This fact sheet provides a brief overview of the current status of the alcohol-attributable burden of disease in the WHO European Region and of the changes in alcohol consumption between 2010 and 2016. It also highlights the state of implementation of the five high-impact strategies of the WHO-led SAFER initiative in 2016 and 2019. The five letters of the SAFER initiative stand for: (1) Strengthen restrictions on alcohol availability; (2) Advance and enforce drinking countermeasures; (3) Facilitate access to screening, brief interventions and treatment; (4) Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and (5) Raise prices on alcohol through excise taxes and pricing policies.

Alcohol use in the WHO European Region in 2016

- The WHO European Region has the world’s highest alcohol consumption levels and the highest proportion of current drinkers in the population.
- In 2016, 60% of adults (age 15+ years) were current drinkers, with 69% of men and 51% of women having consumed alcohol in the past 12 months.
- The average total alcohol per capita consumption (15+) was 4.2 litres of pure alcohol for women and 16.0 litres for men.
- On average, women drank the equivalent of 8.4 litres of beer – the most frequently consumed alcoholic beverage in the Region – and men drank the equivalent of 320 litres of beer, meaning that the men’s drinking level was four times higher.
- 13% of women and 40% of men were engaging in heavy episodic drinking, defined as an intake of 60 g or more of pure alcohol on at least one occasion over the previous 30 days, putting them at risk of short- and long-term health and social problems.
- When considering current drinkers only (and excluding lifetime abstainers and former drinkers), the average consumption was 8.2 litres of pure alcohol in women and 23.1 litres in men, the equivalent of 164 litres and 462 litres of beer, respectively.

Changes in alcohol consumption in the Region

- On average, alcohol per capita consumption (15+) in the WHO European Region declined by 12.5% from 11.2 litres in 2010 to 9.8 litres in 2016.
- Between 2010 and 2016, alcohol consumption increased in 17 and decreased in 34 out of 51 Member States that reported data.
- A total of 16 countries, most of which are located in the eastern part of the Region, showed a relative reduction of at least 10%, thereby meeting the global noncommunicable disease target.
- Heavy episodic drinking declined by 16% between 2010 and 2016 – from 17% to 13% in women and from 47% to 40% in men.

On average across the WHO European Region, alcohol per capita consumption (15+ years) fell by 12.4%, from 11.2 litres to 9.8 litres, between 2010 and 2016. However, differences between countries were large and levels of consumption remained higher than in any other WHO region.
Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries) and affects nearly every organ system of the body. Overall, cardiovascular diseases (CVDs) make up the largest mortality category and are the leading cause of death globally and in the WHO European Region. Assessed conservatively, 10.5% of all deaths from CVDs in the WHO European Region in 2016 were caused by alcohol. However, alcohol has also a huge impact on other leading mortality causes: 29.6% of all deaths due to unintentional injury and 38.8% of those due to intentional injury are attributable to alcohol as well as 30.5% of deaths due to digestive diseases and 6.2% of cancers.

- Globally, the WHO European Region has the highest proportion all of deaths and disability-adjusted life years [DALYs] that are caused by alcohol.
- When considering all causes of death in 2016, 928 841 deaths in the WHO European Region were estimated to be alcohol-attributable. Every day around 2545 people died from alcohol-attributable causes.
- Every 10th death within the Region was alcohol-attributable – in the age group of 20–24-year-olds this was nearly one in every fourth death, highlighting the damaging impact of alcohol that starts early in the life course.
- More than 30 million DALYs in the Region were alcohol-attributable – i.e. more than 30 million healthy years of life were lost to alcohol consumption.
- The proportions of alcohol-attributable deaths and DALYs have decreased between 2010 and 2016.
- Rates of age-standardized mortality and DALYs varied strongly across the WHO European Region, with the highest values observed in Eastern Europe.
- However, these were also the countries which have reduced their alcohol-attributable burden the most between 2010 and 2016.

In 2016 928 841 deaths in the WHO European Region were estimated to be alcohol-attributable

The stark regional differences indicate a clear "harm per litre” gradient in the WHO European Region, with eastern European countries experiencing greater harm despite similar or lower levels of drinking.
Implementation of alcohol policies in the WHO European Region: focus on the five SAFER areas

When measured with the WHO alcohol policy scoring tool and its composite policy indicators for the 10 action areas of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (EAPA), the average implementation rate for all 10 areas across the whole WHO European Region was only 55%.

- In 2016 the mean score for all 10 areas across the entire Region was 54, with a median of 59.
- There are clear differences in alcohol policy implementation across countries, although regional patterns are not easy to identify.
- Overall, 35 of the 53 countries reported average EAPA scores of at least 50%, but only two – Belarus and Portugal – reported scores of at least 75%.

Implementation of the five SAFER areas in the WHO European Region

- In 2016 of the five SAFER areas, only drink-driving countermeasures were sufficiently implemented across the Region (80%), while health service responses (provision of screening and brief interventions) (45%) and pricing measures (17%) were poorly implemented.
- Between 2016 and 2019, almost no progress was made in the WHO European Region on implementation of evidence-based control measures and specifically the five SAFER high-impact interventions.
- Pricing policies – despite being the most cost-effective type of policy, recognized as a “best buy” measure to reduce the disease burden – were the worst-performing policy area in the Region in 2016 and 2019. Even worse, the available data suggest that alcohol had become more affordable in the Region as a whole because of Member States’ failure to adjust alcohol taxes for inflation.
- Overall, higher policy implementation rates were observed in northern and eastern countries of the Region, corroborating emerging evidence of the progress made by eastern European countries in implementing alcohol control policies and reducing the alcohol-attributable burden of disease.