



Scientific Facts on **Alcohol**

Source document:
WHO (2004)

Summary & Details:
GreenFacts

Context - Alcohol is not an ordinary commodity. It has been part of human civilization for thousands of years, and while it is linked with connotations of pleasure and sociability in the minds of many, its use also has harmful consequences.

What are the impacts of alcohol consumption on human health, society and the economy?

1. Introduction - How many people are affected by alcohol?.....	2
2. What are the general patterns of alcohol consumption?.....	2
3. What are the drinking habits in various countries?.....	2
4. What are the health effects of alcohol consumption?.....	3
5. What social and economic problems are linked to alcohol use?.....	4
6. Conclusion.....	4

This Digest is a faithful summary of the leading scientific consensus report produced in 2004 by the World Health Organization (WHO):
"Global Status Report on Alcohol 2004"

The full Digest is available at: <https://www.greenfacts.org/en/alcohol/>

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- Each question is answered in Level 1 with a short summary.
- These answers are developed in more detail in Level 2.
- Level 3 consists of the Source document, the internationally recognised scientific consensus report which is faithfully summarised in Level 2 and further in Level 1.

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1. Introduction - How many people are affected by alcohol?

About 2 billion people across the world consume alcoholic drinks. Alcohol consumption can harm health as well as social relations, but the nature and the severity of the effects depend on both the amount of alcohol consumed over time, and the pattern of drinking.



Half a pint of beer on bar table

Possible injuries, alcohol dependence, and chronic diseases can lead to losses in quality of life and to premature deaths.

Around 76 million currently have alcohol use disorders, such as excessive drinking and alcohol dependence.

2. What are the general patterns of alcohol consumption?

2.1 Worldwide, adults consume on average 5 litres of pure alcohol from beer, wine and spirits per year. The average alcohol consumption is highest in Europe, followed by the Americas and by Africa. It tends to increase with economic development. However, consumption remains low in some regions where the majority of the population is Muslim.



Wine barrels

2.2 National preferences for certain types of drinks vary greatly. For instance, beer is preferred in several European and African countries, wine is preferred in the wine producing countries of Europe, and spirits are preferred in Eastern Europe, Asia and some island states. However, consumers are increasingly opening up to beverages other than those normally produced in their country.

2.3 Not all alcohol consumption is reflected in official national records or surveys, for instance due to home production and unrecorded trade. As a result, the national alcohol consumption is often largely underestimated, particularly the developing world and Eastern Europe.

2.4 Traditionally made local beverages are very popular, particularly in Africa, as they tend to be cheaper than factory-made drinks. Because of the lack of controls, they can contain harmful substances that may cause death, blindness or illnesses. However, these traditional beverages generally have a lower alcohol content and play an important economic and social role in the local community.

3. What are the drinking habits in various countries?

3.1 Alcohol consumption can be measured by analysing production and sales statistics and by asking people about their drinking habits. Such surveys have mostly been conducted in developed countries. They can reveal heavy drinking episodes which would go unnoticed in overall statistics.



Meal with wine

3.2 The share of people who abstain from drinking alcohol can vary greatly, ranging from a few percent in some European countries to nearly the entire population in predominantly Muslim countries such as Egypt. Across cultures, more women abstain from alcohol than men.

3.3 Heavy drinking is a drinking pattern that goes beyond what is considered moderate or socially acceptable. In Colombia and Georgia, for instance, up to 50% of all male drinkers are considered heavy drinkers. However, comparisons between surveys are difficult because they use different criteria.

3.4 Heavy episodic drinking (also called binge drinking) refers to drinking occasions that lead to drunkenness. In some countries, heavy episodic drinking is common among both men and women but generally it is more frequent among men.

3.5 Individuals are alcohol dependent when obtaining and consuming alcohol takes priority over many other aspects of their lives that they previously considered more important. Alcohol dependence is consistently higher among men than among women. In some countries, alcohol dependence affects more than 10% of the population.

3.6 Getting drunk has gained a disproportionate cultural importance among young people and the use of alcohol now seriously threatens the health and well-being of many of them. Episodic heavy drinking is becoming increasingly frequent, particularly among boys. In Denmark, for instance, more than half of 11 to 15 year olds are considered heavy episodic drinkers.

4. What are the health effects of alcohol consumption?

Alcohol can cause physical, mental and social effects, which are determined by both the amount of alcohol consumed and the pattern of drinking.

4.1 A series of **diseases** are entirely caused by alcohol, such as alcohol dependence and alcoholic liver cirrhosis. Alcohol consumption also clearly increases the risk of some cancers (including lip, tongue, throat, oesophagus, liver, and breast cancer). Depending on the drinking pattern, alcohol can have a damaging or a protective role in the development of diseases of the heart and blood vessels.

4.2 The **fetus** is at risk when the mother consumes alcohol during pregnancy. Effects range from slow growth to birth defects and mental retardation. Maternal drinking can also cause spontaneous abortion or premature birth.

4.3 In comparison with those who do not drink alcohol at all, low to moderate alcohol consumption can have some **health benefits**, particularly when combined with meals. It may reduce the risk of a common type of stroke, coronary heart diseases, as well as some types of diabetes. However, higher levels of alcohol consumption may actually increase the risks of developing these conditions.

4.4 Individuals often suffer from alcohol problems in combination with **depression** and alcohol can play a role in causing depression. The higher the amount consumed, the greater the number of symptoms of depression. However, these symptoms tend to decrease or disappear during alcohol abstinence.

4.5 Alcohol increases the risks of physical **injury** mainly from road accidents, but also from falls, fires, violence, etc. The risk of traffic accidents increases with the level of alcohol in the blood, even at relatively low levels. Alcohol consumption increases the likelihood of aggressive behaviour, impairs the drinkers' ability to think and makes them more prone to emotional responses.



Individuals often suffer from alcohol problems in combination with depression

4.6 Overall, more life years are lost due to alcohol than “saved” through its beneficial health effects on the heart and blood vessels (when consumed moderately). In developed countries alcohol is the third most important risk factor for disease only exceeded by tobacco and high blood pressure. In developing countries with high mortality rates other risk factors such as undernutrition and unsafe sex are more important.

5. What social and economic problems are linked to alcohol use?

The social and economic problems of alcohol use not only affect those who drink but also those around them, and society as a whole.

5.1 In the work environment alcohol can lead to absences, work accidents, and lower performance, which, in turn, may lead to unemployment. This has a cost for the employee, employer, and the social security system.

5.2 Drinking can impair how a person performs as a parent or partner. Drinking can lead a person to be violent, to spend more time away from home, to leave other family members destitute, or to cause them anxiety, fear and depression. Parental drinking, both during pregnancy and after birth, can have lasting physical or psychological effects on children.

5.3 The economic consequences of alcohol consumption can be severe, particularly for the poor. This is not only due to the amount spent on drinks, but also to lost wages, and to medical and other expenses.

5.4 Violence between husbands and wives often occurs in situations when one or both partners have been drinking. Heavy drinking has been strongly linked to violence between partners and to a lesser extent to violence towards others, possibly because proximity increases the opportunities for violence. However, further data is needed to clarify the complex role of alcohol in such incidents.

5.5 Alcohol consumption imposes economic and social costs on society as a whole. Estimating these costs is often difficult, but it can help improve policies aiming to reduce harm from alcohol. The few national estimates that have been made so far indicate the significant cost of alcohol use to society.



6. Conclusion

Alcohol is not an ordinary commodity. While it carries connotations of pleasure and sociability in the minds of many, harmful consequences of its use are diverse and widespread.

In order to reduce the harm caused by alcohol, policies need to take into account amounts consumed and patterns of drinking, as well as varying situations in different societies. For example, avoiding drinking and driving can help prevent injuries.

Worldwide, alcohol is expected to take an increasing toll on lives and communities. Indeed, more and more alcohol is consumed per person in countries such as China and India, and young people are adopting more harmful and risky drinking patterns.

National monitoring systems are needed to keep track of alcohol consumption and its consequences, in order to raise awareness and enable debate amongst the public and policy-makers.