EXECUTIVE SUMMARY

This report provides a global overview of alcohol consumption in relation to public health (Chapter 1) as well as information on: the consumption of alcohol in populations (Chapter 2); the health consequences of alcohol consumption (Chapter 3); and policy responses at national level (Chapter 4). The main messages of these chapters can be summarized as follows:

CHAPTER 1: ALCOHOL AND PUBLIC HEALTH

Alcohol is a psychoactive substance with dependence-producing properties that has been widely used in many cultures for centuries. The harmful use of alcohol causes a large disease, social and economic burden in societies.

- Environmental factors such as economic development, culture, availability of alcohol and the level and effectiveness of alcohol policies are relevant factors in explaining differences and historical trends in alcohol consumption and related harm.
- Alcohol-related harm is determined by the volume of alcohol consumed, the pattern of drinking, and, on rare occasions, the quality of alcohol consumed.
- The harmful use of alcohol is a component cause of more than 200 disease and injury conditions in individuals, most notably alcohol dependence, liver cirrhosis, cancers and injuries.
- The latest causal relationships suggested by research are those between harmful use of alcohol and infectious diseases such as tuberculosis and HIV/AIDS.
- A wide range of global, regional and national policies and actions are in place to reduce the harmful use of alcohol.

CHAPTER 2: ALCOHOL CONSUMPTION

- Worldwide consumption in 2010 was equal to 6.2 litres of pure alcohol consumed per person aged 15 years or older, which translates into 13.5 grams of pure alcohol per day.
- A quarter of this consumption (24.8%) was unrecorded, i.e., homemade alcohol, illegally produced or sold outside normal government controls. Of total recorded alcohol consumed worldwide, 50.1% was consumed in the form of spirits.
- Worldwide 61.7% of the population aged 15 years or older (15+) had not drunk alcohol in the past 12 months. In all WHO regions, females are more often lifetime abstainers than males. There is a considerable variation in prevalence of abstention across WHO regions.

- Worldwide about 16.0% of drinkers aged 15 years or older engage in heavy episodic drinking.
- In general, the greater the economic wealth of a country, the more alcohol is consumed and the smaller the number of abstainers. As a rule, high-income countries have the highest alcohol per capita consumption (APC) and the highest prevalence of heavy episodic drinking among drinkers.

CHAPTER 3: HEALTH CONSEQUENCES

- In 2012, about 3.3 million deaths, or 5.9% of all global deaths, were attributable to alcohol consumption.
- There are significant sex differences in the proportion of global deaths attributable to alcohol, for example, in 2012 7.6% of deaths among males and 4.0% of deaths among females were attributable to alcohol.
- In 2012 139 million DALYs (disability-adjusted life years), or 5.1% of the global burden of disease and injury, were attributable to alcohol consumption.
- There is also wide geographical variation in the proportion of alcohol-attributable deaths and DALYs, with the highest alcohol-attributable fractions reported in the WHO European Region.

CHAPTER 4: ALCOHOL POLICY AND INTERVENTIONS

- Alcohol policies are developed with the aim of reducing harmful use of alcohol and the alcohol-attributable health and social burden in a population and in society. Such policies can be formulated at the global, regional, multinational, national and subnational level.
- Many WHO Member States have demonstrated increased leadership and commitment to reducing harmful use of alcohol in recent years. A higher percentage of the reporting countries indicated having written national alcohol policies and imposing stricter blood alcohol concentration limits in 2012 than in 2008.

The report also contains country profiles for all 194 WHO Member States as well as data tables to support information provided in chapters 2–4 (Appendices I–III) and a section explaining data sources and methods used in this report (Appendix IV).