

## Facts on alcohol and health

### Impacts: Health ([WHO](#) and [WHO/Europe](#)).

- Harmful use of alcohol is accountable for 7.1% and 2.2% of the global burden of disease for males and females respectively.
- Alcohol is the leading risk factor for premature mortality and disability among those aged 15 to 49 years, accounting for 10 percent of all deaths in this age group.
- 4.1% of all new cases of cancer in 2020 were attributable to alcohol consumption. ([The Lancet](#))
- Alcohol use is linked to seven types of cancer: the most frequent for men is oesophagus (28.7%), followed by liver (24.8%), colon, oral cavity, rectum and pharynx (throat) cancers. The most frequent for women are breast (57%), oesophagus (15.4%), colon, liver and oral cavity. ([IARC](#))
- Global average per capita consumption rose from 5.5 litres in 2005 to 6.4 litres in 2016. Regional per capita consumption fell in Europe from 12.3 litres to 9.8 litres, while it increased in South-East Asia.<sup>1</sup>
- More than 10% of alcohol-attributable cancer cases in the WHO European Region arise from drinking just 1 bottle of beer (500 ml) or 2 small glasses of wine (100 ml each) every day. For breast cancer, this is even higher: 1 in 4 alcohol-attributable breast cancer cases in the Region is caused by this amount.
- Breast cancer is now the most commonly diagnosed cancer worldwide, and out of more than two million new estimated cases in 2020, about 100 000 were attributable to alcohol consumption.
- There is no safe level of alcohol consumption even if the risk of alcohol-related mortality and specifically cancer, rises with increasing levels of consumption ([The Lancet](#)).

### The Alcohol Industry

- [A 2022 analysis in \*The Lancet Global Health\*](#) reveals the global scale of alcohol industry attempts to disrupt national public health policies, employing similar arguments used to fight tobacco control.
- The [increased concentration of actors](#) in the alcohol industry enhances its ability to influence policy at the national, regional, and local levels. ([Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem](#))

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<sup>1</sup> Ibid.

- For the past 30 years in France, the alcohol industry has sought to undermine the 1991 Evin Law, which prohibits advertising in media targeting young people. ([Journal of Studies on Alcohol and Drugs](#)).
- In the United States, the alcohol industry spent approximately USD 27 million on lobbying in 2016 and three quarters of the lobbyists hired by the industry had previously worked for the federal government. ([Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem](#))

## Global commitments to reduce the harmful use of alcohol

WHO Member States adopted the [Global Strategy to reduce the harmful use of alcohol](#) (GS) followed by the [SAFER technical package](#) the [global action plan](#) (GAP) supporting the GS. These documents recognise that “*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 outcomes*” and seek to develop evidence-based policy solutions in response.

## Recommendations to mitigate the harms of alcohol

The GS and GAP include two overarching targets:

- 10% relative reduction (in comparison with 2010) in the harmful use of alcohol by 2025
- 20% relative reduction in the harmful use of alcohol by 2030.

Accompanying these are a series of evidence-based policy options for Member States grouped around a series of core themes:

1. **Build leadership, awareness and commitment** – including development/update of national strategies or action plans, integration of alcohol into existing strategies, and whole-of-government collaboration in the implementation.
2. **Facilitate access to health services’ response** – improve access to screening, brief interventions and treatment for alcohol use disorders (including children) and track the burden nationally.
3. **Mobilising community action** – increase awareness and recognition of issues, encourage and coordinate community action and provide information on effective interventions (particular focus on at-risk sub-populations).
4. **Advance and enforce drink driving policies and countermeasures** – limits on blood alcohol, random testing, provision of public transport, education and mass media campaigns
5. **Strengthen restrictions on alcohol availability**– reducing points of sale (through licensing, hours of sale etc.), establishing a minimum age and rules around purchasing for intoxicated individuals.
6. **Enforce bans and comprehensive restrictions on the marketing of alcoholic beverages** – establishing regulatory frameworks (sponsorship, direct and indirect marketing, use of social media) and surveillance to ensure compliance.
7. **Raise prices**– increasing taxation, establishing minimum pricing and reviewing in line with inflation, incentivising non-alcohol beverages and stopping subsidies for alcohol producers.

8. **Reduce the negative consequences of drinking and alcohol intoxication** – prohibiting sale to intoxicated persons, training alcohol retailers, reducing strength of beverages, harm labelling
9. **Reduce the public health impact of illicit alcohol and informally produced alcohol** – control and enforcement system (e.g. tax stamps), public warnings, exchange of information between authorities.
10. **Improve monitoring and surveillance** – establishing framework for monitoring and organisation responsible for data collection and analysis, creating evaluation mechanism.