Alcohol, health and policy response in the **European Union**

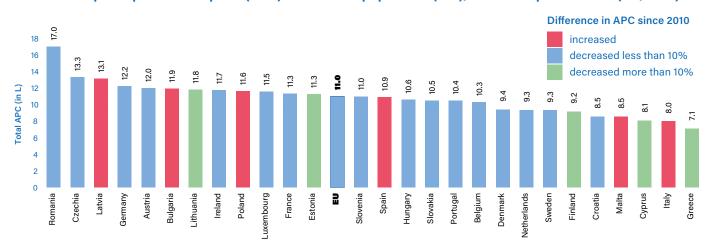
Alcohol use

Member States of the EU with information on alcohol use: 27 Corresponding adult (15+) population in 2019: 377 891 000

In 2019, the average adult in the European Union (EU) drank 11.0 litres of pure alcohol, higher than the WHO European Region average. Men consumed 3.6 times more alcohol (17.4 litres) than women (4.9 litres).

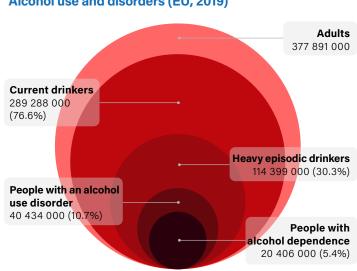
In the same year, there were more than 289 million drinkers in the EU, with an average of almost four out of every five (77%) adults consuming alcohol. Drinking was more common among men (84.2%) than women (69.4%). Among current drinkers only, excluding lifetime abstainers and former drinkers, the average consumption per adult was 14.3 litres of pure alcohol, with men consuming 20.7 litres and women 7.1 litres.

Total alcohol per capita consumption (APC)¹ in the adult population (15+), in litres of pure alcohol (EU, 2019)



Since 2010, the EU has seen a minimal reduction in per capita alcohol consumption, decreasing by less than 1% from 11.1 to 11.0 litres of pure alcohol. This falls significantly short of the 10% reduction target outlined in the European Framework for Action on Alcohol 2022–2025. Despite the minimal overall decline, 6 Member States experienced an increase in consumption, while 5 Member States achieved reductions exceeding 10%.



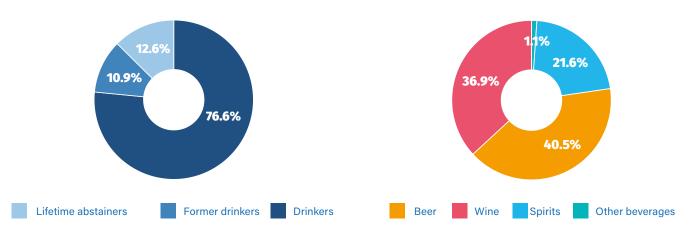


- 1 Total APC is the sum of recorded and unrecorded alcohol, adjusted for tourist alcohol consumption.
- Unrecorded alcohol refers to various alcoholic products not included in official statistics on alcohol taxation or sales in the country where they are consumed. This is because they are typically produced, distributed, and sold outside formal government-controlled channels. Examples include homemade, smuggled, or counterfeit alcohol.
- Tourism APC accounts for the alcohol consumed by non-residents (tourists) and adjusts the total per capita consumption accordingly. A negative value reflects high tourist consumption in the region, lowering the per capita figure for local residents.

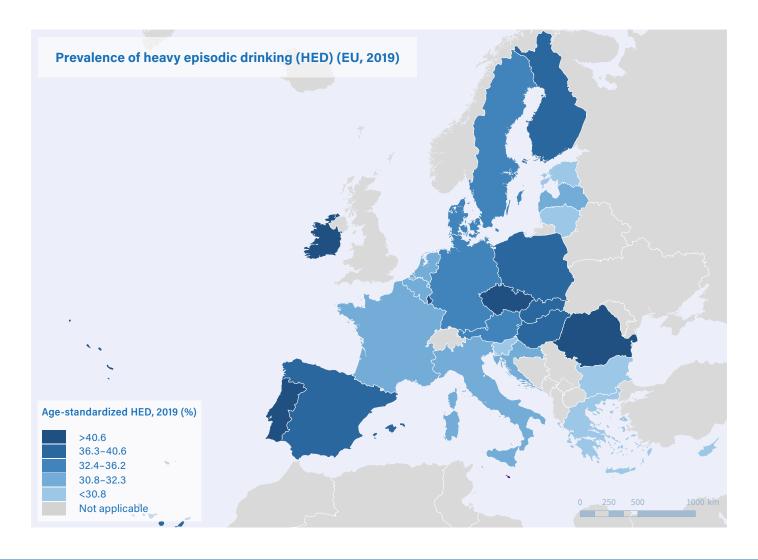


Proportion of adult population (15+) by drinking status Alcohol consumption by type of beverage, as percentage (EU, 2019)

of recorded APC (EU, 2019)



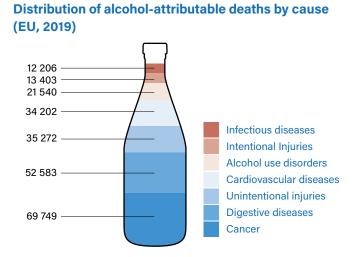
- Most alcohol consumed in the Region came from beer (40.5%), followed by wine (36.9%) and spirits (21.6%).
- Heavy episodic drinking (HED) is defined as consuming 60 grams or more of pure alcohol on one occasion at least once a month in the past year. More than 30% of the adults in the EU, more than 114 million people, reported engaging in HED, a drinking pattern associated with acute consequences, such as injuries and poisonings. This prevalence was higher among men (43.3%) than women (17.9%). When considering only drinkers, it went up to almost two in every five drinkers (39.5%). However, since HED prevalence is based on self-report in surveys, these numbers are likely to be severely underestimated.
- More than one in every 10 adults (10.7%) in the EU experienced alcohol use disorders, and more than one in every 20 (5.4%) lived with alcohol dependence.

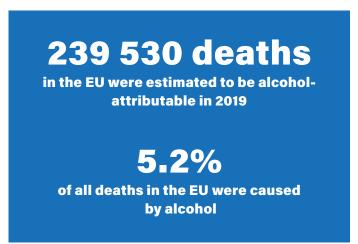


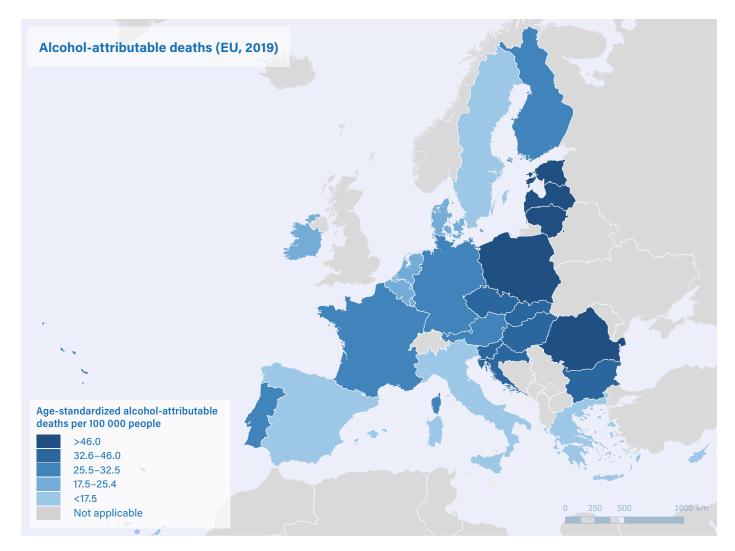
Alcohol-attributable harm

Alcohol consumption has a causal impact on more than 200 health conditions and diseases. Cancers are the leading cause of death related to alcohol in the EU, followed by liver cirrhosis and other digestive diseases, and cardiovascular diseases.

Every day, around 656 people died from alcohol related causes in the EU, and almost 9 million DALYS were caused by alcohol - i.e. almost 9 million healthy years if life were lost to alcohol consumption.





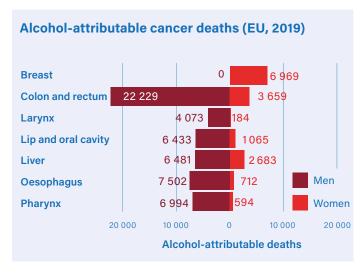


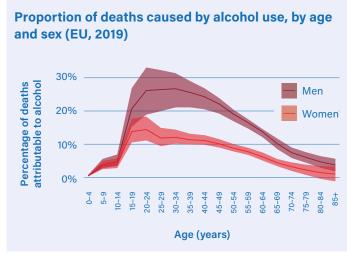
Alcohol-attributable deaths by cause^a (EU, 2019)

	Men	Women	Total	%	% of all deaths ^b
All causes	187 717	51 813	239 530	100,0 %	5,2 %
Infectious diseases	9 761	2 444	12 206	5,1 %	4,8 %
Tuberculosis	1 358	175	1 533	0,6 %	39,0 %
HIV/AIDS	163	11	175	0,1 %	6,2 %
Lower respiratory infections	8 238	2 257	10 495	4,4 %	7,2 %
Noncommunicable diseases	138 157	40 493	178 650	74,6 %	4,3 %
Cancer	53 711	16 038	69 749	29,1 %	5,8 %
Alcohol use disorders	17 717	3 823	21 540	9,0 %	100,0 %
Epilepsy	1 958	474	2 432	1,0 %	21,2 %
Cardiovascular diseases	23 200	11 002	34 202	14,3 %	2,1 %
Hypertensive heart disease	7 892	2 580	10 472	4,4 %	8,2 %
Ischaemic heart disease	-429	13 799	13 370	5,6 %	1,6 %
Ischaemic stroke	-1 386	-13 891	-15 277	-6,4 %	-5,6 %
Haemorrhagic stroke	11 870	7 937	19 807	8,3 %	16,4 %
Digestive diseases	39 337	13 246	52 583	22,0 %	26,2 %
Cirrhosis of the liver	35 862	12 862	48 724	20,3 %	70,7 %
Injuries	39 798	8 876	48 674	20,3 %	23,0 %
Unintentional injuries	28 194	7 077	35 272	14,7 %	22,5 %
Road injury	7 990	1 971	9 960	4,2 %	40,1 %
Falls	7 943	2.212	10.155	4,2 %	18,0 %
Drowning	1 308	164	1.472	0,6 %	27,4 %
Intentional injuries	11 604	1799	13 403	5,6 %	24,6 %
Suicide	10 832	1 573	12 405	5,2 %	24,6 %
Homicide	772	226	998	0,4 %	25,0 %

a Due to minor causes being omitted from the table, the total in this table may not match the sum of listed causes.

- In 2019, alcohol was responsible for almost one in every four injury deaths (23%) EU, as well as and homicides and suicides (25%). Alcohol was also responsible for two in every five road deaths (40%).
- Alcohol is a major risk factor for some of the most common cancer types. Alcohol caused almost 70 000 deaths by cancer, 6% of all cancer deaths in 2019. In women, 43% of those deaths were due to breast cancer, and in men, 41% were colon and rectum cancer. Cancer was responsible for 18% of all liver cancer deaths, 47% of all oral cavity cancer deaths and 54% pharynx cancer deaths in the EU.
- A relatively high proportion of alcohol harm occurs early in the life course. Around one in every four deaths in men between 20 and 39 years of age and one in every six deaths in women between 20 and 24 years of age is due to alcohol.





b Proportion of all deaths due to given cause attributable to alcohol.

Alcohol policies

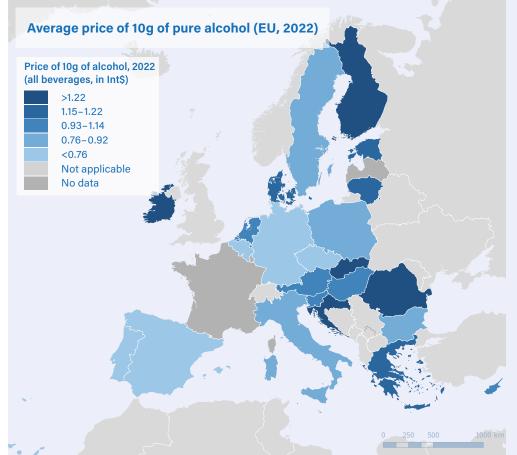
The European Framework for Action on Alcohol 2022–2025, adopted by all 53 Member States (MS) of the WHO European Region, utilizes the latest evidence to address alcohol-related harms through comprehensive, evidence-based policies and collaborative efforts.

It includes six priority areas where action should be taken: pricing, health information with a focus on alcohol labelling, health services' response, availability, marketing, and community action.

In 2019, 24 of the 27 EU member states, representing 77% of the population in the EU, had a comprehensive written policy on alcohol or were in the process of revising one. Of those, 13 MS (47% of the population) had a national action plan for implementing their national alcohol policies.







Pricing

Tax and pricing policies are some of the best researched measures to reduce alcohol consumption and related harm. Evidence shows that making alcohol less affordable decreases consumption. However, alcohol has become more affordable due to rising average incomes and lower production costs, which reduce prices. In the EU, alcohol taxes contribute relatively little to the final prices of alcoholic beverages, accounting for only about 31%. In contrast, tobacco taxes are implemented at the WHO recommended level of 75%.

In 2022 the average cost of 10g of pure alcohol in the EU, weighted for the proportion of different types of beverage consumed, was 0.81 Int\$ (international dollars): 0.93 Int\$ for 10g of pure alcohol from beer, 0.76 Int\$ for wine, and 1.12 Int\$ for spirits.

Health information, with a specific focus on alcohol labelling

As of 2024, health warnings on alcohol products were mandatory at some level in only three countries within the EU: France, Germany, and Lithuania.



- In Germany, the regulations require written messages that stating the proibition of distribution to persons under the age of 18 on alcopops only.
- Lithuania mandates a pictogram that highlights the risks of alcohol consumption during pregnancy in all alcoholic beverages.
- France enforces HWL for the risks of alcohol consumption during pregnancy, which include pictogram along with additional written message "Consumption of alcohol beverages during pregnancy, even in small amounts, can have serious consequences for the child's health."

Health services' response



Around 67% of the EU population had screening and brief interventions (SBI) for potential alcohol use disorders available in health services (n=17 MS). In 14 MS (62% of the population), SBI was provided in primary care.

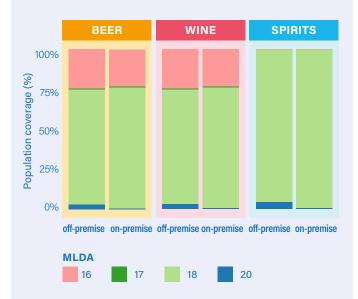
Specialized treatment for alcohol use disorders was available for 90% of the population (n=23 MS), with 89% (n=22 MS) providing both inpatient and outpatient care in mental health facilities.

Psychosocial treatment programmes were available for 99% of the region (n=26 MS). The most available type of psychosocial interventions across MS were cognitive behavioural therapy (n=21, 83% of EU population) and psychoeducation and motivational enhancement therapy (both n=20, 82% of EU population).

Medication for alcohol use disorders was available in most MS (n=26, 98% of the EU population), but while 77% of the population (n=19 MS) had access to treatment of acute conditions, only 3% (n=5 MS) had access to treatment for relapse prevention.

Availability

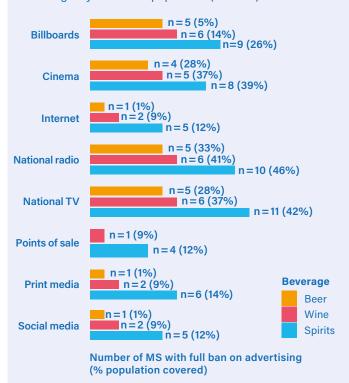
The average minimum legal drinking age (MLDA) was lower for beer and wine (17.5 years on-premises, 17.6 years off-premises) compared to spirits (18.0 years on-premises, 18.1 years off-premises). At least five MS allowed beer and wine consumption at the age of 16, and at least one MS allow consumption of spirits at the same age.



In the EU, there are no restrictions at national level on the days of on-premises alcohol sales, and only around 40% faced restrictions on hours of sales (n=11 MS for beer and wine, n=13 MS for spirits). Density restrictions on premises with alcohol sales covered only 15% (n=3 MS) of the population in the EU.

Marketing

Full bans on alcohol advertising remained uncommon in the Region, with only five MS reporting full bans across all platforms and points of sale for all beverages. The most widely implemented ban covered spirits advertisements on national TV, reaching 55% of the population in the Region (n=22 MS). The least implemented ban pertained to beer advertisements at points of sale, covering only 14% of the population (n=6 MS).

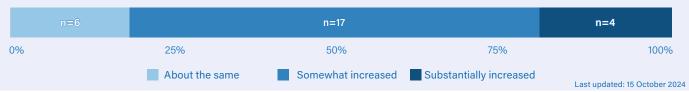


Community action



In 2019, at least 21 of the 27 EU MS reported increased government policies and activities for community action in 2019 compared to 2010, representing 82% of the Region's population.

Overall scope and intensity of government policies and activities in the area of community action compared to 2010



[©] World Health Organization 2024. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license.

References:

^{1.} Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024 (https://iris.who.int/handle/10665/377960). Licence: CC BY-NC-SA 3.0 IGO.

^{2.} Global report on the use of alcohol taxes, 2023. Geneva: World Health Organization; 2023 (https://iris.who.int/handle/10665/374614). Licence: CC BY-NC-SA 3.0 IGO.
3. Turning down the alcohol flow: background document on the European framework for action on alcohol, 2022–2025. Copenhagen: WHO Regional Office for Europe; 2022 (https://iris.who.int/handle/10665/361975). Licence: CC BY-NC-SA 3.0 IGO.