Global Status Report on Alcohol 2004



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Foreword

This volume is the culmination of three years of dedicated collaborative work of the WHO Department of Mental Health and Substance Abuse and a WHO Collaborating Centre, the Swiss Institute for the Prevention of Alcohol and Drug Problems in Lausanne, Switzerland. It is an overview of the available data on alcohol consumption and drinking patterns worldwide.

WHO has been actively involved in documenting the global, regional and national dimensions of alcohol consumption since the start of the Global Alcohol Database in 1996. Out of the earlier work came the *Global Status Report on Alcohol (1999)*, the *Global Status Report on Alcohol and Young People (2001)* and the recently published *Global Status Report: Alcohol Policy (2004)*. This publication follows the same tradition of the first Global Status Report five years ago, but it represents a complete update of the information. It gives valuable new perspectives on the recent status of health and social consequences of alcohol use and levels and patterns of alcohol consumption worldwide.

A clear focus of this publication has been on developing countries, those long-neglected areas where alcohol problems are likely to increase at an alarming rate in the future. It tries through objective analysis to provide in a comprehensive and readily accessible way all the accumulated scientific information and knowledge on issues pertinent to alcohol consumption at global, regional and national levels.

However, it is clear that many gaps remain to be filled for a comprehensive picture of the global situation with alcohol use and its health consequences. For example, for many countries the data is very limited, and the alcohol per capita consumption estimates are clearly of varying quality. I hope that recognition of the limitations of available data will encourage WHO Member States and international organizations to work closely with WHO in improving data collection and reporting.

I sincerely recommend this as a reference source for a wide audience of policy-makers, teachers, students, scientists and all those interested in alcohol issues.

Catherine Le Galès-Camus Assistant Director-General Noncommunicable Diseases and Mental Health

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This document was prepared by Nina Rehn who was responsible for the overall management of the project that was initiated under the direction and supervision of Maristela Monteiro and completed under the direction and supervision of Vladimir Poznyak of the WHO Management of Substance Abuse team who also provided invaluable input. Kelvin Chuan Heng Khow, Management of Substance Abuse, WHO, is the principal author of the country profiles. Technical assistance in statistical analysis, production of graphs, graphic design and layout was provided by Momcilo Orlovic of the Management of Substance Abuse team in WHO. The global overviews were a collaborative effort of Gerhard Gmel, Swiss Institute for the Prevention of Alcohol and Drug Problems, Kelvin Chuan Heng Khow and Nina Rehn, Management of Substance Abuse. Laurent Emery and Matthias Wicki at the Swiss Institute for the Prevention of Alcohol and Drug Problems assisted with different sections of the profiles and the project as a whole. Thanks are also due to Isidore Obot of the Management of Substance Abuse team, Maria Elena Medina-Mora, Instituto Nacional de Psiquiatría Ramón de la Fuente, Mexico, Moira Plant, University of the West of England, Bristol, United Kingdom, and Robin Room, Centre for Social Research on Alcohol and Drugs, Stockholm, who provided useful comments on the draft of the document. Heidemarie Vaucher, Elisabeth Grisel and Edith Bacher, Swiss Institute for the Prevention of Alcohol and Drug Problems, and Mylène Schreiber and Tess Narciso, Management of Substance Abuse, WHO, all provided much needed secretarial and editorial assistance.

The project leading to this report was implemented under the overall guidance and supervision of Benedetto Saraceno, Director of the WHO Department of Mental Health and Substance Abuse.

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WHO Region of the Americas
WHO South-East Asia Region
WHO European Region
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Introduction

The World Health Organization (WHO) estimates that there are about 2 billion people worldwide who consume alcoholic beverages and 76.3 million with diagnosable alcohol use disorders. From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world. Alcohol consumption has health and social consequences via intoxication (drunkenness), alcohol dependence, and other biochemical effects of alcohol. In addition to chronic diseases that may affect drinkers after many years of heavy use, alcohol contributes to traumatic outcomes that kill or disable at a relatively young age, resulting in the loss of many years of life due to death or disability. There is increasing evidence that besides volume of alcohol, the pattern of the drinking is relevant for the health outcomes. Overall there is a causal relationship between alcohol consumption and more than 60 types of disease and injury. Alcohol is estimated to cause about 20–30% of oesophageal cancer, liver cancer, cirrhosis of the liver, homicide, epileptic seizures, and motor vehicle accidents worldwide (WHO, 2002).

Alcohol causes 1.8 million deaths (3.2% of total) and a loss of 58.3 million (4% of total) of Disability-Adjusted Life Years (DALY) (WHO, 2002). Unintentional injuries alone account for about one third of the 1.8 million deaths, while neuro-psychiatric conditions account for close to 40% of the 58.3 million DALYs. The burden is not equally distributed among the countries. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries and the third largest risk factor in developed countries. In Europe alone, alcohol consumption was responsible for over 55 000 deaths among young people aged 15–29 years in 1999 (Rehm & Eschmann, 2002).

Given alcohol's significance in world health, WHO has, since 1996, been developing a database, the Global Alcohol Database, to provide a standardized reference source of information for global epidemiological surveillance of alcohol use and its related problems. The database is the world's largest single source that documents global patterns of alcohol use, health consequences and national policy responses, by country. This monitoring system and database enables WHO to disseminate data and information on trends in alcohol consumption, drinking patterns and alcohol-related mortality, including details of policy responses in countries. The aim of the project is to provide up-to-date and comparative data regarding the status of alcohol consumption and alcohol problems.

WHO has been undertaking a major exercise in passive epidemiological surveillance, gathering published and unpublished data and information about key aspects of the alcohol situation in WHO Member States. Given that this was a pioneering effort to document a highly diverse and complex issue, the findings clearly reveal the shortcomings of global alcohol epidemiology. The data presented in this report can be found in the Global Alcohol Database and most of it is also available on the web site of the database (WHO, 2004a). Two earlier reports that were published by WHO using data from this database were the first Global Status Report on Alcohol (WHO, 1999) and the Global Status Report: Alcohol and Young People (2001a).

This new edition provides an update on the global picture of the status of alcohol as a factor in world health and contains data that is not found in the earlier edition. The *Global Status Report on Alcohol 2004* seeks to document what is known about alcohol consumption and drinking patterns among various population groups as well as alcohol's impact on health worldwide. This information will hopefully spur further research and action to prevent and

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reduce alcohol-related injury and disease globally. For this new edition, more emphasis has been placed on the need to enhance the comparability of data by setting clear and comprehensive priorities in terms of data collection. As far as possible, there has been an effort to obtain the same indicators for the majority of countries. Unlike the earlier edition, the current report does not present data on alcohol trade and production, and alcohol policy. Alcohol policy is the topic of a separate report, the *Global Status Report: Alcohol Policy* (WHO, 2004c), which analyses alcohol policies in 118 WHO Member States. That data is based on focal point replies to a questionnaire. For further details please refer to the report, which is also available online at http://www.who.int/substance_abuse.

The report consists of two sections. The first section presents an overview and comparative analyses of the alcohol situation on a regional and global basis using indicators such as per capita alcohol consumption and drinking patterns. There is also a discussion on the health and social consequences of alcohol use.

The second section of the report consists of a CD-ROM which presents individual country profiles for 189 Member States for which sufficient data were available, bringing together information on each of these indicators: trends in adult per capita consumption as well as prevalence/drinking patterns data, information regarding traditional and/or locally produced alcoholic beverages, unrecorded alcohol consumption, health and social problems, including morbidity and mortality from alcohol-related causes and the social and economic costs of alcohol abuse.

The *Global Status Report on Alcohol 2004* stands as a picture of much of the state of knowledge and state of world health related to alcohol. The evidence it gives will hopefully stimulate further efforts to document alcohol use, problems and policies in WHO Member States.

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