridze et al., 2008). These poisonings do not include the poisonings which result from impurities found in alcoholic beverages – such as methanol, acetaldehyde, higher alcohols and toxic metals (Paasma et al., 2007; Solodun et al., 2011; Rehm, Kanteres & Lachenmeier, 2010); however, the deaths caused by these poisonings are thought to be relatively small in comparison to the burden of disease attributable to alcohol consumption (Rehm et al., 2017a; Zakharov et al., 2014; Lachenmeier & Rehm, 2009; Rostrup et al., 2016).

4.2.2.4 Epilepsy and other neuropsychiatric disorders

Of the 137 000 epilepsy deaths and 14.7 million epilepsy DALYs, an estimated 17 000 epilepsy deaths and 1.5 million epilepsy DALYs were attributed to alcohol, representing 12.7% of all deaths and 10.2% of all DALYs due to epilepsy. The age-standardized health burden of alcohol-attributable epilepsy was highest in the WHO African Region (0.7 deaths and 49 DALYs per 100 000 people) and in the European Region (0.3 deaths and 23 DALYs per 100 000 people). The relative importance of alcohol as a risk factor for epilepsy also varied geographically and was highest in the European Region (19.5% of all epilepsy deaths and 17.0% of all epilepsy DALYs) and in the Region of the Americas (17.2% of all epilepsy deaths and 14.0% of all epilepsy DALYs).

Previous epidemiological studies have shown a consistent association between heavy alcohol consumption and AUDs combined with the occurrence of major depressive disorders (Rehm et al., 2017a). However, because there is insufficient epidemiological research involving the prospective measurement of the risk differences in the occurrence of major depressive disorders in persons who consume different amounts of alcohol, the health burden of major depressive disorders caused by alcohol was not tabulated for this report. The relationship between alcohol and the onset of major depressive disorders is also due, in part, to 1) alcohol consumption leading to depression,and 2) persons with depressive disorders being more likely to consume alcohol in larger volumes and in more detrimental patterns – i.e. the "self-medication" hypothesis (Bolton, Robinson & Sareen, 2009) the possibility of underlying genetic vulnerabilities that affect both the risk of depression and alcohol consumption. Two reviews have found that alcohol consumption leads to major depressive disorders (Boden & Fergusson, 2011; Fergusson, Boden & Horwood, 2009).

4.2.2.5 Cardiovascular diseases

CVDs are the leading cause of mortality globally, causing 17.9 million deaths (31.6% of all deaths) and 413.2 million DALYs (15.9% of all DALYs).

Globally in 2016, alcohol caused an estimated net CVD burden of 593 000 deaths (3.3% of all CVD deaths) and 13 million CVD DALYs (3.2% of all CVD DALYs). CVDs were responsible for 19.8% and 9.8% of all alcohol-attributable deaths and DALYs lost respectively. Geographically, the age-standardized burden of alcohol-attributable CVD deaths and DALYs was highest in WHO's European Region (22.8 deaths and 541 DALYs per 100 000 people) and in the African Region (5.7 deaths and 152 DALYs per 100 000 people) (Figures 4.11 and 4.12). Similarly, the role of alcohol as a contributory cause of CVDs also varied by region and was highest in the European Region (where alcohol was responsible for 10.5% of all CVD deaths and 11.0% of CVD DALYs) followed by the

African Region (where alcohol was responsible for 2.2% of all CVD deaths and 2.5% of CVD DALYs).

Figure 4.11 Global age-standardized alcohol-attributable cardiovascular disease death rates, 2016

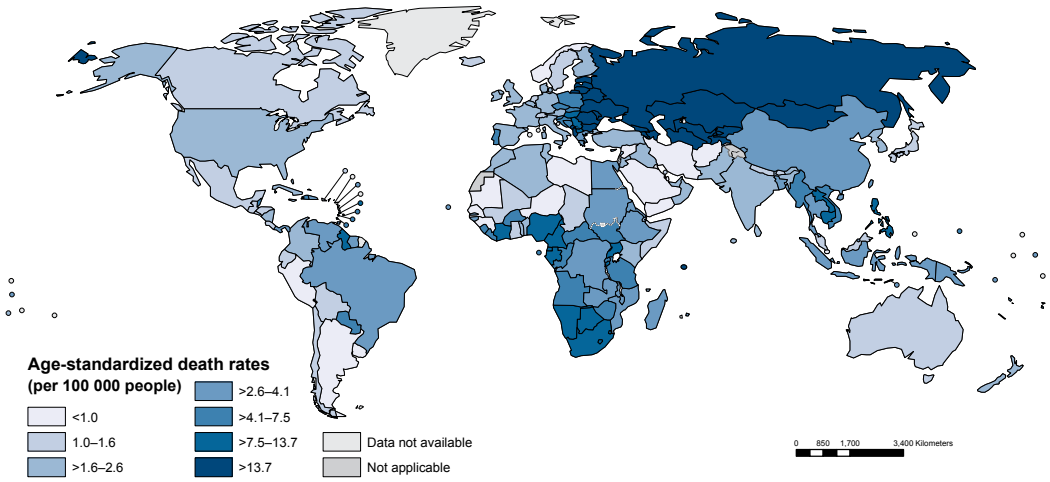
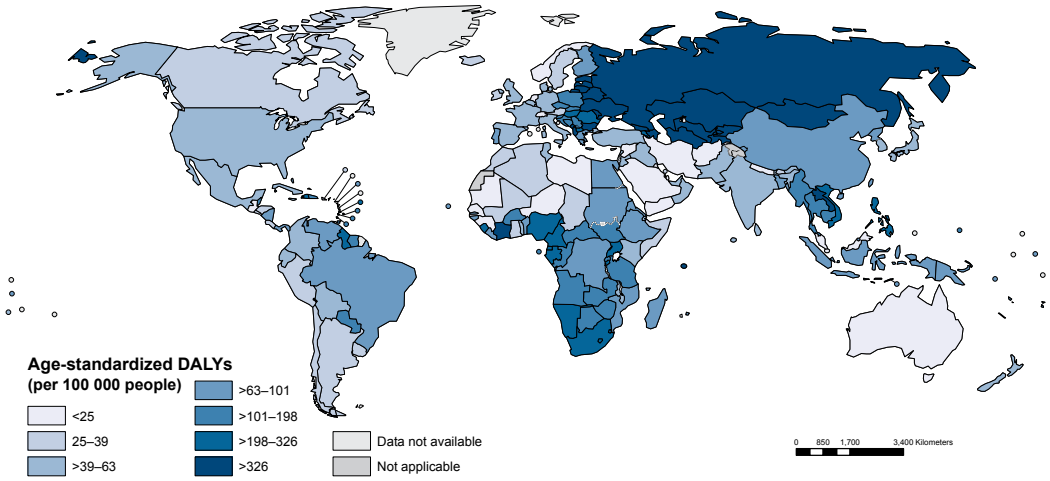


Figure 4.12 Global age-standardized alcohol-attributable cardiovascular disease disability-adjusted life years (DALYs), 2016



When delineated by cause, alcohol had a net detrimental impact on haemorrhagic strokes (causing 9.5% and 9.6% of all haemorrhagic stroke deaths and DALYs respectively), hypertensive heart disease (causing 7.4% and 7.9% of all hypertension deaths and DALYs respectively), cardiomyopathy (causing 6.8% and 7.5% of all cardiomyopathy deaths and DALYs respectively) and ischaemic heart disease (causing 2.7% and 2.1% of all ischaemic heart disease deaths and DALYs respectively). Furthermore, alcohol had a net protective effect on ischaemic strokes, preventing 33 000 ischaemic stroke deaths and 0.9 million ischaemic stroke DALYs globally. The largest contributory causes to the burden of alcohol-attributable CVD deaths and DALYs were haemorrhagic strokes and

ischaemic heart disease, responsible for 47.5% and 42.5% of all alcohol-attributable CVD deaths respectively, and for 56.2% and 33.2% of all alcohol-attributable CVD DALYs.

The protective effects of alcohol consumption on ischaemic CVDs may be overestimated due to a potential confounding by the *ADH1B* genotype. Specifically, in a Mendelian randomization meta-analysis of 56 epidemiological studies, individuals with an A allele variant, *ADH1Brs1229984*, consumed less alcohol and had a lower risk of having fatal coronary heart disease and/or an ischaemic stroke event (Holmes et al., 2014); however, the effects of alcohol consumption on the risk of ischaemic CVDs is multidimensional (i.e. affected by both volume and patterns of consumption), and additional information is required as to how the *ADH1B* genotypes are correlated to binge drinking.

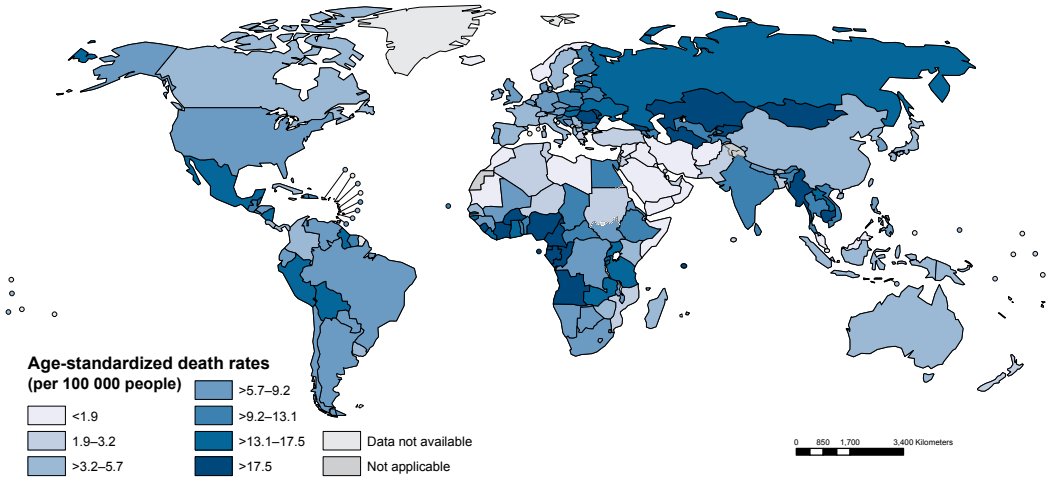
Although not included in this analysis, alcohol increases the risk of atrial fibrillation and flutter (ICD-10: I48) (Samokhvalov, Irving & Rehm, 2010b; Larsson, Drca & Wold, 2014). However, within the WHO Global Health Estimates database, atrial fibrillation and flutter are contained in the category of "other circulatory diseases" (ICD-10: I00, I26–I28, I34–I37, I44–I51, I70–99), and therefore the burden of alcohol-attributable atrial fibrillation and flutter was not estimated for this report.

4.2.2.6 Digestive diseases

Digestive diseases, especially liver cirrhosis, are becoming a more frequent cause of mortality and morbidity globally, especially in developed countries (Tsochatzis, Bosch & Burroughs, 2014). Alcohol is causally related to an increase in the risk of both liver cirrhosis and pancreatitis (Rehm et al., 2017a), causing an estimated 637 000 digestive disease deaths and 23.3 million digestive disease DALYs in 2016, representing 25.2% of deaths and 26.2% of DALYs caused by alcohol consumption. Within the burden of alcohol-attributable digestive diseases, alcohol-attributable liver cirrhosis caused 607 000 deaths and 22.2 million DALYs, while alcohol-attributable pancreatitis resulted in 30 000 deaths and 1.1 million DALYs.

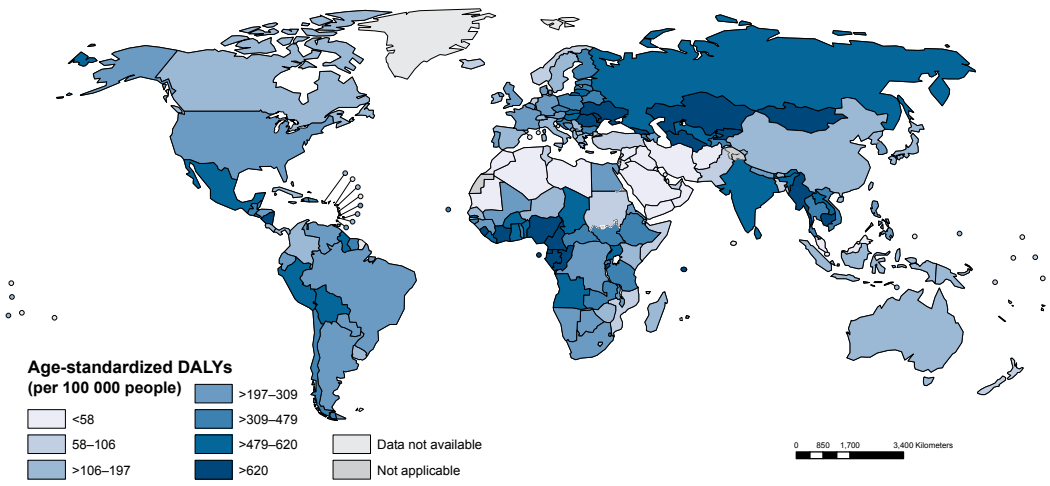
Geographically, the age-standardized burden of alcohol-attributable digestive disease deaths was highest in Africa (16.9 deaths per 100 000 people) and in the Western Pacific (10.8 deaths per 100 000 people) (Figure 4.13). In contrast, the contribution of alcohol to digestive diseases was highest in Europe and the Western Pacific where 30.5% and 28.9% respectively of all digestive disease deaths were due to alcohol consumption.

Figure 4.13 Global age-standardized alcohol-attributable digestive disease death rates, 2016



Geographically, the age-standardized burden of alcohol-attributable digestive disease DALYs was highest in the African and South-East Asia regions, where 602 and 413 age-standardized digestive-disease DALYs were due to alcohol respectively (Figure 4.14). As with digestive disease mortality, the contribution of alcohol to digestive disease DALYs was highest in the European Region and in the Western Pacific Region, where 35.6% and 28.3% respectively of all digestive disease DALYs were due to alcohol consumption.

Figure 4.14 Global age-standardized alcohol-attributable digestive disease disability-adjusted life years (DALYs), 2016



The methods used to estimate the impact of alcohol consumption on liver cirrhosis were not based on the etiology coding of liver disease (due to hepatitis B or C, or due to alcohol) (Tsochatzis, Bosch & Burroughs, 2014) (see Appendix IV). This is because of the complex interaction between hepatitis and alcohol: the risk of liver cirrhosis increases per gram of alcohol consumed per day for liver cirrhosis with a hepatitis B or C etiology (Mokdad et al., 2014). If the liver is damaged through hepatitis B or C infection, the consumption of even relatively low amounts of alcohol can lead to death (Rehm et al., 2017a). Therefore, tabulation using etiological coding of the amount of liver cirrhosis which is due to alcohol will lead to an underestimation of the effects of alcohol on this disease.

4.2.3 The alcohol-attributable burden of injuries

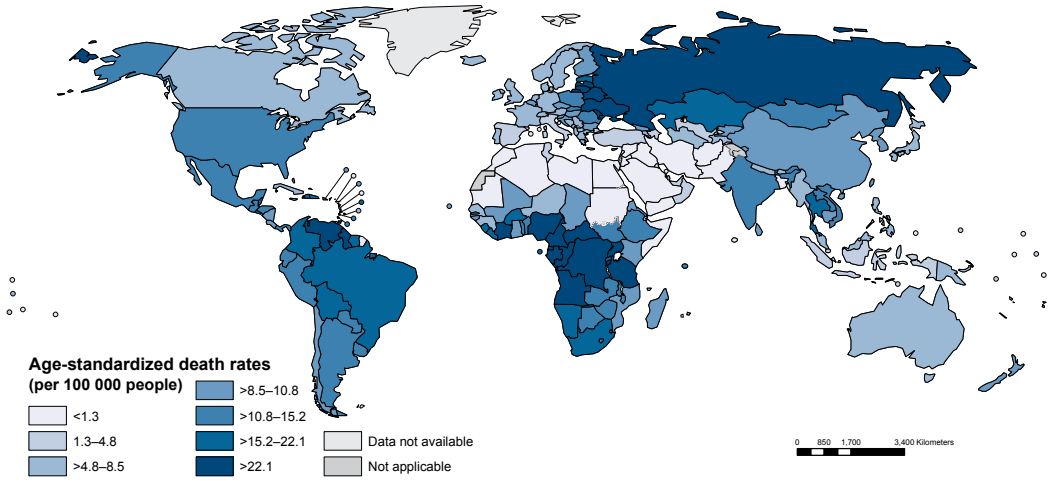
Injuries present a serious health concern worldwide, affecting people in both developing and developed countries (Haagsma et al., 2013), and caused 4.9 million injury deaths and 297.4 million injury DALYs in 2016. The risk of an injury depends on the person(s) who contributes to the injury, the vehicle/agent which causes the injury, and the environment where the injury takes place (Rivara et al., 1993; Haddon Jr., 1980). The acute consumption of alcohol has been shown to affect a number of cognitive functions, including planning, verbal fluency, memory and complex motor control, and deficits in cognitive functions may increase the risk of injury (Peterson et al., 1990). Furthermore, the

burden of alcohol-attributable injuries depends on multiple factors, including the context of alcohol consumption, which varies greatly across countries. For instance, alcohol may be consumed with or outside of meals (WHO, 2014), which is an environmental factor that will affect the resulting blood alcohol concentration and the intoxication level of the drinker.

Globally in 2016, an estimated 0.9 million injury deaths and 52.4 million injury DALYs were attributable to alcohol. Road injuries (373 000 alcohol-attributable deaths), self-harm (146 000 alcohol-attributable deaths), interpersonal violence (88 000 alcohol-attributable deaths) and falls (76 000 alcohol-attributable deaths) were the largest contributors to the burden of alcohol-attributable injuries. Of the road injuries that were caused by alcohol, 186 000 were to drivers who consumed alcohol, while 187 000 were to people other than drivers.

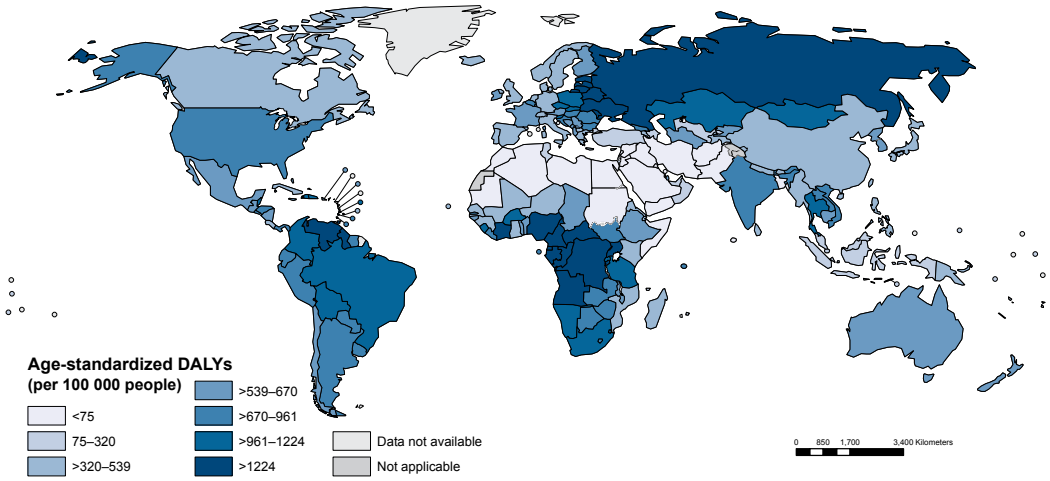
The age-standardized burden of alcohol-attributable injury deaths varied by geographical region; the highest burden was in the African Region (17.1 per 100 000 people) and in the European Region (14.6 per 100 000 people) (Figure 4.15). The contribution of alcohol to injury deaths also varied by WHO region, and was highest in the European Region and the Region of the Americas, where 32.8% and 22.4% respectively of all injury deaths were attributable to alcohol consumption.

Figure 4.15 Global age-standardized alcohol-attributable injury death rates, 2016



Similarly, the age-standardized burden of alcohol-attributable injury DALYs varied by geographical region; it was highest in the European Region (1004 DALYs per 100 000 people) and in the African Region (947 DALYs per 100 000 people) Figure 4.16). The contribution of alcohol to injury DALYs was highest in the European Region and the Region of the Americas, with 34.0% and 23.1% respectively of all injury DALYs were attributable to alcohol.

Figure 4.16 Global age-standardized alcohol-attributable injury disability-adjusted life years (DALYs), 2016



4.2.4 Factors that have an impact on health consequences

Multiple factors have an impact the consumption of alcohol and the risk of the occurrence of diseases and injuries causally related to alcohol consumption. These factors can be grouped broadly into social vulnerability factors (level of development, culture, drinking context and alcohol production, distribution and regulations) and individual vulnerability factors (age, gender, familial factors and sociodemographic features (e.g. gender, age, race, ethnicity, religious affiliation and socioeconomic status) (WHO 2014; Collins, 2016).

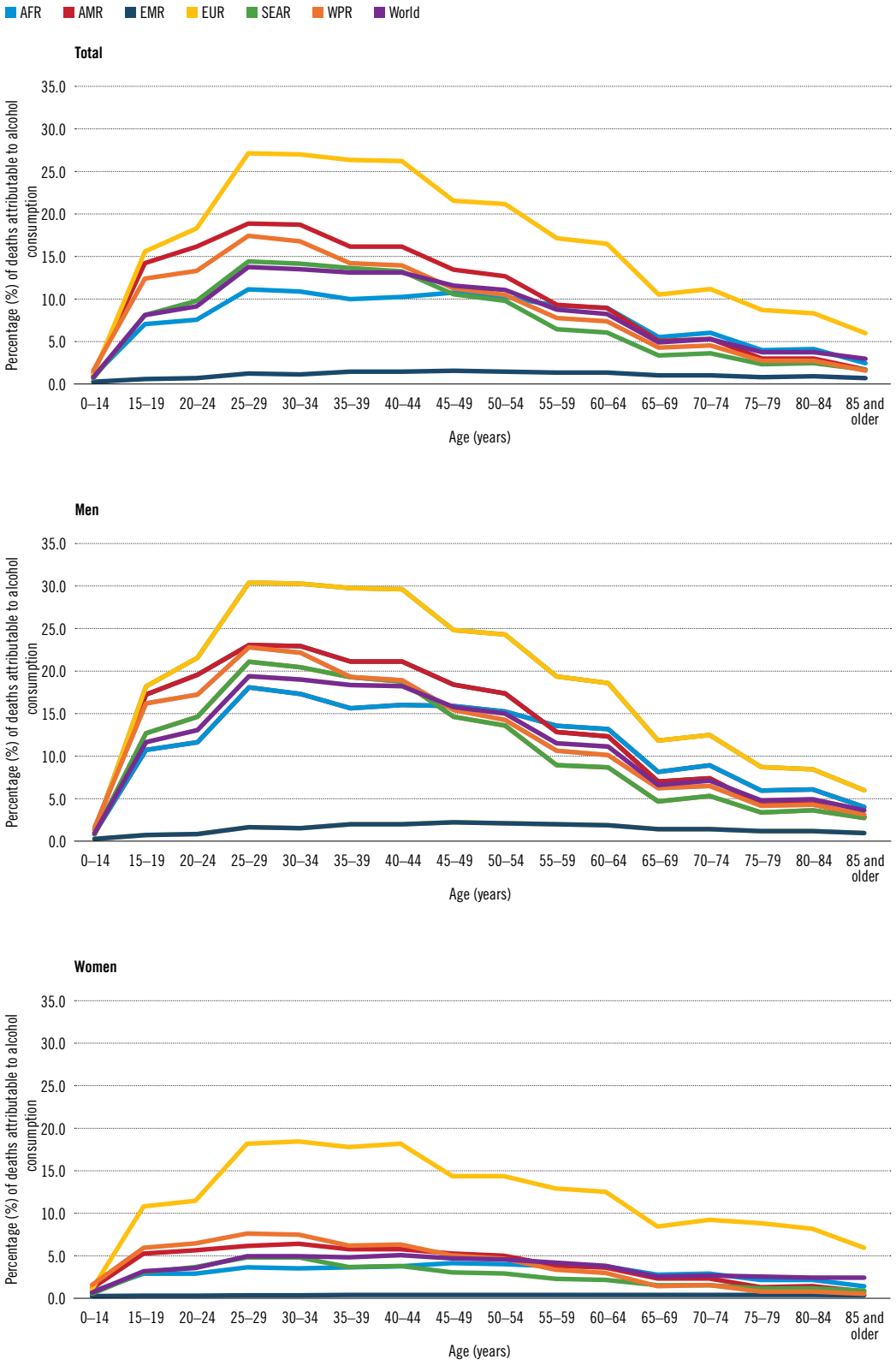
4.2.4.1 Impact by age

Because of the impact of alcohol consumption on injuries, previous analyses have observed that alcohol consumption is responsible for a large proportion of the total mortality burden among people of younger ages (Shield & Rehm, 2015). In particular, the risk of mortality from alcohol consumption is responsible for recent stagnations, and even decreases, in life expectancies in developed countries; the risk is due, in part, to an increased rate of deaths from injuries which occur at younger ages (Olshansky et al., 2005; Fenelon, Chen & Baker, 2016; Kochanek, Arias & Bastian, 2016). This is a particularly important factor to consider when developing and implementing alcohol policies because alcohol is responsible for 17.6% of all injury deaths globally.

Globally in 2016, alcohol was responsible for 7.2% of all premature mortality (i.e. deaths among persons 69 years of age and younger). People of younger ages were disproportionately affected by alcohol when compared to people of older ages, with the proportion of all deaths attributable to alcohol consumption being greatest among those who are 20–39 years of age; 13.5% of all deaths among these persons (i.e 578 000 deaths) were attributable to alcohol consumption (Figure 4.17). The proportion of deaths attributable to alcohol consumption by age also varied by WHO region. While in most regions the proportion of deaths attributable to alcohol consumption was highest among people of 20–34 years of age, in the Eastern Mediterranean Region (1.1% of all deaths), people 45–49 years of age had the highest proportion of deaths attributable to alcohol consumption (1.6% of all deaths). Furthermore, in the African Region the proportion of deaths attributable to alcohol consumption remained high for people who were older

in age; while people 25–29 years of age experienced the greatest proportional burden (11.2% of all deaths), this burden remained high even among people 60–64 years of age (8.1% of all deaths).

Figure 4.17 Percentage (in %) of total deaths attributable to alcohol, by age group, 2016



4.2.4.2 Impact by gender

The burden of alcohol-attributable diseases varied by gender. Men experienced an estimated 2.3 million deaths and 106.5 million DALYs attributable to alcohol consumption, while women experienced 0.7 million deaths and 26.1 million DALYs attributable to alcohol consumption. The distribution of alcohol-attributable diseases and injuries is due, in part, to the fact that men consume more alcohol than women do. Furthermore, men have a higher risk of diseases and outcomes related to alcohol consumption due to engaging in other risk behaviours related to heavy alcohol consumption and binge drinking, such as smoking tobacco and consuming tobacco products (Gubner, Delucchi & Ramo, 2016; De Leon et al., 2007), poor diet (Fawehinmi et al., 2012) and being obese (French et al., 2010).

The causes of alcohol-attributable deaths and DALYs also varied by sex. Men experienced a higher number of alcohol deaths and DALYs in every major disease and injury category (Tables 4.4 and 4.5). Furthermore, there were differences in the types of alcohol-attributable health harms experienced by men and women. The leading contributors to the burden of alcohol-attributable deaths among men were unintentional injuries (22.5% of all alcohol-attributable deaths), digestive diseases (21.1% of all alcohol-attributable deaths) and communicable diseases (14.6% of all alcohol-attributable deaths). For women, the leading contributors to alcohol-attributable deaths were CVDs (41.6% of all alcohol-attributable deaths), digestive diseases (22.0% of all alcohol-attributable deaths) and unintentional injuries (15.5% of all alcohol-attributable deaths). The leading contributors to the burden of alcohol-attributable DALYs among men were unintentional injuries (30.4% of all alcohol-attributable DALYs), digestive diseases (17.1% of all alcohol-attributable DALYs) and AUDs (12.8% of all alcohol-attributable DALYs), while the leading causes of alcohol-attributable DALYs among women were unintentional injuries (28.1% of all alcohol-attributable DALYs), digestive diseases (19.5% of all alcohol-attributable DALYs) and CVDs (19.0% of all alcohol-attributable DALYs).

Table 4.4 Global alcohol-attributable deaths, distribution of deaths, and alcohol-attributable fractions (AAFs), by sex and broad disease category, 2016

	Alcohol-attributable deaths (thousands)			Distribution of all alcohol-attributable deaths across disease categories* (%)			Percentage (%) of all deaths attribtuable to alcohol		
Cause	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**
All causes	2 988.3	2 307.3	681.0	100.0	100.0	100.0	5.3	7.7	2.6
Communicable, maternal, perinatal and nutritional conditions	385.9	336.0	49.9	12.9	14.6	7.3	3.5	5.9	0.9
Noncommunicable diseases	1 744.4	1 246.7	497.6	58.4	54.0	73.1	4.3	5.9	2.6
Malignant neoplasms	376.2	297.6	78.6	12.6	12.9	11.5	4.2	5.8	2.0
Diabetes mellitus	-24.5	15.8	-40.4	-0.8	0.7	-5.9	-1.5	2.2	-4.7
Alcohol use disorders	145.6	121.6	24.0	4.9	5.3	3.5	100.0	100.0	100.0
Epilepsy	17.4	14.7	2.6	0.6	0.6	0.4	12.7	19.1	4.4
Cardiovascular diseases	593.1	310.0	283.2	19.8	13.4	41.6	3.3	3.4	3.2
Digestive diseases	636.6	487.0	149.6	21.3	21.1	22.0	25.2	32.8	14.3
Injuries	858.1	724.6	133.5	28.7	31.4	19.6	17.6	22.2	8.3
Unintentional	624.1	518.7	105.5	20.9	22.5	15.5	18.2	23.1	8.9
Intentional	233.9	205.9	28.1	7.8	8.9	4.1	16.1	20.2	6.5

* These columns indicate the percentages of all alcohol-attributable deaths, by cause.

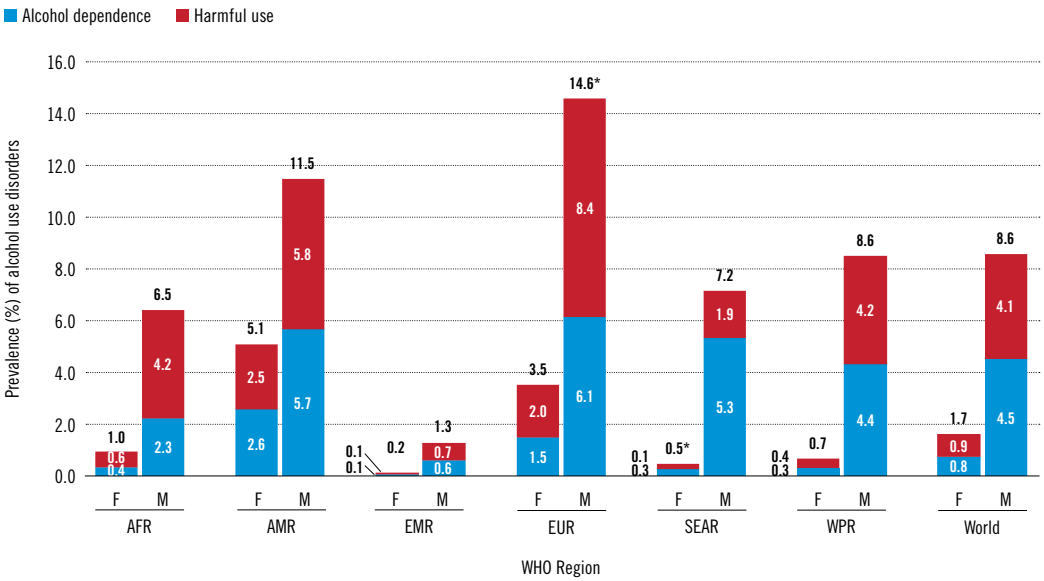
Table 4.5 Global alcohol-attributable burden of disease in thousands of disability-adjusted life years (DALYs), by sex and broad disease category, 2016

	Alcohol-attributable DALYs (millions)			Distribution of all alcohol-attributable DALYs across disease categories* (%)			Percentage (%) of DALYs attributable to alcohol		
Cause	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**	**Total**	**Males**	**Females**
All causes	132.6	106.5	26.1	100.0	100.0	100.0	5.1	7.6	2.2
Communicable, maternal, perinatal and nutritional conditions	14.8	13.0	1.8	11.2	12.2	7.0	2.0	3.4	0.5
Noncommunicable diseases	65.5	50.0	15.4	49.4	46.9	59.2	4.2	6.1	2.1
Malignant neoplasms	10.3	8.2	2.1	7.7	7.7	8.1	4.2	5.9	2.0
Diabetes mellitus	-1.1	0.7	-1.8	-0.8	0.7	-6.9	-1.7	2.2	-5.5
Alcohol use disorders	18.5	13.6	4.8	13.9	12.8	18.5	100.0	100.0	100.0
Epilepsy	1.5	1.3	0.3	1.1	1.2	1.0	10.2	15.7	3.8
Cardiovascular diseases	13.0	8.1	5.0	9.8	7.6	19.0	3.2	3.5	2.7
Digestive diseases	23.3	18.2	5.1	17.6	17.1	19.5	26.2	33.6	14.6
Injuries	52.4	43.5	8.8	39.5	40.9	33.8	17.6	21.9	9.0
Unintentional	39.7	32.4	7.3	30.0	30.4	28.1	18.5	22.9	9.9
Intentional	12.6	11.1	1.5	9.5	10.4	5.7	15.4	19.3	6.1

* These columns indicate the percentages of all alcohol-attributable DALYs, by cause.
DALYs = Disability-adjusted life years.

The prevalence of AUDs also showed a large variation by sex, with 237.0 million adult men (8.6% of adult men) and 46.0 million adult women (1.7% of adult women) having an AUD (Figure 4.18). For men, the highest prevalences of AUDs were observed in WHO's European Region (14.6% of adult men) and in the Region of the Americas (11.5% of adult men); among women, the highest prevalences of AUDs were in the Americas (5.1% of adult women) and in Europe (3.5% of adult women).

Figure 4.18 Prevalence (in %) of alcohol use disorders (AUDs), by sex, and by WHO region and the world, 2016



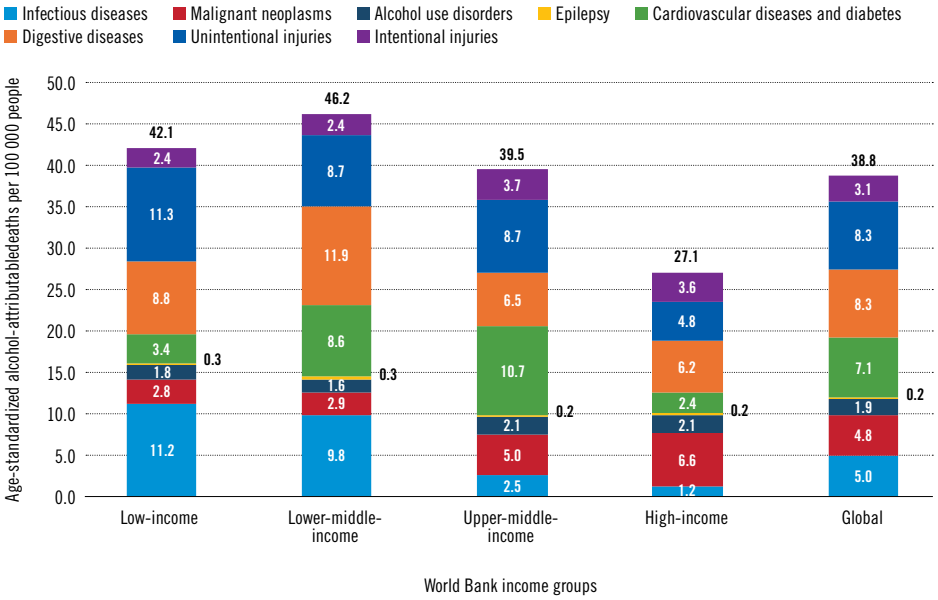
F = Female; M = Male.
* Note: The discrepancy between categories and total number can be explained due to rounding of numbers.

Although certain differences in the harms due to alcohol exist by sex, these harms may converge in the future. In many countries, convergences in alcohol consumption and alcohol-related problems have already been observed in both men and women (Bloomfield et al., 2001; McPherson, Casswell & Pledger, 2004; Bratberg et al., 2016).

4.2.4.3 Impact by economic status

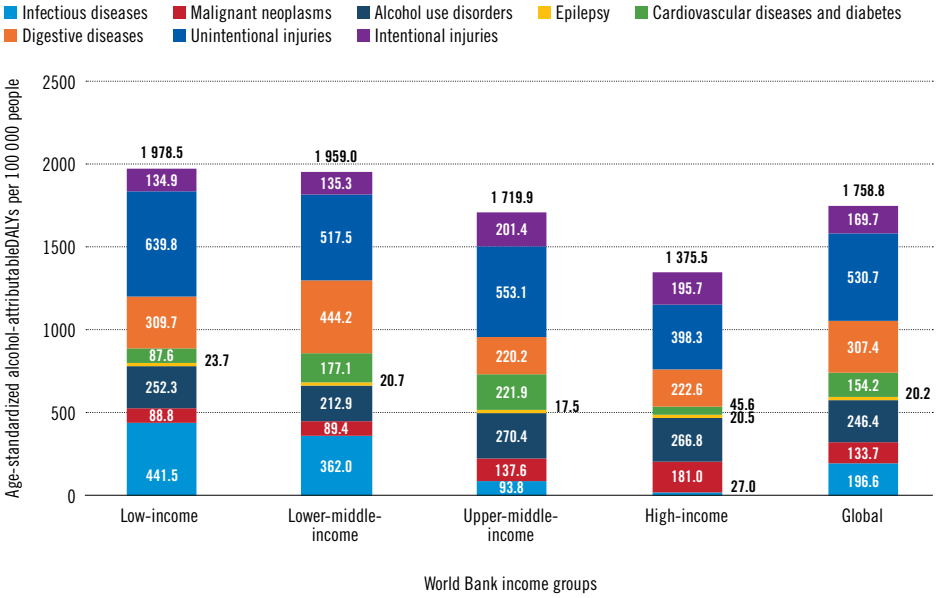
The burden of disease and injury attributable to alcohol consumption showed a strong association with World Bank income groups. The 2016 age-standardized burden of deaths was highest in lower-middle-income countries (46.2 deaths per 100 000 people) and low-income countries (42.1 deaths per 100 000 people) (Figure 4.19). The differences in age-standardized death rates caused by alcohol between country income groupings were driven by multiple factors. For instance, alcohol-attributable infectious diseases contributed to 26.6% of the age-adjusted alcohol-attributable mortality burden in low-income countries and 21.2% of that burden in lower-middle-income countries, while alcohol-attributable infectious diseases contributed to 6.4% and 4.3% respectively of all age-adjusted alcohol-attributable deaths. Furthermore, the burden of alcohol-attributable cancers was highest in high-income countries (6.6 deaths per 100 000 people) and in upper-middle-income countries (5 deaths per 100 000 people).

Figure 4.19 Alcohol-attributable deaths, by income group and globally, 2016



As with the burden of alcohol-attributable mortality, the age-adjusted burden of alcohol-attributable DALYs was highest in low-income countries (1978 DALYs per 100 000 people) and lower-middle-income countries (1959 DALYs per 100 000 people) (Figure 4.20), with the burden of alcohol-attributable DALYs being higher in these countries when compared to upper-middle-income and high-income countries. However, the burden of alcohol-attributable cancer DALYs was highest in upper-middle-income and high-income countries.

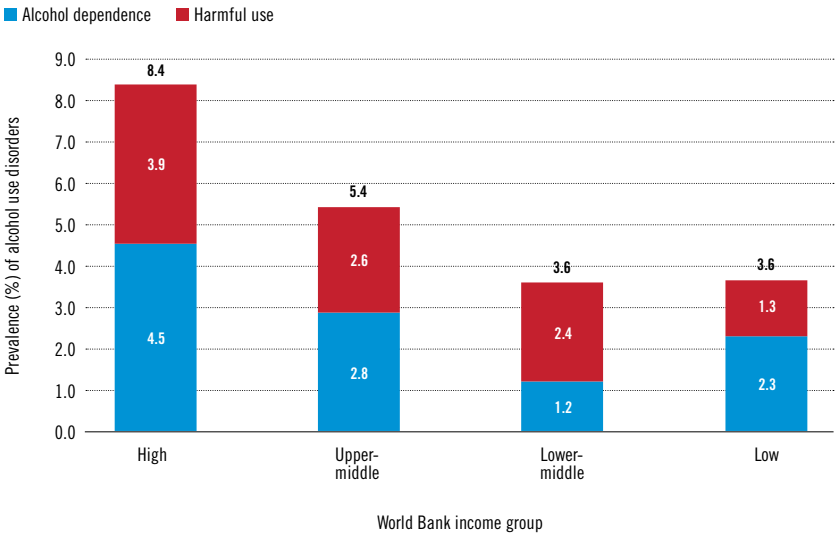
Figure 4.20 Alcohol-attributable disability-adjusted life years (DALYs), by income group and globally, 2016



There is also variation within countries in the impact of alcohol consumption by socioeconomic status, whereby alcohol causes a disproportionate amount of harm among persons of lower socioeconomic status. Socioeconomic differences in the impact of alcohol on mortality may be explained, in part, by the effect of socioeconomic status on the volume, patterns and context in which alcohol is consumed (Hamdi, Krueger & South, 2015), on access to quality health care (Adler & Newman, 2002) and on the clustering of risk factors which affect similar diseases – such as smoking, obesity and sedentary lifestyles – which, if they occur together, may have multiplicative effects on health, leading to a higher impact of alcohol on the health of people with lower socioeconomic statuses (Bellis et al., 2016). Observational studies have identified a socioeconomic gradient between risk factors which are related to alcohol consumption – including smoking, fruit and vegetable intake, obesity and physical inactivity (Bellis et al., 2016; Hosseinpoor et al., 2012; Stringhini et al., 2017; Allen et al., 2017; Sommer et al., 2015); however, these studies originate from developed countries and results may not be the same in lower-income countries. The risk relationship between alcohol consumption and tobacco (although not modelled in this chapter because of the lack of global data on the co-occurrence of both alcohol consumption and tobacco smoking) increases the risk of head and neck cancers, with alcohol acting as a solvent for the carcinogens found in tobacco smoke (Dal Maso et al., 2016). However, the risk relationships between these factors are not well described and, although many studies have modelled these risk relationships as multiplicative, they may be additive. Furthermore, after controlling for body mass index and smoking status, it has been observed that people of low socioeconomic status are twice as likely to die from an alcohol-attributable cause compared to people of high socioeconomic status (Katikireddi et al., 2017).

The prevalence of AUDs also varied by economic wealth, ranging from 8.4% in high-income countries (80.1 million adults) to 3.6% in lower-middle-income countries (74.4 million adults) and 3.6% in low-income countries (13.4 million adults) (Figure 4.21) with significant variations within the income groups. Similarly, alcohol dependence and harmful use were most prevalent in high-income countries (4.5% of adults had alcohol dependence while 3.9% of adults engaged in the harmful use of alcohol). Alcohol dependence was lowest in lower-middle-income countries (1.2% of adults), while harmful use was lowest in low-income countries (1.3% of adults).

Figure 4.21 Prevalence (in %) of alcohol use disorders (AUDs), by income group, 2016



4.3 TRENDS IN THE ALCOHOL-ATTRIBUTABLE HEALTH BURDEN, 2010–2016

For comparison purposes, the alcohol-attributable burden of disease in 2010 was estimated using the most up-to-date estimates of alcohol consumption in 2010 and using the same methodology that was used to produce the 2016 estimates of alcohol-attributable burden. The total number of deaths from all causes increased globally from 53.5 million in 2010 to 56.4 million in 2016 (Table 4.6). In contrast to the absolute increase in the number of deaths attributable to alcohol consumption, there was a decrease in the proportion of alcohol-attributable deaths in total deaths between 2010 (5.6%) and 2016 (5.3%). After adjusting for population ageing, the age-adjusted alcohol-attributable deaths per 100 000 people decreased from 44.6 in 2010 to 38.8 in 2016.

Unlike deaths, the burden of disease remained relatively constant from 2010 to 2016 (2.614 billion DALYs versus 2.604 billion DALYs respectively) (Table 4.7). Similarly, the overall burden of disease attributable to alcohol consumption decreased slightly, from 134.2 million DALYs in 2010 to 132.6 million DALYs in 2016, representing 5.1% and 5.1% of all DALYs in 2010 and 2016 respectively. However, this stability in DALYs attributable to alcohol consumption may be driven by population ageing since age-standardized rates for alcohol-attributable DALYs decreased from 1968 to 1759 DALYs per 100 000 people between 2010 and 2016.

Table 4.6 Deaths attributable to alcohol consumption, by cause, 2010–2016

	Deaths (thousands)		Attributable deaths (thousands)		Percentage (%) of all deaths attributable to alcohol		Age-standardized deaths attributable to alcohol consumption per 100 000 people*	
Cause	**2010**	**2016**	**2010**	**2016**	**2010**	**2016**	**2010**	**2016**
All causes	53 544.4	56 427.7	3 001.3	2 988.3	5.6	5.3	44.6	38.8
Communicable, maternal, perinatal and nutritional conditions	12 392.0	10 999.3	381.8	385.9	3.1	3.5	5.7	5.0
Noncommunicable diseases	36 315.2	40 545.2	1 721.2	1 744.4	4.7	4.3	25.8	22.4
Malignant neoplasms	8 118.7	8 966.3	335.5	376.2	4.1	4.2	5.1	4.8
Diabetes mellitus	1 310.6	1 598.5	-24.9	-24.5	-1.9	-1.5	-0.4	-0.3
Alcohol use disorders	147.0	145.6	147.0	145.6	100.0	100.0	2.2	1.9
Epilepsy	135.9	137.2	15.9	17.4	11.7	12.7	0.2	0.2
Cardiovascular diseases	16 227.9	17 858.0	673.3	593.1	4.1	3.3	10.1	7.4
Digestive diseases	2 331.4	2 530.0	574.4	636.6	24.6	25.2	8.6	8.3
Injuries	4 837.2	4 883.2	898.2	858.1	18.6	17.6	13.1	11.4
Unintentional	3 494.2	3 429.3	638.1	624.1	18.3	18.2	9.3	8.3
Intentional	1 343.0	1, 453.9	260.2	233.9	19.4	16.1	3.8	3.1

* Age standardization based on Ahmad et al., 2001.

Table 4.7 Burdens of disease attributable to alcohol consumption, by cause, 2010–2016

	DALYs (millions)		Attributable DALYs (millions)		Percentage (%) of all DALYs attributable to alcohol		Age-standardized DALYs attributable to alcohol consumption per 100 000 people*	
Cause	**2010**	**2016**	**2010**	**2016**	**2010**	**2016**	**2010**	**2016**
All causes	2 614.3	2 604.1	134.2	132.6	5.1	5.1	1 967.7	1 758.8
Communicable, maternal, perinatal and nutritional conditions	870	739.4	15.2	14.8	1.8	2.0	224.1	196.6
Noncommunicable diseases	1 445.0	1 567.3	63.8	65.5	4.4	4.2	947.8	861.8
Malignant neoplasms	225.7	244.6	9.3	10.3	4.1	4.2	141.4	133.7
Diabetes mellitus	56.2	65.7	-1.1	-1.1	-2.0	-1.7	-17.1	-14.1
Alcohol use disorders	17.9	18.5	17.9	18.5	100.0	100.0	260.9	246.4
Epilepsy	14.7	14.7	1.4	1.5	9.7	10.2	20.7	20.2
Cardiovascular diseases	381.1	413.2	15.0	13.0	3.9	3.2	225.1	168.3
Digestive diseases	84.5	88.8	21.3	23.3	25.2	26.2	316.8	307.4
Injuries	299.2	297.4	55.1	52.4	18.4	17.6	795.8	700.4
Unintentional	223.5	215.2	41.1	39.7	18.4	18.5	593.3	530.7
Intentional	75.7	82.2	14.1	12.6	18.6	15.4	202.5	169.7

* Age standardization based on Ahmad et al., 2001.
DALYs = Disability-adjusted life years.

5. ALCOHOL POLICY AND INTERVENTIONS

5. ALCOHOL POLICY AND INTERVENTIONS

Harmful alcohol use is among the leading preventable risk factors for physical and social harms globally. Alcohol policies are laws, rules, and regulations that aim to prevent and reduce alcohol-related harms (Babor, 2010; WHO, 2010). Alcohol policies can exist at the global, regional, international, national or subnational levels. Effective alcohol strategies incorporate a multilevel, multicomponent approach, targeting multiple determinants of drinking and alcohol-related harms, such as availability, price, marketing and drink–driving. After Member States have formulated alcohol policies, the policies must be well implemented, enforced and evaluated in order to be effective (Jones-Webb et al., 2014).

This chapter focuses on national alcohol policies and presents the information collected from WHO Member States during the WHO Global Survey on Alcohol and Health 2016. The information is presented according to the 10 recommended target areas for policy action at national level proposed in WHO's Global strategy to reduce the harmful use of alcohol (hereafter referred to as the "Global strategy"), endorsed by the World Health Assembly in 2010 (WHO, 2010) with a focus on the most cost-effective interventions ("best buys") included in the Global action plan for the prevention and control of NCDs 2013–2020 (WHO, 2017a) (see Chapter 2). Throughout the chapter, there are boxes containing specific examples that illustrate national alcohol policies and interventions.

Some countries have implemented a total ban on alcohol, such that residents of the country are not permitted to purchase or consume alcohol. The Global Survey on Alcohol and Health 2016 shows that 11 countries have a total ban on alcohol. These countries' responses are included with regard to leadership, awareness and commitment; health services' response; drink–driving policies and countermeasures; and illicit and informal alcohol. Their responses are excluded from the other sections.

In 2016, 173 of 194 WHO Member States responded to the Global Survey on Alcohol and Health, resulting in a 89% response rate. This response rate is similar to that of the 2012 survey (177 out of 196 countries, or 91%) and 2008 (162 out of 193 countries, or 84%). Trend analyses use only those data from the 148 countries (76%) that responded to the Global Survey of Alcohol and Health in all three years (2008, 2012 and 2016), and each question uses only data from countries that answered for all three years.

5.1 SITUATION ANALYSIS

5.1.1 Leadership, awareness and commitment

WHO Member States must demonstrate leadership and generate appropriate awareness of the burden of alcohol use in order to meaningfully and sustainably reduce the harms from alcohol consumption (WHO, 2010). Ideally, Member States should document their commitment with adequately-funded, intersectoral national policies, and these policies should have clear objectives, strategies, targets and divisions of responsibility (WHO, 2010). The Global Survey on Alcohol and Health 2016 reported on two indicators of leadership, awareness and commitment, namely 1) the development of national written alcohol policies and 2) the presence of awareness-raising activities.

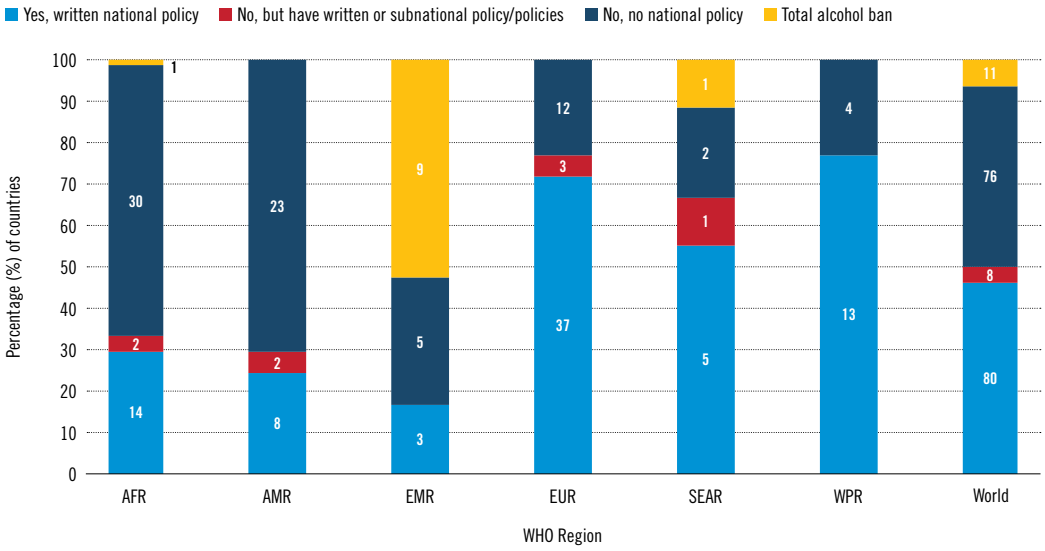
5.1.1.1 Written national policies

The presence of a written national alcohol policy is a key indicator of a country's commitment to reducing alcohol-related harm (WHO, 2010). National alcohol policies may be either separate documents or part of a broader public health policy – such as on substance abuse, noncommunicable diseases or mental health. Ideally, these policies will be well-funded, will establish clear leadership, will clearly indicate the responsibilities of the sectors involved and will set attainable objectives, strategies and targets (WHO, 2010).

In 2016, 80 responding countries reported having written national alcohol policies (46%; Figure 5.1). An additional eight countries (5%) had subnational policies and 11 others (6%) had a total ban on alcohol. The Global strategy states that all WHO Member States will benefit from a national alcohol strategy, regardless of their level of resources (WHO, 2010). However, the presence of a written national alcohol policy has risen with national income levels: 34 high-income countries (67%), 23 upper-middle-income countries (43%), 18 lower-middle-income countries (42%) and four low-income countries (15%) reported having a written national policy on alcohol.

Figure 5.1 Presence of a written national alcohol policy by WHO region and percentage (in %) of countries, 2016

(n = 175 reporting countries)



Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

The good news is that most (66%) of the 80 responding countries with a national alcohol policy reported having government funding for national policy implementation. However, the presence of such funding was uneven across the world. Funding was prevalent in the WHO regions of Europe (EUR) (70%), Western Pacific (WPR) (85%) and South-East Asia (SEAR) (100%) but scarce in Africa (AFR) (57%), the Americas (AMR) (38%) and Eastern Mediterranean (EMR) (0%).

Once policies are written, government must formally adopt them in order for them to be implemented. Most of the countries with national written alcohol policies adopted them through the national government (59%) or a national parliament (28%). However, a small minority adopted their policies through the Ministry of Health (11%) or through another ministry (3%). Many (40%) existing national alcohol policies were specific to alcohol. When a country integrated its national alcohol policy with other areas, it was frequently integrated into substance abuse policies (25%), noncommunicable disease policies (23%) and/or public health policies in general (20%).

Box 5.1 National alcohol policy in the Russian Federation

Until recently, the Russian Federation had one of the riskiest patterns of drinking in the world (WHO, 2011b). In the 2011 *Global status report on alcohol and health*, Russia was shown as having a per capita consumption of 15.8 litres per person, which was the fourth highest in the European Region (WHO, 2011b). This harmful consumption pattern contributed substantially to high levels of morbidity and mortality, including alcohol-attributable deaths (Nemtsov, 2002; Leon et al., 2007), cancer (World Bank, 2005), violence (World Bank, 2005; WHO Regional Office for Europe, 2006), alcohol poisoning (World Bank, 2005) and alcohol use disorders (World Bank, 2005).

To combat these harms, Russia implemented a series of evidence-based national alcohol policies in a stepwise manner within a comprehensive framework (WHO, 2017b). In 2005, Russia implemented a federal alcohol control law and, five years later, adopted a national programme of actions to reduce alcohol-related harm through to 2020 (WHO, 2017b). These two documents formed the backbone for subsequent policy measures (see the figure below). The new policies spanned many of the action areas outlined in the Global strategy, with a focus on the three "best buys".

As a result of these coordinated actions, total per capita alcohol consumption in the Russian Federation fell by 3.5 litres over a 9-year period (2007–2016) (WHO, 2017b). In addition, the number of cases of alcohol psychosis dropped from 52.3 to 20.5 per 100 000 population, and the rate of alcohol-attributable deaths declined, particularly among males (WHO, 2017b).

AVAILABILITY

2005
- Strengthened control system for production, distribution, and retail sales
- Banned alcohol sales at selected spaces
- Banned sales of alcoholic beverages containing more than 15% alcohol by volume (ABV) in selected public places, by individuals, and other places not properly licensed

2011
- Increased enforcement and penalties for sales to minors
- Banned retail alcohol sales at petrol stations

2012
- Prohibited beer sales in selected locations

2014
- Increased fines for sales to minors and added criminal responsibility for repeat violators

2016
- Introduced alcohol registration system at the retail level

MARKETING

2008
- Banned advertising on all types of public transportation infrastructure

2012
- Banned alcohol advertising on the internet and electronic media
- Relaxed advertising laws for domestic wines and removed some regulations in anticipation of the FIFA World Cup to be held in 2018

DRINK–DRIVING

2010
- Established zero tolerance policy for drivers and 0.0% blood alcohol concentration limit

2012
- Established a limit of 0.16 mg/l for breathalyzer as a maximum measurement error

PRICE

2005
- Introduced mandatory excise stamps for all alcohol sales in the domestic market

2008
- Amended tax code to increase alcohol excise taxes by 10% each year

2010
- Established minimum retail price for beverages stronger than 28% ABV

2014
- Increased alcohol excise taxes by 33%
- Increased minimum retail price for spirits further

2015
- Decreased minimum price of vodka

2016
- Increased minimum price of vodka

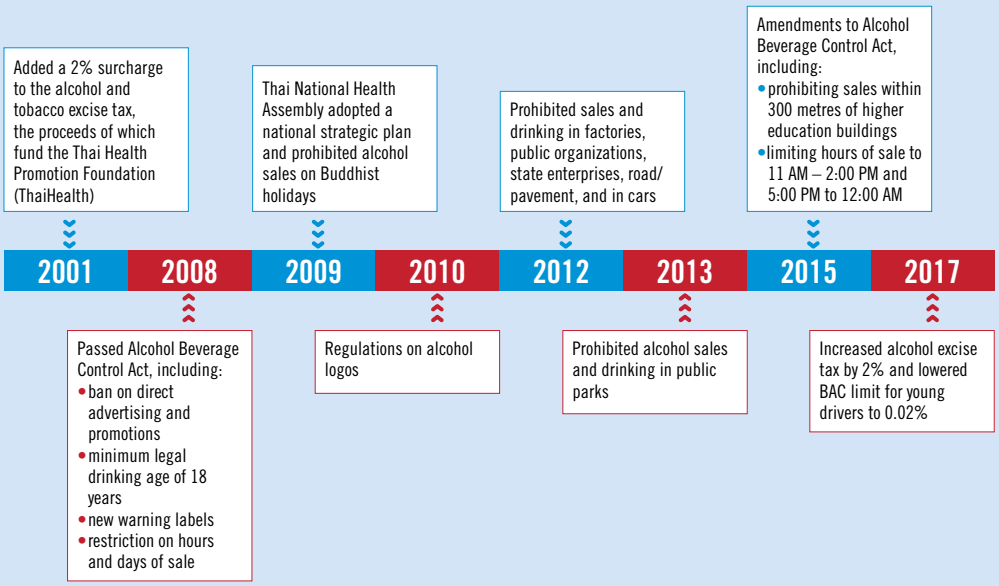
Box 5.2 Thailand's national alcohol policy

Only a minority of adults in Thailand drink alcohol, yet the country experiences substantial alcohol-attributable harms. Thailand's per capita alcohol consumption among adults skyrocketed from 0.3 litres per year in 1961 to 8.5 litres per year in 2001 (WHO, 2014b; Institute of Alcohol Studies, 2017). With current per capita consumption at 7.2 litres, Thailand has the highest per capita consumption in WHO's South-East Asia Region (6.4 litres) (Waleewong, 2017). This consumption leads to consequences such as drink–driving, interpersonal violence, and alcohol consumption during pregnancy (Waleewong, 2017). In addition, 82% of the population report experiencing harm from someone else's drinking (WHO & Thai Health, 2015). In Thailand, the likelihood of domestic violence increases fourfold when one person drinks, and two in five crimes committed by young people involve alcohol (Department of Child and Adolescent Correction and Protection, 2008).

Thailand has managed to slow the rise in alcohol consumption and address the harmful use of alcohol through the "triangle that moves the mountain" (Waleewong, 2017). The three legs of this "triangle" are strong scientific communities, energetic grassroots movements and evidence-based policies.

Thailand has been particularly innovative with regard to alcohol taxation, structuring its taxes to account for problems specific to low- and middle-income settings. Specific taxes are one common type of alcohol excise tax, with the level of these taxes based on the volume of the alcohol content of the beverage. Specific taxes favour consumption of low-alcohol alternatives, an appropriate step in high-income settings with high prevalence of alcohol consumption (Babor, 2010). However, specific taxes may inadvertently encourage drinking initiation among young people in low- and middle-income settings, where young people often start their drinking careers with cheap, low-alcohol beverages. Thailand's solution to this dilemma was the "two-chosen-one" (or 2C1) taxation design. This taxation method "calculates the excise tax of each alcoholic beverage using both primary taxation methods – specific and ad valorem; the excise tax on the beverage is then determined to be the higher of the two calculations" (Sornpaisarn, Shield & Rehm, 2012).

A timeline of key events in Thailand's alcohol policy development since 2000 appears below.



WHO recommends intersectoral approaches to national policies because alcohol-related harms span multiple sectors (WHO, 2010). Every country with a national alcohol policy described it as multisectoral. Most frequently, countries included the health (99%), law enforcement (83%), finance/taxation (79%), education (78%), criminal justice (75%), and transport and/or road safety sectors (74%). Principal responsibility for the policy lay with the health sector in 69% of countries with a national policy.

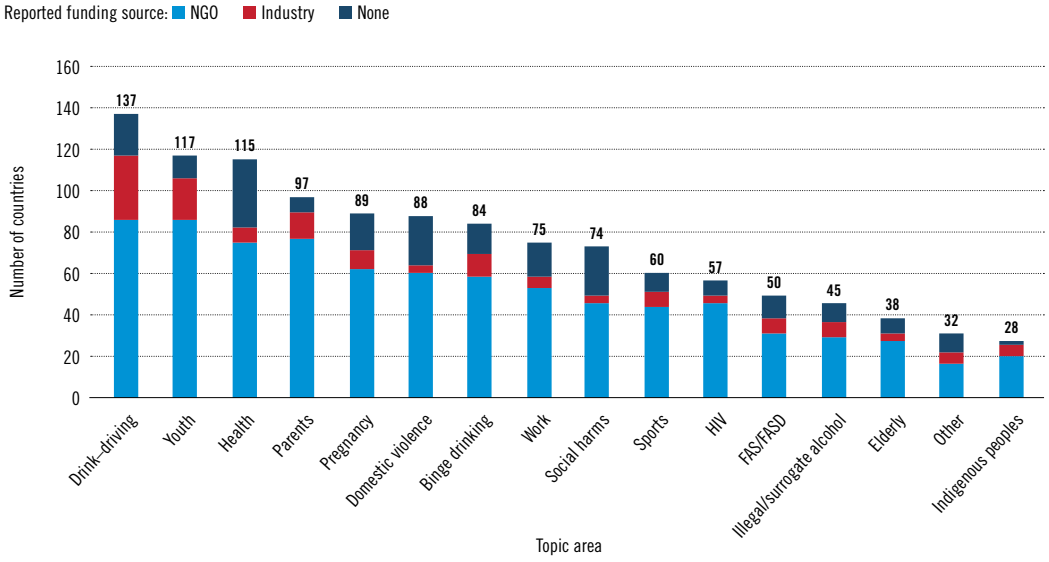
Another positive finding is that just over half (55%) of the 76 countries without a national policy, subnational policy or a total alcohol ban reported that they are actively developing a policy. As with the presence of a national policy, development of new policies increased with country income. Fewer low-income (45%) and lower-middle-income countries (40%) without a national alcohol policy were developing one, compared to their upper-middle-income (68%) and high-income counterparts (67%).

5.1.1.2 Nationwide awareness-raising activities

Awareness of alcohol-related harms can demonstrate the need for policy change (WHO, 2010), which is why awareness-raising activities are the second indicator under leadership, awareness and commitment. Most (86%) responding countries reported such activities in the 2016 survey. Among these countries, drink–driving (93%), youth (79%) and health (77%) were the most common topics for awareness-raising activities (Figure 5.2).

Figure 5.2 Nationwide awareness-raising activities in the past three years by topic, number of countries and funding source, 2016

(n = 145 reporting countries, except illegal/surrogate alcohol and other [143]; FAS/FASD [144]; parents, binge drinking and indigenous people [146]; pregnancy [147]; youth, drink–driving and domestic violence [148]; and impact on health [149])



Funding sources probably influenced countries' choices of awareness-raising topics, because the most commonly-reported topics were also those most often funded by nongovernmental organizations (NGOs) and the alcohol industry. Most responding countries (77%) that reported awareness-raising activities also reported that they received NGO funding for these activities. NGO funding most commonly focused on youth (58%), drink–driving (57%), parents (51%) and health (50%). In addition, 45 countries (30% of responding countries with awareness activities) reported receiving funding from the alcohol industry to raise awareness of alcohol-related harms, and the percentage of countries accepting industry funding for awareness-raising activities increased with

national income. Six percent of low-income countries, 25% of lower-middle-income countries, 33% of upper-middle-income countries and 40% of high-income countries reported industry-funded activities. Drink–driving (21%) and youth (13%) were the topics most commonly funded by the alcohol industry.

5.1.2 Health services' response

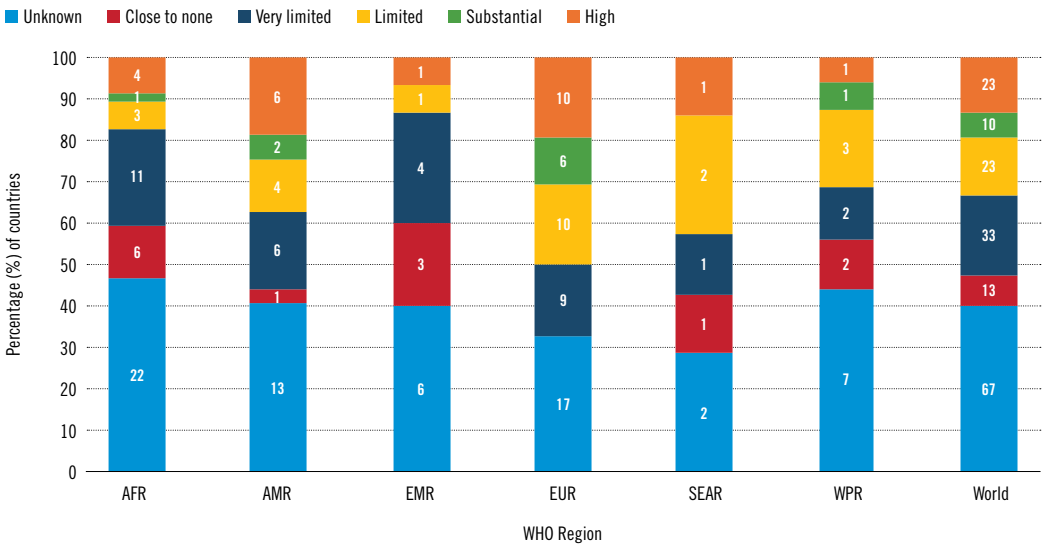
Effective alcohol policies use a multicomponent, multilevel approach (Babor, 2010), and the health sector is a key partner for delivering individual-level interventions to persons and families who are at risk of or affected by harmful alcohol use (WHO, 2010). In addition, the health sector can be a key ally in raising awareness about alcohol-related harms, supporting alcohol interventions and advocating for community support (WHO, 2010).

Findings for the health-service sector were mixed. Levels of treatment coverage (i.e. the proportion of persons with alcohol dependence who are in contact with treatment services) varied substantially across WHO Member States (Figure 5.3). Overall, 23 responding countries (14%) reported high (more than 40%) treatment coverage, 10 (6%) had substantial (21–40%) treatment coverage, 23 (14%) indicated limited (11–20%) treatment coverage, 33 (20%) reported very limited (1–10%) treatment coverage, and 13 (8%) had close to no treatment coverage. Treatment coverage rose with national income. All of the responding countries that reported close to no treatment coverage were low- or lower-middle-income countries and the majority (70%) with high treatment coverage had upper-middle or high incomes.

Unfortunately, the most common response globally and in nearly every region was that countries did not know the level of treatment coverage (67 countries globally, 40%). Twenty-two responding countries (47%) in the WHO African Region, 13 responding countries (41%) in the Region of the Americas, 6 responding countries (40%) in the Eastern Mediterranean Region, 17 responding countries (33%) in the European Region, 2 responding countries (29%) in the South-East Asia Region, and 7 responding countries (44%) in the Western Pacific Region reported not knowing the level of treatment coverage.

Figure 5.3 National treatment coverage for alcohol dependence by WHO region and percentage (in %) of countries, 2016

(n = 169 reporting countries)



Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

5.1.3 Community action

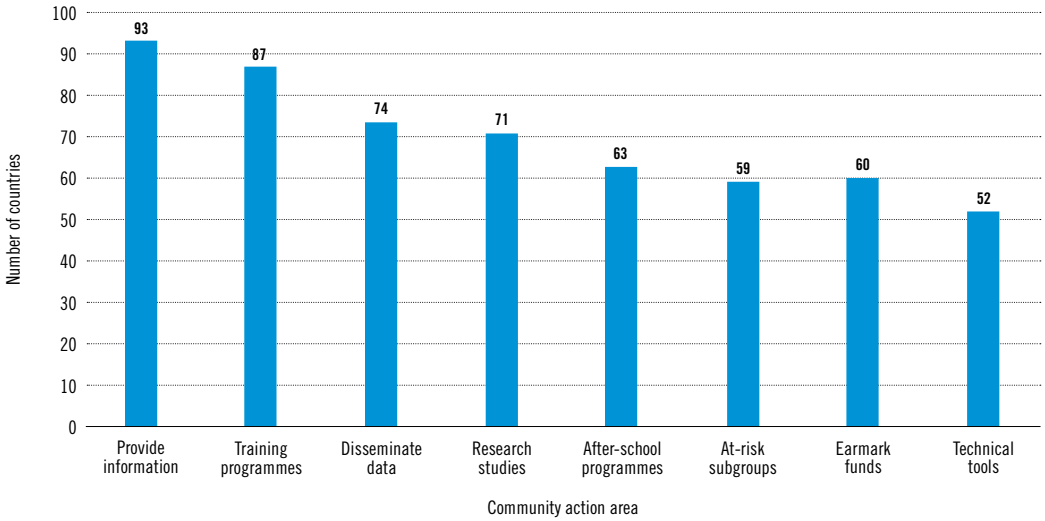
WHO recommends that governments and other stakeholders support and empower communities to take collective action to reduce harmful alcohol consumption and alcohol-related harm (WHO, 2010). In particular, community action can build on local knowledge to tailor tactics to cultural norms, beliefs and value systems to influence group behaviours (WHO, 2010). WHO recommends conducting rapid assessments to identify community gaps and priorities, increasing identification of alcohol-related harms and evidence-based strategies, supporting local authorities' coordination to reduce harmful use of alcohol, and providing information and support for persons affected by harmful use of alcohol (WHO, 2010).

Community actions tend to be highly acceptable to policy-makers and the public as a strategy. There is evidence that suggests that community action is an effective approach to reduce alcohol-related problems (Perry et al., 1996; Wagenaar et al., 2000), particularly in high-income countries and among young people (Babor, 2010). These actions can inspire stakeholders to support and implement alcohol control measures in ways that are appropriate to local cultural norms, beliefs and values (Babor, 2010).

Nonetheless, community action is one of the most commonly reported interventions for reducing the harmful use of alcohol. Of the 164 reporting countries, 128 (78%) indicated there was government support for community action. Almost all responding countries in the Americas (94%), Western Pacific (88%) and European regions (87%) had government support for community action, while just over half of responding countries in the African Region (54%) reported such support. As shown in Figure 5.4, the most common types of government support were provision of information (93 responding countries), training (87 responding countries) and dissemination of data (74 responding countries).

Figure 5.4 Government support for community action by type of support and number of countries, 2016

(n = 128 reporting countries)



5.1.4 Drink–driving countermeasures

Alcohol impairs drivers' sensory, motor and intellectual capabilities, particularly when blood alcohol concentrations (BACs) reach the 0.05% limit. Sobriety checkpoints can use either selective breath-testing (i.e. testing the BAC of drivers who are suspected to be driving under the influence of alcohol) or random breath-testing (i.e. stopping and testing a random selection of drivers for BAC levels). Multiple systematic reviews support using sobriety checkpoints to reduce drink–driving harms (Bergen et al., 2014; Shults et al., 2001; Peek-Asa, 1999). It is estimated that these checkpoints can reduce fatal driving crashes by about 20% if they are publicized, highly visible and frequently used. Based on this evidence, WHO recommends establishing BAC limits (with lower limits for novice and professional drivers), promoting sobriety checkpoints and random breath-testing, administrative suspension of licences, graduated driving licences for novice drivers, and ignition interlocks to reduce alcohol-impaired driving (WHO, 2010).

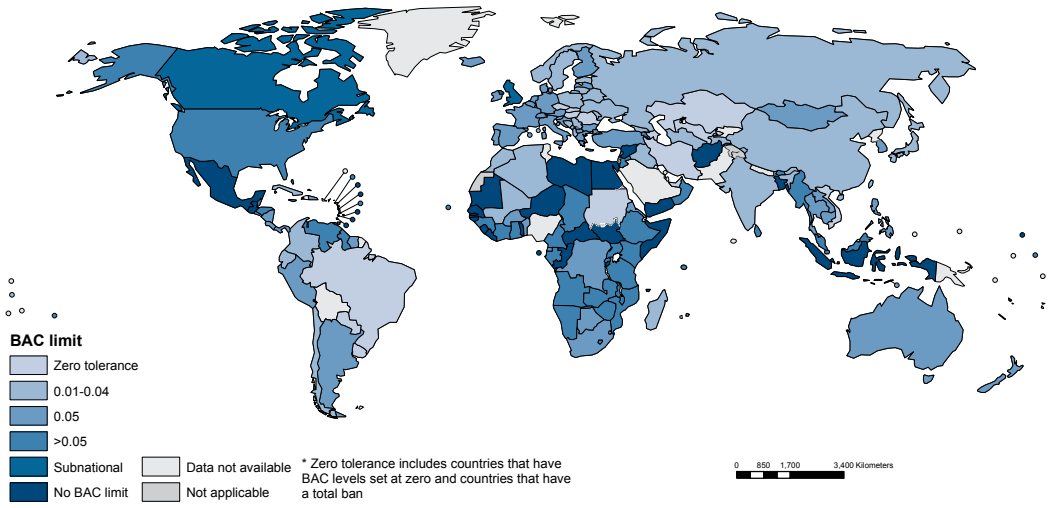
Implementation of drink–driving policies were also common among reporting countries. One hundred and fifty-five countries (89%) indicated that they had some type of drink–driving legislation, while 20 (11%) reported no drink–driving legislation, including seven of the 11 countries with a total ban on alcohol. The Global Survey on Alcohol and Health 2016 included three indicators of drink–driving policies and countermeasures: BAC limits set at the national level for the general population, for young persons and for operators of commercial vehicles; drink–driving prevention measures; and penalties for drink–driving.

5.1.4.1 Blood alcohol concentration limits

Data on the maximum permissible BAC at the national level were available from 171 responding countries, including two countries with subnational policies. The Global strategy cites strong evidence in support of a low BAC limit (between 0.02% and 0.05%), and the majority of responding countries (70%) with an established BAC limit set at or below 0.05%. The most common maximum permissible BAC for drivers in the general population is 0.05% (51 responding countries), with 0.08% (37 responding countries) being the second most frequent (Figure 5.5). Fifteen countries reported zero as the maximum permissible BAC at the national level for drivers – in effect a ban on any level of alcohol detectable by routine methods for drivers in the general population. An additional 31 countries reported having a BAC limit between 0.01% and 0.05%, bringing the total number of responding countries with a maximum permissible BAC limit at or below 0.05% to 97. However, 31 responding countries reported having no BAC limits at all.

Figure 5.5 Blood alcohol concentration (BAC) limits for drivers in the general population, 2016

(n = 171 reporting countries)



Box 5.3 Community action in Porto Alegre, Brazil

Traffic crashes are the leading cause of death among young males in Brazil and 78% of drivers in fatal crashes test positive for alcohol. To combat these harms, Brazil lowered the maximum permissible blood alcohol concentration limit to almost zero in 2013 (penalties apply if a driver's BAC is greater than 0.05%, based on the margin of error in the test). This law was coupled with severe sanctions, including a R$ 1915 (approximately US$ 1000) fine and suspension of licence for 12 months for drivers caught violating the law. However, awareness of the new law and accompanying sanctions was low, especially among Brazilians who drink and drive.

"Vida Urgente" is a community-based drink–driving campaign developed by the Thiago de Moraes Gonzaga Foundation, an organization that aims to promote awareness in ways that can facilitate behaviour change. This campaign is centered on Porto Alegre, which is the capital and largest city in the Brazilian state of Rio Grande do Sul. Research on reducing the risk of drink–driving requested by the Thiago de Moraes Gonzaga Foundation from the Catholic University of Rio Grande do Sul found that 85% of young people think applications are the best way to help them get home safely after drinking (Gonzaga, 2018). As a result (Gonzaga, 2018), Vide Urgente partnered with a taxi service to help facilitate safe alternatives to drinking and driving.

One way in which Vida Urgente helps link drinkers to the taxi service is through their signature blitzes, in which groups of volunteers perform in ways that highlight the preciousness of life and help bystanders consider their roles as pedestrians, drivers and passengers. Volunteers take the stage with high-energy performances while their colleagues circulate the crowd, offering breathalyzer tests and drawings for taxi service codes to travel home safely (Thiago de Moraes Gonzaga Foundation, 2018).

Vida Urgente had an impressive success during Carnival, one of the biggest Brazilian festivals, an event that is often marked by high rates of traffic crash fatalities (Gonzaga, 2018). During the "Buzoom" event, the campaign provided buses to transport more than 5000 young people between parties (Gonzaga, 2018). There was not a single road traffic fatality on the major roads near Carnival in Porto Alegre in the years that Buzoom was in place (Gonzaga, 2018). This inspiring feat helped the project win a national award offered by an international vehicle manufacturer (Gonzaga, 2018).

The Vida Urgente campaign has helped Porto Alegre achieve sizeable reductions in traffic crash fatalities. The number of deaths from traffic crashes per 100 000 population is much lower in Porto Alegre (7.0) than Rio Grande do Sul (14.9) and Brazil as a whole (23.4) (WHO, 2010).

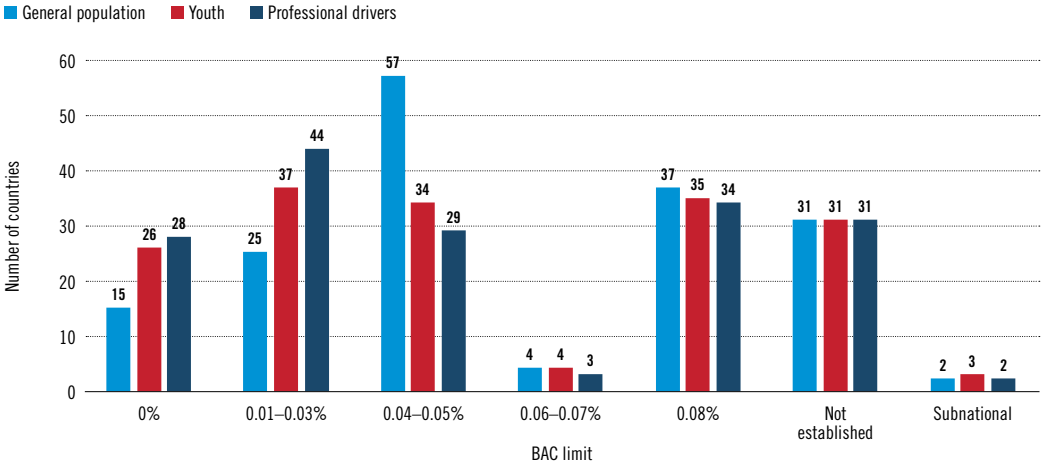
Research has estimated that countries experience a decrease in fatal and injury crashes of between 5% and 18% after reducing their BAC limit from 0.08% to 0.05%. In general, low-income countries have tended to lag behind the other countries in implementing lower BAC limits for drivers. Almost half (48%) of responding low-income countries did not have an established BAC limit for the general population. Among the low-income countries with established limits, 57% were at the 0.08% level, which was the most lenient standard reported. At the other end of the income spectrum, 82% of high-income countries had a national BAC limit at or below 0.05%.

Lower maximum permissible BAC limits for commercial or novice drivers were more common (Figure 5.6). Thirty-six responding countries set a lower BAC limit for commercial drivers than for the general population. More than half (58%) of established BAC limits for commercial drivers were at or below 0.05%, including 28 countries (16%) with

zero-tolerance laws. Twenty-six countries had zero tolerance for young/novice drivers, and 29 countries set the BAC limit for young/novice drivers at 0.05%. Among countries that established a BAC limit for young/novice drivers other than 0.0% or 0.05%, similar numbers of countries set that limit above (40 responding countries) and below 0.05% (42 countries).

Figure 5.6 Blood alcohol concentration (BAC) limits by driver type and number of countries, 2016

(n = 171 reporting countries except youth BAC limit [170])



5.1.4.2 Drink–driving prevention measures

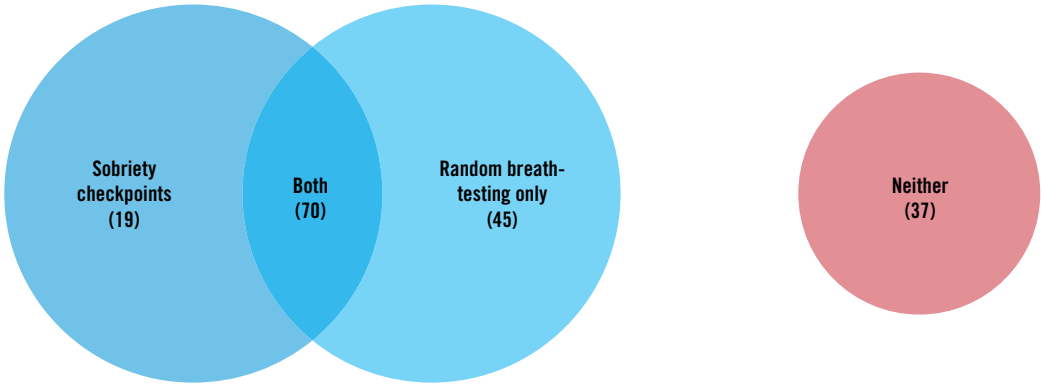
The Global Survey on Alcohol and Health 2016 added a new question to determine whether countries' drink–driving legislation was based on blood alcohol concentration (i.e. BAC) or breath–alcohol concentration values (BrAC) converted to BAC. Of the 141 countries that provided these data, 80 (57%) responded that they had legislation based on BAC values while 61 (43%) based their legislation on BrAC values converted to BAC values.

In addition, the Global Survey on Alcohol and Health 2016 asked about the use of sobriety checkpoints and/or random breath-testing to ascertain drivers' BACs. The definition used for sobriety checkpoints in this context was "checkpoints or roadblocks established by the police on public roadways to control for drink–driving". The definition used for random breath-testing was "that any driver can be stopped by the police at any time to test the breath for alcohol consumption". Forty-five responding countries (26%) reported conducting random breath tests at roadside checkpoints but not sobriety checkpoints, while 19 responding countries (11%) had sobriety checkpoints but did not use random breath-testing (Figure 5.7). Seventy countries (41%) reported they used both random breath-testing and sobriety checkpoints, while 37 (22%) used neither strategy.

For the first time, the Global Survey on Alcohol and Health 2016 asked countries to report whether they use graduated licensing, defined as new drivers receiving a restricted licence with zero tolerance for drug and alcohol use and limits on the times of day when, and classes of roads where, one can drive. A minority of responding countries (33, or 19%) reported using these licensing policies. Of the countries with graduated licensing, 12 (36%) reported zero tolerance for young people driving under the influence of alcohol. Fourteen (42%) had a BAC limit between 0.01% and 0.05%, four (12%) had a BAC limit at 0.08%, two (6%) had subnational BAC limits and one (3%) reported the BAC limit was not established.

Figure 5.7 Methods of enforcing the maximum legal blood alcohol concentration (BAC) by number of countries, 2016

(n = 171 reporting countries)

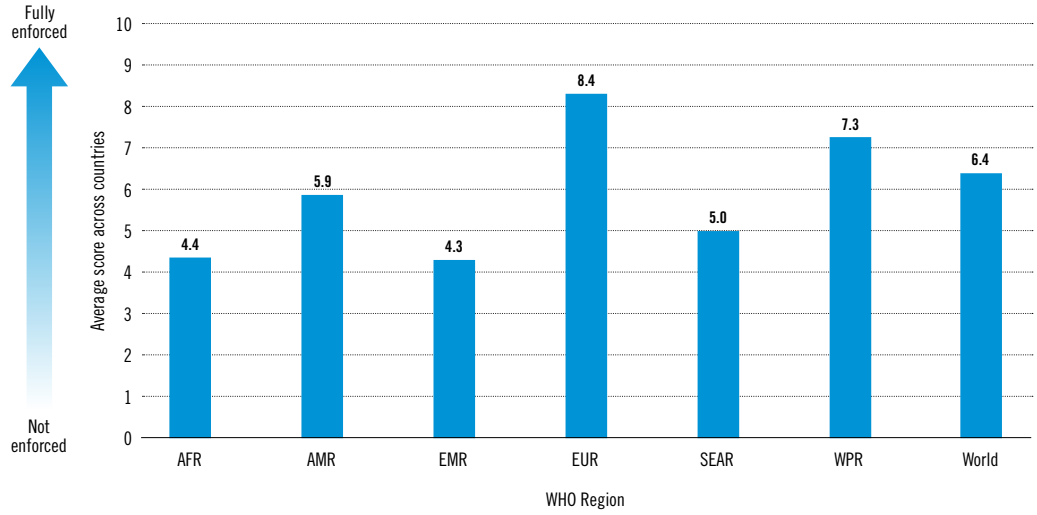


However, 12 responding countries that did not use graduated licensing also set lower BAC limits for young/novice drivers than for the general population. These trends were most common among countries with a maximum BAC limit of 0.05% for the general population; none of the countries with a legal BAC limit above 0.05% for the general population set a lower standard for young drivers.

Effectiveness of BAC limits depends on the likelihood – or at least the perceived likelihood – of those limits being enforced. WHO asked countries to estimate the perceived level of enforcement of these policies on a scale from 0 to 10, with 0 indicating not enforced and 10 indicating fully enforced, and 146 countries did so. Figure 5.8 shows that the average perceived level of enforcement among all reporting countries was 6.4, which is a 0.6-point increase since 2012.

Figure 5.8 Average perceived score on enforcement of maximum blood alcohol concentration (BAC) policies by WHO region, 2016

(n = 146 reporting countries)



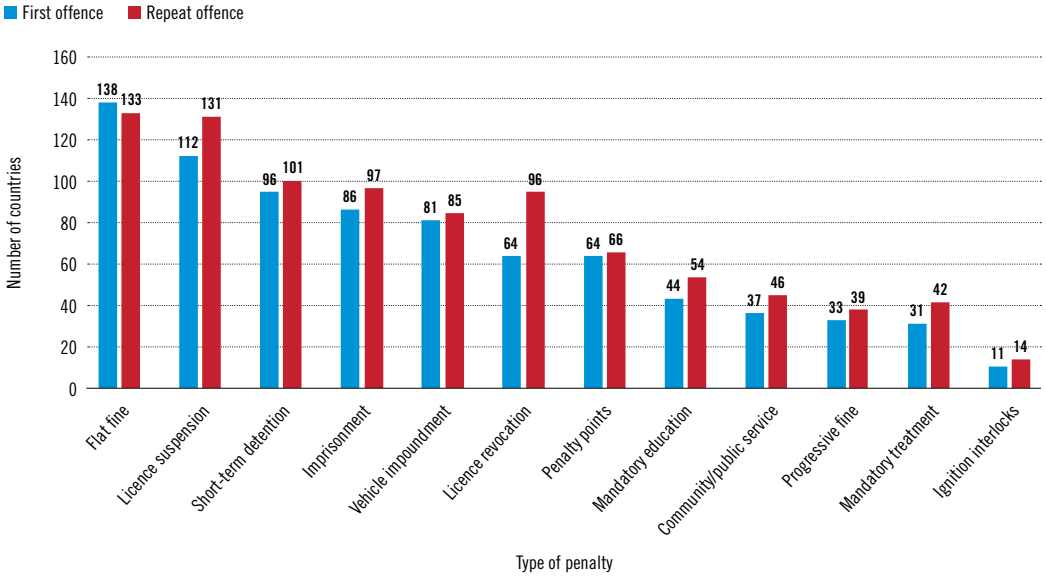
5.1.4.3 Drink–driving penalties

Flat fines were the most common drink–driving penalties reported by countries and were the only penalty that was more commonly used for first offences (Figure 5.9) than for

repeat offenders. Other common drink–driving penalties included licence suspension, short-term detention, imprisonment and vehicle impoundment.

Figure 5.9 Type of drink–driving penalties by type of offence and number of countries, 2016

(n = 151 reporting countries except 149 for mandatory education (first and second offences); 152 for imprisonment and licence revocation for first offences, and flat fines, progressive fines, penalty points and community service for repeat offences; 153 for vehicle impounded for first offences and licence suspension for second offences; 154 for flat fines for first offences, and short-term detention for first offences and vehicle impoundment and imprisonment for repeat offences; and 155 for short-term detention for repeat offences)



5.1.5 Regulating the availability of alcohol

Restricting physical access to alcohol is a WHO best buy, meaning that it is effective, cost-effective and feasible in low- and middle-income countries. Literature reviews demonstrate that regulating the hours, days and density of alcohol outlets (Campbell et al., 2009; Popova et al., 2009; Sherk et al., 2018) and raising the national legal age to purchase and consume alcohol are effective strategies to reduce alcohol-related harms. Early evaluations of availability policies focused exclusively on high-income countries, but recent analyses have confirmed that regulating the physical availability of alcohol (in particular, restricting business hours, government monopolies and government licensing) is also associated with lower alcohol consumption in low- and middle-income countries (Cook, Bond & Greenfield, 2014).

The Global strategy recommends implementing licensing systems to monitor the production, wholesaling and serving of alcoholic beverages; regulating the number and location of retail alcohol outlets; regulating the hours and days during which alcohol may be sold; establishing a national legal minimum age for purchase and consumption of alcohol; and restricting drinking in public places (WHO, 2010).

5.1.5.1 National control of production and sale of alcohol

The first indicator of restricting the physical availability of alcohol in the Global Survey on Alcohol and Health 2016 is regulation of physical access to alcohol at the population level. The two models for these restrictions are monopolies and licensing systems (Babor, 2010). Monopolies can decrease alcohol consumption by limiting the number of outlets, the outlets' operating hours and eliminating the incentive to maximize sales (Babor, 2010).

Most responding countries use licensing systems: of the 141 countries with a licensing system, about half (55%) had licensing at every level of the alcohol market (i.e. import, production, distribution, retail sales and export). Most countries (141, or 86%) reported national licensing for at least one level of the alcohol production and distribution system for at least one beverage type; two additional countries reported subnational licensing for at least one level of the alcohol market.

While the widespread presence of licensing systems regulating alcohol shows that the potential for effective regulation exists, in practice it is also common for countries to increase the availability of alcohol by increasing the number of licences to produce, distribute and sell alcohol. Of the countries with an alcohol licensing system, most reported an increase in the number of licences to distribute (55% for beer, 52% for wine and 51% for spirits) and sell alcohol (60% for beer, 57% for wine and 57% for spirits). In addition, about two in five countries reported growth in the number of licences to produce alcohol (45% for beer, 43% for wine and 41% for spirits).

However, there was considerable regional variation in these increases in alcohol availability. No countries in the Eastern Mediterranean Region increased the number of licences for alcohol production, distribution or retail sales. In contrast, larger percentages of countries in the African and South-East Asia regions increased the number of licences for alcohol retail sales and distribution; in addition, increases in the number of licences for alcohol production were often concentrated in low-income countries. At least 70% of low-income countries increased the number of licences for all types of distribution and sales.

Alcohol monopolies exist when governments exercise exclusive control over the alcohol market or some aspect of it; such monopolies may occur at the level of the import, production, distribution, retail sales and/or export. Fifty countries (30%) reported the use of control over the alcohol market for at least one level. Monopolies over imports (36 responding countries) and retail sales (35 countries) were most common for spirits, while monopolies for imports (33 responding countries), production (32 countries) and distribution (31 countries) were most common for beer. The number of reporting countries with a monopoly over exports (26) did not differ by beverage type. Of the countries with monopoly control of at least one level of the alcohol market, 19 (38%) had a monopoly at all levels.

Some countries employ a combination of licensing and monopoly systems, with 47 countries reporting a licensing system and a monopoly over at least one level of the market. However, it was more common for countries to use licensing alone (94 countries) and 20 countries reported that they did not use either licensing or monopoly systems.

5.1.5.2 Restrictions on on-premise and off-premise sales of alcoholic beverages

Regulating the hours and days of sale and the density of alcohol outlets (i.e. the concentration of alcohol outlets in a geographical location) is another effective method for restricting the physical availability of alcohol at the population level. Less than one third of reporting countries indicated the existence of regulations on outlet density and/or days of sale (24–28% for days and 19–26% for outlet density, depending on the type of premise) (Table 5.1). Regulations on hours of sale, location of outlets and sales to intoxicated patrons were more common. More than half of responding countries reported national regulations for on-premise and off-premise outlet hours of sale.

Eighty-four countries (52%) reported restrictions for on-premise hours of wine sales and 85 countries (53%) reported such restrictions for beer and spirits. Similar numbers of

countries reported national restrictions for off-premise hours of beer sales (83 responding countries, 52%) as well as wine and spirits sales (84 responding countries, 52%). Far fewer countries (39 countries, 24%) reported national regulations for the on-premise days of sale for beer, wine and spirits in 2016, though slightly more reported such regulations for the days of off-premise sales for beer (43 countries, 27%), wine (44 countries, 28%) and spirits (43 countries, 27%).

The WHO Eastern Mediterranean Region consistently had the highest prevalence of countries with alcohol availability restrictions, with 100% of responding countries reporting regulations for on-premise alcohol outlet locations and 88% for off-premise locations. Alcohol outlet density regulations – for on-premise or off-premise consumption – were rare outside of the Eastern Mediterranean Region. The prevalence of restrictions on specific events, on-premise sales to intoxicated persons and off-premise sales at petrol stations rose with national income.

Table 5.1 Percentage (in %) of reporting countries with on-premise and off-premise regulations by type of regulation, beverage type and WHO region, 2016

(n = 158 countries except regulations on off-premise days of sale [159], regulations on days of sale [160], regulations for hours of sale [161])

		On-premise			Off-premise		
	WHO Region	Beer (%)	Wine (%)	Spirits (%)	Beer (%)	Wine (%)	Spirits (%)
Density	AFR	24	24	24	15	15	15
	AMR	32	32	32	26	26	26
	EMR	75	75	75	75	75	75
	EUR	10	10	10	8	10	10
	SEAR	33	33	33	17	17	17
	WPR	41	41	41	24	18	18
	World	**26**	**26**	**26**	**19**	**19**	**19**
Hours	AFR	48	48	48	39	41	41
	AMR	66	66	66	56	56	56
	EMR	88	88	88	75	75	75
	EUR	36	36	36	50	50	50
	SEAR	88	88	88	75	75	75
	WPR	59	53	53	59	59	59
	World	**53**	**52**	**53**	**52**	**52**	**52**
Days	AFR	13	13	13	15	15	15
	AMR	26	26	26	26	26	26
	EMR	88	88	88	88	88	88
	EUR	10	10	10	20	22	22
	SEAR	63	63	63	57	57	57
	WPR	47	47	47	41	41	35
	World	**24**	**24**	**24**	**27**	**28**	**27**

5.1.5.3 National minimum age for purchase

Increasing the national legal minimum age for purchase of alcohol can reduce alcohol consumption and related harms among young people (Wagenaar & Toomey, 2002), and particularly drink–driving crashes (Shults et al., 2001). Age restrictions can apply to the consumption of alcohol both on premises or off premises. This report focuses on the on-premise minimum legal age limits for purchase because these regulations are more common.

In 2016, 152 countries (93%) reported a national or subnational minimum legal purchase age for on-premise beer and wine sales and 151 countries (92%) reported a minimum legal age for purchase of spirits. In countries that have minimum legal purchase ages for alcohol, the minimum ages range from 13 years to 25 years (Figure 5.10). By far, the most common age limit is 18 years: 108 countries have an on-premise and off-premise 18-years legal purchase age for beer and wine, while three further countries have an 18-years legal purchase age for either on-premise or off-premise spirits.

However, several (11) countries reported having no on-premise age limits for beer and wine sales/consumption or for spirits (12 responding countries). Countries without a legal minimum purchase age tended to be low-income or lower-middle-income; the greatest number of countries without such a policy was in the WHO African Region. Eight countries without a minimum legal purchase age for on-premise beer sales in 2012 reported one in 2016. Most (5 countries, 63%) set their new age limit at 18 years, while two countries set lower ages (15 years and 13 years for males and 16 years for females) and one country set an older age limit of 21 years. An additional six countries increased the minimum purchase age for on-premise beer consumption between 2012 and 2016, with most of these countries (83%) increasing their limits to 21 or 25 years (see Section 5.2.3 for more details).

Box 5.4 South Africa's availability restrictions in the Liquor Amendment Bill

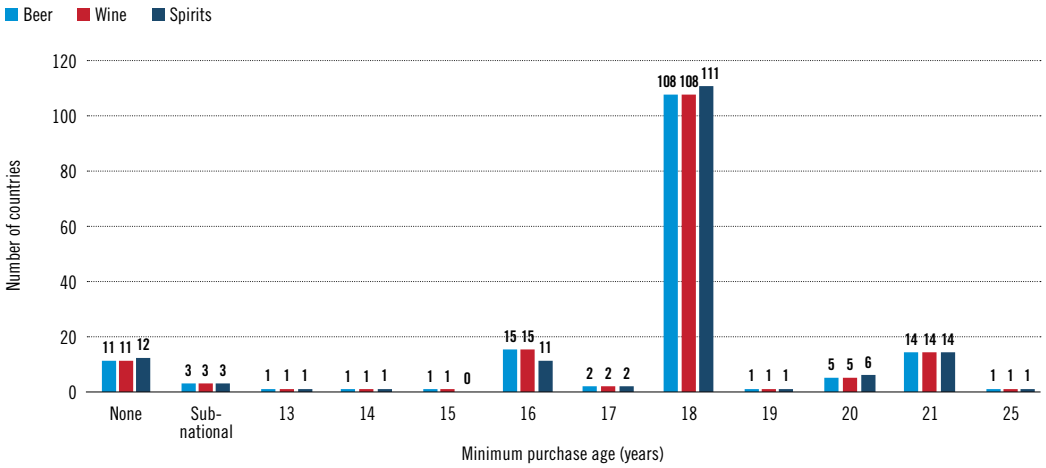
The 2011 *Global status report* ranked South Africa as a country with one of the riskiest patterns of alcohol consumption, and with the highest reported alcohol consumption in Africa (WHO, 2011b). Among those who consume alcohol, nearly one in two men (48.1%) and two in five women (41.2%) engage in heavy episodic drinking (WHO, 2011b). South African adults aged 15 years and older consume an average of 9.5 litres each year, which is substantially higher than the African regional average of 6.2 litres per person (WHO, 2011b). This pattern of consumption results in high levels of alcohol-related harms, including interpersonal violence, traffic crashes and HIV/AIDS.

One of the most challenging problems with controlling the physical availability of alcohol in South Africa was inheriting thousands of unlicensed bars/pubs (called shebeens) after the fall of Apartheid. During Apartheid, non-white South Africans were prohibited from entering bars/pubs or selling alcohol themselves, so unlicensed shebeens sprang up as an alternative. Without oversight, shebeens were often open late into the night and they were the site of violent acts and risky sexual behaviours. To address this problem, the Liquor Amendment Bill proposes prohibiting licensed distributors from selling alcohol to unlicensed establishments. Under this new legislation, these producers could be held liable for any damages caused by their products. In addition, the Liquor Product Amendment Bill proposes broadening the classifications of regulated alcohol to include all beers and fermented beverages, casting them under the authority of the Department of Agriculture, Forestry and Fisheries (Business Tech, 2018).

In addition to targeted regulation of shebeens, the proposed legislation also includes comprehensive availability restrictions to restrict trading hours and days, increase the minimum legal purchase age from 18 to 21 years and prohibit alcohol sales within 500 metres of sensitive locations (e.g. places of worship, schools, recreational facilities and treatment centres, among others) (Republic of South Africa, 2016).

Figure 5.10 Minimum age limits for on-premise sales of beer, wine and spirits, by number of countries, 2016

(n = 164 reporting countries)



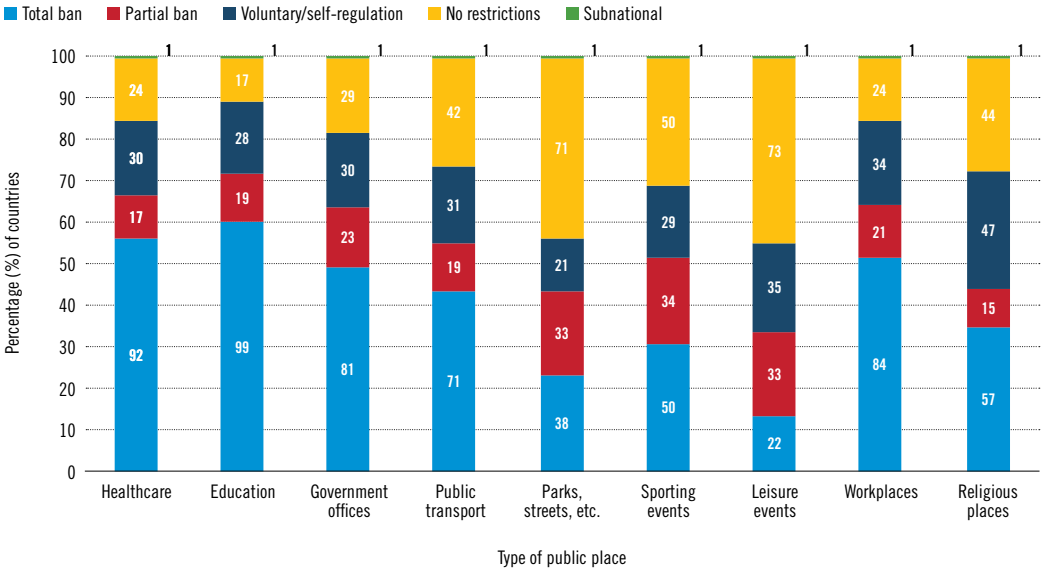
Note: Burkina Faso has a minimum age for purchasing alcohol of 13 years for males and 16 years for females. This country is categorized as age 13.

5.1.5.4 Restrictions on drinking in public

Some countries also have restrictions on alcohol consumption in public places (Figure 5.11). Such restrictions are most commonly applied to educational buildings (146 countries), followed by health-care establishments (139 countries). Restrictions were least common at leisure events (73 countries) and in parks (71 countries).

Figure 5.11 Restrictions on alcohol consumption in public places by type of public place and percentage (in %) of countries, 2016

(n = 164 reporting countries)



Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

Box 5.5 Regulating public drinking in Singapore

In 2013, more than 300 migrant workers in Singapore attacked a private bus that ran over a construction worker (FC, 2013). Witnesses reported that the rioters were under the influence of alcohol and threw beer bottles and other objects at officers and medical personnel as they tried to extract the victim and the bus driver from the scene (Armstrong & Ng, 2014; FC, 2013). Officers from the police and Special Operations Command were called to the scene and dispersed the crowd after approximately two hours of rioting (FC, 2013).

Following the riot in the Little India area, the Singapore government implemented the Public Order (Additional Temporary Measures) Act to ban alcohol sales and public consumption in Little India (Sim, 2013; Sim, 2014). The subsequent Liquor Control (Supply and Consumption) Act, enacted in response to the riot (Ong, 2016), extended an existing ban on public drunkenness with the limits on alcohol sales and consumption implemented in Little India to prevent amenity harms (e.g. public disorder, vandalism and petty crimes) throughout Singapore (Sim, 2014). The Parliament passed the Liquor Control (Supply and Consumption) Act in January 2015, and it went into effect in April of that year (Singapore Police Force, 2017; Republic of Singapore, 2015). Under this new law, people are prohibited from drinking in all public places (i.e. locations with free access) from 22:30 until 07:00 the next morning (called the "no-public drinking period") (Republic of Singapore, 2015). Off-premise retail alcohol outlets (i.e. outlets that sell alcohol for patrons to consume off-site) are also prohibited from selling alcohol during these hours (Republic of Singapore, 2015). People may continue to drink alcohol in their homes or in on-premise alcohol outlets (e.g. bars and restaurants) during the no-public drinking period (Han, 2015b).

The new act includes penalties for infringements that are similar to the penalties for public drunkenness (1997). A first offence carries a fine of up to S$ 1000 and persons who violate the law repeatedly can receive fines of up to S$ 2000 or up to three months of imprisonment (Republic of Singapore, 2015). Retail stores caught selling alcohol during these prohibited hours can be fined up to S$ 10 000 (Republic of Singapore, 2015).

There are also more stringent regulations and sanctions for two areas – Geylang and Little India – where levels of excessive alcohol consumption and the risk of public disorder were deemed to be higher (Republic of Singapore, 2015; Han, 2015a). Drinking in public in these "liquor control zones" is banned from 07:00 on Saturday through to 07:00 on Monday (Republic of Singapore, 2015). In addition, the penalties are increased by 150% if the ban is violated in one of these liquor control zones (Republic of Singapore, 2015).

5.1.6 Marketing restrictions

Longitudinal studies repeatedly find that young people who are exposed to alcohol marketing are more likely to start drinking or, if already drinking, to drink more (Anderson et al., 2009; Jernigan et al., 2016). Marketing restrictions are one of the three best buys and the Global strategy recommends setting up regulatory or co-regulatory frameworks, preferably with a legislative basis, to regulate the content and volume of direct or indirect marketing, sponsorships and promotions in connection with activities targeting young people and new alcohol marketing techniques such as social media (WHO, 2010; WHO, 2011a).

The marketing restriction indicators included in the Global Survey on Alcohol and Health 2016 were the prevalence of restrictions on advertising for alcoholic beverages in various venues, the overall restrictiveness of advertising regulation, regulation of product placements, sponsorship, regulation of promotions, and methods of monitoring and penalizing marketing restriction infringements.

5.1.6.1 Restrictions on alcohol advertising

The Global Survey on Alcohol and Health 2016 asked countries to report their national restrictions on advertising for three alcoholic beverage types (beer, wine and spirits) across 10 categories of media (national television, private television, national radio, local radio, print, billboards, point of sale, cinema, Internet and social media). Options for reporting included no restrictions, voluntary codes or self-regulation, partial bans and total bans across all media types. In this report, marketing restrictions are described in detail for beer only; however, the restrictions across media types were consistent for wine and spirits, and the relevant information is available online in GISAH.

Box 5.6 Finland's ban on alcohol-branded social media communication

Since Finland changed its alcohol laws in 1995 to permit alcohol advertising, it has progressively introduced stricter restrictions on alcohol advertising practices (Tuominen, 2015; Montonen, 2017). The 1995 laws initially banned advertising for the most harmful products – strong alcoholic beverages, or beverages with more than 22% absolute alcohol (Tuominen, 2015). In 2008, Finland limited the time and placement of alcohol advertisements by banning advertising on television from 07:00 to 19:00 and in cinemas (except for X-rated movies) to reduce young people's exposure to alcohol advertising (Tuominen, 2015). Again aiming to curb youth exposure to alcohol advertisements, Finland became one of the first countries to ban alcohol advertisements in social media in 2015 (Tuominen, 2015).

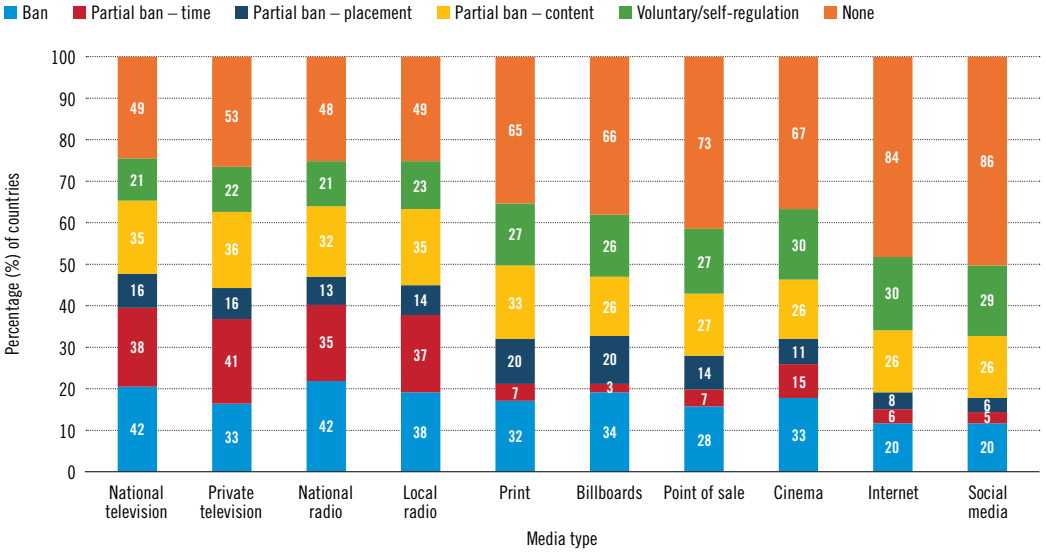
Finland's social media ban prohibits advertisements and promotions that 1) involve games, lotteries or contests or 2) involve information networking service activity of textual or visual content produced by consumers or any such content produced by a commercial actor and intended to be shared by consumers. For example, competitions and prizes on Facebook, allowing people to share posts on their Facebook page, or producing viral videos intended to be shared on social media sites are all banned. In the context of a transnational alcohol industry, the Finnish regulations prohibit commercial actors from targeting Finnish persons with interactive alcohol advertisements even from outside Finland. However, these regulations permit conventional alcohol advertising online and do not apply to consumers' personal social media pages (Tuominen, 2015).

Since Finland enacted this ban, several other countries in the Nordic-Baltic region have followed suit. In 2018, Lithuania enacted a comprehensive alcohol advertising ban that included digital media (Law on Alcohol Control, 2018), and Estonia is considering similar measures (Alcohol Ireland, 2017). In addition, a white paper was presented to the Parliament in Sweden on how to protect children and young people from online advertising (EUCAM, 2018).

Figure 5.12 shows the prevalence of restrictions on advertising for beer by media type. Several countries have adopted advertising restrictions since 2012, and the majority of responding countries now have some type of restriction for all media types except Internet (48%) and social media (47%). Total bans were most common for national television (26%) and national radio (26%). As in 2012, the greatest number of countries reported no restrictions on the Internet and social media, suggesting that regulation in many countries continues to lag behind technological innovation in marketing. In 2016, 123 countries reported on alcohol marketing restrictions across all media and beverage types. Of these countries, 51 (41%) had total bans for all media types and 35 (28%) had no regulations on any media type. Most of the countries that reported no restrictions across all media types were located in the African (17 responding countries) or Americas regions (11 responding countries).

Figure 5.12 Restrictions on advertising for beer by media type and percentage (in %) of countries, 2016

(n =162 reporting countries except 161 for billboards and national radio)



Note: The partial bans and voluntary/self-regulation are not mutually exclusive categories, and countries may be counted more than once. The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

Box 5.7 Advertising restrictiveness scores

Restrictiveness scores provide another way to analyse data on the stringency of policies that restrict alcohol advertising and marketing. Using a scale developed by Esser and Jernigan (first deployed in the *Global status report on alcohol and health 2011*), Figure 5.13 shows responding countries along the continuum of advertising restrictiveness. The advertising restrictiveness score assigns countries points according to the level of their policies (2 points for a ban, 1 point for a partial ban, and no points for voluntary/self-regulation or no restrictions) across 10 media types. Countries tend to have advertising policies that are lower on the spectrum: about half (69 countries) have no advertising policies or have policies that are only slightly restrictive. However, countries are implementing more restrictive alcohol advertising policies over time. This growth is evident in the number of responding countries that reported "mid" or "very high" levels of restriction, which has increased linearly since 2008.

Figure 5.13 Stringency of overall statutory regulation of alcohol marketing, by number of countries, 2008–2016

(n =144 reporting countries)

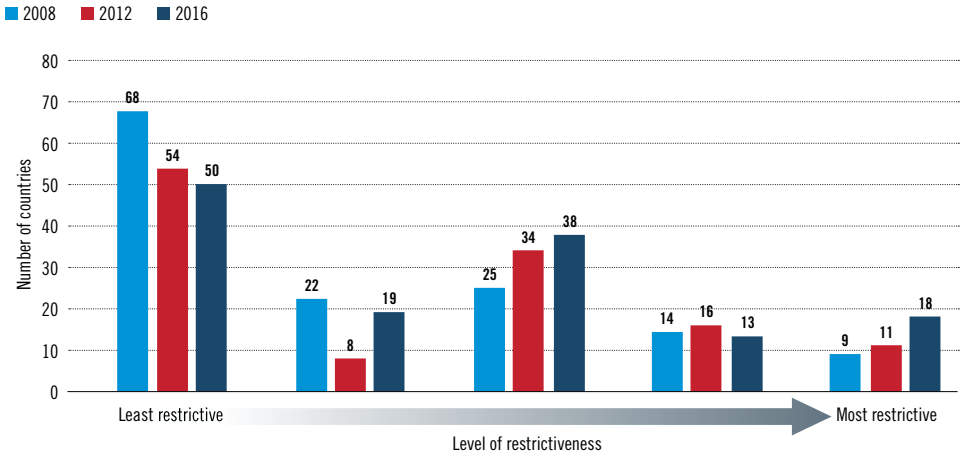
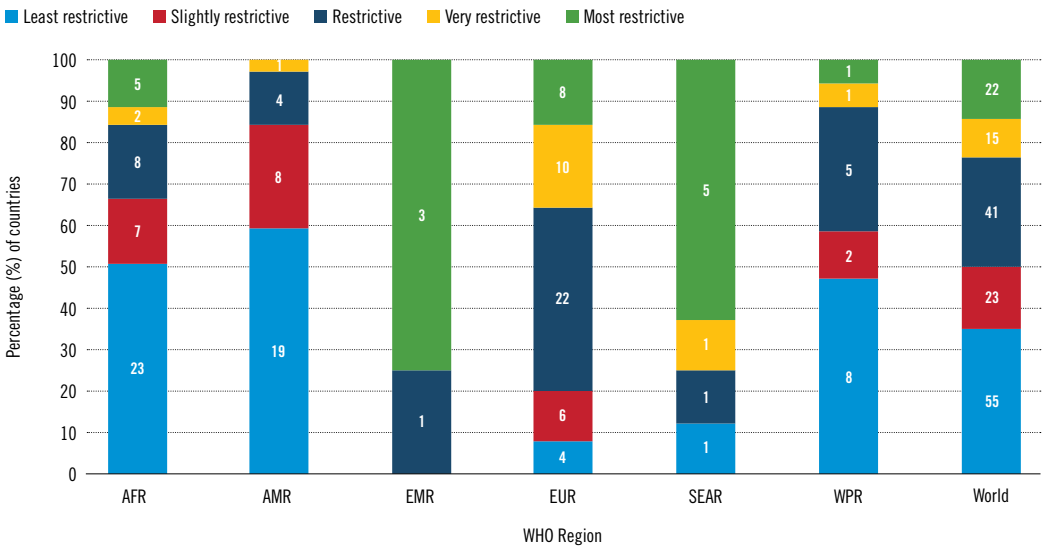


Figure 5.14 uses this restrictiveness score methodology to show the degree to which alcohol marketing is regulated (or not) overall by WHO region. Alcohol marketing is most regulated in the Eastern Mediterranean and South-East Asia regions, and least restricted in the African and Americas regions.

Figure 5.14 Stringency of overall statutory regulation of alcohol marketing, by WHO region and the world and percentage (in %) of countries, 2016

(n =156 reporting countries)



Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

5.1.6.2 Regulations on alcohol product placement

In addition to restrictions on alcohol advertising, countries also reported on their regulation of alcohol marketing that takes the form of product placement on television and at sporting events, as well as whether they had implemented bans on the sale of alcohol below cost. As in the case of advertising, several countries have adopted restrictions on product placement since 2012, and the majority of WHO Member States (55–58%, depending on the beverage type) reported some type of restriction on product placement on public television in 2016. Of the 87 countries with some type of restriction, 47% (41 responding countries) had implemented a total ban on product placement of beer on television, 33% (29 countries) had a partial ban, and 20% (17 countries) reported industry self-regulation.

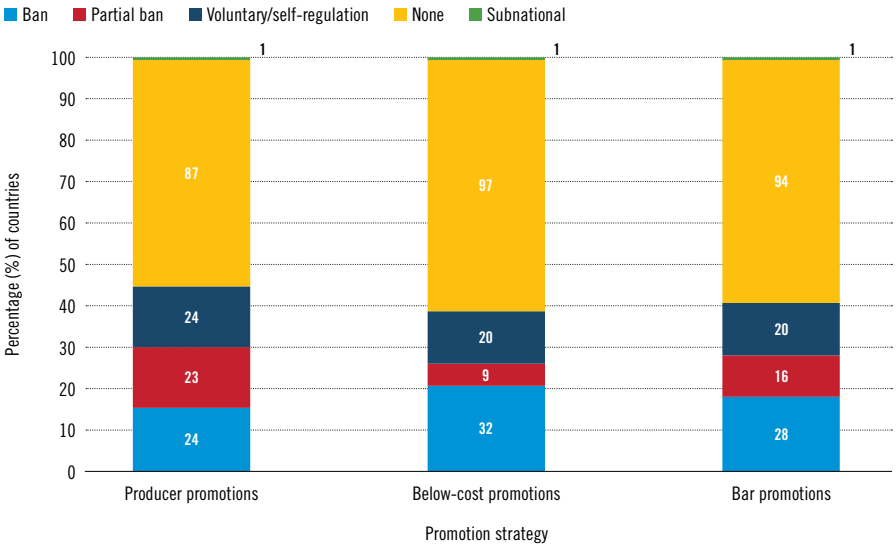
Excluding the one country that reported a subnational policy, one third of reporting countries (34%, 53 countries) had a total or partial ban on beer company sponsorships of sporting events, while 16% (25 countries) relied on industry self-regulation, and 51% (81 countries) had no regulation.

5.1.6.3 Regulation of alcohol sales promotions

Figure 5.15 shows the prevalence of regulation of producer promotions for beer, beer sales promotions below cost, and industry-sponsored free drinks. Fewer countries reported using these strategies than advertising, product placement and sponsorship restrictions.

Figure 5.15 Regulation of beer sales promotions below cost by percentage (in %) of countries, 2016

(n =159 reporting countries)



Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

5.1.6.4 Methods of detecting infringements of marketing restrictions

The Global strategy recommends setting up effective administrative and deterrence systems to handle infringements of marketing restrictions (WHO, 2010). Of the 129 responding countries reporting at least one marketing regulation, 125 (97%) also reported a method for marketing infringements. Some countries use more than one method of detecting infringements of marketing regulations: 71 countries (55%) use a complaint system; 68 (53%) use active surveillance by government, an NGO, or an independent body; and 63 (49%) rely on the police to detect infringements. Most countries (103 countries, 63%) reported having fines for infringement of marketing restrictions. These fines were more common in the WHO European (81%), Eastern Mediterranean (75%) and South-East Asia regions (75%) than in the Americas (45%), African (52%) and Western Pacific (59%) regions.

5.1.7 Pricing

Increasing the price of alcohol is one of the most effective strategies for reducing the harmful use of alcohol (WHO, 2010). Studies repeatedly find that increasing the price of alcohol is associated with reductions in harmful use of alcohol and alcohol-related morbidity and mortality, including liver cirrhosis deaths, violence, teenage pregnancy and sexually transmitted diseases (Wagenaar, Salois & Komro, 2009, Elder et al., 2010; Wagenaar, Salois & Komro, 2010; Xu & Chaloupka, 2011). A small part of the literature also suggests that the benefits of higher alcohol prices also extend to the education sector, increasing the likelihood of secondary school graduation as well as post-secondary enrolment and graduation.

The Global strategy recommends that WHO Member States establish a system for specific domestic taxation which may take into account the alcohol content of the beverage, accompanied by an effective enforcement system (WHO, 2010). The strategy also encourages countries to review prices regularly in relation to inflation and income levels; to ban or restrict sales below cost and other price promotions; and to establish minimum prices for alcohol where applicable (WHO, 2010).

Box 5.8 Botswana's increasing excise taxes

Since attaining independence in 1966, Botswana has had a drinking pattern marked by high levels of both abstention and heavy episodic drinking. With HIV/AIDS prevalence rates as high as 18%, the National AIDS Coordinating Agency (NACA) developed a position paper in 2002 linking alcohol with HIV infection. The following year, national frameworks identified alcohol intoxication as a risk factor for exposure to HIV, and alcohol continues to be an obstacle to effective HIV prevention efforts (Sinkamba, 2015).

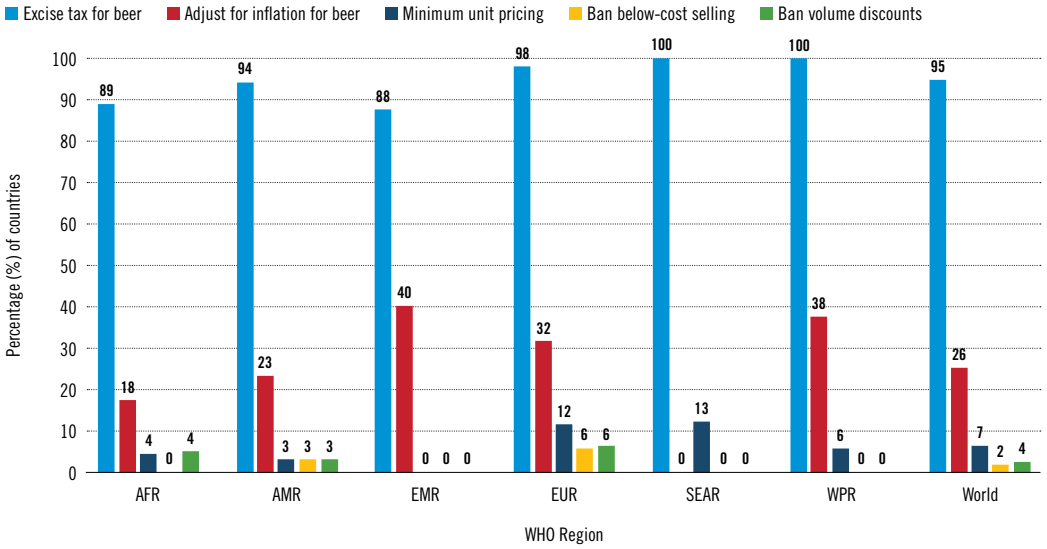
Alcohol excise duties were first developed through the Southern African Customs Union (SACU). After a long history without formal alcohol policies at the national level, the Ministry of Trade and Industry in Botswana prepared a regulatory framework referred to as Liquor Regulations in 2005 (Pitso & Obot, 2011). Three years later, tax levies were introduced in the Control of Goods (Intoxicating Liquor Levy) Regulations, 2008 (Pitso & Obot, 2011). These regulations proposed a 70% alcohol levy on all domestically produced intoxicating liquors, with the aim of reducing consumption specifically among young people (Lucas, 2008; Sinkamba, 2015). At the same time, revenue collected from the levy would be invested in efforts to reduce the harmful use of alcohol and minimize its negative consequences (Sinkamba, 2015). In response, the alcohol industry argued that the levy had made imported alcohol more affordable than domestic alcohol, causing a shift in consumer preferences, and that the regulations would thus result in harm to the business sector and job losses (Pitso & Obot, 2011; Burgis, 2009). As a result, the levy was reduced to 30% (Burgis, 2009). However, the alcohol tax was increased to 40% two years later under the Levy on Alcohol Beverages Fund (Amendment) Order, 2010 (Sebego et al., 2014). Traffic crash rates fell by 12% seven months after the first alcohol excise tax and by another 12% five months after the 2010 levy increase; however, other changes were made during this time so the authors were unable to attribute these full decreases to the taxes (Sebego et al., 2014).

Botswana increased the alcohol levy by a further 10% to reach 55% in 2015 to prevent the incidence and consequences of alcohol abuse (Matumo, 2015). This measure also increased the scope of the tax to include imported alcoholic beverages and production costs for the first time (Matumo, 2015).

Price policies are the most cost-effective WHO best buy for reducing the burden of harmful alcohol use. Figure 5.16 shows that almost all of the responding countries (95%) have alcohol excise taxes; however, fewer than half of the countries use the other price strategies highlighted in the Global strategy – such as adjusting taxes to keep up with inflation and income levels, imposing minimum pricing policies, or banning below-cost selling or volume discounts.

Figure 5.16 Implementation of selected price and tax measures by WHO region and percentage (in %) of countries, 2016

(n = 164 reporting countries, except 137 countries reported on inflation adjustment)



5.1.8 Reducing the negative consequences of drinking

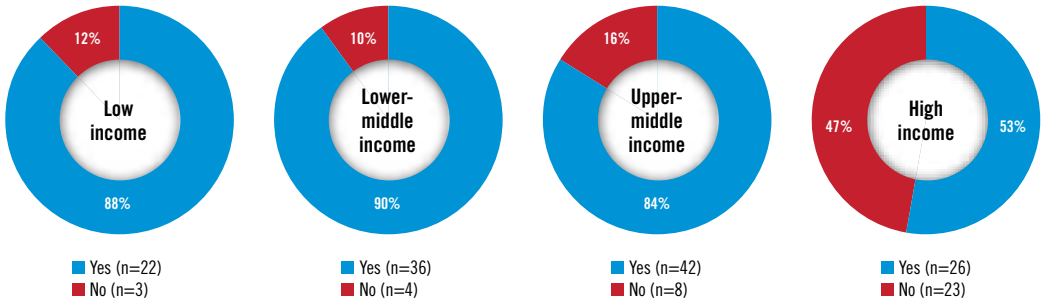
Policies aimed at reducing the negative consequences of drinking take a harm-reduction approach; they aim to reduce and prevent alcohol-related harms without necessarily influencing population-level consumption (WHO, 2010).The Global strategy recommends enforcing laws against serving intoxicated patrons, responsible beverage service (RBS) training, provision of consumer information, and requiring alcohol labels with information about alcohol-related harms (WHO, 2010). There is limited literature in this area. Although some studies indicated initial successes of RBS programmes (Scherer et al., 2015; Wilkinson & Livingston, 2012), other studies have either failed to replicate these successes or found mixed results (Fell et al., 2017).

5.1.8.1 Responsible beverage service (RBS) training

Some 126 of the 164 reporting countries indicated that they provide RBS training for people who serve alcoholic beverages. All of the responding countries in the Eastern Mediterranean and South-East Asia regions reported offering RBS training, with such training more common in low-income (88%), lower-middle-income (90%) and upper-middle-income countries (84%) than in their high-income counterparts (53%) (Figure 5.17). Enforcement agencies organize the training in 10 countries, and the private sector takes the lead in 15 countries. Elsewhere, the Ministry of Health, the tourism/hospitality sector or the alcohol industry coordinate RBS training. However, only a minority of responding countries (16 countries, 13%) required this training.

Figure 5.17 Systematic alcohol server training (for servers of pubs, bars, restaurants) on a regular basis, by World Bank income group and percentage (in %) of countries, 2016

(n = 164 reporting countries)

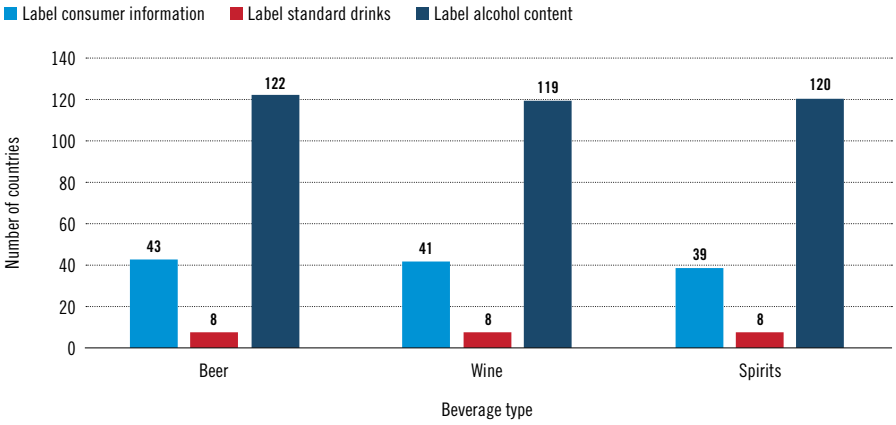


5.1.8.2 Labels on alcohol containers

Alcoholic beverages are remarkable as consumer products with relatively little consumer information on the label. As Figure 5.18 shows, countries most frequently report the requirement that alcoholic beverage labels should disclose the alcohol content (i.e. percentage of pure alcohol) of the beverage. This information is required for beer in 122 responding countries, for wine in 119 countries, and for spirits in 120 countries. Countries less frequently require basic consumer information such as calories, additives and vitamins. A minority of countries require this for beer (43 responding countries), wine (41 countries) and spirits (39 countries). Only eight countries require that alcoholic beverage labels must indicate the number of standard drinks in the container. Greater percentages of countries in the Eastern Mediterranean Region (25–29%, depending on the beverage type) and Western Pacific Region (12%) required the labelling of standard drinks, while no countries in the Americas or South-East Asia regions require this. High-income (85%) and low-income countries (80%) were more likely to report requiring labelling the alcohol content than middle-income countries (65–70%, depending on the beverage type).

Figure 5.18 Required warnings and health-related information on labels by beverage type and number of countries, 2016

(n=163 reporting countries, except 162 for labeling standard drinks on wine and 160 for labeling alcohol content on beer, wine and spirits)



Of the 164 responding countries, around a third (56) required warning labels on advertisements for alcohol, and slightly fewer (47) mandated health and safety warning labels on bottles or containers. Of the 65 responding countries requiring either warning labels on advertisements for alcohol and/or on alcohol bottles or containers, 23 have a legal requirement regarding the size of the warning label. Warning labels often focus on underage drinking (41 countries) or drink–driving (31 countries) (Box 5.9). Only seven countries require rotation of the warning label text.

Box 5.9 Examples of warning texts on alcoholic beverage labels

The warning messages countries place on alcohol advertisements and bottles vary across the world, though most include a broad statement about negative health effects that may result from alcohol consumption – such as the USA's "may cause health effects" or Gabon's "alcohol is dangerous for health".

Messages on warning labels frequently focus specifically on drink–driving and drinking during pregnancy. For instance, Ethiopia has warning labels that read, "don't drink if you drive", while Kenya's labels state, "excessive alcohol consumption impairs your judgement; do not drive or operate machinery". Panama and Sweden take a slightly different approach, with "driving under the influence of alcohol increases the risk of accidents" and "one in two drivers killed in single accidents is intoxicated by alcohol", respectively. Pregnancy-focused warning labels include Albania's "drinking can harm your unborn baby" and Kenya's "alcohol consumption when pregnant harms your baby".

Other countries focus on different problems – like Sweden's "alcohol may cause cerebral haemorrhage and cancer", "half of people drowning have alcohol in the blood", "children who are served alcohol at home are more prone to binge drinking" and "alcohol may cause damage to the nervous system and brain". South Africa also has more specific warnings – such as, for example, "don't drink and walk on the road, you may be killed", "alcohol is a major cause of violence and crime", and "alcohol increases your risk to personal injuries". Two other examples of more specific warnings include Panama's "alcohol can lead to violent states and family disintegration" and Albania's "drinking alcohol damages the young developing brain".

There are also examples that are similar to voluntary messages used by the alcohol industry, such as Greece's warning labels that read "enjoy responsibly".

5.1.9 Addressing informal and illicit production

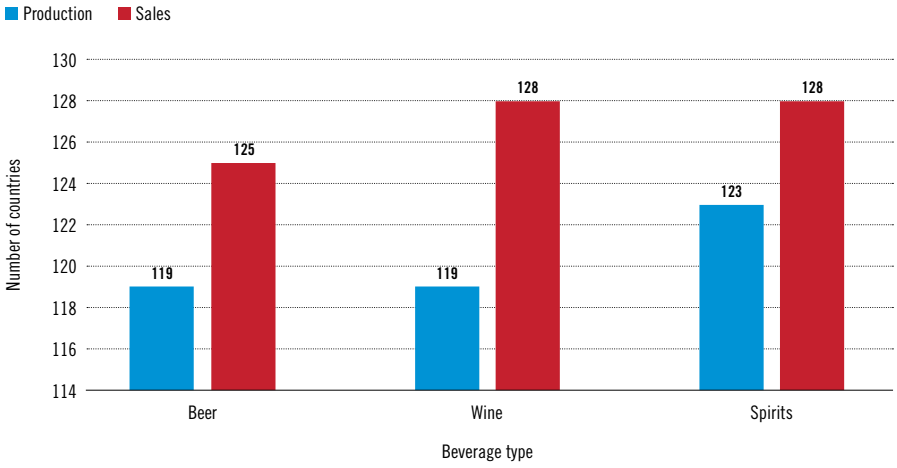
Unrecorded alcohol includes informally produced alcohol (i.e. homemade fermented/distilled beverages and small-scale production of traditional beverages) and illicit alcohol (i.e. alcohol smuggled across borders or produced illegally to avoid taxes and tariffs) (Babor, 2010). Informal and illicit alcohol production poses unique health and policy challenges. Unrecorded alcohol may contain higher ethanol content and potential contaminants (WHO, 2010), and the low cost can promote heavy drinking (Babor, 2010). In addition, it is difficult to gauge the level of consumption for unrecorded alcohol, thus undermining countries' efforts to tax and control legal alcohol production (WHO, 2010). To combat these harms, the Global strategy recommends bringing informally and illegally produced alcohol into the taxation system, implementing tax stamps, developing monitoring systems, and publishing warnings about the health risks of illicit and informal alcohol consumption (WHO, 2010).

5.1.9.1 Inclusion of informal or illicit production in national alcohol policies

Of the 80 countries with written national alcohol policies, 79% have a national policy that addresses informal or illicit production of beer and wine and 84% have a national policy to address such production of spirits. In addition, 81% have a national policy regarding sales of informal or illicit beer, 84% have such a policy for wine sales, and 88% have a policy that applies to sales of spirits (Figure 5.19).

Figure 5.19 National legislation to prevent illegal production and/or sale of informally-produced alcoholic beverages, by beverage type and number of countries, 2016

(n = 169 reporting countries except 168 for illegal beer and spirits sales)



5.1.9.2 Methods used to track informal or illicit alcohol

In all, 144 countries reported having a system to track informally produced and illicit alcohol. The most common methods of tracking informal or illicit alcohol were police investigations (121 responding countries), complaint systems (83 countries) and case-by-case reporting (80 countries). Active surveillance (67 responding countries) and tracking by the liquor licensing authority (66 countries) were less common methods.

5.1.10 Monitoring and surveillance

As outlined in the Global strategy, monitoring and surveillance activities enable appropriate implementation and evaluation of the alcohol policies described in this chapter (WHO, 2010). Policies and interventions for monitoring and surveillance include administering national surveys on alcohol consumption and related harms, designating entities to oversee data collection and dissemination, defining and tracking indicators of harmful alcohol use, maintaining data repositories, and developing evaluation mechanisms (WHO, 2010).

5.1.10.1 National surveys on alcohol consumption

Surveys provide critical information about prevalence and patterns of drinking for the national population, as well as for subpopulations (Babor, 2010). Two thirds (67%, 109 responding countries) of countries reported at least one national survey of alcohol consumption since 2010. Eighty-four of those countries had national surveys on both adult and youth alcohol consumption, 25 countries reported that they had only national surveys of adult consumption, while 17 countries indicated that they had only surveys of youth consumption. The percentage of countries administering national surveys increased with income. Most high-income countries administered adult (88%) and youth (94%) surveys,

but less than half (44%) of low-income countries administered adult surveys and less than one quarter (24%) administered youth surveys.

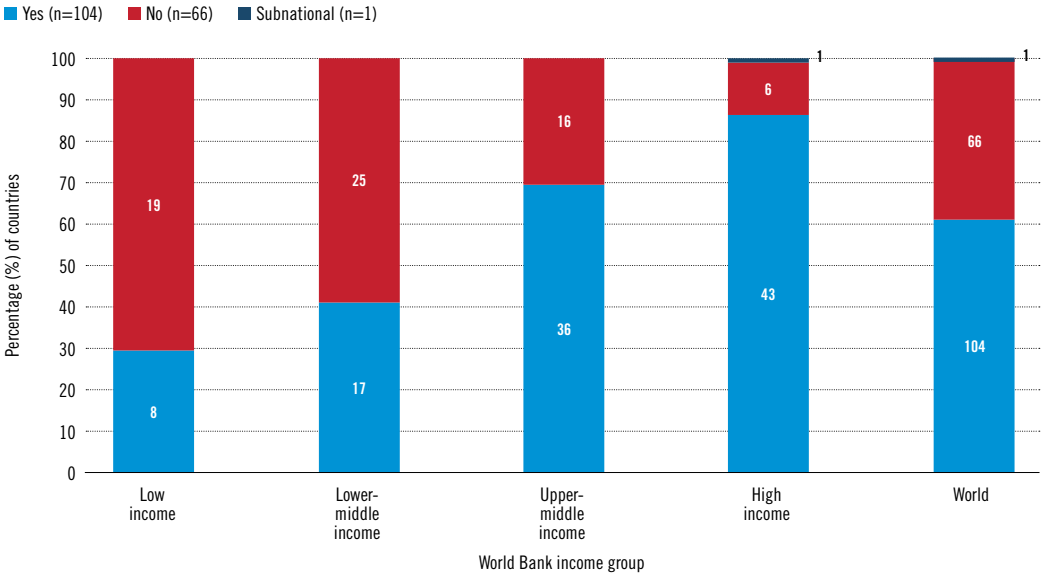
Of the 109 countries which reported conducting national adult surveys since 2010, 104 also provided the most recent year in which the survey was conducted. Thirty-three (32%) last conducted an adult survey in 2015–2016, 49 countries reported 2013–2014 (47%), and 22 reported 2010–2013 (21%). Ninety-nine of the 101 countries that reported administering youth surveys also provided the most recent year: 44 (44%) last surveyed youth in 2015–2016, 34 countries reported 2014–2015 (34%) and 21 reported 2010–2012 (21%).

5.1.10.2 Legal definition of alcoholic beverages

Monitoring and surveillance strategies depend on a clear definition of alcoholic beverages. Such definitions also determine when and where alcohol policies – such as restrictions on production, sales and consumption – will apply. A total of 104 countries reported having a national legal definition of alcoholic beverages, and the number of countries with a standard definition increased with income (Figure 5.20). Of the 101 countries that provided a legal definition, most defined alcoholic beverages in terms of the percentage of alcohol by volume (87 responding countries, 86%); beverages containing at least 0.5% alcohol by volume was the most common definition (45 responding countries, 45%). However, the utility of these definitions depends on the definition itself. For instance, the Mauritius definition of an alcoholic beverage does not include beer or spirit coolers, and the legislation in force in São Tomé and Principe does not define beer as an alcoholic beverage. Such definitions may undermine a government's ability to monitor and regulate these beverages.

Figure 5.20 Presence of a standard legal definition of an alcoholic beverage that is used by the government, by World Bank income group and percentage (in %) of countries, 2016

(n = 171 reporting countries)



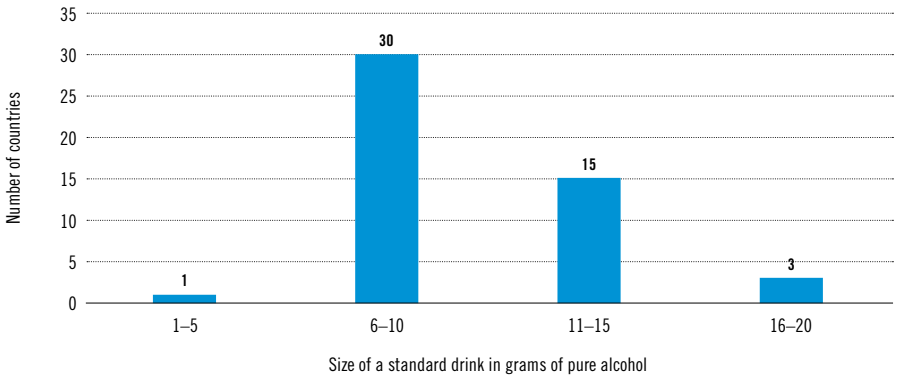
Note: The numbers in each coloured bar indicate the number of countries in that category, whereas the length of each coloured bar indicates the percentage of countries in the category.

Many countries integrate the definition of an alcoholic beverage and the definition of a standard drink into national drinking guidelines. Fifty countries provided a definition of a standard drink in grams of absolute alcohol. By far, 10 grams was the most common size for a standard drink (26 responding countries). When countries use a standard drink size

other than 10 grams, it is more likely to be larger (19 countries) than smaller (5 countries) (Figure 5.21). There were a few outliers. Senegal defined a standard drink as 1–4 grams of absolute alcohol, while Austria and Bulgaria both reported standard drink sizes of 20 grams of absolute alcohol.

Figure 5.21 Definition of a standard drink of alcohol in grams of absolute alcohol by number of countries, 2016

(n = 49 reporting countries)



5.1.10.3 National monitoring systems

National monitoring systems complement national surveys and provide critical information that allows countries to evaluate alcohol policies and track alcohol consumption trends over time. Among WHO Member States, 82 reported having at least one type of national monitoring system. National monitoring systems most commonly collect data on alcohol consumption (67 responding countries) and related health consequences (63 countries) and less commonly monitor social consequences (32 countries) and alcohol policy responses (20 countries).

5.2 PROGRESS SINCE THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL

The SDGs serve as the backdrop for this section on trends in implementing and enforcing national alcohol policies across the world. To reach the goal of reducing noncommunicable diseases by a third by 2030, the SDGs will rely on strengthening the prevention of the harmful use of alcohol, which in turn will depend on countries' uptake of evidence-based alcohol policies – particularly the three "best buys".

Between 2008 and 2016, WHO Member States made changes in alcohol policies. Many WHO Member States implemented the "best buys" – alcohol policies included in Appendix 3 of the Global action plan for the prevention and control of noncommunicable diseases (WHO, 2011a). WHO administered a survey in 2015 called the WHO Global Questionnaire on Progress in Alcohol Policy (WHO, 2011a), to discern progress in alcohol policies and interventions since the release of the Global strategy; gains (and losses) can also be detected by comparing answers from the Global Survey of Alcohol and Health in different years. Overall, the most consistent gains related to the best buy of price, while progress in the advertising and availability best buys was mixed.

5.2.1 Trends in pricing policies

Based on the 2015 WHO Global Survey on Progress in Alcohol Policy, tax increases were the most commonly implemented "best buy" policy area since 2010. Some 59% of reporting countries indicated that they had established or increased an excise tax on alcohol since 2010, and 5 billion people were covered by alcohol excise tax increases since 2010. However, there were no net increases in the number of countries reporting the use of excise taxes in the Global Survey of Alcohol and Health from 2008 to 2016. This implies that the countries reporting increases on the 2015 survey were increasing the level of existing alcohol excise taxes.

5.2.2 Trends in marketing restrictions on alcoholic beverages

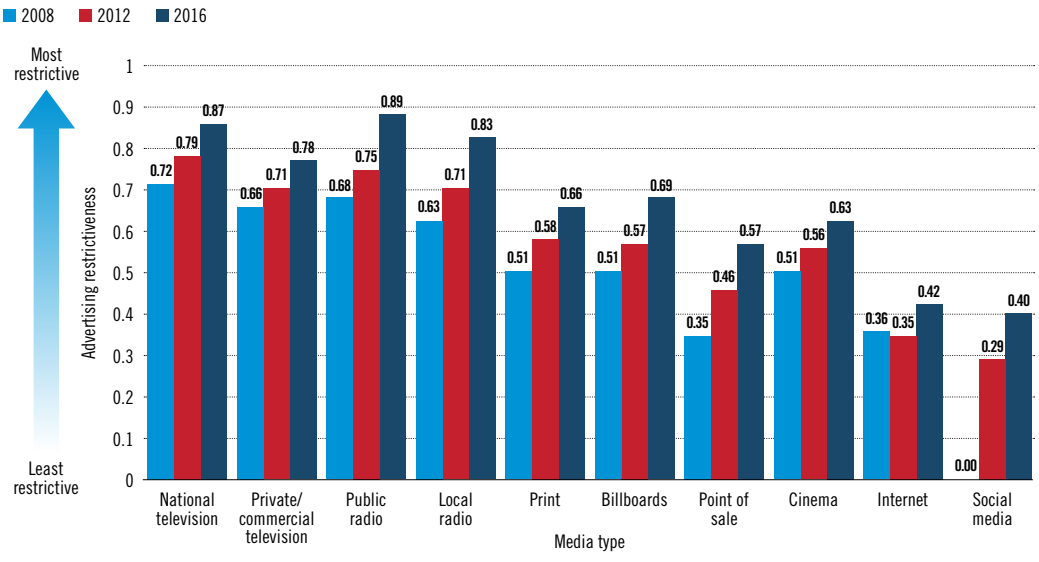
Trends in this "best buy" policy area were mixed. Using the same methods of calculating advertising restrictiveness as in Box 5.7, the Global Survey of Alcohol and Health showed there was a linear increase in the number of countries reporting more restrictive advertising policies for beer across all media types (Figure 5.22) as well as product placements on public television. However, substantial numbers of countries reported no action regarding restriction of beer advertising before or after 2010 on the 2015 WHO Global Questionnaire on Progress in Alcohol Policy. Consistent with the previous sections of this report, few countries reported progress in developing regulations for new media since 2010. However, seven countries introduced a new total marketing ban since 2010, which brings the number of countries in the world with such a ban to 21.

5.2.3 Trends in regulations of physical availability of alcohol

There was no net gain in the policy area of availability, as advances were largely undermined by losses. For example, the number of countries reporting restrictions on outlet density (on-premise and off-premise) in the Global Survey on Alcohol and Health steadily decreased from 2008 to 2016 (Figure 5.23). There were similar decreases for restrictions on days of sale, though these were offset by stark increases in restrictions on on-premise hours of sale.

Figure 5.22 Trends in restrictions on advertising beer, by number of countries, 2008–2016

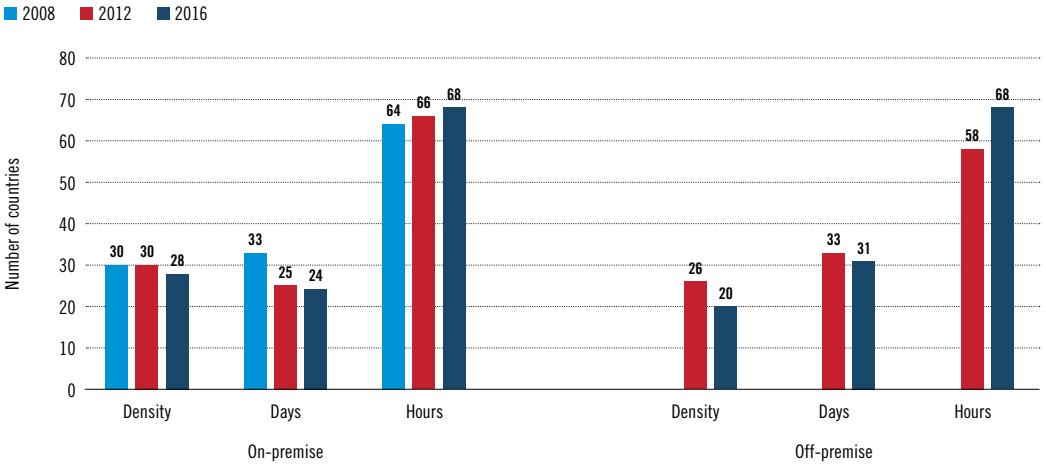
(n = 135 reporting countries, except point of sale [127], Internet [128] cinema and billboards [129], print [130], private/commercial television [132], public radio [133] and social media [143])



Note: The social media question was not asked in 2008.

Figure 5.23 Trends in restrictions for density, days and hours of sale for beer by premise type and number of countries, 2008–2016

(n = 125 reporting countries)



Note: Off-premise restrictions not asked in the same format in 2008.

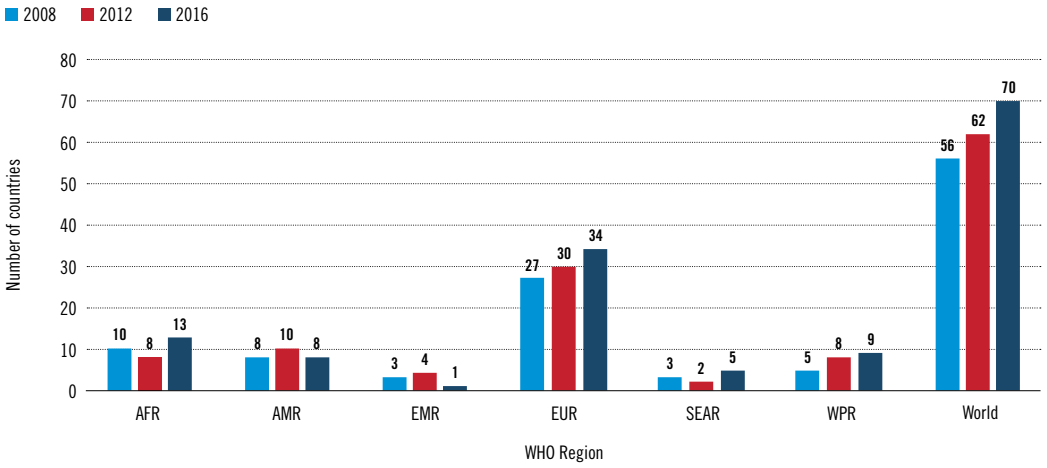
Data from the 2015 WHO Global Questionnaire on Progress in Alcohol Policy support these trends of an overall lack of progress: 16 countries reported fewer regulations on hours of sale and 15 reported more. Seven countries reported fewer regulations on days of sale, while eight reported more. Another striking trend is the lack of regulation: 42 countries reported no regulations on days or hours of sale since 2010. There was progress in raising the national minimum drinking age: 10 countries increased the purchase age for on-premise consumption and eight increased it for off-premise consumption since 2010. However, lack of regulation also tempered these findings as 12 countries still did not have a minimum purchase age (on-premise and off-premise) by 2015.

5.2.4 Trends in written national alcohol policies

A higher percentage of reporting countries indicated that they had written national alcohol policies in 2016 than in 2008 (Figure 5.24). The percentage of countries with a written national alcohol policy steadily increased from 36% (60 responding countries) in 2008 to 38% (67 countries) in 2012 and then 46% (79 countries) in 2016. Of the 79 countries that reported a written national alcohol policy in 2016, 66 (84%) referenced WHO in their policy, and all of the remaining countries indicated they had consulted a WHO strategy or recommendations to develop their policy without an explicit reference. In addition, many WHO Member States have revised their national alcohol policy since the Global strategy was released in 2010; 49 countries (73% of countries reporting the year of policy revision) revised their strategies since 2010 (2 countries in 2010 and 2011, 6 countries in 2012–2014, 9 countries in 2015, and 18 countries in 2016).

Figure 5.24 Trends in national written alcohol policies by WHO region and number of countries, 2008–2016

(n = 148 reporting countries)



5.2.5 Trends in drink–driving policies and countermeasures

In response to the 2015 WHO Global Questionnaire on Progress in Alcohol Policy, 16 countries reported lowering the national BAC limit for the general population since 2010. Only two countries reported raising their national BAC limit above the 0.05 level between 2008 and 2016 in the Global Survey on Alcohol and Health (Figure 5.25). BAC limits must be enforced in order to be effective, and more than half (52%) of reporting countries reported increasing the scope or intensity of enforcement of sobriety checkpoints since 2010. These trends were evident in the Global Survey on Alcohol and Health, where the number of countries reporting the use of sobriety checkpoints and random breath-testing gradually increased substantially between 2008 and 2016 (Figure 5.26).

Figure 5.25 Trends in blood alcohol concentration (BAC) limits at or below 0.05% for the general population, by WHO region and number of countries, 2008–2016

(n = 120 reporting countries)

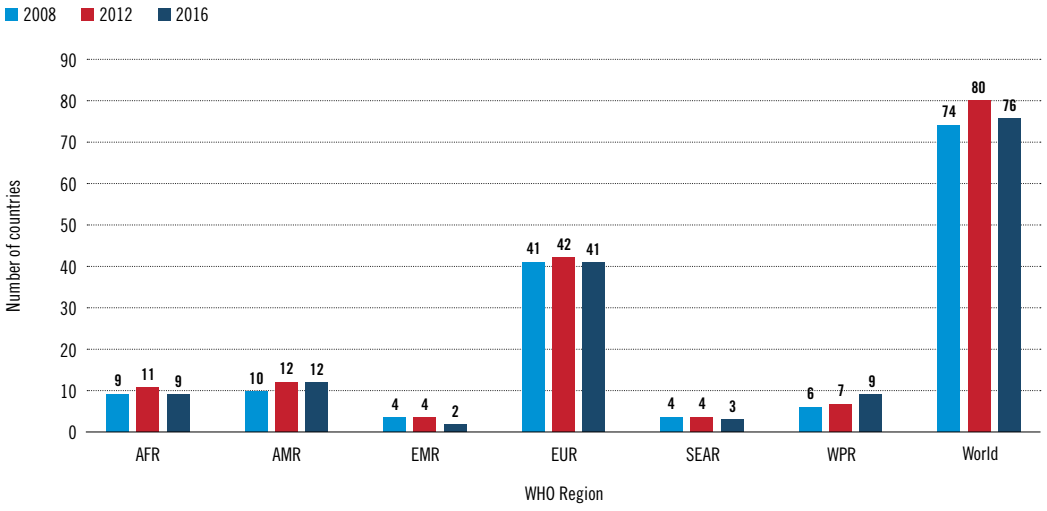
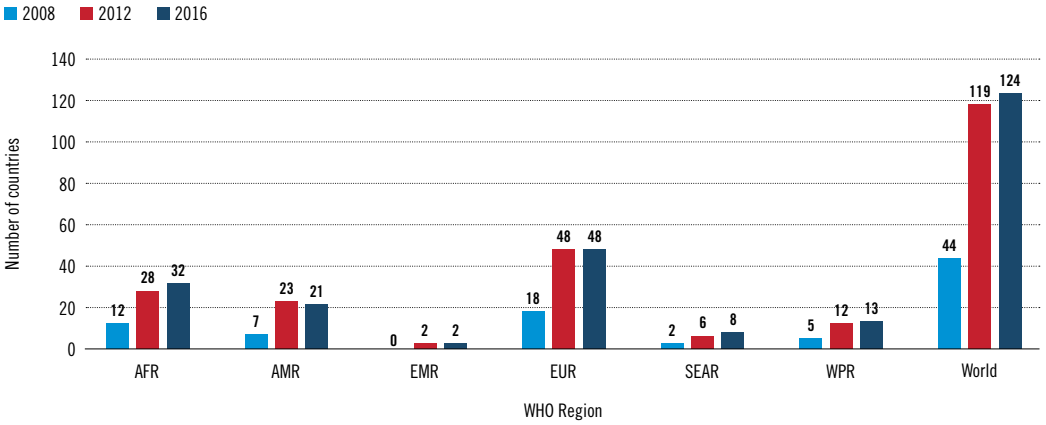


Figure 5.26 Trends in use of sobriety checkpoints or random breath-testing by WHO region and number of countries, 2008–2016

(n = 164 reporting countries)

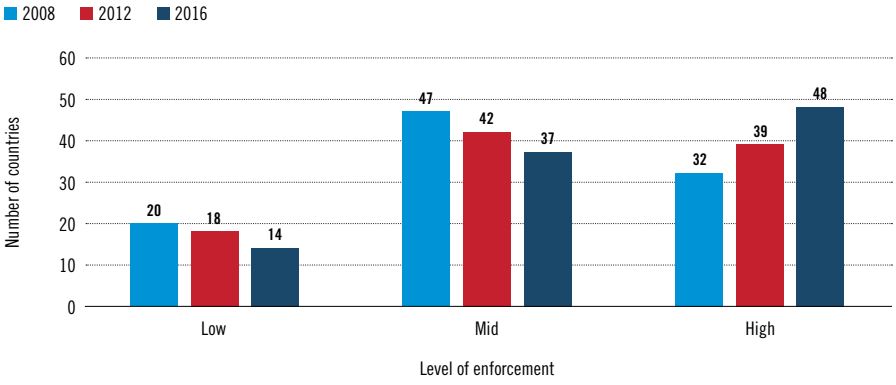


Note: The question on sobriety checkpoints was not asked 2008, and the 2008 survey had a different format for asking about random breath-testing. The 2008 survey asked separately about random breath-testing at roadside checkpoints and use of special mobile units. The 2012 and 2016 questionnaires asked only about random breath-testing.

The effectiveness of national BAC limits depends on the level of enforcement. The Global Survey on Alcohol and Health defines high enforcement in terms of enforcers being equipped with the necessary tools, enforcement activities being conducted regularly and during high-risk times, enforcement occurring in rural and urban areas, and penalties/fines being applied to persons caught violating the BAC limit. Conversely, low levels of enforcement mean that one or more of these criteria are not met. Countries rated their level of enforcement on a scale from 0 to 10, where 0 means poorly enforced and 10 means well enforced. Figure 5.27 categorized these scores into low (scores 0–3), mid (scores 4–7) or high levels (scores 8–10). The number of countries reporting low levels and mid-levels of enforcement steadily decreased from 2008 to 2016, while the number of countries reporting high levels steadily increased.

Figure 5.27 Trends in levels of enforcement for the national blood alcohol concentration (BAC) limit, by number of countries and year

(n = 99 reporting countries)



5.2.6 Trends in reducing the negative consequences of drinking

Warning and consumer labels have been an area of some progress since 2010: 18 countries reported adding such labels in the 2015 survey. Overall, 852 million people are covered by the new warning labels introduced since 2010, bringing the total population covered by warning labels to 3.5 billion. This progress was confirmed on the 2016 survey: between 2008 and 2016, the number of countries reporting warning labels on alcohol advertisements and bottles increased by 47% and 48%, respectively.

5.2.7 Trends in health services' response

There was also substantial progress in the level of screening and brief interventions since 2010. Overall, 52% of reporting countries indicated that they increased the level of screening and brief interventions for hazardous and harmful drinking in primary care settings since 2010. However, most of this progress was confined to high-income and upper-middle-income countries.

5.3 POPULATION COVERAGE OF THE "BEST BUYS" POLICY AREAS

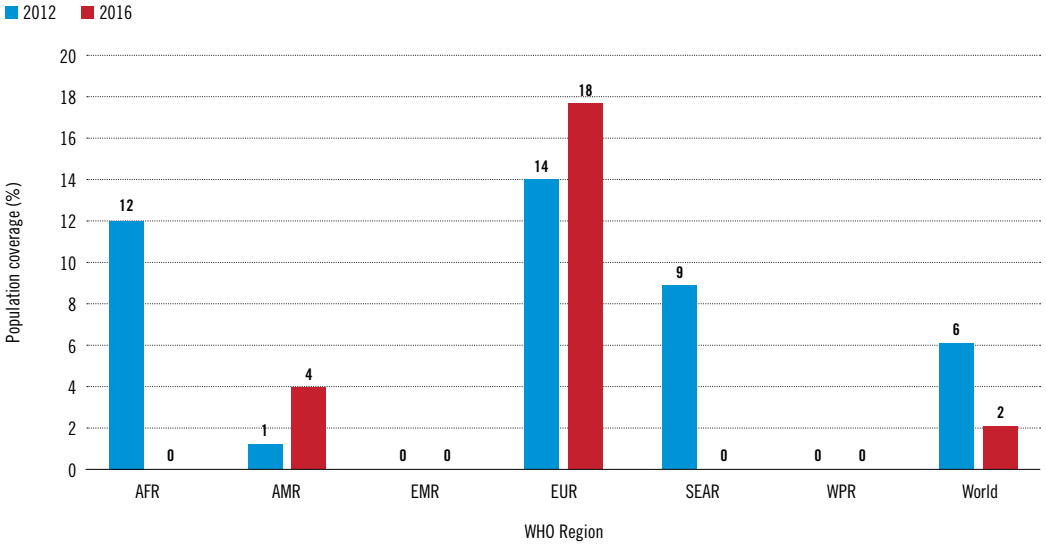
5.3.1 Taxation and pricing policies

Taxes on alcohol increase its price and thus can be a powerful lever for influencing alcohol consumption and problems, even if the purpose of those taxes is primarily to raise revenues and not necessarily to improve health. In this context, it is very positive that 155 countries (95%), including all responding countries from the South-East Asia and Western Pacific regions, reported an excise tax on beer in 2016. These excise taxes on beer covered 6.8 billion people across the world, which is 99% of the population of the responding countries. However, less than a quarter (38 responding countries, 27%) adjust these excise taxes for inflation and only 15% of the population in responding countries (730 million people) were covered by such adjustments.

There is also room for improvement in the use of bans on price promotions. Only four responding countries reported a ban on below-cost selling and only seven reported a ban on volume discounts. On average, these bans covered 10% or less of the population of responding countries around the world (2% for below-cost selling and 9% for volume discounts), although there is considerable variation in population coverage by region (Figure 5.28).

Figure 5.28 Population coverage (in %) for bans on volume discounts by WHO region, 2012 and 2016

(n = 152 reporting countries)



5.3.2 Regulating physical availability

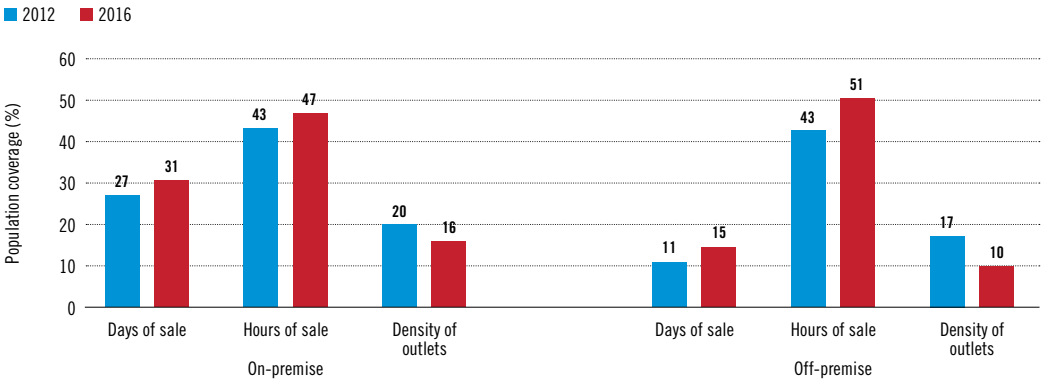
In 2016, most of the population (85–93%) from responding countries was covered by a national or subnational licensing system at each level. Population coverage was highest at the levels of production (90–91%) and distribution (88–93%) and lowest for retail sales (85–86%).

Around the world, on-premise density restrictions covered just 22% of the population of responding countries, while off-premise restrictions covered only 16%. There were pronounced regional variations in population coverage of outlet density restrictions. About half of the population of responding countries in the WHO Eastern Mediterranean Region (51%) and about two out of five persons (41%) in responding countries in the Americas Region were covered by on- and off-premise outlet density restrictions. However, fewer than 1 in 10 people in responding countries in the European Region were covered by outlet density restrictions.

As shown in Figure 5.29, even though a slight majority of countries reported national or subnational policies for on-premise hours of sale, these policies covered 47% of the population. The policies for off-premise hours of sale covered just over half of the population of responding countries (51% for beer and 52% for wine and spirits). Approximately 31% of the populations of responding countries were covered by on-premise restrictions on days of sale, and 15% were covered by restrictions on the days of off-premise sales.

Figure 5.29 Population coverage (in %) for regulations on days of sale, hours of sale and density of outlets, by premise type for beer, 2012 and 2016

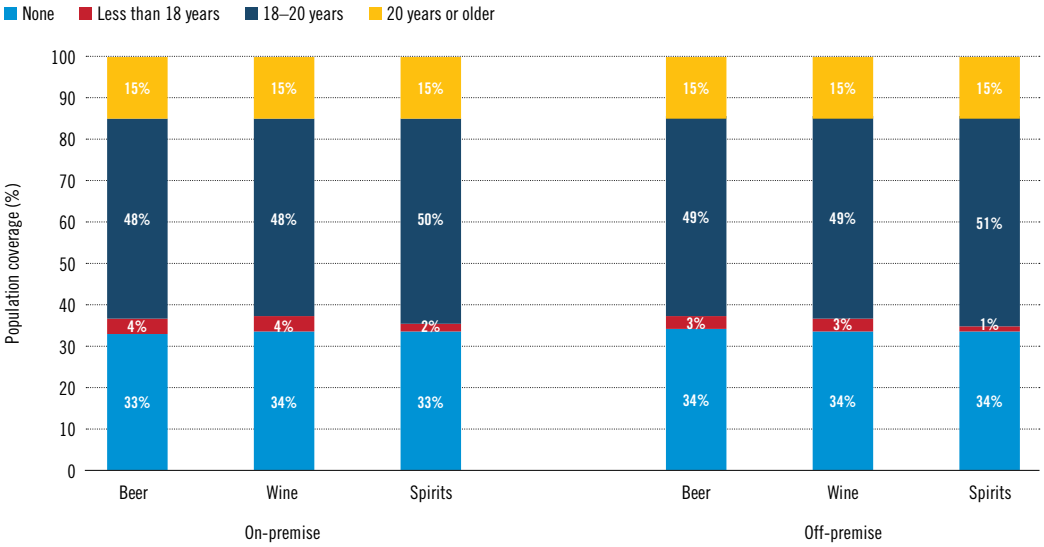
(n = 150 responding countries, except for off-premise hours and on-premise days [151], for on-premise days [152], and outlet density [158]).



While most countries have established a minimum age for purchase of alcohol, only about three-quarters of the population (74% for on-premise beer and wine, and 73% for on-premise spirits and off-premise beer, wine and spirits) of responding countries were covered by these policies (Figure 5.30). Further, a distinct minority (12% of the population of responding countries) were covered by a minimum legal purchase age greater than 20 years for on-premise sales. This number increases to about 40% (39% for on- and off-premise beer and wine, 40% for on-premise spirits, and 41% for off-premise spirits) for a national minimum purchase age of 18 years or older.

Figure 5.30 Population coverage (in %) of on-premise and off-premise minimum purchase age restrictions by beverage type and premise type, 2016

(n = 164 reporting countries)

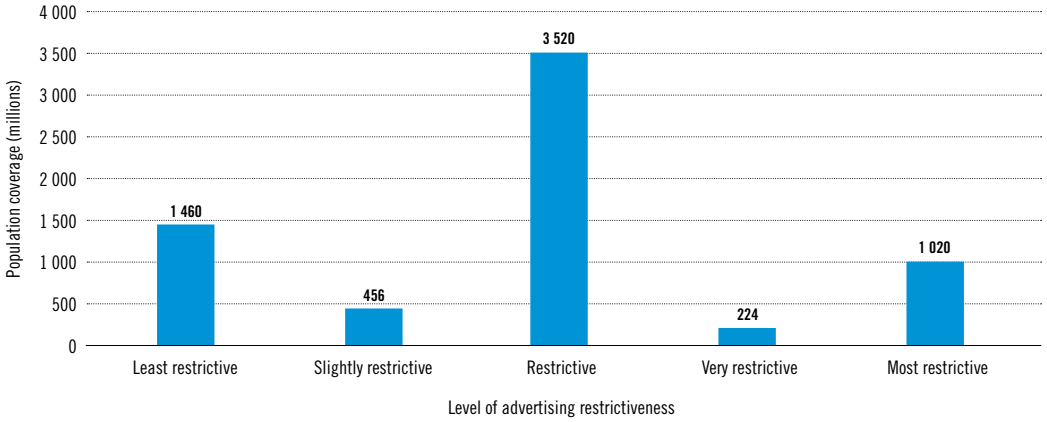


5.3.3 Restricting alcohol marketing

Application of the advertising restrictiveness scores presented in Box 5.7 reveals that around half of the population of responding countries (51%) is covered by some level of alcohol advertising restriction. However, among all those covered, many more persons are covered by policies that are the least restrictive or only slightly restrictive (28%) than are covered by policies that are very restrictive or the most restrictive (18%) (Figure 5.31).

Figure 5.31 Population coverage by advertising restrictiveness scores, by level of restrictiveness, 2016

(n = 158 responding countries)



6. REDUCING THE HARMFUL USE OF ALCOHOL: A PUBLIC HEALTH IMPERATIVE

6. REDUCING THE HARMFUL USE OF ALCOHOL: A PUBLIC HEALTH IMPERATIVE

As WHO sets a course in its Global Programme of Work for 2019–2023 to ensure that 1 billion more people enjoy better health and well-being by the year 2023 and 1 billion more benefit from universal health coverage (WHO, 2018b), it becomes a public health imperative to address effectively the harmful use of alcohol and the need to reduce alcohol-related harm worldwide. As shown in Chapter 1, the harmful use of alcohol has an impact on a wide range of conditions which are among the main areas of action for achieving the SDG health targets by 2030. Notably, a 10% relative reduction in harmful use of alcohol by 2025 in comparison with 2010 is one of nine targets in the NCD Global Monitoring Framework (Chapter 2).

Reviewing the progress achieved since 2010, as well as exploring the major challenges and opportunities for reducing the harmful use of alcohol worldwide, is the focus of this chapter.

6.1 PROGRESS IN ALCOHOL CONSUMPTION, ALCOHOL-RELATED HARM AND POLICY RESPONSES

The harmful use of alcohol causes 3 million deaths per year, is responsible for 5.1% of the global burden of disease expressed in DALYs (Chapter 4) and continues to be one of the leading risk factors for poor health globally. Currently available data presented in this report indicate some progress in reducing the harmful use of alcohol in some WHO regions, but the reduction is still insufficient to improve the situation dramatically. According to the most recent estimates in comparative risk assessment, alcohol was the seventh leading risk factor for deaths and disability in 2016 and the top risk factor among the world's population aged 15–49 years (GBD 2016 Alcohol Collaborators, 2018).

Following the Political Declaration on NCDs adopted by the United Nations General Assembly in 2011, WHO developed a global monitoring framework to enable global tracking of progress in preventing and controlling major NCDs and their key risk factors (Chapter 2). Nine global targets were set and 25 indicators were identified to monitor progress in achieving the targets. Three underlying indicators are monitoring the target of a 10% relative reduction in the harmful use of alcohol, as appropriate within the national context, namely: total (recorded and unrecorded) alcohol per capita (aged 15+ years) consumption, age-standardized prevalence of heavy episodic drinking among adolescents and adults, and alcohol-related morbidity and mortality among adolescents and adults. Table 6.1 summarizes the relative change in these indicators within WHO regions and the world from 2010 to 2016.

As shown in Chapter 3 of this report and Table 6.1, there is no progress in reducing the total per capita alcohol consumption in the world in comparison with 2010. Alcohol per capita consumption was reduced significantly in only one region – the WHO European Region which surpassed the global voluntary target of 10% relative change in comparison with

2010. These figures demonstrate the feasibility of a 10% relative reduction as envisaged by the NCD Global Monitoring Framework, even though it is in the region with the highest baseline level of alcohol consumption. No changes are observed in the African and Eastern Mediterranean regions, but a dramatic increase in alcohol consumption is observed in the South-East Asia Region, with some increase in the Western Pacific Region. The current trends and projections point towards increase of total per capita consumption worldwide in the next 10 years that will make the target of 10% relative reduction by 2025 out of reach unless implementation of effective alcohol control measures will reverse the situation in countries with high and increasing levels of alcohol consumption.

There are positive changes in the estimated prevalence of heavy episodic drinking in all WHO regions, surpassing the target of a 10% relative reduction in four out of six WHO regions for the population aged 15 years and older, and in three regions (Africa, Americas, Europe) among adolescents (15–19 years of age).

Table 6.1 Relative changes (2010–2016) in total alcohol per capita consumption (APC) and age-standardized prevalence of heavy episodic drinking (HED)

	Total (recorded and unrecorded) alcohol per capita (APC) (aged 15+ years) consumption within a calendar year in litres of pure alcohol by WHO Region and the world, 2010 and 2016					Age-standardized prevalence (%) of heavy episodic drinking (HED) among the population by WHO Region and the world, 2010 and 2016				
WHO Region	2010	95% CI	2016	95% CI	Relative change (%)	2010	95% CI	2016	95% CI	Relative change (%)
AFR	6.3	5.9-6.8	6.3	5.8-6.8	0	18.7	17.3-20.2	16.8	15.3-18.1	-10.2
AMR	8.2	7.8-8.7	8.0	7.6-8.4	-2.4	25.0	22.1-28.0	22.3	19.6-25.1	-10.8
EMR	0.6	0.4-0.7	0.6	0.4-0.7	0	0.6	0.5-0.7	0.5	0.4-0.6	-16.7
EUR	11.2	10.6-11.8	9.8	9.3-10.3	-12.5	33.8	27.6-38.1	28.9	23.3-33.3	-14.5
SEAR	3.5	3.0-4.0	4.5	3.7-5.4	28.6	14.0	12.4-15.6	13.8	12.2-15.4	-1.4
WPR	7.0	6.5-7.6	7.3	6.7-7.9	4.3	24.2	16.8-31.9	22.6	15.5-30.2	-6.6
World	**6.4**	**6.2-6.6**	**6.4**	**6.2-6.6**	**0**	**20.6**	**16.6-24.5**	**18.5**	**14.9-22.2**	**-10.2**

Positive changes in levels and patterns of alcohol consumption translate into reductions of alcohol-related mortality exceeding 10% in the African, European and Western Pacific regions and the world, and in reductions of more than 10% in age-standardized alcohol-attributable DALYs in the African and European regions and in the world. However, the global level of per capita alcohol consumption continues to be high, resulting in 3 million deaths in 2016 and 5.1% of the global burden of diseases expressed in DALYs.

Table 6.2 Relative changes (2010–2016) in age-standardized alcohol-attributable deaths and age-standardized alcohol-attributable disability-adjusted life years (DALYs)

	Age-standardized alcohol-attributable deaths (all causes) per 100 000 people, by WHO Region and the world, 2010 and 2016					Age-standardized alcohol-attributable disability-adjusted life years (DALYs) per 100 000 people, by WHO Region and the world, 2010 and 2016				
WHO Region	2010	95% CI	2016	95% CI	Relative change (%)	2010	95% CI	2016	95% CI	Relative change (%)
AFR	79.8	64.9-98.6	70.6	57.1-87.4	-11.5	3438.2	2834.3-4124.5	3043.7	2491.8-3659.6	-11.5
AMR	36.2	26.4-63.9	34.1	27.0-56.4	-5.7	1937.7	1595.7-2294.5	1821.9	1513.2-2158.4	-6.0
EMR	7.0	5.4-11.0	7.0	5.3-10.9	-0.3	327.2	276.2-438.6	322	267.7- 428.6	-1.6
EUR	84.1	78.5-89.0	62.8	58.3-67.1	-25.3	3554.7	3376.4-3723.0	2726.5	2563.3-2878.4	-23.3
SEAR	35.1	29.2-43.2	36.8	28.1-40.9	4.9	1664.4	1311.2-2392.6	1718.3	1335.9-2261.4	3.2
WPR	27.0	20.5-34.6	24.3	17.6-32.2	-10.1	1242.8	1035.6-1507.8	1132.9	929.1-1,390.9	-8.8
World	**44.6**	**39.3-52.2**	**38.8**	**33.8-45.8**	**-13.0**	**1967.7**	**1746.6-2270.3**	**1758.8**	**1543.5-2039.4**	**-10.6**

Seen in this light, the global situation regarding alcohol policy development and implementation has improved, but it is still far from accomplishing effective protection of populations from alcohol-related harm, and from the targeted reduction in the global level of alcohol consumption as measured by the main indicator – total per capita consumption. The good news is that more countries have written national alcohol policies, although these are most common in higher-income countries. Funding for implementation continues to be scarce and insufficient, especially in the WHO African, Americas and Eastern Mediterranean regions. Awareness-raising activities are common, but 30% of countries providing information to WHO indicate that these are funded by the alcohol industry, and there is substantial evidence that industry-funded initiatives are unlikely to be effective (McCambrige, Mialon & Hawkins, 2018; Torjesen, 2011; Esser et al., 2016). Community action projects regarding alcohol are widespread but they most frequently involve simply providing information, which is also unlikely to be effective in changing behaviour.

Laws to discourage or prevent drink–driving are a bright spot, with the majority of countries having set BAC limits for drivers of 0.05% or lower. Policies offering responsible beverage service training and requiring labels to provide alcohol content have also spread widely, but just eight countries require alcohol containers to disclose the number of standard drinks they contain. Most countries also report some kind of tracking system for informal or illegal alcohol, and most countries with written alcohol policies include this in their policy texts. While population-level access to treatment for alcohol dependence remains limited or unknown in much of the world, more than half of responding countries reported having expanded access to alcohol screening and brief intervention. However, this expanded access is mostly limited to higher-income countries. This is a consistent pattern when it comes to other alcohol policies as well, and it is particularly evident with regard to the most effective policies, the "best buys". The skewed prevalence of effective policies raises issues of global health equity and underscores the need for greater resources and priority to be placed on disseminating effective actions to low- and middle-income countries to reduce alcohol-related harm.

While almost all countries levy some kind of tax on alcohol, fewer than half report adjusting these taxes for inflation or using other price strategies such as minimum unit pricing or bans on low-cost selling and volume discounts. For alcohol marketing, the least restrictive policies continue to be the most common, and countries in the WHO African Region and the Region of the Americas regions were the most likely to have no restrictions at all. Despite an increase in countries adopting policies that limit alcohol advertising and marketing, restrictions on one of the fastest growing arenas for this activity, the Internet and social media, are rare.

The situation is perhaps the worst in terms of the critically important "best buy" of alcohol availability. With the exception of minimum age purchase laws which exist in most of the high- and middle-income countries, but not the lower-income countries, availability restrictions appear to be declining over time. Restrictions on days of sale and alcohol outlet density exist in less than one-third of reporting countries, and barely half of the countries report limiting hours of sale. The number of licences to produce, distribute and sell alcohol – a marker for increased rather than decreased availability – is increasing in much of the world, particularly in lower-income countries.

Considerable challenges for effective alcohol policy development and implementation remain. These are associated, inter alia, with the complexity of the problem and sometimes limited levels of political will and commitment of governments and other stakeholders to supporting and implementing effective measures to reduce the harmful use of alcohol in a context of powerful commercial interests.

6.2 CHALLENGES IN REDUCING THE HARMFUL USE OF ALCOHOL

The lack of strong and effective actions to reduce alcohol-related harm helps to explain why alcohol's role in the global burden of disease continues to be so great. Among the possible obstacles to effective alcohol policy-making are low levels of political commitment for effective coordination of multisectoral actions, the role of economic operators in alcohol production and trade and associated commercial interests in lobbying against public health objectives, and strong drinking cultural traditions in many societies.

6.2.1 The challenges of a multisectoral approach, its coordination and focus on the role of health sector

Harms from alcohol, whether to the drinker or to family members and others around the drinker, include not only a wide variety of health disorders but also a wide range of social problems. The problems are dealt with by a variety of institutions for societal response, including emergency services, the medical system, the police and criminal justice system, welfare services and religious institutions (Room & Hall, 2017). Each of these systems are staffed primarily by specific professions and tend to be the main concern of different government departments. On an international level, the systems and their concerns fall in the jurisdiction of different intergovernmental organizations.

Responsibility for dealing with the problems resulting from alcohol is thus diffused between diverse systems, professions, government departments and intergovernmental agencies – although alcohol problems are not a central concern of any of them (Room, 2018). The "division of labour" between professions, social institutions and government departments – a central characteristic of modern societies (Durkheim, 1997) – thus makes it difficult to manage adequately and coherently an issue such as harmful use of alcohol at national and international levels.

Within the realm of health, there is a parallel difficulty. Alcohol has been recognized as a major risk factor for noncommunicable diseases. However, alcohol is also an important factor in other health problems for the drinker, namely injuries and alcohol poisoning (which account for almost 40% of the alcohol-attributed DALYs globally) and infectious diseases (Chapter 4). This overlooks the largely ignored physical and mental health problems of others around the drinker, for which data are unavailable for inclusion in these global counts. The range of physical and mental health problems to which alcohol makes a contribution makes it difficult for public health bodies to take a comprehensive approach at global, national and subnational levels.

These challenges were evident in WHO Member States' responses to the 2015 survey inquiring about progress since the promulgation of the Global strategy in 2010 (Jernigan & Trangenstein, 2017). Countries frequently cited low political will as a setback, as well as difficulties in implementing meaningful change in countries without a clear policy for alcohol regulation. Several countries also noted that the tendency to integrate alcohol into other policies (e.g. other drugs, mental health, NCDs) undermined the effectiveness of the alcohol portion of the policy. Several WHO Member States described logistical challenges that hinder political commitment, such as the absence of a central agency, regional variations in alcohol policy implementation and enforcement, fragmented health sectors and lack of technical expertise.

Alcohol industry interference with policy-making and with its implementation was another commonly cited challenge.

6.2.2 The growing concentration and globalization of economic actors and strong influence of commercial interests

Alcoholic beverage production has become increasingly concentrated and globalized in recent decades (Jernigan, 2009; Jernigan & Babor, 2015) – particularly in beer and spirits, but increasingly also in wine (Jernigan & Babor, 2015; Bartholomeusz, 2018). Very significant proportions of the commercial alcohol market are consumed in heavy drinking occasions (Linvingston, 2015) meaning the central interests of alcoholic beverage producers are inherently at odds with the public health interest. Significant influence of alcohol industries on political decisions which affect them has been documented at national and subnational levels, (e.g. Room, 2004a; Hawkins, Holden & McCambridge, 2012; McCambrige, Mialon & Hawkins, 2018). In some countries with substantial alcohol production and trade, this influence extends to the international level, both through national delegations in international organizations and negotiations, and through national, regional and global alliances within and across industries (Ziegler, 2010; O'Brien, 2017). This interference was reported on several levels, including industry presence during legislative meetings as well as challenges to the legal basis of existing alcohol policies, which was particularly common for the "best buys" (Chapter 2). These legal challenges can then create a feedback loop, undermining political commitment if legislators fear industry litigation. As noted earlier, there is no public health-oriented international agreement on alcohol to counter the strong influence of the producers through the international trade institutions and agreements. The situation varies at national and subnational levels, though general trends towards deregulation in recent decades have often resulted in the weakening of alcohol controls – to the benefit of economic interests but at the expense of public health and welfare. Substantial added resources are needed to provide leadership at the international level to pursue the public health agendas for alcohol in the face of the strong presence of the global industry at the international policy level.

Alcohol producers may also influence public health and welfare perspectives in research (McCambridge, Mialon & Hawkins, 2018). In the post-repeal era in the USA in the late 1930s, with few other resources available for research into alcohol problems, industry sources began providing some resources for alcohol research – but on condition that it concentrated only on causes of "alcoholism", conceptualized as a disease stemming from the individual predisposition of the drinker (Roizen, 2004). More recently, a study of potential health benefits of light drinking (one drink per day) versus abstention, with alcohol industry multinationals and alliances as the main sources of the US$ 100 million funding, was discontinued after a government review group concluded that the interactions of the study's investigators "and the alcohol industry 'appear to have intentionally biased the framing of the scientific premise of the study' in the direction of focusing on possible benefits of alcohol" (Burton, 2018; ACD Working Group, 2018). Such efforts to bias research and public health policies to accommodate industry's interests, often with as little record of the influence as possible, can also be found in other countries and situations (e.g. Edwards & Savva, 2001; Bakke & Endal, 2010; McCambridge, Hawkins & Holden, 2014).

Despite this a dialogue has continued with economic operators in alcohol production and trade at the international level seeking ways they can contribute to reducing the harmful use of alcohol in their roles as developers, producers, marketers and sellers of alcoholic beverages.

6.2.3 The cultural position of drinking and corresponding concepts and behaviours

Eighty years ago, cigarette smoking was an elite and cosmopolitan activity. Times have changed, and these days cigarette smoking is a habit of the poor, at least in high-income countries (Hiscock et al., 2012). Alcoholic beverages are in a different situation; in many societies, commercial alcohol is more frequently used by those of higher status than by poorer people. Alcohol brands are often a symbol of luxury – among the few cross-cultural symbols of luxury foodstuffs offered, for instance, unstintingly for free to persons in the first-class cabin on an airplane. The cultural position of alcohol as "our drug" in many societies, and its use in elite circles, has posed challenges for public health efforts to focus appropriate political attention on effective measures for reducing the harmful use of alcohol.

This cultural acceptance of drinking, and often of drinking more than one or two drinks, is also an element in the concept of "responsible drinking" which is actively promoted by alcohol producers and their "social aspects" organizations. The concept and the messaging, pointing to individual responsibility as the mechanism of preventing harm, is considered by public health experts to be strategically ambiguous and against the public health interest (Smith, Atkin & Roznovski, 2006; Pantani et al., 2012; Smith, Cukier & Jernigan, 2014). Different forms of responsibility message – often combined with branding or other product promotion – are ambiguous in terms of any concrete meaning, failing for instance to define when to stop drinking, or to suggest the option of not drinking, and reinforcing the notion that decisions to drink responsibly (or not) lie with the consumer and not with the policy, social and marketing environments (Maani-Pessari & Petticrew, 2017). The moralizing tone implicit in "responsible" thus turns attention from risks inherent in the product, pointing instead to deficiencies in the drinker as the cause of any health or social problems associated with drinking. In contrast, advice on drinking from public health authorities has moved away from this position, instead emphasizing concepts such as "low-risk drinking", as in the official guidelines of Australia (NHMRC, 2009) and the United Kingdom (UK Department of Health, 2016).

Other concepts linked with drinking culture relate to "safe drinking" and the "health benefits of drinking". The accumulated evidence indicates that alcohol consumption is associated with inherent health risks, although these risks vary in magnitude and the health consequences of drinking may be delayed in time (chapters 1 and 4). On the population level, any level of alcohol consumption leads to losses of healthy life (GBD 2016 Alcohol Collaborators, 2018; Burton and Sheron, 2018).

6.3 OPPORTUNITIES FOR REDUCING THE HARMFUL USE OF ALCOHOL

Many opportunities on the horizon may provide a path forward for WHO Member States aiming to reduce alcohol-related harms. Specific inclusion of a health goal in the SDGs, with a specific target oriented to the prevention of both narcotic drug abuse and harmful use of alcohol, and inclusion of harmful use of alcohol as one of the key risk factors in the NCD action plan, both help to keep alcohol and alcohol policies on the global agenda. The bright spots and case studies emphasized throughout this report demonstrate that countries can use policies to achieve reduction in alcohol-related harms. Conducting and disseminating rigorous evaluations of these examples can serve as templates

and inspiration for other countries. Training, technical assistance, commitment and adequate resourcing to take this research and put it into action through the passage and implementation of the most effective alcohol policies will be crucial to the achievement of WHO's mission of improving the health and well-being of at least a billion more people over the next five years.

In the next sections several opportunities for reducing the harmful use of alcohol within the context of 2030 Agenda for Sustainable Development will be discussed in detail.

6.3.1 Building on the decrease in youth alcohol consumption in many high- and middle-income countries and increased health consciousness in populations

In recent years, alcohol consumption among young people has been dropping in a wide range of countries where there are regular youth surveys – throughout Europe (though less in Eastern Europe) and in English-speaking high-income societies (de Looze et al., 2015; Pennay et al., 2018). The decline seems to be quite general across subdivisions of the population (e.g. Livingston, 2014). For a few countries for which measures are already available, the decline seems to be continuing into the next age group as the cohort grows older (Livingston, 2015).

The wide distribution of the change suggests that factors which reach beyond specific policies or cultures must be in play, and collaborative research is currently under way to identify contributing factors (e.g. Pennay et al., 2018). Whatever the causes, the fact of the change offers considerable opportunity for public health policies and programming to reduce harms from alcohol. Recent history in such areas as cigarette smoking and drink–driving suggests that it is the combination and mutual support of policy initiatives with shifts in popular sentiment that are most effective in improving public health.

While the decline in youth drinking is occurring in some of the heavier-drinking parts of the world, trends are in the opposite direction in many places, particularly in Asia (see Table 3.6). A better understanding of factors behind the decline where it has occurred will point to avenues for broader positive change.

As demonstrated in Chapter 3, there is a trend towards an increase in the proportion of former drinkers in populations. One of the factors contributing to this phenomenon is an increasing awareness of the health consequences of alcohol consumption, and particularly its causal relationship with some types of cancer, liver and cardiovascular diseases, as well as infectious diseases such as tuberculosis and HIV (Chapter 4).

6.3.2 Building on recognition of the role of alcohol control policies in reducing health and gender inequalities

As WHO has moved to analyse and counter adverse risks to health, alcohol has been increasingly recognized as a factor in health inequality (e.g. Blas & Sivisankara Kurup, 2010). As described in Chapter 1, within a given society, the health and social harm from a given level and pattern of drinking is greater for poorer people than for richer people, and is greater in poorer societies than in richer ones.

On the other hand, rates of abstaining from drinking are generally higher in low-income than in high-income societies and are higher among poorer people within a society than among those who are richer. In addition, levels of drinking in a population often increase

when a society develops and reaches a higher average income. In the past, economic development has therefore often carried with it increases in alcohol consumption and in harms from drinking. Policies and programmes to promote sustainable development thus need to include sustained attention to policies and programmes that will discourage heavy drinking and reduce harms from drinking.

Economic development in societies where there is no strong religious norm against drinking is usually accompanied by strong efforts to "build the market" for alcoholic beverages, both from entrepreneurs within the society and from the transnational firms which now increasingly dominate the alcohol industry (Jernigan, 2009; Esser & Jernigan 2018). However, any economic gain from increased alcohol consumption will be outweighed by the costs and harms in terms of public health. Given the higher "harm per litre" for poorer drinkers, increased alcohol consumption will also tend to increase health and social inequalities – between genders as well as social classes. From the perspective of public health and the public interest, sustainable development requires strengthening rather than loosening of the market controls on the availability, price and marketing of alcohol. In a growing economy, the public health interest is best served by discouraging the initiation of drinking by those who currently abstain, and by discouraging increases in drinkers' amount of drinking. Social policies should take into account, and work to counteract, the higher "harm per litre" for poorer drinkers and those around them.

Alcohol control measures oriented to reducing levels of drinking in the whole population, such as higher taxes and restrictions on availability – among WHO's "best buys" for reducing harms from alcohol (WHO, 2017a) – tend to have a greater effect on poorer drinkers than on richer ones. In the conventional language of economists, such measures are referred to as "regressive" because of this differential impact although, in the case of alcohol, this disregards the higher rates of abstention from alcohol among poorer people (Ashton, Casswell & Gilmore, 1989). From a public health perspective, a greater effect on poorer drinkers is a means of reducing health inequality. Measures such as WHO's "best buys" for alcohol policies thus contribute to a major goal of the 2030 Agenda for Sustainable Development.

Increasing attention is being paid to the role of alcohol on gender inequality in many societies. In every region of the world, men are more likely to drink, and much more likely to drink heavily, than women; as a result, on the global burden of disease (in DALYs) attributable to men's drinking is four times greater than the burden for women's drinking (Chapter 3).

The imbalance between genders in relation to drinking plays out in multiple ways in terms of the interests of women. Expenditures on drinking and behaviours accompanying it (e.g. gambling) are decided on and made by an adult male in a family, but the amounts spent come from the budget which sustains the family as a whole.

There is a growing recognition of the role of alcohol in violence against women, particularly in the family. As noted in Chapter 1, a United Nations study of male perpetration of intimate partner violence in six low- and middle-income countries in Asia and the Pacific found that men in non-Muslim majority countries who acknowledged "alcohol misuse" reported higher rates of intimate partner sexual violence (Fulu et al., 2013). WHO's recent Global Plan of Action on interpersonal violence, in particular against women and girls and against children, notes "ease of access to alcohol" as a risk factor for the occurrence of such violence, and "partner's harmful use of alcohol" as a risk factor for intimate violence against women (WHO, 2016).

6.3.3 Building on the evidence of cost-effectiveness of alcohol control measures

During recent years the evidence of high cost-effectiveness for a number of alcohol control measures has been strengthened (Chisholm et al., 2018), and "best buys" for reducing the harmful use of alcohol include increases in excise taxes on alcoholic beverages, bans or comprehensive restrictions on exposure to alcohol advertising, and restrictions on physical the availability of alcohol via reduced hours of sale (Chapter 2). The latest economic analysis undertaken under the auspices of WHO demonstrated a high return on investment for "best buys" in alcohol control. According to the results of this analysis, involving calculations of the cost estimates of implementation of "best buys" in 78 low- and middle-income countries, every additional US dollar invested in the most cost-effective interventions per person per year will return US$ 9.1 by 2030. This return is higher than for a similar investment in tobacco control (US$ 7.4) or prevention of physical inactivity (US$ 2.8) (WHO, 2018b).

6.4 THE WAY FORWARD: PRIORITY AREAS AT THE GLOBAL LEVEL

Although positive global changes are observed in 2016 in comparison with 2010 on several important alcohol-related indicators (Tables 6.1 and 6.2), there is no reduction in total per capita consumption worldwide, and alcohol use continues to be one of the leading risk factors for premature mortality and morbidity globally. While there is an estimated decrease at the global level of alcohol-attributable deaths and alcohol-attributable DALYs (by 13.0% and 10.6% respectively), the global disease burden attributable to alcohol consumption is too high for complacency about the need for global actions to reduce the harmful use of alcohol. The lack of progress with the main alcohol-related SDG indicator (total per capita alcohol consumption) requires concerted action to achieve at least stabilization of increasing trends in alcohol consumption in the South-East Asia and Western Pacific regions, acceleration of the decreasing trend in the Region of Americas, initiation of a decrease in alcohol consumption in the African Region, and continued support for positive changes in the European Region (Chapter 3). Currently available data indicate that there is a decrease in the prevalence of drinkers in populations of all regions except for the South-East Asia and Western Pacific regions. In these regions special efforts are needed to prevent initiation of drinking among children and adolescents, to support adults who choose not to drink alcohol and to protect all from pressures to drink, in line with the guiding principles of the Global strategy to reduce the harmful use of alcohol (WHO, 2010).

At the same time the data presented in Chapter 3 of this report draw attention to very high mean levels of alcohol consumption among drinkers, amounting to 32.8 grams per day among men and women, and more than 40 grams per day among men. As shown in Chapters 1 and 4, these levels of alcohol consumption are associated with significant health risks. Hence, one of the priority areas for global action is to reduce the levels of alcohol consumption among drinkers.

There is a need to build on and accelerate the positive trends in prevalence of HED in populations (Table 6.1); this indicator should continue to be a focus of alcohol surveillance and monitoring along with efforts aimed at reducing "binge drinking" in populations, particularly among young people.

Eight years have elapsed since WHO Member States endorsed the Global strategy to reduce the harmful use of alcohol. This was later reinforced by the NCD Political Declaration and Action Plan, and more recently by the 2030 Agenda for Sustainable Development, with a specific SDG health target on substance abuse and an indicator on total per capita alcohol consumption. The key interrelated components for global action outlined in the Global strategy continue to be relevant measures to reduce the harmful use of alcohol.

6.4.1 Public health advocacy, partnership and dialogue

The different social class distribution of drinking compared to tobacco, and the ubiquity of alcohol for those in political and policy worlds, makes the task of public health advocacy for alcohol control and effective population-level measures to reduce harms from alcohol a more difficult task than it is these days for tobacco. Public health advocacy is more likely to succeed if it is well backed up by evidence and based on emerging opportunities, as described above, and if the arguments steer clear of moralization. The international discourse on alcohol control should not be limited to NCDs, and should expand to other areas of health and development, including a "harm to others" perspective, as outlined in Chapter 1. Public health agencies and institutions should take a lead in promoting a public health agenda to reduce the harmful use of alcohol, building up broad partnerships and collaborative networks at all levels. Addressing the harmful use of alcohol requires "whole of government" and "whole of society" approaches, with appropriate engagement of non-state actors, and particularly of public health-oriented NGOs, professional associations and civil society groups. The lack of financial support for civil society engagement stands in stark contrast with tobacco field and increased support is needed. At the international level, the broad scope and magnitude of health and social problems caused by the harmful use of alcohol require coordinated and concerted actions of different parts of the United Nations system and regional intergovernmental organizations in the context of the 2030 Agenda for Sustainable Development. Experience with efforts at national and subnational levels to deal more holistically with alcohol and its harms suggest some promising directions and, at the same time, help to identify approaches which have low probability of success. Setting up a coordinating committee that is attended by relatively junior representatives and meets infrequently is a proven recipe for inaction. Experience with cognate or overlapping areas where there has been some success, such as the prevention of traffic crashes or of cigarette smoking, suggests that a dedicated coordinating office, with some means of ensuring the commitment of resources from the agencies involved, can work well. An alternative which also can work, where there is a strong political commitment to public health action and resources to pursue it, is a coordinating committee of senior staff from the agencies involved. Some such arrangements are needed both within public health and, more broadly, across the organizations or agencies working with the diverse social and health harms resulting from alcohol.

The global dialogue with economic operators in alcohol production and trade should continue with regard to how best the industry sectors can contribute to reducing the harmful use of alcohol within their roles as developers, producers and distributors/sellers of alcoholic beverage products. The main areas for the dialogue include self-regulation of marketing within coregulatory frameworks, labelling and consumer information, alcohol content in alcoholic beverages as well as provision of data useful for improving estimates of alcohol consumption in populations. In this context it has to be underlined that regulatory controls on the market must be decided and enforced by governments, with public health interests as the primary goals. Such regulations and their enforcement need to be protected from industry interference.

6.4.2 Technical support and capacity-building

In its Thirteenth General Programme of Work 2019–2023, WHO aims to ensure by 2023 that 1 billion more people enjoy better health and well-being and a further 1 billion more people benefit from universal health coverage. In the context of reducing the harmful use of alcohol, these goals can be translated into the objectives of increasing the proportion of the population who are protected from the harmful use of alcohol by effective alcohol control policies, and increasing the proportion of people with AUDs and comorbid conditions who benefit from universal health coverage. The three effective and cost-effective "best buys" of alcohol control – limiting physical availability, restricting advertising and marketing, and increasing price through taxation – are the best policy options and tools available to Member States for reducing the harmful use of alcohol. These core areas for effective action should be complemented by other recommended measures (Chapters 2 and 5), and implementation of these measures at the country level may require strong technical assistance. This is particularly true when a health department or agency has responsibility in areas which are not limited to health service interventions, such as taxation, legislative measures or consideration of health protection from alcohol-related harm in trade negotiations.

New partnerships and appropriate engagement of all relevant stakeholders are needed to support the implementation of practical and focused technical packages that can ensure returns on investments by reducing the harmful use of alcohol in populations. A new WHO-led initiative to promote and support the implementation of "best buys" and other recommended alcohol-control measures at country level has been developed to invigorate action in countries through coordinated actions of WHO partners within and outside the United Nations system.

6.4.3 Production and dissemination of knowledge

Since the previous edition of the WHO *Global status report on alcohol and health* (WHO, 2014), the data available on alcohol consumption – including its impact on health and development, and the effectiveness and cost-effectiveness of policy responses – have improved significantly. Because of recent developments in national monitoring and surveillance systems, more and more countries are in a position to collect, collate and disseminate reliable information on alcohol use, its health and social consequences and policy developments, as evidenced by the contents of this report. The global monitoring framework for control of NCDs and the SDGs of the 2030 Agenda for Sustainable Development provide new impetus to the development of national monitoring systems and present new challenges for data collection and analysis at the global level. Effective monitoring of total per capital alcohol consumption and of treatment coverage for substance use disorders requires not only streamlined and simplified data generation, collection, validation and reporting procedures for indicators on alcohol consumption -- allowing regular updates of country-level data at 1–2-year intervals with minimized time lags from data collection to reporting -- but also significant methodological advances in treatment coverage indicators.

6.4.4 Resource mobilization

The statement that the "magnitude of alcohol-attributable disease and social burden is in sharp contradiction with the resources available at all levels to reduce the harmful use of alcohol" continues to be true eight years since the endorsement of the Global strategy to reduce the harmful use of alcohol, which is where this statement appeared (WHO,

2010). There are no big donors with a strong interest in supporting work to reduce the harmful use of alcohol worldwide or in high-burden countries. The successes in some jurisdictions in reducing the harmful use of alcohol were achieved, as a rule, with internal resources using the most cost-effective interventions promoted by WHO (Chapter 5). Positive changes in alcohol policies -- and subsequently in levels and patterns of alcohol consumption and associated mortality and morbidity – in countries where drinking is heavily embedded in cultural norms and traditions indicate that progressive alcohol policy developments are feasible in spite of all challenges; indeed, they can bring public health benefits and returns on investments within relatively short periods of time (WHO, 2018b). Alcohol consumption is the leading risk factor worldwide for people aged 15–49 years (GBD 2016 Alcohol Collaborators, 2018) – the segment of the population which plays a significant role in the economic and social development of every nation. Increasing awareness of the impact of harmful use of alcohol on child development and maternal health as well as on infectious diseases such as tuberculosis and HIV (Chapter 1) may change the situation with regard to funding support for alcohol policy and programme developments, but this still has to happen.

The lack of resources to finance prevention and treatment programmes and interventions for substance use disorders calls for innovative funding mechanisms to address related SDG targets. Several innovative approaches that combine evidence-based knowledge with more "out of the box" ideas have been reported across countries and at the international level. Recently the WHO Independent High-Level Commission on NCDs recommended exploring the possibility of establishing a Global Solidarity Tobacco and Alcohol Contribution as a voluntary innovative financing mechanism to be used for the prevention and treatment of NCDs (WHO, 2018c). There are existing examples of revenues from taxes on alcoholic beverages being used to fund health promotion initiatives, health coverage of vulnerable populations and/or prevention and treatment of alcohol and substance use disorders (Thow et al., 2010; Kaiser, Bredenkamp & Iglesias, 2016; McIntyre, 2015; Adulyanon et al., 2012; Okulicz-Kozaryn et al., 2016), as well as, in some cases, supporting international work in these areas. Other ideas for innovative funding mechanisms are directly linked to the notion that governments have the overall responsibility to implement preventive strategies and interventions and to provide access to treatment for affected persons for conditions that directly stem from the consumption of substances or services which are legally traded or operated, such as alcohol or gambling services. There are examples where earmarked funding for the prevention and treatment of substance use disorders and related conditions is provided with funds generated from state-owned retail monopolies, from a profit levy across alcohol beverage value chains, from taxing alcohol advertising, from imposing earmarked fines for noncompliance with alcohol regulations, or from taxation and excise duties on casinos and other forms of gambling (Llopis, 2017).

6.5 CONCLUSION

With 3 million alcohol-attributable deaths in 2016 and well-documented adverse impacts on the health and well-being of individuals and populations, it is a public health imperative to strengthen and sustain efforts to reduce the harmful use of alcohol worldwide. A significant body of evidence has accumulated on the effectiveness of alcohol policy options, but often the most cost-effective policy measures and interventions are not implemented or enforced, and the alcohol-attributable disease burden continues to be extraordinarily large. The wealth of data and analyses presented in this report can hopefully provide new grounds for advocacy, raising awareness, reinforcing political commitments and promoting global action to reduce the harmful use of alcohol.

COUNTRY PROFILES

WHO regions

AFR

AMR

EMR

EUR

SEAR

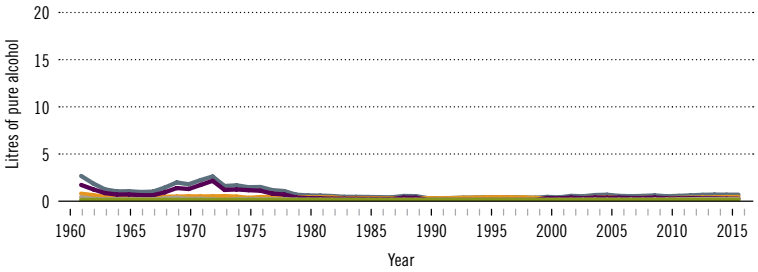
WPR

Algeria

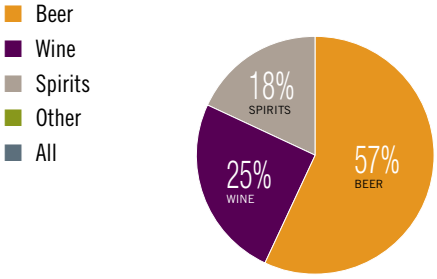
Total population (2016): 40 375 954 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 72% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.4		0.6	
Unrecorded	0.3		0.4	
Total**	**0.7**		**0.9**	
Total males / females	1.2	0.1	1.6	0.2
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	34.5
Females (15+)	12.4
Both sexes (15+)	29.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	1.1	23.5	0.6	26.7
Females	0.1	6.2	0.1	7.2
Both sexes	0.6	19.3	0.3	22.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	90.1	97.0	93.5
Former drinkers* (15+)	5.1	1.5	3.3
Abstainers (15+), past 12 months	95.2	98.5	96.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.0	11.7	22.7	7.0	615
Road traffic injuries, males / females	47.7	12.7	3.1	2.0	278
Cancer, males / females	100.7	97.3	1.1	0.2	159

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.5	1.4
Females	0.0	0.0
Both sexes	0.8	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1975/2015) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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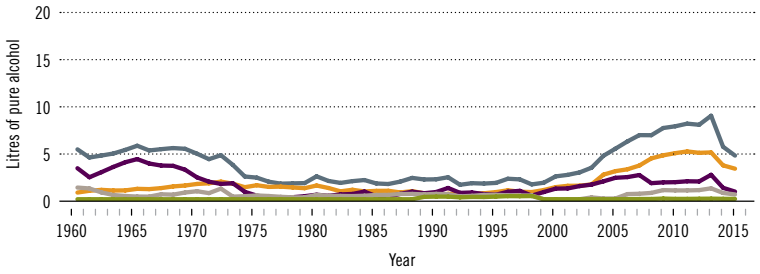
Angola

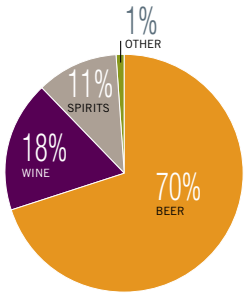
Total population (2016): 25 830 958 ➤ Population aged 15 years and older (15+): 53% ➤ Population in urban areas: 50% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.5		5.0	
Unrecorded	1.6		1.4	
Total**	**9.0**		**6.4**	
Total males / females	14.7	3.6	10.7	2.3
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.3
Females (15+)	6.6
Both sexes (15+)	13.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	55.5	90.1	42.1	91.6
Females	23.0	66.8	14.8	70.0
Both sexes	39.0	81.6	28.4	84.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	20.6	46.7	33.9
Former drinkers* (15+)	17.8	19.0	18.4
Abstainers (15+), past 12 months	38.4	65.7	52.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	63.4	26.6	60.9	40.0	2224
Road traffic injuries, males / females	44.2	13.9	48.7	42.0	3139
Cancer, males / females	112.5	90.9	8.1	2.4	428

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.6	3.6
Females	1.7	0.7
Both sexes	6.0	2.1
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2012/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.06 / 0.06 / 0.06
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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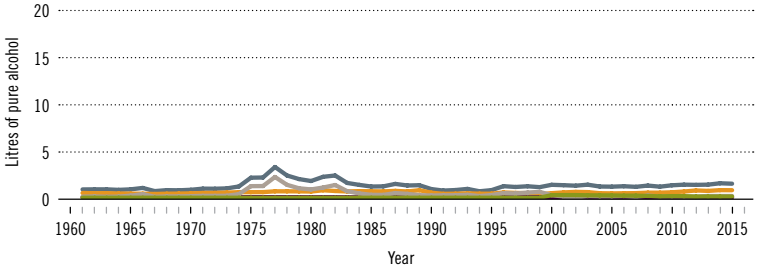
Benin

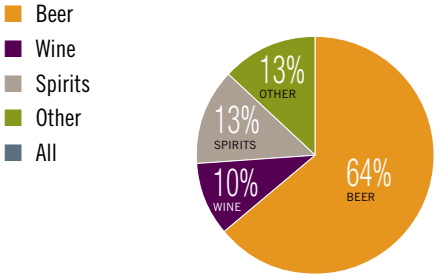
Total population (2016): 11 166 658 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 43% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.3		1.6	
Unrecorded	1.0		1.5	
Total**	**2.4**		**3.0**	
Total males / females	4.1	0.7	5.3	0.8
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	14.3
Females (15+)	5.3
Both sexes (15+)	11.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	17.2	46.5	10.9	49.3
Females	2.4	15.8	1.4	17.3
Both sexes	9.7	37.3	6.2	40.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	59.3	79.5	69.5
Former drinkers* (15+)	3.7	5.1	4.4
Abstainers (15+), past 12 months	63.0	84.6	73.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	57.4	41.0	42.9	22.3	743
Road traffic injuries, males / females	58.2	29.1	19.8	13.8	567
Cancer, males / females	94.2	94.5	3.3	1.1	79

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.8	3.7
Females	2.1	0.8
Both sexes	6.4	2.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2008/2013) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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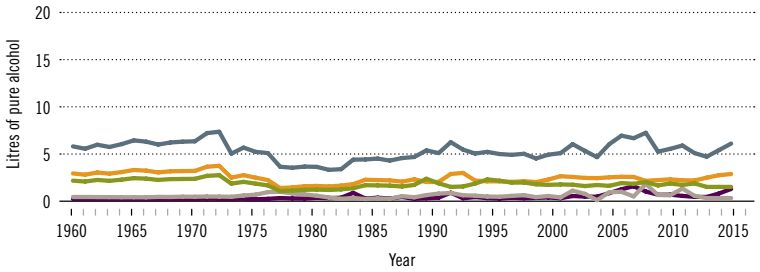
Botswana

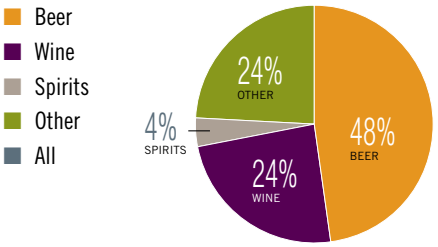
Total population (2016): 2 303 820 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 56% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.6		6.2	
Unrecorded	3.0		2.2	
Total**	**8.6**		**8.4**	
Total males / females	14.7	2.5	14.4	2.4
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	32.7
Females (15+)	12.0
Both sexes (15+)	26.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	31.1	70.8	20.5	74.1
Females	7.0	34.8	4.1	38.0
Both sexes	19.0	59.4	12.4	64.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	38.0	67.8	53.0
Former drinkers* (15+)	18.0	12.1	15.0
Abstainers (15+), past 12 months	56.0	80.0	68.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	23.2	10.1	67.8	41.5	90
Road traffic injuries, males / females	37.0	21.0	34.0	22.6	137
Cancer, males / females	138.5	87.7	10.6	2.1	72

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.4	4.2
Females	1.9	0.7
Both sexes	7.1	2.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2011/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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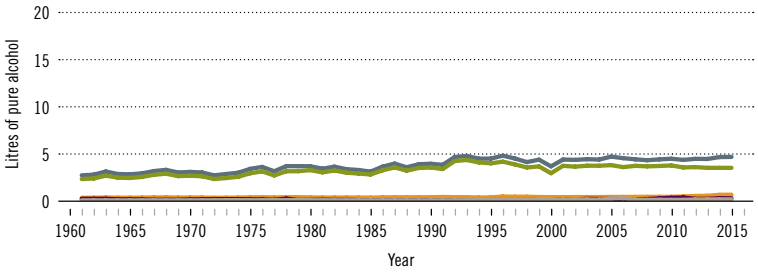
Burkina Faso

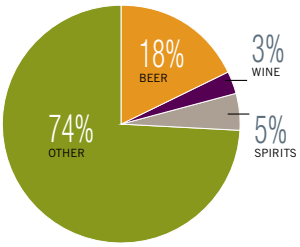
Total population (2016): 18 633 725 ➤ Population aged 15 years and older (15+): 55% ➤ Population in urban areas: 31% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.6		4.9	
Unrecorded	2.5		3.3	
Total**	**7.1**		**8.2**	
Total males / females	12.2	2.3	14.2	2.4
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	27.7
Females (15+)	10.5
Both sexes (15+)	22.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.4	57.5	21.1	59.9
Females	5.2	22.5	3.2	24.3
Both sexes	17.1	46.3	12.3	50.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	47.2	69.3	58.5
Former drinkers* (15+)	1.7	7.5	4.7
Abstainers (15+), past 12 months	48.8	76.8	63.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	43.8	38.5	66.9	42.3	1322
Road traffic injuries, males / females	75.9	36.4	30.9	22.2	1660
Cancer, males / females	121.8	125.3	7.4	2.4	324

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.4	1.4
Females	0.3	0.0
Both sexes	1.8	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	13 / 13 / 13
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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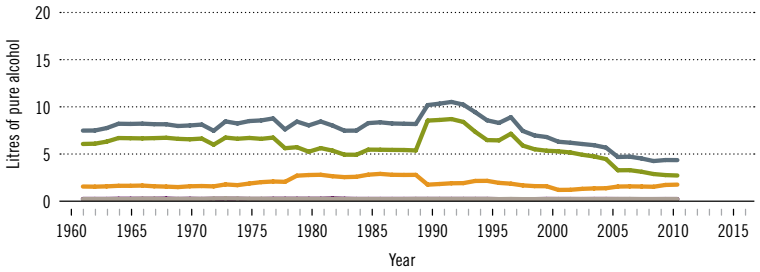
Burundi

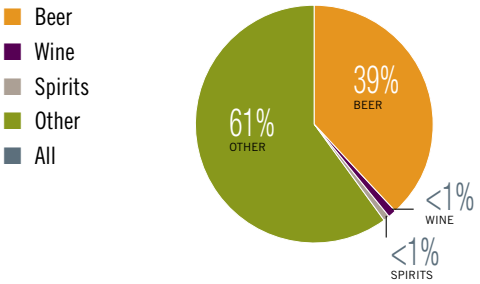
Total population (2016): 11 552 561 ➤ Population aged 15 years and older (15+): 55% ➤ Population in urban areas: 11% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.1		4.1	
Unrecorded	3.0		3.4	
Total**	**7.1**		**7.5**	
Total males / females	12.3	2.2	13.0	2.2
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	29.7
Females (15+)	11.1
Both sexes (15+)	23.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	28.0	64.2	18.9	67.3
Females	5.7	28.6	3.3	30.6
Both sexes	16.6	52.6	11.0	56.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	37.8	67.4	52.9
Former drinkers* (15+)	18.6	12.6	15.5
Abstainers (15+), past 12 months	56.3	80.0	68.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	50.6	31.8	66.7	40.3	898
Road traffic injuries, males / females	79.1	24.2	31.4	24.8	1 092
Cancer, males / females	189.1	195.9	8.6	1.9	322

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.6	3.9
Females	2.3	0.9
Both sexes	6.8	2.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No** / **No** / **No**
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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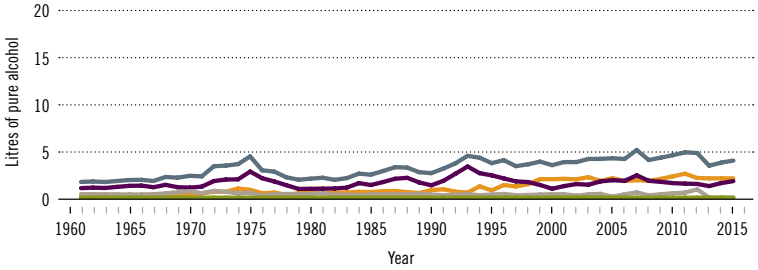
Cabo Verde

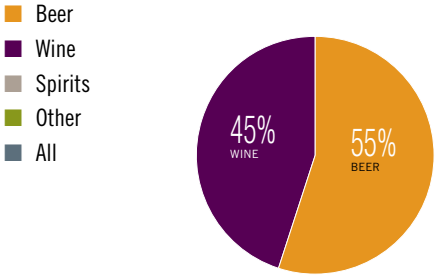
Total population (2016): 526 993 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 68% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.7		4.1	
Unrecorded	2.9		1.6	
Total**	**7.6**		**5.7**	
Total males / females	13.1	2.5	10.0	1.7
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.3
Females (15+)	7.9
Both sexes (15+)	17.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	24.7	52.7	16.6	56.1
Females	4.1	19.2	2.6	21.5
Both sexes	14.2	41.9	9.6	46.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	48.5	72.8	60.9
Former drinkers* (15+)	4.6	5.8	5.2
Abstainers (15+), past 12 months	53.1	78.6	66.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	39.0	21.2	61.5	33.1	39
Road traffic injuries, males / females	48.0	22.2	24.0	14.3	23
Cancer, males / females	115.8	105.8	7.4	2.5	15

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.7	3.7
Females	2.0	0.8
Both sexes	6.3	2.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2016/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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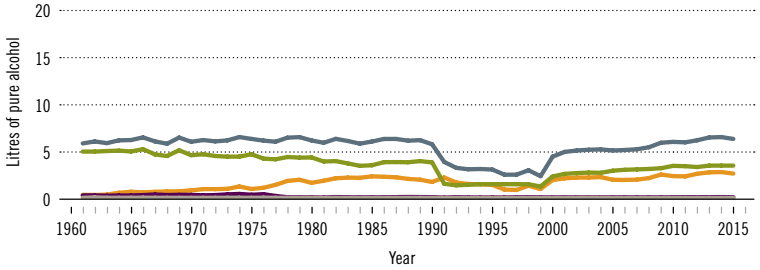
Cameroon

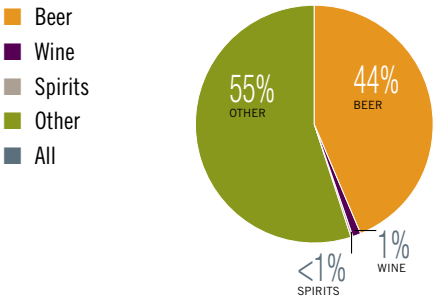
Total population (2016): 23 924 407 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 54% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.1		6.5	
Unrecorded	2.6		2.4	
Total**	**8.7**		**8.9**	
Total males / females	14.7	2.9	15.2	2.7
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	28.2
Females (15+)	10.6
Both sexes (15+)	22.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	31.5	58.5	23.2	61.7
Females	5.9	23.7	3.7	25.7
Both sexes	18.7	47.4	13.5	51.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	44.2	67.0	55.7
Former drinkers* (15+)	2.0	7.9	5.0
Abstainers (15+), past 12 months	46.2	75.0	60.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	76.4	56.9	67.4	43.7	3639
Road traffic injuries, males / females	63.4	21.9	34.2	25.9	2186
Cancer, males / females	122.9	116.7	6.8	2.3	517

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.8	4.0
Females	2.3	0.9
Both sexes	7.0	2.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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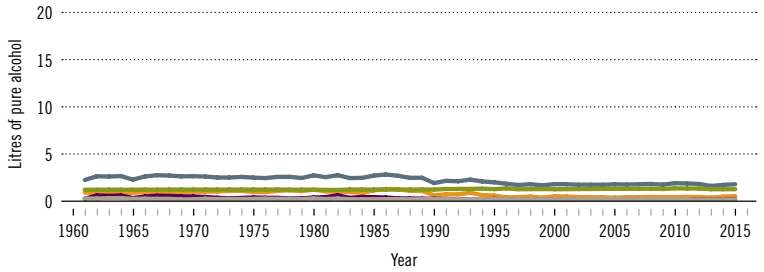
Central African Republic

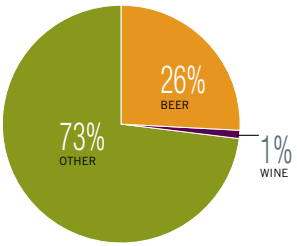
Total population (2016): 4 998 493 ➤ Population aged 15 years and older (15+): 61% ➤ Population in urban areas: 37% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.7		1.7	
Unrecorded	2.1		1.6	
Total**	**3.9**		**3.3**	
Total males / females	6.6	1.3	5.7	1.0
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	11.1
Females (15+)	4.2
Both sexes (15+)	8.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	44.0	86.6	30.8	88.9
Females	14.7	59.1	9.0	63.3
Both sexes	29.0	77.3	19.8	81.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	28.8	58.0	43.7
Former drinkers* (15+)	20.4	17.2	18.8
Abstainers (15+), past 12 months	49.2	75.1	62.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	45.8	28.7	43.3	28.5	257
Road traffic injuries, males / females	52.2	19.9	39.5	32.6	553
Cancer, males / females	141.4	127.2	4.0	1.4	64

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.8	2.3
Females	0.9	0.3
Both sexes	3.8	1.3
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1966/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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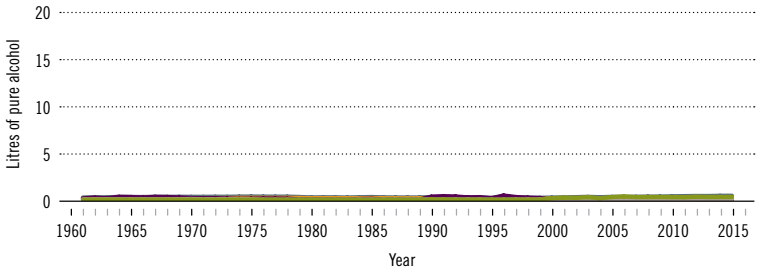
Chad

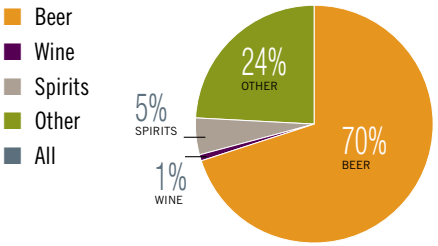
Total population (2016): 14 496 739 ➤ Population aged 15 years and older (15+): 53% ➤ Population in urban areas: 23% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.6		0.7	
Unrecorded	4.3		0.9	
Total**	**4.9**		**1.5**	
Total males / females	8.3	1.5	2.7	0.4
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	8.5
Females (15+)	3.2
Both sexes (15+)	6.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	13.8	43.4	8.8	45.7
Females	1.9	14.3	1.1	15.3
Both sexes	7.8	34.8	5.0	37.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	62.8	82.4	72.7
Former drinkers* (15+)	5.5	4.4	5.0
Abstainers (15+), past 12 months	68.3	86.9	77.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	84.8	49.6	26.9	16.0	818
Road traffic injuries, males / females	53.1	20.3	17.0	12.6	595
Cancer, males / females	117.5	115.4	5.3	1.6	175

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.4
Females	0.0	0.0
Both sexes	0.7	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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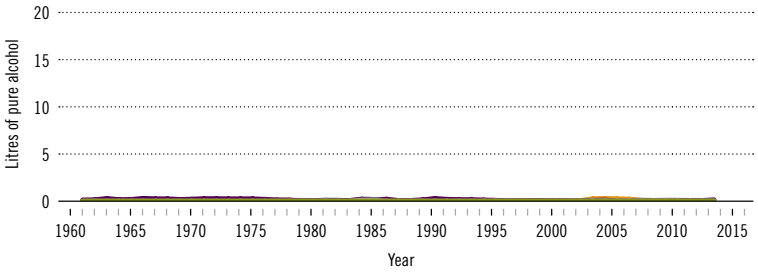
Comoros

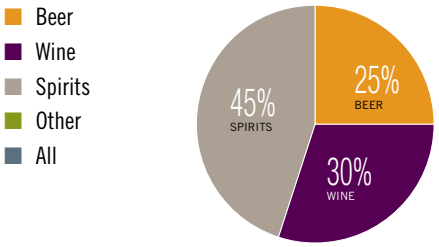
Total population (2016): 807 118 ➤ Population aged 15 years and older (15+): 60% ➤ Population in urban areas: 28% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.1		0.1	
Unrecorded	0.1		0.8	
Total**	**0.2**		**0.9**	
Total males / females	0.4	0.1	1.6	0.2
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.3
Females (15+)	9.8
Both sexes (15+)	22.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.5	8.2	0.3	8.9
Females	0.0	1.9	0.0	2.0
Both sexes	0.3	6.7	0.1	7.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	89.8	96.9	93.3
Former drinkers* (15+)	4.1	1.2	2.6
Abstainers (15+), past 12 months	93.8	98.1	95.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	41.2	30.3	24.7	7.0	18
Road traffic injuries, males / females	68.0	36.9	2.8	1.7	6
Cancer, males / females	153.3	158.8	1.3	0.1	3

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.4
Females	0.0	0.0
Both sexes	0.7	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	No legislation
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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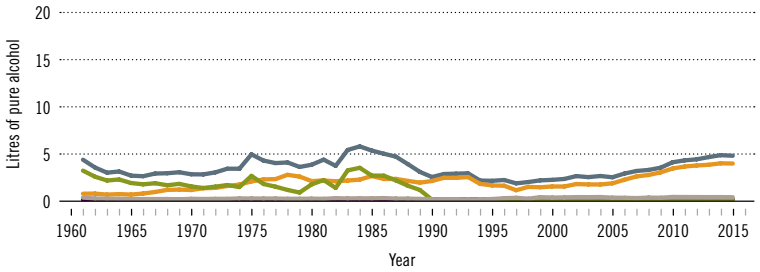
Congo

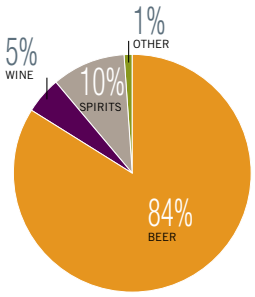
Total population (2016): 4 740 992 ➤ Population aged 15 years and older (15+): 57% ➤ Population in urban areas: 71% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.0		4.9	
Unrecorded	2.4		3.0	
Total**	**6.4**		**7.8**	
Total males / females	10.5	2.3	12.9	2.8
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.7
Females (15+)	7.3
Both sexes (15+)	15.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	59.4	90.7	46.2	92.6
Females	26.1	68.6	17.3	72.9
Both sexes	42.7	82.6	31.8	86.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	17.4	41.8	29.7
Former drinkers* (15+)	17.1	20.1	18.6
Abstainers (15+), past 12 months	34.5	62.0	48.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	56.6	31.4	66.6	46.2	528
Road traffic injuries, males / females	49.9	21.4	49.2	41.9	651
Cancer, males / females	112.8	83.1	4.0	2.2	57

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.8	1.3
Females	0.5	0.2
Both sexes	2.1	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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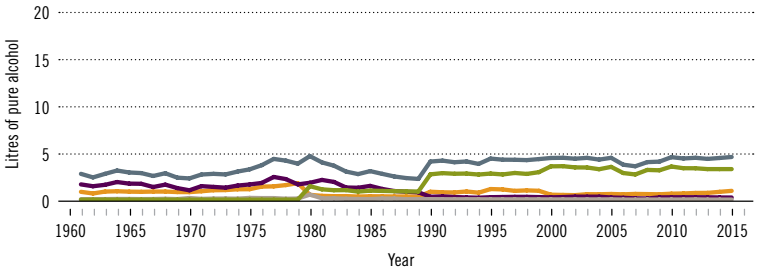
Côte d'Ivoire

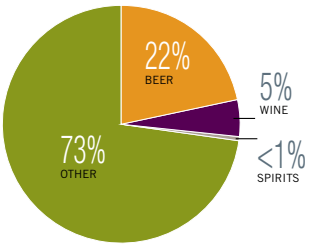
Total population (2016): 23 254 184 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 56% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.5		4.8	
Unrecorded	3.0		3.6	
Total**	**7.5**		**8.4**	
Total males / females	12.3	2.3	14.0	2.4
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.8
Females (15+)	10.0
Both sexes (15+)	21.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.7	56.9	22.1	60.7
Females	5.6	23.1	3.5	24.8
Both sexes	17.9	46.6	12.8	50.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	45.7	68.3	56.7
Former drinkers* (15+)	2.0	7.6	4.7
Abstainers (15+), past 12 months	47.7	75.9	61.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	94.5	70.7	68.4	44.1	4 866
Road traffic injuries, males / females	53.9	22.4	32.9	23.6	1 737
Cancer, males / females	146.7	129.7	6.6	2.5	482

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	15.6	5.3
Females	4.1	1.6
Both sexes	10.0	3.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1964/1999) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No** / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	14 / 14 / 14
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No** **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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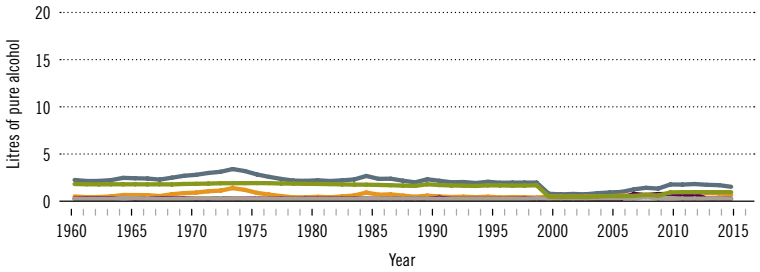
Democratic Republic of the Congo

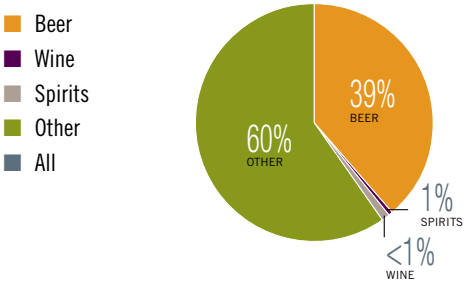
Total population (2016): 79 722 624 ➤ Population aged 15 years and older (15+): 54% ➤ Population in urban areas: 43% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.5		1.3	
Unrecorded	1.0		1.3	
Total**	**2.5**		**2.6**	
Total males / females	4.2	0.8	4.4	0.8
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	8.9
Females (15+)	3.3
Both sexes (15+)	7.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	42.5	86.3	29.7	88.5
Females	14.0	58.6	8.5	62.3
Both sexes	28.0	77.1	19.1	81.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	30.4	59.6	45.1
Former drinkers* (15+)	20.5	16.6	18.5
Abstainers (15+), past 12 months	50.8	76.2	63.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	44.0	25.0	34.1	24.6	2 950
Road traffic injuries, males / females	58.4	20.2	39.1	35.4	10 542
Cancer, males / females	160.8	132.1	2.5	0.9	653

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.1	3.1
Females	1.0	0.4
Both sexes	5.0	1.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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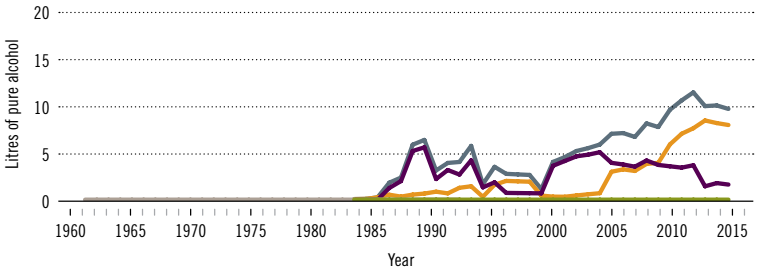
Equatorial Guinea

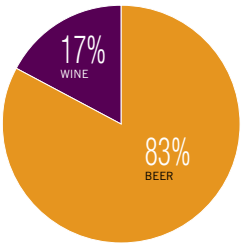
Total population (2016): 869 587 ➤ Population aged 15 years and older (15+): 61% ➤ Population in urban areas: 38% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.5		9.9	
Unrecorded	0.8		1.4	
Total**	**10.3**		**11.3**	
Total males / females	15.6	4.5	17.4	4.7
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.9
Females (15+)	7.7
Both sexes (15+)	15.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	78.6	94.3	69.6	95.6
Females	48.8	79.1	37.6	82.3
Both sexes	64.2	88.1	53.7	90.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	7.5	22.0	14.5
Former drinkers* (15+)	9.2	16.3	12.6
Abstainers (15+), past 12 months	16.7	38.3	27.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	91.6	48.3	72.4	57.7	253
Road traffic injuries, males / females	36.6	14.3	58.6	53.2	144
Cancer, males / females	111.5	105.9	8.6	2.5	27

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.2	3.8
Females	2.0	0.8
Both sexes	6.8	2.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2000/2005) / **No**
Excise tax on beer / wine / spirits	**No** / **No** / **No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / —
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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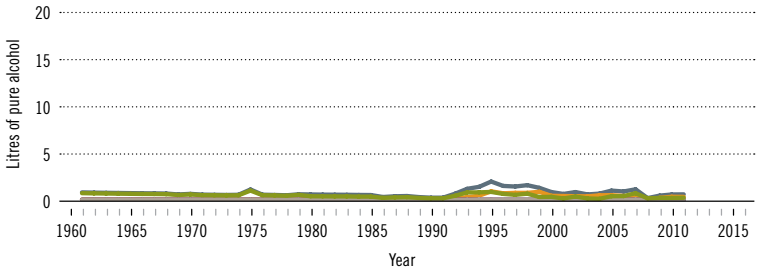
Eritrea

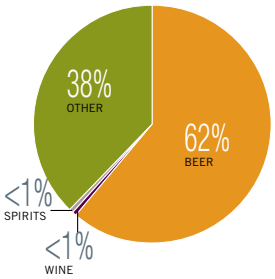
Total population (2016): 5 351 680 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: — ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.6		0.6	
Unrecorded	0.5		0.7	
Total**	**1.1**		**1.3**	
Total males / females	1.9	0.3	2.2	0.3
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	7.6
Females (15+)	2.9
Both sexes (15+)	6.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	15.3	52.5	9.2	55.0
Females	2.2	19.3	1.2	20.8
Both sexes	8.7	42.9	5.3	46.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	55.1	80.8	68.1
Former drinkers* (15+)	15.7	7.6	11.6
Abstainers (15+), past 12 months	70.8	88.4	79.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	56.9	34.2	23.0	16.9	171
Road traffic injuries, males / females	68.4	27.0	15.6	10.5	183
Cancer, males / females	109.3	157.5	2.7	0.8	41

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	4.1	1.4
Females	0.4	0.2
Both sexes	2.2	0.8
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	25 / 25 / 25
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	25 / 25 / 25
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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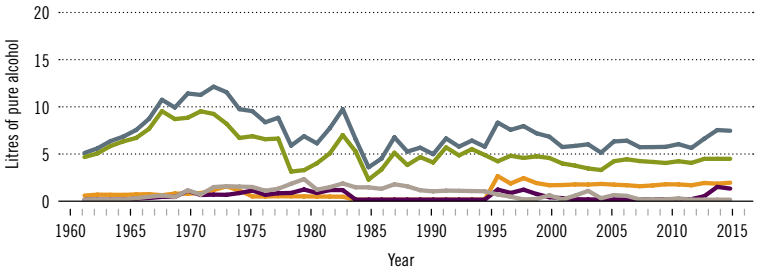
Eswatini

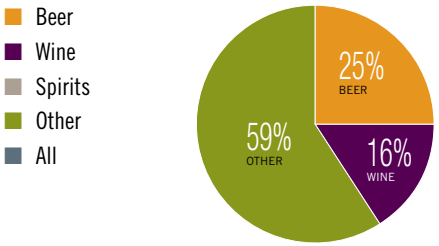
Total population (2016): 1 304 063 ➤ Population aged 15 years and older (15+): 63% ➤ Population in urban areas: 22% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.7		7.4	
Unrecorded	1.1		2.7	
Total**	**6.8**		**9.9**	
Total males / females	11.9	1.9	17.2	2.9
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	42.7
Females (15+)	16.2
Both sexes (15+)	34.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	28.8	71.4	18.8	74.1
Females	6.2	35.2	3.7	38.0
Both sexes	17.3	60.0	11.3	64.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	40.8	70.2	55.8
Former drinkers* (15+)	18.8	12.1	15.4
Abstainers (15+), past 12 months	59.6	82.3	71.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	30.1	13.0	68.3	44.9	59
Road traffic injuries, males / females	47.3	20.0	31.4	22.6	101
Cancer, males / females	208.6	119.0	6.3	1.1	28

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.0	4.1
Females	2.4	0.9
Both sexes	7.1	2.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No, No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.038 / 0.038 / 0.038
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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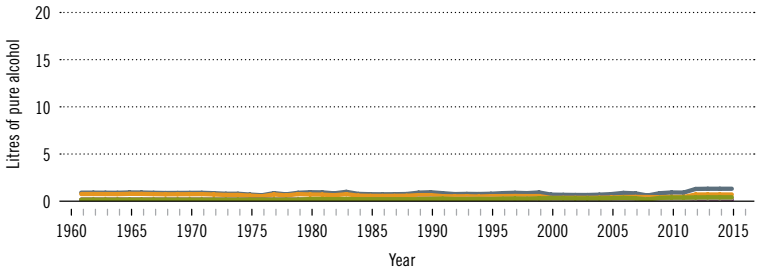
Ethiopia

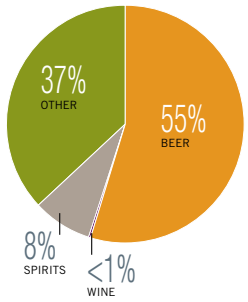
Total population (2016): 101 853 268 ➤ Population aged 15 years and older (15+): 59% ➤ Population in urban areas: 20% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.8		1.4	
Unrecorded	2.3		1.4	
Total**	**3.2**		**2.8**	
Total males / females	5.5	0.9	5.0	0.8
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	15.5
Females (15+)	5.8
Both sexes (15+)	12.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	17.7	55.2	11.4	58.5
Females	2.8	21.3	1.6	23.2
Both sexes	10.2	45.2	6.6	49.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	51.1	78.1	64.7
Former drinkers* (15+)	16.8	8.8	12.7
Abstainers (15+), past 12 months	67.9	86.8	77.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	54.3	29.7	43.3	23.3	5 968
Road traffic injuries, males / females	64.0	25.5	20.3	14.2	5 417
Cancer, males / females	98.0	150.7	2.6	0.8	746

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	4.5	1.5
Females	0.5	0.1
Both sexes	2.5	0.8
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	Yes

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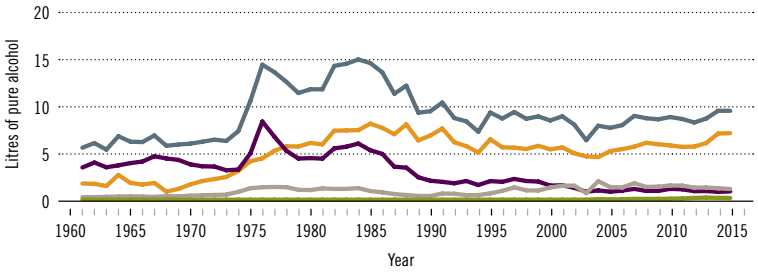
Gabon

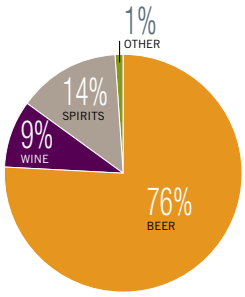
Total population (2016): 1 763 142 ➤ Population aged 15 years and older (15+): 63% ➤ Population in urban areas: 98% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.7		9.5	
Unrecorded	2.0		1.9	
Total**	**10.7**		**11.5**	
Total males / females	16.8	4.4	18.1	4.6
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	23.1
Females (15+)	8.5
Both sexes (15+)	17.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	73.4	93.3	62.9	95.0
Females	40.9	75.6	30.6	80.1
Both sexes	57.3	86.2	46.9	89.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	9.7	27.1	18.3
Former drinkers* (15+)	11.7	18.8	15.2
Abstainers (15+), past 12 months	21.4	45.9	33.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	74.3	34.2	73.1	55.9	340
Road traffic injuries, males / females	39.2	14.3	56.1	50.0	239
Cancer, males / females	88.6	75.1	9.9	2.9	50

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.5	3.9
Females	2.1	0.8
Both sexes	6.9	2.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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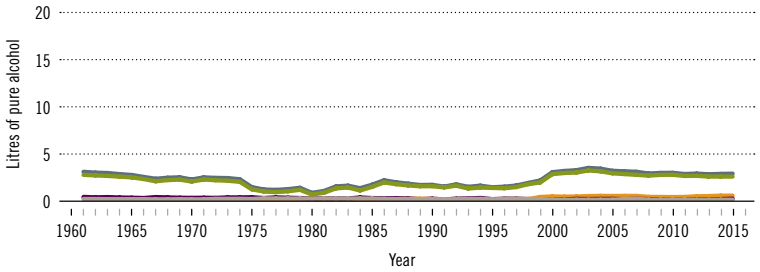
Gambia

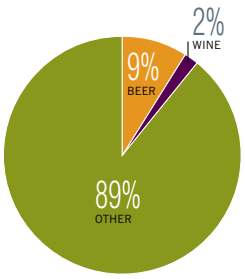
Total population (2016): 2 054 986 ➤ Population aged 15 years and older (15+): 54% ➤ Population in urban areas: 60% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.0		3.0	
Unrecorded	0.9		0.9	
Total**	**3.8**		**3.8**	
Total males / females	6.6	1.2	6.6	1.1
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.4
Females (15+)	6.6
Both sexes (15+)	14.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	18.0	47.7	11.6	50.5
Females	2.7	16.8	1.6	17.9
Both sexes	10.2	38.1	6.6	41.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	58.1	78.4	68.5
Former drinkers* (15+)	4.0	5.4	4.7
Abstainers (15+), past 12 months	62.2	83.8	73.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	59.3	41.3	49.4	25.7	130
Road traffic injuries, males / females	82.7	35.1	20.6	14.4	122
Cancer, males / females	108.9	89.0	6.6	2.0	27

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.9	1.4
Females	0.1	0.0
Both sexes	1.0	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No** / **No** / **No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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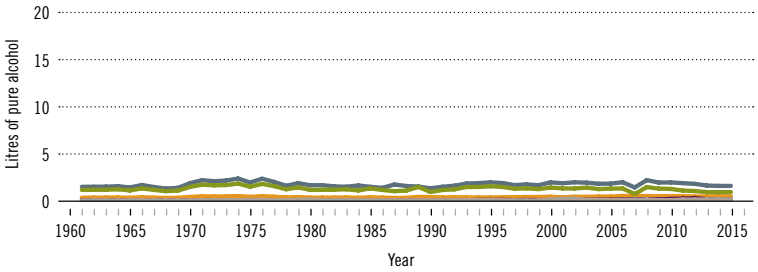
Ghana

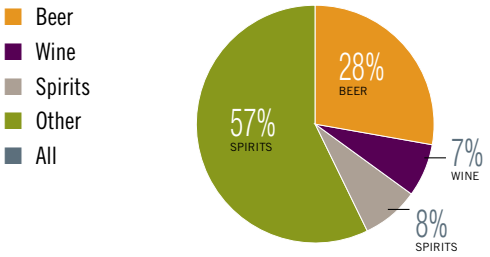
Total population (2016): 28 033 375 ➤ Population aged 15 years and older (15+): 61% ➤ Population in urban areas: 55% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.9		1.6	
Unrecorded	3.4		1.1	
Total**	**5.3**		**2.7**	
Total males / females	9.1	1.6	4.6	0.7
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	12.7
Females (15+)	4.7
Both sexes (15+)	10.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.7	45.5	10.8	48.7
Females	2.4	15.4	1.4	16.9
Both sexes	9.4	36.2	6.2	40.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	58.9	79.6	69.5
Former drinkers* (15+)	4.3	4.7	4.5
Abstainers (15+), past 12 months	63.2	84.3	74.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	77.5	36.0	39.6	21.3	2 194
Road traffic injuries, males / females	66.3	31.4	18.6	13.8	1 261
Cancer, males / females	126.4	96.1	6.0	1.4	442

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	7.3	2.5
Females	1.0	0.4
Both sexes	4.1	1.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2016/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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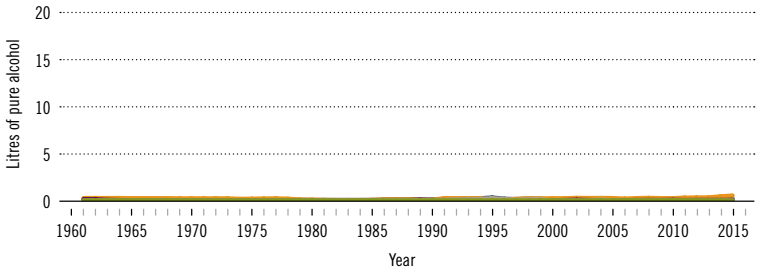
Guinea

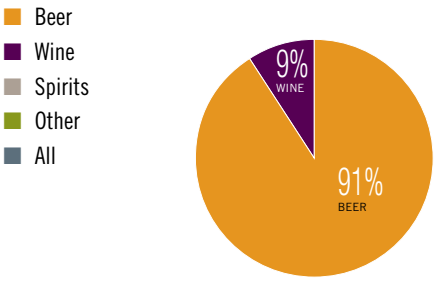
Total population (2016): 12 947 122 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 36% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.2		0.4	
Unrecorded	0.5		0.9	
Total**	**0.7**		**1.3**	
Total males / females	1.2	0.2	2.2	0.3
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	7.1
Females (15+)	2.6
Both sexes (15+)	5.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	12.8	41.6	8.2	44.6
Females	1.7	13.5	1.0	14.7
Both sexes	7.2	33.4	4.6	36.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	64.0	83.2	73.6
Former drinkers* (15+)	5.3	4.2	4.8
Abstainers (15+), past 12 months	69.3	87.4	78.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	63.8	47.2	21.3	13.4	478
Road traffic injuries, males / females	61.3	31.6	13.8	9.3	442
Cancer, males / females	143.8	106.6	1.9	1.0	72

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.4
Females	0.0	0.0
Both sexes	0.7	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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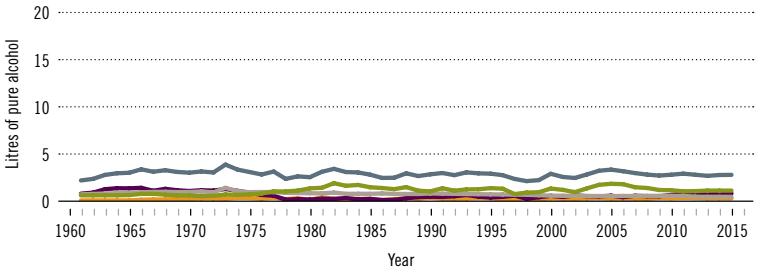
Guinea-Bissau

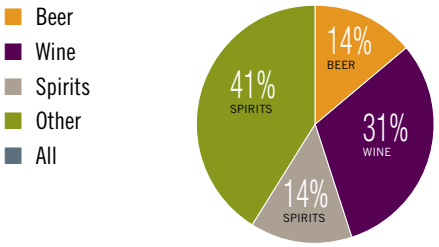
Total population (2016): 1 888 429 ➤ Population aged 15 years and older (15+): 59% ➤ Population in urban areas: 48% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.8		2.8	
Unrecorded	1.4		1.9	
Total**	**4.2**		**4.8**	
Total males / females	7.3	1.2	8.3	1.3
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.4
Females (15+)	7.6
Both sexes (15+)	16.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	19.9	49.2	13.0	52.5
Females	3.1	17.5	1.8	19.1
Both sexes	11.4	39.5	7.4	43.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	55.1	76.8	66.1
Former drinkers* (15+)	4.5	5.7	5.1
Abstainers (15+), past 12 months	59.5	82.5	71.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	49.4	35.9	55.0	29.1	121
Road traffic injuries, males / females	62.9	26.2	22.1	15.8	95
Cancer, males / females	137.4	116.4	5.4	1.7	25

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	2.0	1.4
Females	0.1	0.0
Both sexes	1.0	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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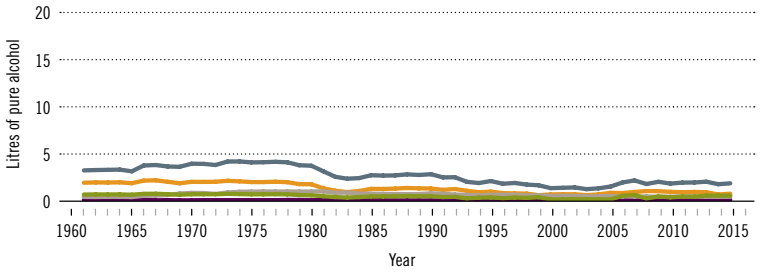
Kenya

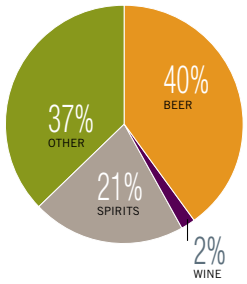
Total population (2016): 47 251 449 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 27% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.9		1.9	
Unrecorded	2.7		1.5	
Total**	**4.6**		**3.4**	
Total males / females	8.0	1.3	5.8	0.9
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.3
Females (15+)	6.4
Both sexes (15+)	14.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	19.0	56.1	12.0	59.1
Females	3.1	21.9	1.7	23.7
Both sexes	11.0	46.0	6.9	49.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	49.2	76.9	63.1
Former drinkers* (15+)	16.9	9.1	13.0
Abstainers (15+), past 12 months	66.2	86.0	76.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	20.3	11.1	47.4	24.8	987
Road traffic injuries, males / females	76.4	22.6	18.1	11.7	2 223
Cancer, males / females	197.1	170.0	5.9	1.4	964

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	7.1	2.4
Females	0.9	0.4
Both sexes	4.0	1.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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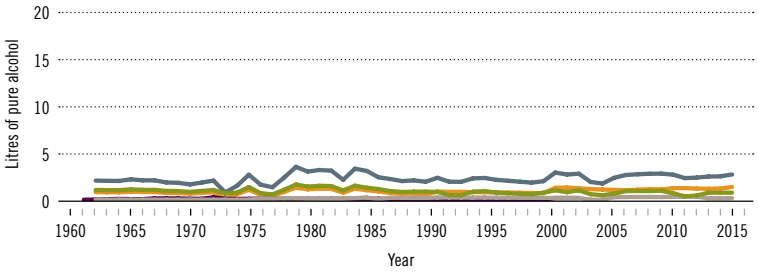
Lesotho

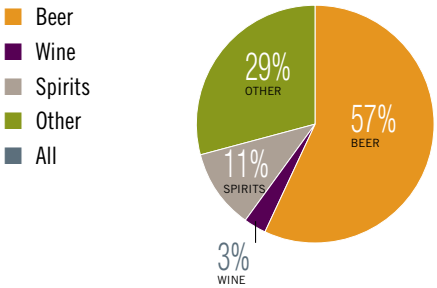
Total population (2016): 2 160 309 ➤ Population aged 15 years and older (15+): 64% ➤ Population in urban areas: 28% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.8		3.0	
Unrecorded	3.9		2.0	
Total**	**6.8**		**5.0**	
Total males / females	12.0	1.9	8.9	1.3
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	34.2
Females (15+)	12.9
Both sexes (15+)	28.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	15.9	61.0	9.4	63.7
Females	2.5	24.9	1.4	27.3
Both sexes	9.1	50.8	5.5	54.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	58.0	82.8	70.6
Former drinkers* (15+)	15.9	7.3	11.5
Abstainers (15+), past 12 months	73.9	90.1	82.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	21.8	13.0	55.8	30.4	70
Road traffic injuries, males / females	46.3	21.8	20.5	14.0	107
Cancer, males / females	169.0	99.2	7.4	1.5	58

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.3	3.2
Females	1.3	0.5
Both sexes	5.2	1.8
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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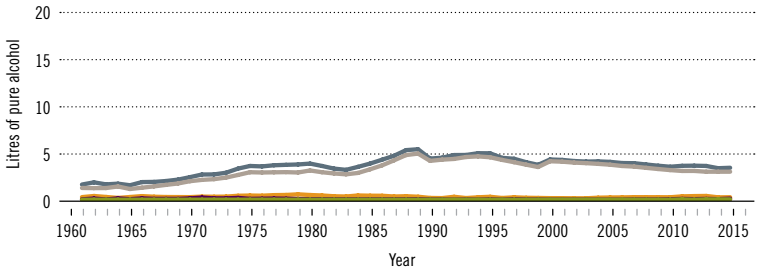
Liberia

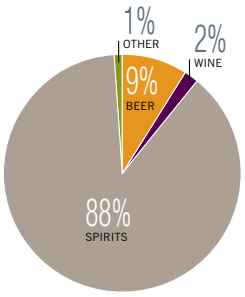
Total population (2016): 4 615 222 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 50% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.7		3.5	
Unrecorded	1.6		2.2	
Total**	**5.3**		**5.8**	
Total males / females	9.1	1.6	9.9	1.6
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	23.2
Females (15+)	8.7
Both sexes (15+)	18.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	21.9	51.3	14.5	54.6
Females	3.5	18.7	2.1	20.5
Both sexes	12.7	41.3	8.4	45.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	52.4	74.9	63.7
Former drinkers* (15+)	4.9	6.2	5.6
Abstainers (15+), past 12 months	57.3	81.1	69.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	58.5	35.1	60.5	32.5	381
Road traffic injuries, males / females	84.6	40.9	23.3	16.5	345
Cancer, males / females	129.4	113.6	6.6	2.4	80

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.2	3.1
Females	1.3	0.5
Both sexes	5.2	1.8
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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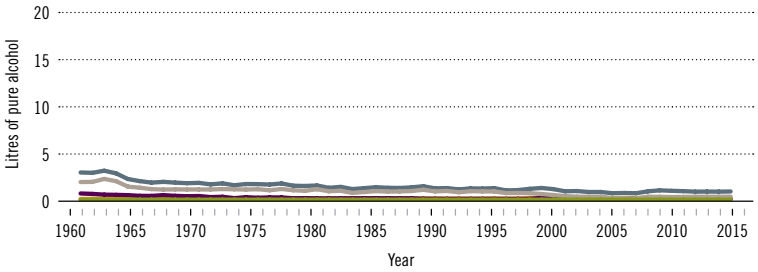
Madagascar

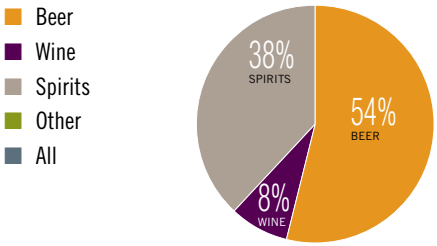
Total population (2016): 24 915 822 ➤ Population aged 15 years and older (15+): 59% ➤ Population in urban areas: 36% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.0		0.9	
Unrecorded	1.0		1.1	
Total**	**2.0**		**1.9**	
Total males / females	3.4	0.5	3.4	0.5
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	11.3
Females (15+)	4.2
Both sexes (15+)	9.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	15.9	53.1	10.0	56.3
Females	2.4	19.9	1.4	21.6
Both sexes	9.1	43.5	5.7	47.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	53.8	80.0	67.0
Former drinkers* (15+)	16.2	8.0	12.0
Abstainers (15+), past 12 months	70.0	88.0	79.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	25.1	19.4	32.3	19.7	531
Road traffic injuries, males / females	72.7	31.8	16.9	11.6	1 168
Cancer, males / females	206.8	144.5	3.0	0.5	277

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	4.7	1.6
Females	0.5	0.2
Both sexes	2.6	0.9
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1960/2010) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.04 / 0.04 / 0.04
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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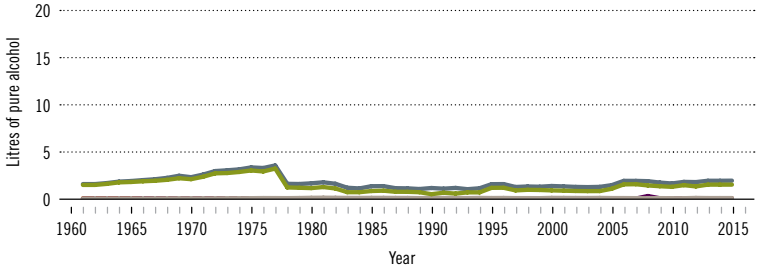
Malawi

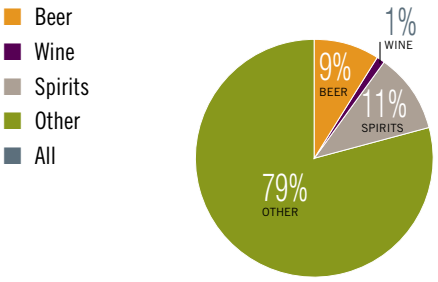
Total population (2016): 17 749 826 ➤ Population aged 15 years and older (15+): 55% ➤ Population in urban areas: 17% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.8		2.0	
Unrecorded	1.5		1.7	
Total**	**3.3**		**3.7**	
Total males / females	5.7	0.9	6.4	1.0
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.9
Females (15+)	7.2
Both sexes (15+)	15.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	19.1	56.8	12.2	59.8
Females	3.1	22.3	1.8	24.1
Both sexes	11.0	46.6	7.0	50.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	49.2	76.9	63.2
Former drinkers* (15+)	17.1	9.2	13.2
Abstainers (15+), past 12 months	66.4	86.1	76.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	30.4	17.7	48.9	24.7	497
Road traffic injuries, males / females	103.7	32.4	20.6	15.2	1 076
Cancer, males / females	238.7	179.1	3.8	0.7	280

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.3	2.1
Females	0.7	0.3
Both sexes	3.5	1.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2016/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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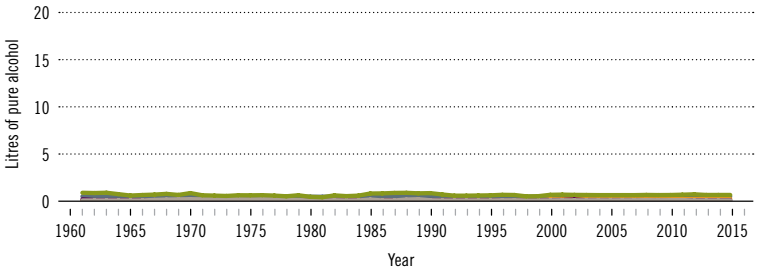
Mali

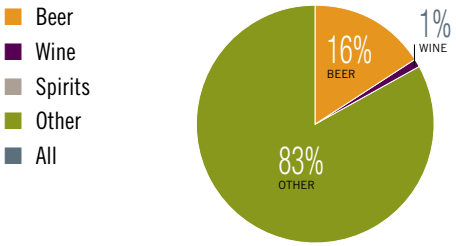
Total population (2016): 18 134 835 ➤ Population aged 15 years and older (15+): 53% ➤ Population in urban areas: 40% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.6		0.6	
Unrecorded	0.5		0.7	
Total**	**1.1**		**1.3**	
Total males / females	1.8	0.3	2.2	0.3
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	7.0
Females (15+)	2.6
Both sexes (15+)	5.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	13.3	42.7	8.4	45.0
Females	1.8	13.8	1.0	14.9
Both sexes	7.5	34.3	4.8	37.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	63.5	82.9	73.2
Former drinkers* (15+)	5.4	4.4	4.9
Abstainers (15+), past 12 months	68.9	87.2	78.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	52.9	36.8	21.0	13.4	475
Road traffic injuries, males / females	57.6	28.1	16.4	10.3	706
Cancer, males / females	101.2	144.5	1.5	0.3	57

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.5	1.4
Females	0.0	0.0
Both sexes	0.8	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	**No** / **No** / **No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	15 / 15 / **No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	15 / 15 / **No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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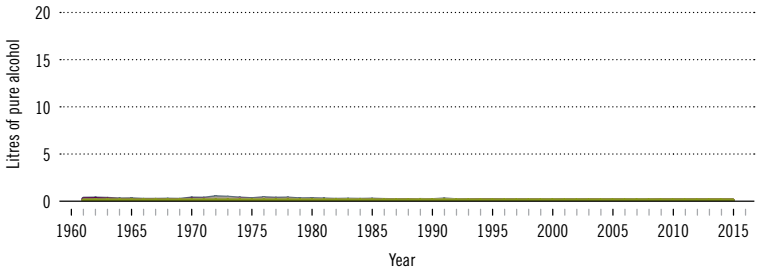
Mauritania

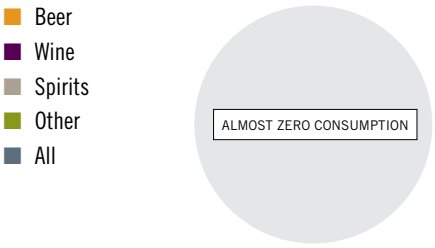
Total population (2016): 4 166 463 ➤ Population aged 15 years and older (15+): 60% ➤ Population in urban areas: 60% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.1		0.0	
Total**	**0.1**		**0.0**	
Total males / females	0.1	0.0	0.1	0.0
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.4
Females (15+)	1.6
Both sexes (15+)	3.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.1	5.3	0.0	5.8
Females	0.0	1.2	0.0	1.3
Both sexes	0.0	4.3	0.0	4.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	96.9	99.1	98.0
Former drinkers* (15+)	1.6	0.4	1.0
Abstainers (15+), past 12 months	98.6	99.5	99.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	53.5	37.6	4.1	1.3	21
Road traffic injuries, males / females	54.5	27.9	0.1	0.1	1
Cancer, males / females	99.5	95.4	0.8	0.1	7

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.7	0.3
Females	0.1	0.0
Both sexes	0.4	0.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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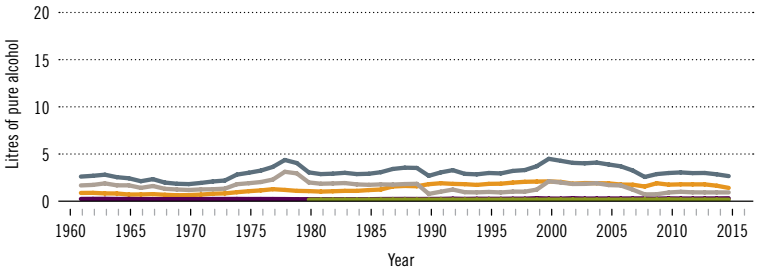
Mauritius

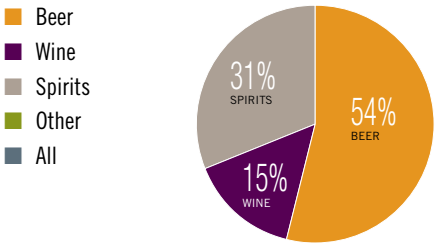
Total population (2016): 1 277 459 ➤ Population aged 15 years and older (15+): 81% ➤ Population in urban areas: 39% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.9		2.6	
Unrecorded	1.0		1.2	
Total**	**3.8**		**3.6**	
Total males / females	6.6	1.1	6.3	1.0
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	14.5
Females (15+)	5.1
Both sexes (15+)	11.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	17.9	41.3	13.6	48.3
Females	2.6	13.3	1.8	16.7
Both sexes	10.1	32.4	7.8	39.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	30.7	60.6	45.9
Former drinkers* (15+)	25.9	19.9	22.8
Abstainers (15+), past 12 months	56.6	80.5	68.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	21.9	4.5	49.8	29.5	70
Road traffic injuries, males / females	27.6	3.2	22.3	9.9	33
Cancer, males / females	110.8	99.2	6.1	1.6	46

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	3.3
Females	1.4	0.6
Both sexes	5.5	1.9
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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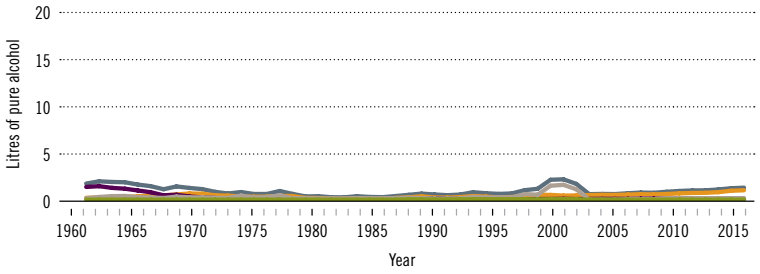
Mozambique

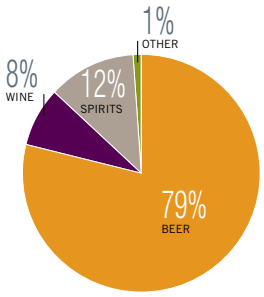
Total population (2016): 28 751 362 ➤ Population aged 15 years and older (15+): 55% ➤ Population in urban areas: 33% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.8		1.3	
Unrecorded	0.8		1.1	
Total**	**1.7**		**2.4**	
Total males / females	3.0	0.5	4.3	0.7
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	14.1
Females (15+)	5.3
Both sexes (15+)	11.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.5	54.0	10.5	57.2
Females	2.5	20.3	1.5	22.2
Both sexes	9.2	43.7	6.0	47.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	53.1	79.4	66.8
Former drinkers* (15+)	16.4	8.3	12.2
Abstainers (15+), past 12 months	69.5	87.7	79.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.9	13.5	35.8	20.5	408
Road traffic injuries, males / females	73.7	24.5	19.1	13.5	1 494
Cancer, males / females	210.5	176.6	1.5	0.4	185

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	5.9	2.0
Females	0.7	0.3
Both sexes	3.2	1.1
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.06 / 0.06 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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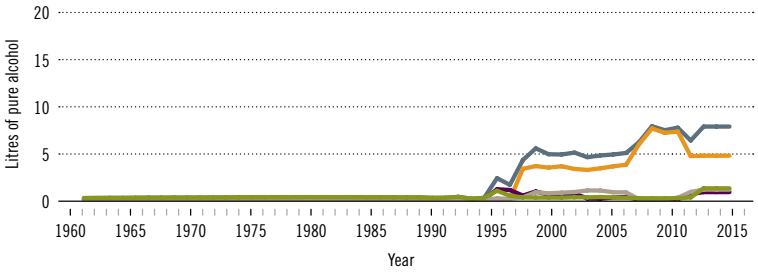
Namibia

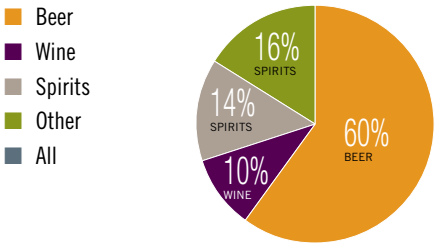
Total population (2016): 2 513 981 ➤ Population aged 15 years and older (15+): 63% ➤ Population in urban areas: 47% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.7		7.8	
Unrecorded	3.9		2.0	
Total**	**11.5**		**9.8**	
Total males / females	20.2	3.7	17.3	2.9
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	40.9
Females (15+)	15.2
Both sexes (15+)	32.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	30.4	71.6	20.2	74.7
Females	6.8	35.5	4.0	38.7
Both sexes	18.1	59.7	12.1	64.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	38.9	68.4	54.3
Former drinkers* (15+)	18.7	12.5	15.4
Abstainers (15+), past 12 months	57.6	80.9	69.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	23.1	11.4	69.3	44.4	97
Road traffic injuries, males / females	53.3	18.7	34.2	25.1	197
Cancer, males / females	135.8	78.9	5.9	1.8	40

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.9	3.7
Females	2.1	0.8
Both sexes	6.3	2.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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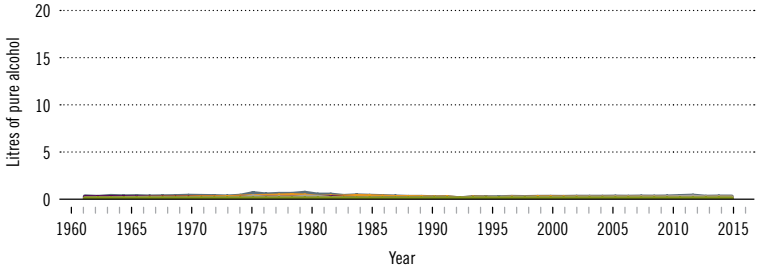
Niger

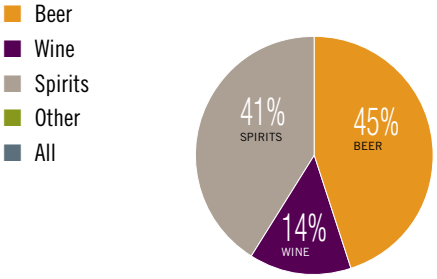
Total population (2016): 20 715 285 ➤ Population aged 15 years and older (15+): 50% ➤ Population in urban areas: 19% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.1		0.1	
Unrecorded	0.2		0.4	
Total**	**0.3**		**0.5**	
Total males / females	0.5	0.1	0.9	0.1
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	3.0
Females (15+)	1.1
Both sexes (15+)	2.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	11.5	40.1	7.5	43.3
Females	1.5	13.0	0.9	14.1
Both sexes	6.5	32.2	4.2	35.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	66.2	84.2	75.2
Former drinkers* (15+)	5.0	4.1	4.5
Abstainers (15+), past 12 months	71.2	88.3	79.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	42.1	30.2	11.2	8.7	270
Road traffic injuries, males / females	61.0	26.1	12.3	9.6	735
Cancer, males / females	78.7	77.5	1.2	0.3	41

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.4
Females	0.0	0.0
Both sexes	0.7	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1983/1984) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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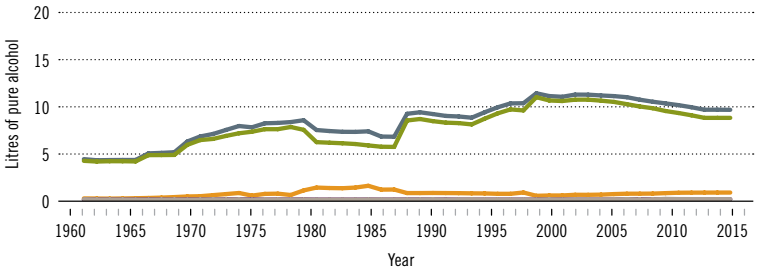
Nigeria

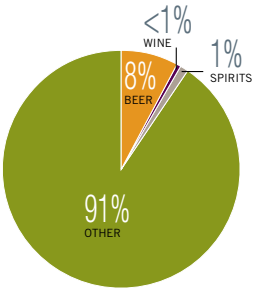
Total population (2016): 186 987 563 ➤ Population aged 15 years and older (15+): 56% ➤ Population in urban areas: 48% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.3		9.6	
Unrecorded	1.2		3.8	
Total**	**11.5**		**13.4**	
Total males / females	18.7	4.0	21.9	4.6
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	32.7
Females (15+)	12.2
Both sexes (15+)	25.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	45.4	67.7	36.7	70.9
Females	12.0	31.8	7.6	34.3
Both sexes	28.9	55.0	22.5	60.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	30.4	56.3	43.1
Former drinkers* (15+)	2.6	6.0	4.3
Abstainers (15+), past 12 months	33.0	62.3	47.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	116.1	57.7	76.3	57.0	42 120
Road traffic injuries, males / females	48.9	22.7	41.5	32.1	15 365
Cancer, males / females	146.3	135.8	6.6	5.1	4 687

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.1	0.2
Females	0.1	0.0
Both sexes	0.6	0.1
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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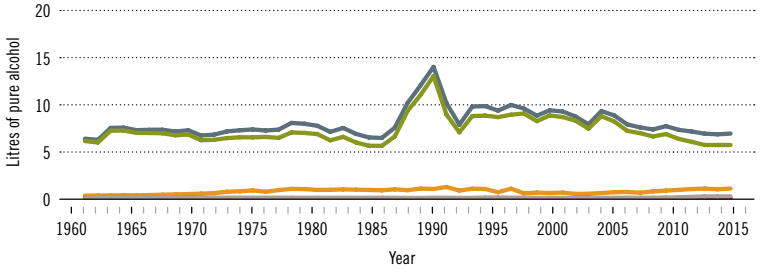
Rwanda

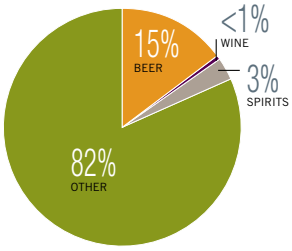
Total population (2016): 11 882 766 ➤ Population aged 15 years and older (15+): 59% ➤ Population in urban areas: 30% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.5		6.9	
Unrecorded	2.9		2.1	
Total**	**10.3**		**9.0**	
Total males / females	18.1	3.7	16.0	2.9
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	33.0
Females (15+)	12.4
Both sexes (15+)	25.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	32.8	67.7	22.8	70.4
Females	7.3	31.1	4.4	33.8
Both sexes	19.1	54.6	13.6	59.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	33.2	62.4	48.8
Former drinkers* (15+)	18.4	14.2	16.1
Abstainers (15+), past 12 months	51.6	76.6	65.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	39.0	23.5	70.4	44.7	829
Road traffic injuries, males / females	85.1	30.8	33.9	24.8	1 265
Cancer, males / females	227.5	171.4	10.0	2.8	545

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.2	4.2
Females	2.5	1.0
Both sexes	7.0	2.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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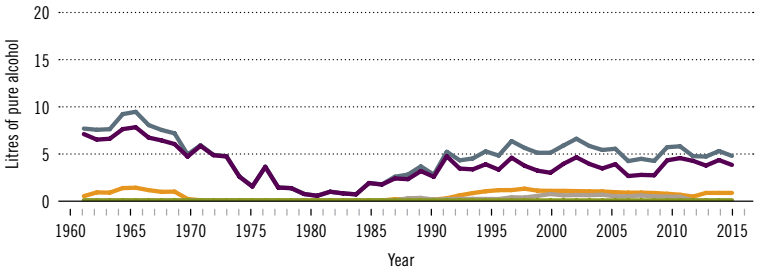
Sao Tome and Principe

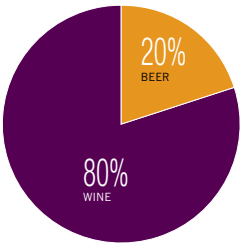
Total population (2016): 194 390 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 68% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.3		4.9	
Unrecorded	3.0		2.0	
Total**	**8.3**		**6.8**	
Total males / females	14.0	2.8	11.8	2.0
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.2
Females (15+)	9.4
Both sexes (15+)	20.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	25.5	54.5	17.2	57.5
Females	4.4	20.6	2.7	22.5
Both sexes	14.8	43.6	10.0	47.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	48.0	71.8	60.0
Former drinkers* (15+)	5.2	6.7	6.0
Abstainers (15+), past 12 months	53.2	78.5	66.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	100.8	65.5	64.6	39.4	34
Road traffic injuries, males / females	89.7	25.4	31.2	17.3	20
Cancer, males / females	185.1	141.3	4.6	1.4	3

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.9	3.7
Females	1.9	0.8
Both sexes	6.4	2.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	**No / No / No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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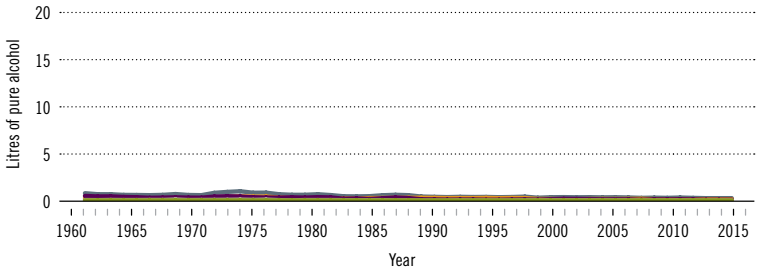
Senegal

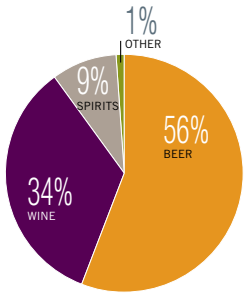
Total population (2016): 15 589 485 ➤ Population aged 15 years and older (15+): 56% ➤ Population in urban areas: 44% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.3		0.2	
Unrecorded	0.3		0.5	
Total**	**0.6**		**0.7**	
Total males / females	1.0	0.2	1.3	0.2
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.4
Females (15+)	1.6
Both sexes (15+)	3.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	12.6	41.6	8.0	44.1
Females	1.7	13.3	1.0	14.4
Both sexes	6.9	32.9	4.5	36.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	64.4	83.4	74.3
Former drinkers* (15+)	5.2	4.1	4.6
Abstainers (15+), past 12 months	69.6	87.5	78.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	46.8	27.4	14.7	10.5	253
Road traffic injuries, males / females	74.8	29.0	13.3	9.2	546
Cancer, males / females	104.0	98.8	1.6	0.6	60

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.4
Females	0.0	0.0
Both sexes	0.7	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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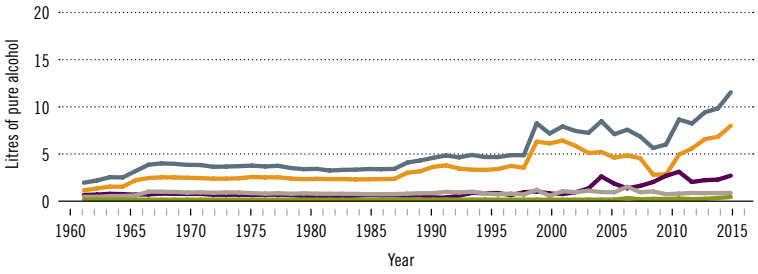
Seychelles

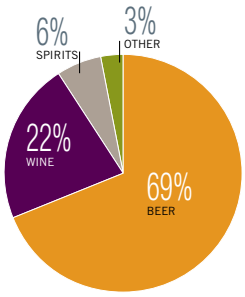
Total population (2016): 97 026 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 53% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.7		12.4	
Unrecorded	1.4		1.4	
Total**	**6.3**		**12.0**	
Total males / females	10.5	1.9	19.7	4.1
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	28.7
Females (15+)	10.1
Both sexes (15+)	21.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	41.1	59.9	34.7	66.1
Females	10.1	24.6	7.6	29.5
Both sexes	25.7	46.8	21.4	54.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	12.7	33.8	23.2
Former drinkers* (15+)	18.5	25.3	21.9
Abstainers (15+), past 12 months	31.3	59.1	45.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	53.9	12.3	77.1	54.2	19
Road traffic injuries, males / females	14.6	4.0	40.2	37.9	3
Cancer, males / females	249.5	125.2	10.7	2.0	10

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.2	4.1
Females	2.3	0.9
Both sexes	7.3	2.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2003/2015) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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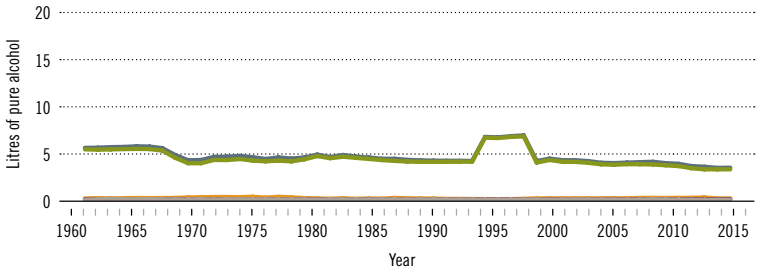
Sierra Leone

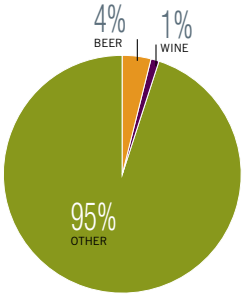
Total population (2016): 6 592 102 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 45% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.9		3.4	
Unrecorded	2.0		2.2	
Total**	**6.0**		**5.7**	
Total males / females	10.2	1.8	9.8	1.6
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.8
Females (15+)	8.5
Both sexes (15+)	18.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	22.3	51.6	14.8	54.7
Females	3.7	19.1	2.2	20.5
Both sexes	12.8	41.4	8.4	44.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	52.1	74.6	63.5
Former drinkers* (15+)	4.8	6.2	5.5
Abstainers (15+), past 12 months	56.9	80.8	69.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	80.2	70.3	61.8	35.7	1 044
Road traffic injuries, males / females	68.3	28.1	26.9	18.7	528
Cancer, males / females	113.8	101.5	7.2	2.5	114

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.3	1.4
Females	0.7	0.0
Both sexes	3.5	0.7
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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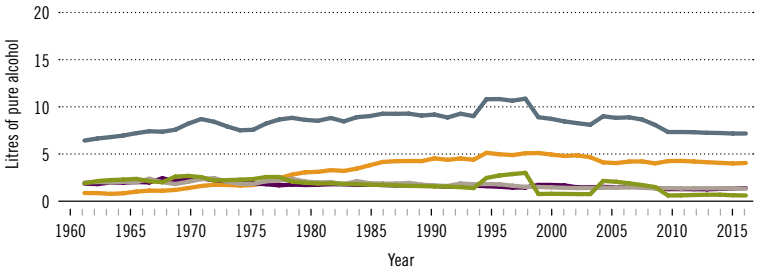
South Africa

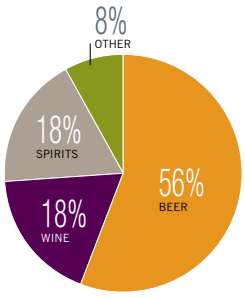
Total population (2016): 54 978 907 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 66% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.5		7.1	
Unrecorded	2.9		2.2	
Total**	**10.5**		**9.3**	
Total males / females	18.4	3.2	16.2	2.7
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	37.5
Females (15+)	13.7
Both sexes (15+)	29.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	30.6	70.8	20.3	74.4
Females	6.5	33.7	4.0	38.4
Both sexes	18.3	59.0	12.8	65.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	38.3	68.0	53.5
Former drinkers* (15+)	18.5	12.7	15.5
Abstainers (15+), past 12 months	56.8	80.6	69.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	28.9	9.9	69.5	43.4	3 466
Road traffic injuries, males / females	42.2	13.5	33.9	25.2	3 614
Cancer, males / females	223.0	143.8	7.7	2.8	2 673

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.4	4.2
Females	1.8	0.7
Both sexes	7.0	2.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2003/2015) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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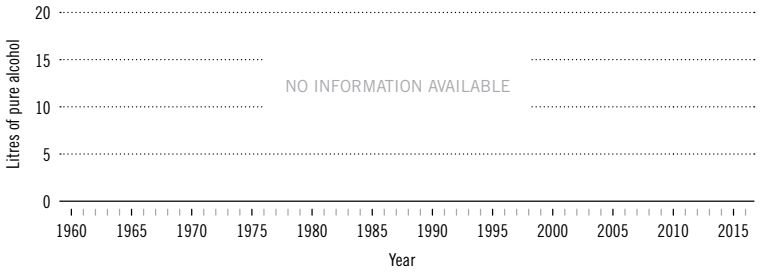
South Sudan

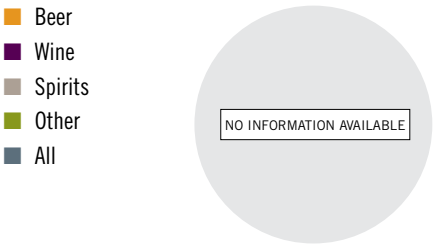
Total population (2016): 12 733 427 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 18% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	—		—	
Unrecorded	—		—	
Total**	—		—	
Total males / females	—	—	—	—
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	—
Females (15+)	—
Both sexes (15+)	—

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	—	—	—	—
Females	—	—	—	—
Both sexes	—	—	—	—

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	—	—	—
Former drinkers* (15+)	—	—	—
Abstainers (15+), past 12 months	—	—	—

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	36.1	22.8	49.4	30.1	581
Road traffic injuries, males / females	66.7	30.3	24.1	17.2	836
Cancer, males / females	190.1	173.7	5.4	1.5	281

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	—	—
Females	—	—
Both sexes	—	—
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	**No** / **No** / **No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No** / **No** / **No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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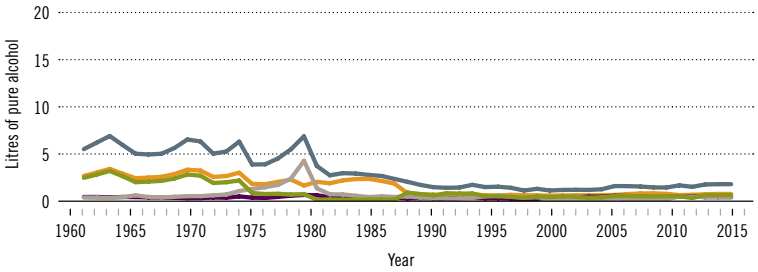
Togo

Total population (2016): 7 496 833 ➤ Population aged 15 years and older (15+): 58% ➤ Population in urban areas: 41% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available

Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.4		1.7	
Unrecorded	1.1		1.4	
Total**	**2.4**		**3.1**	
Total males / females	4.3	0.7	5.4	0.8
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	14.8
Females (15+)	5.5
Both sexes (15+)	12.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.9	46.2	10.6	48.9
Females	2.4	15.7	1.4	17.0
Both sexes	9.5	36.9	6.0	40.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	59.7	79.7	69.9
Former drinkers* (15+)	3.7	5.1	4.4
Abstainers (15+), past 12 months	63.5	84.8	74.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	53.0	45.9	43.7	22.6	475
Road traffic injuries, males / females	75.9	39.1	19.1	12.8	423
Cancer, males / females	129.3	136.1	4.5	1.2	86

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	15.1	5.1
Females	4.0	1.6
Both sexes	9.5	3.3
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	No / No / No
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No** / **No** / **No**
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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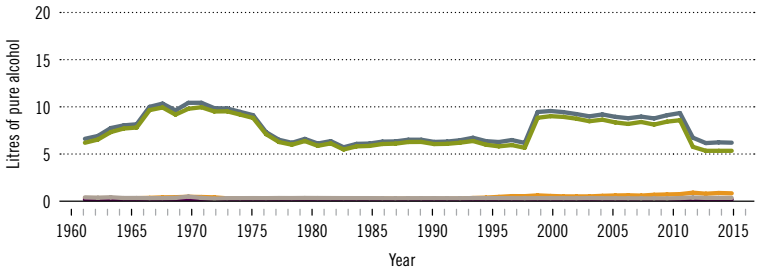
Uganda

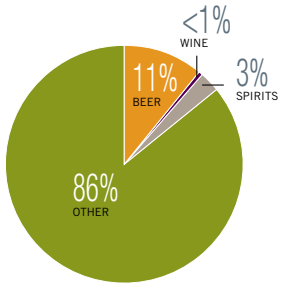
Total population (2016): 40 322 768 ➤ Population aged 15 years and older (15+): 52% ➤ Population in urban areas: 17% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.3		7.6	
Unrecorded	2.0		1.8	
Total**	**13.2**		**9.5**	
Total males / females	21.9	4.7	16.1	3.0
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	32.7
Females (15+)	12.5
Both sexes (15+)	26.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	33.8	68.8	23.8	71.3
Females	7.8	32.6	4.7	34.7
Both sexes	20.7	56.9	14.3	60.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	32.5	62.0	47.4
Former drinkers* (15+)	18.3	14.2	16.3
Abstainers (15+), past 12 months	50.9	76.2	63.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	44.0	30.9	70.4	47.2	2 861
Road traffic injuries, males / females	74.9	27.2	37.0	24.3	3 900
Cancer, males / females	285.4	184.2	8.4	3.1	1 514

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.4	4.2
Females	1.9	0.7
Both sexes	7.1	2.5
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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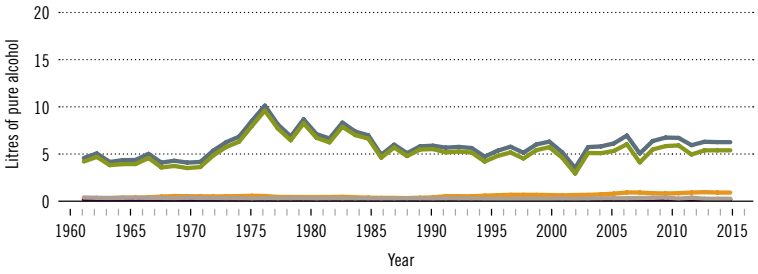
United Republic of Tanzania

Total population (2016): 55 155 473 ➤ Population aged 15 years and older (15+): 55% ➤ Population in urban areas: 33% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available

Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.5		6.2	
Unrecorded	3.2		3.2	
Total**	**9.7**		**9.4**	
Total males / females	16.5	3.2	16.0	2.9
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	32.6
Females (15+)	12.2
Both sexes (15+)	25.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	33.4	67.8	23.8	71.2
Females	7.7	32.1	4.7	34.6
Both sexes	20.3	55.8	14.3	60.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	32.2	61.6	47.1
Former drinkers* (15+)	18.6	14.4	16.5
Abstainers (15+), past 12 months	50.7	76.0	63.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	34.7	27.4	69.7	45.8	3 603
Road traffic injuries, males / females	82.7	33.3	35.8	25.4	6 200
Cancer, males / females	155.8	136.6	8.6	2.3	1 444

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.5	3.9
Females	2.2	0.9
Both sexes	6.8	2.4
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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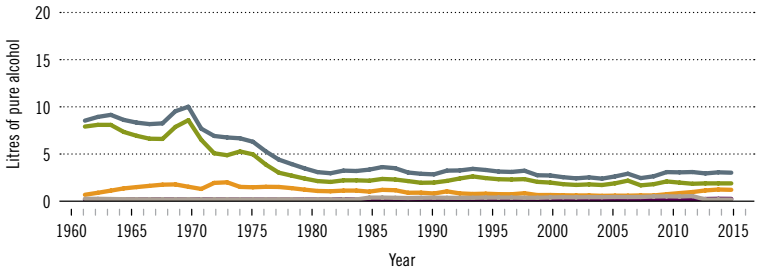
Zambia

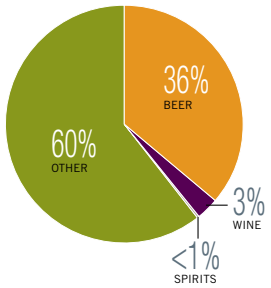
Total population (2016): 16 717 332 ➤ Population aged 15 years and older (15+): 54% ➤ Population in urban areas: 41% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.8		2.9	
Unrecorded	1.7		2.0	
Total**	**4.5**		**4.8**	
Total males / females	7.8	1.3	8.4	1.4
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.9
Females (15+)	8.3
Both sexes (15+)	17.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	23.0	60.1	15.0	62.9
Females	4.1	24.8	2.4	26.6
Both sexes	13.5	49.3	8.7	53.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	44.2	73.0	58.7
Former drinkers* (15+)	17.6	10.5	14.0
Abstainers (15+), past 12 months	61.7	83.5	72.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	50.2	28.5	57.4	31.9	982
Road traffic injuries, males / females	62.0	24.6	25.9	18.6	994
Cancer, males / females	178.5	157.1	3.4	0.8	159

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	3.3
Females	1.2	0.5
Both sexes	5.5	1.9
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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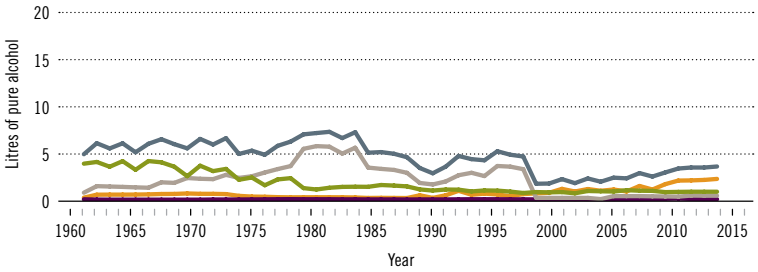
Zimbabwe

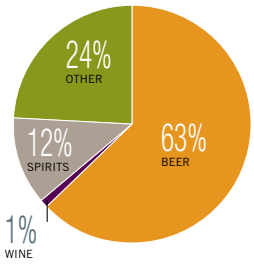
Total population (2016): 15 966 809 ➤ Population aged 15 years and older (15+): 59% ➤ Population in urban areas: 33% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.9		3.6	
Unrecorded	0.6		1.3	
Total**	**3.5**		**4.8**	
Total males / females	6.1	0.9	8.5	1.2
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	33.2
Females (15+)	12.5
Both sexes (15+)	27.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	15.6	60.9	9.2	63.5
Females	2.5	25.5	1.4	27.2
Both sexes	8.9	50.6	5.3	54.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	58.4	82.8	71.0
Former drinkers* (15+)	15.9	7.2	11.4
Abstainers (15+), past 12 months	74.3	90.0	82.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	20.1	13.2	54.4	29.0	384
Road traffic injuries, males / females	101.7	47.1	17.1	9.6	1 136
Cancer, males / females	182.7	146.8	2.7	0.6	141

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.1	3.8
Females	2.0	0.8
Both sexes	6.4	2.2
WHO African Region	3.7	1.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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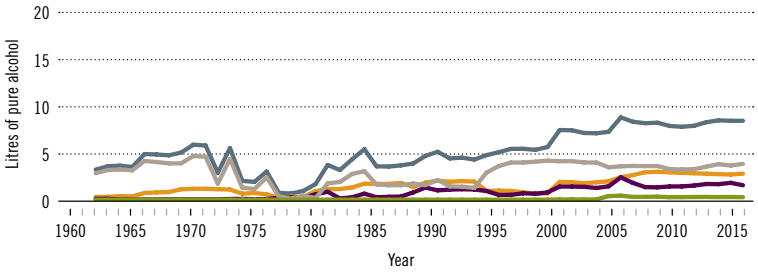
Antigua and Barbuda

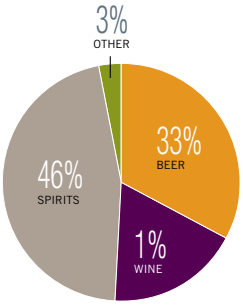
Total population (2016): 92 738 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 26% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.9		8.4	
Unrecorded	0.4		1.2	
Total**	**6.1**		**7.0**	
Total males / females	10.5	2.2	12.1	2.5
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.0
Females (15+)	6.8
Both sexes (15+)	14.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	38.9	60.9	32.3	67.3
Females	9.4	25.9	6.9	30.6
Both sexes	23.3	47.2	19.7	55.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	15.5	38.5	27.7
Former drinkers* (15+)	20.6	25.1	23.0
Abstainers (15+), past 12 months	36.1	63.5	50.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	10.0	6.8	67.6	45.9	4
Road traffic injuries, males / females	9.6	3.0	37.2	21.7	2
Cancer, males / females	242.9	153.5	3.7	2.4	4

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	3.8
Females	3.7	1.8
Both sexes	6.5	2.7
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	**No / No / No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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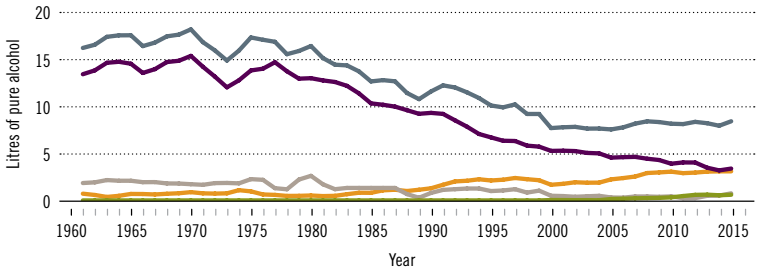
Argentina

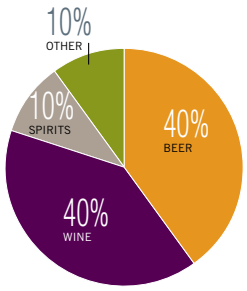
Total population (2016): 43 847 277 ➤ Population aged 15 years and older (15+): 75% ➤ Population in urban areas: 92% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.2		8.4	
Unrecorded	1.0		1.3	
Total**	**9.3**		**9.8**	
Total males / females	15.1	3.8	16.1	4.0
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.1
Females (15+)	7.2
Both sexes (15+)	14.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	36.3	45.5	35.8	52.5
Females	8.5	15.2	7.7	19.1
Both sexes	21.9	32.5	22.0	40.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.1	10.0	6.7
Former drinkers* (15+)	17.0	34.3	26.0
Abstainers (15+), past 12 months	20.1	44.3	32.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	18.9	4.0	72.3	54.2	2 707
Road traffic injuries, males / females	28.0	7.0	40.2	20.8	2 155
Cancer, males / females	198.5	136.7	6.5	2.7	3 057

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.8	4.8
Females	3.0	1.2
Both sexes	6.8	2.9
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1997/2016) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05 (0.02 for motorcycles)
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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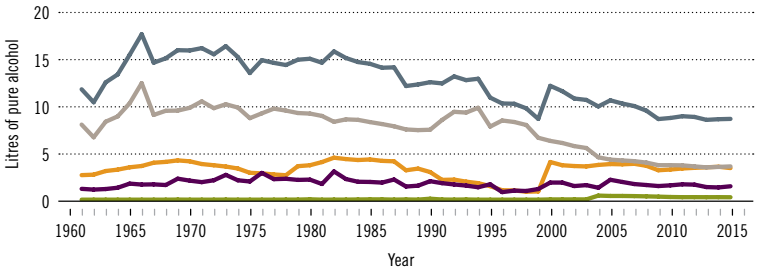
Bahamas

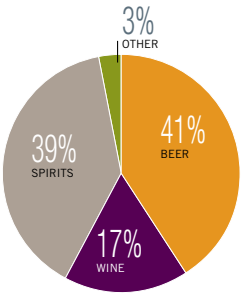
Total population (2016): 392 718 ➤ Population aged 15 years and older (15+): 79% ➤ Population in urban areas: 83% ➤ Income group (World Bank): High Income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.8		8.6	
Unrecorded	0.5		1.2	
Total**	**4.2**		**4.4**	
Total males / females	7.1	1.4	7.6	1.4
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	13.2
Females (15+)	4.7
Both sexes (15+)	10.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	32.3	55.7	25.7	62.4
Females	6.6	21.7	4.7	26.2
Both sexes	19.0	43.5	15.3	51.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	19.5	45.6	33.0
Former drinkers* (15+)	22.5	23.9	23.3
Abstainers (15+), past 12 months	42.1	69.5	56.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.1	8.8	51.2	32.4	20
Road traffic injuries, males / females	18.4	4.8	33.3	17.1	11
Cancer, males / females	216.4	136.7	5.2	1.8	19

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	3.9
Females	3.7	1.8
Both sexes	6.7	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1992/2006) / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	— / Yes / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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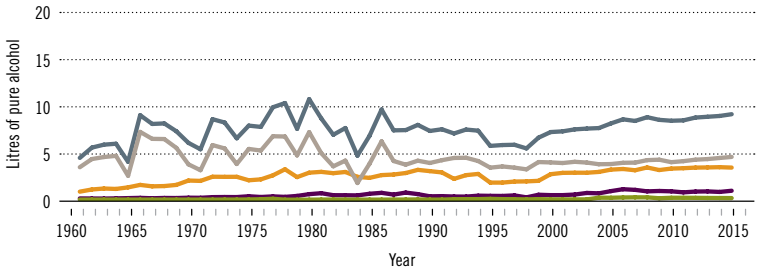
Barbados

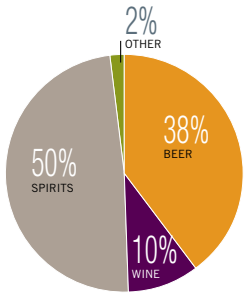
Total population (2016): 285 006 ➤ Population aged 15 years and older (15+): 81% ➤ Population in urban areas: 31% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.5		9.2	
Unrecorded	0.5		1.4	
Total**	**8.1**		**9.6**	
Total males / females	14.0	2.9	16.6	3.3
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.5
Females (15+)	8.9
Both sexes (15+)	19.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	39.4	60.5	35.4	70.3
Females	9.6	25.8	8.1	33.7
Both sexes	23.7	46.9	22.0	58.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	13.6	35.3	25.1
Former drinkers* (15+)	21.2	27.3	24.4
Abstainers (15+), past 12 months	34.8	62.6	49.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.0	1.6	72.3	51.3	16
Road traffic injuries, males / females	16.4	4.5	42.3	32.3	10
Cancer, males / females	252.0	165.6	5.9	2.2	31

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.1	3.8
Females	3.7	1.7
Both sexes	6.7	2.7
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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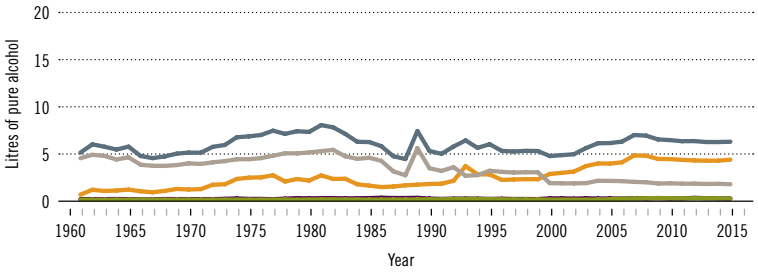
Belize

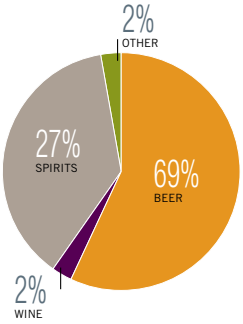
Total population (2016): 366 942 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 44% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.4		6.2	
Unrecorded	1.6		1.4	
Total**	**7.0**		**6.7**	
Total males / females	11.7	2.4	11.4	2.2
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.8
Females (15+)	7.7
Both sexes (15+)	16.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	32.5	59.3	24.3	63.4
Females	7.0	24.7	4.4	27.0
Both sexes	19.6	47.3	14.3	52.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	21.0	47.4	34.4
Former drinkers* (15+)	24.1	24.1	24.1
Abstainers (15+), past 12 months	45.1	71.6	58.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	46.0	24.8	64.4	39.4	32
Road traffic injuries, males / females	49.5	11.7	34.9	20.5	22
Cancer, males / females	227.2	145.1	5.3	2.1	11

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.4	5.2
Females	2.4	1.0
Both sexes	7.3	3.1
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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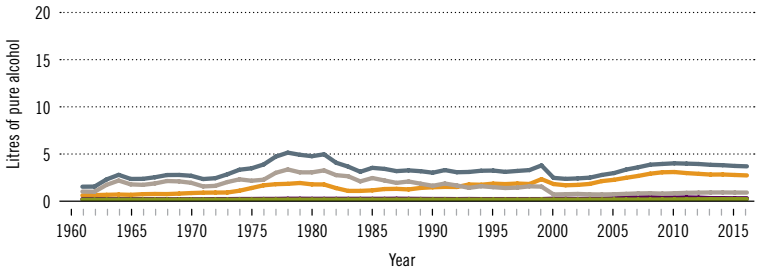
Bolivia (Plurinational State of)

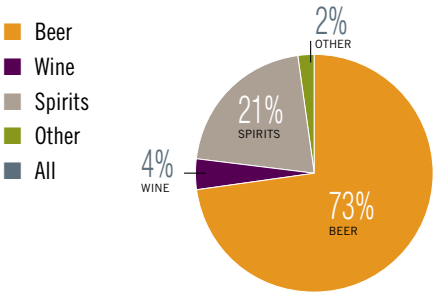
Total population (2016): 10 888 402 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 69% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.9		3.6	
Unrecorded	2.1		1.2	
Total**	**5.9**		**4.8**	
Total males / females	9.8	2.1	8.0	1.6
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	13.5
Females (15+)	4.9
Both sexes (15+)	10.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	34.7	58.6	27.6	64.1
Females	7.7	24.2	5.3	27.7
Both sexes	21.1	46.5	16.6	53.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.9	17.9	12.0
Former drinkers* (15+)	34.9	50.2	42.6
Abstainers (15+), past 12 months	40.9	68.1	54.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	52.9	31.0	52.5	34.2	1 216
Road traffic injuries, males / females	47.4	14.7	35.2	22.2	808
Cancer, males / females	107.3	130.9	2.7	0.9	133

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	3.9
Females	3.7	1.8
Both sexes	6.7	2.9
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / — / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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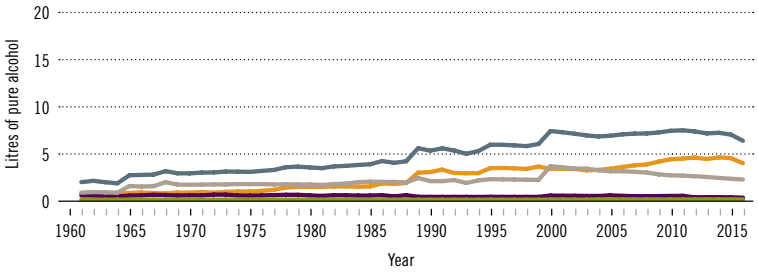
Brazil

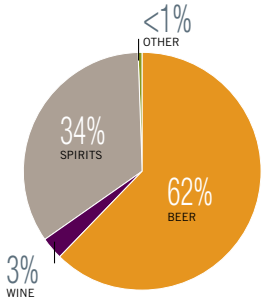
Total population (2016): 209 567 920 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 85% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.3		6.5	
Unrecorded	1.5		1.2	
Total**	**8.8**		**7.8**	
Total males / females	15.0	3.0	13.4	2.4
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	24.8
Females (15+)	8.9
Both sexes (15+)	19.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	32.6	60.3	24.9	66.7
Females	6.9	25.1	4.7	30.0
Both sexes	19.4	48.1	15.0	56.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	11.4	30.8	21.4
Former drinkers* (15+)	34.5	41.9	38.3
Abstainers (15+), past 12 months	46.0	72.7	59.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	26.7	5.8	69.5	42.6	16 214
Road traffic injuries, males / females	44.1	8.8	36.7	23.0	14 928
Cancer, males / females	178.1	121.2	8.7	2.2	13 332

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.9	2.3
Females	1.6	0.5
Both sexes	4.2	1.4
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2007/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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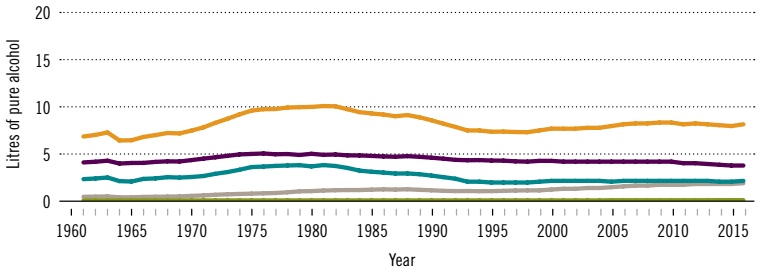
Canada

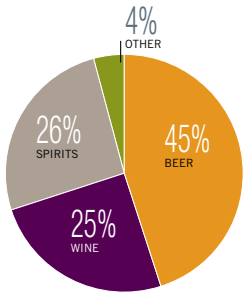
Total population (2016): 36 286 378 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 82% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.3		8.1	
Unrecorded	2.0		0.9	
Total**	**10.2**		**8.9**	
Total males / females	16.5	4.1	14.6	3.4
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.9
Females (15+)	6.6
Both sexes (15+)	13.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	34.8	45.0	36.2	55.5
Females	8.1	15.5	7.8	21.1
Both sexes	21.2	32.9	22.4	43.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.0	18.2	12.2
Former drinkers* (15+)	16.7	29.7	23.3
Abstainers (15+), past 12 months	22.7	47.9	35.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	10.9	5.2	72.7	54.6	2 326
Road traffic injuries, males / females	9.1	4.1	38.0	22.7	697
Cancer, males / females	171.0	132.4	7.2	2.5	3 891

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.0	6.0
Females	4.1	2.3
Both sexes	8.0	4.1
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Subnational
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Subnational
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Subnational
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	sub-national
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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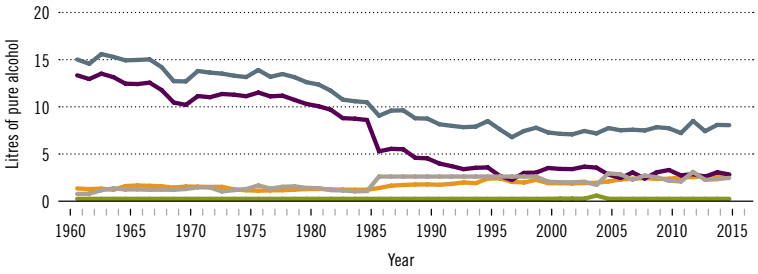
Chile

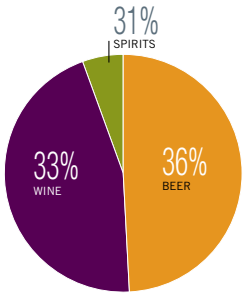
Total population (2016): 18 131 850 ➤ Population aged 15 years and older (15+): 80% ➤ Population in urban areas: 89% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.4		7.9	
Unrecorded	1.9		1.4	
Total**	**9.3**		**9.3**	
Total males / females	15.1	3.9	15.0	3.7
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.8
Females (15+)	6.6
Both sexes (15+)	13.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	35.6	44.5	35.3	51.8
Females	8.2	14.7	7.5	18.7
Both sexes	21.6	32.0	21.7	40.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.1	10.1	6.6
Former drinkers* (15+)	16.9	34.2	25.7
Abstainers (15+), past 12 months	20.0	44.2	32.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	29.3	7.0	71.0	53.6	1 918
Road traffic injuries, males / females	21.5	5.1	36.5	25.4	685
Cancer, males / females	194.3	136.5	4.7	2.2	976

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.3	4.3
Females	1.9	0.8
Both sexes	6.0	2.5
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2010/2015) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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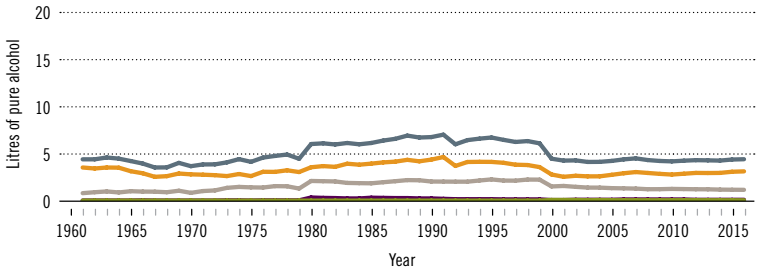
Colombia

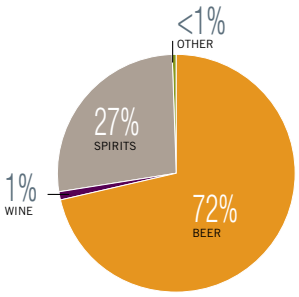
Total population (2016): 48 654 392 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 77% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.3		4.4	
Unrecorded	0.8		1.4	
Total**	**5.0**		**5.8**	
Total males / females	8.6	1.6	10.1	1.8
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.5
Females (15+)	7.0
Both sexes (15+)	15.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	26.4	51.0	20.0	57.0
Females	4.8	18.6	3.2	22.1
Both sexes	15.3	39.9	11.8	47.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	14.8	37.3	26.4
Former drinkers* (15+)	33.5	37.1	35.4
Abstainers (15+), past 12 months	48.3	74.4	61.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	13.6	6.4	59.9	34.5	1 724
Road traffic injuries, males / females	47.3	9.6	31.2	16.8	3 028
Cancer, males / females	180.0	147.4	3.8	1.4	1 447

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **3** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.4	4.5
Females	3.8	1.9
Both sexes	7.0	3.2
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2010/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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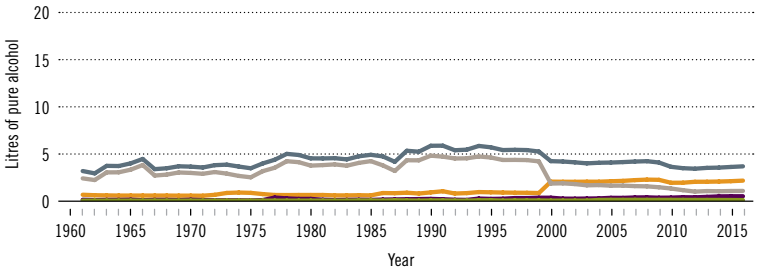
Costa Rica

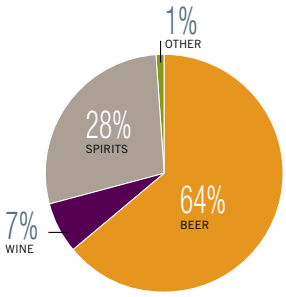
Total population (2016): 4 857 218 ➤ Population aged 15 years and older (15+): 78% ➤ Population in urban areas: 78% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.8		3.7	
Unrecorded	1.0		1.1	
Total**	**4.7**		**4.8**	
Total males / females	8.0	1.4	8.1	1.4
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	16.5
Females (15+)	5.9
Both sexes (15+)	13.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	23.9	48.2	18.4	55.1
Females	4.1	17.2	2.8	20.8
Both sexes	13.9	38.0	10.8	45.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	16.0	39.6	27.9
Former drinkers* (15+)	34.5	36.5	35.5
Abstainers (15+), past 12 months	50.5	76.1	63.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.9	4.6	55.7	32.3	191
Road traffic injuries, males / females	31.6	6.5	29.4	17.4	204
Cancer, males / females	164.7	121.3	4.0	1.4	164

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.4	4.4
Females	3.4	1.5
Both sexes	6.9	3.0
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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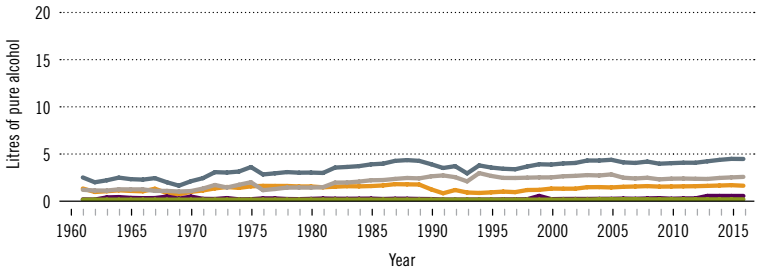
Cuba

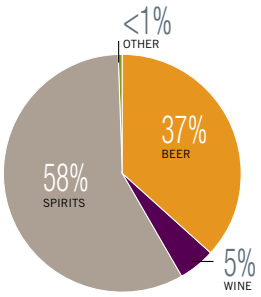
Total population (2016): 11 392 889 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 78% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.1		4.7	
Unrecorded	1.0		1.5	
Total**	**5.1**		**6.1**	
Total males / females	8.5	1.6	10.2	1.9
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.1
Females (15+)	6.0
Both sexes (15+)	13.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	32.9	55.0	28.7	65.0
Females	7.0	21.7	5.7	28.5
Both sexes	20.0	43.4	17.6	54.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	17.3	42.1	29.7
Former drinkers* (15+)	22.8	25.6	24.2
Abstainers (15+), past 12 months	40.1	67.7	53.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.1	5.7	61.3	37.7	884
Road traffic injuries, males / females	12.5	3.6	33.7	24.1	274
Cancer, males / females	208.3	138.2	5.7	1.3	950

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.6	3.8
Females	3.6	1.7
Both sexes	6.6	2.7
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	**No** / **No** / **No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, — / —, —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.01 / 0.01 / 0.01
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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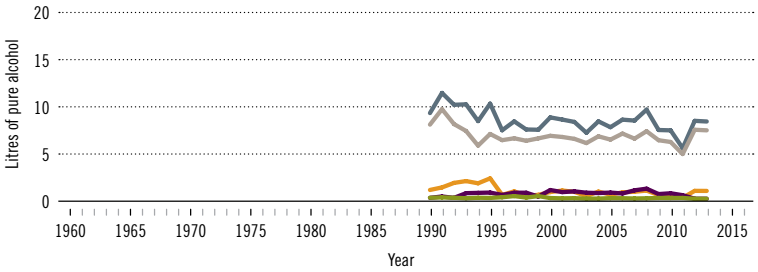
Dominica

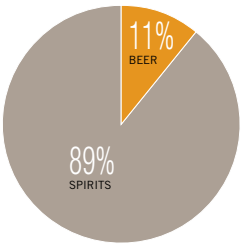
Total population (2016): 73 016 ➤ Population aged 15 years and older (15+): 75% ➤ Population in urban areas: 70% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.8		7.3	
Unrecorded	0.5		1.8	
Total**	**6.5**		**8.2**	
Total males / females	11.0	2.2	13.7	2.7
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	23.3
Females (15+)	8.4
Both sexes (15+)	18.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	34.9	59.3	28.4	66.3
Females	7.8	24.8	5.7	29.6
Both sexes	21.3	47.1	17.3	55.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	17.7	42.5	30.2
Former drinkers* (15+)	23.3	25.9	24.6
Abstainers (15+), past 12 months	41.0	68.3	54.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	3.8
Females	3.7	1.8
Both sexes	6.8	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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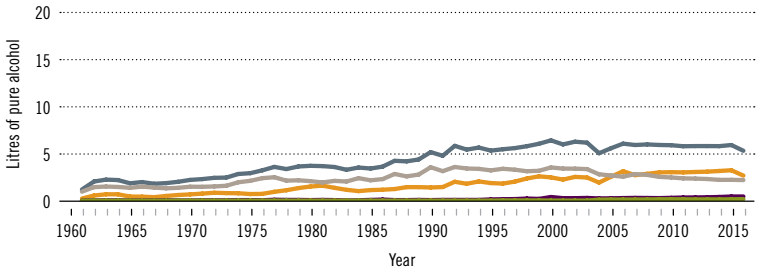
Dominican Republic

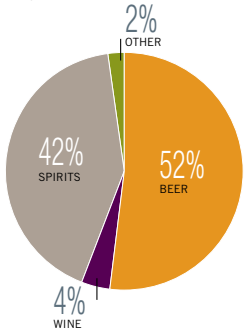
Total population (2016): 10 648 613 ➤ Population aged 15 years and older (15+): 70% ➤ Population in urban areas: 80% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.1		5.7	
Unrecorded	0.7		1.3	
Total**	**6.7**		**6.9**	
Total males / females	11.2	2.3	11.6	2.2
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.6
Females (15+)	7.5
Both sexes (15+)	16.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	32.9	58.1	25.9	64.1
Females	7.1	23.9	4.9	27.7
Both sexes	19.8	46.1	15.5	53.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	19.7	45.5	32.8
Former drinkers* (15+)	23.7	24.7	24.2
Abstainers (15+), past 12 months	43.3	70.3	57.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	35.2	19.6	63.9	39.5	1 028
Road traffic injuries, males / females	60.0	11.7	37.8	23.2	1 001
Cancer, males / females	170.9	127.5	5.0	2.2	394

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	3.9
Females	3.7	1.8
Both sexes	6.8	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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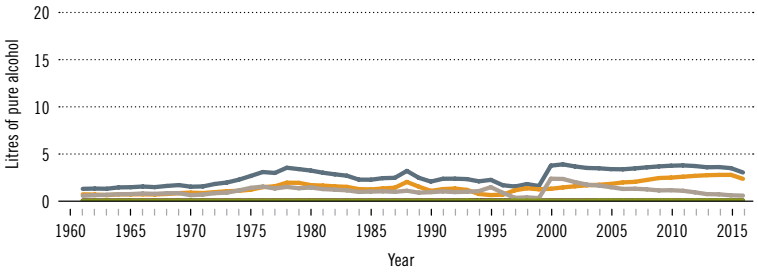
Ecuador

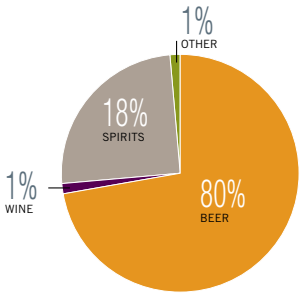
Total population (2016): 16 385 450 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 64% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.9		3.3	
Unrecorded	1.9		1.1	
Total**	**5.8**		**4.4**	
Total males / females	9.6	2.1	7.4	1.5
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	12.3
Females (15+)	4.5
Both sexes (15+)	9.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	35.1	58.1	28.2	63.9
Females	7.8	23.7	5.5	27.5
Both sexes	21.3	45.8	17.0	52.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.7	17.4	11.6
Former drinkers* (15+)	34.0	49.7	41.9
Abstainers (15+), past 12 months	39.7	67.1	53.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	32.3	18.3	48.2	31.9	1 110
Road traffic injuries, males / females	50.8	11.9	34.8	23.0	1 275
Cancer, males / females	129.4	123.9	2.8	1.3	285

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.7	3.9
Females	3.7	1.8
Both sexes	6.7	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.01
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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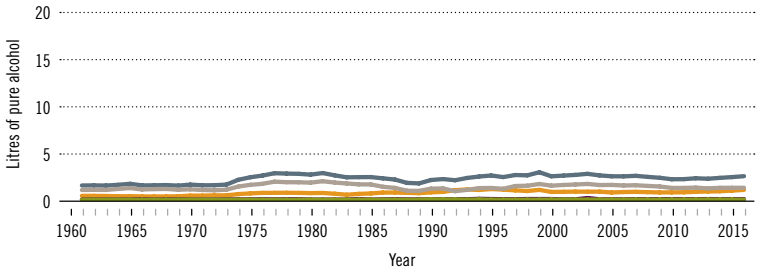
El Salvador

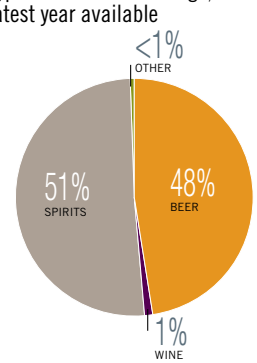
Total population (2016): 6 146 419 ➤ Population aged 15 years and older (15+): 74% ➤ Population in urban areas: 70% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.4		2.7	
Unrecorded	1.0		1.1	
Total**	**3.3**		**3.7**	
Total males / females	6.0	1.0	6.9	1.1
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	16.4
Females (15+)	6.0
Both sexes (15+)	12.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	19.0	45.4	14.0	51.2
Females	2.9	15.5	1.9	18.3
Both sexes	10.2	34.8	8.0	42.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	20.8	46.8	35.0
Former drinkers* (15+)	37.3	34.2	35.6
Abstainers (15+), past 12 months	58.2	81.0	70.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	57.6	21.3	53.2	27.8	724
Road traffic injuries, males / females	42.2	8.5	22.9	17.4	245
Cancer, males / females	139.9	144.5	2.4	1.0	108

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.3	3.9
Females	3.6	1.8
Both sexes	6.2	2.7
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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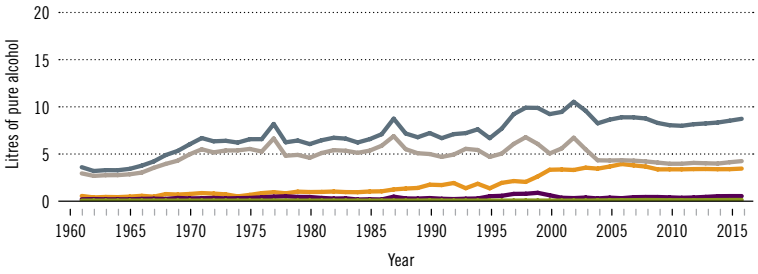
Grenada

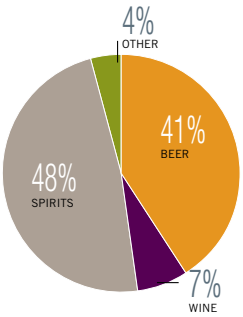
Total population (2016): 107 327 ➤ Population aged 15 years and older (15+): 74% ➤ Population in urban areas: 36% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.2		8.8	
Unrecorded	0.7		1.4	
Total**	**8.1**		**9.3**	
Total males / females	13.5	2.8	15.4	3.1
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	24.3
Females (15+)	8.8
Both sexes (15+)	18.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	40.6	63.7	32.6	69.0
Females	9.9	27.8	7.1	32.3
Both sexes	25.2	50.8	20.1	57.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	15.1	38.0	26.6
Former drinkers* (15+)	21.3	26.2	23.8
Abstainers (15+), past 12 months	36.4	64.3	50.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	20.1	6.1	71.6	43.7	6
Road traffic injuries, males / females	16.7	2.3	42.9	25.8	3
Cancer, males / females	261.9	169.1	8.0	2.6	9

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.6	3.9
Females	3.6	1.8
Both sexes	6.6	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / **No, No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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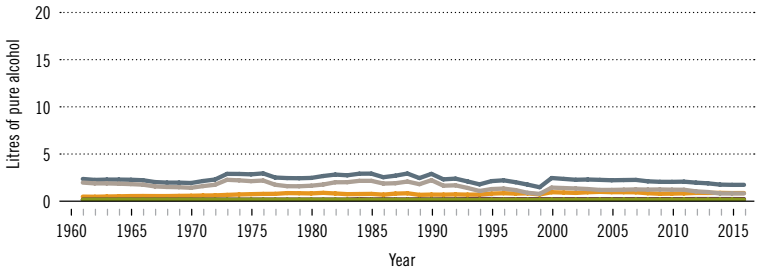
Guatemala

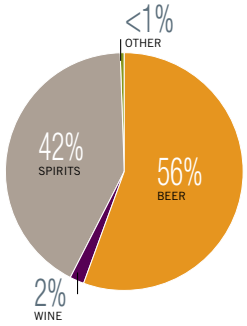
Total population (2016): 16 672 956 ➤ Population aged 15 years and older (15+): 64% ➤ Population in urban areas: 52% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.0		1.6	
Unrecorded	1.5		0.9	
Total**	**3.5**		**2.4**	
Total males / females	6.1	1.1	4.3	0.7
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	11.2
Females (15+)	4.2
Both sexes (15+)	9.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	17.2	44.6	11.8	48.2
Females	2.5	14.9	1.5	16.7
Both sexes	9.5	35.0	6.7	39.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	23.9	51.2	38.2
Former drinkers* (15+)	37.5	31.8	34.6
Abstainers (15+), past 12 months	61.4	83.1	72.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	60.8	24.6	39.2	23.0	1 070
Road traffic injuries, males / females	40.8	7.8	22.3	13.5	548
Cancer, males / females	104.6	104.9	3.8	1.9	219

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.5	3.9
Females	3.7	1.8
Both sexes	6.4	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, — / Yes, —
Specific events / intoxicated persons / petrol stations	— / **No** / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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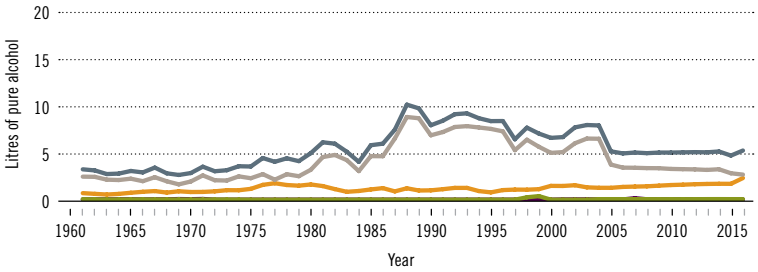
Guyana

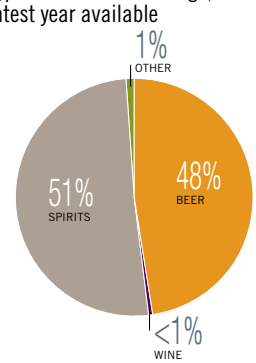
Total population (2016): 770 610 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 29% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.1		5.1	
Unrecorded	0.7		1.2	
Total**	**5.8**		**6.3**	
Total males / females	9.8	1.8	10.6	1.9
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.3
Females (15+)	7.4
Both sexes (15+)	16.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.8	57.0	22.9	62.5
Females	5.9	22.7	4.1	26.3
Both sexes	17.9	45.7	13.5	51.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	22.6	50.0	36.3
Former drinkers* (15+)	25.2	24.1	24.7
Abstainers (15+), past 12 months	47.8	74.1	60.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	53.5	16.4	64.8	40.5	100
Road traffic injuries, males / females	36.8	6.8	35.1	21.3	42
Cancer, males / females	127.1	137.5	4.9	1.6	17

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.5	3.9
Females	3.8	1.9
Both sexes	7.2	2.9
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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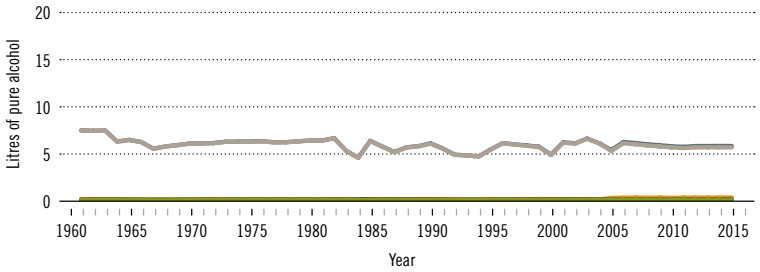
Haiti

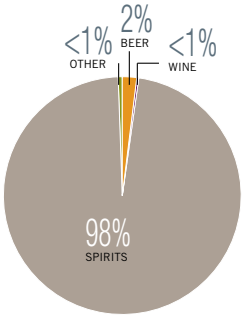
Total population (2016): 10 848 175 ➤ Population aged 15 years and older (15+): 67% ➤ Population in urban areas: 60% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.8		5.8	
Unrecorded	0.6		0.0	
Total**	**6.4**		**5.8**	
Total males / females	10.9	2.1	10.0	1.8
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.9
Females (15+)	7.7
Both sexes (15+)	16.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	26.6	55.5	19.0	59.6
Females	4.9	21.5	3.1	24.0
Both sexes	15.5	44.1	11.1	49.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	25.9	54.2	40.4
Former drinkers* (15+)	26.2	22.9	24.5
Abstainers (15+), past 12 months	52.1	77.1	64.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	35.8	18.1	60.8	35.2	785
Road traffic injuries, males / females	25.2	7.9	31.3	21.5	489
Cancer, males / females	150.2	124.8	4.1	1.5	188

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.3	3.9
Females	3.8	1.8
Both sexes	6.9	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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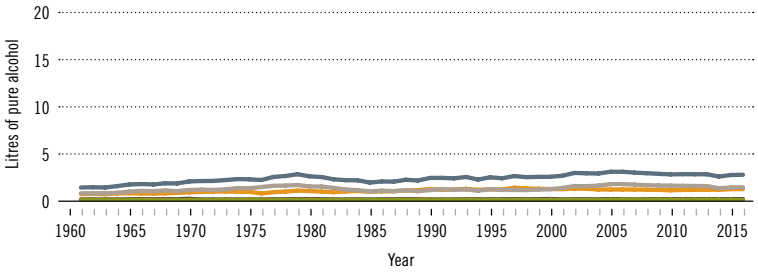
Honduras

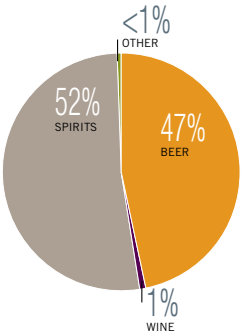
Total population (2016): 8 189 501 ➤ Population aged 15 years and older (15+): 69% ➤ Population in urban areas: 62% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.9		2.9	
Unrecorded	0.9		1.2	
Total**	**3.9**		**4.0**	
Total males / females	6.6	1.2	6.9	1.2
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	16.8
Females (15+)	6.2
Both sexes (15+)	13.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	19.3	46.8	13.4	50.8
Females	3.0	16.3	1.8	18.1
Both sexes	11.1	37.3	7.7	41.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	21.4	48.0	34.8
Former drinkers* (15+)	37.3	33.5	35.4
Abstainers (15+), past 12 months	58.7	81.5	70.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	33.2	22.4	51.5	27.9	502
Road traffic injuries, males / females	30.6	14.6	24.9	18.9	311
Cancer, males / females	132.1	126.3	3.3	1.4	124

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.7	3.9
Females	3.7	1.8
Both sexes	6.7	2.9
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.07 / 0.07 / 0.07
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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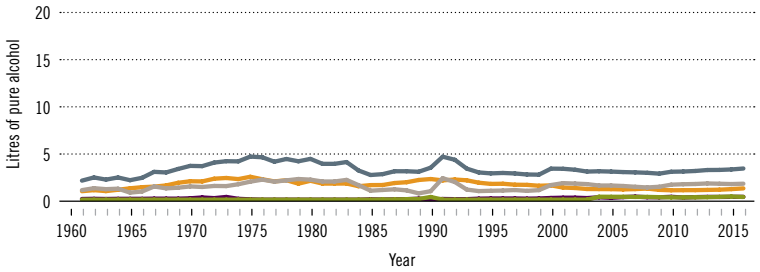
Jamaica

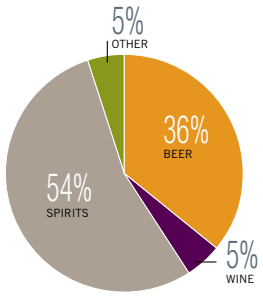
Total population (2016): 2 803 362 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 57% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.0		3.4	
Unrecorded	1.3		1.1	
Total**	**3.9**		**4.2**	
Total males / females	6.8	1.2	7.1	1.2
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	15.1
Females (15+)	5.5
Both sexes (15+)	11.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	24.3	51.3	18.6	58.1
Females	4.3	19.2	3.0	22.9
Both sexes	14.2	40.8	11.0	48.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	26.3	54.9	40.8
Former drinkers* (15+)	26.2	22.5	24.3
Abstainers (15+), past 12 months	52.6	77.4	65.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.9	5.0	48.7	28.7	75
Road traffic injuries, males / females	15.0	5.1	26.7	17.4	61
Cancer, males / females	193.5	123.3	2.3	1.0	70

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.2	2.5
Females	2.3	0.5
Both sexes	5.2	1.5
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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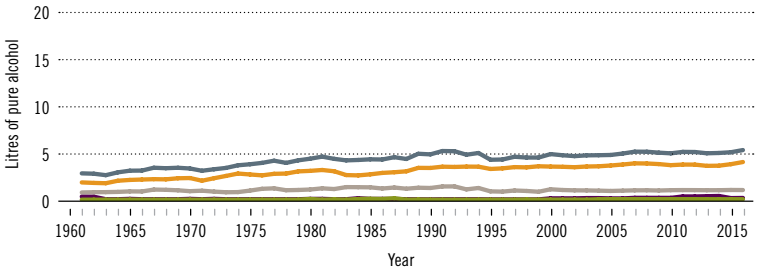
Mexico

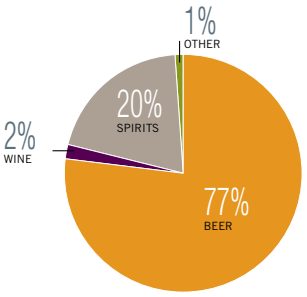
Total population (2016): 128 632 004 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 79% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.2		5.4	
Unrecorded	1.8		1.4	
Total**	**6.7**		**6.5**	
Total males / females	11.3	2.2	11.1	2.1
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.7
Females (15+)	7.1
Both sexes (15+)	15.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	30.6	54.2	23.8	59.8
Females	6.1	20.8	4.2	24.2
Both sexes	18.2	42.5	14.1	49.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	12.7	33.2	23.1
Former drinkers* (15+)	30.9	37.3	34.2
Abstainers (15+), past 12 months	43.6	70.6	57.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	53.0	17.1	64.4	38.1	16 192
Road traffic injuries, males / females	25.6	6.0	33.1	24.0	4 776
Cancer, males / females	101.6	92.3	4.5	1.8	2 511

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	4.3	2.3
Females	0.4	0.3
Both sexes	2.3	1.3
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2007/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	Subnational, **No** / Subnational, **No**
Hours, days / places, density	
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Subnational
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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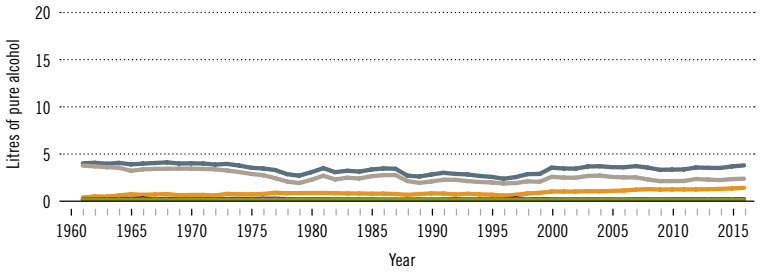
Nicaragua

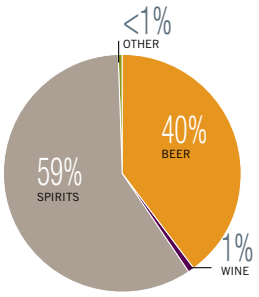
Total population (2016): 6 150 035 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 59% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.3		3.8	
Unrecorded	1.5		1.4	
Total**	**4.8**		**5.2**	
Total males / females	8.4	1.5	9.1	1.5
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.2
Females (15+)	7.4
Both sexes (15+)	15.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	22.1	49.3	15.5	53.5
Females	3.6	17.4	2.3	19.8
Both sexes	12.6	38.7	9.1	44.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	18.7	43.8	31.6
Former drinkers* (15+)	36.4	35.4	35.9
Abstainers (15+), past 12 months	55.1	79.2	67.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	67.0	23.1	61.0	33.0	826
Road traffic injuries, males / females	34.7	5.8	29.2	16.1	247
Cancer, males / females	133.1	109.5	4.1	1.6	117

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.7	3.9
Females	3.7	1.8
Both sexes	6.6	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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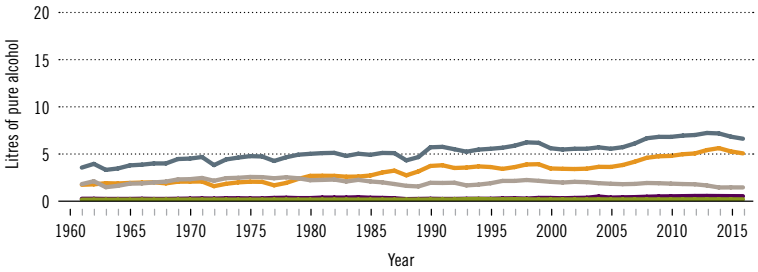
Panama

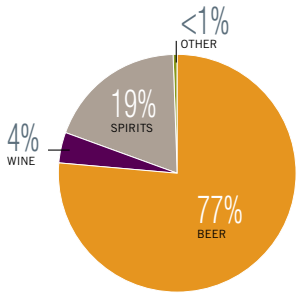
Total population (2016): 3 990 406 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 68% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.0		6.8	
Unrecorded	0.8		1.2	
Total**	**7.7**		**7.9**	
Total males / females	12.8	2.6	13.2	2.6
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.4
Females (15+)	7.7
Both sexes (15+)	16.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	34.8	56.6	28.6	63.1
Females	7.7	22.7	5.5	26.8
Both sexes	21.2	44.5	17.3	52.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	10.4	28.5	19.5
Former drinkers* (15+)	28.1	37.5	32.8
Abstainers (15+), past 12 months	38.5	66.0	52.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	16.0	7.5	67.0	41.5	193
Road traffic injuries, males / females	27.1	5.3	37.1	26.6	174
Cancer, males / females	134.2	105.4	4.6	1.6	113

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	3.9
Females	3.7	1.8
Both sexes	6.8	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any): Hours, days / places, density	Subnational, Subnational / Yes,Yes
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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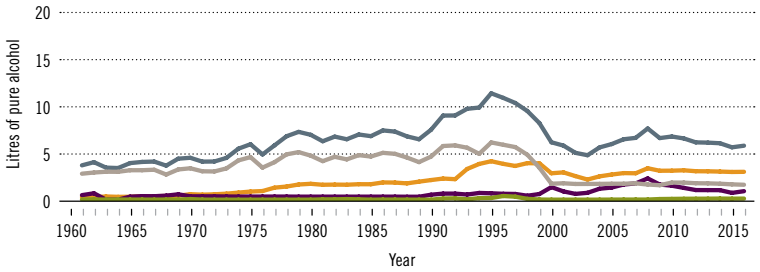
Paraguay

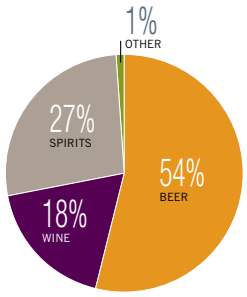
Total population (2016): 6 725 430 ➤ Population aged 15 years and older (15+): 70% ➤ Population in urban areas: 60% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.7		5.7	
Unrecorded	1.8		1.7	
Total**	**8.2**		**7.2**	
Total males / females	13.7	2.6	12.2	2.1
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.2
Females (15+)	9.2
Both sexes (15+)	20.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	28.7	59.2	20.9	64.4
Females	5.7	24.6	3.7	28.0
Both sexes	17.3	48.2	12.5	54.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	13.9	35.7	24.7
Former drinkers* (15+)	37.6	41.1	39.3
Abstainers (15+), past 12 months	51.6	76.8	64.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	26.0	9.0	66.3	39.4	415
Road traffic injuries, males / females	53.9	14.9	35.3	22.8	577
Cancer, males / females	167.0	128.7	5.1	1.7	206

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.2	3.9
Females	3.7	1.8
Both sexes	7.0	2.9
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2011/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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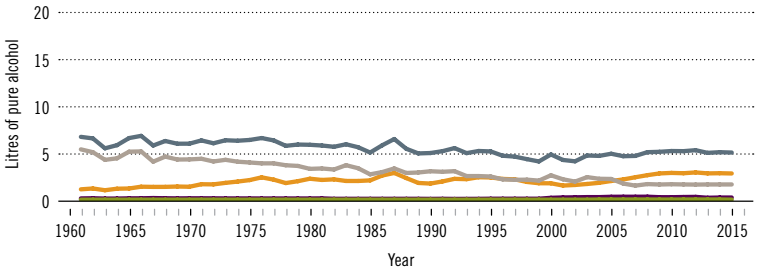
Peru

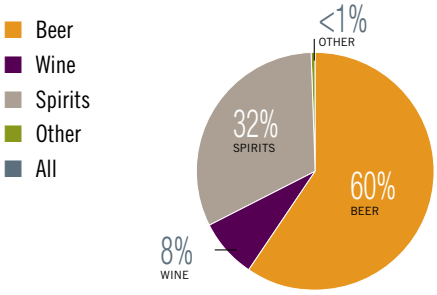
Total population (2016): 31 774 225 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 79% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.2		5.1	
Unrecorded	2.8		1.2	
Total**	**8.0**		**6.3**	
Total males / females	13.1	3.1	10.4	2.2
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	15.6
Females (15+)	5.6
Both sexes (15+)	11.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	42.1	62.8	35.2	68.6
Females	10.9	27.4	7.9	31.8
Both sexes	26.4	49.5	21.9	57.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.2	13.3	8.8
Former drinkers* (15+)	28.7	47.1	38.0
Abstainers (15+), past 12 months	32.9	60.4	46.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	58.2	26.4	60.1	40.3	4 606
Road traffic injuries, males / females	27.4	8.2	38.6	26.3	1 486
Cancer, males / females	141.5	130.8	3.2	1.5	664

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	14.0	7.9
Females	3.8	1.9
Both sexes	8.9	4.9
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.025
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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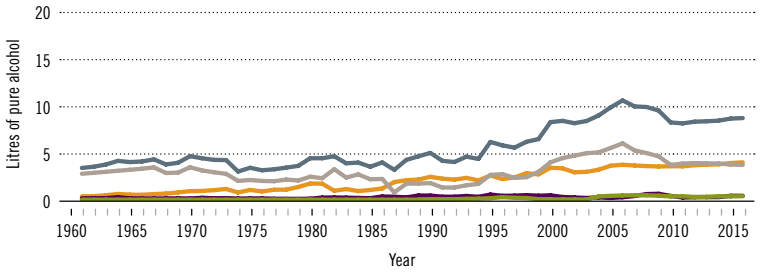
Saint Kitts and Nevis

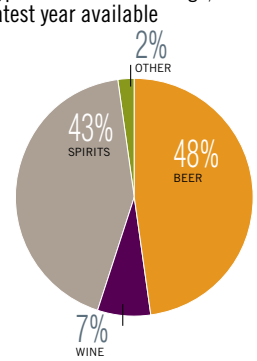
Total population (2016): 56 182 ➤ Population aged 15 years and older (15+): 75% ➤ Population in urban areas: 31% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.8		8.9	
Unrecorded	0.5		0.5	
Total**	**9.3**		**9.4**	
Total males / females	15.2	3.4	15.5	3.4
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.6
Females (15+)	8.1
Both sexes (15+)	17.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	44.2	64.5	38.2	71.3
Females	12.1	29.3	9.3	34.8
Both sexes	28.0	51.1	24.1	59.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	12.5	33.0	22.8
Former drinkers* (15+)	18.9	25.7	22.3
Abstainers (15+), past 12 months	31.4	58.7	45.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.7	3.8
Females	3.6	1.8
Both sexes	6.6	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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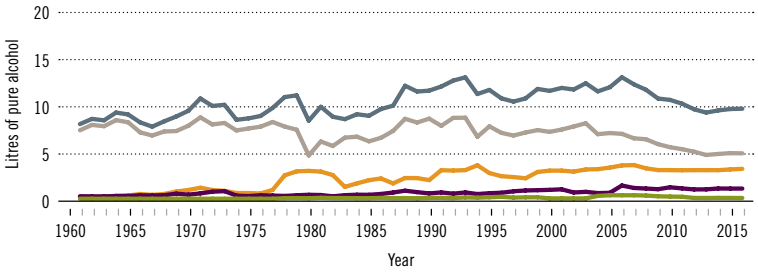
Saint Lucia

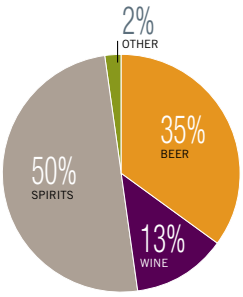
Total population (2016): 186 383 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 18% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.6		9.7	
Unrecorded	0.2		1.5	
Total**	**9.5**		**9.9**	
Total males / females	16.0	3.4	16.7	3.4
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.1
Females (15+)	9.3
Both sexes (15+)	19.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	40.2	62.9	33.6	69.9
Females	10.1	27.8	7.5	33.2
Both sexes	24.7	49.7	20.6	58.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	14.5	36.9	26.0
Former drinkers* (15+)	21.6	26.8	24.3
Abstainers (15+), past 12 months	36.1	63.7	50.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.5	7.7	73.6	54.0	13
Road traffic injuries, males / females	30.9	6.2	43.2	40.2	11
Cancer, males / females	188.2	140.4	7.2	3.3	14

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.5	3.8
Females	3.6	1.8
Both sexes	6.5	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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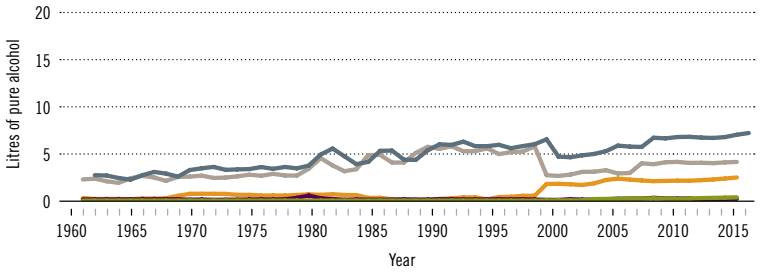
Saint Vincent and the Grenadines

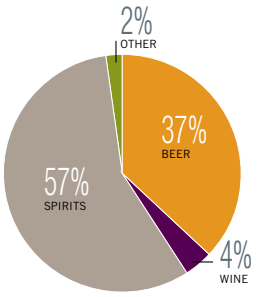
Total population (2016): 109 644 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 51% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.9		7.4	
Unrecorded	0.3		1.4	
Total**	**6.8**		**8.2**	
Total males / females	11.2	2.2	13.7	2.7
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.7
Females (15+)	8.2
Both sexes (15+)	17.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	36.5	60.5	29.5	67.0
Females	8.4	25.7	6.0	30.3
Both sexes	22.6	48.4	17.9	55.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	16.9	41.3	29.0
Former drinkers* (15+)	22.8	25.9	24.3
Abstainers (15+), past 12 months	39.7	67.2	53.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	13.6	1.3	69.5	44.0	4
Road traffic injuries, males / females	19.5	5.4	5.1	1.3	4
Cancer, males / females	256.5	160.7	37.1	22.3	6

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.0	3.9
Females	3.7	1.8
Both sexes	6.9	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No** / **No** / **No**
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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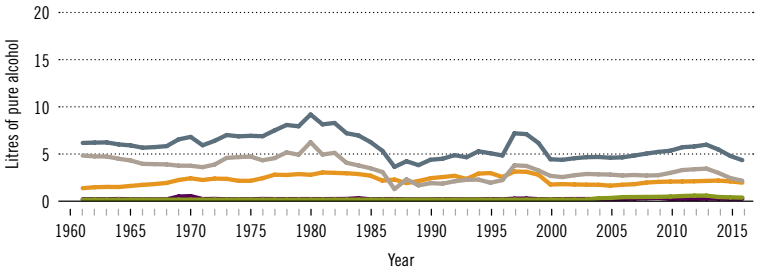
Suriname

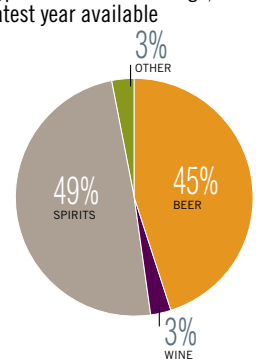
Total population (2016): 547 610 ➤ Population aged 15 years and older (15+): 74% ➤ Population in urban areas: 67% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.4		4.3	
Unrecorded	1.0		0.9	
Total**	**6.3**		**5.1**	
Total males / females	10.6	2.1	8.7	1.6
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	15.6
Females (15+)	5.6
Both sexes (15+)	12.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	31.3	56.1	24.4	62.1
Females	6.3	21.9	4.4	26.0
Both sexes	18.7	44.4	14.5	51.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	20.7	47.4	34.1
Former drinkers* (15+)	23.4	23.9	23.7
Abstainers (15+), past 12 months	44.2	71.3	57.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	39.5	14.7	56.1	34.4	50
Road traffic injuries, males / females	40.4	10.1	33.9	17.9	33
Cancer, males / females	205.1	145.6	4.1	1.4	18

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.0	3.9
Females	3.7	1.8
Both sexes	6.9	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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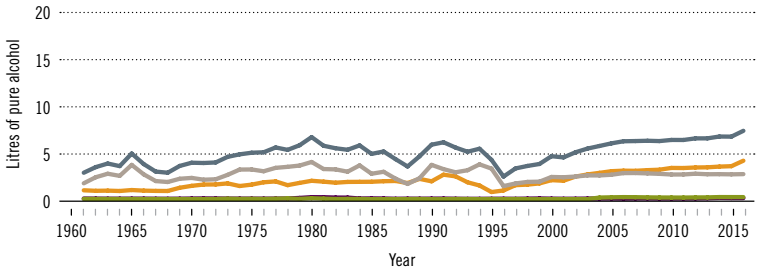
Trinidad and Tobago

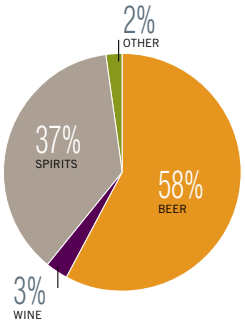
Total population (2016): 1 364 973 ➤ Population aged 15 years and older (15+): 79% ➤ Population in urban areas: 8% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.5		7.3	
Unrecorded	0.3		1.1	
Total**	**6.7**		**8.4**	
Total males / females	11.1	2.5	13.9	3.1
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.2
Females (15+)	6.7
Both sexes (15+)	14.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	46.9	64.8	41.5	72.1
Females	13.3	29.2	10.7	35.6
Both sexes	29.8	50.7	26.3	59.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	10.8	29.7	20.5
Former drinkers* (15+)	16.7	24.7	20.8
Abstainers (15+), past 12 months	27.5	54.4	41.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	13.9	5.4	69.0	50.8	72
Road traffic injuries, males / females	35.8	7.3	44.8	30.3	97
Cancer, males / females	197.4	133.5	4.4	2.0	61

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	3.8
Females	3.7	1.8
Both sexes	6.7	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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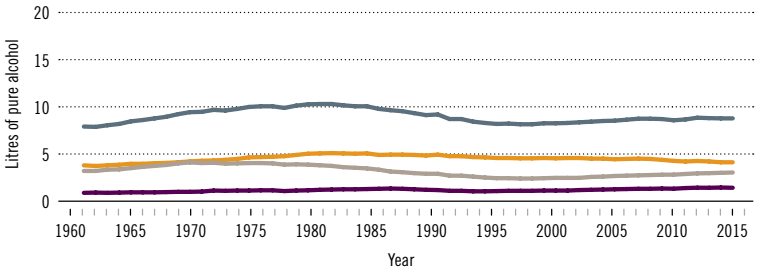
United States of America

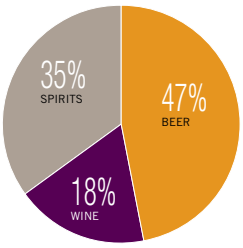
Total population (2016): 324 118 787 ➤ Population aged 15 years and older (15+): 81% ➤ Population in urban areas: 82% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.6		8.8	
Unrecorded	0.5		0.8	
Total**	**9.3**		**9.8**	
Total males / females	15.0	3.9	15.8	4.1
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.0
Females (15+)	6.7
Both sexes (15+)	13.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	41.5	50.0	43.9	60.0
Females	11.1	18.3	11.2	24.4
Both sexes	26.1	36.4	28.0	46.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.4	13.8	9.2
Former drinkers* (15+)	12.6	25.5	19.2
Abstainers (15+), past 12 months	17.0	39.3	28.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.7	10.0	74.1	59.2	34 240
Road traffic injuries, males / females	20.3	7.9	42.5	25.0	14 246
Cancer, males / females	178.3	133.9	7.0	2.6	30 859

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	17.6	9.9
Females	10.4	5.5
Both sexes	13.9	7.7
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2011/2012) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	sub-national
Specific events / intoxicated persons / petrol stations	sub-national

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.00-0.02 / 0.04
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	sub-national
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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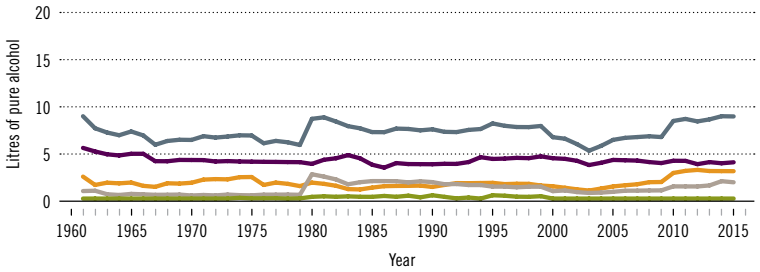
Uruguay

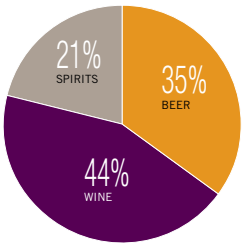
Total population (2016): 3 444 071 ➤ Population aged 15 years and older (15+): 79% ➤ Population in urban areas: 96% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.0		9.0	
Unrecorded	1.3		1.9	
Total**	**9.2**		**10.8**	
Total males / females	15.2	3.8	17.8	4.5
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.9
Females (15+)	7.8
Both sexes (15+)	15.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	37.7	46.4	38.8	54.9
Females	9.0	15.6	8.9	20.7
Both sexes	22.6	32.9	24.1	42.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	2.7	9.0	6.0
Former drinkers* (15+)	16.0	33.5	25.1
Abstainers (15+), past 12 months	18.7	42.4	31.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	11.3	2.0	74.4	57.0	153
Road traffic injuries, males / females	27.7	6.4	41.0	22.5	174
Cancer, males / females	277.5	162.5	5.6	2.2	350

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.6	3.8
Females	3.4	1.7
Both sexes	6.4	2.7
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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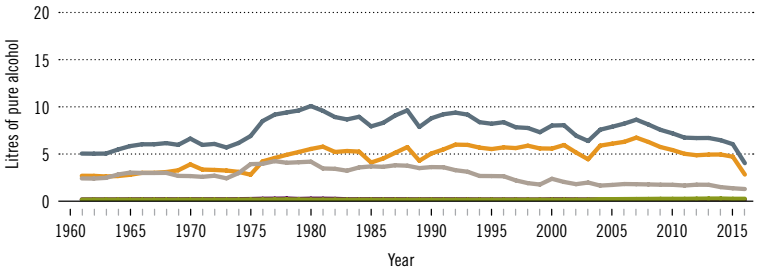
Venezuela (Bolivarian Republic of)

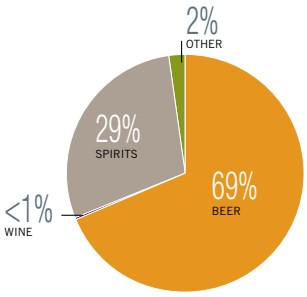
Total population (2016): 31 518 855 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 89% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.1		4.6	
Unrecorded	1.3		1.1	
Total**	**8.5**		**5.6**	
Total males / females	14.1	3.0	9.7	1.7
WHO Region of the Americas	8.2		8.0	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.9
Females (15+)	6.8
Both sexes (15+)	14.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	25.7	50.2	19.4	55.7
Females	4.6	18.2	3.0	21.3
Both sexes	15.0	39.5	11.3	45.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	15.5	38.6	27.2
Former drinkers* (15+)	33.3	36.3	34.8
Abstainers (15+), past 12 months	48.8	74.8	62.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	25.3	4.7	60.5	34.5	1 654
Road traffic injuries, males / females	91.2	15.3	32.6	19.5	3 902
Cancer, males / females	165.3	127.5	5.5	2.4	1 135

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.0	3.9
Females	3.8	1.8
Both sexes	6.9	2.8
WHO Region of the Americas	8.2	4.1

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / **No, No**
Specific events / intoxicated persons / petrol stations	Yes / — / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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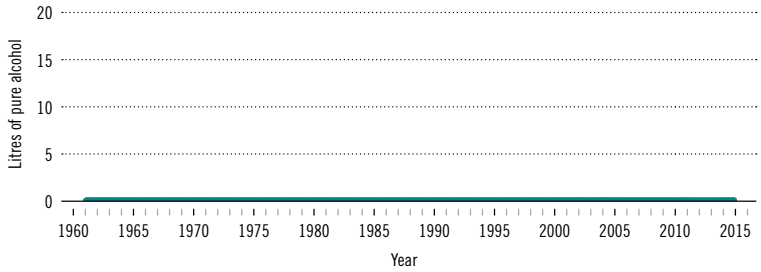
Afghanistan

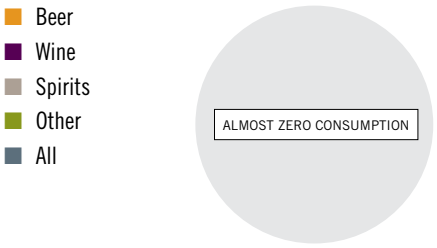
Total population (2016): 33 369 945 ➤ Population aged 15 years and older (15+): 57% ➤ Population in urban areas: 28% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.2		0.2	
Total**	**0.2**		**0.2**	
Total males / females	0.4	0.0	0.4	0.0
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	37.9
Females (15+)	14.3
Both sexes (15+)	33.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.0	2.3	0.0	2.4
Females	0.0	0.5	0.0	0.5
Both sexes	0.0	2.0	0.0	2.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	98.6	99.6	99.1
Former drinkers* (15+)	0.4	0.1	0.3
Abstainers (15+), past 12 months	99.0	99.7	99.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	28.2	19.6	5.5	1.1	92
Road traffic injuries, males / females	34.9	7.4	0.7	0.5	36
Cancer, males / females	170.6	142.0	0.5	0.1	59

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.6	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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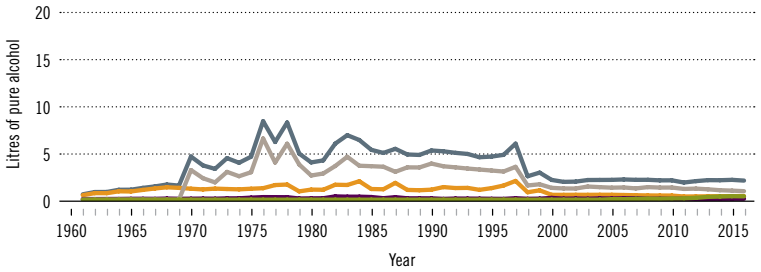
Bahrain

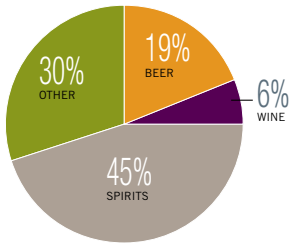
Total population (2016): 1 396 829 ➤ Population aged 15 years and older (15+): 79% ➤ Population in urban areas: 91% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.0		2.1	
Unrecorded	0.1		0.1	
Total**	**1.9**		**1.9**	
Total males / females	2.7	0.3	2.8	0.3
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	24.5
Females (15+)	8.7
Both sexes (15+)	22.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	3.8	33.0	1.9	35.4
Females	0.4	9.4	0.2	10.5
Both sexes	2.6	29.5	1.1	30.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	79.6	93.4	84.4
Former drinkers* (15+)	9.0	2.8	6.8
Abstainers (15+), past 12 months	88.5	96.2	91.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	15.0	9.1	31.8	11.8	14
Road traffic injuries, males / females	14.3	4.6	7.2	3.8	7
Cancer, males / females	100.9	89.9	2.1	0.5	6

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	2.3	0.4
Females	0.3	0.1
Both sexes	1.6	0.3
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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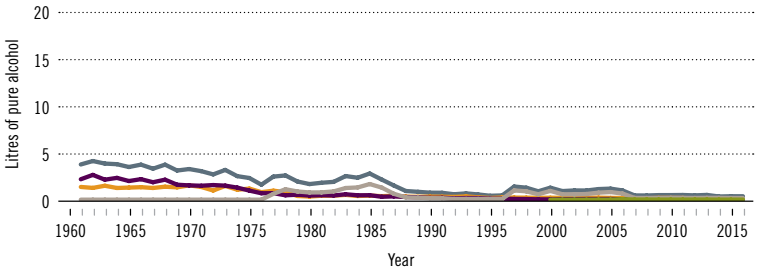
Djibouti

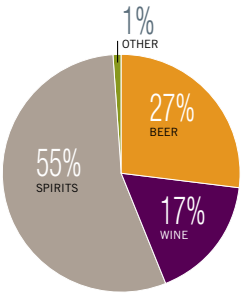
Total population (2016): 899 598 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 81% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.5		0.4	
Unrecorded	0.2		0.2	
Total**	**0.7**		**0.5**	
Total males / females	1.3	0.2	0.9	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	3.3
Females (15+)	1.2
Both sexes (15+)	2.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.1	49.8	8.7	53.7
Females	2.0	17.9	1.1	19.9
Both sexes	8.0	40.8	4.9	45.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	56.2	81.6	68.9
Former drinkers* (15+)	15.6	7.3	11.4
Abstainers (15+), past 12 months	71.8	88.9	80.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	46.2	30.4	14.2	14.0	25
Road traffic injuries, males / females	49.0	22.9	14.4	9.3	31
Cancer, males / females	110.6	128.9	2.1	0.6	7

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	0.3
Females	0.2	0.1
Both sexes	0.8	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1969/1995) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No** / **No** / **No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No** / **No** / **No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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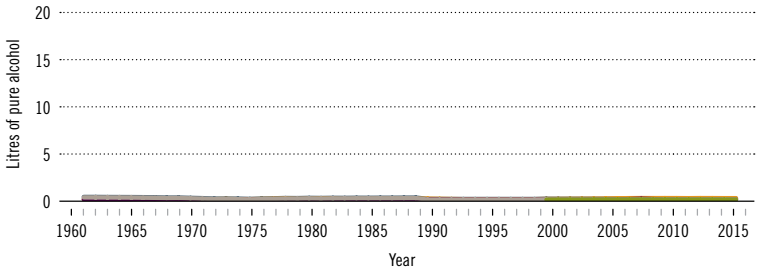
Egypt

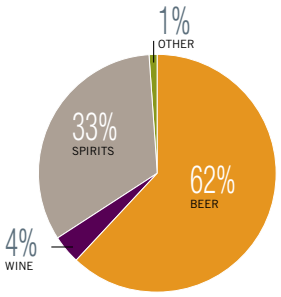
Total population (2016): 93 383 574 ➤ Population aged 15 years and older (15+): 67% ➤ Population in urban areas: 44% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.2		0.2	
Unrecorded	0.2		0.2	
Total**	**0.4**		**0.4**	
Total males / females	0.7	0.1	0.7	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.0
Females (15+)	6.2
Both sexes (15+)	14.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	1.0	22.6	0.5	25.3
Females	0.1	5.9	0.0	6.8
Both sexes	0.5	18.5	0.3	21.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	91.2	97.3	94.3
Former drinkers* (15+)	4.6	1.3	2.9
Abstainers (15+), past 12 months	95.8	98.6	97.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	200.4	121.6	15.5	4.5	7 437
Road traffic injuries, males / females	34.0	7.0	1.8	1.5	229
Cancer, males / females	189.0	130.2	2.0	0.3	977

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	2.6	1.2
Females	0.2	0.1
Both sexes	1.4	0.6
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1956/1976) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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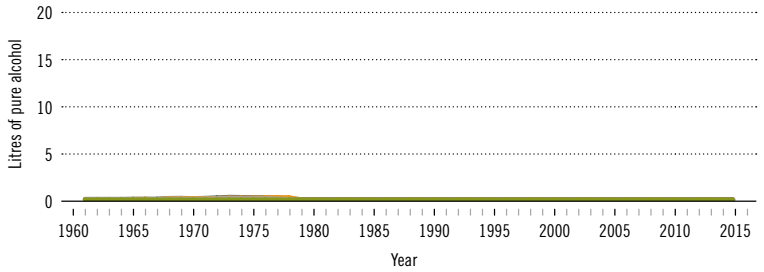
Iran (Islamic Republic of)

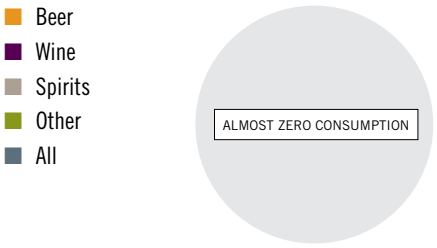
Total population (2016): 79 109 272 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 75% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	1.0		1.0	
Total**	**1.0**		**1.0**	
Total males / females	1.9	0.1	1.9	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	31.5
Females (15+)	11.3
Both sexes (15+)	28.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.3	4.7	0.1	5.4
Females	0.0	0.6	0.0	0.7
Both sexes	0.1	4.1	0.1	4.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	93.4	98.7	96.0
Former drinkers* (15+)	0.7	0.2	0.4
Abstainers (15+), past 12 months	94.0	98.9	96.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	11.4	7.7	17.2	2.7	477
Road traffic injuries, males / females	54.8	17.7	3.3	1.6	630
Cancer, males / females	153.2	111.9	0.7	0.1	264

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.8	1.2
Females	0.1	0.1
Both sexes	1.0	0.6
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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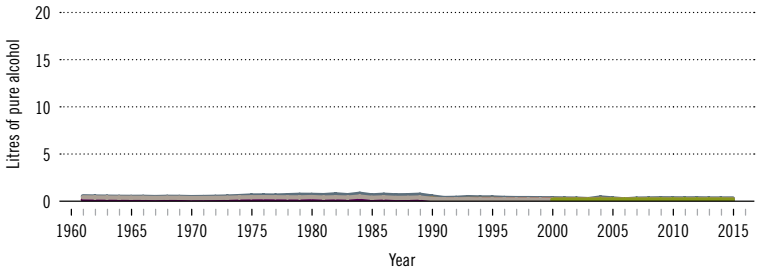
Iraq

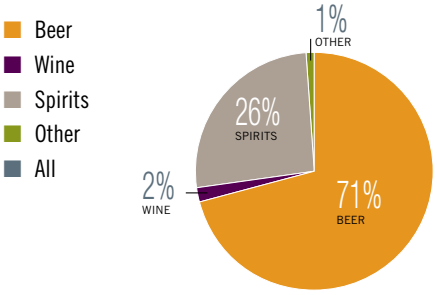
Total population (2016): 37 547 686 ➤ Population aged 15 years and older (15+): 59% ➤ Population in urban areas: 69% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.2		0.2	
Unrecorded	0.3		0.2	
Total**	**0.5**		**0.4**	
Total males / females	0.9	0.1	0.7	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	14.6
Females (15+)	5.4
Both sexes (15+)	12.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	1.1	24.5	0.6	26.3
Females	0.1	6.5	0.1	7.1
Both sexes	0.6	20.1	0.3	21.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	90.5	97.1	93.8
Former drinkers* (15+)	4.8	1.4	3.1
Abstainers (15+), past 12 months	95.3	98.5	96.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.5	5.2	15.2	4.6	114
Road traffic injuries, males / females	33.3	16.8	1.9	1.2	102
Cancer, males / females	180.3	138.6	0.7	0.1	85

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.7	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	**No** / **No** / **No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.04 / 0.04 / 0.04
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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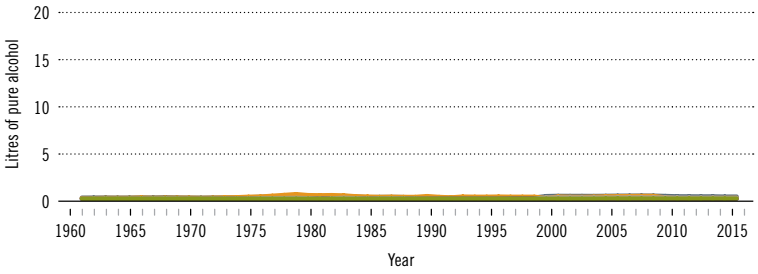
Jordan

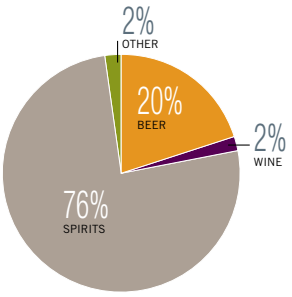
Total population (2016): 7 747 800 ➤ Population aged 15 years and older (15+): 65% ➤ Population in urban areas: 100% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.5		0.4	
Unrecorded	0.2		0.4	
Total**	**0.7**		**0.7**	
Total males / females	1.2	0.1	1.3	0.2
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	28.9
Females (15+)	10.6
Both sexes (15+)	24.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	1.1	23.9	0.6	26.1
Females	0.1	6.3	0.0	7.0
Both sexes	0.6	19.8	0.3	21.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	90.7	97.2	93.9
Former drinkers* (15+)	4.8	1.4	3.1
Abstainers (15+), past 12 months	95.5	98.6	97.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	20.6	14.6	21.5	6.4	98
Road traffic injuries, males / females	46.8	17.2	2.6	1.8	54
Cancer, males / females	137.5	95.0	1.5	0.2	41

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.7	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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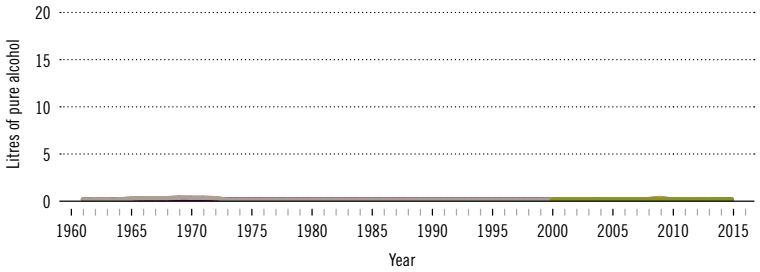
Kuwait

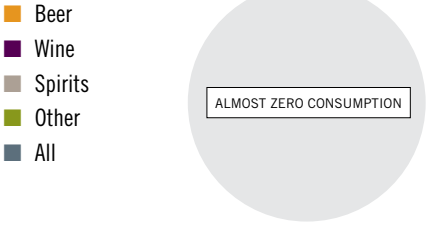
Total population (2016): 4 007 146 ➤ Population aged 15 years and older (15+): 78% ➤ Population in urban areas: 99% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.1		0.0	
Total**	**0.0**		**0.0**	
Total males / females	0.0	0.0	0.0	0.0
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	1.1
Females (15+)	0.4
Both sexes (15+)	1.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.0	4.8	0.0	5.3
Females	0.0	1.1	0.0	1.2
Both sexes	0.0	4.1	0.0	4.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	97.0	99.1	97.9
Former drinkers* (15+)	2.2	0.6	1.6
Abstainers (15+), past 12 months	99.2	99.8	99.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	7.2	7.8	4.6	1.3	3
Road traffic injuries, males / females	47.1	8.6	0.1	0.0	0
Cancer, males / females	159.8	153.9	1.0	0.1	10

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.6	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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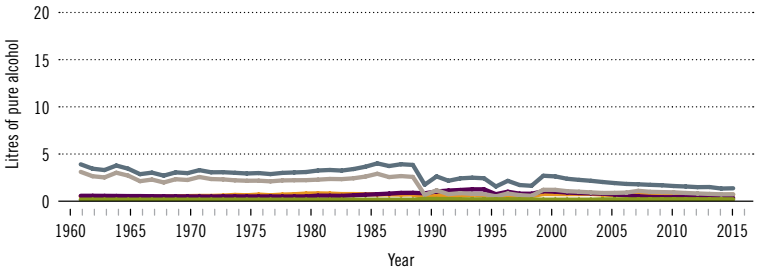
Lebanon

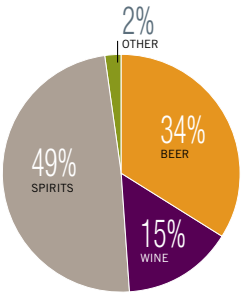
Total population (2016): 5 988 153 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 88% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.6		1.2	
Unrecorded	0.5		0.4	
Total**	**2.0**		**1.5**	
Total males / females	3.6	0.4	2.7	0.3
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	29.6
Females (15+)	10.7
Both sexes (15+)	25.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	2.3	24.5	1.3	28.7
Females	0.2	6.8	0.1	7.9
Both sexes	1.2	20.2	0.7	23.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	84.9	95.3	90.1
Former drinkers* (15+)	5.8	1.7	3.8
Abstainers (15+), past 12 months	90.8	97.0	93.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	24.1	13.9	29.5	9.6	188
Road traffic injuries, males / females	38.1	9.6	4.8	3.3	50
Cancer, males / females	150.0	126.7	1.5	0.4	61

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	15.8	7.4
Females	1.6	0.0
Both sexes	8.7	3.7
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (—/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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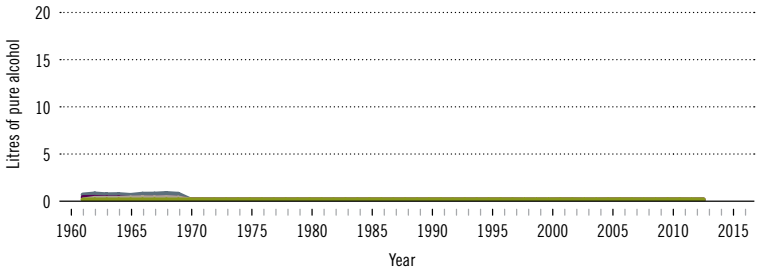
Libya

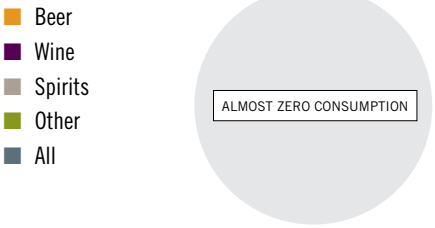
Total population (2016): 6 330 159 ➤ Population aged 15 years and older (15+): 70% ➤ Population in urban areas: 78% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.1		0.0	
Total**	**0.1**		**0.0**	
Total males / females	0.2	0.0	0.1	0.0
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	31.2
Females (15+)	11.2
Both sexes (15+)	26.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.0	2.5	0.0	2.9
Females	0.0	0.6	0.0	0.6
Both sexes	0.0	2.1	0.0	2.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	99.2	99.8	99.5
Former drinkers* (15+)	0.6	0.2	0.4
Abstainers (15+), past 12 months	99.8	99.9	99.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	32.9	18.4	1.9	0.5	10
Road traffic injuries, males / females	58.5	13.4	0.1	0.1	2
Cancer, males / females	174.9	107.5	0.2	0.0	5

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < **1** 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.5	0.3
Females	0.1	0.1
Both sexes	0.3	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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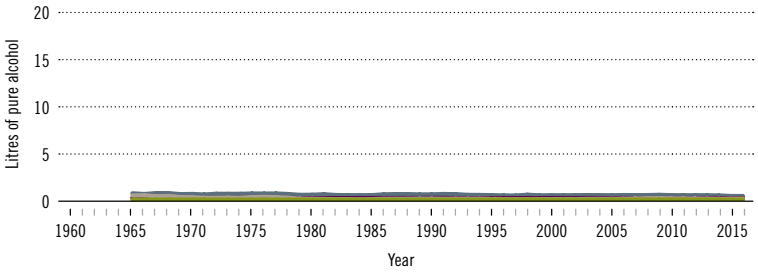
Morocco

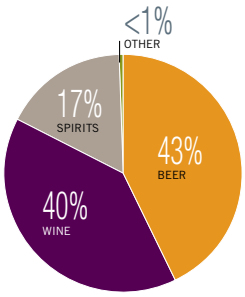
Total population (2016): 34 817 065 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 62% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.6		0.4	
Unrecorded	0.5		0.3	
Total**	**1.0**		**0.6**	
Total males / females	1.8	0.2	1.1	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	29.2
Females (15+)	10.6
Both sexes (15+)	24.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.9	21.8	0.5	25.0
Females	0.1	5.7	0.0	6.7
Both sexes	0.5	17.7	0.3	20.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	91.6	97.4	94.6
Former drinkers* (15+)	4.5	1.3	2.8
Abstainers (15+), past 12 months	96.1	98.7	97.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	16.2	9.5	18.2	5.3	341
Road traffic injuries, males / females	37.9	10.0	2.3	1.4	136
Cancer, males / females	135.2	91.1	1.1	0.2	182

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.8	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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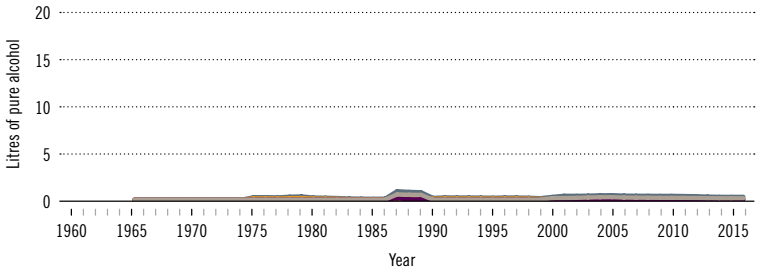
Oman

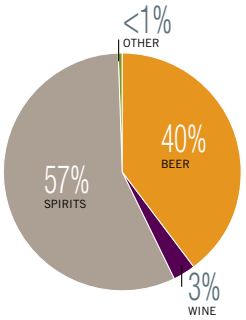
Total population (2016): 4 654 471 ➤ Population aged 15 years and older (15+): 79% ➤ Population in urban areas: 74% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.5		0.4	
Unrecorded	0.2		0.4	
Total**	**0.7**		**0.8**	
Total males / females	1.1	0.1	1.0	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	9.9
Females (15+)	3.5
Both sexes (15+)	9.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	3.3	31.3	1.6	33.1
Females	0.3	8.9	0.1	9.6
Both sexes	2.4	28.6	0.9	28.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	81.5	94.2	85.3
Former drinkers* (15+)	8.0	2.4	6.4
Abstainers (15+), past 12 months	89.6	96.7	91.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	13.2	9.5	17.0	8.2	26
Road traffic injuries, males / females	50.0	14.0	5.4	2.6	59
Cancer, males / females	110.2	73.6	1.9	0.3	17

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.6	0.3
Females	0.1	0.1
Both sexes	0.4	0.3
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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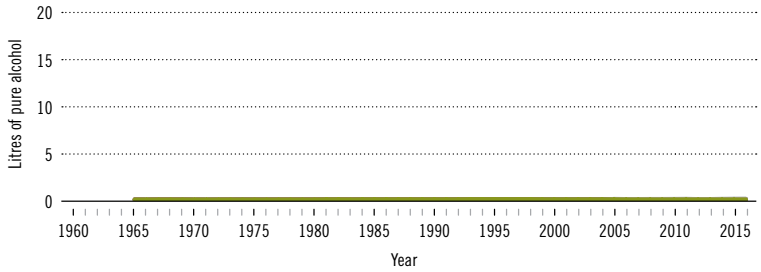
Pakistan

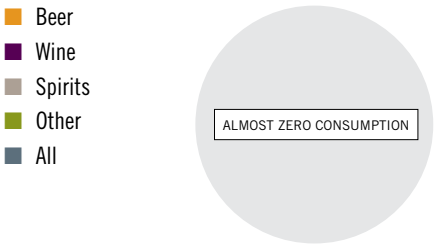
Total population (2016): 192 826 502 ➤ Population aged 15 years and older (15+): 65% ➤ Population in urban areas: 39% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.1		0.3	
Total**	**0.2**		**0.3**	
Total males / females	0.3	0.0	0.5	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	30.5
Females (15+)	11.3
Both sexes (15+)	26.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.1	6.5	0.1	7.2
Females	0.0	1.5	0.0	1.6
Both sexes	0.1	5.3	0.0	5.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	94.7	98.4	96.5
Former drinkers* (15+)	3.5	1.0	2.3
Abstainers (15+), past 12 months	98.2	99.4	98.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	28.7	30.1	12.8	3.2	2 576
Road traffic injuries, males / females	25.4	12.7	1.0	0.7	268
Cancer, males / females	113.2	123.9	0.9	0.1	601

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.6	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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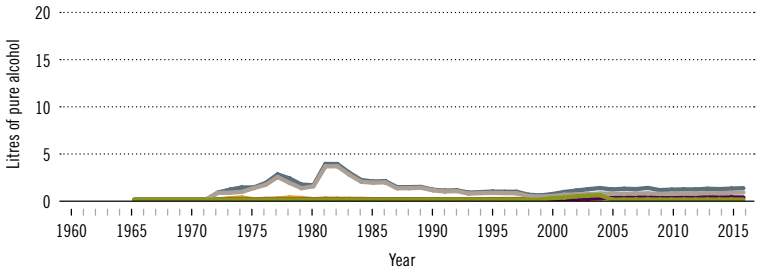
Qatar

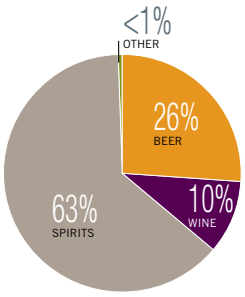
Total population (2016): 2 291 368 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 100% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.1		1.3	
Unrecorded	0.6		0.7	
Total**	**1.7**		**2.0**	
Total males / females	2.1	0.4	2.5	0.4
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.8
Females (15+)	1.7
Both sexes (15+)	4.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	28.8	55.3	18.3	57.1
Females	5.3	20.9	2.9	22.2
Both sexes	23.1	50.7	13.0	51.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	37.5	68.2	44.9
Former drinkers* (15+)	10.4	6.6	9.5
Abstainers (15+), past 12 months	47.9	74.8	54.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.4	14.9	20.8	18.9	23
Road traffic injuries, males / females	22.8	4.4	30.1	20.4	89
Cancer, males / females	116.2	105.7	2.2	0.6	11

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.4	0.2
Females	0.1	0.0
Both sexes	0.3	0.1
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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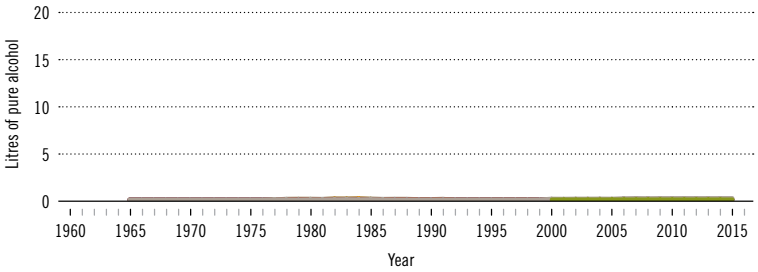
Saudi Arabia

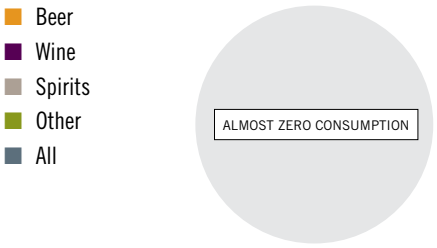
Total population (2016): 32 157 974 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 84% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.1		0.1	
Unrecorded	0.1		0.2	
Total**	**0.2**		**0.2**	
Total males / females	0.2	0.0	0.3	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.5
Females (15+)	1.6
Both sexes (15+)	3.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.3	3.6	0.1	4.0
Females	0.0	0.8	0.0	0.9
Both sexes	0.2	2.9	0.1	3.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	91.4	96.1	93.4
Former drinkers* (15+)	1.3	0.3	0.9
Abstainers (15+), past 12 months	92.7	96.5	94.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	31.9	21.8	4.0	2.3	109
Road traffic injuries, males / females	66.3	17.0	0.5	0.3	42
Cancer, males / females	82.7	73.7	0.4	0.1	27

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.5	0.4
Females	0.1	0.1
Both sexes	0.3	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	—
National monitoring system(s) (any)	—

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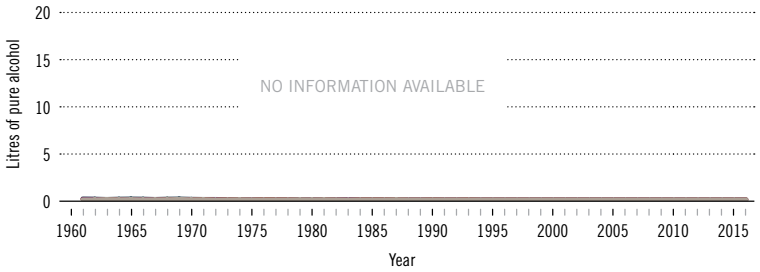
Somalia

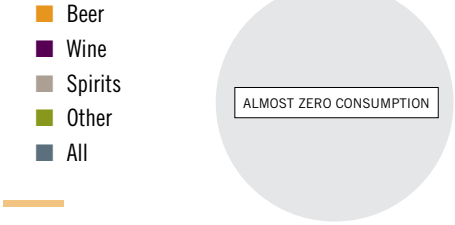
Total population (2016): 11 079 013 ➤ Population aged 15 years and older (15+): 54% ➤ Population in urban areas: 52% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.5		0.0	
Total**	**0.5**		**0.0**	
Total males / females	0.9	0.1	0.0	0.0
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	1.8
Females (15+)	0.7
Both sexes (15+)	1.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.1	7.6	0.0	8.2
Females	0.0	1.7	0.0	1.9
Both sexes	0.0	6.2	0.0	6.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	95.5	98.7	97.1
Former drinkers* (15+)	3.5	1.0	2.2
Abstainers (15+), past 12 months	98.9	99.7	99.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	49.9	33.3	7.4	2.3	113
Road traffic injuries, males / females	54.8	27.3	0.1	0.1	4
Cancer, males / females	116.3	143.8	0.8	0.1	24

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.6	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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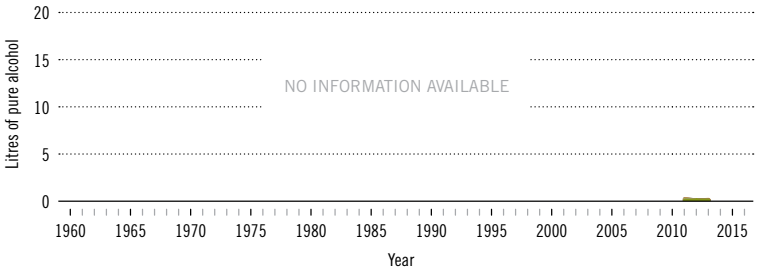
Sudan

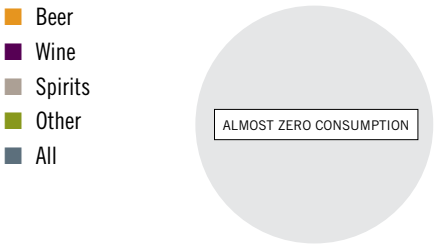
Total population (2016): 41 175 541 ➤ Population aged 15 years and older (15+): 60% ➤ Population in urban areas: 33% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.5		0.5	
Total**	**0.5**		**0.5**	
Total males / females	0.9	0.1	0.9	0.1
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.0
Females (15+)	9.7
Both sexes (15+)	22.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.8	22.1	0.4	23.9
Females	0.1	5.7	0.0	6.3
Both sexes	0.4	18.1	0.2	19.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	92.7	97.8	95.2
Former drinkers* (15+)	3.9	1.1	2.5
Abstainers (15+), past 12 months	96.6	98.9	97.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	41.9	18.6	17.8	4.8	656
Road traffic injuries, males / females	51.9	11.6	2.0	1.4	182
Cancer, males / females	131.0	101.2	1.4	0.2	147

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	2.3	0.3
Females	0.3	0.1
Both sexes	1.3	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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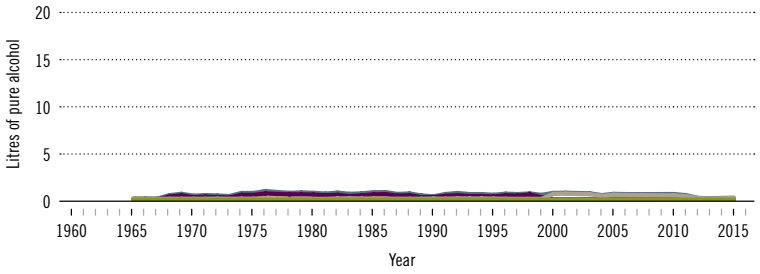
Syrian Arab Republic

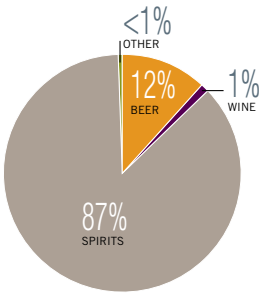
Total population (2016): 18 563 595 ➤ Population aged 15 years and older (15+): 64% ➤ Population in urban areas: 58% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.7		0.2	
Unrecorded	0.3		0.1	
Total**	**0.9**		**0.3**	
Total males / females	1.7	0.1	0.6	0.0
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.3
Females (15+)	6.4
Both sexes (15+)	15.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.1	2.3	0.0	2.5
Females	0.0	0.5	0.0	0.6
Both sexes	0.0	2.0	0.0	2.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	96.2	99.2	97.7
Former drinkers* (15+)	0.4	0.1	0.3
Abstainers (15+), past 12 months	96.6	99.3	98.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	17.8	12.8	7.6	1.2	59
Road traffic injuries, males / females	45.3	16.7	1.1	0.7	35
Cancer, males / females	201.4	150.6	0.7	0.1	60

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.0	0.3
Females	0.1	0.0
Both sexes	0.6	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No / No / No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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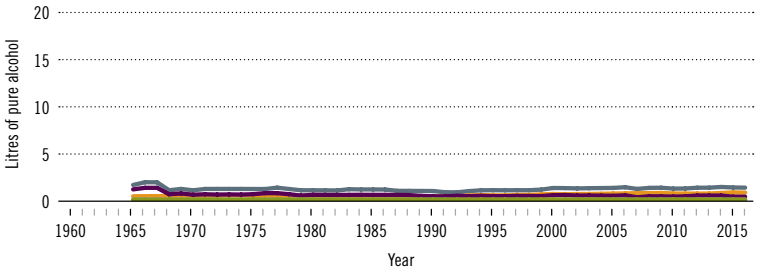
Tunisia

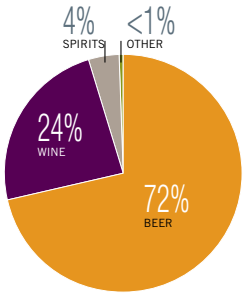
Total population (2016): 11 375 220 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 67% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.3		1.4	
Unrecorded	0.2		0.6	
Total**	**1.4**		**1.9**	
Total males / females	2.7	0.2	3.6	0.2
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	40.8
Females (15+)	14.5
Both sexes (15+)	36.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	2.1	23.9	1.2	27.9
Females	0.1	6.3	0.1	7.7
Both sexes	1.1	21.1	0.7	25.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	85.5	96.8	91.3
Former drinkers* (15+)	5.6	1.6	3.6
Abstainers (15+), past 12 months	91.1	98.4	94.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	22.0	13.3	33.0	8.0	339
Road traffic injuries, males / females	46.2	11.7	5.8	3.7	138
Cancer, males / females	129.8	66.5	1.4	0.2	81

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.1	0.3
Females	0.2	0.1
Both sexes	0.6	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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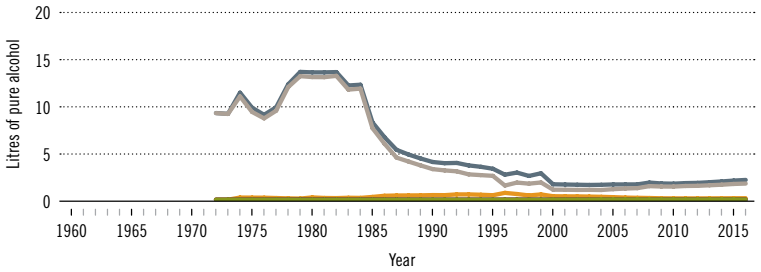
United Arab Emirates

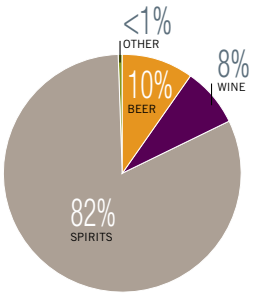
Total population (2016): 9 266 971 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 86% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.7		2.1	
Unrecorded	1.5		1.8	
Total**	**3.1**		**3.8**	
Total males / females	3.8	0.5	4.8	0.6
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.9
Females (15+)	7.7
Both sexes (15+)	20.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	9.1	41.7	4.7	44.5
Females	1.1	13.9	0.5	14.7
Both sexes	7.2	39.0	3.1	39.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	65.4	87.3	70.6
Former drinkers* (15+)	12.8	4.8	10.9
Abstainers (15+), past 12 months	78.3	92.1	81.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	13.6	9.5	42.7	20.0	105
Road traffic injuries, males / females	24.9	8.0	14.1	6.2	116
Cancer, males / females	72.3	81.5	2.6	0.7	33

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.8	0.3
Females	0.2	0.1
Both sexes	0.7	0.3
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1972/2011) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	—

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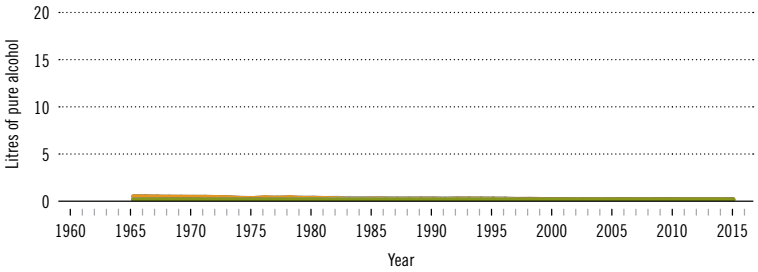
Yemen

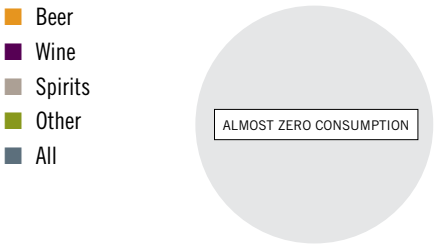
Total population (2016): 27 477 600 ➤ Population aged 15 years and older (15+): 60% ➤ Population in urban areas: 35% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.2		0.0	
Total**	**0.2**		**0.1**	
Total males / females	0.4	0.0	0.1	0.0
WHO Eastern Mediterranean Region	0.6		0.6	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	11.0
Females (15+)	4.2
Both sexes (15+)	9.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.0	2.3	0.0	2.4
Females	0.0	0.5	0.0	0.5
Both sexes	0.0	1.9	0.0	2.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	98.5	99.5	99.0
Former drinkers* (15+)	0.4	0.1	0.3
Abstainers (15+), past 12 months	98.9	99.7	99.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	32.2	19.6	2.0	0.6	34
Road traffic injuries, males / females	53.8	15.9	0.2	0.1	12
Cancer, males / females	107.9	90.9	0.3	0.1	21

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	0.6	0.3
Females	0.1	0.1
Both sexes	0.4	0.2
WHO Eastern Mediterranean Region	0.8	0.4

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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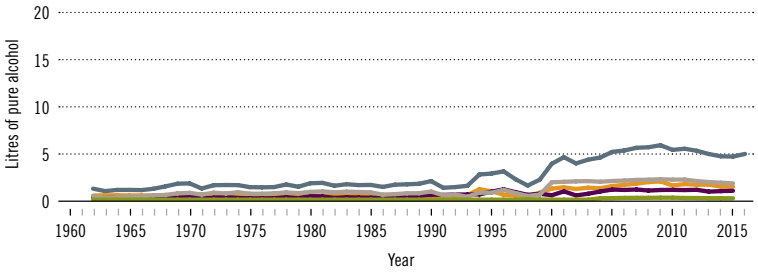
Albania

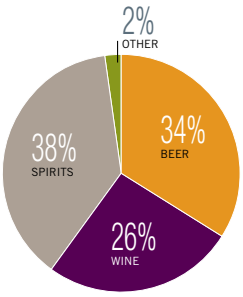
Total population (2016): 2 903 700 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 58% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.7		5.0	
Unrecorded	2.2		2.5	
Total**	**7.9**		**7.5**	
Total males / females	13.0	2.8	12.5	2.6
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.3
Females (15+)	6.9
Both sexes (15+)	14.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	37.3	57.4	33.5	66.4
Females	8.9	23.7	7.2	29.7
Both sexes	22.8	44.7	20.7	54.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	14.0	35.9	25.2
Former drinkers* (15+)	21.0	26.5	23.8
Abstainers (15+), past 12 months	35.0	62.4	49.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	15.8	6.2	70.3	45.6	214
Road traffic injuries, males / females	24.7	6.8	37.9	28.0	147
Cancer, males / females	186.4	138.2	4.9	2.4	196

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.5
Females	2.1	1.4
Both sexes	5.9	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2002/2011) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.01 / 0.01 / 0.01
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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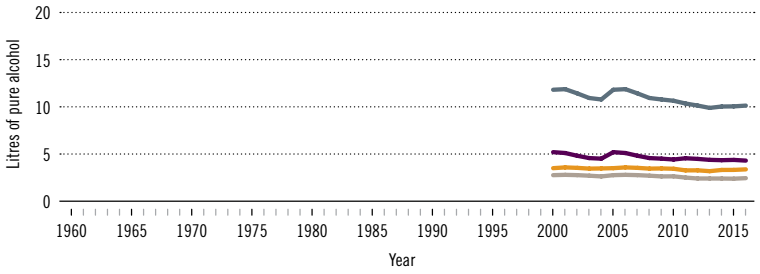
Andorra

Total population (2016): 69 165 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 95% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available

Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.0		10.1	
Unrecorded	0.8		1.6	
Total**	**11.4**		**11.3**	
Total males / females	17.9	5.0	18.0	4.7
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.1
Females (15+)	7.3
Both sexes (15+)	15.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	46.8	55.0	51.3	67.0
Females	14.0	21.7	15.3	30.3
Both sexes	30.3	40.5	34.1	53.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.0	15.6	10.3
Former drinkers* (15+)	9.9	20.1	15.0
Abstainers (15+), past 12 months	14.8	35.7	25.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	5.6
Females	2.2	1.4
Both sexes	5.9	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2004/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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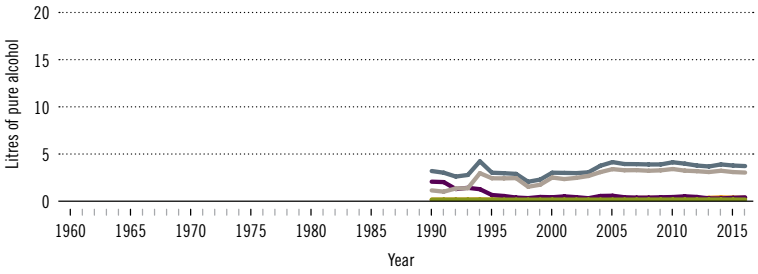
Armenia

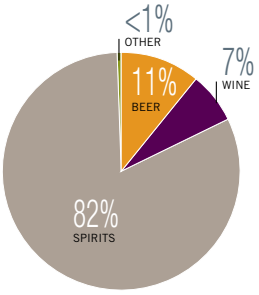
Total population (2016): 3 026 048 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 61% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.1		3.8	
Unrecorded	1.5		1.7	
Total**	**5.6**		**5.5**	
Total males / females	9.7	1.6	10.4	1.6
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	27.4
Females (15+)	9.7
Both sexes (15+)	21.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	19.6	51.6	14.0	59.5
Females	3.1	18.9	2.1	24.0
Both sexes	10.5	40.3	8.1	50.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	29.1	58.7	45.5
Former drinkers* (15+)	32.9	25.1	28.6
Abstainers (15+), past 12 months	62.0	83.8	74.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	41.7	18.2	69.2	34.7	469
Road traffic injuries, males / females	31.2	5.4	26.1	19.2	108
Cancer, males / females	354.5	200.1	5.0	1.8	282

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.5
Females	2.2	1.4
Both sexes	5.7	3.2
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	Yes

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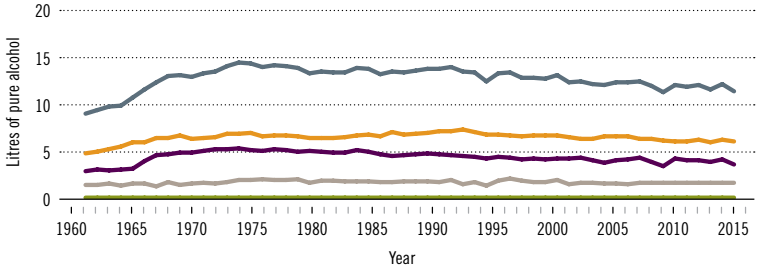
Austria

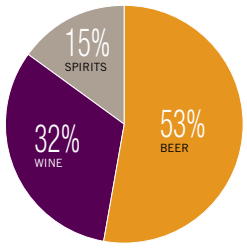
Total population (2016): 8 569 633 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 67% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.8		11.4	
Unrecorded	0.4		0.4	
Total**	**12.0**		**11.6**	
Total males / females	19.1	5.4	18.5	5.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.1
Females (15+)	7.4
Both sexes (15+)	14.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	50.8	58.0	55.4	69.2
Females	16.4	23.8	18.1	32.5
Both sexes	33.2	42.5	37.1	54.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.1	13.2	8.8
Former drinkers* (15+)	8.2	17.8	13.1
Abstainers (15+), past 12 months	12.3	31.1	21.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	21.1	7.4	75.8	63.0	1 153
Road traffic injuries, males / females	8.2	2.8	47.3	32.4	186
Cancer, males / females	184.2	123.6	8.2	3.6	1 266

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	18.1	8.8
Females	6.1	3.0
Both sexes	12.0	5.8
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2016/—) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Subnational
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Subnational
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.01 / 0.01
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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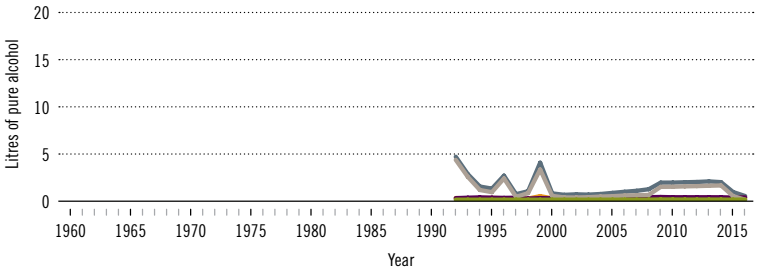
Azerbaijan

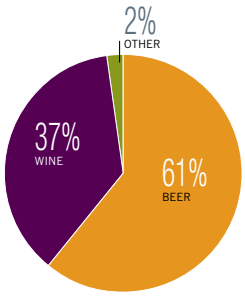
Total population (2016): 9 868 447 ➤ Population aged 15 years and older (15+): 78% ➤ Population in urban areas: 54% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.9		0.5	
Unrecorded	0.9		0.3	
Total**	**2.9**		**0.8**	
Total males / females	5.2	0.8	1.5	0.2
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.6
Females (15+)	1.6
Both sexes (15+)	3.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.5	46.0	9.4	51.4
Females	2.0	15.6	1.2	18.5
Both sexes	8.1	36.9	5.6	43.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	37.9	67.7	53.2
Former drinkers* (15+)	30.6	19.5	24.9
Abstainers (15+), past 12 months	68.4	87.2	78.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	53.8	36.2	46.0	22.2	984
Road traffic injuries, males / females	21.3	5.5	17.4	11.2	163
Cancer, males / females	192.5	108.4	3.2	1.0	234

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.0	5.5
Females	2.1	1.4
Both sexes	6.0	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1996/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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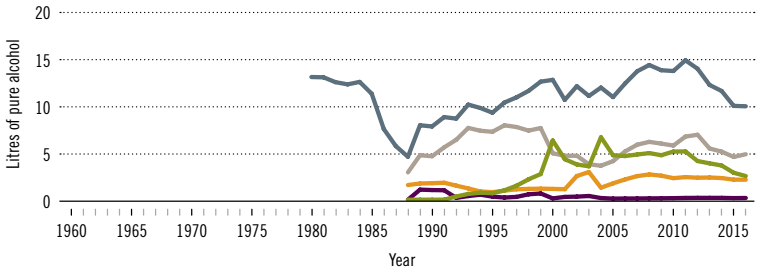
Belarus

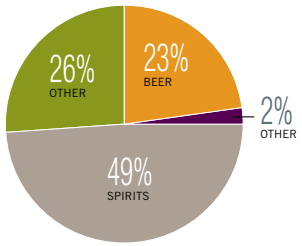
Total population (2016): 9 481 521 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 77% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	14.3		9.6	
Unrecorded	3.0		1.5	
Total**	**17.5**		**11.2**	
Total males / females	28.9	7.9	18.0	5.5
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.8
Females (15+)	7.9
Both sexes (15+)	15.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	40.5	51.3	39.5	59.7
Females	12.2	17.7	11.9	24.1
Both sexes	25.1	34.1	26.1	45.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.9	8.8	7.5
Former drinkers* (15+)	15.1	22.0	18.9
Abstainers (15+), past 12 months	21.0	30.8	26.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	35.1	15.8	52.0	63.6	1 359
Road traffic injuries, males / females	22.2	6.6	49.6	48.9	586
Cancer, males / females	245.3	110.4	11.2	4.2	1 536

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	33.9	19.6
Females	6.2	3.8
Both sexes	18.8	11.0
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2001/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.029 / 0.029 / 0.029
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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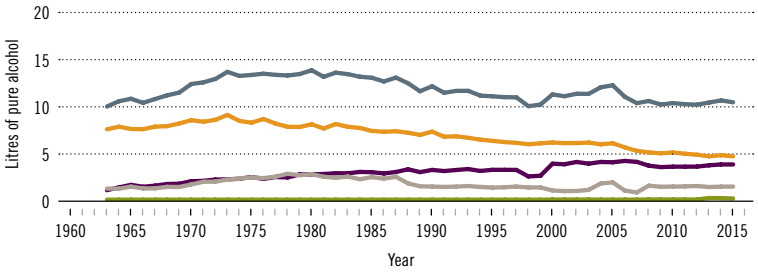
Belgium

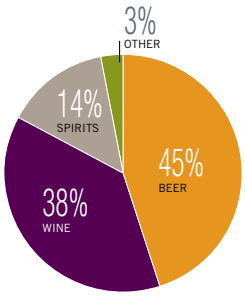
Total population (2016): 11 371 928 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 98% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.2		10.4	
Unrecorded	0.5		1.0	
Total**	**11.4**		**12.1**	
Total males / females	18.1	5.0	19.4	5.2
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.4
Females (15+)	7.8
Both sexes (15+)	15.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	49.6	57.3	53.8	68.6
Females	15.6	23.3	17.0	31.9
Both sexes	32.2	42.1	35.8	54.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.5	14.2	9.4
Former drinkers* (15+)	9.0	19.0	14.1
Abstainers (15+), past 12 months	13.4	33.2	23.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.7	6.8	77.1	63.9	1 064
Road traffic injuries, males / females	10.9	3.3	47.3	31.2	310
Cancer, males / females	204.3	129.5	7.7	4.2	1 775

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.1	6.3
Females	4.3	2.3
Both sexes	8.1	4.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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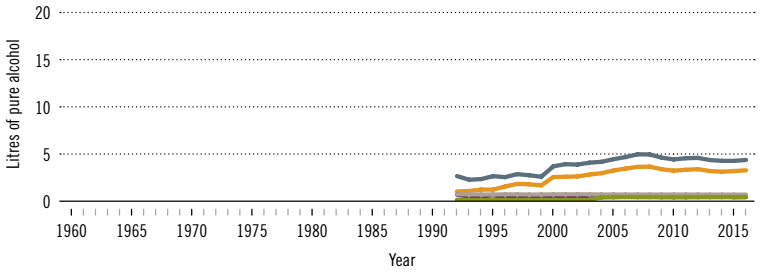
Bosnia and Herzegovina

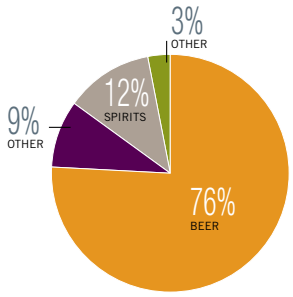
Total population (2016): 3 802 134 ➤ Population aged 15 years and older (15+): 87% ➤ Population in urban areas: 37% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.6		4.4	
Unrecorded	2.5		1.8	
Total**	**7.3**		**6.4**	
Total males / females	12.3	2.5	10.9	2.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.5
Females (15+)	6.1
Both sexes (15+)	13.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	33.4	53.7	29.7	63.9
Females	6.9	20.4	5.9	27.5
Both sexes	20.0	41.8	18.2	52.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	15.5	39.2	27.4
Former drinkers* (15+)	22.4	26.8	24.6
Abstainers (15+), past 12 months	37.9	66.0	52.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	21.7	5.9	68.6	43.0	358
Road traffic injuries, males / females	26.9	5.7	33.9	22.1	175
Cancer, males / females	207.5	115.3	6.9	2.7	380

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	5.5
Females	2.2	1.4
Both sexes	6.0	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.00 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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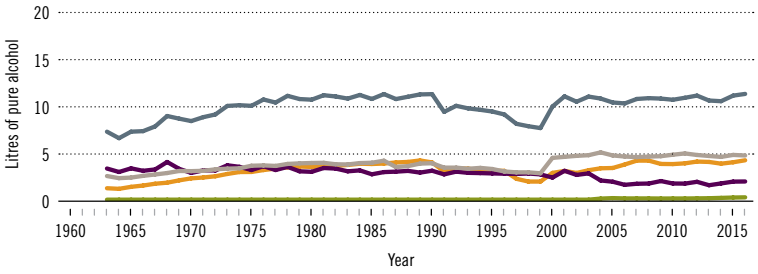
Bulgaria

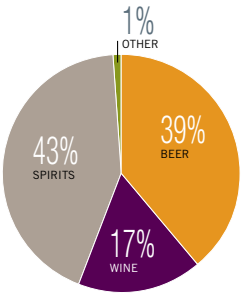
Total population (2016): 7 097 796 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 75% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.9		11.4	
Unrecorded	1.1		1.3	
Total**	**12.0**		**12.7**	
Total males / females	19.8	4.8	21.0	4.9
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.6
Females (15+)	9.2
Both sexes (15+)	19.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	52.1	65.9	51.9	76.6
Females	16.1	29.8	16.4	41.3
Both sexes	33.4	50.6	34.6	64.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.8	20.6	13.9
Former drinkers* (15+)	14.1	25.6	20.0
Abstainers (15+), past 12 months	20.8	46.1	34.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	33.7	7.0	79.2	62.1	1304
Road traffic injuries, males / females	13.4	3.4	48.7	36.3	241
Cancer, males / females	244.9	135.0	9.1	3.4	1 307

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	12.2	4.3
Females	1.9	0.4
Both sexes	6.9	2.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1973/2016) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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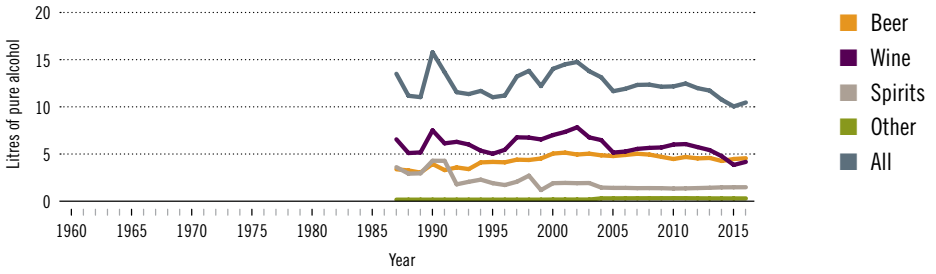
Croatia

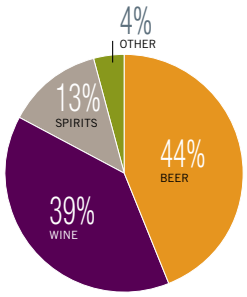
Total population (2016): 4 225 001 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 59% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	12.2		9.9	
Unrecorded	2.0		1.4	
Total**	**11.2**		**8.9**	
Total males / females	18.6	4.5	15.1	3.3
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.4
Females (15+)	7.1
Both sexes (15+)	15.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	44.9	60.8	43.8	71.7
Females	11.8	25.3	11.6	35.2
Both sexes	27.6	46.3	28.2	59.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	9.4	26.8	18.5
Former drinkers* (15+)	16.7	26.4	21.8
Abstainers (15+), past 12 months	26.1	53.2	40.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	30.1	7.3	73.4	52.9	673
Road traffic injuries, males / females	14.6	3.1	42.7	27.9	135
Cancer, males / females	297.2	151.8	9.2	3.0	934

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	5.6
Females	2.2	1.4
Both sexes	5.8	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2010/—) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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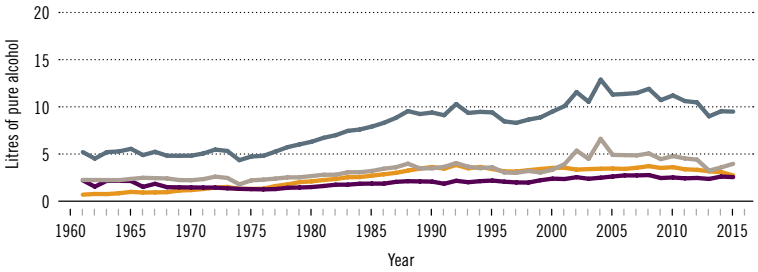
Cyprus

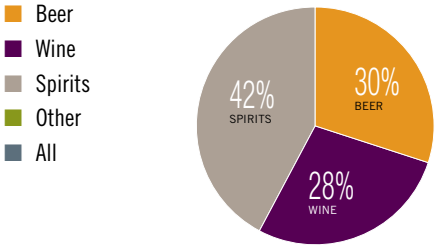
Total population (2016): 1 176 598 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 67% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.9		9.6	
Unrecorded	1.0		1.8	
Total**	**11.3**		**10.8**	
Total males / females	17.5	4.8	17.1	4.2
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.2
Females (15+)	7.5
Both sexes (15+)	15.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	43.7	54.3	43.2	62.7
Females	11.8	20.9	10.9	26.5
Both sexes	28.1	40.8	27.5	49.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.9	20.6	13.6
Former drinkers* (15+)	12.5	22.7	17.5
Abstainers (15+), past 12 months	19.4	43.4	31.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.5	2.7	74.7	57.8	52
Road traffic injuries, males / females	10.2	3.2	41.7	28.9	27
Cancer, males / females	192.2	107.8	4.8	3.4	82

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.5	4.7
Females	3.2	1.4
Both sexes	6.9	3.1
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2004/2013) / Yes
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	17 / 17 / 17
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	17 / 17 / 17
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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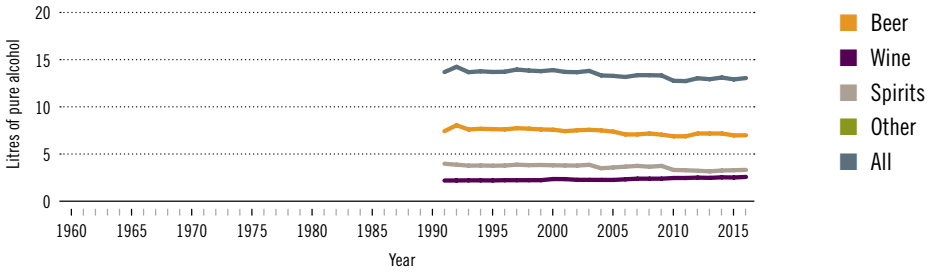
Czechia

Total population (2016): 10 548 058 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 73% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available

Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	12.9		12.9	
Unrecorded	1.2		1.5	
Total**	**14.0**		**14.4**	
Total males / females	22.4	6.1	23.2	6.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.9
Females (15+)	9.3
Both sexes (15+)	19.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	61.6	71.6	62.5	81.1
Females	23.6	36.1	24.6	47.9
Both sexes	42.1	55.9	44.0	68.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.4	14.0	9.3
Former drinkers* (15+)	9.7	20.6	15.3
Abstainers (15+), past 12 months	14.0	34.6	24.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	21.7	8.9	80.2	67.3	1 432
Road traffic injuries, males / females	9.0	2.6	53.0	40.7	271
Cancer, males / females	229.4	138.7	9.1	3.9	1 874

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.6	5.0
Females	1.7	0.8
Both sexes	6.0	2.8
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2002/2014) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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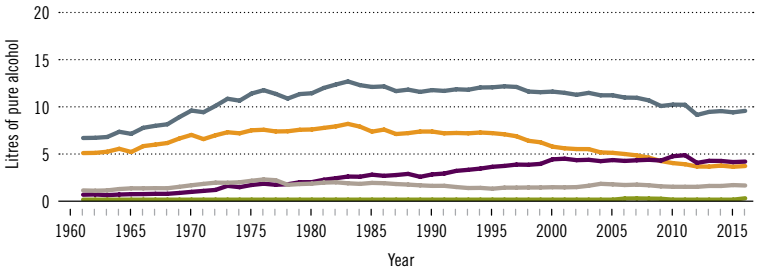
Denmark

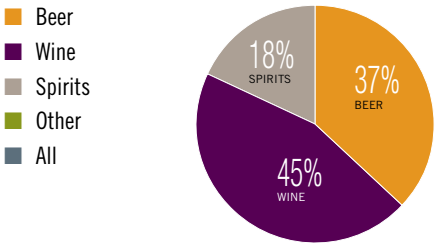
Total population (2016): 5 690 750 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 89% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.2		9.5	
Unrecorded	1.0		1.2	
Total**	**10.9**		**10.4**	
Total males / females	17.2	4.7	16.5	4.4
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.5
Females (15+)	6.8
Both sexes (15+)	13.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	46.1	54.3	50.6	66.1
Females	13.8	21.5	14.9	29.5
Both sexes	29.7	40.0	33.2	52.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.2	16.1	10.7
Former drinkers* (15+)	9.9	19.7	14.9
Abstainers (15+), past 12 months	15.0	35.8	25.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	15.0	6.3	74.3	60.3	512
Road traffic injuries, males / females	5.0	1.7	42.9	26.3	69
Cancer, males / females	212.4	162.4	7.5	3.5	921

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.9	5.6
Females	4.2	2.2
Both sexes	7.5	3.9
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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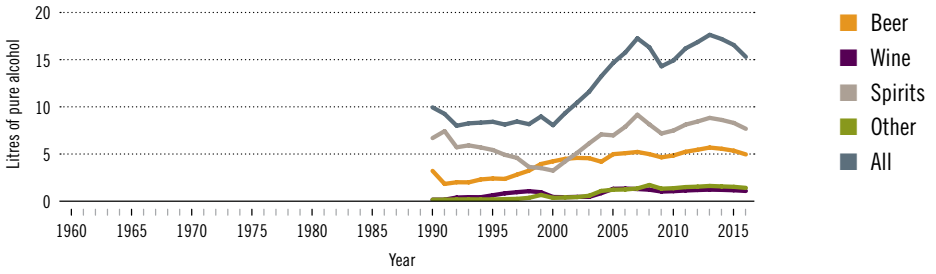
Estonia

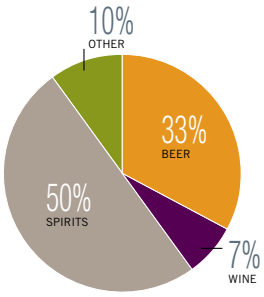
Total population (2016): 1 309 104 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 68% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	15.2		15.8	
Unrecorded	0.8		1.1	
Total**	**12.4**		**11.6**	
Total males / females	20.7	5.5	19.4	4.9
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.9
Females (15+)	7.9
Both sexes (15+)	15.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	63.2	74.5	62.3	82.8
Females	23.6	37.7	24.8	50.9
Both sexes	41.8	57.4	44.0	70.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.3	16.9	11.6
Former drinkers* (15+)	9.8	20.5	15.6
Abstainers (15+), past 12 months	15.1	37.4	27.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	31.3	11.7	50.3	62.5	152
Road traffic injuries, males / females	9.9	3.5	50.6	47.5	38
Cancer, males / females	285.6	137.8	7.7	3.7	230

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	22.2	9.9
Females	3.8	1.7
Both sexes	12.2	5.5
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2014/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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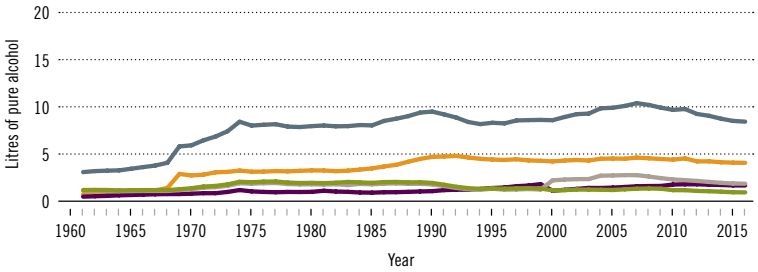
Finland

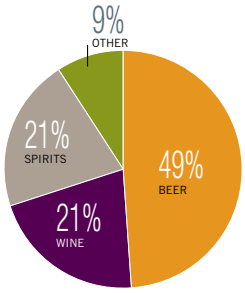
Total population (2016): 5 523 904 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 84% ➤ Income group (World Bank): HIgh income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.8		8.4	
Unrecorded	2.3		2.0	
Total**	**12.6**		**10.7**	
Total males / females	20.0	5.5	17.2	4.4
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.6
Females (15+)	7.2
Both sexes (15+)	14.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	44.7	53.3	49.1	65.6
Females	12.6	20.4	14.0	29.0
Both sexes	28.3	39.0	31.9	51.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.5	17.1	11.4
Former drinkers* (15+)	10.7	21.2	16.1
Abstainers (15+), past 12 months	16.2	38.3	27.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	27.6	9.1	75.7	61.1	849
Road traffic injuries, males / females	6.7	2.3	43.4	28.7	94
Cancer, males / females	162.1	111.5	6.3	3.6	623

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	14.8	7.2
Females	3.8	1.9
Both sexes	9.1	4.5
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2003/2015) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes, / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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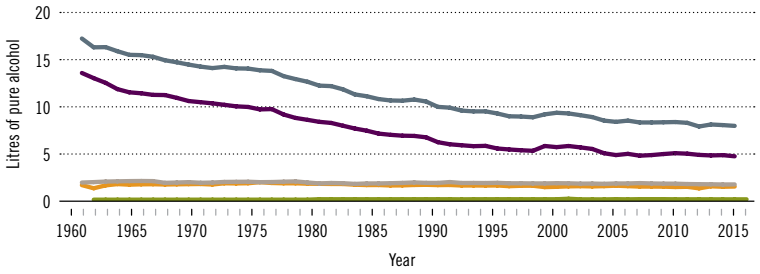
France

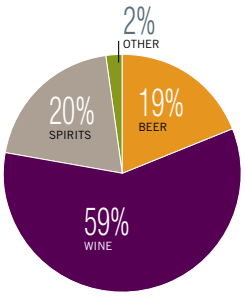
Total population (2016): 64 668 129 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 83% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	12.3		11.8	
Unrecorded	0.5		1.5	
Total**	**12.2**		**12.6**	
Total males / females	19.6	5.4	20.3	5.4
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	23.6
Females (15+)	8.3
Both sexes (15+)	16.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	48.7	56.7	53.4	68.6
Females	15.1	23.0	16.7	31.9
Both sexes	31.2	41.5	35.5	54.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.7	14.6	9.8
Former drinkers* (15+)	9.5	19.8	14.8
Abstainers (15+), past 12 months	14.2	34.4	24.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.9	5.1	77.9	64.4	5 756
Road traffic injuries, males / females	8.0	2.4	45.9	39.8	1 260
Cancer, males / females	219.3	126.1	8.1	4.0	10 982

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.1	5.3
Females	3.1	1.5
Both sexes	7.0	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes / (2008/2013) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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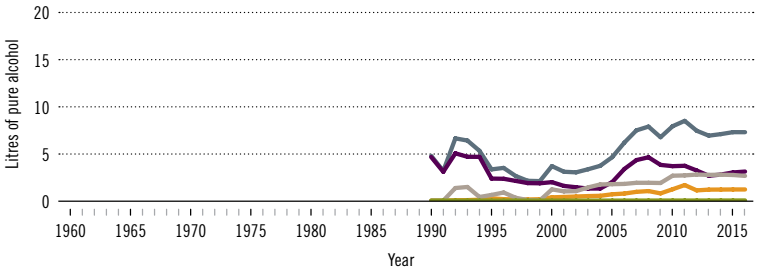
Georgia

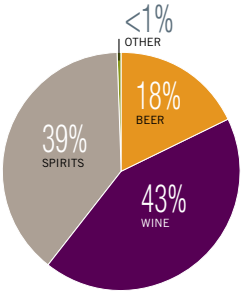
Total population (2016): 3 979 781 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 50% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.9		7.4	
Unrecorded	2.5		2.3	
Total**	**10.4**		**9.8**	
Total males / females	18.6	3.3	17.7	2.9
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	36.1
Females (15+)	12.7
Both sexes (15+)	27.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.1	59.4	22.5	68.0
Females	5.5	23.9	4.2	31.3
Both sexes	16.5	47.0	13.7	58.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	19.8	46.3	33.9
Former drinkers* (15+)	31.2	30.7	31.0
Abstainers (15+), past 12 months	51.1	77.0	64.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	64.4	12.7	77.4	47.3	1 063
Road traffic injuries, males / females	24.7	4.3	36.2	24.8	162
Cancer, males / females	199.9	120.4	6.4	2.2	318

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.8	4.3
Females	1.0	0.2
Both sexes	4.6	2.1
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2015/ —) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	Yes

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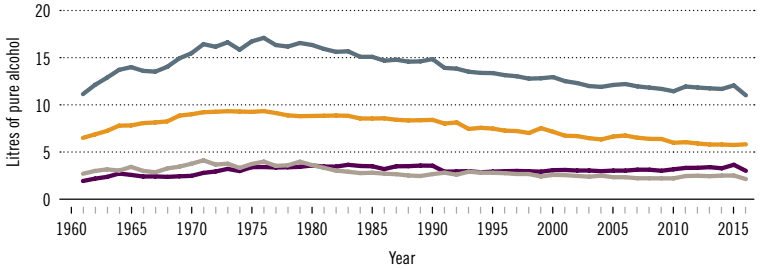
Germany

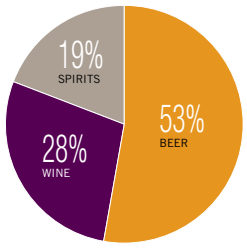
Total population (2016): 80 682 351 ➤ Population aged 15 years and older (15+): 87% ➤ Population in urban areas: 77% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.6		11.3	
Unrecorded	0.6		1.4	
Total**	**12.9**		**13.4**	
Total males / females	20.6	5.7	21.3	5.9
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	24.0
Females (15+)	8.3
Both sexes (15+)	16.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	51.9	58.7	58.0	71.1
Females	17.3	24.4	20.1	34.5
Both sexes	34.2	43.1	39.5	56.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.7	12.0	7.9
Former drinkers* (15+)	7.8	17.4	12.7
Abstainers (15+), past 12 months	11.5	29.4	20.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	18.9	7.8	78.6	66.4	11 115
Road traffic injuries, males / females	6.0	2.4	48.0	33.7	1 424
Cancer, males / females	198.9	131.0	8.0	4.0	14 596

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	5.0
Females	4.0	2.0
Both sexes	6.8	3.5
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2003/2012) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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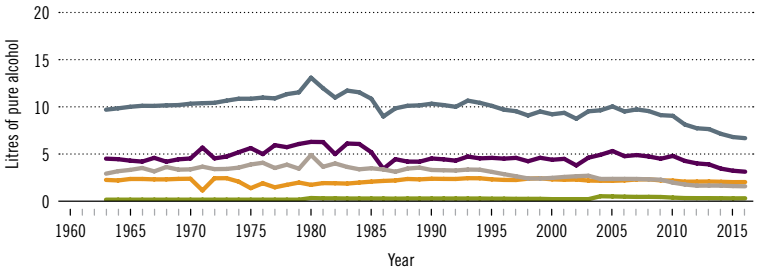
Greece

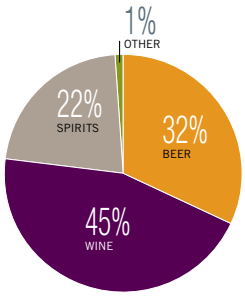
Total population (2016): 10 919 459 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 77% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.7		6.4	
Unrecorded	2.0		4.3	
Total**	**10.4**		**10.4**	
Total males / females	16.9	4.3	17.2	4.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.0
Females (15+)	7.6
Both sexes (15+)	15.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	38.7	49.4	41.5	61.7
Females	9.6	18.0	10.0	25.7
Both sexes	23.6	36.1	26.1	48.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	7.4	22.0	15.0
Former drinkers* (15+)	14.2	24.7	19.6
Abstainers (15+), past 12 months	21.7	46.7	34.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	8.8	2.4	74.9	56.1	614
Road traffic injuries, males / females	15.6	3.7	41.9	30.0	371
Cancer, males / females	221.3	115.8	5.5	3.5	1 481

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.4	4.2
Females	2.9	1.3
Both sexes	6.1	2.7
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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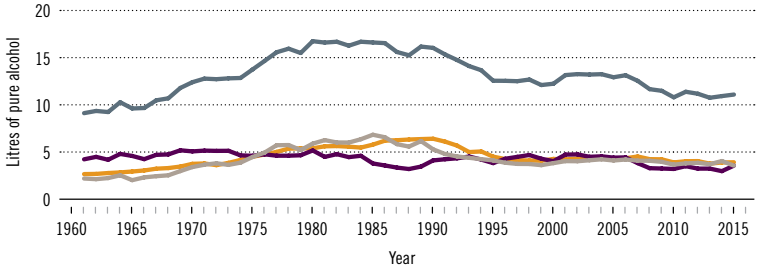
Hungary

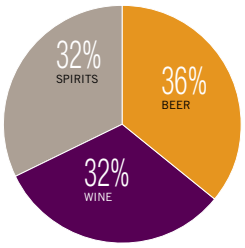
Total population (2016): 9 821 318 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 72% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.2		10.9	
Unrecorded	2.0		1.5	
Total**	**12.1**		**11.4**	
Total males / females	20.1	5.0	19.1	4.5
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	24.0
Females (15+)	8.3
Both sexes (15+)	17.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	53.0	66.3	51.7	75.9
Females	16.3	29.7	16.2	40.2
Both sexes	33.5	50.3	34.4	63.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.8	20.7	14.2
Former drinkers* (15+)	13.3	24.5	19.2
Abstainers (15+), past 12 months	20.1	45.2	33.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	42.5	12.8	77.5	60.7	2 257
Road traffic injuries, males / females	12.6	3.3	46.6	32.3	314
Cancer, males / females	322.9	178.9	11.4	4.0	2 651

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	36.9	16.5
Females	7.2	3.2
Both sexes	21.2	9.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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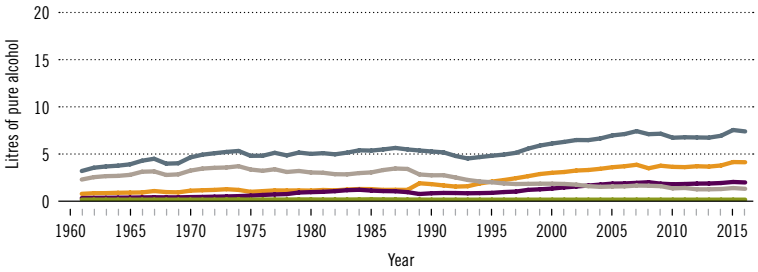
Iceland

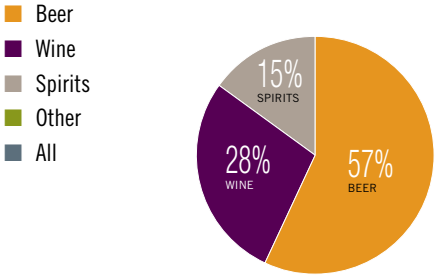
Total population (2016): 331 778 ➤ Population aged 15 years and older (15+): 80% ➤ Population in urban areas: 95% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.0		7.7	
Unrecorded	0.5		1.5	
Total**	**7.4**		**9.1**	
Total males / females	11.8	3.0	14.5	3.7
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.6
Females (15+)	6.2
Both sexes (15+)	12.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	43.7	52.9	45.5	62.7
Females	12.4	20.5	12.0	26.5
Both sexes	28.0	39.2	29.1	49.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.3	19.1	12.7
Former drinkers* (15+)	11.0	20.5	15.8
Abstainers (15+), past 12 months	17.4	39.7	28.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	2.8	3.4	72.8	57.5	7
Road traffic injuries, males / females	6.7	1.5	38.6	28.2	5
Cancer, males / females	167.5	149.1	5.5	2.3	26

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.7	3.0
Females	2.0	0.9
Both sexes	4.4	1.9
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2011/2014) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / **No**, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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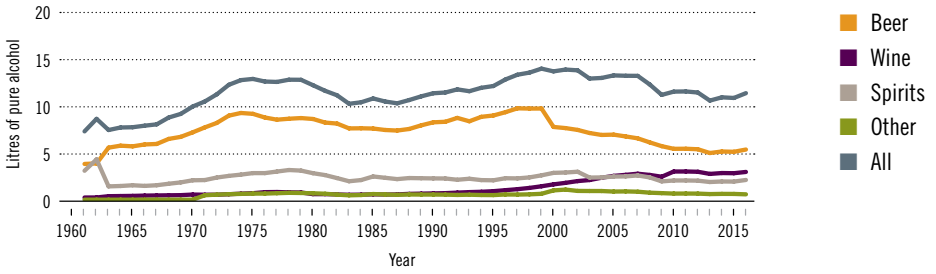
Ireland

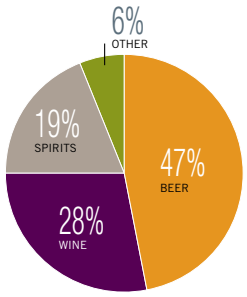
Total population (2016): 4 713 993 ➤ Population aged 15 years and older (15+): 78% ➤ Population in urban areas: 64% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.5		11.3	
Unrecorded	0.5		1.4	
Total**	**12.3**		**13.0**	
Total males / females	19.2	5.6	20.3	5.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.7
Females (15+)	7.9
Both sexes (15+)	16.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	55.7	62.2	59.3	71.8
Females	20.2	27.6	21.1	35.3
Both sexes	37.8	46.5	40.7	56.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.5	11.2	7.4
Former drinkers* (15+)	7.0	15.7	11.4
Abstainers (15+), past 12 months	10.5	26.9	18.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.2	4.6	78.2	67.0	239
Road traffic injuries, males / females	5.8	2.1	50.8	37.7	69
Cancer, males / females	187.3	149.0	8.4	4.6	603

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	13.0	5.8
Females	4.1	1.8
Both sexes	8.5	3.8
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1996/2013) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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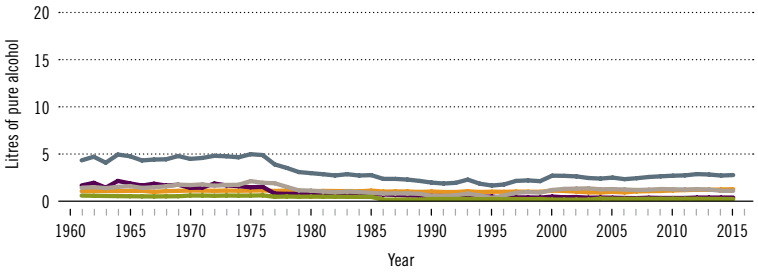
Israel

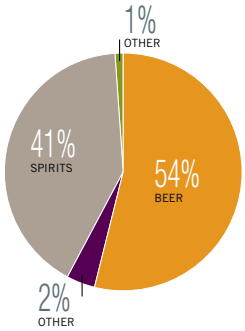
Total population (2016): 8 192 463 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 96% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.6		2.6	
Unrecorded	0.3		1.2	
Total**	**2.9**		**3.8**	
Total males / females	4.9	1.1	6.4	1.4
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	9.3
Females (15+)	3.3
Both sexes (15+)	7.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.0	42.1	27.1	49.7
Females	5.7	13.7	4.8	17.5
Both sexes	17.1	31.1	16.3	39.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	13.4	34.9	24.4
Former drinkers* (15+)	17.6	23.6	20.7
Abstainers (15+), past 12 months	31.1	58.4	45.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	6.6	3.3	52.8	36.9	170
Road traffic injuries, males / females	6.6	1.4	32.6	24.1	77
Cancer, males / females	174.3	127.9	4.2	1.0	323

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	5.4
Females	2.1	1.3
Both sexes	5.9	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2009/2014) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05.0.01 / 0.01
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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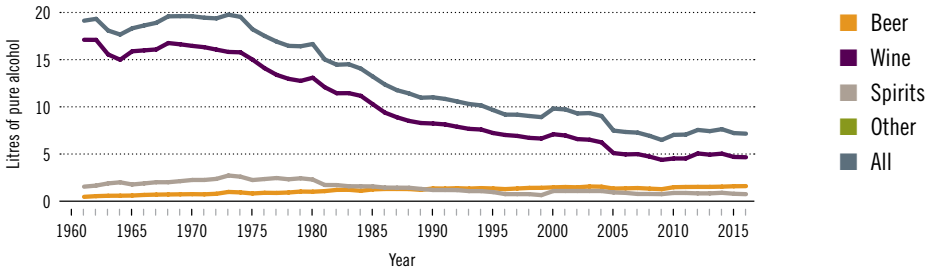
Italy

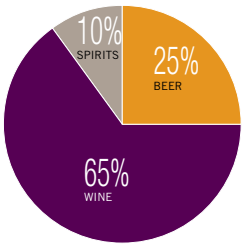
Total population (2016): 59 801 004 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 70% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.8		7.1	
Unrecorded	0.4		0.5	
Total**	**7.0**		**7.5**	
Total males / females	11.6	2.8	12.5	2.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	16.5
Females (15+)	5.7
Both sexes (15+)	12.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	36.4	44.9	37.1	57.6
Females	8.3	15.2	8.2	22.5
Both sexes	22.1	32.6	23.0	45.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	15.1	38.8	27.4
Former drinkers* (15+)	3.7	6.8	4.8
Abstainers (15+), past 12 months	18.8	45.6	32.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	11.1	5.5	67.6	48.7	5 209
Road traffic injuries, males / females	8.1	2.3	36.1	23.9	1 019
Cancer, males / females	191.7	120.5	6.1	2.5	7 852

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < **1** 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.7	0.8
Females	1.0	0.5
Both sexes	1.3	0.6
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2001/2007) / Yes
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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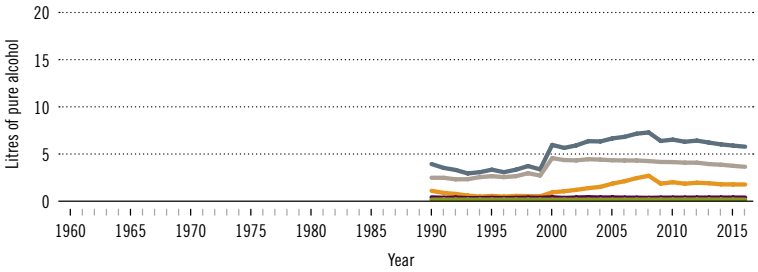
Kazakhstan

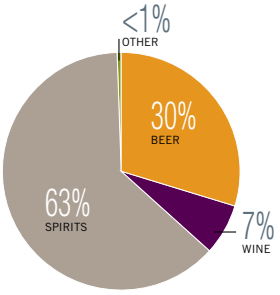
Total population (2016): 17 855 384 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 53% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.5		5.8	
Unrecorded	2.8		1.9	
Total**	**9.3**		**7.7**	
Total males / females	16.1	3.1	13.6	2.4
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.0
Females (15+)	8.9
Both sexes (15+)	19.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	33.8	62.2	25.0	67.8
Females	7.1	26.0	4.8	31.1
Both sexes	19.7	49.2	15.1	57.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	18.2	43.5	31.5
Former drinkers* (15+)	27.6	29.4	28.5
Abstainers (15+), past 12 months	45.7	72.8	60.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	86.9	42.4	73.9	45.2	4 869
Road traffic injuries, males / females	48.8	16.0	34.2	31.5	1 505
Cancer, males / females	277.9	162.3	10.3	3.1	1 781

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.3	5.5
Females	2.2	1.4
Both sexes	6.0	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1999/2015) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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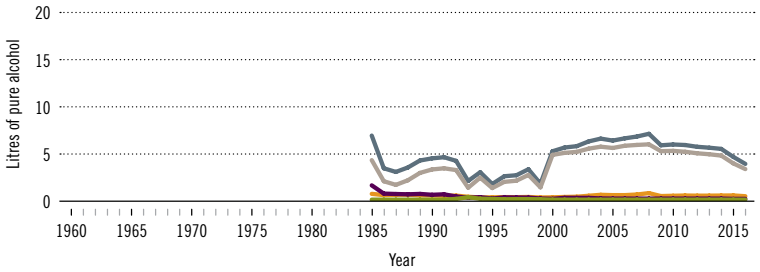
Kyrgyzstan

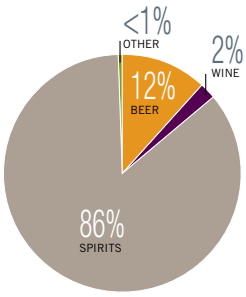
Total population (2016): 6 033 769 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 36% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.0		4.1	
Unrecorded	4.1		2.1	
Total**	**10.1**		**6.2**	
Total males / females	17.5	3.2	11.0	1.7
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	29.9
Females (15+)	10.9
Both sexes (15+)	24.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	20.2	54.9	13.1	59.1
Females	3.2	20.8	1.9	23.7
Both sexes	11.5	44.4	7.6	49.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	30.8	60.4	46.0
Former drinkers* (15+)	32.4	24.0	28.1
Abstainers (15+), past 12 months	63.2	84.5	74.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	84.2	38.1	72.3	40.3	1 250
Road traffic injuries, males / females	38.3	12.1	26.3	18.5	253
Cancer, males / females	158.6	105.6	9.1	3.5	253

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **5** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.3
Females	2.1	1.3
Both sexes	5.9	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	— / —
Specific events / intoxicated persons / petrol stations	— / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	Yes

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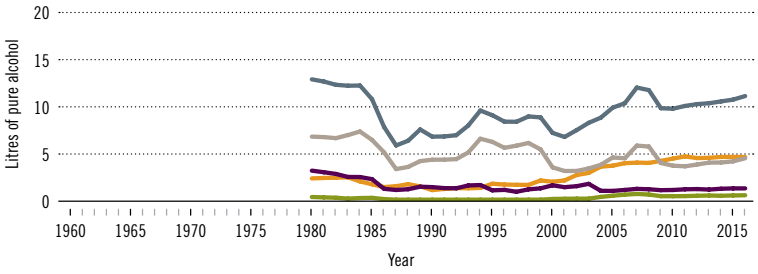
Latvia

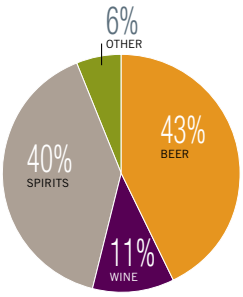
Total population (2016): 1 955 742 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 68% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.9		11.1	
Unrecorded	1.8		1.9	
Total**	**11.6**		**12.9**	
Total males / females	19.6	5.1	21.7	5.7
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.1
Females (15+)	8.6
Both sexes (15+)	17.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	66.2	76.5	65.7	84.5
Females	26.3	40.2	28.2	54.0
Both sexes	44.3	59.0	47.5	72.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.6	14.8	10.2
Former drinkers* (15+)	8.9	19.7	14.8
Abstainers (15+), past 12 months	13.5	34.5	25.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	28.0	13.0	51.9	64.4	232
Road traffic injuries, males / females	17.5	4.4	52.3	50.6	97
Cancer, males / females	292.2	142.8	9.3	3.7	398

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	28.8	19.4
Females	4.6	3.0
Both sexes	15.5	10.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2005/2012) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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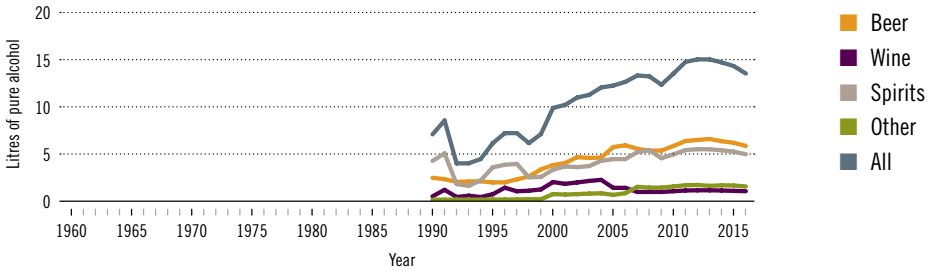
Lithuania

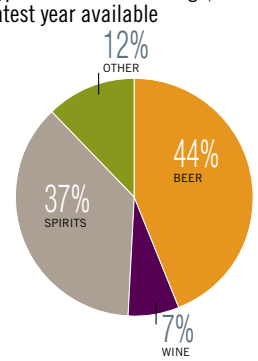
Total population (2016): 2 850 030 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 67% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	13.6		13.8	
Unrecorded	1.5		1.2	
Total**	**15.1**		**15.0**	
Total males / females	24.9	7.1	24.9	6.9
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	27.9
Females (15+)	9.7
Both sexes (15+)	18.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	70.8	79.5	71.1	86.8
Females	31.6	44.6	34.3	58.4
Both sexes	49.3	62.3	53.2	75.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.6	11.8	8.1
Former drinkers* (15+)	7.3	17.3	12.8
Abstainers (15+), past 12 months	10.9	29.1	20.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	39.3	15.9	53.6	67.6	455
Road traffic injuries, males / females	15.2	3.4	54.0	52.7	126
Cancer, males / females	282.9	134.2	9.7	4.4	603

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	19.9	8.9
Females	3.6	1.6
Both sexes	11.0	4.9
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1998/2014) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.04 / 0 / 00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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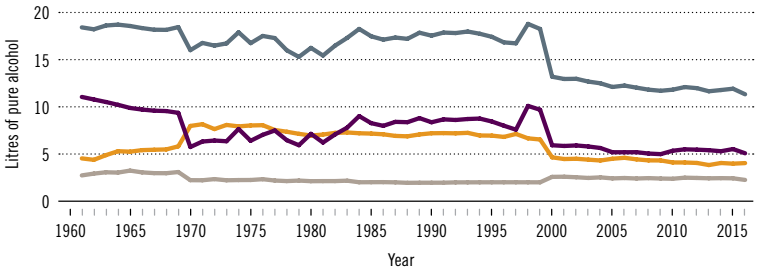
Luxembourg

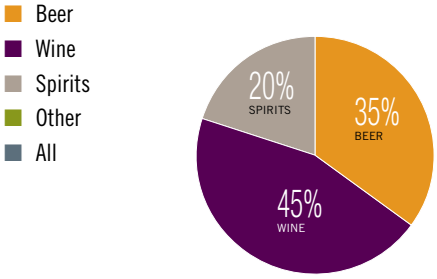
Total population (2016): 576 243 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 92% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	12.0		11.5	
Unrecorded	0.6		1.4	
Total**	**12.6**		**13.0**	
Total males / females	19.2	6.2	19.7	6.3
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.5
Females (15+)	7.2
Both sexes (15+)	14.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	66.6	69.5	72.4	78.1
Females	30.1	34.3	34.6	43.4
Both sexes	48.4	52.7	54.0	62.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	1.6	5.3	3.4
Former drinkers* (15+)	2.6	7.0	4.8
Abstainers (15+), past 12 months	4.2	12.3	8.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	16.3	6.7	76.6	68.0	53
Road traffic injuries, males / females	10.1	2.6	55.4	40.3	16
Cancer, males / females	188.9	125.4	6.7	4.1	63

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.5	4.7
Females	2.7	1.2
Both sexes	6.6	2.9
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No / No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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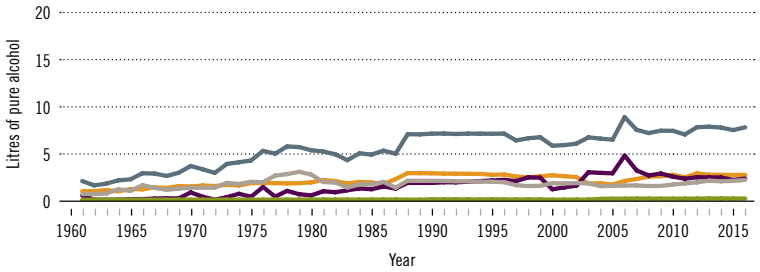
Malta

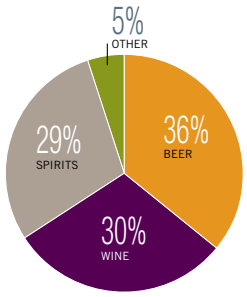
Total population (2016): 419 615 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 100% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.4		7.8	
Unrecorded	0.4		1.2	
Total**	**7.0**		**8.1**	
Total males / females	11.3	2.6	13.2	3.0
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.3
Females (15+)	6.1
Both sexes (15+)	12.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	35.7	46.8	37.3	58.2
Females	8.2	16.5	8.3	22.9
Both sexes	21.9	34.7	22.1	44.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	8.8	25.5	17.2
Former drinkers* (15+)	15.0	24.5	19.8
Abstainers (15+), past 12 months	23.8	50.0	37.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	7.4	1.3	69.2	50.8	15
Road traffic injuries, males / females	4.4	2.5	39.7	27.9	5
Cancer, males / females	181.6	120.8	6.2	2.4	43

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < **1** 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	5.6	2.5
Females	1.6	0.7
Both sexes	3.6	1.6
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	17 / 17 / 17
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	17 / 17 / 17
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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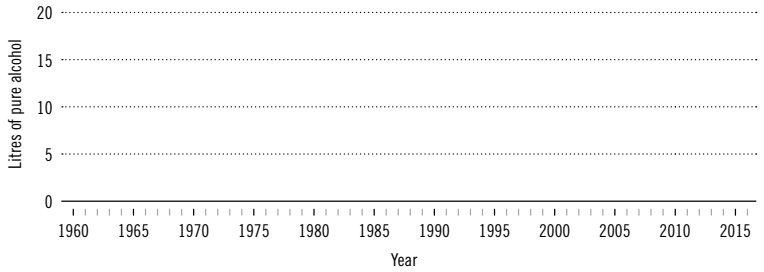
Monaco

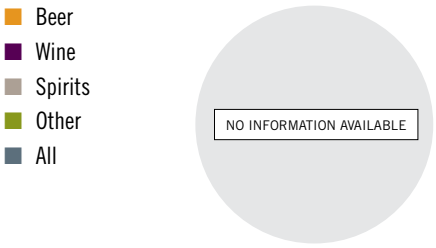
Total population (2016): 37 862 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 100% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	—		—	
Unrecorded	—		—	
Total**	—		—	
Total males / females	—	—	—	—
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	—
Females (15+)	—
Both sexes (15+)	—

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	—	—	—	—
Females	—	—	—	—
Both sexes	—	—	—	—

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	—	—	—
Former drinkers* (15+)	—	—	—
Abstainers (15+), past 12 months	—	—	—

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	—	—
Females	—	—
Both sexes	—	—
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	**No / No / No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.024 / 0.024 / 0.024
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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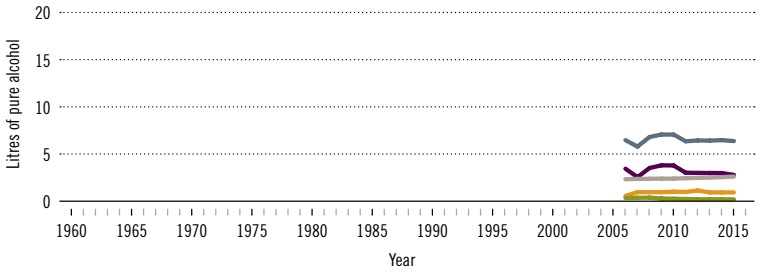
Montenegro

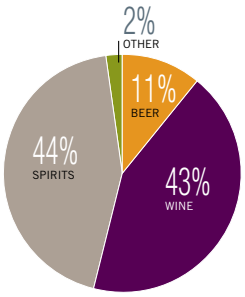
Total population (2016): 626 101 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 64% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.0		6.4	
Unrecorded	4.2		1.7	
Total**	**11.0**		**8.0**	
Total males / females	18.0	4.4	13.5	2.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.8
Females (15+)	6.9
Both sexes (15+)	14.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	39.8	58.4	36.4	67.8
Females	9.6	23.9	8.3	31.1
Both sexes	24.4	45.2	22.8	56.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	12.4	32.9	22.9
Former drinkers* (15+)	19.5	26.6	23.1
Abstainers (15+), past 12 months	31.8	59.6	46.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	8.9	2.6	71.8	48.3	26
Road traffic injuries, males / females	15.9	4.3	38.3	26.5	20
Cancer, males / females	255.1	152.8	7.1	2.6	74

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.5
Females	2.2	1.4
Both sexes	6.0	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2012/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any): Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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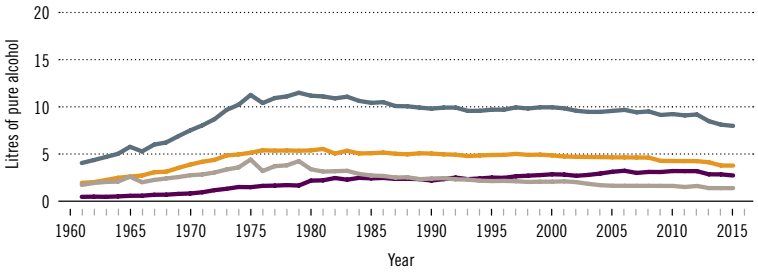
Netherlands

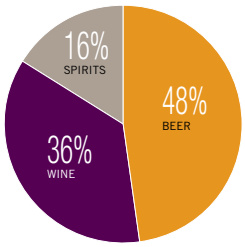
Total population (2016): 16 979 729 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 91% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.2		7.5	
Unrecorded	0.5		0.6	
Total**	**10.4**		**8.7**	
Total males / females	16.4	4.5	13.9	3.6
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	16.7
Females (15+)	5.8
Both sexes (15+)	12.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	43.2	51.9	47.1	63.7
Females	12.1	19.7	12.9	27.3
Both sexes	27.4	38.1	30.4	50.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.9	18.1	12.1
Former drinkers* (15+)	10.8	20.7	15.8
Abstainers (15+), past 12 months	16.7	38.8	27.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	5.8	2.9	69.7	55.5	613
Road traffic injuries, males / females	5.0	1.7	37.2	26.4	199
Cancer, males / females	216.8	157.3	6.8	3.1	2 432

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	2.0	0.9
Females	0.9	0.4
Both sexes	1.5	0.6
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2007/2016) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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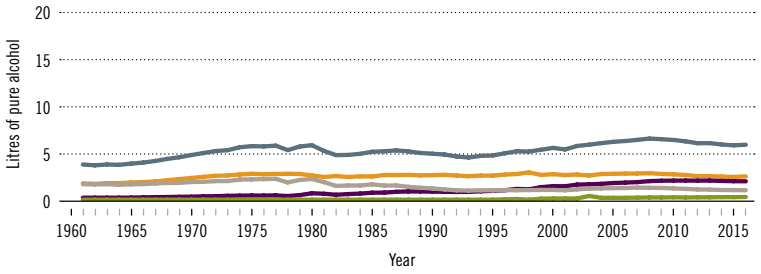
Norway

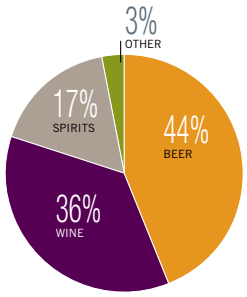
Total population (2016): 5 271 958 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 80% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.6		6.0	
Unrecorded	2.0		1.1	
Total**	**9.0**		**7.5**	
Total males / females	14.0	4.1	11.6	3.2
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	13.2
Females (15+)	4.6
Both sexes (15+)	9.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	48.6	55.2	52.9	65.7
Females	15.3	21.9	16.4	29.1
Both sexes	32.0	40.5	35.2	51.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.5	14.2	9.3
Former drinkers* (15+)	7.5	15.9	11.7
Abstainers (15+), past 12 months	12.0	30.2	21.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	5.0	2.4	63.4	54.7	135
Road traffic injuries, males / females	4.9	1.6	43.9	28.8	62
Cancer, males / females	178.6	131.6	5.1	2.4	441

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.6	6.1
Females	3.8	1.8
Both sexes	7.2	4.0
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1998/2012) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 20
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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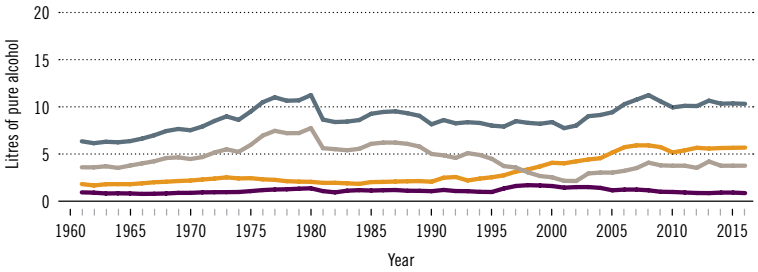
Poland

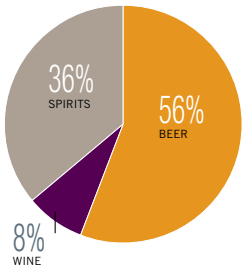
Total population (2016): 38 593 161 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 60% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.3		10.4	
Unrecorded	1.5		1.7	
Total**	**11.4**		**11.6**	
Total males / females	18.7	4.6	19.2	4.7
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	23.8
Females (15+)	8.3
Both sexes (15+)	17.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	54.3	67.3	52.8	76.3
Females	17.5	31.1	16.9	40.9
Both sexes	35.1	51.6	35.3	63.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.5	19.9	13.5
Former drinkers* (15+)	12.7	23.7	18.5
Abstainers (15+), past 12 months	19.3	43.6	32.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	24.1	8.3	78.1	62.2	4 784
Road traffic injuries, males / females	16.4	4.1	48.1	36.0	1 557
Cancer, males / females	278.8	156.4	8.2	2.9	6 258

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	22.7	4.1
Females	3.7	0.4
Both sexes	12.8	2.2
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1996/2016) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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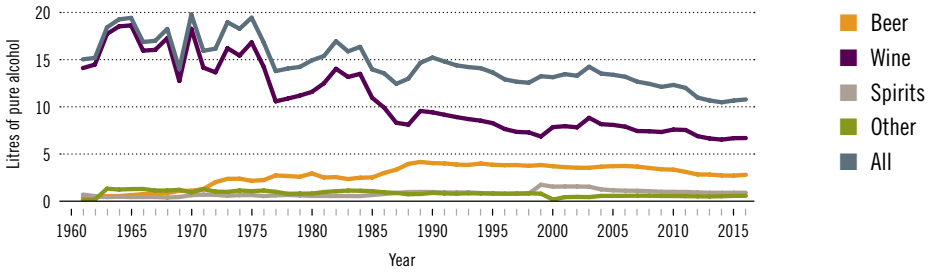
Portugal

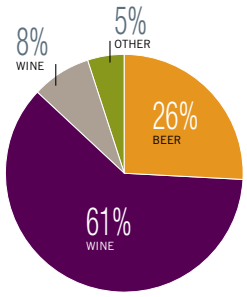
Total population (2016): 10 304 434 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 64% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	12.1		10.6	
Unrecorded	1.9		2.1	
Total**	**13.5**		**12.3**	
Total males / females	21.9	5.9	20.5	5.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.1
Females (15+)	8.7
Both sexes (15+)	17.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	43.4	53.1	46.9	65.4
Females	11.9	20.3	12.8	28.9
Both sexes	26.6	38.4	29.9	51.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.0	18.4	12.6
Former drinkers* (15+)	12.4	23.3	18.2
Abstainers (15+), past 12 months	18.4	41.7	30.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	18.6	4.1	78.8	63.0	1 049
Road traffic injuries, males / females	12.2	2.7	43.0	30.2	305
Cancer, males / females	227.3	108.8	9.8	4.2	2 132

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.0	4.9
Females	3.2	1.4
Both sexes	6.8	3.0
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2000/2013) / Yes
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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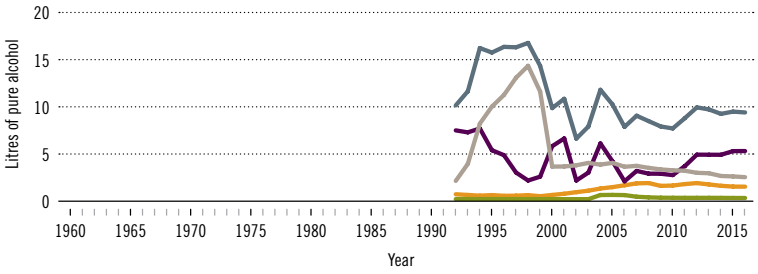
Republic of Moldova

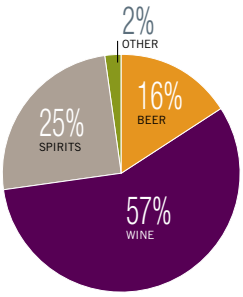
Total population (2016): 4 062 862 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 39% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.0		9.3	
Unrecorded	9.6		5.6	
Total**	**17.9**		**15.2**	
Total males / females	29.2	7.8	25.2	6.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	31.7
Females (15+)	11.1
Both sexes (15+)	22.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	44.5	56.0	42.0	63.1
Females	11.7	21.3	10.3	26.8
Both sexes	27.2	40.9	26.5	50.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.4	16.8	11.4
Former drinkers* (15+)	15.0	28.4	22.0
Abstainers (15+), past 12 months	20.4	45.2	33.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	97.0	67.4	57.0	61.5	1 907
Road traffic injuries, males / females	16.5	4.0	52.0	49.7	188
Cancer, males / females	244.7	126.3	14.5	6.7	799

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.3	5.5
Females	2.2	1.4
Both sexes	6.0	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2012/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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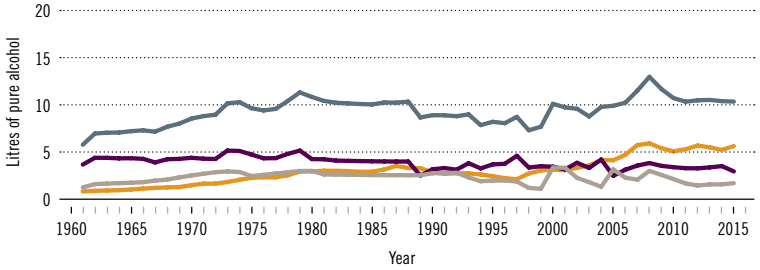
Romania

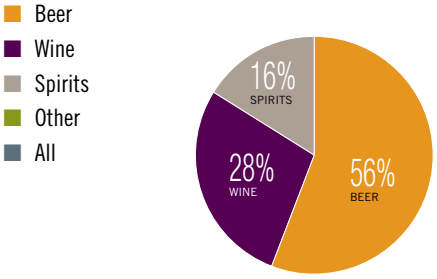
Total population (2016): 19 372 734 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 56% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.0		10.4	
Unrecorded	4.0		2.2	
Total**	**15.0**		**12.6**	
Total males / females	24.4	6.4	21.0	5.0
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.2
Females (15+)	9.0
Both sexes (15+)	18.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	53.8	67.2	52.9	77.0
Females	17.3	31.2	17.1	41.8
Both sexes	34.8	51.7	35.5	64.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.5	19.9	13.5
Former drinkers* (15+)	13.4	24.7	19.3
Abstainers (15+), past 12 months	19.9	44.5	32.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	51.8	22.9	78.9	62.1	6 366
Road traffic injuries, males / females	15.7	4.2	46.9	35.9	802
Cancer, males / females	269.1	140.2	11.8	4.8	4 676

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	4.5	2.0
Females	1.4	0.6
Both sexes	2.8	1.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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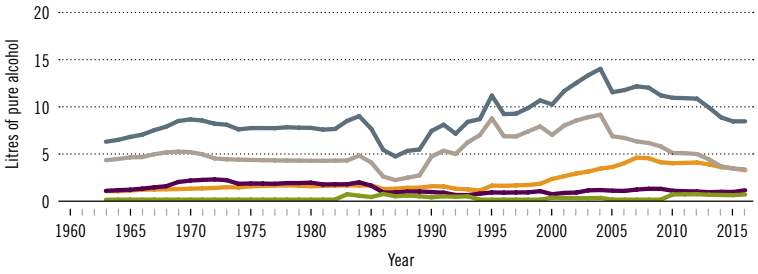
Russian Federation

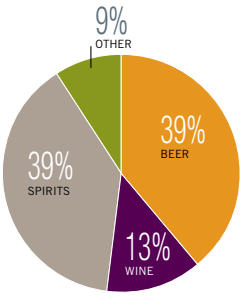
Total population (2016): 143 439 832 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 75% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	11.1		8.1	
Unrecorded	4.7		3.6	
Total**	**15.8**		**11.7**	
Total males / females	26.1	7.3	18.7	5.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	30.5
Females (15+)	10.5
Both sexes (15+)	20.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	48.4	78.8	37.9	85.1
Females	24.2	43.7	18.8	55.1
Both sexes	35.2	60.6	28.6	72.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	24.0	30.0	27.2
Former drinkers* (15+)	14.7	14.6	14.6
Abstainers (15+), past 12 months	38.6	44.6	41.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	40.3	18.4	51.7	61.8	22 850
Road traffic injuries, males / females	32.3	9.6	46.4	45.8	11 537
Cancer, males / females	298.4	153.1	10.1	5.5	28 702

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	36.9	16.5
Females	7.4	3.3
Both sexes	20.9	9.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2009/2015) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.035 / 0.035 / 0.035
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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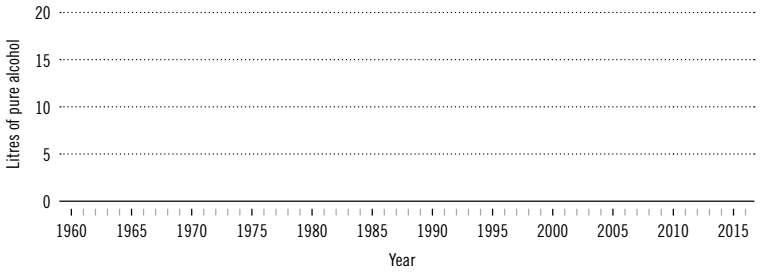
San Marino

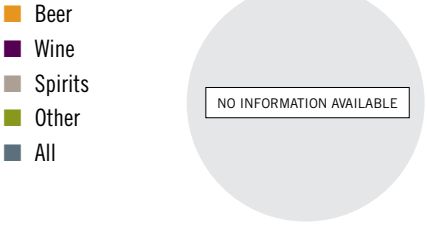
Total population (2016): 31 950 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 98% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	—		—	
Unrecorded	—		—	
Total**	—		—	
Total males / females	—	—	—	—
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	—
Females (15+)	—
Both sexes (15+)	—

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	—	—	—	—
Females	—	—	—	—
Both sexes	—	—	—	—

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	—	—	—
Former drinkers* (15+)	—	—	—
Abstainers (15+), past 12 months	—	—	—

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	—	—
Females	—	—
Both sexes	—	—
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2006/2015) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 16
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No,** Yes / **No, No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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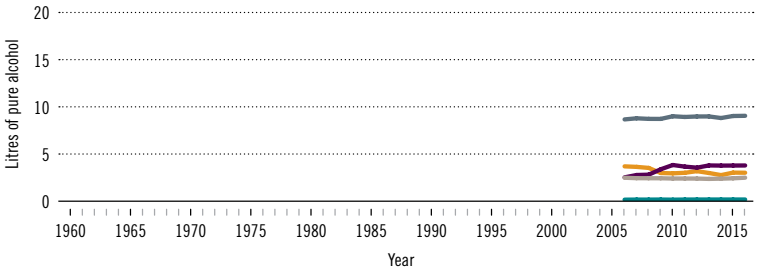
Serbia

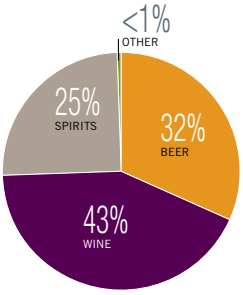
Total population (2016): 8 812 705 ➤ Population aged 15 years and older (15+): 84% ➤ Population in urban areas: 45% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.9		9.2	
Unrecorded	2.7		1.8	
Total**	**11.7**		**11.1**	
Total males / females	19.3	4.6	18.5	4.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.1
Females (15+)	8.8
Both sexes (15+)	18.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	46.3	62.7	44.5	73.1
Females	12.9	27.4	12.1	36.8
Both sexes	29.0	48.4	28.8	60.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	9.1	26.0	17.9
Former drinkers* (15+)	17.0	26.9	22.2
Abstainers (15+), past 12 months	26.2	53.0	40.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	13.0	2.5	77.3	57.3	568
Road traffic injuries, males / females	11.3	3.1	43.9	31.7	241
Cancer, males / females	261.6	155.2	8.5	3.1	1 454

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.5
Females	2.1	1.3
Both sexes	5.9	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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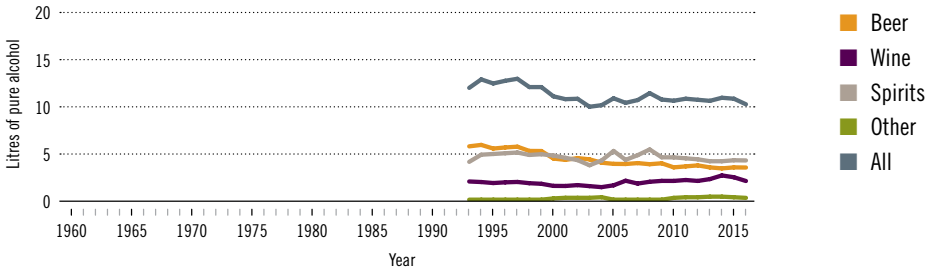
Slovakia

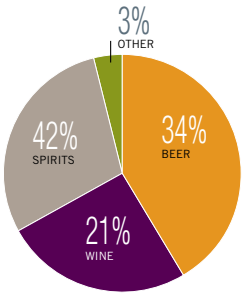
Total population (2016): 5 429 418 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 54% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.7		10.4	
Unrecorded	1.8		1.6	
Total**	**11.9**		**11.5**	
Total males / females	19.3	5.0	18.9	4.6
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	23.1
Females (15+)	8.0
Both sexes (15+)	16.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	55.5	68.1	53.4	76.4
Females	18.3	31.7	17.3	40.9
Both sexes	36.2	52.3	35.8	63.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.3	19.4	13.1
Former drinkers* (15+)	12.1	22.9	17.7
Abstainers (15+), past 12 months	18.4	42.3	30.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	40.9	12.7	77.5	62.0	1 118
Road traffic injuries, males / females	11.7	3.6	48.1	36.2	164
Cancer, males / females	305.9	155.8	11.8	3.3	1 199

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	22.8	10.2
Females	2.5	1.1
Both sexes	12.2	5.5
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1993/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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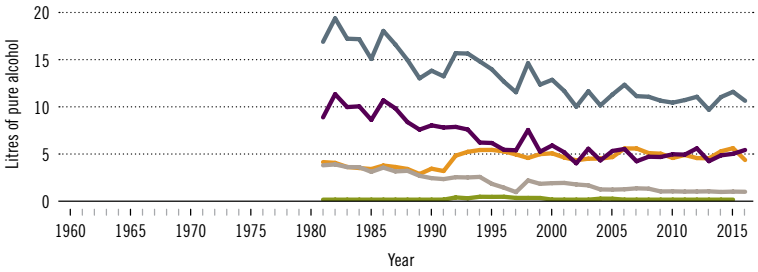
Slovenia

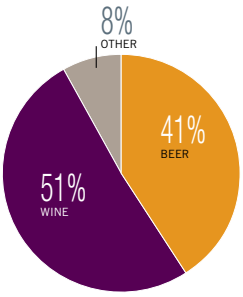
Total population (2016): 2 069 362 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 50% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.5		10.8	
Unrecorded	1.0		1.8	
Total**	**11.5**		**12.6**	
Total males / females	18.4	4.7	20.4	5.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	24.6
Females (15+)	8.5
Both sexes (15+)	17.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	56.3	67.9	56.8	78.1
Females	19.2	32.0	19.7	43.3
Both sexes	37.5	52.6	38.8	65.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.6	17.4	11.6
Former drinkers* (15+)	11.5	22.6	17.1
Abstainers (15+), past 12 months	17.1	40.0	28.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	31.2	8.7	78.1	62.5	391
Road traffic injuries, males / females	9.6	2.8	50.1	33.9	53
Cancer, males / females	253.4	145.0	8.3	3.3	387

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	23.5	10.5
Females	4.5	2.0
Both sexes	13.9	6.2
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2000/2016) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0 / 00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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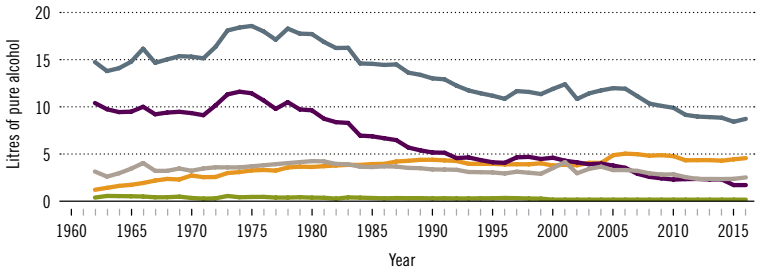
Spain

Total population (2016): 46 064 604 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 81% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available

Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.6		8.5	
Unrecorded	1.2		1.8	
Total**	**10.5**		**10.0**	
Total males / females	16.9	4.4	16.4	4.0
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.2
Females (15+)	7.0
Both sexes (15+)	14.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	41.3	51.1	43.9	62.6
Females	10.7	18.8	11.2	26.4
Both sexes	25.6	37.3	28.0	49.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	6.6	20.1	13.6
Former drinkers* (15+)	12.5	22.9	17.9
Abstainers (15+), past 12 months	19.1	43.0	31.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	12.8	4.1	73.8	56.3	3 621
Road traffic injuries, males / females	5.6	1.6	39.6	28.3	590
Cancer, males / females	200.7	100.1	8.3	3.9	7 264

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	2.7	1.2
Females	0.5	0.2
Both sexes	1.5	0.7
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1999/2009) / Yes
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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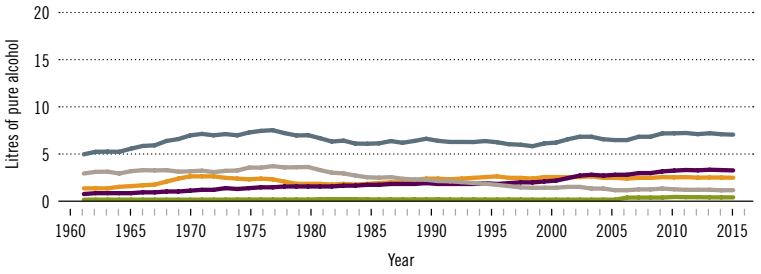
Sweden

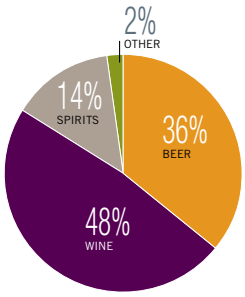
Total population (2016): 46 064 604 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 86% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	7.3		7.2	
Unrecorded	2.2		2.0	
Total**	**9.5**		**9.2**	
Total males / females	15.1	4.0	14.6	3.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.4
Females (15+)	6.1
Both sexes (15+)	12.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	43.7	52.1	48.0	64.1
Females	12.4	20.0	13.4	27.7
Both sexes	28.0	38.3	31.3	50.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.7	17.5	11.6
Former drinkers* (15+)	10.4	20.3	15.4
Abstainers (15+), past 12 months	16.1	37.8	27.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	8.4	4.2	70.3	56.4	529
Road traffic injuries, males / females	4.6	1.3	42.5	28.6	108
Cancer, males / females	160.8	128.3	6.0	2.3	992

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	14.7	6.4
Females	7.3	3.8
Both sexes	11.0	5.1
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2001/2016) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 20 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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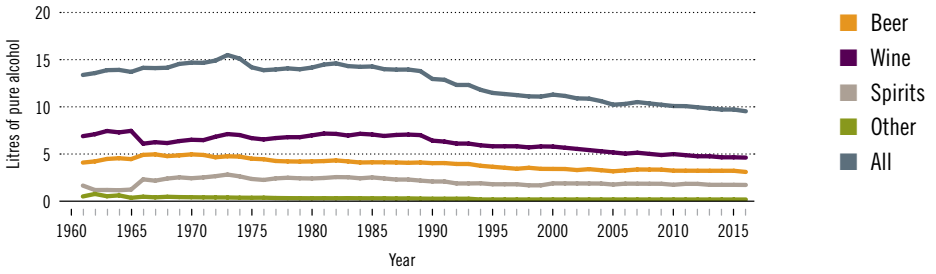
Switzerland

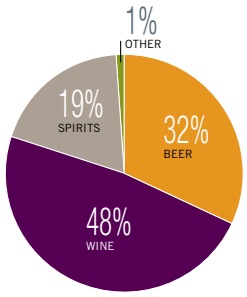
Total population (2016): 8 379 477 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 74% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.0		9.5	
Unrecorded	0.5		1.2	
Total**	**11.4**		**11.5**	
Total males / females	17.9	5.1	18.1	5.1
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.2
Females (15+)	7.0
Both sexes (15+)	14.2

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	53.4	59.6	58.6	70.6
Females	18.4	25.2	20.5	34.0
Both sexes	35.6	43.9	40.0	55.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.5	11.4	7.5
Former drinkers* (15+)	6.8	15.5	11.3
Abstainers (15+), past 12 months	10.4	27.0	18.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.4	3.7	74.9	63.3	496
Road traffic injuries, males / females	4.6	1.4	45.3	31.3	107
Cancer, males / females	170.0	112.7	7.0	3.7	1 005

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	16.1	7.2
Females	3.2	1.4
Both sexes	9.5	4.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2008/2012) / **No**
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	16 / 16 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.01 / 0.01
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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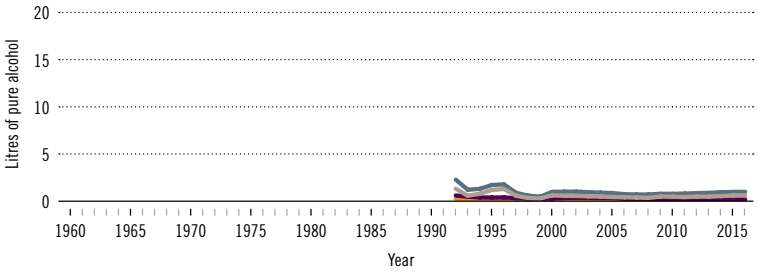
Tajikistan

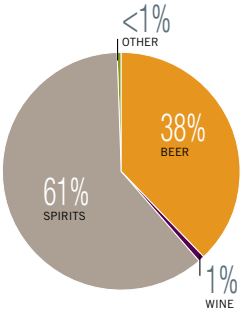
Total population (2016): 8 669 464 ➤ Population aged 15 years and older (15+): 65% ➤ Population in urban areas: 27% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.7		0.9	
Unrecorded	1.7		2.3	
Total**	**2.4**		**3.3**	
Total males / females	4.2	0.6	5.7	0.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.3
Females (15+)	7.1
Both sexes (15+)	15.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.7	49.7	9.1	53.2
Females	2.1	17.9	1.2	19.6
Both sexes	8.4	40.6	5.2	44.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	39.1	68.6	53.8
Former drinkers* (15+)	31.4	19.6	25.5
Abstainers (15+), past 12 months	70.4	88.2	79.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	39.9	28.1	60.5	29.8	573
Road traffic injuries, males / females	41.0	11.8	18.8	11.0	252
Cancer, males / females	126.6	99.1	6.6	1.5	193

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.6	0.7
Females	0.3	0.1
Both sexes	0.9	0.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2005/2012) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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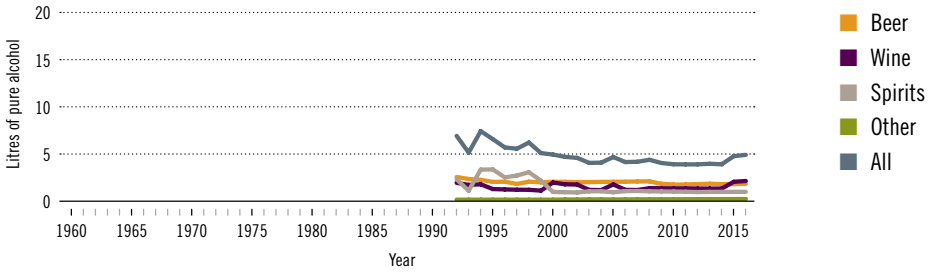
The former Yugoslav Republic of Macedonia

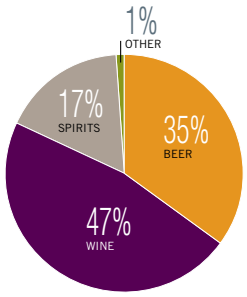
Total population (2016): 2 081 012 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 57% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.8		4.9	
Unrecorded	2.8		3.6	
Total**	**6.3**		**8.1**	
Total males / females	10.6	2.2	13.5	2.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.0
Females (15+)	7.0
Both sexes (15+)	15.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	39.8	58.8	35.4	67.5
Females	9.6	24.2	7.9	30.8
Both sexes	24.6	45.8	22.0	55.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	12.6	33.4	23.1
Former drinkers* (15+)	19.7	26.7	23.2
Abstainers (15+), past 12 months	32.3	60.1	46.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	12.9	3.6	72.0	47.8	118
Road traffic injuries, males / females	9.9	2.4	38.8	27.7	43
Cancer, males / females	226.3	129.2	6.5	2.3	193

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.5
Females	2.1	1.4
Both sexes	6.0	3.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2008/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0 / 00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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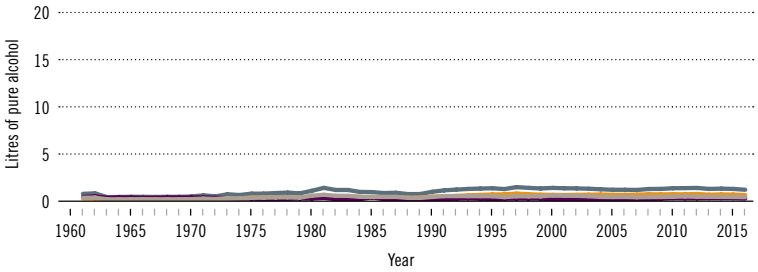
Turkey

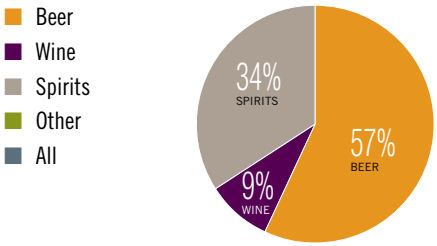
Total population (2016): 79 622 062 ➤ Population aged 15 years and older (15+): 75% ➤ Population in urban areas: 74% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.5		1.3	
Unrecorded	0.8		0.7	
Total**	**2.2**		**2.0**	
Total males / females	4.1	0.4	3.7	0.4
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	33.3
Females (15+)	11.9
Both sexes (15+)	28.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	2.8	25.9	1.6	29.9
Females	0.2	6.9	0.1	8.4
Both sexes	1.5	21.7	0.9	25.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	82.7	95.1	89.1
Former drinkers* (15+)	6.4	1.9	4.1
Abstainers (15+), past 12 months	89.0	97.0	93.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.2	7.5	37.2	10.9	1 643
Road traffic injuries, males / females	17.2	3.8	7.1	3.5	414
Cancer, males / females	254.4	112.7	1.5	0.3	1 113

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.1	2.5
Females	1.7	0.7
Both sexes	4.8	1.6
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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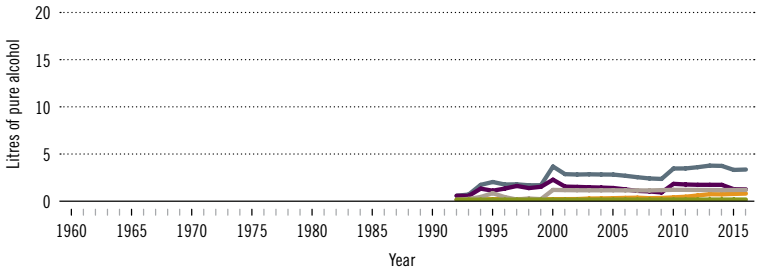
Turkmenistan

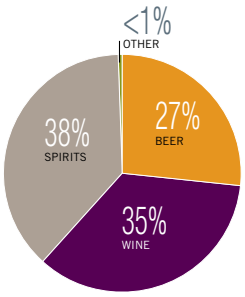
Total population (2016): 5 438 670 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 53% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.2		3.4	
Unrecorded	2.8		2.0	
Total**	**6.0**		**5.4**	
Total males / females	10.3	1.8	9.5	1.5
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.4
Females (15+)	8.1
Both sexes (15+)	17.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	24.2	57.0	16.1	61.0
Females	4.2	22.3	2.5	25.1
Both sexes	13.9	45.8	9.4	51.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	26.8	55.6	41.6
Former drinkers* (15+)	30.8	25.4	28.0
Abstainers (15+), past 12 months	57.5	81.0	69.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	90.1	50.2	69.0	38.8	1 262
Road traffic injuries, males / females	36.6	8.8	31.0	22.9	291
Cancer, males / females	172.2	116.5	10.5	2.4	307

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.3
Females	2.1	1.3
Both sexes	5.9	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / No / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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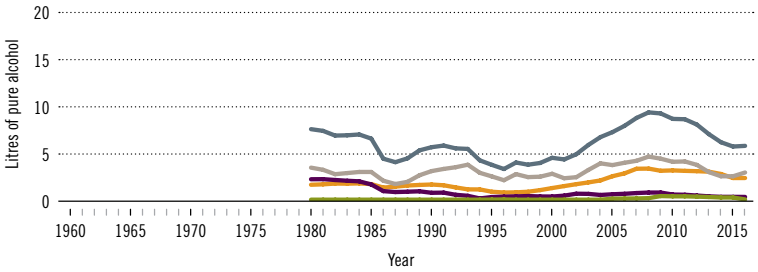
Ukraine

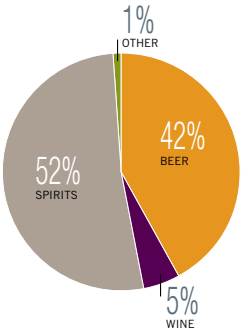
Total population (2016): 44 624 373 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 71% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.0		5.4	
Unrecorded	5.3		3.1	
Total**	**14.3**		**8.6**	
Total males / females	23.8	6.4	14.1	4.0
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.5
Females (15+)	7.1
Both sexes (15+)	13.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.6	43.1	27.4	51.5
Females	7.5	13.3	6.8	18.6
Both sexes	17.5	28.3	17.4	38.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	9.8	15.0	12.7
Former drinkers* (15+)	21.5	28.9	25.5
Abstainers (15+), past 12 months	31.3	43.9	38.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	52.0	19.8	51.6	58.4	8 303
Road traffic injuries, males / females	19.1	4.6	44.8	43.4	1 963
Cancer, males / females	247.2	126.2	11.6	4.6	8 272

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	11.5	4.2
Females	1.4	0.5
Both sexes	6.0	2.2
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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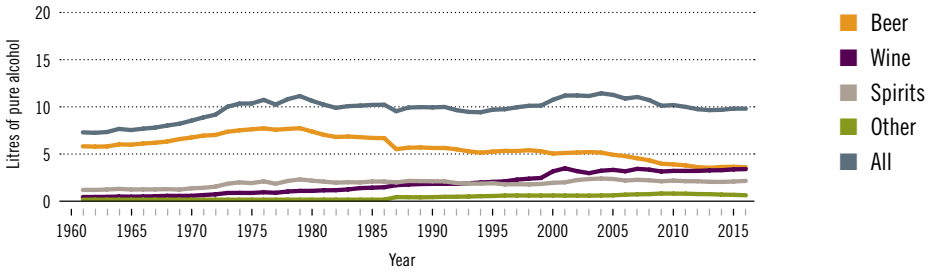
United Kingdom of Great Britain and Northern Ireland

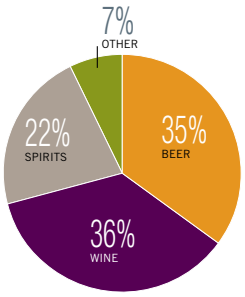
Total population (2016): 65 111 143 ➤ Population aged 15 years and older (15+): 82% ➤ Population in urban areas: 84% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.1		9.8	
Unrecorded	1.6		1.1	
Total**	**12.3**		**11.4**	
Total males / females	19.6	5.4	18.4	4.8
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.8
Females (15+)	7.6
Both sexes (15+)	15.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	46.4	55.1	49.9	66.4
Females	13.8	22.0	14.5	29.7
Both sexes	29.8	40.6	32.6	52.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.3	16.4	11.0
Former drinkers* (15+)	10.4	20.6	15.6
Abstainers (15+), past 12 months	15.7	37.0	26.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.7	7.9	77.0	63.4	5 556
Road traffic injuries, males / females	4.8	1.4	43.8	32.2	735
Cancer, males / females	189.7	143.1	8.0	4.1	10 412

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	13.0	2.2
Females	4.7	0.7
Both sexes	8.7	1.4
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	sub-national
Specific events / intoxicated persons / petrol stations	sub-national

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Subnational
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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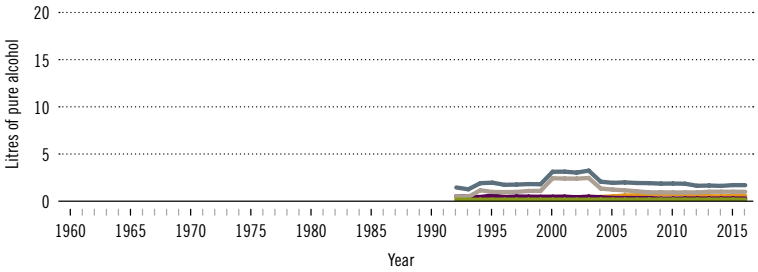
Uzbekistan

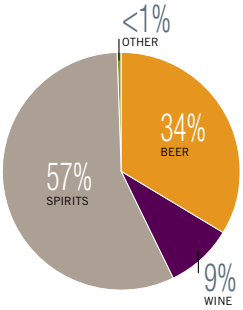
Total population (2016): 30 300 446 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 38% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.8		1.6	
Unrecorded	1.4		1.1	
Total**	**3.2**		**2.7**	
Total males / females	5.6	0.9	4.8	0.7
WHO European Region	11.2		9.8	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	15.8
Females (15+)	5.7
Both sexes (15+)	12.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.6	48.6	9.1	52.7
Females	2.0	16.9	1.2	19.3
Both sexes	8.1	39.1	5.2	44.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	38.5	68.3	53.9
Former drinkers* (15+)	31.4	19.7	25.4
Abstainers (15+), past 12 months	69.9	88.0	79.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	46.2	31.7	58.6	29.2	3 234
Road traffic injuries, males / females	20.0	4.5	20.7	14.5	557
Cancer, males / females	86.0	74.2	7.8	1.8	657

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.9	5.3
Females	2.1	1.3
Both sexes	5.9	3.3
WHO European Region	8.8	3.7

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2011/—) / Yes
Excise tax on beer / wine / spirits	Yes / **No** / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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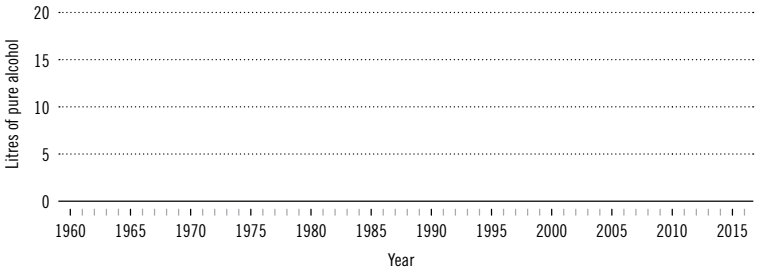
Bangladesh

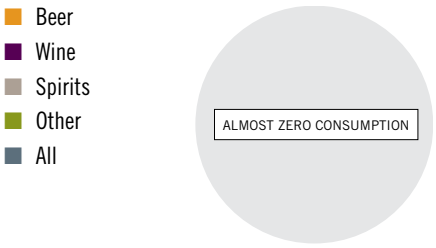
Total population (2016): 162 910 864 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 35% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.0		0.0	
Unrecorded	0.2		0.0	
Total**	**0.2**		**0.0**	
Total males / females	0.4	0.0	0.0	0.0
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	1.1
Females (15+)	0.4
Both sexes (15+)	0.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	1.5	43.1	1.0	47.4
Females	0.1	14.4	0.1	16.2
Both sexes	0.8	36.8	0.5	41.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	88.9	96.1	92.5
Former drinkers* (15+)	7.6	2.9	5.3
Abstainers (15+), past 12 months	96.5	99.0	97.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	35.8	15.2	10.0	8.4	2 209
Road traffic injuries, males / females	30.6	5.7	2.0	1.1	394
Cancer, males / females	127.7	97.6	1.1	0.3	743

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.2
Females	0.3	0.2
Both sexes	0.8	0.7
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1990/2014) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Zero tolerance
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	— / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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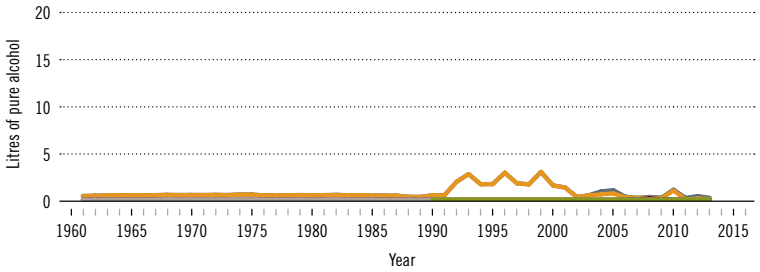
Bhutan

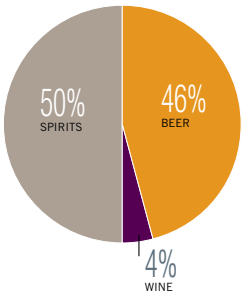
Total population (2016): 784 103 ➤ Population aged 15 years and older (15+): 74% ➤ Population in urban areas: 40% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.5		0.2	
Unrecorded	0.7		0.4	
Total**	**1.2**		**0.6**	
Total males / females	1.9	0.3	0.9	0.1
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	2.3
Females (15+)	0.8
Both sexes (15+)	1.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	18.2	45.6	12.1	50.0
Females	2.8	16.0	1.6	17.6
Both sexes	11.2	37.8	6.9	41.3

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	52.5	79.6	64.8
Former drinkers* (15+)	7.6	3.1	5.6
Abstainers (15+), past 12 months	60.2	82.7	70.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	47.5	20.4	14.4	13.7	25
Road traffic injuries, males / females	24.2	12.5	21.8	13.1	23
Cancer, males / females	118.1	105.9	2.3	0.6	7

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.3	1.3
Females	0.6	0.2
Both sexes	2.1	0.8
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2015/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / **No**
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	—

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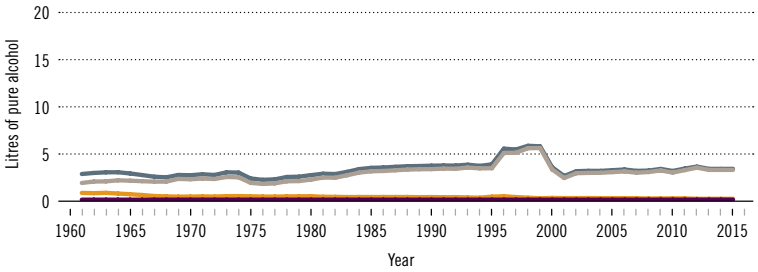
Democratic People's Republic of Korea

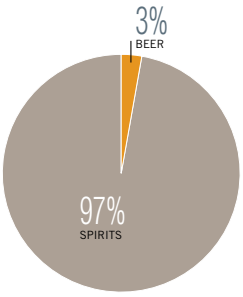
Total population (2016): 25 281 327 ➤ Population aged 15 years and older (15+): 79% ➤ Population in urban areas: 61% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.3		3.4	
Unrecorded	0.5		0.5	
Total**	**3.8**		**3.9**	
Total males / females	6.5	1.2	6.7	1.2
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	12.5
Females (15+)	4.4
Both sexes (15+)	9.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	23.7	44.1	18.9	50.2
Females	3.9	14.2	3.0	17.8
Both sexes	13.5	33.5	11.1	40.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	44.4	70.8	58.0
Former drinkers* (15+)	1.9	1.4	1.7
Abstainers (15+), past 12 months	46.3	72.3	59.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	23.5	8.8	45.6	25.8	1 243
Road traffic injuries, males / females	39.1	12.4	28.5	15.8	1 308
Cancer, males / females	245.2	159.1	3.6	0.8	953

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.2	2.4
Females	1.0	0.4
Both sexes	3.5	1.4
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	**— / —**
National government support for community action (any)	—
National monitoring system(s) (any)	—

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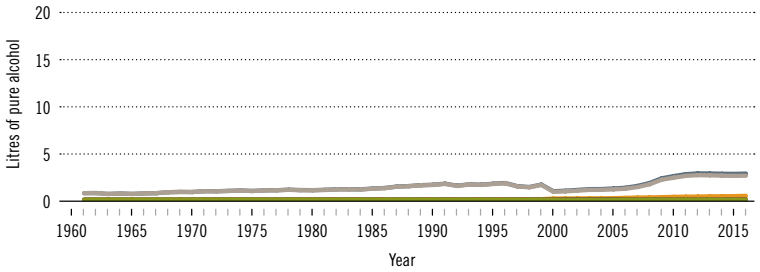
India

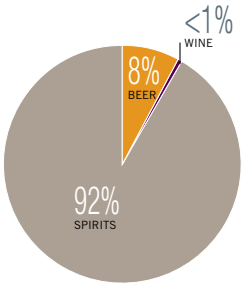
Total population (2016): 1 326 801 576 ➤ Population aged 15 years and older (15+): 72% ➤ Population in urban areas: 33% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.7		3.0	
Unrecorded	1.5		2.6	
Total**	**4.3**		**5.7**	
Total males / females	7.1	1.3	9.4	1.7
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.3
Females (15+)	6.6
Both sexes (15+)	14.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	28.4	55.1	21.1	60.4
Females	5.4	21.4	3.6	24.6
Both sexes	17.2	44.4	12.8	50.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	39.1	68.8	53.5
Former drinkers* (15+)	9.4	5.8	7.6
Abstainers (15+), past 12 months	48.6	74.6	61.2

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	45.8	14.7	60.0	33.3	140 632
Road traffic injuries, males / females	50.3	10.3	33.7	18.3	92 878
Cancer, males / females	107.2	95.3	6.5	0.8	30 958

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.1	7.0
Females	0.5	0.4
Both sexes	4.9	3.8
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Subnational / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Subnational
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Subnational
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, —
Specific events / intoxicated persons / petrol stations	Yes / — / —

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	Yes / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	**No**
National monitoring system(s) (any)	Yes

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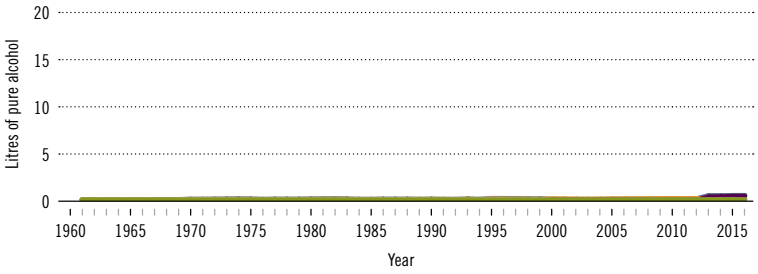
Indonesia

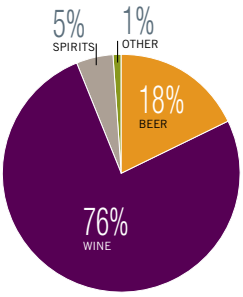
Total population (2016): 260 581 100 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 55% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.1		0.3	
Unrecorded	0.6		0.5	
Total**	**0.7**		**0.8**	
Total males / females	1.2	0.2	1.4	0.2
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.2
Females (15+)	1.5
Both sexes (15+)	3.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	11.6	35.9	7.6	40.2
Females	1.4	10.8	0.9	12.6
Both sexes	6.5	28.6	4.3	33.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	42.6	71.8	57.2
Former drinkers* (15+)	25.1	15.0	20.1
Abstainers (15+), past 12 months	67.7	86.8	77.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	51.1	27.1	16.5	15.2	9 575
Road traffic injuries, males / females	31.8	13.9	12.7	8.9	4 795
Cancer, males / females	181.0	126.4	1.7	0.5	2 474

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.4	1.3
Females	0.3	0.2
Both sexes	0.8	0.7
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1997/2014) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, —
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	**No** / **No** / **No**
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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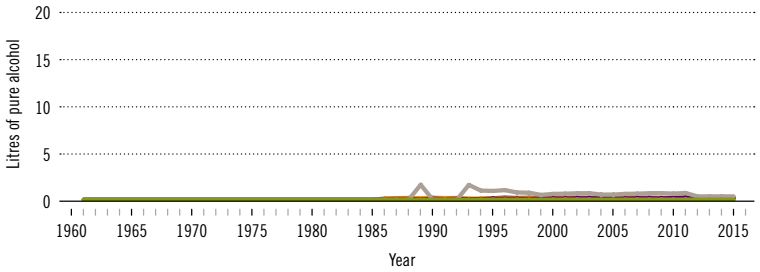
Maldives

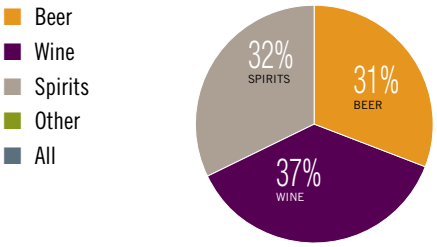
Total population (2016): 369 812 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 53% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.7		1.3	
Unrecorded	0.5		1.9	
Total**	**1.9**		**2.7**	
Total males / females	3.3	0.4	4.8	0.6
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	39.9
Females (15+)	14.6
Both sexes (15+)	33.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	0.7	5.7	0.4	6.4
Females	0.0	1.3	0.0	1.4
Both sexes	0.4	4.6	0.2	5.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	78.3	93.1	85.8
Former drinkers* (15+)	9.7	3.0	6.3
Abstainers (15+), past 12 months	87.9	96.1	92.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	12.1	7.3	36.1	12.8	5
Road traffic injuries, males / females	6.8	4.3	5.7	3.7	1
Cancer, males / females	133.0	96.2	3.9	0.4	6

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.9	1.5
Females	0.8	0.3
Both sexes	2.3	0.9
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Total ban
Excise tax on beer / wine / spirits	Total ban
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	Total ban
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Total ban
Specific events / intoxicated persons / petrol stations	Total ban

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	Total ban
Legally binding regulations on alcohol advertising / product placement (any)	Total ban
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Total ban
Legally required health warning labels on alcohol advertisements / containers (any)	Total ban
National government support for community action (any)	—
National monitoring system(s) (any)	

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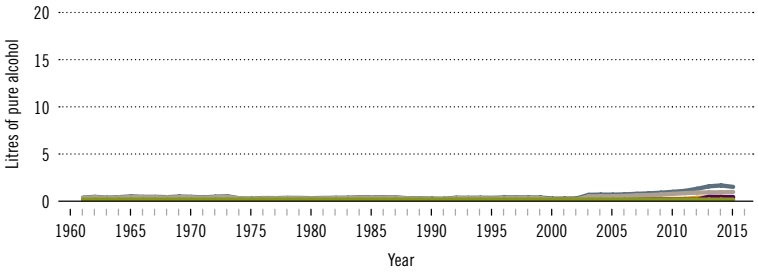
Myanmar

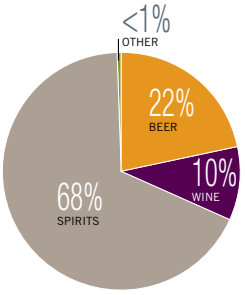
Total population (2016): 54 363 426 ➤ Population aged 15 years and older (15+): 73% ➤ Population in urban areas: 34% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.0		1.6	
Unrecorded	1.9		3.2	
Total**	**2.9**		**4.8**	
Total males / females	5.2	0.8	8.5	1.3
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	22.1
Females (15+)	8.0
Both sexes (15+)	17.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.3	42.5	11.1	47.2
Females	2.3	13.8	1.4	16.1
Both sexes	9.1	33.4	6.3	38.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	34.7	64.6	50.1
Former drinkers* (15+)	27.0	18.9	22.8
Abstainers (15+), past 12 months	61.7	83.5	72.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	111.4	47.3	57.7	31.2	12 562
Road traffic injuries, males / females	26.3	25.9	22.7	13.1	1 818
Cancer, males / females	212.0	138.6	4.7	0.9	1 573

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.2	1.3
Females	0.6	0.2
Both sexes	1.9	0.7
WHO South-East Asia Region	0.7	x.x

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	Yes

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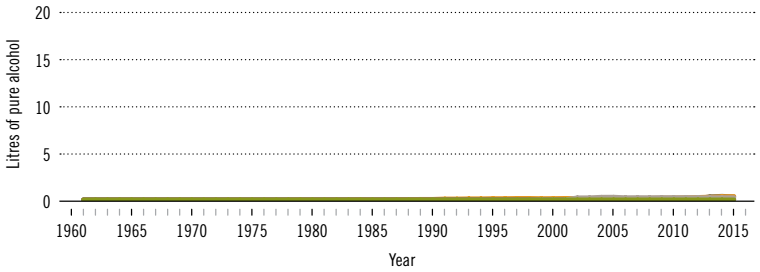
Nepal

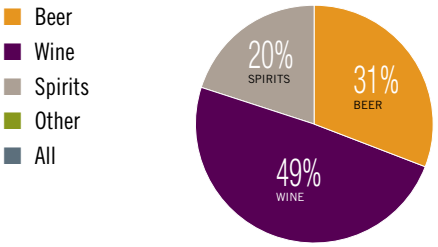
Total population (2016): 28 850 717 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 19% ➤ Income group (World Bank): Low income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.2		0.6	
Unrecorded	1.9		1.4	
Total**	**2.1**		**2.0**	
Total males / females	3.8	0.6	3.6	0.6
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	9.4
Females (15+)	3.5
Both sexes (15+)	7.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	17.9	46.8	12.7	51.7
Females	2.8	16.5	1.7	18.7
Both sexes	9.9	36.7	7.3	42.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	53.1	79.1	66.9
Former drinkers* (15+)	8.6	3.8	6.0
Abstainers (15+), past 12 months	61.6	82.9	72.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	39.9	15.3	31.7	20.7	1 229
Road traffic injuries, males / females	38.3	16.0	20.6	10.6	897
Cancer, males / females	107.6	105.0	3.2	0.4	295

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.1	1.2
Females	0.6	0.2
Both sexes	1.8	0.7
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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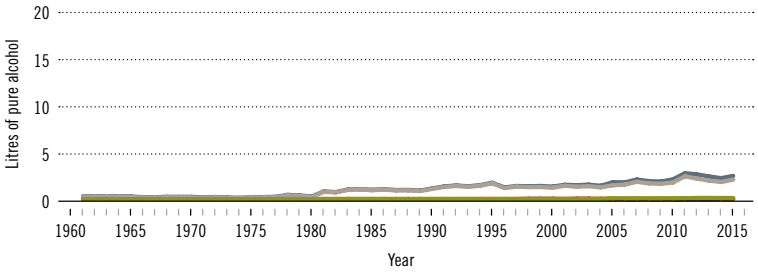
Sri Lanka

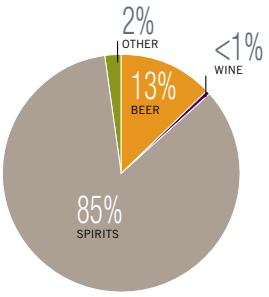
Total population (2016): 20 810 816 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 19% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.5		2.7	
Unrecorded	1.5		1.6	
Total**	**4.0**		**4.3**	
Total males / females	7.0	1.1	7.7	1.2
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.9
Females (15+)	6.7
Both sexes (15+)	14.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.6	40.8	12.4	47.8
Females	2.4	13.2	1.6	16.4
Both sexes	9.1	31.7	7.0	39.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	32.6	62.4	48.3
Former drinkers* (15+)	26.8	19.6	23.0
Abstainers (15+), past 12 months	59.4	82.1	71.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	57.4	9.7	56.7	28.2	2 880
Road traffic injuries, males / females	35.4	9.3	21.2	11.7	675
Cancer, males / females	135.4	99.1	5.2	0.9	646

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	5.9	4.9
Females	0.7	0.6
Both sexes	3.1	2.6
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes(2015/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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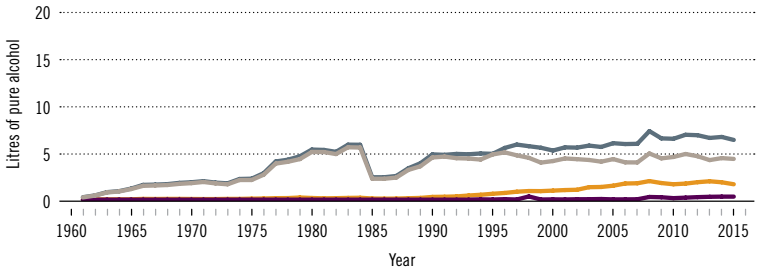
Thailand

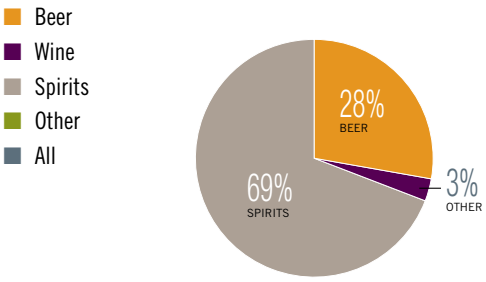
Total population (2016): 68 146 609 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 52% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.9		6.6	
Unrecorded	0.8		1.7	
Total**	**7.6**		**8.3**	
Total males / females	13.1	2.4	14.3	2.5
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.2
Females (15+)	9.2
Both sexes (15+)	20.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	27.0	49.4	22.0	57.7
Females	4.9	17.8	3.7	22.6
Both sexes	15.7	38.4	13.0	47.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	20.8	47.6	34.5
Former drinkers* (15+)	24.6	24.7	24.7
Abstainers (15+), past 12 months	45.4	72.3	59.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	36.0	11.5	71.1	43.6	10 009
Road traffic injuries, males / females	64.3	15.3	34.1	15.3	6 759
Cancer, males / females	176.2	106.6	8.4	2.6	5 680

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	10.0	3.5
Females	0.9	0.2
Both sexes	5.4	1.8
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2010/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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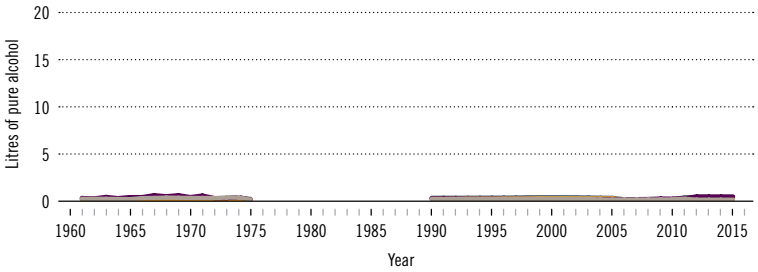
Timor-Leste

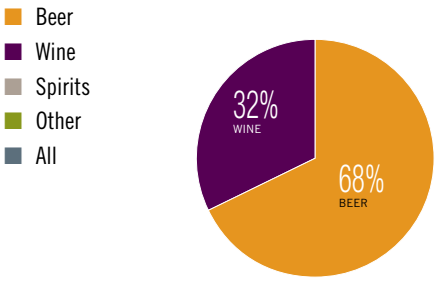
Total population (2016): 1 211 245 ➤ Population aged 15 years and older (15+): 57% ➤ Population in urban areas: 35% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.2		0.6	
Unrecorded	0.5		1.5	
Total**	**0.7**		**2.1**	
Total males / females	1.2	0.2	3.5	0.5
WHO South-East Asia Region	3.5		4.5	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	11.5
Females (15+)	4.3
Both sexes (15+)	9.5

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	11.5	37.7	7.8	41.6
Females	1.5	11.7	0.9	13.3
Both sexes	6.6	30.3	4.4	34.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	43.7	72.6	58.0
Former drinkers* (15+)	25.7	15.0	20.4
Abstainers (15+), past 12 months	69.4	87.6	78.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	24.6	11.9	34.4	18.6	25
Road traffic injuries, males / females	33.2	17.1	12.7	8.3	31
Cancer, males / females	215.1	163.5	1.4	0.4	8

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 **3** 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.0	1.2
Females	0.6	0.2
Both sexes	1.8	0.7
WHO South-East Asia Region	3.9	2.9

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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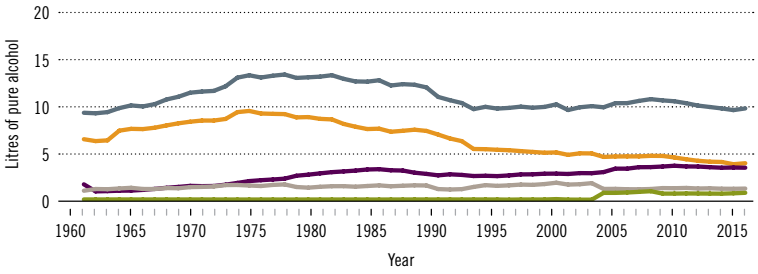
Australia

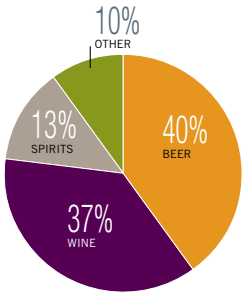
Total population (2016): 24 309 330 ➤ Population aged 15 years and older (15+): 81% ➤ Population in urban areas: 89% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.5		9.6	
Unrecorded	1.8		0.8	
Total**	**12.5**		**10.6**	
Total males / females	19.3	5.7	16.6	4.7
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.8
Females (15+)	6.6
Both sexes (15+)	13.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	53.6	60.7	57.2	70.8
Females	18.6	26.4	19.5	34.1
Both sexes	36.0	45.3	38.9	56.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.1	12.9	8.5
Former drinkers* (15+)	7.7	16.5	12.1
Abstainers (15+), past 12 months	11.7	29.4	20.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.6	3.7	74.1	62.5	1 159
Road traffic injuries, males / females	8.6	3.2	48.0	30.9	534
Cancer, males / females	170.2	118.9	7.1	3.7	2 577

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	6.1	2.2
Females	2.7	0.8
Both sexes	4.4	1.5
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (1985/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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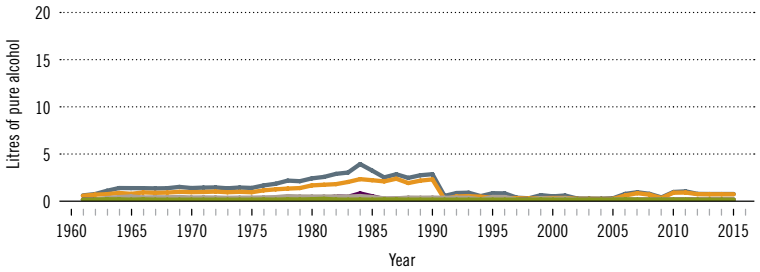
Brunei Darussalam

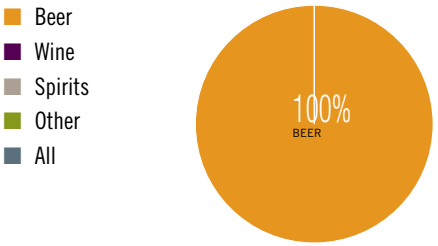
Total population (2016): 428 874 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 77% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.7		0.6	
Unrecorded	0.3		0.2	
Total**	**0.5**		**0.4**	
Total males / females	0.8	0.2	0.7	0.2
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	1.8
Females (15+)	0.6
Both sexes (15+)	1.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.4	38.8	12.6	42.2
Females	5.6	19.4	4.2	22.1
Both sexes	10.2	30.6	8.5	34.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	42.2	34.7	38.6
Former drinkers* (15+)	20.5	36.2	28.1
Abstainers (15+), past 12 months	62.7	70.9	66.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	9.1	8.5	21.0	24.4	5
Road traffic injuries, males / females	13.1	6.2	17.4	12.0	5
Cancer, males / females	220.1	167.7	3.4	0.8	9

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	3.8	1.4
Females	0.7	0.3
Both sexes	2.3	0.8
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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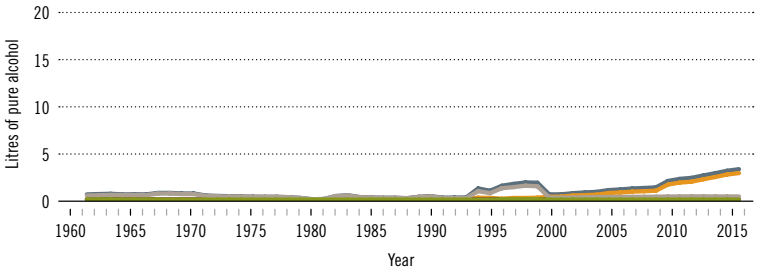
Cambodia

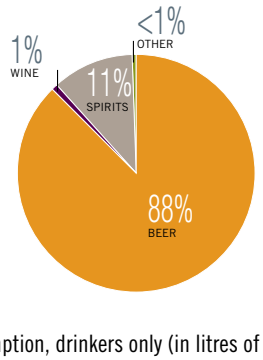
Total population (2016): 15,827 241 ➤ Population aged 15 years and older (15+): 69% ➤ Population in urban areas: 21% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.0		3.5	
Unrecorded	3.0		3.2	
Total**	**5.0**		**6.7**	
Total males / females	8.8	1.5	11.9	2.0
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	27.4
Females (15+)	10.1
Both sexes (15+)	21.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	20.6	47.7	14.0	51.0
Females	3.2	16.3	1.9	18.3
Both sexes	11.5	37.3	8.1	42.1

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	30.3	59.6	45.6
Former drinkers* (15+)	26.5	20.8	23.5
Abstainers (15+), past 12 months	56.8	80.4	69.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	105.0	61.3	66.5	38.0	3 399
Road traffic injuries, males / females	42.4	19.0	26.1	15.3	687
Cancer, males / females	211.3	145.1	5.4	1.6	466

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.7	5.0
Females	1.8	0.7
Both sexes	5.1	2.7
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2013/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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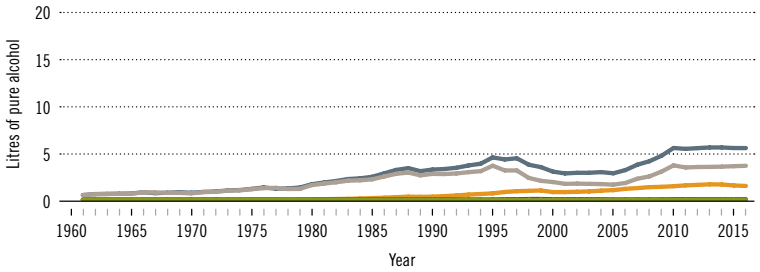
China

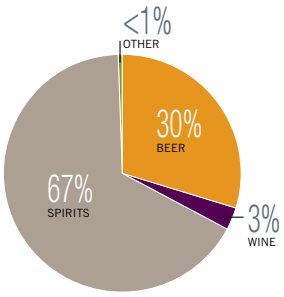
Total population (2016): 1 390 266 706 ➤ Population aged 15 years and older (15+): 83% ➤ Population in urban areas: 56% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.4		5.7	
Unrecorded	1.7		1.5	
Total**	**7.1**		**7.2**	
Total males / females	11.5	2.6	11.7	2.5
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	17.0
Females (15+)	6.0
Both sexes (15+)	12.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	36.3	52.9	32.2	60.8
Females	8.6	20.1	6.9	24.9
Both sexes	22.7	40.7	20.4	49.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	29.1	55.6	42.1
Former drinkers* (15+)	2.3	1.8	2.1
Abstainers (15+), past 12 months	31.4	57.4	44.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	14.6	8.3	62.6	41.6	83 341
Road traffic injuries, males / females	29.7	14.1	35.1	22.7	88 513
Cancer, males / females	247.6	118.8	4.4	1.0	78 052

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.4	4.4
Females	0.2	0.1
Both sexes	4.4	2.3
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No** / **No** / **No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No** / **No** / **No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.02 / 0.02 / 0.02
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	**No**
National monitoring system(s) (any)	Yes

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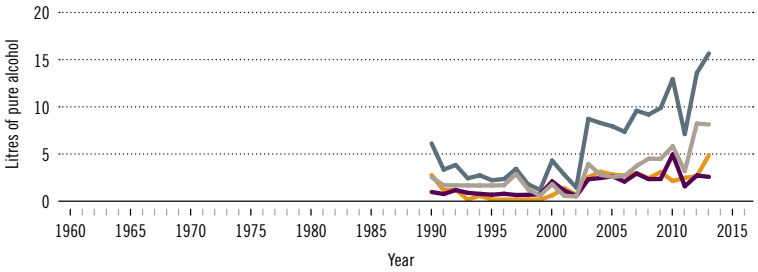
Cook Islands

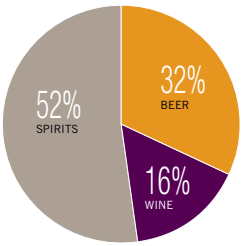
Total population (2016): 20 947 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: — ➤ Income group (World Bank): —

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	10.0		10.0	
Unrecorded	0.6		0.6	
Total**	**10.6**		**10.6**	
Total males / females	17.5	3.8	17.5	3.7
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	27.2
Females (15+)	10.0
Both sexes (15+)	20.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	57.9	89.8	44.6	91.6
Females	24.4	65.9	16.1	70.2
Both sexes	41.0	81.0	30.6	84.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	13.4	34.4	24.0
Former drinkers* (15+)	22.2	28.6	25.4
Abstainers (15+), past 12 months	35.5	63.0	49.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.2
Females	1.8	0.7
Both sexes	5.3	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2009/2015) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	—
National monitoring system(s) (any)	—

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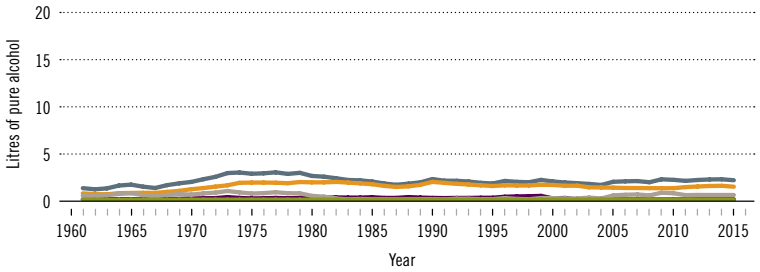
Fiji

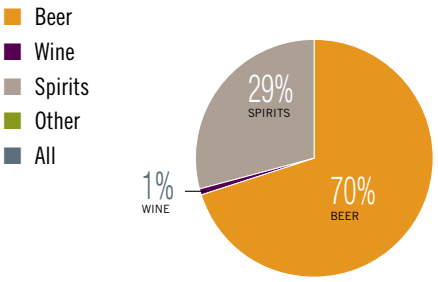
Total population (2016): 897 537 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 54% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.2		2.2	
Unrecorded	1.0		1.0	
Total**	**3.0**		**3.0**	
Total males / females	5.2	0.7	5.2	0.7
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.5
Females (15+)	7.4
Both sexes (15+)	16.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	18.4	72.0	11.1	77.2
Females	3.6	36.7	2.1	42.1
Both sexes	11.1	62.4	6.8	68.6

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	46.1	74.7	60.2
Former drinkers* (15+)	28.4	15.5	22.0
Abstainers (15+), past 12 months	74.5	90.2	82.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	1.6	0.8	45.5	20.2	3
Road traffic injuries, males / females	12.1	3.6	24.0	19.7	14
Cancer, males / females	109.7	113.2	4.0	0.9	14

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.3
Females	1.8	0.7
Both sexes	5.4	3.0
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.00 / 0.00
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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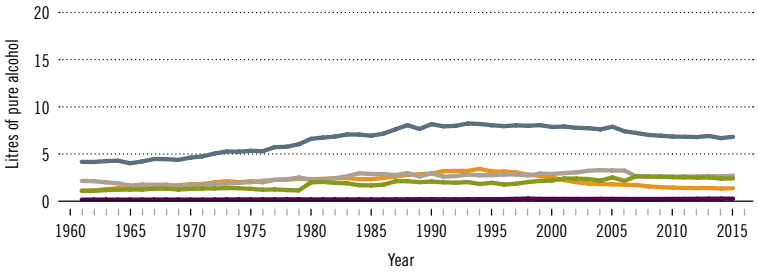
Japan

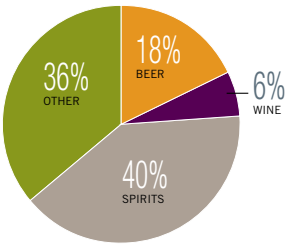
Total population (2016): 126 323 715 ➤ Population aged 15 years and older (15+): 87% ➤ Population in urban areas: 94% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.9		6.9	
Unrecorded	0.2		1.1	
Total**	**7.1**		**8.0**	
Total males / females	12.0	2.6	13.5	2.9
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.0
Females (15+)	6.6
Both sexes (15+)	14.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	37.8	53.0	39.7	67.2
Females	8.9	20.3	9.5	30.5
Both sexes	22.8	40.0	25.0	54.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	4.3	13.7	9.1
Former drinkers* (15+)	24.4	42.6	33.8
Abstainers (15+), past 12 months	28.7	56.3	43.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	10.9	4.3	67.8	48.6	10 360
Road traffic injuries, males / females	4.5	1.5	32.7	17.5	1 330
Cancer, males / females	187.2	101.6	6.9	2.4	20 124

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	5.7	2.1
Females	1.4	0.2
Both sexes	3.4	1.1
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2014/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	20 / 20 / 20
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No, No / No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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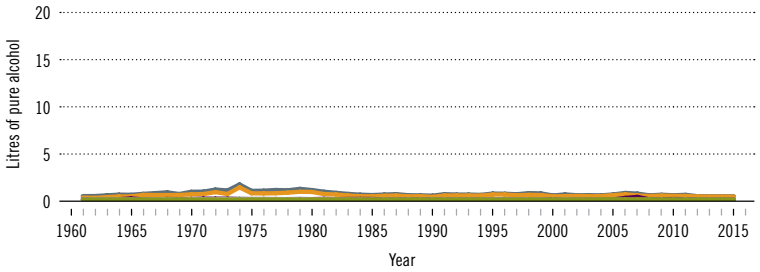
Kiribati

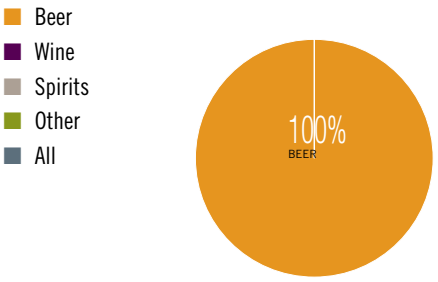
Total population (2016): 112 423 ➤ Population aged 15 years and older (15+): 65% ➤ Population in urban areas: 45% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.5		0.4	
Unrecorded	2.1		0.2	
Total**	**1.9**		**0.4**	
Total males / females	3.4	0.5	0.8	0.1
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.4
Females (15+)	1.6
Both sexes (15+)	3.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	12.3	68.1	7.0	71.8
Females	2.1	31.7	1.2	35.3
Both sexes	7.0	57.9	4.1	62.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	57.7	82.4	70.5
Former drinkers* (15+)	24.2	11.1	17.4
Abstainers (15+), past 12 months	81.9	93.5	87.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	34.5	16.8	13.4	12.5	2
Road traffic injuries, males / females	3.9	1.3	15.0	8.9	0
Cancer, males / females	156.8	135.8	4.5	1.5	2

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < **1** 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.3
Females	1.8	0.7
Both sexes	5.2	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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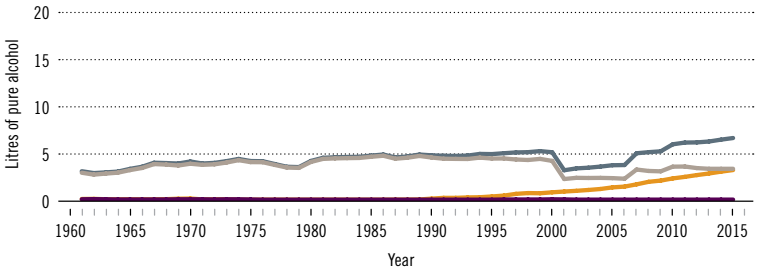
Lao People's Democratic Republic

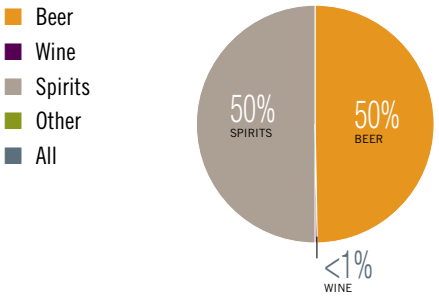
Total population (2016): 6 918 367 ➤ Population aged 15 years and older (15+): 66% ➤ Population in urban areas: 39% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.9		7.0	
Unrecorded	1.2		3.4	
Total**	**7.0**		**10.4**	
Total males / females	12.1	2.2	17.6	3.3
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	33.0
Females (15+)	12.3
Both sexes (15+)	25.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	29.7	55.6	21.8	59.0
Females	5.8	21.5	3.7	23.6
Both sexes	17.5	43.8	12.9	48.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	21.9	48.7	35.5
Former drinkers* (15+)	24.7	24.3	24.5
Abstainers (15+), past 12 months	46.6	73.0	60.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	38.7	18.3	72.7	48.3	580
Road traffic injuries, males / females	26.3	14.3	32.2	22.1	300
Cancer, males / females	243.3	141.3	8.2	3.3	338

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.7	5.0
Females	1.8	0.7
Both sexes	5.2	2.8
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2014/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	**No**
National monitoring system(s) (any)	**No**

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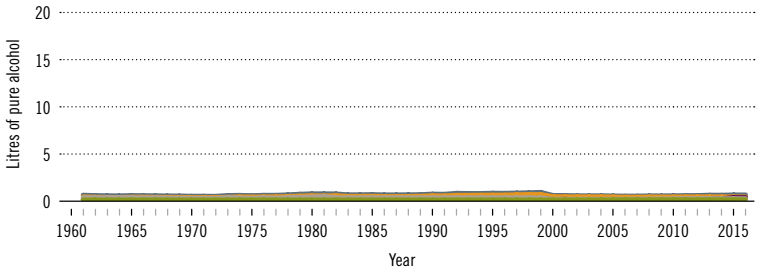
Malaysia

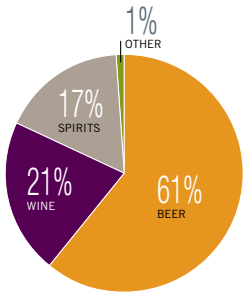
Total population (2016): 30 751 602 ➤ Population aged 15 years and older (15+): 76% ➤ Population in urban areas: 76% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.5		0.6	
Unrecorded	1.0		0.4	
Total**	**1.4**		**0.9**	
Total males / females	2.3	0.4	1.6	0.3
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	3.9
Females (15+)	1.4
Both sexes (15+)	3.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.3	39.6	11.4	44.4
Females	2.3	12.7	1.4	14.6
Both sexes	9.2	31.2	6.3	35.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	34.4	64.5	49.6
Former drinkers* (15+)	24.4	17.3	20.8
Abstainers (15+), past 12 months	58.8	81.8	70.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	18.1	8.7	16.8	16.2	411
Road traffic injuries, males / females	47.8	12.6	17.6	10.9	1 111
Cancer, males / females	139.2	119.8	2.2	0.6	355

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	5.0	1.8
Females	1.0	0.4
Both sexes	3.0	1.1
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2006/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **Yes**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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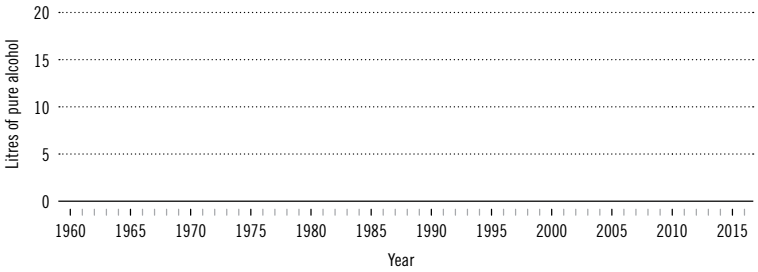
Marshall Islands

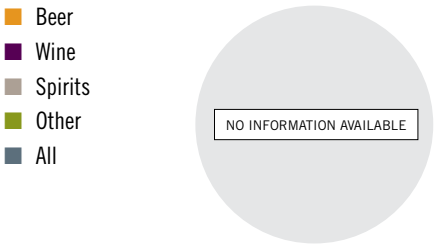
Total population (2016): 53 069 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 73% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	—		—	
Unrecorded	—		—	
Total**	—		—	
Total males / females	—	—	—	—
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	—
Females (15+)	—
Both sexes (15+)	—

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	—	—	—	—
Females	—	—	—	—
Both sexes	—	—	—	—

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	—	—	—
Former drinkers* (15+)	—	—	—
Abstainers (15+), past 12 months	—	—	—

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	—	—
Females	—	—
Both sexes	—	—
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	No legislation
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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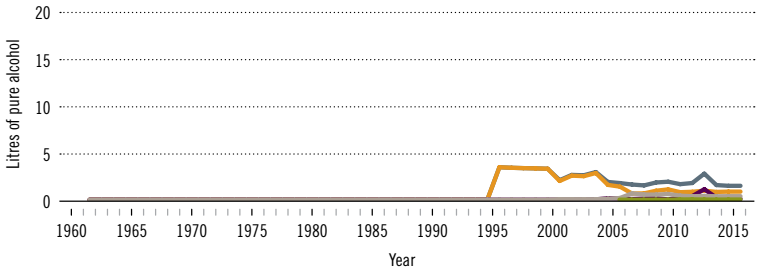
Micronesia (Federated States of)

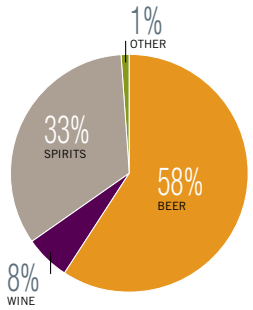
Total population (2016): 104 370 ➤ Population aged 15 years and older (15+): 67% ➤ Population in urban areas: 23% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.9		1.6	
Unrecorded	1.0		0.9	
Total**	**2.8**		**2.5**	
Total males / females	4.9	0.7	4.2	0.6
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	19.3
Females (15+)	7.3
Both sexes (15+)	16.1

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	15.8	71.8	9.4	75.6
Females	2.9	36.2	1.7	39.9
Both sexes	9.5	62.4	5.7	66.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	51.4	78.5	64.7
Former drinkers* (15+)	26.6	13.4	20.1
Abstainers (15+), past 12 months	78.0	91.9	84.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	23.3	15.9	40.2	20.4	3
Road traffic injuries, males / females	4.7	2.8	19.8	12.5	1
Cancer, males / females	174.2	139.1	3.2	1.1	2

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.6	5.0
Females	1.8	0.7
Both sexes	5.3	2.8
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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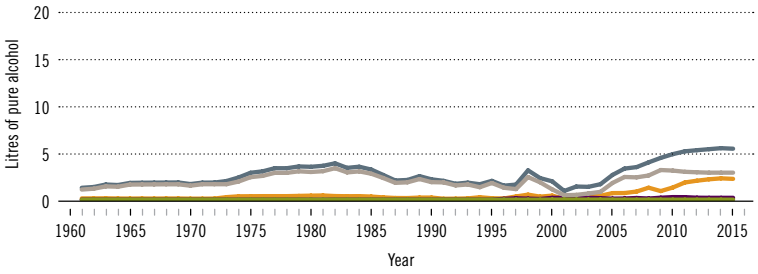
Mongolia

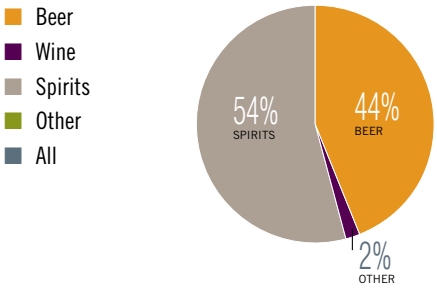
Total population (2016): 3 006 444 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 73% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	5.0		5.7	
Unrecorded	1.9		1.7	
Total**	**7.0**		**7.4**	
Total males / females	12.0	2.1	12.8	2.1
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	27.6
Females (15+)	9.9
Both sexes (15+)	21.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	27.9	60.2	18.8	64.3
Females	5.3	24.7	3.2	27.9
Both sexes	16.4	48.7	11.1	54.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	23.1	50.9	37.3
Former drinkers* (15+)	30.6	27.6	29.1
Abstainers (15+), past 12 months	53.7	78.5	66.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	91.3	64.3	66.8	38.1	615
Road traffic injuries, males / females	43.5	11.0	34.0	22.3	200
Cancer, males / females	370.8	216.8	8.2	4.2	261

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 **5** > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	13.3	4.8
Females	2.5	0.9
Both sexes	7.8	2.8
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	**No** / —
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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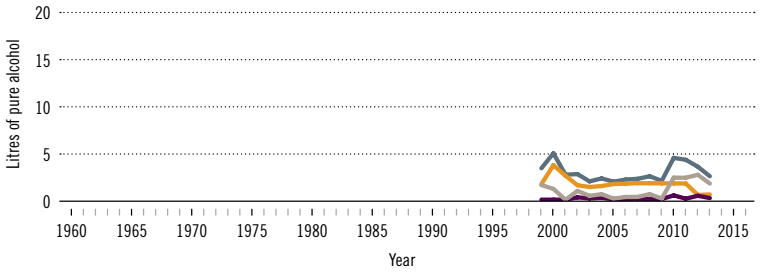
Nauru

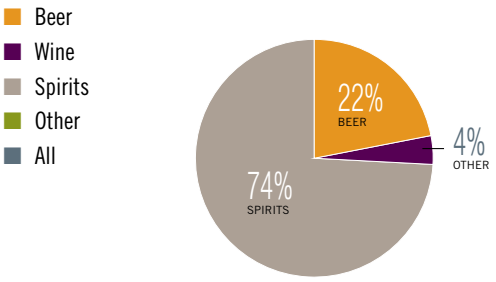
Total population (2016): 10 262 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 100% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	3.7		3.5	
Unrecorded	2.6		2.5	
Total**	**6.3**		**6.0**	
Total males / females	11.0	1.8	10.5	1.6
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	33.4
Females (15+)	12.4
Both sexes (15+)	27.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	24.6	78.3	15.2	81.4
Females	5.7	44.4	3.2	48.3
Both sexes	15.1	68.4	9.3	72.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	38.8	68.3	53.7
Former drinkers* (15+)	29.8	18.9	24.3
Abstainers (15+), past 12 months	68.5	87.2	78.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.3
Females	1.8	0.7
Both sexes	5.3	3.0
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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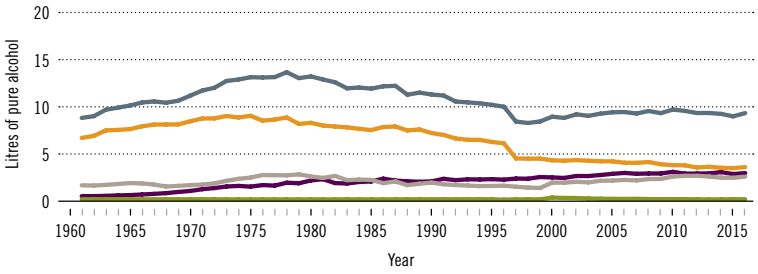
New Zealand

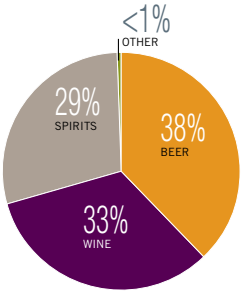
Total population (2016): 4 565 185 ➤ Population aged 15 years and older (15+): 80% ➤ Population in urban areas: 89% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	9.4		9.1	
Unrecorded	1.6		1.3	
Total**	**11.4**		**10.7**	
Total males / females	18.1	5.1	17.2	4.6
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	20.2
Females (15+)	7.1
Both sexes (15+)	14.3

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	49.3	58.0	52.4	68.5
Females	15.8	24.4	16.1	31.8
Both sexes	32.0	42.9	34.7	54.4

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	5.1	15.8	10.6
Former drinkers* (15+)	9.8	19.5	14.8
Abstainers (15+), past 12 months	14.9	35.2	25.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	4.9	2.0	74.5	61.2	120
Road traffic injuries, males / females	10.9	4.2	46.6	28.2	122
Cancer, males / females	173.8	135.6	6.6	3.1	454

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	5.6	1.9
Females	2.5	0.9
Both sexes	4.0	1.3
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes(1996/2015) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / **No**, **No**
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.00 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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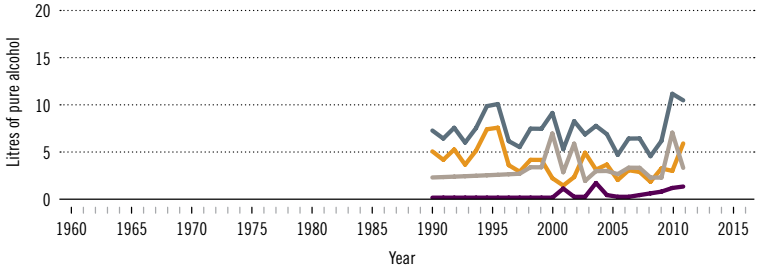
Niue

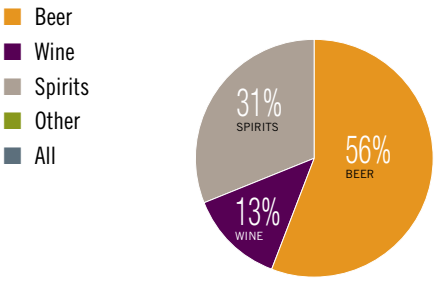
Total population (2016): 1 612 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: — ➤ Income group (World Bank): —

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	6.0		6.0	
Unrecorded	1.0		1.0	
Total**	**7.0**		**7.0**	
Total males / females	12.0	2.1	12.0	2.1
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	26.4
Females (15+)	9.8
Both sexes (15+)	21.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	37.6	82.7	25.4	85.4
Females	10.9	51.4	6.5	55.7
Both sexes	24.1	72.7	16.1	77.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	26.8	55.4	41.3
Former drinkers* (15+)	27.7	23.5	25.6
Abstainers (15+), past 12 months	54.5	78.9	66.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.2
Females	1.8	0.7
Both sexes	5.3	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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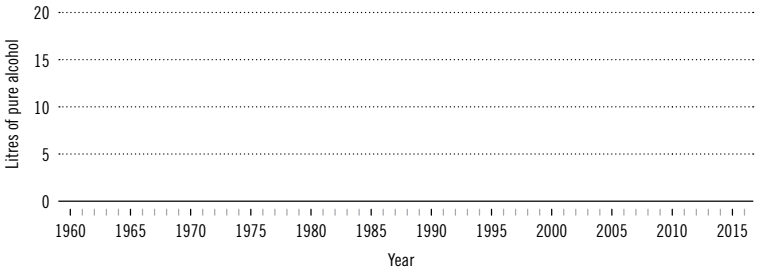
Palau

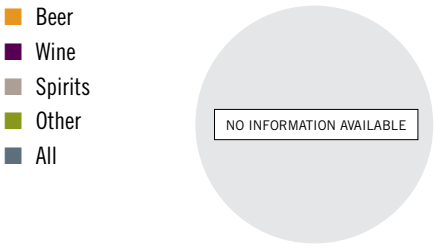
Total population (2016): 21 501 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas:88% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	—		—	
Unrecorded	—		—	
Total**	—		—	
Total males / females	—	—	—	—
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	—
Females (15+)	—
Both sexes (15+)	—

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	—	—	—	—
Females	—	—	—	—
Both sexes	—	—	—	—

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	—	—	—
Former drinkers* (15+)	0.0	0.0	—
Abstainers (15+), past 12 months	—	—	—

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.3
Females	1.8	0.7
Both sexes	5.3	3.0
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.10 / 0.10 / 0.10
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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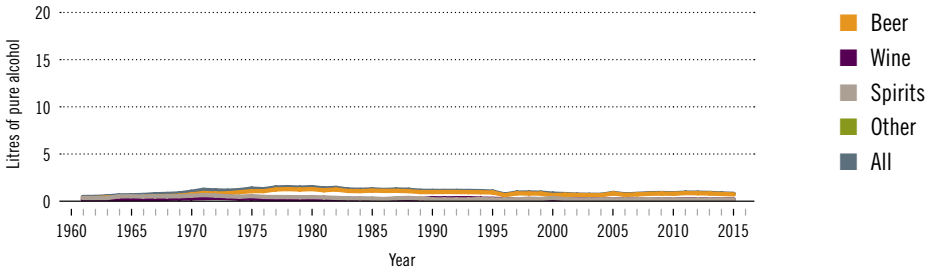
Papua New Guinea

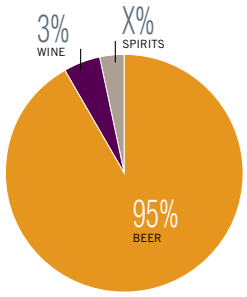
Total population (2016): 7 776 115 ➤ Population aged 15 years and older (15+): 63% ➤ Population in urban areas: 14% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.8		0.7	
Unrecorded	0.9		0.5	
Total**	**1.7**		**1.2**	
Total males / females	3.0	0.4	2.0	0.3
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	10.3
Females (15+)	3.8
Both sexes (15+)	8.6

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.0	70.2	7.9	73.4
Females	2.5	34.0	1.4	37.2
Both sexes	8.3	60.7	4.8	64.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	54.8	80.7	67.6
Former drinkers* (15+)	25.3	12.0	18.7
Abstainers (15+), past 12 months	80.1	92.7	86.3

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	45.0	19.8	24.2	15.5	260
Road traffic injuries, males / females	32.2	13.8	17.5	10.5	184
Cancer, males / females	199.9	186.5	4.2	0.8	161

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.8	5.1
Females	1.8	0.7
Both sexes	5.3	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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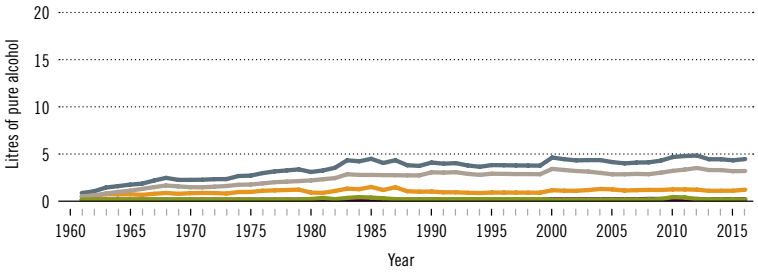
Philippines

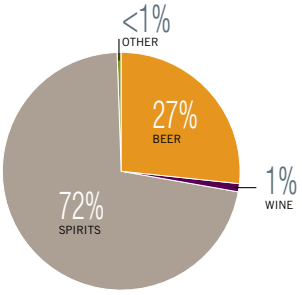
Total population (2016): 102 250 133 ➤ Population aged 15 years and older (15+): 68% ➤ Population in urban areas: 45% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	4.7		4.5	
Unrecorded	2.4		2.1	
Total**	**7.1**		**6.6**	
Total males / females	12.1	2.2	11.3	1.9
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	25.0
Females (15+)	9.1
Both sexes (15+)	19.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	21.7	47.9	15.3	52.1
Females	3.5	16.6	2.2	18.9
Both sexes	12.6	38.0	9.0	43.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	28.6	57.7	43.1
Former drinkers* (15+)	26.1	21.4	23.7
Abstainers (15+), past 12 months	54.7	79.0	66.9

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	21.1	6.3	66.0	37.1	4 431
Road traffic injuries, males / females	22.4	6.1	29.4	18.9	2 875
Cancer, males / females	136.0	116.4	6.3	2.1	2 714

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.8	5.2
Females	1.8	0.7
Both sexes	5.3	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2001/2016) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, **No** / Yes,Yes
Specific events / intoxicated persons / petrol stations	Yes / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	**No**

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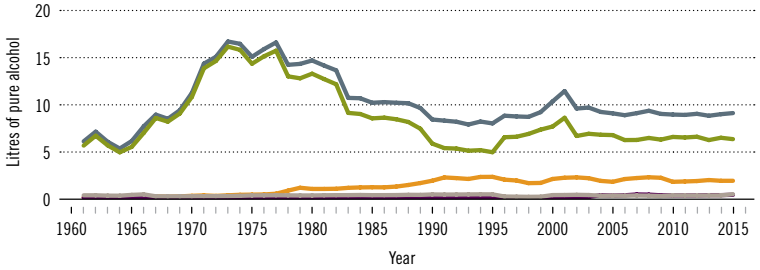
Republic of Korea

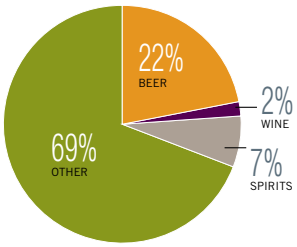
Total population (2016): 50 503 933 ➤ Population aged 15 years and older (15+): 86% ➤ Population in urban areas: 84% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	8.9		9.1	
Unrecorded	1.0		1.2	
Total**	**9.9**		**10.2**	
Total males / females	16.2	3.8	16.7	3.9
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	21.7
Females (15+)	7.6
Both sexes (15+)	16.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	47.8	62.2	45.4	70.9
Females	13.6	26.6	12.3	34.4
Both sexes	30.5	47.7	29.5	58.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.3	10.8	7.1
Former drinkers* (15+)	19.7	38.0	29.0
Abstainers (15+), past 12 months	23.0	48.8	36.1

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	18.5	4.5	74.5	56.3	4 590
Road traffic injuries, males / females	15.9	5.2	38.5	24.8	1 884
Cancer, males / females	204.0	91.2	8.3	3.1	5 389

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	21.2	7.7
Females	6.8	3.4
Both sexes	13.9	5.5
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2006/2010) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	19 / 19 / 19
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	19 / 19 / 19
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / **No**, **No**
Specific events / intoxicated persons / petrol stations	**No** / **No** / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.05 / 0.05 / 0.05
Legally binding regulations on alcohol advertising / product placement (any)	Yes / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / Yes
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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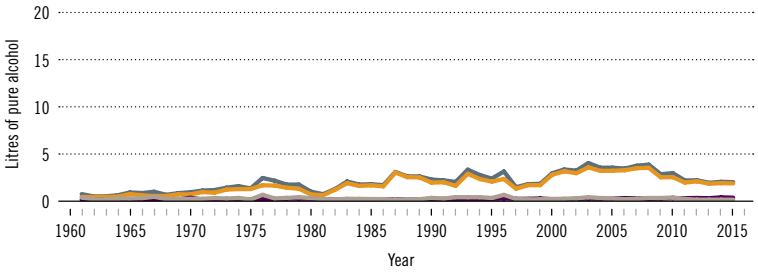
Samoa

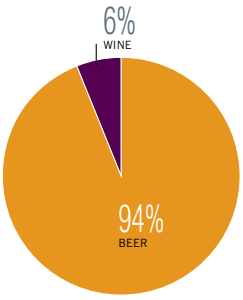
Total population (2016): 194 523 ➤ Population aged 15 years and older (15+): 63% ➤ Population in urban areas: 19% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.7		2.0	
Unrecorded	0.5		0.7	
Total**	**2.9**		**2.5**	
Total males / females	5.0	0.7	4.3	0.6
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	18.8
Females (15+)	6.9
Both sexes (15+)	15.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	16.4	71.5	10.0	76.2
Females	3.0	35.6	1.8	40.6
Both sexes	9.9	62.2	6.1	67.7

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	49.7	77.4	63.1
Former drinkers* (15+)	27.3	14.1	20.9
Abstainers (15+), past 12 months	77.1	91.5	84.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	20.5	7.3	40.4	19.4	5
Road traffic injuries, males / females	30.9	12.2	17.5	15.4	5
Cancer, males / females	148.1	120.1	3.1	0.8	3

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.8	5.2
Females	1.8	0.7
Both sexes	5.4	3.0
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2016/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	21 / 21 / 21
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.04 / 0.04 / 0.04
Legally binding regulations on alcohol advertising / product placement (any)	**No** / **No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No** / **No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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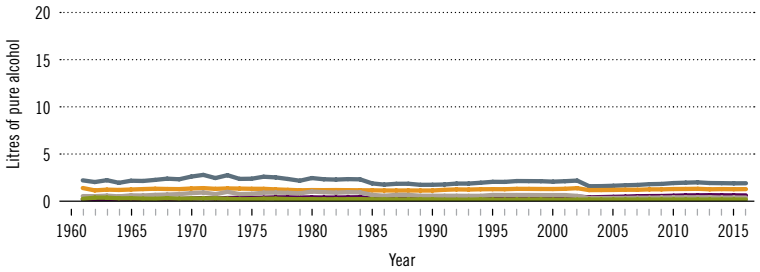
Singapore

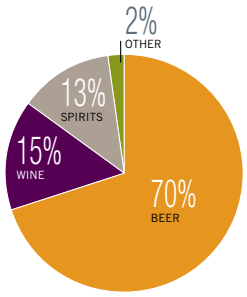
Total population (2016): 5 696 506 ➤ Population aged 15 years and older (15+): 85% ➤ Population in urban areas: 100% ➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.8		1.8	
Unrecorded	0.5		0.3	
Total**	**2.2**		**2.0**	
Total males / females	3.6	0.9	3.3	0.8
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	4.0
Females (15+)	1.4
Both sexes (15+)	2.9

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	46.9	57.4	47.1	66.6
Females	13.8	23.5	12.9	30.0
Both sexes	30.0	42.9	30.4	53.2

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	3.1	10.2	6.7
Former drinkers* (15+)	15.2	31.0	23.2
Abstainers (15+), past 12 months	18.3	41.2	30.0

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	4.4	2.4	30.3	34.9	68
Road traffic injuries, males / females	6.1	1.5	39.8	30.6	72
Cancer, males / females	164.5	110.7	4.2	1.5	252

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	1.7	0.7
Females	0.5	0.2
Both sexes	1.1	0.5
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2015/—) / **No**
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / Yes, Yes
Specific events / intoxicated persons / petrol stations	Yes / Yes / Yes

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.08 / 0.08 / 0.08
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	**No / No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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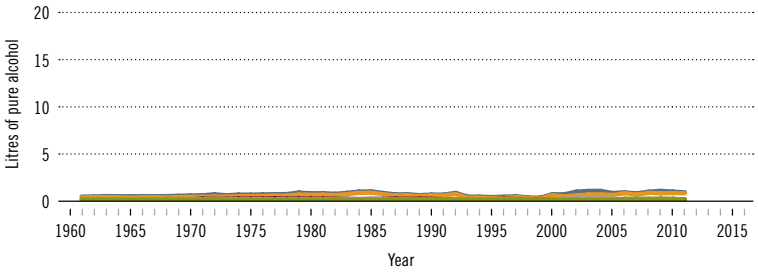
Solomon Islands

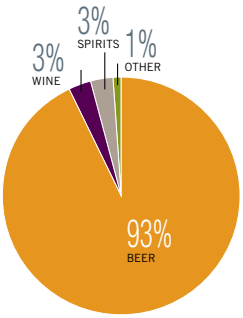
Total population (2016): 594 934 ➤ Population aged 15 years and older (15+): 61% ➤ Population in urban areas: 23% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.1		1.0	
Unrecorded	0.5		0.4	
Total**	**1.6**		**1.4**	
Total males / females	2.8	0.4	2.5	0.3
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	12.6
Females (15+)	4.7
Both sexes (15+)	10.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	13.7	69.9	8.0	73.5
Females	2.5	34.4	1.4	37.3
Both sexes	8.2	60.3	4.8	64.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	55.0	80.6	67.7
Former drinkers* (15+)	25.3	12.1	18.7
Abstainers (15+), past 12 months	80.3	92.7	86.5

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	19.0	9.1	27.3	16.2	8
Road traffic injuries, males / females	31.1	16.3	16.7	11.0	15
Cancer, males / females	140.8	158.8	2.9	0.8	7

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < 1 **2** 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.7	5.1
Females	1.7	0.7
Both sexes	5.3	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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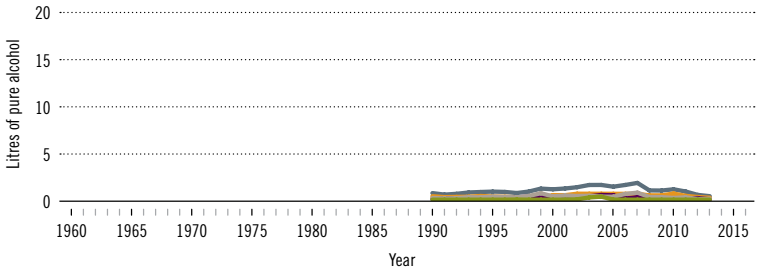
Tonga

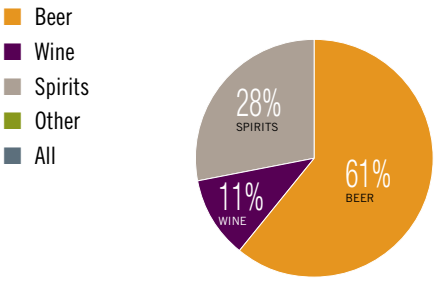
Total population (2016): 106 915 ➤ Population aged 15 years and older (15+): 64% ➤ Population in urban areas: 24% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.1		1.1	
Unrecorded	0.5		0.7	
Total**	**1.4**		**1.5**	
Total males / females	2.5	0.3	2.7	0.4
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	12.9
Females (15+)	4.8
Both sexes (15+)	10.7

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.6	69.8	8.9	74.5
Females	2.6	33.6	1.6	38.5
Both sexes	8.5	59.8	5.4	66.0

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	53.0	79.4	66.4
Former drinkers* (15+)	26.0	12.9	19.4
Abstainers (15+), past 12 months	79.1	92.3	85.8

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	23.7	10.1	30.0	16.5	3
Road traffic injuries, males / females	11.8	3.9	17.4	11.2	1
Cancer, males / females	257.3	163.8	2.9	1.4	3

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 — LEAST < **1** 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.8	5.1
Females	1.8	0.7
Both sexes	5.2	2.8
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.03 / 0.03 / 0.03
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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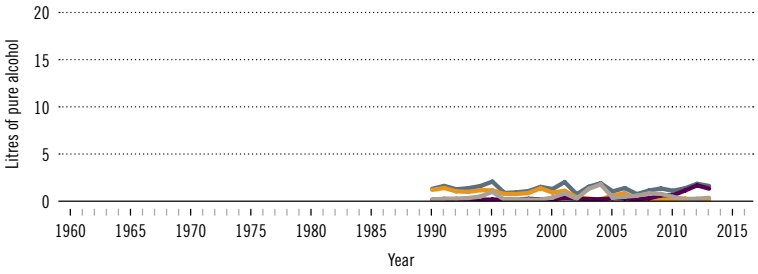
Tuvalu

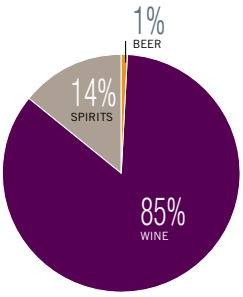
Total population (2016): 9 943 ➤ Population aged 15 years and older (15+): 71% ➤ Population in urban areas: 68% ➤ Income group (World Bank): Upper-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	1.2		1.2	
Unrecorded	0.5		0.5	
Total**	**1.7**		**1.7**	
Total males / females	3.0	0.4	3.1	0.4
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	14.5
Females (15+)	5.4
Both sexes (15+)	12.0

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	14.9	71.0	8.7	74.4
Females	2.7	35.0	1.5	38.4
Both sexes	8.8	61.1	5.2	65.5

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	53.0	79.5	66.4
Former drinkers* (15+)	25.9	12.7	19.3
Abstainers (15+), past 12 months	78.9	92.2	85.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	—	—	—	—	—
Road traffic injuries, males / females	—	—	—	—	—
Cancer, males / females	—	—	—	—	—

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.9	5.2
Females	1.8	0.7
Both sexes	5.3	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	— / —
Excise tax on beer / wine / spirits	— / — / —
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	— / — / —
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	—,— / —,—
Specific events / intoxicated persons / petrol stations	—,— / —,—

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	— / — / —
Legally binding regulations on alcohol advertising / product placement (any)	— / —
Legally binding regulations on alcohol sponsorship / sales promotion (any)	— / —
Legally required health warning labels on alcohol advertisements / containers (any)	— / —
National government support for community action (any)	—
National monitoring system(s) (any)	—

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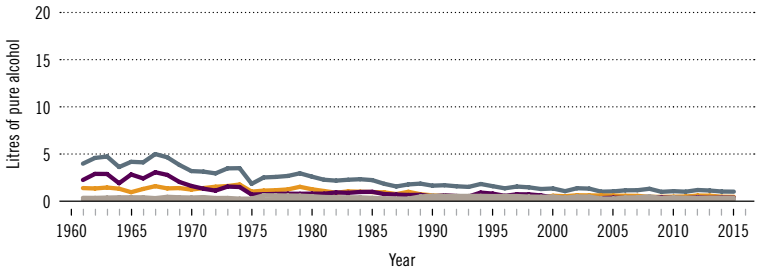
Vanuatu

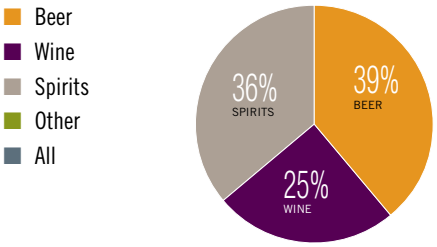
Total population (2016): 270 470 ➤ Population aged 15 years and older (15+): 64% ➤ Population in urban areas: 26% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	0.9		0.8	
Unrecorded	0.5		0.4	
Total**	**1.1**		**1.0**	
Total males / females	2.0	0.3	1.8	0.2
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	8.9
Females (15+)	3.3
Both sexes (15+)	7.4

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	13.8	69.1	8.0	73.4
Females	2.5	33.7	1.4	37.2
Both sexes	8.1	59.5	4.8	64.8

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	54.6	80.4	67.6
Former drinkers* (15+)	25.5	12.2	18.8
Abstainers (15+), past 12 months	80.1	92.6	86.4

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	16.2	8.5	20.2	14.5	3
Road traffic injuries, males / females	26.0	12.0	16.1	10.5	5
Cancer, males / females	170.1	141.5	2.9	1.0	4

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < **1** 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	8.8	5.1
Females	1.8	0.7
Both sexes	5.2	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2009/2015) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	**No / No / No**
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	Yes, Yes / **No, No**
Specific events / intoxicated persons / petrol stations	**No / No / No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	No legislation
Legally binding regulations on alcohol advertising / product placement (any)	**No / No**
Legally binding regulations on alcohol sponsorship / sales promotion (any)	**No / No**
Legally required health warning labels on alcohol advertisements / containers (any)	Yes / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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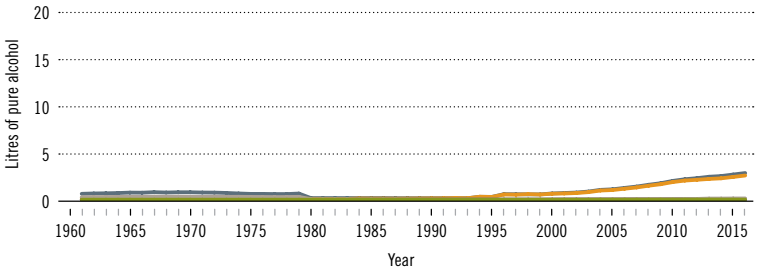
Viet Nam

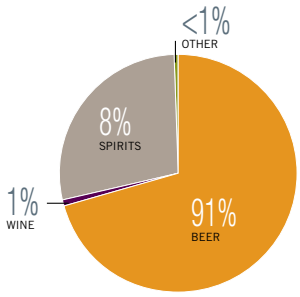
Total population (2016): 94 444 200 ➤ Population aged 15 years and older (15+): 77% ➤ Population in urban areas: 34% ➤ Income group (World Bank): Lower-middle income

ALCOHOL CONSUMPTION: LEVELS AND PATTERNS

Recorded alcohol per capita (15+) consumption, 1961–2016



Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2016 or latest year available



Alcohol per capita (15+) consumption (in litres of pure alcohol)

	2010*		2016*	
Recorded	2.2		3.1	
Unrecorded	2.5		5.3	
Total**	**4.7**		**8.3**	
Total males / females	8.2	1.3	14.5	2.5
WHO Western Pacific Region	7.0		7.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Total alcohol per capita (15+) consumption, drinkers only (in litres of pure alcohol), 2016

	Litres
Males (15+)	29.1
Females (15+)	10.4
Both sexes (15+)	22.8

Prevalence of heavy episodic drinking* (%), 2016

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	25.1	50.2	18.2	55.5
Females	4.2	17.7	2.8	21.1
Both sexes	14.4	39.3	10.7	45.9

* Consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Abstainers (%), 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	24.1	52.4	38.6
Former drinkers* (15+)	25.9	23.7	24.7
Abstainers (15+), past 12 months	50.0	76.1	0.6

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

HEALTH CONSEQUENCES: MORTALITY AND MORBIDITY

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	44.5	8.6	70.0	39.2	11 368
Road traffic injuries, males / females	50.2	11.8	32.4	19.6	6 750
Cancer, males / females	191.5	112.9	4.7	2.0	3 591

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 **4** 5 > MOST

* Based on alcohol-attributable years of life lost.

Prevalence of alcohol use disorders and alcohol dependence (%), 2016*

	Alcohol use disorders**	Alcohol dependence
Males	9.8	5.9
Females	1.2	0.1
Both sexes	5.4	2.9
WHO Western Pacific Region	4.7	2.3

* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

POLICIES AND INTERVENTIONS

Written national policy (adopted/revised) / National action plan	Yes (2014/—) / Yes
Excise tax on beer / wine / spirits	Yes / Yes / Yes
National legal minimum age for off-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
National legal minimum age for on-premise sales of alcoholic beverages (beer / wine / spirits)	18 / 18 / 18
Restrictions for on-/off-premise sales of alcoholic beverages (any):	
Hours, days / places, density	**No**, **No** / Yes, Yes
Specific events / intoxicated persons / petrol stations	**No** / Yes / **No**

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional), in %	0.0 / 0.0 / 0.0 (0.05 for motorcycles)
Legally binding regulations on alcohol advertising / product placement (any)	Yes / Yes
Legally binding regulations on alcohol sponsorship / sales promotion (any)	Yes / Yes
Legally required health warning labels on alcohol advertisements / containers (any)	**No** / **No**
National government support for community action (any)	Yes
National monitoring system(s) (any)	Yes

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APPENDIX I
ALCOHOL CONSUMPTION

Table I.1 Total, recorded and unrecorded alcohol per capital consumption (APC), 2016 (in litres of pure alcohol; 15+ years population)

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
AFR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Algeria	0.9	0.9–1.0	1.6	1.6–1.7	0.2	0.2–0.2	0.6	0.4
Angola	6.4	6.2–6.6	10.7	10.3–11.1	2.2	2.2–2.3	5.0	1.4
Benin	3.0	2.8–3.2	5.3	5.0–5.6	0.8	0.8–0.9	1.6	1.5
Botswana	8.4	8.0–8.7	14.4	13.8–15.0	2.4	2.3–2.5	6.2	2.2
Burkina Faso	8.2	7.8–8.6	14.2	13.4–14.9	2.4	2.3–2.5	4.9	3.3
Burundi	7.5	7.1–7.9	13.0	12.3–13.7	2.2	2.1–2.4	4.1	3.4
Cabo Verde	5.7	5.5–6.0	10.0	9.6–10.4	1.7	1.6–1.8	4.1	1.6
Cameroon	8.9	8.5–9.3	15.2	14.6–15.8	2.7	2.5–2.8	6.5	2.4
Central African Republic	3.3	3.1–3.5	5.7	5.3–6.0	1.0	1.0–1.1	1.7	1.6
Chad	1.5	1.4–1.6	2.7	2.5–2.9	0.4	0.4–0.4	0.7	0.9
Comoros	0.9	0.8–1.0	1.6	1.5–1.8	0.2	0.2–0.2	0.1	0.8
Congo	7.8	7.4–8.2	12.9	12.2–13.5	2.8	2.6–2.9	4.9	3.0
Côte d'Ivoire	8.4	7.9–8.8	14.0	13.3–14.8	2.4	2.3–2.6	4.8	3.6
Democratic Republic of the Congo	2.6	2.4–2.7	4.4	4.1–4.6	0.8	0.8–0.8	1.3	1.3
Equatorial Guinea	11.3	11–11.6	17.4	16.9–17.9	4.7	4.6–4.9	9.9	1.4
Eritrea	1.3	1.2–1.3	2.2	2.1–2.4	0.3	0.3–0.4	0.6	0.7
Eswatini	9.9	9.5–10.3	17.2	16.5–18.0	2.9	2.7–3.0	7.4	2.7
Ethiopia	2.8	2.7–3.0	5.0	4.7–5.3	0.8	0.7–0.8	1.4	1.4
Gabon	11.5	11.1–11.8	18.1	17.5–18.7	4.6	4.5–4.8	9.5	1.9
Gambia	3.8	3.6–3.9	6.6	6.3–6.8	1.1	1.0–1.1	3.0	0.9
Ghana	2.7	2.5–2.8	4.6	4.4–4.9	0.7	0.7–0.8	1.6	1.1
Guinea	1.3	1.2–1.3	2.2	2.0–2.3	0.3	0.3–0.4	0.4	0.9
Guinea–Bissau	4.8	4.5–5.0	8.3	7.8–8.7	1.3	1.2–1.4	2.8	1.9
Kenya	3.4	3.2–3.5	5.8	5.5–6.2	0.9	0.9–1.0	1.9	1.5
Lesotho	5.0	4.8–5.3	8.9	8.5–9.4	1.3	1.2–1.3	3.0	2.0
Liberia	5.8	5.5–6.1	9.9	9.4–10.4	1.6	1.5–1.7	3.5	2.2
Madagascar	1.9	1.8–2.1	3.4	3.2–3.6	0.5	0.5–0.5	0.9	1.1
Malawi	3.7	3.5–3.9	6.4	6.0–6.7	1.0	0.9–1.0	2.0	1.7
Mali	1.3	1.2–1.3	2.2	2.0–2.3	0.3	0.3–0.4	0.6	0.7
Mauritania	0.0	0.0–0.0	0.1	0.1–0.1	0.0	0.0–0.0	0.0	0.0
Mauritius	3.6	3.4–3.8	6.3	6.0–6.6	1.0	1.0–1.0	2.6	1.2
Mozambique	2.4	2.3–2.5	4.3	4.0–4.5	0.7	0.6–0.7	1.3	1.1
Namibia	9.8	9.5–10.2	17.3	16.7–18.0	2.9	2.8–3.0	7.8	2.0

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
AFR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Niger	0.5	0.5–0.5	0.9	0.8–0.9	0.1	0.1–0.1	0.1	0.4
Nigeria	13.4	12.8–13.9	21.9	21.0–22.8	4.6	4.4–4.8	9.6	3.8
Rwanda	9.0	8.6–9.3	16.0	15.4–16.6	2.9	2.8–3.0	6.9	2.1
Sao Tome and Principe	6.8	6.5–7.1	11.8	11.3–12.3	2.0	1.9–2.1	4.9	2.0
Senegal	0.7	0.7–0.8	1.3	1.2–1.4	0.2	0.2–0.2	0.2	0.5
Seychelles	13.8	13.4–14.3	19.7	19.1–20.4	4.1	4.0–4.3	12.4	1.4
Sierra Leone	5.7	5.4–5.9	9.8	9.3–10.3	1.6	1.6–1.7	3.4	2.2
South Africa	9.3	8.9–9.6	16.2	15.6–16.8	2.7	2.6–2.8	7.1	2.2
South Sudan	——	——	——	——	——	——	——	——
Togo	3.1	2.9–3.3	5.4	5.1–5.7	0.8	0.8–0.9	1.7	1.4
Uganda	9.5	9.1–9.8	16.1	15.5–16.7	3.0	2.9–3.1	7.6	1.8
United Republic of Tanzania	9.4	8.9–9.8	16.0	15.3–16.8	2.9	2.8–3.1	6.2	3.2
Zambia	4.8	4.6–5.1	8.4	7.9–8.8	1.4	1.3–1.4	2.9	2.0
Zimbabwe	4.8	4.6–5.0	8.5	8.2–8.9	1.2	1.2–1.3	3.6	1.3

—— Data not available.
CI = confidence intervals.
[1] Excludes tourist consumption.
[2] 3–year averages (2015–2017); 95% confidence intervals (CI) available on the Global Information System on Alcohol and Health (GISAH).

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
AMR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Antigua and Barbuda	7.0	6.7–7.3	12.1	11.7–12.6	2.5	2.4–2.6	8.4	1.2
Argentina	9.8	9.5–10.1	16.1	15.6–16.5	4.0	3.9–4.1	8.4	1.3
Bahamas	4.4	4.1–4.7	7.6	7.1–8.1	1.4	1.3–1.5	8.6	1.2
Barbados	9.6	9.3–9.9	16.6	16.1–17.2	3.3	3.2–3.5	9.2	1.4
Belize	6.7	6.5–7.0	11.4	11–11.9	2.2	2.1–2.3	6.2	1.4
Bolivia (Plurinational State of)	4.8	4.6–4.9	8.0	7.7–8.3	1.6	1.5–1.6	3.6	1.2
Brazil	7.8	7.5–8.0	13.4	13.0–13.9	2.4	2.3–2.5	6.5	1.2
Canada	8.9	8.7–9.2	14.6	14.2–15.0	3.4	3.3–3.5	8.1	0.9
Chile	9.3	9.0–9.5	15.0	14.6–15.5	3.7	3.6–3.8	7.9	1.4
Colombia	5.8	5.6–6	10.1	9.7–10.5	1.8	1.7–1.8	4.4	1.4
Costa Rica	4.8	4.6–4.9	8.1	7.8–8.5	1.4	1.4–1.5	3.7	1.1
Cuba	6.1	5.8–6.3	10.2	9.8–10.6	1.9	1.8–2.0	4.7	1.5
Dominica	8.2	7.8–8.5	13.7	13.2–14.3	2.7	2.6–2.8	7.3	1.8
Dominican Republic	6.9	6.6–7.1	11.6	11.2–12.0	2.2	2.1–2.3	5.7	1.3
Ecuador	4.4	4.2–4.6	7.4	7.1–7.7	1.5	1.4–1.5	3.3	1.1
El Salvador	3.7	3.6–3.9	6.9	6.6–7.2	1.1	1.1–1.2	2.7	1.1
Grenada	9.3	9.0–9.6	15.4	14.9–16.0	3.1	3.0–3.2	8.8	1.4
Guatemala	2.4	2.3–2.6	4.3	4.1–4.5	0.7	0.7–0.7	1.6	0.9
Guyana	6.3	6.1–6.5	10.6	10.2–11.0	1.9	1.9–2.0	5.1	1.2
Haiti	5.8	5.7–5.9	10.0	9.8–10.2	1.8	1.7–1.8	5.8	0.0
Honduras	4.0	3.8–4.2	6.9	6.6–7.2	1.2	1.1–1.2	2.9	1.2
Jamaica	4.2	4.0–4.3	7.1	6.8–7.4	1.2	1.2–1.3	3.4	1.1
Mexico	6.5	6.3–6.8	11.1	10.7–11.5	2.1	2.0–2.2	5.4	1.4
Nicaragua	5.2	5.0–5.4	9.1	8.7–9.4	1.5	1.5–1.6	3.8	1.4
Panama	7.9	7.6–8.1	13.2	12.8–13.6	2.6	2.5–2.7	6.8	1.2
Paraguay	7.2	7.0–7.5	12.2	11.7–12.7	2.1	2.1–2.2	5.7	1.7
Peru	6.3	6.1–6.5	10.4	10.1–10.8	2.2	2.2–2.3	5.1	1.2
Saint Kitts and Nevis	9.4	9.2–9.6	15.5	15.1–15.9	3.4	3.3–3.4	8.9	0.5
Saint Lucia	9.9	9.5–10.2	16.7	16.1–17.2	3.4	3.3–3.5	9.7	1.5
Saint Vincent and the Grenadines	8.2	8.0–8.5	13.7	13.2–14.2	2.7	2.6–2.8	7.4	1.4
Suriname	5.1	4.9–5.3	8.7	8.4–9.0	1.6	1.5–1.7	4.3	0.9
Trinidad and Tobago	8.4	8.1–8.6	13.9	13.5–14.3	3.1	3.0–3.2	7.3	1.1
United States of America	9.8	9.6–10.1	15.8	15.3–16.2	4.1	3.9–4.2	8.8	0.8
Uruguay	10.8	10.5–11.2	17.8	17.2–18.4	4.5	4.3–4.6	9.0	1.9
Venezuela (Bolivarian Republic of)	5.6	5.5–5.8	9.7	9.4–10.0	1.7	1.7–1.8	4.6	1.1

— Data not available.
CI = confidence intervals.
[1] Excludes tourist consumption.
[2] 3–year averages (2015–2017); 95% confidence intervals (CI) available on the Global Information System on Alcohol and Health (GISAH).

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
EMR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Afghanistan	0.2	0.2–0.2	0.4	0.4–0.4	0.0	0.0–0.0	0.0	0.2
Bahrain	1.9	1.9–2.0	2.8	2.7–2.9	0.3	0.3–0.3	2.1	0.1
Djibouti	0.5	0.5–0.6	0.9	0.9–1.0	0.1	0.1–0.1	0.4	0.2
Egypt	0.4	0.4–0.4	0.7	0.7–0.8	0.1	0.1–0.1	0.2	0.2
Iran (Islamic Republic of)	1.0	0.9–1.1	1.9	1.7–2.1	0.1	0.1–0.1	0.0	1.0
Iraq	0.4	0.4–0.4	0.7	0.6–0.7	0.1	0.1–0.1	0.2	0.2
Jordan	0.7	0.7–0.8	1.3	1.2–1.4	0.2	0.1–0.2	0.4	0.4
Kuwait	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0
Lebanon	1.5	1.5–1.6	2.7	2.6–2.8	0.3	0.3–0.3	1.2	0.4
Libya	0.0	0.0–0.0	0.1	0.0–0.1	0.0	0.0–0.0	0.0	0.0
Morocco	0.6	0.6–0.7	1.1	1.1–1.2	0.1	0.1–0.1	0.4	0.3
Oman	0.8	0.7–0.8	1.0	1.0–1.1	0.1	0.1–0.1	0.4	0.4
Pakistan	0.3	0.3–0.3	0.5	0.5–0.6	0.1	0.1–0.1	0.0	0.3
Qatar	2.0	1.9–2.1	2.5	2.4–2.6	0.4	0.4–0.4	1.3	0.7
Saudi Arabia	0.2	0.2–0.2	0.3	0.3–0.4	0.1	0.1–0.1	0.1	0.2
Somalia	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0
Sudan	0.5	0.5–0.5	0.9	0.8–1.0	0.1	0.1–0.1	0.0	0.5
Syrian Arab Republic	0.3	0.3–0.3	0.6	0.6–0.6	0.0	0.0–0.0	0.2	0.1
Tunisia	1.9	1.8–2.0	3.6	3.5–3.8	0.2	0.2–0.2	1.4	0.6
United Arab Emirates	3.8	3.6–4.0	4.8	4.5–5.0	0.6	0.6–0.6	2.1	1.8
Yemen	0.1	0.1–0.1	0.1	0.1–0.1	0.0	0.0–0.0	0.0	0.0

— Data not available.
CI = confidence intervals.
[1] Excludes tourist consumption.
[2] 3–year averages (2015–2017); 95% confidence intervals (CI) available on the Global Information System on Alcohol and Health (GISAH).

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
EUR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Albania	7.5	7.1–7.8	12.5	12.0–13.1	2.6	2.5–2.7	5.0	2.5
Andorra	11.3	10.9–11.6	18.0	17.4–18.5	4.8	4.6–4.9	10.1	1.6
Armenia	5.5	5.3–5.8	10.4	10.0–10.9	1.5	1.5–1.6	3.8	1.7
Austria	11.6	11.4–11.9	18.5	18.1–18.9	5.1	5.0–5.2	11.4	0.4
Azerbaijan	0.8	0.8–0.9	1.5	1.4–1.5	0.2	0.2–0.2	0.5	0.3
Belarus	11.2	10.9–11.5	18.0	17.5–18.6	5.5	5.3–5.6	9.6	1.5
Belgium	12.1	11.8–12.4	19.4	18.9–19.9	5.2	5.1–5.3	10.4	1.0
Bosnia and Herzegovina	6.4	6.2–6.7	10.9	10.4–11.3	2.1	2.0–2.2	4.4	1.8
Bulgaria	12.7	12.3–13.0	21.0	20.5–21.6	4.9	4.8–5.1	11.4	1.3
Croatia	8.9	8.6–9.3	15.1	14.5–15.7	3.3	3.2–3.4	9.9	1.4
Cyprus	10.8	10.4–11.1	17.1	16.5–17.7	4.2	4.1–4.4	9.6	1.8
Czechia	14.4	14.0–14.8	23.2	22.5–23.8	6.1	5.9–6.2	12.9	1.5
Denmark	10.4	10.1–10.7	16.5	16.0–17.0	4.4	4.3–4.5	9.5	1.2
Estonia	11.6	11.2–12.0	19.4	18.7–20.1	4.9	4.7–5.1	15.8	1.1
Finland	10.7	10.3–11.1	17.2	16.6–17.8	4.4	4.3–4.6	8.4	2.0
France	12.6	12.2–13.0	20.3	19.7–20.9	5.4	5.3–5.6	11.8	1.5
Georgia	9.8	9.4–10.2	17.7	17.0–18.3	2.9	2.8–3.0	7.4	2.3
Germany	13.4	13.0–13.7	21.3	20.7–21.8	5.9	5.7–6.0	11.3	1.4
Greece	10.4	9.9–11.0	17.2	16.3–18.1	4.1	3.8–4.3	6.4	4.3
Hungary	11.4	11.0–11.8	19.1	18.5–19.8	4.5	4.4–4.7	10.9	1.5
Iceland	9.1	8.8–9.4	14.5	14.0–15.0	3.7	3.6–3.9	7.7	1.5
Ireland	13.0	12.6–13.4	20.3	19.7–20.9	5.8	5.6–6.0	11.3	1.4
Israel	3.8	3.7–4.0	6.4	6.1–6.7	1.4	1.3–1.4	2.6	1.2
Italy	7.5	7.3–7.7	12.5	12.2–12.8	2.8	2.8–2.9	7.1	0.5
Kazakhstan	7.7	7.4–8.0	13.6	13.0–14.1	2.4	2.3–2.4	5.8	1.9
Kyrgyzstan	6.2	5.9–6.5	11.0	10.5–11.5	1.7	1.6–1.7	4.1	2.1
Latvia	12.9	12.5–13.3	21.7	21.0–22.4	5.7	5.7–5.8	11.1	1.9
Lithuania	15.0	14.6–15.4	24.9	24.2–25.5	6.9	6.7–7.0	13.8	1.2
Luxembourg	13.0	12.6–13.3	19.6	19.1–20.2	6.3	6.1–6.5	11.5	1.4
Malta	8.1	7.8–8.4	13.2	12.8–13.7	3.0	2.9–3.1	7.8	1.2
Monaco	—	—	—	—	—	—	—	—
Montenegro	8.0	7.7–8.3	13.5	13.0–14.0	2.8	2.7–2.9	6.4	1.7
Netherlands	8.7	8.4–8.9	13.9	13.6–14.2	3.6	3.5–3.6	7.5	0.6
Norway	7.5	7.2–7.7	11.6	11.3–12.0	3.2	3.1–3.3	6.0	1.1
Poland	11.6	11.3–12.0	19.2	18.6–19.9	4.7	4.5–4.8	10.4	1.7
Portugal	12.3	11.9–12.7	20.5	19.8–21.2	5.1	4.9–5.3	10.6	2.1
Republic of Moldova	15.2	14.4–15.9	25.2	24.0–26.4	6.1	5.8–6.4	9.3	5.6
Romania	12.6	12.2–13.1	21.0	20.3–21.6	5.0	4.8–5.2	10.4	2.2
Russian Federation	11.7	11.2–12.2	18.7	17.9–19.5	5.8	5.6–6.1	8.1	3.6
San Marino	—	—	—	—	—	—	—	—
Serbia	11.1	10.7–11.4	18.5	17.9–19.1	4.1	4.0–4.3	9.2	1.8
Slovakia	11.5	11.1–11.8	18.9	18.3–19.5	4.6	4.5–4.8	10.4	1.6
Slovenia	12.6	12.2–13.0	20.4	19.8–21.0	5.1	4.9–5.2	10.8	1.8
Spain	10.0	9.7–10.3	16.4	15.8–16.9	4.0	3.8–4.1	8.5	1.8
Sweden	9.2	8.8–9.5	14.6	14.0–15.1	3.8	3.7–3.9	7.2	2.0

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
EUR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Switzerland	11.5	11.2–11.8	18.1	17.6–18.6	5.1	5.0–5.3	9.5	1.2
Tajikistan	3.3	3.0–3.5	5.7	5.3–6.1	0.8	0.8–0.9	0.9	2.3
The former Yugoslav Republic of Macedonia	8.1	7.7–8.6	13.5	12.8–14.3	2.8	2.6–3.0	4.9	3.6
Turkey	2.0	1.9–2.1	3.7	3.5–3.8	0.4	0.3–0.4	1.3	0.7
Turkmenistan	5.4	5.2–5.7	9.5	9.1–10.0	1.5	1.5–1.6	3.4	2.0
Ukraine	8.6	8.1–9.0	14.1	13.4–14.7	4.0	3.8–4.2	5.4	3.1
United Kingdom of Great Britain and Northern Ireland	11.4	11.1–11.7	18.4	17.9–18.9	4.8	4.7–4.9	9.8	1.1
Uzbekistan	2.7	2.5–2.8	4.8	4.5–5.0	0.7	0.7–0.7	1.6	1.1

— Data not available.
CI = confidence intervals.
[1] Excludes tourist consumption.
[2] 3–year averages (2015–2017); 95% confidence intervals (CI) available on the Global Information System on Alcohol and Health (GISAH).

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
SEAR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Bangladesh	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0
Bhutan	0.6	0.5–0.6	0.9	0.9–1.0	0.1	0.1–0.2	0.2	0.4
Democratic People's Republic of Korea	3.9	3.7–4.0	6.7	6.5–6.9	1.2	1.2–1.3	3.4	0.5
India	5.7	5.3–6.0	9.4	8.9–9.9	1.7	1.6–1.8	3.0	2.6
Indonesia	0.8	0.7–0.8	1.4	1.3–1.4	0.2	0.2–0.2	0.3	0.5
Maldives	2.7	2.5–2.9	4.8	4.4–5.2	0.6	0.5–0.6	1.3	1.9
Myanmar	4.8	4.4–5.1	8.4	7.9–9.1	1.3	1.2–1.4	1.6	3.2
Nepal	2.0	1.9–2.2	3.6	3.3–3.9	0.6	0.6–0.6	0.6	1.4
Sri Lanka	4.3	4.1–4.5	7.7	7.3–8.0	1.2	1.1–1.3	2.7	1.6
Thailand	8.3	8.0–8.6	14.3	13.8–14.8	2.5	2.4–2.6	6.6	1.7
Timor–Leste	2.1	1.9–2.2	3.5	3.3–3.8	0.5	0.5–0.6	0.6	1.5

— Data not available.
CI = confidence intervals.
[1] Excludes tourist consumption.
[2] 3–year averages (2015–2017); 95% confidence intervals (CI) available on the Global Information System on Alcohol and Health (GISAH).

	Total[1] APC (recorded + unrecorded)						Recorded APC[2]	Unrecorded APC[2]
WPR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	Both sexes
Australia	10.6	10.4–10.9	16.7	16.2–17.1	4.7	4.6–4.8	9.6	0.8
Brunei Darussalam	0.4	0.4–0.5	0.6	0.6–0.7	0.2	0.2–0.2	0.6	0.2
Cambodia	6.7	6.3–7.1	11.9	11.2–12.6	2.0	1.9–2.1	3.5	3.2
China	7.2	6.9–7.5	11.7	11.3–12.1	2.5	2.4–2.6	5.7	1.5
Cook Islands	10.6	10.3–10.8	17.5	17.1–17.9	3.7	3.6–3.8	10.0	0.6
Fiji	3.0	2.9–3.1	5.2	5.0–5.5	0.7	0.7–0.8	2.2	1.0
Japan	8.0	7.8–8.3	13.5	13.1–13.9	2.9	2.8–3.0	6.9	1.1
Kiribati	0.4	0.4–0.5	0.8	0.7–0.9	0.1	0.1–0.1	0.4	0.2
Lao People's Democratic Republic	10.4	9.9–10.8	17.6	16.8–18.4	3.3	3.2–3.5	7.0	3.4
Malaysia	0.9	0.9–1.0	1.6	1.5–1.7	0.3	0.2–0.3	0.6	0.4
Marshall Islands	—	—	—	—	—	—	0.0	0.0
Micronesia (Federated States of)	2.5	2.3–2.6	4.2	4.0–4.4	0.6	0.6–0.6	1.6	0.9
Mongolia	7.4	7.1–7.6	12.8	12.3–13.3	2.1	2.0–2.2	5.7	1.7
Nauru	6.0	5.7–6.3	10.5	9.9–11	1.6	1.5–1.7	3.5	2.5
New Zealand	10.7	10.4–11.0	17.2	16.7–17.6	4.6	4.5–4.8	9.1	1.3
Niue	7.0	6.8–7.2	12.0	11.6–12.4	2.1	2.0–2.1	6.0	1.0
Palau	—	—	—	—	—	—	—	—
Papua New Guinea	1.2	1.1–1.2	2.0	1.9–2.2	0.3	0.3–0.3	0.7	0.5
Philippines	6.6	6.3–6.9	11.3	10.8–11.8	1.9	1.8–2.0	4.5	2.1
Republic of Korea	10.2	9.9–10.5	16.7	16.3–17.2	3.9	3.8–4.0	9.1	1.2
Samoa	2.5	2.4–2.6	4.3	4.1–4.5	0.6	0.6–0.6	2.0	0.7
Singapore	2.0	2.0–2.1	3.3	3.2–3.4	0.8	0.8–0.9	1.8	0.3
Solomon Islands	1.4	1.3–1.5	2.5	2.4–2.6	0.3	0.3–0.4	1.0	0.4
Tonga	1.5	1.4–1.6	2.7	2.6–2.9	0.4	0.3–0.4	1.1	0.7
Tuvalu	1.7	1.7–1.8	3.1	2.9–3.2	0.4	0.4–0.4	1.2	0.5
Vanuatu	1.0	0.9–1.1	1.8	1.7–1.9	0.2	0.2–0.3	0.8	0.4
Viet Nam	8.3	7.8–8.9	14.5	13.5–15.6	2.5	2.3–2.6	3.1	5.3

— Data not available.
CI = confidence intervals.
[1] Excludes tourist consumption.
[2] 3–year averages (2015–2017); 95% confidence intervals (CI) available on the Global Information System on Alcohol and Health (GISAH).

Table I.2 Other key indicators on levels of alcohol consumption, 2016 (both sexes[1]; 15+ years), and projections

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
AFR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Algeria	57.3	24.4	18.3	0.0	29.1	63.0	1.0	1.1
Angola	70.3	17.6	11.3	0.8	13.4	29.0	6.1	6.6
Benin	63.7	9.6	13.1	13.6	11.6	25.1	3.7	4.6
Botswana	48.1	23.5	4.4	24.0	26.2	56.6	10.0	11.8
Burkina Faso	18.0	2.7	5.0	74.2	22.2	47.9	8.2	8.3
Burundi	39.3	0.1	0.1	60.5	23.7	51.2	7.0	6.6
Cabo Verde	55.0	45.0	0.0	0.0	17.0	36.7	6.0	6.2
Cameroon	43.5	1.4	0.1	54.9	22.6	48.8	9.5	10.2
Central African Republic	25.9	0.7	0.0	73.5	8.8	19.0	3.2	3.2
Chad	70.2	1.0	5.3	23.5	6.9	14.9	1.7	1.8
Comoros	24.6	30.6	44.8	0.0	22.3	48.3	1.0	1.1
Congo	84.4	4.7	10.3	0.6	15.1	32.7	7.8	8.2
Côte d'Ivoire	21.9	5.0	0.2	72.9	21.7	46.9	8.4	8.5
Democratic Republic of the Congo	38.9	0.6	0.7	59.9	7.1	15.3	3.2	3.4
Equatorial Guinea	83.0	17.0	0.0	0.0	15.5	33.5	11.8	12.4
Eritrea	62.1	0.1	0.2	37.7	6.3	13.5	1.9	2.8
Eswatini	24.6	16.1	0.0	59.3	34.4	74.3	10.0	10.1
Ethiopia	54.6	0.3	8.3	36.9	12.6	27.3	3.5	3.7
Gabon	76.3	9.2	13.4	1.1	17.2	37.2	10.7	10.9
Gambia	8.5	2.1	0.0	89.4	14.1	30.4	3.9	4.1
Ghana	28.3	6.6	8.0	57.1	10.2	22.1	2.7	2.7
Guinea	91.1	8.9	0.0	0.0	5.8	12.5	1.1	1.0
Guinea–Bissau	13.7	31.3	13.7	41.2	16.5	35.6	4.8	4.8
Kenya	39.8	1.8	21.4	37.0	14.1	30.4	2.7	3.1
Lesotho	57.4	3.2	10.5	28.9	28.2	61.0	4.6	4.6
Liberia	9.4	1.8	88.2	0.6	18.7	40.5	5.4	4.9
Madagascar	53.8	8.2	38.0	0.0	9.2	20.0	1.8	1.6
Malawi	8.8	0.8	11.3	79.1	15.5	33.4	3.9	4.3
Mali	15.8	1.2	0.0	83.0	5.7	12.4	1.3	1.3
Mauritania	—	—	—	—	3.8	8.1	0.0	0.0
Mauritius	53.9	15.4	30.8	0.0	11.5	25.0	3.6	3.5
Mozambique	78.7	8.3	12.4	0.6	11.4	24.6	2.5	2.6
Namibia	60.2	10.4	13.9	15.6	32.4	70.1	9.2	8.5
Niger	45.0	13.7	41.4	0.0	2.5	5.4	0.6	0.7
Nigeria	7.9	0.4	0.6	91.1	25.5	55.0	13.0	12.5
Rwanda	14.8	0.2	2.7	82.3	25.6	55.4	8.4	7.6
Sao Tome and Principe	19.8	80.2	0.0	0.0	20.1	43.5	7.1	7.4
Senegal	56.4	34.1	8.5	1.0	3.5	7.6	0.7	0.6
Seychelles	68.9	22.4	6.3	2.5	21.8	47.2	11.2	11.4
Sierra Leone	4.0	1.1	0.0	94.9	18.3	39.5	5.2	4.7
South Africa	56.0	18.5	17.8	7.6	29.9	64.6	9.2	9.0

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
AFR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
South Sudan	—	—	—	—	—	—	—	0.0
Togo	37.0	16.0	18.2	28.8	12.0	26.0	3.1	3.1
Uganda	11.0	0.1	3.1	85.8	26.0	56.3	9.8	10.3
United Republic of Tanzania	12.2	0.4	1.6	85.8	25.8	55.7	9.6	9.9
Zambia	36.4	2.7	0.4	60.4	17.7	38.3	4.8	4.7
Zimbabwe	62.8	1.3	12.0	23.9	27.2	58.8	4.5	4.2

— Data not available.
[1] Data by sex available from the Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
[2] Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits,other), latest year of available data as a percentage of recorded alcohol per capital consumption (15 + years).
[3] Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2016 (in litres of pure alcohol; 15+ years).
[4] Average daily intake of alcohol per capita, drinkers only, 2016 (in grams of pure alcohol; 15+ years).
[5] Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
[6] 95% confidence intervals (CI) for both sexes, females and males available from GISAH.
[7] 95% confidence intervals available from GISAH.

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
AMR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Antigua and Barbuda	33.0	18.3	45.4	3.2	14.2	30.7	7.6	8.4
Argentina	39.9	40.2	9.6	10.3	14.6	31.5	10.0	10.3
Bahamas	39.2	16.6	41.2	3.0	10.1	21.9	4.4	4.3
Barbados	37.6	10.5	50.0	1.9	19.0	41.1	9.9	10.5
Belize	69.1	1.9	26.7	2.3	16.3	35.1	7.0	7.2
Bolivia (Plurinational State of)	72.8	4.3	21.3	1.6	10.5	22.6	4.9	5.2
Brazil	61.8	3.4	34.3	0.5	19.3	41.7	7.8	8.3
Canada	45.1	25.6	25.6	3.7	13.8	29.9	9.1	9.2
Chile	36.1	33.1	30.8	0.0	13.7	29.6	9.2	9.1
Colombia	71.3	1.1	27.2	0.3	15.2	32.9	5.6	5.3
Costa Rica	64.1	7.2	27.9	0.8	13.0	28.1	4.8	4.8
Cuba	37.3	4.9	57.4	0.4	13.2	28.5	6.1	6.4
Dominica	11.1	0.0	88.9	0.0	18.0	39.0	7.5	6.9
Dominican Republic	52.2	4.4	41.9	1.5	16.0	34.5	7.3	8.0
Ecuador	79.9	1.5	17.8	0.7	9.5	20.6	4.5	5.1
El Salvador	47.8	1.3	50.7	0.1	12.8	27.6	4.1	4.9
Grenada	40.9	7.0	48.3	3.8	18.7	40.4	9.4	9.6
Guatemala	56.1	2.1	41.7	0.2	9.0	19.4	2.4	2.3
Guyana	48.4	0.2	50.8	0.6	16.1	34.7	6.3	6.1
Haiti	2.3	0.3	97.3	0.1	16.5	35.6	5.9	6.0
Honduras	46.6	1.2	52.1	0.1	13.5	29.1	4.1	4.3
Jamaica	36.3	4.8	54.2	4.6	11.9	25.8	4.1	4.0
Mexico	77.1	2.1	20.4	0.5	15.3	33.1	7.0	7.7
Nicaragua	39.7	0.8	59.5	0.1	15.9	34.5	5.4	5.8
Panama	76.9	3.5	19.4	0.3	16.5	35.7	8.0	8.4
Paraguay	54.2	17.4	27.3	1.1	20.1	43.5	8.3	9.7
Peru	60.1	8.1	31.8	0.0	11.8	25.6	6.3	6.4
Saint Kitts and Nevis	47.8	6.5	43.4	2.3	17.1	37.0	9.7	10.3
Saint Lucia	35.4	13.2	50.0	1.4	19.8	42.8	9.6	9.1
Saint Vincent and the Grenadines	36.6	3.6	57.2	2.6	17.7	38.2	8.4	8.7
Suriname	44.9	3.5	48.8	2.8	12.1	26.2	5.1	5.1
Trinidad and Tobago	57.9	3.3	37.1	1.7	14.2	30.8	9.0	9.5
United States of America	47.0	18.1	34.9	0.0	13.7	29.6	10.1	10.3
Uruguay	35.2	43.7	21.1	0.0	15.7	34.0	12.1	13.3
Venezuela (Bolivarian Republic of)	69.2	0.3	29.2	1.3	14.9	32.1	4.5	3.9

— Data not available.

[1] Data by sex available from the Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.

[2] Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits,other), latest year of available data as a percentage of recorded alcohol per capital consumption (15 + years).

[3] Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2016 (in litres of pure alcohol; 15+ years).

[4] Average daily intake of alcohol per capita, drinkers only, 2016 (in grams of pure alcohol; 15+ years).

[5] Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).

[6] 95% confidence intervals (CI) for both sexes, females and males available from GISAH.

[7] 95% confidence intervals available from GISAH.

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
EMR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Afghanistan	—	—	—	—	33.5	72.4	0.2	0.2
Bahrain	19.0	6.2	45.2	29.6	22.1	47.9	1.9	1.8
Djibouti	27.5	16.7	55.0	0.9	2.7	5.8	0.6	0.7
Egypt	62.0	4.4	33.1	0.6	14.3	31.0	0.4	0.5
Iran (Islamic Republic of)	—	—	—	—	28.4	61.4	1.0	1.0
Iraq	71.0	2.4	25.7	0.9	12.4	26.7	0.5	0.6
Jordan	19.9	2.6	75.9	1.6	24.6	53.2	0.8	1.0
Kuwait	—	—	—	—	1.0	2.1	0.0	0.0
Lebanon	33.9	15.4	49.2	1.5	25.0	54.1	1.4	1.2
Libya	—	—	—	—	26.4	57.0	0.0	0.0
Morocco	42.9	39.8	17.0	0.4	24.5	52.9	0.7	0.7
Oman	39.8	2.8	57.0	0.3	9.1	19.7	0.8	0.9
Pakistan	—	—	—	—	26.0	56.2	0.3	0.4
Qatar	25.9	10.2	63.4	0.5	4.4	9.4	2.1	2.2
Saudi Arabia	—	—	—	—	3.8	8.1	0.2	0.2
Somalia	—	—	—	—	1.5	3.3	0.0	0.0
Sudan	—	—	—	—	22.0	47.5	0.0	0.0
Syrian Arab Republic	11.6	1.1	87.2	0.0	15.5	33.4	0.3	0.3
Tunisia	72.2	23.9	3.8	0.1	36.6	79.1	2.0	2.1
United Arab Emirates	10.1	7.7	81.9	0.3	20.5	44.2	4.2	5.5
Yemen	89.5	0.0	10.5	0.0	9.4	20.3	0.1	0.1

— Data not available.
[1] Data by sex available from the Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
[2] Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits,other), latest year of available data as a percentage of recorded alcohol per capital consumption (15 + years).
[3] Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2016 (in litres of pure alcohol; 15+ years).
[4] Average daily intake of alcohol per capita, drinkers only, 2016 (in grams of pure alcohol; 15+ years).
[5] Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
[6] 95% confidence intervals (CI) for both sexes, females and males available from GISAH.
[7] 95% confidence intervals available from GISAH.

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
EUR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Albania	34.3	26.5	37.6	1.7	14.6	31.7	8.3	9.2
Andorra	34.1	42.0	23.9	0.0	15.1	32.7	11.0	10.5
Armenia	10.6	7.0	82.3	0.1	21.3	46.0	5.7	6.1
Austria	53.5	31.6	14.9	0.0	14.9	32.2	11.7	11.4
Azerbaijan	61.5	36.9	0.0	1.5	3.7	8.1	0.7	0.9
Belarus	22.8	2.2	49.0	26.0	15.2	32.8	12.4	13.2
Belgium	44.4	38.3	14.2	3.1	15.9	34.3	12.2	12.3
Bosnia and Herzegovina	75.8	8.6	12.4	3.2	13.4	29.0	7.0	7.8
Bulgaria	38.8	17.2	42.9	1.2	19.2	41.5	13.0	13.4
Croatia	44.5	39.0	13.0	3.5	15.0	32.4	8.8	8.2
Cyprus	29.7	28.4	41.9	0.0	15.6	33.8	11.0	11.6
Czechia	53.3	21.3	25.4	0.0	19.1	41.3	14.4	14.4
Denmark	37.4	44.7	17.1	0.8	13.9	30.1	10.3	10.3
Estonia	32.7	7.4	50.3	9.6	15.9	34.4	11.5	11.9
Finland	48.8	20.6	21.5	9.1	14.8	31.9	10.8	10.9
France	18.8	58.8	20.7	1.7	16.7	36.1	12.3	12.1
Georgia	18.4	43.0	38.5	0.1	27.9	60.4	10.5	11.6
Germany	52.6	28.4	18.9	0.0	16.9	36.5	12.8	12.6
Greece	31.5	45.5	21.8	1.3	15.9	34.5	10.7	10.8
Hungary	35.5	32.2	32.3	0.0	17.1	37.0	11.2	10.9
Iceland	56.5	27.9	15.5	0.0	12.8	27.6	9.5	10.6
Ireland	47.0	28.0	18.8	6.2	16.0	34.6	13.5	13.9
Israel	54.4	4.7	39.5	1.4	7.0	15.1	4.0	4.3
Italy	25.4	64.8	9.8	0.0	12.0	25.9	7.0	6.1
Kazakhstan	30.5	6.5	62.9	0.0	19.2	41.5	8.1	8.8
Kyrgyzstan	11.6	2.2	86.2	0.0	24.0	51.9	6.5	7.4
Latvia	42.8	11.1	40.0	6.1	17.2	37.2	14.0	15.1
Lithuania	43.6	7.3	37.1	12.1	18.9	41.0	14.4	13.9
Luxembourg	35.4	44.6	20.0	0.0	14.1	30.6	12.6	12.4
Malta	36.4	29.9	28.7	4.9	12.8	27.8	8.3	8.5
Monaco	—	—	—	—	—	—	—	0.0
Montenegro	10.8	43.1	44.1	2.0	14.8	32.1	7.9	7.9
Netherlands	47.8	35.8	16.4	0.0	12.0	26.0	9.0	8.8
Norway	43.9	36.7	16.7	2.7	9.4	20.4	7.8	8.2
Poland	56.1	7.8	36.1	0.0	17.1	37.0	12.0	12.7
Portugal	26.1	61.5	7.7	4.7	17.8	38.4	11.8	11.0
Republic of Moldova	16.2	56.6	25.2	2.0	22.8	49.2	15.1	15.1
Romania	55.6	28.1	16.4	0.0	18.8	40.7	13.2	13.8
Russian Federation	39.0	12.8	38.6	9.5	20.1	43.5	12.3	12.4
San Marino	—	—	—	—	—	—	—	0.0
Serbia	32.0	42.5	25.4	0.1	18.5	39.9	11.3	11.6
Slovakia	33.7	20.9	41.9	3.5	16.6	35.8	11.2	11.3

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
EUR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Slovenia	41.4	50.6	8.0	0.0	17.7	38.3	11.6	10.6
Spain	54.2	18.0	27.8	0.0	14.6	31.5	9.6	8.9
Sweden	36.4	47.8	14.1	1.7	12.5	27.1	9.8	10.1
Switzerland	32.1	48.1	18.5	1.2	14.2	30.6	10.9	10.3
Tajikistan	37.9	0.7	60.9	0.4	15.8	34.2	4.0	4.9
The former Yugoslav Republic of Macedonia	35.3	46.6	17.4	0.7	15.1	32.7	7.5	6.6
Turkey	57.6	8.6	33.8	0.0	28.5	61.7	1.9	1.9
Turkmenistan	26.8	35.1	38.0	0.0	17.8	38.6	6.0	6.8
Ukraine	42.3	5.4	51.5	0.8	13.8	29.9	9.5	10.0
United Kingdom of Great Britain and Northern Ireland	35.0	35.7	22.5	6.7	15.6	33.7	11.5	11.8
Uzbekistan	34.4	8.6	56.9	0.0	12.8	27.7	2.6	2.6

— Data not available.

[1] Data by sex available from the Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.

[2] Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits,other), latest year of available data as a percentage of recorded alcohol per capital consumption (15 + years).

[3] Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2016 (in litres of pure alcohol; 15+ years).

[4] Average daily intake of alcohol per capita, drinkers only, 2016 (in grams of pure alcohol; 15+ years).

[5] Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).

[6] 95% confidence intervals (CI) for both sexes, females and males available from GISAH.

[7] 95% confidence intervals available from GISAH.

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
SEAR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Bangladesh	—	—	—	—	0.9	2.1	0.0	0.0
Bhutan	46.2	4.2	49.6	0.0	1.9	4.2	0.5	0.4
Democratic People's Republic of Korea	2.7	0.0	97.3	0.0	9.6	20.7	3.6	3.3
India	7.5	0.1	92.4	0.0	14.6	31.5	6.6	7.9
Indonesia	18.5	76.4	4.6	0.6	3.4	7.4	1.1	1.6
Maldives	30.8	37.2	31.9	0.0	33.7	72.8	3.0	3.0
Myanmar	22.4	9.8	67.7	0.0	17.6	38.1	5.9	6.4
Nepal	31.0	49.0	20.0	0.0	7.4	16.1	2.3	2.6
Sri Lanka	13.2	0.3	84.9	1.5	14.9	32.2	4.6	5.1
Thailand	28.3	2.7	68.9	0.0	20.3	43.9	8.7	9.3
Timor–Leste	67.6	32.4	0.0	0.0	9.5	20.5	3.8	5.5

— Data not available.

[1] Data by sex available from the Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.

[2] Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits,other), latest year of available data as a percentage of recorded alcohol per capital consumption (15 + years).

[3] Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2016 (in litres of pure alcohol; 15+ years).

[4] Average daily intake of alcohol per capita, drinkers only, 2016 (in grams of pure alcohol; 15+ years).

[5] Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).

[6] 95% confidence intervals (CI) for both sexes, females and males available from GISAH.

[7] 95% confidence intervals available from GISAH.

	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]	
WPR	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2020[7]	2025[7]
Australia	39.9	37.5	12.9	9.8	13.4	28.9	10.5	10.3
Brunei Darussalam	100.0	0.0	0.0	0.0	1.3	2.8	0.4	0.3
Cambodia	88.1	0.6	11.2	0.1	21.7	47.0	7.2	8.1
China	29.6	3.1	67.2	0.0	12.9	27.9	7.5	8.1
Cook Islands	31.7	16.1	52.2	0.0	20.8	45.1	16.2	18.3
Fiji	69.8	1.2	28.9	0.0	16.9	36.5	3.0	3.1
Japan	18.2	5.5	40.0	36.3	14.1	30.4	8.0	7.9
Kiribati	100.0	0.0	0.0	0.0	3.7	7.9	0.4	0.4
Lao People's Democratic Republic	50.1	0.0	49.8	0.0	25.9	56.0	10.5	10.9
Malaysia	60.7	21.0	17.4	0.8	3.1	6.7	0.9	0.8
Marshall Islands	—	—	—	—	—	—	2.7	0.0
Micronesia (Federated States of)	58.1	8.5	32.8	0.6	16.1	34.9	8.3	2.9
Mongolia	43.6	1.9	54.5	0.0	21.9	47.2	6.2	9.1
Nauru	22.0	3.7	74.3	0.0	27.3	59.0	0.0	6.3
New Zealand	37.4	33.4	28.9	0.3	14.3	30.9	10.6	10.4
Niue	56.3	13.1	30.6	0.0	21.0	45.5	7.0	7.0
Palau	—	—	—	—	—	—	—	0.0
Papua New Guinea	95.2	2.7	2.1	0.0	8.6	18.5	1.2	1.1
Philippines	27.3	0.4	72.0	0.3	19.9	43.1	6.8	7.0
Republic of Korea	22.2	1.9	7.1	68.9	16.0	34.6	10.4	10.6
Samoa	94.1	5.9	0.0	0.0	15.7	33.9	2.9	3.3
Singapore	70.0	14.6	13.4	2.1	2.9	6.3	2.0	2.0
Solomon Islands	93.3	2.9	3.3	0.5	10.4	22.6	1.3	1.2
Tonga	60.7	11.5	27.9	0.0	10.7	23.1	1.6	1.7
Tuvalu	0.6	84.7	14.1	0.0	12.0	25.9	1.7	1.7
Vanuatu	38.5	25.4	36.1	0.0	7.4	15.9	1.4	1.5
Viet Nam	91.5	0.8	7.7	0.0	22.8	49.3	9.9	11.4

— Data not available.

[1] Data by sex available from the Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.

[2] Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits,other), latest year of available data as a percentage of recorded alcohol per capital consumption (15 + years).

[3] Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2016 (in litres of pure alcohol; 15+ years).

[4] Average daily intake of alcohol per capita, drinkers only, 2016 (in grams of pure alcohol; 15+ years).

[5] Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).

[6] 95% confidence intervals (CI) for both sexes, females and males available from GISAH.

[7] 95% confidence intervals available from GISAH.

Table I.3 Prevalence of heavy episodic drinking (HED) by sex and by age, 2016 (as percentage of total adult population); current drinkers (15–19 years)

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
AFR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Algeria	0.6	0.5–0.8	1.1	0.8–1.4	0.1	0.1–0.1	1.5	1.3–1.8	2.3	1.9–2.8	0.7	0.6–0.9
Angola	37.6	34.6–40.1	54.1	51.2–56.2	21.9	18.7–24.7	33.5	29.7–37.2	46.0	39.8–52.3	21.1	17.2–25.6
Benin	9.1	8.2–10.1	16.1	14.5–17.7	2.3	1.9–2.7	15.3	13.9–17.0	22.2	19.5–25.1	8.4	7.2–9.7
Botswana	18.0	16.5–19.5	29.5	27.4–31.5	6.6	5.7–7.6	19.3	16.8–21.5	27.7	23.7–32.1	10.7	8.9–12.9
Burkina Faso	15.7	14.3–17.2	27.3	25.0–29.5	4.8	4.2–5.6	24.4	22.3–26.6	35.1	31.4–39.1	13.3	11.5–15.3
Burundi	15.7	14.6–16.8	26.5	24.8–28.1	5.3	4.7–6.0	19.4	17.7–21.4	28.1	24.8–31.7	10.9	9.4–12.7
Cabo Verde	13.5	12.2–14.8	23.4	21.4–25.4	4.0	3.4–4.6	20.8	19.0–22.5	29.5	26.3–32.9	11.9	10.3–13.7
Cameroon	17.6	16.0–19.2	29.7	27.3–32.1	5.6	4.8–6.4	26.1	24.0–28.4	37.6	33.7–41.7	14.5	12.5–16.7
Central African Republic	28.2	25.6–30.4	42.9	40.0–45.0	14.3	11.9–16.5	24.4	21.4–27.8	34.6	29.1–40.6	14.3	11.4–17.7
Chad	7.2	6.4–8.1	12.8	11.4–14.2	1.7	1.5–2.0	13.3	11.9–14.6	19.4	16.9–22.1	7.1	6.1–8.3
Comoros	0.3	0.2–0.3	0.5	0.4–0.6	0.0	0.0–0.0	2.0	1.6–2.5	3.0	2.2–4.0	0.9	0.7–1.3
Congo	41.7	38.6–44.2	58.2	55.4–60.3	25.4	21.9–28.4	36.9	33.1–41.1	49.9	43.5–56.3	23.8	19.5–28.8
Côte d'Ivoire	17.1	15.5–18.6	28.4	26–30.7	5.2	4.4–6.0	25.2	23.1–27.4	36.4	32.6–40.4	13.9	12–16
Democratic Republic of the Congo	27.1	24.6–29.3	41.3	38.5–43.5	13.4	11.1–15.6	23.6	20.5–26.8	33.5	28.1–39.4	13.7	10.9–16.9
Equatorial Guinea	63.1	59.4–65.9	77.6	75.0–79.4	47.3	42.5–51.2	59.3	55.5–64.0	72.8	67.0–77.8	45.6	38.9–52.4
Eritrea	8.0	7.3–8.8	14.2	12.9–15.4	2.1	1.8–2.4	11.5	10.2–12.8	16.8	14.5–19.3	6.0	5.1–7.0
Eswatini	16.4	15–17.7	27.5	25.5–29.3	6.0	5.1–6.9	17.6	15.5–20.0	25.4	21.7–29.6	9.7	8.0–11.7
Ethiopia	9.7	8.8–10.5	16.8	15.5–18.2	2.7	2.3–3.0	13.3	12.0–14.8	19.5	17.0–22.3	7.1	6–8.3
Gabon	56.7	53.2–59.4	72.6	70.0–74.5	40.5	36.1–44.2	52.3	48.1–56.5	66.3	60.1–71.9	38.1	32.1–44.6
Gambia	9.5	8.5–10.5	17.0	15.3–18.6	2.5	2.1–2.9	15.9	14.4–17.6	23.1	20.4–26.1	8.8	7.5–10.2
Ghana	8.9	7.9–9.9	15.8	14.2–17.4	2.3	1.9–2.6	15.4	13.9–17.0	22.2	19.5–25.1	8.3	7.2–9.7
Guinea	6.8	6.0–7.6	12.0	10.7–13.4	1.6	1.3–1.9	12.6	11.3–14.1	18.3	16.0–21.0	6.7	5.7–7.8
Guinea–Bissau	10.8	9.7–11.9	18.9	17.1–20.6	2.9	2.5–3.3	17.2	15.6–19.0	24.8	21.9–27.9	9.6	8.2–11.1
Kenya	10.3	9.4–11.2	17.8	16.4–19.1	2.9	2.5–3.3	13.8	12.3–15.3	20.2	17.6–23.1	7.4	6.3–8.6
Lesotho	8.5	7.7–9.4	14.9	13.5–16.3	2.4	2.0–2.8	10.0	8.7–11.6	14.8	12.3–17.7	5.2	4.2–6.3
Liberia	12.0	10.8–13.2	20.7	18.8–22.6	3.3	2.8–3.8	18.7	17.1–20.6	26.7	23.6–29.9	10.4	9–12.1
Madagascar	8.5	7.8–9.3	15.0	13.7–16.2	2.2	1.9–2.6	12.0	10.8–13.3	17.7	15.4–20.4	6.3	5.4–7.4
Malawi	10.4	9.6–11.3	18.0	16.6–19.4	2.9	2.5–3.3	14.0	12.6–15.5	20.5	17.9–23.4	7.5	6.4–8.7
Mali	6.9	6.1–7.8	12.3	10.9–13.7	1.6	1.4–1.9	12.9	11.5–14.3	18.7	16.3–21.4	6.8	5.9–8.0
Mauritania	0.0	0.0–0.1	0.1	0.1–0.1	0.0	0.0–0.0	0.5	0.4–0.6	0.7	0.5–0.9	0.2	0.2–0.3
Mauritius	10.8	9.7–11.9	18.7	16.9–20.6	2.9	2.5–3.4	19.6	17.9–21.7	28.1	24.9–31.5	10.9	9.4–12.6
Mozambique	8.7	7.9–9.5	15.6	14.3–16.9	2.4	2.1–2.7	12.5	11.2–13.9	18.4	16.0–21.1	6.6	5.6–7.7
Namibia	17.1	15.7–18.5	28.9	26.9–30.8	6.5	5.6–7.4	18.7	16.7–21.1	27.0	23.1–31.3	10.4	8.6–12.5
Niger	6.2	5.5–7.0	11.0	9.7–12.3	1.4	1.2–1.7	11.8	10.6–13.2	17.3	15.1–19.9	6.3	5.3–7.3
Nigeria	27.3	25.0–29.7	43.1	39.9–46.0	11.3	9.7–13.0	37.3	34.3–40.2	51.7	46.9–56.4	22.2	19.2–25.5
Rwanda	17.9	16.6–19.1	30.9	29.1–32.7	6.9	6.1–7.7	22.6	20.5–25.0	32.3	28.6–36.3	13.0	11.2–15.2
Sao Tome and Principe	13.9	12.6–15.2	23.9	21.9–26.0	4.1	3.6–4.8	21.1	19.2–23.0	30.0	26.7–33.4	12.1	10.5–13.9
Senegal	6.4	5.6–7.2	11.7	10.4–13.1	1.5	1.3–1.8	12.4	11.1–13.8	18.1	15.8–20.7	6.6	5.6–7.7
Seychelles	26.0	23.6–28.3	40.8	37.5–43.9	10.5	9.1–12.2	39.4	36.3–42.0	52.4	47.8–57.0	25.7	22.3–29.4
Sierra Leone	12.0	10.8–13.2	21.0	19.1–22.8	3.4	2.9–3.9	18.7	17.0–20.5	27.0	24.0–30.2	10.6	9.2–12.2

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
AFR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
South Africa	17.7	16.2–19.1	29.3	27.2–31.1	6.6	5.7–7.6	19.5	16.9–21.3	27.3	23.4–31.6	10.5	8.7–12.7
South Sudan	—	—	—	—	—	—	—	—	—	—	—	—
Togo	8.8	7.9–9.8	15.7	14.2–17.3	2.2	1.9–2.6	15.0	13.6–16.5	21.7	19.1–24.6	8.2	7.0–9.5
Uganda	19.4	18.1–20.7	31.9	30.0–33.6	7.2	6.4–8.1	23.6	21.4–25.8	33.5	29.6–37.5	13.6	11.7–15.8
United Republic of Tanzania	19.4	18.1–20.7	31.9	30.1–33.7	7.2	6.4–8.1	23.6	21.6–25.9	33.5	29.7–37.5	13.6	11.7–15.9
Zambia	12.6	11.6–13.6	21.6	20.0–23.0	3.8	3.3–4.3	16.5	14.8–18.2	23.9	21–27.1	9.0	7.7–10.5
Zimbabwe	8.3	7.5–9.2	14.6	13.2–16.0	2.3	2.0–2.8	9.8	8.5–11.3	14.5	12.1–17.4	5.1	4.1–6.2

— Data not available.
CI = confidence intervals.

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
AMR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Antigua and Barbuda	23.5	21.4–25.7	38.8	35.8–41.8	9.8	8.4–11.3	35.3	32.6–38.4	47.9	43.3–52.6	22.4	19.3–25.8
Argentina	23.0	19.1–27.2	37.1	31.3–42.9	9.3	7.2–11.9	54.5	51.1–58.1	68.2	63.4–72.7	40.3	35.3–45.5
Bahamas	19.6	17.6–21.6	32.6	29.7–35.4	7.1	6.0–8.3	29.8	27.3–32.7	41.2	36.7–45.9	18.0	15.4–21
Barbados	26.4	24.1–28.6	42.4	39.3–45.3	11.5	9.9–13.2	37.5	34.7–40.2	50.4	45.7–55.1	24.2	20.9–27.8
Belize	18.7	16.9–20.6	31.1	28.4–33.7	6.6	5.6–7.7	27.3	24.9–30.1	38.3	34.0–42.9	16.3	13.9–19.1
Bolivia (Plurinational State of)	20.9	17.0–24.9	34.2	28.4–39.6	7.7	5.6–10.3	31.3	27.4–35.6	43.1	36.2–50.4	19.2	15.1–24.1
Brazil	19.7	16.4–23.0	32.6	27.7–37.2	7.2	5.4–9.4	26.8	22.6–31.5	37.4	30.2–45.2	15.8	12.0–20.5
Canada	24.2	22.0–26.5	38.5	35.3–41.7	9.8	8.5–11.3	51.7	49.3–54.4	65.4	61.7–68.8	37.2	33.6–40.9
Chile	22.9	18.9–27.1	36.6	30.8–42.5	9.1	7–11.7	54.4	50.9–57.4	68.1	63.3–72.5	40.1	35.1–45.3
Colombia	15.4	13.6–17.3	26.3	23.4–29.1	4.9	4.1–5.9	25.0	22.5–27.9	35.1	30.5–40	14.5	12.1–17.3
Costa Rica	14.5	12.7–16.3	24.5	21.7–27.3	4.4	3.6–5.3	23.7	21.3–26.5	33.4	28.9–38.2	13.6	11.3–16.2
Cuba	22.2	20.1–24.3	35.7	32.8–38.6	8.3	7.1–9.7	32.5	29.9–35.4	44.2	39.6–48.9	19.9	17.1–23.1
Dominica	21.9	19.9–23.9	35.5	32.7–38.3	8.3	7.1–9.6	31.3	—	42.9	—	19.1	—
Dominican Republic	19.9	18.0–21.8	32.8	30.0–35.5	7.2	6.1–8.4	29.1	26.5–31.9	40.4	36.0–45.0	17.5	15–20.4
Ecuador	21.3	17.3–25.3	34.8	28.9–40.3	7.9	5.7–10.6	32.2	28.2–37.1	44.1	37.1–51.3	19.8	15.6–24.9
El Salvador	10.4	9.1–11.8	19.2	16.9–21.6	3.1	2.5–3.7	19.0	16.8–21.4	27.4	23.4–31.7	10.6	8.7–12.7
Grenada	25.2	23.0–27.4	39.9	36.9–42.8	10.2	8.8–11.8	34.9	32.0–37.8	47.2	42.5–52.0	21.9	18.9–25.3
Guatemala	9.1	7.9–10.4	16.5	14.4–18.7	2.4	2.0–3.0	16.9	14.9–19.1	24.4	20.7–28.5	9.2	7.6–11.1
Guyana	17.6	15.9–19.4	29.2	26.6–31.7	5.9	5.0–6.9	26.1	23.9–28.8	36.7	32.4–41.2	15.4	13.1–18
Haiti	14.9	13.3–16.5	25.6	23.1–28.0	4.8	4.0–5.6	22.4	20.2–25.0	31.9	27.8–36.3	12.8	10.8–15.1
Honduras	10.7	9.3–12.1	18.6	16.3–20.9	2.9	2.4–3.5	18.3	16.2–20.7	26.3	22.4–30.6	10.1	8.3–12.1
Jamaica	14.7	13.1–16.3	25.0	22.5–27.4	4.6	3.9–5.4	22.7	20.5–25.3	32.0	28.0–36.3	12.9	10.9–15.2
Mexico	18.0	15.9–20.1	30.1	27.0–33.2	6.2	5.1–7.4	28.7	25.8–31.6	39.8	34.9–44.9	17.2	14.4–20.4
Nicaragua	12.1	10.6–13.7	21.3	18.8–23.8	3.6	2.9–4.3	20.5	18.3–23.1	29.0	24.9–33.6	11.4	9.4–13.7
Panama	21.5	19.1–23.9	34.9	31.5–38.3	8.0	6.6–9.5	33.2	30.0–36.5	45.3	40.2–50.6	20.7	17.4–24.3
Paraguay	17.2	14.1–20.2	28.3	23.8–32.4	5.7	4.2–7.5	23.0	19.1–27.5	32.5	25.8–39.9	13.1	9.9–17.3
Peru	26.3	21.7–30.8	41.6	35.3–47.4	11.0	8.1–14.5	38.5	34.1–43.1	51.3	44.1–58.5	24.9	19.8–30.7
Saint Kitts and Nevis	28.7	26.2–31.1	44.7	41.6–47.7	12.7	11–14.6	40.4	—	53.6	—	26.6	—
Saint Lucia	25.4	23.1–27.6	40.7	37.7–43.6	10.7	9.2–12.3	35.3	32.4–38.4	48.1	43.4–52.9	22.6	19.4–26.1
Saint Vincent and the Grenadines	22.8	20.8–24.9	36.6	33.7–39.4	8.7	7.5–10.1	32.0	29.4–34.9	44.0	39.4–48.7	19.8	17.0–22.9
Suriname	18.9	17.0–20.7	31.1	28.4–33.8	6.5	5.6–7.6	28.2	25.9–31.0	39.2	34.9–43.8	16.9	14.4–19.6
Trinidad and Tobago	31.0	28.3–33.6	47.8	44.4–51.0	14.5	12.5–16.6	43.9	40.7–47.0	57.6	52.8–62.2	29.9	26–34.1
United States of America	29.0	26.4–31.7	44.7	41.2–48.2	13.1	11.4–15.0	59.9	57.5–62.3	73.1	69.8–76.1	46.0	42.1–50.1
Uruguay	24.9	20.7–29.3	39.7	33.7–45.7	10.5	8.1–13.5	57.1	53.5–60.5	70.6	66.0–74.9	43.0	37.8–48.3
Venezuela (Bolivarian Republic of)	14.9	13.1–16.8	25.4	22.5–28.2	4.7	3.8–5.6	24.7	22.1–27.4	34.7	30.1–39.6	14.3	11.9–17.1

— Data not available.
CI = confidence intervals.

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
EMR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Afghanistan	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.3	0.3–0.4	0.5	0.4–0.7	0.1	0.1–0.2
Bahrain	2.3	1.9–2.9	3.4	2.7–4.2	0.3	0.2–0.4	3.8	3.1–4.3	5.4	4.3–6.7	1.8	1.4–2.2
Djibouti	7.7	6.9–8.4	13.4	12.2–14.6	1.9	1.6–2.2	11.0	9.7–12.4	16.1	13.9–18.6	5.7	4.8–6.7
Egypt	0.5	0.4–0.7	0.9	0.7–1.2	0.1	0.1–0.1	1.4	1.2–1.6	2.1	1.7–2.5	0.7	0.5–0.8
Iran (Islamic Republic of)	0.1	0.1–0.2	0.3	0.2–0.4	0.0	0.0–0.0	1.7	1.3–2.2	2.8	2.1–3.6	0.5	0.4–0.7
Iraq	0.6	0.4–0.7	1.1	0.8–1.4	0.1	0.1–0.1	1.5	1.3–1.9	2.3	1.9–2.9	0.7	0.6–0.9
Jordan	0.6	0.4–0.7	1.0	0.8–1.3	0.1	0.1–0.1	1.5	1.2–1.7	2.2	1.8–2.7	0.7	0.6–0.9
Kuwait	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.2	0.2–0.3	0.3	0.3–0.5	0.1	0.1–0.1
Lebanon	1.3	1.0–1.6	2.4	1.8–3.0	0.2	0.2–0.3	3.0	2.6–3.6	4.7	3.8–5.7	1.5	1.2–1.8
Libya	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.1	0–0.1	0.1	0.1–0.1	0.0	0.0–0.0
Morocco	0.5	0.3–0.6	0.9	0.6–1.1	0.1	0.1–0.1	1.3	1.1–1.6	1.9	1.6–2.4	0.6	0.5–0.8
Oman	2.1	1.7–2.6	2.9	2.3–3.6	0.3	0.2–0.4	3.3	2.7–3.9	4.7	3.8–5.9	1.5	1.2–1.9
Pakistan	0.1	0.0–0.1	0.1	0.1–0.2	0.0	0.0–0.0	0.6	0.4–0.8	0.9	0.6–1.2	0.3	0.2–0.4
Qatar	20.5	15.8–25.3	25.6	19.9–31.3	4.6	3.1–6.6	25.5	19.6–32.6	32.0	23–42.5	12.9	8.6–18.8
Saudi Arabia	0.2	0.1–0.2	0.2	0.2–0.3	0.0	0.0–0.0	2.5	2.1–3.1	3.3	2.6–4.3	1.6	1.3–2.1
Somalia	0.0	0.0–0.1	0.1	0.1–0.1	0.0	0.0–0.0	0.3	0.3–0.4	0.5	0.4–0.7	0.2	0.1–0.2
Sudan	0.4	0.3–0.5	0.7	0.5–0.9	0.1	0.0–0.1	1.1	1.0–1.3	1.7	1.4–2.1	0.5	0.4–0.7
Syrian Arab Republic	0.0	0.0–0.1	0.1	0.1–0.1	0.0	0.0–0.0	1.0	0.8–1.3	1.7	1.2–2.2	0.3	0.3–0.5
Tunisia	1.1	0.9–1.5	2.2	1.7–2.8	0.1	0.1–0.1	2.6	2.2–3.2	4.4	3.6–5.4	0.8	0.6–1
United Arab Emirates	6.4	5.2–7.8	8.2	6.6–9.8	0.9	0.7–1.3	7.9	6.2–9.1	10.6	8.3–13.4	3.6	2.8–4.6
Yemen	0.0	0.0–0.0	0.0	0.0–0.0	0.0	0.0–0.0	0.3	0.3–0.4	0.5	0.4–0.7	0.2	0.1–0.2

— Data not available.
CI = confidence intervals.

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
EUR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Albania	24.6	22.1–27.2	39.7	36.2–43.1	10.1	8.5–11.8	37.7	34.8–40.5	50.5	46.0–54.9	24.2	21.1–27.6
Andorra	34.9	32.4–37.5	51.9	48.7–54.9	17.4	15.5–19.5	64.2	—	76.6	—	50.7	—
Armenia	11.5	10.5–12.5	20.8	19.2–22.4	3.6	3.1–4.1	16.3	14.8–18.9	23.5	20.4–26.9	8.8	7.5–10.4
Austria	37.7	35.0–40.3	55.3	52.1–58.4	20.0	17.8–22.3	68.1	66.2–70.1	80.0	77.9–82.1	55.7	52.5–58.9
Azerbaijan	8.2	7.3–9.1	14.4	12.9–16.0	2.1	1.8–2.4	12.8	11.2–14.5	18.2	15.5–21.4	6.5	5.4–7.9
Belarus	28.2	23.8–32.7	42.3	36.6–47.8	15.0	11.9–18.8	58.0	53.8–61.6	66.1	60.8–71.0	49.4	43.7–55
Belgium	36.6	34.0–39.2	54.1	50.9–57.1	19.0	17.0–21.2	66.2	64.3–68.1	78.5	76.2–80.6	53.4	50.1–56.6
Bosnia and Herzegovina	22.7	20.3–25.2	36.4	33–39.8	8.6	7.2–10.2	34.4	31.8–37.1	46.5	42.0–51.1	21.5	18.5–24.7
Bulgaria	38.7	35.5–41.7	56.6	53.0–60.0	20.6	17.9–23.5	54.1	51.1–56.7	67.7	63.8–71.3	39.6	35.6–43.8
Croatia	32.1	29.2–35.0	49.1	45.4–52.6	15.2	13.1–17.6	47.4	44.5–50.1	61.1	56.9–65.1	33.0	29.3–36.9
Cyprus	30.0	27.6–32.4	45.5	42.3–48.6	13.3	11.7–15.0	55.3	53.1–57.6	68.8	65.8–71.7	40.9	37.6–44.3
Czechia	47.0	43.5–50.4	65.3	61.7–68.5	28.6	25.1–32.1	64.6	61.7–67.0	77.1	73.9–80.0	51.3	47.0–55.7
Denmark	34.0	31.5–36.6	51.0	47.9–54.1	16.9	15.0–18.9	63.9	62.0–66.0	76.5	74.1–78.8	50.6	47.4–53.8
Estonia	47.4	42.2–52.3	66.2	60.8–70.7	29.6	24.2–35.0	62.3	58.8–65.8	75.2	70.6–79.3	48.8	43.0–54.6
Finland	33.3	30.8–35.7	50.1	46.9–53.1	16.2	14.4–18.1	61.9	59.8–64.0	74.9	72.4–77.2	48.3	45.1–51.5
France	36.0	33.4–38.6	53.7	50.5–56.8	18.7	16.7–20.9	65.4	63.3–67.3	77.8	75.4–80.0	52.4	49.1–55.6
Georgia	18.5	17.1–19.8	30.9	28.8–32.8	6.7	5.9–7.6	23.6	21.6–26.1	33.0	29.1–37.2	13.4	11.4–15.7
Germany	39.7	37.0–42.5	57.6	54.3–60.7	21.8	19.5–24.3	70.2	68.5–72.2	81.6	79.6–83.5	58.2	55.0–61.4
Greece	28.2	25.9–30.6	44.0	40.8–47.2	12.5	10.9–14.1	53.4	51.1–55.7	67.2	63.9–70.2	39.1	35.8–42.5
Hungary	37.9	34.7–40.9	56.1	52.4–59.5	20.2	17.5–23.1	54.6	52.0–57.0	68.2	64.4–71.8	40.2	36.2–44.4
Iceland	30.6	28.2–33.0	46.7	43.6–49.8	14.1	12.5–15.9	59.2	57.0–61.4	72.5	69.8–75.0	45.3	42.1–48.6
Ireland	40.5	37.7–43.3	58.5	55.2–61.6	22.6	20.2–25.1	71.4	69.5–73.1	82.5	80.5–84.4	59.7	56.5–62.9
Israel	18.4	16.5–20.3	30.4	27.5–33.4	6.4	5.5–7.4	41.4	38.8–43.7	54.6	50.9–58.3	27.4	24.6–30.5
Italy	25.0	22.9–27.2	39.7	36.7–42.7	10.3	9.1–11.7	50.8	48.8–53.0	64.5	61.4–67.5	36.3	33.3–39.5
Kazakhstan	19.9	18.3–21.5	33.3	31.0–35.5	7.5	6.6–8.5	26.4	23.8–29	36.8	32.6–41.3	15.5	13.2–18.1
Kyrgyzstan	11.1	10.2–12.1	19.4	17.8–20.9	3.2	2.8–3.7	15.3	13.7–17.2	22.1	19.1–25.4	8.2	6.9–9.6
Latvia	50.2	44.9–55.1	69.1	64.0–73.4	32.9	27.3–38.6	65.3	61.9–68.6	77.7	73.4–81.4	52.2	46.4–57.9
Lithuania	54.9	49.6–59.8	73.4	68.6–77.3	38.2	32.2–44.2	70.6	66.9–73.9	81.9	78.2–85.1	58.7	52.9–64.2
Luxembourg	51.2	46.0–56.3	68.9	63.6–73.6	33.2	28.0–38.7	86.4	84.1–88.3	92.7	90.9–94.2	79.9	75.7–83.5
Malta	25.6	23.4–27.8	40.1	37.1–43.1	10.4	9.1–11.7	49.4	48.4–52.9	64.2	61.1–67.3	36.0	33–39.2
Monaco	—	—	—	—	—	—	—	—	—	—	—	—
Montenegro	26.9	24.3–29.6	42.4	38.8–45.8	11.4	9.7–13.3	40.6	37.7–43.4	53.6	49.2–58.0	26.6	23.3–30.2
Netherlands	31.6	29.2–34.0	48.0	44.9–51.1	14.9	13.2–16.8	60.9	58.9–62.9	74.0	71.4–76.4	47.2	43.9–50.4
Norway	35.4	32.1–38.7	52.2	48.1–56.2	17.9	15.5–20.6	68.8	66.3–71.3	80.5	77.7–83.1	56.5	52.3–60.6
Poland	38.9	35.7–42.0	57.1	53.4–60.5	21.0	18.2–23.9	55.6	52.9–58.3	69.1	65.4–72.7	41.3	37.2–45.5
Portugal	31.3	28.8–33.8	48.6	45.3–51.8	15.2	13.4–17.2	58.0	55.7–60.4	71.7	68.7–74.5	44.3	40.8–47.9
Republic of Moldova	28.6	24.7–32.7	45.1	39.6–50.3	13.0	10.4–16.0	52.9	49.3–56.6	66.6	61.4–71.5	38.5	33.3–44
Romania	39.0	35.9–42.1	57.2	53.6–60.5	21.1	18.4–24.0	55.2	52.3–57.8	68.7	64.9–72.3	40.8	36.8–45.0
Russian Federation	38.8	15.8–54.5	49.8	24.5–59.6	29.1	7.6–50.4	39.5	36.5–42.5	44.5	40.1–49.0	34.2	30.3–38.4
San Marino	—	—	—	—	—	—	—	—	—	—	—	—
Serbia	32.9	30.0–35.7	50.0	46.4–53.4	15.8	13.6–18.2	47.3	44.3–50.2	60.9	56.7–65.0	32.9	29.2–36.8

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
EUR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Slovakia	39.2	35.9–42.4	57.5	53.7–61.0	21.3	18.5–24.3	56.5	53.7–59.1	70.0	66.3–73.5	42.3	38.1–46.5
Slovenia	42.3	39.0–45.6	60.3	56.6–63.7	23.7	20.7–26.9	59.6	56.9–62.2	72.7	69.2–76.0	45.6	41.4–49.9
Spain	29.7	27.3–32.0	45.8	42.7–48.8	13.5	12.0–15.2	56.6	54.4–58.7	70.1	67.2–72.8	42.3	39.1–45.6
Sweden	32.4	30–34.9	48.9	45.7–52.0	15.5	13.8–17.4	62.0	60.1–64.2	74.9	72.3–77.3	48.3	45.0–51.6
Switzerland	39.9	37–42.8	57.7	54.3–61.0	22.0	19.5–24.6	72.0	69.9–73.7	83.0	80.9–84.9	60.4	57.0–63.8
Tajikistan	7.9	7.2–8.7	13.9	12.6–15.2	2.0	1.7–2.3	11.7	10.4–13.2	17.1	14.6–19.8	6.1	5.1–7.2
The former Yugoslav Republic of Macedonia	26.5	23.9–29.2	41.8	38.2–45.2	11.1	9.4–12.9	39.4	36.8–42.3	52.5	48.0–56.8	25.7	22.5–29.2
Turkey	1.5	1.2–1.9	2.9	2.2–3.6	0.2	0.2–0.3	3.5	3.0–4.1	5.5	4.5–6.7	1.5	1.2–1.8
Turkmenistan	13.3	12.2–14.5	23.0	21.3–24.8	4.1	3.6–4.7	18.4	16.6–20.4	26.4	23.0–30.1	10.1	8.6–11.9
Ukraine	20.2	16.8–24.0	31.6	26.7–36.6	9.5	7.4–12.1	45.2	41.4–48.9	53.2	47.4–58.9	36.8	31.6–42.4
United Kingdom of Great Britain and Northern Ireland	33.7	31.2–36.2	50.9	47.7–53.9	16.7	14.9–18.7	62.3	60.4–64.3	75.2	72.7–77.6	48.8	45.6–52.1
Uzbekistan	7.9	7.1–8.7	14.0	12.7–15.3	2.0	1.7–2.3	11.8	10.4–13.3	17.2	14.7–20.1	6.1	5.1–7.3

— Data not available.
CI = confidence intervals.

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
SEAR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Bangladesh	0.8	0.7–0.9	1.4	1.3–1.6	0.1	0.1–0.2	1.3	1.1–1.6	2.1	1.7–2.6	0.5	0.4–0.6
Bhutan	10.8	9.4–12.2	17.5	15.4–19.7	2.6	2.2–3.2	16.8	14.7–19.4	24.3	20.3–28.8	9.2	7.4–11.2
Democratic People's Republic of Korea	13.9	8.2–20.6	23.6	14.4–33.5	4.3	2.1–8.0	27.4	21.8–34.0	37.5	27.8–48.4	16.8	11.3–24.4
India	17.0	15.1–18.9	27.8	24.9–30.5	5.4	4.5–6.5	25.2	22.1–28.4	34.9	29.8–40.4	14.4	11.8–17.6
Indonesia	6.4	5.6–7.1	11.3	10.0–12.6	1.4	1.2–1.7	13.1	11.7–14.6	18.9	16.5–21.6	6.8	5.9–8.0
Maldives	0.3	0.3–0.5	0.7	0.5–0.9	0.0	0.0–0.1	3.8	3.2–4.8	5.7	4.4–7.5	1.8	1.4–2.4
Myanmar	8.9	8.0–9.8	15.9	14.3–17.4	2.3	2.0–2.6	16.2	14.8–18	23.6	20.8–26.7	8.8	7.6–10.2
Nepal	9.8	8.6–11.1	17.7	15.6–19.8	2.8	2.3–3.3	17.1	15.0–19.8	24.6	20.6–29.1	9.3	7.5–11.4
Sri Lanka	9.7	8.7–10.7	17.3	15.7–19	2.6	2.3–3.0	18.0	16.3–19.7	26.0	23–29.2	9.9	8.6–11.4
Thailand	16.8	15.3–18.4	28.4	26.0–30.7	5.6	4.8–6.4	27.3	25.2–29.7	38.1	34.3–42.2	16.2	14.1–18.6
Timor–Leste	6.5	5.8–7.2	11.3	10.2–12.6	1.4	1.2–1.7	12.9	11.5–14.3	18.7	16.3–21.3	6.7	5.8–7.8

— Data not available.
CI = confidence intervals.

	Age–standardized HED, 15+ years population						Current drinkers, 15–19 years					
WPR	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Australia	39.2	34.7–43.6	57.0	51.7–61.9	21.3	17.6–25.3	69.3	66.4–71.8	80.8	77.7–83.6	57.0	52.2–61.6
Brunei Darussalam	9.8	8.1–11.7	13.9	11.8–16.0	5.5	4.1–7.1	24.5	20.0–29.4	29.7	22.3–38.3	18.9	13.7–25.5
Cambodia	10.9	9.9–12.0	19.5	17.7–21.3	3.1	2.7–3.6	19.2	17.5–21.0	27.5	24.3–30.9	10.6	9.2–12.3
China	23.6	14.9–32.9	37.1	24.5–48.9	9.2	4.8–15.9	41.2	34.8–48.0	52.9	42.6–63.0	27.9	19.7–37.8
Cook Islands	39.7	37.9–41.3	56.4	54.8–57.7	23.6	21.6–25.4	36.0	—	48.7	—	22.9	—
Fiji	11.1	10.4–11.7	18.2	17.3–19.1	3.7	3.2–4.1	9.9	8.9–11.1	14.4	12.6–16.5	5.0	4.3–5.8
Japan	28.7	24.5–33.0	44.7	38.9–50.0	12.6	9.8–15.9	45.5	39.8–51	59.1	49.8–67.7	31.2	23.8–39.7
Kiribati	6.7	6.2–7.3	11.8	11.0–12.6	2.0	1.7–2.3	6.6	5.9–7.4	9.8	8.4–11.3	3.3	2.8–3.9
Lao People's Democratic Republic	16.6	15.0–18.2	28.1	25.7–30.5	5.5	4.7–6.4	26.4	24.3–28.8	37.0	33–41.1	15.6	13.4–18
Malaysia	9.1	8.0–10.3	16.1	14.2–18.0	2.3	1.9–2.7	17.5	16.2–20.0	25.7	22.5–29.3	9.8	8.3–11.5
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—
Micronesia (Federated States of)	9.3	8.7–9.9	15.5	14.6–16.3	2.9	2.6–3.3	8.5	7.5–9.5	12.5	10.8–14.3	4.3	3.7–5.0
Mongolia	15.7	14.4–16.9	26.5	24.6–28.3	5.2	4.5–5.9	20.4	18.5–22.4	29.2	25.6–33.0	11.5	9.8–13.4
Nauru	14.4	13.6–15.2	23.6	22.5–24.6	5.4	4.8–6.0	12.8	—	18.7	—	6.7	—
New Zealand	35.2	31.1–39.4	53.1	47.9–58.0	18.3	15.1–21.8	63.8	60.9–66.9	76.4	72.9–79.7	50.5	45.8–55.1
Niue	23.2	22.0–24.3	36.2	34.8–37.5	10.4	9.4–11.4	20.9	—	29.8	—	11.7	—
Palau	—	—	—	—	—	—	—	—	—	—	—	—
Papua New Guinea	7.8	7.3–8.4	13.2	12.4–14.0	2.3	2.0–2.7	7.4	6.5–8.3	10.8	9.4–12.5	3.7	3.1–4.3
Philippines	12.1	11.0–13.3	20.8	18.9–22.7	3.4	3.0–3.9	20.8	19.0–22.7	29.5	26.2–33	11.6	10.0–13.4
Republic of Korea	33.0	28.3–37.6	49.9	43.9–55.3	15.7	12.3–19.6	50.5	44.6–56.7	64.0	55.0–72.2	35.8	27.7–44.9
Samoa	9.9	9.2–10.5	16.1	15.2–17.0	3.1	2.7–3.5	9.1	8.1–10.2	13.1	11.4–15.1	4.5	3.9–5.3
Singapore	32.2	26.8–37.6	49.2	42.2–55.7	15.5	11.7–19.9	57.2	50.3–63.2	70.6	61.8–78.1	43.0	33.7–52.9
Solomon Islands	7.8	7.2–8.3	13.2	12.4–14.0	2.4	2.1–2.7	7.4	6.6–8.5	10.9	9.4–12.5	3.7	3.1–4.3
Tonga	8.5	7.9–9.1	14.4	13.6–15.2	2.7	2.3–3.0	8.2	7.3–9.1	11.9	10.3–13.7	4.1	3.5–4.7
Tuvalu	8.4	7.8–8.9	14.2	13.4–15.0	2.6	2.3–3.0	7.9	—	11.6	—	4.0	—
Vanuatu	7.9	7.3–8.4	13.4	12.5–14.2	2.4	2.1–2.7	7.4	6.7–8.4	10.9	9.4–12.6	3.7	3.2–4.3
Viet Nam	14.4	13.1–15.8	24.6	22.5–26.7	4.4	3.8–5.1	23.4	21.4–25.5	32.9	29.3–36.7	13.3	11.5–15.4

— Data not available.
CI = confidence intervals.

APPENDIX II
HEALTH CONSEQUENCES

Table II.1 Prevalence of alcohol use disorders (AUD), alcohol dependence (AD), harmful use of alcohol (HU), and alcohol–attributable fractions (AAFs) for deaths from all causes (percentages)

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
AFR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Algeria	0.8	0.7	0.0	1.0	1.6	0.4
Angola	6.0	2.1	3.9	6.8	10.4	2.6
Benin	6.4	2.2	4.2	2.6	4.0	1.1
Botswana	7.1	2.5	4.7	5.7	9.0	2.1
Burkina Faso	1.8	0.7	1.1	4.5	6.7	2.4
Burundi	6.8	2.4	4.4	5.0	7.4	2.2
Cabo Verde	6.3	2.2	4.1	4.5	7.2	1.9
Cameroon	7.0	2.5	4.6	6.0	9.1	2.7
Central African Republic	3.8	1.3	2.5	3.6	5.5	1.5
Chad	0.7	0.7	0.0	1.8	2.8	0.7
Comoros	0.7	0.7	0.0	0.9	1.4	0.4
Congo	2.1	0.7	1.4	8.3	12.4	3.7
Côte d'Ivoire	10.0	3.5	6.5	5.7	8.4	2.5
Democratic Republic of the Congo	5.0	1.7	3.3	4.0	6.0	1.8
Equatorial Guinea	6.8	2.4	4.4	9.4	13.1	4.2
Eritrea	2.2	0.8	1.4	2.2	3.1	1.1
Eswatini	7.1	2.5	4.6	5.0	7.8	2.1
Ethiopia	2.5	0.8	1.7	3.4	5.1	1.4
Gabon	6.9	2.4	4.5	11.4	17.2	4.8
Gambia	1.0	0.7	0.3	3.3	5.1	1.3
Ghana	4.1	1.4	2.7	3.4	5.6	1.2
Guinea	0.7	0.7	0.0	1.6	2.5	0.7
Guinea–Bissau	1.0	0.7	0.3	4.0	6.4	1.5
Kenya	4.0	1.4	2.6	4.0	6.3	1.1
Lesotho	5.2	1.8	3.4	3.3	5.4	1.3
Liberia	5.2	1.8	3.4	5.2	8.4	1.9
Madagascar	2.6	0.9	1.7	2.8	4.3	1.2
Malawi	3.5	1.2	2.3	3.0	4.5	1.1
Mali	0.8	0.7	0.0	1.3	2.1	0.5
Mauritania	0.4	0.2	0.2	0.2	0.4	0.1
Mauritius	5.5	1.9	3.6	3.0	5.0	0.5
Mozambique	3.2	1.1	2.1	2.4	3.8	0.8
Namibia	6.3	2.2	4.1	6.1	9.5	2.5

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
AFR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Niger	0.7	0.7	0.0	1.0	1.4	0.4
Nigeria	0.6	0.1	0.5	7.9	12.1	3.5
Rwanda	7.0	2.5	4.5	6.7	9.9	3.2
Sao Tome and Principe	6.4	2.2	4.1	7.0	10.2	3.2
Senegal	0.7	0.7	0.0	1.6	2.4	0.7
Seychelles	7.3	2.5	4.8	8.6	12.8	2.8
Sierra Leone	3.5	0.7	2.8	4.6	7.1	2.0
South Africa	7.0	2.4	4.6	6.4	10.0	2.2
South Sudan	—	—	—	3.0	4.5	1.3
Togo	9.5	3.3	6.1	2.7	4.1	1.2
Uganda	7.1	2.5	4.6	6.5	9.4	3.0
United Republic of Tanzania	6.8	2.4	4.4	7.3	10.9	3.1
Zambia	5.5	1.9	3.6	4.2	6.4	1.6
Zimbabwe	6.4	2.2	4.2	3.1	4.9	1.2

— Data not available.
[1] Prevalence estimates, 2016 (as percentage of total adult population, 15+ years).
[2] Alcohol–attributable fractions (AAFs) for deaths from all causes, 2016 (as a percentage of all deaths).
[3] Other data linked with alcohol–related morbidity and mortality, such as age–standaridzed death rates (ASDRs) for road traffic injuries, liver cirrhosis and cancer, plus confidence intervals are available from the Global Information System on Alcohol and Health (GISAH).

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
AMR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Antigua and Barbuda	6.5	2.7	3.8	4.5	7.2	1.5
Argentina	6.8	2.9	3.8	4.4	7.2	1.3
Bahamas	6.7	2.8	3.9	4.7	7.3	1.3
Barbados	6.7	2.7	4.0	3.6	6.4	0.9
Belize	7.3	3.1	4.3	6.5	9.6	1.9
Bolivia (Plurinational State of)	6.7	2.9	3.8	6.1	9.2	2.3
Brazil	4.2	1.4	2.8	6.9	10.9	1.7
Canada	8.0	4.1	3.9	4.5	7.1	1.9
Chile	6.0	2.5	3.5	5.4	9.0	1.3
Colombia	7.0	3.2	3.9	5.1	7.8	1.5
Costa Rica	6.9	3.0	3.9	4.1	6.2	1.2
Cuba	6.6	2.7	3.9	4.2	6.6	1.3
Dominica	6.8	2.8	4.0	—	—	—
Dominican Republic	6.8	2.8	4.0	6.6	9.6	2.5
Ecuador	6.7	2.8	3.9	5.7	8.8	1.8
El Salvador	6.2	2.7	3.5	7.2	11.3	1.9
Grenada	6.6	2.8	3.7	4.6	8.2	1.0
Guatemala	6.4	2.8	3.6	5.5	8.6	1.5
Guyana	7.2	2.9	4.3	6.4	10.2	1.6
Haiti	6.9	2.8	4.1	4.4	6.8	1.5
Honduras	6.7	2.9	3.8	5.2	7.8	2.2
Jamaica	5.2	1.5	3.7	2.7	4.5	0.6
Mexico	2.3	1.3	1.0	6.0	9.8	1.3
Nicaragua	6.6	2.8	3.8	7.7	12.2	2.1
Panama	6.8	2.8	4.0	5.3	8.2	1.3
Paraguay	7.0	2.9	4.1	6.3	9.7	2.2
Peru	8.9	4.9	4.0	6.9	10.4	2.7
Saint Kitts and Nevis	6.6	2.8	3.9	—	—	—
Saint Lucia	6.5	2.8	3.7	6.3	10.0	2.1
Saint Vincent and the Grenadines	6.9	2.8	4.0	4.4	7.2	0.7
Suriname	6.9	2.8	4.0	5.0	7.7	1.5
Trinidad and Tobago	6.7	2.8	4.0	4.8	8.6	0.2
United States of America	13.9	7.7	6.3	4.9	7.5	2.1
Uruguay	6.4	2.7	3.7	3.9	7.0	0.9
Venezuela (Bolivarian Republic of)	6.9	2.8	4.0	6.7	10.0	1.6

— Data not available.

[1] Prevalence estimates, 2016 (as percentage of total adult population, 15+ years).

[2] Alcohol–attributable fractions (AAFs) for deaths from all causes, 2016 (as a percentage of all deaths).

[3] Other data linked with alcohol–related morbidity and mortality, such as age–standaridzed death rates (ASDRs) for road traffic injuries, liver cirrhosis and cancer, plus confidence intervals are available from the Global Information System on Alcohol and Health (GISAH).

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
EMR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Afghanistan	0.4	0.2	0.2	0.2	0.3	0.1
Bahrain	1.6	0.3	1.4	1.9	2.8	0.7
Djibouti	0.8	0.2	0.6	1.7	2.3	1.0
Egypt	1.4	0.6	0.8	1.8	2.6	0.8
Iran (Islamic Republic of)	1.0	0.6	0.3	0.5	0.9	0.1
Iraq	0.4	0.2	0.2	0.5	0.6	0.3
Jordan	0.4	0.2	0.2	1.0	1.4	0.4
Kuwait	0.4	0.2	0.2	0.4	0.5	0.1
Lebanon	8.7	3.7	5.0	1.3	1.9	0.6
Libya	0.3	0.2	0.1	0.2	0.2	0.1
Morocco	0.4	0.2	0.2	0.8	1.2	0.3
Oman	0.4	0.3	0.2	1.6	2.0	0.7
Pakistan	0.4	0.2	0.2	0.6	0.8	0.2
Qatar	0.3	0.1	0.2	6.9	8.3	1.3
Saudi Arabia	0.3	0.2	0.1	0.2	0.3	0.1
Somalia	0.4	0.2	0.2	0.2	0.3	0.1
Sudan	1.3	0.2	1.1	0.7	1.1	0.3
Syrian Arab Republic	0.6	0.2	0.4	0.1	0.2	0.1
Tunisia	0.6	0.2	0.4	1.4	2.1	0.6
United Arab Emirates	0.7	0.3	0.4	3.5	4.1	1.2
Yemen	0.4	0.2	0.2	0.1	0.2	0.0

— Data not available.
[1] Prevalence estimates, 2016 (as percentage of total adult population, 15+ years).
[2] Alcohol–attributable fractions (AAFs) for deaths from all causes, 2016 (as a percentage of all deaths).
[3] Other data linked with alcohol–related morbidity and mortality, such as age–standaridzed death rates (ASDRs) for road traffic injuries, liver cirrhosis and cancer, plus confidence intervals are available from the Global Information System on Alcohol and Health (GISAH).

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
EUR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Albania	5.9	3.4	2.6	6.4	8.5	3.7
Andorra	5.9	3.4	2.5	—	—	—
Armenia	5.7	3.2	2.5	6.0	8.7	3.3
Austria	12.0	5.8	6.1	5.3	8.6	2.3
Azerbaijan	6.0	3.4	2.6	5.9	7.8	3.7
Belarus	18.8	11.0	7.8	24.0	23.8	24.2
Belgium	8.1	4.3	3.9	5.4	8.0	2.8
Bosnia and Herzegovina	6.0	3.4	2.5	4.6	7.7	1.5
Bulgaria	6.9	2.3	4.6	5.9	8.7	2.9
Croatia	5.8	3.4	2.4	6.1	10.0	2.4
Cyprus	6.9	3.1	3.8	3.6	5.6	1.4
Czechia	6.0	2.8	3.2	6.2	9.4	2.9
Denmark	7.5	3.9	3.6	5.6	8.6	2.6
Estonia	12.2	5.5	6.8	20.2	20.7	19.7
Finland	9.1	4.5	4.7	5.8	9.1	2.5
France	7.0	3.3	3.6	5.8	8.9	2.7
Georgia	4.6	2.1	2.5	8.1	12.0	4.2
Germany	6.8	3.5	3.4	5.2	7.9	2.7
Greece	6.1	2.7	3.4	4.0	6.0	2.0
Hungary	21.2	9.4	11.7	6.9	10.8	3.2
Iceland	4.4	1.9	2.4	3.8	5.6	2.0
Ireland	8.5	3.8	4.7	5.1	7.3	2.8
Israel	5.9	3.3	2.5	2.5	4.2	0.8
Italy	1.3	0.6	0.7	3.6	5.7	1.7
Kazakhstan	6.0	3.3	2.7	10.3	14.6	5.5
Kyrgyzstan	5.9	3.3	2.6	10.9	15.1	5.6
Latvia	15.5	10.4	5.1	21.5	22.4	20.7
Lithuania	11.0	4.9	6.1	24.5	23.6	25.4
Luxembourg	6.6	2.9	3.7	5.8	8.7	3.0
Malta	3.6	1.6	2.0	3.5	5.4	1.5
Monaco	—	—	—	—	—	—
Montenegro	6.0	3.4	2.6	6.2	8.6	3.8
Netherlands	1.5	0.6	0.8	3.6	5.7	1.7
Norway	7.2	4.0	3.3	3.4	5.4	1.4
Poland	12.8	2.2	10.6	6.9	10.6	2.9
Portugal	6.8	3.0	3.8	5.9	9.6	2.2
Republic of Moldova	6.0	3.3	2.7	26.1	26.9	25.3
Romania	2.8	1.3	1.6	8.6	12.0	4.7
Russian Federation	20.9	9.3	11.6	21.6	23.1	19.9
San Marino	—	—	—	—	—	—
Serbia	5.9	3.4	2.6	4.5	7.3	1.6
Slovakia	12.2	5.5	6.8	8.3	12.9	3.2
Slovenia	13.9	6.2	7.7	8.0	12.7	3.5
Spain	1.5	0.7	0.9	4.3	6.7	1.8
Sweden	11.0	5.1	5.9	3.6	5.8	1.5

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
EUR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Switzerland	9.5	4.3	5.3	4.5	7.0	2.2
Tajikistan	0.9	0.4	0.5	5.3	7.3	2.9
The former Yugoslav Republic of Macedonia	6.0	3.4	2.6	4.3	6.9	1.4
Turkey	4.8	1.6	3.2	1.4	2.1	0.5
Turkmenistan	5.9	3.3	2.6	9.3	12.6	5.0
Ukraine	6.0	2.2	3.7	20.5	21.2	19.8
United Kingdom of Great Britain and Northern Ireland	8.7	1.4	7.3	4.6	6.9	2.5
Uzbekistan	5.9	3.3	2.6	6.5	8.9	3.6

— Data not available.

[1] Prevalence estimates, 2016 (as percentage of total adult population, 15+ years).

[2] Alcohol–attributable fractions (AAFs) for deaths from all causes, 2016 (as a percentage of all deaths).

[3] Other data linked with alcohol–related morbidity and mortality, such as age–standaridzed death rates (ASDRs) for road traffic injuries, liver cirrhosis and cancer, plus confidence intervals are available from the Global Information System on Alcohol and Health (GISAH).

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
SEAR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Bangladesh	0.8	0.7	0.1	0.9	0.9	0.8
Bhutan	2.1	0.8	1.3	2.4	3.6	1.1
Democratic People's Republic of Korea	3.5	1.4	2.2	3.4	5.7	0.8
India	4.9	3.8	1.1	5.4	8.6	1.5
Indonesia	0.8	0.7	0.1	1.7	2.2	1.1
Maldives	2.3	0.9	1.4	1.7	2.4	0.6
Myanmar	1.9	0.7	1.1	6.6	10.5	2.4
Nepal	1.8	0.7	1.1	2.3	3.6	0.9
Sri Lanka	3.1	2.6	0.5	4.6	7.5	1.1
Thailand	5.4	1.8	3.6	7.4	11.3	2.4
Timor–Leste	1.8	0.7	1.1	2.9	4.4	0.9

— Data not available.

[1] Prevalence estimates, 2016 (as percentage of total adult population, 15+ years).

[2] Alcohol–attributable fractions (AAFs) for deaths from all causes, 2016 (as a percentage of all deaths).

[3] Other data linked with alcohol–related morbidity and mortality, such as age–standaridzed death rates (ASDRs) for road traffic injuries, liver cirrhosis and cancer, plus confidence intervals are available from the Global Information System on Alcohol and Health (GISAH).

	Prevalence of AUD[1]	Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]		
WPR	Both sexes	Both sexes	Both sexes	Both sexes	Males	Females
Australia	4.4	1.5	2.9	4.6	6.9	2.2
Brunei Darussalam	2.3	0.8	1.5	2.2	2.9	1.4
Cambodia	5.1	2.7	2.3	8.0	12.1	3.8
China	4.4	2.3	2.1	3.8	6.1	1.0
Cook Islands	5.3	2.9	2.4	—	—	—
Fiji	5.4	3.0	2.4	1.7	2.5	0.6
Japan	3.4	1.1	2.3	4.2	6.4	1.9
Kiribati	5.2	2.9	2.3	1.3	1.9	0.7
Lao People's Democratic Republic	5.2	2.8	2.4	7.0	10.8	2.9
Malaysia	3.0	1.1	1.9	2.1	2.7	1.1
Marshall Islands	—	—	—	—	—	—
Micronesia (Federated States of)	5.3	2.8	2.4	2.4	3.6	1.1
Mongolia	7.8	2.8	5.0	11.6	15.1	6.4
Nauru	5.3	3.0	2.4	—	—	—
New Zealand	4.0	1.3	2.6	4.2	6.3	2.1
Niue	5.3	2.9	2.4	—	—	—
Palau	5.3	3.0	2.4	—	—	—
Papua New Guinea	5.3	2.9	2.4	2.3	3.5	1.0
Philippines	5.3	2.9	2.4	5.2	7.7	1.8
Republic of Korea	13.9	5.5	8.4	7.6	11.8	2.6
Samoa	5.4	3.0	2.4	2.4	3.4	1.2
Singapore	1.1	0.5	0.6	2.4	3.5	1.2
Solomon Islands	5.3	2.9	2.4	2.1	2.9	1.1
Tonga	5.2	2.8	2.4	1.7	2.5	0.9
Tuvalu	5.3	2.9	2.4	—	—	—
Vanuatu	5.2	2.9	2.4	1.8	2.3	1.1
Viet Nam	5.4	2.9	2.4	7.3	11.2	2.3

— Data not available.

[1] Prevalence estimates, 2016 (as percentage of total adult population, 15+ years).

[2] Alcohol–attributable fractions (AAFs) for deaths from all causes, 2016 (as a percentage of all deaths).

[3] Other data linked with alcohol–related morbidity and mortality, such as age–standaridzed death rates (ASDRs) for road traffic injuries, liver cirrhosis and cancer, plus confidence intervals are available from the Global Information System on Alcohol and Health (GISAH).

APPENDIX III

INDICATORS RELATED TO ALCOHOL POLICY AND INTERVENTIONS

Table III.1 Additional indicators for the WHO regions, 2016

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
AFR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Algeria	1.98	—	Mansourah, Medea, Mascara (Homemade Red wines)	No	No	No	No
Angola	3.52	66.0	Beer from palm nut	No	No	No	No
Benin	2.79	32.9	Shakparoo, Burukutu, Palm wine, Tchoukoutou	No	No	No	No
Botswana	1.84	—	Bojalwa, Khadi, Nyola,Chibuku	No	Yes	Yes	No
Burkina Faso	2.98	34.6	Dolo, Bangui	No	No	No	No
Burundi	3.03	61.6	Urwara (Banana wine)	No	No	No	No
Cabo Verde	1.18	86.8	Grong	No	No	No	No
Cameroon	2.68	71.3	Fitchuk, Guinea corn beer, Palm wine	No	No	No	No
Central African Republic	0.43	36.8	Palm wine, Banana wine	No	No	No	No
Chad	3.29	22.3	Pombe beer, Tempo beer, Mawa wine, Billi–billi, Coshate	No	No	No	No
Comoros	2.40	49.2	—	No	No	No	No
Congo	2.60	79.3	—	No	No	No	No
Côte d'Ivoire	2.49	43.9	Bandju, Dolo, Kue za, Koutoukou	Yes	Yes	No	No
Democratic Republic of the Congo	3.33	77.0	Kasiksi, Mokoyo, Palm wine, Manoic brandy, Maize beer	No	No	No	No
Equatorial Guinea	4.24	—	Kai–kai, Palm wine, Malamba	No	Yes	No	Yes
Eritrea	1.98	—	Suwa, Mies, Zebib	No	No	No	No
Eswatini	1.84	83.1	Beer from marula fruit, Umqombotsi, Chibuku	No	No	No	No
Ethiopia	2.60	—	Tella, Katikala, Tej, Araqe, Korefe, Shamit	Yes	No	No	No
Gabon	3.26	82.3	Kai–kai, Maize wine, Cassava wine, Palm wine, Toutou, Musungu, Magrocom	No	No	No	No
Gambia	3.12	42.0	Palm nut wine	No	No	No	No
Ghana	2.36	71.5	Pito, Palm wine, Akpeteshie, Burukutu	No	No	No	No
Guinea	2.27	32.0	Palm wine, Wine from raffia	No	No	No	No
Guinea–Bissau	2.59	45.6	Soum–soum	No	No	No	No
Kenya	2.66	78.7	Kumi kumi, Muratina	No	No	No	No
Lesotho	1.27	—	Joala	No	No	No	No
Liberia	2.62	—	Ginger beer	No	No	No	No
Madagascar	2.72	71.6	Gris, Taoka Grasy, Betsa, Roma, Trembo, Litchel	No	No	No	No
Malawi	2.95	62.1	Kachasu, Chibuku, Chikokeyani	No	No	No	No
Mali	2.95	33.1	—	No	No	No	No
Mauritania	2.95	—	—	No	No	No	No
Mauritius	0.18	92.7	—	Yes	Yes	No	No
Mozambique	2.91	—	Cashew wine	No	No	No	No
Namibia	2.20	88.3	Homemade beer, Mataku, Walende, Country wine	No	Yes	No	No
Niger	3.84	15.5	—	No	No	No	No
Nigeria	2.67	—	Palm wine, Pito, Emu, Homemade gins (Akpetashi, Ogogor), Oti Baba (beer), Agadangidi	No	No	No	No

Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
Yes	Yes	No	No	No	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	No
No	No	No	Yes	Yes	No	No	Yes
No	Yes	No	Yes	Yes	Yes	No	Yes
Yes	Yes	No	No	No	No	No	Yes
Yes	Yes	Yes	No	No	Yes	No	Yes
No	Yes	Yes	No	Yes	No	No	Yes
Yes	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	No	No	No	No	No	Yes
Yes	No	No	No	Yes	No	No	No
Yes	Yes	No	Yes	No	No	No	No
Yes	Yes	No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	No	No	Yes	Yes	No	Yes
No	No	No	No	No	No	No	No
No	Yes	No	No	Yes	Yes	No	Yes
No	No	Yes	Yes	Yes	No	No	No
No	Yes	No	No	No	Yes	No	Yes
No	No	No	No	No	No	No	Yes
No	Yes	Yes	Yes	No	Yes	No	Yes
No	Yes	No	No	Yes	No	No	Yes
Yes	Yes	No	Yes	No	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
No	No	No	No	No	No	No	No
Yes	Yes	No	Yes	No	No	No	Yes
Yes	Yes	No	No	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
Yes	Yes	No	No	Yes	No	No	No
Total Ban	Total Ban	Total ban	No	No	—	—	—
Yes	Yes	No	Yes	No	No	No	Yes
Yes	Yes	Yes	No	Yes	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
Yes	Yes	No	No	Yes	Yes	No	Yes
Yes	Yes	No	Yes	Yes	No	No	No

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
AFR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Rwanda	2.53	68.3	Urwagwa	No	Yes	Yes	No
Sao Tome and Principe	2.25	90.1	—	No	No	No	No
Senegal	2.96	42.8	Palm wine	No	No	No	No
Seychelles	0.50	94.0	Lapire, Baka, Kalou	No	No	No	No
Sierra Leone	2.28	32.4	Palm wine	No	No	No	No
South Africa	1.39	94.4	Umqombothi, Utchwala, Chibuku, Isizulu	Yes	No	No	No
South Sudan	3.32	—	—	No	No	No	No
Togo	2.63	63.7	Sodobe, Tchouk	No	Yes	No	No
Uganda	3.37	70.2	Ajon, Omuramba, Kweete, Kidongo beer, Mwenge bigere	No	No	No	No
United Republic of Tanzania	3.12	77.9	Ulanzi, Tekawima, Pombe, Ujimbi, Kimpumu, Banana and palm wine, Mbege, Komoni, Mnasi, Wanzuki, Morfru. Orubis/amarwa	No	No	No	No
Zambia	3.01	83.0	Chibuku, Kachasu, Akiki wine, Mosi, Katata, Gangata, Sipeso, Imbote	No	No	No	No
Zimbabwe	2.27	88.7	Homebrew beer, Kkachasu, Makumbi, Amaganu, Chibuku	No	No	No	No

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Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
No	No	Yes	Yes	No	No	No	Yes
Yes	Yes	No	No	No	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
No	Yes	No	Yes	Yes	No	No	Yes
No	Yes	No	No	No	No	No	Yes
No	Yes	No	Yes	No	No	No	Yes
Yes	Yes	No	Yes	No	Yes	No	Yes
Yes	Yes	No	No	No	No	No	Yes
No	Yes	No	Yes	Yes	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	No	Yes	Yes	No	No	Yes

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
AMR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Antigua and Barbuda	1.08	—	—	No	No	No	No
Argentina	1.04	98.1	Home–produced wine	Yes	Yes	No	Yes
Bahamas	1.39	—	—	Yes	Yes	No	No
Barbados	0.33	—	—	No	Yes	No	No
Belize	2.22	—	Aguardientes	No	No	No	No
Bolivia (Plurinational State of)	1.56	92.5	Chicha, Cocoroco, Singani	—	—	—	—
Brazil	0.91	91.7	Cachaca, Aguardente de cana, Pinga or caninha, Home–produced light wines and spirits	No	No	No	Yes
Canada	1.02	—	—	Yes	Yes	Yes	No
Chile	0.89	96.3	Pisco, Murtado, Homeproduced wines	Yes	No	No	No
Colombia	0.98	94.2	Aguardientes, Guarapo, Chichia chirrinche, Anisados	No	Yes	No	No
Costa Rica	1.12	97.4	Guarapo, and Home–produced aguardiente	Yes	Yes	Yes	Yes
Cuba	0.23	99.8	—	Yes	Yes	No	No
Dominica	0.48	—	—	No	No	No	No
Dominican Republic	1.24	92.0	—	No	Yes	No	No
Ecuador	1.56	94.4	Aguardientes, Anisados and secos , Rompopem chichi de jora, Chichi de yucca, Guarapo	Yes	Yes	Yes	No
El Salvador	0.47	88.0	Aguardientes	Yes	No	No	No
Grenada	0.41	—	—	Yes	Yes	Yes	No
Guatemala	2.10	81.3	Chicha, Aguardientes, Cuxa and Nahuala	No	No	No	No
Guyana	0.58	85.6	Piwari	No	No	No	No
Haiti	1.38	—	—	—	—	—	—
Honduras	1.79	89.0	Home–produced aguardientes	No	No	No	No
Jamaica	0.39	—	—	Yes	No	No	No
Mexico	1.41	94.5	Pulque, Aguardientes, Ponche and Rompope	Yes	No	No	No
Nicaragua	1.17	—	Home–produced aguardientes	No	Yes	No	No
Panama	1.71	94.1	Home–produced aguardientes	Yes	No	No	No
Paraguay	1.34	95.1	Home–produced aguardientes and Abati	Yes	Yes	No	No
Peru	1.32	94.2	Pisco, Aguardientes, Chicha, Sora	No	Yes	Yes	No
Saint Kitts and Nevis	1.08	—	—	No	No	No	No
Saint Lucia	0.53	—	—	Yes	No	No	No
Saint Vincent and the Grenadines	0.03	—	—	No	No	No	No
Suriname	1.01	92.9	—	No	No	No	No
Trinidad and Tobago	0.48	—	Babash	Yes	Yes	Yes	Yes
United States of America	0.72	—	—	Yes	Yes	Yes	Yes
Uruguay	0.34	98.5	Home–produced light wine	No	No	No	No
Venezuela (Bolivarian Republic of)	1.41	97.1	Corn liquor, Aguardientes, Guarapita, Ponche Crema,Home–produced rum	Yes	Yes	No	No

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[5] Any labels on beer, wine or spirits.

Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
No	Yes	—	Yes	No	No	No	No
No	No	No	No	Yes	No	No	Yes
No	Yes	No	No	No	No	No	No
No	Yes	—	No	No	No	No	Yes
No	Yes	No	No	Yes	No	No	No
—	—	—	—	—	—	—	—
No	Yes	No	No	Yes	No	No	Yes
Yes	Yes	No	Yes	No	No	No	Yes
No	Yes	No	No	Yes	No	No	Yes
Yes	Yes	No	No	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
Yes	No	—	—	—	No	No	—
No	Yes	No	No	No	No	No	No
No	Yes	No	No	No	No	No	No
No	Yes	Yes	No	Yes	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
No	Yes	No	No	No	No	No	No
No	Yes	—	—	—	No	No	—
No	Yes	No	No	No	No	No	No
—	—	—	—	—	—	—	—
No	Yes	Yes	No	Yes	No	No	Yes
No	Yes	No	No	Yes	No	No	No
No	Yes	No	No	No	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	—
No	Yes	No	No	Yes	No	No	No
No	Yes	No	No	Yes	No	No	Yes
No	Yes	No	Yes	Yes	Yes	No	Yes
No	Yes	No	No	No	No	No	No
No	Yes	No	No	No	No	No	No
No	Yes	No	No	No	No	No	No
No	Yes	Yes	Yes	Yes	No	No	No
No	Yes	No	No	Yes	No	No	Yes
Subnational	Subnational	No	Yes	No	No	No	No
No	No	No	Yes	Yes	No	No	Yes
No	Yes	Yes	No	Yes	No	No	Yes

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
EMR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Afghanistan	3.16	31.7	Homemade brandy (wine)	No	No	No	No
Bahrain	2.01	94.6	Arak	—	—	—	—
Djibouti	1.72	—	—	No	No	No	No
Egypt	2.18	—	Zebiba, Chine, Bouza	No	No	No	No
Iran (Islamic Republic of)	1.25	84.7	—	No	Yes	No	No
Iraq	3.21	43.7	—	No	No	No	No
Jordan	4.86	97.9	Arak	No	No	No	No
Kuwait	5.44	95.7	—	—	—	—	—
Lebanon	5.99	—	Arak	No	No	No	No
Libya	0.21	—	—	No	No	No	No
Morocco	1.43	69.4	Mahia (made from figs)	No	No	No	No
Oman	6.45	93.0	—	No	No	No	No
Pakistan	2.09	57.0	—	No	No	No	No
Qatar	6.65	97.7	—	—	—	—	—
Saudi Arabia	2.81	94.4	—	—	—	—	—
Somalia	2.86	—	—	No	No	No	No
Sudan	2.34	—	Merisa	No	No	No	No
Syrian Arab Republic	–2.30	—	Arak	No	No	No	No
Tunisia	1.16	79.0	Lagmi, Boukha	—	—	—	—
United Arab Emirates	2.03	—	—	—	—	—	—
Yemen	2.62	—	—	No	No	No	No

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Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
Total Ban	Total Ban	Total ban	No	No	—	—	—
—	—	—	—	—	—	—	—
No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	No	No	No	Yes
Total ban	Total ban	Total ban	Yes	Yes	—	—	—
Yes	Yes	No	No	No	No	No	No
Yes	Yes	Yes	No	No	No	No	Yes
—	—	—	—	—	—	—	—
No	Yes	No	Yes	No	Yes	No	Yes
Total ban	Total ban	Total ban	Yes	No	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	Yes	No	No	No	No	Yes
Yes	Yes	No	No	No	No	No	No
—	—	—	—	—	—	—	—
Total ban	Total ban	Total ban	—	—	—	—	—
Total ban	Total ban	Total ban	No	No	—	—	—
Total ban	Total ban	Total ban	No	No	—	—	—
Yes	Yes	No	No	No	Yes	Yes	Yes
—	—	—	—	—	—	—	—
No	No	Yes	Yes	No	No	No	No
Total ban	Total ban	Total ban	No	No	—	—	—

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
EUR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Albania	–0.12	97.2	Raki and Anis	No	No	No	No
Andorra	–1.59	100.0	—	Yes	No	No	No
Armenia	0.27	99.7	Fruit Eaux de Vie	Yes	No	No	No
Austria	0.63	—	Cherry liquor and Schnapps	Yes	Yes	No	Yes
Azerbaijan	1.26	99.8	—	Yes	No	No	No
Belarus	0.03	—	Bormotukha, and home–produced wines	Yes	Yes	Yes	Yes
Belgium	0.63	—	—	Yes	Yes	No	No
Bosnia and Herzegovina	–1.03	97.0	—	Yes	No	No	No
Bulgaria	–0.62	98.4	Rakia and Mastika	Yes	No	No	No
Croatia	–0.43	—	Slivovica, Herbal liquor, and Prosecco	Yes	Yes	Yes	No
Cyprus	0.85	98.7	Ouzo, Raki, Tsipouro, and Zivania	Yes	Yes	Yes	Yes
Czechia	0.13	—	Fruit Eaux de Vie	No	No	No	No
Denmark	0.48	—	—	Yes	Yes	No	No
Estonia	–0.25	—	—	Yes	Yes	Yes	Yes
Finland	0.43	—	Sahti, Kiliu, and Pontikka	Yes	Yes	Yes	Yes
France	0.45	—	Eaux de Vie, Marcs, and Pastis	Yes	Yes	No	No
Georgia	–1.37	—	—	No	No	No	No
Germany	0.20	—	Korn and Obstwasser	Yes	Yes	No	No
Greece	–0.40	97.1	Zivania, Ouzo, and Tsiporod	Yes	Yes	No	Yes
Hungary	–0.29	—	Fruit Eaux de Vie	Yes	Yes	No	No
Iceland	0.61	—	Brennivin	Yes	Yes	No	No
Ireland	0.31	—	Poteen	No	No	No	No
Israel	1.65	—	—	No	No	No	No
Italy	–0.08	98.8	Grappa	Yes	Yes	No	No
Kazakhstan	1.58	99.8	Koumiss, Bozo, Shubat	Yes	Yes	Yes	No
Kyrgyzstan	1.57	—	Koumiss, Kvass, Shubat, Bozo, Jarma	—	—	—	—
Latvia	–1.23	99.9	—	Yes	Yes	Yes	Yes
Lithuania	–1.27	99.8	—	Yes	Yes	Yes	No
Luxembourg	2.19	—	—	No	No	No	No
Malta	0.55	93.3	—	No	No	No	No
Monaco	0.65	—	—	No	Yes	Yes	No
Montenegro	0.12	98.4	Rakia, Home–produced wines	No	No	No	No
Netherlands	0.30	—	—	Yes	Yes	No	No
Norway	1.25	—	Home–produced spirits	Yes	Yes	No	Yes
Poland	–0.03	—	—	No	No	No	No
Portugal	–0.44	94.5	Eaux de Vie	Yes	Yes	Yes	Yes
Republic of Moldova	–0.09	99.1	Tuica Palenka, and Grappa	Yes	Yes	Yes	No
Romania	–0.56	98.6	Tuica, Palinca, and Rachiu	No	No	No	No
Russian Federation	0.10	99.7	Samogon	Yes	Yes	Yes	No
San Marino	1.16	—	—	No	No	No	No
Serbia	–0.40	98.8	Slivovica and Rakia	No	No	No	No

Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
Yes	Yes	Yes	No	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
Yes	Yes	Yes	No	Yes	Yes	No	Yes
No	No	No	Yes	Yes	No	No	Yes
No	Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
No	No	Yes	No	Yes	Yes	Yes	Yes
No	Yes	Yes	No	Yes	No	No	Yes
No	Yes	Yes	No	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
No	Yes	Yes	No	Yes	No	No	Yes
No	No	No	Yes	Yes	No	No	Yes
No	No	Yes	No	Yes	No	No	Yes
Yes	Yes	No	No	Yes	No	No	Yes
No	Yes	Yes	Yes	Yes	No	No	Yes
No	No	Yes	No	Yes	No	No	No
No	No	No	Yes	Yes	No	No	Yes
No	Yes	No	Yes	Yes	Yes	No	Yes
No	No	Yes	No	Yes	No	No	Yes
Yes	Yes	No	No	Yes	No	No	No
No	Yes	No	Yes	No	No	No	Yes
No	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	Yes	No	No	No	No	Yes
—	—	—	—	—	—	—	—
No	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	No	Yes	No	No	No	Yes
No	Yes	Yes	No	No	No	No	Yes
No	No	No	No	No	—	—	—
No	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
Yes	Yes	No	No	Yes	No	No	Yes
No	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	Yes	No	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	No	No	Yes	Yes	No	Yes
No	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	Yes	Yes	Yes	Yes	No	No
No	Yes	Yes	Yes	Yes	Yes	No	Yes

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
EUR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Slovakia	0.13	—	Domaca, Slivocica, Hruskovica, Jablkovica, Ceresnovica, Marhulovica, and Eaux de Vie	Yes	Yes	Yes	No
Slovenia	0.29	—	Eau de Vie and Vinjak	Yes	Yes	No	No
Spain	–0.17	98.3	Pacharan and Orujo	Yes	Yes	No	No
Sweden	0.78	—	—	Yes	Yes	Yes	Yes
Switzerland	1.21	—	Home–produced wines, Eaux de Vie, and Bitters	Yes	Yes	Yes	Yes
Tajikistan	2.24	—	Home–produced wines and spirits	No	Yes	No	No
The Former Yugoslav Republic of Macedonia	0.08	—	Rakia, Masitika, and Eaux de Vie	Yes	Yes	Yes	Yes
Turkey	1.58	95.6	Raki and Cordials	Yes	No	No	No
Turkmenistan	1.80	—	Home–produced wines and spirits	No	No	No	No
Ukraine	–0.50	100.0	Home–produced wines, fruit wines, cordials and brandies	No	No	No	No
United Kingdom of Great Britain and Northern Ireland	0.65	99.6	—	Yes	Yes	Yes	Yes
Uzbekistan	1.59	100.0	Home–produced wines and spirits	No	No	No	No

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Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
No	No	Yes	Yes	Yes	No	No	Yes
No	No	No	Yes	Yes	No	No	Yes
No	Yes	Yes	Yes	Yes	No	No	Yes
Yes	No	No	Yes	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	Yes	Yes	Yes	Yes	No	Yes
Yes	Yes	No	No	Yes	No	No	Yes
No	Yes	Yes	No	No	Yes	No	Yes
No	Yes	Yes	No	Yes	No	No	Yes
Yes	Yes	Yes	No	Yes	No	No	Yes

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
SEAR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Bangladesh	1.16	72.8	Cholai. Tari, Bangla Mad	No	No	No	No
Bhutan	1.58	57.0	Arak	No	No	No	No
Democratic People's Republic of Korea	0.52	—	—	—	—	—	—
India	1.23	69.3	Arak, Toddy, Apong, Palm wine, Zu, Rohi	No	No	No	No
Indonesia	1.25	95.4	Brem, Tuak, Arak, Lapan	No	No	No	No
Maldives	2.76	98.6	Raa	—	—	—	—
Myanmar	0.88	75.6	—	No	Yes	No	No
Nepal	1.17	59.6	Jad, Chang, Raksi	—	—	—	—
Sri Lanka	0.50	91.2	Arak, Toddy	Yes	Yes	Yes	No
Thailand	0.43	92.9	Satoh, Ou, Krauche, Lao Khao, Lao–Lao, Lao–Hai	Yes	No	No	No
Timor–Leste	2.24	58.3	Mutin, Tua Sabu	No	No	No	No

[1] Data source: United Nations World Population Prospects 2017 revision.
[2] Data source: UNESCO 2015.
[3] National control of production, import, export, distribution or sale: any monopoly or any licensing for beer, wine or spirits.
[4] Any duty paid, excise or tax stamps or labels for beer, wine, spirits.
[5] Any labels on beer, wine or spirits.

Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
Yes	Yes	Yes	Yes	Yes	No	No	Yes
No	Yes	No	No	Yes	Yes	No	Yes
—	—	—	—	—	—	—	—
No	Subnational	Yes	Yes	Yes	No	No	Yes
No	Yes	Yes	No	Yes	No	No	Yes
Total ban	Total ban	Total ban	—	—	—	—	—
No	Yes	Yes	No	Yes	No	No	No
—	—	—	—	—	—	—	—
No	Yes	No	No	Yes	No	No	Yes
No	Yes	Yes	Yes	No	No	No	Yes
No	Yes	Yes	Yes	Yes	No	No	No

	Sociodemographic context		Traditional and local beverages	National monitoring systems 2016			
WPR	Annual population growth rate[1] (%)	Adult literacy rate[2] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Australia	1.46	—	—	Yes	Yes	No	No
Brunei Darussalam	1.43	96.1	—	—	—	—	—
Cambodia	1.62	—	—	No	No	No	No
China	0.54	95.1	White liquors (Mou–tai, Wu–nia–yeh), Feng wines, Yellow wines, Rice wines, Fruit wines, Baiju	Yes	No	No	No
Cook Islands	–1.22	——	—	—	—	—	—
Fiji	0.74	—	Home brews, Papaa hops and Malt	—	—	—	—
Japan	–0.09	—	Sake and Shochu	No	No	No	No
Kiribati	1.82	—	Toddy, fermented coconut milk	No	No	No	No
Lao People's Democratic Republic	1.30	58.3	Rice wind and Corn whisky	No	No	No	No
Malaysia	1.78	93.1	Tuak, Tapai, Fruit wine, Perry, Vegetable wine, Honey wine/mead, Rice wine, Toddy, Fruit brandy, Samsu	No	Yes	Yes	No
Marshall Islands	0.21	98.3	—	Yes	Yes	Yes	Yes
Micronesia (Federated States of)	0.16	—	—	—	—	—	—
Mongolia	1.86	98.3	Koumiss and Airag	No	No	No	No
Nauru	2.32	—	—	—	—	—	—
New Zealand	1.09	—	—	Yes	Yes	No	No
Niue	–0.15	—	—	—	—	—	—
Palau	0.79	96.6	—	—	—	—	—
Papua New Guinea	2.16	—	—	—	—	—	—
Philippines	1.64	96.4	Basi, Lamabanog, Tapuy and Tuba/ Lay–aw	No	No	No	No
Republic of Korea	0.42	—	Cheongiu, Soju, Takju,and Yakju	Yes	Yes	Yes	No
Samoa	0.80	99.0	Fa'amufu and Pulu	Yes	Yes	Yes	No
Singapore	1.74	97.0	—	Yes	No	No	No
Solomon Islands	2.14	—	—	—	—	—	—
Tonga	0.42	99.4	—	—	—	—	—
Tuvalu	0.87	—	—	—	—	—	—
Vanuatu	2.26	—	Kava	Yes	Yes	Yes	No
Viet Nam	1.12	—	Bia and Hoi	Yes	No	No	No

[1] Data source: United Nations World Population Prospects 2017 revision.
[2] Data source: UNESCO 2015.
[3] National control of production, import, export, distribution or sale: any monopoly or any licensing for beer, wine or spirits.
[4] Any duty paid, excise or tax stamps or labels for beer, wine, spirits.
[5] Any labels on beer, wine or spirits.

Any monopoly[3]	Any licensing[3]	Any duty paid, excise or tax stamps or labels[4]	Sobriety check–points	Random breath testing	Consumer information displayed on containers[5]	Number of standard alcoholic drinks displayed on containers[5]	Alcohol content displayed on containers[5]
No	Yes	Yes	No	Yes	No	No	Yes
—	—	—	—	—	—	—	—
No	Yes	Yes	Yes	Yes	No	No	No
No	Yes	No	Yes	Yes	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	No
—	—	—	—	—	—	—	—
No	Yes	No	No	Yes	No	No	Yes
No	Yes	No	Yes	Yes	No	No	No
No	Yes	Yes	Yes	Yes	No	No	No
No	Yes	Yes	Yes	Yes	No	No	Yes
Yes	Yes	No	Yes	Yes	No	No	No
—	—	—	—	—	—	—	—
Yes	Yes	Yes	No	Yes	No	No	No
—	—	—	—	—	—	—	—
No	Yes	No	Yes	Yes	No	No	Yes
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
Yes	Yes	Yes	No	No	No	No	Yes
No	Yes	Yes	Yes	Yes	No	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
No	Yes	No	Yes	Yes	No	No	No
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No	No	No
No	Yes	Yes	Yes	Yes	No	No	Yes

Table III.2 WHO Member States' definition of an alcoholic beverage

AFR	Definition of an alcoholic beverage (% alcohol by volume)
Algeria	>0.5%
Angola	No
Benin	No
Botswana	>0.5%
Burkina Faso	No
Burundi	No
Cabo Verde	>0.5%
Cameroon	>0.0%
Central African Republic	No
Chad	>0.0%
Comoros	No
Congo	No
Côte d'Ivoire	>1.0%
Democratic Republic of the Congo	No
Equatorial Guinea	No
Eritrea	>0.5%
Eswatini	Yes
Ethiopia	No
Gabon	No
Gambia	No
Ghana	No
Guinea	No
Guinea–Bissau	No
Kenya	>0.5%
Lesotho	No
Liberia	No
Madagascar	>1.0%
Malawi	>0.5%
Mali	No
Mauritania	—
Mauritius	>0.5%
Mozambique	>0.5%
Namibia	No
Niger	>0.5%
Nigeria	No
Rwanda	>0.5%
Sao Tome and Principe	No
Senegal	>1.0%
Seychelles	No
Sierra Leone	No
South Africa	0.5% or more
South Sudan	No
Togo	No
Uganda	No
United Republic of Tanzania	No
Zambia	No
Zimbabwe	Other

No = no legal definition.

AMR	Definition of an alcoholic beverage (% alcohol by volume)
Antigua and Barbuda	No
Argentina	>0.5%
Bahamas	No
Barbados	Yes
Belize	No
Bolivia (Plurinational State of)	—
Brazil	>0.5%
Canada	>0.5%
Chile	Other
Colombia	2.5% or more
Costa Rica	>0.5%
Cuba	No
Dominica	No
Dominican Republic	No
Ecuador	Other
El Salvador	>0.5%
Grenada	>0.0%
Guatemala	No
Guyana	>0.0%
Haiti	—
Honduras	>0.0%
Jamaica	No
Mexico	2% or more
Nicaragua	>0.5%
Panama	>0.5%
Paraguay	Other
Peru	0.5% or more
Saint Kitts and Nevis	Other
Saint Lucia	>0.0%
Saint Vincent and the Grenadines	No
Suriname	No
Trinidad and Tobago	>1.2%
United States of America	>0.5%
Uruguay	>0.5%
Venezuela (Bolivarian Republic of)	>0.5%

No = no legal definition.

EMR	Definition of an alcoholic beverage (% alcohol by volume)
Afghanistan	No
Bahrain	—
Djbouti	No
Egypt	No
Iran (Islamic Republic of)	No
Iraq	No
Jordan	No
Kuwait	—
Lebanon	4% or more
Libya	No
Morocco	No
Oman	0.08%
Pakistan	No
Qatar	—
Saudi Arabia	—
Somalia	No
Sudan	No
Syrian Arab Republic	No
Tunisia	—
United Arab Emirates	0.00%
Yemen	No

No = no legal definition.

EUR	Definition of an alcoholic beverage (% alcohol by volume)
Albania	>1.2%
Andorra	>1.0%
Armenia	No
Austria	>0.5%
Azerbaijan	Other
Belarus	7% or more
Belgium	No
Bosnia and Herzegovina	<2%
Bulgaria	>0.5%
Croatia	<2%
Cyprus	>1.2%
Czechia	>0.5%
Denmark	>1.2%
Estonia	Other
Finland	>2.8%
France	>1.2%
Georgia	No
Germany	>1.2%
Greece	>1.2%
Hungary	Other
Iceland	>2.25%
Ireland	>0.5%
Israel	2% or more
Italy	>1.2%
Kazakhstan	>1.5%
Kyrgyzstan	Yes
Latvia	>0.5%
Lithuania	Other
Luxembourg	>1.75%
Malta	>1.75%
Monaco	No
Montenegro	5% or more
Netherlands	>0.5%
Norway	>0.7%
Poland	>0.5%
Portugal	>0.5%
Republic of Moldova	1,5%
Romania	>0.5%
Russian Federation	>0.5%
San Marino	No
Serbia	>1.2%
Slovakia	>0.75%
Slovenia	>1.2%
Spain	>1.2%

EUR	Definition of an alcoholic beverage (% alcohol by volume)
Sweden	>2.25%
Switzerland	>0.5%
Tajikistan	No
The former Yugoslav Republic of 'Macedonia	No
Turkey	>0.5%
Turkmenistan	1.5% or more
Ukraine	>0.5%
United Kingdom	No
Uzbekistan	>1.5%

No = no legal definition.

SEAR	Definition of an alcoholic beverage (% alcohol by volume)
Bangladesh	>0.5%
Bhutan	>0.0%
Democratic People's Republic of Korea	—
India	—
Indonesia	>0.0%
Maldives	—
Myanmar	2% or more
Nepal	—
Sri Lanka	1.0% or more
Thailand	>0.0%
Timor–Leste	No

No = no legal definition.

WPR	Definition of an alcoholic beverage (% alcohol by volume)
Australia	>0.5%
Brunei Darussalam	—
Cambodia	No
China	0.5% or more
Cook Islands	—
Fiji	—
Japan	>1.0%
Kiribati	>0.0%
Lao People's Democratic Republic	No
Malaysia	2% or more
Marshall Islands	0.5% or more
Micronesia (Federated States of)	—
Mongolia	No
Nauru	—
New Zealand	1.15% or more
Niue	—
Palau	—
Papua New Guinea	—
Philippines	No
Republic of Korea	>1.0%
Samoa	No
Singapore	>0.5%
Solomon Islands	—
Tonga	—
Tuvalu	—
Vanuatu	No
Viet Nam	No

No = no legal definition.

APPENDIX IV
DATA SOURCES AND METHODS

IV.1 GENERAL COMMENTS

IV.1.1 INFORMATION PERTAINING TO ALL CHAPTERS

New methodology in this *Global Status Report on Alcohol and Health 2018* pertains particularly to levels of consumption where estimates of tourist consumption are now based on flow, length of stay and how much the tourists consumed in their country of residence. For estimates of unrecorded consumption, it was possible to involve more countries than before in the nominal expert group Delphi survey (Probst et al., in press) and, because of the inclusion of questions on unrecorded consumption in the alcohol module, it was also possible to use responses from WHO's STEPwise approach to surveillance (STEPS) surveys.[1] For indicators that rely on national survey information – such as on abstainers, heavy episodic drinkers, or alcohol use disorders – a larger number of surveys than ever before were available to draw on for statistical modelling. In several areas of the policy sections new questions were asked in the Global Survey on Alcohol and Health 2016.

The most important data sources for alcohol-related information for all six chapters of this report is the WHO Global Survey on Alcohol and Health, the last iteration of which was conducted in 2016 in collaboration with all six WHO regional offices[2] and the European Commission (in countries of the European Union). National counterparts or focal points in all WHO Member States in each region, who were officially nominated by the respective ministries of health, were enabled to complete the survey data collection tool online. Where this was not feasible, a hard copy of the tool was forwarded directly to those who requested it. The questionnaire used in 2016 was a modified version of the one used in 2012. The 44 questions were divided into three sections. Section A addressed alcohol policy; Section B addressed alcohol consumption and Section C addressed surveillance system and health services responses on alcohol and drugs. The original English questionnaire was translated into French, Portuguese, Russian and Spanish. By the end of 2016, 173 WHO Member States had responded. This represents a response rate of 89.2% (2012, 91.2%) from WHO Member States, covering 98.3% (2012, 97.2%) of the world's population. Whenever information was incomplete or in need of clarification, the questionnaire was returned to the focal point or national counterpart in the country concerned for revision. Amendments to the survey responses were then resubmitted by email or electronically. The Global Survey on Alcohol and Health addresses the situation at the national level in a given country with additional questions and space for comments on subnational specificities.[3] If a country did not respond to a particular question, the country was excluded from the analysis for that question. As described below, data from the United Nations Population Division and the World Bank have been crucial for presenting alcohol-related information by gender, WHO region and income level throughout this report.

[1] See: http://www.who.int/ncds/surveillance/steps/instrument/STEPS_Instrument_V3.2.pdf (accessed 16 July 2018).
[2] WHO Regional Offices for Africa (AFRO), the Americas (AMRO), Europe (EURO), the Eastern Mediterranean (EMRO), South-East Asia (SEARO), and the Western Pacific (WPRO).
[3] The data for the United Kingdom of Great Britain and Northern Ireland refer mainly to England and Wales. India is a federated state with large differences between states. In the federated countries of Canada and the United States of America, most decisions on alcohol policy are taken at the subnational level, although efforts to report at the national level were made whenever possible.

The population data in this report are obtained primarily from the United Nations Population Division and refer to the total adult (15 years of age or older, or 15+) population with data for males and females shown separately whenever available. Hence, in the tables and figures presenting results by WHO regions and the world, data are weighted for the population size of the countries in these regions.

Many data tables and graphs in this report are aggregated according to WHO regions. For a full list of WHO Member States included in this report by WHO region, see Table IV.1.

Given that income levels are an important variable associated with overall alcohol consumption and alcohol-related health consequences, some of the data presented in this report are also aggregated according to World Bank income groups. WHO Member Sates' populations of more than 30 000 are allocated to World Bank income groups according to 2015 national income (GNI) per capita: high income (US$ 10 066 or more), upper-middle income (US$ 3256 to US$ 10 065), lower-middle income (US$ 826 to US$ 3255) and low income (US$ 825 or less). For a full list of WHO Member States included in this report by World Bank income group, see Table IV.2.

IV.1.2 CHAPTER 3 - ALCOHOL CONSUMPTION

This chapter utilizes two main sources of data, namely the Global Survey on Alcohol and Health 2016 and published surveys. For the data on alcohol consumption, several sources were utilized. Official data on recorded alcohol per capita (15+ years) consumption supplied by the respective Member States were given priority. If these data were not available, data from economic operators[4] were used. When these data were not consistently available, data supplied by the Food and Agriculture Organization of the United Nations (FAO) statistical database (FAOSTAT) were used.

For recorded per capita consumption of alcohol, when data were not available for 2016 or 2017, data since 2012 were projected using a linear regression model. Data for these years were then averaged (2015, 2016 and 2017) and used as an estimate of recorded consumption for 2016. However, if the trend was not statistically significant (i.e. the p-value was equal to or greater than 0.05), the recorded alcohol per capita consumption (APC) value for 2015 was carried forward and used as the estimate for 2016 and 2017. In cases where data for 2016 existed and where no significant trend in recorded APC was observed, the APC value for 2016 was carried forward and used as the estimate for 2017.

Unrecorded alcohol consumption was estimated as a percentage of total alcohol consumption. Country-level proportions of unrecorded alcohol consumption were estimated using a regression analysis. Estimates of unrecorded alcohol consumption were obtained from four sources: 1) Expert judgements from a WHO survey of experts based on whether any changes in unrecorded consumption had occurred since 2010 (i.e. since the WHO *Global Status Report on Alcohol and Health 2014*), the magnitude of these changes and documented supporting evidence; 2) a WHO and CAMH nominal expert group Delphi survey in 2013 assessing the proportion of unrecorded alcohol consumption in 46 WHO Member States (response rate: 74%) where unrecorded alcohol consumption was relatively large (Rehm & Poznyak, 2015; Rehm et al., 2014) 3) a second WHO and Centre for Addiction and Mental Health (CAMH) nominal expert group Delphi survey in 49 WHO Member States (response rate: 86%; Probst et al., 2018; and 4) WHO's STEPwise approach to surveillance (STEPS) surveys. Based on these input data, the percentage of unrecorded to total consumption was estimated via a regression model (Probst et al., 2018).

Data for tourist estimations were obtained from the Institute for Health Metrics and Evaluation (IHME) which based its calculation on data from the World Tourism Organization (UNWTO) (World Tourism Organization, 2016; www.healthdata.org). The litres of alcohol consumed by tourists in a country were based on the number of tourists who visited a country, the average amount of time they spent in the country, and how much these people drink on average in their countries of origin (estimated on the basis of per capita consumption of recorded and unrecorded alcohol). Furthermore, tourist alcohol consumption also accounted for the inhabitants

[4] GlobalData; International Wine and Spirits Research (IWSR); Organisation Internationale e la Vigne et du Vin (OIV); The Wine Institute.

of a country consuming alcohol while visiting other countries (based on the average time spent outside of their country and the amount of alcohol consumed in their country of origin). These estimations assumed the following: 1) that people drink the same amounts of alcohol when they are tourists as they do in their home countries, and 2) that global tourist consumption is equal to 0 (and thus tourist consumption can be either net negative or positive) (Griswold, 2016).

Total per capita alcohol consumption was then estimated by adding recorded and unrecorded alcohol consumption and adjusting for tourist alcohol consumption.

The main sources for data on alcohol drinking status and heavy episodic drinking (HED) were published survey reports or multi-country, nationally representative surveys, including but not limited to the STEPwise approach to surveillance and Gender, Alcohol and Culture: an international study.[5] The main sources of data on young persons (15-19 years of age) were the Global School-based Student Health Survey (GSHS)[6] and the European School Survey Project on Alcohol and Other Drugs (ESPAD) report 2015.[7]

Data for 2010 and 2016 on drinking status (lifetime abstainers, former drinkers and past 12 months abstainers) and the prevalence of HED were modelled using regression models. These regression models used data collected through a systematic search of all survey data on the previously mentioned measures of interest. The independent variables were: per capita consumption, population structure (sex, age), the size of the Muslim population within the country, the region of the country, economic wealth (GDP-PPP) and the year from which the survey data were obtained. Model-specific covariates were added to account for variations in the outcomes, such as reference periods for the assessment of the current drinking status (e.g. 30 days or 12 months). The validity of the predicted estimates was assessed by comparing predicted estimates to actual estimates.

When interpreting data presented in Chapter 3, it is important to note that the data are only as reliable as the original source data. This is illustrated by the fact that consumer surveys assessing people's self-reported alcohol consumption usually show overall consumption figures which are much lower, quite often around 40-60% of supply-based estimates (i.e. data on the production and trade of alcohol). This would indicate that people underestimate their own consumption and/or that these surveys do not reach the people with the highest consumption. Sales data, on the other hand, do not allow for the disaggregation of recorded alcohol consumption by sex and age. To this end, other data sources such as survey data for measures of abstention are needed.

For this reason, as input for the burden calculations, survey estimates were triangulated with APC to adjust for underestimation by surveys that often account for less than half of the actual amount of alcohol consumed (for reasoning, see Rehm, Klotsche & Patra, 2007; for procedures used, see Rehm et al., 2010; Kehoe et al., 2012). A value of 80% of APC was used to be conservative, to account for spillage/waste and to account for possible underestimation of epidemiological studies on risk relations (Stockwell et al., in press).

Projections for total alcohol consumption data for 2020 and 2025 were derived from ARIMA or linear regression analyses. For each country, ARIMA models on recorded per capita consumption were evaluated using GDP-PPP and Muslim population as covariates. For countries where ARIMA models showed an insufficient fit, simple linear models using year as a covariate were preferred in order to continue the trend of the last available years. Forecasts of recorded alcohol consumption were obtained from the chosen models. Total APC was calculated following the procedure described above to estimate unrecorded and tourist consumption, carrying forward the last available proportion of total consumption for these indicators.

[5] See: http://www.genacis.org/, (accessed 16 July 2018).
[6] http://www.who.int/ncds/surveillance/gshs/GSHS_Core_Modules_2013_English.pdf, (accessed 16 July 2018).
[7] See: www.espad.org/sites/espad.org/files/ESPAD_report_2015.pdf, (accessed 16 July 2018).

Please note:
The estimates on prevalence of alcohol consumption and HED result from mathematical modelling using the survey data available at the time of updating the WHO estimates and preparing the *Global Status Report on Alcohol and Health*. All efforts were made to check the methodological quality of the surveys conducted in various parts of the world, but it was not feasible to verify systematically or confirm whether (a) all surveys were reviewed, as appropriate, by relevant ethics review committees, (b) all survey results were published in peer-reviewed journals or (c) how all surveys were funded, including the sources of funding.

With respect to the estimates of prevalence of alcohol consumption and HED in the Americas, the estimates were produced by mathematic modelling based on the survey data available from the region, and the model input data included results of studies conducted by FLACSO (Facultad Latino Americana de Ciencias Sociales) in Costa Rica, Dominican Republic, El Salvador, Honduras, Nicaragua, Panama, Peru and Venezuela. In this regard, WHO has learned that these studies were conducted using funds received from the alcohol industry and that the studies conducted in Costa Rica, Honduras, Nicaragua, Peru and Venezuela were not reviewed by relevant ethics review committees. This in turn has led to concerns being expressed about the validity and interpretation of data generated in the FLACSO studies. Notwithstanding the foregoing, it should be noted that WHO estimates of prevalence of alcohol consumption and HED in the Americas are based on the results of mathematical modelling with input data from multiple sources, including studies in the above-listed countries that have not been conducted by FLACSO.

IV.1.3 CHAPTER 4 – HEALTH CONSEQUENCES

The prevalence of people with alcohol use disorders (AUDs) (harmful use of alcohol and alcohol dependence) was obtained from population surveys. When survey data were not available the AUD estimates were carried forward from the *Global Status Report on Alcohol and Health 2014*.

The health consequences due to alcohol consumption were estimated on the basis of 1) the prevalence of AUDs by age, sex and country, and 2) the deaths, years of life lost (YLL), years lived with disability (YLD), and disability-adjusted life years (DALYs) attributable to alcohol consumption.

Mortality and morbidity data

Deaths, YLL, YLD and DALYs were obtained from the WHO Global Health Observatory by cause, age, sex and year (2010 and 2016). To match age-standardization data, deaths, YLL, YLD and DALYs were aggregated into the following age groups: 0 to 4, 5 to 9, 10 to 14, 15 to 19, 20 to 24, 25 to 29, 30 to 34, 35 to 39, 40 to 44, 45 to 49, 50 to 54, 55 to 59, 60 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85 years of age and older. The causes of death which were extracted are presented in Table IV.8.

Using Formula IV.1 (WHO, 2018a), estimates of motor vehicle deaths due to alcohol consumption were stratified into those involving the driver and those involving others, based on the fractions of motor vehicle deaths that involved drivers and involved people other than the driver as obtained from the WHO road traffic deaths database. This method estimates the number of deaths (D) among drivers (d) using the fraction (F) of injury events in a country that occurred among drivers by sex (indexed by i) and age (indexed by p including people 15 years of age and older). The method of estimating the number of motor vehicle accident (MVA) injuries involving drivers assumed that all motor vehicle accident injuries to drivers occurred among people aged 15 years or older (i.e. all MVA injuries occurring among people 0-14 years of age involved people other than the driver). For countries where data were not available, the fractions of injuries among drivers and among people other than the driver were imputed as the regional averages. To estimate the number of YLL, YLD, and DALYs among drivers, the fraction of deaths among drivers compared to all MVA deaths (by age and sex) were used. All other MVA deaths, YLLs YLDs and DALYs affected people other than the driver.

Formula IV.1

$$Dd_{p,i} = \frac{F_i \cdot F_p \cdot \sum_{p=1}^{pn} \sum_{i=1}^{in} D_{p,i}}{D_{p,i}}$$

Estimation of alcoholic cardiomyopathy mortality and morbidity

Deaths, YLL, YLD and DALYs due to alcoholic cardiomyopathy (ICD-10 code: I42.6) are not estimated specifically either by WHO or by the Institute for Health Metrics and Evaluation (IHME) annual statistics, and are contained in the larger category of cardiomyopathy, myocarditis and endocarditis mortality and morbidity (ICD-10 codes: I30–I33, I38, I40, I42). However, alcoholic cardiomyopathy deaths are reported by some countries through the WHO Mortality database. Therefore, the number of deaths from alcoholic cardiomyopathy was estimated using the data from WHO Mortality database for countries which reported ICD-I42.6 deaths. As death data are not available for every year, an average was used of the number of alcoholic cardiomyopathy deaths from 2006 to 2014 for 2010 and from 2012 to 2017 for 2016 (where data were available). Thus, the number of alcoholic cardiomyopathy deaths was estimated using the methodology of Manthey and colleagues (Manthey et al., 2017; Manthey et al., 2018). In cases where alcoholic cardiomyopathy deaths were not reported, the number of alcoholic cardiomyopathy deaths was imputed using the methodology of Manthey and colleagues (Manthey et al., 2017; Manthey et al., 2018). These imputations were based on a negative binomial regression model. For men, the regression model was based on per capita consumption of alcohol and the number of cardiomyopathy, myocarditis and endocarditis deaths. For women, the regression model was based on per capita consumption of alcohol, the prevalence of AUDs and the population size.

Mortality and morbidity attributable to alcohol consumption

The categories of mortality and morbidity included in the health burden estimates were based on the causal association of alcohol consumption with the occurrence of the diseases and injuries. The inclusion of diseases and the causal association of alcohol was assessed by the WHO Technical Advisory Group on Alcohol and Drug Epidemiology (see Table IV.8).

The number of deaths, YLL, YLD and DALYs attributable to alcohol consumption were estimated using a Levin-based population-attributable fraction (PAF) methodology (Levin, 1953). The association of alcohol and mortality is complex: alcohol has a protective effect (when compared to lifetime abstainers) on ischaemic heart disease, ischaemic stroke and diabetes for drinkers who consume low volumes of alcohol and do not binge drink (Roerecke & Rehm, 2010; Guiraud et al., 2010; Leong et al., 2014; Roerecke & Rehm, 2014; Knott, Bell & Britton, 2015). However, the overall protective effect of alcohol consumption depends on the risks of diseases and injuries associated or not associated with alcohol (i.e. competing risks) (Shield et al., 2017). Therefore, in accordance with the methods of previous comparative risk assessment studies, the mortality and morbidity attributable to alcohol consumption were estimated using a counterfactual scenario (i.e. theoretical minimum risk) of lifetime abstention (i.e. no historical consumption of alcohol) (Ezzati et al., 2004). For diseases and injuries where alcohol is a necessary cause (i.e. AUDs (ICD-10 codes: F10, G72.1, Q86.0 and X45)), the attributable fraction was assumed to be 1. For diseases and injuries where alcohol is a potential component cause (i.e. where alcohol raises the risk of disease or injury occurrence but the disease or injury may still occur in the absence of alcohol) a PAF is used to estimate the fraction of deaths, YLL, YLD and DALYs attributable to alcohol.

Estimation of alcohol-attributable fractions

With respect to noncommunicable diseases (other than cancer), no latency period was used in the estimation of the attributable fractions. For cancer mortality and morbidity attributable to alcohol consumption, a latency

period of 10 years between the consumption of alcohol and the diagnosis and/or death from cancer was chosen, based on an observed approximate latency period of 11–12 years for breast, colorectal, oral cavity, oesophageal (squamous cell carcinoma) and pharyngeal cancers, and 8–9 years for laryngeal and liver cancers (Grundy et al., 2016).

The alcohol-attributable fractions (AAFs; i.e. the PAFs for alcohol) were estimated by combining data on the prevalence of former drinkers (P_{FD}) and current drinkers (P_{CD}) with the corresponding relative risks (RR), using Formula IV.2. Alcohol consumption among current drinkers (x) was modelled using an upper integration limit of 150 grams of pure alcohol per day. The upper limit of 150 grams per day was based on the observation that very heavy consumers of alcohol do not sustain alcohol consumption above 150 grams per day for prolonged periods of time (Gmel et al., 2013).

Formula IV.2

$$AAF = \frac{P_{FD}(RR_{FD} - 1) + \int_{>0}^{150} P_{CD}(x)(RR_{CD}(x) - 1)dx}{P_{FD}(RR_{FD} - 1) + \int_{>0}^{150} P_{CD}(x)(RR_{CD}(x) - 1)dx + 1}$$

The fraction of ischaemic stroke, ischaemic heart disease and injuries in the AAF are estimated on the basis of formulas IV.3a and IV.3b. These formulae incorporate the prevalence of both former drinkers and current drinkers combined with the corresponding RRs. In the case of current drinkers, Formula IV.3b also accounts for the patterns of alcohol consumption (i.e. the prevalence of current drinkers who engage in binge drinking (P_{CDB}) and who do not engage in binge drinking (P_{CDNB})).

Formula IV.3a

$$AAF = \frac{P_{FD}(RR_{FD} - 1) + P_{CD}(RR_{CD} - 1)}{P_{FD}(RR_{FD} - 1) + P_{CD}(RR_{CD} - 1) + 1}$$

Formula IV.3b

$$P_{CD}(RR_{CD} - 1) = \int_{>0}^{60} P_{CDNB}(x)RR_{CDNB}(x)dx + \int_{>0}^{60} P_{CDB}(x)RR_{CDB}(x)dx + \int_{60}^{150} P_{CD}(x)RR_{CDB}(x)dx - P_{CD}$$

The AAF for MVAs affecting the driver was applied to the mortality and morbidity estimates. The AAF for MVAs affecting people other than the driver (non-drivers (nd)) was estimated using Formula IV.4 below, and used data on the deaths and AAFs for MVAs affecting the driver (d) by sex (indexed by p) and age (indexed by i). This method assumes that accidents involving an intoxicated driver also involve an equal number of passengers as compared to accidents involving non-intoxicated drivers. This method also does not account for non-intoxicated drivers killed or injured by intoxicated drivers.

Formula IV.4

$$AAF_{nd} = \frac{\sum_{p=1}^{pn} \sum_{i=1}^{in} D_{p,i} \cdot AAF_{p,i}}{\sum_{p=1}^{pn} \sum_{i=1}^{in} D_{p,i}}$$

Population data

Population data for 2010 and 2015 by country, age and sex, were obtained from the United Nations Population Division (2017 revisions) (UN, 2017). Population age-standardized rates were based on the WHO standard population (Ahmad et al., 2001).

Relative risks

Where available, the selection of RRs was based on systematic reviews of meta-analyses (see Table IV.8). For Belarus, Estonia, Latvia, Lithuania, Moldova, Russia and Ukraine, RRs from the Russian cohort study by Zaridze and colleagues were used to model mortality and morbidity from tuberculosis, lower respiratory infections, ischaemic heart disease, ischaemic stroke, haemorrhagic stroke, liver cirrhosis, pancreatitis, road injuries, other unintentional injuries, self-harm and interpersonal violence attributable to alcohol consumption (Zaridze et al., 2009; Shield & Rehm, 2015).

Modelling alcohol consumption for the estimation of alcohol attributable mortality and morbidity

Alcohol consumption was modelled as 1) drinking status (current drinkers, former drinkers, lifetime abstainers), 2) average daily volume of alcohol consumption among current drinkers, modelled on the basis of per capita consumption, the prevalence of current drinkers and the amount of alcohol consumed among current drinkers by age and sex), and 3) binge drinkers, defined as drinking 60 grams or more of pure alcohol on one occasion, modelled on the basis of the prevalence of current drinkers and the prevalence of binge drinkers among current drinkers. (For the estimation process for current drinkers and binge drinkers, see the method outlined in Chapter 3.) Data on alcohol consumption (drinking status and amount consumed by current drinkers) and binge drinking were available by age group (15-19 years, 20-24 years, 25-34 years, 35-49 years, 50-64 years, and 65 years of age and older) and sex.

The amount of alcohol consumed by current drinkers was adjusted using a correction factor of 0.8. This correction factor was used to account for 1) alcohol that was not consumed, and 2) the underreporting of alcohol consumption in medical observation studies from which the RR estimates used in this study were obtained (Gmel & Rehm, 2004). A study by Stockwell and colleagues found that cohort studies of the relationship between alcohol consumption and all-cause mortality had a coverage rate (when compared to per capita consumption) of 61.71% (ranging from 29.19% for Russia to 96.53% for Japan) (Stockwell et al., in press). The adjustment of survey data can be justified by the observation that the underreporting of alcohol consumption in medical epidemiology studies (King, 1994; Rehm, 1998; Feunekes et al., 1999) is much less than in population surveys; population-level surveys underestimate alcohol consumption because, on average, such surveys ask many fewer questions that are used to measure alcohol consumption compared to the number of such questions asked in medical epidemiology studies (King, 1994; Rehm, 1998; Feunekes et al., 1999). Furthermore, the undercoverage of population surveys is also affected by recruitment biases (Shield & Rehm, 2012); however, the adjustment of survey data assumes that the undercoverage of alcohol consumption is constant by age and sex.

Average daily alcohol consumption among current drinkers was modelled using a Gamma distribution in accordance with the methodology outlined by Rehm and colleagues (Rehm et al., 2010) and Kehoe and colleagues (Kehoe et al., 2012). This methodology was developed using data from over 60 individual surveys conducted in both developing and developed countries. Firstly, this method assumes that the average daily alcohol consumed among current drinkers can be accurately modelled using a Gamma distribution, which was the case in the surveys examined by both Rehm and Kehoe and their respective colleagues. Secondly, this method assumes that the standard deviation of the Gamma distribution of alcohol consumption can be predicted

on the basis of the mean consumption of alcohol. Both Rehm and Kehoe and their respective colleagues observed a strong correlation between the mean and the standard deviation of the Gamma distribution (an r of 0.971). Therefore, based on the mean alcohol consumed (μ) by age and sex, the standard deviation (σ) was estimated according to Formula IV.5 (the coefficient of sex is 1 for women and 0 for men in Formula IV.5).

Formula IV.5

$$\hat{\sigma}_{shifted=}(1.171 + 0.087 * sex) * \hat{\mu}_{shifted}$$

Uncertainty estimation

The 95% uncertainty intervals (UI) were estimated using Monte Carlo-like simulations. These intervals were based on the 2.5th and 97.5th percentiles of the distribution of PAF estimates constructed using 1000 samples of the lowest-level parameters of alcohol consumption and RRs from their respective probability distributions (Gmel et al., 2011). Uncertainty from population figures and mortality and morbidity data was not incorporated into the 95% UIs. When modelled, alcoholic cardiomyopathy deaths also took into consideration uncertainty in the regression model and the regression inputs.

IV.1.4 CHAPTER 5 – ALCOHOL POLICY AND INTERVENTIONS

Chapter 5 presents 23 alcohol policy indicators collected using the 2016 Global Survey on Alcohol and Health questionnaire. The data represent the national status of alcohol policies as of December 2016. For the purpose of the 2016 Global Survey on Alcohol and Health, "alcohol policy" was referred to as an organized set of values, principles and objectives for reducing the burden attributable to alcohol consumption by the population. Various other policies also impinge on alcohol-related problems, increasing or decreasing them, but these policies are not adopted or implemented with the minimization of alcohol problems as their primary aim. Such policies are normally neither described as alcohol policies nor included within an overall alcohol policy description. When interpreting the data in Chapter 5, it is crucial to note that the number and subset of WHO Member States that responded to the Global Survey on Alcohol and Health in 2016 differed from those of 2012 (i.e. 173 versus 177). It should also be noted that for those countries where alcohol use is universally banned (see Table IV.10), only responses to specific questions were included in the analyses (e.g. responses on legislation regarding blood alcohol concentration, or BAC).

IV.1.5 COUNTRY PROFILES

Individual country profiles were prepared to give an overview of the current situation regarding alcohol and health in WHO Member States. This was achieved on the basis of 57 key indicators chosen by a group of experts; the indicators reflect the 10 target areas of policy measures and interventions at the national level as recommended in the Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010) and for which the fullest data were collected. Because of space limitations, not all the information collected in the questionnaire is presented in this report. However, all data collected are available on the Global Information System on Alcohol and Health (GISAH) website.

Although great efforts have been made to validate data received from countries, caution should be exercised in their interpretation. While there has been basic validation of inconsistencies by the focal points and national counterparts within the framework of the WHO Global Survey on Alcohol and Health, the data on alcohol policy have not been checked against the actual policy legislation in the countries concerned. However, for 19 countries in the WHO Region of the Americas the actual legislation documents were reviewed. In late 2017, previews of the country profiles were sent to the respective governments and changes were made as needed.

Data sources and methods relating to the indicators presented in the country profiles that do not appear elsewhere can be found on the GISAH website as well as sources of data used to estimate abstainers and HED and sources of data used to estimate AUDs and alcohol dependence.

IV.2 ADDITIONAL INFORMATION

IV.2.1 INFORMATION PERTAINING TO ALL CHAPTERS

Table IV.1 WHO Member States by WHO region

WHO region	WHO Member States
AFR	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea–Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.
AMR	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela
EMR	Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen
EUR	Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan
SEAR	Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor–Leste.
WPR	Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam.

Table IV.2 WHO Member States by World Bank income group, 2016

Income group	WHO Member States
High (56)	Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Chile, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Latvia, Lithuania, Luxembourg, Malta, Monaco, Nauru, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Korea, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay
Upper middle (55)	Albania, Algeria, Angola, Argentina, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, Fiji, Gabon, Georgia, Grenada, Guyana, Iran (Islamic Republic of), Iraq, Jamaica, Jordan, Kazakhstan, Lebanon, Libya, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Montenegro, Namibia, Palau, Panama, Paraguay, Peru, Romania, Russian Federation, Saint Lucia, Saint Vincent and the Grenadines, Serbia, South Africa, Suriname, Thailand, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Tuvalu, Venezuela (Bolivarian Republic of)
Lower middle (50)	Armenia, Bangladesh, Bhutan, Bolivia (Plurinational State of), Cabo Verde, Cambodia, Cameroon, Congo, Côte D'Ivoire, Djibouti, Egypt, El Salvador, Eswatini, Ghana, Guatemala, Honduras, India, Indonesia, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Mauritania, Micronesia (Federated States of), Mongolia, Morocco, Myanmar, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, Republic of Moldova, Samoa, Sao Tome and Principe, Solomon Islands, Sri Lanka, Sudan, Syrian Arab Republic, Tajikistan, Timor–Leste, Tonga, Tunisia, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia
Low (31)	Afghanistan, Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Guinea, Guinea–Bissau, Haiti, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Niger, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Togo, Uganda, United Republic of Tanzania, Zimbabwe
Unavailable (2)	Cook Islands, Niue

Table IV.3 Percentage of population covered, response rates and geographical coverage of the Global Survey on Alcohol and Health data by WHO region in 2016 and 2012

	2016			2012		
WHO region	Percentage of population covered (%)	Response rate (%)	Countries with survey data/total number of countries	Population covered (%)	Response rate (%)	Countries with survey data/total number of countries
AFR	100.0	100.0	47/47	100.0	100.0	46/46
AMR	97.8	91.4	33/35	98.5	94.4	34/36*
EMR	95.7	76.2	16/21	86.2	50.0	11/22
EUR	99.4	98.1	52/53	100.0	100.0	53/53
SEAR	97.2	81.8	9/11	98.7	90.0	10/11
WPR	99.5	59.3	16/27	99.9	82.1	23/28*
Global	**98.3**	**89.2**	**173/194**	**97.2**	**91.2**	**177/196**

* Associate Member States of Puerto Rico and Tokelau responded in 2012.

Table IV.4 Brief description of methodology and data sources for indicators related to alcohol

Section		Indicator	Methodology	Data sources (in order of priority)
1	**LEVELS OF CONSUMPTION**	Total APC 2010, 2016	The recorded three–year average APC for 2010 (i.e. 2009, 2010, 2011) and the unrecorded consumption for 2010 were added to arrive at the total consumption in litres of pure alcohol for 2010, adjusted for tourist consumption. The recorded three–year average APC for 2016 (i.e. 2015, 2016, 2017) and the unrecorded consumption for 2016were added to arrive at the total consumption in litres of pure alcohol for 2016, adjusted for tourist consumption. Tourist consumption was subtracted from or added to the total for each period to provide a better estimate for APC. The totals and the weighted average of the total consumption for each region for each period is shown in the country profile. For male and female per capita consumption, the proportion of alcohol consumed by men versus women based on the demographics for 2010 and 2016 is shown.	See recorded APC, unrecorded APC, and tourist consumption.
		Recorded APC (3–year average)	Using the recorded APC data from 2009, 2010 and 2011, three–year averages were computed for 2010[1] for each country. Data from 2015, 2016 and projected estimates for 2017 were used to compute three–year averages for 2016.	Government sources (45 countries), statistics from economic operators (123 countries), FAOSTAT data (19 countries), and other (2 countries). Five countries had no data (Monaco, San Marino, Palau, Marshall Islands and South Sudan).
		Unrecorded APC	Unrecorded alcohol consumption was estimated as a percentage of total alcohol consumption. Country–level proportions of unrecorded alcohol consumption were estimated using a regression analysis. Estimates of unrecorded alcohol consumption were obtained from four sources: expert judgements from a WHO survey of experts; a WHO and CAMH nominal expert group Delphi survey assessing the proportion of unrecorded alcohol consumption in 34 WHO Member States where unrecorded APC was relatively large [Rehm et al., 2016; Probst et al., 2018]; a second WHO and CAMH nominal expert group Delphi survey of 129 experts from 42 WHO Member States; and the STEPwise approach to surveillance (STEPS) surveys [World Health Organization, 2017].	Unrecorded consumption was available for 189 countries.
		Tourist consumption	The estimates are linked to APC and are based on the following assumptions: 1) that people drink the same amounts of alcohol when they are tourists as they do in their home countries, and 2) that global tourist consumption is equal to 0 (and thus tourist consumption can be either net negative or positive).	Data for these estimations were obtained from the Institute for Health Metrics and Evaluation (IHME) which based its calculation on data from the World Tourism Organization (UNWTO). The litres of alcohol consumed by tourists (15 years of age and older) in a country were based on the number of tourists who visited a country, the average amount of time they spent in the country, and how much these people drink on average in their countries of origin. Furthermore, tourist alcohol consumption also accounted for the inhabitants of a country (15+ years) consuming alcohol while visiting other countries (based on the average time spent outside of their country and the amount of alcohol consumed in their country of origin).
		Consumption by type of alcoholic beverage	APC in litres of pure alcohol for 2016 or latest year available for beer, wine, spirits and other alcoholic beverages were calculated separately as a percentage of the recorded APC.	Government sources (45 countries), statistics from economic operators (123 countries), FAOSTAT data (19 countries), and other (2). Of these, ten countries had almost zero consumption and five countries had no data.

[1] In the Global Status Report on Alcohol and Health 2014, the three–year average for 2010 was computed using the years 2008, 2009 and 2010, whereas for this report, it was computed using the years 2009, 2010, and 2011. As a result, the data for 2010 are not comparable with those in the previous report.

Section		Indicator	Methodology	Data sources (in order of priority)
		Recorded APC, 1960–2016	The time series graph in the country profiles depicts recorded alcohol per capita (15+ years) consumption in litres of pure alcohol from the first available year for each country. Data for beer, wine, spirits and other alcoholic beverages is shown as well as for "All" (i.e. the sum of the types). The "other alcoholic beverages" category consists of such types as fortified wine, fermented beverages, sorghum, maize, and ready–to–drink alcoholic beverages.	The decision tree for recorded alcohol per capita (15+) sources is: 1) government data; 2) economic operators (if based on interviews in countries); 3) Food and Agriculture Organization of the United Nations (FAO); and 4) economic operators (if desk review). If there are doubts regarding the best source to use, the Steering Committee makes the final decision based on consensus and in consultation with the government. See Table IV.5 for data sources. When data were not available in litres of pure alcohol (but litres of beverage), recorded alcohol was computed using the following alcohol concentrations: beer 5%, wine 12%, spirits 40%, other alcoholic beverages 5%. To arrive at the consumption per capita, the United Nations Population Estimates mid–year population, 2015 revision, was used.
2	**PATTERNS OF CONSUMPTION**	Prevalence of abstention, best estimates for 2016	Lifetime abstainers are those persons who have never consumed alcohol. Former drinkers are those persons who had previously consumed alcohol but who had not done so in the previous 12–month period. Abstainers (past 12 months) are those persons who have not consumed one or more alcoholic drinks in the past 12–month period. Current drinkers are those who did consume alcohol in the previous 12 months (i.e. 100 minus past–year abstainers). Abstainers were estimated using regression analyses. The regression models included information on alcohol consumption, namely per capita (15+ years) consumption, country–, age– and sex–specific population size, gross domestic product adjusted for purchasing power parity (GDP–PPP), Global Burden of Disease (GBD) region, and a list of Muslim–majority countries where alcohol consumption was prohibited.	Data were collected via published survey reports or by direct access to multicountry, nationally representative surveys, including but not limited to WHO's STEPwise approach to surveillance and Gender, Alcohol and Culture: an international study (http://www.genacis.org). Covariate data were obtained from the Institute for Health Metrics and Evaluation, WHO and the World Bank.
		Heavy episodic drinking (HED), best estimates for 2016	Heavy episodic drinking is defined as having consumed 60 grams or more of pure alcohol on at least one occasion in the past 30 days. Heavy episodic drinking was estimated using regression analyses. These regression analyses included as influencing factors data on per capita alcohol consumption: country–, age– and sex–specific population size, gross domestic product adjusted for purchasing power parity (GDP–PPP), Global Burden of Disease (GBD) region, and a list of Muslim–majority countries where alcohol consumption was prohibited. Estimates are provided for the population and for drinkers only for males, females and both sexes. Data are presented for persons aged 15–19 years for both population and drinkers only.	Data were collected via published survey reports or by direct access to multi–country, nationally representative surveys, including but not limited to the STEPwise approach to surveillance and Gender, Alcohol and Culture: an international study (http://www.genacis.org). Covariate data were obtained from the Institute for Health Metrics and Evaluation, WHO and the World Bank.
		Drinking among drinkers, 2016	Litres of pure alcohol (recorded and unrecorded) consumed only by those 15 years of age and older were obtained by calculating the total population of male and female drinkers using the abstainer data (see above) and applying the proportion to the total litres (3–year average) of pure alcohol consumed.	Total APC and abstainer data for each country (see above).
3	**PROJECTIONS**	Projections of total alcohol per capita (15+ years) consumption	Projections for total alcohol consumption data for 2020 and 2025 were derived from ARIMA or linear regression analyses. For each country ARIMA models on recorded per capita consumption were evaluated using GDP–PPP and Muslim population as covariates	See Total APC above.

Table IV.5 Sources of alcohol per capita consumption (APC) data by WHO Member State

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
AFR	Algeria	WDT 1961–1999; merged (FAO, GlobalData, OIV) 2000–2016
	Angola	FAO 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Benin	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Botswana	FAO,1961–1999; merged (FAO, GlobalData) 2000–2015
	Burkina Faso	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Burundi	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2011
	Cabo Verde	FAO 1961–1999; merged (FAO, Wine Institute) 2000–2015
	Cameroon	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Central African Republic	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Chad	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Comoros	FAO 1961–2013
	Congo	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Côte d'Ivoire	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Democratic Republic of the Congo	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Equatorial Guinea	FAO 1983–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Eritrea	FAO 1961–1999; merged (FAO, GlobalData) 2000–2011
	Eswatini	FAO 1990–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Ethiopia	FAO 1961–2015
	Gabon	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Gambia	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Ghana	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Guinea	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Guinea–Bissau	FAO 1961–1999; merged (FAO, Wine Institute) 2000–2015
	Kenya	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Lesotho	FAO 1961–1999; merged (FAO, GlobalData) 2000–2015
	Liberia	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Madagascar	FAO 1961–1999; merged (FAO, GlobalData, OIV) 2000–2016
	Malawi	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Mali	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Mauritania	FAO 1961–2015
	Mauritius	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Mozambique	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Namibia	FAO 1961–2015
	Niger	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Nigeria	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Rwanda	FAO 1961–1999; merged (FAO, GlobalData, Wine institute) 2000–2015
	Sao Tome and Principe	FAO 1961–1999; merged (FAO, Wine Institute) 2000–2015
	Senegal	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute, IWSR) 2000–2015
	Seychelles	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute, IWSR) 2000–2015
	Sierra Leone	FAO 1990–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	South Africa	WDT 1961–1999; SAWIS 2000–2016
	South Sudan	No data
	Togo	FAO 1990–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
	Uganda	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	United Republic of Tanzania	FAO 1990–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Zambia	FAO 1990–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Zimbabwe	FAO 1961–1999; merged (WHO Global Surveys on Alcohol and Health, Wine Institute) 2000–2014
AMR	Antigua and Barbuda	FAO 1962–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Argentina	FAO 1961–1979; WDT 1980–1999; WHO Global Surveys on Alcohol and Health 2000–2015
	Bahamas	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Barbados	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Belize	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Bolivia	FAO 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Brazil	WDT 1963–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Canada	WDT 1961–1992; Statistics Canada 1993–2016
	Chile	WDT 1961–1999; WHO Global Surveys on Alcohol and Health 2000–2015
	Colombia	FAO 1961–1962; WDT1963–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Costa Rica	FAO 1961–1999; merged (GlobalData, Wine institute, IWSR) 2000–2016
	Cuba	WDT 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Dominica	FAO 1990–2013
	Dominican Republic	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute, IWSR) 2000–2016
	Ecuador	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	El Salvador	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Grenada	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Guatemala	FAO 1961–1999; merged (FAO, GlobalData, IWSR) 2000–2016
	Guyana	FAO 1961–1989; WDT 1990–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Haiti	FAO 1961–2004; merged (GlobalData, Wine Institute, IWSR) 2005–2015
	Honduras	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Jamaica	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Mexico	WDT 1961–1989; Consultores Internacionales 1990–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Nicaragua	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Panama	FAO 1961–1999; merged (GlobalData, IWSR) 2000–2016
	Paraguay	WDT 1961–1999; FAO 2000–2004; merged (GlobalData, OIV, IWSR) 2005–2016
	Peru	WDT 1961–1999; FAO 2000–2004; merged (FAO, GlobalData, OIV) 2005–2015
	Saint Kitts and Nevis	FAO 1990–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Saint Lucia	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Saint Vincent and the Grenadines	FAO 1990–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Suriname	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Trinidad and Tobago	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	United States of America	National Institute on Alcohol Abuse and Alcoholism (NIAAA) 1961–2015
	Uruguay	WDT 1961–1999; WHO Global Surveys on Alcohol and Health 2000–2015
	Venezuela (Bolivarian Republic of)	WDT 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
EMR	Afghanistan	FAO 1961–2004; merged (FAO, Wine Institute, IWSR) 2005–2015
	Bahrain	FAO 1970–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Djibouti	FAO 1961–1999; merged (Wine Institute, IWSR) 2000–2016
	Egypt	FAO 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Iran (Islamic Republic of)	FAO 1961–1999; merged (FAO, IWSR) 2000–2015
	Iraq	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2015
	Jordan	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Kuwait	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2015
	Lebanon	FAO 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Libya	FAO 1961–2013
	Morocco	WDT 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Oman	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2016
	Pakistan	FAO 1961–1999; merged (FAO, GlobalData, IWSR) 2000–2016
	Qatar	FAO 1961–1999; merged (Candean, Wine Institute, IWSR) 2000–2016
	Saudi Arabia	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2015
	Somalia	FAO 1961–2016
	Sudan	FAO 1961–2013
	Syrian Arab Republic	FAO 1961–1999; merged (Wine Institute, IWSR) 2000–2015
	Tunisia	WDT 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	United Arab Emirates	FAO 1972–1999; IWSR 2000–2016
	Yemen	FAO 1961–2015
EUR	Albania	FAO 1962–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Andorra	Average of France and Spain consumption 2000–2016
	Armenia	FAO 1990–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Austria	FAO 1960–1962; WDT 1963–1999; Handbook on Alcohol (Anton Proksch Institute) 2000–2015
	Azerbaijan	FAO 1990–1999; merged (GlobalData, OIV, IWSR) 2000–2010; Statistical Yearbook 2011–2016
	Belarus	FAO 1980–1999; WHO Global Survey on Alcohol and Health (2012) 2000–2010; Yearbook of Statistics 2011–2016
	Belgium	WDT 1963–1999; FAO 2000–2007; Belgium Tax Administration Department 2008–2015
	Bosnia and Herzegovina	FAO 1987–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Bulgaria	WDT 1963–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Croatia	FAO 1987–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Cyprus	WDT 1961–1999; Statistics Cyprus 2000–2015
	Czechia	WDT 1993–1999; WHO Global Surveys on Alcohol and Health 2000–2014, Czech Statistical Office 2016
	Denmark	WDT 1961–1989; Statistics Denmark (sales) 1990–2016
	Estonia	WDT 1990–1999; WHO Global Surveys on Alcohol and Health 2000–2009; Estonian Institute of Economic Research (2010–2016)
	Finland	National Research and Development Centre for Welfare and Health (STAKES) 1961–1989; Statistics Finland 1990–2016
	France	WDT 1961–1999; INSEE 2000–2016
	Georgia	FAO 1990–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Germany	WDT 1961–1990; German Statistical Office (DeStatis) 1991–1999; WHO Global Surveys on Alcohol and Health 2000–2015; Statistics Germany (DeStatis) 2016
	Greece	WDT 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Hungary	WDT 1961–1999; Hungarian Central Statistical Office 2000–2015
	Iceland	WDT 1961–1999; Statistics Iceland 2000–2016
	Ireland	WDT 1961–2001; WHO Global Surveys on Alcohol and Health 2002–2015; Statistics Ireland 2016
	Israel	FAO 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
	Italy	WDT 1961–1999; Assobirra Annual Report 2000–2004; WHO Global Surveys on Alcohol and Health 2005–2015; AssoBirra Annual report 2016
	Kazakhstan	FAO 1988–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Kyrgyzstan	FAO 1985 –1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Latvia	WDT 1980–1999; Statistics Latvia 2000–2016
	Lithuania	FAO 1984–1999; WHO Global Surveys on Alcohol and Health 2000–2014; Statistics Lithuania 2015–2016
	Luxembourg	FAO 1961–1999; Average of France and Germany consumption 2000–2016
	Malta	FAO 1961–1987; WDT 1988–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Monaco	No data
	Montenegro	Merged (FAO, OIV, IWSR) 2006–2015
	Netherlands	WDT 1961–2001; Statistics Netherlands 2002–2009; WHO Global Health Survey on Alcohol and Health (2016) 2010–2015
	Norway	WDT 1961–1966; Norwegian Institute for Alcohol and Drug Research (SIRUS) 1967–1980; Statistics Norway 1981–2016
	Poland	WDT 1961–1999; Statistics Poland 2000–2016
	Portugal	WDT 1963–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Republic of Moldova	FAO 1992–1999; Statistical Yearbook of Moldova 2000–2004; merged (GlobalData, OIV, IWSR) 2005–2016
	Romania	WDT 1963–1999; WHO Global Surveys on Alcohol and Health 2000–2004; Statistics Romania 2005–2015
	Russian Federation	WDT 1963–1999; Russian Statistical Office 2000–2016
	San Marino	No data
	Serbia	Merged (FAO, IWSR) 2006–2013; merged (GlobalData, OIV, IWSR) 2014–2016
	Slovakia	WDT 1961–2001; Statistics Slovakia 2002–2016
	Slovenia	FAO 1981–1999; Statistics Slovenia 2000–2005; National Institute of Public health 2006–2016
	Spain	WDT 1962–2001; Government of Spain National Tax Agency (www.agenciatributaria.es) 2002–2016
	Sweden	WDT 1961–1999; Alcohol Use in Sweden 2010 (Centre for Social Research on Alcohol and Drugs) 2000–2009; Central Association for Alcohol and Drug Information 2010–2016
	Switzerland	WDT 1961–1999; Swiss Alcohol Board 2000–2016
	Tajikistan	FAO 1992–2004; merged (GlobalData, OIV, IWSR) 2005–2016
	The former Yugoslav Republic of Macedonia	FAO 1992–2004; merged (GlobalData, OIV, IWSR) 2000–2016
	Turkey	WDT 1961–1999; WHO Global Surveys on Alcohol and Health 2000–2015; Statistics Turkey 2016
	Turkmenistan	FAO 1992–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Ukraine	WDT 1975, 1980–1990; FAO 1991–2004; merged (WHO Global Surveys on Alcohol and Health, GlobalData for beer) 2005–2015; merged (Statistics Ukraine and GlobalData for beer) 2016
	United Kingdom of Britain and Northern Ireland	WDT 1961–1999; Alcohol Bulletins (HM Revenue and Customs) 2000–2016
	Uzbekistan	FAO 1992–1999; merged (GlobalData, OIV,IWSR 2000–2016
SEAR	Bangladesh	FAO 1961–2015
	Bhutan	FAO 1961–2013
	Democratic People's Republic of Korea	FAO 1961–2015
	India	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2016
	Indonesia	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Maldives	Merged (FAO, Wine Institute) 1961–2015
	Myanmar	FAO 1961–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2015
	Nepal	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Sri Lanka	FAO 1961–1999; WHO Global Surveys on Alcohol and Health 2000–2015
	Thailand	FAO 1961–1984; WDT 1985–1999; WHO Global Surveys on Alcohol and Health 2000–2015
	Timor–Leste	FAO 1961–2015

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
WPR	Australia	WDT 1961–1989; National Drug Research Institute (NDRI) 1990–1999; Australian Bureau of Statistics 2000–2016
	Brunei Darussalam	FAO 1961–2015
	Cambodia	FAO 1961–2004; merged (GlobalData, Wine Institute, IWSR) 2005–2016
	China	FAO 1961–1984; WDT 1985–1999; merged (GlobalData, OIV, IWSR) 2000–2004; WHO Global Survey on Alcohol and Health(2012) 2005–2010; merged((GlobalData, OIV, IWSR) 2011–2016
	Cook Islands	FAO 1999–2013
	Fiji	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Japan	WDT 1961–1988; Japan National Tax Agency 1989–2015
	Kiribati	FAO 1961–2015
	Lao People's Democratic Republic	FAO 1961–1999, merged (FAO, GlobalData, Wine Institute) 2000–2015
	Malaysia	FAO 1961–1979; WDT 1980–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016
	Marshall Islands	No data
	Micronesia (Federated States of)	FAO 1961–2002; WHO Global Surveys on Alcohol and Health 2003–2015
	Mongolia	FAO 1961–2001; WHO Global Survey on Alcohol and Health (2012) 2002–2010; merged (FAO, GlobalData, Wine Institute) 2011–2015
	Nauru	FAO 2000–2013
	New Zealand	WDT 1963–1996; Statistics New Zealand 1997–2016
	Niue	FAO 1990–2013
	Palau	No data
	PapuaNew Guinea	FAO 1961–1999; merged (FAO, GlobalData, Wine institute) 2000–2015
	Philippines	FAO 1961–1999; merged (GlobalData, OIV, IWSR) 2000–2016
	Republic of Korea	FAO 1961–1999; WHO Global Surveys on Alcohol and Health 2000–2015
	Samoa	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Singapore	FAO 1961–1984; WDT 1985–2001; Singapore National Statistics 2002–2016
	Solomon Islands	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Tonga	FAO 1990–1999; merged (FAO, GlobalData, Wine Institute) 2000–2013
	Tuvalu	FAO 1990–2013
	Vanuatu	FAO 1961–1999; merged (FAO, GlobalData, Wine Institute) 2000–2015
	Viet Nam	FAO 1961–1979; WDT 1980–1999; merged (GlobalData, Wine Institute, IWSR) 2000–2016

[a] FAO: Food and Agriculture Organization of the United Nations; IWSR: International Wine and Spirits Research; OIV, International Organisation of Vine and Wine; WDT: World Drink Trends; SAWIS, South African Wine Industry Information and Systems.

Table IV.6 Consumption by tourists in litres of pure alcohol, 2010 and 2016

WHO region	WHO Member State	Tourist consumption 2010	Tourist consumption 2016
AFR	Algeria	0.00	–0.01
	Angola	0.00	0.00
	Benin	–0.01	–0.02
	Botswana	–0.10	–0.10
	Burkina Faso	0.00	0.00
	Burundi	0.00	0.00
	Cabo Verde	0.00	0.00
	Cameroon	–0.01	–0.01
	Central African Republic	0.00	0.00
	Chad	–0.01	0.00
	Comoros	0.00	–0.01
	Congo	–0.01	–0.01
	Côte d'Ivoire	0.00	0.00
	Democratic Republic of the Congo	0.00	0.00
	Equatorial Guinea	0.00	0.00
	Eritrea	0.00	0.00
	Eswatini	–0.13	–0.20
	Ethiopia	0.00	0.00
	Gabon	0.00	0.00
	Gambia	–0.11	–0.11
	Ghana	–0.01	–0.01
	Guinea	0.00	0.00
	Guinea–Bissau	0.00	0.00
	Kenya	–0.01	–0.01
	Lesotho	0.13	0.10
	Liberia	0.00	0.00
	Madagascar	0.00	0.00
	Malawi	0.00	0.00
	Mali	0.00	0.00
	Mauritania	0.00	0.00
	Mauritius	–0.15	–0.14
	Mozambique	–0.01	–0.01
	Namibia	–0.08	–0.07
	Niger	0.00	0.00
	Nigeria	0.00	0.00
	Rwanda	–0.01	–0.01
	Sao Tome and Principe	–0.02	–0.01
	Senegal	–0.02	–0.02
	Seychelles	–1.80	–1.80
	Sierra Leone	0.00	0.00
	South Africa	0.00	0.00
	South Sudan	—	—
	Togo	0.00	0.00

	Uganda	0.00	0.00
	United Republic of Tanzania	0.00	0.00
	Zambia	0.00	0.00
	Zimbabwe	–0.01	–0.01
AMR	Antigua and Barbuda	–2.23	–2.58
	Argentina	0.05	0.06
	Bahamas	–5.08	–5.41
	Barbados	–0.87	–1.03
	Belize	–0.93	–0.89
	Bolivia (Plurinational State of)	–0.01	–0.01
	Brazil	0.00	0.00
	Canada	–0.11	–0.10
	Chile	–0.01	–0.01
	Colombia	0.00	0.00
	Costa Rica	–0.09	–0.09
	Cuba	–0.04	–0.05
	Dominica	–0.75	–0.93
	Dominican Republic	–0.12	–0.13
	Ecuador	–0.01	–0.01
	El Salvador	–0.02	–0.02
	Grenada	–0.88	–1.01
	Guatemala	–0.02	–0.01
	Guyana	0.00	0.00
	Haiti	–0.03	–0.02
	Honduras	–0.03	–0.03
	Jamaica	–0.34	–0.36
	Mexico	–0.32	–0.31
	Nicaragua	–0.02	–0.02
	Panama	–0.06	–0.07
	Paraguay	–0.23	–0.20
	Peru	–0.02	–0.01
	Saint Kitts and Nevis	0.00	0.00
	Saint Lucia	–1.25	–1.29
	Saint Vincent and the Grenadines	–0.48	–0.58
	Suriname	–0.04	–0.03
	Trinidad and Tobago	–0.04	–0.05
	United States of America	0.19	0.20
	Uruguay	–0.11	–0.12
	Venezuela (Bolivarian Republic of)	0.02	0.01

EMR	Afghanistan	0.00	0.00
	Bahrain	–0.26	–0.27
	Djibouti	0.00	0.00
	Egypt	–0.02	–0.02
	Iran (Islamic Republic of)	0.00	0.00
	Iraq	0.00	0.00
	Jordan	–0.06	–0.06
	Kuwait	–0.11	–0.02
	Lebanon	–0.01	–0.01
	Libya	–0.04	–0.01
	Morocco	–0.09	–0.06
	Oman	0.00	0.00
	Pakistan	0.00	0.00
	Qatar	0.01	0.01
	Saudi Arabia	–0.01	–0.02
	Somalia	0.00	0.00
	Sudan	0.00	0.00
	Syrian Arab Republic	–0.05	–0.02
	Tunisia	–0.12	–0.16
	United Arab Emirates	–0.14	–0.17
	Yemen	–0.01	0.00
EUR	Albania	–0.03	–0.03
	Andorra	–0.44	–0.45
	Armenia	0.06	0.06
	Austria	–0.16	–0.16
	Azerbaijan	0.08	0.02
	Belarus	0.21	0.13
	Belgium	0.68	0.73
	Bosnia and Herzegovina	0.23	0.20
	Bulgaria	–0.05	–0.05
	Croatia	–2.96	–2.35
	Cyprus	–0.67	–0.64
	Czechia	–0.06	–0.06
	Denmark	–0.31	–0.30
	Estonia	–3.56	–5.31
	Finland	0.44	0.38
	France	–0.64	–0.66
	Georgia	0.01	0.01
	Germany	0.73	0.75
	Greece	–0.27	–0.27
	Hungary	–1.09	–1.03
	Iceland	–0.04	–0.05
	Ireland	0.32	0.34
	Israel	0.03	0.04
	Italy	–0.12	–0.13
	Kazakhstan	0.02	0.02
	Kyrgyzstan	0.02	0.01

	Latvia	–0.14	–0.15
	Lithuania	–0.02	–0.02
	Luxembourg	0.04	0.05
	Malta	–0.83	–0.96
	Monaco	—	—
	Montenegro	–0.10	–0.07
	Netherlands	0.63	0.53
	Norway	0.43	0.35
	Poland	–0.49	–0.50
	Portugal	–0.49	–0.45
	Republic of Moldova	0.28	0.23
	Romania	0.08	0.07
	Russian Federation	0.04	0.03
	San Marino	—	—
	Serbia	0.15	0.14
	Slovakia	–0.56	–0.54
	Slovenia	0.00	0.00
	Spain	–0.25	–0.24
	Sweden	–0.01	–0.01
	Switzerland	0.81	0.82
	Tajikistan	0.01	0.01
	The former Yugoslav Republic of Macedonia	–0.26	–0.33
	Turkey	–0.08	–0.07
	Turkmenistan	–0.02	–0.02
	Ukraine	0.02	0.01
	United Kingdom of Great Britain and Northern Ireland	0.57	0.53
	Uzbekistan	0.01	0.01
SEAR	Bangladesh	0.00	0.00
	Bhutan	–0.02	–0.01
	Democratic People's Republic of Korea	0.00	0.00
	India	0.00	0.00
	Indonesia	0.00	0.00
	Maldives	–0.36	–0.52
	Myanmar	0.00	0.00
	Nepal	0.00	0.00
	Sri Lanka	–0.01	–0.01
	Thailand	–0.02	–0.02
	Timor–Leste	0.00	–0.01

WPR	Australia	0.17	0.15
	Brunei Darussalam	–0.45	–0.37
	Cambodia	–0.01	–0.02
	China	0.00	0.00
	Cook Islands	0.00	0.00
	Fiji	–0.25	–0.25
	Japan	0.04	0.05
	Kiribati	–0.69	–0.16
	Lao People's Democratic Republic	–0.03	–0.04
	Malaysia	–0.14	–0.09
	Marshall Islands	—	—
	Micronesia (Federated States of)	–0.07	–0.06
	Mongolia	0.02	0.02
	Nauru	0.00	0.00
	New Zealand	0.32	0.30
	Niue	0.00	0.00
	Palau	—	—
	Papua New Guinea	–0.01	0.00
	Philippines	0.00	0.00
	Republic of Korea	0.01	0.01
	Samoa	–0.24	–0.21
	Singapore	–0.13	–0.12
	Solomon Islands	–0.01	–0.01
	Tonga	–0.21	–0.23
	Tuvalu	0.00	0.00
	Vanuatu	–0.24	–0.22
	Viet Nam	0.00	–0.01

Table IV.7 Brief description of the methodology and data sources for indicators related to health consequences

Indicator	Definition	Methodology
Age-standardized death rates for liver cirrhosis, road traffic injuries and cancer, 2016	Rates express events (e.g. deaths, hospitalizations) per population (such as per 10 000 inhabitants or per 100 000 inhabitants). However, health outcomes such as deaths or hospitalizations are markedly influenced by age; thus, simple (or in epidemiological terms crude) rates are influenced by the age distribution in countries. Developing countries have age distributions different from those of high-income countries – for instance, developing countries have more people in younger age categories.	To allow for comparability across countries, rates are statistically adjusted to one common population structure (the standardized population). In other words, standardized rates simulate a situation in which all countries would have the same age distribution in their population. Data are standardized using the WHO standard population data to reflect a number per 100 000 population (WHO, 2014c).
Alcohol-attributable fractions for liver cirrhosis, road traffic injuries and cancer, and for deaths from all causes, 2016	The alcohol-attributable fraction (AAF) denotes the proportion of a health outcome, which is caused by alcohol (i.e., that proportion which would disappear if alcohol consumption was removed). Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries).	Population-attributable fractions are calculated based on the level of exposure to alcohol and the risk relations between consumption and different disease or injury categories. For each disease the exact proportion is different and will depend on the level and patterns of alcohol consumption, and on the relative risks. Data are presented as a percentage.
Alcohol-attributable number of deaths for liver cirrhosis, road traffic injuries and cancer, 2016	The absolute number of deaths that can be attributed to alcohol for each of the three causes of death.	Alcohol-related deaths are calculated as the total number deaths (for each age-sex-country-disease unit) multiplied by the AAF (see above) for the same age-sex-country-disease unit.
Years of life lost (YLL) score 2016	A score from 1 to 5 was calculated, based on the percentage of YLL that can be attributed to alcohol where 1 was the lowest percentage of years lost and 5 was the highest percentage.	The YLL score is based on alcohol-attributable YLLs as a percentage of all YLLs, approximate quintiles. This takes account of the size of the country, as well as the overall life expectancy, which is determined mostly by wealth.
Alcohol-attributable disability-adjusted life years (DALYs)	The DALY is a measure of overall disease burden. Alcohol-attributable DALYs may be interpreted as the number of years lost due to ill-health, disability or early death from the use of alcohol. Alcohol attributable DALYs are DALYs that would not have occurred if alcohol were not consumed in the population.	Alcohol-attributable DALYs are calculated as the sum of alcohol-attributable YLL and YLD (years lost due to disability). Alcohol-attributable YLL and YLD are calculated as the total number of YLL/YLD for each age-sex-country-disease unit multiplied by the AAF for each age-sex-coountry-disease unit. AAFs for YLL and YLD are calculated separately, as alcohol may have a different impact on fatal versus nonfatal outcomes.
Prevalence of alcohol-use disorders and alcohol dependence	Data on the prevalence of people with alcohol use disorders (AUDs) including harmful use and alcohol dependence.	Where available, the original survey data on AUDs were used. When survey data were not available, the prevalence of AUDs from the *Global Status Report on Alcohol and Health 2014* was used.

Table IV.8 Causes and sources of relative risks and causality

Cause code	GHE 2016 cause category	ICD-10 coding	Relative risk	Causality
10	I. Communicable, maternal, perinatal and nutritional conditions	A00–B99, D50–D53, D64.9, E00–E02, E40–E46, E50–E64, G00–G04, G14, H65–H66, J00–J22, N70–N73, O00–O99, P00–P96, U04		
20	A. Infectious and parasitic diseases	A00–B99, G00–G04, G14, N70–N73, P37.3, P37.4		
30[1]	1 Tuberculosis	A15–A19, B90	Imtiaz et al., 2017	Rehm et al., 2009
100	3 HIV/AIDS	B20–B24	Rehm et al., 2017	Rehm et al., 2017; Scott-Sheldon et al., 2016
380	B. Respiratory infections	H65–H66, J00–J22, P23, U04		
390[1]	1 Lower respiratory infections	J09–J22, P23, U04	Samokhvalov et al., 2010a	Samokhvalov et al., 2010a; Traphagen et al., 2015; Simet & Sisson, 2015
600	II. Noncommunicable diseases	C00–C97, D00–D48, D55–D64 (minus D 64.9), D65–D89, E03–E07, E10–E34, E65–E88, F01–F99, G06–G98 (minus G14), H00–H61, H68–H93, I00–I99, J30–J98, K00–K92, L00–L98, M00–M99, N00–N64, N75–N98, Q00–Q99, X41–X42, X44, X45, R95		
610	A. Malignant neoplasms	C00–C97		
620	1 Mouth and oropharynx cancers	C00–C14		
621	a. Lip and oral cavity	C00–C08	Bagnardi et al., 2015; Marron et al., 2010	IARC, 2007, 2009
623	c. Other pharyngeal cancers	C09–C10, C12–C14	Bagnardi et al., 2015; Marron et al., 2010	IARC, 2007, 2009
630	2 Oesophagus cancer	C15	Bagnardi et al., 2015; Marron et al., 2010	IARC, 2007, 2009
650	4 Colon and rectum cancers	C18–C21	Bagnardi et al., 2015; Schütze et al., 2011	IARC, 2007, 2009
660	5 Liver cancer	C22	Turati et al., 2014; WCRF, 2015	IARC, 2007, 2009
700	9 Breast cancer	C50	Bagnardi et al., 2015	IARC, 2007, 2009
753	19 Larynx cancer	C32	Bagnardi et al., 2015; Marron et al., 2010	IARC, 2007, 2009
800	C. Diabetes mellitus	E10–E14 (minus E10.2–E10.29, E11.2–E11.29, E12.2, E13.2–E13.29, E14.2)	Knott et al., 2015; Rehm et al., 2010	Knott et al., 2015; Rehm et al., 2010
820	E. Mental and substance use disorders	F04–F99, G72.1, Q86.0, X41–X42, X44, X45		
860	4 Alcohol use disorders	F10, G72.1, Q86.0, X45	–	–
940	F. Neurological conditions	F01–F03, G06–G98 (minus G14, G72.1)		
970	3 Epilepsy	G40–G41	Samokhvalov et al., 2010c	Bartolomei et al., 1997; Barclay et al., 2008; Leach et al., 2012
1100	H. Cardiovascular diseases	I00–I99		
1120	2 Hypertensive heart disease	I10–I15	Puddey and Beilin, 2006; O'Keefe et al., 2014	Roerecke et al., personal communication
1130[1]	3 Ischaemic heart disease	I20–I25	Rehm et al., 2016; Roerecke et al., 2011, 2012, 2014	Mukamal & Rimm, 2001; Collins et al., 2009; Roerecke & Rehm, 2014

1140	4 Stroke	I60–I69		
1141[1]	a. Ischaemic stroke	G45–G46.8, I63–I63.9, I65–I66.9, I67.2–I67.848, I69.3–I69.4	Rehm et al., 2016 based on Patra et al., 2010	Puddey et al., 1999; Mazzaglia et al., 2001; Collins et al., 2009
1142[1]	b. Haemorrhagic stroke	I60–I62.9, I67.0–I67.1, I69.0–I69.298	Patra et al., 2010; Larsson et al., 2016	Puddey et al., 1999; Mazzaglia et al., 2001; Collins et al., 2009
1150	5 Cardiomyopathy, myocarditis, endocarditis	I30–I33, I38, I40, I42	–	–
1210	J. Digestive diseases	K20–K92		
1230[1]	2 Cirrhosis of the liver	K70, K74	Roerecke et al., personal communication	Gao & Bataller, 2011
1248[1]	8 Pancreatitis	K85–K86	Samokhvalov et al., 2015	Gao & Bataller, 2011; Braganza et al., 2011; Yadav et al., 2013; Lankisch et al., 2015; Majumder & Chari, 2016
1510	III. Injuries	V01–Y89 (minus X41–X42, X44, X45)		
1520	A. Unintentional injuries	V01–X40, X43, X46–59, Y40–Y86, Y88, Y89		
1530[1]	1 Road injury	V01–V04, V06, V09–V80, V87, V89, V99*	Shield et al., submitted for publication	WHO, 2009
1540[1]	2 Poisonings	X40, X43, X46–X48, X49	Shield et al., submitted for publication	WHO, 2009
1550[1]	3 Falls	W00–W19	Shield et al., submitted for publication	WHO, 2009
1560[1]	4 Fire, heat and hot substances	X00–X19	Shield et al., submitted for publication	WHO, 2009
1570[1]	5 Drowning	W65–W74	Shield et al., submitted for publication	WHO, 2009
1575[1]	6 Exposure to mechanical forces	W20–W38, W40–W43, W45, W46, W49–W52, W75, W76	Shield et al., submitted for publication	WHO, 2009
1590[1]	8 Other unintentional injuries	Rest of V, W39, W44, W53–W64, W77–W99, X20–X29, X50–X59, Y40–Y86, Y88, Y89	Shield et al., submitted for publication	WHO, 2009
1600	B. Intentional injuries	X60–Y09, Y35–Y36, Y870, Y871		
1610[1]	1 Self-harm	X60–X84, Y870	Shield et al., submitted for publication	WHO, 2009
1620[1]	2 Interpersonal violence	X85–Y09, Y871	Shield et al., submitted for publication	WHO, 2009

[1] For Belarus, Estonia, Latvia, Lithuania, Moldova, Russia and Ukraine, RRs from the Russian cohort study by Zaridze and colleagues were used to model mortality and morbidity from tuberculosis, lower respiratory infections, ischaemic heart disease, ischaemic stroke, haemorrhagic stroke, liver cirrhosis, pancreatitis, road injuries, other unintentional injuries, self-harm and interpersonal violence attributable to alcohol consumption (Zaridze at al., 2009; Shield & Rehm, 2015).

Table IV.9 Definition and/or explanation of policy indicators

Recommended target area for national action		Indicator	Definition and/or explanation (primarily in accordance with the Global Survey on Alcohol and Health 2016)
1	**LEADERSHIP, AWARENESS AND COMMITMENT**	Written national policy (adopted/ revised)	A written national policy on alcohol is an organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population, which is adopted at the national level.
		National action plan (yes or no)	A specific plan designed for the implementation of the written national policy.
		Presence of awareness–raising activities (yes or no)	National awareness–raising activities include campaigns or information about: young people's drinking, drink–driving, the impact of alcohol on health, illegal or surrogate alcohol use, binge drinking, parent awareness, alcohol and work, sports, pregnancy, HIV, domestic violence, older people, indigenous people and harm to others.
2	**HEALTH SERVICE RESPONSE**	Presence of a national focal point whether organizational or individual, for monitoring and reporting alcohol–related harm (yes or no)	A designated institution, organization or department with clear responsibilities for monitoring and reporting alcohol–related harm. This could also be a person with this designated responsibility who could be located at the Ministry of Health, at a drug control directorate or department, or at another specified institution, organization or department.
3	**COMMUNITY ACTION**	National support for community action (yes or no)	The specific ways a government could support community action are: earmarked funds, provision of technical tools, training and community programmes and policies, programmes for those subgroups at particular risk, provision of information, data dissemination and research studies.
4	**DRINK–DRIVING POLICIES AND COUNTERMEASURES**	National minimum legal blood alcohol concentration (BAC) when driving a vehicle (as a percentage).	Where data were not provided in the 2016 Global Survey on Alcohol and Health, the WHO Road Safety Report (2015) was used to determine the national maximum BAC when driving a vehicle (mgs %). Data are provided for the general population of drivers, for young people or novice drivers, and for professional drivers.
		Sobriety checkpoints (yes or no)	Sobriety checkpoints are checkpoints or roadblocks established by the police on public roadways to control for drink–driving.
		Random breath–testing (yes or no)	Random breath–testing means that any driver can be stopped by the police at any time to be breath–tested for alcohol consumption.
		Graduated licensing (yes or no)	Graduated licensing is a two–step system. In Step 1, a new driver must pass a knowledge test and a vision test. When this is accomplished, a restricted licence is issued. The restrictions may pertain to zero tolerance around alcohol and drug use, limitation of the times of day one can drive, and limitation of the class of roads where one can drive. In Step 2, new drivers have time to practice and gain driving experience. At the end of a specified time period, one or more road tests must be passed. This step must be completed within five years.
5	**AVAILABILITY OF ALCOHOL**	National control of production, import, sale, distribution and export	Government monopoly means full or almost complete government control. Licensing means partial government control where a licence is required. For both monopoly and licensing, respondents were asked to provide this information for beer, wine and spirits separately.
		National legal minimum age for on–/off–premise sales of alcoholic beverages	Legal age limit means that alcoholic beverages cannot be served or sold to a person under the specified age. Age limits apply to selling or serving beer, wine and spirits. They are also applied separately to on– premise (café, pub, bar, restaurant) and off–premise (stores, shops, supermarkets) sales or service.
		Restrictions for on–/off–premise sales of alcoholic beverages (yes or no)	An off–premise sale means selling as take–away (e.g. in stores, shops and supermarkets). Questions on restrictions on sales were asked in relation to hours, days, places, density, specific events and selling to those already intoxicated. On–premise sale means serving in cafes, pubs, bars and restaurants.). Questions on restrictions on sales were asked in relation to hours (set opening hours), days (designated days of the week), places (designated types of places), density (limit to number of outlets in a specific geographical area), specific events (specific kinds of events are restricted), selling to already intoxicated persons and selling at petrol stations. These restrictions apply to beer, wine and spirits. If the response for any beverage type is yes, "yes" is provided in country profile.
		Restrictions on drinking in public places	

Recommended target area for national action		Indicator	Definition and/or explanation (primarily in accordance with the 2012 Global Survey on Alcohol and Health)
6	MARKETING OF ALCOHOLIC BEVERAGES	Legally–binding regulations on alcohol advertising	Respondents were asked to indicate – for beer, wine, and spirits separately – if there were any legally–binding restrictions on alcohol advertising at the national level. If "yes", respondents were asked what the extent of the restriction was. Possible responses were: ban; partial statutory restriction (specifically as it applies during a certain time of day, for a certain place, or to the content of events, programmes, magazines, films, etc.); voluntary or self–regulated (the alcoholic beverage industry follows its internal voluntary rules); or no restriction. If the response for any beverage type was ban or partial statutory restriction, then "yes" is shown in the country profile. If the response was voluntary or no restriction, then "no" is shown.
		Legally–binding regulations on product placement	Respondents were asked to indicate – for beer, wine, and spirits separately – if there were any legally–binding restrictions on product placement (e.g. economic operators sponsor TV or film productions if their product is shown in these productions) at the national level. If "yes", respondents were asked what the extent of the restriction was. Possible responses were: ban; partial statutory restriction (specifically as it applies during a certain time of day, for a certain place, or to the content of events, programmes, magazines, films, etc.); voluntary or self–regulated (the alcoholic beverage industry follows its internal voluntary rules); or no restriction. If the response for any beverage type was ban or partial statutory restriction, then "yes" is shown in the country profile. If the response was voluntary or no restriction, then "no" appears.
		Legally–binding regulations on alcohol sponsorship	Respondents were asked to indicate – for beer, wine, and spirits separately – if there were any legally binding restrictions on alcohol sponsorship at the national level. Industry sponsorships included those for sporting and youth events. Sales promotions included promotions by producers (e.g. parties and events), below–cost promotions from retailers, and free drink sales promotions from owners of pubs and bars. Possible responses were: ban; partial statutory restriction; or voluntary or self–regulated (the alcoholic beverage industry follows its internal voluntary rules). If the response for any beverage type was ban or partial statutory restriction, then "yes" is shown in the country profile. If the response was voluntary or no restriction, then "no" appears.
		Legally–binding regulations on sales promotions	Respondents were asked to indicate – for beer, wine, and spirits separately – if there were any legally binding restrictions or on sales promotions at the national level. Industry sponsorships included those for sporting and youth events. Sales promotions included promotions by producers (e.g. parties and events), below–cost promotions from retailers, and free drink sales promotions from owners of pubs and bars. Possible responses were: ban; partial statutory restriction; or voluntary or self–regulated (the alcoholic beverage industry follows its internal voluntary rules). If the response for any beverage type was ban or partial statutory restriction, then "yes" is shown in the country profile. If the response was voluntary or no restriction, then "no" appears.
7	PRICING POLICIES	Excise tax on beer, wine, spirits (yes or no)	An excise tax is an inland tax applied on the sale of, or on production for the sale of, specific goods. Here it refers to beer, wine and spirits. Excise taxes are distinguished from custom duties, which are taxes on importation.
		Duty–paid excise or tax stamps or labels (yes or no)	This was asked for beer, wine and spirits separately.
		Inflation adjustment on alcohol taxes (yes or no)	Respondents were asked to provide this information for beer, wine and spirits separately.
		Presence of price measures other than taxation (yes or no)	Price measures such as: minimum price policy, ban on low–cost selling, ban on volume discounts, requirement to offer non–alcoholic beverages at a lower price, additional levies on specific products (e.g. on alcopops) and price measures to discourage underage and high–volume drinking.
8	REDUCING THE NEGATIVE CONSEQUENCES OF INTOXICATION	Legally–required health warning labels on alcohol advertisements and/or on alcohol containers (yes or no)	If "yes", respondents were asked to provide the text or a picture of the warning.
		Requirement to display consumer information about calories, additives, vitamins and micro–elements on the labels of alcohol containers (yes or no)	Respondents were asked to provide information about the requirement to display consumer information about calories, additives, vitamins and micro–elements on the labels of alcohol containers.
		Number of standard alcoholic drinks displayed on containers (yes or no)	The number of standard drinks in different container sizes for each beverage because different brands and types of beverages vary in their actual alcohol content.
		Alcohol content displayed on containers (yes or no)	Alcohol content varies with the size of the container and the type of beverage.
		Systematic alcohol server training (yes or no)	Server training means a form of occupational training provided to people serving alcohol, such as bar and restaurant staff, waiting staff or people serving at catered events. Alcohol server training promotes the safe service of alcoholic beverages to customers (e.g. not serving to intoxication, not serving those already intoxicated or to minors). Alcohol server training can be regulated and mandated by state or local laws.

Recommended target area for national action		Indicator	Definition and/or explanation (primarily in accordance with the 2012 Global Survey on Alcohol and Health)
9	REDUCING THE PUBLIC HEALTH IMPACT OF UNRECORDED ALCOHOL	Legislation to prevent the illegal production of alcohol (yes or no)	Respondents were asked to provide this information for beer, wine and spirits separately.
		Legislation to prevent the illegal sale of alcohol (yes or no)	Respondents were asked to provide this information for beer, wine and spirits separately.
10	MONITORING AND SURVEILLANCE	National monitoring systems (yes or no)	The four national monitoring systems focus on: alcohol consumption; health consequences; social consequences; and alcohol policy responses. If the response to any of these options was yes, "yes" is shown in the country profile.
		National surveys (adult or youth) since 2010 (yes or no)	National surveys where alcohol is specifically addressed or where it is part of a larger international survey.
OTHER		Sociodemographic context	In order to provide a complete picture of the countries for which data relating to alcohol and health are shown, statistics on total population, population 15 years of age and older, population in urban areas and income group are provided at the beginning of each country profile. Annual growth rate and literacy rate for 2016 are provided.
		Total ban on alcohol use	Alcohol is totally prohibited in some countries. If this was indicated when asked about a written national policy on alcohol, this was verified by email. If a country did not respond to the survey and had previously indicated that alcohol use was prohibited in that country, contact was made by email to verify that this was still the situation in 2016.
		Definition of an alcoholic beverage (yes or no)	If "yes", the definition was requested.
		Definition of a standard drink (yes or no)	If "yes", the definition was requested.
		Traditional and local beverages	Traditional and local beverages contribute to both recorded and unrecorded portions of alcohol consumption.

Table IV.10 Countries with a total ban on alcoholic beverages by WHO region, 2016

WHO region	Total ban coutnries
AFR (1)	Mauritania
AMR (0)	
EMR (7)	Afghanistan, Iran (Islamic Republic of), Libya, Saudi Arabia, Somalia, Sudan, Yemen
EUR (0)	
SEAR (1)	Maldives
WPR (1)	Brunei Darussalam*

* No response to the Global Survey on Alcohol and Health 2016.

REFERENCES

Abbey A, Wegner R, Woerner J, Pegram SE, Pierce J (2014). Review of survey and experimental research that examines the relationship between alcohol consumption and men's sexual aggression perpetration. Trauma Violence Abuse. 15(4):265–82.

ACD Working Group for Review of the Moderate Alcohol and Cardiovascular Health Trial (2018). June 2018 report. Bethesda (MD): National Institutes of Health Advisory Committee to the Director (https://acd.od.nih.gov/documents/presentations/06152018Tabak-B.pdf, accessed 12 August 2018).

Adler NE, Newman K (2002). Socioeconomic disparities in health: pathways and policies. Health Aff (Millwood). 21(2):60–76.

Adulyanon S (2012). Funding health promotion and diseases prevention programmes: an innovative financing experience from Thailand. WHO South-East Asia J of Public Health. 1(2):201-7.

Ahmad O, Boschi-Pinto C, Lopez A, Murray CJ, Lozano R, Inoue M. Age standardization of rates: a new WHO standard. GPE Discussion Paper Series, No.31. Geneva: World Health Organization; 2001 (http://www.who.int/healthinfo/paper31.pdf, accessed 30 August 2018).

AIHW (2018). National drug strategy household survey 2016: key findings. Canberra: Australian Institute for Health and Welfare (https://www.aihw.gov.au/reports/illicit-use-of-drugs/ndshs-2016-key-findings/data, accessed 12 August 2018).

Alcohol Ireland (2017). Progressive steps to restrict alcohol advertising conditions taken by fellow EU member Estonia (http://alcoholireland.ie/progressive-steps-restrict-alcohol-advertising-conditions-taken-fellow-eu-member-estonia/, accessed 16 August 2018).

Alexander M, Barbieri M, Kiang M (2017). Opioid deaths by race in the United States, 2000–2015. Paper presented at the Population Association of America meetings, Chicago, 27–29 April 2017 (https://osf.io/preprints/socarxiv/jm38s, accessed 12 August 2018).

Allen L, William J, Townsend N, Mikkelsen B, Roberts N, Foster C et al. (2017). Socioeconomic status and non-communicable disease behavioral risk factors in low-income and lower-middle-income countries: a systematic review. Lancet Glob Health. 5(3):e277–89.

American Diabetes Association (2004). Blood glucose and risk of cardiovascular disease in the Asia pacific region. Diabetes care. 27:2836-42.

Anderson P, Chisholm D, Fuhr DC (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet. 373(9682):2234–46.

Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G (2009). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. Alcohol Alcohol. 44(3):229–43.

Armstrong R, Ng C (2014). Alcohol, police lapses at fault in Singapore's Little India riot – inquiry. Reuters, 30 June 2015 (https://uk.reuters.com/article/uk-singapore-riots/alcohol-police-lapses-at-fault-in-singapores-little-india-riot-inquiry-idUKKBN0F516220140630, accessed 24 July 2018).

Ashton T, Casswell S, Gilmore L (1989). Alcohol taxes: do the poor pay more than the rich? Br J Addiction. 84(7):759–66.

Babor TF (2010). Alcohol: no ordinary commodity – research and public policy. New York (NY): Oxford University Press.

Babor TF, Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N et al. (2010). Alcohol: no ordinary commodity: research and public policy (2). New York (NY): Oxford University Press.

Bagnardi V, Rota M, Botteri E, Tramacere I, Islami F, Fedirko V et al. (2015). Alcohol consumption and site-specific cancer risk: a comprehensive dose-response meta-analysis. Br J Cancer. 112(3):580–93.

Bakke Ø, Endal D (2010). Vested interests in addiction research and policy alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. Addiction. 105(1):22–8.

Baliunas D, Rehm J, Irving H, Shuper P (2010). Alcohol consumption and risk of incident human immunodeficiency virus infection: a meta-analysis. Int J Public Health. 55(3):159–66.

Barclay G, Barbour J, Stewart S, Day C, Gilvarry E (2008). Adverse physical effects of alcohol misuse. Adv Psychiatr Treat. 14:139–51.

Barrio P, Reynolds J, García-Altés A, Gual A, Anderson P (2017). Social costs of illegal drugs, alcohol and tobacco in the European Union: a systematic review. Drug Alcohol Rev. 36(5):578–88.

Bartholomeusz S (2018). This full-bodied move by Penfolds comes with risk. The Age (Melbourne), 4 July 2018.

Bartolomei F, Suchet L, Barrie M, Gastaut J-L (1997). Alcoholic epilepsy: a unified and dynamic classification. Eur Neurol. 37:13–7.

Baumberg B (2010). World trade law and a framework convention on alcohol control. J Epidemiol Community Health. 64:473–4.

Beaglehole R, Bonita R, Horton R, Adams C, Alleyne G, Asaria P et al. (2011) Priority actions for the non-communicable disease crisis. Health Policy. 377(9775):P1438–47.

Bellis MA, Hughes K, Nicholls J, Sheron N, Gilmore I, Jones L (2016). The alcohol harm paradox: using a national survey to explore how alcohol may disproportionately impact health in deprived individuals. BMC Public Health. 18:111.

Bergen G, Pitan A, Qu S, Shults RA, Chattopadhyay SK, Elder RW et al. (2014). Publicized sobriety checkpoint programs: a community guide systematic review. Am J Prev Med. 46(5):529–39.

Bickel WK, DeGrandpre RJ (2013). Drug policy and human nature: psychological perspectives on the prevention, management, and treatment of illicit drug abuse. New York (NY): Springer US.

Blas E, Sivasankara Kurup A, editors (2015). Equity, social determinants and public health programmes. Geneva: World Health Organization (http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf, accessed 12 August 2018).

Bloomfield K, Gmel G, Neve R, Mustonen H (2001). Investigating gender convergence in alcohol consumption in Finland, Germany, The Netherlands, and Switzerland: a repeated survey analysis. Subst Abus. 22(1):39–53.

Bloomfield K, Grittner U, Kramer S, Gmel G (2006). Social inequalities in alcohol consumption and alcohol-related problems in the study countries of the EU concerted action "Gender, Culture and Alcohol Problems: A Multi-National Study". Alcohol Alcohol Suppl. 41(1):i26–36.

Boden JM, Fergusson DM (2011). Alcohol and depression. Addiction. 106:906–14.

Boffetta P, Hashibe M (2006). Alcohol and cancer. The Lancet oncology. 7(2):149–56.

Bolton JM, Robinson J, Sareen J (2009). Self-medication of mood disorders with alcohol and drugs in the National Epidemiologic Survey on Alcohol and Related Conditions. J Affect Disord. 115(3):367–75.

Borges G, Bagge CL, Cherpitel CJ, Conner KR, Orozco R, Rossow I (2017). A meta-analysis of acute use of alcohol and the risk of suicide attempt. 47(5):949–57.

Braganza JM, Lee SH, McCloy RF, McMahon MJ (2011). Chronic pancreatitis. Lancet. 377:1184–97.

Bratberg GH, Wilsnack SC, Wilsnack R, Haughland SH, Krostad S, Sund ER et al. (2016). Gender differences and gender convergence in alcohol use over the past three decades (1984–2008). The HUNT Study, Norway. BMC Public Health. 16:723.

Bray F, Soerjomataram I (2015). The changing global burden of cancer: transitions in human development and implications for cancer prevention and control. In: Gelband H, Jha P, Sankaranarayanan R, Horton S, editors. Cancer: disease control priorities. Third edition: volume 3. Washington (DC): The World Bank.

Briasoulis A, Agarwal V, Messerli FH (2012). Alcohol consumption and the risk of hypertension in men and women: a systematic review and meta-analysis. J Clin Hypertens (Greenwich). 14(11):792–8.

Brown SA, McGue M, Maggs J, Schulenberg J, Hingson R, Swartzwelder S et al. (2008). A developmental perspective on alcohol and youths 16 to 20 years of age. Pediatrics. 121(Supp 4):S290–310 (http://www.ncbi.nlm.nih.gov/pubmed/18381495, accessed 13 August 2018).

Bruha R, Dvorak K, Petrtyl J (2012). Alcoholic liver disease. World J Hepatol.4. 3:81.

Bryant KJ (2006). Expanding research on the role of alcohol consumption and related risks in the prevention and treatment of HIV/AIDS. Subst Use Misuse. 41(10–12):1465–507.

Burgis T (2009). Botswana sobers up. Financial Times, 15 May 2009 (https://www.ft.com/content/dc6381e4-3e90-11de-9a6c-00144feabdc0, accessed 24 July 2018).

Burton R, Sheron N (2018). No level of alcohol consumption improved health. Lancet (http://dx.doi.org/10.1016/S0140-6736(18)3157-X, accessed September 2 2018).

Burton TM (2018). NIH ends study on health benefits of alcohol, citing improper ties to industry. Wall Street Journal, 15 June 2018 (https://www.wsj.com/articles/nih-ends-study-on-health-benefits-of-alcohol-citing-improper-ties-to-industry-1529086642, accessed 12 August 2018).

Business Tech (2018). New legal drinking age for South Africa is one step closer (https://businesstech.co.za/news/lifestyle/228829/new-legal-drinking-age-for-south-africa-is-one-step-closer/, accessed 24 July 2018).

Callinan S, Livingston M, Room R, Dietze P (2018). How much alcohol is consumed outside of the lifetime risk guidelines in Australia? Drug Alcohol Rev. 37(1):42–7.

Cameron L, Williams J (2001). Cannabis, alcohol and cigarettes: substitutes or complements? Econ Rec. 77(236):19–34.

Campbell CA, Hahn RA, Elder R, Brewer R, Chattopadhyay SK, Fielding J et al. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. Am J Prev Med. 37(6):556–69.

Cao Y, Willett WC, Rimm EB, Stampfer MJ, Giovannucci EL (2015). Light to moderate intake of alcohol, drinking patterns, and risk of cancer: results from two prospective US cohort studies. BMJ. 351:h4238.

Caswell S, Thamarangsi T (2009). Reducing harm from alcohol: call to action. Lancet. 373:2247–57.

Cerdá M, Sarvet AL, Wall M, Feng T, Keyes KM, Galea S et al. (2018). Medical marijuana laws and adolescent use of marijuana and other substances: alcohol, cigarettes, prescription drugs, and other illicit drugs. Drug Alcohol Depend. 183:62–8.

Cherpitel C, Borges G, Giesbrecht N, Monteiro M, Stockwell T (2013). Prevention of alcohol-related injuries in the Americas: from evidence to policy action. Washington (DC): Pan American Health Organization.

Chisholm D, Moro D, Bertram M, Pretorius C, Gmel G, Shield K et al. (2018). Are the "Best Buys" for alcohol control still valid? an update on the comparative cost-effectiveness of alcohol control strategies at the global level. J Stud Alcohol Drugs. 79:514–22.

Chudley A, Conry J, Cook JL, Loock C, Rosales T, LeBlanc N (2005). Fetal alcohol spectrum disorder: Canadian guidelines for diagnosis. CMAJ. 172.1–21.

Coffin PO, Galea S, Ahern J, Leon AC, Vlahov D, Tardiff K (2003). Opiates, cocaine and alcohol combinations in accidental drug overdose deaths in New York City, 1990–98. Addiction. 98(6):739–47.

Collins MA, Neafsey EJ, Mukamal KJ, Gray MO, Parks DA, Das DK et al. (2009). Alcohol in moderation, cardioprotection, and neuroprotection: epidemiological considerations and mechanistic studies. Alcohol Clin Exp Res. 33:206–19.

Collins SE (2016). Associations between socioeconomic factors and alcohol outcomes. Alcohol Res. 38(1):83–94.

Colson E, Scudder T (1988). For prayer and profit: the ritual, economic, and social importance of beer in Gwembe district, Zambia, 1950–1982. Stanford (CA): Stanford University Press.

Connery HS, Albright BB, Rodolico JM (2014). Adolescent substance use and unplanned pregnancy: strategies for risk reduction. Obstet Gynecol Clin North Am. 41(2):191–203.

Connor J, Haber P, Hall W (2016). Alcohol-use disorders. Lancet. 387(10022):988–8.

Cook JL, Green CR, Lilley CM (2016). Fetal alcohol spectrum disorder: a guideline for diagnosis across the lifespan. CMAJ. 188:191–97.

Cook WK, Bond J, Greenfield TK (2014). Are alcohol policies associated with alcohol consumption in low- and middle-income countries? Addiction. 109(7):1081–90.

Cortes V, Taveira A, Cruz H, Reis A, Cezar J, Silva B et al. (2017). Prevalence of hepatitis B and C virus infection among alcoholic individuals: importance of screening and vaccination. Revista Do Instituto De Medicina Tropical De São Paulo.

Dal Maso L, Torellin N, Biancotto E, Di Maso M, Gini A, Franchin G et al. (2016). Combined effect of tobacco smoking and alcohol drinking in the risk of head and neck cancers: a re-analysis of case–control studies using bi-dimensional spline models. Eur J Epidemiol. 31(4):385–93.

Danaei G, Finucane MM, Lu Y, Singh GM, Cowan MJ, Paciorek CJ et al. (2011). National, regional, and global trends in fasting plasma glucose and diabetes prevalence since 1980: systematic analysis of health examination surveys and epidemiological studies with 370 country-years and 2.7 million participants. Lancet. 378(9785):31–40.

Darvishi N, Farhadi M, Haghtalab T, Poorolajal J (2015). Alcohol-related risk of suicidal ideation, suicide attempt, and completed suicide: a meta-analysis. PLOS ONE. 10(5):e0126870.

De Leon J, Rendon DM, Baca-Garcia E, Aizpuru F, Gonzalez-Pinto A, Anitua C et al. (2007). Association between smoking and alcohol use in the general population: stable and unstable odds ratios across two years in two different countries. Alcohol Alcohol. 42(3):252–7.

De Looze M, Raaijmakers Q, Bogt TT, Bendtsen P, Farhat T, Ferreira M et al. (2015). Decreases in adolescent weekly alcohol use in Europe and North America: evidence from 28 countries from 2002 to 2010. Eur J of Public Health. 25(Suppl. 2):69–72.

De Oliveira LCM, dos Anjos MGT, Macedo RM, Borges AS (2016). Alcohol consumption and associated factors among HIV/AIDS patients. Braz J Infect Dis. 20(3):320–1.

Department of Child and Adolescent Correction and Protection (2008). Research project on crime decreasing strategy among child and adolescent. Bangkok: Department of Child and Adolescent Correction and Protection.

Devaux M, Sassi F (2015). Alcohol consumption and harmful drinking: Trends and social disparities across OECD countries, OECD Health Working Papers 79. Paris: OECD Publishing (https://www.oecd-ilibrary.org/social-issues-migration-health/alcohol-consumption-and-harmful-drinking_5js1qwkz2p9s-en, accessed 12 August 2018).

Di Gennaro F, Pizzol D, Cebola B, Stubbs B, Monno L, Saracino A et al. (2017). Social determinants of therapy failure and multi drug resistance among people with tuberculosis: a review. Tuberculosis. 103:44-51.

Dolganiuc A (2015). Alcohol and viral hepatitis: role of lipid rafts. ARCR. 37(2):299.

Dufour MC, Caces MF (1993). Epidemiology of the medical consequences of alcohol. Alcohol Res Health. 17(4):265–71.

Duke AA, Giancola PR, Morris DH, Holt JC, Gunn RL (2011). Alcohol dose and aggression: another reason why drinking more is a bad idea. J Stud Alcohol Drugs. 72(1):34–43.

Durkheim E (1997). The division of labour in society. French original 1895. Translated by W.D. Halls. New York: Free Press.

Edwards G, Savva S (2001). ILSI Europe, the drinks industry, and a conflict of interest undeclared. Addiction. 96(2):197–202.

Elder RW, Lawrence B, Ferguson A, Naimi TS, Brewer RD, Chattopadhyay et al. (2010). The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. Am J Prev Med. 38(2):217–29.

ESPAD (2015). Results from the European School Survey Project on Alcohol and Other Drugs 2015. Lisbon: ESPAD (www.espad.org/sites/espad.org/files/ESPAD_report_2015.pdf, accessed 13 August 2018).

Esser MB, Bao J, Jernigan DH, Hyder AA (2016). Evaluation of the evidence base for the alcohol industry's actions to reduce drink driving globally. Am J Public Health. 106(4):707–13.

Esser MB, Jernigan DH (2018). Policy approaches for regulating alcohol marketing in a global context: a public health perspective. Annu Rev Public Health. 39:385–401.

EUCAM (2018). Sweden: first steps toward alcohol marketing regulation online. Amsterdam: European Centre for Monitoring Alcohol Marketing (http://eucam.info/2018/01/31/sweden-first-steps-toward-alcohol-marketing-regulation-online/, accessed 23 July 2018).

Ezzati M, Lopez A, Rodgers A, Murray C (2004). Comparative quantification of health risks. Global and regional burden of disease attributable to selected major risk factors. Geneva: World Health Organization.

Ezzati M, Riboli E (2012). Can non-communicable diseases be prevented? lessons from studies of populations and individuals. Science. 337:1482–7.

Fawehinmi TO, Ilomäki J, Voutilainen S, Kauhanen J (2012). Alcohol consumption and dietary patterns: the FinDrink study. PLOS ONE. 7(6):e38607.

FC (2013). Riot in Singapore: big trouble in Little India. The Economist, 11 December 2013.

Fell JC, Fisher DA, Yao J, McKnight AS (2017). Evaluation of a responsible beverage service and enforcement program: effects on bar patron intoxication and potential impaired driving by young adults. Traffic Inj Prev. 18(6)557–65.

Fenelon A, Chen LH, Baker SP (2016). Major causes of injury death and the life expectancy gap between the United States and other high-income countries. JAMA. 315(6):609–11.

Fergusson DM, Boden JM, Horwood LJ (2009). Tests of causal links between alcohol abuse or dependence and major depression. Arch Gen Psychiatry. 66(3):260–6.

Feunekes GI, van't Veer P, van Staveren WA, Kok FJ (1999). Alcohol intake assessment: the sober facts. Am J Epidemiol. 150:105–12.

Finan L, Simpson E, Schulz J, Ohannessian C (2018). Parental problem drinking and emerging adult problem behavior: the moderating role of parental support. J Child Fam Stud. 27(4):1175–85 (http://link.springer.com/10.1007/s10826-017-0953-8, accessed 13 August 2018).

Foster GR, Dunbar JA, Whittet D, Fernando GCA (1988) Contribution of alcohol to deaths in road traffic accidents in Tayside 1982–1986. Br Med J. 296(6634):1430–2.

French MT, Norton EC, Fang H, Maclean JC (2010). Alcohol consumption and body weight. Health Econ. 19(7):814–32.

Fuller-Thomson EB, Robyn K, Vi TP, Liddycoat JPM, Brennenstuhl S (2013). The long arm of parental addictions: the association with adult children's depression in a population-based study. Psychiatry Res. 210(1):95–101.

Fulu E, Jewkes R, Roselli T, Garcia-Moreno C (2013). Prevalence of and factors associated with male perpetration of intimate partner violence: findings from the UN multi-country cross-sectional study on men and violence in Asia and the Pacific. Lancet Glob Health. 1(4):e187–207.

Gable RS (2004). Comparison of acute lethal toxicity of commonly abuse psychoactive substances. Addiction. 99(6):686–96.

Gao B, Bataller R (2011). Alcoholic liver disease: pathogenesis and new therapeutic targets. Gastroenterology. 141:1572–85.

Gawryszewski VP, Monteiro MG (2014). Mortality from diseases, conditions and injuries where alcohol is a necessary cause in the America, 2007–09. Addiction. 109(4):570–7.

GBD 2016 Alcohol Collaborators (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the global burden of disease study 2016. Lancet (http://dx.doi.org/10.1016/S0140-6736(18)31310-2, accessed 2 September 2018).

George A, Figueredo VM (2010). Alcohol and arrhythmias: a comprehensive review. J Cardiovasc Med. 11(4):221–8.

Giancola PR, Josephs RA, Parrott DJ, Duke AA (2010). Alcohol myopia revisited: clarifying aggression and other acts of disinhibition through a distorted lens. Perspect Psychol Sci. 5(3):265–78.

Gmel G, Rehm J (2004). Measuring alcohol consumption. Contemp Drug Probs. 31:467.

Gmel G, Shield KD, Frick H, Kehoe T, Gmel G, Rehm J (2011). Estimating uncertainty of alcohol-attributable fractions for infectious and chronic diseases. BMC Med Res Methodol. 11:48.

Gmel G, Shield KD, Kehoe-Chan TA, Rehm J (2013). The effects of capping the alcohol consumption distribution and relative risk functions on the estimated number of deaths attributable to alcohol consumption in the European Union in 2004. BMC Med Res Methodol. 13:1.

Gonzaga D (2018). Seminário virtual "Álcool e lesões de trânsito nas Américas" [Virtual Seminar "Alcohol and Traffic Injuries in the Americas"]. Porto Alegre: Fundação Thiago Gonzaga.

Graham K, Bernards S, Munné M, Wilsnack S (2008). Unhappy hours: alcohol and partner aggression in the Americas. Washington (DC): Pan American Health Organization.

Graham K, Bernards S, Wilsnack SC, Gmel G (2011). Alcohol may not cause partner violence but it seems to make it worse: a cross national comparison of the relationship between alcohol and severity of partner violence. J Interpers Violence. 26(8):1503–23.

Griswold M (2016). Is the average Bahamian an alcoholic? Adjusting alcohol sales data to account for tourism. Institute for Health Metrics and Evaluation. University of Washington.

Grittner U, Kuntsche S, Graham K, Bloomfield K (2012). Social inequalities and gender differences in the experience of alcohol-related problems. Alcohol Alcohol. 47(5):597–605.

Gross R, Bellamy SL, Ratshaa B, Han X, Steenhoff AP, Mospele M et al. (2017). Effects of sex and alcohol use on antiretroviral therapy outcomes in Botswana: a cohort study. Addiction. 112(1):73–81.

Grundy A, Poirier AE, Khandwala F, McFadden A, Friedenreich CM, Brenner DR (2016). Cancer incidence attributable to alcohol consumption in Alberta in 2012, CMAJ Open. 4:E507.

Gubner NR, Delucchi KL, Ramo DE (2016). Associations between binge drinking frequency and tobacco use among young adults. Addict Behav. 60:191–6.

Guiraud V, Amor MB, Mas JL, Touzé E (2010). Triggers of ischemic stroke: a systematic review. Stroke. 41(11):2669–77.

Haagsma JA, Graetz N, Bolliger I, Naghavi M, Higashi H, Mullany EC et al. (2016). The global burden of injury: incidence, mortality, disability-adjusted life years and time trends from the Global Burden of Disease study 2013. Inj Prev. 22:3–18.

Haddon Jr W (1980). Advances in the epidemiology of injuries as a basis for public policy. Public Health Rep. 95(5):411–21.

Hamdi NR, Krueger RF, South SC (2015). Socioeconomic status moderates genetic and environmental effects on the amount of alcohol use. Alcohol Clin Exp Res. 39(4):603–10.

Han LY (2015a). Parliament: liquor incidents in Little India and Geylang disproportionately higher. The Straits Times, 30 January 2015 (https://www.straitstimes.com/singapore/courts-crime/parliament-liquor-incidents-in-little-india-and-geylang-disproportionately, accessed 12 August 2018).

Han LY (2015b). What you can or cannot do under the new alcohol law. The Straits Times, 1 April 2015 (https://www.straitstimes.com/singapore/what-you-can-or-cannot-do-under-the-new-alcohol-law, accessed 12 August 2018).

Hawkins B, Holden C, McCambridge J (2012). Alcohol industry influence on OK alcohol policy: a new research agenda for public health. Critical Public Health. 22(3):297–305.

Hay SI, Abajobir AA, Abate KH, Abbafati C, Abbas KM, Abd-Allah F et al. (2017). Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet. 390(10100):1260–344.

Hendershot CS, Stoner SA, Pantalone DW, Simoni JM (2009). Alcohol use and antiretroviral adherence: review and meta-analysis. J Acquir Immune Defic Syndr. 52(2):180–202.

Henriksen TB, Hjollund NH, Jensen TK, Bonde JP, Andersson AM, Kolstad H et al. (2004). Alcohol consumption at the time of conception and spontaneous abortion. AJE. 160(7):661–7.

Hill C (2003). Alcool et risque de cancer. Gerontol Soc. 59–67.

Hiscock R, Bauld L, Amos A, Fidler JA, Munafò M (2012). Socioeconomic status and smoking: a review. Ann N Y Acad Sci. 1248(1): 107–23.

Holmes MV, Dale CE, Zuccolo L, Silverwood RJ, Guo Y, Ye Z et al. (2014). Association between alcohol and cardiovascular disease: Mendelian randomization analysis based on individual participant data. BMJ. 349:g4164.

Hosseinpoor AR, Bergen N, Kunst A, Harper S, Guthhold R, Rekve D et al. (2012). Socioeconomic inequalities in risk factors for non-communicable diseases in low-income and middle-income countries: results from the World Health Survey. BMC Public Health. 12:192.

Hoyme HE, Kalberg WO, Elliott AJ, Blankenship J, Buckley D, Marais AS et al. (2016). Updated clinical guidelines for diagnosing fetal alcohol spectrum disorders. Pediatrics. 138(2):e20154256.

Huang A, Chang B, Sun Y, Liu H, Li B, Teng G et al. (2017). Disease spectrum of alcoholic liver disease in Beijing 302 Hospital from 2002 to 2013. Medicine (Baltimore). 96(7):e6163.

Hummel A, Shelton K, Heron J, Moore L, van den Bree, M (2013). A systematic review of the relationships between family functioning, pubertal timing and adolescent substance use. Addiction. 108(3):487–96 (http://www.ncbi.nlm.nih.gov/pubmed/23163243, accessed 13 August 2018).

Iacovoni A, De Maria R, Gavazzi A (2010). Alcoholic cardiomyopathy. J Cardiovasc Med. 11(12):884–92.

IARC (2007). IARC monographs on the evaluation of carcinogenic risks to humans. Volume 96 – Alcohol consumption and ethyl carbamate. Lyon: International Agency for Research on Cancer.

IARC (2009). IARC monographs on the evaluation of carcinogenic risks to humans. Volume 100E – Personal habits and indoor combustions. Lyon: International Agency for Research on Cancer.

Imtiaz S, Shield KD, Roerecke M, Samokhvalov AV, Lönnroth K, Rehm J (2017). Alcohol consumption as a risk factor for tuberculosis: meta-analyses and burden of disease. Eur Respir J. 50:1700216.

Institute of Alcohol Studies (2017). Alcohol policy in Thailand (http://www.ias.org.uk/What-we-do/Publication-archive/The-Globe/Issue-2-2007-amp-1-2007/International-Conference-on-Alcohol-held-in-Seoul-Korea/Alcohol-policy-in-Thailand.aspx, accessed 12 August 2018).

Jankowiak WR, Bradburd D, editors (2003). Drugs, labor, and colonial expansion. Tucson (AZ): Univ Ariz Press.

Jernigan D, Noel J, Landon J, Thornton N, Lobstein T (2016). Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. Addiction. 7(1):7–20.

Jernigan D, Trangenstein P (2017). Global developments in alcohol policies: progress in implementation of the WHO global strategy to reduce the harmful use of alcohol since 2010. Geneva: World Health Organization (http://www.who.int/substance_abuse/activities/fadab/msb_adab_gas_progress_report.pdf, accessed 12 August 2018).

Jernigan DH (2009). The global alcohol industry: an overview. Addiction. 104:6–12.

Jernigan DH, Babor TF (2015). The concentration of the global alcohol industry and its penetration in the African region. Addiction. 110(4):551–60.

Jones-Webb R, Nelson T, McKee P, Toomey T (2014). An implementation model to increase the effectiveness of alcohol control policies. Am J Health Promot. 28(5):328–35.

Kaiser KA, Bredenkamp C, Iglesias RM (2016). Sin tax reform in the Philippines: transforming public finance, health, and governance for more inclusive development. Directions in development. Washington, D.C. World Bank Group (http://documents.worldbank.org/curated/en/638391468480878595/Sin-tax-reform-in-the-Philippines-transforming-public-finance-health-and-governance-for-more-inclusive-development, accessed September 2, 2018).

Kalichman SC, Simbayi LC, Kaufman M, Cain D, Jooste S (2007). Alcohol use and sexual risks for HIV/AIDS in sub-Saharan Africa: systematic review of empirical findings. Prev Sci. 8(2):141–51.

Kalichman SC, Simbayi LC, Vermaak R, Jooste S, Cain D (2008). HIV/AIDS risks among men and women who drink at informal alcohol serving establishments (Shebeens) in Cape Town, South Africa. Prev Sci. 9(1):55–62.

Kan MY, Lau M (2013). Comparing alcohol affordability in 65 cities worldwide. Drug Alcohol Rev. 32(1):19–26.

Kanny D, Brewer RD, Mesnick JB, Paulozzi LJ, Naimi TS, Lu H (2015). Vital signs: alcohol poisoning deaths – United States, 2010–2012. MMWR Morb Mortal Wkly Rep. 63(53):1238–42.

Karriker-Jaffe KJ, Room R, Giesbrecht N, Greenfield TK (2018). Alcohol's harm to others: opportunities and challenges in a public health framework. J Stud Alcohol Drugs. 79(2):239–43.

Katikireddi SV, Whitley E, Lewsey J, Gray L, Leyland AH (2017). Socioeconomic status as an effect modifier of alcohol consumption and harm: analysis of linked cohort data. Lancet Public Health. 2(6):e267–76.

Kehoe T, Gmel G, Shield KD, Gmel G, Rehm J (2012). Determining the best population-level alcohol consumption model and its impact on estimates of alcohol-attributable harms. Popul Health Metr. 10:1.

Kesmodel U, Kesmodel SP (2002). drinking during pregnancy: attitudes and knowledge among pregnant Danish women, 1998. ACER. 26:1553-60.

Kiepek N, Beagan B, Harris J (2018). A pilot study to explore the effects of substances on cognition, mood, performance, and experience of daily activities. Perform Enhanc Health. 6(1):3–11.

Kim SJ, Kim DJ (2012). Alcoholism and diabetes mellitus. Diabetes Metab J. 36(2):108–15.

King AC (1994). Enhancing the self-report of alcohol consumption in the community: two questionnaire formats. Am J Public Health. 84:294–6.

Klatsky A (2015). Alcohol and cardiovascular diseases: where do we stand today? J Intern Med. 278(3):238–50.

Kleiman MR (1999). Some comments on the problem of integrating econometric and behavioural economic research. In: Chaloupka FJ, Grossman M, Bickel WK, Saffer H, editors. The economic analysis of substance use and abuse: an integration of economics and behavioural economics. Chicago: Univ Chic Press. 242–7.

af Klinteberg B, Almquist Y, Beijer U, Rydelius P-A. (2011). Family psychosocial characteristics influencing criminal behaviour and mortality-possible mediating factors: a longitudinal study of male and female subjects in the Stockholm Birth Cohort. BMC Public Health. 11(1):756 (http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-11-756, accessed 13 August 2018).

Knott C, Bell S, Britton A (2015). Alcohol consumption and the risk of type 2 diabetes: a systematic review and dose-response meta-analysis of more than 1.9 million individuals from 38 observational studies. Diabetes Care. 38:1804–12.

Kochanek KD, Arias E, Bastian BA (2016). The effect of changes in selected age-specific causes of death on non-Hispanic white life expectancy between 2000 and 2014. NCHS data brief. 250:1–8.

Kodama S, Saito K, Tanaka S, Horikawa C, Saito A, Heianza Y et al. (2011). Alcohol consumption and risk of atrial fibrillation: a meta-analysis. J Am Coll Cardiol. 57(4):427–36.

Krahé B, Berger A, Vanwesenbeeck I, Bianchi G, Chliaoutakis J, Fernández-Fuertes AA et al. (2015). Prevalence and correlates of young people's sexual aggression perpetration and victimisation in 10 European countries: a multi-level analysis. Cult Health Sex. 17(6):682–99.

Kuhns JB, Exum ML, Clodfelter TA, Bottia MC (2014). The prevalence of alcohol-involved homicide offending: a meta-analytic review. Homicide Stud. 18(3):251–70.

Kuhns JB, Wilson DB, Clodfelter TA, Maguire ER, Ainsworth SA (2011). A meta-analysis of alcohol toxicology study findings among homicide victims. Addiction. 106(1):62–72.

Lachenmeier DW, Rehm J (2009). Unrecorded alcohol: a threat to public health? Addiction. 104(6):875–7.

Lachenmeier DW, Rehm J (2015). Comparative risk assessment of alcohol, tobacco, cannabis and other illicit drugs using the margin of exposure approach. Sci Rep. 5:8126 (https://www.nature.com/articles/srep08126.pdf, accessed 12 August 2018).

Lancet (2007). Global mental health (series). Lancet. 370.

Lange S, Probst C, Rehm J, Popova S (2017). Prevalence of binge drinking during pregnancy by country and World Health Organization region: systematic review and meta-analysis. Reprod Toxicol. 73:214–21.

Lankisch P, Apte M, Banks P (2015). Acute pancreatitis. Lancet. 386:2058.

Laprawat S, Peltzer K, Pansila W, Tansakul C (2017). Alcohol use disorder and tuberculosis treatment: a longitudinal mixed method study in Thailand. SAJP. 23(1).

Larsson SC, Drca N, Wolk A (2014). Alcohol consumption and risk of atrial fibrillation: a prospective study and dose-response meta-analysis. J Am Coll Cardiol. 64(3):281–9.

Laslett AM, Catalano P, Chikritzhs T, Dale C, Doran C, Ferris J et al. (2010)., The range and magnitude of alcohol's harm to others. Canberra: Alcohol Education and Rehabilitation Foundation.

Laslett AM, Jiang H, Room R (2017a). Alcohol's involvement in an array of harms to intimate partners. Drug Alcohol Rev. 36(1):72–9.

Laslett AM, Rankin G, Waleewong O, Callinan S, Hoang HTM, Florenzano R et al. (2017b). A multi-country study of harms to children because of others' drinking. J Stud Alcohol Drugs. 78(2):195–202.

Lau N, Sales P, Averill S, Murphy F, Sato SO, Murphy S (2015). A safer alternative: cannabis substitution as harm reduction. Drug Alcohol Rev. 34(6):654–9.

Law on Alcohol Control (2018). Republic of Lithuanian Law on Alcohol Control. 18 April 1995 No I-857. http://www.lithuanialaw.com/lithuanian-law-on-alcohol-control-505, accessed 3 September 2018).

Leach JP, Mohanraj R, Borland W (2012). Alcohol and drugs in epilepsy: pathophysiology, presentation, possibilities, and prevention. Epilepsia. 53:48–57.

Leon DA, Saburova L, Tomkins S, Andreev E, Kiryanov N, McKee M et al. (2007). Hazardous alcohol drinking and premature mortality in Russia: a population based case-control study. Lancet. 369(9578):2001–9.

Leong DP, Smyth A, Teo KK, McKee M, Rangarajan S, Pais P et al. (2014). Patterns of alcohol consumption and myocardial infarction risk: observations from 52 countries in the INTERHEART case-control study. Circulation. 113(5):390–8.

Levin ML (1953). The occurrence of lung cancer in man. Acta Unio Int Contra Cancrum. 9:531–41.

Levine HG (1981). The vocabulary of drunkenness. J Stud Alcohol. 42(11):1038–51.

Lewin F, Norell SE, Johansson H, Gustavsson P, Wennerberg J, Biörklund A et al. (1998). Smoking tobacco, oral snuff, and alcohol in the etiology of squamous cell carcinoma of the head and neck. Cancer. 82(7):1367–75.

Lim SS, Vos T, Flaxman AD (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the global burden of disease study 2010. Lancet. 380(9859):2224–60.

Livingston M (2014). Trends in non-drinking among Australian adolescents. Addiction. 109(6):922–9.

Livingston M (2015). Understanding recent trends in Australian alcohol consumption. Canberra: Foundation for Alcohol Research and Education & Centre for Alcohol Policy Research (http://fare.org.au/wp-content/uploads/Understanding-recent-trends-in-Australian-alcohol-consumption.pdf, accessed 12 August 2018).

Llopis EJ (2017). Funding mechanisms for the prevention and treatment of alcohol and substance use disorders. Discussion paper developed for the WHO Forum on alcohol, drugs and addictive behaviours, Geneva, 26–28 June 2017 (http://www.who.int/substance_abuse/activities/fadab/event/en/, accessed 12 September 2018).

Lönnroth K, Williams B, Stadlin S, Jaramillo E, Dye C (2008). Alcohol use as a risk factor for tuberculosis – a systematic review. BMC Public Health. 8(1):289–300.

Lucas L (2008). Botswana in a froth over beer. BBC News, 31 July 2008 (http://news.bbc.co.uk/2/hi/africa/7522157.stm, accessed 24 July 2018).

Lundsberg L, Peglow S, Qasba N, Yonkers K, Gariepy A (2018). Is preconception substance use associated with unplanned or poorly timed pregnancy? J Addict Med. 12(4):321–8.

Lutz W, Sanderson W, Scherbov S (2008). The coming acceleration of global population ageing. Nature. 451(7179):716–9.

Majumder S, Chari ST (2016). Chronic pancreatitis. Lancet. 387:1957–66.

Mangiavacchi L, Piccoli L (2018). Parental alcohol consumption and adult children's educational attainment. Econ Hum Biol. 28:132–45 (https://www.sciencedirect.com/science/article/pii/S1570677X16301526?via%3Dihub, accessed 14 August 2018).

Manthey J, Imtiaz S, Neufeld M, Rylett M, Rehm J (2017). Quantifying the global contribution of alcohol consumption to cardiomyopathy. Popul Health Metr. 15:20.

Manthey J, Probst C, Rylett M, Rehm J (2018). National, regional, and global mortality due to alcoholic cardiomyopathy in 2015. Heart.

Matthee R (2014). Alcohol in the Islamic Middle East: ambivalence and ambiguity. Past Present. 222(Suppl. 9):100–25.

Matumo V (2015). Alcohol levy hiked to 55 percent. Weekend Post, 19 January 2015 (http://www.weekendpost.co.bw/wp-news-details-archive.php?nid=410, accessed 12 August 2018).

Mazzaglia G, Britton AR, Altmann DR, Chenet L (2001). Exploring the relationship between alcohol consumption and non-fatal or fatal stroke: a systematic review. Addiction. 96:1743–56.

McCambridge J, Hawkins B, Holden C (2014). Vested interests in addiction research and policy: the challenge corporate lobbying poses to reducing society's alcohol problems: insights from UK evidence on minimum unit pricing. Addiction. 109:199–205.

McCambridge J, Mialon M, Hawkins B (2018). Alcohol industry involvement in policymaking: a systematic review. Addiction. 113(9):1571–84.

McIntyre D (2015). WHO global coordinating mechanism on the prevention and control of noncommunicable diseases. Working group on how to realize governments' commitment to provide financing for NCDs. Geneva: World Health Organization.

Mcpherson M, Casswell S, Pledger M (2004). Gender convergence in alcohol consumption and related problems: issues and outcomes from comparisons of New Zealand survey data. Addiction. 99(6):738–48.

Miguez MJ, Shor-Posner G, Morales G, Rodrigues A, Burbano X (2003). HIV treatment in drug abusers: impact of alcohol use. Addict Biol. 8(1):33–7.

Mitra B, Charters KE, Spencer JC, Fitzgerald MC, Cameron, PA (2017). Alcohol intoxication in non-motorized road trauma. Emerg Med Australas. 29(1):96–100.

Mokdad AA, Lopez AD, Shahraz S, Lozano R, Mokdad AH, Stanaway J et al. (2014). Liver cirrhosis mortality in 187 countries between 1980 and 2010: a systematic analysis. BMC Med. 12:145.

Montonen M (2017). Regulation of alcohol marketing in Finland. European Policy Seminar, Brussels.

Mukamal KJ, Rimm EB (2001). Alcohol's effects on the risk for coronary heart disease. Alcohol Res Health. 25:255–62.

Nahid P, Dorman S, Alipanah N, Barry P, Brozek J, Cattamanchi A, Chaisson L et al. (2016). Executive summary: official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America clinical practice guidelines: treatment of drug-susceptible tuberculosis. Clin Infect Dis. 63(7):853–67.

Nakagami T, DECODA Study Group (2004). Hyperglycemia and mortality from all causes and from cardiovascular disease in five populations of Asian origin. Diabetologia. 47(3):385–94.

Nemtsov AV (2002). Alcohol-related human losses in Russia in the 1980s and 1990s. Addiction. 97(11):1413–25.

Neufeld M, Rehm J (2018). Effectiveness of policy changes to reduce harm from unrecorded alcohol in Russia between 2005 and now. Int J Drug Policy. 51:1–9 (https://www.ijdp.org/article/S0955-3959(17)30284-0/pdf, accessed 12 August 2018).

Neuman MG, Monteiro M, Rehm J (2006). Drug interactions between psychoactive substances and antiretroviral therapy in individuals infected with human immunodeficiency and hepatitis viruses. Subst Use Misuse. 41(10–12):1395–463.

Neuman MG, Schneider M, Nanau RM, Parry C (2012). Alcohol consumption, progression of disease and other comorbidities, and responses to antiretroviral medication in people living with HIV. AIDS Res Treat. 2012:1–14.

NHMRC (2009). Australian guidelines to reduce health risks from drinking alcohol. Canberra: National Health and Medical Research Council. (https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ds10-alcohol.pdf, accessed 12 August 2018).

Nicholls J (2009). The politics of alcohol: a history of the drink question in England. Oxford: Oxford University Press.

O'Brien P, Gleeson D, Room R, Wilkinson C (2017). Marginalizing health information: implications of the trans-pacific partnership agreement for alcohol labelling. Melb Univ Law Rev. 41:341–91 (https://law.unimelb.edu.au/__data/assets/pdf_file/0009/2494341/09-OBrien-et-al.pdf, accessed 14 August 2018).

O'Keefe JH, Bhatti SK, Bajwa A, Dinicolantonio JJ, Lavie CJ (2014). Alcohol and cardiovascular health: the dose makes the poison… or the remedy. Mayo Clin Proc. 89(3):382–93.

O'Brien P (2012). Australia's double standard on Thailand's alcohol warning labels. Drug Alcohol Rev. 32:5–10.

Olshansky SJ, Passardo DJ, Hershow RC, Layden J, Carnes BA, Brody J et al. (2005). A potential decline in life expectancy in the United States in the 21st century. N Engl J Med. 352(11):1138–45.

Ong J (2016). Measures in place to prevent a repeat of Little India riot: Senior Minister of State Desmond Lee assures Parliament of steps in place to ensure that foreign worker hotspots are kept secure and orderly. Central News Asia International Edition, 2 April 2016 (https://www.channelnewsasia.com/news/singapore/measures-in-place-to-prevent-a-repeat-of-little-india-riot-mha-8093740, accessed 12 August 2018).

Oscar-Berman M, Marinkovi´c K (2007). Alcohol: effects on neurobehavioral functions and the brain. Neuropsychol Rev. 17(3):239–57 (https://link.springer.com/article/10.1007/s11065-007-9038-6#Sec2, accessed 12 August 2018).

Oulman E, Kim HMT, Yunis K, Tamim H (2015). Prevalence and predictors of unintended pregnancy among women: an analysis of the Canadian maternity experiences survey. BMC Pregnancy and Childbirth. 15:260.

Paasma R, Hovda KE, Tikkerberi A, Jacobsen D (2007). Methanol mass poisoning in Estonia: outbreak in 154 patients. Clin Toxicol (Phila). 45(2):152–7.

Pande JN, Singh SP, Khilnani GC, Khilnani S, Tandon RK (1996). Risk factors for hepatotoxicity from antituberculosis drugs: a case-control study. Thorax. 51(2):132–6.

Pantani D, Sparks R, Sanchez ZM, Pinsky I (2012). "Responsible drinking" programs and the alcohol industry in Brazil: killing two birds with one stone? Soc Sci Med. 75(8):1387–91.

Pape H, Rossow I, Storvoll EE (2009). Under double influence: assessment of simultaneous alcohol and cannabis use in general youth populations. Drug Alcohol Depend. 101(1–2):69–73.

Paredes A (1975). Social control of drinking among the Aztec Indians of Mesoamerica. JSAD. 36(9):1139–53.

Park S, Schepp KG (2015). A systematic review of research on children of alcoholics: their inherent resilience and vulnerability. J Child Fam Stud. 24(5):1222 31.

Parker R, Neuberger J (2018). Alcohol, diet and drug use preceding alcoholic hepatitis. Digestive Diseases. 36(4):298–305.

Patra J, Jha P, Rehm J, Suraweera W (2014). Tobacco smoking, alcohol drinking, diabetes, low body mass index and the risk of self-reported symptoms of active tuberculosis: individual participant data (IPD) meta-analyses of 72,684 individuals in 14 high tuberculosis burden countries. PLOS ONE. 9(5):e96433.

Patra J, Taylor B, Irving H, Roerecke M, Baliunas D, Mohapatra S et al. (2010). Alcohol consumption and the risk of morbidity and mortality for different stroke types – a systematic review and meta-analysis. BMC Public Health. 10:258.

Peek-Asa C (1999). The effect of random alcohol screening in reducing motor vehicle crash injuries. Am J Prev Med. 16:57–67.

Pennay A, Holmes J, Törrönen J, Livingston M, Kraus L, Room R (2018). Researching the decline in adolescent drinking: the need for a global and generational approach. Drug Alcohol Rev. 37:S115–9.

Perry CL, Williams CL, Veblen-Mortenson S, Toomet TL, Komro KA, Anstine PS et al. (1996). Project Northland: outcomes of a communitywide alcohol use prevention program during early adolescence. Am J Public Health. 86(7):956–65.

Peterson JB, Rothfleisch J, Zelazo PD, Pihl RO (1990). Acute alcohol intoxication and cognitive functioning. J Stud Alcohol. 51(2):114–22.

Pham CV, Tran HT, Tran NT (2018). Alcohol consumption and binge drinking among adult population: evidence from the CHILILAB health and demographic surveillance system in Vietnam. J Public Health Manag Pract. 24:S67–73.

Pierani P, Tiezzi S (2009). Addiction and interaction between alcohol and tobacco consumption. Empir Econ. 37(1):1–23.

Pisinger VSC, Bloomfield K, Tolstrup JS (2016). Perceived parental alcohol problems, internalizing problems and impaired parent-child relationships among 71 988 young people in Denmark. Addiction. 111(11):1966–74 (http://doi.wiley.com/10.1111/add.13508, accessed 13 August 2018).

Pitso J, Obot IS (2011). Botswana alcohol policy and the presidential levy controversy. Addiction. 106(6):898–905.

Popova S, Giesbrecht N, Bekmuradov D, Patra J (2009). Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. Alcohol Alcohol. 44(5):500–16.

Popova S, Lange S, Probst C, Gmel G, Rehm J (2017). Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis. Lancet Global Health. 5:e290-9.

Popova S, Lange S, Shield K, Mihic A, Chudley AE, Mukherjee RA et al. (2016). Comorbidity of fetal alcohol spectrum disorder: a systematic review and meta-analysis. Lancet. 387(10022):978–87.

Pridemore WA, Chamlin MB (2006). A time-series analysis of the impact of heavy drinking on homicide and suicide mortality in Russia, 1956–2002. Addiction. 101(12):1719–29.

Probst C, Fleischmann A, Gmel G, Poznyak V, Rekve D, Riley L et al. (in press). The global proportion and volume of unrecorded alcohol in 2015. J Glob Health Rep.

Probst C, Manthey J, Rehm J (2017). Understanding the prevalence of lifetime abstinence from alcohol: an ecological study. Drug Alcohol Depend. 178(1):126–9.

Probst C, Merey A, Rylett M, Rehm J (2018). Unrecorded alcohol use: a global modelling study on Delphi assessments and survey Data. Addiction. 113(7):1231–41.

Probst C, Roerecke M, Behrendt S, Rehm J (2014). Socioeconomic differences in alcohol-attributable mortality compared with all-cause mortality: a systematic review and meta-analysis. Int J Epidemiol. 43(4):1314–27.

Puddey IB, Rakic V, Dimmitt S, Beilin L (1999). Influence of pattern of drinking on cardiovascular disease and cardiovascular risk factors - a review. Addiction. 94:649–63.

Rabiee R, Agardh E, Coates MM, Allebeck P, Danielsson AK (2017). Alcohol–attributed disease burden and alcohol policies in the BRICS–countries during the years 1990–2013. J Glob Health. 7(1):010404 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5344011/, accessed 12 August 2018).

Razvodovsky YE (2018). Binge drinking and gender gap in all-cause mortality in Russia. Acta Sci Med Sci. 2(3):18–9 (https://actascientific.com/ASMS/pdf/ASMS-02-0048.pdf, accessed 12 August 2018).

Rehm J (1998). Measuring alcohol consumption: how about adopting usual epidemiological standards? Addiction. 970–2.

Rehm J, Anderson P, Kanteres F, Parry CH, Samokhvalov AV, Patra J (2009b). Alcohol, social determinants and infectious disease. Toronto: Centre for Addiction and Mental Health.

Rehm J, Baliunas D, Borges GL, Graham K, Irving H, Kehoe T, et al., (2010a). The relation between different dimensions of alcohol consumption and burden of disease: an overview. Addiction. 105(5):817–43.

Rehm J, Gmel GE, Gmel G, Hasan OS, Imtiaz S, Popova S et al. (2017a). The relationship between different dimensions of alcohol use and the burden of disease—an update. Addiction. 112(6):968–1001.

Rehm J, Kailasapillai S, Larsen E, Rehm MX, Samokhvalov AV, Shield KD et al. (2014). A systematic review of the epidemiology of unrecorded alcohol consumption and the chemical composition of unrecorded alcohol. Addiction. 109:880–93.

Rehm J, Kanteres F, Lachenmeier DW (2010). Unrecorded consumption, quality of alcohol and health consequences. Drug Alcohol Rev. 29(4):426–36.

Rehm J, Kehoe T, Gmel G jun, Stinson F, Grant B, Gmel G sen (2010b). Statistical modeling of volume of alcohol exposure for epidemiological studies of population health: the US example. Popul Health Metr. 8(1):3.

Rehm J, Klotsche J, Patra J (2007). Comparative quantification of alcohol exposure as risk factor for global burden of disease. Int J Methods Psychiatr Res. 16(2):66–76.

Rehm J, Poznyak, V (2015). On monitoring unrecorded alcohol consumption. Alkoholizm i Narkomania (Alcoholism and Drug Addiction). 28(2):79–89.

Rehm J, Probst C, Shield KD, Shuper PA (2017b). Does alcohol use have a causal effect on HIV incidence and disease progression? A review of the literature and a modeling strategy for quantifying the effect, Popul Health Metr. 15:4.

Rehm J, Samokhvalov AV, Neuman MG, Room R, Parry C, Lönnroth K et al. (2009a). The association between alcohol use, alcohol use disorders and tuberculosis (TB). A systematic review. BMC Public Health. 9:450.

Rehm J, Shield KD, Joharchi N, Shuper PA (2012). Alcohol consumption and the intention to engage in unprotected sex: systematic review and meta-analysis of experimental studies. Addict. 107(1):51–9.

Rehm J, Shield KD, Roerecke M, Gmel G (2016). Modelling the impact of alcohol consumption on cardiovascular disease mortality for comparative risk assessments: an overview. BMC Public Health. 16:363.

Reis RK, Melo ES, Gir E (2016). Factors associated with inconsistent condom use among people living with HIV/Aids. Rev Bras Enferm. 69(1):40–6.

Republic of Singapore (1997). Miscellaneous Offences (Public Order and Nuisance) Act, Chapter 184.

Republic of Singapore (2015). Liquor Control (Supply and Consumption) Act. 6.

Republic of South Africa (2016). Liquor Amendment Bill. In: Ministry of Trade and Industry, editors (https://www.gov.za/sites/default/files/40319_gon1206.pdf, accessed 12 August 2018).

Rivara FP, Koepsell TD, Jurkovich GJ, Gurney JG, Soderberg R (1993). The effects of alcohol abuse on readmission for trauma. JAMA. 270(16):1962–4.

Roerecke M, Rehm J (2010). Irregular heavy drinking occasions and risk of ischemic heart disease: a systematic review and meta-analysis. Am J Epidemiol. 171(6):633–44.

Roerecke M, Rehm J (2011). Ischemic heart disease mortality and morbidity rates in former drinkers: a meta-analysis. Am J Epidemiol. 173:245–58.

Roerecke M, Rehm J (2012). The cardioprotective association of average alcohol consumption and ischaemic heart disease: a systematic review and meta-analysis. Addiction. 107:1246–60.

Roerecke M, Rehm J (2014). Alcohol consumption, drinking patterns, and ischemic heart disease: a narrative review of meta-analyses and a systematic review and meta-analysis of the impact of heavy drinking occasions on risk for moderate drinkers. BMC Med. 12:182.

Roizen R (2004). How does the nation's "alcohol problem" change from era to era? Stalking the social logic of problem-definition transformations since repeal. In: Tracy S, Acker C, editors. Altering the American consciousness: essays on the history of alcohol and drug use in the United States, 1800–2000. Amherst (MA): University of Massachusetts Press (http://www.roizen.com/ron/postrepeal.htm, accessed 12 August 2018).

Room R (2004a). Disabling the public interest: alcohol policies and strategies for England. Addiction. 99:1083–9.

Room R (2004b). Smoking and drinking as complementary behaviours. Biomed Pharmacother. 58(2):111–5.

Room R (2005). Stigma, social inequality and alcohol and drug use. Drug Alcohol Rev. 24(2):143–55.

Room R (2006). International control of alcohol: alternative paths forward. Drug Alcohol Rev. 25:581–95.

Room R (2009). The relation between blood alcohol content and clinically assessed intoxication: Lessons from applying the ICD-10 Y90 and Y91 codes in the Emergency Room R. In: Cherpitel CJ, Borges G, Giesbrecht N, Hungerford D, Peden M, Poznyak V, Room R, Stockwell T, editors. Alcohol and injuries: emergency department studies in an international perspective. Geneva: World Health Organization:149–60.

Room R (2018). Relevant to all disciplines and professions but central to none: how may central alcohol and drug research flourish? Nordisk Alkohol Nark. 35(2):104–7.

Room R, Hall W (2017). Frameworks for understanding drug use and societal responses. In: Ritter A, King T, Hamilton M, editors. Drug use in Australian society. 2:69–83. Sydney: Oxford University Press.

Room R, Jernigan D (2000). The ambiguous role of alcohol in economic and social development. Addiction. 95(Suppl4):523–35.

Room R, Livingston M (2017). The distribution of customary behaviour in a population: the total consumption model and alcohol policy. Sociol Perspect. 60(1):10–22 (http://journals.sagepub.com/doi/pdf/10.1177/0731121416683278, accessed 12 August 2018).

Room R, Mäkelä P, Schmidt L, Rehm J (2006). Alcohol, health disparities and development. Geneva: World Health Organization (http://www.robinroom.net/Alchealth.pdf, accessed 12 August 2018).

Room R, Rehm J, Parry C (2011). Alcohol and non-communicable diseases (NCDs): time for a serious international public health effort. Addiction. 106:1547–8.

Room R, Schmidt L, Rehm J, Mäkelä P (2008). International regulation of alcohol. BMJ. 337:a2364 (https://www.bmj.com/content/337/bmj.a2364.full, accessed 12 August 2018).

Rorabaugh WJ (1979). The alcoholic republic: an American tradition. New York (NY): Oxford University Press.

Ross HL (1984). Deterring the drinking driver: legal policy and social control. Lexington (MA): Lexington Books.

Rossow I (1996). Alcohol-related violence: the impact of drinking pattern and drinking context. Addiction. 91(11):1651–61.

Rossow I (2001). Alcohol and homicide: a cross-cultural comparison of the relationship in 14 European countries. Addiction. 96(Suppl. 1):77–92.

Rossow I, Felix L, Keating P, McCambridge J (2016b). Parental drinking and adverse outcomes in children: a scoping review of cohort studies. Drug Alcohol Rev. 35(4):397–405 (http://doi.wiley.com/10.1111/dar.12319, accessed 13 August 2018).

Rossow I, Keating P, Felix L, McCambridge J (2016a). Does parental drinking influence children's drinking? A systematic review of prospective cohort studies. Addiction. 111(2):204–17 (http://doi.wiley.com/10.1111/add.13097, accessed 13 August 2018).

Rostrup M, Edwards JK, Abukalish M, Ezzabi M, Some D, Ritter H et al. (2016). The methanol poisoning outbreaks in Libya 2013 and Kenya 2014. PLOS ONE. 11(3):e0152676.

Samokhvalov A, Irving H, Rehm J (2010a). Alcohol consumption as a risk factor for pneumonia: a systematic review and meta-analysis. Epidemiol Infect. 138:1789–95.

Samokhvalov AV, Irving H, Mohapatra S, Rehm J (2010b). Alcohol consumption as a risk factor for atrial fibrillation: a systematic review and meta-analysis. Eur J Cardiovasc Prev Rehabil. 17(6):706–12.

Samokhvalov AV, Irving H, Mohapatra S, Rehm J (2010c). Alcohol consumption, unprovoked seizures, and epilepsy: a systematic review and meta-analysis. Epilepsia. 51:1177–84.

Samokhvalov AV, Rehm J, Roerecke M (2015). Alcohol consumption as a risk factor for acute and chronic pancreatitis: a systematic review and a series of meta-analyses. EBioMedicine. 2:1996–2002.

Sandahl TD1, Jepsen P, Thomsen KL, Vilstrup H (2010). Incidence and mortality of alcoholic hepatitis in Denmark 1999-2008: a nationwide population-based cohort study. J Hepatol. 54(4):760–4.

Sarkar D, Jung MK, Wang HJ (2015). Alcohol and the immune system. Alcohol Res. 37(2):153–5.

Saxena S, Sharma R, Maulik PK (2003). Impact of alcohol use on poor families: a study from north India. J Subst Abus. 8(2):78–84.

Scherer M, Fell JC, Thomas S, Voas RB (2015). Effects of dram shop, responsible beverage service training, and state alcohol control laws on underage drinking driver fatal crash ratios. Traffic Inj Prev. 16:S59–65.

Schmidt L, Room R (2012). Alcohol and the process of economic development: contributions from ethnographic research. Int J Alcohol Drug Res. 1:1–15.

Schoeps A, Peterson ER, Mia Y, Waldie KE, D'Souza S, Morton SMB (2018). Prenatal alcohol consumption and infant and child behavior: evidence from the growing up in New Zealand cohort. Early Hum Dev. 123:22–9.

Schrieks IC, Heil AL, Hendriks HF, Mukamal KJ, Beulens JW (2015). The effect of alcohol consumption on insulin sensitivity and glycemic status: a systematic review and meta-analysis of intervention studies. Diabetes Care. 38(4):723–32.

Schuckit MA (2009). Alcohol-use disorders. Lancet. 373(9662):492-501.

Schuper PA, Neuman M, Kanteres F, Baliunas D, Jorarchi D, Rehm J (2010). Causal considerations on alcohol and HIV/AIDS – a systematic review. Alcohol Alcohol. 45(2):159–66.

Schütze M, Boeing H, Pischon T, Rehm J, Kehoe T, Gmel G et al. (2011). Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study. BMJ. 342:d1584.

Scoccianti C, Straif K, Romieu I (2013). Recent evidence on alcohol and cancer epidemiology. Future oncology. 9(9):1315–22.

Scott-Sheldon L, Carey KB, Cunningham K, Johnson B, Carey MP (2016). Alcohol use predicts sexual decision making: a systematic review and meta-analysis of the experimental literature. AIDS Behav. 20(Suppl 1):19–39 (http://link.springer.com/article/10.1007/s10461-015-1108-9, accessed September 2 2018).

Scott-Sheldon LA, Carey KB, Carey MP, Cain D, Simbayi LC, Kalichmand SC (2014). Alcohol use disorder, contexts of alcohol use, and the risk of HIV transmission among South African male patrons of shebeens. Drug Alcohol Depend. 140:198–204.

Seedat M, Van Niekerk A, Jewkes R, Suffla S, Ratele K (2009). Violence and injuries in South Africa: prioritising an agenda for prevention. Lancet. 374(9694):1011–22.

Stickley A, Leinsalu M, Andreev E, Razvodovsky Y, Vågerö D, McKee M (2007). Alcohol poisoning in Russia and the countries in the European part of the former Soviet Union, 1970–2002. Eur J Public Health. 17(5):444–9.

Sebego M, Naumann RB, Rudd RA, Voetsch K, Dellinger AM, Ndlovu C (2014). The impact of alcohol and road traffic policies on crash rates in Botswana, 2004–2011: a time-series analysis. Accid Anal Prev. 70:33–9.

Sharmin S, Kypri K, Khanam M, Wadolowski M, Bruno R, Mattick R (2017). Parental supply of alcohol in childhood and risky drinking in adolescence: systematic review and meta-analysis. Int J Environ Res Public Health. 14(3):287 (http://www.ncbi.nlm.nih.gov/pubmed/28282955, accessed 13 August 2018).

Sherk A, Stockwell T, Chikritzhs T, Andréasson S, Angus C, Gripenberg J et al. (2018). Alcohol consumption and the physical availability of take-away alcohol: systematic reviews and meta-analyses of the days and hours of sale and outlet density. J Stud Alcohol Drugs. 79(1):58–67.

Shield KD, Gmel G, Gmel G, Mäkelä P, Probst C, Room R et al (2017). Life-time risk of mortality due to different levels of alcohol consumption in seven European countries: implications for low-risk drinking guidelines. Addiction. 112:1535–44.

Shield KD, Marant Micallef C, Hill C, Touvier M, Arwidson P, Bonaldi C et al. (2018). New cancer cases in France in 2015 attributable to different levels of alcohol consumption. Addiction. 113(2):247–56.

Shield KD, Rehm J (2012). Difficulties with telephone-based surveys on alcohol consumption in high-income countries: the Canadian example. Int J Methods Psychiatr Res. 21:17–28.

Shield KD, Rehm J (2015a). Global risk factor rankings: the importance of age-based health loss inequities caused by alcohol and other risk factors. BMC Res Notes. 8:231.

Shield KD, Rehm J (2015b). Russia-specific relative risks and their effects on the estimated alcohol-attributable burden of disease. BMC Public Health. 15:482.

Shield KD, Ye Y, Sherk A, Manthey J, Cherpitel C, Patra J et al. (submitted for publication). Methods for estimating the burden of injuries attributable to alcohol consumption.

Shults RA, Elder RW, Sleet DA, Nichols JL, Alao MO, Carande-Kulis VG et al. (2001). Reviews of evidence regarding interventions to reduce alcohol-impaired driving. Am J Prev Men. 21:66–88.

Sim W (2013). Alcohol consumption in public areas of Little Indie remains banned on weekends. The Straits Times, 18 December 2013 (https://www.straitstimes.com/singapore/alcohol-consumption-in-public-areas-of-little-india-remains-banned-on-weekends, accessed 12 August 2018).

Sim W (2014). Little India Riot: one year later – MP: residents want current alcohol curbs to stay. The Straits Times, 6 December 2014 (https://www.straitstimes.com/singapore/little-india-riot-one-year-later-mp-residents-want-current-alcohol-curbs-to-stay, accessed 14 August 2018).

Simet SM, Sisson JH (2015). Alcohol's effects on lung health and immunity. Alcohol Res. 37:199.

Singapore Police Force (2017). Liquor Control (Supply and Consumption) Act. 2017 (http://www.police.gov.sg/e-services/apply/licenses-and-permits/liquor-licence/liquor-control-act, accessed 12 August 2018).

Sinha P, Srivastava G, Gupta A, Anupurba S (2017). Association of risk factors and drug resistance pattern in tuberculosis patients in North India. J Glob Infect Dis. 9(4):139-45.

Sinkamba RP (2015). Alcohol abuse and interventions strategies in Botswana and China: a preliminary study. Pula: Botswana Journal of African Studies. 29(1).

Smith KC, Cukier S, Jernigan DH (2014). Defining strategies for promoting product through "drink responsibly" messages in magazine ads for beer, spirits and alcopops. Drug Alcohol Depend. 142:168–73.

Smith SW, Atkin CK, Roznowski J (2006). Are "drink responsibly" alcohol campaigns strategically ambiguous? Health Commun. 20(1):1–11.

Solodun Y, Monakhova Y, Kuballa T, Samokhvalov A, Rehm J, Lachenmier D (2011). Unrecorded alcohol consumption in Russia: toxic denaturants and disinfectants pose additional risks. Interdiscip Toxicol. 4(4):198–205.

Sommer I, Griebler U, Mahlknecht P, Thaler K, Bouskill K, Gartlehner G et al. (2015). Socioeconomic inequalities in non-communicable diseases and their risk factors: an overview of systematic reviews. BMC Public Health. 15:914.

Sornpaisarn B, Shield KD, Rehm J (2012). Alcohol taxation policy in Thailand: implications for other low- to middle-income countries. Addiction. 107:1372–84 (10.1111/j.1360-0443.2011.03681.x, accessed September 2 2018).

Spear LP (2018). Effects of adolescent alcohol consumption on the brain and behaviour. Nature Rev Neurosci. 19(4):197–214 (http://www.nature.com/doifinder/10.1038/nrn.2018.10, accessed 13 August 2018).

Stenberg k, Elovainio R, Chisholm D, Fuhr D, Perucic AM, Rekve D et al. (2010). Responding to the challenges of resource mobilization – mechanisms for raising additional domestic resources for health. World Health Report. Background paper 13. Geneva: World Health Organization.

Stickley A, Leinsalu M, Andreev E, Razvodovsky Y, Vagerö D, Mckee M (2007). Alcohol poisoning in Russia and the countries in the European part of the former Soviet Union, 1970–2002. Eur J Public Health. 17(5):444–9.

Stockwell T, Zhao J, Sherk A, Rehm J, Shield KD, Naimi T (in press). Underestimation of alcohol consumption in cohort studies and implications for alcohol's contribution to the global burden of disease. Addiction.

Stringhini S, Carmeli C, Jokela M, Avendaño M, Muennig P, Guida F et al. (2017). Socioeconomic status and the 25 x 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1.7 million men and women. Lancet. 389(10075):1229–37.

Su J, Kuo S, Aliev F, Guy M, Derlan C, Edenberg H et al. (2018). Influence of parental alcohol dependence symptoms and parenting on adolescent risky drinking and conduct problems: a family systems perspective. Alcohol Clin Exp Res (http://doi.wiley.com/10.1111/acer.13827, accessed 13 August 2018).

SAMSHA (2014). Results from the 2013 National Survey on Drug Use and Health. Summary of National Findings, NSDUH Series H-48. HHS Publication No. (SMA).14-4863. Rockville (MD): Substance Abuse and Mental Health Services Administration.

Tauchmann H, Lenz S, Requate T, Schmidt CM (2013). Tobacco and alcohol: complements or substitutes? Empir Econ. 45(1):539–66.

Taylor A, Denniston M, Klevens R, McKnight-Eily L, Jiles R (2016). Association of hepatitis C virus with alcohol use among U.S. adults: NHANES 2003–2010. Am J Prev Med. 51(2):206–15.

Taylor B, Irving HM, Baliunas D, Roerecke M, Patra J, Mohapatra S et al. (2009). Alcohol and hypertension: gender differences in dose–response relationships determined through systematic review and meta-analysis. Addiction. 104(12):1981–90.

Thiago de Maraes Gonzaga Foundation (2018). Vide Urgente (http://www.vidaurgente.org.br/site/int_acoes.php?codigo=3834, accessed September 2 2018).

Thow AM, Quested C, Juventin L, Kun R, Khan AN, Swinburn B (2011). Taxing soft drinks in the Pacific: implementation lessons for improving health. Health Promot Int. 26(1):55–64.

Tikhanovich I, Kuravi S, Campbell R, Weinman S, Kharbanda K, Artigues A et al. (2014). Regulation of FOXO3 by phosphorylation and methylation in hepatitis C virus infection and alcohol exposure. Hepatology. 59(1):58–70.

Tomlinson MF, Brown M, Hoaken PN (2016). Recreational drug use and human aggressive behaviour: a comprehensive review since 2003. Aggress Violent Behav. 27:9–29.

Torjesen I (2011). Safe drinking campaigns run by alcohol industry do not reduce consumption. BMJ. 343.

Torre LA, Bray F, Siegel RL, Ferlay J, Lortet-Tieulent J, Jemal A (2015). Global cancer statistics, 2012. CA Cancer J Clin. 65(2):87–108.

Traphagen N, Tian Z, Allen-Gipson D (2015). Chronic ethanol exposure: pathogenesis of pulmonary disease and dysfunction. Biomolecules. 5:2840–53.

Tsochatzis EA, Bosch J, Burroughs AK (2014). Liver cirrhosis. Lancet. 383(9930):1749–61.

Tuominen I (2015). Strengthening online alcohol advertising regulations: a case study from Finland. Online conference: digital alcohol marketing. Amsterdam: European Centre for Monitoring Alcohol Marketing.

Turati F, Galeone C, Rota M, Pelucchi C, Negri E, Bagnardi V et al. (2014). Alcohol and liver cancer: a systematic review and meta-analysis of prospective studies. Ann Oncol. 25:1526–35.

UK Department of Health (2016) UK Chief Medical Officers' low risk drinking guidelines. London: Department of Health (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf, accessed 12 August 2018.

UN (2011). Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. Resolution adopted by the General Assembly on 19 September 2011: A/RES/66/2. New York (NY): United Nations (http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf, accessed 3 September 2018).

UN (2015). Transforming our world: the 2030 agenda for sustainable development. Resolution adopted by the General Assembly on 25 September 2015: A/RES/70/1. New York (NY): United Nations (https://sustainabledevelopment.un.org/post2015/transformingourworld/publication, accessed 12 August 2018).

UN (2016). Sustainable development goals: 17 goals to transform our world. New York (NY): United Nations (https://www.un.org/sustainabledevelopment/, accessed 3 September 2018).

UN (2017). World population prospects: the 2017 revision. New York (NY): United Nations (https://esa.un.org/unpd/wpp/publications/files/wpp2017_keyfindings.pdf, accessed 3 September 2018).

Wagenaar AC, Murray DM, Gehan JP, Wolfson M, Forster JL, Toomey TL et al. (2000). Communities mobilizing for change on alcohol: outcomes from a randomized community trial. J Stud Alcohol. 61(1):85–95.

Wagenaar AC, Salois MJ, Komro KA (2009). Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. Addiction. 104(2):179–90.

Wagenaar AC, Salois MJ, Komro KA (2010). Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. Am J Public Health. 100(11):2270–8.

Wagenaar AC, Toomey TL (2002). Effects of minimum drinking age laws: review and analyses of the literature from 1960 to 2000. J Stud Alcohol Suppl. (14):206–25.

Wainwright M (2002). More lurches left and right as beer supply doubles. Guardian, 24 June 2002 (https://www.theguardian.com/politics/2002/jun/24/uk.houseofcommons, accessed 12 August 2018).

Waleewong O (2017). Moving Thailand's mountain of alcohol-related harm. Bulletin of the World Health Organization. 95:487–8 (http://dx.doi.org/10.2471/BLT.17.020717, accessed September 2 2018).

Waleewong O, Laslett AM, Chenhall R, Room R (2018). Harm from others' drinking-related aggression, violence and misconduct in five Asian countries and the implications. Int J Drug Policy. 56:101–7.

Wan Q, Liu Y, Guan Q, Gao L, Lee KO, Zhao J (2005). Ethanol feeding impairs insulin-stimulated glucose uptake in isolated rat skeletal muscle: role of Gs alpha and cAMP. Alcohol Clin Exp Res. 29(8):1450–6.

Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE et al. (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. Lancet. 382(9904):1575–86.

WHO (2003). WHO Framework Convention on Tobacco Control. Geneva: World Health Organization.

WHO (2007). International classification of diseases and related health problems, 10th revision. Geneva: World Health Organization.

WHO (2009). Alcohol and injuries: emergency department studies in an international perspective. Geneva: World Health Organization (http://www.who.int/substance_abuse/msbalcinuries.pdf, accessed 3 September 2018).

WHO (2010). Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization (http://www.who.int/substance_abuse/publications/global_strategy_reduce_harmful_use_alcohol/en/,accessed 12 August 2018).

WHO (2011a). From burden to "best buys": reducing the economic impact of non-communicable disease in low- and middle-income countries. Geneva: World Economic Forum (http://apps.who.int/medicinedocs/documents/s18804en/s18804en.pdf, accessed 12 August 2018).

WHO (2011b). Global status report on alcohol and health. Geneva: World Health Organization (http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf?ua=1, accessed 3 September 2011).

WHO (2013). Global action plan for the prevention and control of NCDs 2013–2020. Geneva: World Health Organization (http://www.who.int/nmh/events/ncd_action_plan/en/, accessed 12 August 2018).

WHO (2014). Global status report on alcohol and health 2014. Geneva: World Health Organization (http://www.who.int/substance_abuse/publications/global_alcohol_report/en/, accessed 3 September 2017).

WHO (2015a). 2016–2021 Global health sector strategies for HIV, viral hepatitis and sexually transmitted infections. Online consultation report. Geneva: World Health Organization (http://www.who.int/hiv/strategy2016-2021/NFR_GHSS_Mission_Briefing_October_2015_Final.pdf, accessed 29 August 2018).

WHO (2015b). The end TB Strategy. Geneva: World Health Organization (http://www.who.int/tb/strategy/end-tb/en/, accessed 29 August 2018).

WHO (2016). Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. Geneva: World Health Organization: 7, 60 (http://www.who.int/reproductivehealth/publications/violence/global-plan-of-action/en/, accessed 12 August 2018).

WHO (2017a). Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization (http://www.who.int/ncds/management/best-buys/en/, accessed 12 August 2018).

WHO (2017b). Technical annex (version dated 12 April 2017). Updated Appendix 3 of the WHO Global NCD Action Plan 2013–2020. Geneva: World Health Organization (http://www.who.int/ncds/governance/technical_annex.pdf, accessed 14 August 2018).

WHO (2017c). World health statistics 2017: monitoring health for the SDGs. Geneva: World Health Organization (http://www.who.int/gho/publications/world_health_statistics/2017/en/, accessed 18 August 2018).

WHO (2018a). ICD-11 for mortality and morbidity statistics (ICD-11 MMS) (online). Geneva: World Health Organization (https://icd.who.int/browse11/l-m/en, accessed 12 September 2018).

WHO (2018b). Saving lives, spending less. A strategic response to noncommunicable diseases. Geneva: World Health Organization (http://apps.who.int/iris/bitstream/handle/10665/272534/WHO-NMH-NVI-18.8-eng.pdf, accessed 12 September 2018).

WHO (2018c). Time to deliver. Report of the WHO Independent High-Level Commission on Noncommunicable Diseases. Geneva: World Health Organization (http://www.who.int/ncds/management/time-to-deliver/en/, accessed 12 September 2018).

WHO Regional Office for Europe (2006). Interpersonal violence and alcohol in the Russian Federation: policy briefing. Copenhagen: WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0011/98804/E88757.pdf, accessed 12 August 2018).

WHO, Thai Health (2015). The harm to others from drinking: a WHO/Thai Health international collaborative research project. Songkhla: Center for Alcohol Studies, University of Songkhla (http://cas.or.th/wp-content/uploads/2016/03/WHO-TH-project-Thailand-National-report-May2015.pdf, accessed 12 August 2018).

Wilkinson C, Livingston M (2012). Distances to on- and off-premise alcohol outlets and experiences of alcohol-related amenity problems. Drug Alcohol Rev. 31(4):394–401.

Williams EC, Hahn JA, Saitz R, Bryant K, Lira MC, Samet JH (2016). Alcohol use and human immunodeficiency virus (HIV) infection: current knowledge, implications, and future direction. Alcohol Clin Exp Res. 40(10):2056–20

Williams J, Liccardo Pacula R, Chaloupka FJ, Wechsler H (2004). Alcohol and marijuana use among college students: economic complements or substitutes? Health econ. 13(9):825–43.

Wilsnack RW, Wilsnack SC, Kristjanson AF, Vogeltanz-Holm ND, Gmel G (2009). Gender and alcohol consumption: patterns from the multinational GENACIS project. Addiction. 104(9):1487–500.

Windle M, Spear L, Fuligni A, Angold A, Brown J, Pine D et al. (2008). Transitions into underage and problem drinking: developmental processes and mechanisms between 10 and 15 years of age. Pediatrics. 121(Suppl 4):S273–89 (http://www.ncbi.nlm.nih.gov/pubmed/18381494, accessed 13 August 2018).

Wolfe JD (2017). Maternal alcohol use disorders and depression in emerging adulthood: Examining the relevance of social ties, childhood adversity, and socioeconomic status. Psychiatry Res. 257:441–5 (https://www.sciencedirect.com/science/article/pii/S0165178116314226?via%3Dihub, accessed 13 August 2018).

Woolf-King SE, Maisto SA (2011). Alcohol use and high-risk sexual behavior in Sub-Saharan Africa: a narrative review. Arch Sex Behav. 40(1):17–42.

World Bank (2005). Dying too young: addressing premature mortality and ill health due to non-communicable diseases and injuries in the Russian Federation. Washington (DC): The World Bank.

World Cancer Research Fund International, American Institute for Cancer Research (2015). Continuous Update Project report: food, nutrition, physical activity, and the prevention of liver cancer. London: World Cancer Research Fund International.

Xu X, Chaloupka FJ (2011). The effects of prices on alcohol use and its consequences. Alcohol Res Health. 34(2):236–45.

Yadav D, Lowenfels AB (2013). The epidemiology of pancreatitis and pancreatic cancer. Gastroenterology. 144:1252–61.

Yap MBH, Cheong T, Zaravinos-Tsakos F, Lubman D, Jorm A (2017). Modifiable parenting factors associated with adolescent alcohol misuse: a systematic review and meta-analysis of longitudinal studies. Addiction. 112(7):1142–62 (http://www.ncbi.nlm.nih.gov/pubmed/28178373, accessed 13 August 2018).

Zakharov S, Pelclova D, Urban P, Navratil T, Dilblik P, Kuthan P et al. (2014) Czech mass methanol outbreak 2012: epidemiology, challenges and clinical features. Clin Toxicol (Phila). 52(10):1013–24.

Zaridze D, Brennan P, Boreham J, Boroda A, Karpov R, Lazarev A et al. (2009). Alcohol and cause-specific mortality in Russia: a retrospective case–control study of 48 557 adult deaths. Lancet. 373:2201-14.

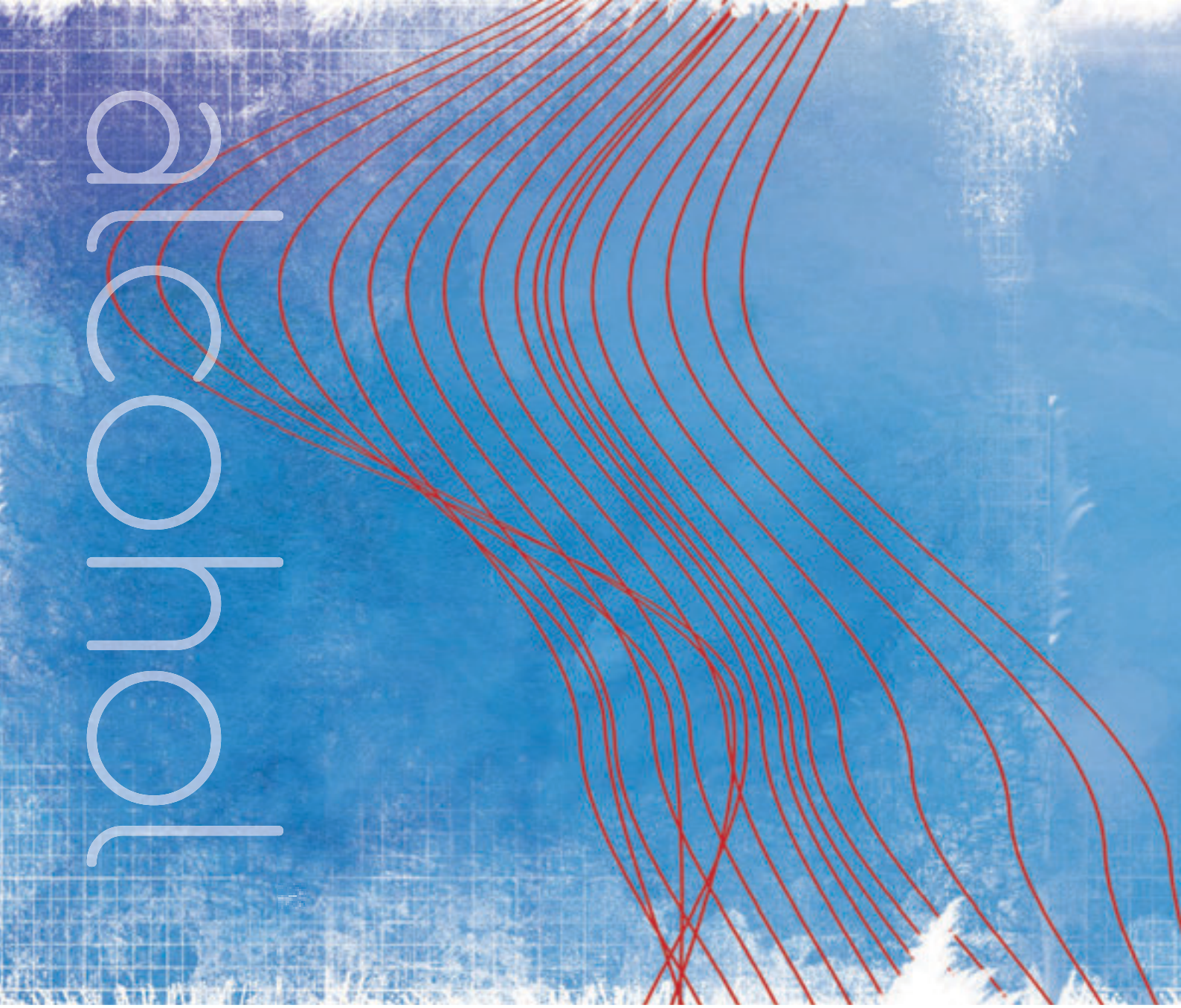
Zaridze D, Maximovitch D, Lazarev A, Igitov V, Boroda A, Boreham J et al. (2008). Alcohol poisoning is a main determinant of recent mortality trends in Russia: evidence from a detailed analysis of mortality statistics and autopsies. Int J Epidemiol. 38(1):143–53.

Zhao X, Harris MN (2004). Demand for marijuana, alcohol and tobacco: participation, levels of consumption and cross-equation correlations. Econ Rec. 80(251):394–410.

Ziegler DW (2010). Alcohol industry interests, global trade agreements, and their impact on public health. In: Wiist WH, editor. The bottom line or public health: tactics corporations use to influence health and health policy and what we can do to counter them. Oxford: Oxford University Press:249–80.

Notes

Notes



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