

# European Status report on Alcohol and Health

Dr Lars Moller

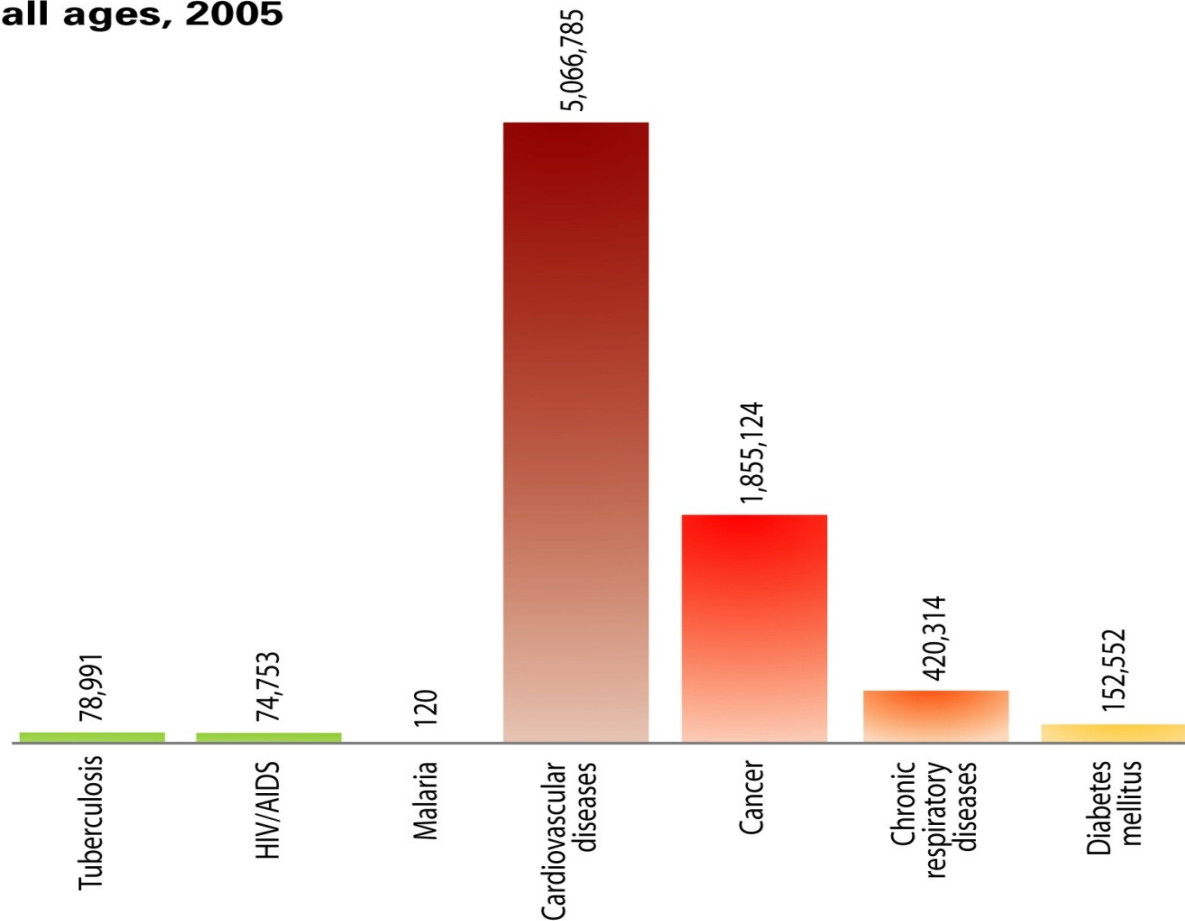
Regional Advisor a.i.

WHO Regional Office for Europe



# Main killers in the WHO European Region

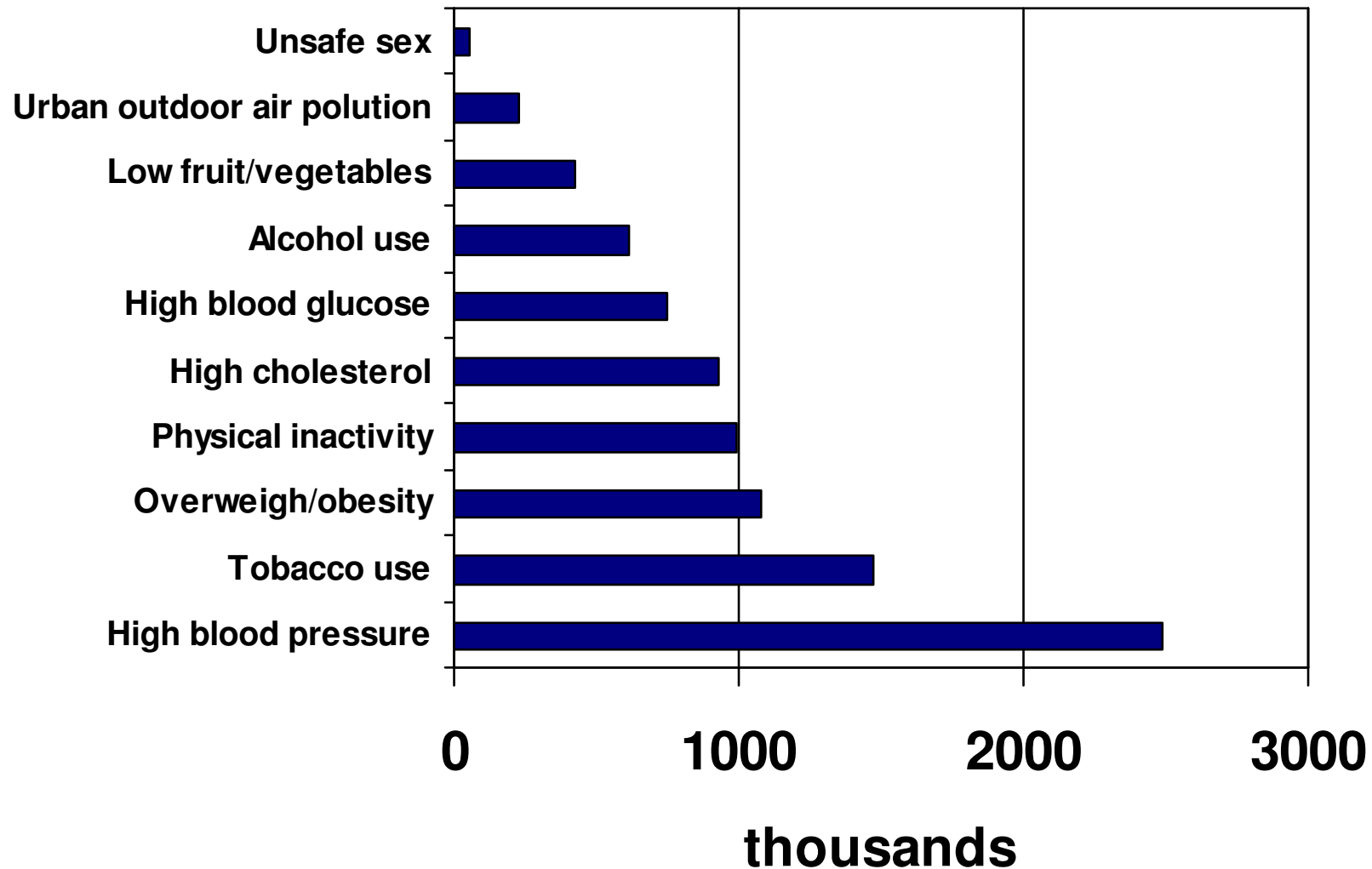
Projected deaths by cause in WHO European Region, all ages, 2005



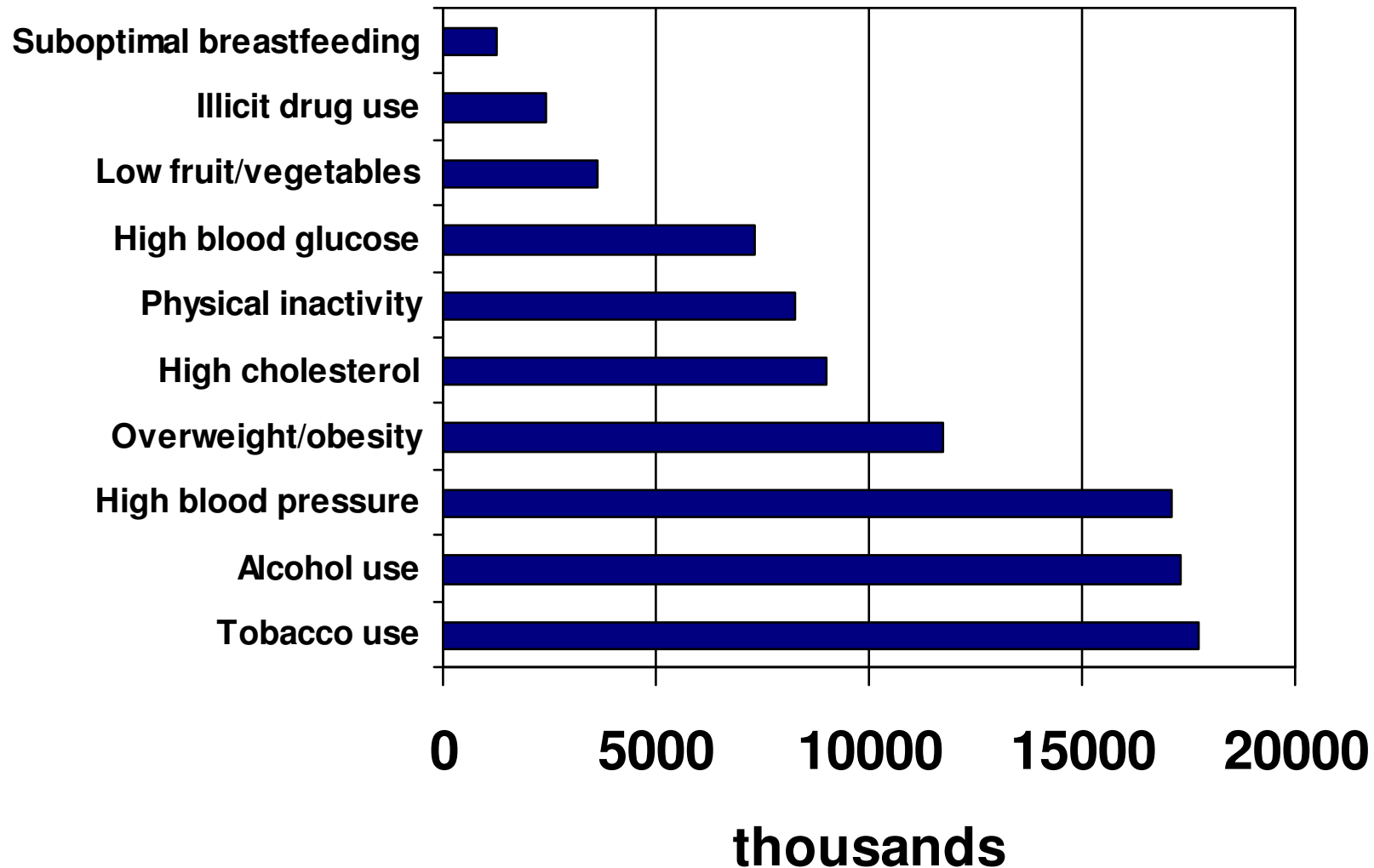
Source: *Preventing chronic diseases. A vital investment*. Geneva, World Health Organization, 2005

[http://www.who.int/chp/chronic\\_disease\\_report/en/](http://www.who.int/chp/chronic_disease_report/en/).

# Deaths in EURO due to selected risk factors in 2004



# Disability adjusted life years lost due to risk factors in EURO in 2004 (total)



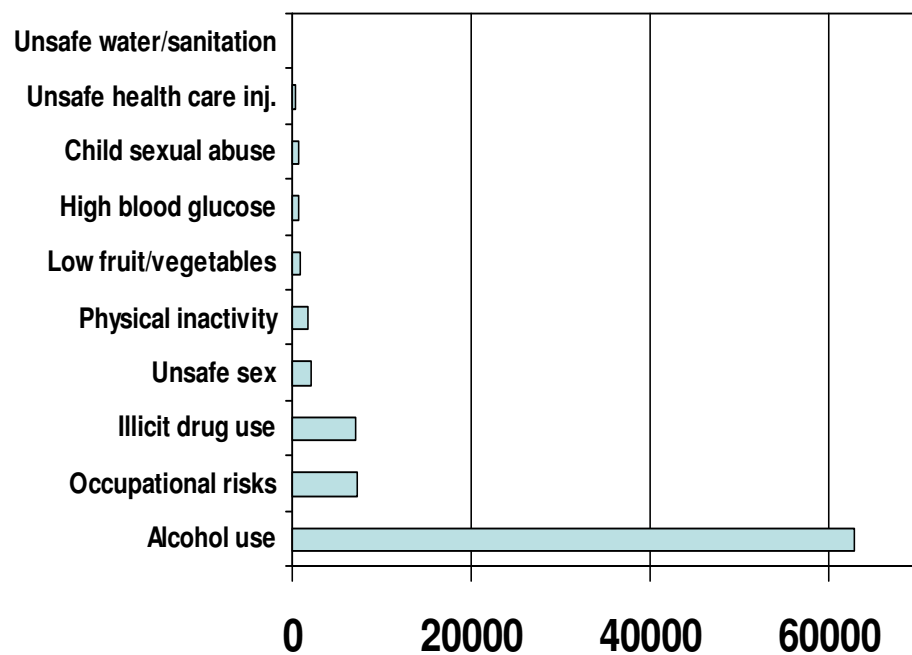
# Disability adjusted life years lost due to risk factors in EURO in 2004

High Income European Countries	Low Income European Countries	Total European Countries
1 Tobacco use	<b>Alcohol use</b>	Tobacco
2 Blood pressure	Blood pressure	<b>Alcohol use</b>
3 <b>Alcohol use</b>	Tobacco	High blood pressure
4 Overweight/obesity	Overweight/obesity	Overweight/obesity
5 High blood glucose	High cholesterol	High cholesterol
6 Physical inactivity	Physical inactivity	Physical inactivity
7 High cholesterol	High blood glucose	High blood glucose
8 Illicit drug use	Illicit drug use	Low fruit/vegetables
9 Low fruit/vegetable	Suboptimal breastfeed.	Illicit drug use
10 Unsafe sex	Unsafe sex	Unsafe sex

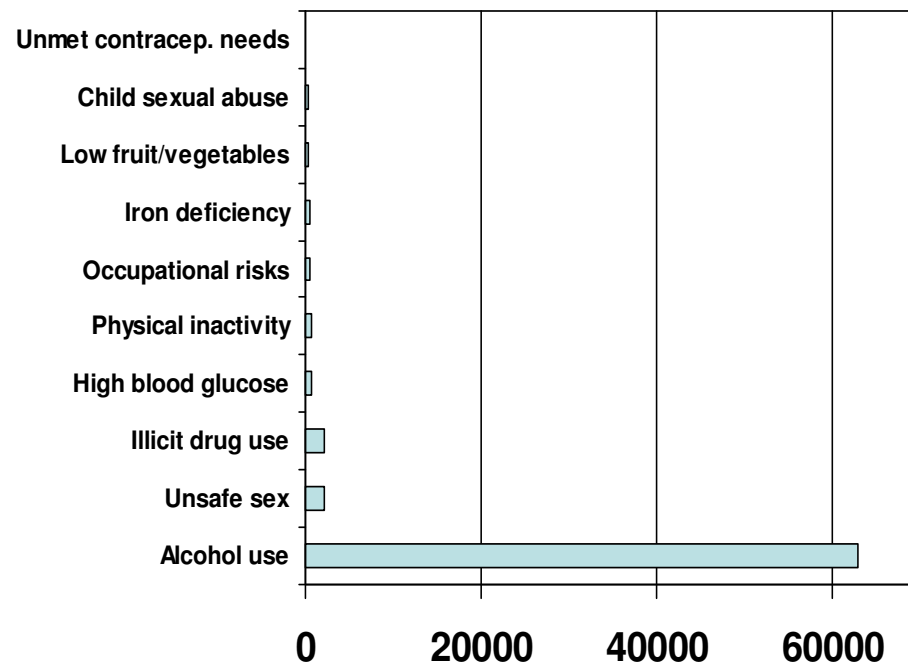
Source: Global Health Risks, WHO 2009



# Deaths age 15-29 in EURO due to selected risk factors in 2004



Men



Women

# Alcohol consumption (2004)

- Two main dimensions affect health:
  - Average of volume
  - Patterns of drinking especially binge drinking
- Estimated 618.000 deaths attributable to alcohol a year in Europe (2004).
- Estimated 17 mio years lost due to disability and death (DALY) a year in Europe (2004).
- In Europe, 6.5% of deaths and 11.4% of DALY's were attributed to alcohol use.
- Globally 3.8% of deaths and 4.6% of DALY's were attributed to alcohol use.

# European Alcohol Information System (EAIS) – the history

- Was established in 2002
  - Measure alcohol consumption, health determinants and alcohol policies throughout the region
  - Provide countries with information to make comparisons and support the development of a national health policy on alcohol
- Follow and evaluate the Second European Alcohol Action Plan
- Follow and evaluate the progress of the declaration from the Ministerial Conference in Stockholm, 2001



# Problems with EAIS

- Difficulties to have reliable data on consumption
- Not possible to collect information for trend analysis
- Not covering all aspects mentioned in the Framework for Alcohol Policies adopted in 2005
- Use different programmes for data presentation
- Data not always consistent with data from other sources like Global Alcohol Database
- Data not comparable with alcohol data from other regions
- Different stakeholders use different surveys and put extra work load on Member States

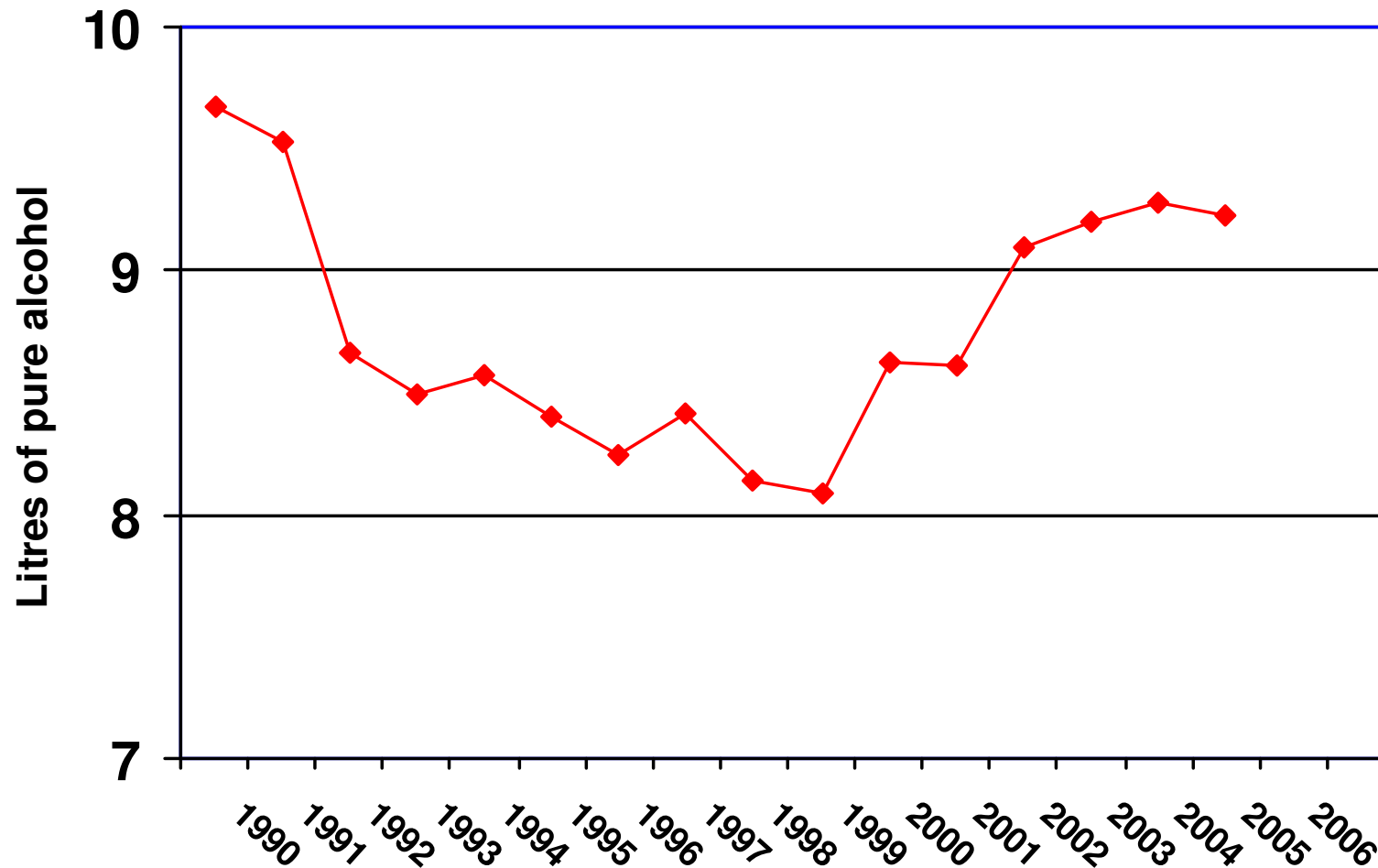
# The EC/WHO project

- Project started January 2008 and lasted for 27 months.
- One of the objectives is to update the European Alcohol Information System and ensure its compatibility with the Commission database on alcohol

# How to develop a new alcohol database

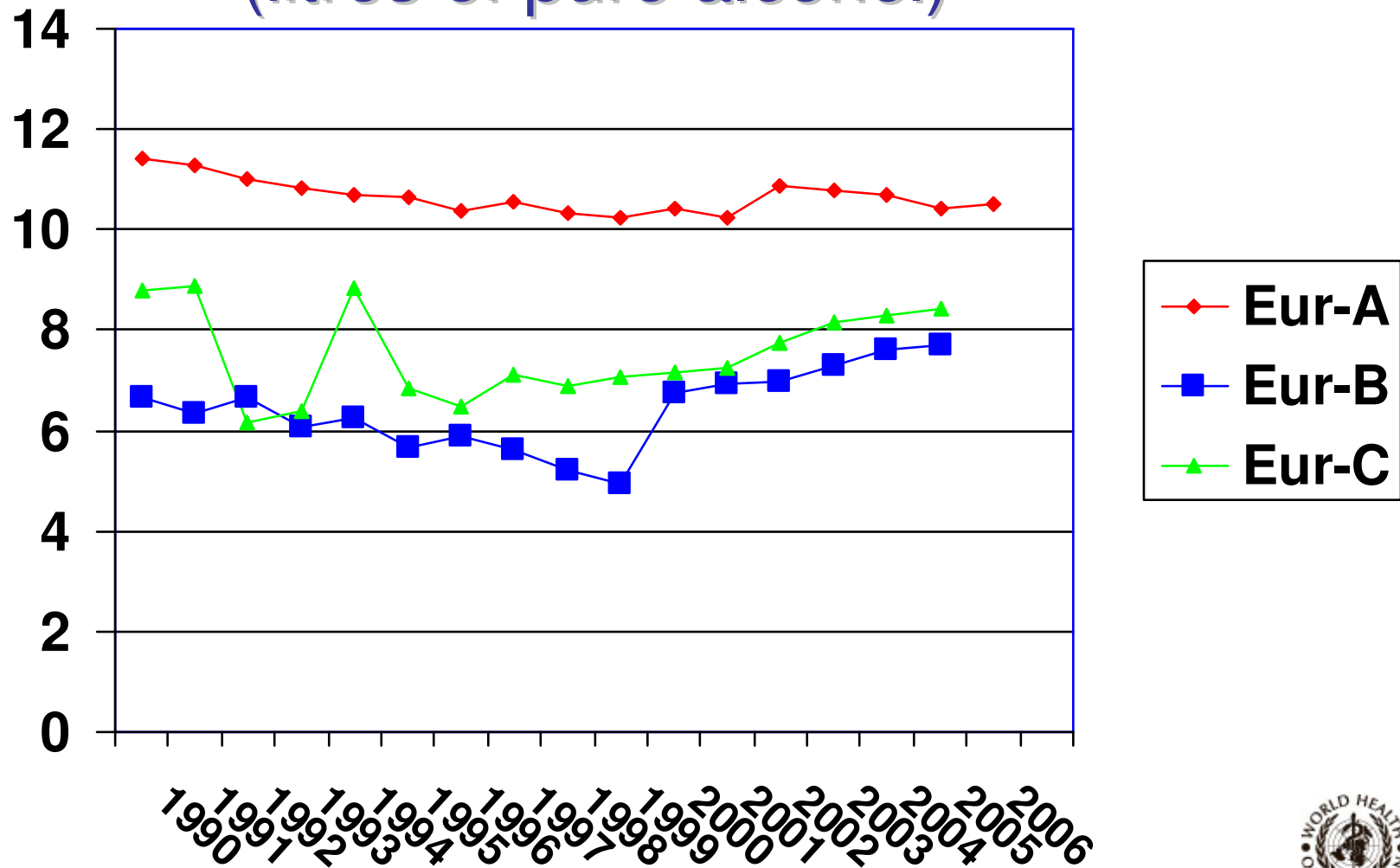
- Questionnaire developed 2008
- Translated into Russian, Spanish, French
- Sent to Member States (February-April) (WHO Counterparts and EC Committee members)
- Data reviewed when received – clarification emails to almost all
- Data entered into SPSS database
- Data ready for use late 2009

# Average alcohol consumption in Europe - twice the world average

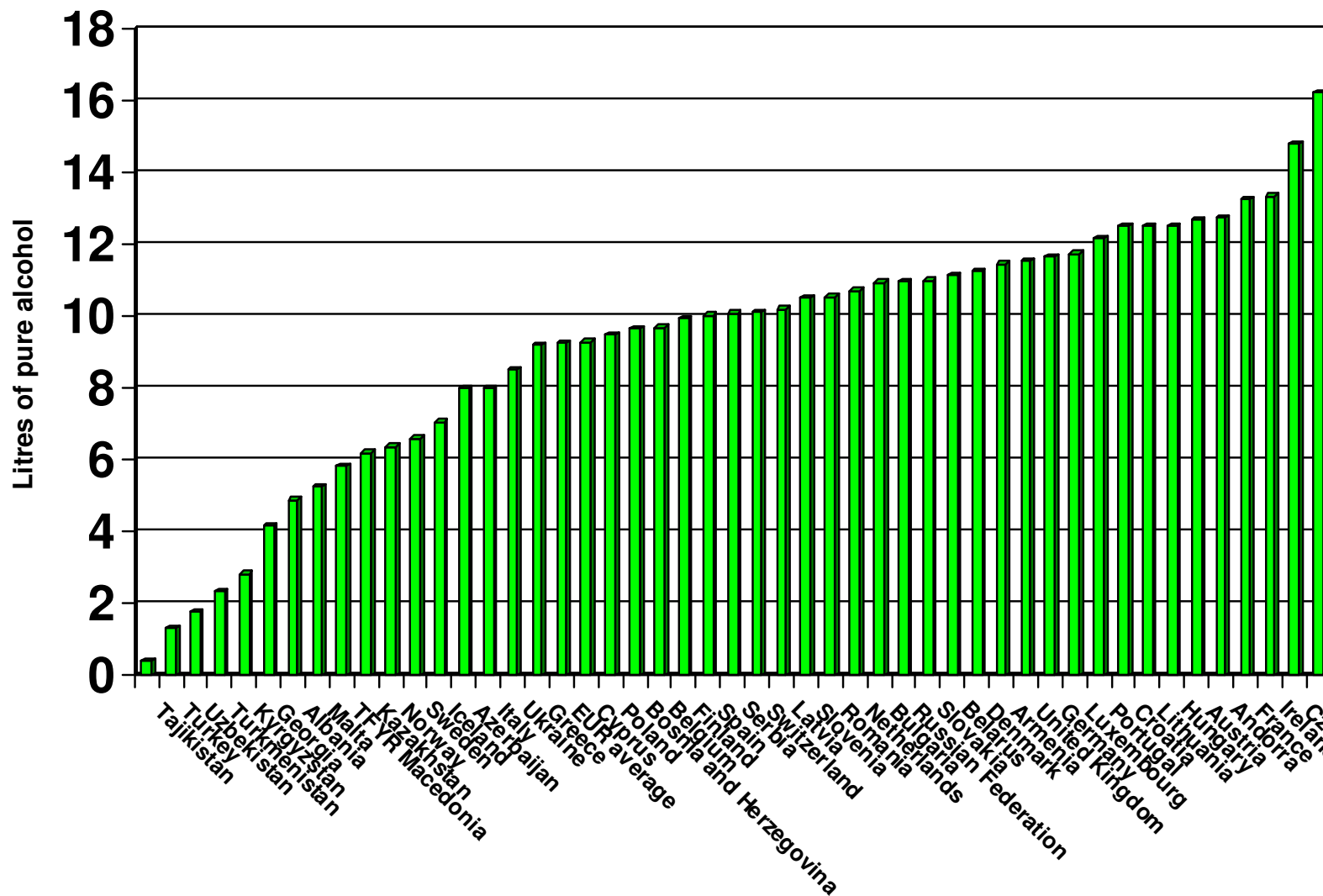


# Total alcohol consumption in Europe

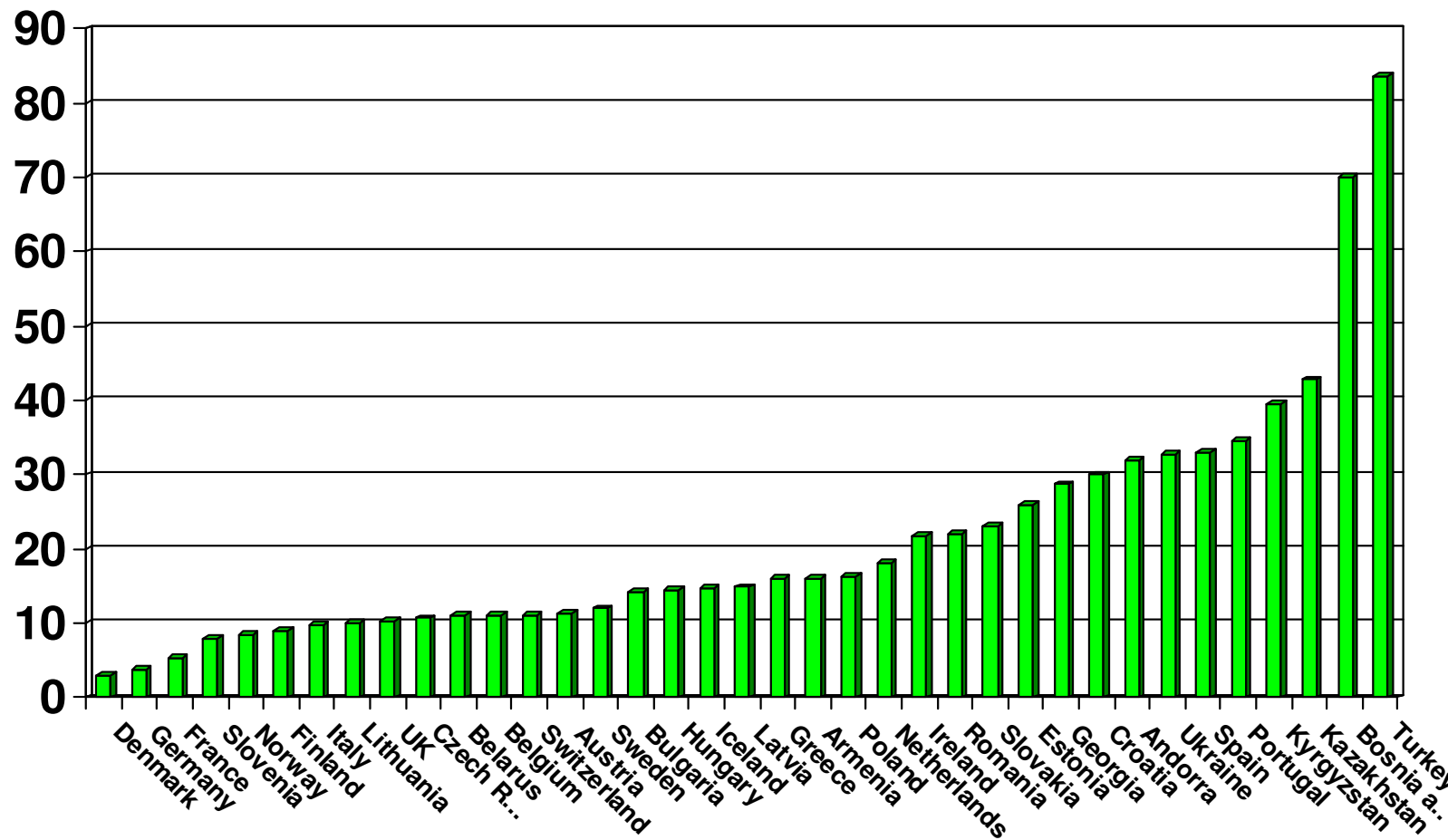
(litres of pure alcohol)



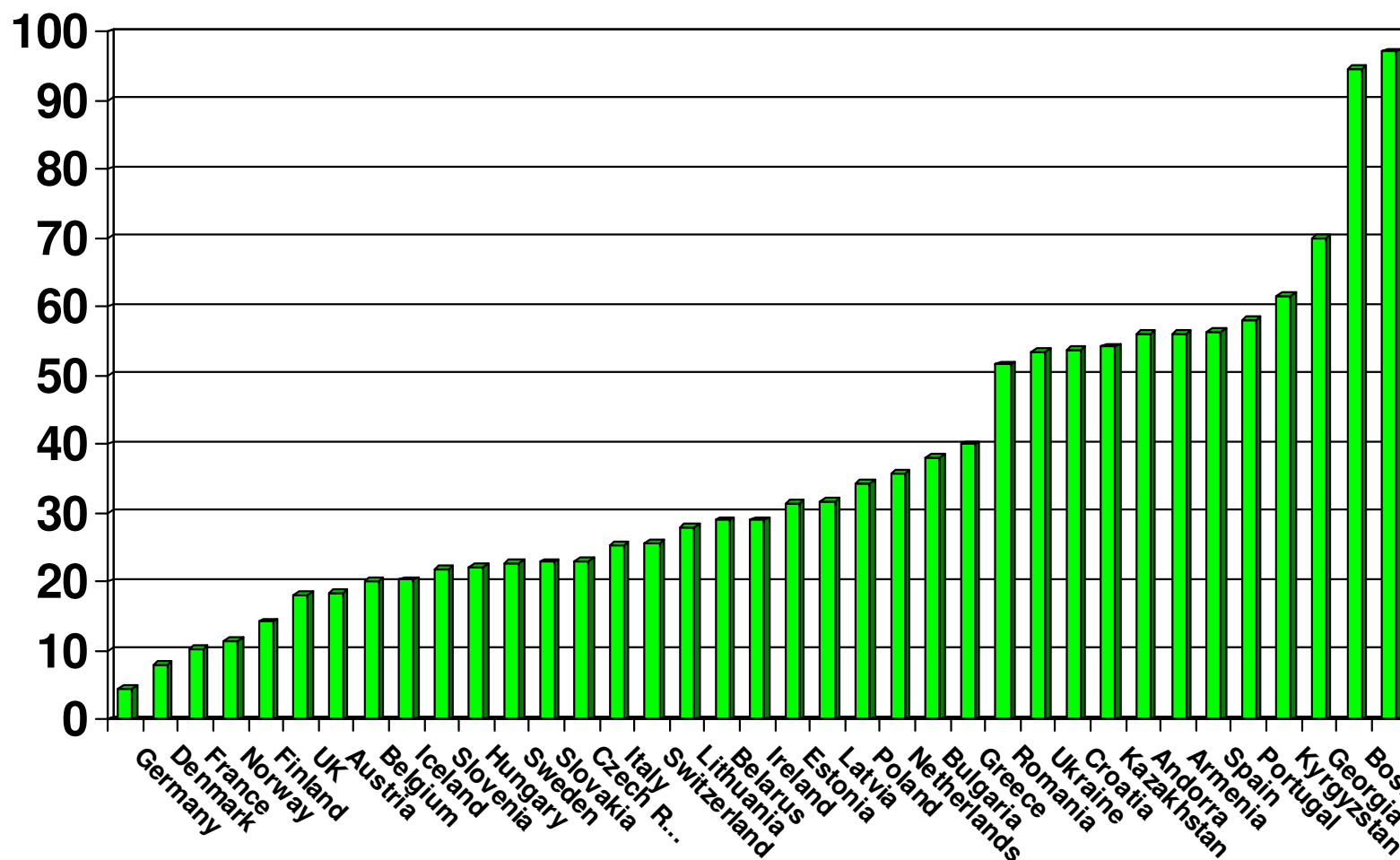
# Total adult alcohol consumption in 48 WHO European Member States, 2005



# Abstainers (15+) during the last 12 months (2005 – men)

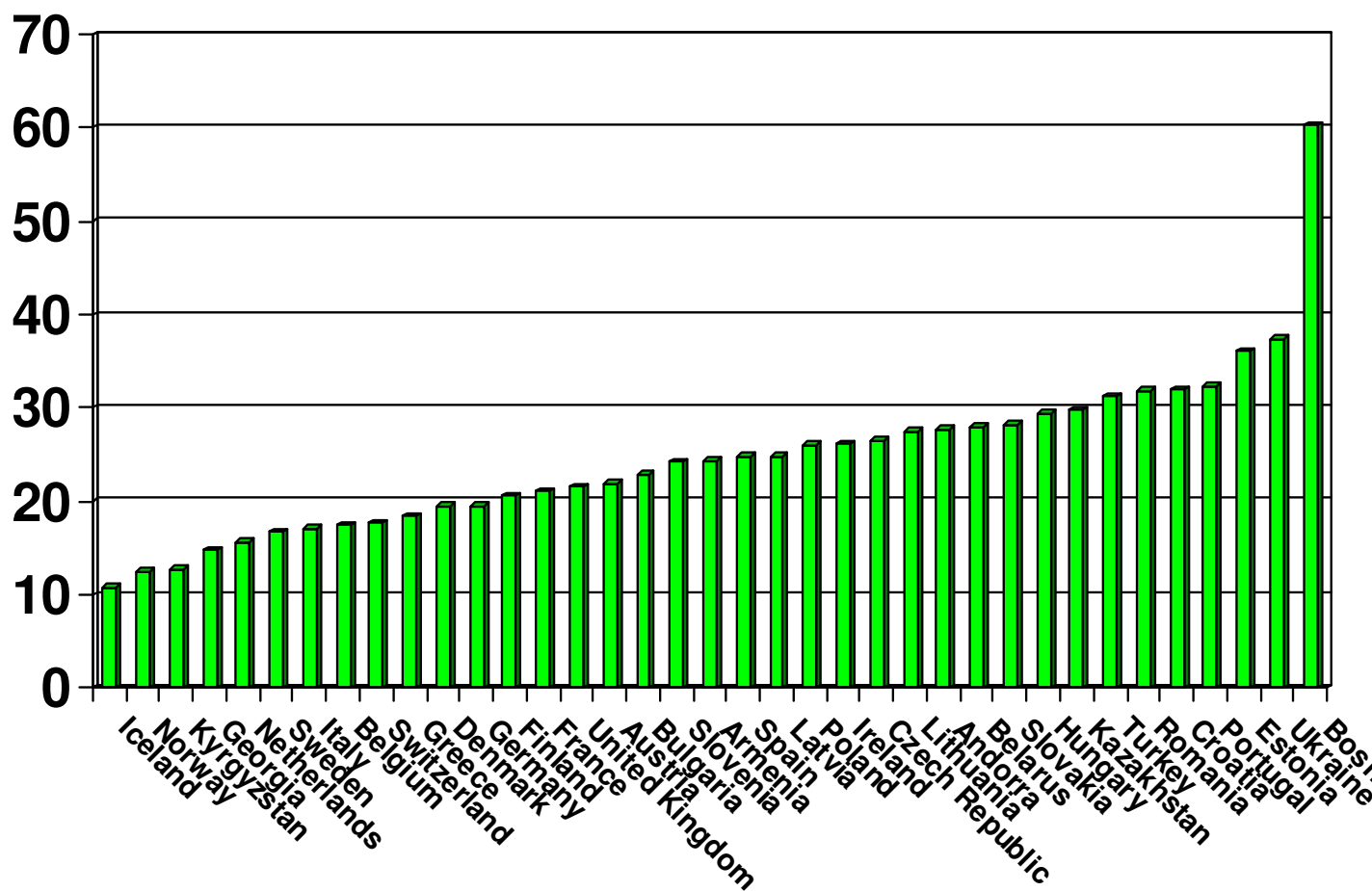


# Abstainers (15+) during the last 12 months (2005 - women)

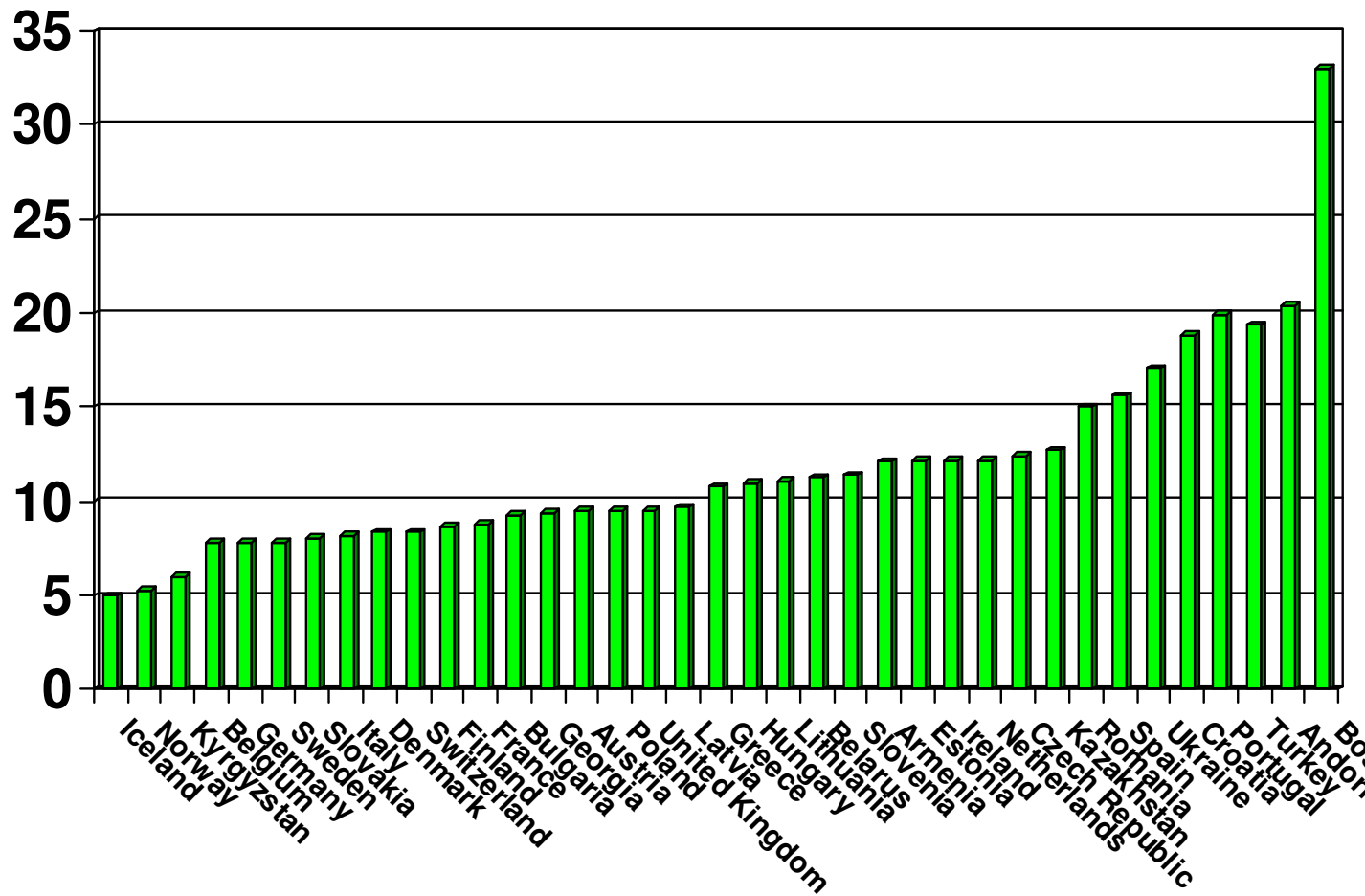




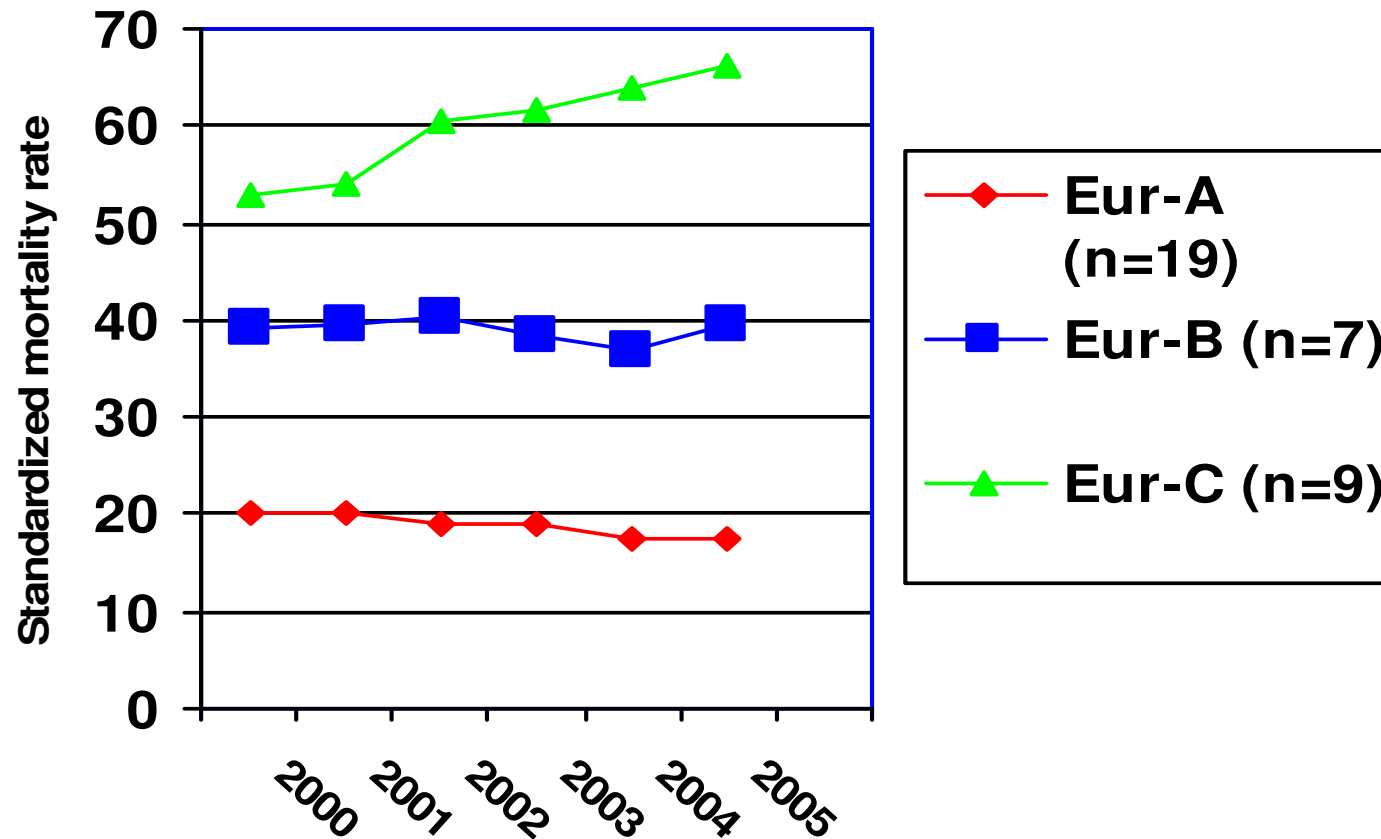
## Alcohol consumption (recorded + unrecorded) (men 15+, average 2002-2005), drinkers only



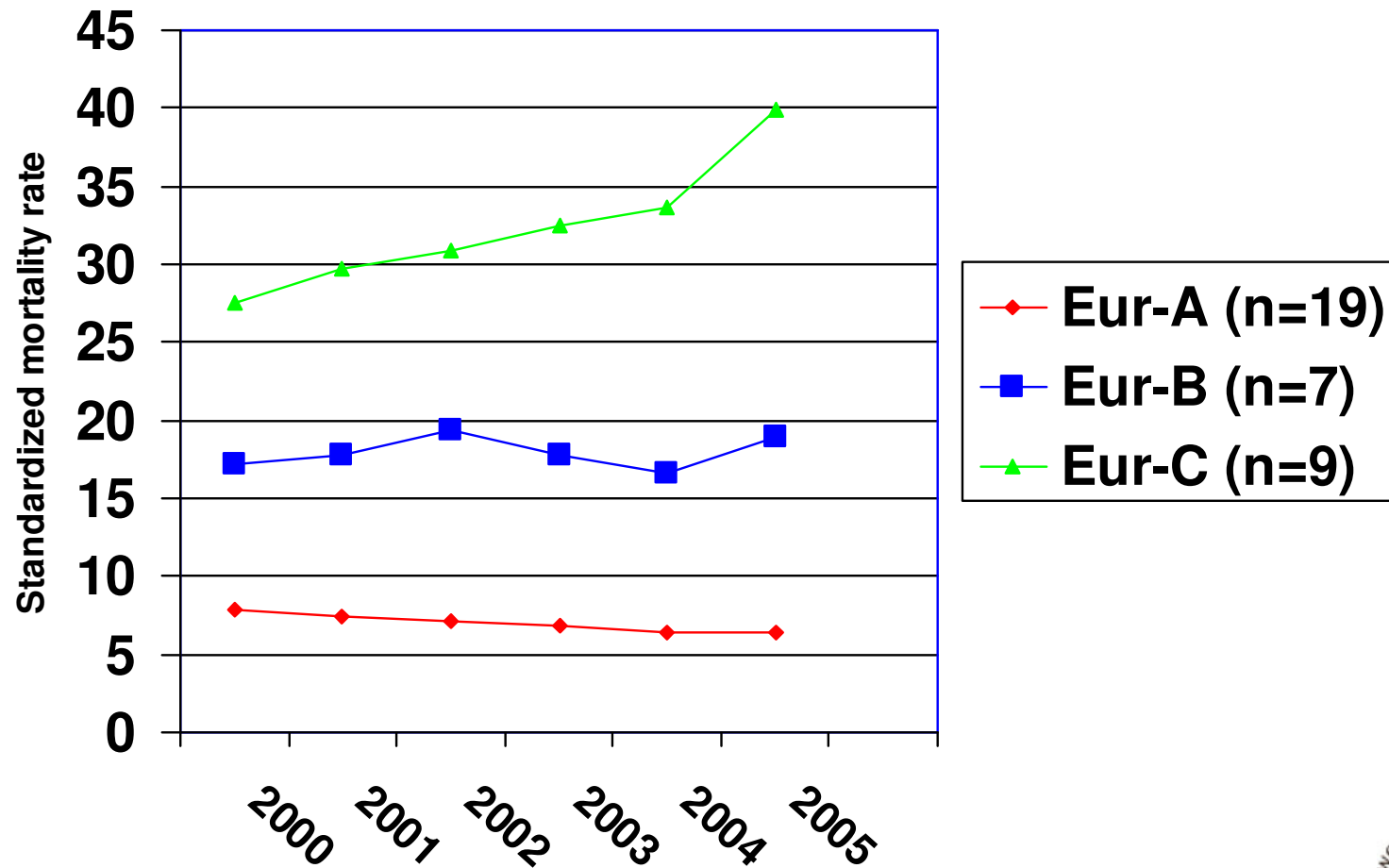
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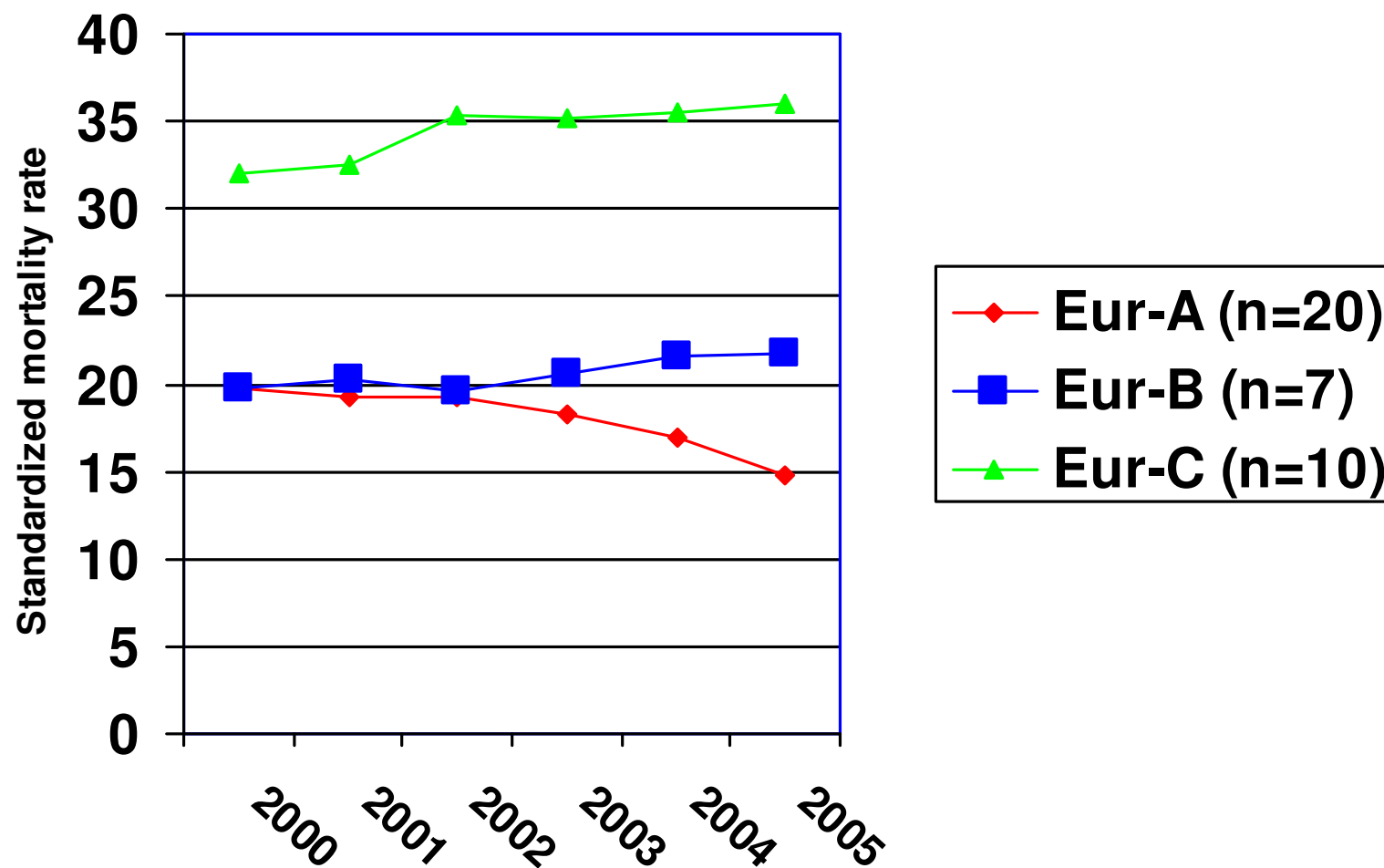
# Mortality due to liver cirrhosis in Europe, men (35 countries)



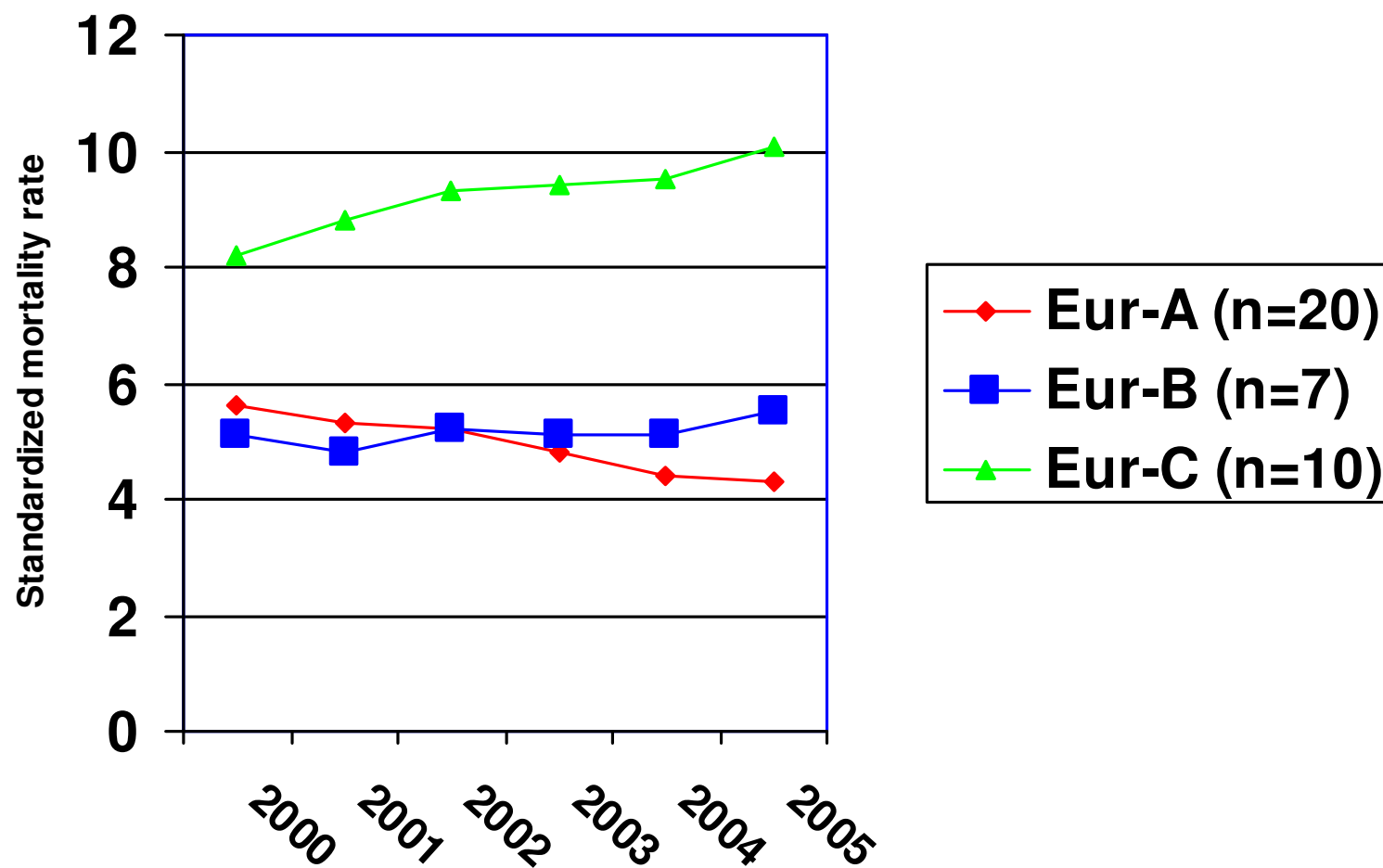
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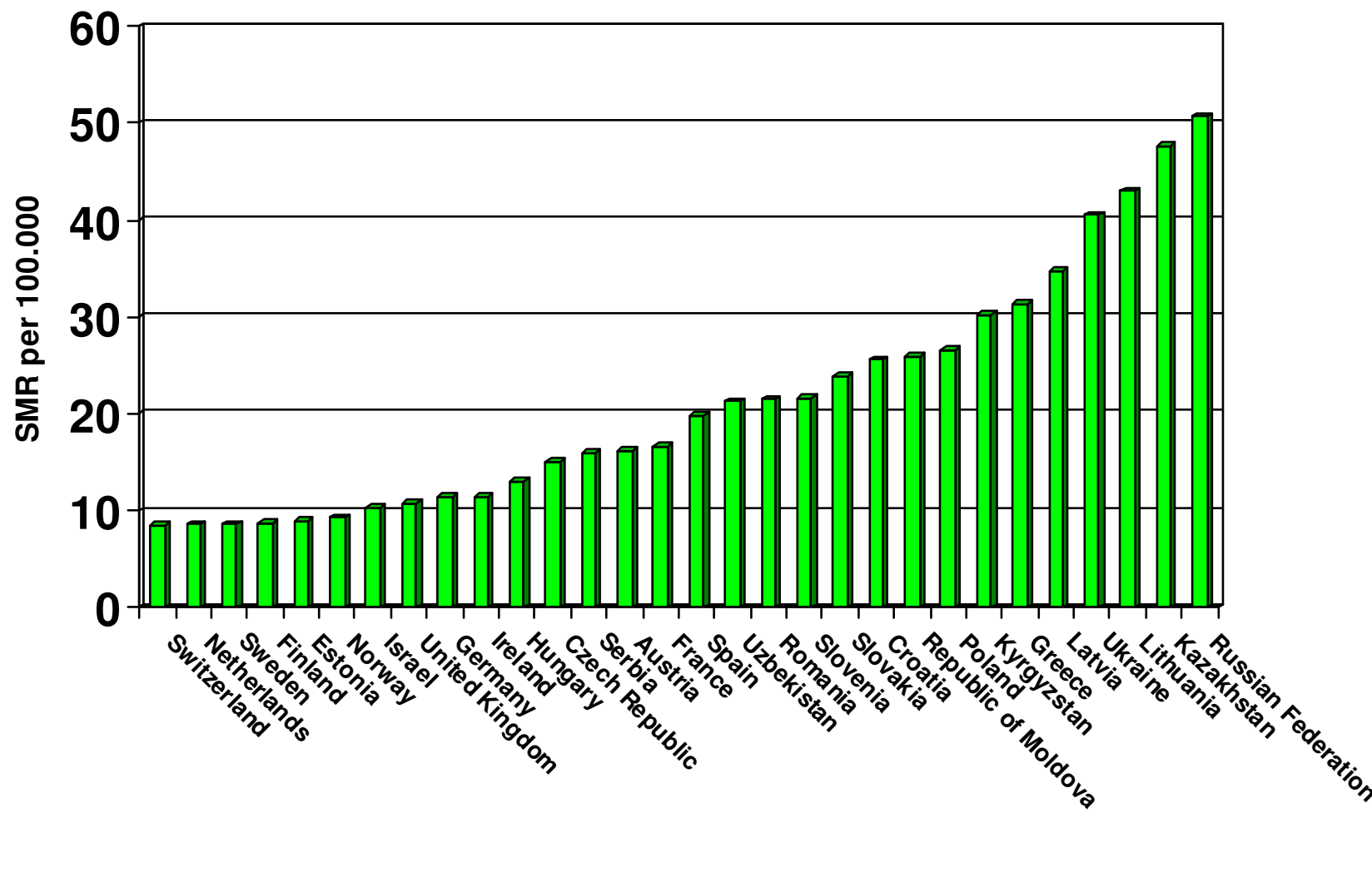
## *Alcohol and non-alcohol related mortality due to road traffic accidents among men, 2000-2005.*



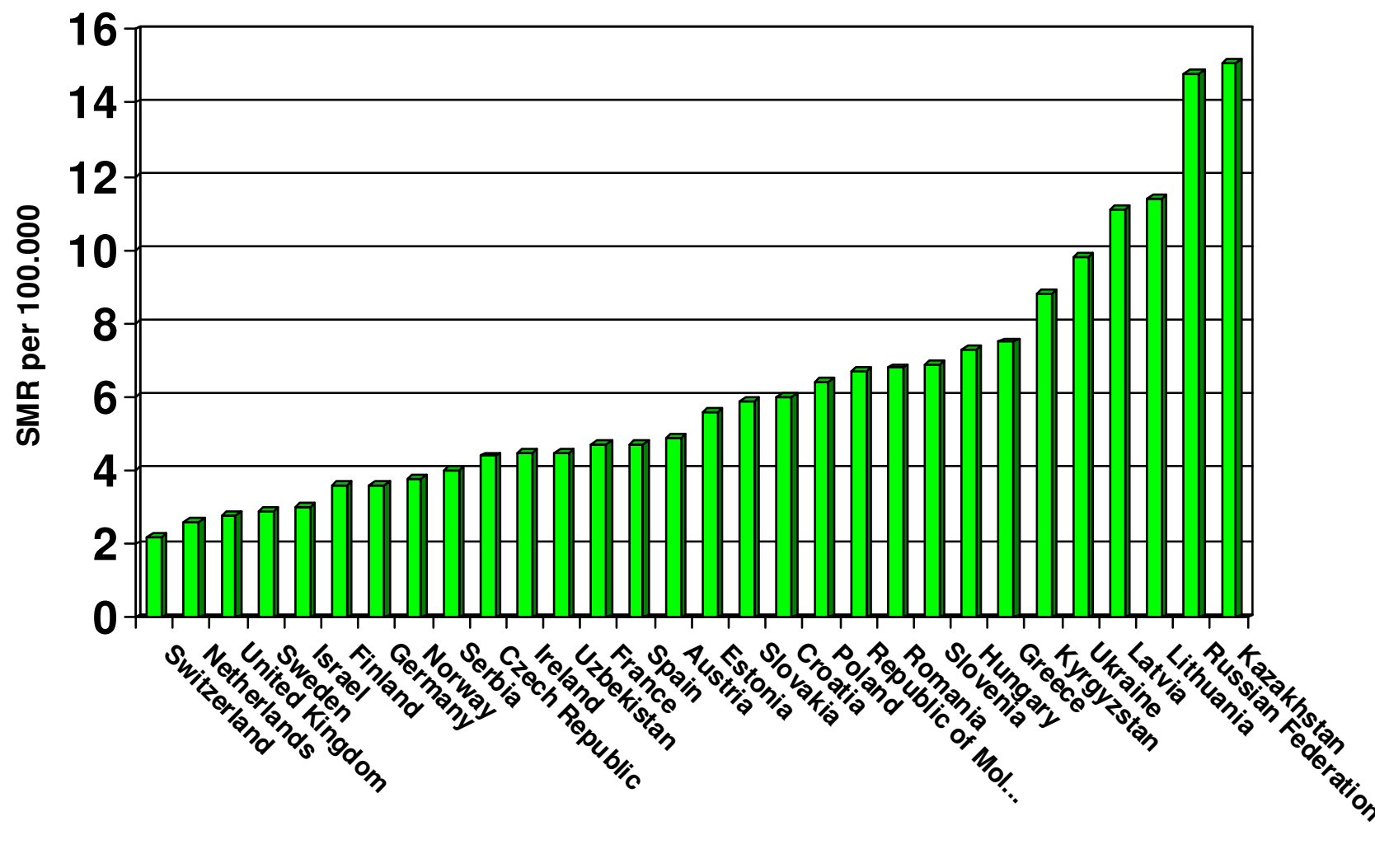
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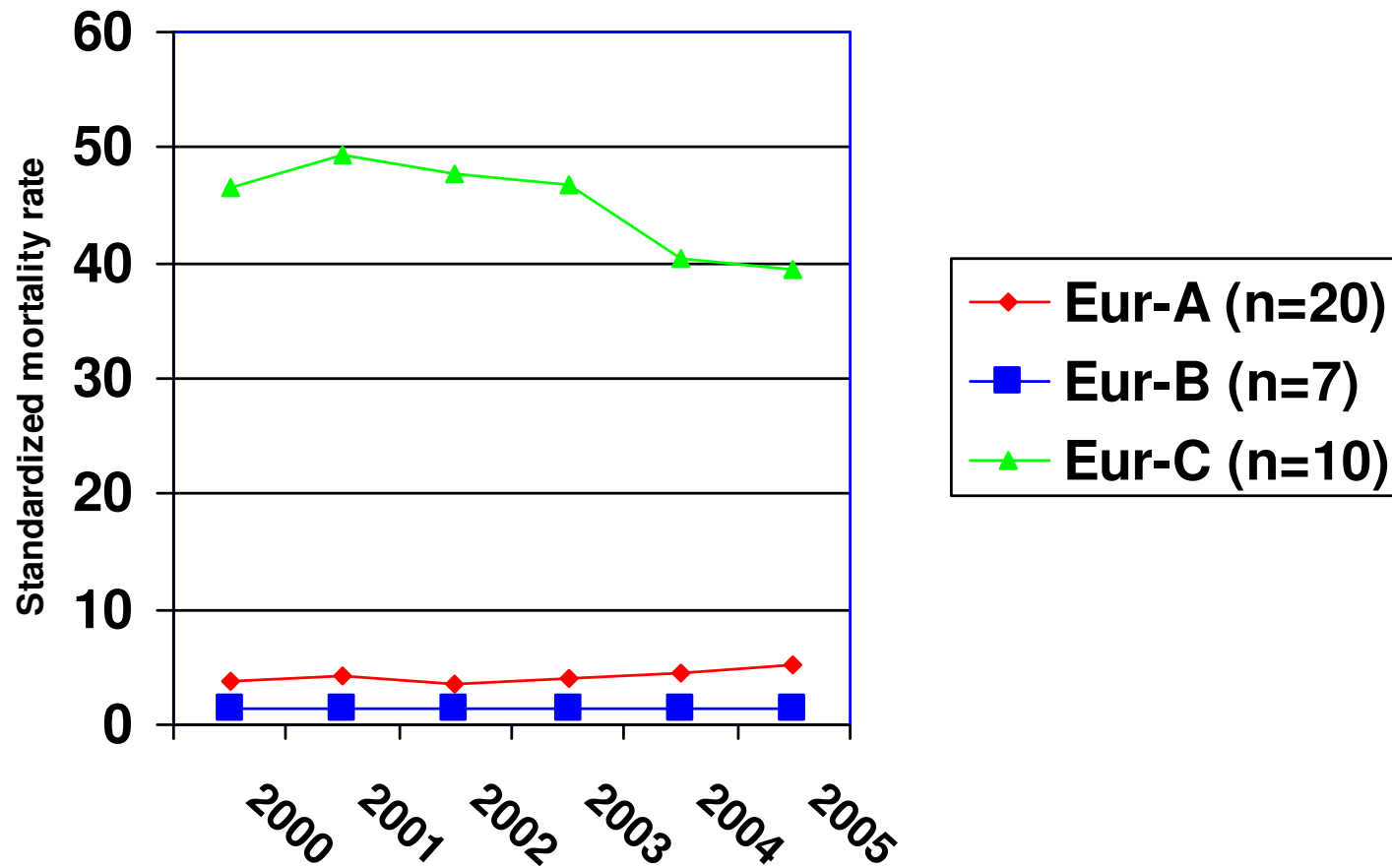


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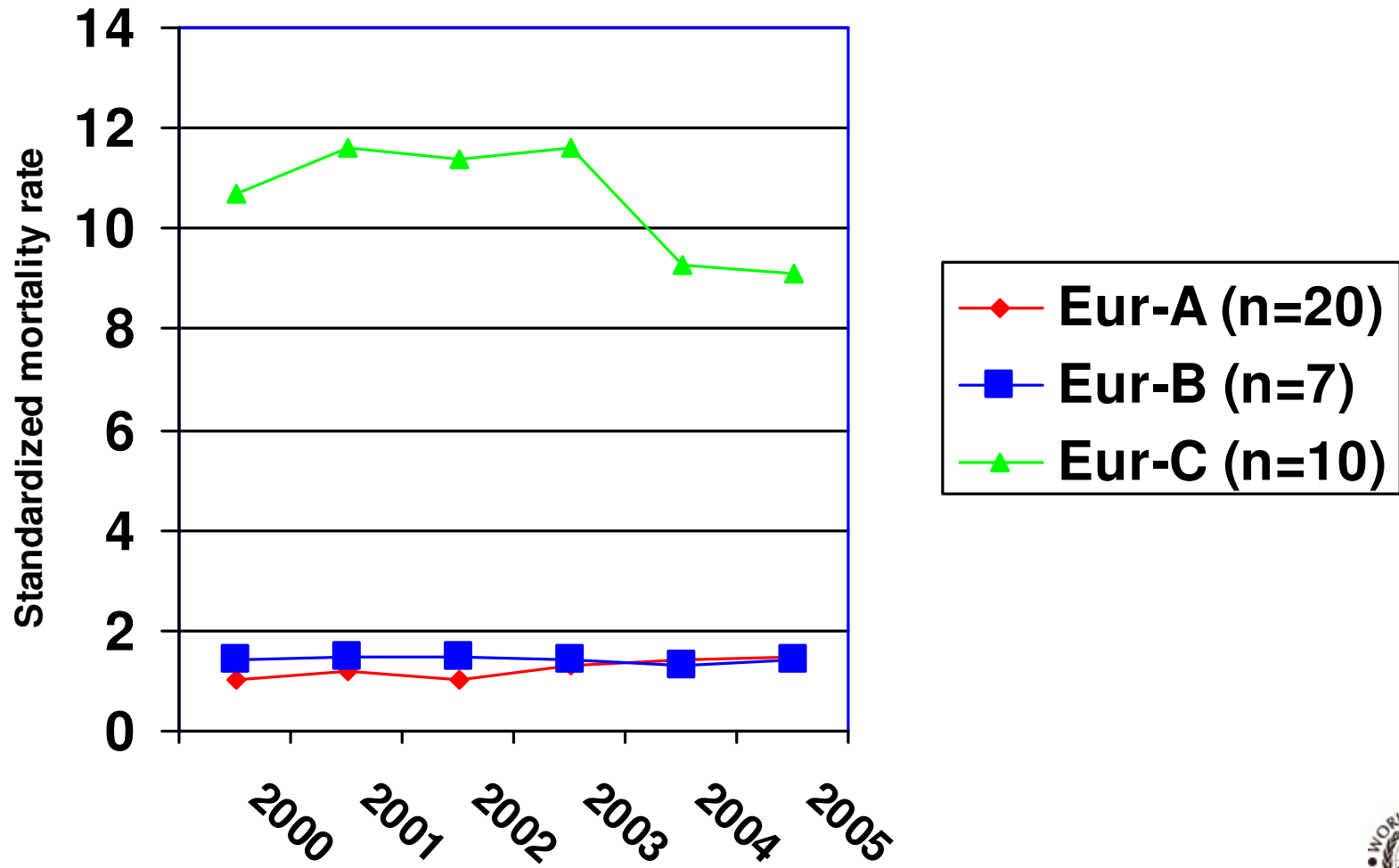




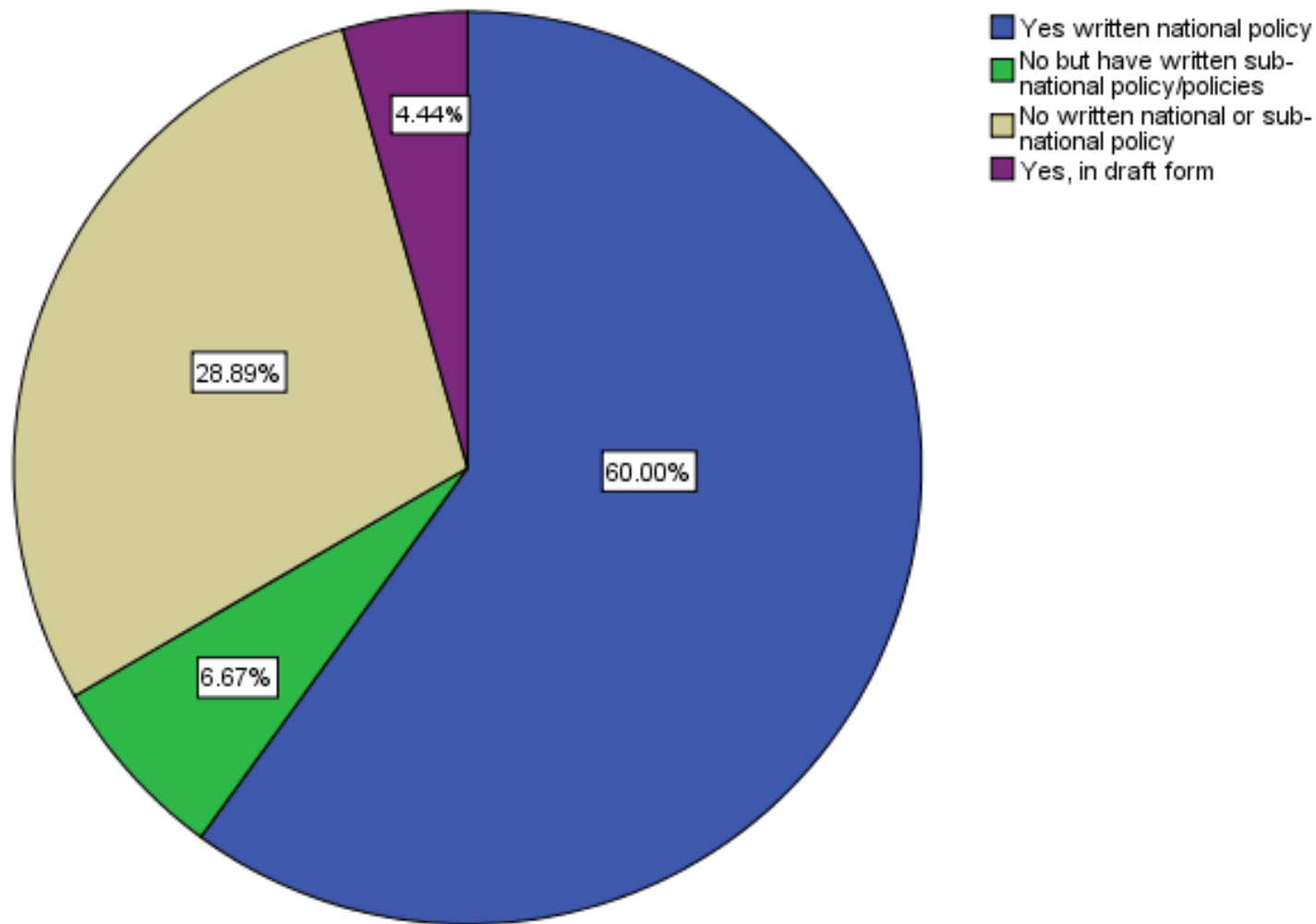
## *Mortality due to poisoning among men, 2000-2005.*



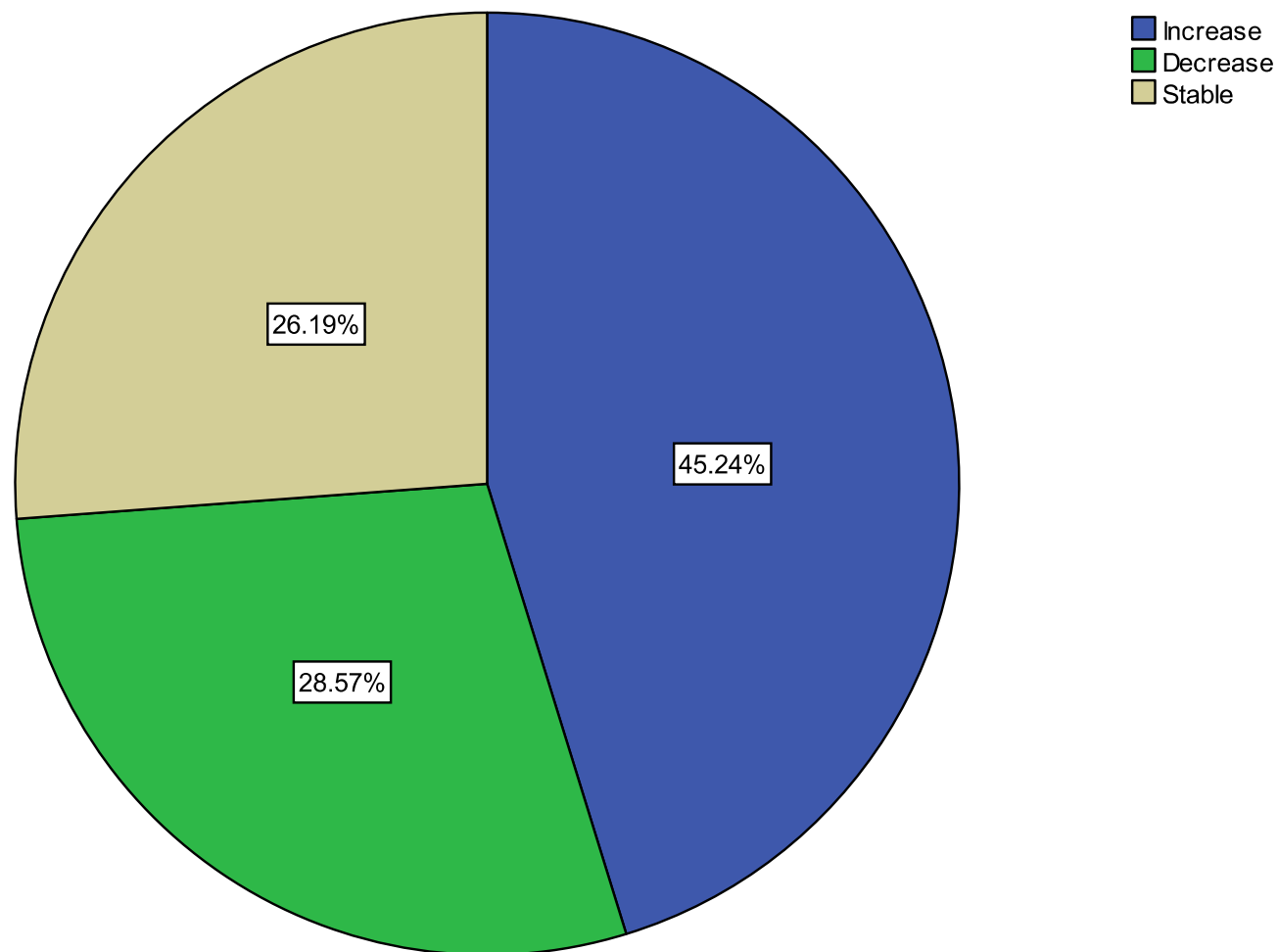
## *Mortality due to poisoning among women, 2000-2005.*



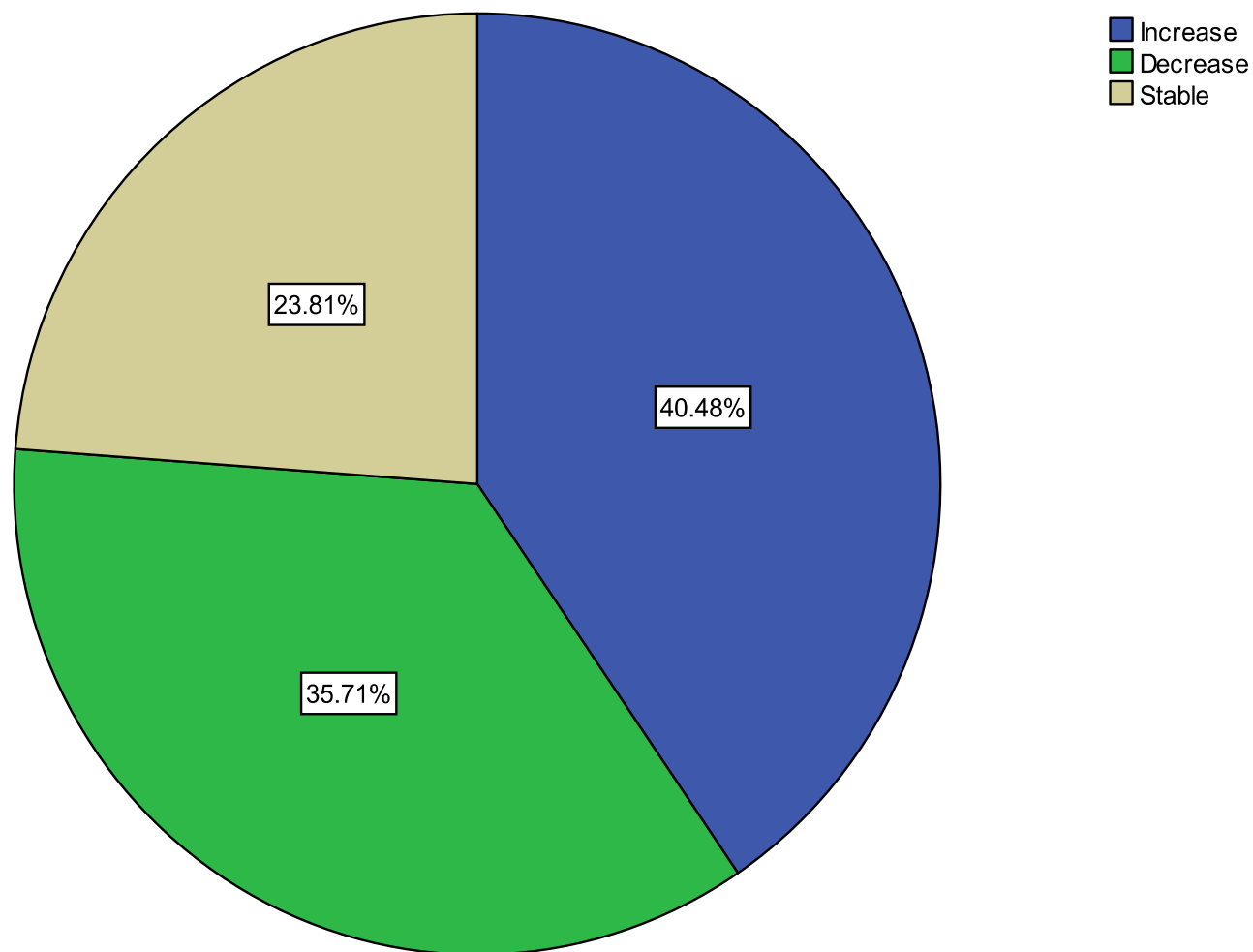
*Percentage of countries with a written national alcohol policy.*



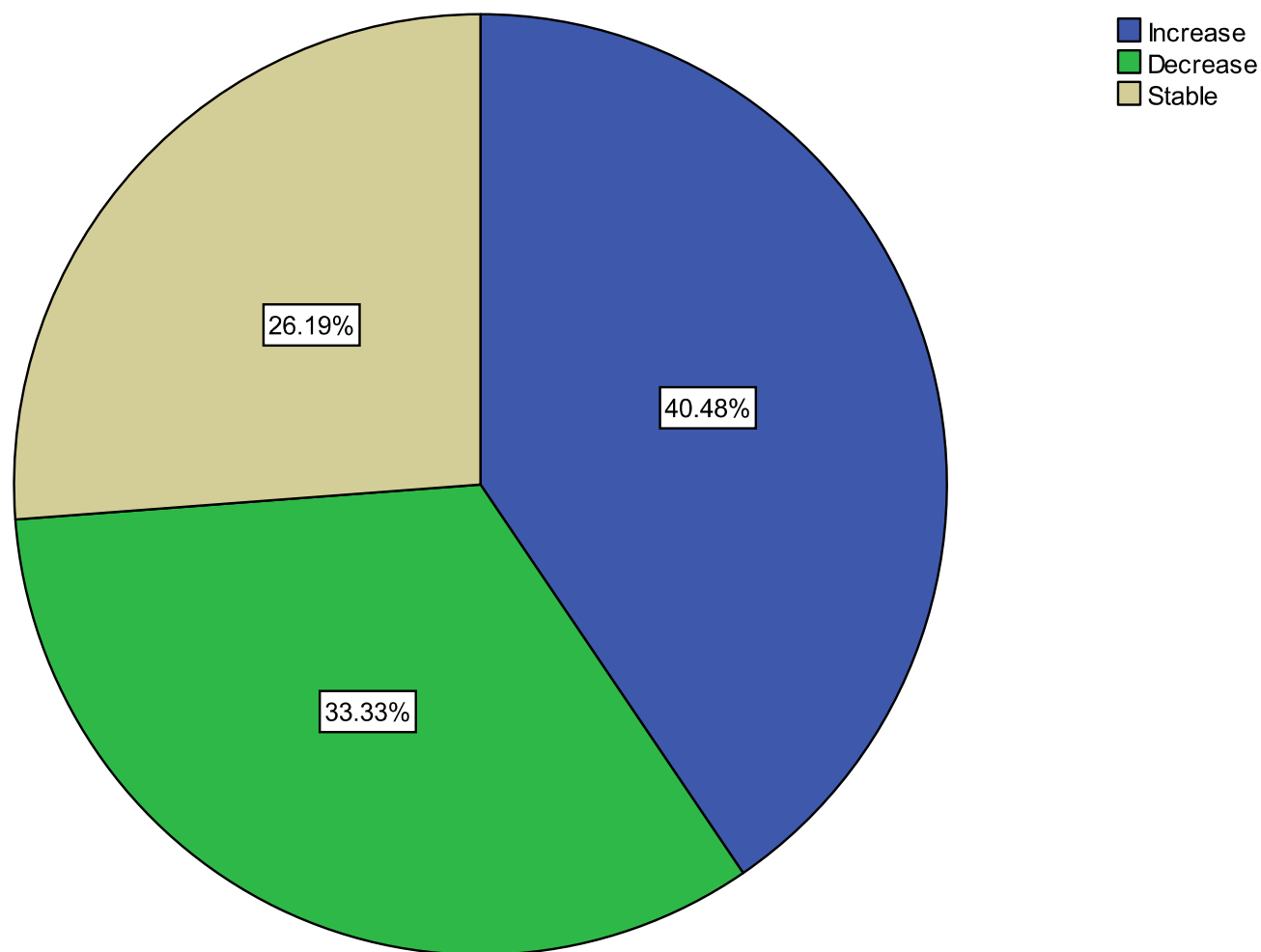
## ***Trends in the price of beer compared with the consumer price index over past five years.***



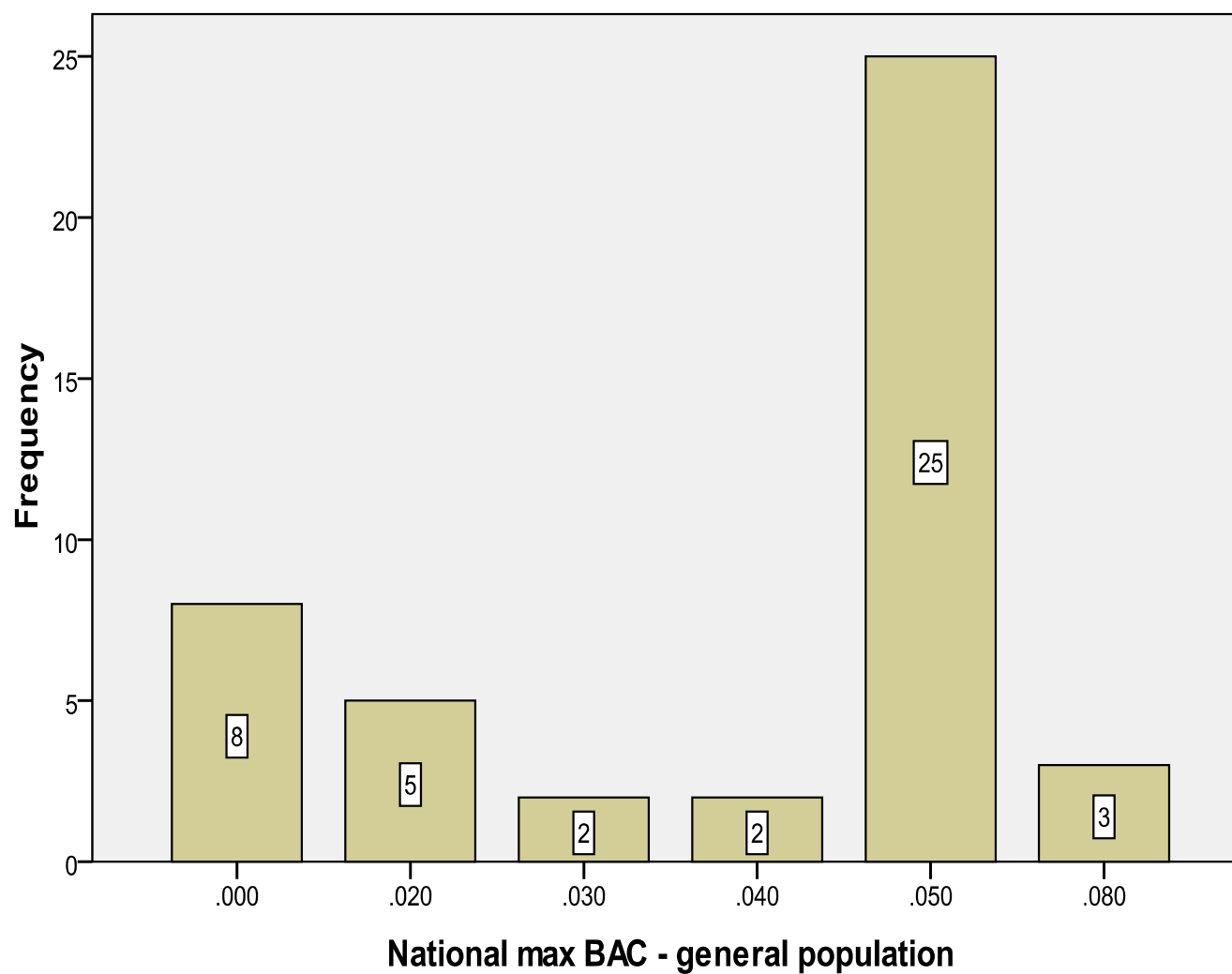
## *Trends in the price of wine compared with the consumer price index over past five years.*



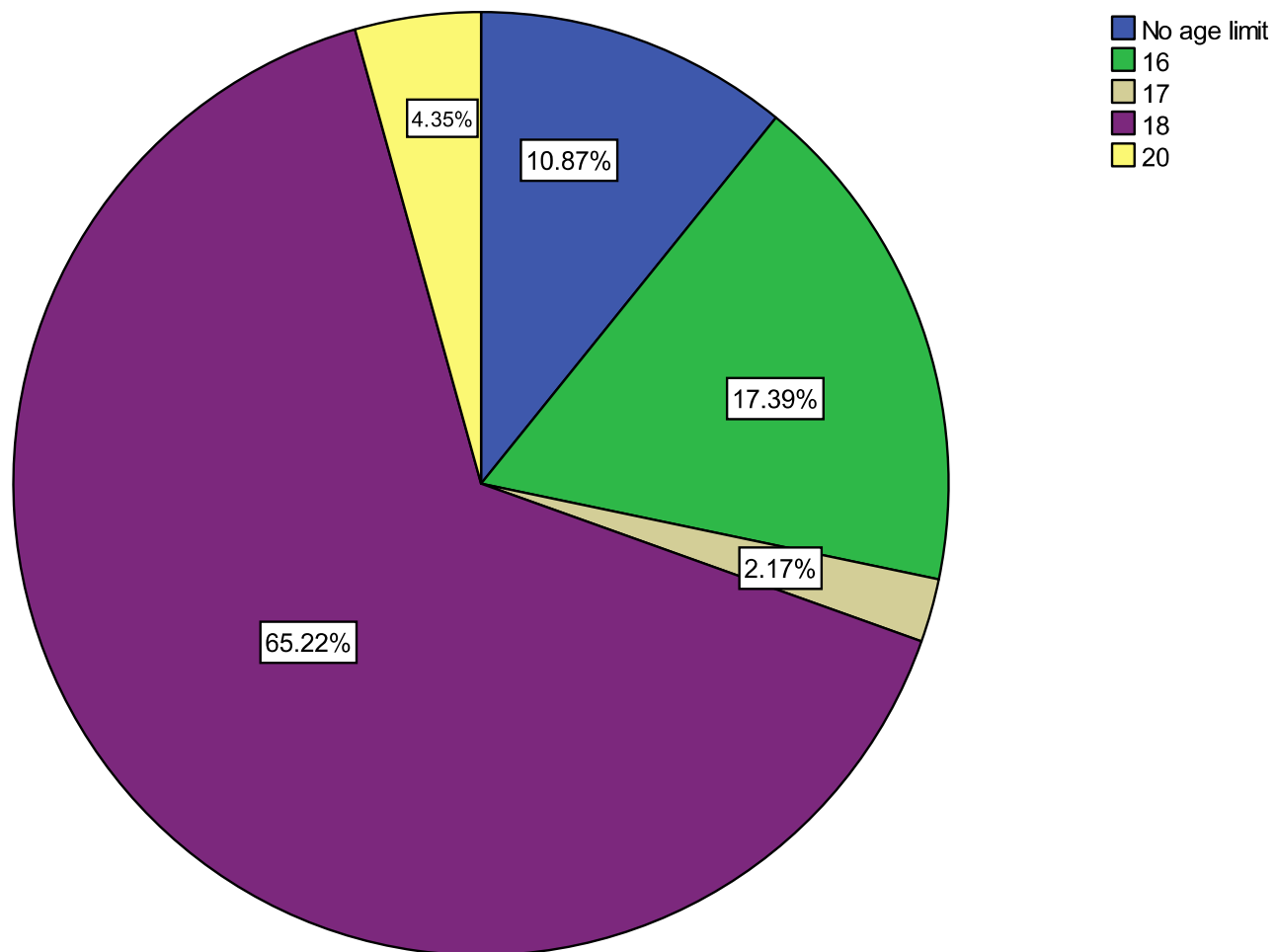
## ***Trends in the price of spirits compared with the consumer price index over past five years.***



## ***National maximum legal blood alcohol concentration level for the general population.***

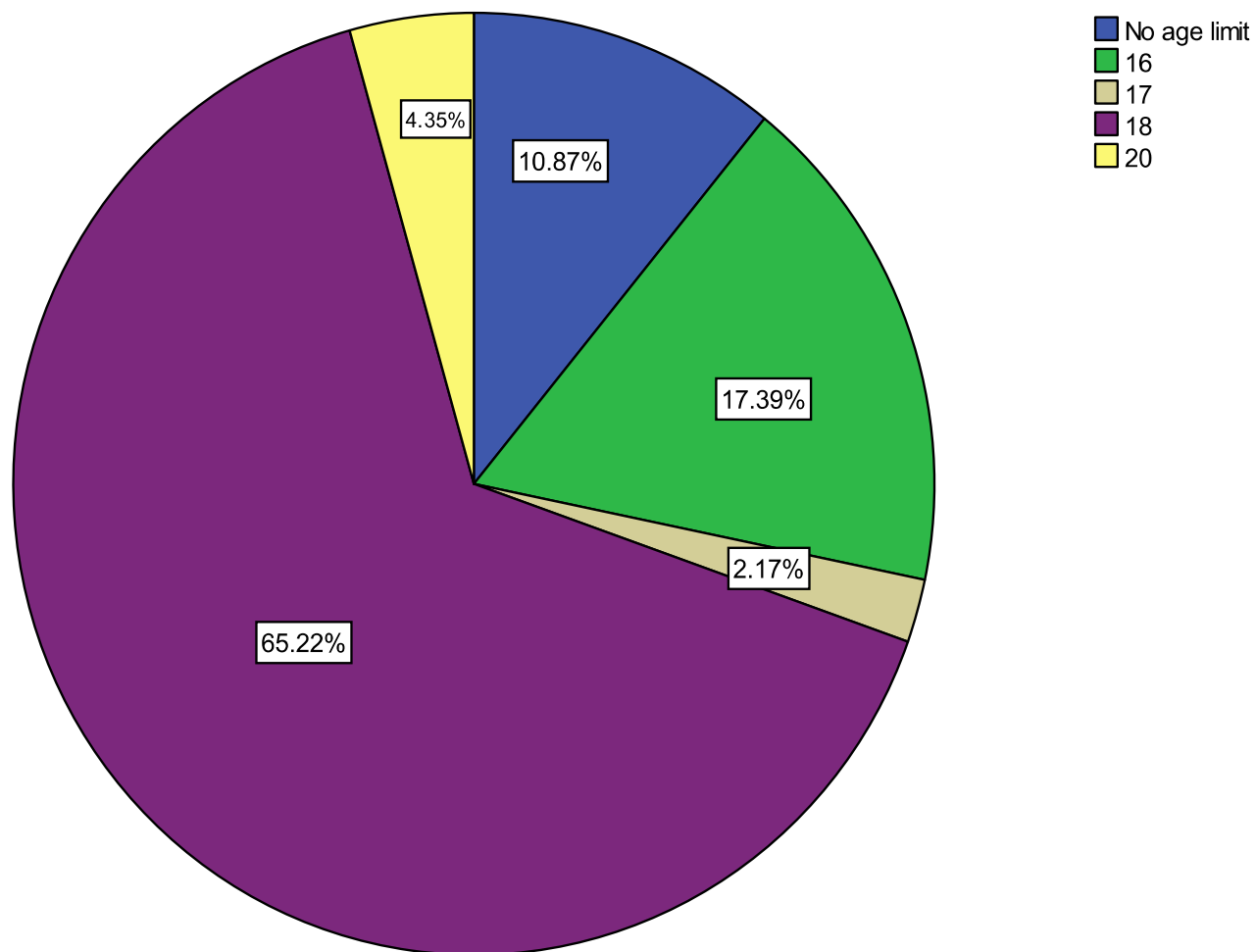


## *Minimum age limits for off-premise purchase of beer*

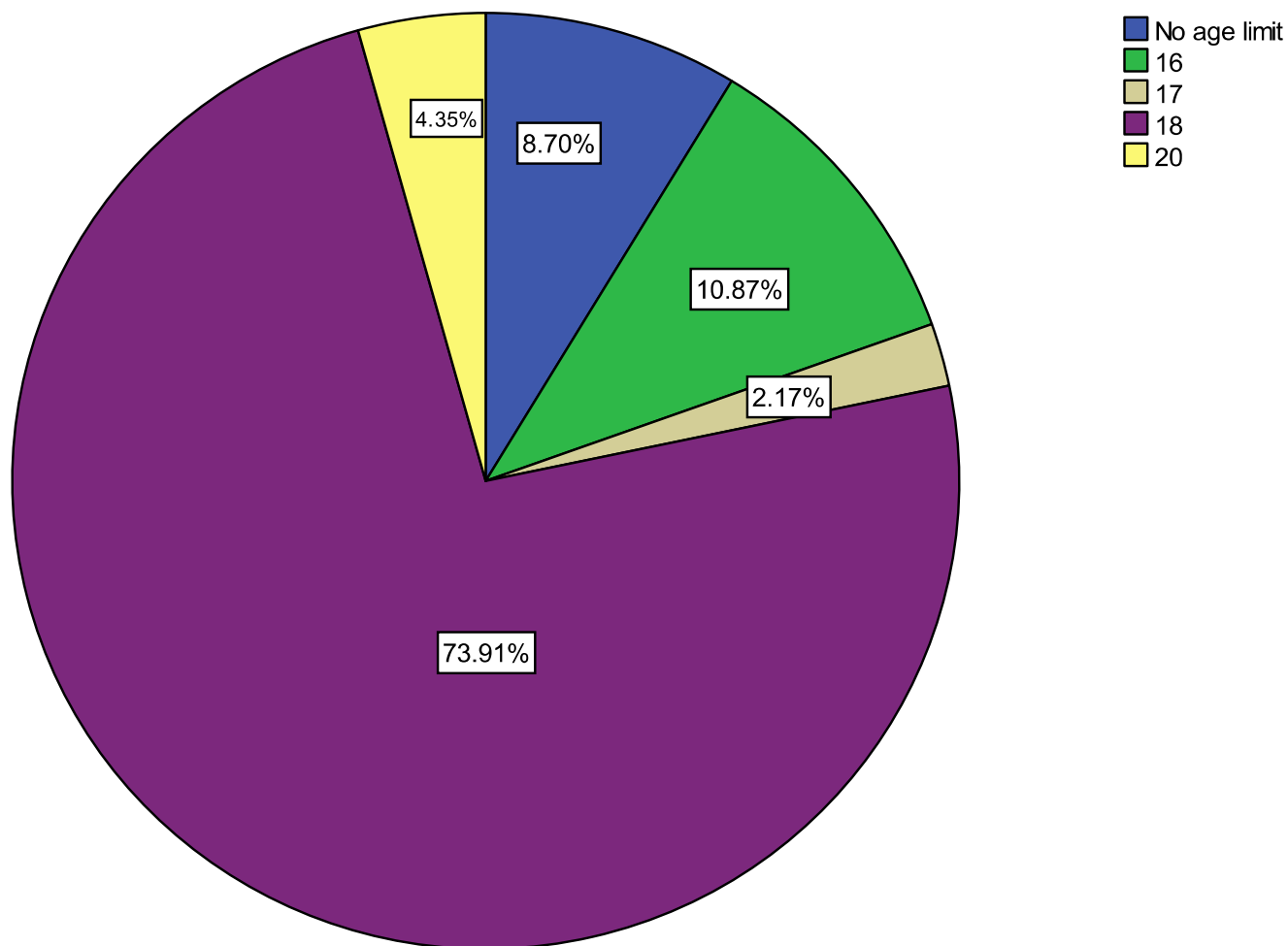




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## *Minimum age limits for on-premise purchase of spitirs*



# European Status report on Alcohol and Health

Foreword

Acknowledgements

The geographical scope of the report

Summary

1. Alcohol and Health in a European perspective

The impact of alcohol on individual health

The impact of alcohol on societal health

Effective alcohol policies

Response of the health sector

Overview of effectiveness and cost-effectiveness

2. Alcohol consumption in Europe

3. Alcohol related harm

Liver cirrhosis

Alcohol related liver diseases

Non-specific indicators

4. Alcohol policies and responses

Presence of written national alcohol policy

Price and tax

Awareness raising

Drink-driving

Advertising

Warning labels

Availability

Monitoring and evaluation

5. Conclusion

The current status, trends and differences in alcohol and health in the European Region

WHO instruments

6. Country profiles



# Thank you

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