



Alcohol

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Key facts

- Alcohol or alcoholic beverages contain ethanol, a psychoactive and toxic substance that can cause dependence.
- Worldwide, around 2.6 million deaths were caused by alcohol consumption in 2019. Of these, 1.6 million deaths were from noncommunicable diseases, 700 000 deaths from injuries and 300 000 deaths from communicable diseases.
- The alcohol-attributable mortality was heaviest among men, accounting for 2 million deaths compared to 600 000 deaths among women, in 2019.
- An estimated 400 million people, or 7% of the world's population aged 15 years and older, lived with alcohol use disorders. Of this, 209 million people (3.7% of the adult world population) lived with alcohol dependence.
- Alcohol consumption, even at low levels can bring health risks, but most alcohol related harms come from heavy episodic or heavy continuous alcohol consumption.
- Effective alcohol control interventions exist and should be utilized more, at the same time it is important for people to know risks associated with alcohol consumption and take individual actions to protect from its harmful effects.

Overview

Alcohol and alcoholic beverages contain ethanol, which is a psychoactive and toxic substance with dependence-producing properties. Alcohol has been widely used in many cultures for centuries, but it is associated with significant health risks and harms.

Worldwide, 2.6 million deaths were attributable to alcohol consumption in 2019, of which 2 million were among men and 0.6 million among women. The highest levels of alcohol-related deaths per 100 000 persons are observed in the WHO European and African Regions with 52.9 deaths and 52.2 deaths per 100 000 people, respectively.

People of younger age (20–39 years) are disproportionately affected by alcohol consumption with the highest proportion (13%) of alcohol-attributable deaths occurring within this age group in 2019.

The data on global alcohol consumption in 2019 shows that an estimated 400 million people aged 15 years and older live with alcohol use disorders, and an estimated 209 million live with alcohol dependence.

There has been some progress; from 2010 to 2019, the number of alcohol-attributable deaths per 100 000 people decreased by 20.2% globally.

There has been a steady increase in the number of countries developing national alcohol policies. Almost all countries implement alcohol excise taxes. However, countries report continued interference from the alcohol industry in policy development.

Based on 2019 data, about 54% out of 145 reporting countries had national guidelines/standards for specialized treatment services for alcohol use disorders, but only 46% of countries had legal regulations to protect the confidentiality of people in treatment.

Access to screening, brief intervention and treatment for people with hazardous alcohol use and alcohol use disorder remains very low, as well as access to medications for treatment of alcohol use disorders. Overall, the proportion of people with alcohol use disorders in contact with treatment services varies from less than 1% to no more than 14% in all countries where such data are available.

Health risks of alcohol use

Alcohol consumption is found to play a causal role in more than 200 diseases, injuries and other health conditions. However, the global burden of disease and injuries caused by alcohol consumption can be quantified for only 31 health conditions on the basis of the available scientific evidence for the role of alcohol use in their development, occurrence and outcomes.

Drinking alcohol is associated with risks of developing noncommunicable diseases such as liver diseases, heart diseases, and different types of cancers, as well as mental health and behavioural conditions such as depression, anxiety and alcohol use disorders.

An estimated 474 000 deaths from cardiovascular diseases were caused by alcohol consumption in 2019.

Alcohol is an established carcinogen and alcohol consumption increases the risk of several cancers, including breast, liver, head and neck, oesophageal and colorectal cancers. In 2019, 4.4% of cancers diagnosed globally and 401 000 cancer deaths were attributed to alcohol consumption.

Alcohol consumption also causes significant harm to others, not just to the person consuming alcohol. A significant part of alcohol-attributable disease burden arises from injuries such as road traffic accidents. In 2019, of a total of 298 000 deaths from alcohol-related road crashes, 156 000 deaths were caused by someone else's drinking.

Other injuries, intentional or unintentional, include falls, drowning, burns, sexual assault, intimate partner violence and suicide.

A causal relationship has been established between alcohol use and the incidence or outcomes of infectious diseases such as tuberculosis and HIV.

Alcohol consumption during pregnancy increases the risk of having a child with fetal alcohol spectrum disorders (FASDs), the most severe form of which is fetal alcohol syndrome (FAS), which is associated with developmental disabilities and birth defects. Alcohol consumption during pregnancy can also increase the risk of pre-term birth complications including miscarriage, stillbirth and premature delivery.

Younger people are disproportionately negatively affected by alcohol consumption, with the highest proportion (13%) of alcohol-attributable deaths in 2019 occurring among people aged between 20 and 39 years.

In the long term, harmful and hazardous levels of alcohol consumption can lead to social problems including family problems, issues at work, financial problems, and unemployment.

Factors affecting alcohol consumption and alcohol-related harm

There is no form of alcohol consumption that is risk-free. Even low levels of alcohol consumption carry some risks and can cause harm.

The level of risk depends on several factors, including the amount consumed, frequency of drinking, the health status of the individual, age, sex, and other personal characteristics, as well as the context in which alcohol consumption occurs.

Some groups and individuals who are vulnerable or at risk may have a higher susceptibility to the toxic, psychoactive and dependence-inducing properties of alcohol. On the other hand, individuals who adopt lower-risk patterns of alcohol consumption may not necessarily face a significantly increased likelihood of negative health and social consequences.

Societal factors which affect the levels and patterns of alcohol consumption and related problems include cultural and social norms, availability of alcohol, level of economic development, and implementation and enforcement of alcohol policies.

The impact of alcohol consumption on chronic and acute health outcomes is largely determined by the total volume of alcohol consumed and the pattern of drinking, particularly those patterns which are associated with the frequency of drinking and episodes of heavy drinking. Most alcohol related harms come from heavy episodic or heavy continuous alcohol consumption.

The context plays an important role in the occurrence of alcohol-related harm, particularly as a result of alcohol intoxication. Alcohol consumption can have an impact not only on the incidence of diseases, injuries and other health conditions, but also on their outcomes and how these evolve over time.

There are gender differences in both alcohol consumption and alcohol-related mortality and morbidity. In 2019, 52% of men were current drinkers, while only 35% of women had been drinking alcohol in the last 12 months. Alcohol per capita consumption was, on average, 8.2 litres for men compared to 2.2 litres for women. In 2019, alcohol use was responsible for 6.7% of all deaths among men and 2.4% of all deaths among women.

WHO response

The Global alcohol action plan 2022–2030, endorsed by WHO Member States, aims to reduce the harmful use of alcohol through effective, evidence-based strategies at national, regional and global levels. The plan outlines six key areas for action: high-impact strategies and interventions, advocacy and awareness, partnership and coordination, technical support and capacity-building, knowledge production and information systems, and resource mobilization.

Implementation of global strategy and action plan will accelerate global progress towards attaining alcohol-related targets under the Sustainable Development Goal 3.5 on strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

Achieving this will require global, regional and national actions on the levels, patterns and contexts of alcohol consumption and the wider social determinants of health, with a particular focus on implementing high-impact cost effective interventions.

It is vital to address the determinants that drive the acceptability, availability and affordability of alcohol consumption through cross-sectoral, comprehensive and integrated policy measures. It is also of critical importance to achieve universal health coverage for people living with alcohol use disorders and other health conditions due to alcohol use by strengthening health system responses and developing comprehensive and accessible systems of treatment and care that for those in need.

The SAFER initiative, launched in 2018 by WHO and partners, supports countries to implement the high-impact, cost-effective interventions proven to reduce the harm caused by alcohol consumption.

The WHO Global Information System on Alcohol and Health (GISAH) presents data on levels and patterns of alcohol consumption, alcohol-attributable health and social consequences and policy responses across the world.

Achieving a reduction in the harmful use of alcohol in line with the targets included in the Global alcohol action plan, the SDG 2030 agenda and the WHO Global monitoring framework for noncommunicable diseases, requires concerted action by countries and effective global governance.

Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence.

Engaging all relevant stakeholders is essential but the potential conflicts of interest, particularly with the alcohol industry, must be carefully assessed before engagement. Economic operators should refrain from activities that might prevent, delay or stop the development, enactment, implementation and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol.

By working together, with due diligence and protection from conflicts of interest, the negative health and social consequences of alcohol can be effectively reduced.