



European Status Report on Alcohol and Health 2010





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ABSTRACT

The disease burden attributable to harmful use of alcohol is significant and in many countries public health problems caused by it represent a substantial health, social and economic burden. Reduction of harmful use of alcohol is becoming a priority area on national, regional and global levels. Alcohol-related harm can be reduced through the implementation of proven alcohol strategies.

The report presents the latest data from Europe in the areas of alcohol consumption, harm and responses. Data is presented in consolidated tables and graphs and for each participating country there is a country profile with some of the key indicators from the survey performed in 2009.

KEY WORDS

ALCOHOL DRINKING - STATISTICS

ALCOHOL DRINKING -ADVERSE EFFECTS

HARM REDUCTION

HEALTH POLICY

DATA COLLECTION

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The country profiles were developed in the framework of the Global Survey on Alcohol and Health implemented by the WHO Department of Mental Health and Substance Abuse (Management of substance abuse team) in collaboration with the WHO Regional Office for Europe and the European Commission.

November 2010

Foreword

In 2002 the WHO Regional Office for Europe established the European Information System for Alcohol and Health. In 2007 it was decided to develop a new system whereby WHO (globally) and the European Commission would use the same indicators and develop a system of data collection and presentation.

- In 2008 the European Commission and WHO started a project to establish the European Information System on Alcohol and Health. This work was done in close collaboration with the WHO Department of Mental Health and Substance Abuse in Geneva as a part of the Global Information System on Alcohol and Health.
- In 2008 and 2009 a new set of indicators were developed and data was collected among Member States. The data are also available through a web-based information system and some of the indicators are used for this report, in main indicators on alcohol consumption, harm and responses.

The European Region was the first to adopt an Alcohol Action Plan, in 1992. The plan has been followed by a number of policy instruments and in May 2010 the 63rd World Health Assembly adopted the “Global strategy to reduce the harmful use of alcohol”, A63/13. This is a significant development which the Regional Office for Europe will use for future guidance to Member States. The global strategy is also adding a special focus on systems for collecting, analysing and disseminating data on alcohol consumption, alcohol-related harm and policy responses. The WHO information system provides a means to monitor progress in reducing the harmful use of alcohol at the global and Regional levels.

The current report contains consolidated information from the Member States in the areas of alcohol consumption, harm and responses. For each of the participating Member States there is a country profile including a number of important indicators. It is our hope that Member States can use the information for further improvement of relevant areas of their alcohol policies in order to reduce alcohol-related harm.

Zsuzsanna Jakab
WHO Regional Director for Europe

Summary

The material in this report was largely drawn from analysis of data obtained by a survey on alcohol and health undertaken throughout the WHO European Region by the WHO Department of Mental Health and Substance Abuse (Management of substance abuse team) in collaboration with the WHO Regional Office for Europe and the European Commission.

Alcohol and Health in a European perspective

Globally, the highest rates of morbidity and mortality due to alcohol occur within the WHO European Region. Alcohol is a central nervous system intoxicant, the lifetime volume consumed, the frequency of use and volume per use are factors in alcohol-related harm in a largely dose-dependent manner. Behavioural and sociocultural factors, coupled with the personality characteristics of the consumer, affect the alcohol-related injuries and harm incurred by consumer and others. Injurious and harmful consequences of alcohol include:

- antisocial behaviour negatively impacting health:
 - violence
 - suicide and homicide
 - morbidity and mortality due to drink-driving
 - criminal behaviours;
 - sexual and reproductive ill health:
 - risky sexual behaviour
 - sexually transmitted infections including hiv
 - negative long-term repercussions to the foetus;
 - alcohol-related disorders
 - alcohol dependency
 - liver cirrhosis
 - other alcohol-related liver diseases; and
- contribution to other harmful consequences:
 - coronary heart disease
 - poisoning
 - cancer
 - the risk of communicable diseases (via immunosuppression).

Curtailed life expectancy as a result of alcohol varies greatly across Europe. Approximately 25% of the difference in life expectancy between western and eastern European men aged 20–64 years in 2002 has been attributed to alcohol.

While the socio-economically disadvantaged suffer disproportionately from alcohol-related ill health, its overall social cost is high. The total tangible cost of alcohol to the European Union as it existed in 2003, has been estimated at €125 billion, 1.3% of the gross domestic product. Actual spending on alcohol-related problems accounts for €66 billion of this, while potential production not realized due to absenteeism, unemployment and premature mortality accounts for a further €59 billion. Aside from the tangible costs, actual spending on alcohol-related problems (€66 billion) and unrealized potential production (€59 billion), alcohol use results in an intangible cost of between €152 and €764 billion.

Alcohol policies and those indirectly affecting alcohol-related harm have the aim of promoting public health and social well-being. For this to be effective, the necessary national infrastructure needs to be in place to facilitate alcohol policies in a coherent and coordinated manner. Targets and accountability in policies and programs are important factors for the success of alcohol policies. Policy measures of significant relevance to reducing alcohol-related harm include alcohol pricing policies, drink-driving policies and countermeasures, alcohol marketing policies and alcohol availability regulations.

The health sector has a central role in recognizing and responding to alcohol problems, especially at the initial stages, yet this capacity is currently under-utilized. There are also some recognized cost-effective, evidence-based treatment methods for health providers to address ill health due to alcohol. Similarly, cost-effective alcohol policies have been studied and documented in WHO's CHOICE model. There is, for example, convincing evidence that the following policies reduce alcohol-related harm: alcohol taxes, government monopolies on retail sale, restrictions on outlet density and on days and hours of sale, a minimum purchase age, lower legal BAC levels for driving, random breath-testing, brief counselling programmes and treatment for alcohol use disorders.

Alcohol consumption in Europe

The WHO European Region is the heaviest drinking region in the world, with a prevalence of heavy episodic drinking in excess of one fifth of the adult population. Alcohol consumption reportedly decreased during the 1990s, then increased and stabilized at the higher level between 2004 and 2006. There are huge variations among countries, with a European average of 9.24 litres of pure alcohol consumed per year.

Over a period of 16 years (1990 – 2006), Eur-A countries¹ had higher consumption of pure beer and wine than either Eur-B or Eur-C countries with similar profiles for each beverage type. While wine consumption was quite stable in the final decade of the study for all country groups, Eur-B and Eur-C countries increased their intake of beer to a level close to that of Eur-A.

There is a wide range in the proportion of alcohol abstainers across the European Region, where the highest national percentage of male abstainers is 27 times the lowest. The highest rates of alcohol abstainers occur in countries with the largest proportions of Muslims. Women display higher rates of alcohol abstinence than do

¹ The WHO Europe Member States are in this report grouped according to the following classification.

Eur-A: 27 countries with very low child and adult mortality: Andorra, Austria, Belgium, Croatia, Cyprus, the Czech Republic, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Luxembourg, Malta, Monaco, the Netherlands, Norway, Portugal, San Marino, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

Eur-B: 17 countries with low child and adult mortality: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Montenegro, Poland, Romania, Serbia, Slovakia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan and Uzbekistan.

Eur-C: 9 countries with low child but high adult mortality: Belarus, Estonia, Hungary, Kazakhstan, Latvia, Lithuania, Republic of Moldova, the Russian Federation and Ukraine.

men. The quantity of alcohol consumption also varies significantly between countries, with lowest national rates of approximately 10 litres of pure alcohol per year, and the highest exceeding 30 litres. Data for rates of heavy episodic drinking are only available for a limited number of countries and varied significantly: in Ireland the rate of binge drinking among men was estimated to be 43%, compared to 2% in Bosnia and Herzegovina.

Alcohol-related harm

The availability of data on alcohol-related harm varies with indicators. Rates of alcohol-specific morbidity were limited to liver diseases. Non-alcohol specific data were available for liver cirrhosis, road traffic incidents, poisoning and violence. Inadequate data was provided to supply conclusive results for measures of morbidity due to alcohol use disorder and alcohol dependence or the social costs of alcohol.

Alcohol is the main cause of liver disease including liver cirrhosis. The standardized mortality rate for liver cirrhosis was found to be highest among Eur-C countries and lowest among Eur-A countries, with large differences among countries. Women were shown to exhibit an almost identical profile to men, only with significantly lower mortality. During the study period, liver cirrhosis mortality rose in Eur-C countries compared to Eur-A and Eur-B countries whose mortality was relatively stable. The profile for all liver disease in men and women is similar to that of cirrhosis, based on the supplied data. Eur-C countries bore a larger share of the disease burden than Eur-A and Eur-B countries, whose lower rate was fairly stable.

A large proportion of road traffic mortality involves alcohol. However, alcohol-specific data in relation to driving mortality were unavailable in many countries during the study period. The pattern of fatalities of all-cause road traffic accidents for men and women did not differ significantly except that the mortality rate was much higher for men than women. In 2005, the two highest national all-cause road traffic mortality rates were 7 or 8 times those of the two lowest.

For all-cause poisoning, there is a vast difference between mortality rates in Eur-C countries and Eur-A and Eur-B countries. The Russian Federation, for example, has the highest reported mortality rates, nearly 20 times higher than Eur-A countries.

Alcohol contributes significantly to morbidity and mortality due to violence. Unfortunately, measures of alcohol-related harm due to violence were largely unavailable. However, mortality due to all-cause violence is much more frequent in Eur-C countries than in Eur-A and Eur-B countries and much more frequent among men than among women.

Alcohol policy responses

Responses to the Alcohol and Health Survey revealed the following.

- Seventy-two per cent of countries have a clear legal definition of an alcoholic beverage.
- Sixty per cent have a written national alcohol policy; 6.7 per cent do not have a national policy but have a subnational policy; 28.9 per cent do not have either a national nor subnational policy in writing and 4.4 per cent have an alcohol policy in draft form only.

- Of the 27 countries with national alcohol policies, two thirds have revised their policies since 2005 and 90 per cent were described as multisectoral and 81 per cent of the policies are coordinated by the health sector.
- In the majority of countries surveyed, alcohol policies are formulated at the national level only, whereas national, subnational and municipal levels carry out implementation, alone or in combinations.
- Excise taxes are applied to beer in 95 per cent of responding countries, to wine in 77 per cent and to spirits in all of them. VAT is applicable to alcohol in 93 per cent of countries had a value added tax to alcoholic products and 64 per cent stated that they had duty-paid excise tax stamps.
- National awareness activities have taken place in 87 per cent of countries during the past three years.
- Maximum blood alcohol levels for drivers were set at zero in 8 countries, 0.2–0.4 g/L in 9 countries, 0.5 g/L in 25 countries and 0.8 g/L in 3 countries.
- Random breath testing is done in 27 countries, and the others use selective breath testing or breath testing in the event of an accident.
- The mean level of enforcement for advertising restrictions on a scale of 0 (not enforced) to 10 (fully enforced) was determined to be 6.4, and for product placement scored 5.7.
- There are no regulations for industry sponsorship in 48% of countries and 50% have no regulations on sales promotion.
- Licences for beer and wine production and both on-premise and off-premise beer and wine sales are required in 61 per cent of countries.
- Two-thirds of countries had a minimum age limit of 18 years for both on-premise and off-premise sales of beer and wine. For spirits, three-quarters of countries specified a minimum age of 18 years for both on-premise and off-premise sales.
- Forty per cent of countries restricted the on-premise and off-premise hours of alcoholic beverage sales, and 67 per cent restricted the location of on-premise and off-premise sales.
- Two thirds of countries had data from national surveys on alcohol consumers in the general population from the last five years, half could provide data on the proportion of abstainers and two thirds could provide data on underage drinking.
- Fifty-nine per cent of countries produce regular monitoring reports, on a wide range of non-standardized indicators.

Conclusion

The disease burden attributable to harmful use of alcohol is significant and in many countries public health problems caused by it represent a substantial health, social and economic burden. Reduction of harmful use of alcohol is becoming a priority area on the global, national and regional levels. Alcohol-related harm can be reduced through the implementation of proven alcohol strategies.

There are WHO instruments and activities available to support countries in building upon the gains they have already made regarding alcohol and health. The most significant and most recent is the 63rd World Health Assembly's Global Strategy to Reduce the Harmful Use of Alcohol, A63/13, adopted in May 2010 (WHO, 2010a).

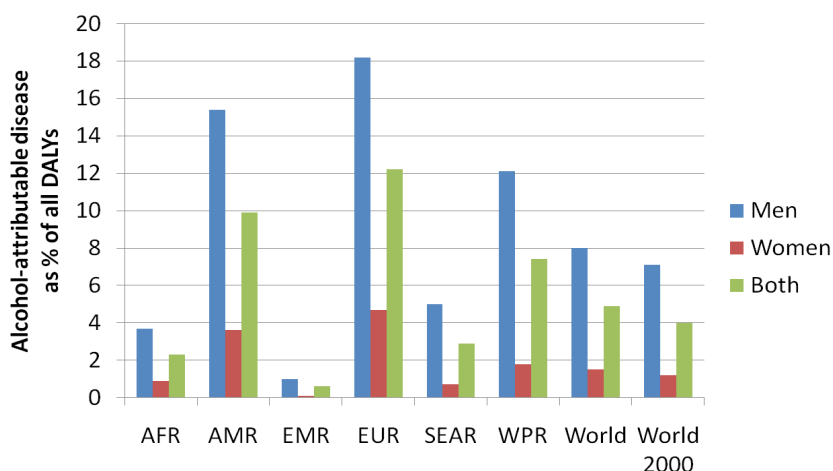
Alcohol and Health in a European perspective

Geographical scope

This report refers to the WHO European Region including 53 Member States: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Georgia, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom, Uzbekistan.²

The WHO European Region has the highest proportion of total ill health and premature deaths due to alcohol of all regions (Figure 1.1). At the time of writing, the European Region still suffers from the financial crisis that started in 2007, and this is likely to exacerbate alcohol-related harm. For example, in the European Union a more than three per cent increase in unemployment is associated with as much as a 28 per cent increase in deaths from alcohol use disorders (Stuckler et al., 2009).

Figure 1.1. Alcohol-attributable burden of disease as a proportion of all disability-adjusted life-years, by sex and WHO region, 2004



Source: Rehm et al. (2009). Reproduced by permission from Lancet.

Notes: AFR: African region; AMR: American region; EMR: Eastern-Mediterranean region; EUR: European Region; SEAR: South-east Asian region; WPR: Western Pacific region.

^aWHO uses a measure called disability-adjusted life years (DALYs) to estimate the number of healthy years of life lost due to each risk factor. For example, while a year of perfect health will count as 1 and a year of death will be 0, a year of damaged health that significantly affects quality of life will be somewhere in between. DALYs measure a gap in health between the current position and what could be achieved.

² WHO Regional Office for Europe [web site]. Copenhagen, WHO Regional Office for Europe, 2009 (<http://www.euro.who.int/AboutWHO/About/MH>, accessed 13 July 2009).

Based on the evidence presented in the WHO publication, “Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm”, this chapter briefly describes the impact of alcohol on individual and societal health, and then summarizes the effectiveness of interventions to reduce alcohol-related harm. Detailed references can be obtained from the publication itself (WHO, 2010b).

The impact of alcohol on individual health

Both the volume of lifetime alcohol use and the combination of frequency of drinking and amount drunk per incident increase the risk of alcohol-related harm, largely in a dose-dependent manner. Surrogate and illegal alcohols can bring an extra health risk from high ethanol levels and toxic contaminants, such as methanol and lead. This is often compounded by social marginalization.

Alcohol is an intoxicant affecting a wide range of structures and processes in the central nervous system which, interacting with personality characteristics, associated behaviour and sociocultural expectations, are causal factors for intentional and unintentional injuries and harm to both the drinker and others. These injuries and harm include interpersonal violence, suicide, homicide, drink-driving fatalities and other unhealthy criminal behaviours. Alcohol consumption is a contributory factor for risky sexual behaviour, sexually transmitted diseases and HIV infection. Moreover, alcohol is a potent teratogen with a range of negative outcomes to the foetus, including low birth weight, cognitive deficiencies and foetal alcohol disorders. It is neurotoxic to brain development, leading to structural changes in the hippocampus in adolescence and reduced brain volume in middle age.

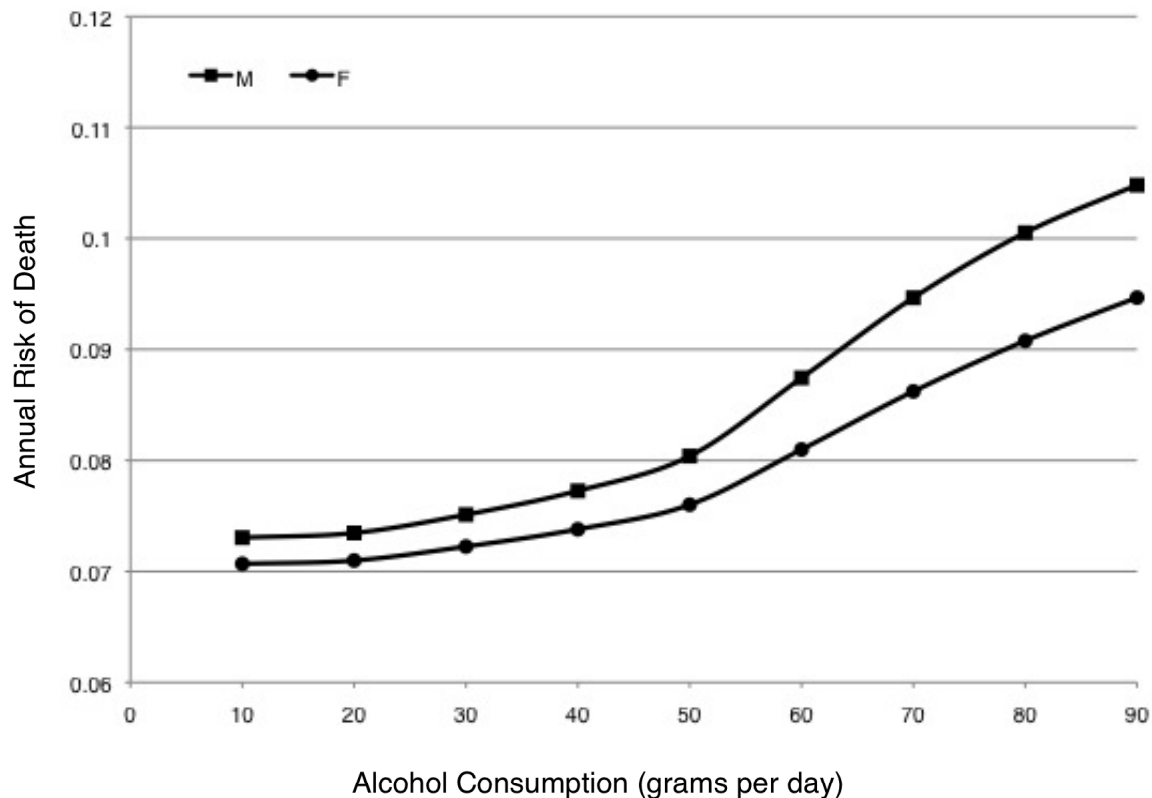
Alcohol is a dependence-producing drug, similar to other substances under international control. The process of dependence occurs through its reinforcing properties and neuroadaptation. It is also an immunosuppressant which increases the risk of communicable diseases, including tuberculosis. Further, alcoholic beverages are classified as carcinogens by the International Agency for Research on Cancer, increasing the risk of cancers of the oral cavity and pharynx, oesophagus, stomach, colon, rectum and breast in a linear dose-response relationship. Acetaldehyde, which occurs in alcoholic beverages and is produced in ethanol metabolism, is one potential pathway for cancer risk. The global average lifetime rate of cancer from alcoholic beverages is 7.6 in 10 000.

Alcohol has a bi-form relationship with coronary heart disease. In low and apparently regular doses (as little as 10g every other day), alcohol appears to be cardio-protective. However, at high doses, particularly when consumed in an irregular fashion, it is cardio-toxic. It should be noted that considerable concern remains about the extent to which the observed cardio-protection is due to systematic definition errors, drinking patterns, genetic factors, and the extent to which the size of the protective effect is overestimated.

The annual absolute risk of dying from an alcohol-related disease (accounting for the protective effect of ischaemic diseases) for people over 15 years old across the population of the European Region of the WHO is shown in Figure 1.2. The risks increase from a consumption of 10g alcohol a day (one drink, the lowest data point) onwards, such, at a consumption of 60g/day, men have a just under 9% annual risk of

dying from an alcohol-related disease and women an 8% risk. At any given level of alcohol consumption, men have a greater risk than women. The lifetime risk of dying from an alcohol-related injury across the total population over 15 years old increases exponentially with increasing daily alcohol consumption beyond 10g alcohol per day, the first data point, Figure 1.3. At any given level of alcohol consumption, the risks are much higher for men than for women.

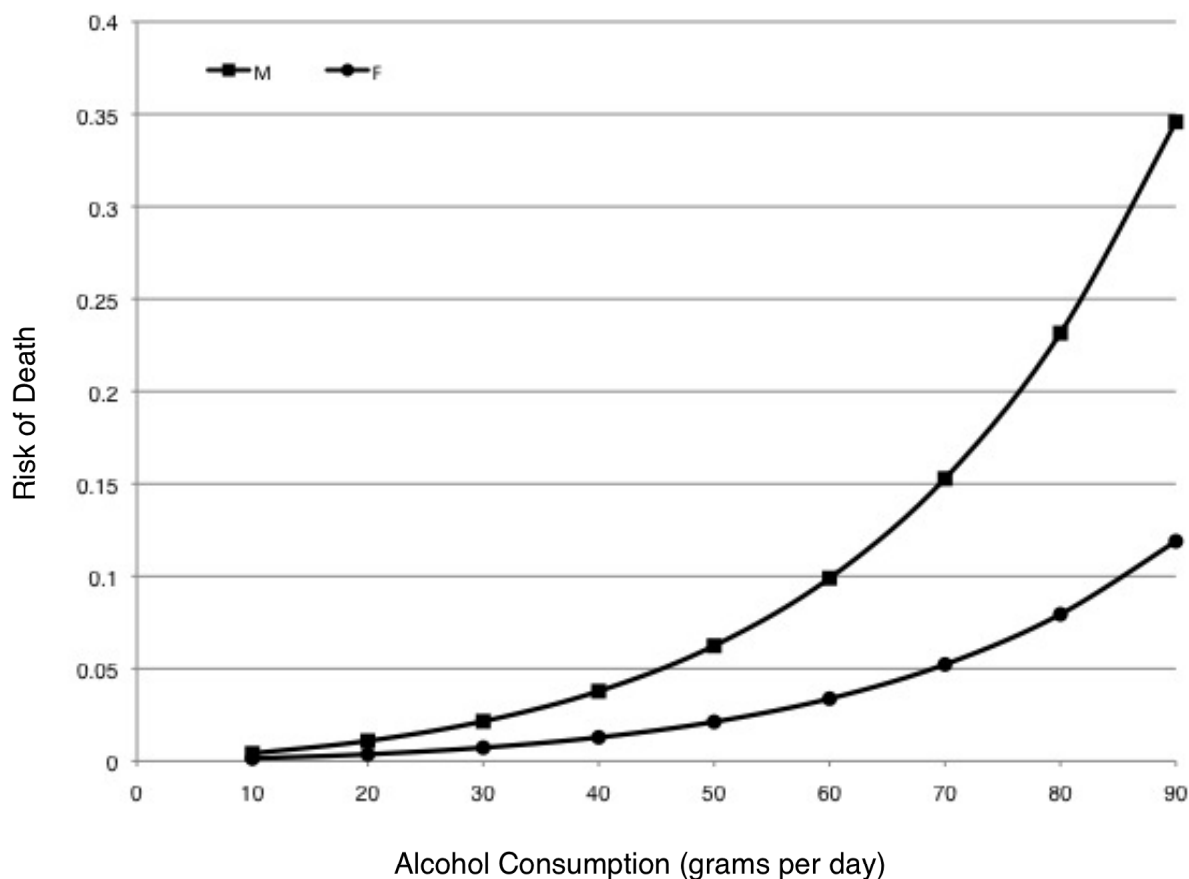
Figure 1.2. Absolute annual risk of death* from alcohol-related diseases



* Absolute annual risk of death from alcohol dependence, liver cirrhosis and alcohol-related cancers and cardiovascular diseases net of protective effects from drinking a certain average amount of alcohol daily from 10g alcohol/day to 90g/day, age-standardized for adults aged over 15 years for WHO European Region (Source: Taylor, Rehm & Anderson, 2010, personal information).

Wide socioeconomic differences in alcohol-related mortality are well documented. In the United Kingdom, occupation and social class are risk factors for alcohol-related mortality and hospitalization, particularly among men. In Nordic studies, alcohol-related mortality rates are 1.9–3.2 times higher among male manual workers than among non-manual workers. Research from Finland further suggests that socioeconomic variables act on the collective as well as the individual level such that geographical areas inhabited by the most manual workers had 20% more mortality directly attributable to alcohol than areas with the least. This is apparent even after accounting for the individual relationship of occupation to mortality.

Figure 1.3. Life-time risk of death* from alcohol-related injuries



*Adult lifetime risk of death from alcohol-related injuries, as a measure of drinking a certain average amount of daily. Absolute life-time risk of death from alcohol-related intentional and unintentional injuries from drinking a certain average amount of alcohol daily from 10g alcohol/day to 90g/day, age-standardized for adults aged over 15 years for WHO European Region (Source: Taylor, Rehm & Anderson, 2010, personal information).

In this study, similar effects held for unemployment, urbanization and social cohesion (measured as both family cohesion and voter turnout), which accounted for around 40% of the alcohol-attributable mortality gap between areas after taking account of all of these variables at an individual level. This suggests that the drinking behaviour of people living in an individual's proximity may be important for the behaviour of that individual.

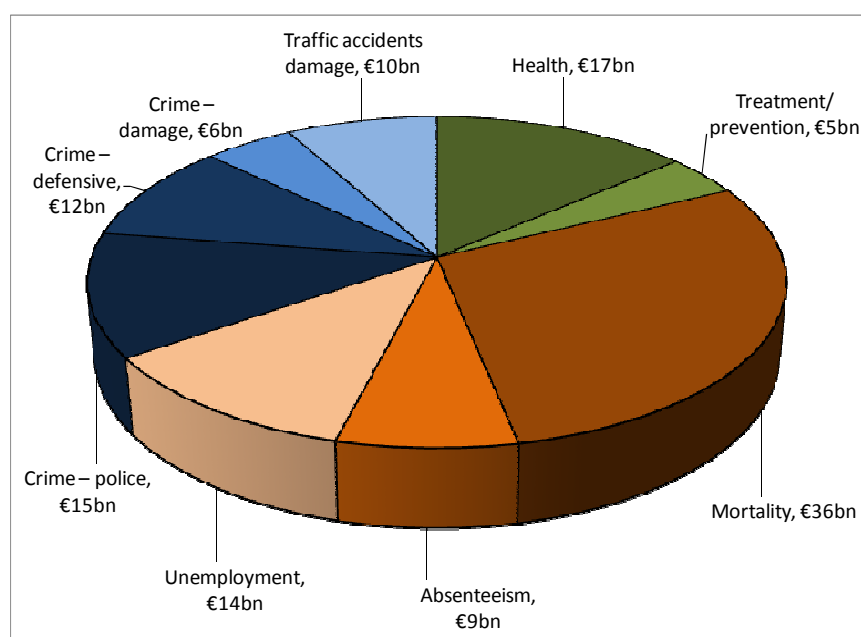
The impact of alcohol on societal health

The social cost of alcohol to the WHO European Region as a whole is not known. However, based on the results of 21 European studies, the total tangible cost of alcohol to the European Union as it existed in 2003, was estimated to be €125 billion (range of estimates: €79–220 billion), (Figure 1.4). This is equivalent to 1.3% of the gross domestic product (0.9–2.4%). Actual spending on alcohol-related problems accounts for €66 billion of this, while potential production not realized due to absenteeism, unemployment and premature mortality accounts for a further €59 billion.

Aside from the tangible monetary costs, alcohol incurs intangible costs of somewhere between €152 and €764 billion. This figure incorporates the value people place on pain, suffering and life itself due to crime and loss of health due to alcohol. This intangible cost is not an economic loss in the normal sense of the term and cannot be compared to, for example, gross domestic product, nor can it be simply added to the tangible cost on the assumption that they both include estimated values for lost life, because the estimates are done in different ways. This cost does, however, offer a more accurate estimate of the full economic and human cost of alcohol to the European Union as it was in 2003.

Also, there are enormous differences in life expectancy in different parts of Europe. This has been most comprehensively studied in the European Union, where, about 25% of the difference in life expectancy between western and eastern Europe for men 20–64 years old in 2002 is attributed to alcohol. This is largely a result of differences in heavy episodic drinking patterns and deaths from cardiovascular diseases and injuries. Premature mortality from alcohol reaches an extreme in the Russian Federation, where it has been estimated that, during the 1990s alcohol was responsible for about three-quarters of all male Russian deaths at ages 15–54 years and about half of all female deaths at these ages (Zaridzhe et al., 2009).

Figure 1.4. The tangible cost of alcohol in the EU by cost component, 2003



Source: Anderson & Baumberg (2006).

Effective alcohol policies

Alcohol policies are sets of measures aimed at minimizing ill health and social harm from the use of alcohol. There are also a variety of other policies that can either reduce or expand alcohol-related problems but are not normally described as alcohol policies as alcohol-related harm reduction is not their primary aim, for example, general road safety measures.

A key goal of alcohol policy is to promote public health and social well-being. In addition, policy can address market failures by deterring children from using alcohol, protecting people other than drinkers from the harm done by alcohol and providing all consumers with information about its effects. As governments increasingly turn attention to health inequalities, the reduction of inequalities in alcohol-related ill health becomes a policy goal. Further, the concept of stewardship implies that liberal states have a duty to look after the important needs of people individually and collectively. It emphasizes the obligation of states to provide conditions that allow people to be healthy and, in particular, to take measures to reduce health inequalities. The stewardship-guided state recognizes that health is a primary asset; higher levels of health are associated with greater overall well-being and productivity.

Infrastructures for alcohol policy

At the national level, it is ultimately a government's responsibility to define and be accountable for a clear alcohol policy for the whole country and its regions. Many different decision-making authorities are involved in the formulation and implementation of alcohol policy, including the health ministries, transportation authorities and the tax agencies. Governments need to establish effective and permanent coordination machinery such as a national alcohol council, comprising senior representatives of many ministries and other partners, to ensure that a coherent approach is taken to alcohol policies and that policy objectives are properly balanced in both their political and technical aspects.

Targets make policy objectives more specific, allow progress towards them to be monitored and inspire many partners to actively support alcohol policy developments. Targets require an assessment of the present situation and help to determine priorities. They can focus continual discussion on the achievements hoped for and whether they have been reached and why. They provide a powerful communication tool, taking policy-making out of bureaucracy and making it a clearly understood public issue. Targets also give all partners a clearer understanding of the scope of the policy, strengthen accountability for health and motivate people for action.

Accountability for the health impact of alcohol policies and programmes rests with all sectors of society, as well as government officials who create policy, allocate resources and initiate legislation. Mechanisms such as alcohol policy audits, litigation for damage to health, and public access to reports on impact assessments can ensure that both the public sector and private industry are publicly accountable for the health effects of their alcohol policies and activities. Accountability can be achieved through mechanisms for coordinating, monitoring and evaluating progress in policy implementation and through procedures for reporting to elected bodies, as well as through the mass media.

One method of financing programmes to reduce harm is an earmarked tax. This means that a proportion of tax revenue collected from alcohol is devoted to a specific activity, such as policy implementation or health care.

But the presence of an alcohol policy, although important, is not enough. Policy needs to be sensitive to cultural values and historical experience and to engage the many different sectors that have an impact on alcohol-related harm. Policy needs to be comprehensive, minimizing any negative consequences due to perverse incentives. A

lack of transparency and information, poor organization and preparation for the introduction of new policies and laws, poor public health infrastructures, vertically as opposed to horizontally organized government, a lack of financing, the presence of corruption, and public distrust of authority are all impediments to the implementation of effective policy.

Pricing policies

Drinkers respond to changes in the price of alcohol as they do to changes in the prices of other consumer products. When other factors are held constant, such as income and the price of other goods, a rise in alcohol prices leads to less alcohol consumption and less alcohol-related harm, and vice versa. Given that demand for alcohol is usually found to be relatively inelastic to price, increasing alcohol taxes not only reduces alcohol consumption and related harm but increases government revenue at the same time. It is noteworthy that, in general, alcohol taxes are well below their maximum revenue-producing potential and the revenue collected is usually well below the social costs of alcohol. Beverage elasticities are generally lower for the preferred beverage in a particular market and tend to decrease with higher levels of consumption. Controlling for overall consumption, beverage preferences and time period, consumer responses to changes in the price of alcoholic beverages are found not to vary by country.

Policies that increase alcohol prices delay the age when young people start to drink, slow their progression towards drinking larger amounts, and reduce their heavy drinking and the volume of alcohol drunk on each occasion. Price increases reduce the harm caused by alcohol, which is an indicator that heavier drinking has been reduced.

Setting a minimum price per gram of alcohol can be as effective as an across-the-board tax increase, with both options increasing the cost to heavy consumers far in excess of the cost to light consumers. Natural experiments in Europe consequent to economic treaties have shown that as alcohol taxes and prices have been lowered, sales and consumption have usually increased.

Raising awareness and political commitment

While information and education are important to raising awareness, they themselves do not lead to sustained changes in alcohol-related behaviour. However, education can be an important feature of a broader alcohol strategy. Campaigns and health education messages funded by the alcohol industry seem to have negative effects on alcohol-related behaviour, serving to advance the interests of the industry's sales and public relations. Although warning labels have little impact on behaviour, they are important in helping to establish a social understanding that alcohol is a special and hazardous commodity.

Drink-driving policies and countermeasures

The setting of a legal blood alcohol concentration (BAC) level for driving and lowering of existing limits are effective in reducing drink-driving casualties. Extensive random breath-testing (where police regularly stop random drivers to check their BAC level), coupled with BAC testing at checkpoints (all vehicles are stopped and drivers suspected of drink-driving are breath-tested) reduces alcohol-related injuries and fatalities. There is evidence for some effectiveness in setting lower BAC levels, including a zero level, for young or novice drivers and administrative

suspension of the driver's licence for a having a prohibited BAC level. Mandatory treatment and ignition interlocks (which do not allow a vehicle to be started by anyone with a BAC above a certain level) have shown some effectiveness with repeat offenders. In contrast, there is evidence that designated driver schemes have no effect.

Addressing alcoholic beverage marketing

Despite their methodological difficulties, econometric studies detailing the link between alcohol advertising and consumption have found effects of alcohol advertising on behaviour, although not across all studies. The strongest evidence comes from longitudinal studies that have shown an impact of various forms of alcohol marketing (including exposure to alcohol advertising in the traditional media as well as promotion within films and via alcohol-branded merchandise) on when young people start to drink and on their riskier patterns of drinking. The effects of exposure seem to be cumulative. Indeed, in markets where alcohol is more widely advertised, young people are more likely to continue to increase their drinking as they move into their mid-twenties, whereas drinking declines at an earlier age among those who are less exposed. These findings of the impact that advertising can have on young people's behaviour are supported by experimental studies, and are in keeping with research on young people's smoking and children's food preferences. In some jurisdictions, alcohol marketing relies on self-regulation by economic operators, for example, advertisers and media as well as alcohol producers. However, evidence from some studies shows that these voluntary systems do not prevent the kind of marketing that has an impact on younger people.

It should be noted that a total marketing strategy is multilevel, including not only marketing and promotional activities but also product development, pricing, physical availability and market segmentation and targeting. Further, while alcohol is marketed through increasingly sophisticated advertising in the mainstream media, it is also promoted by linking alcohol brands to sports and cultural activities through sponsorships and product placements, and by direct marketing using new technologies such as the internet, podcasting and mobile telephones.

Addressing the availability of alcohol

Government monopolies on the sale of alcohol can reduce alcohol-related harm. Such systems tend to have fewer outlets open for shorter hours than private retailers. A licensing system for the sale of alcohol allows for control via the threat of revocation. On the other hand, fees generated from licences can lead to a proliferation of licenced establishments as an income-generating mechanism for jurisdictions.

Laws setting a minimum age for the purchase of alcohol show clear reductions in drink-driving casualties and other alcohol-related harm. The most effective means of enforcement of minimum age requirements is to regulate sellers, who have a vested interest in retaining the right to sell alcohol.

In general, the number of alcohol outlets is related to the level of alcohol-related harm, as demonstrated when there are major changes in the number or type of such outlets. A greater density of alcohol outlets is associated with higher alcohol consumption among young people. It is also associated with increased levels of assault, other harms such as homicide, self-inflicted injury, child abuse and neglect, and, with less consistent evidence, road traffic accidents.

Extending the hours of alcoholic beverage sales can redistribute the times when many alcohol-related incidents occur. However, such extensions generally do not reduce rates of violent incidents and often lead to an overall increase in consumption with associated problems. Reducing the hours or days during which alcoholic beverages are sold leads to fewer alcohol-related problems, including homicides and assaults.

Strict restrictions on alcohol availability can create an opportunity for a parallel illicit market, although in the absence of substantial home or illicit production, this can be managed with enforcement in most circumstances. Where a large illicit market exists, licence-enforced restrictions may increase the competitiveness of the alternative market, which must be taken into account in policy-making.

Response of the health sector

Across Europe, there is a clear gap in realizing the potential contribution of the health sector to reducing the alcohol harm. In primary health care settings, commonly fewer than 10% of people at risk of becoming hazardous and harmful drinkers are identified and fewer than 5% of those who could benefit from brief interventions are offered them. A 2004 needs assessment study in England found that only 1 in 18 (5.6%) alcohol-dependent drinkers actually accessed treatment each year, with regional variations ranging from 1 in 102 to 1 in 12. The health sector workforce in Europe is an enormous resource with great potential to affect positive change in alcohol-related ill health.

Disorders related to alcohol use are included in the ICD-10 classification of mental and behavioural disorders. There is a legal imperative to provide help and treatment for alcohol use disorders. Brief advice is the principle programme with respect to the list of effective and cost-effective evidence-based treatment methods. Much is now understood about the mechanisms for implementing brief advice programmes countrywide. For individuals with more severe alcohol dependence and related problems, a wide variety of specialized treatment approaches, both behavioural and pharmacological therapies, have been evaluated with evidence for their effectiveness.

Overview of effectiveness and cost-effectiveness

Policies that regulate the environment in which alcohol is marketed (the economic and physical availability of alcohol) are effective in reducing alcohol-related harm. Enforced legislative measures to reduce drinking and driving are effective, as are individually-directed interventions for already at-risk drinkers. On the other hand, evidence shows that information and educational programmes do not reduce alcohol-related harm, although they have a role in providing information, reframing alcohol-related problems and increasing attention to alcohol on the public agenda. Table 1.1 highlights the degree of evidence in support or opposition to various alcohol policies.

Cost-effectiveness of alcohol policies

WHO's CHOICE (Choosing Interventions that are Cost-Effective) model provides estimates of the impact and cost of implementing policies to reduce DALYs due to harmful alcohol use. The CHOICE model determines the effectiveness of an intervention via a state transition population model, taking into account births, deaths and the impact of alcohol. Two scenarios are modelled over a lifetime (100 years): 1) no interventions available to reduce hazardous and harmful alcohol use (defined in the

CHOICE model as more than 20g alcohol a day for women and more than 40g alcohol a day for men); and 2) the population-level impact of each specified intervention, implemented for a period of 10 years. The difference represents the population-level health gain resulting from the implementation of the intervention, discounted at 3% and age-weighted.

A summary of the estimated cost and impact of different interventions, compared to having none of them is shown in Table 1.2, with an estimate of the cost per DALY saved. For information and education, and community action, the costs of school-based education and mass-media awareness campaigns have been estimated respectively. Although these interventions are not expensive, they do not notably alter consumption levels or health outcomes. Such interventions are therefore not effective or cost-effective strategies for reducing harm due to alcohol use (particularly in recognition that there are other actionable strategies that are very cost-effective).

Table 1.1. Summary of the evidence of the effectiveness of alcohol policies

Character of evidence	Evidence of action that reduces alcohol-related harm	Evidence of action that does not reduce alcohol-related harm
Convincing	Alcohol taxes Government monopoly of retail sales Restrictions on outlet density Restrictions on days and hours of sale Minimum purchase age Lower legal BAC levels for driving Random breath-testing Brief advice programmes Treatment for alcohol use disorders	School-based education and information
Probable	A minimum price per gram of alcohol Restrictions on the volume of commercial communications Enforcement of restrictions of sales to intoxicated and under-age people	Lower taxes to manage cross-border trade Training of alcohol servers Designated driver campaigns Consumer labelling and warning messages Public education campaigns
Limited-suggestive	Suspension of driving licences Alcohol locks Workplace programmes Community-based programmes	Campaigns funded by the alcohol industry

In relation to the health sector response, brief interventions have been studied extensively. However, the cost-effectiveness of such interventions is not as favourable as the population-level policy instruments summarized below. This is because brief interventions require direct contact with health care professionals and services. Yet, although brief interventions are the most expensive to implement, when applied to hazardous and harmful alcohol consumption they are among the most cost-effective of all health service interventions leading to health gain.

Table 1.2. Costs, impact and cost–effectiveness of policy options in Europe

Target area specific intervention	Coverage (%)	WHO subregion (exemplar countries)								
		Eur-A			Eur-B			Eur-C		
		Annual cost per million people ^a	Annual effect per million people (DALYs saved)	I\$ per DALY saved ^b	Annual cost per million people ^a	Annual effect per million people (DALYs saved)	I\$ per DALY saved	Annual cost per million persons ^a	Annual effect per million persons (DALYs saved)	I\$ per DALY saved ^b
Raising awareness and political commitment										
School-based education	80	0.84	–	N/Ac	0.70	–	N/Ac	0.34	–	N/Ac
Health sector response										
Brief interventions for heavy drinkers	30	4.20	672	6256	0.77	365	2100	1.78	667	2671
Community action										
Mass media campaign	80	0.83	–	N/Ac	0.95	–	N/Ac	0.79	–	N/Ac
Drink-driving policies and countermeasures										
Drink-driving legislation and enforcement (via random breath-testing campaigns)	80	0.77	204	3762	0.74	160	4625	0.72	917	781
Availability of alcohol										
Reduced access to retail outlets	80	0.78	316	2475	0.56	414	1360	0.47	828	567
Marketing of alcoholic beverages										
Comprehensive advertising ban	95	0.78	351	2226	0.56	224	2509	0.47	488	961
Pricing policies										
Increased excise taxation (by 20%)	95	1.09	2301	472	0.92	726	1272	0.67	1759	380
Increased excise taxation (by 50%)	95	1.09	2692	404	0.92	852	1083	0.67	1995	335
Tax enforcement (20% less unrecorded)	95	1.94	2069	939	1.26	706	1780	0.87	1741	498
Tax enforcement (50% less unrecorded)	95	2.21	2137	1034	1.34	790	1692	0.93	1934	480

^a Implementation cost in 2005 international dollars (millions)

^b Cost–effectiveness ratio, expressed in international dollars per DALY saved

^c Not applicable because the effect size is not significantly different from zero (the cost–effectiveness ratio would therefore approach infinity)

There is good evidence for the effectiveness of drink–driving laws and their enforcement via roadside breath-testing and checkpoints. The estimated cost–effectiveness of such counter-measures ranges from I\$ 781 (in Eur-C countries) to I\$ 4625 (in Eur-B countries). The impact of reducing access to retail outlets for specified periods of the week and implementing a comprehensive advertising ban have the potential to be cost–effective countermeasures, but only if they are fully enforced (each healthy year of life restored costs between I\$ 567 and I\$ 2509).

There is consistent evidence to show that the consumption of alcohol is responsive to increases in final price, which can be accomplished via higher excise taxes. Tax increases (of 20% or even 50%) are highly cost–effective throughout Europe. Even accounting for longer life, and thus potentially increased social welfare costs, taxation remains a highly cost–effective alcohol policy option. As discussed above, the effect of increases in alcohol taxation could be mitigated by illegal production, tax evasion and illegal trading, which accounts for approximately 12% of all consumption in Eur-A countries and 40% in Eur-B and Eur-C countries. Reducing this unrecorded consumption (by 20–50%) via concerted tax enforcement efforts is estimated to cost 50–100% more than a tax increase but produces similar levels of effect. In settings with higher levels of unrecorded production and consumption, increasing the proportion of consumption that is taxed (which is therefore more costly to the price-sensitive consumer) may represent a more effective pricing policy than a simple increase in excise tax, which may only encourage further illegal production, smuggling and cross-border purchases.

Data sources and methods

This report is based on the European Survey on Alcohol and Health that was a part of the Global Survey on Alcohol and Health. The survey was sent to all Member States in July 2008. The 69 questions of the questionnaire were divided into three sections. Section A addressed alcohol policy; Section B addressed alcohol consumption and Section C addressed health consequences.

In addition to the data collected, other sources of data were utilized in the preparation of this report and the country profiles. These included surveys and other studies conducted in the respective countries, mainly from published peer-reviewed journal articles and official reports, and in some cases grey literature such as conference papers and reports found on the internet. For the data on alcohol consumption, several sources were utilized. Official data on recorded adult (15+) per capita consumption (APC) supplied by the respective member states were given a priority. If these data were not available, data from alcohol industry statistics in the public domain were used. In some cases, when these data were either not consistently available or not reliable, data supplied by the Food and Agriculture Organization of the United Nations' statistical database (FAOSTAT) were utilized.

Individual country profiles were prepared in an attempt to give an overview of the current situation regarding alcohol and health in WHO Member States. This was achieved on the basis of a select number of key indicators chosen by a group of experts. The profiles were validated by representatives from the individual countries who attended WHO Regional Consultation Meetings in April 2009. In November the country profiles were sent to the governments for endorsement. This report is only based on data available in the country profiles.

Alcohol consumption in Europe

The WHO European Region is the heaviest drinking region in the world, with over one fifth of the European population of 15 years old and over reporting heavy episodic drinking (defined as five or more drinks on one occasion, or 50g alcohol) at least once a week. Heavy episodic drinking is widespread across all ages and all of Europe. Also, as previously stipulated, the WHO European Region has the highest proportion of total ill health and premature death due to alcohol in the world, with a very close relationship between a country's total per capita alcohol consumption and its prevalence of alcohol-related harm and alcohol dependence. This high level of harm hides enormous alcohol-related health inequalities between eastern and western Europe, particularly as regards deaths from injuries.

Figure 2.1. Adult alcohol consumption among 49 European Member States

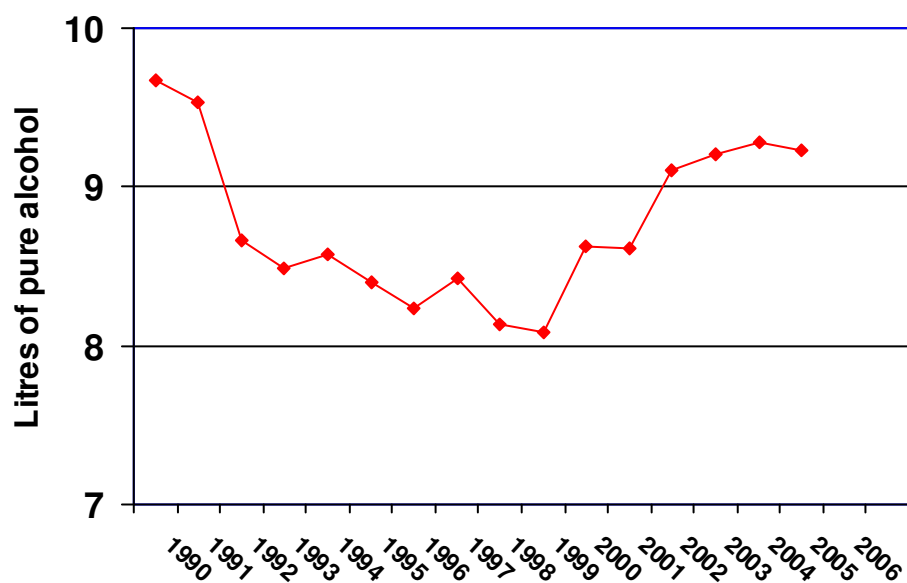
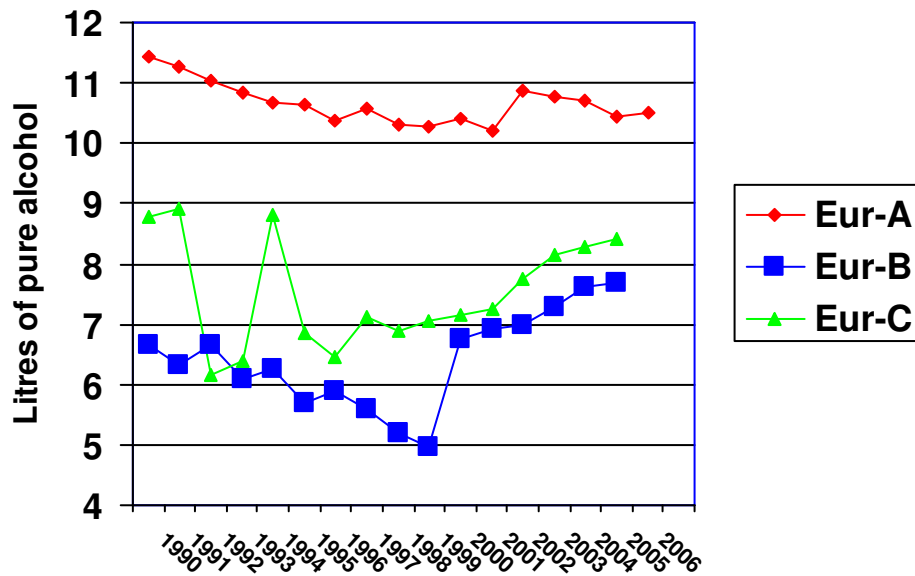


Figure 2.1 shows alcohol consumption from 1990 to 2006 for the adult population (15 and over) among 47 European Member States (excluding Israel, Monaco, Montenegro and San Marino where no data are available). There are notably large variations among countries.

Figure 2.2 shows the distribution of adult alcohol consumption across three groups of countries according to WHO categories (see footnote 1 above).

Figure 2.2. Adult alcohol consumption among 49 European Member States



The annual consumption of pure alcohol per adult as indicated by each Member State in 2005 is shown in Figure 2.3. There are huge variations among countries, with an average of 9.24 litres.

Figure 2.3. Alcohol consumption of the adult population of 48 European Member States in 2005

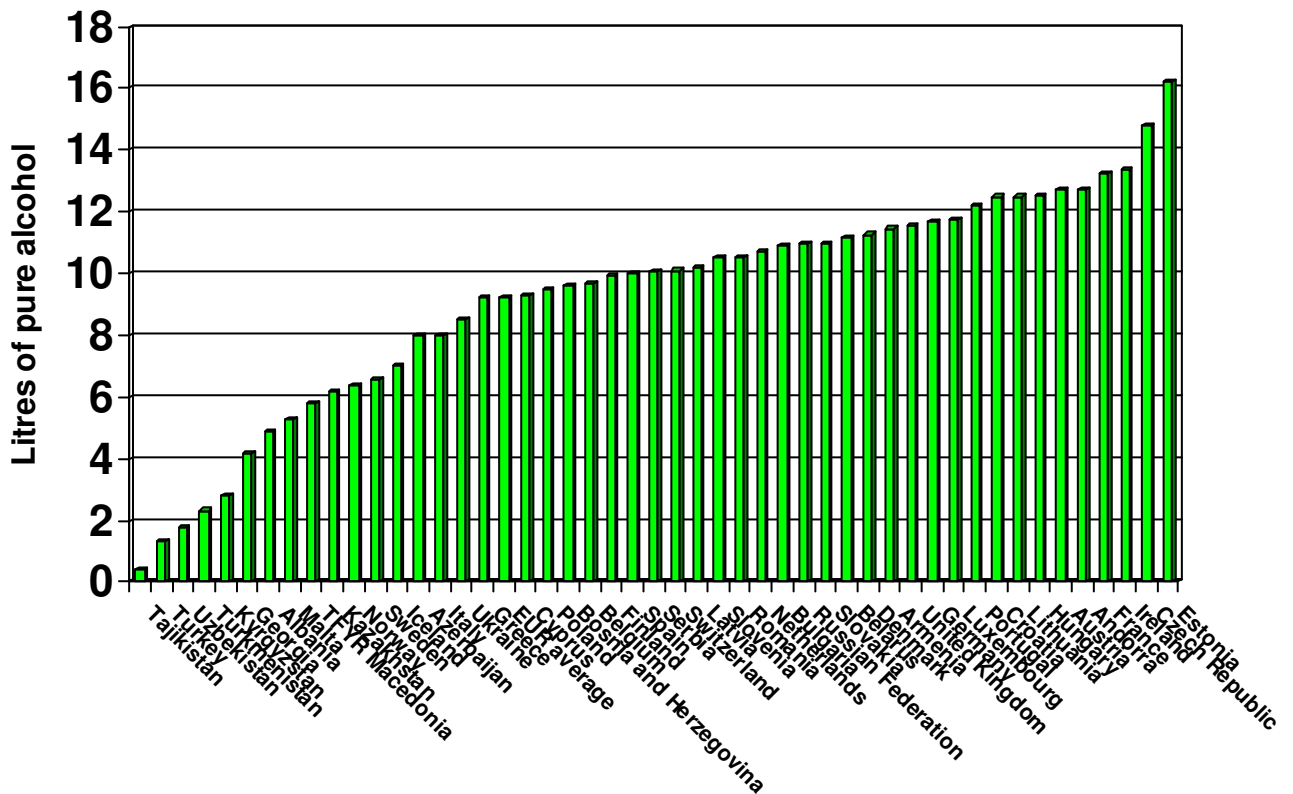


Figure 2.4. Beer consumption in pure alcohol for the adult population of 49 European Member States

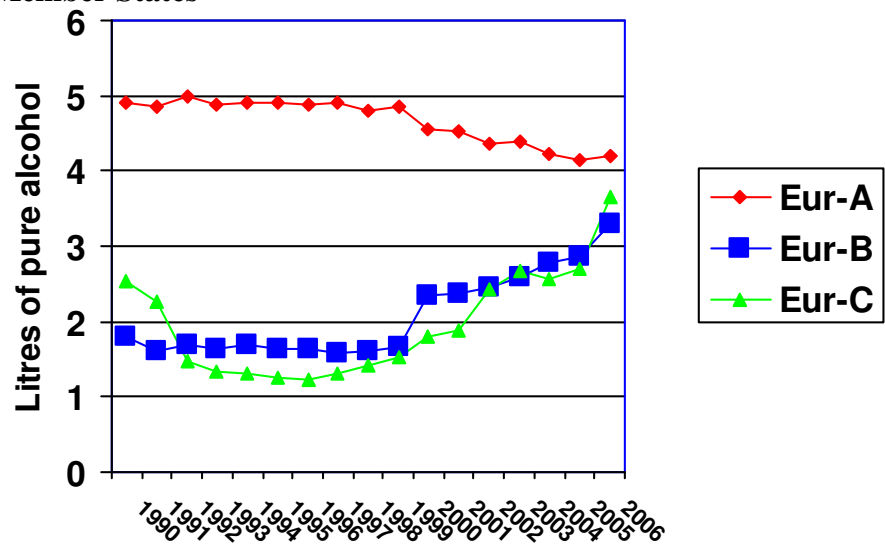


Figure 2.5. Wine consumption in pure alcohol for the adult population of 49 European Member States

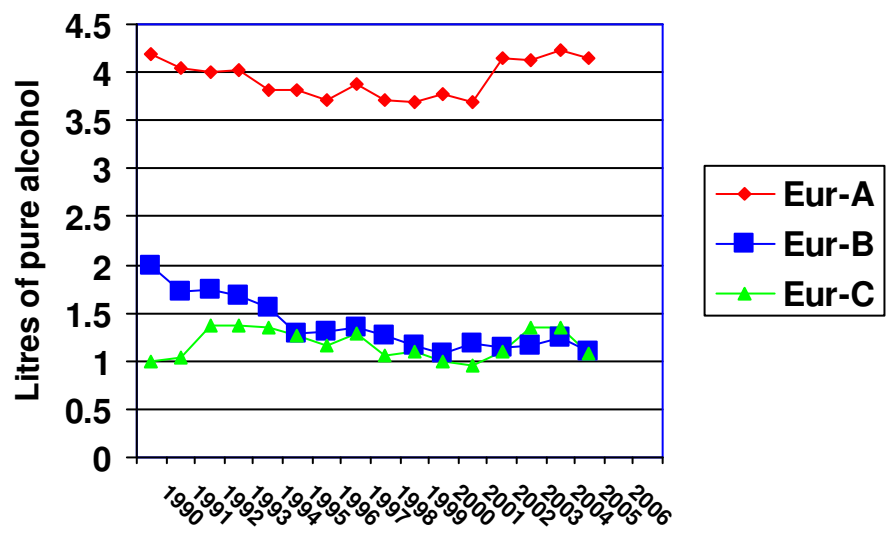
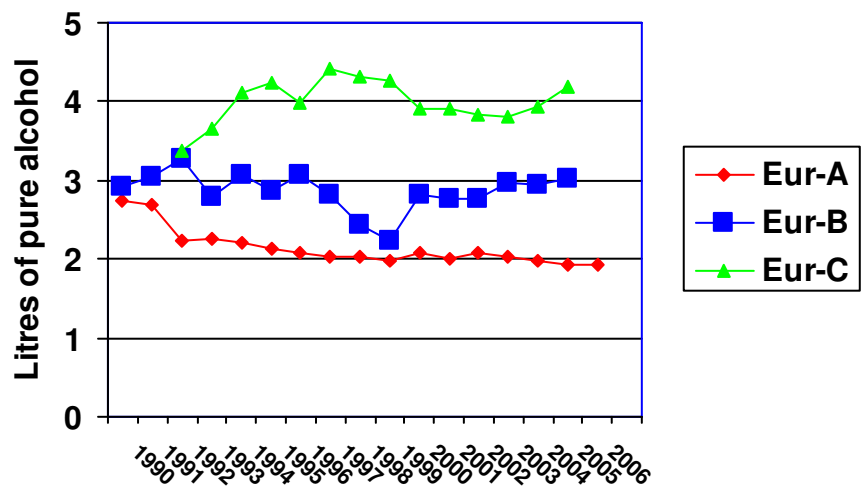


Figure 2.6. Spirit consumption in pure alcohol for the adult population of 49 European Member States



Figures 2.4 and 2.6 show the consumption of beer, wine and spirits measured in pure alcohol for the adult population (15 and older) across time and WHO country classification.

Across Europe there are wide variations in the rate of alcohol abstinence, defined as not having consumed alcohol during the past 12 months. Figure 2.7 highlights this disparity by comparing the percentage of male abstainers in different countries. The percentage of male abstainers of is 27 times greater in Turkey than in Denmark. There is a correlation between the rate of alcohol abstinence and the proportion on the Muslim population.

In Figure 2.8 shows alcohol abstinence among women. In general, the number of female abstainers is higher than the number of males. In Figures 2.1 and 2.6 consumption is calculated among all adults (over 15 years) in the population. Figures 2.7 and 2.8 clearly demonstrate that abstinence varies among countries. Figures 2.9 and 2.10 contain estimates of the total yearly alcohol consumption, both recorded and unrecorded, among drinkers only (excluding abstainers), from 2002–2005. It is noteworthy that these figures are especially dependent on the correct estimation of both the abstinence and the consumption figures, which are not always very reliable.

Figures 2.11 and 2.12 show the percentages of heavy episodic drinking, or binge drinking, defined as drinking at least 60 grams of pure alcohol on one occasion in the past 7 days. Data are only available for a limited number of countries. For men (Figure 2.11), the average percentage of heavy episodic drinking among the countries represented in this study was around 10%. However, there were significant disparities across countries. In Ireland, for example, the number was estimated to be 43%. Iceland and Norway, on the lower end of the spectrum (NB: these countries were also found to be low on alcohol consumption, see Figures 2.9 and 2.10), record binge drinking by men in the previous week at rates of around 5%. The percentages for women (Figure 2.12) were lower than those of men.

Figure 2.7. Percentage of male alcohol abstainers during the past 12 months, 2005

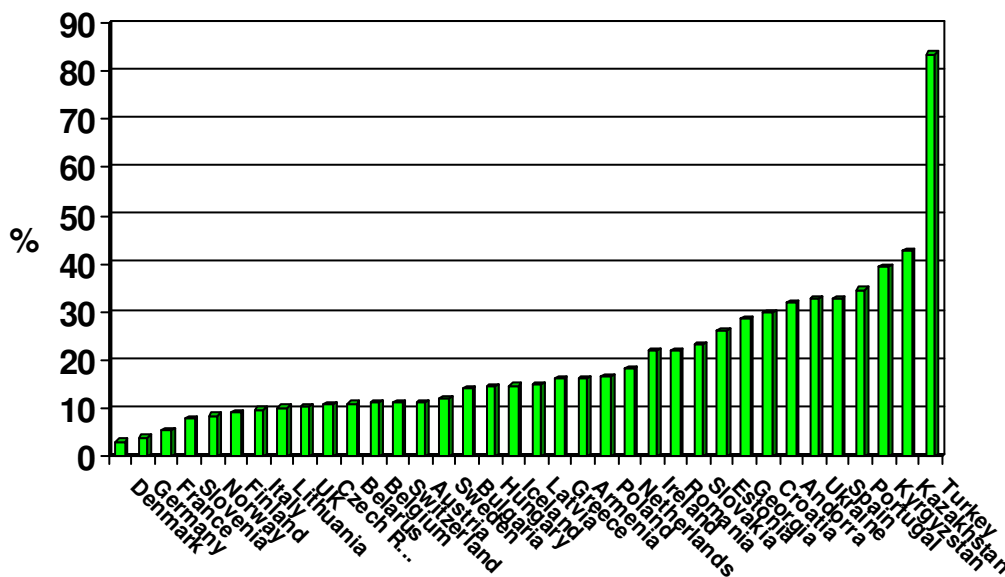


Figure 2.8. Percentage of female alcohol abstainers during the past 12 months, 2005

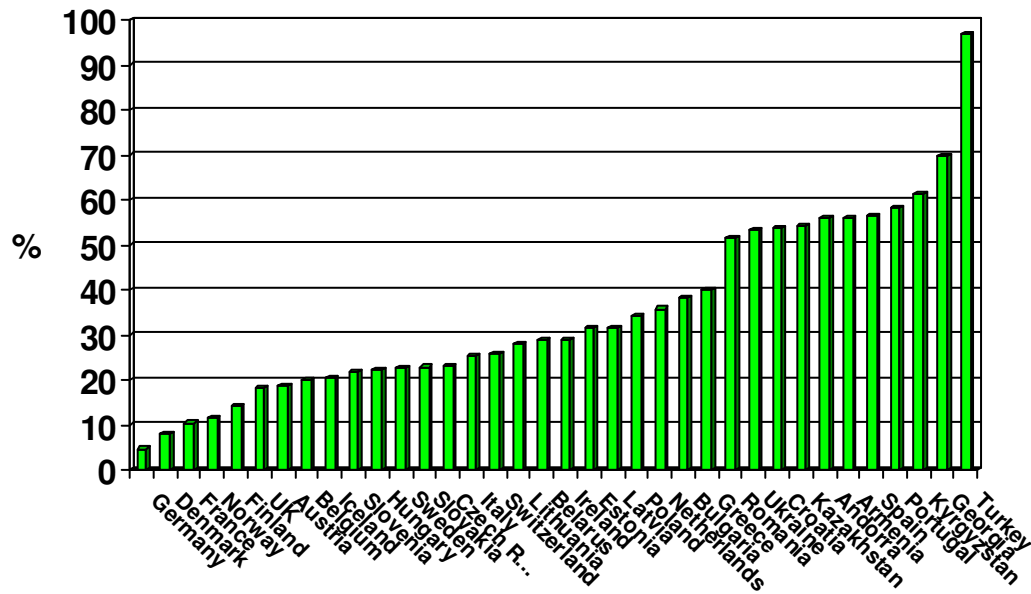


Figure 2.9. Average estimated alcohol consumption among male drinkers (recorded and unrecorded consumption) in pure litres of alcohol, 2002 to 2005

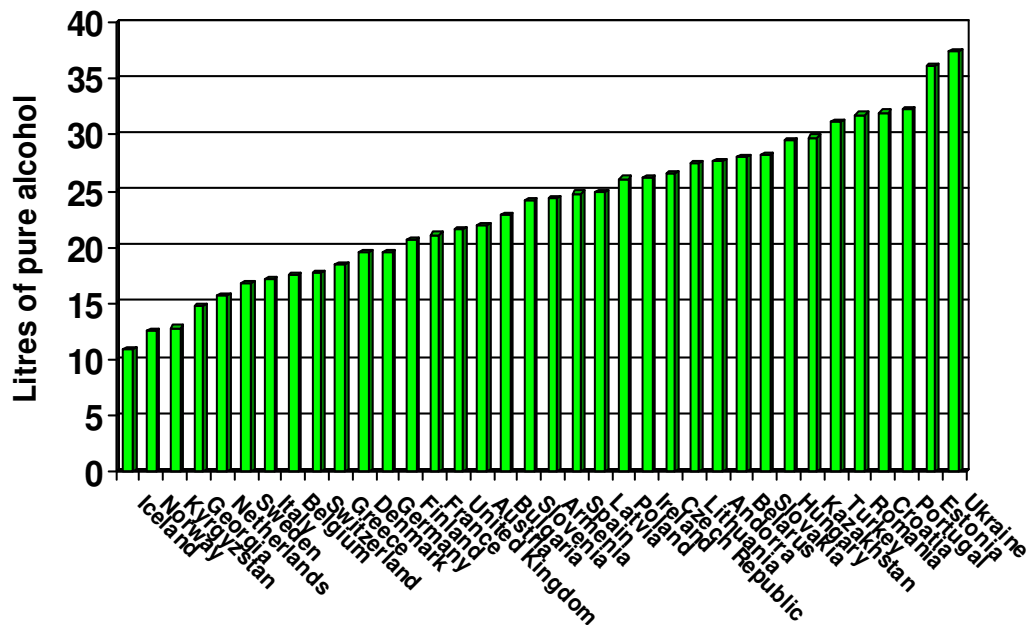


Figure 2.10. Average estimated alcohol consumption among female drinkers (recorded and unrecorded consumption) in pure litres of alcohol, 2002 to 2005

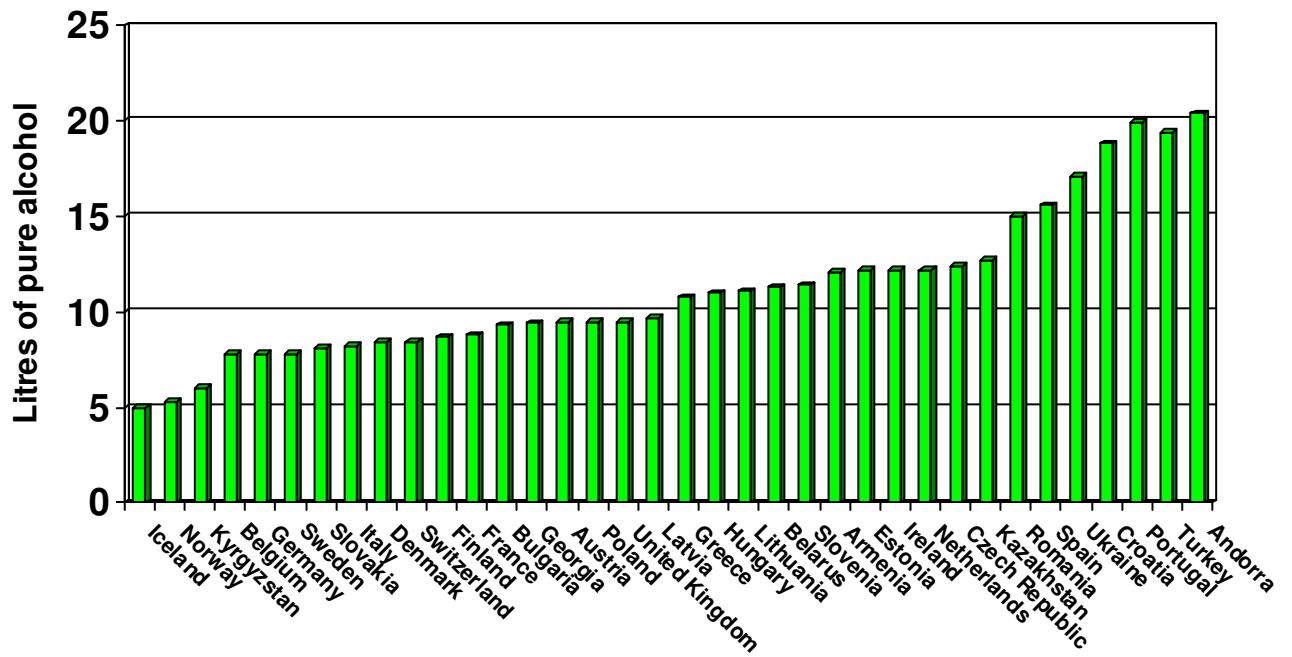


Figure 2.11. Heavy episodic drinking of at least 60 grams of pure alcohol on one occasion during the past 7 days; men, 2003

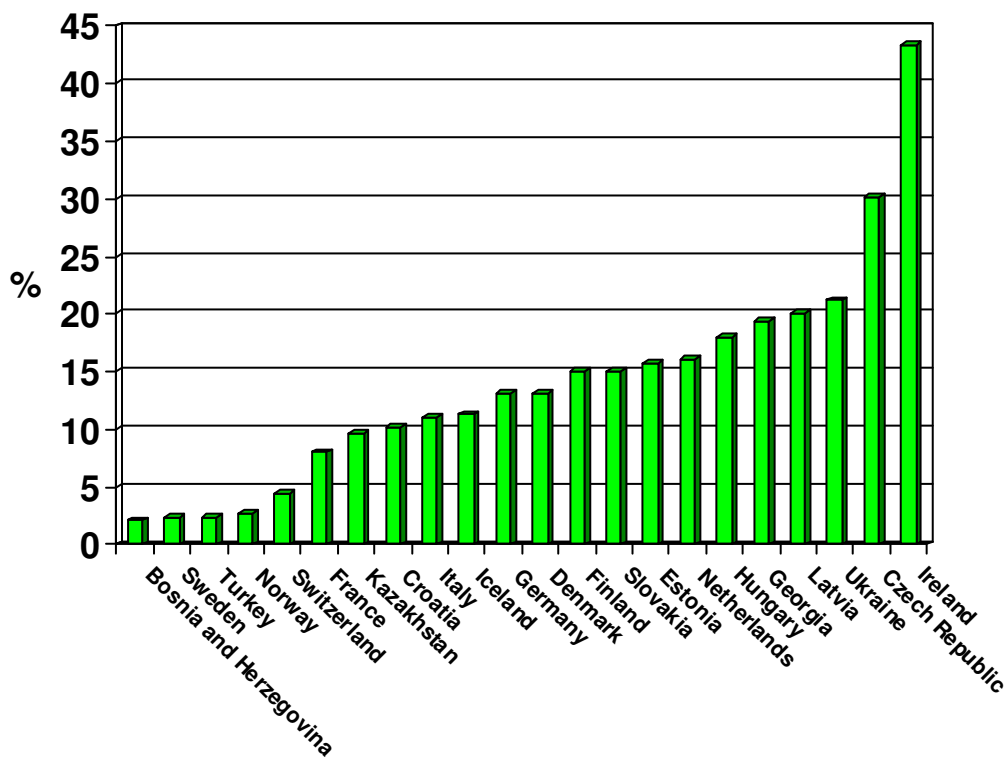
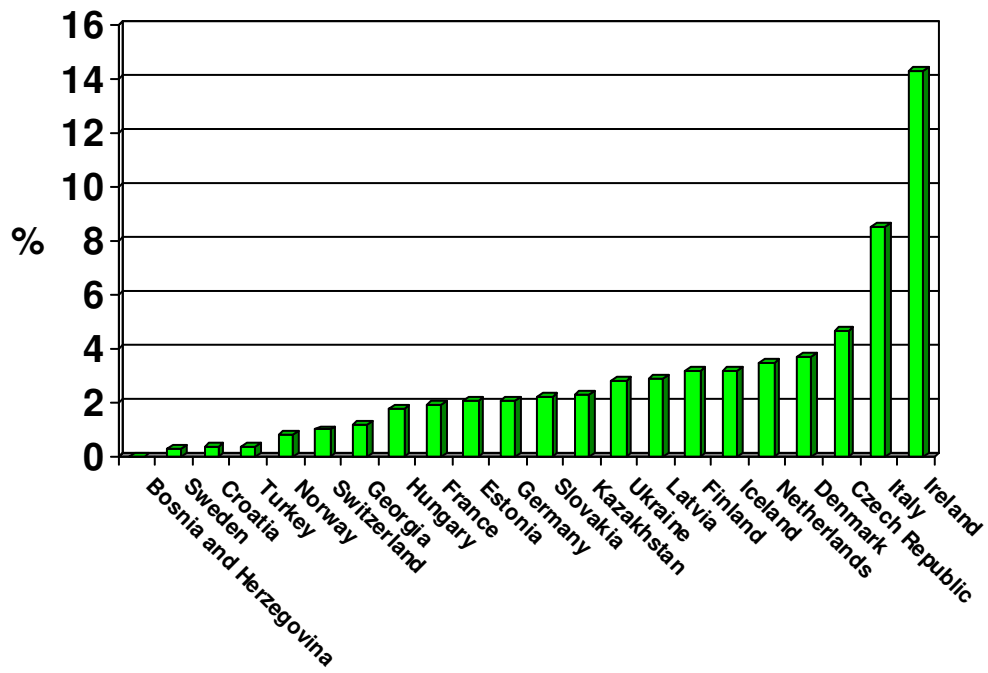


Figure 2.12. Heavy episodic drinking of at least 60 grams of pure alcohol on one occasion during the past 7 days; women, 2003



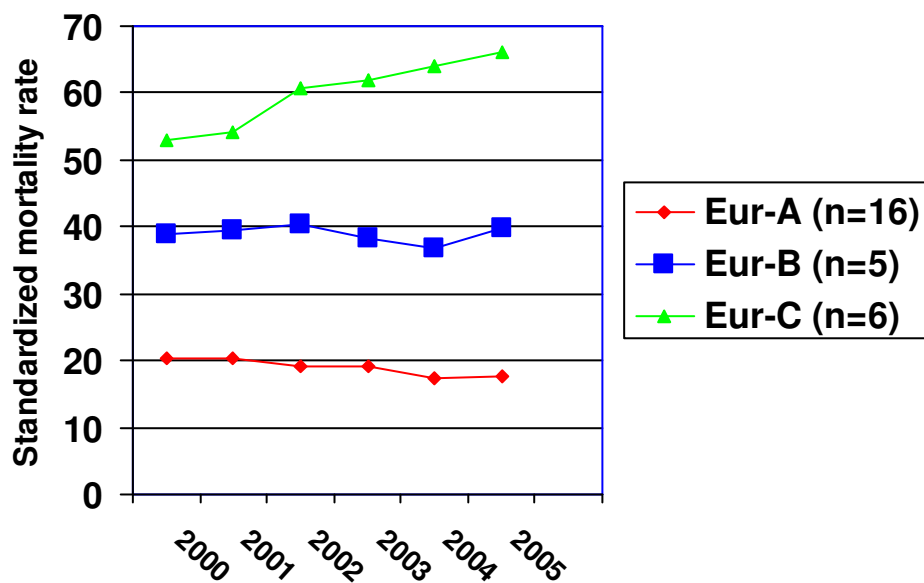
Alcohol-related harm

Not every country collects data on alcohol-related harm and some of the collected indicators are not specific to alcohol but are nevertheless related. In this section, selected standardized mortality data is presented on such harm. Specifically, data focuses on liver cirrhosis, alcoholic liver disease, road traffic accidents, poisoning and violence. The data available for road traffic accidents, poisoning and violence measures the all-cause harm (i.e. alcohol and non-alcohol-related) harm of each indicator for respective countries.

Liver cirrhosis

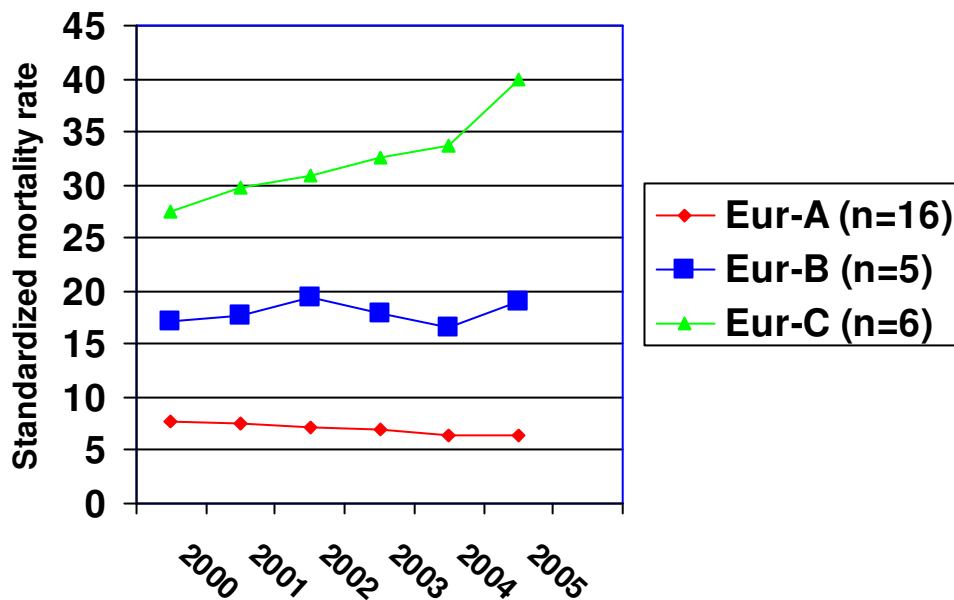
Figure 3.1 shows data for mortality from liver cirrhosis among men, obtained from 2000 to 2005 from 35 European countries in the WHO categories. The standardized mortality rate was found to be highest among Eur-C countries and lowest among Eur-A countries, with Eur-B countries occurring between. This pattern is not directly linked with total alcohol consumption, as shown in Figure 2.3, but more closely resembles the drinking pattern for spirit consumption demonstrated in Figure 2.6. Figure 3.1 displays a rising mortality among Eur-C countries during the study period, compared to Eur-A and Eur-B countries whose mortality was relatively stable.

Figure 3.1. Mortality from liver cirrhosis among men in three groups of European countries (n=27), 2000–2005



In Figure 3.2 the mortality due to liver cirrhosis in women is presented, and is quite like the pattern for men, but with significantly lower rates of mortality.

Figure 3.2. Mortality from liver cirrhosis among women in three groups of European countries (n=27), 2000–2005



Figures 3.3 and 3.4, derived from the same data set, illustrate the standardized mortality rate for liver cirrhosis by country where data is available. The mortality rates for men (Figure 3.3) and women (Figure 3.4) are available for 27 European countries for the year 2005. For both men and women, Norway demonstrates the

lowest rates of mortality from cirrhosis, while the Republic of Moldova is the country with the highest rates.

Figure 3.3. Mortality from liver cirrhosis among men in 27 European countries, 2005

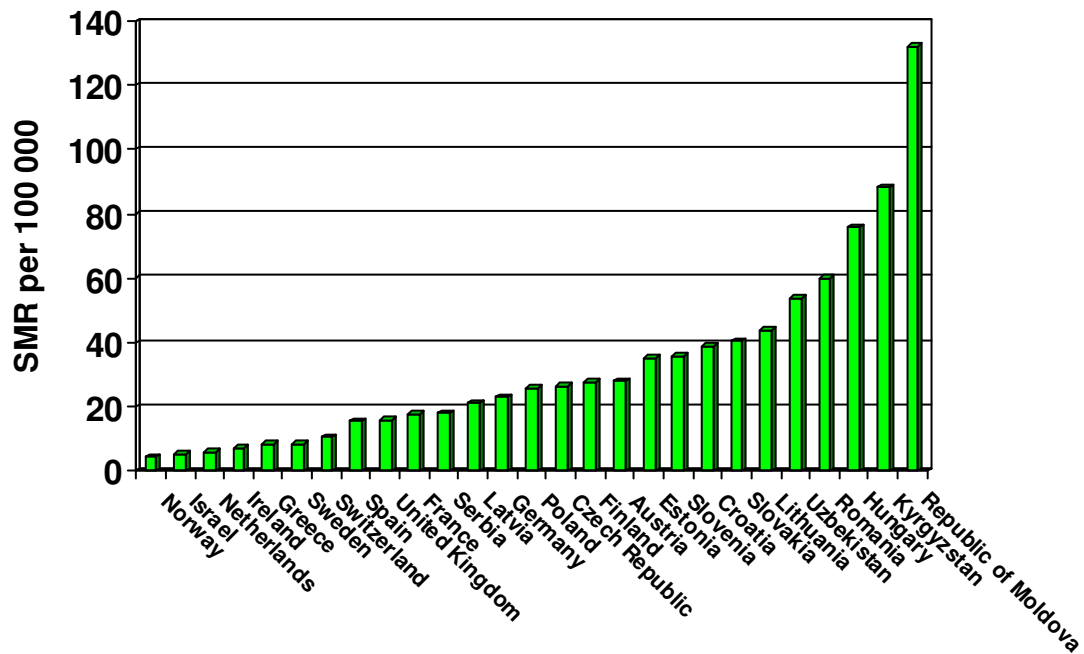
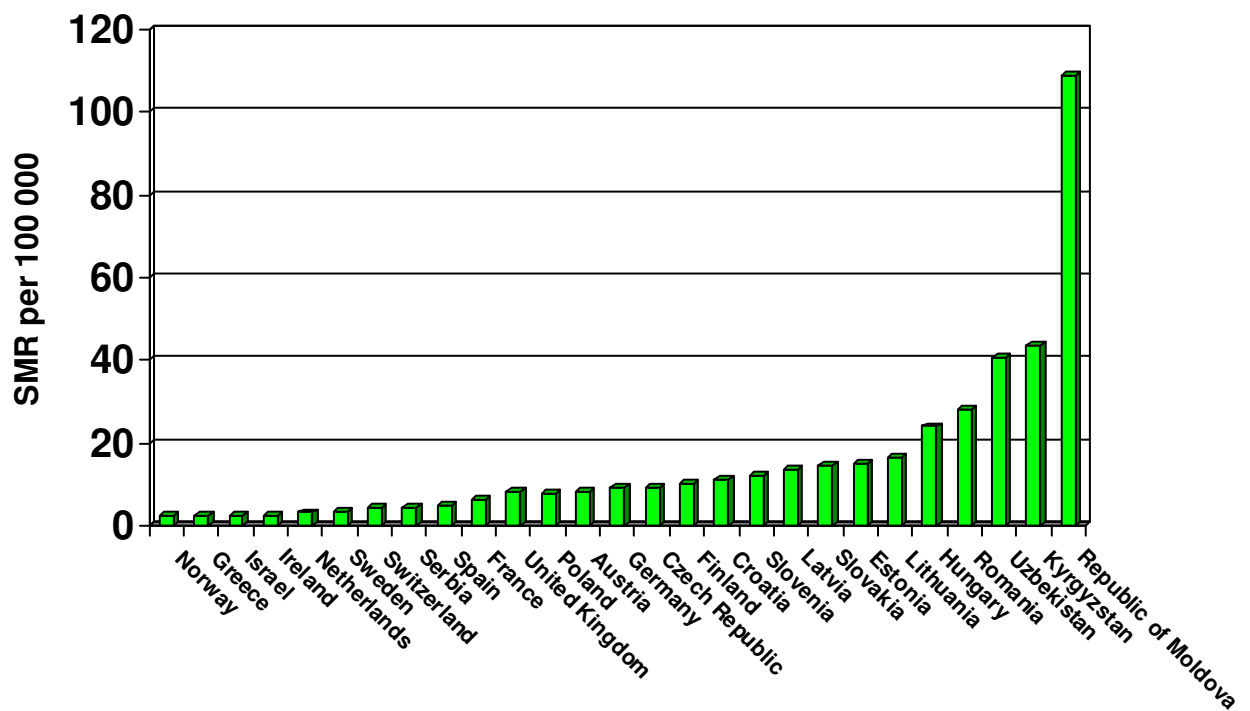


Figure 3.4. Mortality from liver cirrhosis among women in 27 European countries, 2005



Alcohol-related liver diseases

Figures 3.5 and 3.6 show the standardized mortality rates of alcohol-related liver diseases among men and women respectively during the period 2000–2005. In general, rates of alcohol-related liver diseases contribute one third of the total mortality due to liver cirrhoses and follow the same pattern as for liver diseases. Data availability was limited to 24 European countries for this measure. A similar disease profile exists for women and men in both Eur-A and Eur-B countries, yet differs substantially in Eur-C countries.

Figure 3.5. Mortality from alcohol-related liver diseases among men in three groups of European countries (n=24), 2000–2005

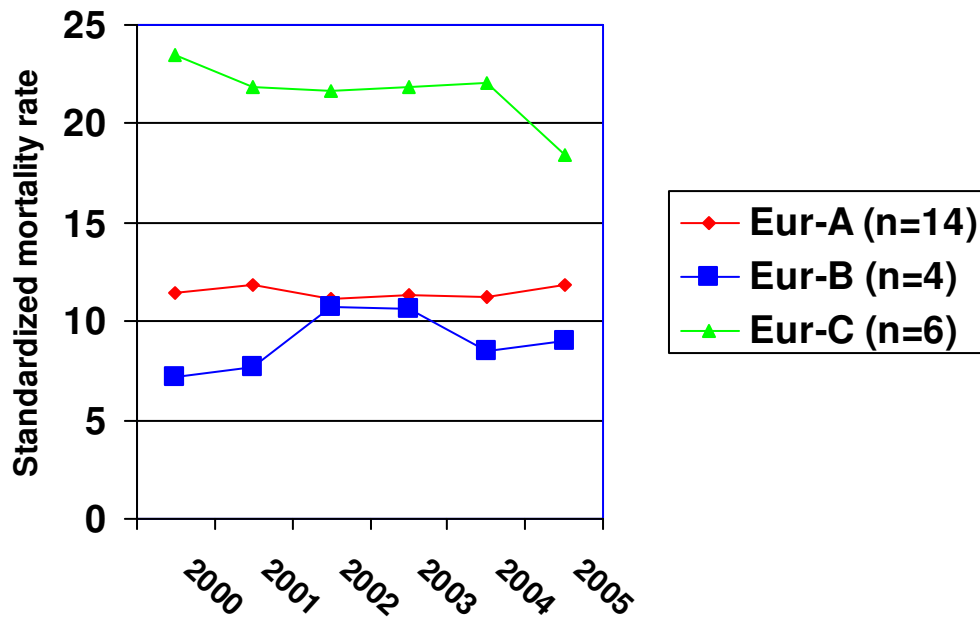
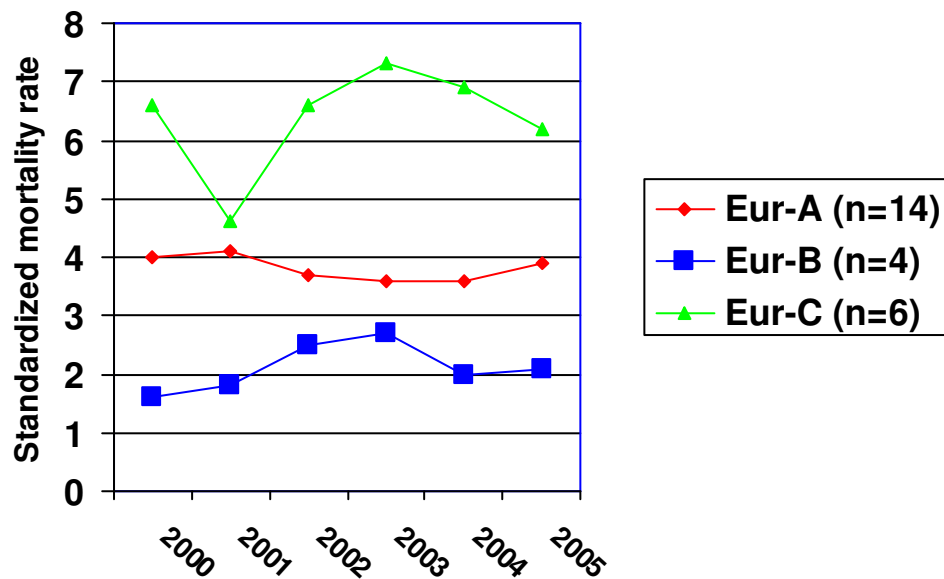


Figure 3.6. Mortality from alcohol-related liver diseases among women in three groups of European countries (n=24), 2000–2005



Country-specific standardized mortality rates of alcohol-related liver diseases are presented for men (Figure 3.7) and women (Figure 3.8) for 2005. There are large variations among countries and between sexes. The extent of liver cirrhosis deaths related to alcohol differs widely from country to country. In some countries, especially in central Asia for example, only a limited number of liver cirrhoses are related to alcohol.

Figure 3.7. Mortality from alcohol-related liver diseases among men in European countries (n=24) 2005

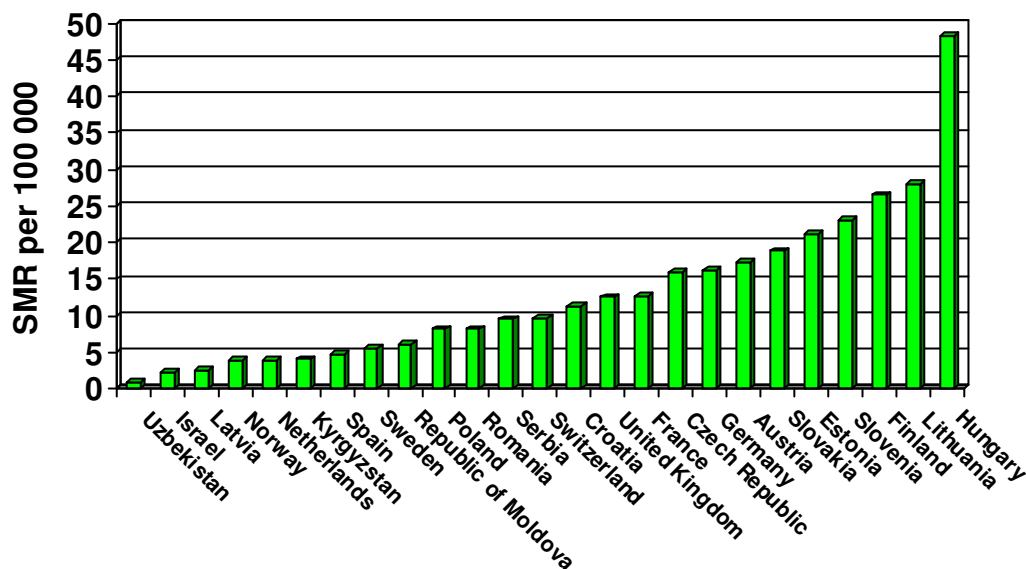
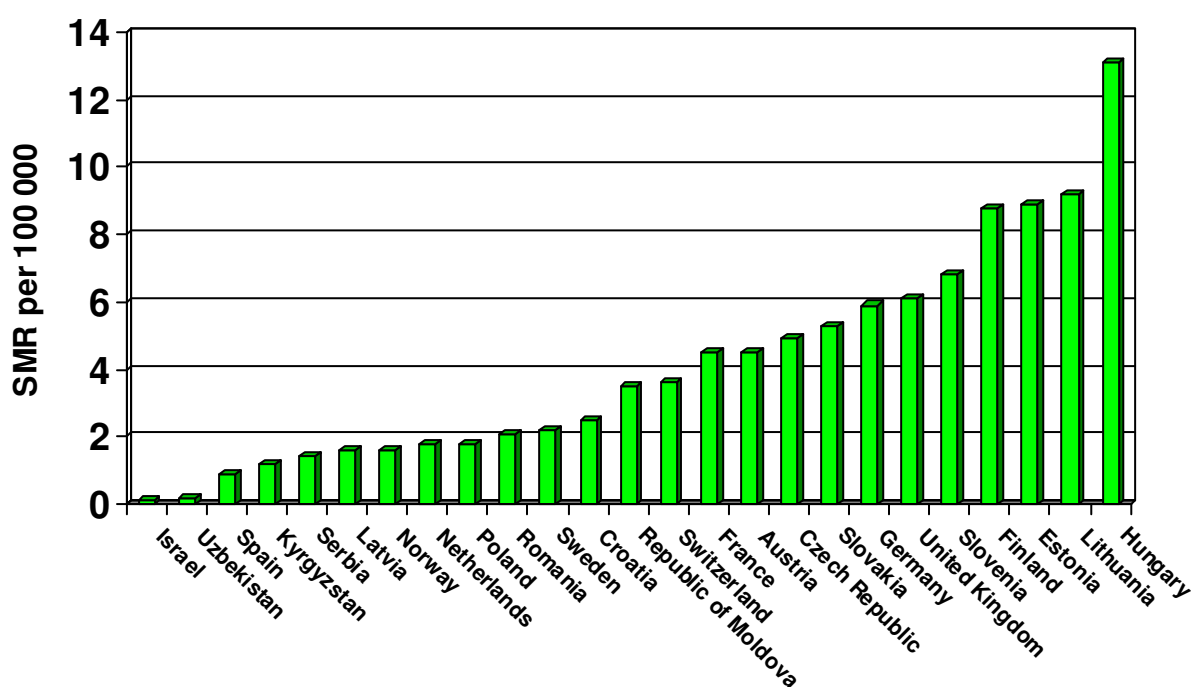


Figure 3.8. Mortality from alcohol-related liver diseases among women in European countries (n=24), 2005



Non-specific indicators

Road traffic accidents

Alcohol is a risk factor for dangerous driving and road traffic accidents. Mortality due to all-cause road traffic fatalities between 2000 and 2005 is provided for men (Figure 3.9) and women (Figure 3.10). The temporal pattern of fatalities for men and women did not differ significantly. However, the mortality rate was three times higher for men than women. Reliable figures for alcohol-related traffic mortality are difficult to obtain, but in most countries it is apparent that a large proportion of road traffic mortality involves alcohol.

Figure 3.9. Alcohol and non-alcohol-related mortality due to road traffic accidents among men in three groups of European countries (n=37) 2000–2005

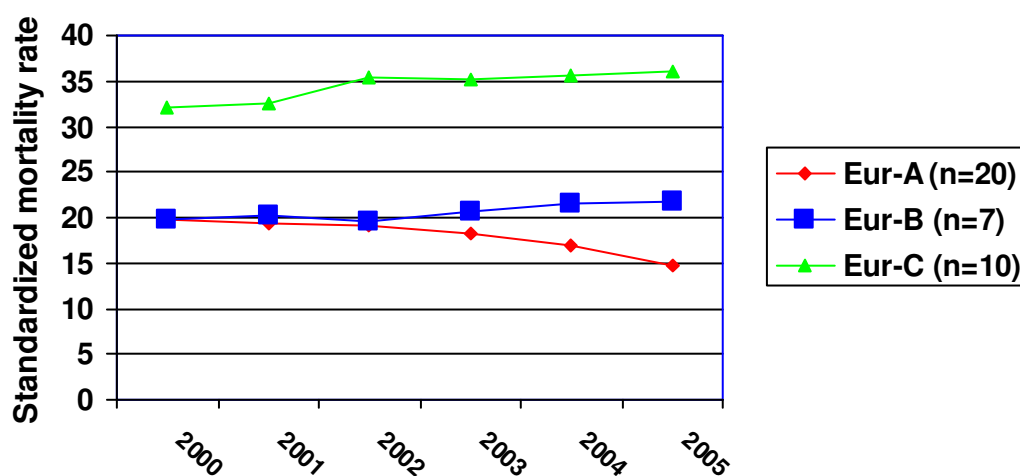
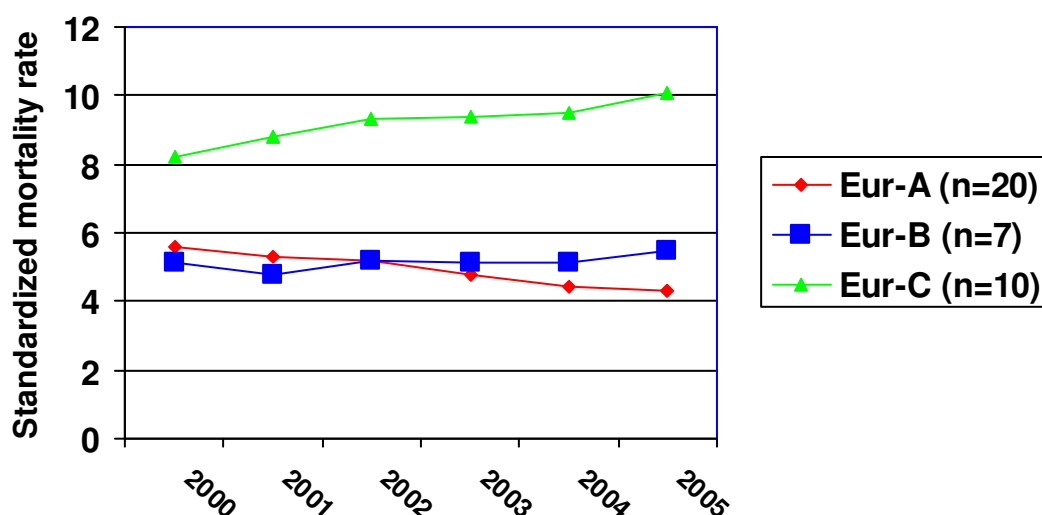


Figure 3.10. Alcohol and non-alcohol-related mortality due to road traffic accidents among women in European countries (n=37), 2000–2005



Mortality due to all traffic accidents (alcohol-related and non alcohol-related) for men (Figure 3.9) and women (Figure 3.10) was reportedly much higher in Eur-C countries than in Eur-A and B countries. In 2005, the difference between the two countries with

the highest rate (Russian Federation and Kazakhstan), had more than seven times the mortality of the two countries with the lowest rates (Switzerland and the Netherlands). Male mortality (Figure 3.11) was four or five times that of women (Figure 3.12) for almost all countries.

Figure 3.11. Mortality due to all road traffic accidents among males in European countries (n=30), 2005

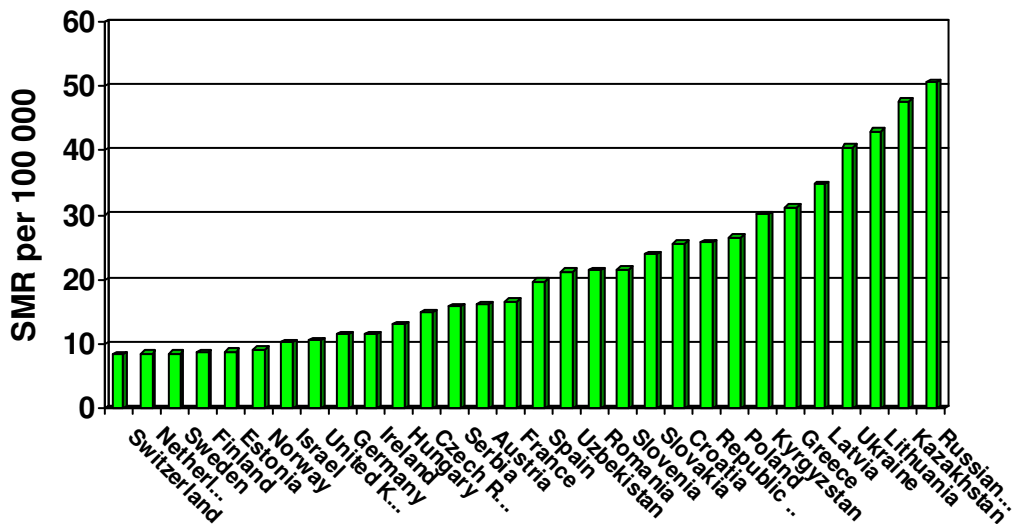
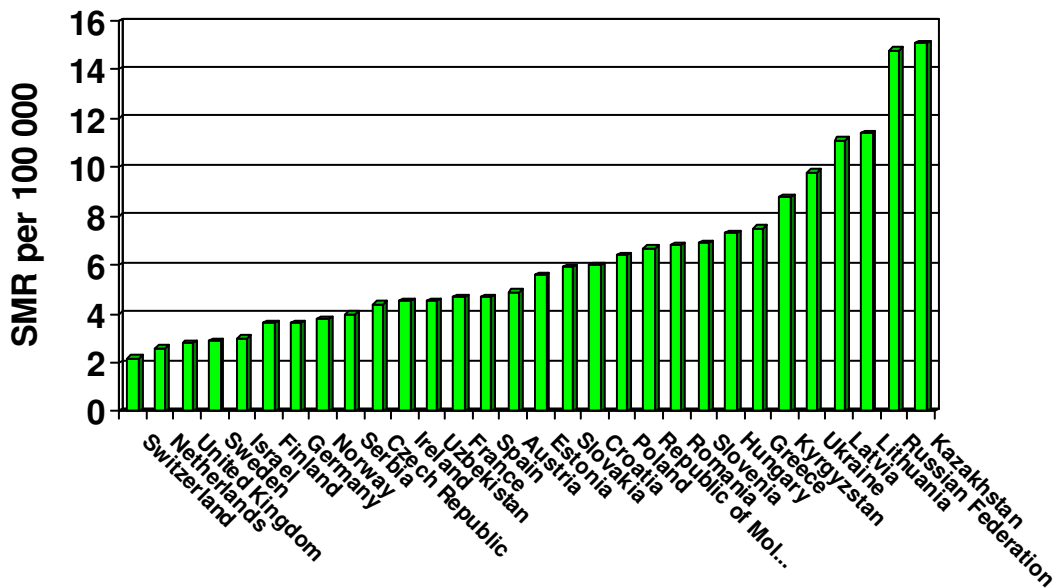


Figure 3.12. Mortality due to all road traffic accidents among females in European countries (n=30), 2005



Poisoning

A high proportion of poisoning is related to alcohol but it is not possible to find reliable country data specific to alcohol poisoning. Figures 3.13 and 3.14, therefore, present the total mortality due to poisoning for men and women according to country groupings. Eur-C countries have a much higher recorded mortality rate than among Eur-A and B countries for the study period. Rates for men are approximately 4–5 times higher in Eur-C countries than Eur-A or Eur-B countries.

Figure 3.13. Mortality due to poisoning among men in three groups of European countries (n=37), 2000–2005

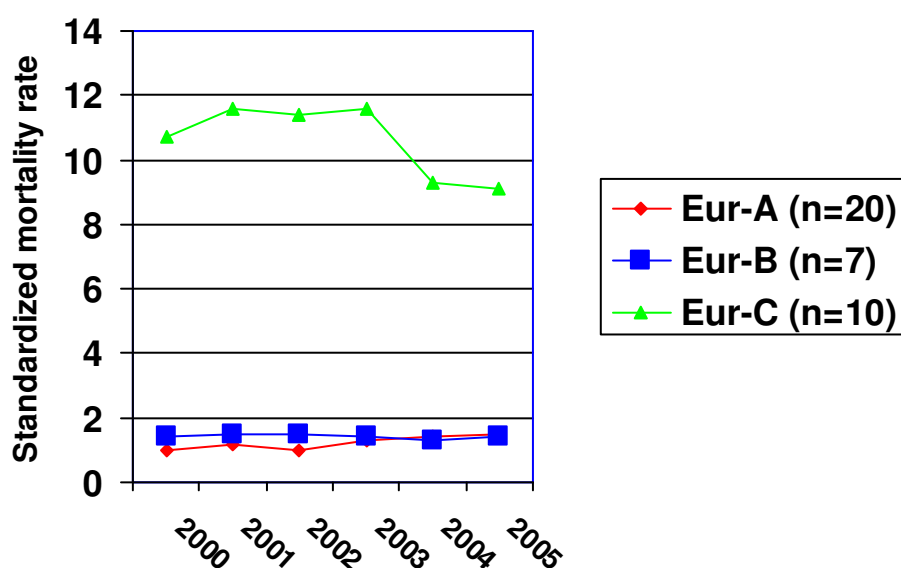
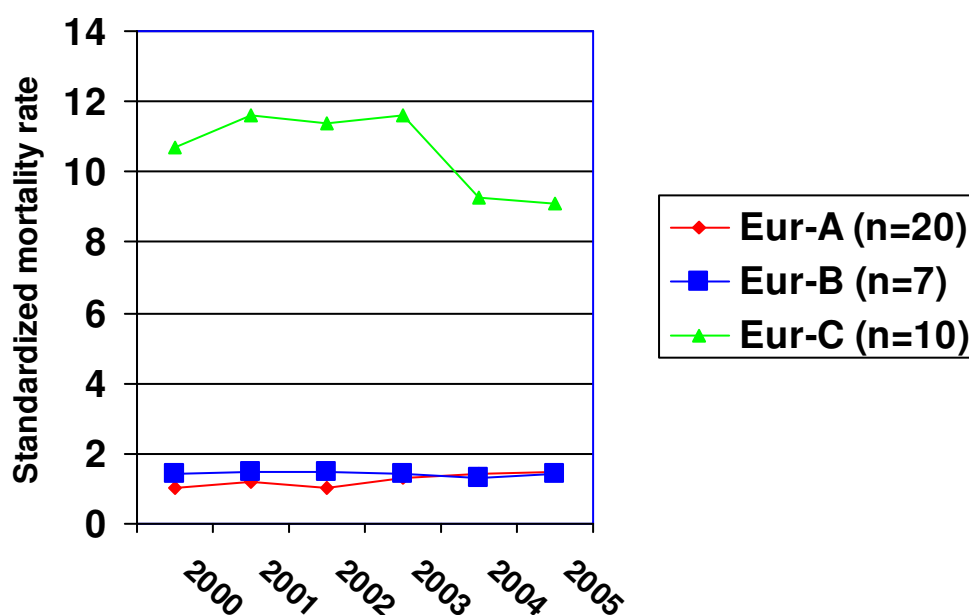


Figure 3.14. Mortality due to poisoning among women in three groups of European countries (n=37), 2000–2005.



Figures 3.15 and 3.16 show the comparable country mortality rates of poisoning for 30 WHO Member States in Europe for men and women.

Figure 3.15. Mortality due to all poisoning among males in European countries (n=37), 2005

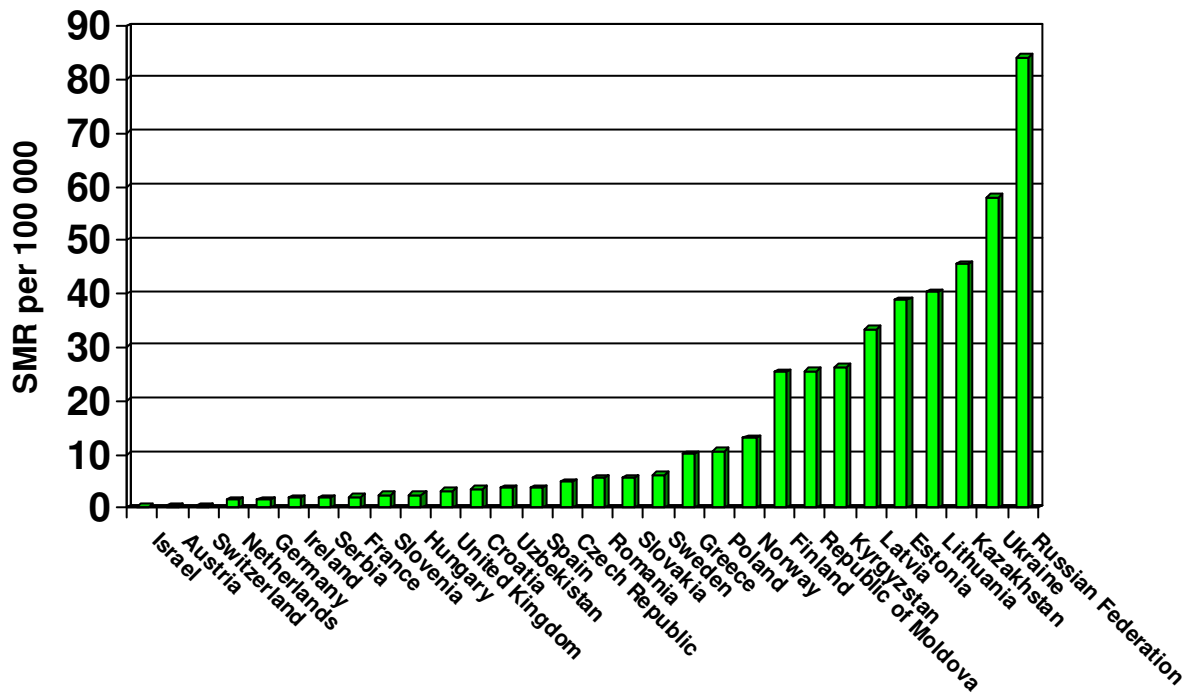
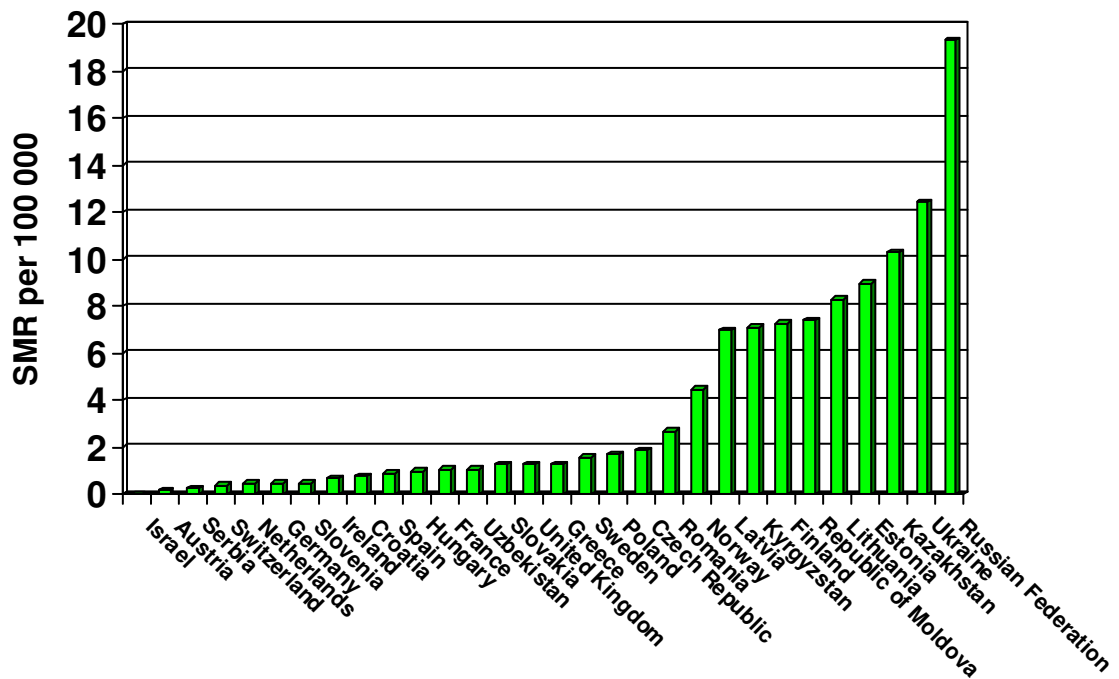


Figure 3.16. Mortality due to all poisoning among females in European countries (n=37), 2005



Violence

Another indicator of alcohol-related harm is morbidity and mortality due to violence. The measures given in this paper are not specific to violence resulting from alcohol intake, as many countries do not have this data available. Yet it is worth noting that a substantial proportion of violence occurs under the influence of alcohol. Figures 3.17 and 3.18 give non-alcohol specific rates of mortality due to violence for men and women respectively during the period 2000 - 2005.

Figure 3.17. Mortality due to violence among men in three groups of European countries (n=37), 2000–2005

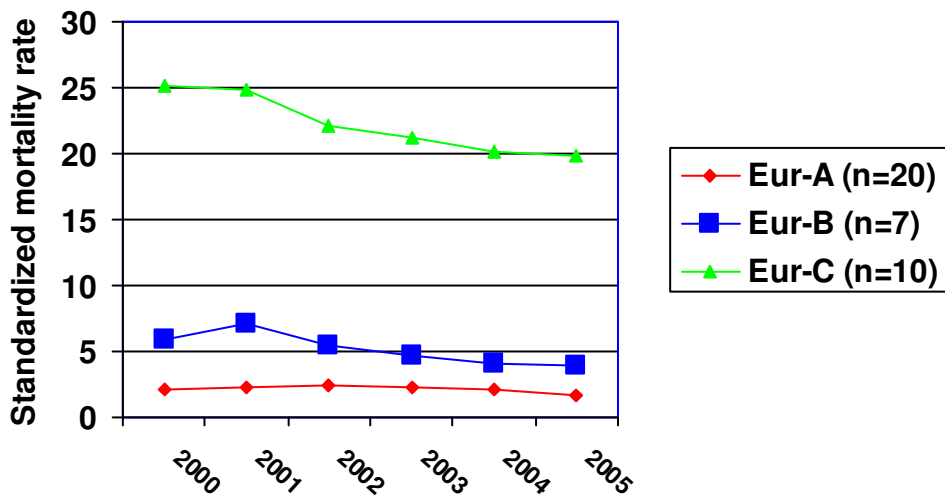
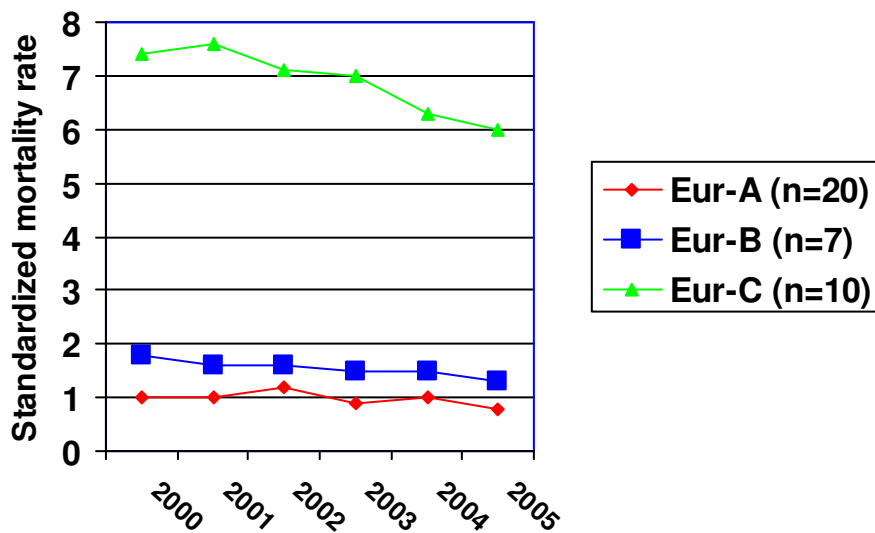


Figure 3.18. Mortality due to violence among women in three groups of European countries (n=37), 2000–2005



Mortality due to violence is much more frequent among Eur-C countries than among Eur-A and B countries and much more frequent among men than among women. Figures 3.19 and 3.20 show the mortality rates of all violence among 30 WHO Member States.

Figure 3.19. Mortality due to all violence among males in European countries (n=37), 2005

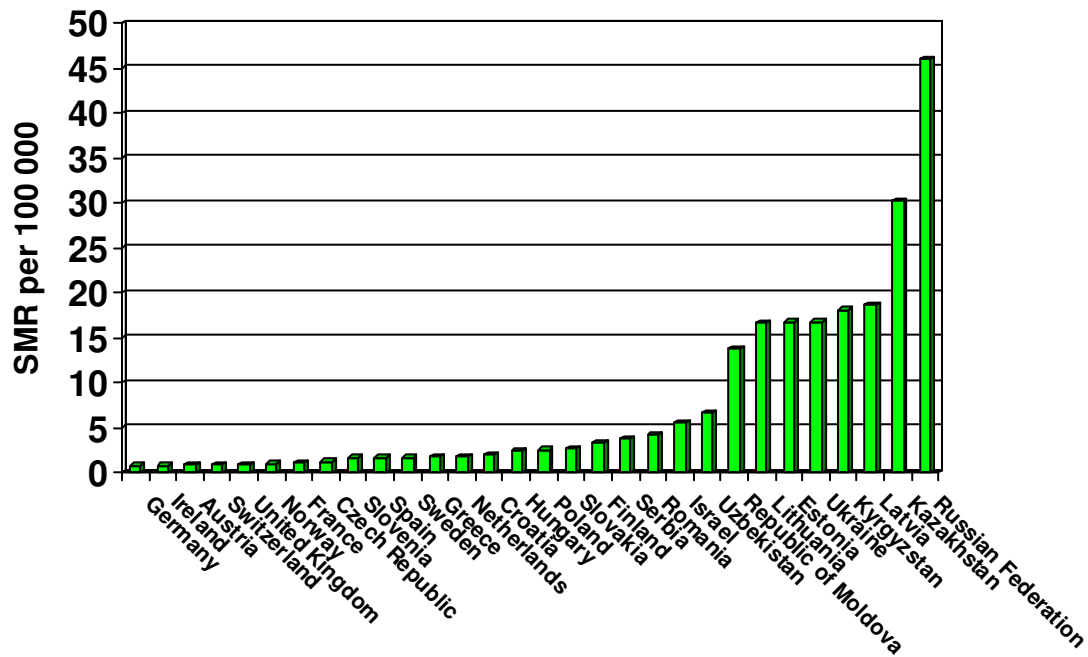
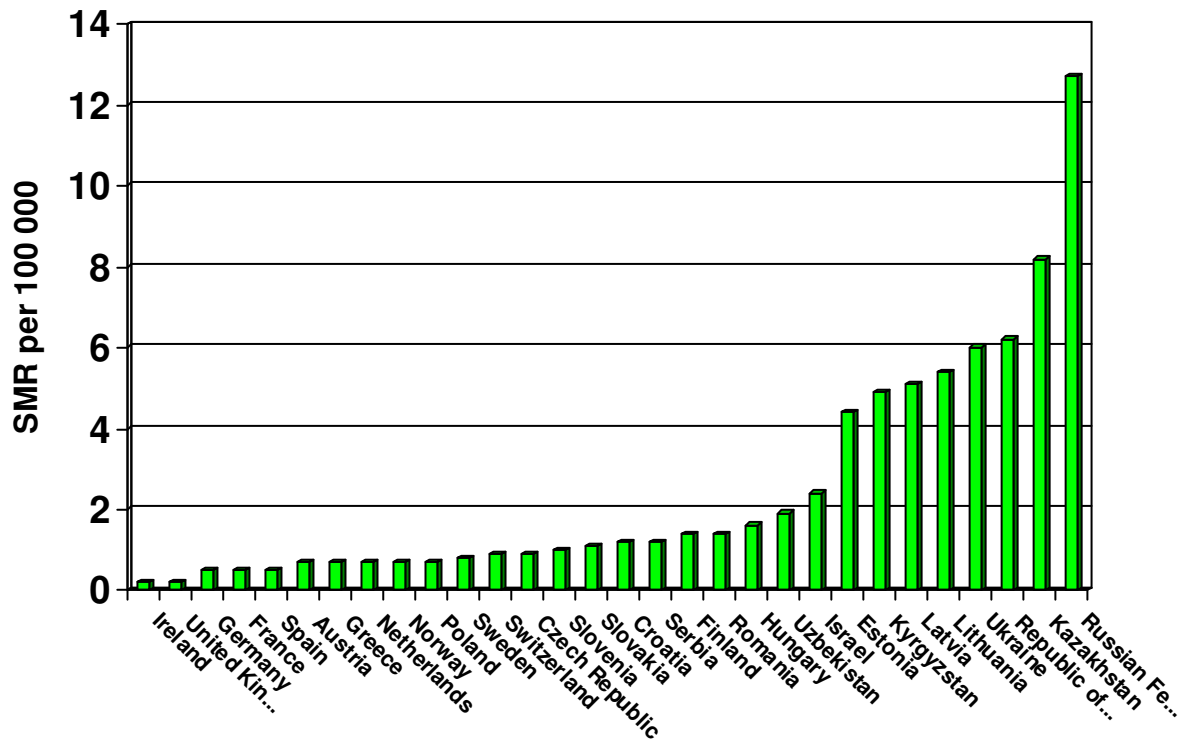


Figure 3.20. Mortality due to all violence among females in European countries (n=37), 2005



Alcohol policies and responses

Thirty three of the 46 countries (72%) surveyed responded by providing a clear legal definition of an alcoholic beverage. In 2 countries, the level was stipulated as greater than 0% and up to 0.5% alcohol content by volume; in 13 countries, the alcohol content was specified as being greater than 0.5% and up to 1.2%; in 15 countries, the content was designated as between 1.2% and up to 2.8%; in two countries, alcoholic beverages were defined with an alcohol content greater than 2.8% by volume.

Official national alcohol policies

Of the 45 European countries that replied to the survey question regarding the presence or absence of a written alcohol policy, 27 countries (60%) stated that they had an official national alcohol policy. Figure 4.1 illustrates national alcohol policy status of countries, and Table 4.1 provides the country-specific data. Thirteen countries (29%) did not have an official policy, two countries had draft policies and three had official subnational policies.

Figure 4.1. Official alcohol policy status of responding countries

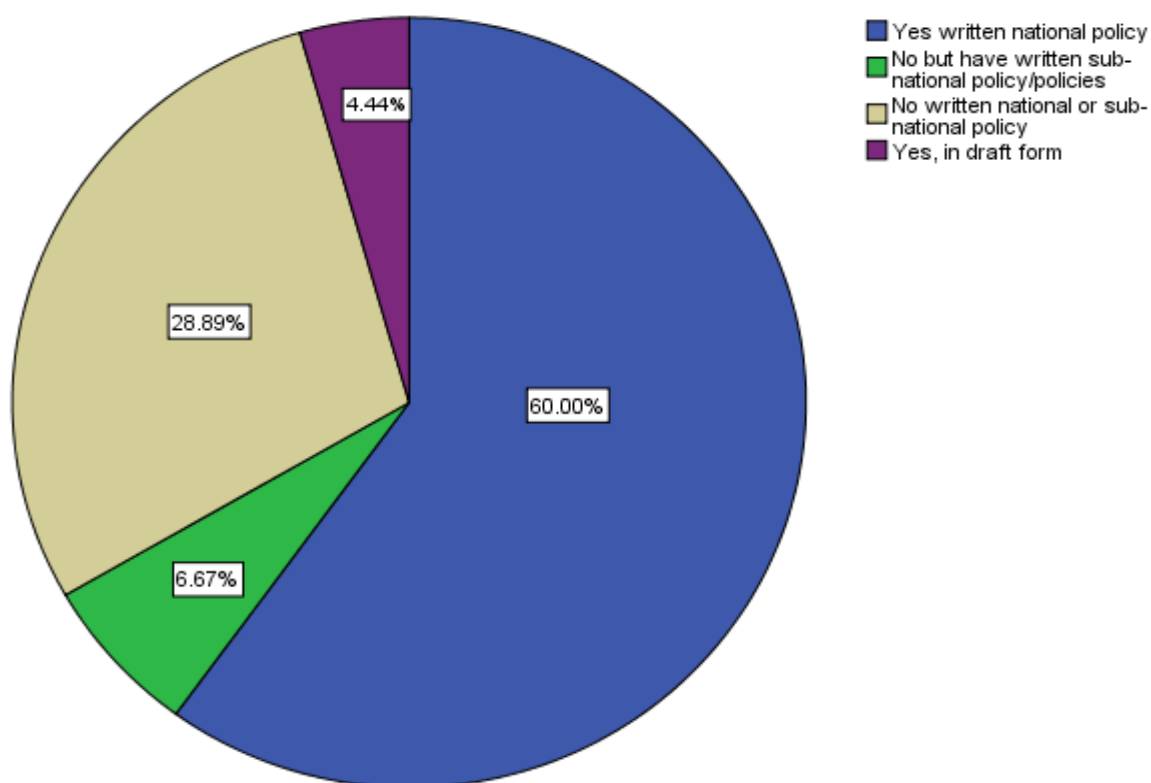


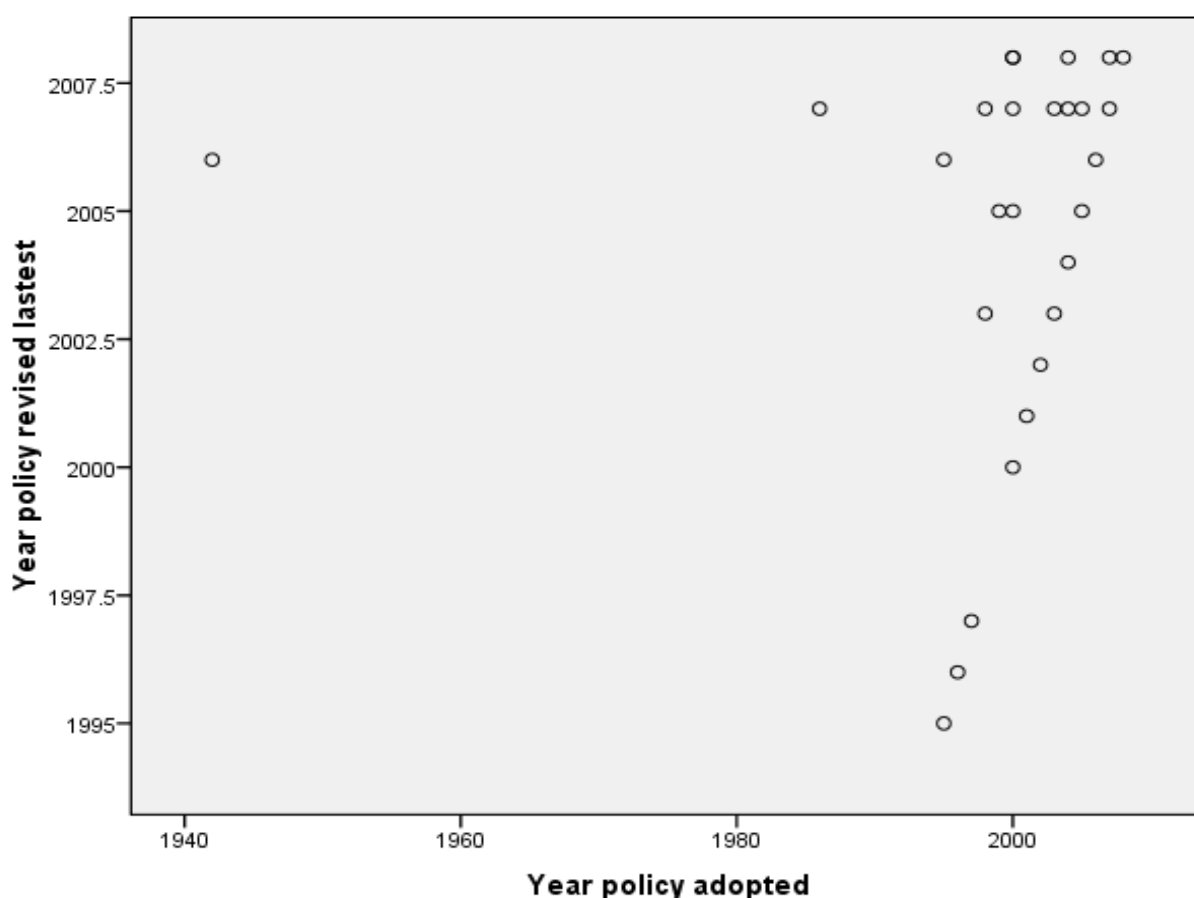
Table 4.1. Official alcohol policy status, by country

	National policy	No national, but subnational policy	No national or subnational policy	In draft form only
Albania			√	
Andorra	√			
Armenia			√	
Austria		√		
Azerbaijan	√			
Belarus	√			
Belgium			√	
Bulgaria				√
Croatia				√
Cyprus	√			
Czech Republic	√			
Denmark		√		
Estonia			√	
Finland	√			
France			√	
Georgia			√	
Germany	√			
Hungary			√	
Iceland			√	
Ireland	√			
Israel		√		
Italy	√			
Kazakhstan	√			
Kyrgyzstan			√	
Latvia	√			
Lithuania	√			
Macedonia TFR	√			
Malta			√	
Moldova, Republic of	√			
Netherlands	√			
Norway	√			
Poland	√			
Portugal	√			
Romania	√			
Russian Federation			√	
Serbia			√	
Slovakia	√			
Slovenia	√			
Spain	√			

Sweden	√	
Switzerland	√	
Turkey	√	
Ukraine	√	
United Kingdom	√	
Uzbekistan		√

Of the 27 countries with national alcohol policies, two-thirds were first adopted before 2000 (Turkey first adopted a national alcohol policy in 1942). Two-thirds of countries had revised their policies since 2005. Figure 4.2 tabulates the year these 27 national alcohol policies were first adopted against the year of latest revision.

Figure 4.2. Years of policy adoption and most recent revision



Of the 27 national alcohol policies, 11 were adopted by legislatures, 19 by executive branches and 2 by other national entities. Fifteen policies comprised a comprehensive strategy, 15 had set policy measures and 17 included a national action plan. Sixteen were alcohol-specific policies, nine were part of substance abuse policies, three were part of mental health policies, two were in non-communicable disease policies and eight were classified as multisectoral, (see Table 4.2). Twenty-two policies were coordinated by the health sector, three by social affairs, one by agriculture, two by trade and two by criminal justice. Twenty-two provide for central coordinating entities for implementation.

Table 4.2. Sectors represented in national alcohol policies

Sector represented	Number of countries
Health	23
Social	21
Justice	21
Road safety	22
Education	23
Employment	17
Law enforcement	23
Finance/taxation	18

In the majority of countries surveyed, alcohol policies were formulated at the national level only, or at the subnational or municipal levels only (Table 4.3). The major exceptions were related alcohol sales and treatment policies, which were formulated in a mixture of national, subnational and municipal levels in approximately one-quarter of countries. For implementation, there was greater delegation to a mixture of national, subnational and municipal levels or to subnational and municipal levels alone, particularly for sales and treatment. Nevertheless, policies were implemented at the national level only in between one half and three-quarters of countries, depending on the specific policy.

Table 4.3. Formulation and implementation of policies by jurisdictional level

	National only	National, subnational and municipal	Subnational only	Municipal only
<i>Formulation</i>				
Production	38	4		
Imports	40	1		
Exports	41	1		
On-premise sales	29	12		1
Off-premise sales	31	9	1	1
On-premise age limits	37	4	1	
Off-premise age limits	37	4	1	
Broadcast advertising	38	4	1	
Print media advertising	38	1	1	
Billboard advertising	36	3		1
Internet advertising	31	1	1	
Sponsorships	32	2	1	1
Product placement	31	1	1	
Taxation	39	2		
Drink-driving	39	4		
Treatment	30	10		1
<i>Implementation</i>				
Production	32	7	2	1
Imports	34	5		1
Exports	35	4		1
On-premise sales	19	14	1	6
Off-premise sales	20	14	1	5

On-premise age limits	23	11	2	4
Off-premise age limits	25	11	2	2
Broadcast advertising	33	7	1	
Print media advertising	29	5	2	1
Billboard advertising	23	8	2	3
Internet advertising	26	3	1	
Sponsorships	26	5	2	1
Product placement	26	3	2	
Taxation	33	4		1
Drink-driving	24	10	2	3
Treatment	20	17	2	2

Price and tax

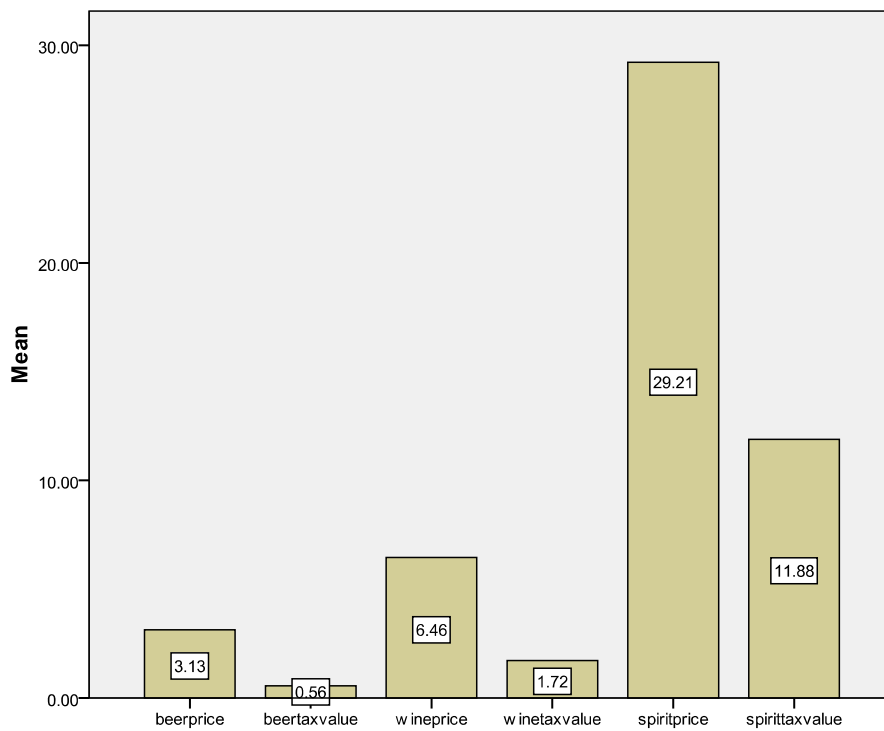
Of the 39 countries that responded to questions regarding excise tax, 37 (95%) confirmed an excise tax on beer, 30 (77%) on wine and 39 (100%) on spirits. Thirty-eight out of 41 (93%) countries had a value added tax on alcoholic products. Twenty-eight countries out of 44 (64%) stated that they had duty-paid excise tax stamps.

The numbers of countries (out of 45) that were able to provide data on price, tax value and both price and tax value for the three beverage categories are listed in Table 4.4. Based on the available data, the mean (standard error of the mean) price per litre of premium brand beer, tax per litre of premium brand beer and thus tax as a proportion of the retail price for premium brand beer were €2.64 (0.35), €0.69 (0.29) and 16% (3%). The respective figures for wine were €5.67 (0.79), €1.76 (0.61) and 18% (4%), and for the leading international brand of spirits were €24.69 (2.60), €10.71 (1.90) and 40% (4.2%). Figure 4.3 displays the mean price of one litre of consumed beer, wine and spirits and mean value of tax of beer, wine and spirits for those countries that provided data for both price and tax value.

Table 4.4. Price, tax and both price and tax for the three beverage categories

Beer			Wine			Spirits		
Price	Tax	Price and tax	Price	Tax	Price and tax	Price	Tax	Price and tax
32	27	23	33	29	25	31	25	21

Figure 4.3. Mean price and tax for one litre of consumed beer, wine and spirits



Relative to the consumer price index, beer prices at the time of the survey had increased over the past five years in 19 of the 42 countries providing data (45%), had decreased in 12 countries (29%) and remained stable in 11 countries (26%) (Figure 4.4). The respective figures for wine (Figure 4.5) were 17 (40%), 15 (36%) and 10 (24%), and for spirits (Figure 4.6) were 17 (41%), 14 (33%) and 11 (26%).

Figure 4.4. Trends in the price of beer relative to the consumer price index, past five years

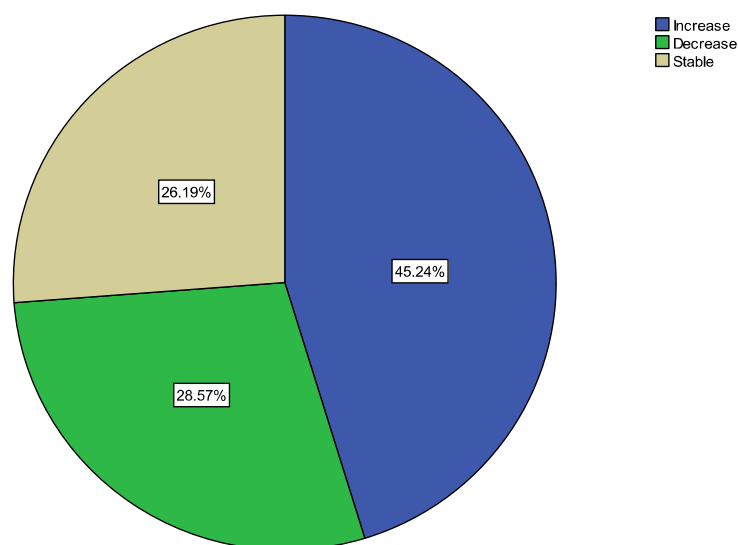


Figure 4.5. Trends in the price of wine relative to the consumer price index, past five years

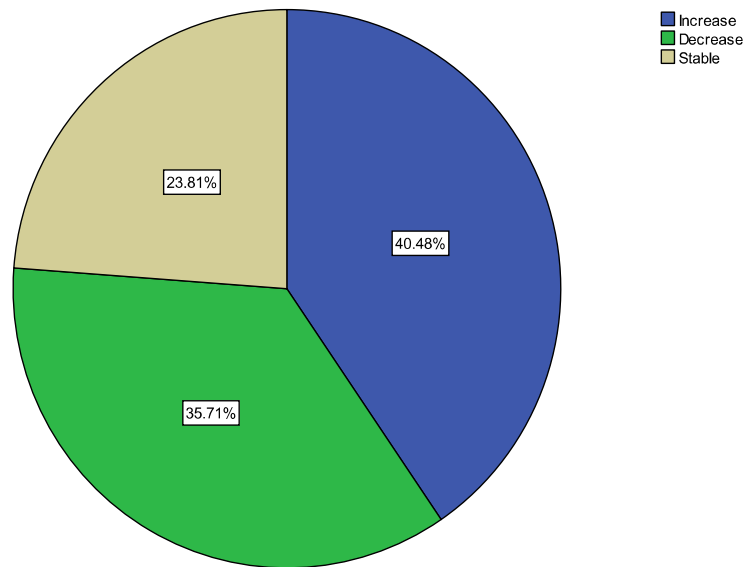
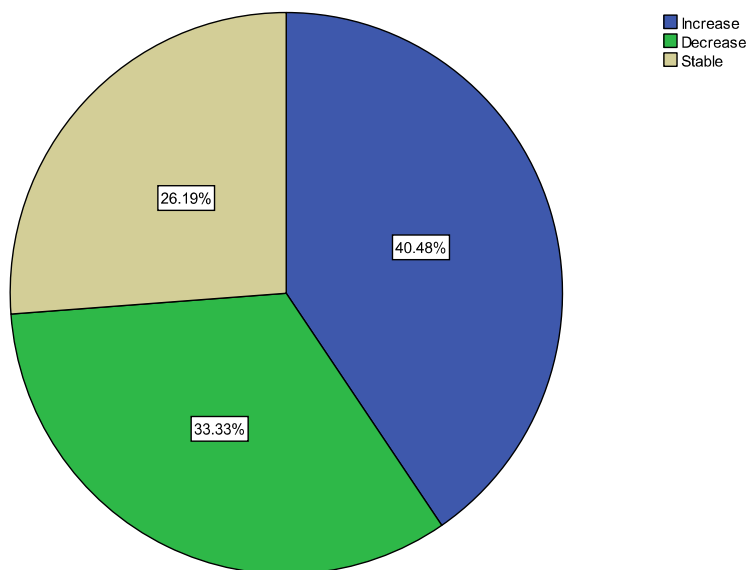


Figure 4.6. Trends in the price of spirits relative to the consumer price index over past five years



Awareness raising

Out of 45 countries, 39 (87%) had had some form of national awareness activities during the previous three years.

Table 4.5. Awareness activity during previous three years, by topic

Activity	Number of countries
Young people's drinking	35
Drink-driving	37
Indigenous people	1
Alcohol's impact on health	29
Social harms	23
Illegal/surrogate alcohol	6
Alcohol and pregnancy	20
Alcohol at work	15

Drink-driving

Eight European Region countries responded to the question on drink-driving regulations by indicating that a maximum blood alcohol level of zero was mandated for drivers. In 9 countries, the limit was between 0.2 g/l and 0.4 g/l, 25 countries had a limit of 0.5 g/l, while 3 countries had a level of 0.8 g/l (Figure 4.7). Nine of the 25 countries with a maximum blood alcohol level of 0.5g/l for the general population had a lower level for novice drivers (4 countries set this level at 0g/l, and 5 between 0.1g/l and 0.4g/l) (Figure 4.8). Nine of the 25 countries with a level of 0.5g/l for the general population had a lower level for commercial drivers (6 countries set this level at 0g/l, and 3 between 0.1g/l and 0.4g/l) (Figure 4.9).

Figure 4.7. Maximum legal blood alcohol concentration for the general population, by number of countries

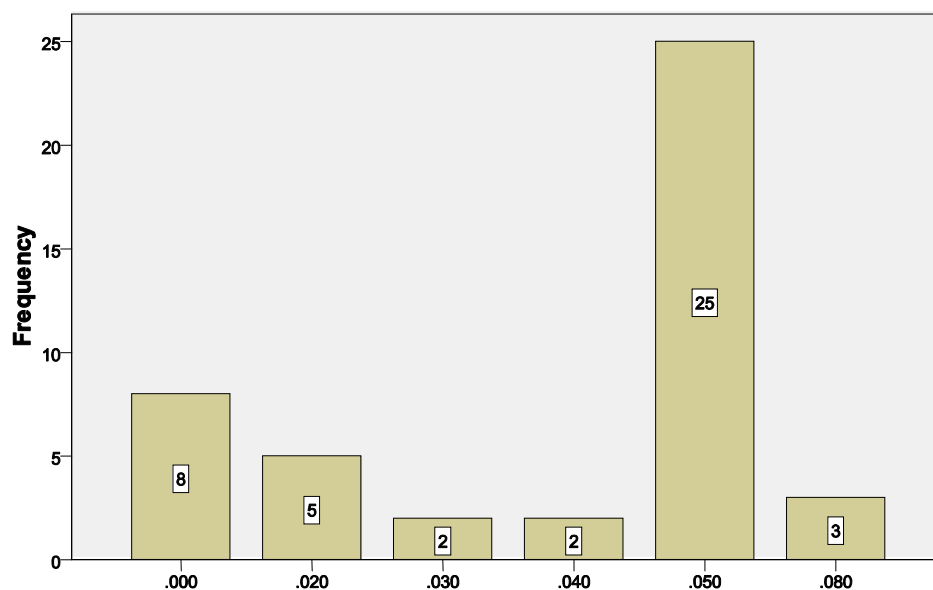


Figure 4.8. Maximum legal blood alcohol concentration for novice drivers, by number of countries

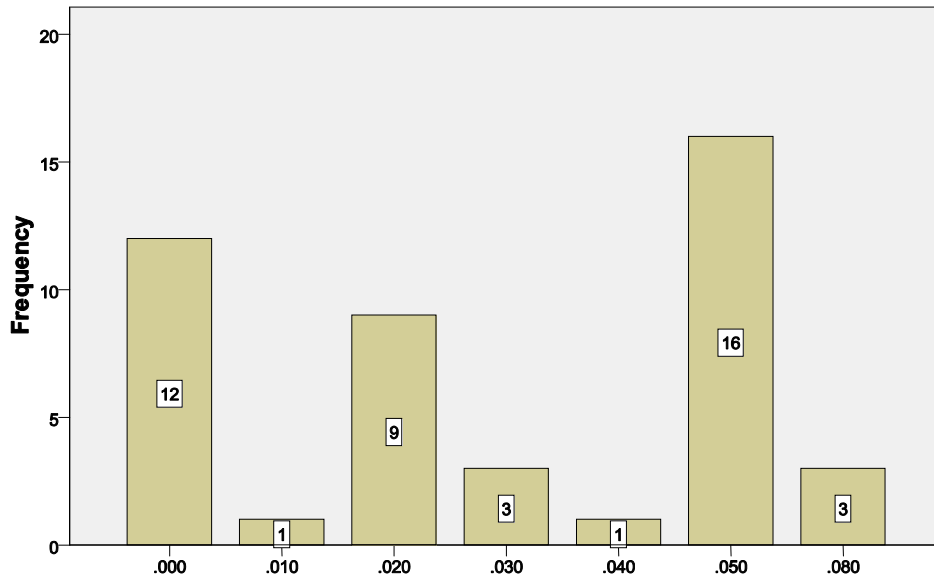
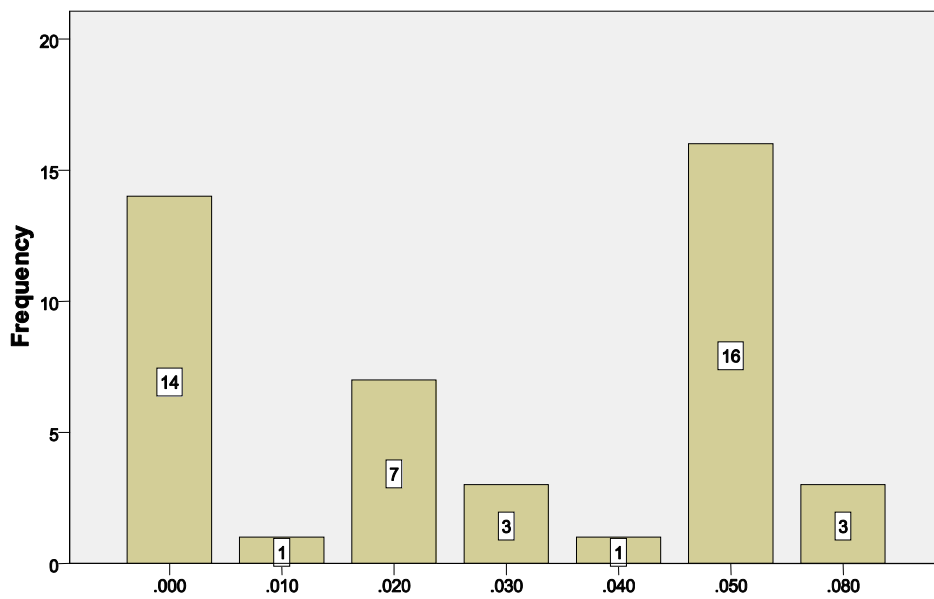


Figure 4.9. Maximum legal blood alcohol concentration for commercial drivers, by number of countries



Twenty-seven countries conducted random breath testing, with the other countries having selective breath testing or breath testing in the event of an accident. Responses

to law infringement included fines in 35 countries, licence suspension in 32 and imprisonment in 25. Twenty out of 43 countries (46%) had mandatory driver education. The estimated mean (standard error of the mean) level of enforcement for drink–driving on a scale of 0 (not enforced) to 10 (fully enforced) was 7.1 (0.4). The mean value did not differ among the 15 countries that based the enforcement on statistical information (mean = 7.8) and the 22 countries that based it on expert opinion (mean = 6.9).

Advertising

Three WHO European Region countries surveyed had no legally binding regulations of any kind for alcohol advertising while 14 countries had no legally binding regulations for product placement. The numbers of countries with specific regulations for advertising and product placement with respect to beer, wine and spirits are summarized in Tables 4.6, 4.7 and 4.8, respectively.

The mean (standard error of the mean) level of enforcement for advertising restrictions on a scale of 0 (not enforced) to 10 (fully enforced) was analysed as 6.4 (0.4) and for product placement, 5.7 (0.6). Only three countries based their response on statistics with respect to advertising restrictions, and two relied on statistics for product placement.

Table 4.6. Countries with restrictions on advertising/product placement for beer

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Advertising:				
Public service/national TV	10	23	2	9
Commercial/private TV	7	25	2	10
National radio	8	24	3	9
Local radio	7	25	3	9
Print newspapers/magazines	5	19	6	11
Billboards	6	15	5	14
Points of sale	3	14	5	18
Cinema	6	14	5	13
Internet	5	11	4	18
Product placement:				
Public service/national TV	10	12	2	16
Commercial/private TV	7	11	3	18

Table 4.7. Countries with restrictions on advertising/product placement for wine

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Advertising:				
Public service/national TV	12	23	1	8
Commercial/private TV	9	26	1	8
National radio	10	24	2	8
Local radio	9	24	2	9
Printed newspapers/magazines	7	18	5	11
Billboards	8	15	4	13
Points of sale	3	14	4	19
Cinema	8	12	4	14
Internet	6	10	3	19
Product placement:				
Public service/national TV	10	12	1	17
Commercial/private TV	7	12	2	18

Table 4.8. Countries with restrictions on advertising/product placement for spirits

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Advertising:				
Public service/national TV	19	20	1	4
Commercial/private TV	17	20	1	6
National radio	17	21	2	4
Local radio	16	21	2	5
Printed newspapers/magazines	12	16	5	8
Billboards	13	12	4	11
Points of sale	5	12	5	18
Cinema	13	9	4	12
Internet	9	8	4	17
Product placement:				
Public service/national TV	13	12	2	13
Commercial/private TV	10	12	3	14

Industry sponsorship

Twenty two countries (48%) had no regulations on industry sponsorship and 23 countries (50%) had no regulations on sales promotion. The regulations are summarized in Tables 4.9, 4.10 and 4.11 for beer, wine and spirits.

Table 4.9. Restrictions on sponsorship and sales promotions for beer

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Industry sponsorship of sporting events	5	14	3	19
Industry sponsorship of youth events	8	11	5	18
Sales promotions by producers	5	14	5	18
Sales promotions by retailers (including supermarkets) in the form of sales below cost	6	10	1	25
Sales promotions by bars in the form of serving alcohol for free (complying with existing sales restrictions)	5	12	2	23

Table 4.10. Restrictions on sponsorship and sales promotions for wine

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Industry sponsorship of sporting events	6	13	3	19
Industry sponsorship of youth events	7	12	4	19
Sales promotions by producers	6	13	4	19
Sales promotions by retailers (including supermarkets) in the form of sales below cost	6	10	1	25
Sales promotions by bars in the form of serving alcohol for free (complying with existing sales restrictions)	5	12	2	23

Table 4.11. Restrictions on sponsorship and sales promotions for spirits

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Industry sponsorship of sporting events	11	10	3	17
Industry sponsorship of youth events	9	11	4	18
Sales promotions by producers	7	13	4	18
Sales promotions by retailers (including supermarkets) in the form of sales below cost	7	10	1	24
Sales promotions by bars in the form of serving alcohol for free (complying with existing sales restrictions)	6	12	2	22

The mean (standard error of the mean) level of enforcement on a scale of 0 (not enforced) to 10 (fully enforced) was estimated by responding countries as being 5.4 (0.5) for industry sponsorship and 5.5 (0.7) for product placement. In only two countries were these estimates based on statistical information.

Warning labels

Twelve out of 44 countries (26%) completing the Alcohol and Health survey stated that they required health warning labels on alcohol advertisements at the national or subnational level, of which 9 were determined by the Ministry of health. A further 4 countries had a voluntary agreement for warning labels. Ten out of 44 countries (22%) required health warning labels on alcohol advertisements at the national or subnational level, of which 4 were determined by the Ministry of Health.

Availability restrictions

In one country surveyed there was a monopoly of beer production, and two had monopolies of wine and spirits production. One country had a monopoly of off-premise sales of all beers and three countries had monopolies of off-premise sales of higher strength beers. Five countries had a monopoly of off-premise sales of wines and spirits. Twenty-eight of 46 countries (61%) required a licence for beer and wine production, and 32 (70%) for production of spirits. Twenty-eight (61%) required a licence for the on-premise sale of beer and wine and 31 (67%) for spirits. Twenty-eight also required a licence for the off-premise sale of beer and wine and 32 (70%) for spirits.

Three countries surveyed stated that they had no age limit for the on-premise sales of beer, wine and spirits. Two-thirds of countries had a minimum age limit of 18 years and one-fifth had a minimum age limit of 16 years for on-premise sales of beer and wine. Three-quarters of countries specified a minimum age requirement of 18 years for purchase of spirits, while one-tenth had a minimum age of 16 years. Five countries had no age limit for the off-premise purchase of beer and wine and four had no limit for spirits. Two-thirds of countries had a minimum age restriction of 18 years and one-sixth had a minimum age of 16 years for the off-premise purchase of beer and wine. Three-quarters of countries had a minimum age requirement of 18 years and one-tenth had a minimum of 16 years for spirits. These age limits are summarized in Figures 4.10–4.15.

Figure 4.10. Minimum age limits for on-premise purchase of beer

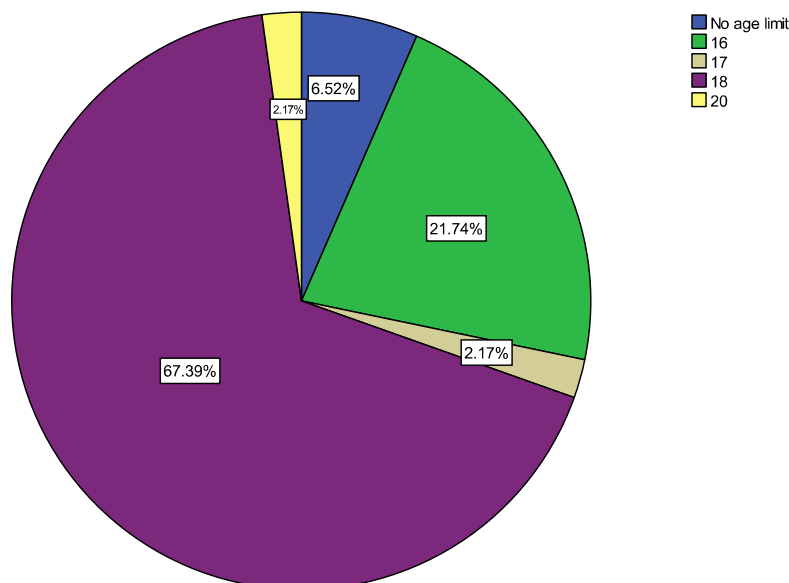


Figure 4.11. Minimum age limits for off-premise purchase of beer

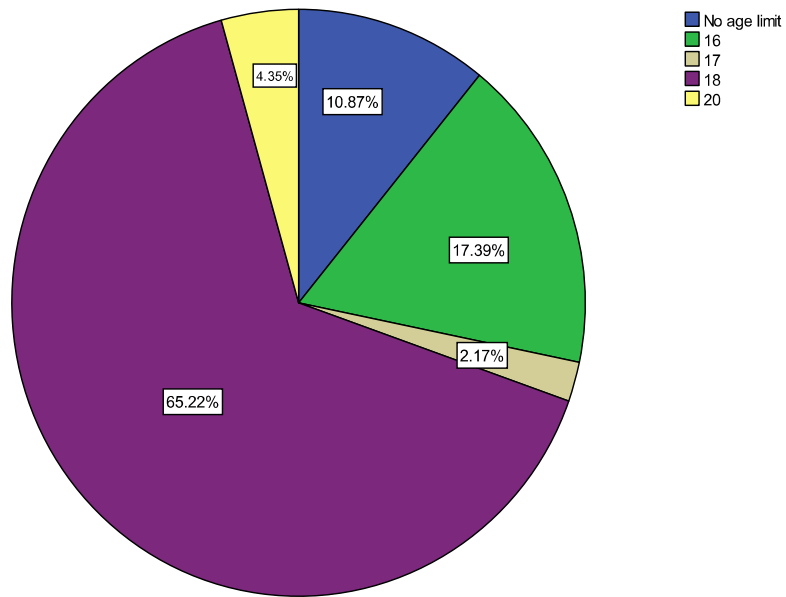


Figure 4.12. Minimum age limits for on-premise purchase of wine

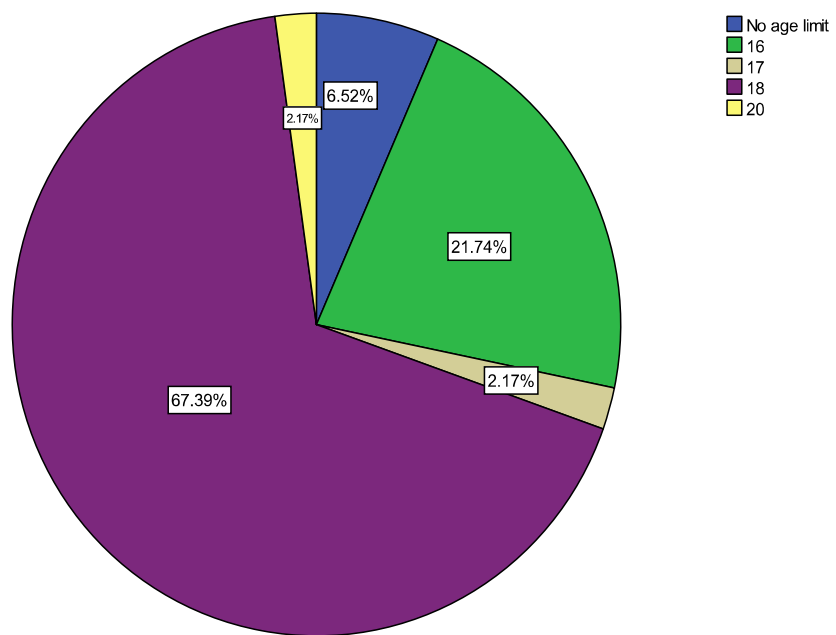


Figure 4.13. Minimum age limits for off-premise purchase of wine

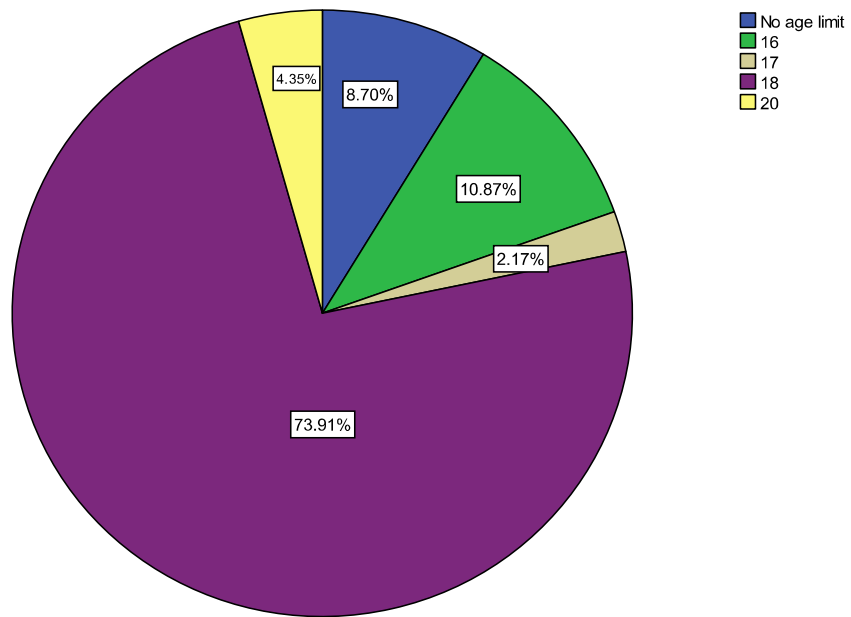


Figure 4.14. Minimum age limits for on-premise purchase of spirits

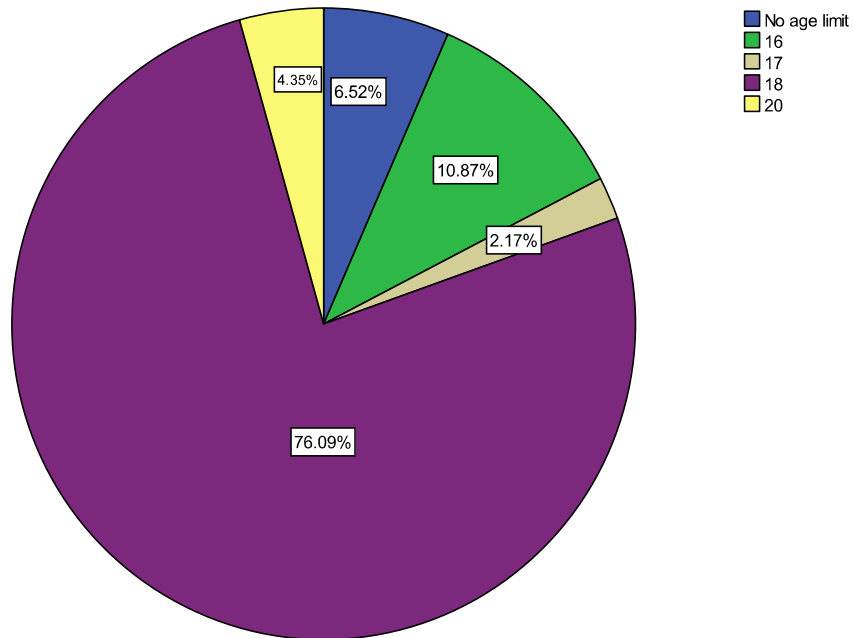
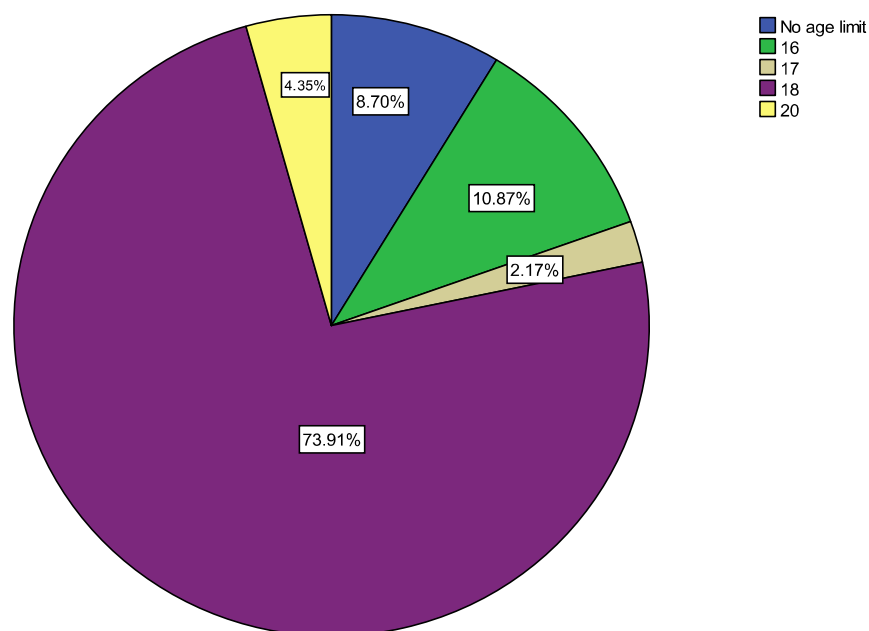


Figure 4.15. Minimum age limits for off-premise purchase of spirits



Restrictions on consumption in public venues

Countries varied in their restrictions on alcohol consumption in public venues (Table 4.12). For example, 22 countries (48%) had a total restriction on drinking alcohol in health care establishments and 14 countries (30%) banned drinking in all workplaces.

Table 4.12. Countries with restrictions on alcohol consumption in specified public venues

	Total ban	Partial statutory restriction	Voluntary agreement/self-regulation	No restriction
Health care establishments	22	6	10	6
Educational buildings	26	7	8	3
Government offices	16	6	13	7
Public transport	17	12	6	8
Parks, streets	9	19	9	15
Sporting events	11	14	8	8
Leisure events	3	12	9	16
Workplaces	14	7	16	5
Places of worship	9	4	16	10

Sales restrictions

Of the 42 responding countries, about 40% restricted on- and off-premise hours of alcoholic beverage sales, but fewer than 1 in 6 restricted the days of sale (Table 13).

Although some two-thirds of countries restricted the location of on- and off-premise sales, fewer than 1 in 8 restricted the density of outlets.

Table 4.13. Countries with restrictions on on- and off-premise alcohol sales

	Beer	Wine	Spirits
On premises			
Hours restricted	16	18	18
Days restricted	6	7	7
Places restricted	25	27	29
Density restricted	4	6	6
Specific event sales restricted	23	26	26
Sales restricted to intoxicated persons	23	24	22
Off premises			
Hours restricted	14	15	15
Days restricted	8	9	9
Places restricted	23	25	27
Density restricted	4	4	6
Specific event sales restricted	22	22	23
Petrol stations restricted	12	12	14

The mean (standard error of the mean) level of enforcement on a scale of 0 (not enforced) to 10 (fully enforced) was estimated at 5.1 (0.4) for on-premise sales and 5.3 (0.5) for off-premise sales. This level of enforcement was based on statistical information for on-premise sales in only three countries and for off-premise sales this figure was two.

Monitoring and evaluation

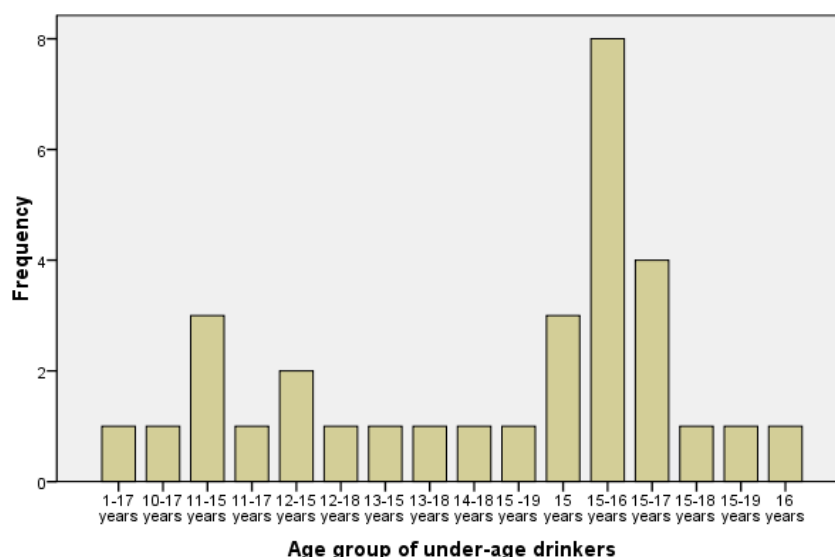
Only 24 countries (52%) were able to provide the recorded adult (15 and older) per capita consumption of alcohol at the national level for the last five years. Fifteen countries (33%) could provide unrecorded consumption data, which included statistics for legal home brew in 8 countries, illegal home brew in 10 countries, smuggled alcohol in 11 countries and border trade in 10 countries. Three countries had consumption data for tourists.

Survey data

Thirty-one countries (two-thirds of those surveyed) had data from national surveys on alcohol consumers in the general population dating from the last five years, although

in 10 of the 31 countries this was more than 2 years out of date. Twenty five countries (54%) could provide data on the proportion of abstainers, although information for the two years prior to the survey was only available in nine countries. Thirty-one countries (67%) could provide data on underage drinking, although there was limited agreement on the definition of “underage” (Figure 4.16). Nevertheless, 19 countries (41%) had survey data for young adults, defined in 14 countries as those between 18 and 25 years old.

Figure 4.16. Age groups used in surveys of underage drinkers, in years



Health indicators

Forty countries (87%) had data for one or more health indicator available.

Table 4.14. Countries with data for specified health indicators

Health indicator	Number of countries
Alcohol related liver cirrhosis	31
Alcohol-related traffic injury	30
Ethanol poisoning	27
Methanol poisoning	18
Alcohol use disorders	31
All Liver cirrhosis	34
Road traffic injury	37
Alcohol-related crime	20

Monitoring reports

Twenty-seven countries (59%) stated that they produced regular monitoring reports on a wide range of non-standardized indicators. Fifteen of the 27 stated that they monitored consumption patterns, 6 monitor motor vehicle accidents, 6 monitor alcohol-related deaths, 5 monitor treatment data and 5 monitor crime data.

5. Conclusion

Alcohol intake in the WHO European Region is the highest in the world. Harmful use of alcohol is related to premature death and avoidable disease and is a major avoidable risk factor for neuropsychiatric disorders, cardiovascular diseases, cirrhosis of the liver and cancer. It is associated with several infectious diseases, such as HIV infection, AIDS and tuberculosis, and contributes significantly to unintentional and intentional injuries, including those due to interpersonal violence, road traffic accidents and suicide. Furthermore, excessive alcohol use during pregnancy can lead to severe developmental harm to the newborn.

Successful implementation of alcohol policies is a critical means by which alcohol consumption and its consequent harm can be reduced. There is convincing evidence that alcohol-related harm can be decreased through taxes, government monopolies of retail sales, restrictions on outlet density and days and hours of sale, a minimum purchasing age, lowered legal blood alcohol concentration levels for driving and random breath-testing for drivers. Interventions such as brief counselling programmes and treatment for alcohol use disorders have also been proven effective. Making these available and accessible requires political will and the national, subnational and municipal infrastructure to facilitate policy formation and implementation.

Current status and trends in the European Region

There are significant variations among countries and sub-regions of the European Region in the status and trends in alcohol consumption, alcohol-related harm and governmental responses, policies and interventions. Country profiles and regional trends in alcohol and health were developed according to indicators established within the framework of the *Global Survey on Alcohol and Health*. This tool was implemented throughout the European Region by the WHO Department of Mental Health and Substance Abuse (Management of Substance Abuse team) in collaboration with the WHO Regional Office for Europe and the European Commission.

Alcohol consumption has fluctuated substantially in the WHO European Region, having decreased, increased and then stabilized in the period 1990–2006. Throughout this period, Eur-A countries recorded the highest overall adult alcohol consumption as well as the highest consumption of beer and wine. Contextual factors such as religious affiliation, gender roles and cultural norms play an important role in the decision of individuals to consume or abstain from alcohol. There are wide variations among countries as to both per capita quantities consumed and weekly rates of heavy episodic drinking, with respective 6- and 21-fold differences in range recorded for men.

Increased monitoring of indicators is necessary to appreciate the full scope of harm associated with alcohol. This is especially true of morbidity due to neuropsychiatric disorders as well as the social costs of alcohol, including interpersonal violence.

A large portion of mortality due to liver cirrhosis is alcohol-related. Mortality rates from alcohol-related liver disease are highest among Eur-C countries, with Eur-A and Eur-B countries lower and in a similar range for both men and women.

This constellation holds for the non-specific indicators of fatalities due to road traffic accidents, poisoning and violence. Sixty per cent of the WHO European Region Member States reported having a national alcohol policy, while 29% had neither a national nor subnational policy. A majority of countries formulated policy at the national level, yet some delegated implementation to a mixture of national, subnational and municipal jurisdictions. Ninety per cent of the countries with national policies classified them as multisectoral and two-thirds had made revisions since 2005.

Countries were able to provide valuable information regarding specific policy options and interventions. The policy areas include: price and tax, awareness activities, drink-driving, advertising and industry sponsorship, warning labels, alcohol availability (government monopolies, licensing, minimum age for purchase, restrictions of consumption in public and sales restrictions) and monitoring and evaluation. Countries that undertake such activities are better placed to prevent and respond appropriately to alcohol consumption and related harm.

WHO instruments

In recognition of the severe health, social and economic repercussions of high-volume alcohol consumption and the need for responsible drinking, alcohol is currently prioritized by WHO at the global and regional levels. In 2008, the 61st World Health Assembly adopted the “Strategies to reduce the harmful use of alcohol”, a resolution calling for drafting a global strategy to reduce the harmful consumption of alcohol. In May 2010 the World Health Assembly endorsed the Global strategy to reduce the harmful use of alcohol in the WHA resolution 63.13. The global strategy was developed in an inclusive, collaborative process with regional offices, Member States and key stakeholders, and conforms to evidence-based best practice and effectiveness and cost-effectiveness research. The global strategy has five objectives, necessitating a concerted, multisectoral, interfaced approach. The objectives are:

- a. raised global awareness of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol, and increased commitment by governments to act to address it;
- b. a strengthened knowledge base on the magnitude and determinants of alcohol-related harm and effective interventions to reduce and prevent it;
- c. increased technical support and enhanced capacity for Member States in preventing the harmful use of alcohol and managing alcohol-use disorders and associated health conditions;
- d. strengthened partnerships and better coordination among stakeholders and increased mobilization of resources required for appropriate and concerted action to prevent the harmful use of alcohol; and
- e. improved systems for monitoring and surveillance at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation.

Global, regional and national commitments and actions are, therefore, required to address alcohol consumption and harm and the wider social determinants of health. In this way, the problem is viewed as a wider societal issue, making it appropriate to consider interpersonal as well as intrapersonal harm from alcohol consumption.

At the national level, Member States have been presented with 10 recommended target areas for policy options and interventions relating to alcohol:

Area 1. Leadership, awareness and commitment

Area 2. Health services' response

Area 3. Community action

Area 4. Drink–driving policies and countermeasures

Area 5. Availability of alcohol

Area 6. Marketing of alcoholic beverages

Area 7. Pricing policies

Area 8. Reducing the negative consequences of drinking and alcohol intoxication

Area 9. Reducing the public health impact of illicit and informally produced alcohol

Area 10. Monitoring and surveillance

The global strategy proposes the use of the *Global Survey on Alcohol and Health* as a part of the reporting and monitoring mechanism. The indicators in the survey and the resultant country profiles and regional trends it presents provide insight into the progress of WHO European Region Member States in minimizing harm due to alcohol. The report provides an opportunity for countries to reflect upon areas in which they are progressing well and those requiring additional attention.

WHO, in cooperation with other organizations in the United Nations system and other international partners will, in accordance with the global strategy and its mandate:

- a. provide leadership;
- b. strengthen advocacy;
- c. formulate evidence-based policy options in collaboration with Member States;
- d. promote networking and exchange of experience among countries;
- e. strengthen partnerships and resource mobilization; and
- f. coordinate monitoring of alcohol-related harm and countries' progress in addressing it.

The global strategy specifies the leadership and coordination role of the WHO Secretariat, the regional offices and other international partners, specifically in public health advocacy and partnership, technical support and capacity building, production and dissemination of knowledge and resource mobilization.

The Alcohol and Drug Programme of the WHO Regional Office for Europe develops international policy on alcohol and health in the Region. The Regional Office works closely with the WHO Secretariat in producing instruments, directing research agenda and promoting information dissemination to improve public health responses to

alcohol-related harm. The *Stockholm Declaration on Young People and Alcohol*, for example, continues to be the leading policy statement of the WHO European Region on this topic. It contains specific targets, policy measures and support activities to protect children and young people from pressure to drink and to reduce the direct and indirect harm done to them by alcohol.

The Regional Office Alcohol and Drug Programme also assists WHO Member States in developing policy and interventions according to the “Framework for alcohol policy in the WHO European Region” (2006), which replaced the second European Alcohol Action Plan, and provides a range of policy options enabling implementation adapted to national contexts. Indeed, the current global strategy of the World Health Assembly builds upon such initiatives.

The WHO Regional Office for Europe further supports policy and interventions in Member States through technical support, capacity building and close partnership among national alcohol counterparts. In this manner the Regional Office promotes active and practical strategies to strengthen health promotion, disease prevention, disease management research, and monitoring and evaluation. The focus of these activities is on alcohol as it relates to public health, especially harm minimization.

Increasingly evidence on the effectiveness of alcohol policies and interventions is available, including the WHO Regional Office’s 2009 *Handbook for action to reduce alcohol-related harm* and *Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm* and two 2010 publications, *Best practice in estimating the costs of alcohol; Recommendations for future studies* and *The European Commission’s Communication on alcohol, and the WHO framework for alcohol policy; Analysis to guide development of national alcohol action plans*. Information production and dissemination on effective policies and interventions, coupled with accessible monitoring and evaluation of them provide the means for continued improvement.

This status report documents the findings of the Alcohol and Health survey for the WHO European Region. It serves as a timely indication of the work, to date, of countries in addressing alcohol consumption and alcohol-related ill health. By monitoring the health situation and trends with regard to alcohol, countries are better able to assess areas requiring further attention in order to reduce the harmful use of alcohol.

6. Country profiles

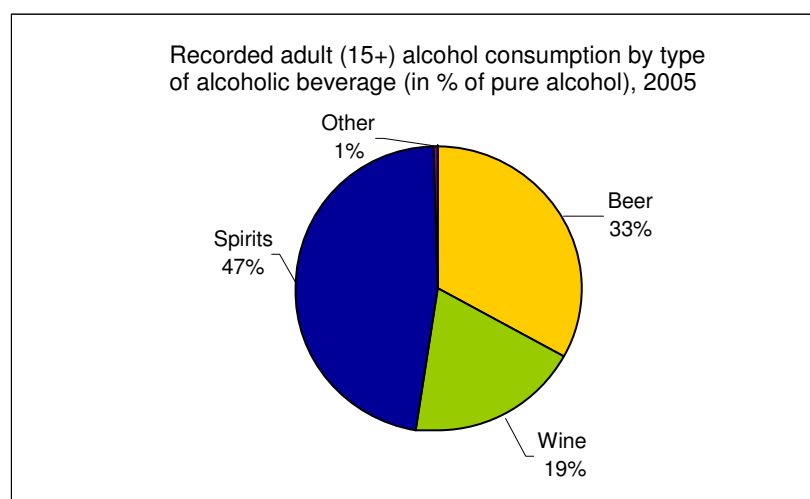
Albania

SOCIOECONOMIC CONTEXT

Total population	3,172,000	Annual population growth rate	0.2%
Population 15+ years	74%	Adult literacy rate	98.7%
Population in urban areas	46%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

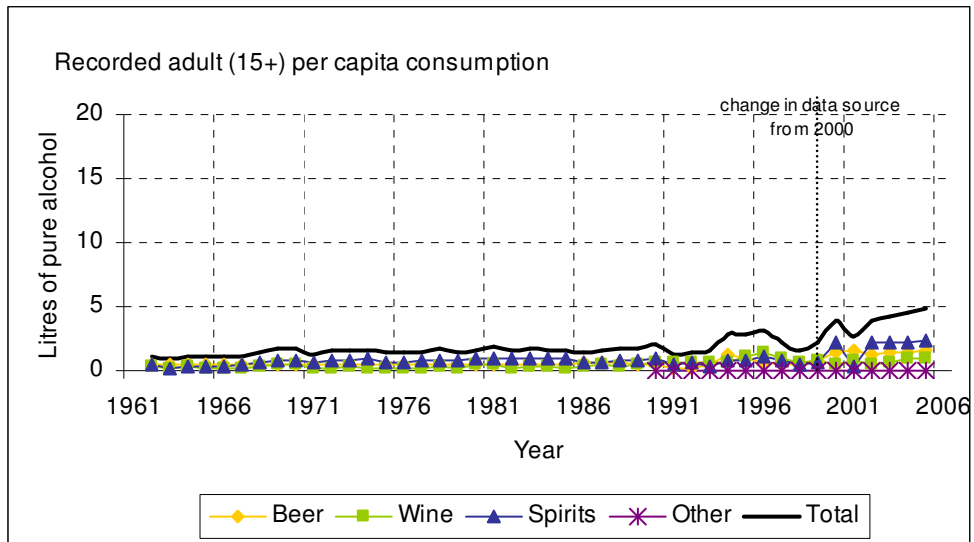
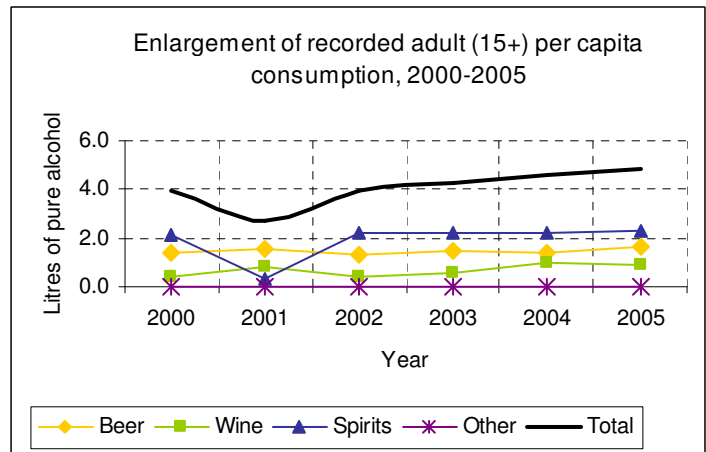


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Albania include rakia and anis. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

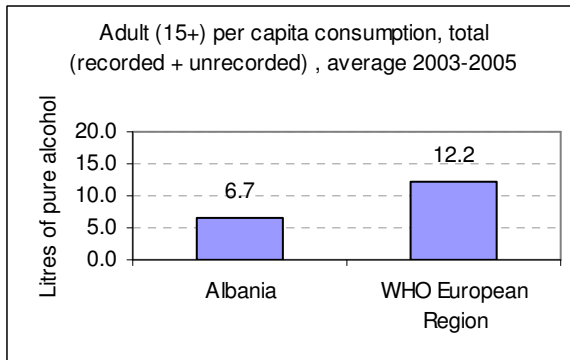
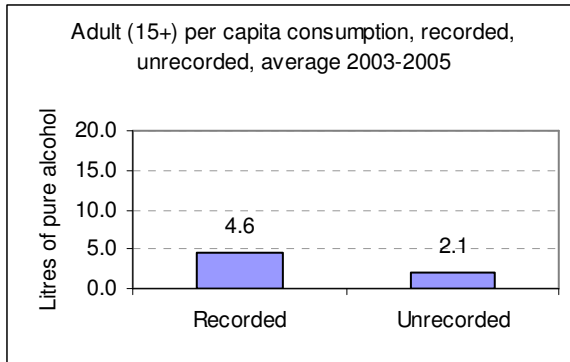
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

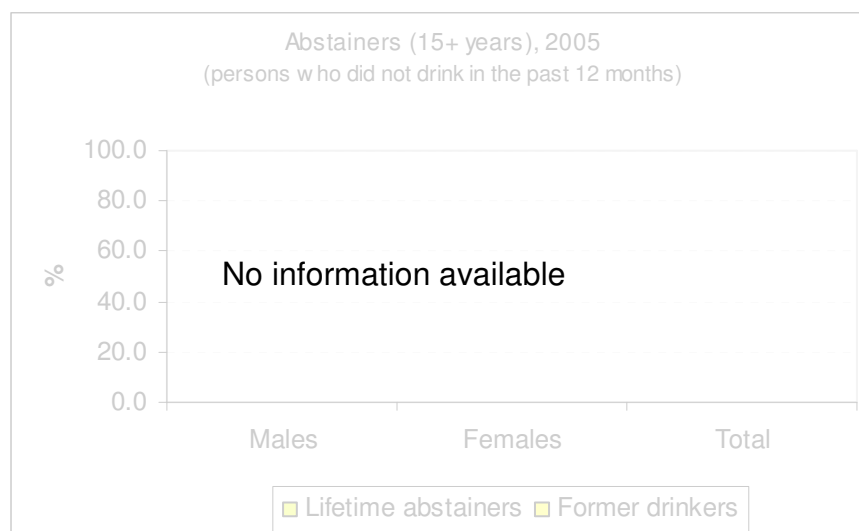
Increase
Stable
Decrease
Inconclusive



In Albania, adult per capita consumption of alcohol is mainly characterized by consumption of spirits and beer. Wine is also consumed, but to a lesser extent, while the consumption of other fermented beverages is close to zero. Recorded adult per capita consumption is around 4.6 litres of pure alcohol and according to recent trends, this has been increasing lately. Some unrecorded alcohol production is also seen in the country, adding around 2.1 litres to recorded consumption, giving a total adult per capita consumption of pure alcohol of around 6.7 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	4,762.2	777.4
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease												
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	NO
Road traffic injury	NO
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	No information available
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	NO
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	No information available

There is no written national policy on alcohol in Albania. There are no restrictions for on-/off-premise sales of alcoholic beverages such as hours/days restrictions on the sales of alcoholic beverages or sales restrictions for intoxicated persons. There are national and legally binding regulations on alcohol advertising, product placement, and sales promotion.

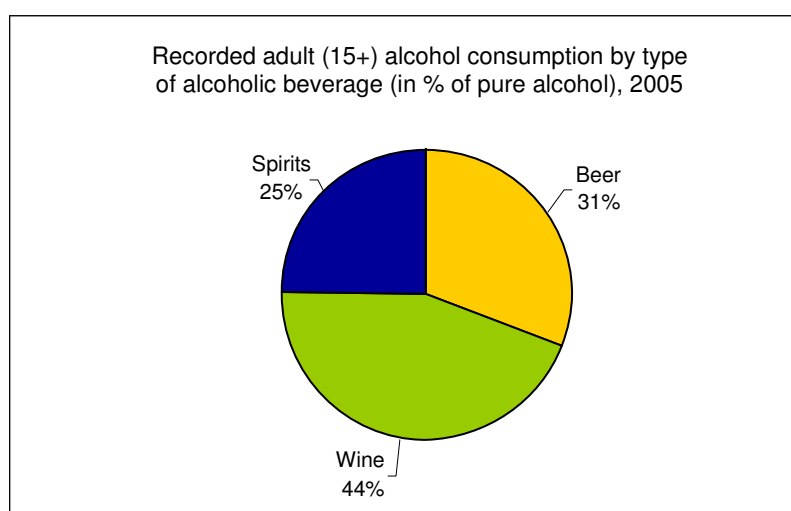
Andorra

SOCIOECONOMIC CONTEXT

Total population	74,000	Annual population growth rate	1.2%
Population 15+ years	86%	Adult literacy rate	- -
Population in urban areas	93%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

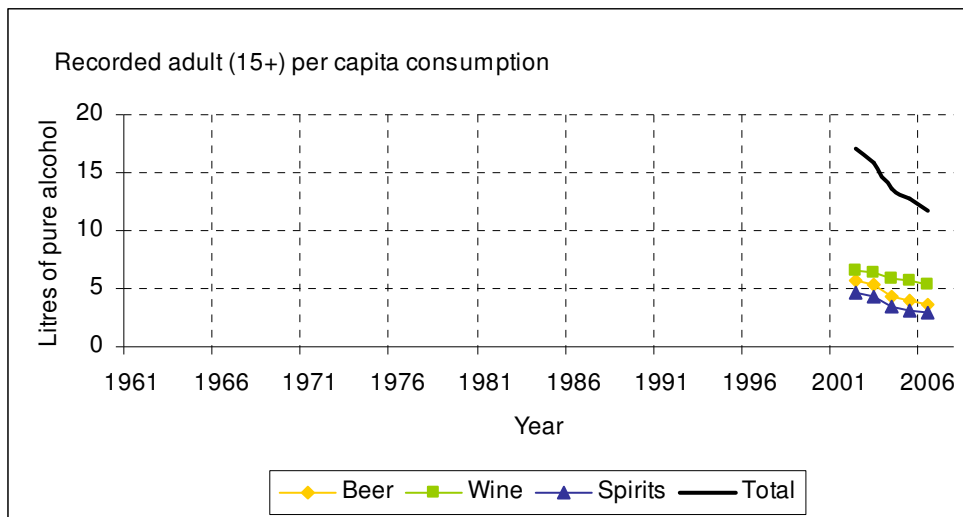
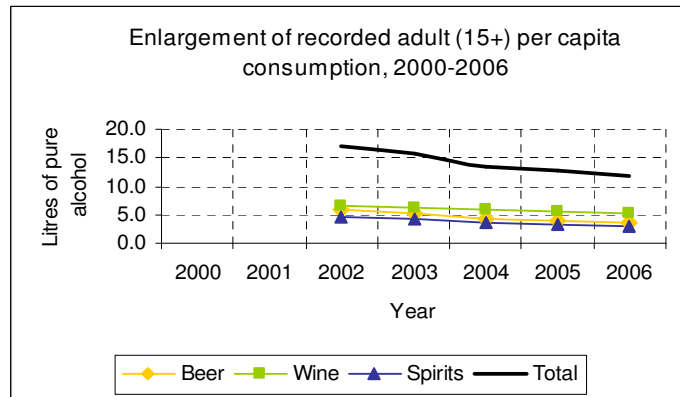


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Andorra. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

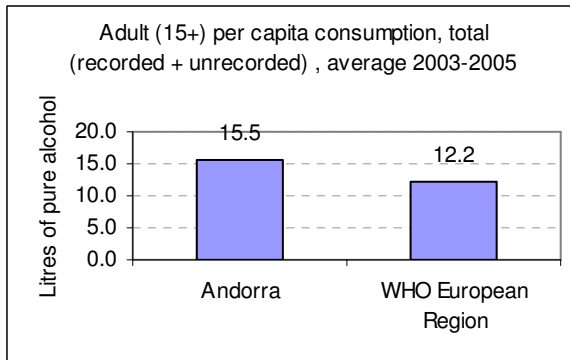
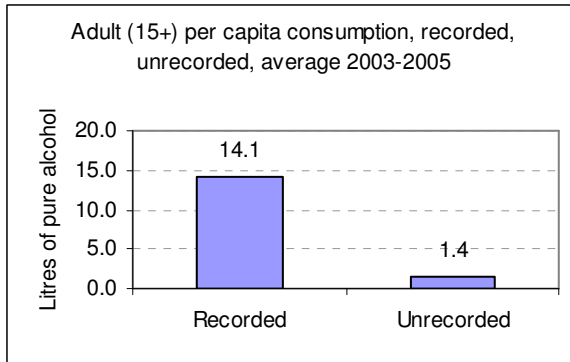
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

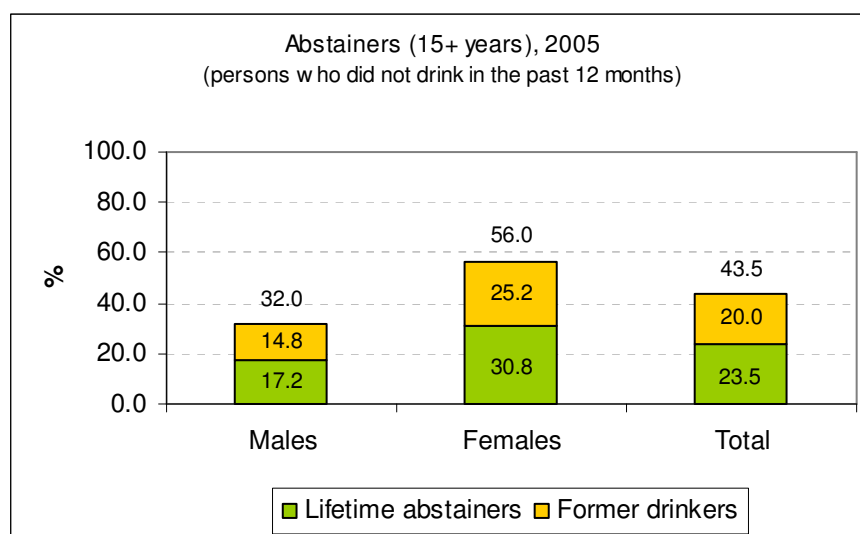
No information available



In Andorra, consumption of alcohol is mainly characterized by consumption of wine, but beer and spirits are also widely consumed. There is an estimated 14.1 litres per capita recorded consumption of pure alcohol. There is also some unrecorded consumption, estimated at around 1.4 litres, giving a total adult per capita consumption of pure alcohol of about 15.5 litres in Andorra.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	24.99
Adult (15+ years) per capita consumption*, males	27.71
Adult (15+ years) per capita consumption*, females	20.40
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	NO
Road traffic injury	YES
Alcohol-related recorded crime	NO

Another health indicator monitored is addictive conducts (mortality).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2004)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	NO
Excise tax on wine	NO
Excise tax on spirits	NO
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.02%
Legally binding regulations on alcohol advertising	NO
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Andorra which was adopted in 2004. Place restrictions on on-/off-premise sales of alcoholic beverages and restrictions on sales at specific events and to intoxicated persons are in place. There are no national and legally binding regulations such as on alcohol advertising or on alcohol sponsorship.

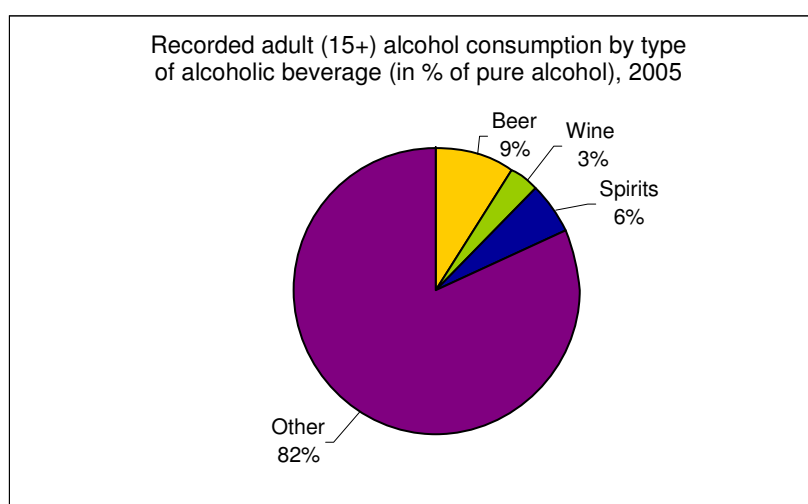
Armenia

SOCIOECONOMIC CONTEXT

Total population	3,010,000	Annual population growth rate	-0.5%
Population 15+ years	80%	Adult literacy rate	99.4%
Population in urban areas	64%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

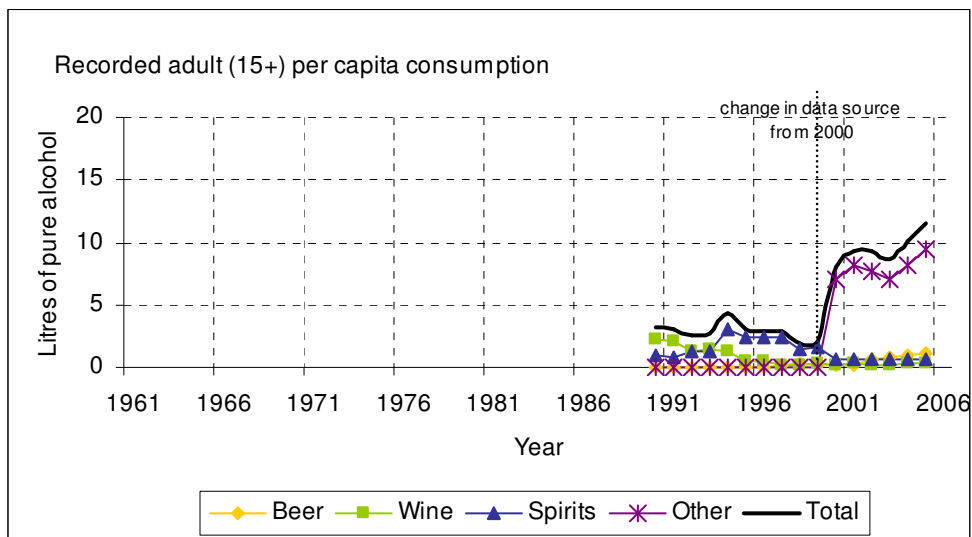
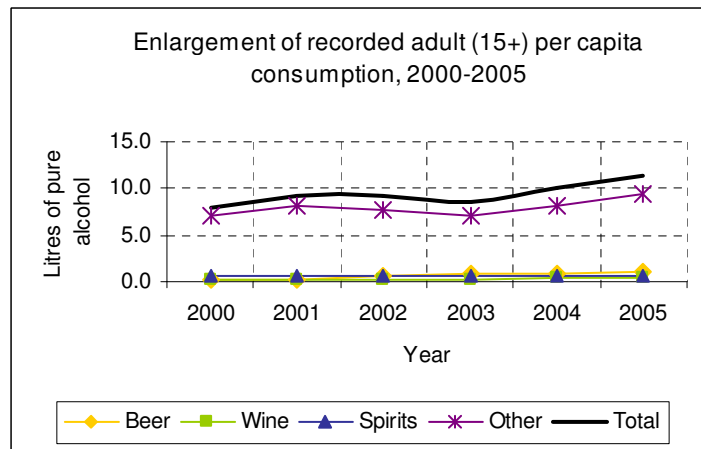


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Armenia include fruit eaux de vie. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

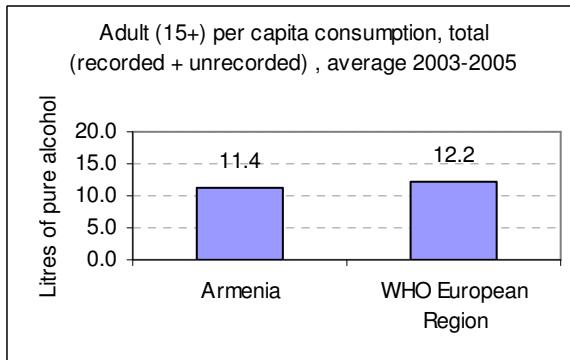
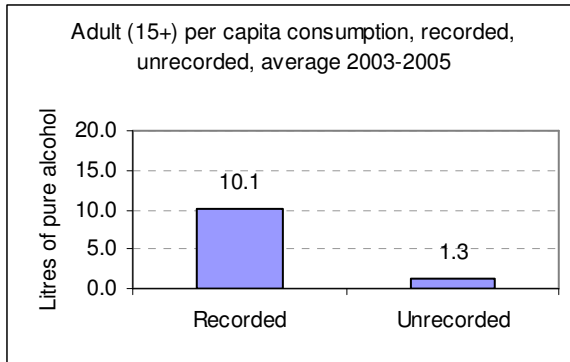
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

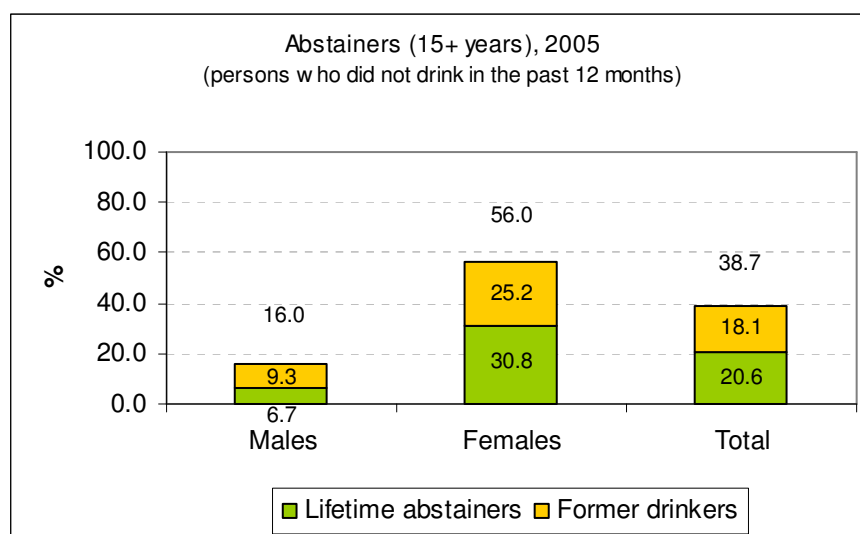
Increase
Stable
Decrease
Inconclusive



In Armenia, adult per capita consumption of alcohol is mainly characterized by consumption of "other" fermented alcoholic beverages, including fortified wine. Beer, spirits and wine are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 10.1 litres of pure alcohol and has increased in recent years according to recent figures. Some unrecorded alcohol consumption is also seen in the country, adding around 1.3 litres to recorded consumption, giving a total adult per capita consumption of pure alcohol of around 11.4 litres in Armenia.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	18.34
Adult (15+ years) per capita consumption*, males	24.42
Adult (15+ years) per capita consumption*, females	12.05
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	---	----------	---	---	---	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	2,775.8	412.9
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease												
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	NO
Road traffic injury	YES
Alcohol-related recorded crime	NO

Another health indicator monitored is first time diagnosis of alcohol use disorders (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	NO/NO/NO
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	NO/NO/NO
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.04% / 0.04% / 0.04%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Armenia. There are restrictions on the places alcohol may be sold and on on-/off-premise sales at specific events. There are national and legally binding regulations on alcohol advertising.

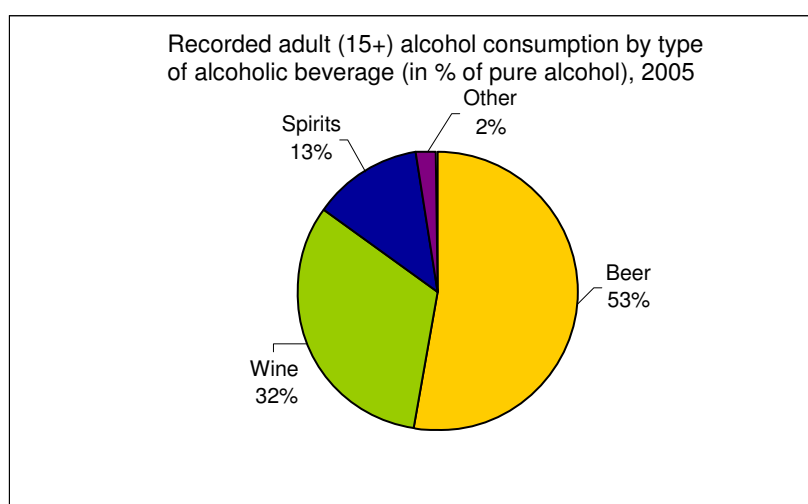
Austria

SOCIOECONOMIC CONTEXT

Total population	8,327,000	Annual population growth rate	0.3%
Population 15+ years	84%	Adult literacy rate	- -
Population in urban areas	66%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

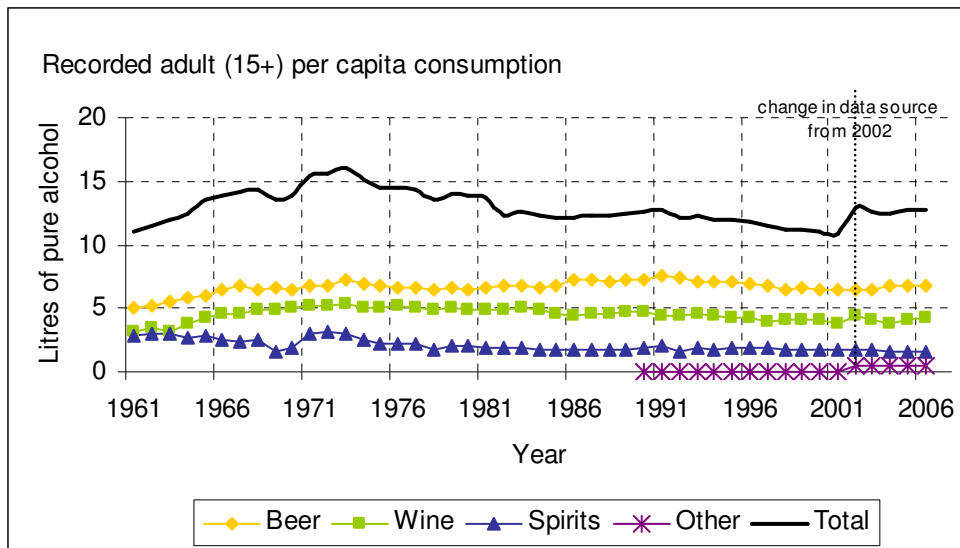
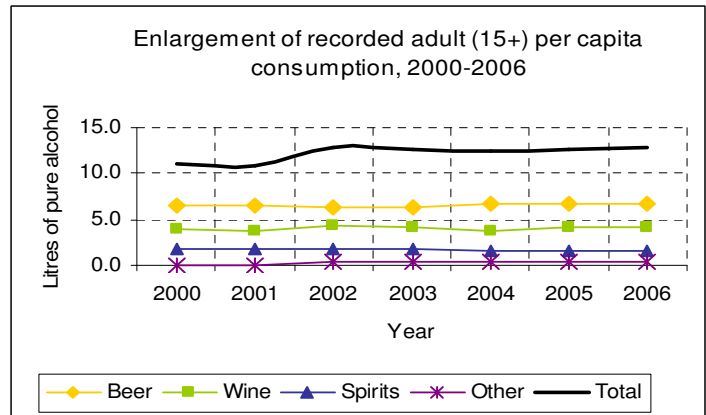


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Austria include cherry liquor and schnapps. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

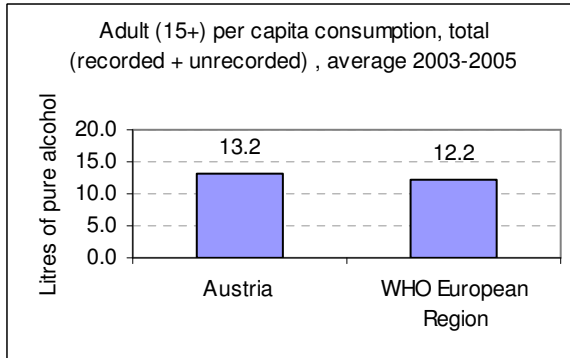
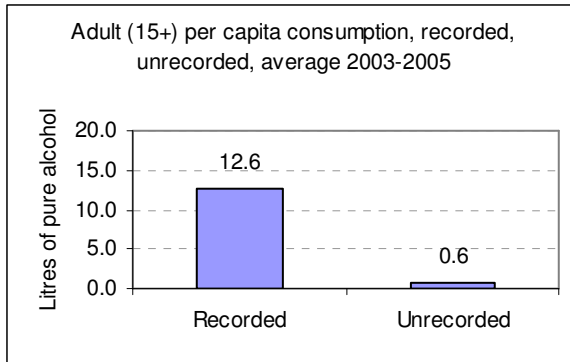
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

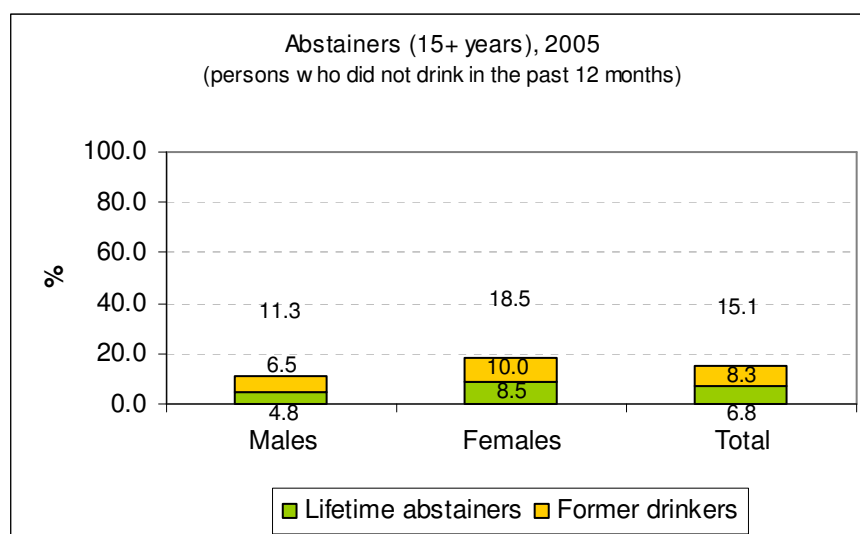
Increase
Stable
 Decrease
 Inconclusive



In Austria, adult per capita consumption of alcohol is mainly characterized by consumption of beer and wine. Spirits and some other fermented alcoholic beverages including cider are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 12.6 litres of pure alcohol per year and has remained stable according to trends from recent years. Some unrecorded alcohol consumption is also seen in the country, adding around 0.6 litres to recorded consumption, giving a total adult per capita consumption of pure alcohol in Austria of around 13.2 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	15.71
Adult (15+ years) per capita consumption*, males	21.92
Adult (15+ years) per capita consumption*, females	9.52
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,214.6	1,648.8
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	32.5	11.3	31.0	11.1	29.1	9.6	31.8	8.4	28.5	9.6	28.2	8.2
Alcoholic Liver disease	5.0	1.6	4.4	1.3	6.4	2.1	9.7	2.0	18.3	5.2	17.4	4.5
Road traffic accidents (1)	21.9	5.9	20.7	6.0	20.1	6.5	19.4	6.4	18.7	5.0	16.2	4.9
Poisoning	3.4	0.8	2.4	0.7	1.3	0.3	0.3	0.3	0.7	0.2	0.4	0.2
Violence	0.7	1.1	0.8	1.1	0.8	1.1	0.7	0.6	0.7	0.8	0.8	0.7

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	SUBNATIONAL
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	SUBNATIONAL
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	SUBNATIONAL
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	NO
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.01% / 0.01%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There are written sub-national policies on alcohol in Austria. Restrictions on on-/off-premise sales of alcoholic beverages to intoxicated persons are in place. There are also national and legally binding regulations on alcohol advertising and on alcohol product placement.

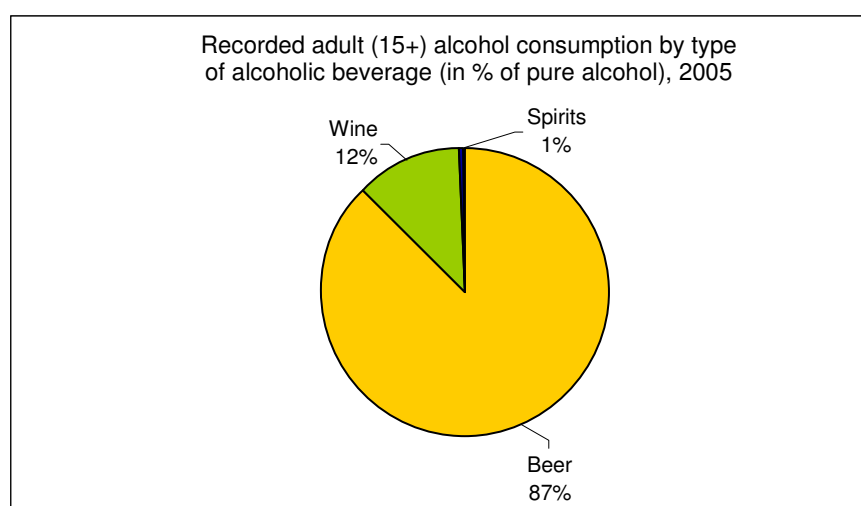
Azerbaijan

SOCIOECONOMIC CONTEXT

Total population	8,406,000	Annual population growth rate	0.6%
Population 15+ years	76%	Adult literacy rate	98.8%
Population in urban areas	52%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1999-2006

ALCOHOLIC BEVERAGES

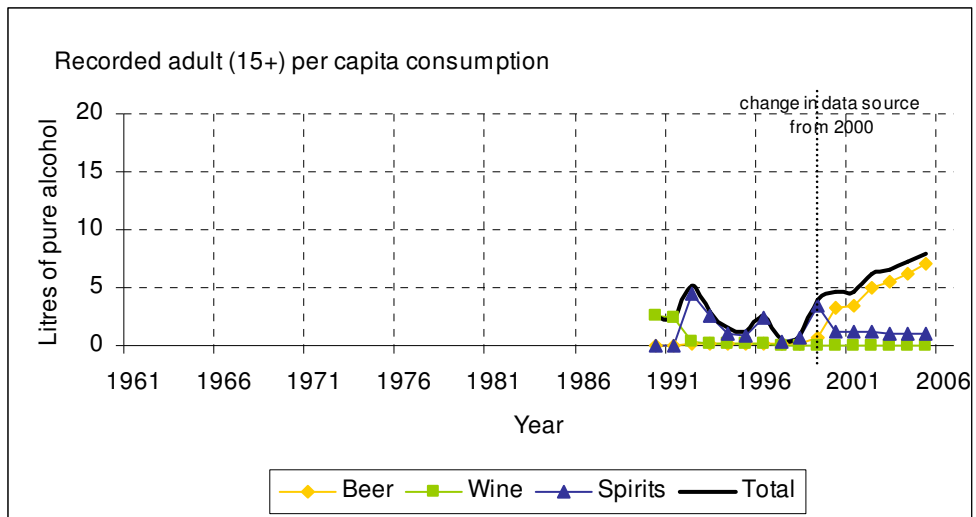
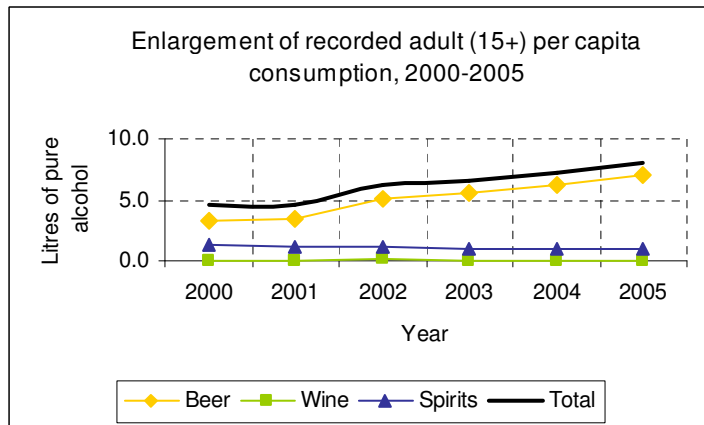


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Azerbaijan. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

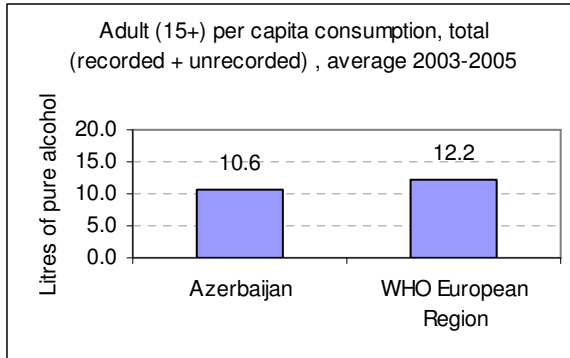
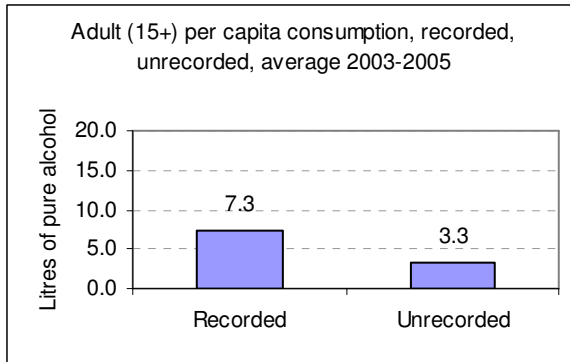
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

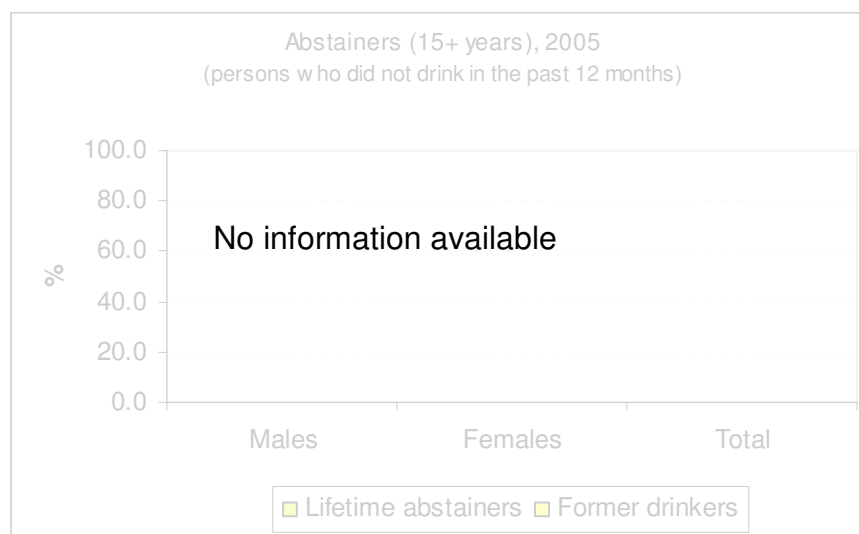
Increase
Stable
Decrease
Inconclusive



In Azerbaijan, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Wine and spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 7.3 litres of pure alcohol and this has increased in recent years. Some unrecorded alcohol production is also seen in the country, adding around 3.3 litres to recorded consumption. Total adult per capita consumption of pure alcohol in Azerbaijan is around 10.6 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5,843.3	869.1
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2001, revised 2003)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	NO/NO/NO
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	NO/NO/NO
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	NO
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Azerbaijan, which was revised in 2003. There are no national and legally binding regulations on alcohol advertising or on alcohol product placement.

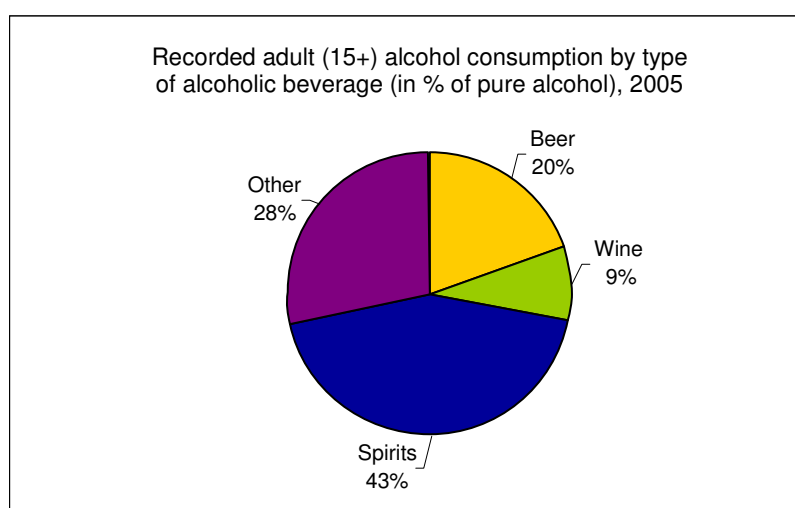
Belarus

SOCIOECONOMIC CONTEXT

Total population	9,742,000	Annual population growth rate	-0.5%
Population 15+ years	85%	Adult literacy rate	99.6%
Population in urban areas	73%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

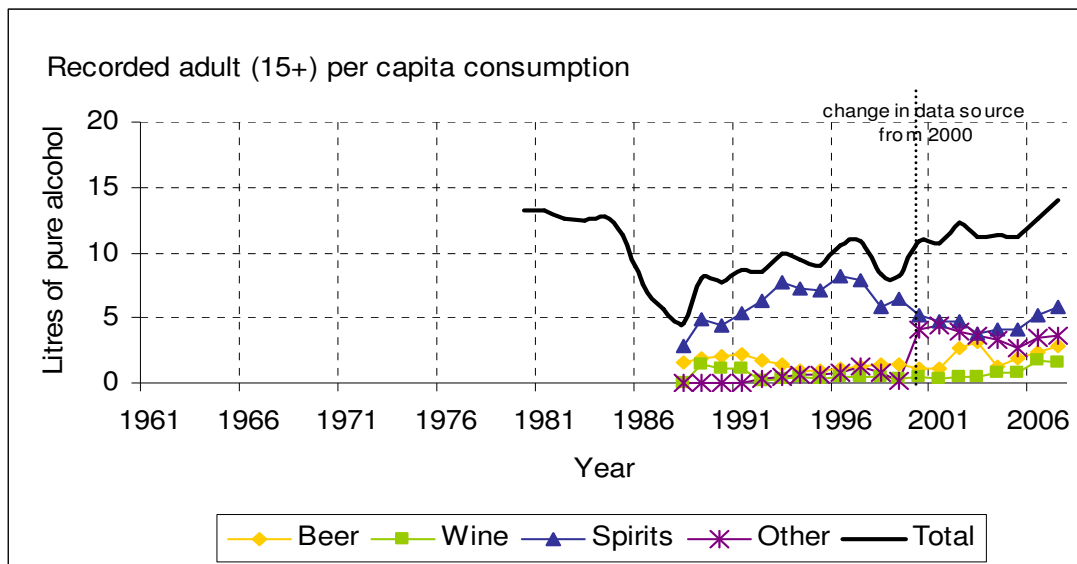
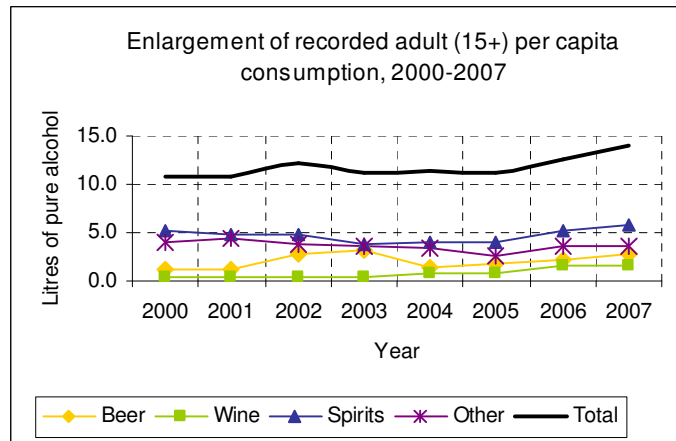


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Belarus include bormotukha and home-produced fruit wines. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

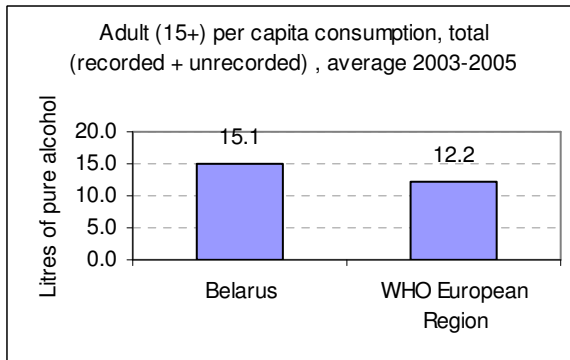
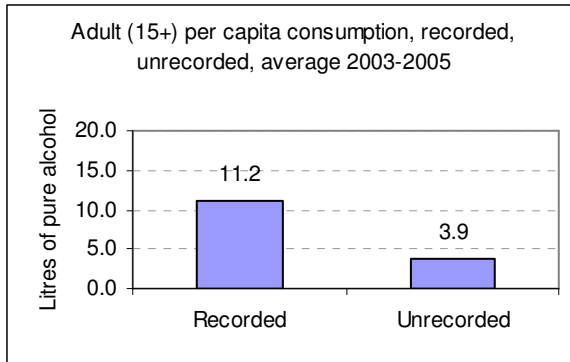
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

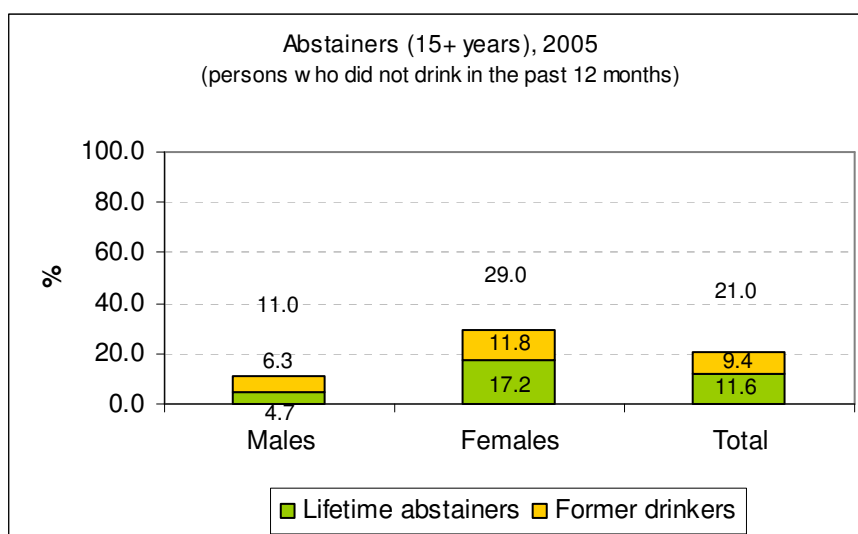
Increase
Stable
 Decrease
 Inconclusive



In Belarus, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.2 litres of pure alcohol and this has remained stable in recent years. Some unrecorded alcohol consumption is also seen in the country, adding around 3.9 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 15.1 litres in Belarus.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	19.15
Adult (15+ years) per capita consumption*, males	27.95
Adult (15+ years) per capita consumption*, females	11.30
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	---	---	---	----------	---	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	13,857.8	2,253.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	22.6	11.2	24.7	12.1	--	--	--	--	--	--	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	29.6	8.0	29.9	7.5	42.9	11.2	44.0	11.2	--	--	--	--
Poisoning	60.7	13.6	66.9	14.3	72.9	16.6	74.1	16.7	--	--	--	--
Violence	19.8	8.2	19.2	8.3	20.0	7.9	17.1	6.4	--	--	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: mortality of clinic patients (mortality); poisoning by ethyl alcohol (mortality); suicide (mortality); general morbidity by alcohol dependence (morbidity); number of patients hospitalized (morbidity) and number of patients having undergone medical treatment (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2000, revised 2008)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Belarus, which was revised in 2008. Restrictions for on-/off-premise sales of alcoholic beverages such as hours and hour and place restrictions on sales and sales restrictions to intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising.

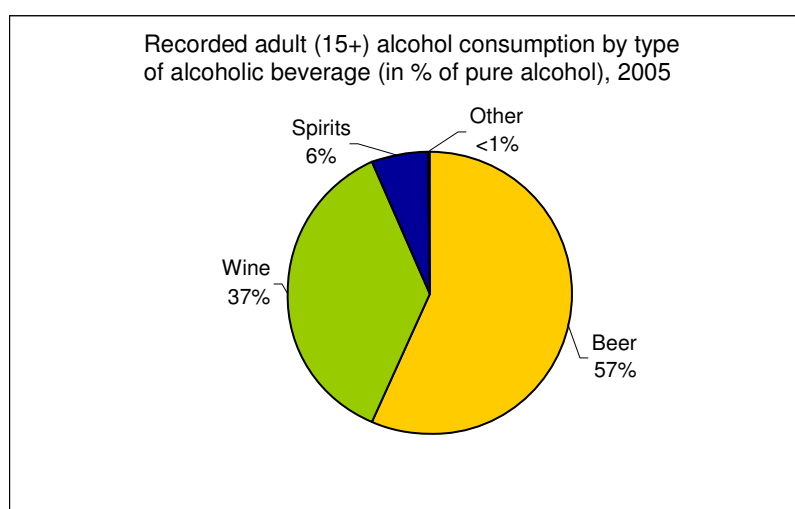
Belgium

SOCIOECONOMIC CONTEXT

Total population	10,430,000	Annual population growth rate	0.3%
Population 15+ years	83%	Adult literacy rate	- -
Population in urban areas	97%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

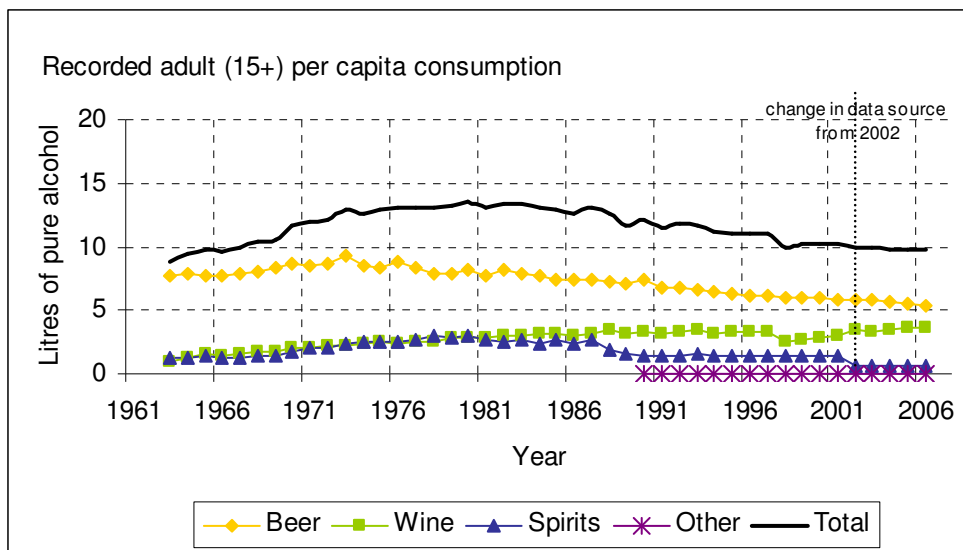
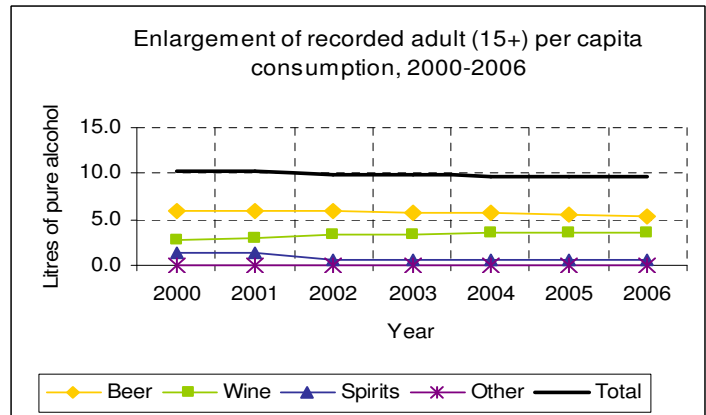


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Belgium. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

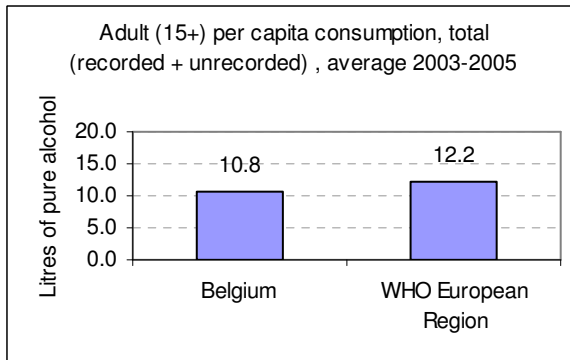
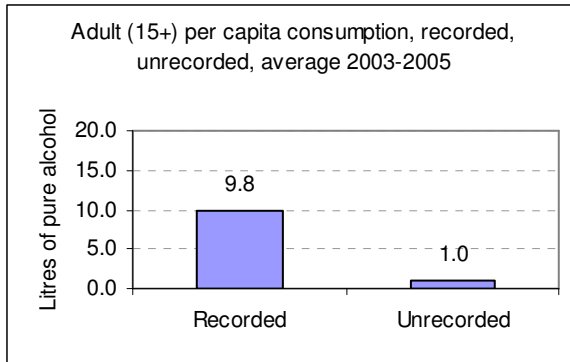
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

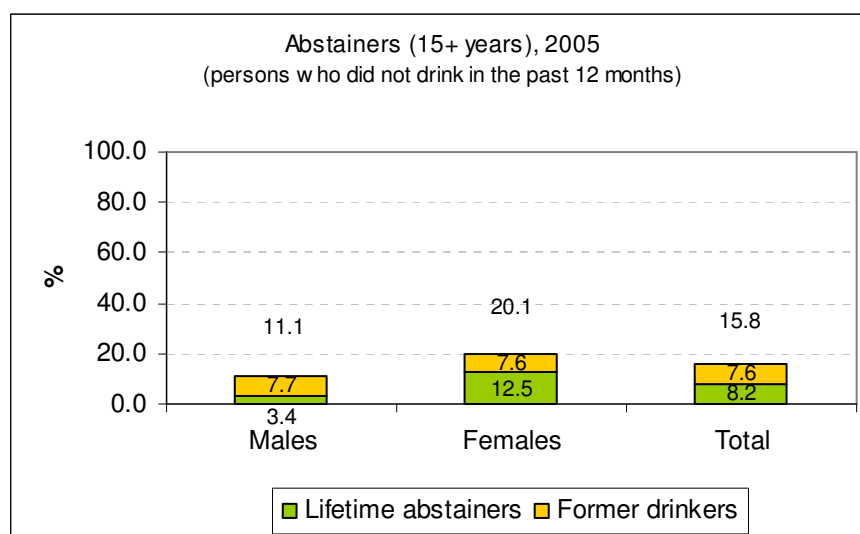
Increase
Stable
 Decrease
 Inconclusive



In Belgium, adult per capita consumption of alcohol is mainly characterized by consumption of beer and wine. Spirits and some other fermented alcoholic beverages, including cider, are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.8 litres of pure alcohol and has remained stable according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 1.0 litre to recorded adult per capita consumption, giving a total adult per capita consumption of pure alcohol in Belgium of around 10.8 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	12.79
Adult (15+ years) per capita consumption*, males	17.54
Adult (15+ years) per capita consumption*, females	7.83
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5,985.9	1,588.2
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	2.4%	1.2%

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol abuse and alcohol dependence hospitalization (morbidity) and hospitalization for alcohol liver cirrhosis (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	NO/NO/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Belgium. Some restrictions for on-/off-premise sales of alcoholic beverages are in place, such as hour and place restrictions on the sales of alcoholic beverages and sale restrictions to intoxicated persons. There are legally binding regulations on alcohol advertising.

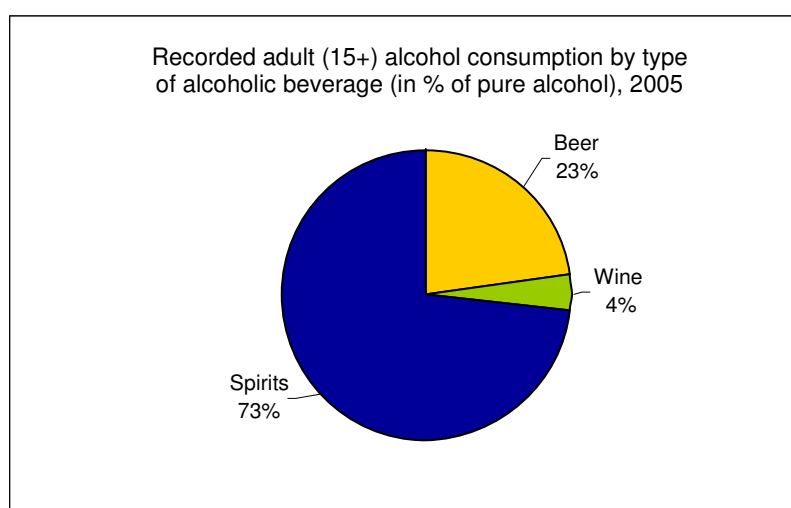
Bosnia and Herzegovina

SOCIOECONOMIC CONTEXT

Total population	3,926,000	Annual population growth rate	1.4%
Population 15+ years	83%	Adult literacy rate	96.7%
Population in urban areas	46%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

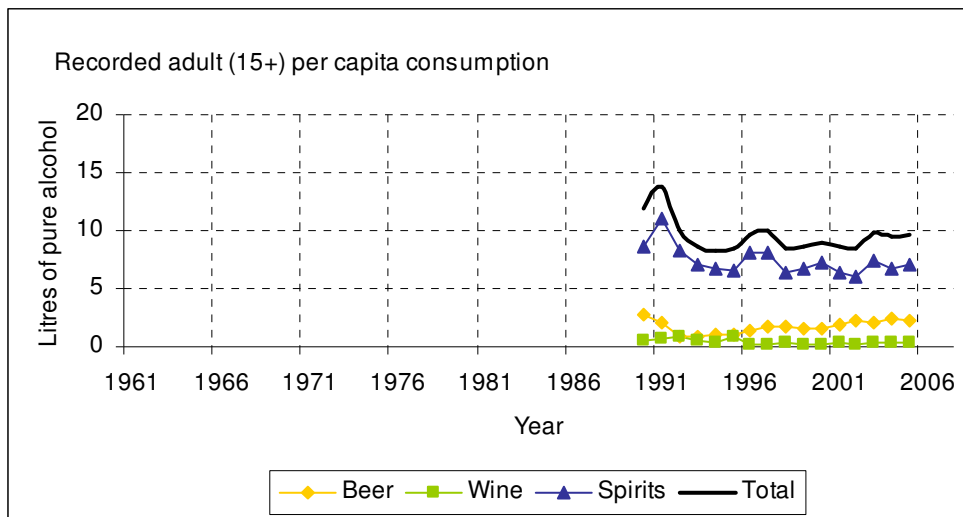
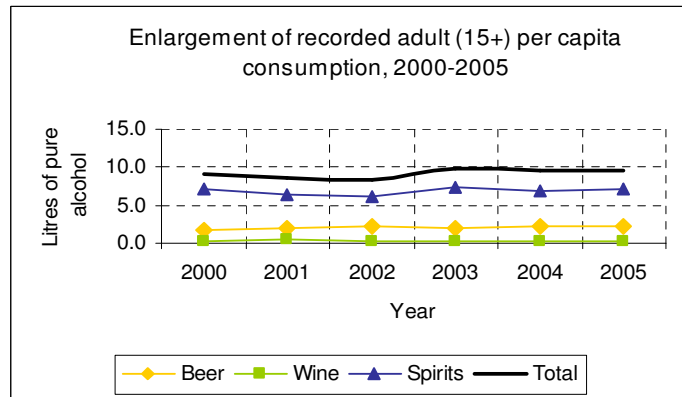


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Bosnia and Herzegovina. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

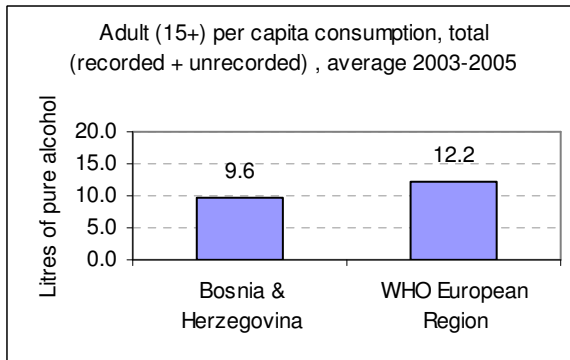
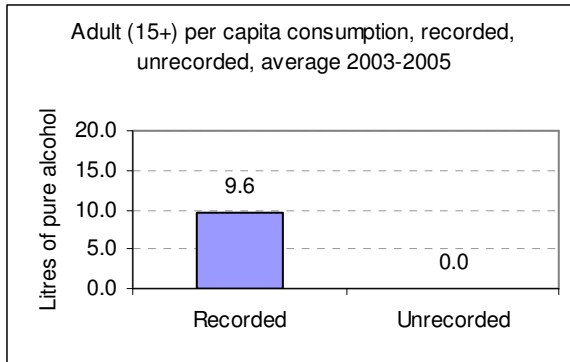
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

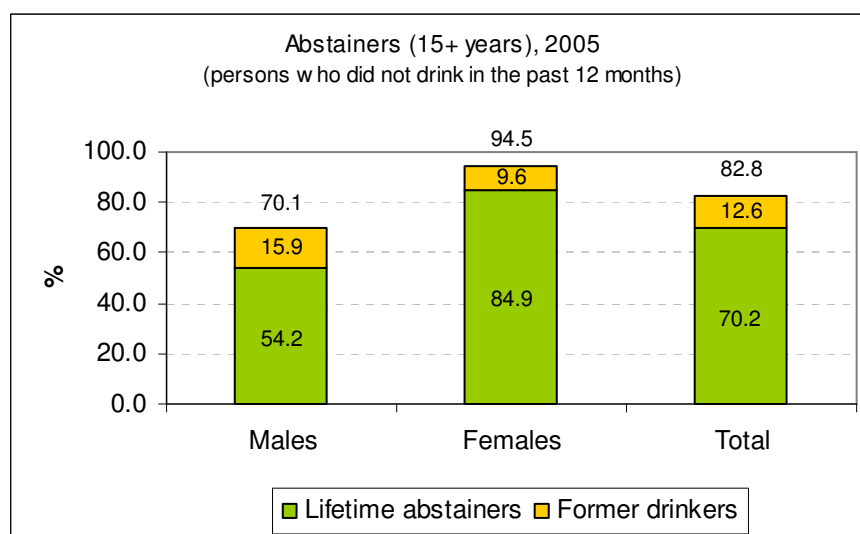
Increase
Stable
 Decrease
 Inconclusive



In Bosnia and Herzegovina, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer and wine are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.6 litres of pure alcohol and this has remained stable in recent years. No unrecorded alcohol consumption has been observed in recent years. Total adult per capita consumption of pure alcohol in Bosnia and Herzegovina is therefore around 9.6 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-84 years), males, 2003	2.1%
Heavy episodic drinkers (18-84 years), females, 2003	0.0%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	55.99
Adult (15+ years) per capita consumption*, males	60.25
Adult (15+ years) per capita consumption*, females	32.98
Heavy episodic drinkers** (18-84 years), males, 2003	7.1%
Heavy episodic drinkers** (18-84 years), females, 2003	0.0%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	12,374.9	2,020.1
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/16*
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/16*
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO*
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.03% / 0.03% / 0.03%*
Legally binding regulations on alcohol advertising	YES*
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	YES*

* Data refers to the Federation of Bosnia and Herzegovina

National and legally binding regulations on alcohol advertising are in place in the Federation of Bosnia and Herzegovina.

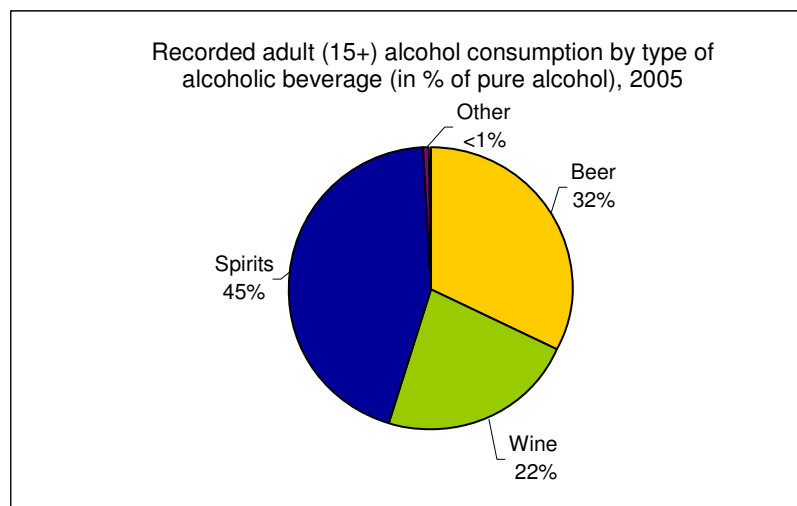
Bulgaria

SOCIOECONOMIC CONTEXT

Total population	7,693,000	Annual population growth rate	-0.7%
Population 15+ years	86%	Adult literacy rate	98.2%
Population in urban areas	70%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

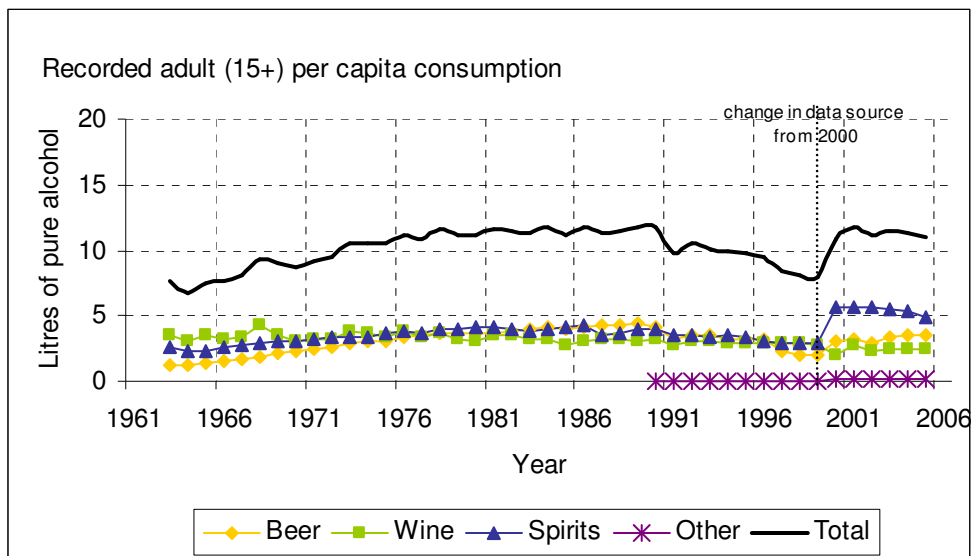
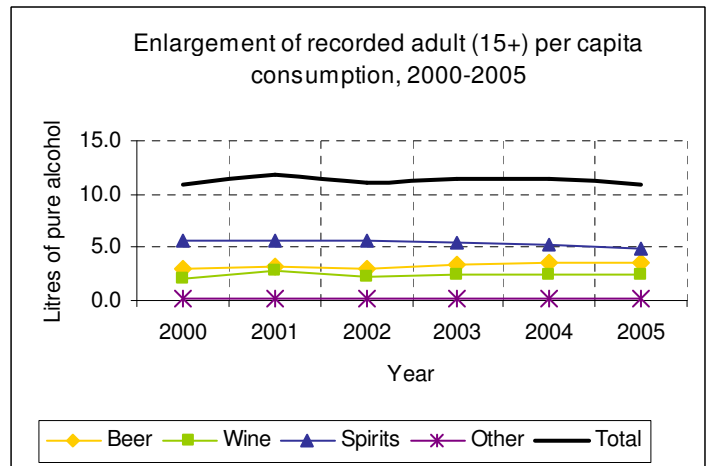


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Bulgaria include rakia and mastika. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

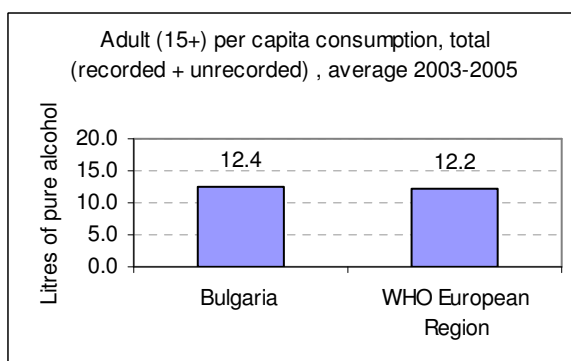
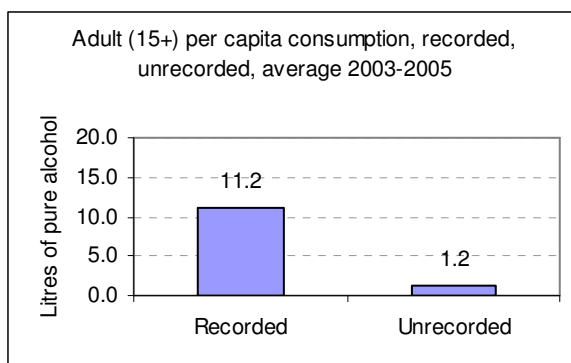
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

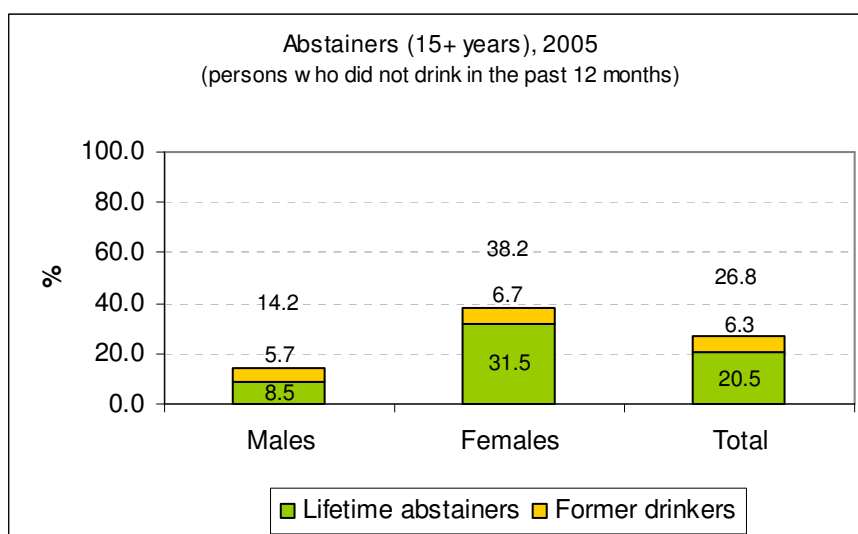
Increase
Stable
 Decrease
 Inconclusive



In Bulgaria, adult per capita consumption of alcohol is mainly characterized by consumption of spirits, followed by beer and wine. Other fermented beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.2 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 1.2 litres to recorded consumption. Total adult per capita consumption of pure alcohol in Bulgaria is around 12.4 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	16.99
Adult (15+ years) per capita consumption*, males	22.87
Adult (15+ years) per capita consumption*, females	9.25
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	8,669.8	1,415.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	29.1	6.8	29.4	6.7	26.5	6.7	25.7	5.8	27.2	6.4	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	19.9	5.9	22.6	5.8	20.8	5.9	20.0	5.2	20.6	4.7	--	--
Poisoning	5.5	1.1	4.6	1.1	3.8	1.0	3.7	1.1	4.2	1.0	--	--
Violence	6.1	2.0	5.9	1.2	5.3	1.2	5.2	1.0	5.3	1.4	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	NO
Road traffic injury	NO
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.02% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	No information available

There is not yet a written national policy on alcohol in Bulgaria, although a draft policy is ready. Restrictions on places of on-/off-premise sales of alcoholic beverages are in place, as well as sale restrictions to intoxicated persons and at specific events. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

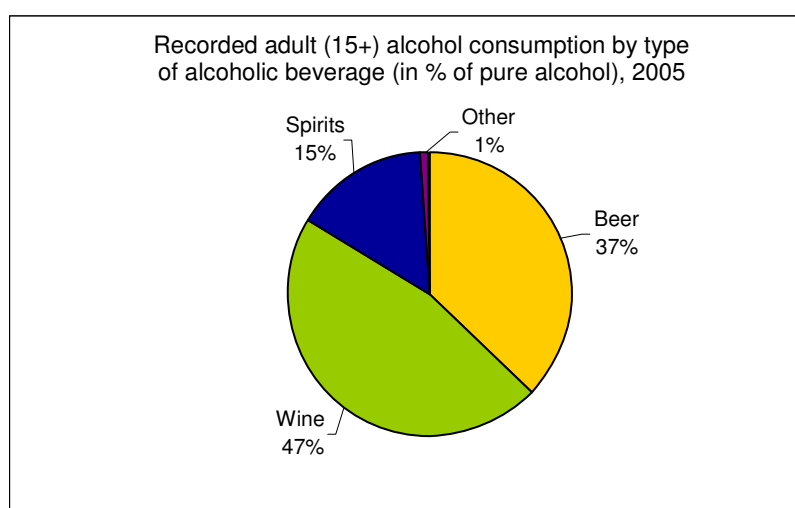
Croatia

SOCIOECONOMIC CONTEXT

Total population	4,556,000	Annual population growth rate	-0.2-%
Population 15+ years	85%	Adult literacy rate	98.1%
Population in urban areas	57%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

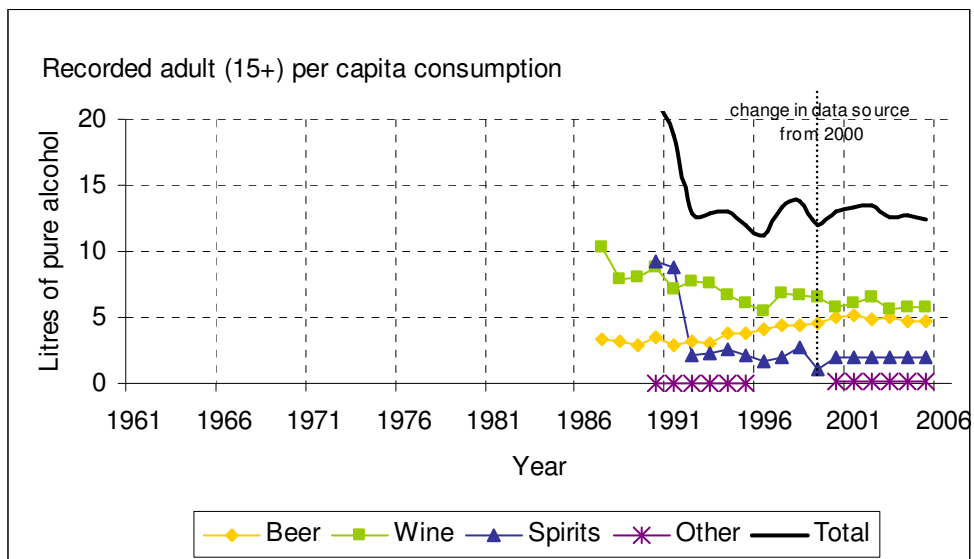
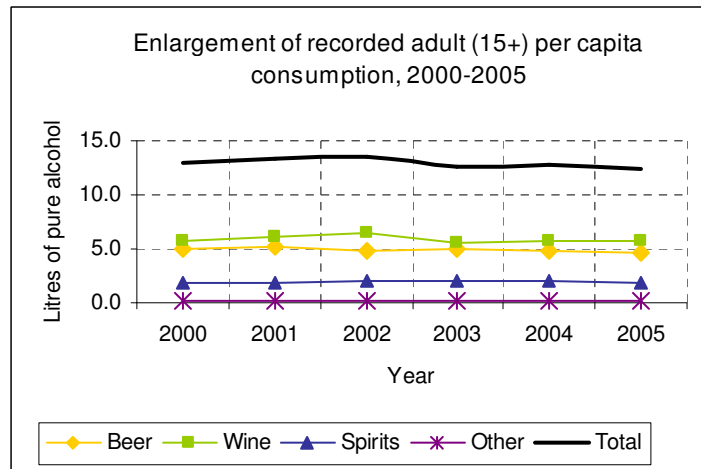


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Croatia include slivovica, herbal liquor and prosecco. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

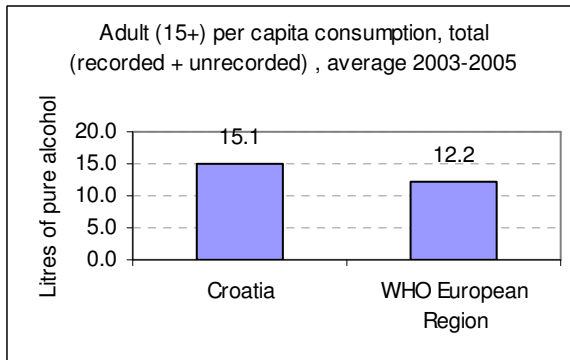
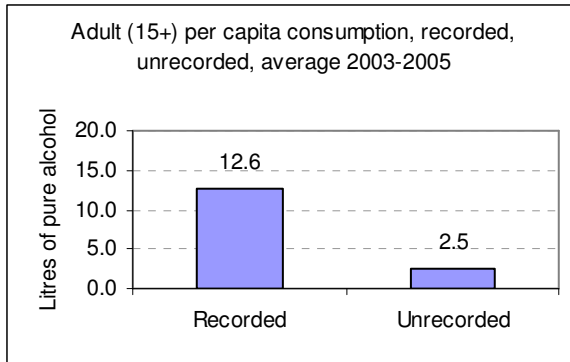
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

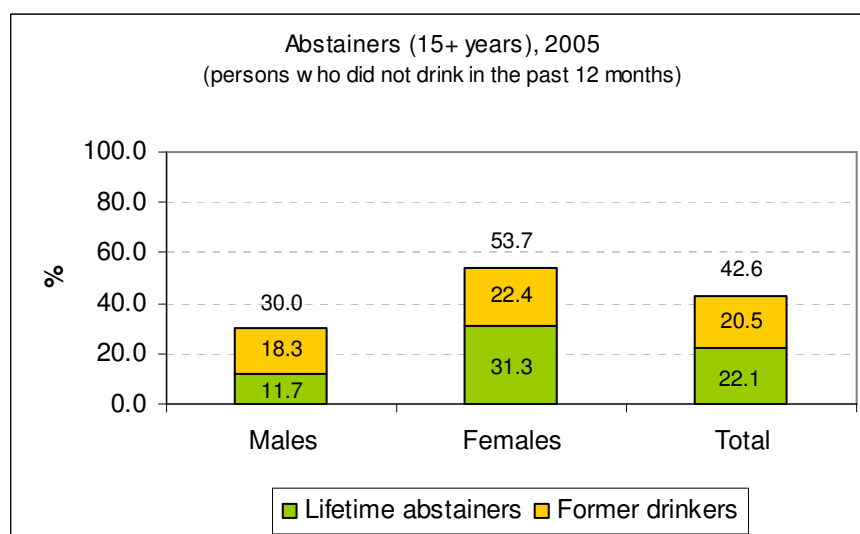
Increase
Stable
 Decrease
 Inconclusive



In Croatia, adult per capita consumption of alcohol is mainly characterized by consumption of wine and beer. Spirits and other fermented beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 12.6 litres of pure alcohol and this has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 2.5 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Croatia is around 15.1 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	10.2%
Heavy episodic drinkers (18-85+ years), females, 2003	0.4%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	26.32
Adult (15+ years) per capita consumption*, males	31.98
Adult (15+ years) per capita consumption*, females	18.77
Heavy episodic drinkers** (18-85+ years), males, 2003	14.5%
Heavy episodic drinkers** (18-85+ years), females, 2003	0.8%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	8,823.0	2,340.9
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	53.9	17.0	46.9	13.3	45.7	12.3	38.8	12.8	39.6	10.7	38.8	11.1
Alcoholic Liver disease	13.9	3.5	14.0	3.0	13.7	2.7	12.9	3.2	11.6	2.7	11.2	2.5
Road traffic accidents (1)	26.9	5.2	23.6	5.6	25.2	5.2	29.2	6.9	27.2	5.9	25.6	6.0
Poisoning	2.7	0.6	3.9	0.9	1.7	0.5	2.5	0.9	3.8	0.8	3.6	0.8
Violence	4.5	1.8	3.1	1.3	2.1	1.3	2.7	1.1	2.5	1.8	2.0	1.2

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: mental and behaviour disorders due to alcohol (morbidity and mortality); toxic effect of alcohol (morbidity and mortality); liver cirrhosis (mortality) and alcohol liver disease (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / ZERO TOLERANCE / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is not yet a written national policy on alcohol in Croatia, but a draft policy has been written. Restrictions for on-/off-premise sales of alcoholic beverages are in place, such as sales restrictions at specific events, sales restrictions for intoxicated persons and restrictions on places of sale of alcohol. There are national and legally binding regulations on alcohol advertising.

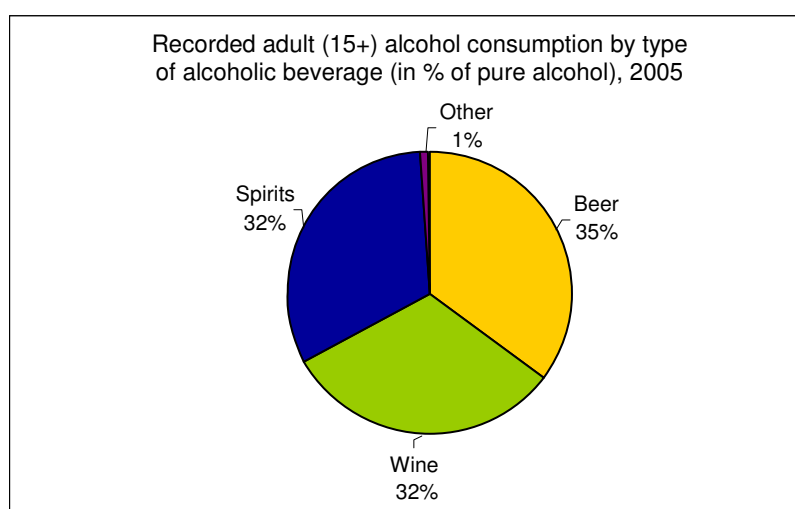
Cyprus

SOCIOECONOMIC CONTEXT

Total population	846,000	Annual population growth rate	1.3%
Population 15+ years	81%	Adult literacy rate	96.8%
Population in urban areas	69%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

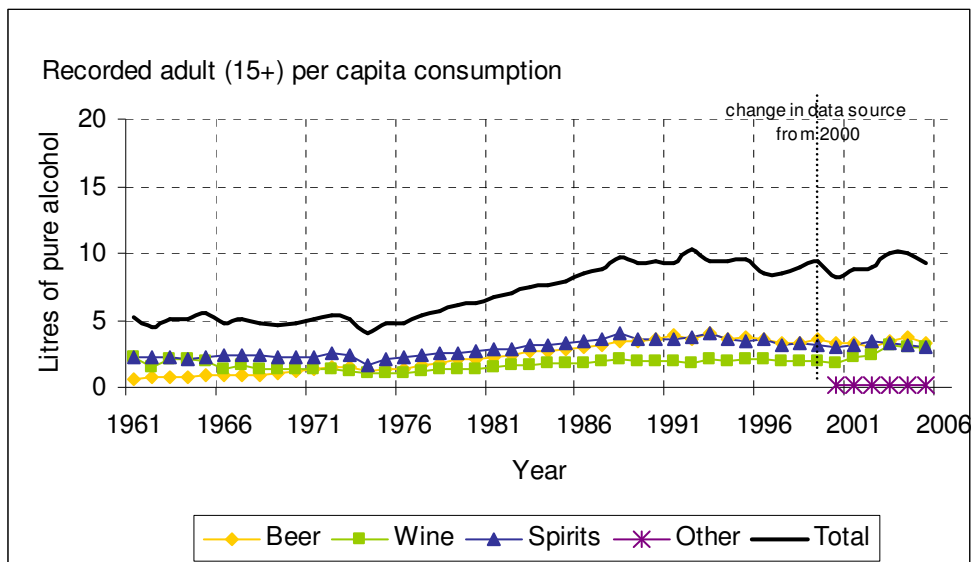
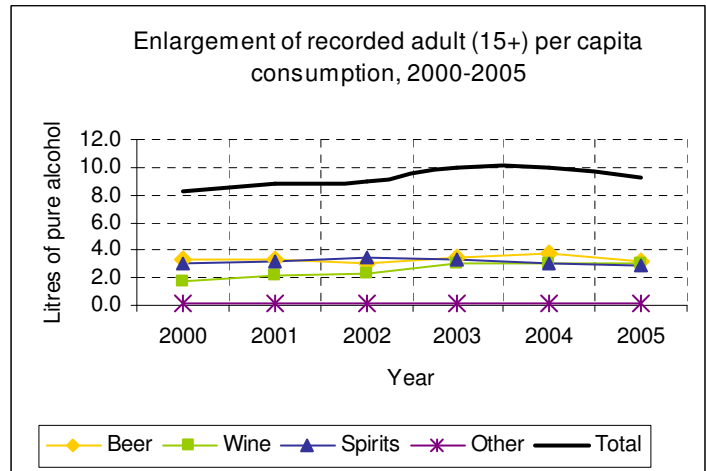


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Cyprus include ouzo, raki, tsipouro and zivania. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

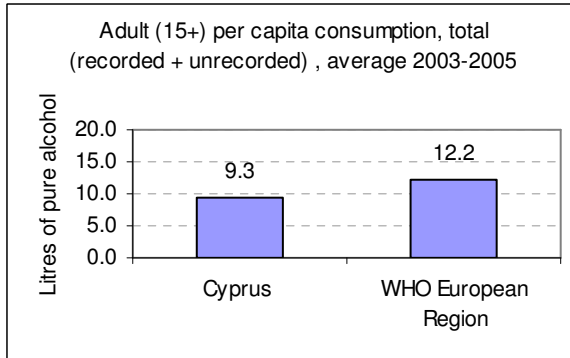
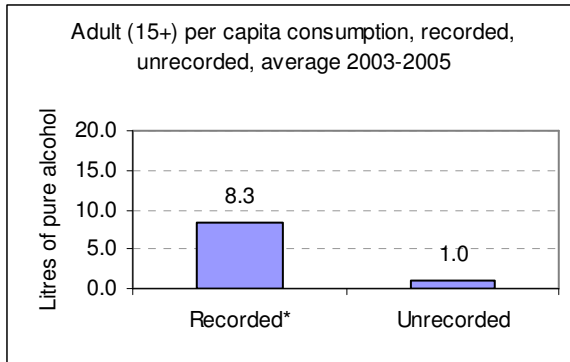
(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase

Stable
Decrease
Inconclusive



* Tourist consumption of 1.44 litres has been subtracted.

In Cyprus, adult per capita consumption is spread fairly evenly between beer, wine and spirits. Other fermented beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 8.3 litres of pure alcohol and appears to be increasing according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 1.0 litre to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 9.3 litres in Cyprus.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded - tourist) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,323.7	1,677.8
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	--	--	--	--	--	--	--	--	7.9	3.3	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	1.9	0.0	--	--
Road traffic accidents (1)	23.9	8.7	--	--	--	--	--	--	30.3	4.9	--	--
Poisoning	0.3	0.0	--	--	--	--	--	--	0.3	0.5	--	--
Violence	1.5	0.3	--	--	--	--	--	--	2.2	1.1	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	NO
Road traffic injury	NO
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2004, revised 2008)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	YES
Specific events	No information available
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol on Cyprus, which was revised in 2008. Restrictions on the location of on-/off-premise sales are in place. There are also national and legally binding regulations on alcohol advertising.

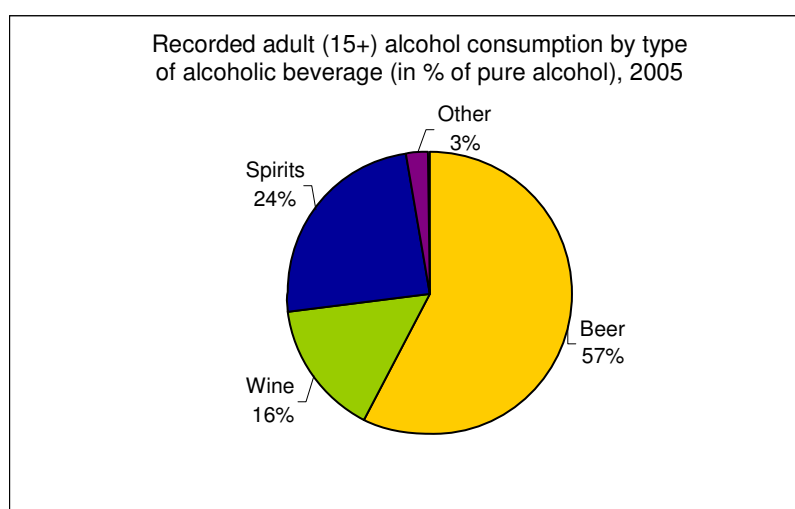
Czech Republic (the)

SOCIOECONOMIC CONTEXT

Total population	10,189,000	Annual population growth rate	-0.1%
Population 15+ years	86%	Adult literacy rate	- -
Population in urban areas	73%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

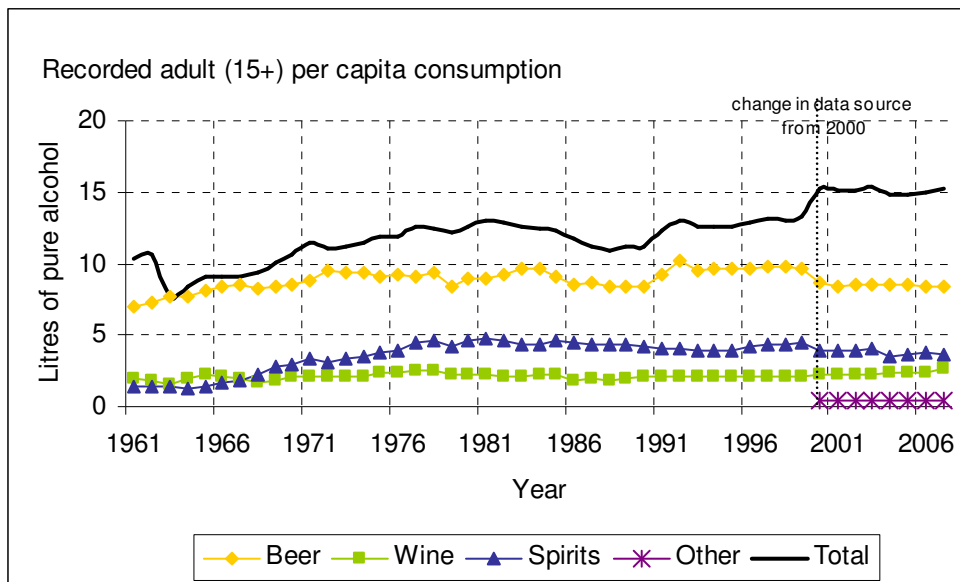
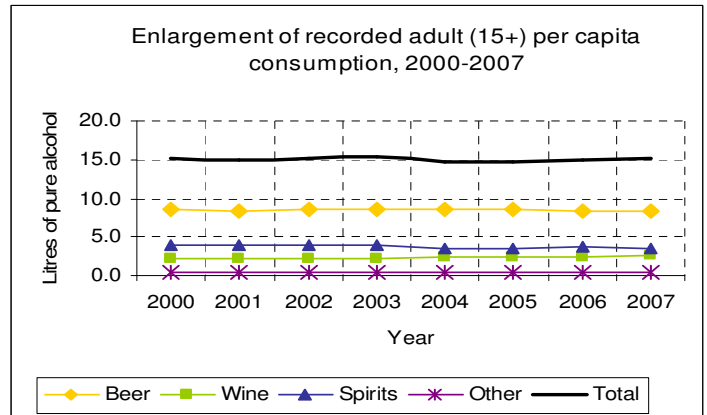


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in the Czech Republic include fruit eaux de vie. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

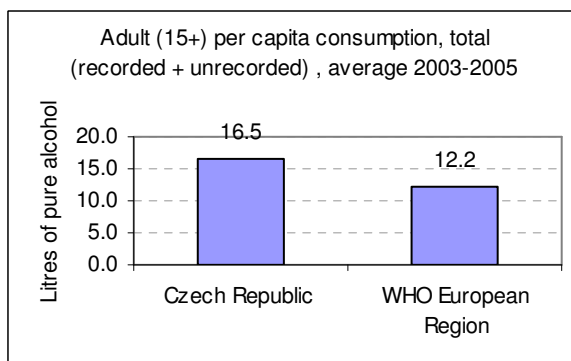
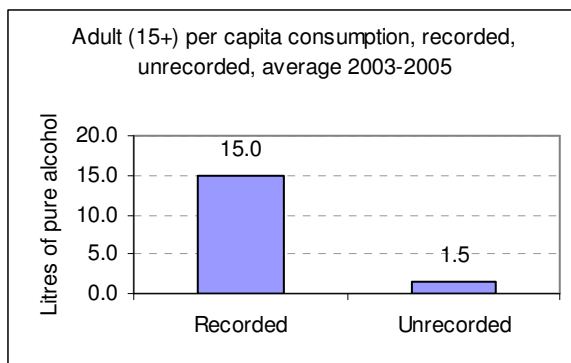
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

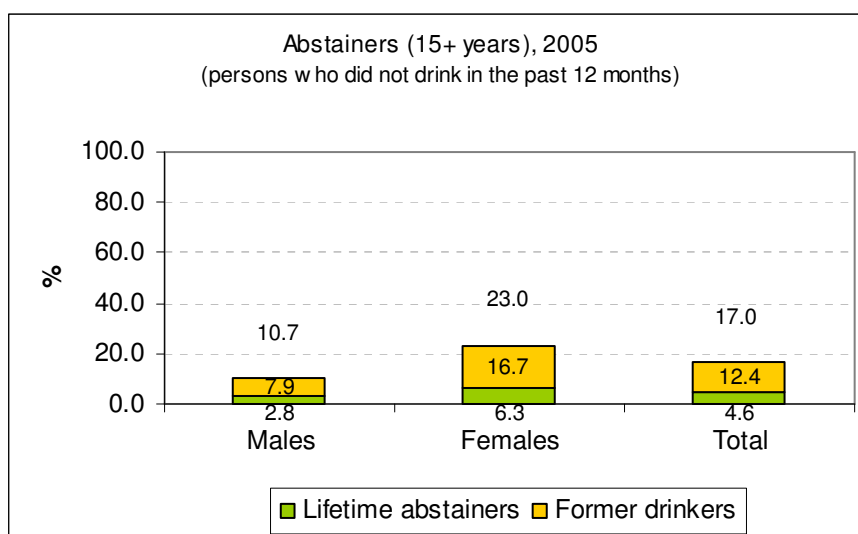
Increase
Stable
 Decrease
 Inconclusive



In the Czech Republic, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Spirits, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 15.0 litres of pure alcohol and has remained stable in recent years according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 1.5 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 16.5 litres in the Czech Republic.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	30.7%
Heavy episodic drinkers (18-85+ years), females, 2003	4.7%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	19.54
Adult (15+ years) per capita consumption*, males	26.59
Adult (15+ years) per capita consumption*, females	12.36
Heavy episodic drinkers** (18-85+ years), males, 2003	34.4%
Heavy episodic drinkers** (18-85+ years), females, 2003	6.0%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	7,238.2	1,920.4
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	5.0%	0.8%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	25.6	9.1	25.5	8.7	25.8	9.0	26.7	9.4	25.3	8.8	26.6	9.3
Alcoholic Liver disease	14.3	4.3	14.2	3.7	14.1	3.8	14.8	4.6	15.2	4.4	16.0	4.9
Road traffic accidents (1)	18.8	5.6	16.9	5.4	17.9	5.7	17.1	5.2	16.1	5.0	15.0	4.4
Poisoning	5.1	1.7	5.4	1.9	5.4	1.4	5.0	1.4	5.2	1.4	4.9	1.9
Violence	2.4	1.1	1.9	1.0	1.9	1.2	2.0	1.1	1.8	0.8	1.2	0.9

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: liver disease ICD-10 K70, K73, K74, K76 (mortality); malignant neoplasm of oesophagus and larynx ICD-10 C15, C32 (mortality); external causes ICD-10 V, W, X, Y (mortality); mental and behavioural disorders due to use of alcohol, hospital discharges (morbidity); alcoholic liver disease, hospital discharges (mortality) and mental and behavioural disorders due to use of alcohol, first out-patient examinations (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2002, revised 2004)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/NO
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in the Czech Republic, which was revised in 2004. Restrictions for on-premise sales of alcoholic beverages to intoxicated persons and sales restrictions at specific events are in place. There are national and legally binding regulations on alcohol advertising.

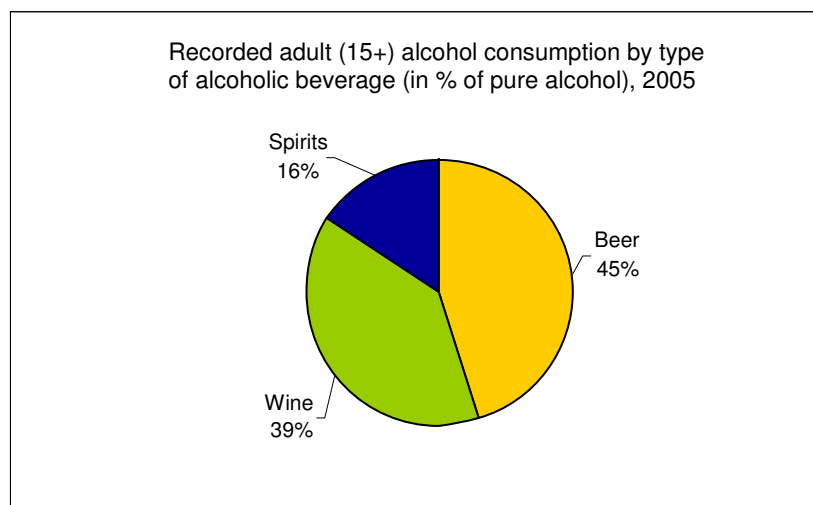
Denmark

SOCIOECONOMIC CONTEXT

Total population	5,430,000	Annual population growth rate	0.3%
Population 15+ years	81%	Adult literacy rate	--
Population in urban areas	86%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

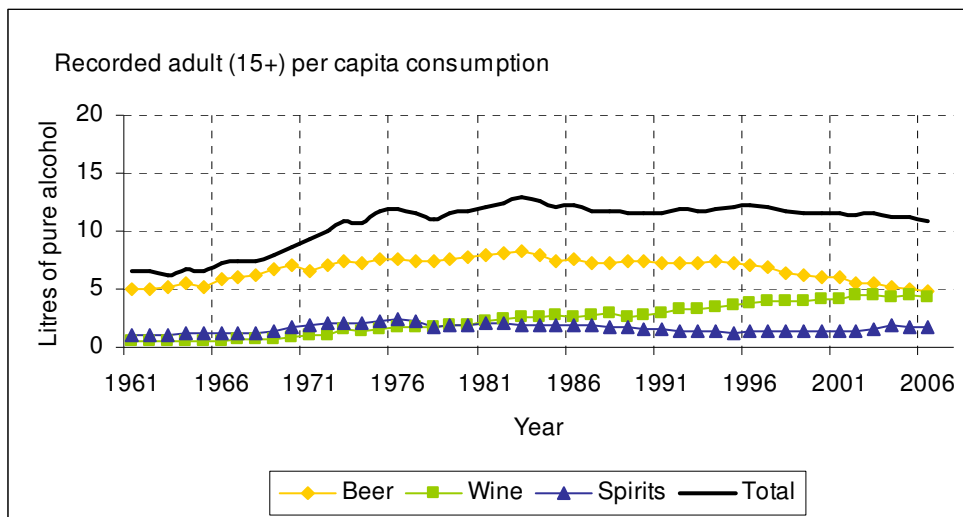
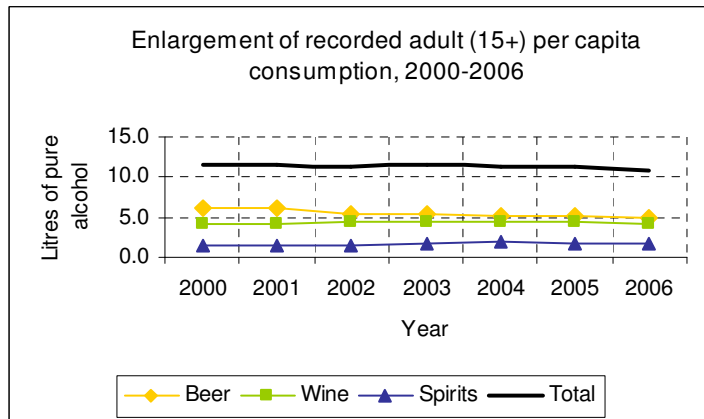


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Denmark. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

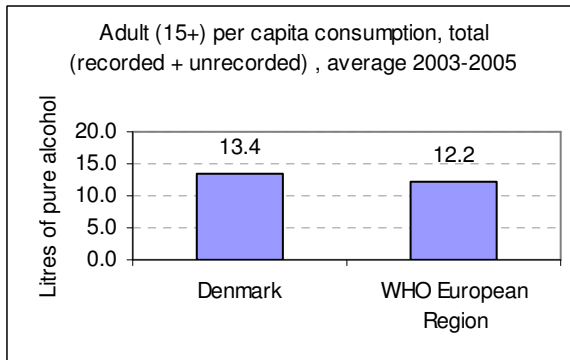
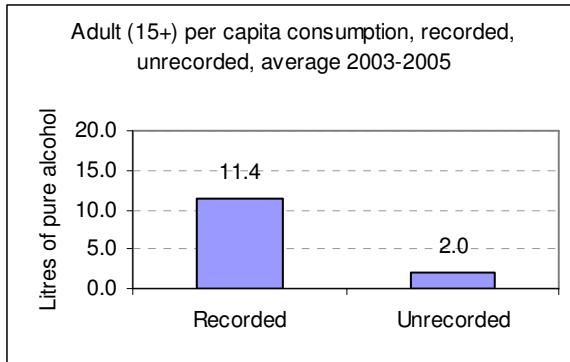
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

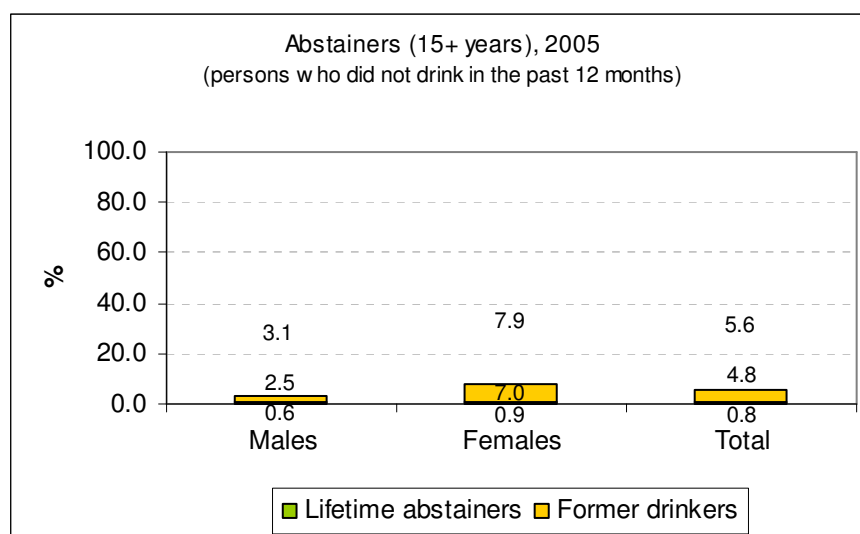
Increase
Stable
 Decrease
 Inconclusive



In Denmark, adult per capita consumption of alcohol is mainly characterized by consumption of beer and wine. Spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.4 litres of pure alcohol and appears to have remained stable according to trends in recent years. Some unrecorded alcohol production is also seen in the country, adding around 2.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 13.4 litres in Denmark.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (16-85+ years), males, 2003	13.1%
Heavy episodic drinkers (16-85+ years), females, 2003	3.7%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	14.38
Adult (15+ years) per capita consumption*, males	19.47
Adult (15+ years) per capita consumption*, females	8.42
Heavy episodic drinkers** (16-85+ years), males, 2003	13.5%
Heavy episodic drinkers** (16-85+ years), females, 2003	4.0%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	7,118.7	1,888.7
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	22.1	8.2	20.9	9.2	--	--	--	--	--	--	--	--
Alcoholic Liver disease	19.0	6.6	18.7	7.9	--	--	--	--	--	--	--	--
Road traffic accidents (1)	14.7	5.9	13.9	4.8	--	--	--	--	--	--	--	--
Poisoning	6.7	2.1	6.7	2.2	--	--	--	--	--	--	--	--
Violence	1.5	1.3	1.3	0.6	--	--	--	--	--	--	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: mental and behavioral disorders due to use of alcohol (mortality and morbidity); toxic effect of ethanol (mortality); alcohol liver cirrhosis (morbidity) and alcohol intoxication (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	SUBNATIONAL
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/16
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places and density)	YES
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	No information available

There are written sub-national policies on alcohol in Denmark. Restrictions for on-/off-premise sales of alcoholic beverages such as sales restrictions for intoxicated persons and sales restrictions at specific events are in place. There are national and legally binding regulations on alcohol advertising and on alcohol product placement.

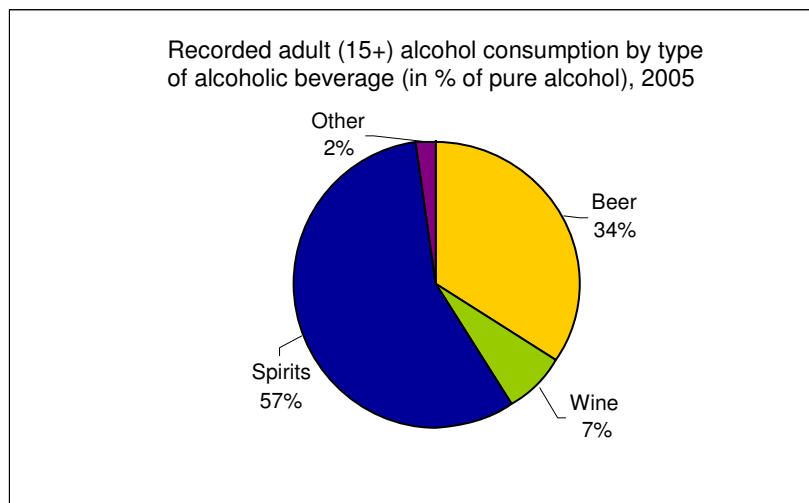
Estonia

SOCIOECONOMIC CONTEXT

Total population	1,340,000	Annual population growth rate	-0.6%
Population 15+ years	85%	Adult literacy rate	99.8%
Population in urban areas	69%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

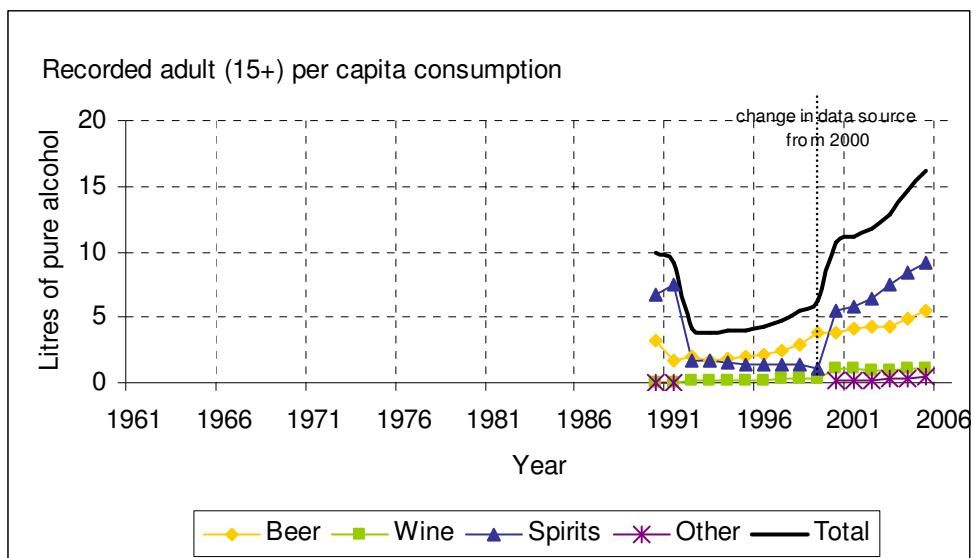
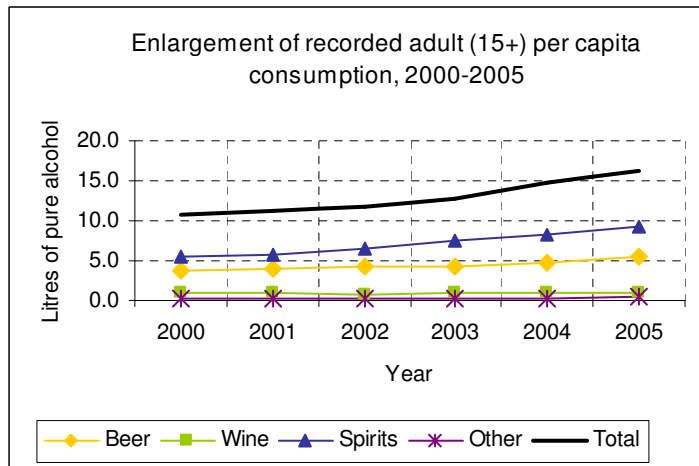


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Estonia. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

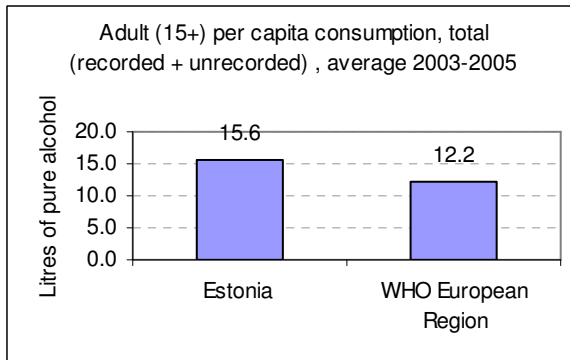
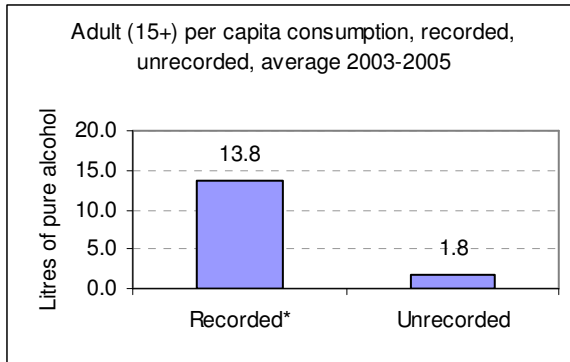
(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase

Stable
Decrease
Inconclusive

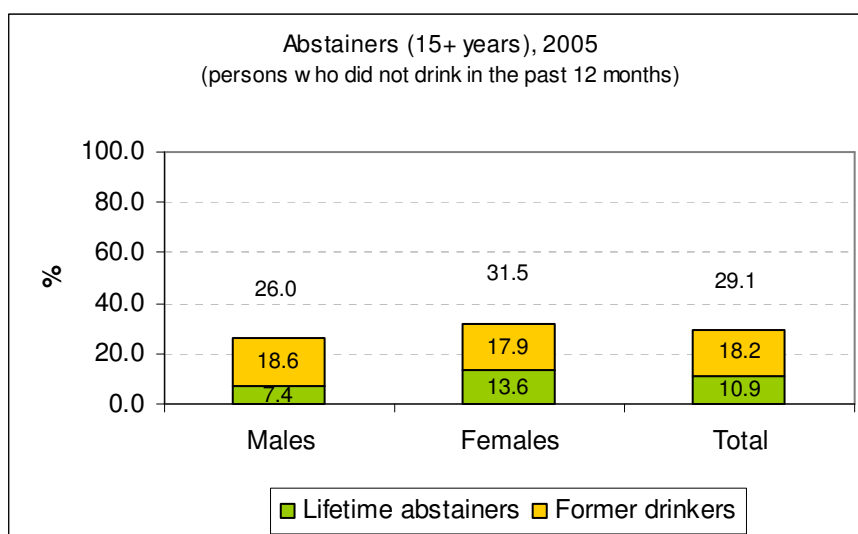


* Tourist consumption of 0.80 litres has been subtracted.

In Estonia, adult per capita consumption of alcohol is mainly characterized by consumption of spirits and beer. Wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 13.8 litres of pure alcohol and has increased recent years according to recent trends. Some unrecorded alcohol consumption is also seen in the country, adding around 1.8 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 15.6 litres in Estonia.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	15.7%
Heavy episodic drinkers (18-85+ years), females, 2003	2.1%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	21.96
Adult (15+ years) per capita consumption*, males	36.06
Adult (15+ years) per capita consumption*, females	12.15
Heavy episodic drinkers** (18-85+ years), males, 2003	21.2%
Heavy episodic drinkers** (18-85+ years), females, 2003	3.1%

* (recorded + unrecorded - tourist) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	2,768.2	536.0
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	30.1	12.0	30.9	18.2	34.5	15.3	29.5	15.8	32.3	14.6	35.3	15.0
Alcoholic Liver disease	17.8	5.2	19.3	10.1	19.8	7.7	17.3	8.3	22.9	7.5	21.2	8.9
Road traffic accidents (1)	31.9	9.1	29.1	8.1	32.9	7.7	26.0	6.0	24.1	6.4	25.0	5.6
Poisoning	51.4	10.6	61.2	12.7	49.9	7.8	34.5	9.3	52.1	8.4	38.8	9.0
Violence	28.7	4.6	31.6	6.8	23.6	5.4	21.2	6.0	16.9	2.7	16.8	4.4

Data source: WHO Mortality Database, based on data as reported by countries
accidents

(1) refer to transport

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcohol poisoning (mortality); liver cirrhosis (mortality) and mental and behavioural disorders due to the use of alcohol (mortality).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / 0.02%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Estonia. Restrictions for on-/off-premise sales of alcoholic beverages such as place restrictions on the sales of alcoholic beverages and sales restrictions for intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising, product placement, sales promotion and sponsorship.

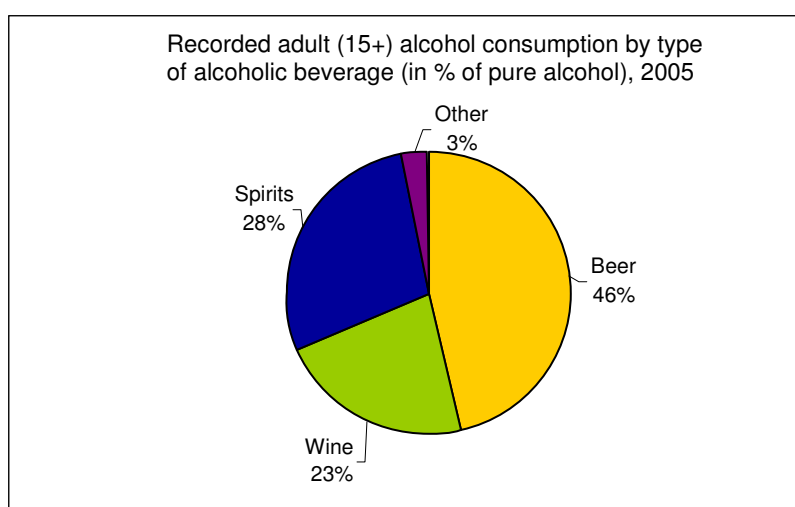
Finland

SOCIOECONOMIC CONTEXT

Total population	5,261,000	Annual population growth rate	0.3%
Population 15+ years	83%	Adult literacy rate	--
Population in urban areas	61%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

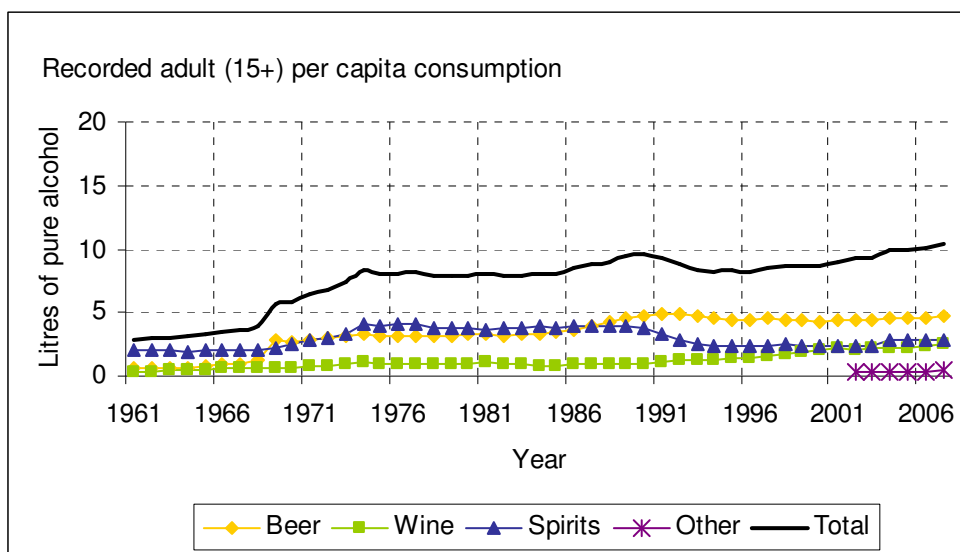
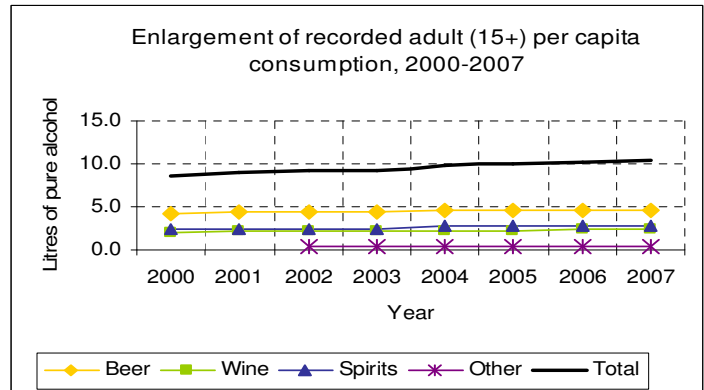


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Finland include Sahti, Kiliu and Pontikka. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

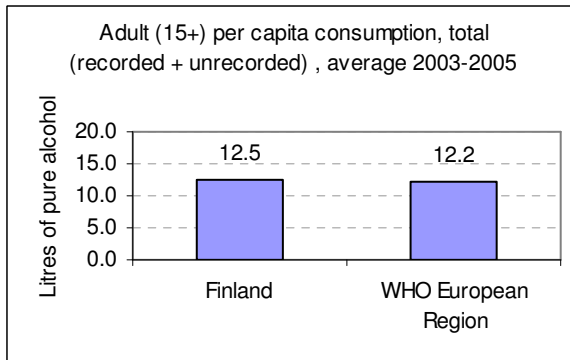
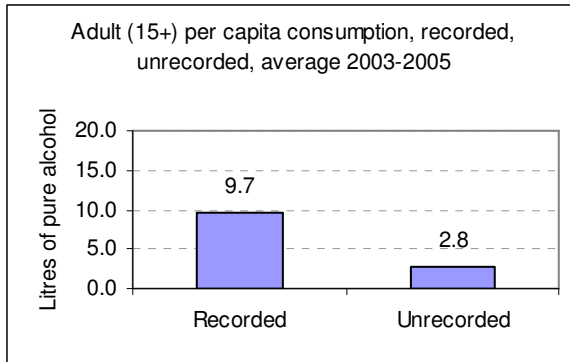
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

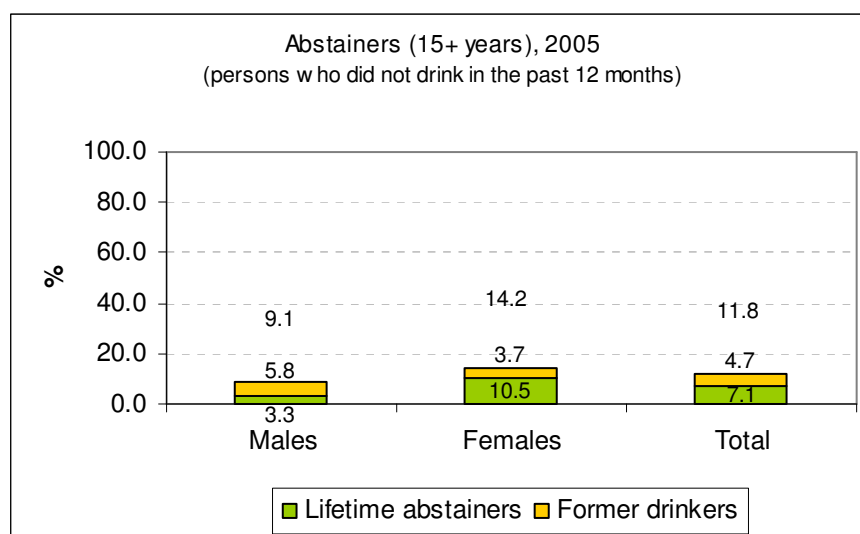
Increase
Stable
Decrease
Inconclusive



In Finland, adult per capita consumption of alcohol is mainly characterized by consumption of beer, followed by wine and spirits. Some other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.7 litres of pure alcohol and has increased in recent years according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 2.8 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Finland is around 12.5 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (16-70 years), males, 2000	15.0%
Heavy episodic drinkers (16-70 years), females, 2000	3.2%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	14.20
Adult (15+ years) per capita consumption*, males	20.55
Adult (15+ years) per capita consumption*, females	8.70
Heavy episodic drinkers** (16-70 years), males, 2000	16.5%
Heavy episodic drinkers** (16-70 years), females, 2000	3.7%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5,824.8	1,545.5
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	7.6%	1.7%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	18.1	6.7	19.5	7.0	21.0	7.6	20.4	6.6	26.2	8.5	27.8	10.2
Alcoholic Liver disease	17.0	5.1	18.3	5.7	19.5	6.5	19.3	5.6	24.7	7.3	26.5	8.8
Road traffic accidents (1)	12.2	5.1	14.7	5.2	14.2	4.5	12.0	4.7	12.1	4.8	12.1	3.6
Poisoning	19.1	5.3	19.0	5.6	17.8	4.7	19.1	5.4	22.4	6.4	25.4	7.3
Violence	4.6	1.9	4.7	2.1	4.2	1.7	3.2	1.4	4.6	1.3	3.3	1.4

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: main cause of death: alcohol-related disease (mortality); fatal accidental alcohol poisonings (mortality); accidental and violent deaths under the influence of alcohol (mortality); care periods for alcohol related disease (morbidity) and alcohol related liver disease (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2003, revised 2007)
National control of production/sale: Monopoly	NO/YES
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/20
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places and density)	YES
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Finland, which was revised in 2007. Restrictions for on-/off-premise sales of alcoholic beverages such as hours restrictions on sales and sales restrictions for intoxicated persons exist. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

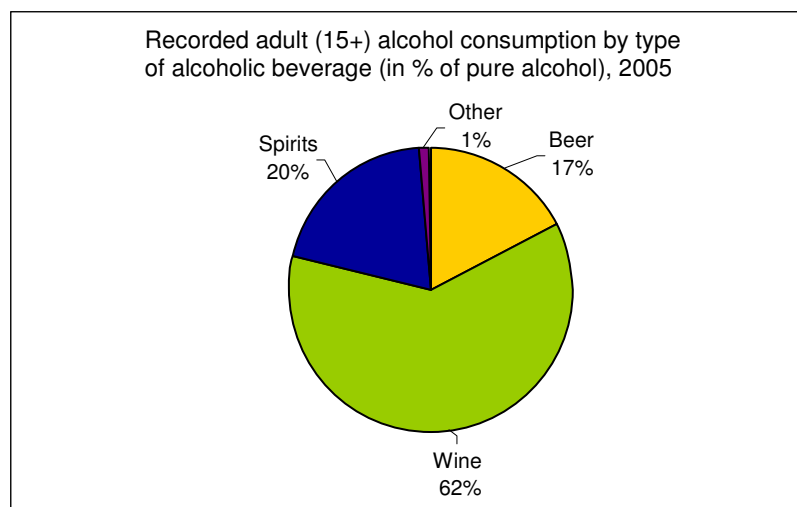
France

SOCIOECONOMIC CONTEXT

Total population	61,330,000	Annual population growth rate	0.5%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	77%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

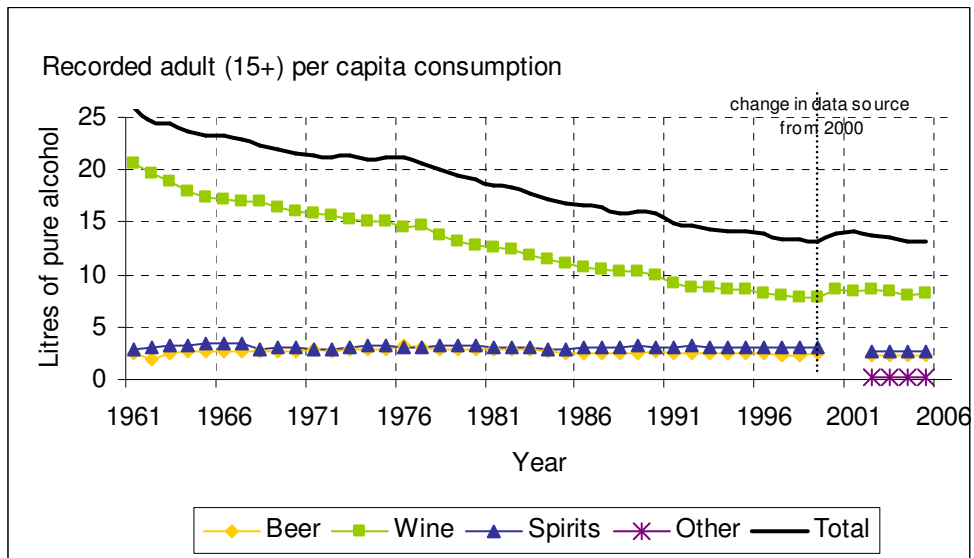
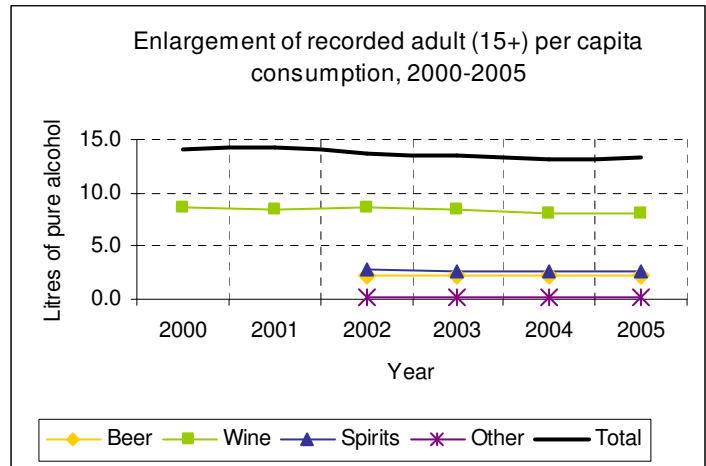


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in France include eaux de vie, marcs and pastis. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

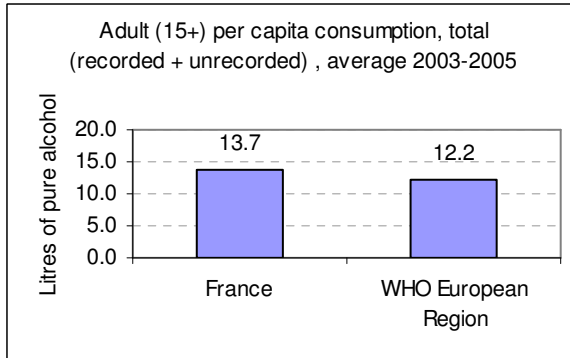
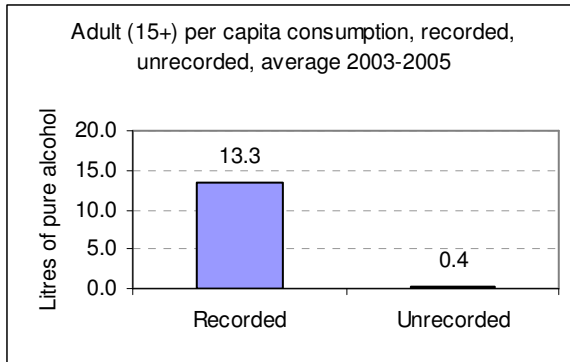
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

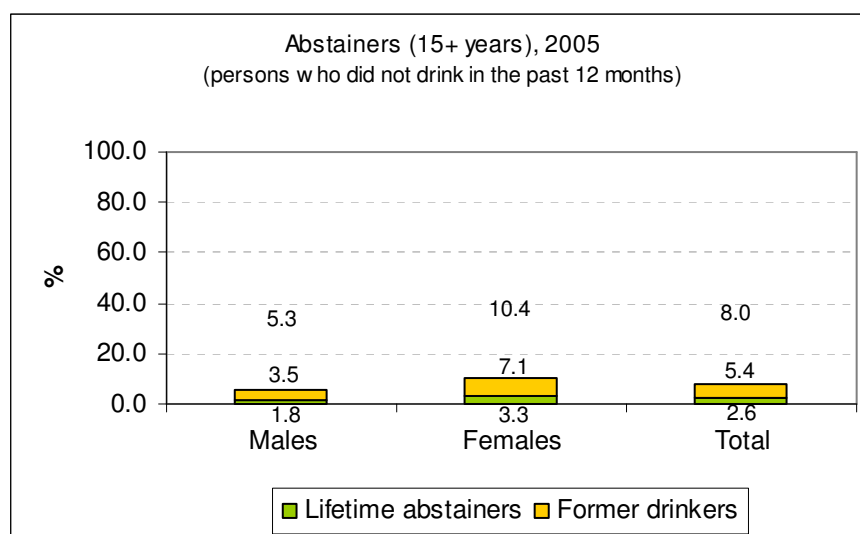
Increase
Stable
 Decrease
 Inconclusive



In France, adult per capita consumption of alcohol is mainly characterized by consumption of wine. Spirits, beer and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 13.3 litres of pure alcohol and appears to have remained stable over recent years. Some unrecorded alcohol production is also seen in the country, adding around 0.4 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in France is around 13.7 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-64 years), males, 2000	8.0%
Heavy episodic drinkers (18-64 years), females, 2000	1.9%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	14.85
Adult (15+ years) per capita consumption*, males	21.05
Adult (15+ years) per capita consumption*, females	8.79
Heavy episodic drinkers** (18-64 years), males, 2000	8.5%
Heavy episodic drinkers** (18-64 years), females, 2000	2.1%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,931.6	1839.1
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	5.3%	1.5%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	21.3	8.0	21.3	7.9	20.5	7.7	20.3	7.2	18.2	6.5	17.7	6.5
Alcoholic Liver disease	15.5	5.8	15.4	5.7	14.9	5.3	14.5	5.0	13.0	4.5	12.7	4.5
Road traffic accidents (1)	23.9	7.2	24.1	7.5	23.2	6.6	18.9	5.0	17.0	4.7	16.7	4.7
Poisoning	1.9	1.4	1.6	1.0	1.4	0.9	1.8	1.1	1.7	1.1	2.1	1.1
Violence	1.2	0.6	1.2	0.7	1.1	0.6	1.1	0.7	1.0	0.6	1.1	0.5

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	25,347.4
Direct healthcare costs (millions US dollars)	4,045.6
Direct law enforcement costs (millions US dollars)	80.7
Other direct costs (millions US dollars)	8,581.4
Indirect costs (millions US dollars)	12,639.7

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: upper aero-digestive tract cancers due to alcohol (mortality); mental disorders due to alcohol (mortality) and alcohol related hospitalizations (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places and density)	YES
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.02%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in France. Restrictions for on-/off-premise sales of alcoholic beverages such as hours and days restrictions on sales and sales restrictions for intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising and product placement, as well as a total ban of alcohol sponsorship.

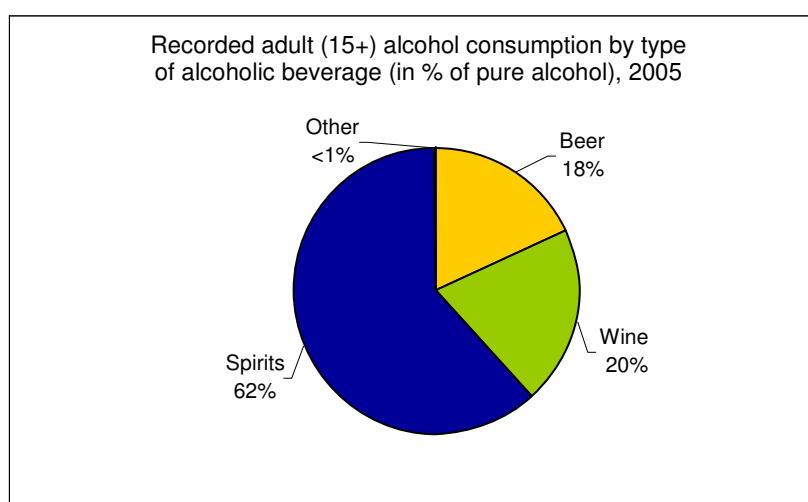
Georgia

SOCIOECONOMIC CONTEXT

Total population	4,433,000	Annual population growth rate	-1.1%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	52%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

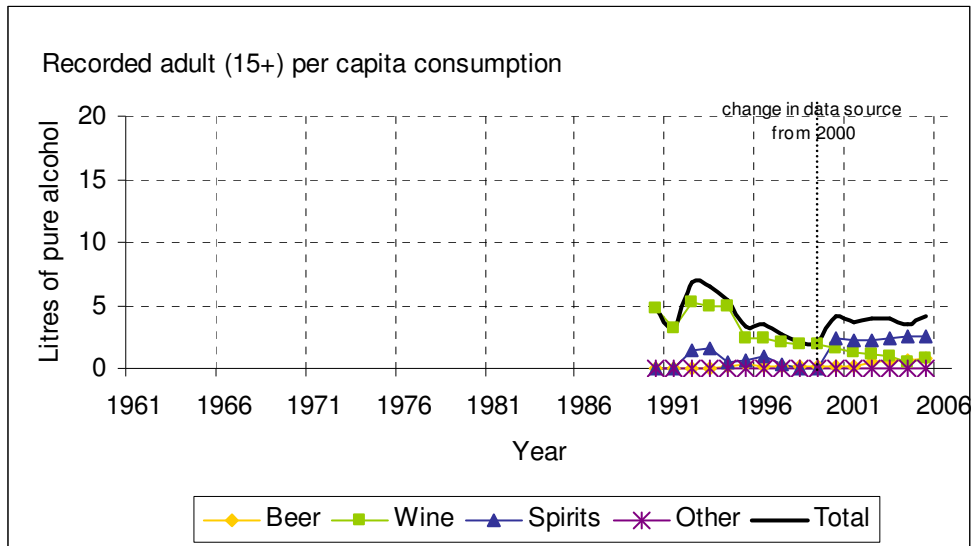
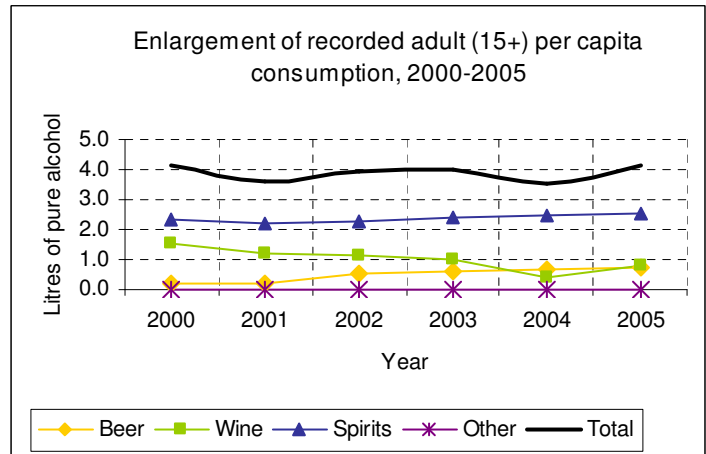


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Georgia. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

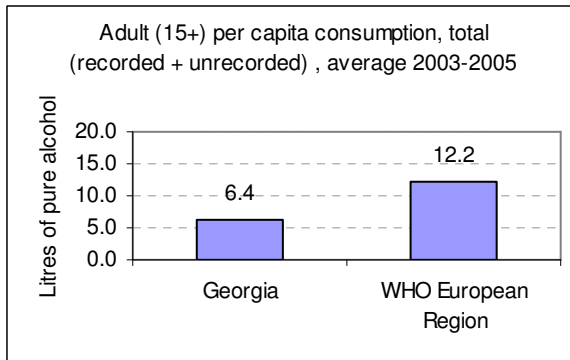
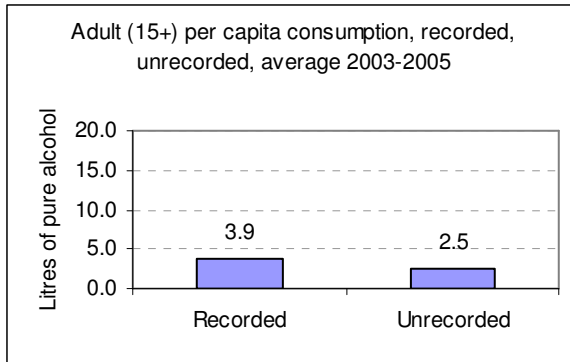
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

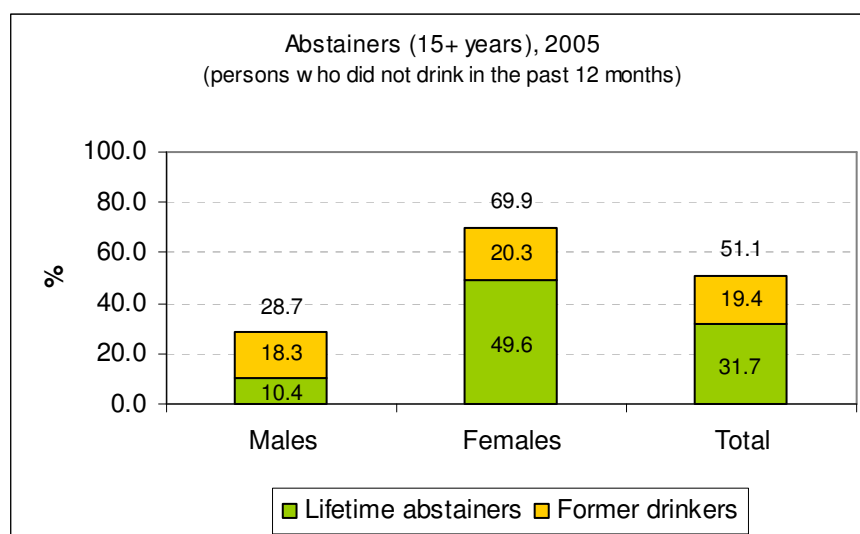
Increase
Stable
 Decrease
 Inconclusive



In Georgia, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Wine and beer are also consumed, but to a lesser extent, while the consumption of other fermented beverages is present but close to zero. Recorded adult per capita consumption is around 3.9 litres of pure alcohol and this has remained stable according to trends from recent years. Some unrecorded consumption is also seen in the country, adding around 2.5 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Georgia is around 6.4 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	19.4%
Heavy episodic drinkers (18-85+ years), females, 2003	1.2%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	13.09
Adult (15+ years) per capita consumption*, males	14.81
Adult (15+ years) per capita consumption*, females	9.44
Heavy episodic drinkers** (18-85+ years), males, 2003	27.3%
Heavy episodic drinkers** (18-85+ years), females, 2003	4.0%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	3,732.7	609.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	8.2%	0.3%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	38.8	13.8	37.2	11.3	--	--	--	--	--	--	--	--
Alcoholic Liver disease	0.7	0.2	1.7	0.1	--	--	--	--	--	--	--	--
Road traffic accidents (1)	10.4	2.5	15.7	2.8	--	--	--	--	--	--	--	--
Poisoning	1.3	0.3	0.6	0.7	--	--	--	--	--	--	--	--
Violence	7.5	1.2	8.9	1.4	--	--	--	--	--	--	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	NO
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: pneumonia and grippe (mortality); gastrointestinal cancers (mortality) and cardiac failure (mortality).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	NO
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / 0.02%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Georgia. Restrictions on the location of on-/off-premise sales of alcoholic beverages are in place. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

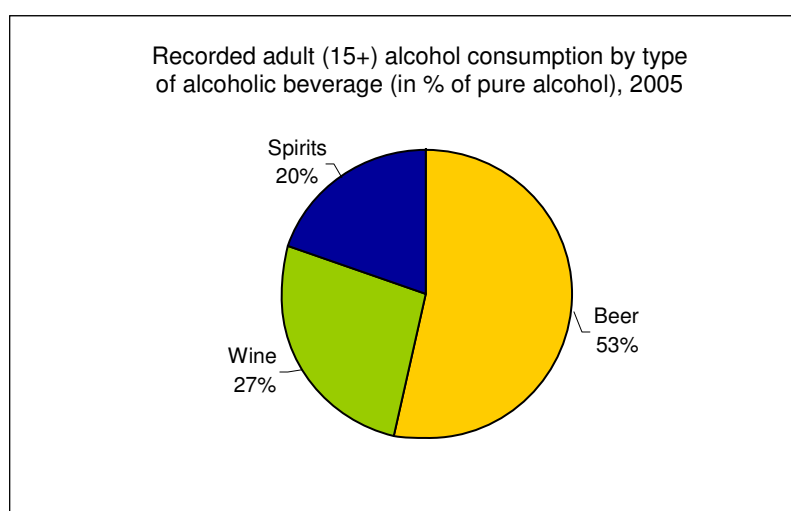
Germany

SOCIOECONOMIC CONTEXT

Total population	82,641,000	Annual population growth rate	0.1%
Population 15+ years	86%	Adult literacy rate	- -
Population in urban areas	75%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

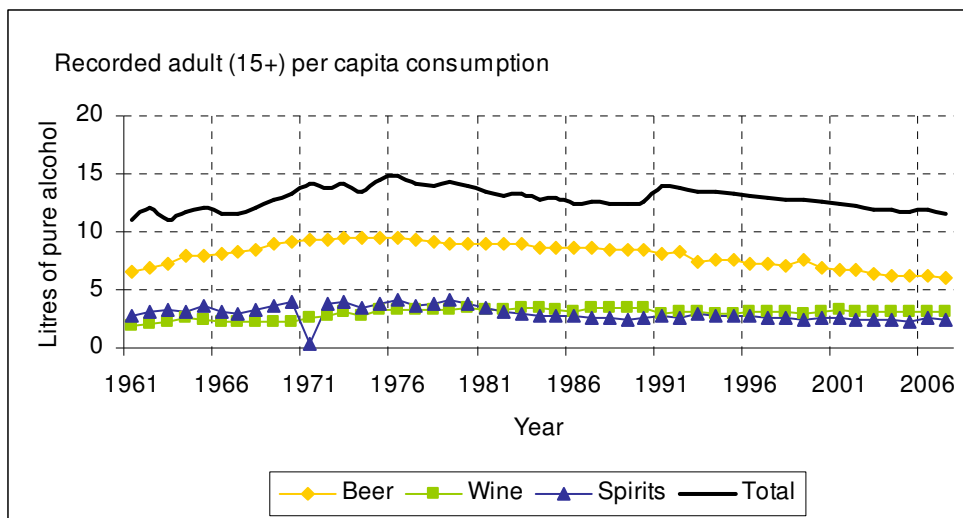
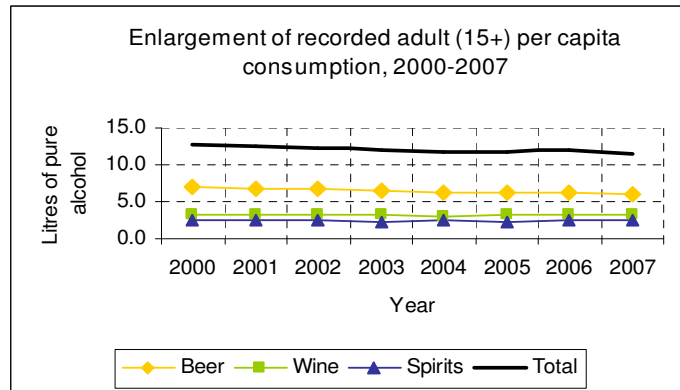


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Germany include korn and obstwasser. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

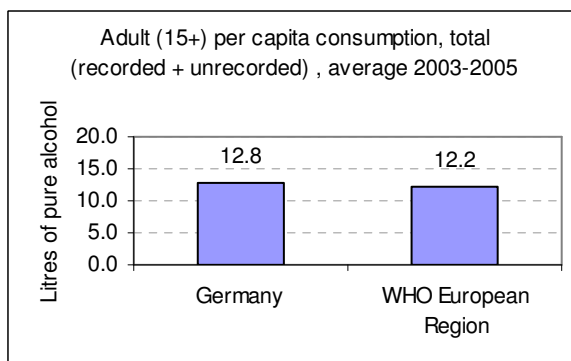
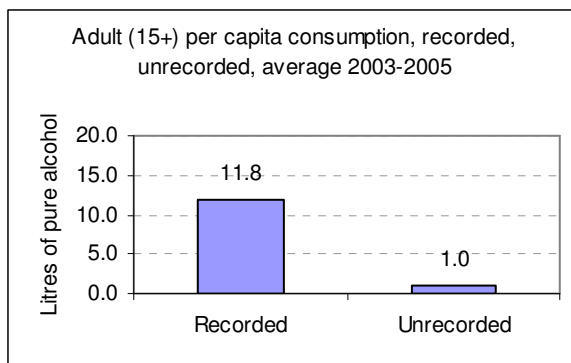
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

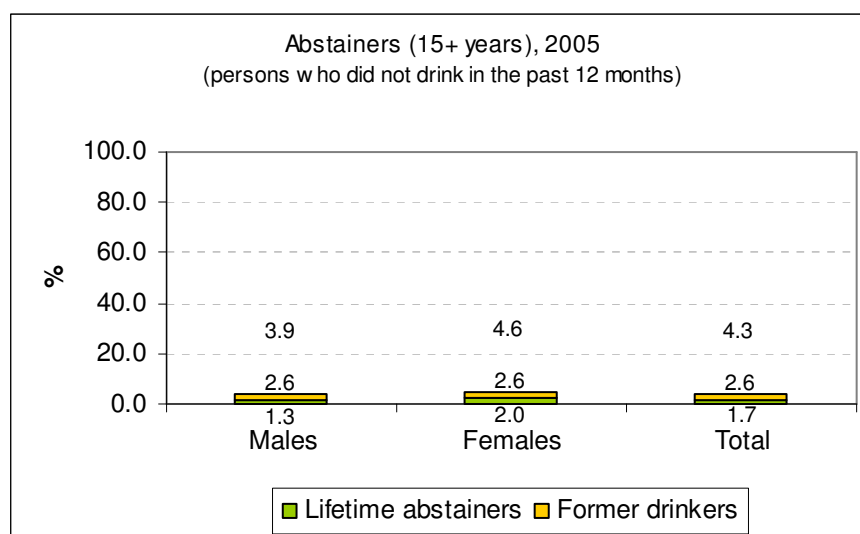
Increase
Stable
 Decrease
 Inconclusive



In Germany, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Wine and spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.8 litres of pure alcohol and has remained stable in recent years according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 1.0 litre to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 12.8 litres in Germany.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (16-80 years), males, 2000	13.1%
Heavy episodic drinkers (17-68 years), females, 2000	2.1%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	13.39
Adult (15+ years) per capita consumption*, males	19.54
Adult (15+ years) per capita consumption*, females	7.78
Heavy episodic drinkers** (16-80 years), males, 2000	13.6%
Heavy episodic drinkers** (17-68 years), females, 2000	2.2%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,848.5	1817.0
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	5.4%	1.3%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	27.3	11.0	26.1	10.9	26.4	10.7	25.9	10.3	24.2	9.5	23.2	9.2
Alcoholic Liver disease	17.9	6.6	17.6	6.6	18.3	6.6	17.8	6.4	16.9	6.0	16.2	5.9
Road traffic accidents (1)	17.2	5.6	15.7	5.1	15.5	5.0	14.8	4.4	12.9	4.0	11.5	3.6
Poisoning	1.4	0.3	2.4	0.7	1.9	0.5	1.6	0.5	1.5	0.5	1.6	0.5
Violence	0.9	0.7	0.9	0.6	0.9	0.7	0.8	0.6	0.8	0.6	0.7	0.5

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	32,539.5
Direct healthcare costs (millions US dollars)	9,421.2
Direct law enforcement costs (millions US dollars)	0.0
Other direct costs (millions US dollars)	1,836.5
Indirect costs (millions US dollars)	21,281.8

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	NO
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: deaths from alcohol dependency (mortality); deaths from alcohol abuse (mortality); deaths from alcoholic myocardial disease (mortality); direct costs for rehabilitation of alcohol-related diseases (morbidity) and direct costs for treatment in hospitals caused by alcohol-related diseases (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2003)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	NO
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / ZERO TOLERANCE / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Germany which was adopted in 2003. Restrictions on sales of alcoholic beverages to intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising and on alcohol product placement.

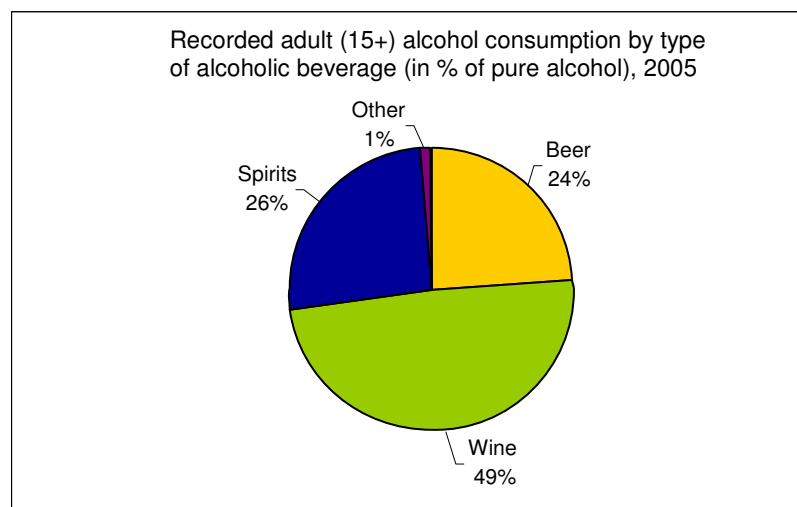
Greece

SOCIOECONOMIC CONTEXT

Total population	11,123,000	Annual population growth rate	0.4%
Population 15+ years	86%	Adult literacy rate	96%
Population in urban areas	59%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

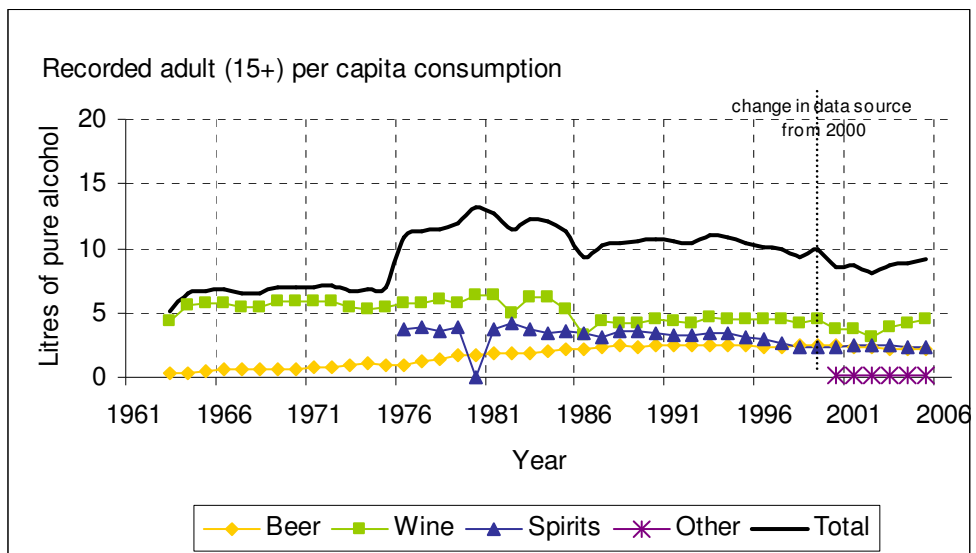
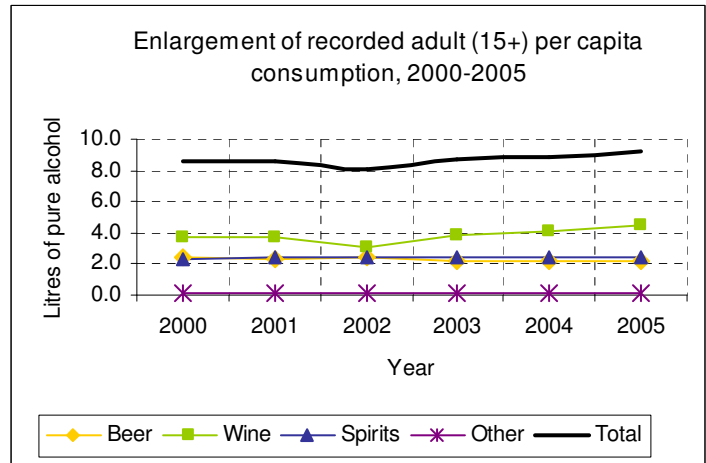


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Greece include zivania, ouzo and tsiporod. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

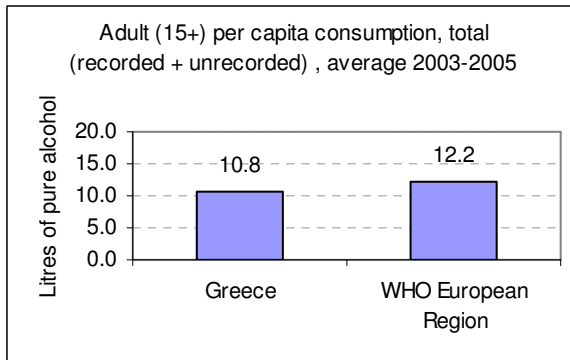
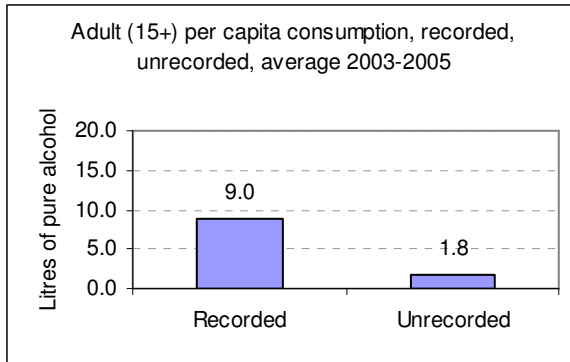
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

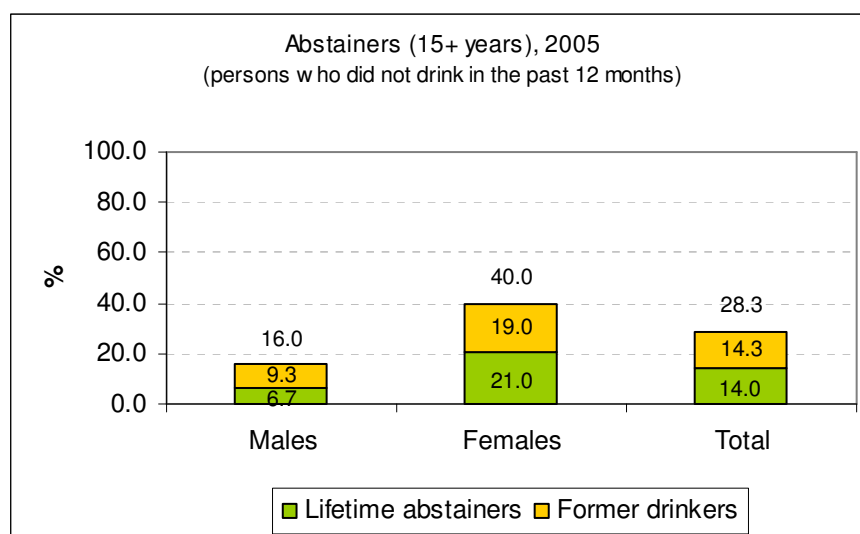
Increase
Stable
 Decrease
 Inconclusive



In Greece, adult per capita consumption of alcohol is mainly characterized by consumption of wine, and then spirits and beer. Other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.0 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 1.8 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Greece is around 10.8 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	14.99
Adult (15+ years) per capita consumption*, males	18.35
Adult (15+ years) per capita consumption*, females	10.82
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5684.5	1508.2
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	7.9	2.9	8.7	2.2	7.9	2.1	8.1	2.2	7.8	2.3	8.6	2.4
Alcoholic Liver disease	1.6	0.1	1.8	0.2	2.1	0.2	1.8	0.2	2.2	0.3	2.2	0.3
Road traffic accidents (1)	36.1	9.3	33.2	8.9	29.6	7.5	30.1	6.6	32.3	8.3	31.3	7.5
Poisoning	7.4	1.2	9.2	1.8	7.1	1.2	6.5	1.1	6.9	1.4	10.1	1.3
Violence	1.9	0.7	1.8	0.6	1.3	0.3	2.0	0.6	1.5	0.5	1.7	0.7

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.02% / 0.02%
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

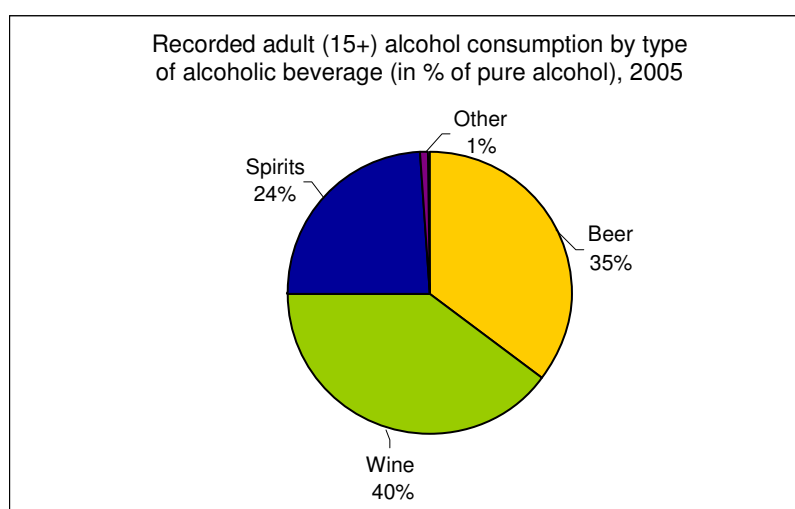
Hungary

SOCIOECONOMIC CONTEXT

Total population	10,058,000	Annual population growth rate	-0.3%
Population 15+ years	85%	Adult literacy rate	- -
Population in urban areas	67%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

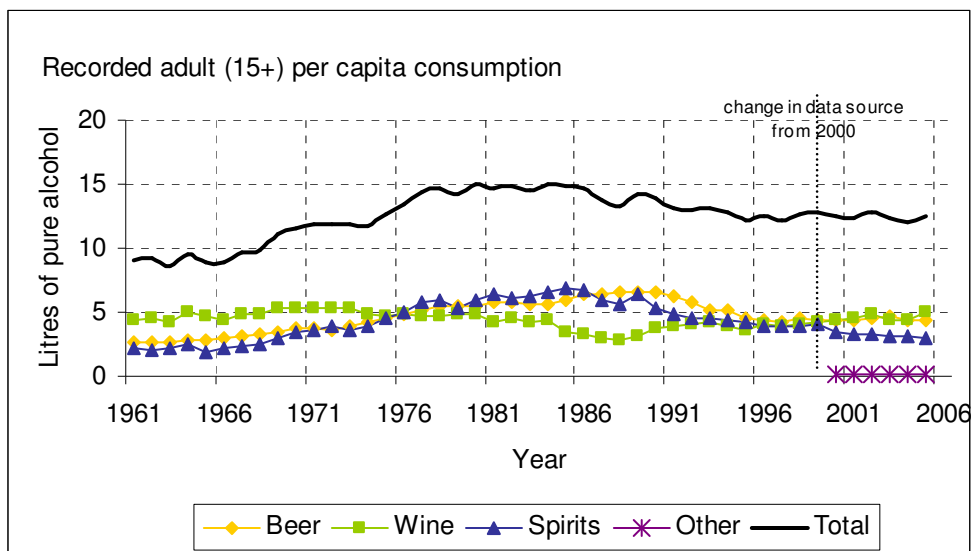
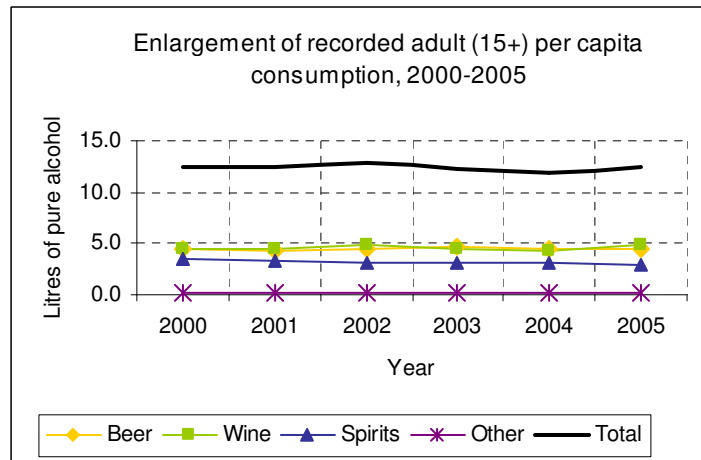


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Hungary include fruit eaux de vie. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

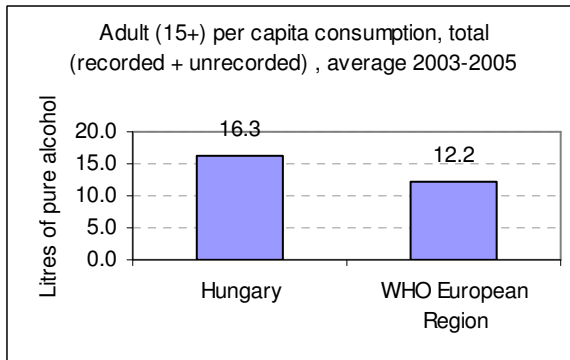
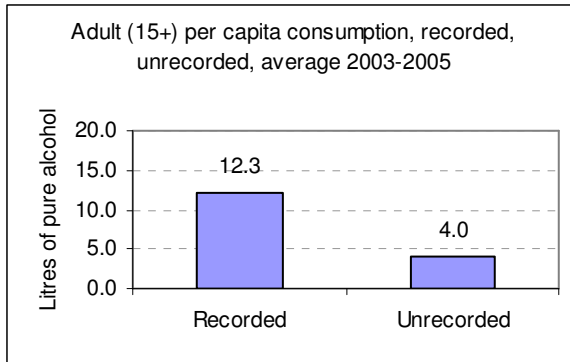
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

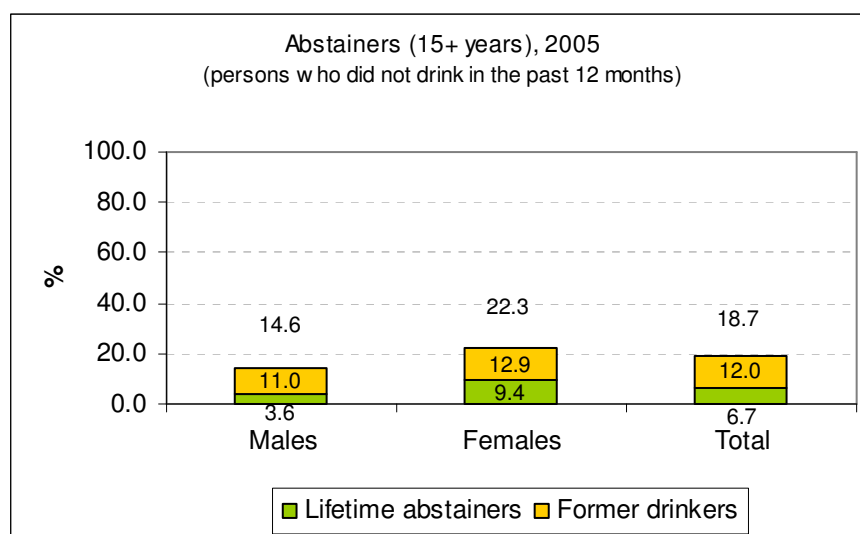
Increase
Stable
 Decrease
 Inconclusive



In Hungary, adult per capita consumption of alcohol is mainly characterized by consumption of wine and beer. Spirits and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 12.3 litres of pure alcohol and has remained stable according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 4.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 16.3 litres in Hungary.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	18.0%
Heavy episodic drinkers (18-85+ years), females, 2003	1.8%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	20.01
Adult (15+ years) per capita consumption*, males	29.45
Adult (15+ years) per capita consumption*, females	10.98
Heavy episodic drinkers** (18-85+ years), males, 2003	21.1%
Heavy episodic drinkers** (18-85+ years), females, 2003	2.3%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	21,873.4	3,556.4
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	109.4	32.8	95.7	30.8	92.9	27.0	91.5	29.6	87.5	27.4	75.8	24.0
Alcoholic Liver disease	98.3	26.8	84.4	25.0	82.3	21.7	79.6	23.3	76.6	21.6	48.4	13.1
Road traffic accidents (1)	22.8	6.4	23.7	6.5	28.3	8.0	27.3	6.9	27.2	6.9	26.4	7.3
Poisoning	2.3	0.6	2.8	0.8	2.0	0.7	2.8	1.2	2.7	0.8	2.6	1.0
Violence	3.3	2.3	3.8	1.5	3.1	2.0	2.8	1.5	2.9	1.5	2.4	1.6

Data source: WHO Mortality Database, based on data as reported by countries
accidents

(1) refer to transport

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	NO

There is no written national policy on alcohol in Hungary. There are restrictions on on-/off-premise sales of alcoholic beverages to intoxicated persons and on sales of alcohol at specific events. There are national and legally binding regulations on alcohol advertising, alcohol product placement and alcohol sponsorship.

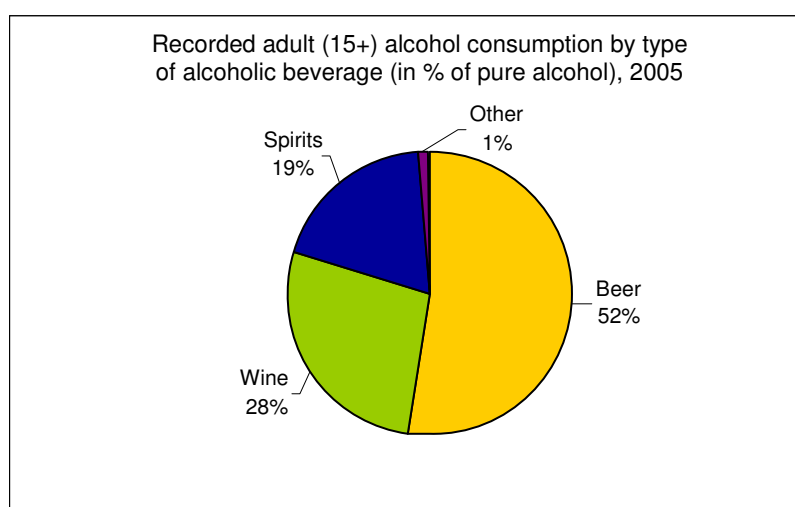
Iceland

SOCIOECONOMIC CONTEXT

Total population	298,000	Annual population growth rate	1.0%
Population 15+ years	78%	Adult literacy rate	- -
Population in urban areas	93%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

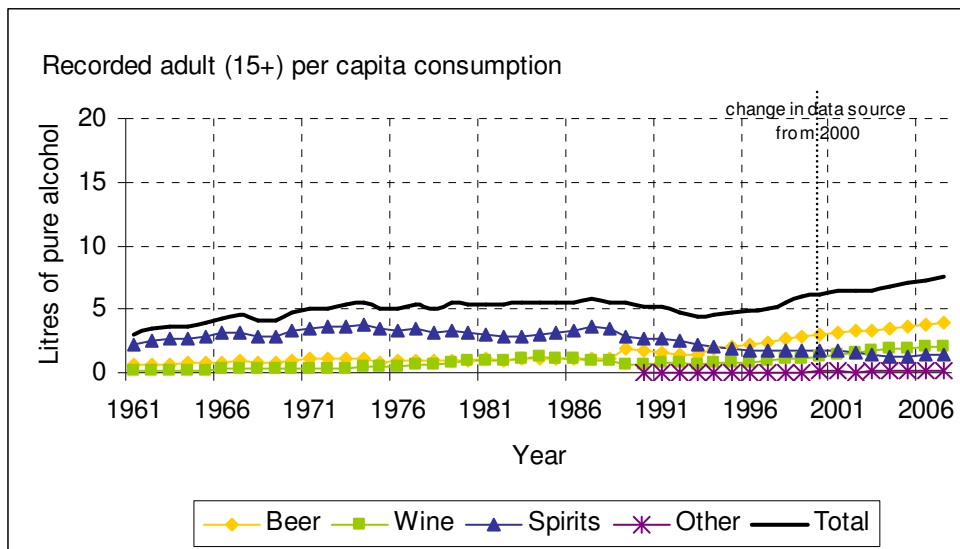
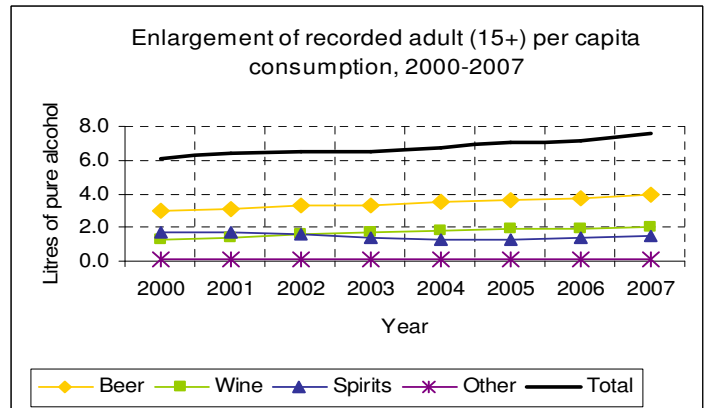


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Iceland include brennivin. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

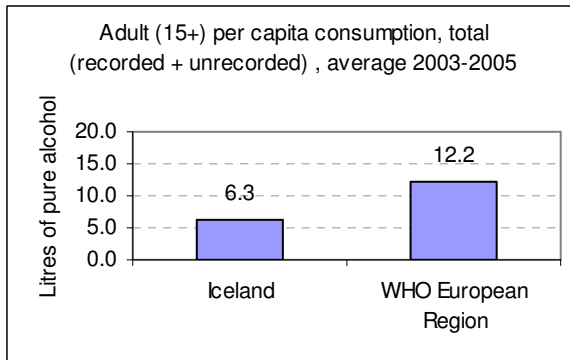
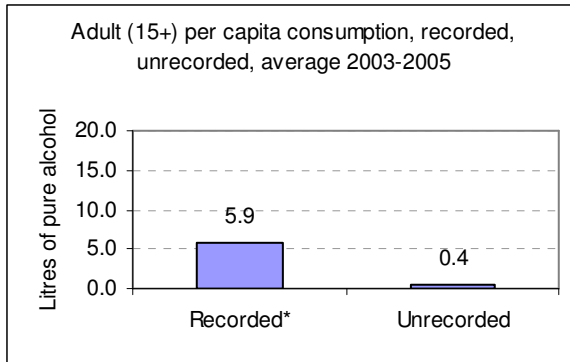
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase
Stable
 Decrease
 Inconclusive

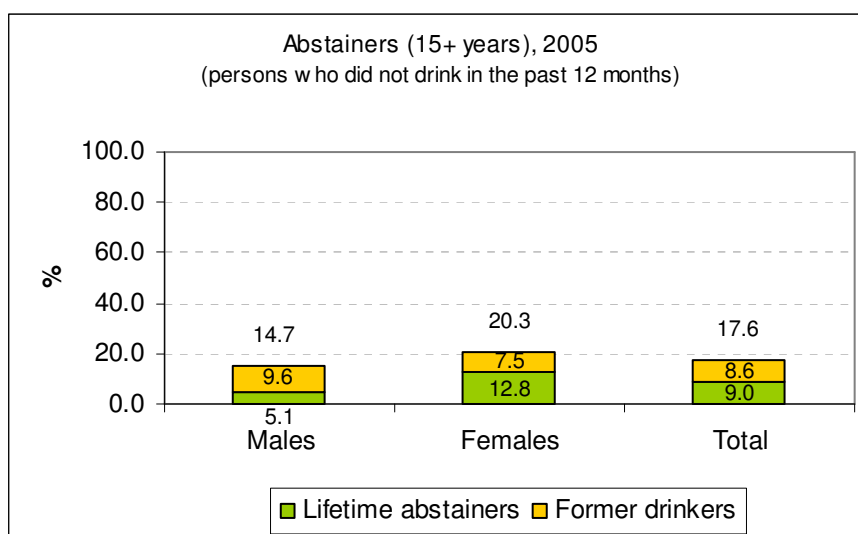


* Tourist consumption of 0.85 litres has been subtracted.

In Iceland, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Spirits, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 5.9 litres of pure alcohol and has remained stable according to figures from recent years. Some unrecorded alcohol consumption is also seen in the country, adding around 0.4 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 6.3 litres in Iceland.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-75 years), males, 2001	11.3%
Heavy episodic drinkers (18-75 years), females, 2001	3.2%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	7.66
Adult (15+ years) per capita consumption*, males	10.75
Adult (15+ years) per capita consumption*, females	4.96
Heavy episodic drinkers** (18-75 years), males, 2001	13.2%
Heavy episodic drinkers** (18-75 years), females, 2001	4.0%

* (recorded + unrecorded - tourist) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	3,959.4	1,050.5
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcohol disorders (mortality); mental and behavioural disorders related to alcohol use (mortality); accidental alcohol poisoning (mortality) and alcohol treatment (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	YES/YES
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	20/20/20
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	20/20/20
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places and density)	YES
Specific events	YES
Intoxicated persons	NO
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Iceland. Restrictions for on-/off-premise sales of alcoholic beverages are in place for time and location of sales as well as for sales at specific events and at petrol stations. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

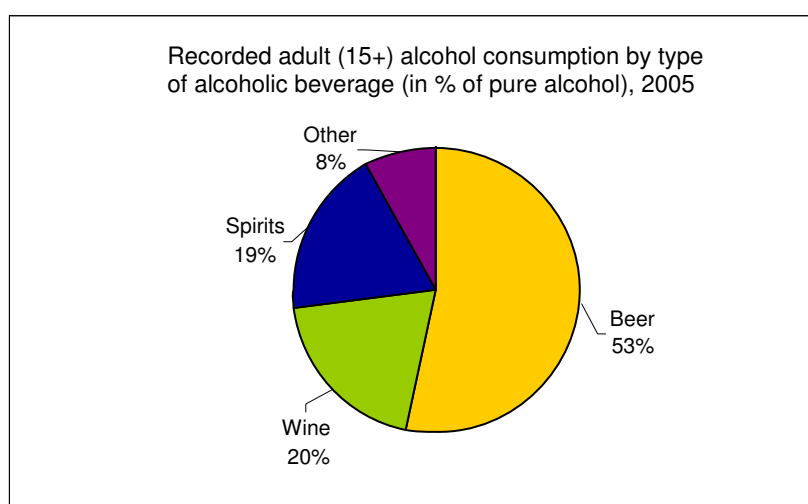
Ireland

SOCIOECONOMIC CONTEXT

Total population	4,221,000	Annual population growth rate	1.5%
Population 15+ years	79%	Adult literacy rate	--
Population in urban areas	61%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

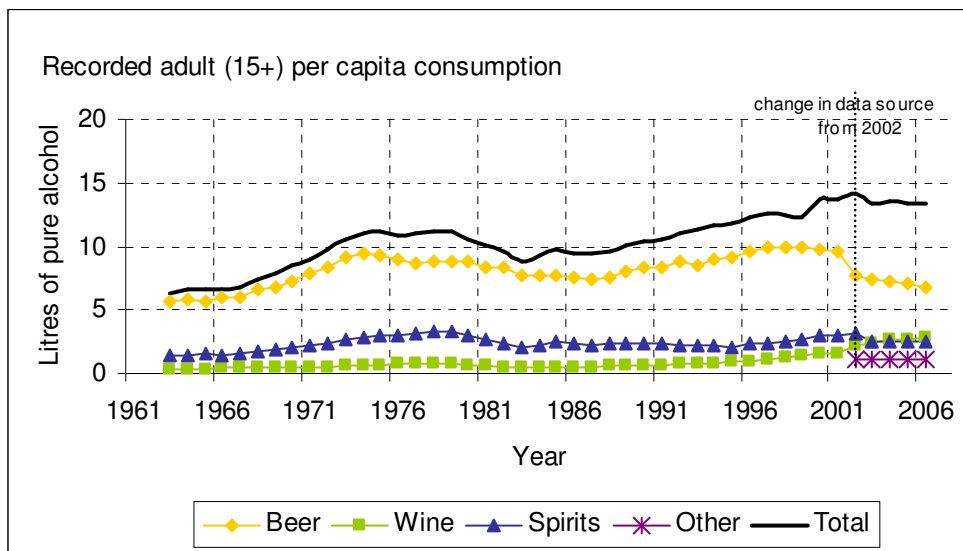
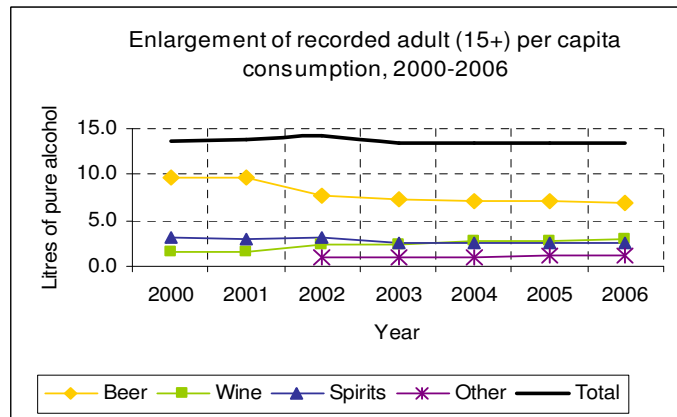


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Ireland include poteen. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

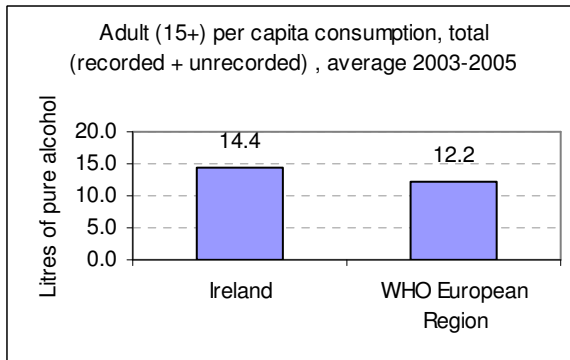
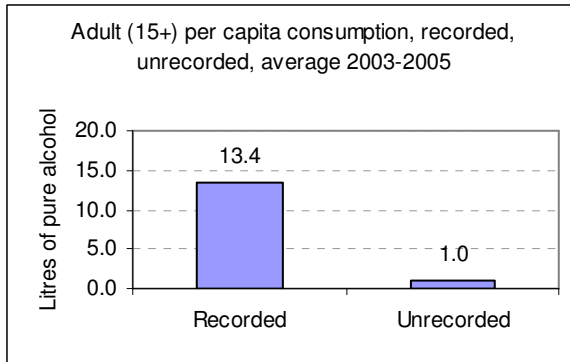
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

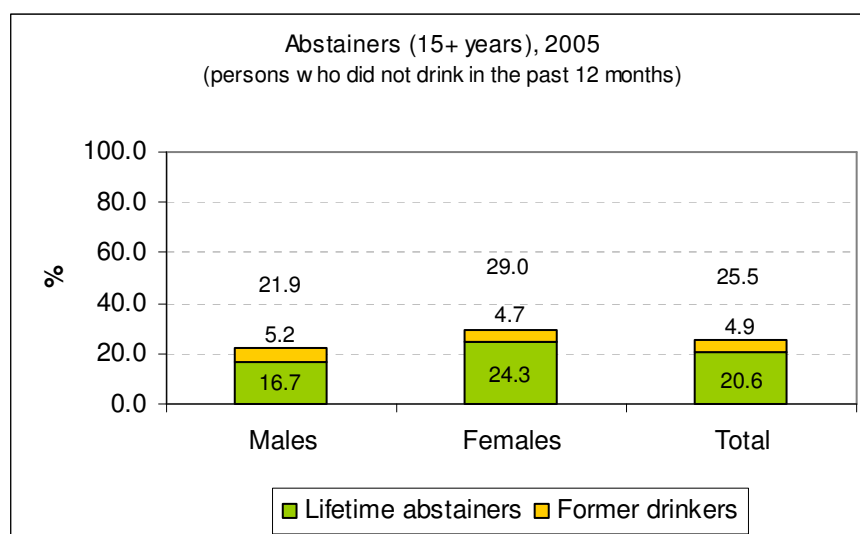
Increase
Stable
 Decrease
 Inconclusive



In Ireland, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Wine, spirits and other fermented alcoholic beverages including cider are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 13.4 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 1.0 litre to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Ireland is around 14.4 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2002	43.4%
Heavy episodic drinkers (18-85+ years), females, 2002	14.3%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	19.34
Adult (15+ years) per capita consumption*, males	26.19
Adult (15+ years) per capita consumption*, females	12.15
Heavy episodic drinkers** (18-85+ years), males, 2002	55.6%
Heavy episodic drinkers** (18-85+ years), females, 2002	20.2%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	7,648.7	2,029.4
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	6.2	3.2	8.5	4.2	6.3	4.2	6.4	4.3	7.5	3.6	7.3	4.2
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	20.2	5.7	18.7	5.1	17.2	5.1	14.4	3.6	12.2	3.3	11.5	4.5
Poisoning	1.7	0.5	2.4	0.7	2.7	1.2	1.1	0.9	0.6	0.5	1.9	0.7
Violence	1.8	0.4	2.2	0.3	2.3	0.6	1.8	0.5	1.2	0.3	0.7	0.2

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	NO
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcohol liver cirrhosis (morbidity); alcohol-related liver disease (morbidity); alcohol poisoning (morbidity) and treated problem alcohol use (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1996)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places/density)	YES/NO
Specific events	NO
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.08% / 0.08% / 0.08%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Ireland which was adopted in 1996. Time and place restrictions for on-/off-premise sales of alcoholic beverages are in place, as well as sale restrictions to intoxicated persons. There are national and legally binding regulations on alcohol advertising and on alcohol sales promotion.

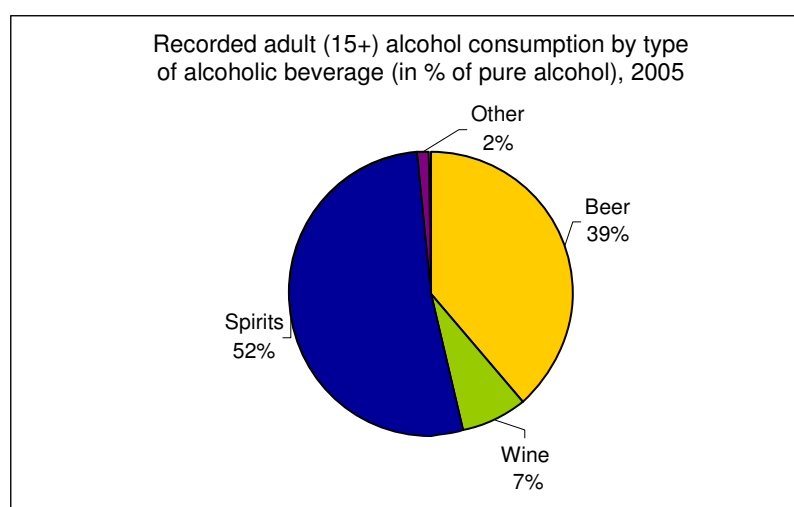
Israel

SOCIOECONOMIC CONTEXT

Total population	6,810,000	Annual population growth rate	2.1%
Population 15+ years	72%	Adult literacy rate	- -
Population in urban areas	92%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

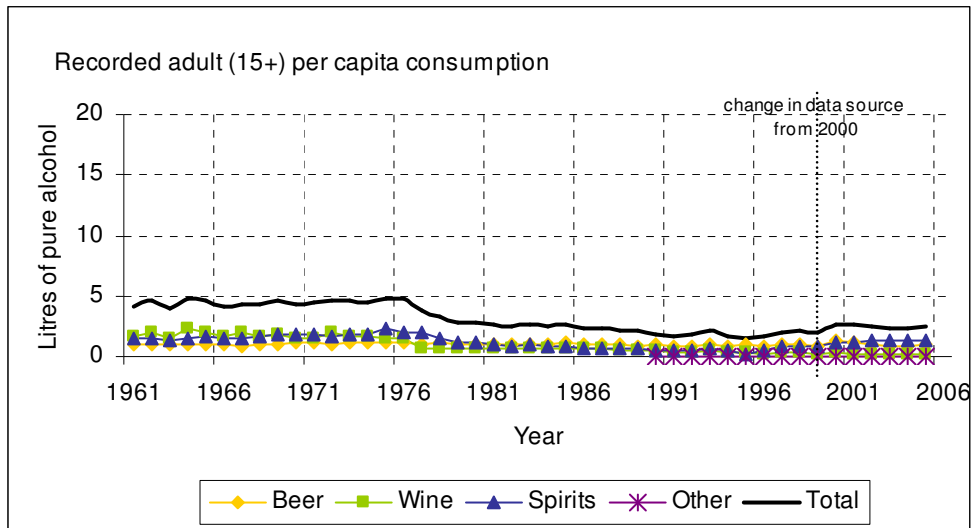
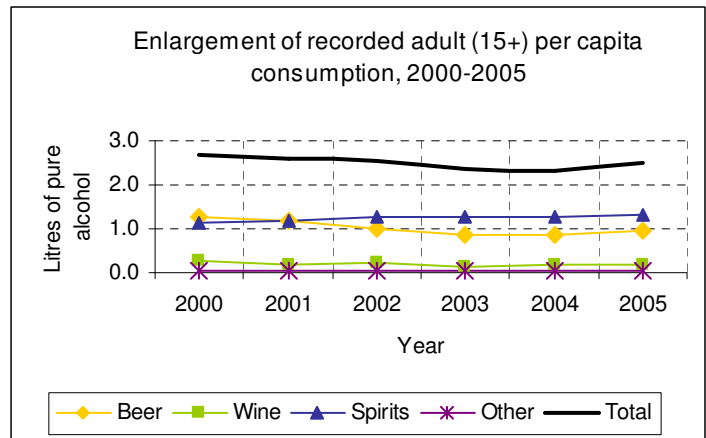


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Israel. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

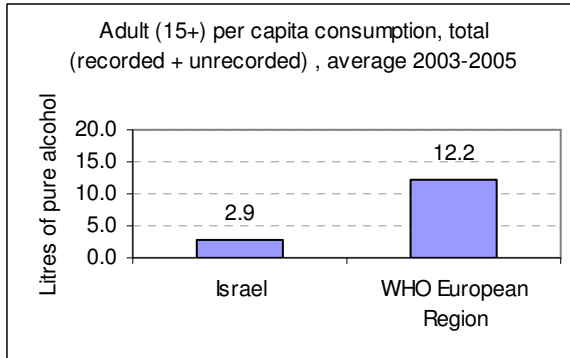
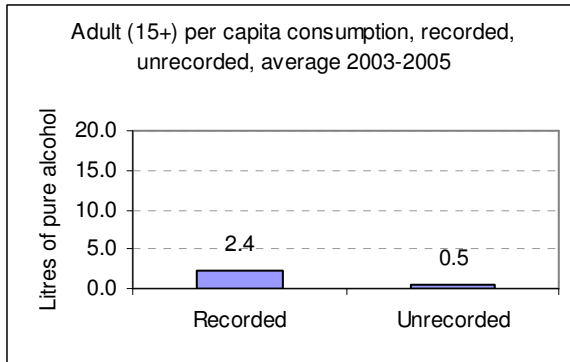
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

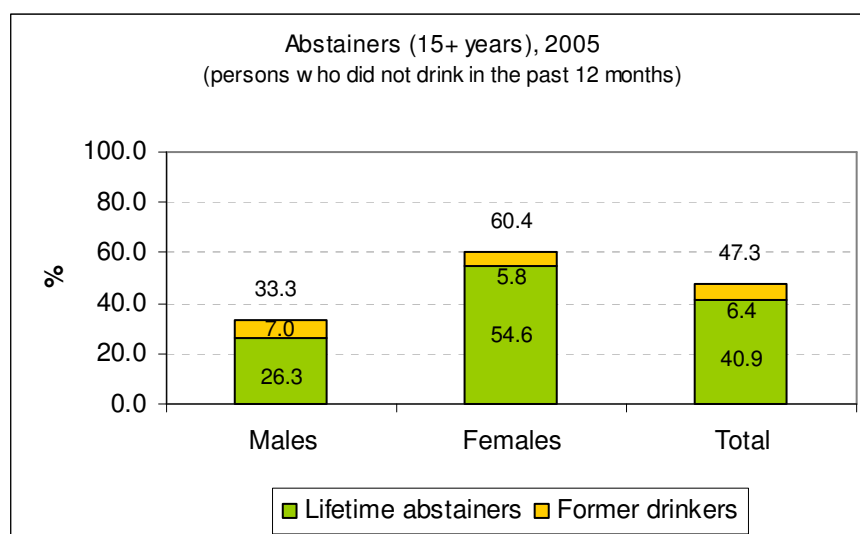
Increase
Stable
 Decrease
 Inconclusive



In Israel, adult per capita consumption of alcohol is mainly characterized by consumption of spirits and beer. Wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 2.4 litres of pure alcohol and has remained stable according to trends from recent years. Some unrecorded alcohol production is also seen in the country, adding around 0.5 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Israel is around 2.9 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-40 years), males, 2001	1.8%
Heavy episodic drinkers (18-40 years), females, 2001	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	5.48
Adult (15+ years) per capita consumption*, males	6.27
Adult (15+ years) per capita consumption*, females	4.36
Heavy episodic drinkers** (18-40 years), males, 2001	2.7%
Heavy episodic drinkers** (18-40 years), females, 2001	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	1,704.3	452.2
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	1.4%	0.4%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	7.3	3.6	5.9	3.4	5.6	3.4	5.9	3.1	5.4	2.3	5.5	2.5
Alcoholic Liver disease	2.4	0.2	1.9	0.2	2.3	0.4	1.7	0.1	2.0	0.2	2.2	0.1
Road traffic accidents (1)	11.6	2.9	13.2	3.4	12.9	3.0	10.5	2.4	10.9	2.7	10.4	3.0
Poisoning	3.5	0.5	1.7	0.2	3.2	0.4	3.5	0.3	3.1	0.7	0.2	0.0
Violence	6.1	1.9	11.1	4.0	13.8	5.9	9.8	3.4	7.0	2.3	5.5	2.4

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	SUBNATIONAL
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	NO
Intoxicated persons	NO
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	YES

There are written subnational policies on alcohol in Israel. There are national restrictions for off-premise sales of alcoholic beverages in petrol stations, and there are national and legally binding regulations on alcohol advertising and on alcohol product placement.

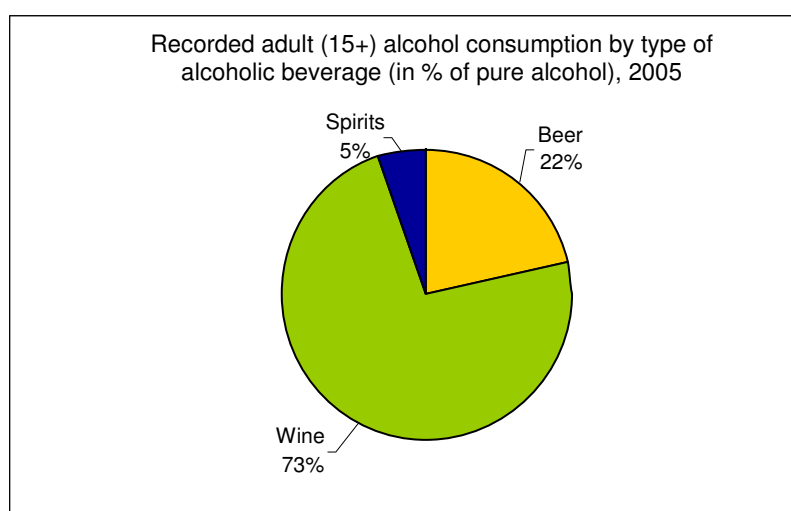
Italy

SOCIOECONOMIC CONTEXT

Total population	58,779,000	Annual population growth rate	0.2%
Population 15+ years	86%	Adult literacy rate	98.4%
Population in urban areas	68%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

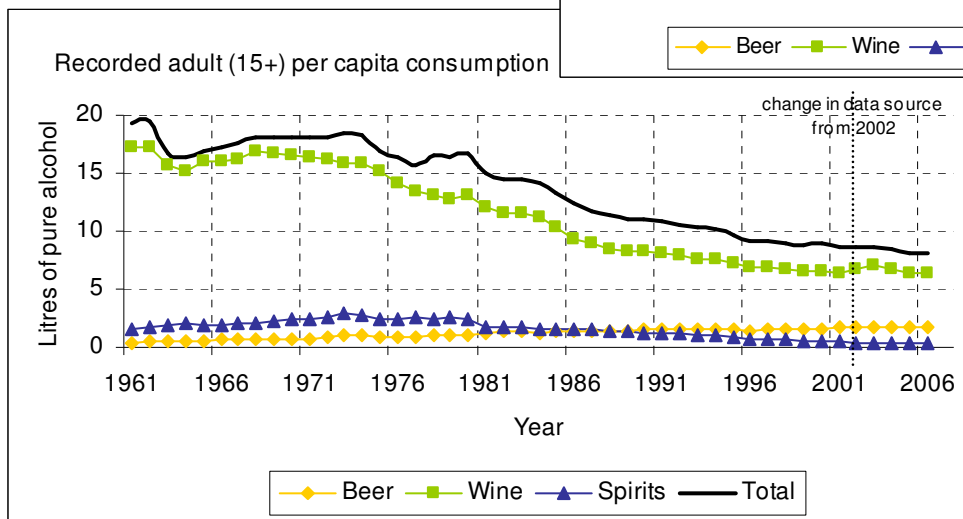
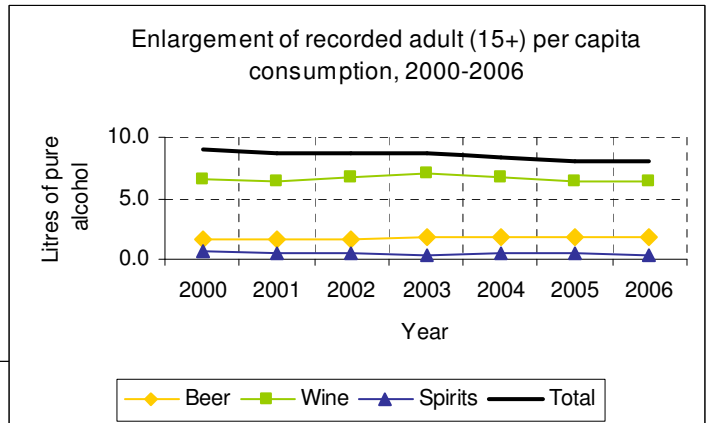


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Italy include grappa. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

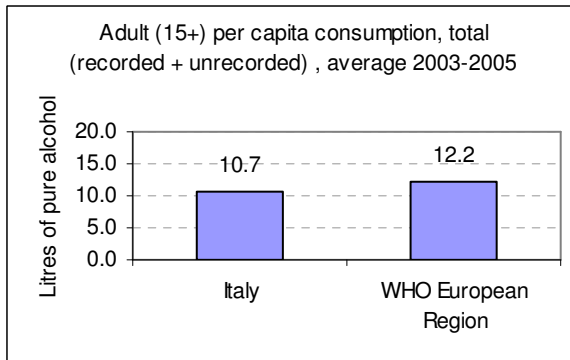
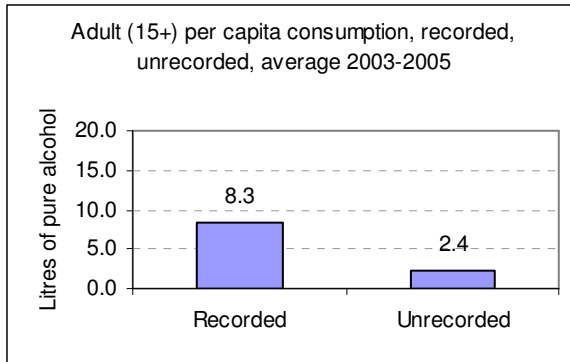
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

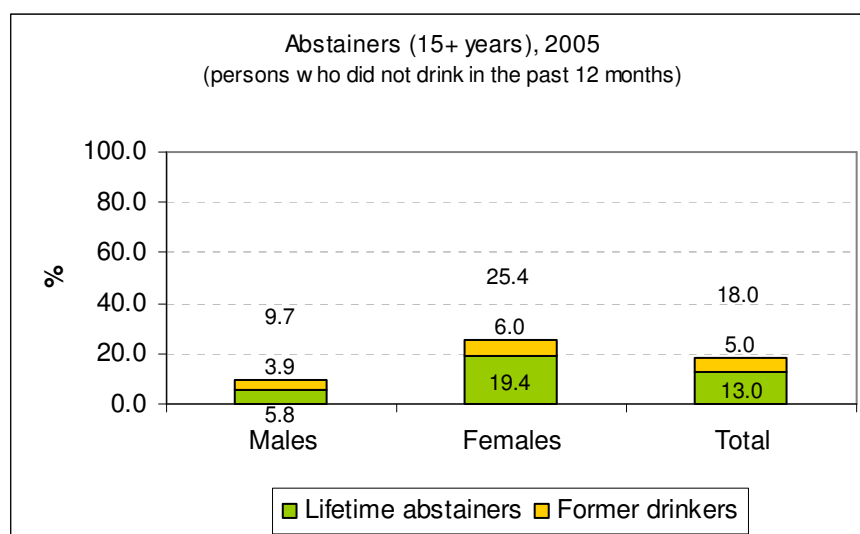
Increase
Stable
 Decrease
 Inconclusive



In Italy, adult per capita consumption of alcohol is mainly characterized by consumption of wine. Beer and spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 8.3 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 2.4 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 10.7 litres in Italy.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-64 years), males, 2000	11.1%
Heavy episodic drinkers (18-64 years), females, 2000	8.5%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	13.02
Adult (15+ years) per capita consumption*, males	17.06
Adult (15+ years) per capita consumption*, females	8.15
Heavy episodic drinkers** (18-64 years), males, 2000	12.3%
Heavy episodic drinkers** (18-64 years), females, 2000	10.1%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5,149.3	1,366.2
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	0.6%	0.6%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	20.7	9.8	20.4	9.5	18.5	8.9	16.4	7.4	--	--	--	--
Alcoholic Liver disease	2.9	0.7	3.3	0.8	3.1	0.8	3.2	0.7	--	--	--	--
Road traffic accidents (1)	24.0	6.4	24.6	6.2	24.6	5.7	22.0	5.0	--	--	--	--
Poisoning	0.7	0.3	0.7	0.3	0.6	0.4	0.6	0.2	--	--	--	--
Violence	2.0	0.6	1.8	0.5	1.8	0.6	2.0	0.7	--	--	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	11,573.5
Direct healthcare costs (millions US dollars)	2,305.5
Direct law enforcement costs (millions US dollars)	150.0
Other direct costs (millions US dollars)	3,392.2
Indirect costs (millions US dollars)	5,725.9

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol use disorders (mortality); poisonings (mortality); falls (mortality); alcohol attributable morbidity (morbidity); alcoholic liver cirrhosis (morbidity) and alcohol abuse (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2007)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	NO/NO/NO
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/16
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Italy which was adopted in 2007. There are restrictions for on-/off-premise sales of alcoholic beverages such as hour restrictions on the sales of alcoholic beverages and sales restrictions at specific events, petrol stations and to intoxicated persons. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

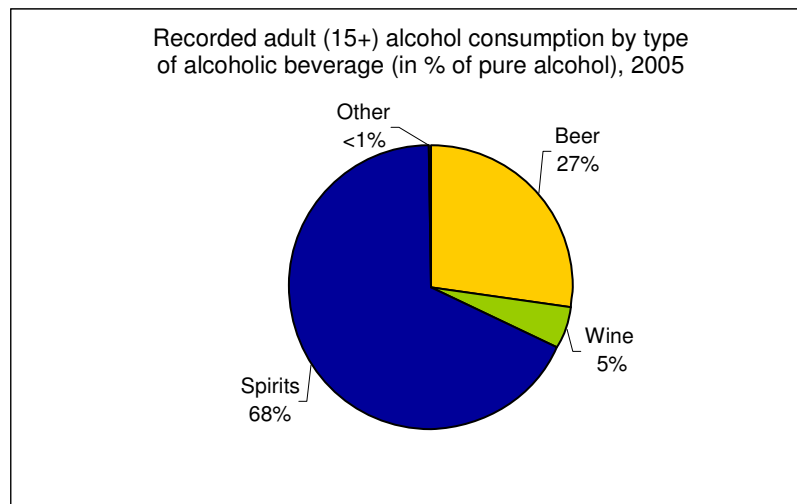
Kazakhstan

SOCIOECONOMIC CONTEXT

Total population	15,314,000	Annual population growth rate	-0.3%
Population 15+ years	76%	Adult literacy rate	99.5%
Population in urban areas	58%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

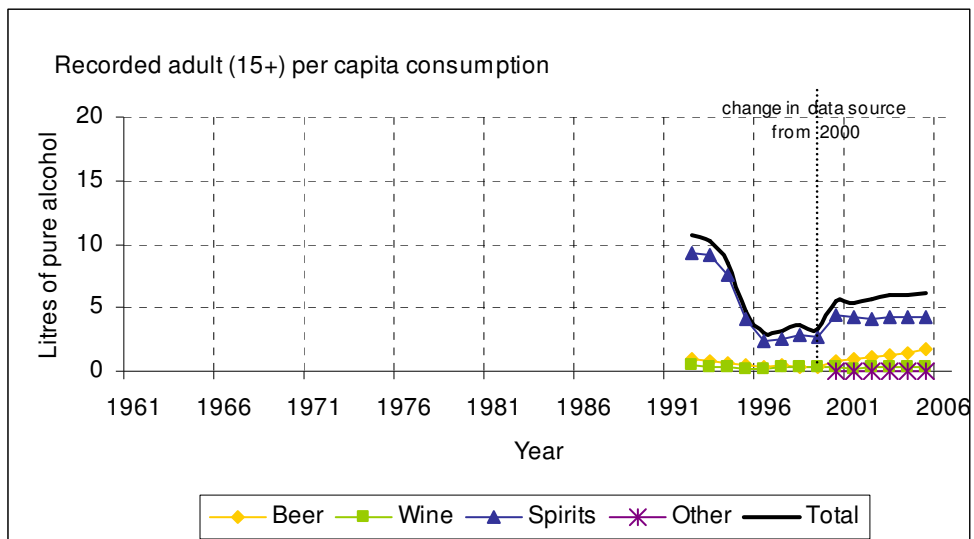
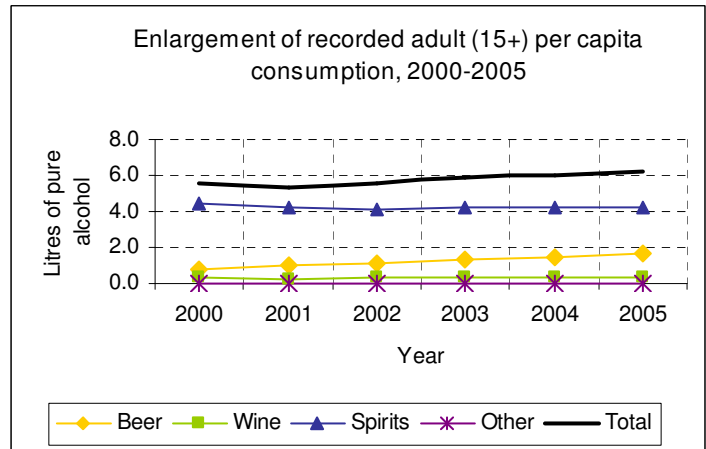


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Kazakhstan include home-produced wines. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

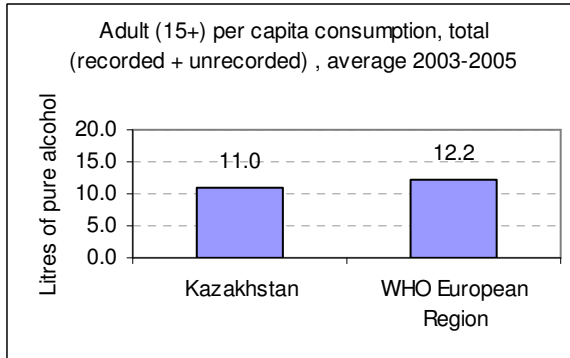
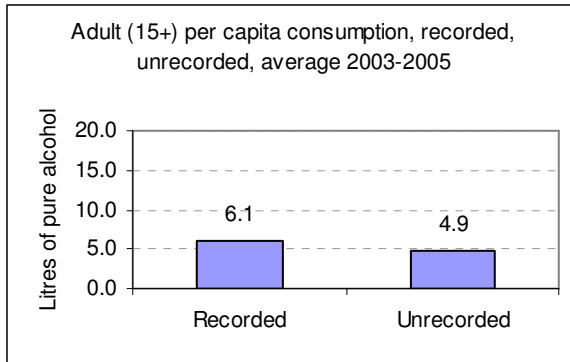
(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase

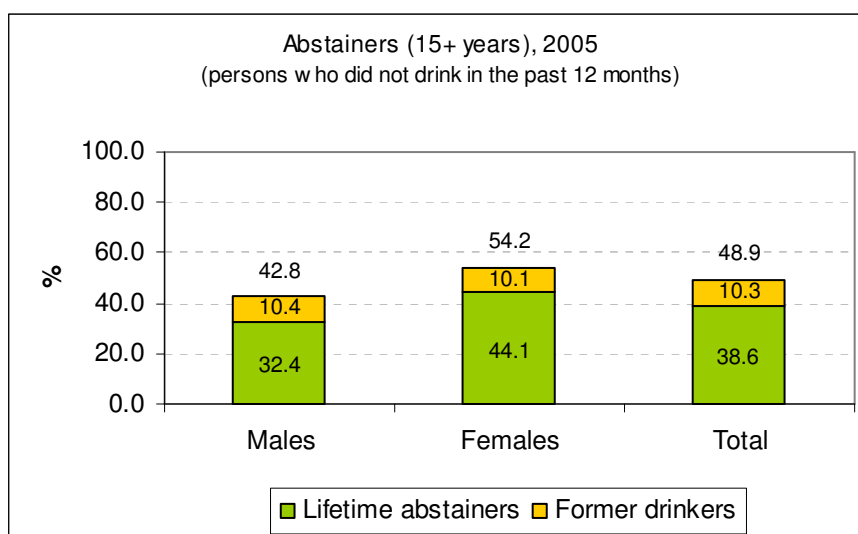
Stable
Decrease
Inconclusive



In Kazakhstan, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 6.1 litres of pure alcohol and has increased according to trends from recent years. Some unrecorded alcohol production is also seen in the country, adding around 4.9 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Kazakhstan is around 11.0 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-82 years), males, 2003	9.6%
Heavy episodic drinkers (18-89 years), females, 2003	2.3%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	21.45
Adult (15+ years) per capita consumption*, males	29.77
Adult (15+ years) per capita consumption*, females	12.66
Heavy episodic drinkers** (18-82 years), males, 2003	16.8%
Heavy episodic drinkers** (18-89 years), females, 2003	5.0%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	10,126.3	1,646.6
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	44.7	23.7	49.5	24.1	50.7	25.6	60.1	28.3	--	--	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	22.8	5.7	25.1	7.9	24.8	7.4	27.2	7.0	39.8	10.7	47.7	15.1
Poisoning	96.2	23.3	101.9	27.0	94.5	24.5	87.7	22.4	40.9	10.0	45.6	10.3
Violence	36.6	10.2	33.6	9.2	27.2	8.6	31.1	8.7	33.6	9.7	30.2	8.2

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1997)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	No information available
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places and density)	YES
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Kazakhstan which was adopted in 1997. Hours and place restrictions for on-/off-premise sales of alcoholic beverages are in place. There is a total ban on alcohol advertising.

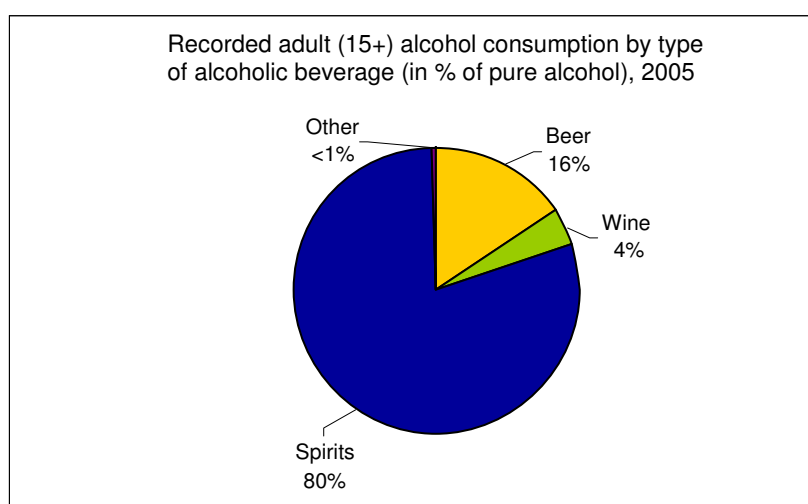
Kyrgyzstan

SOCIOECONOMIC CONTEXT

Total population	5,259,000	Annual population growth rate	1.2%
Population 15+ years	70%	Adult literacy rate	98.7%
Population in urban areas	36%	Income group (World bank)	Low Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

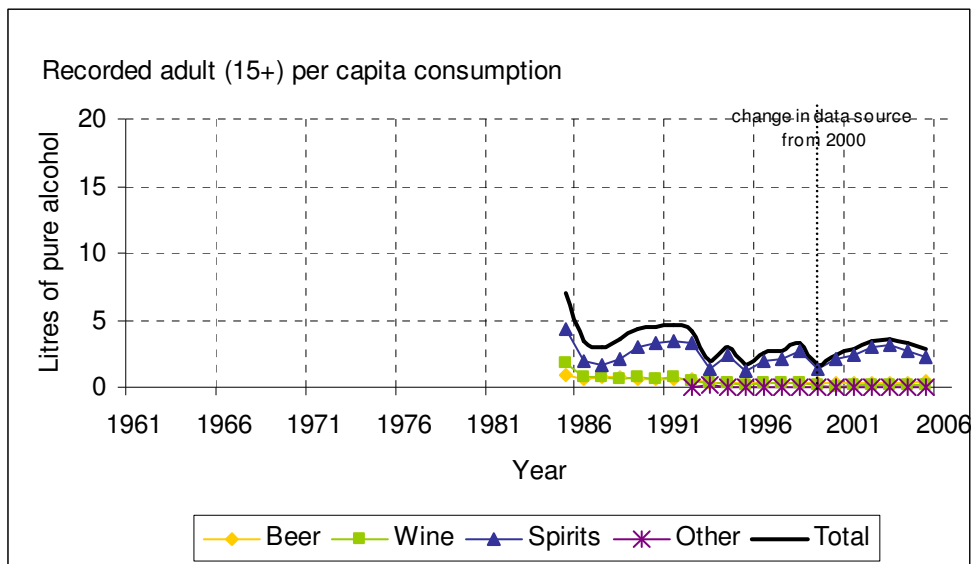
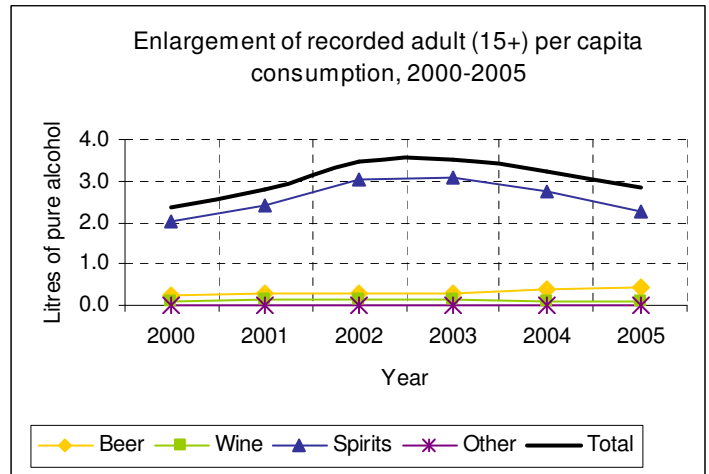


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Kyrgyzstan include home-produced wines. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

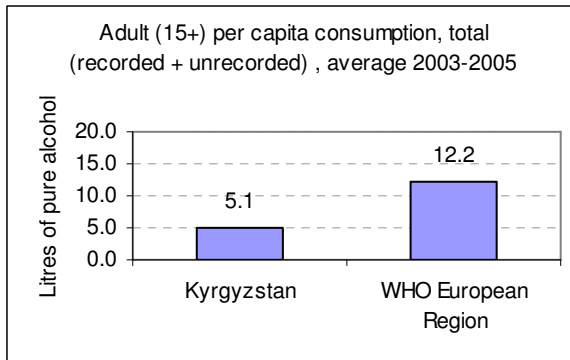
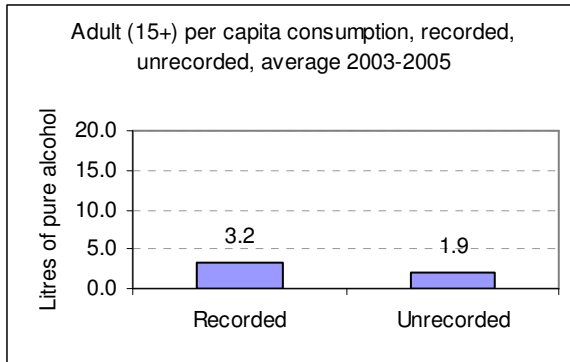
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

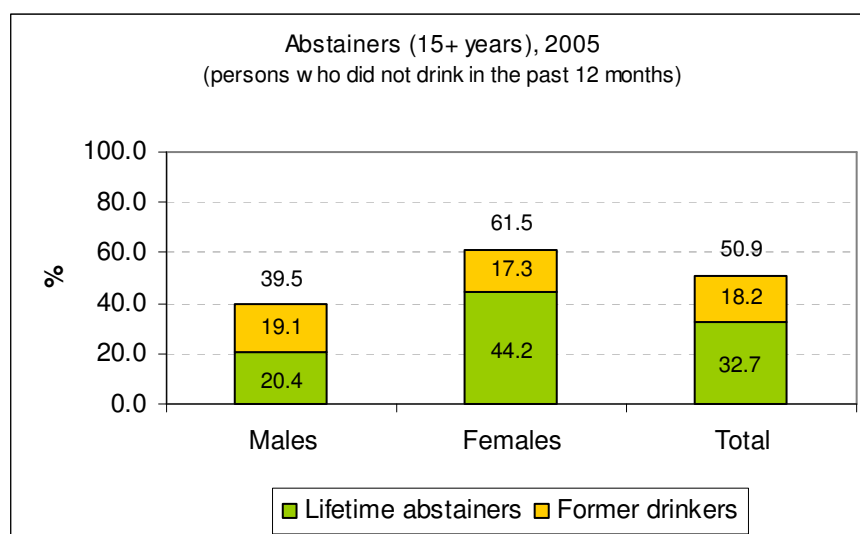
Increase
Stable
 Decrease
 Inconclusive



In Kyrgyzstan, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 3.2 litres of pure alcohol and has remained stable according to trends from recent years. Some unrecorded alcohol production is also seen in the country, adding around 1.9 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 5.1 litres in Kyrgyzstan.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	10.37
Adult (15+ years) per capita consumption*, males	12.76
Adult (15+ years) per capita consumption*, females	5.99
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	4,109.5	611.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	65.8	41.6	66.9	39.8	83.6	44.3	79.5	42.2	84.0	43.9	88.3	43.4
Alcoholic Liver disease	2.2	0.5	1.3	0.1	1.9	0.2	3.8	0.7	4.0	1.0	4.0	1.2
Road traffic accidents (1)	19.2	4.5	22.2	6.5	27.0	6.8	30.4	9.2	33.2	9.6	30.2	8.8
Poisoning	30.8	6.0	29.3	7.2	23.8	7.3	27.2	8.9	27.8	8.0	26.4	7.1
Violence	19.5	5.9	16.2	5.6	14.2	5.9	14.0	5.5	15.4	4.7	18.1	4.9

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	NO
Road traffic injury	YES
Alcohol-related recorded crime	YES

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	NO
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Kyrgyzstan. There are restrictions at the national level on places of on-/off-premise sales of alcoholic beverages. There are national and legally binding regulations on alcohol advertising and on alcohol product placement.

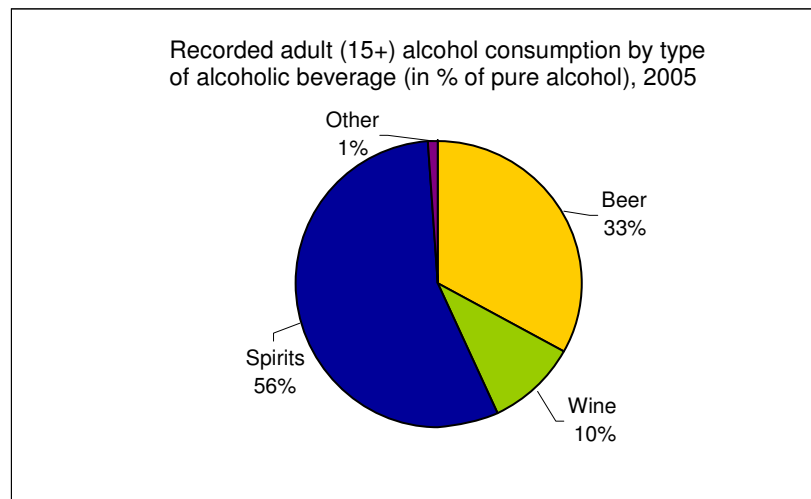
Latvia

SOCIOECONOMIC CONTEXT

Total population	2,289,000	Annual population growth rate	-0.7%
Population 15+ years	86%	Adult literacy rate	99.7%
Population in urban areas	68%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

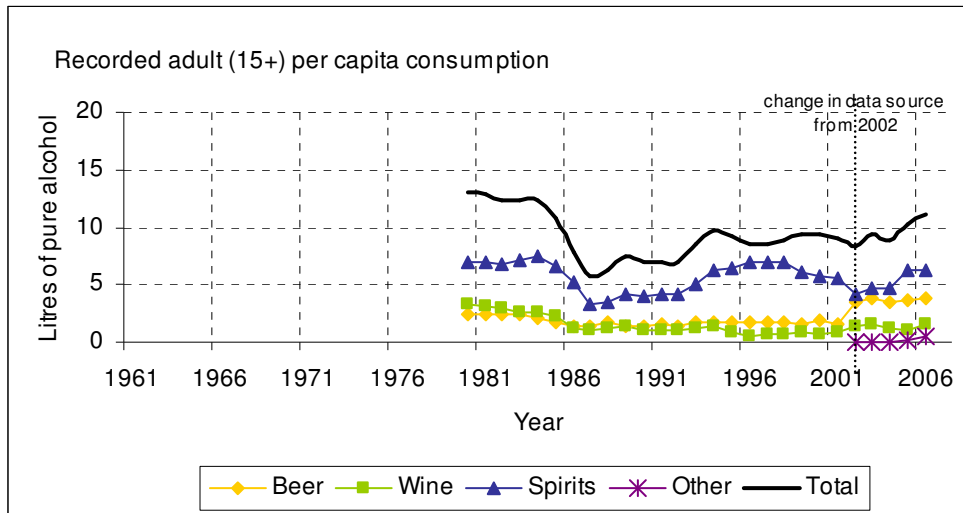
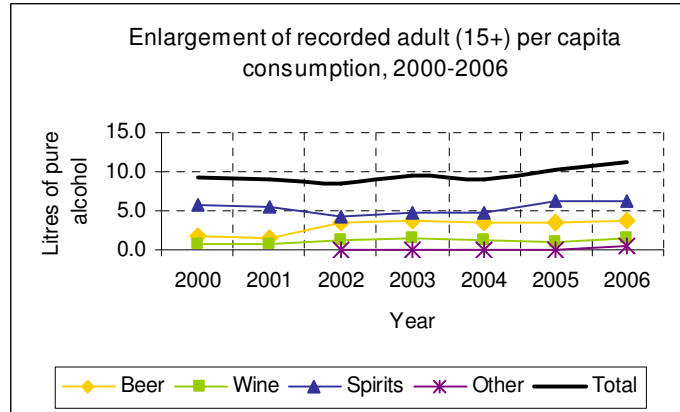


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Latvia. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

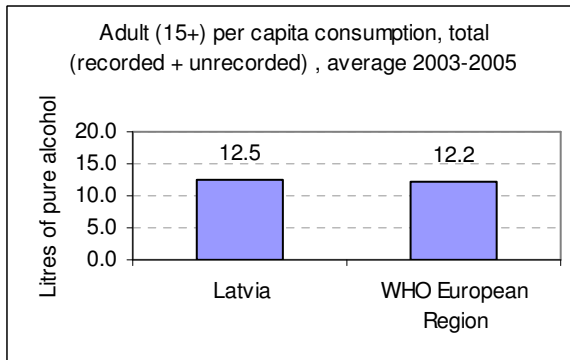
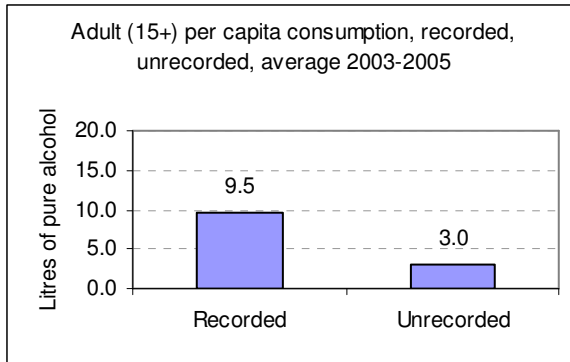
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

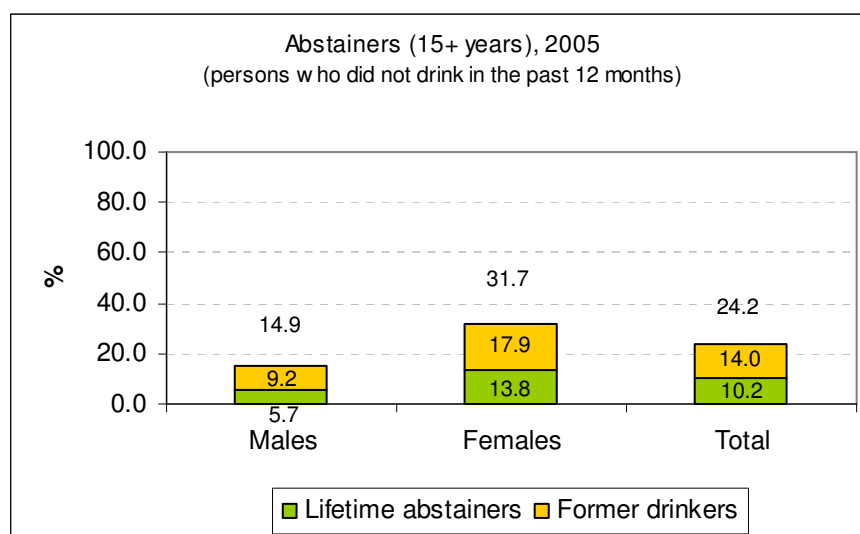
Increase
Stable
 Decrease
 Inconclusive



In Latvia, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.5 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 3.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 12.5 litres in Latvia.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	20.0%
Heavy episodic drinkers (18-85+ years), females, 2003	2.9%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	16.49
Adult (15+ years) per capita consumption*, males	24.92
Adult (15+ years) per capita consumption*, females	9.72
Heavy episodic drinkers** (18-85+ years), males, 2003	23.5%
Heavy episodic drinkers** (18-85+ years), females, 2003	4.2%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	14,573.9	2,369.8
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	20.8	8.3	21.5	12.0	22.8	9.6	22.4	9.7	22.6	10.3	21.3	13.4
Alcoholic Liver disease	2.9	1.2	1.7	0.9	2.7	1.2	3.4	1.4	3.2	0.9	2.5	1.6
Road traffic accidents (1)	53.7	13.6	47.2	12.7	45.4	10.6	41.2	11.5	38.4	12.4	34.8	11.1
Poisoning	36.0	7.3	31.0	7.2	27.7	7.1	27.0	7.0	28.4	8.0	33.4	7.0
Violence	24.0	6.6	22.8	7.6	20.2	6.9	18.5	7.0	15.6	7.0	18.7	5.1

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcohol cardiopathy (mortality); chronic alcoholism (mortality); alcohol poisoning (mortality); clients with first time set up diagnosis- alcohol psychoses (morbidity); prevalence and incidence of patients with diagnosis of alcohol psychosis (morbidity) and prevalence and incidence of patients with diagnosis of alcohol dependence (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2005, revised 2007)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.02% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Latvia, which was revised in 2007. There are restrictions for on-/off-premise sales of alcoholic beverages such as hours and place restrictions and restrictions at specific events. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

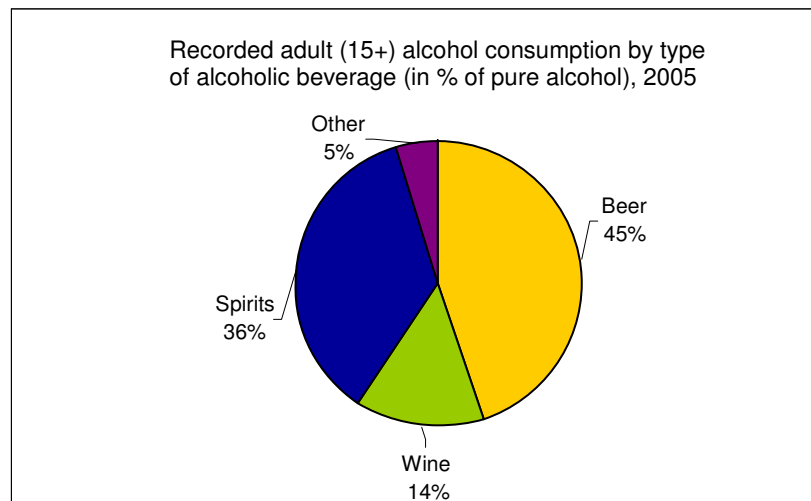
Lithuania

SOCIOECONOMIC CONTEXT

Total population	3,408,000	Annual population growth rate	-0.6%
Population 15+ years	84%	Adult literacy rate	99.6%
Population in urban areas	66%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

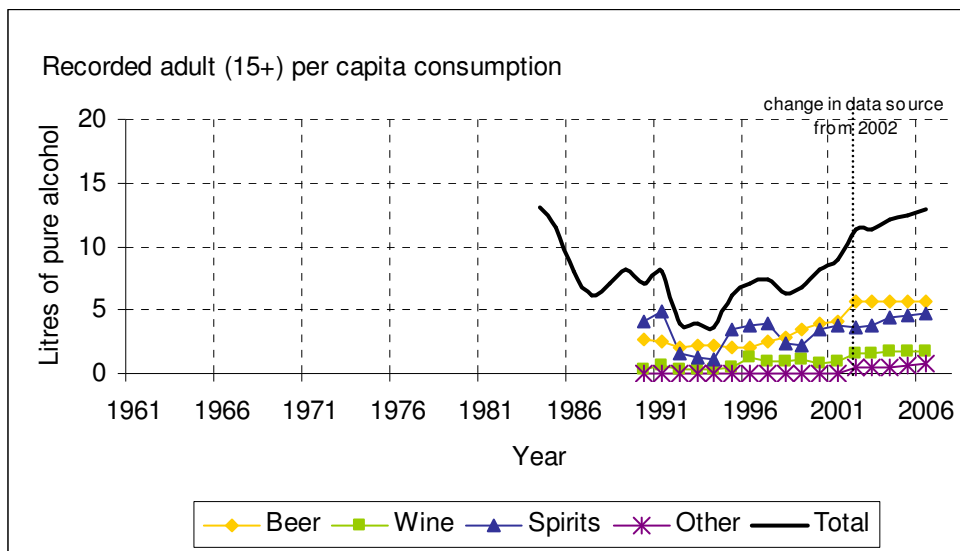
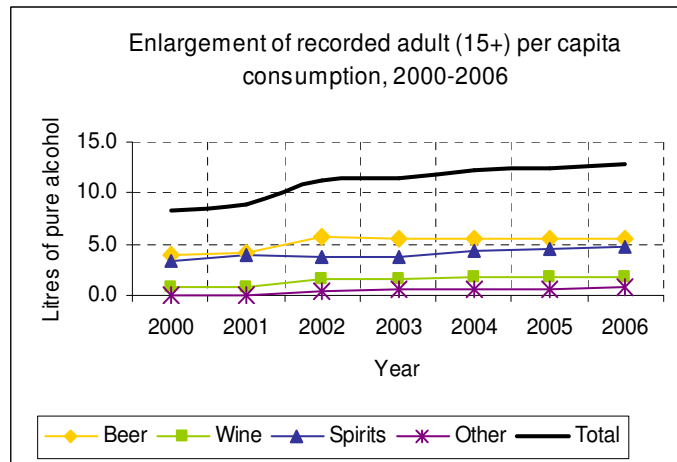


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Lithuania. There are no problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

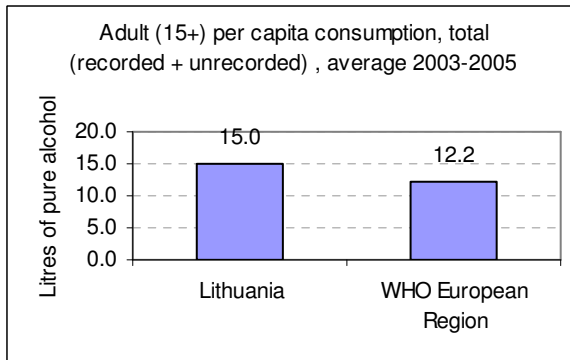
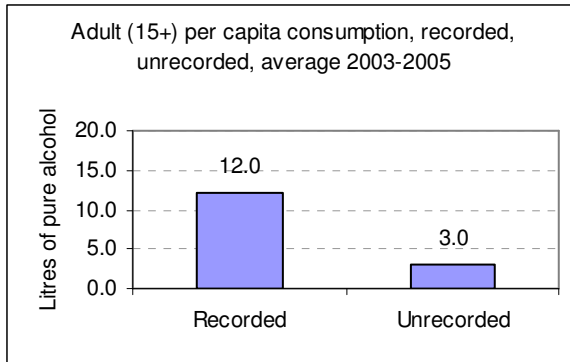
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

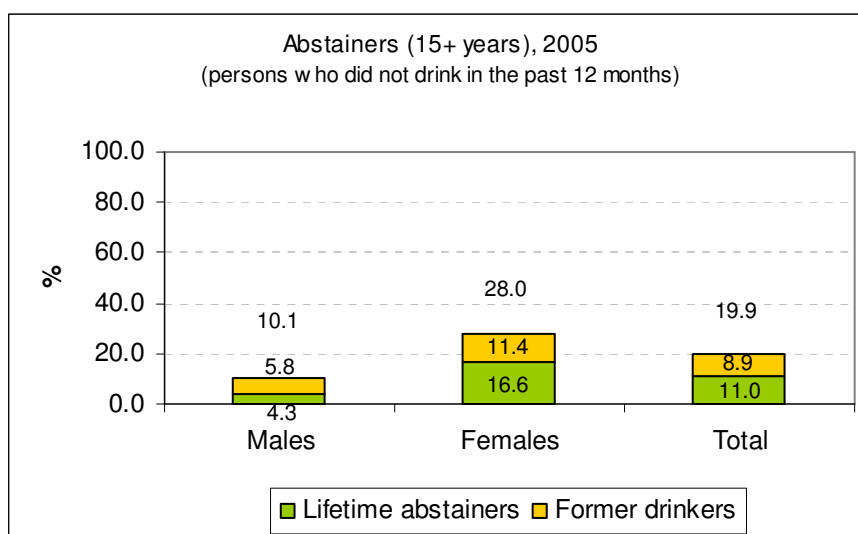
Increase
Stable
Decrease
Inconclusive



In Lithuania, adult per capita consumption of alcohol is mainly characterized by consumption of beer and spirits. Wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 12.0 litres of pure alcohol and has increased in recent years according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 3.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 15.0 litres in Lithuania.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	18.76
Adult (15+ years) per capita consumption*, males	27.54
Adult (15+ years) per capita consumption*, females	11.07
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	17,777.6	2,890.0
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	24.8	10.8	30.3	12.6	30.7	11.6	35.8	12.8	35.7	13.2	43.8	16.5
Alcoholic Liver disease	16.4	5.2	19.8	7.0	20.2	6.5	23.8	7.6	21.7	7.4	28.1	9.2
Road traffic accidents (1)	42.9	8.8	41.0	9.5	40.6	10.9	42.6	10.0	43.4	9.2	43.0	11.4
Poisoning	33.0	8.5	39.8	7.9	35.4	8.1	39.1	8.5	36.5	7.4	40.3	8.3
Violence	19.3	5.7	20.6	5.4	14.3	3.5	17.6	6.3	15.1	5.3	16.6	5.4

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: accidental alcohol poisoning (mortality); alcoholic cardiomyopathy (mortality); alcohol consumption-related death (mortality); alcohol use disorder (alcoholism) incidence (morbidity) and alcohol use disorder (alcoholism) prevalence (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1998, revised 2003)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.04% / 0.02% / 0.02%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Lithuania, which was revised in 2003. There are restrictions for on-/off-premise sales of alcoholic beverages at specific events and to intoxicated persons, as well as restrictions on hours of sales. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

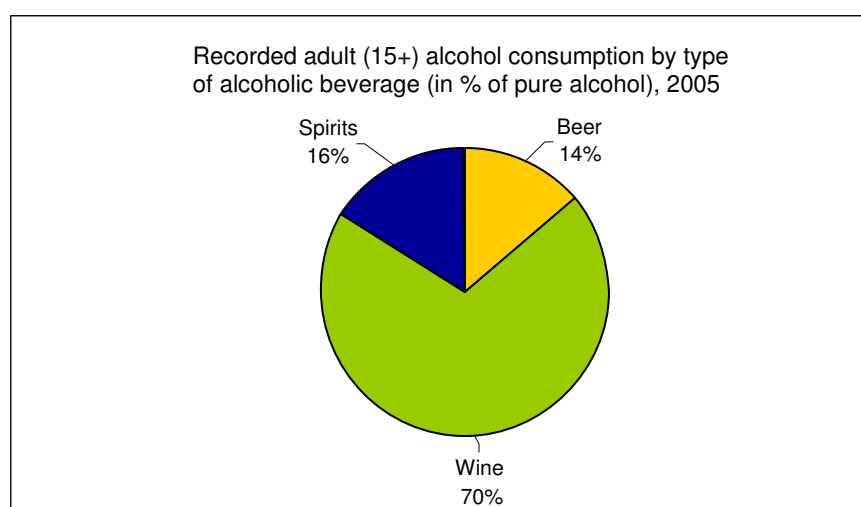
Luxembourg

SOCIOECONOMIC CONTEXT

Total population	461,000	Annual population growth rate	1.1%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	83%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

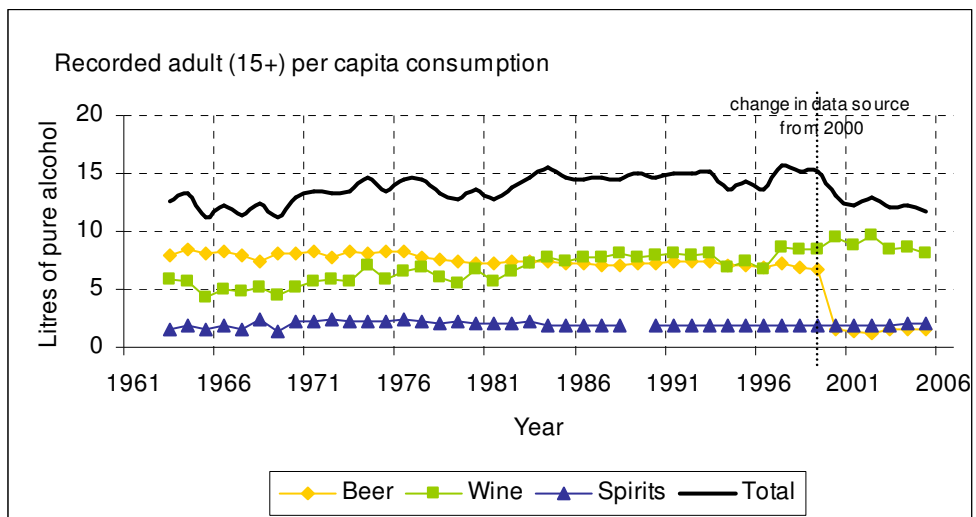
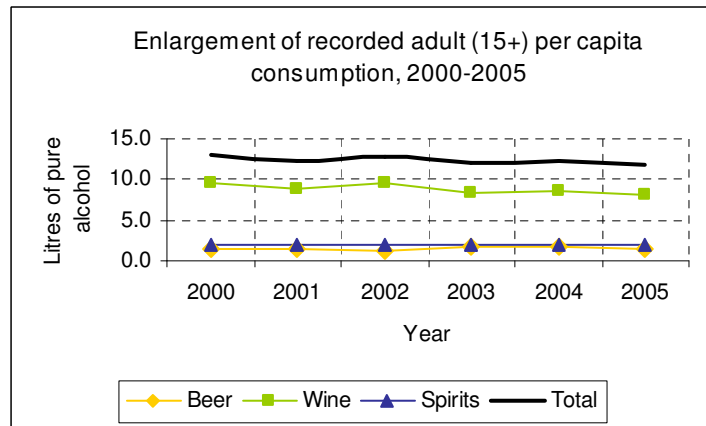


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Luxembourg. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

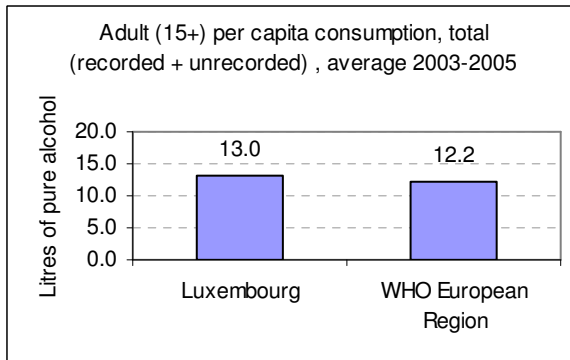
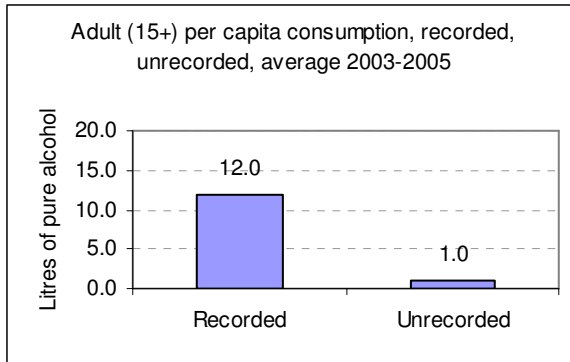
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

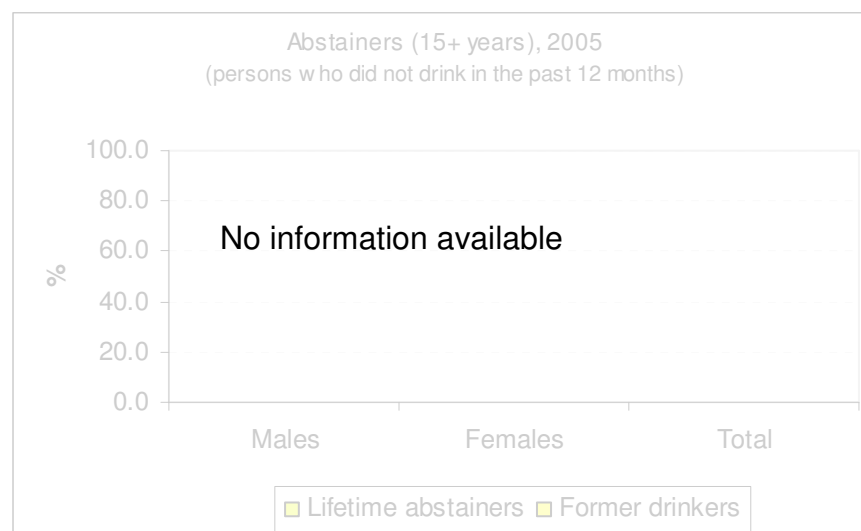
Increase
Stable
 Decrease
 Inconclusive



In Luxembourg, adult per capita consumption of alcohol is mainly characterized by consumption of wine. Beer and spirits are also consumed, but to a lesser extent. Recorded adult consumption of alcohol is estimated at 12.0 litres. There is also an estimated 1.0 litre per capita unrecorded consumption, giving a total adult per capita consumption of pure alcohol in Luxembourg of around 13.0 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	7,373.3	1,956.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	No information available
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

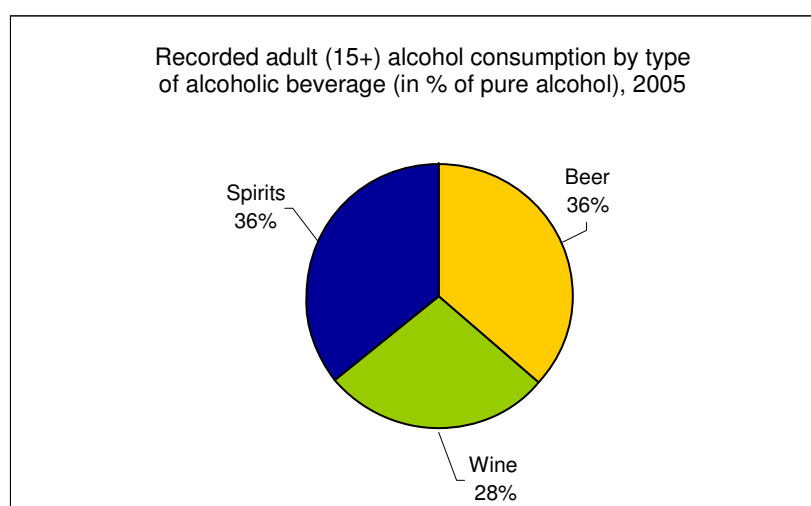
The Former Yugoslav Republic of Macedonia

SOCIOECONOMIC CONTEXT

Total population	2,036,000	Annual population growth rate	0.3%
Population 15+ years	81%	Adult literacy rate	96.1%
Population in urban areas	70%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

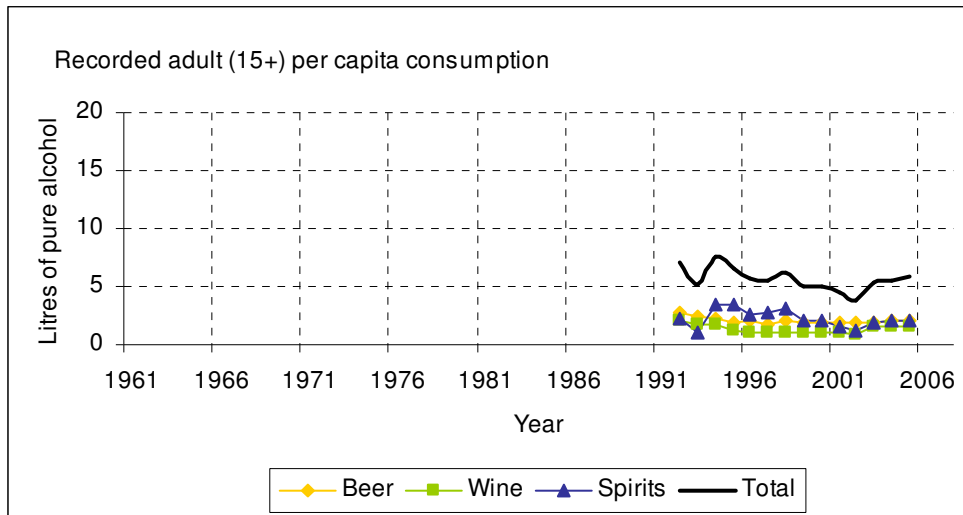
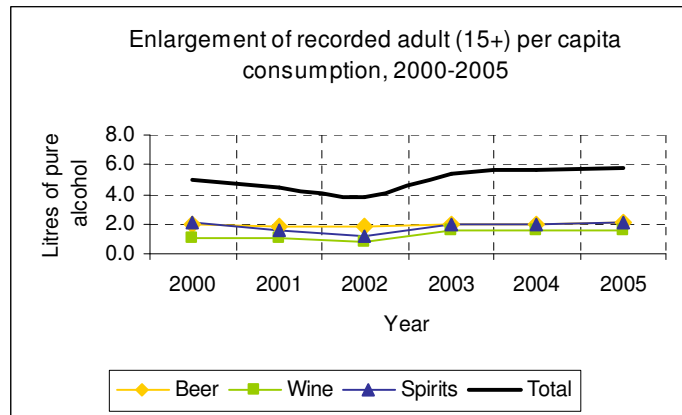


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in the Former Yugoslav Republic of Macedonia include rakia, mastika and eaux de vie. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



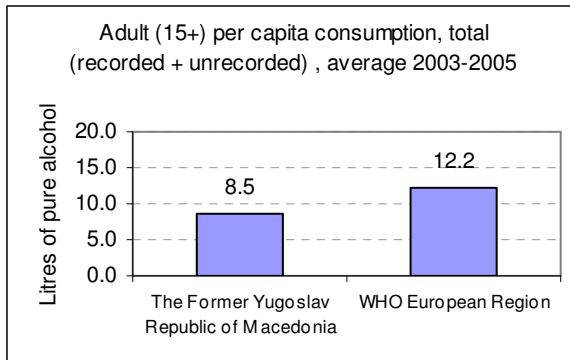
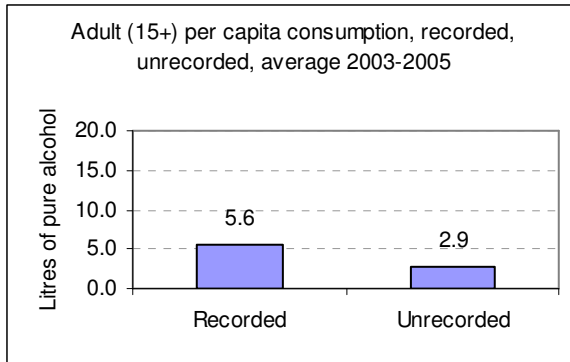
Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase

Stable

Decrease

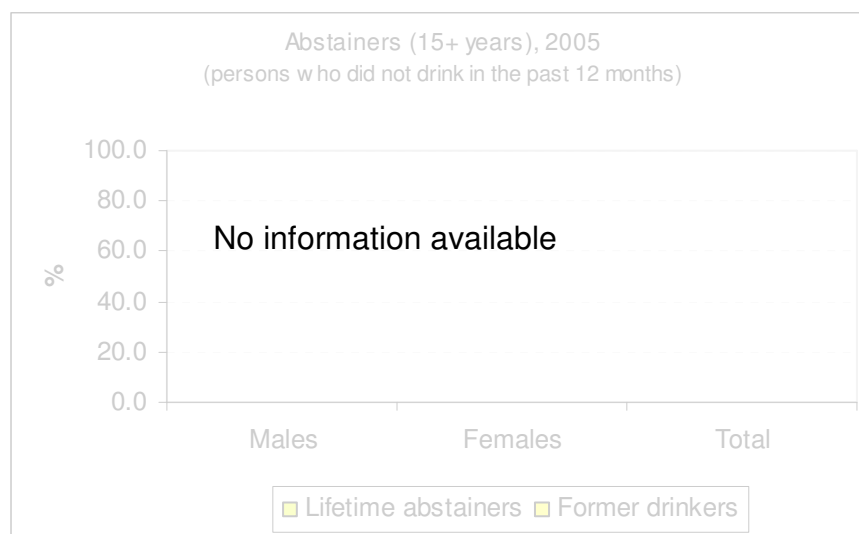
Inconclusive



In the Former Yugoslav Republic of Macedonia, adult per capita consumption of alcohol is evenly spread between beer, wine and spirits. Recorded adult per capita consumption is around 5.6 litres of pure alcohol and has increased in recent years according recent trends. Some unrecorded alcohol production is also seen in the country, adding around 2.9 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 8.5 litres in the Former Yugoslav Republic of Macedonia.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	---	---	----------	---	---	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,472.5	1,056.6
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	12.3	3.3	15.7	3.3	14.4	4.3	12.2	3.1	--	--	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	9.9	2.7	10.2	1.6	13.1	3.4	12.7	2.2	--	--	--	--
Poisoning	1.0	0.7	1.5	0.5	1.9	0.9	1.8	0.5	--	--	--	--
Violence	6.0	1.7	15.1	1.4	7.6	1.2	6.2	1.7	--	--	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: mental and behavioural disorders due to alcohol use (mortality); alcoholic liver disease (mortality); traffic injury (mortality); number of hospital discharges (morbidity); alcoholic liver disease (morbidity) and alcohol dependence syndrome (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2007, revised 2008)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / ZERO TOLERANCE / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in the Former Yugoslav Republic of Macedonia, which was revised in 2008. There are restrictions at the national level on the hours of on-/off-premise sales of alcoholic beverages and on sales to intoxicated persons and at specific events. There are national and legally binding regulations on alcohol advertising and product placement.

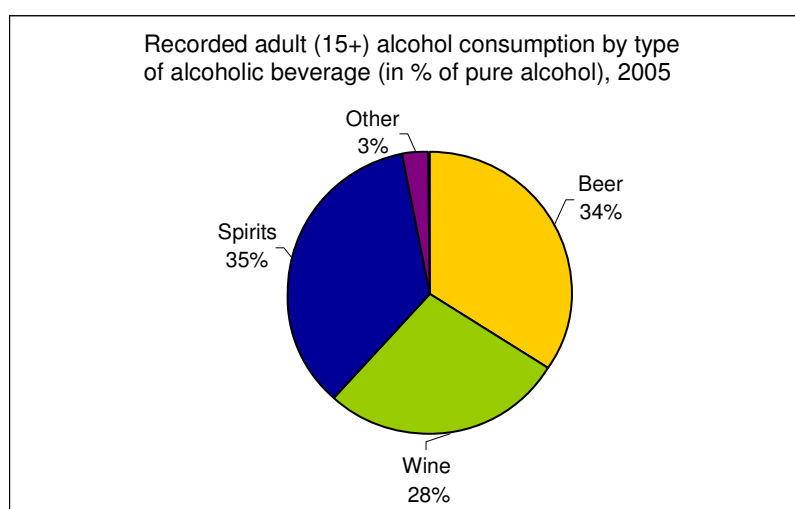
Malta

SOCIOECONOMIC CONTEXT

Total population	405,000	Annual population growth rate	0.6%
Population 15+ years	83%	Adult literacy rate	87.9%
Population in urban areas	96%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

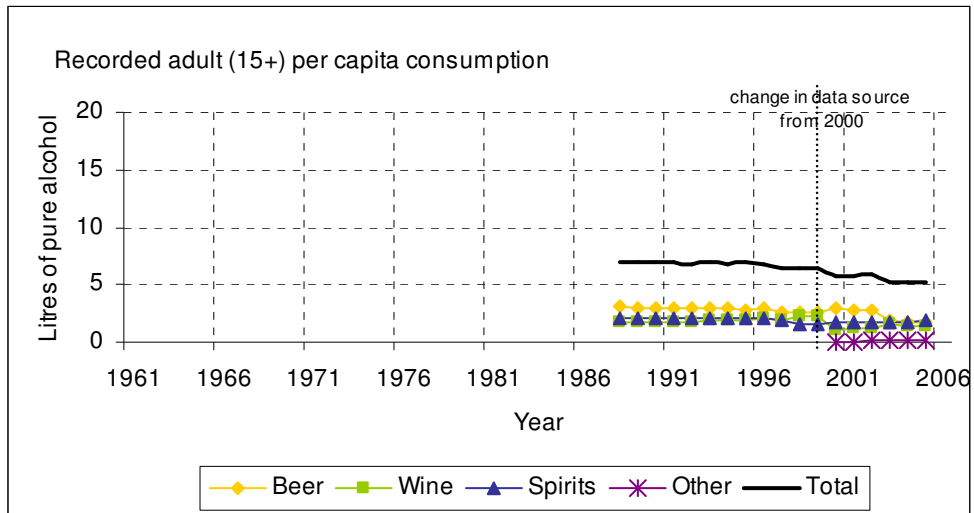
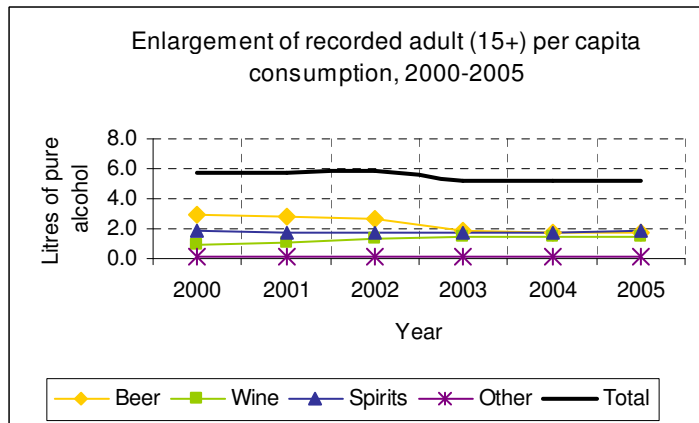


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Malta. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

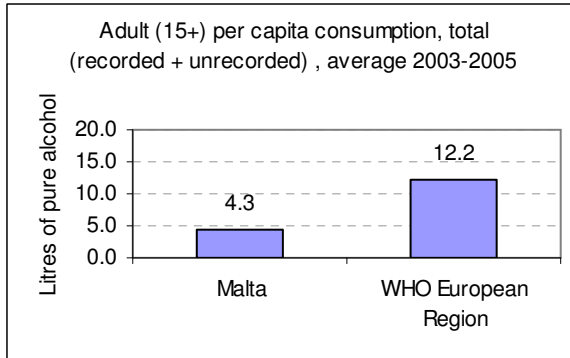
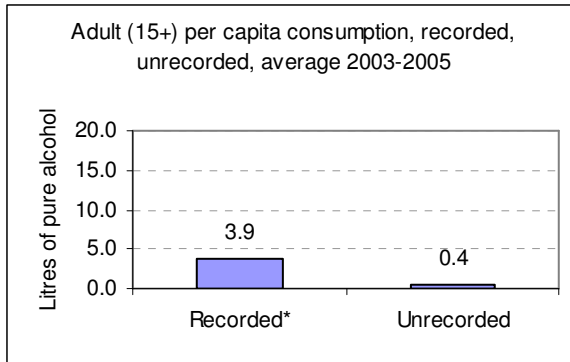
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase
Stable
Decrease
Inconclusive

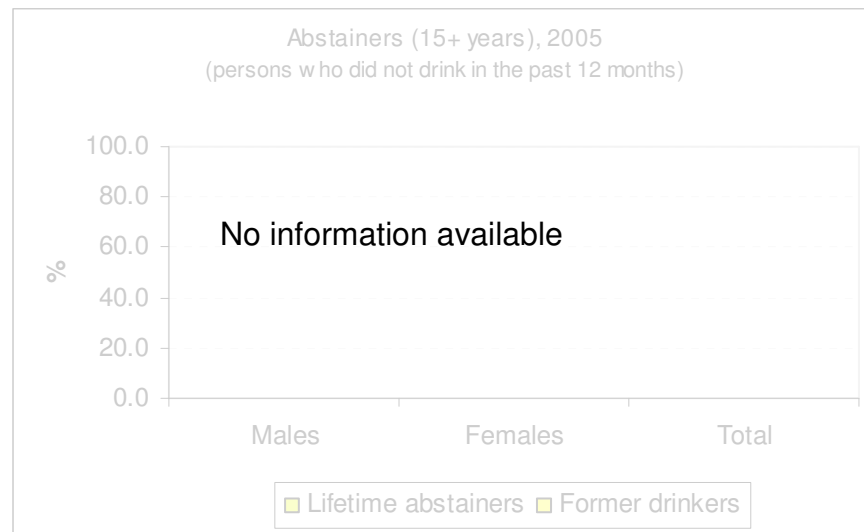


* Tourist consumption of 1.37 litres has been subtracted.

In Malta, adult per capita consumption of alcohol fairly evenly split between beer, spirits and wine. Other fermented alcoholic beverages, including cider, are also consumed but to a lesser extent. Recorded adult per capita consumption is around 3.9 litres of pure alcohol and has decreased in recent years according to recent figures. Some unrecorded alcohol production is also seen in the country, adding around 0.4 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 4.3 litres in Malta.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded - tourist) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	----------	---	---	---	---	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	3,325.5	882.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: liver cirrhosis (mortality) and transport accidents (mortality).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	17/17/17
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	17/17/17
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.08% / 0.08% / 0.08%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol on Malta. There are restrictions on on-/off-premise sales of alcoholic beverages to intoxicated persons as well as sales restrictions at specific events. There are national and legally binding regulations on alcohol advertising, alcohol product placement and alcohol sponsorship.

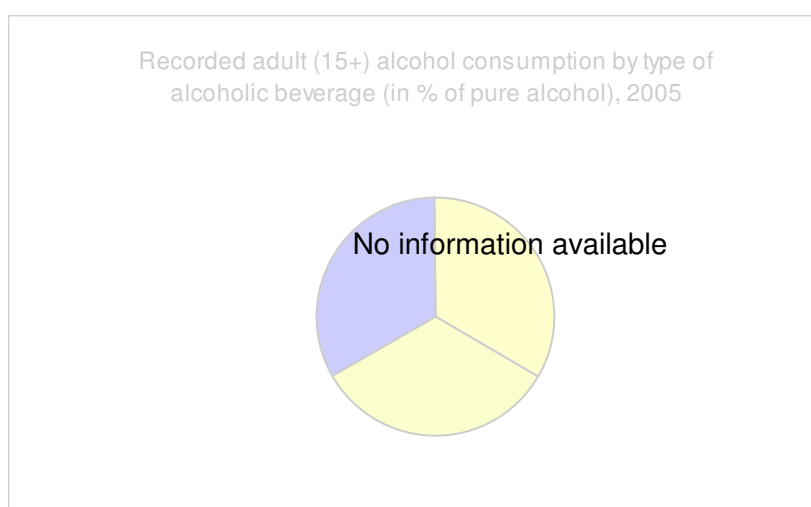
Monaco

SOCIOECONOMIC CONTEXT

Total population	33,000	Annual population growth rate	0.3%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	100%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

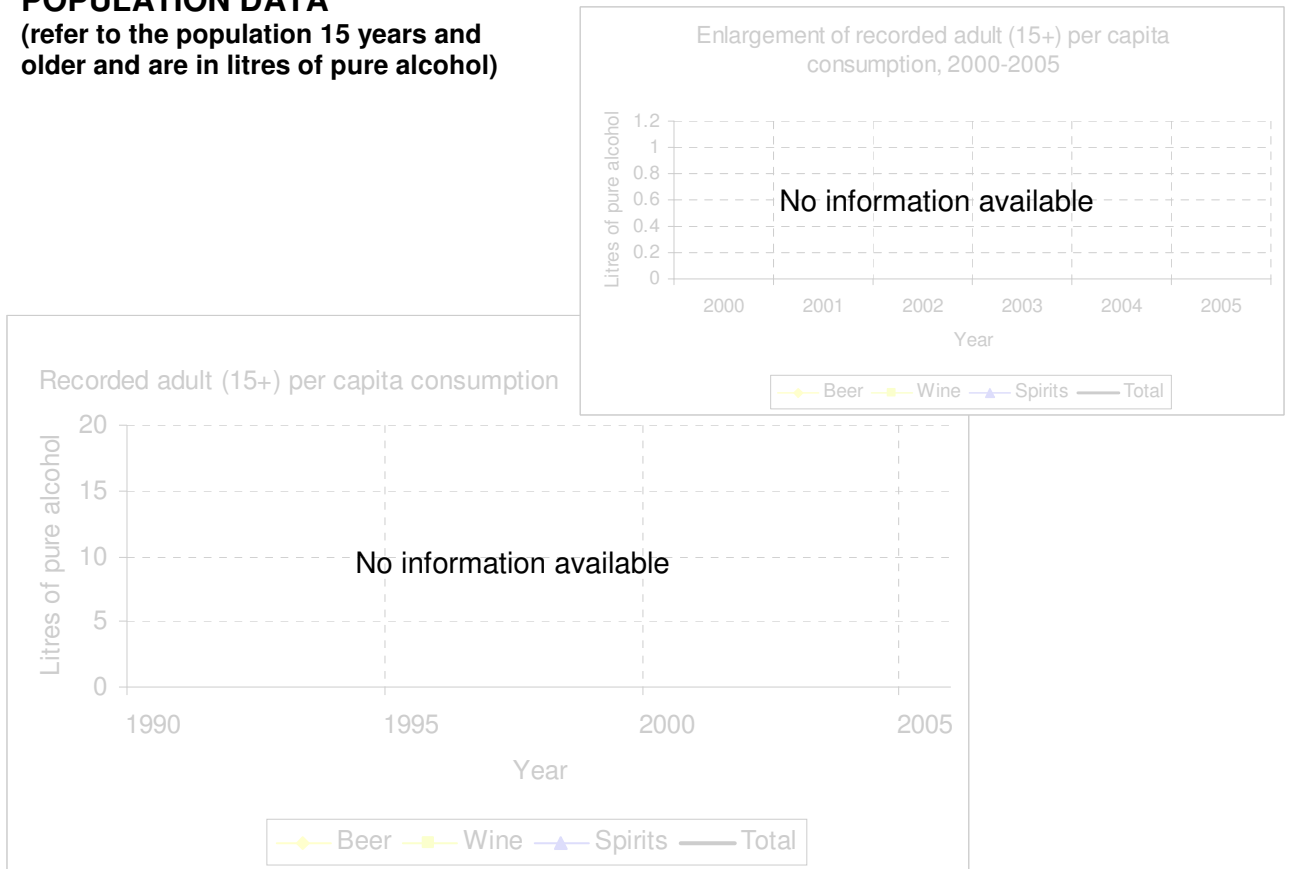


There is no information available on traditional and local beverages in Monaco. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

No information available



PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	No information available
-----------------------------	--------------------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	No information available
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

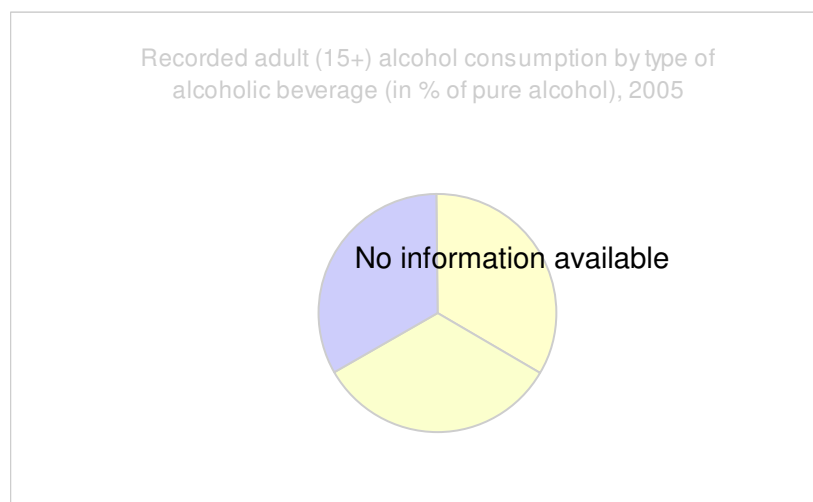
Montenegro

SOCIOECONOMIC CONTEXT

Total population	601,000	Annual population growth rate	-0.6%
Population 15+ years	81%	Adult literacy rate	- -
Population in urban areas	61%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES



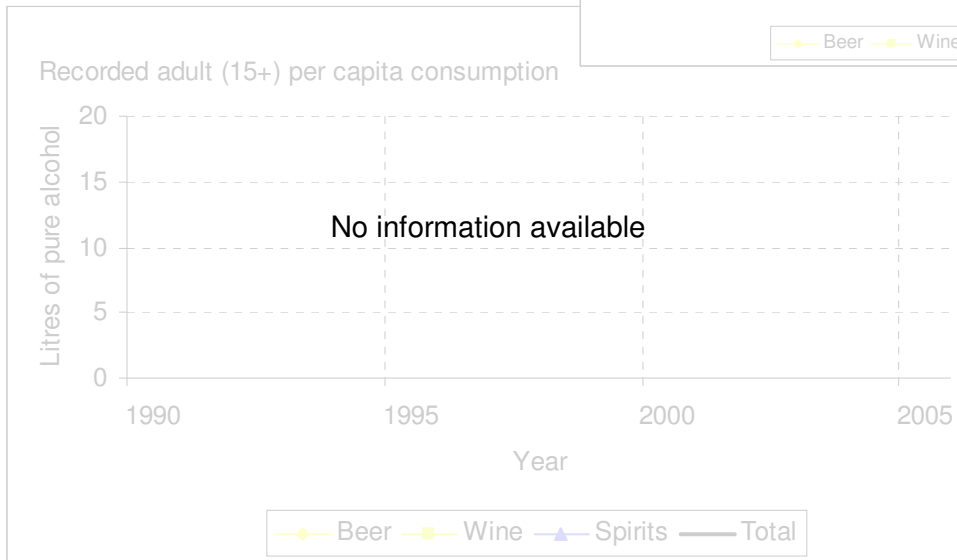
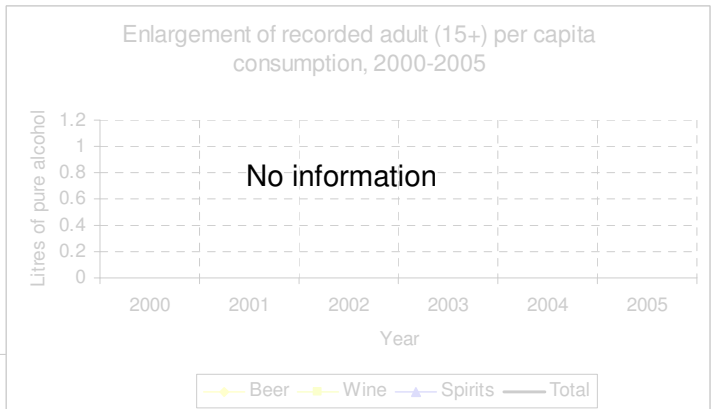
Traditional and local beverages in Montenegro include rakia and home-produced wines. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

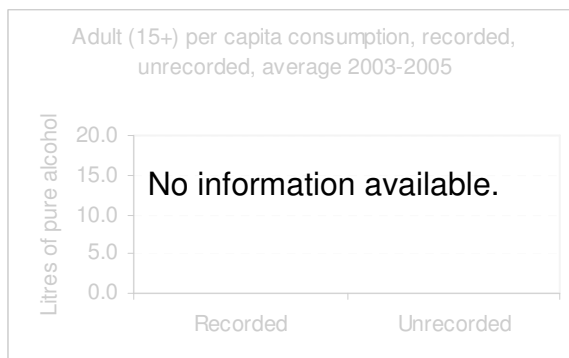
(refer to the population 15 years and older and are in litres of pure alcohol)

available



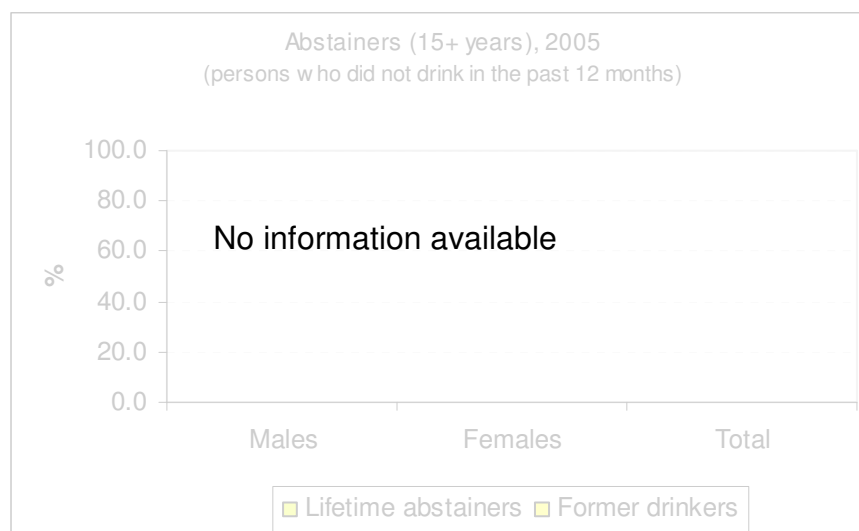
Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

No information available



PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	No information available
-----------------------------	--------------------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	No information available
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

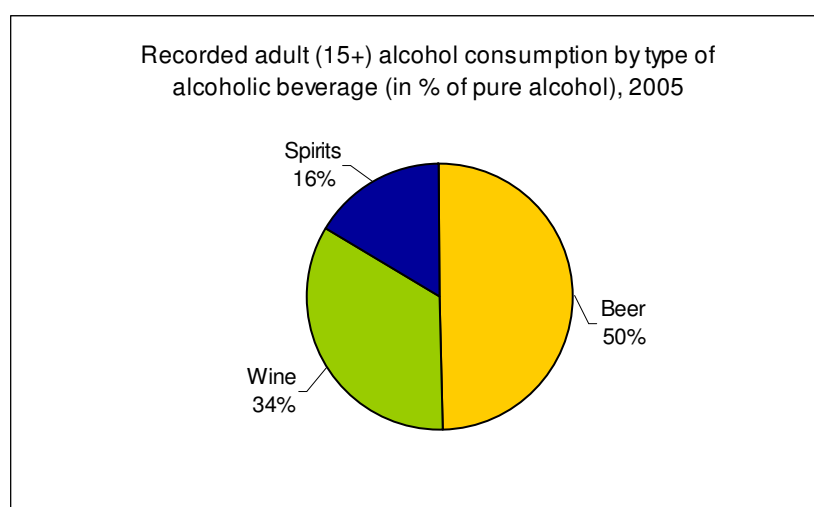
Netherlands (the)

SOCIOECONOMIC CONTEXT

Total population	16,379,000	Annual population growth rate	0.5%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	81%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

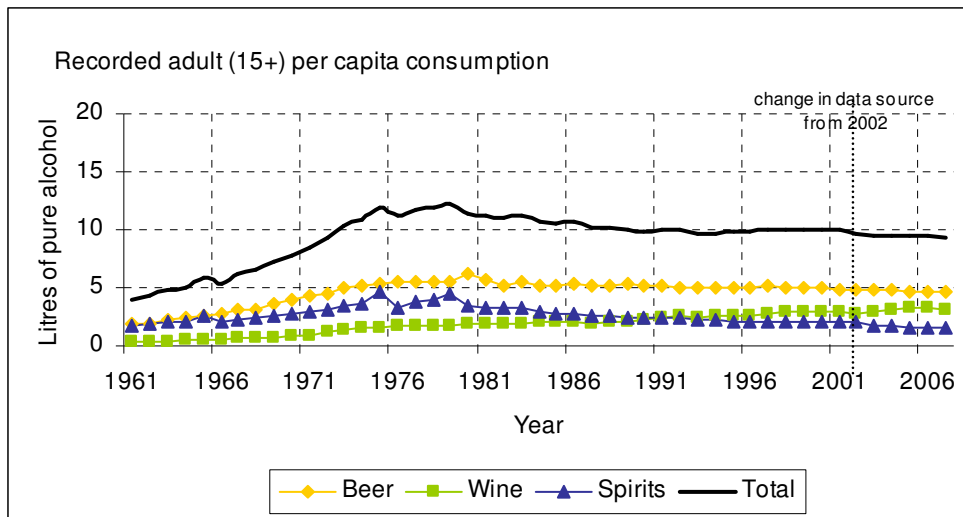
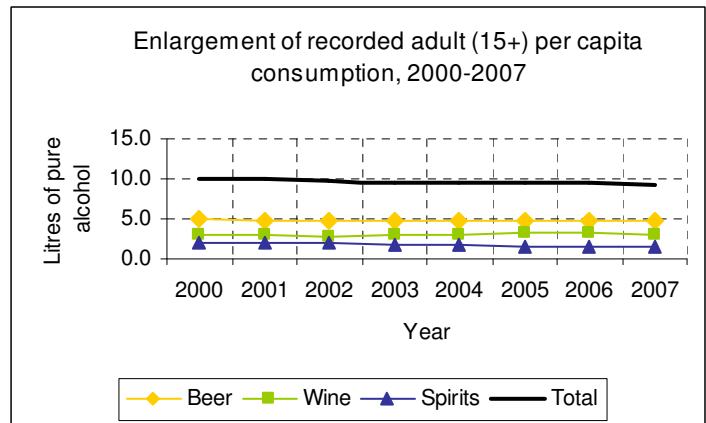


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in the Netherlands. There are no problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

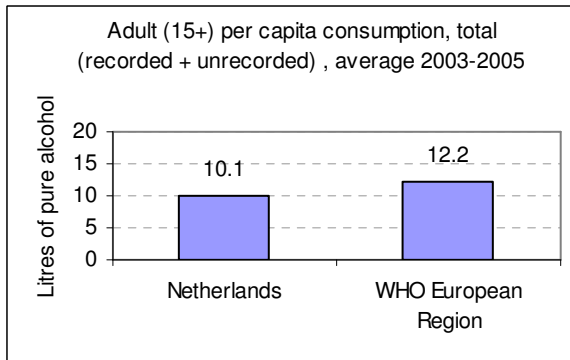
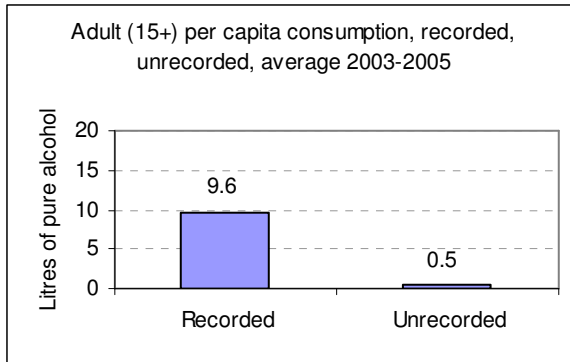
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

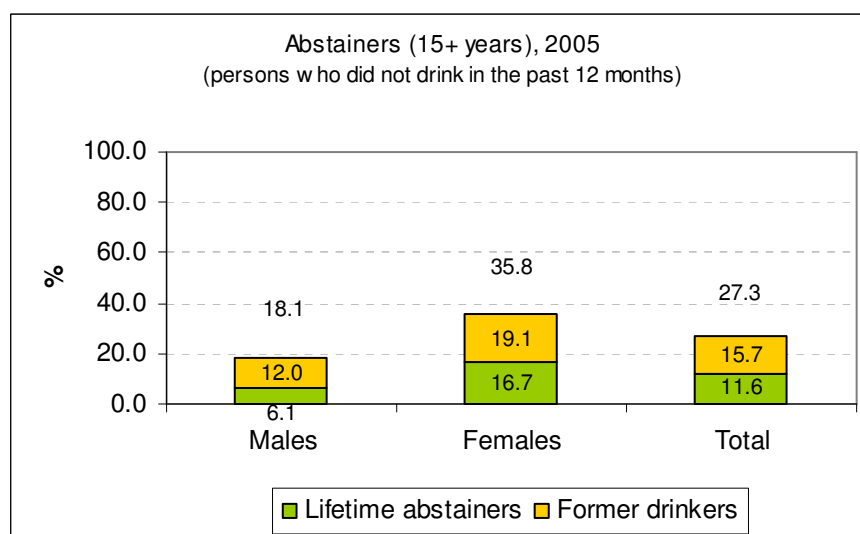
Increase
Stable
 Decrease
 Inconclusive



In the Netherlands, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Wine and spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.6 litres of pure alcohol and appears to have remained stable according to recent figures. Some unrecorded alcohol consumption is also seen in the country, at around 0.5 litres. Total adult per capita consumption of pure alcohol in the Netherlands is around 10.1 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (16-69 years), males, 1999	16.1%
Heavy episodic drinkers (16-69 years), females, 1999	3.5%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	13.82
Adult (15+ years) per capita consumption*, males	15.57
Adult (15+ years) per capita consumption*, females	12.19
Heavy episodic drinkers** (16-69 years), males, 1999	19.6%
Heavy episodic drinkers** (16-69 years), females, 1999	5.4%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	----------	---	---	---	---	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5,357.2	1,421.4
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	6.1%	1.1%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	6.7	3.4	6.2	3.4	6.4	3.2	6.2	3.3	6.3	3.0	6.1	3.2
Alcoholic Liver disease	4.4	2.1	4.2	2.2	4.3	2.1	4.3	2.1	4.3	1.6	3.9	1.8
Road traffic accidents (1)	13.0	3.9	11.7	3.3	12.1	3.6	11.9	3.6	9.5	3.1	8.6	2.6
Poisoning	1.5	0.3	1.5	0.4	1.5	0.4	1.4	0.4	1.8	0.5	1.5	0.5
Violence	1.9	1.0	2.1	1.0	2.0	0.9	1.9	1.1	2.0	0.8	1.7	0.7

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol-related mental disorders (mortality); alcohol liver diseases (mortality); alcohol cardiomyopathy (mortality); alcohol-related hospital admissions (morbidity/treatment indicator) and addiction care admissions (morbidity/treatment indicator).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1986, revised 2007)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in the Netherlands, which was revised in 2007. There are restrictions at the national level on on-/off-premise sales of alcoholic beverages such as hours and days restrictions on the sales of alcoholic beverages and sales restrictions to intoxicated persons. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

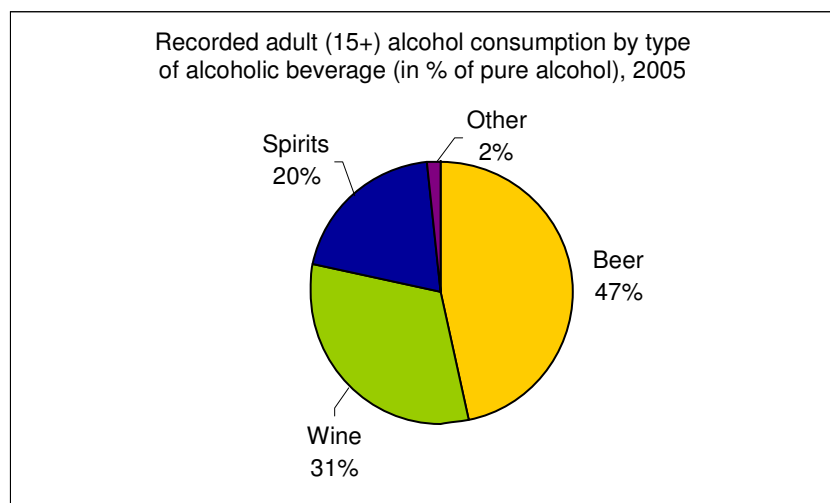
Norway

SOCIOECONOMIC CONTEXT

Total population	4,669,000	Annual population growth rate	0.6%
Population 15+ years	81%	Adult literacy rate	--
Population in urban areas	77%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

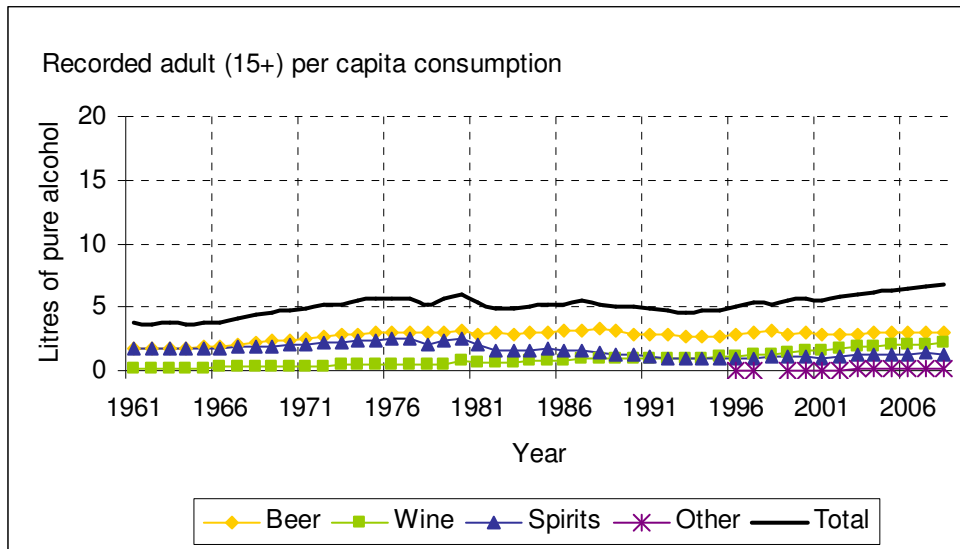
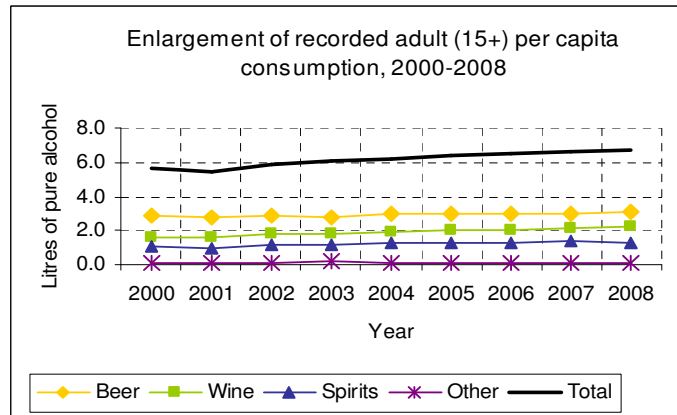


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Norway include home-produced spirits. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

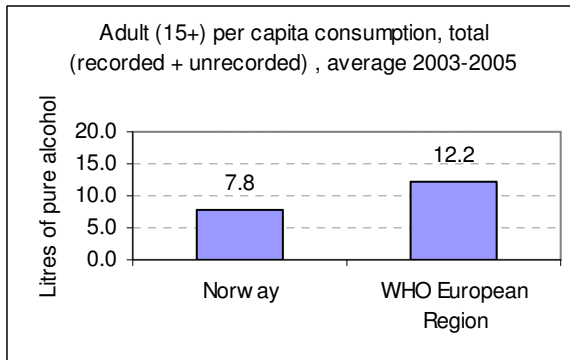
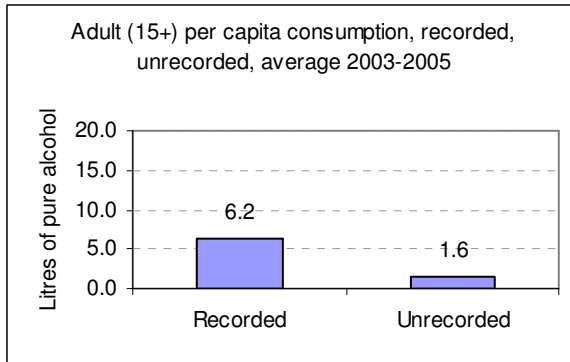
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

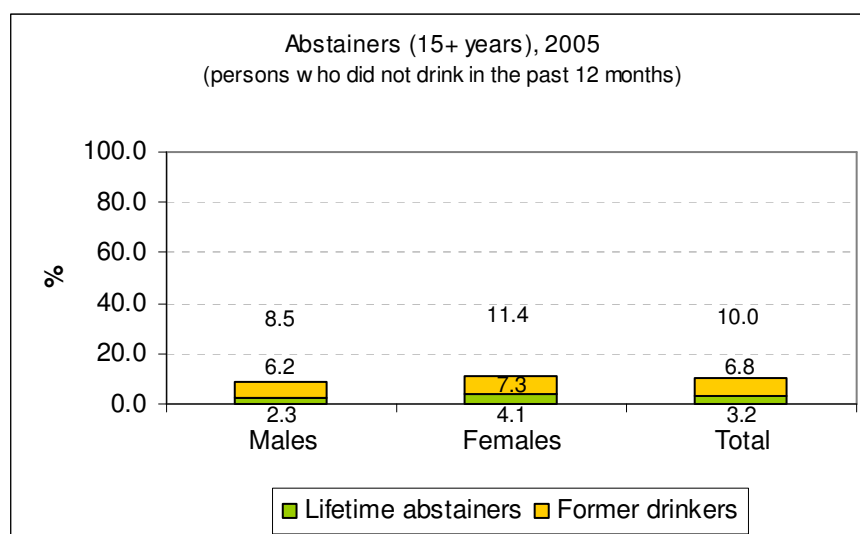
Increase
Stable
Decrease
Inconclusive



In Norway, adult per capita consumption of alcohol is mainly characterized by consumption of beer and wine. Spirits and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 6.2 litres of pure alcohol and this has increased according to figures from recent years. Some unrecorded alcohol production is also seen in the country, adding around 1.6 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Norway is around 7.8 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (15-85+ years), males, 1999	2.7%
Heavy episodic drinkers (15-85+ years), females, 1999	0.8%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	8.68
Adult (15+ years) per capita consumption*, males	12.47
Adult (15+ years) per capita consumption*, females	5.31
Heavy episodic drinkers** (15-85+ years), males, 1999	3.0%
Heavy episodic drinkers** (15-85+ years), females, 1999	0.9%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	3,897.1	1,034.0
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	10.5%	3.5%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	6.7	3.6	6.0	2.5	6.8	3.3	6.1	3.6	7.9	2.8	4.5	2.4
Alcoholic Liver disease	6.0	3.0	5.3	1.9	6.0	2.4	5.4	2.4	7.0	2.2	3.9	1.6
Road traffic accidents (1)	15.0	4.5	11.8	4.0	14.4	3.5	12.2	3.3	11.5	3.8	9.3	3.8
Poisoning	2.9	0.6	3.4	1.8	3.3	2.2	12.8	5.2	15.3	6.4	13.1	4.5
Violence	1.5	1.3	1.1	0.8	1.5	0.6	1.5	1.0	1.5	0.8	1.0	0.7

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: mental and behavioural disorders due to alcohol use (morbidity and mortality); poisoning (mortality); alcoholic liver failure (mortality); acute alcohol intoxication (morbidity) and alcoholic liver diseases (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1998, revised 2007)
National control of production/sale: Monopoly	NO/YES
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/20
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/20
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places and density)	YES
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Norway, which was revised in 2007. Restrictions for on-/off-premise sales of alcoholic beverages such as hours/days restrictions on the sales of alcoholic beverages and sales restrictions for intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising, sponsorship and sales promotion.

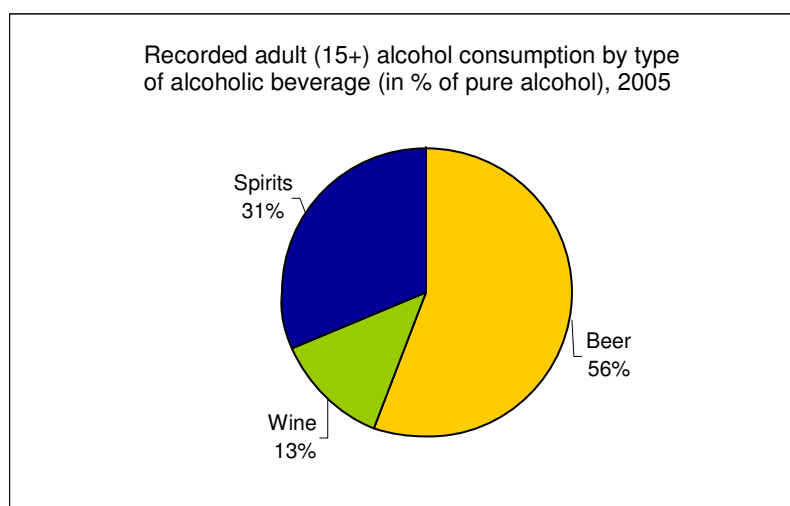
Poland

SOCIOECONOMIC CONTEXT

Total population	38,140,000	Annual population growth rate	-0.1%
Population 15+ years	84%	Adult literacy rate	- -
Population in urban areas	62%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

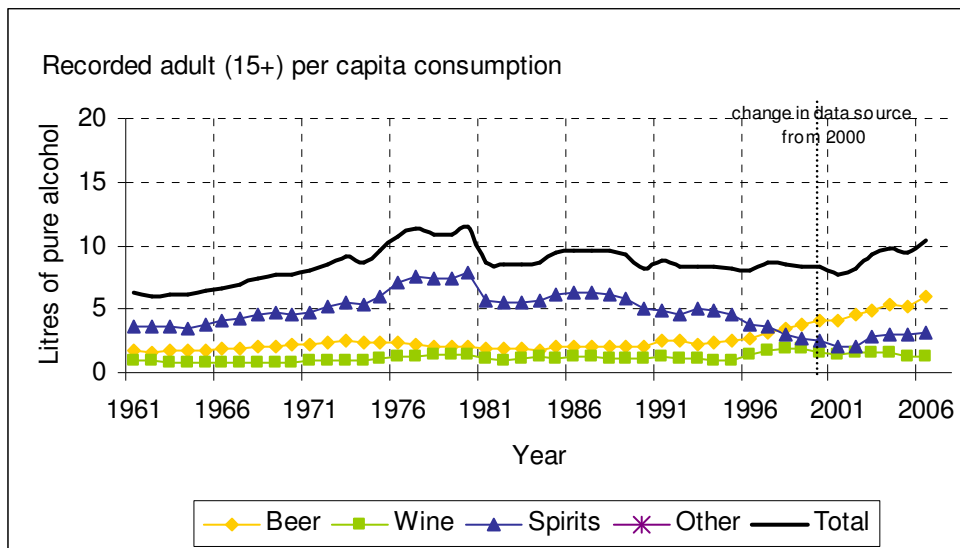
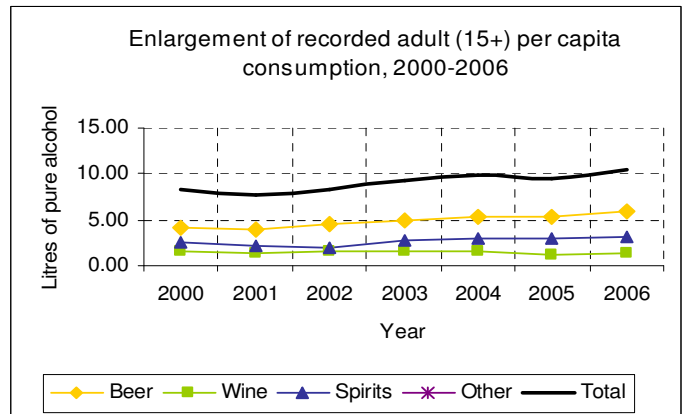


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Poland. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

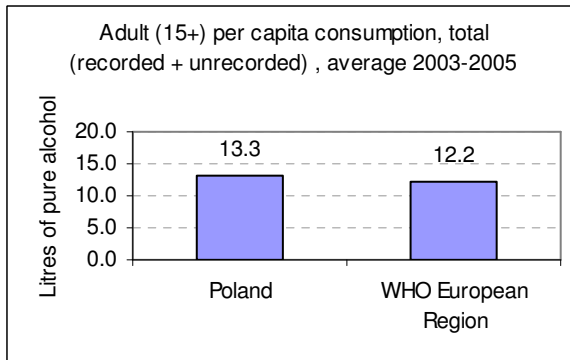
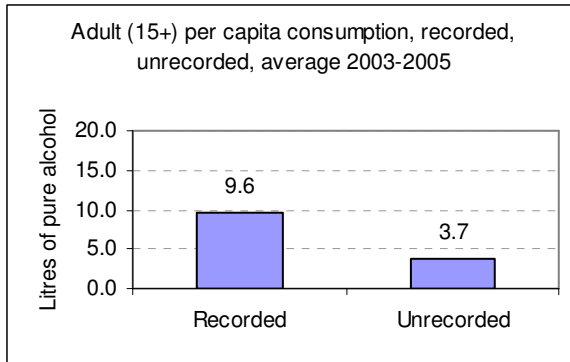
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

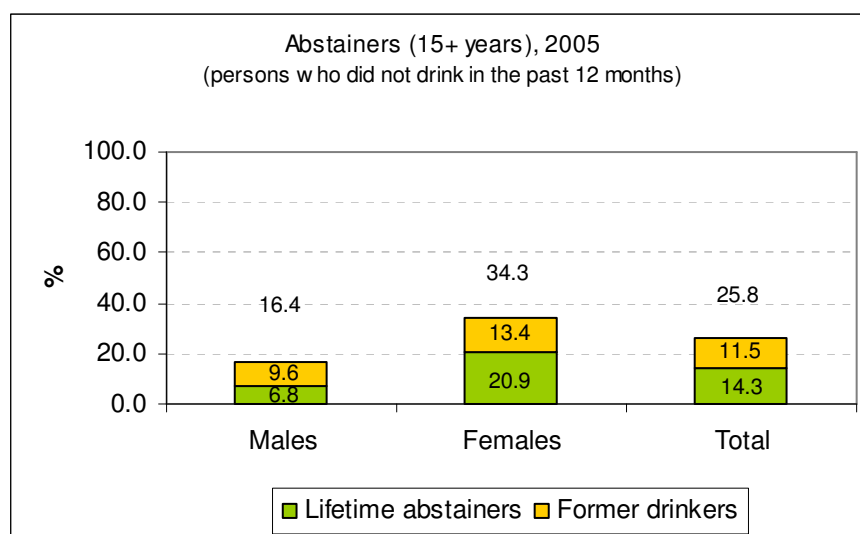
Increase
Stable
Decrease
Inconclusive



In Poland, adult per capita consumption of alcohol is mainly characterized by consumption of beer. Spirits and wine are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 9.6 litres of pure alcohol and has increased in recent years according to recent figures. Some unrecorded alcohol production is also seen in the country, adding around 3.7 litres to recorded adult per capita consumption and giving a total adult per capita consumption of pure alcohol of around 13.3 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	17.86
Adult (15+ years) per capita consumption*, males	26.13
Adult (15+ years) per capita consumption*, females	9.51
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	10,058.1	1,641.9
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	24.3	7.8	22.7	7.5	22.6	6.6	22.1	6.6	24.4	7.3	25.9	7.9
Alcoholic Liver disease	5.4	1.0	5.3	0.8	5.7	0.9	6.1	1.1	7.4	1.5	8.1	1.8
Road traffic accidents (1)	32.3	7.6	27.6	7.0	29.2	7.2	27.5	7.0	28.3	6.7	26.6	6.4
Poisoning	8.3	1.4	8.5	1.6	8.4	1.5	8.8	1.3	8.8	1.7	10.6	1.7
Violence	3.8	1.2	3.0	1.0	3.1	1.1	2.6	1.0	2.7	0.8	2.5	0.7

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcohol poisoning (mortality); alcohol-related psychiatric conditions (mortality) and alcohol-related disorders in psychiatric treatment (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1995, revised 2006)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	NO
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / 0.02%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Poland, which was revised in 2006. Restrictions on places of sale of alcoholic beverages and on sales to intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising, sponsorship and sales promotion.

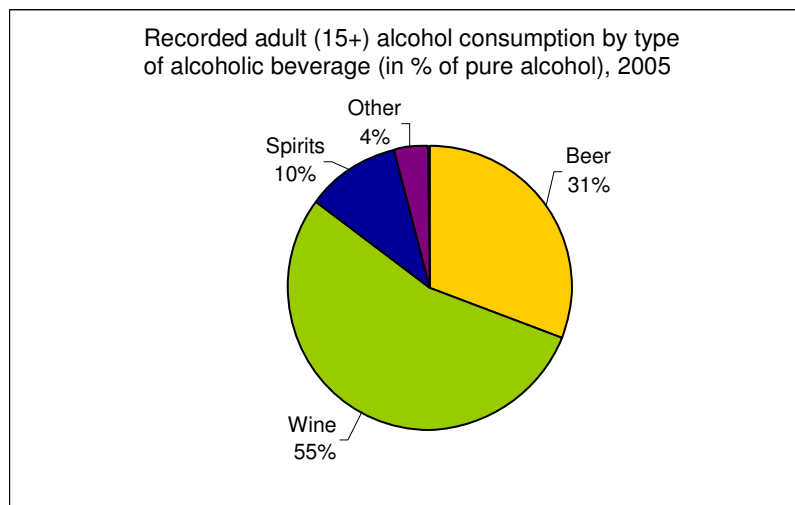
Portugal

SOCIOECONOMIC CONTEXT

Total population	10,579,000	Annual population growth rate	0.5%
Population 15+ years	84%	Adult literacy rate	93.8%
Population in urban areas	58%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

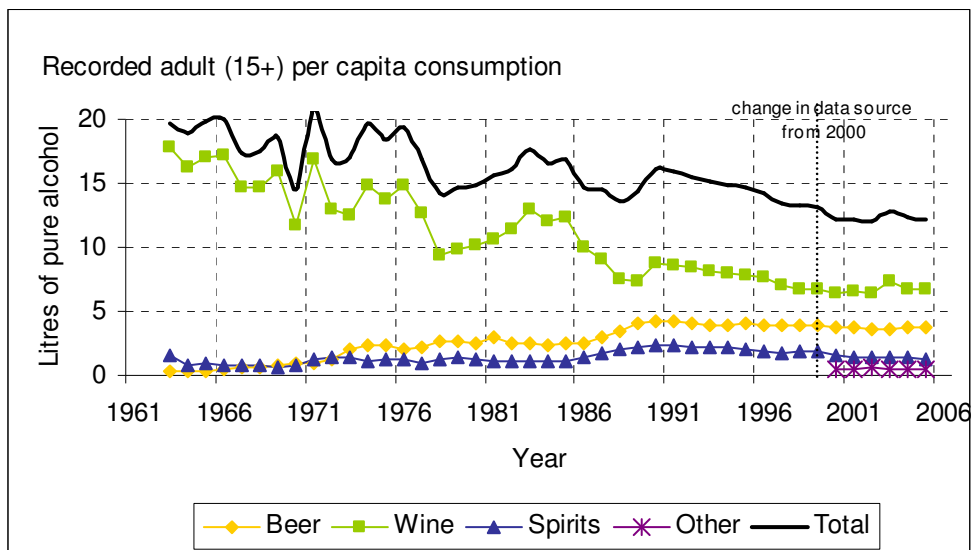
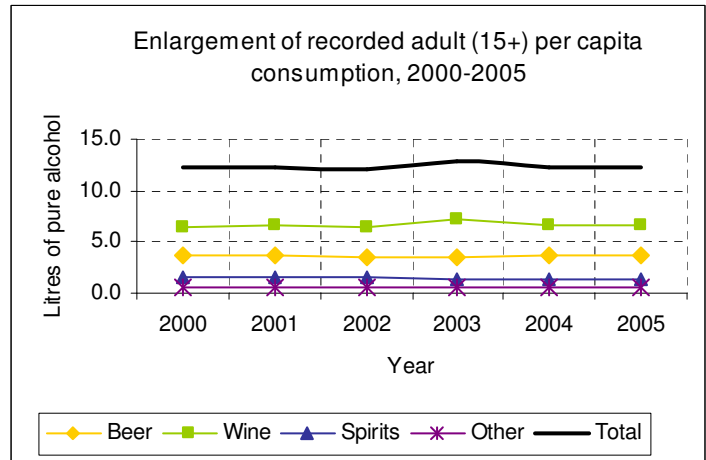


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Portugal include eaux de vie. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

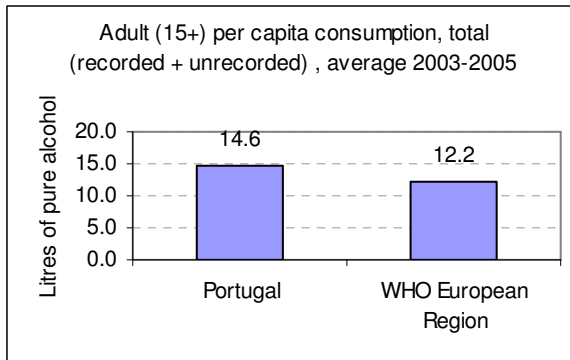
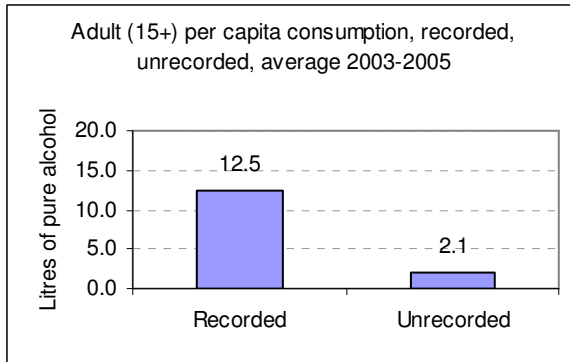
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

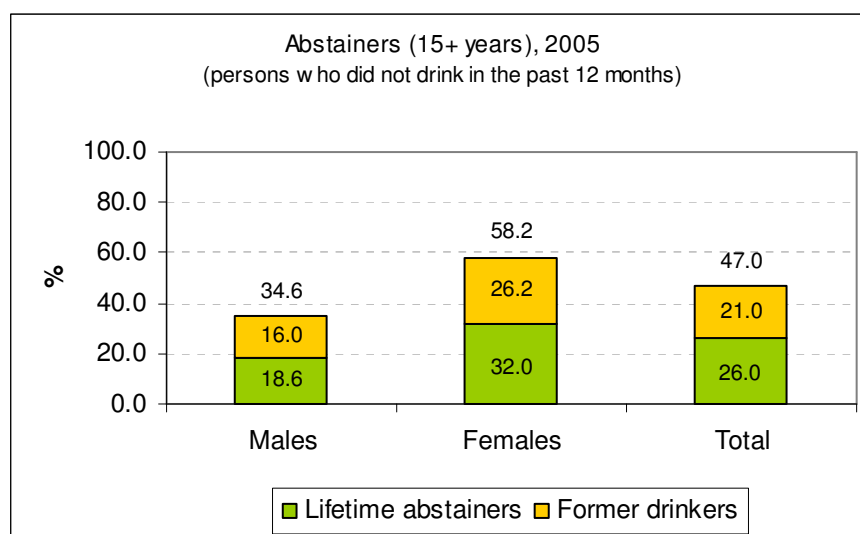
Increase
Stable
 Decrease
 Inconclusive



In Portugal, adult per capita consumption of alcohol is mainly characterized by consumption of wine, followed by beer. Spirits and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 12.5 litres of pure alcohol and according to recent figures, this has remained stable in the last few years. Some unrecorded alcohol production is also seen in the country, adding around 2.1 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Portugal is around 14.6 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	27.45
Adult (15+ years) per capita consumption*, males	32.26
Adult (15+ years) per capita consumption*, females	19.86
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	----------	---	---	---	---	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,687.4	1,774.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	27.1	8.2	28.9	8.5	24.1	7.5	22.7	7.3	--	--	--	--
Alcoholic Liver disease	11.6	3.1	--	--	12.3	3.4	12.7	4.1	--	--	--	--
Road traffic accidents (1)	26.1	5.2	33.4	8.3	38.0	8.5	34.0	7.7	--	--	--	--
Poisoning	1.5	0.2	1.9	0.4	1.4	0.3	1.0	0.5	--	--	--	--
Violence	1.7	0.6	2.5	0.7	3.1	1.3	3.0	0.8	--	--	--	--

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: number of treatment episodes (morbidity); number of first treatment episodes (morbidity) and number of registered patients (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2000)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/16
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/16
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Portugal, which was adopted in 2000. Restrictions of places of sale of alcoholic beverages are in place, as well as restrictions on sales at specific events and to intoxicated persons. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

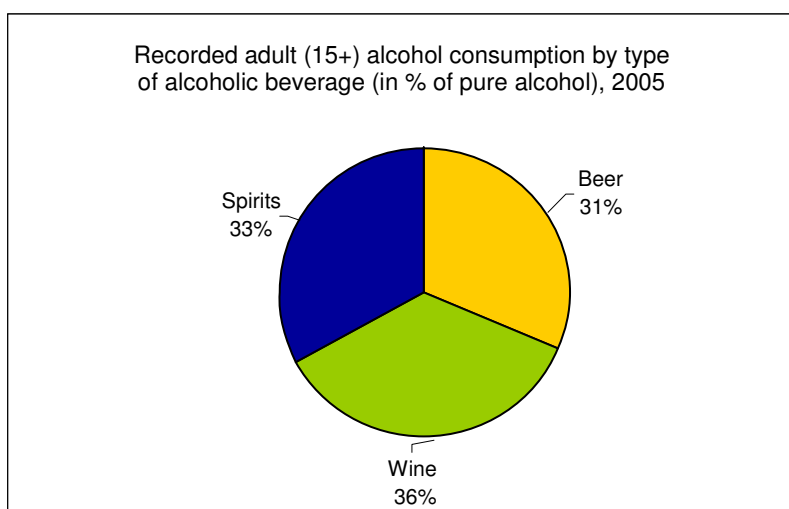
Republic of Moldova (the)

SOCIOECONOMIC CONTEXT

Total population	3,833,000	Annual population growth rate	-1.3%
Population 15+ years	81%	Adult literacy rate	99.1%
Population in urban areas	47%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

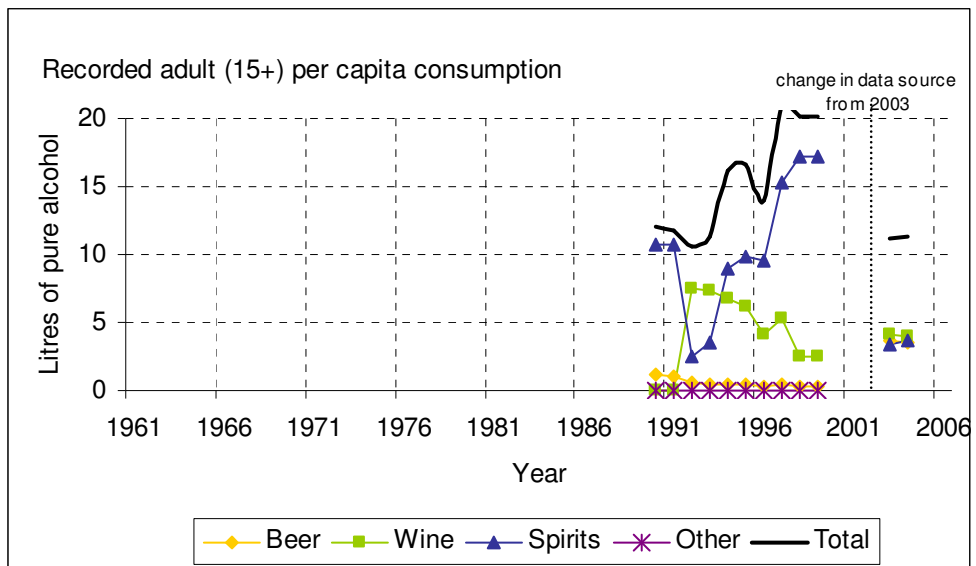
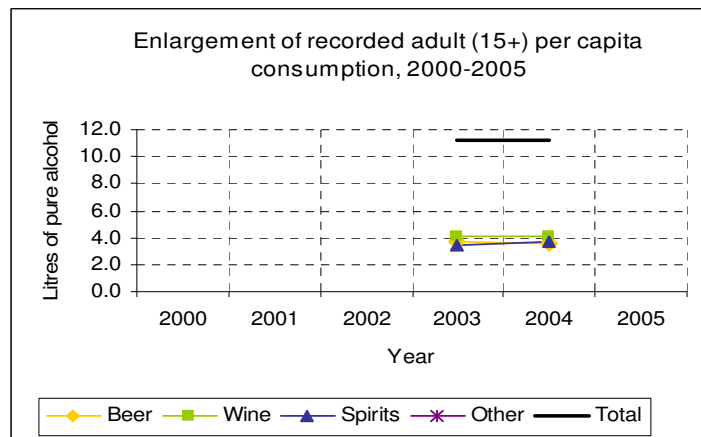
ALCOHOLIC BEVERAGES



Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in the Republic of Moldova include tuica, palenka and grappa. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

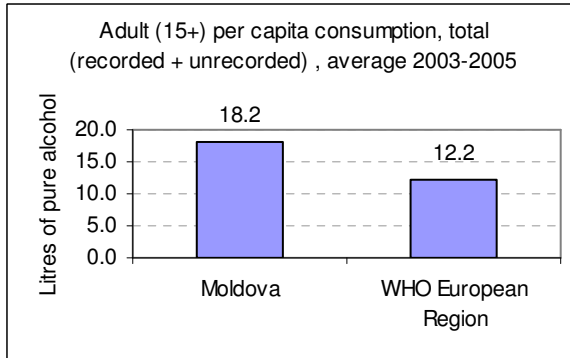
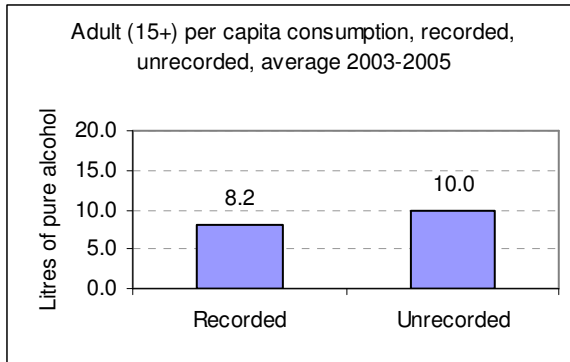
ALCOHOL CONSUMPTION

POPULATION DATA
(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

No information available

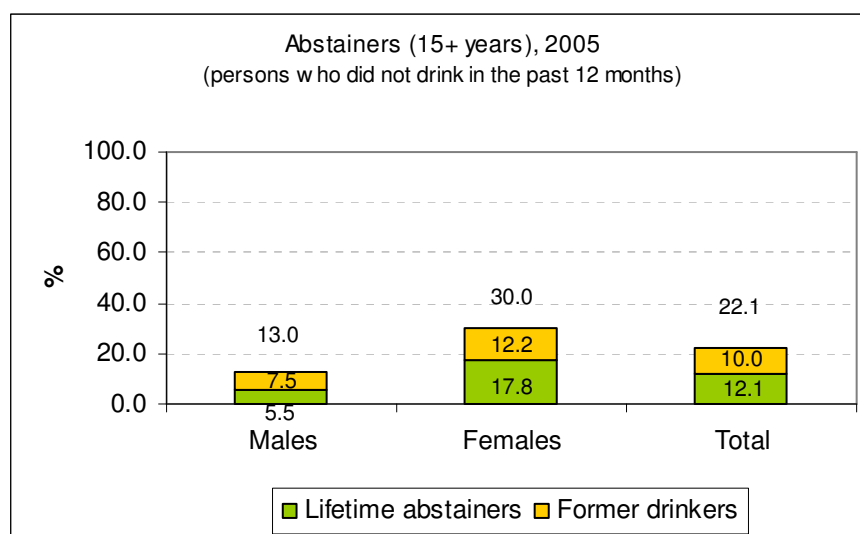


* Tourist consumption of 3.00 litres has been subtracted.

In the Republic of Moldova, adult per capita consumption of alcohol is evenly spread between consumption of wine, beer and spirits. Recorded adult per capita consumption is around 8.2 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 10.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in the Republic of Moldova is around 18.2 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	23.39
Adult (15+ years) per capita consumption*, males	32.04
Adult (15+ years) per capita consumption*, females	13.57
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded - tourist) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	31,359.0	5,099.1
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	112.1	91.7	119.3	100.5	117.2	94.4	119.4	99.3	119.6	100.0	132.2	108.9
Alcoholic Liver disease	3.6	2.1	4.9	2.4	3.3	2.4	3.6	3.0	4.1	3.2	6.0	3.5
Road traffic accidents (1)	24.9	6.1	28.1	6.8	27.2	6.4	27.5	7.3	29.3	6.5	25.9	6.7
Poisoning	17.5	6.7	20.3	6.9	25.2	7.7	28.4	8.3	26.8	8.1	25.7	7.4
Violence	23.3	7.3	21.6	7.6	19.2	7.6	16.2	7.1	13.2	5.6	13.8	6.2

Data source: WHO Mortality Database, based on data as reported by countries
accidents

(1) refer to transport

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: deaths from gastro-intestinal diseases (mortality); deaths from liver cirrhosis per 100,000 population (mortality); deaths from food poisoning, car accidents and other accidents per 100,000 population (mortality); number of people in in-patient care (morbidity); number of patients registered and diagnosed for the first time (morbidity) and % treatment of alcohol dependence (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2000, revised 2007)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/16
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/16
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	NO
Intoxicated persons	NO
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in the Republic of Moldova, which was revised in 2007. There are restrictions on the location of points of on-/off-premise sales of alcoholic beverages and on sales of alcohol at petrol stations. There are national and legally binding regulations on alcohol advertising.

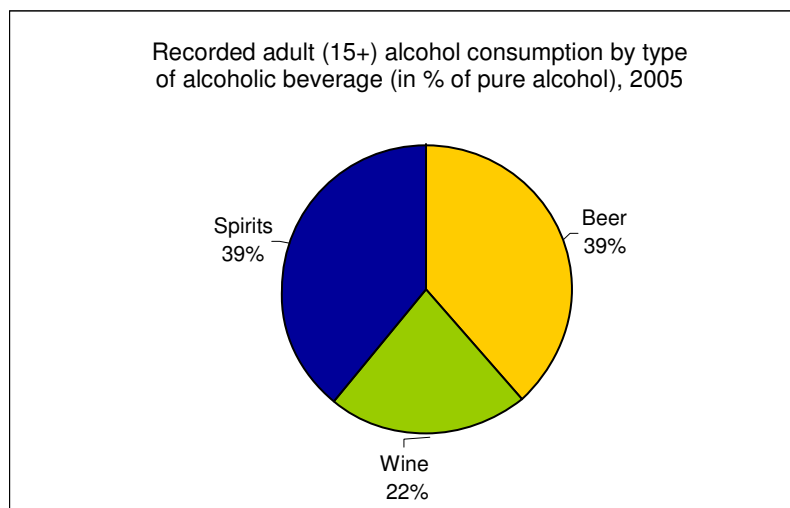
Romania

SOCIOECONOMIC CONTEXT

Total population	21,532,000	Annual population growth rate	-0.5%
Population 15+ years	85%	Adult literacy rate	97.3%
Population in urban areas	54%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

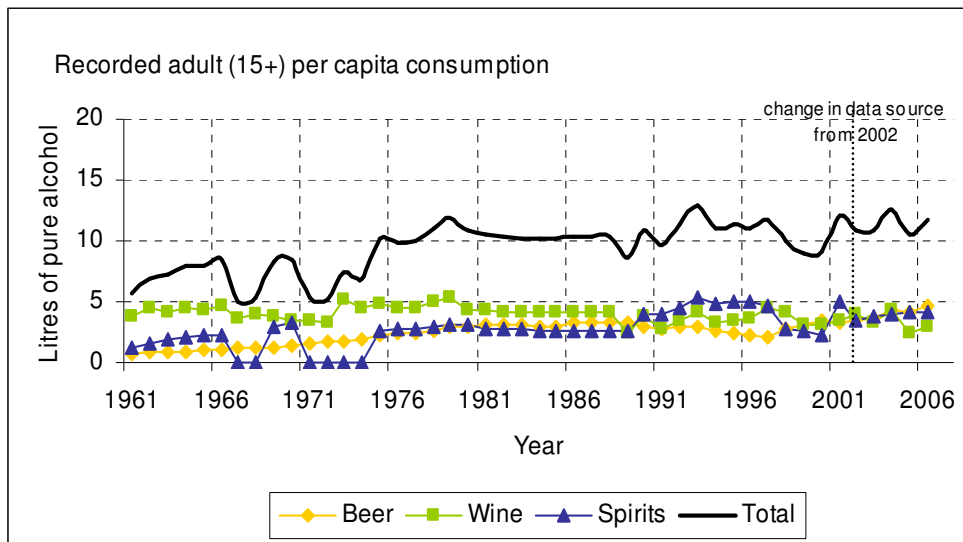
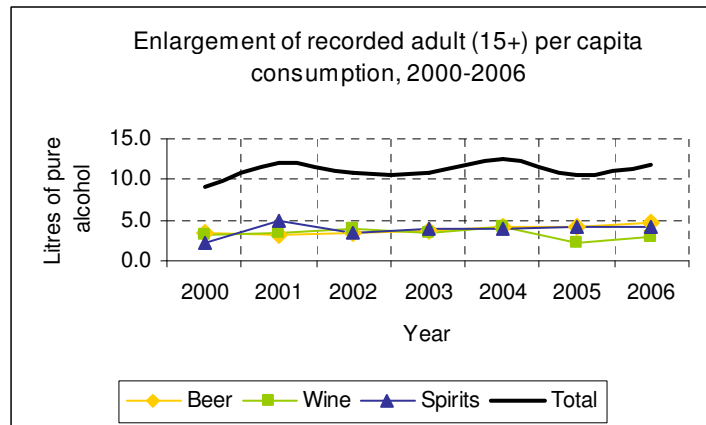


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Romania include tuica, palinca and rachiu. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

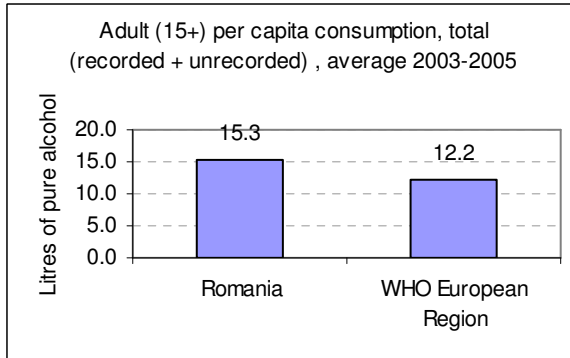
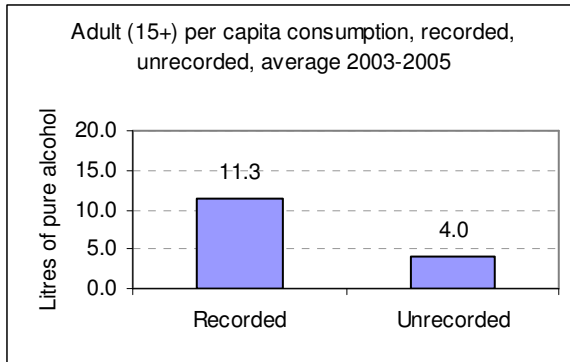
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

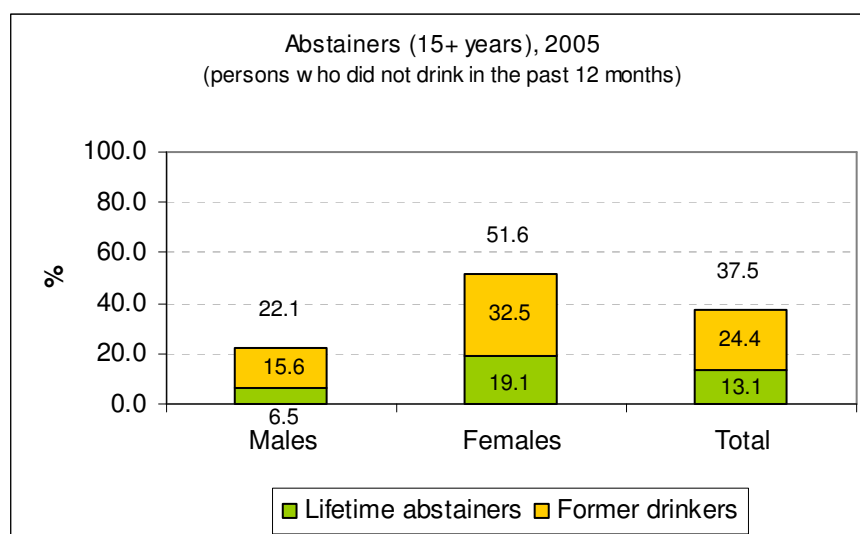
Increase
Stable
 Decrease
 Inconclusive



In Romania, adult per capita consumption of alcohol is mainly characterized by consumption of beer and spirits. Wine and is also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.3 litres of pure alcohol and appears to have remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 4.0 litres to recorded consumption and giving a total adult per capita consumption of pure alcohol in Romania of around 15.3 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	24.48
Adult (15+ years) per capita consumption*, males	31.75
Adult (15+ years) per capita consumption*, females	15.02
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	13,505.7	2,204.7
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	62.0	29.8	69.4	33.1	71.6	33.0	66.2	31.0	64.1	29.4	60.2	28.1
Alcoholic Liver disease	6.1	1.8	6.8	1.9	9.2	2.3	8.5	2.4	8.5	2.2	8.1	2.1
Road traffic accidents (1)	20.1	6.3	21.7	5.7	19.4	5.4	20.1	5.5	20.1	5.6	21.5	6.8
Poisoning	7.8	3.4	7.8	3.6	7.6	3.1	7.2	3.0	7.0	2.7	5.7	2.7
Violence	6.4	2.0	6.1	1.9	6.1	2.3	6.6	2.3	5.1	2.2	4.2	1.4

Data source: WHO Mortality Database, based on data as reported by countries
accidents

(1) refer to transport

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	NO
Road traffic injury	YES
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2005)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Romania which was adopted in 2005. There are restrictions on places of on-/off-premise sales of alcoholic beverages, as well as sales restrictions at specific events and to intoxicated persons. There are also national and legally binding regulations on alcohol advertising.

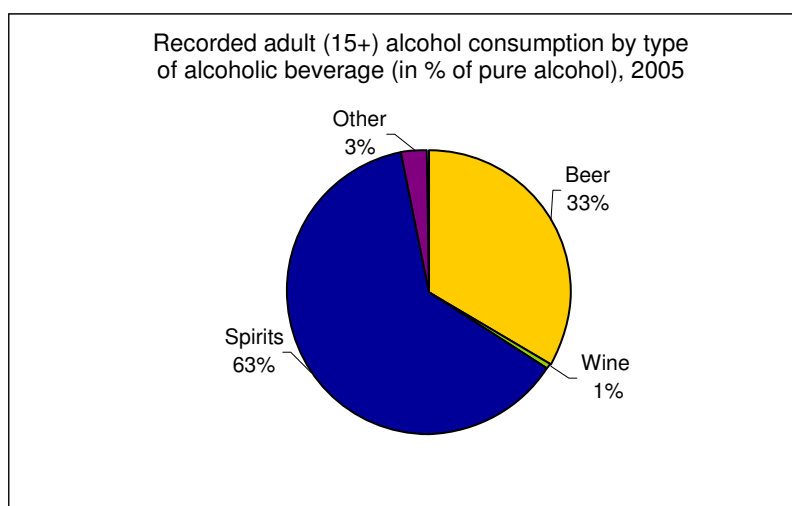
Russian Federation (the)

SOCIOECONOMIC CONTEXT

Total population	143,221,000	Annual population growth rate	-0.4%
Population 15+ years	85%	Adult literacy rate	99.4%
Population in urban areas	73%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

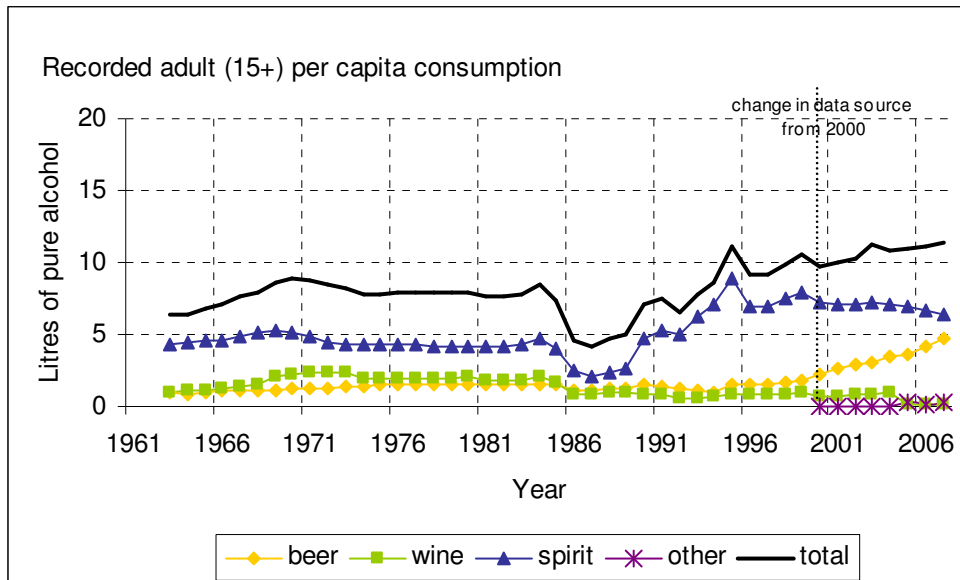
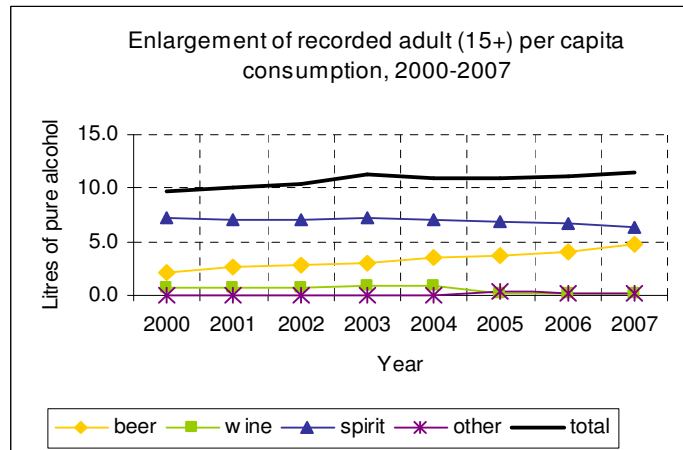


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in the Russian Federation include samogon. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

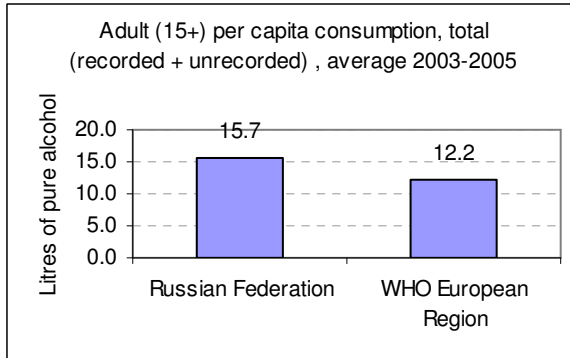
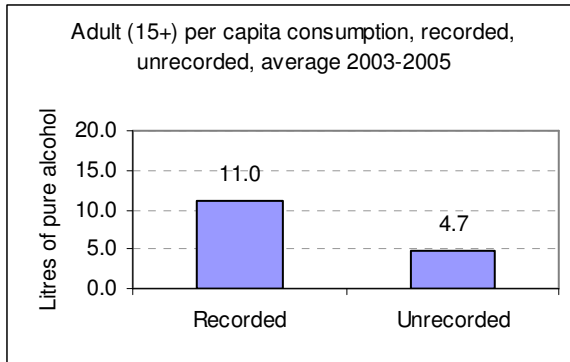
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

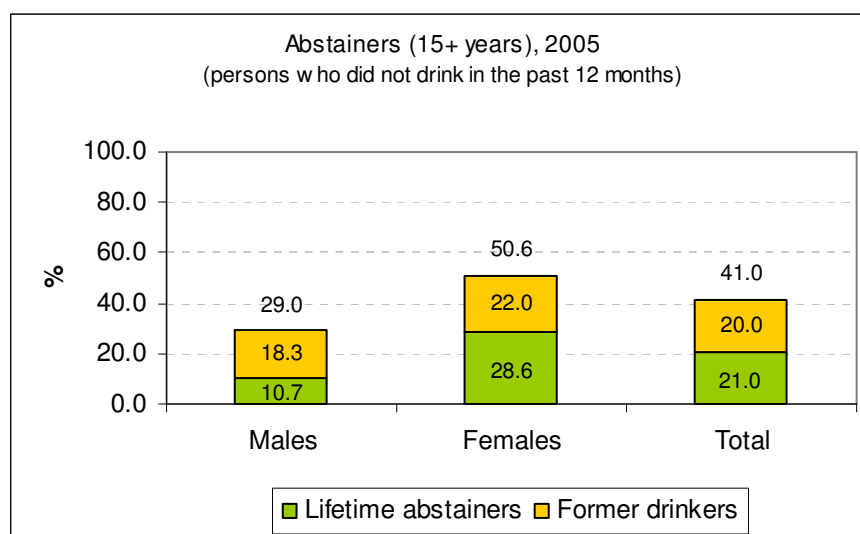
Increase
Stable
 Decrease
 Inconclusive



In the Russian Federation, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer, wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.0 litres of pure alcohol and has remained stable according to figures from recent years. There is also some unrecorded consumption, at around 4.7 litres per capita, giving a total adult per capita consumption in the Russian Federation of around 15.7 litres of pure alcohol.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	15.7%
Heavy episodic drinkers (18-85+ years), females, 2003	2.9%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	26.71
Adult (15+ years) per capita consumption*, males	35.38
Adult (15+ years) per capita consumption*, females	16.32
Heavy episodic drinkers** (18-85+ years), males, 2003	22.1%
Heavy episodic drinkers** (18-85+ years), females, 2003	5.8%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
-----------------------------	-------------	---	---	---	---	----------	------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	19,134.5	3,111.3
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	17.6%	3.2%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	--	--	--	--	--	--	--	--	--	--	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	50.9	14.6	51.9	15.0	53.3	15.7	54.9	16.2	52.5	15.6	50.7	14.8
Poisoning	80.8	18.9	81.8	20.1	83.5	21.7	86.8	21.4	85.0	20.3	84.1	19.3
Violence	53.9	15.3	56.0	15.7	58.1	15.8	54.3	14.9	51.0	13.9	46.1	12.7

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: road traffic accidents (mortality); alcohol poisoning (mortality); alcohol cardiomyopathy (mortality); chronic alcoholism (morbidity); alcohol psychosis (morbidity) and a composite indicator (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/YES
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places and density)	YES
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.03% / 0.03% / 0.03%
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in the Russian Federation. Restrictions for on-/off-premise sales of alcoholic beverages such as hours/days restrictions on sales and sales restrictions for intoxicated persons exist at the national level.

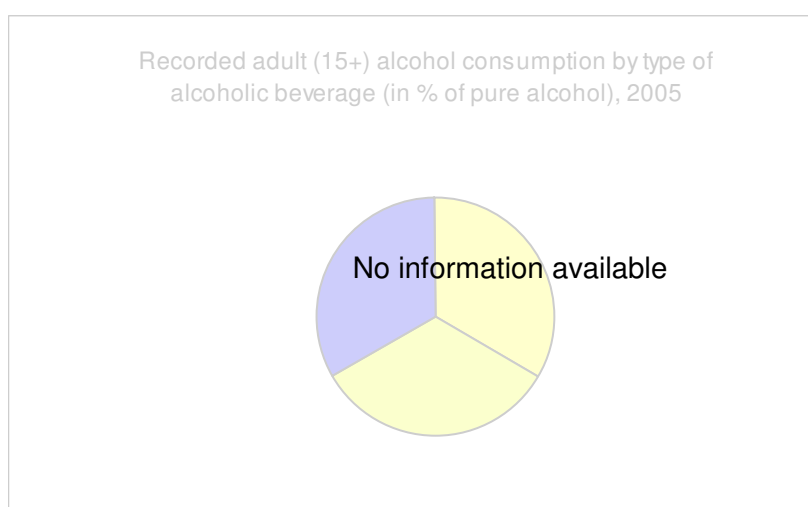
San Marino

SOCIOECONOMIC CONTEXT

Total population	31,000	Annual population growth rate	1.7%
Population 15+ years	86%	Adult literacy rate	- -
Population in urban areas	93%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES



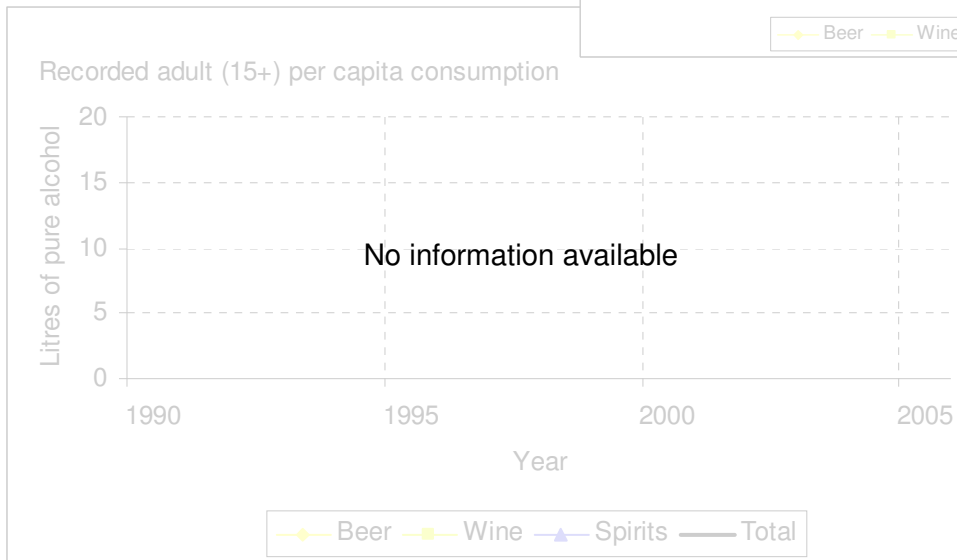
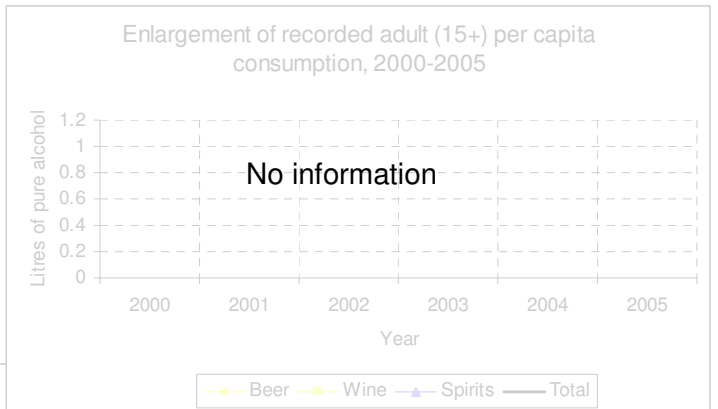
There is no information available on traditional and local beverages in San Marino. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

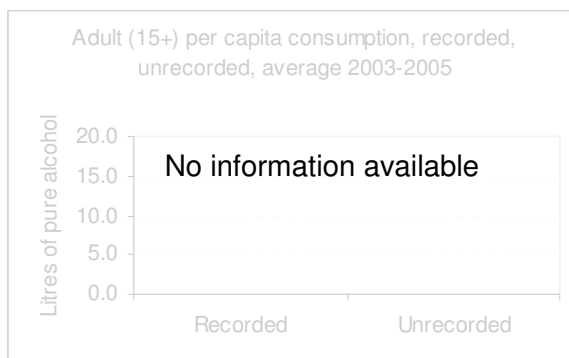
(refer to the population 15 years and older and are in litres of pure alcohol)

available



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

No information available



PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	No information available
-----------------------------	--------------------------

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	No information available
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

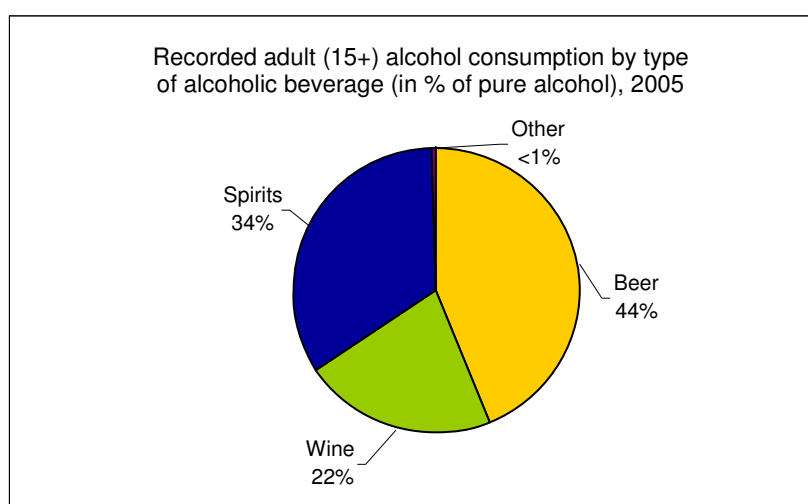
Serbia

SOCIOECONOMIC CONTEXT

Total population	9,851,000	Annual population growth rate	-0.4%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	52%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

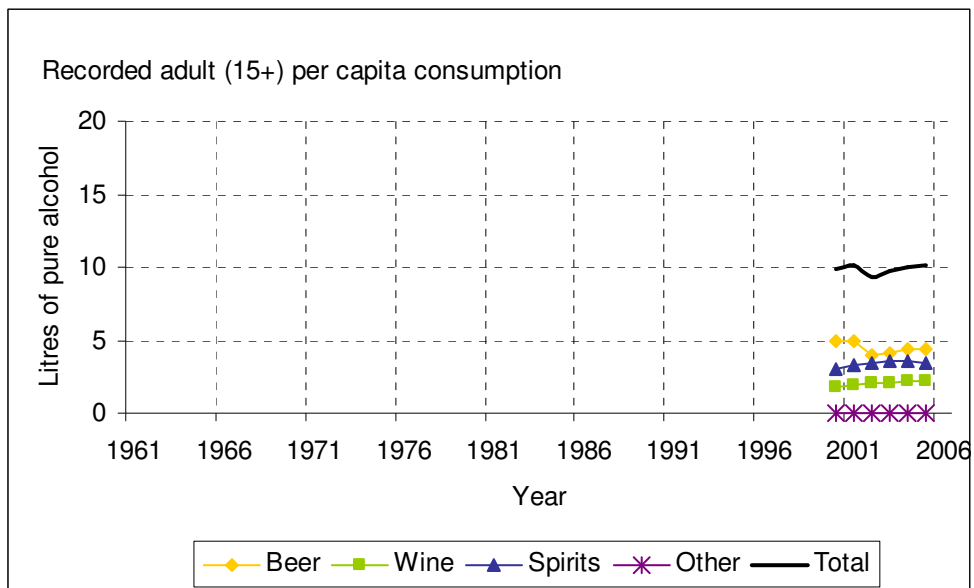
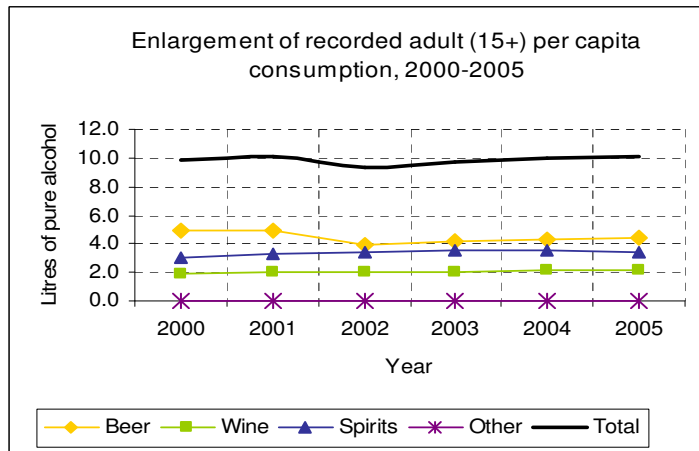


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Serbia include slivovica and rakia. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

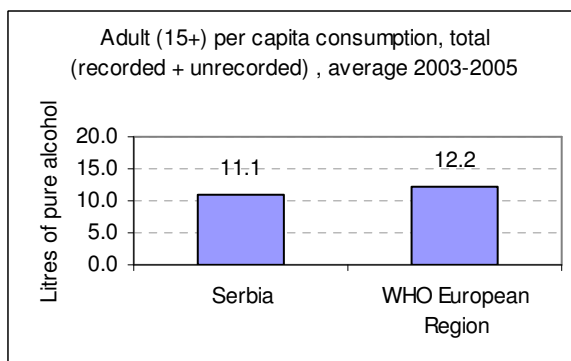
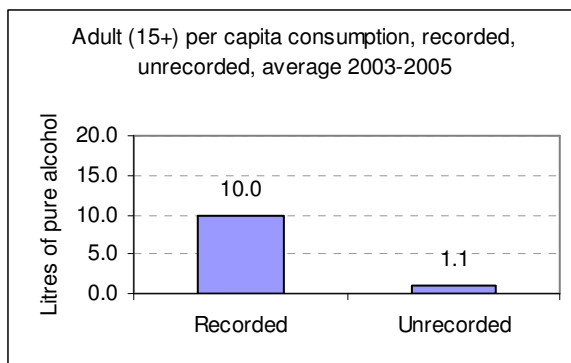
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

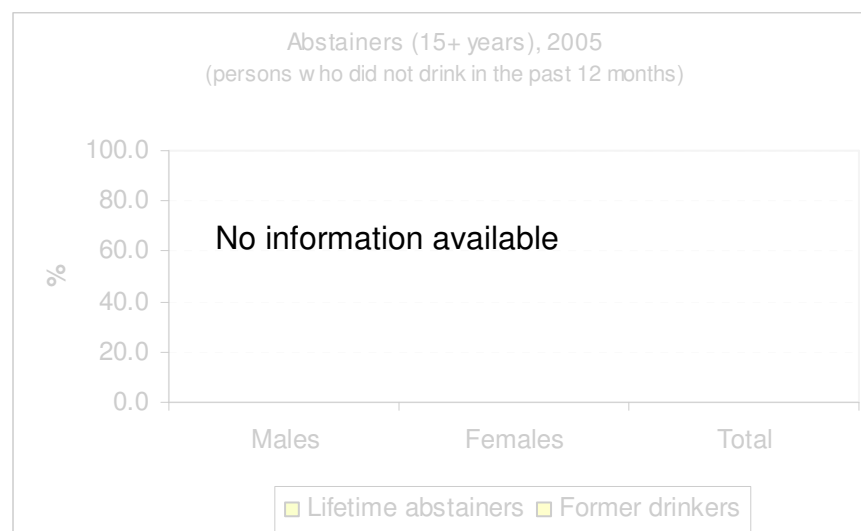
Increase
Stable
 Decrease
 Inconclusive



In Serbia, adult per capita consumption of alcohol is mainly characterized by consumption of beer and spirits. Wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 10.0 litres of pure alcohol and has remained stable in recent years according to recent figures. Some unrecorded alcohol production is also seen in the country, at around 1.1 litres, giving a total adult per capita consumption of pure alcohol in Serbia of around 11.1 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	--	--	--	--	--	--	--	--	18.6	4.1	18.1	4.4
Alcoholic Liver disease	--	--	--	--	--	--	--	--	8.9	1.0	9.5	1.4
Road traffic accidents (1)	--	--	--	--	--	--	--	--	13.1	3.3	15.9	4.0
Poisoning	--	--	--	--	--	--	--	--	0.8	0.2	2.0	0.3
Violence	--	--	--	--	--	--	--	--	3.1	1.2	3.7	1.2

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcoholic use disorders (mortality) and alcohol withdrawal delirium (mortality).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	NO/YES
Specific events	NO
Intoxicated persons	NO
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Serbia. Restrictions on density of on-/off-premise sales of alcoholic beverages as well as on-/off-premise sale restrictions in petrol stations are in place. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

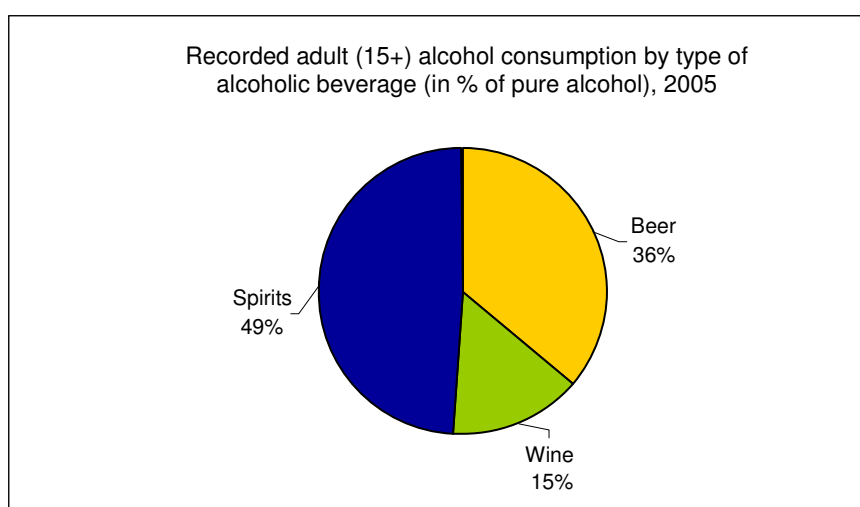
Slovakia

SOCIOECONOMIC CONTEXT

Total population	5,388,000	Annual population growth rate	0.0%
Population 15+ years	84%	Adult literacy rate	- -
Population in urban areas	56%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

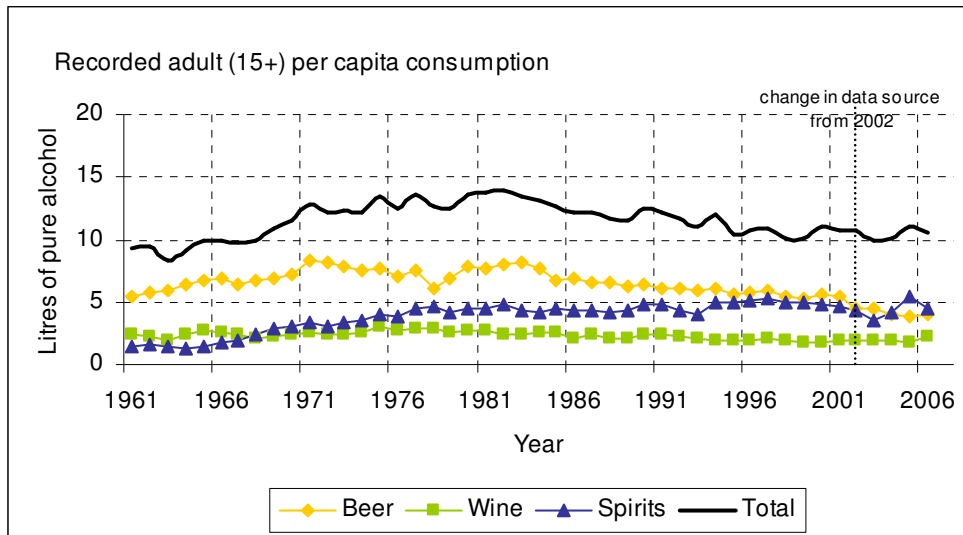
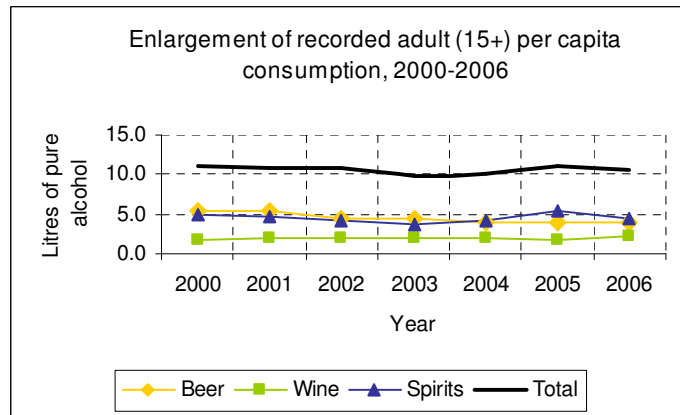


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Slovakia include domáca, slivovica, hruskovica, jablkovica, ceresnovica, marhulovica and eaux de vie. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

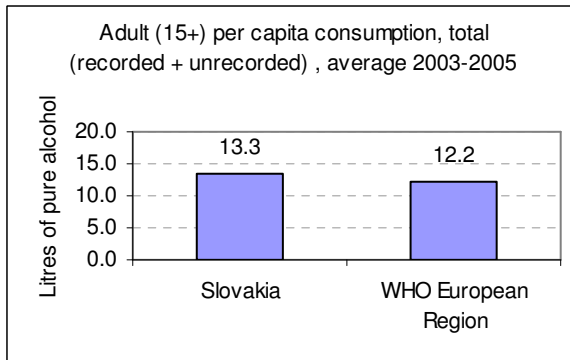
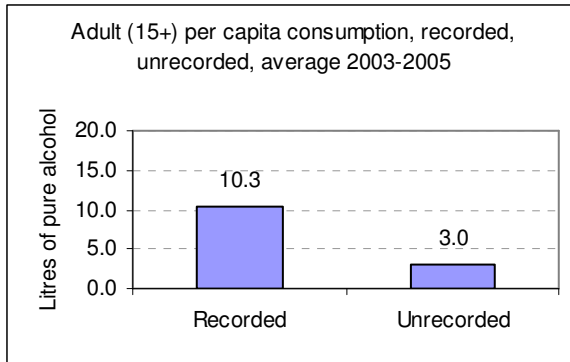
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

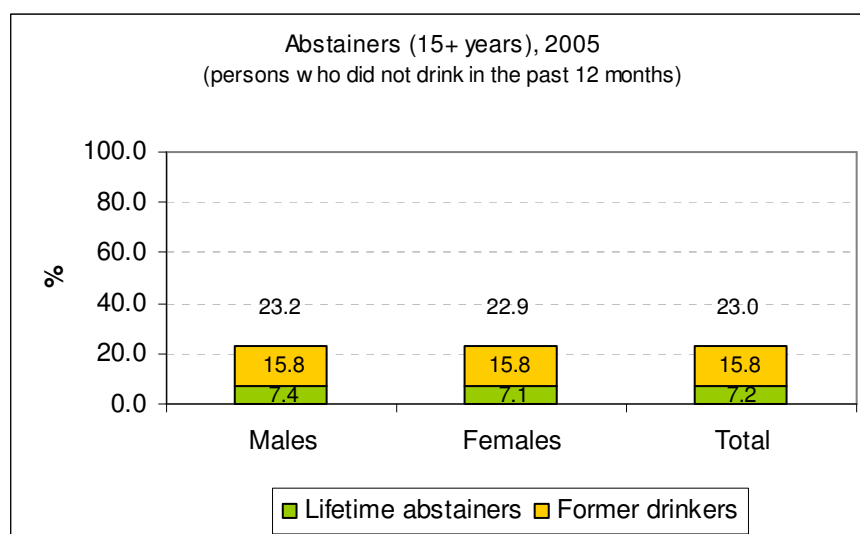
Increase
Stable
 Decrease
 Inconclusive



In Slovakia, adult per capita consumption of alcohol is mainly characterized by consumption of spirits and beer. Wine is also consumed, but to a lesser extent. Recorded adult per capita consumption is around 10.3 litres of pure alcohol and appears to have remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 3.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Slovakia is around 13.3 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-81 years), males, 2003	15.0%
Heavy episodic drinkers (18-81 years), females, 2003	2.2%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	17.31
Adult (15+ years) per capita consumption*, males	28.18
Adult (15+ years) per capita consumption*, females	8.13
Heavy episodic drinkers** (18-81 years), males, 2003	19.6%
Heavy episodic drinkers** (18-81 years), females, 2003	2.8%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	10.2%	1.1%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	45.8	11.5	41.5	13.9	42.9	15.3	41.1	13.0	35.5	13.8	40.4	14.4
Alcoholic Liver disease	16.4	3.7	17.0	4.3	17.3	4.3	17.2	4.5	14.9	5.1	18.6	5.3
Road traffic accidents (1)	27.6	6.3	26.1	6.3	24.3	6.3	26.2	6.8	24.9	5.3	23.9	5.9
Poisoning	6.0	1.4	5.2	1.5	5.5	1.2	5.8	1.4	4.9	1.2	5.7	1.3
Violence	4.2	1.1	3.4	1.6	3.6	1.5	3.1	1.2	2.6	1.2	2.6	1.1

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	NO
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol use mental and behavioral disorders (morbidity); toxic effects of alcohol (mortality and morbidity); alcohol liver disease (mortality and morbidity) and persons treated for first time in psychiatric out-patient facilities (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2006)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	NO
Intoxicated persons	YES
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Slovakia, adopted in 2006. Restrictions on hours and places of on-/off-premise sales of alcoholic beverages are in place, as well as restriction of sales to intoxicated persons. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

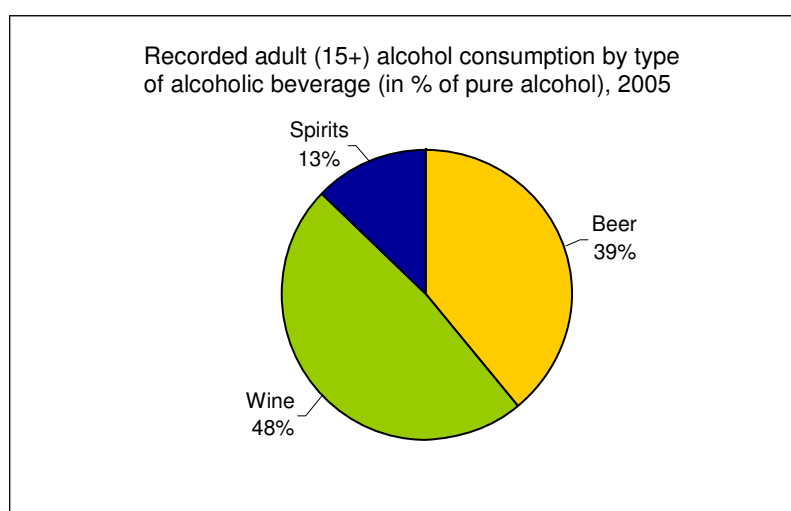
Slovenia

SOCIOECONOMIC CONTEXT

Total population	2,001,000	Annual population growth rate	0.2%
Population 15+ years	86%	Adult literacy rate	99.7%
Population in urban areas	51%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

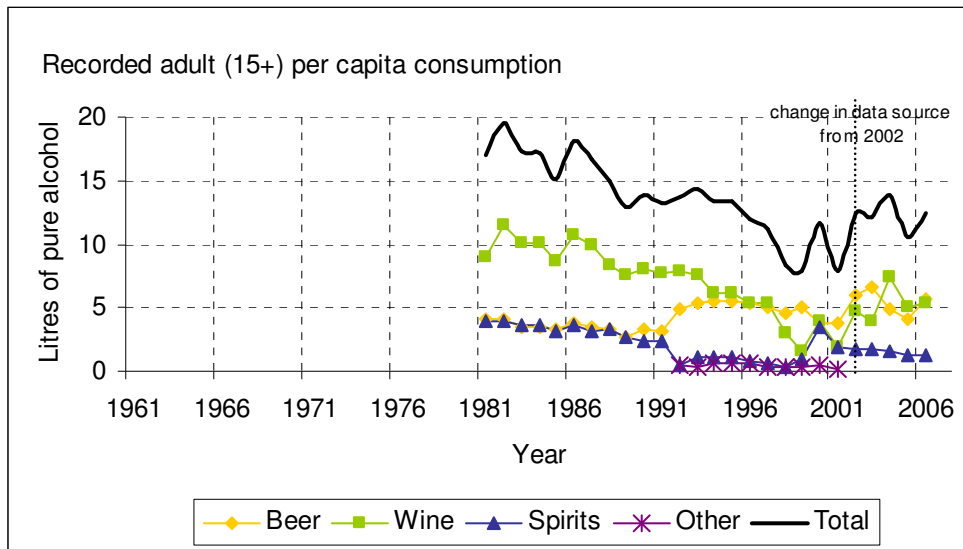
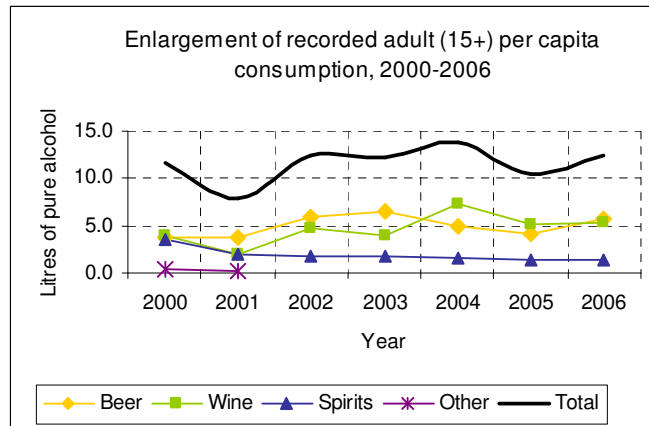


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Slovenia include eaux de vie and vinjak. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

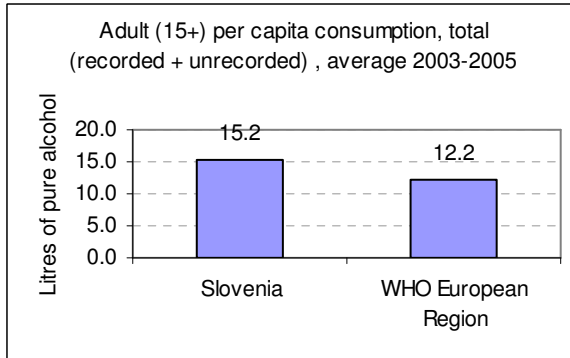
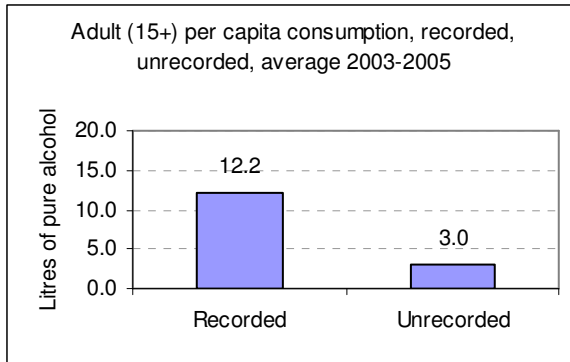
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

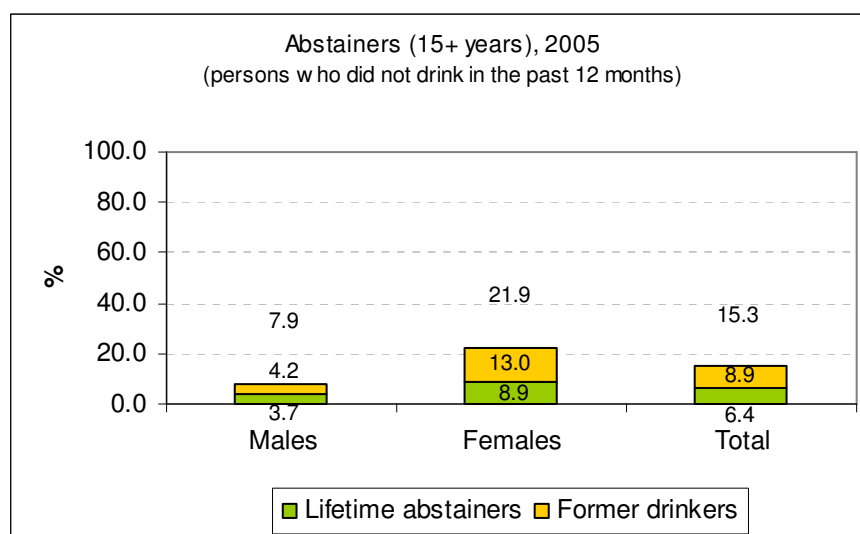
Increase
Stable
Decrease
Inconclusive



In Slovenia, adult per capita consumption of alcohol is mainly characterized by consumption of wine and beer. Spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 12.2 litres of pure alcohol and has increased over the past years according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 3.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol is around 15.2 litres in Slovenia.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	17.93
Adult (15+ years) per capita consumption*, males	24.22
Adult (15+ years) per capita consumption*, females	11.38
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	--	--
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	51.4	20.4	54.8	19.6	45.9	17.3	52.2	17.2	43.1	16.4	35.9	12.2
Alcoholic Liver disease	21.3	7.5	24.2	9.1	23.0	8.4	30.3	9.2	21.4	7.9	23.0	6.8
Road traffic accidents (1)	26.9	7.5	29.6	5.5	24.1	7.1	22.8	5.3	25.1	5.4	21.7	6.9
Poisoning	2.8	0.1	3.7	0.7	3.1	1.0	2.6	0.5	2.5	0.5	2.4	0.5
Violence	1.6	0.8	1.5	0.6	2.2	1.1	1.5	1.1	3.0	1.4	1.6	1.0

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcoholic liver disease (morbidity and mortality); mental and behavioral disorders (morbidity and mortality); alcoholic cardiopathy (mortality) and toxic effect of alcohol (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2000, revised 2008)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / ZERO TOLERANCE / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Slovenia, which was revised in 2008. Restrictions for on-/off-premise sales of alcoholic beverages such as hour and place restrictions and restrictions to intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising, sponsorship and sales promotion.

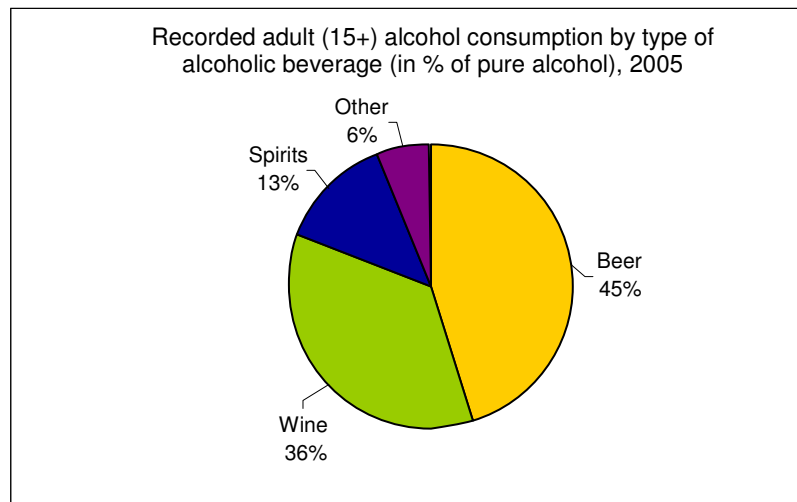
Spain

SOCIOECONOMIC CONTEXT

Total population	43,887,000	Annual population growth rate	1.1%
Population 15+ years	86%	Adult literacy rate	96.5%
Population in urban areas	77%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

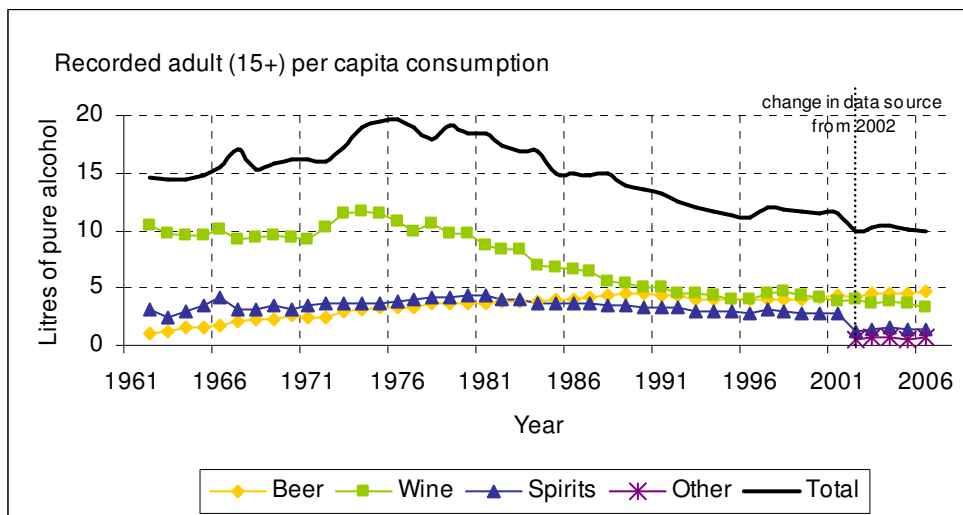
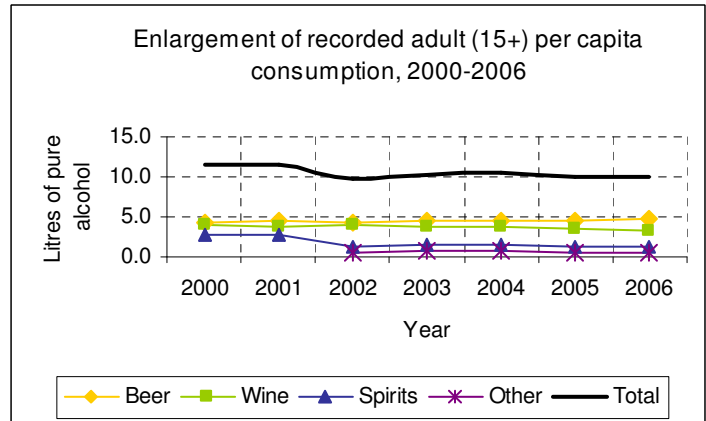


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Spain include pacharan and orujo. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

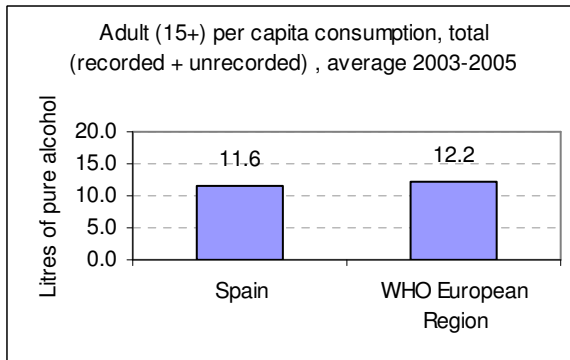
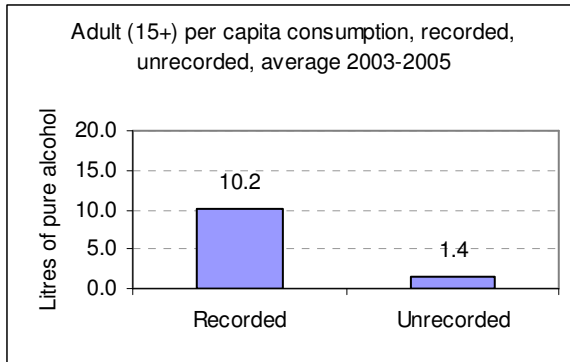
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

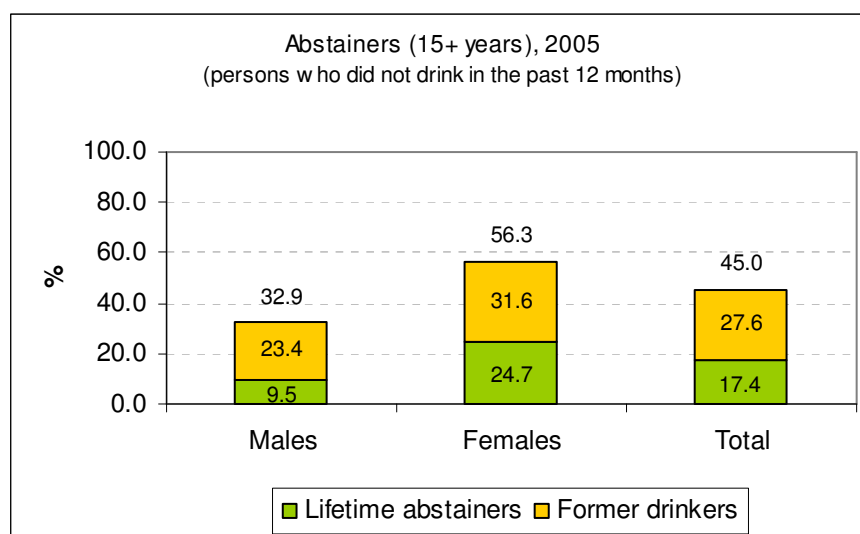
Increase
Stable
 Decrease
 Inconclusive



In Spain, adult per capita consumption of alcohol is mainly characterized by consumption of beer and wine. Spirits and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 10.2 litres of pure alcohol and this seems to have remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 1.4 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 11.6 litres in Spain.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	21.13
Adult (15+ years) per capita consumption*, males	24.79
Adult (15+ years) per capita consumption*, females	15.58
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,469.2	1,716.4
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	1.2%	0.2%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	17.5	5.9	17.6	5.2	17.0	5.2	16.7	4.9	15.7	4.9	15.6	4.7
Alcoholic Liver disease	4.8	0.9	5.0	0.8	5.0	0.9	5.1	0.9	4.6	1.0	4.8	0.9
Road traffic accidents (1)	27.6	7.4	26.0	6.9	24.3	6.4	24.3	6.4	21.1	5.6	19.8	4.7
Poisoning	4.5	0.8	4.1	0.9	3.4	0.6	3.1	0.7	3.1	0.9	3.8	0.9
Violence	1.8	0.6	1.9	0.5	1.9	0.5	1.8	0.7	2.1	1.2	1.6	0.5

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	6,428.7
Direct healthcare costs (millions US dollars)	1,785.3
Direct law enforcement costs (millions US dollars)	493.5
Other direct costs (millions US dollars)	24.1
Indirect costs (millions US dollars)	4,125.8

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol related mortality (mortality) and Years of Potential Life Lost (mortality).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1999, revised 2005)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/NO
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/16
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/16
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.03% / 0.03%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Spain, which was revised in 2005. Restrictions for on-/off-premise sales of alcoholic beverages such as place restrictions and restrictions at specific events are in place. There are national and legally binding regulations on alcohol advertising and sales promotion.

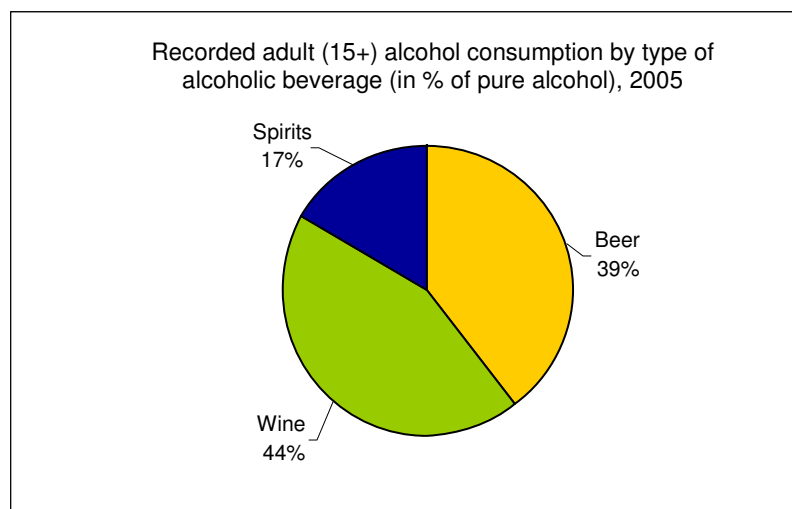
Sweden

SOCIOECONOMIC CONTEXT

Total population	9,078,000	Annual population growth rate	0.3%
Population 15+ years	83%	Adult literacy rate	- -
Population in urban areas	84%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

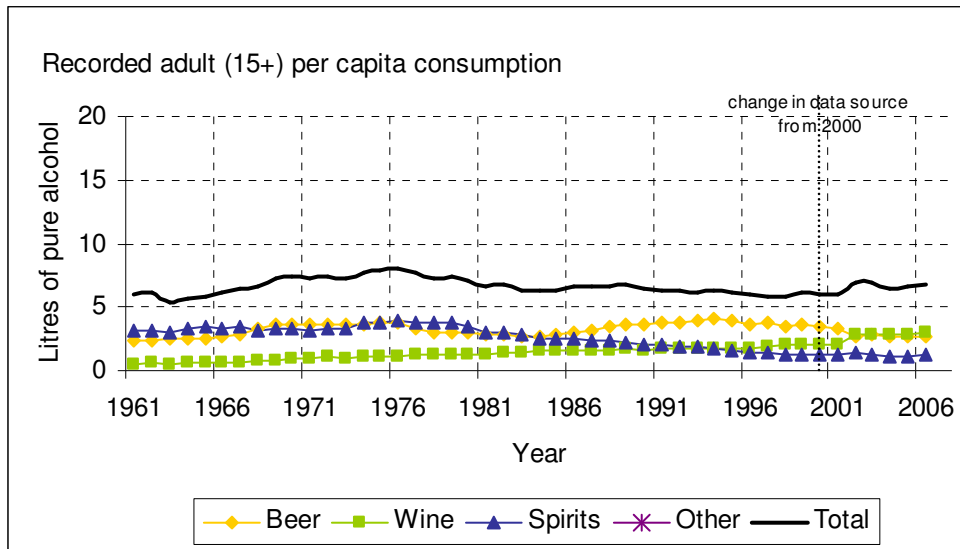
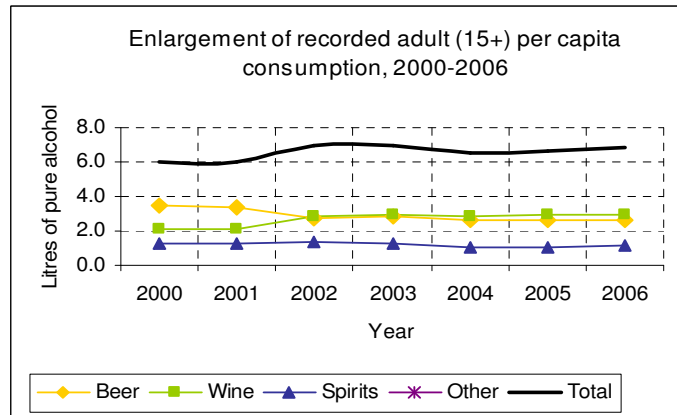


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. There is no information available on traditional and local beverages in Sweden. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

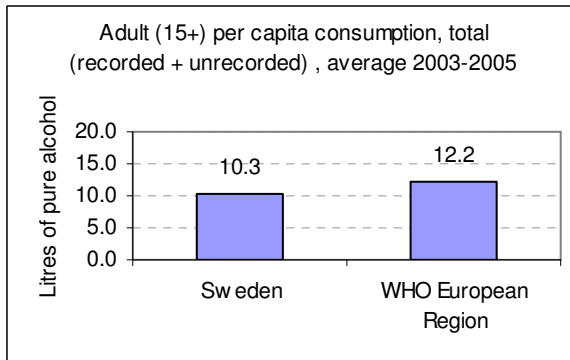
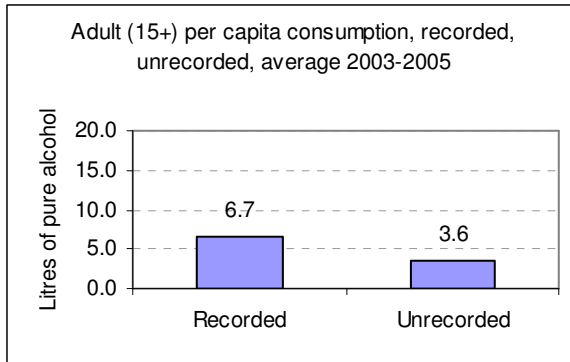
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

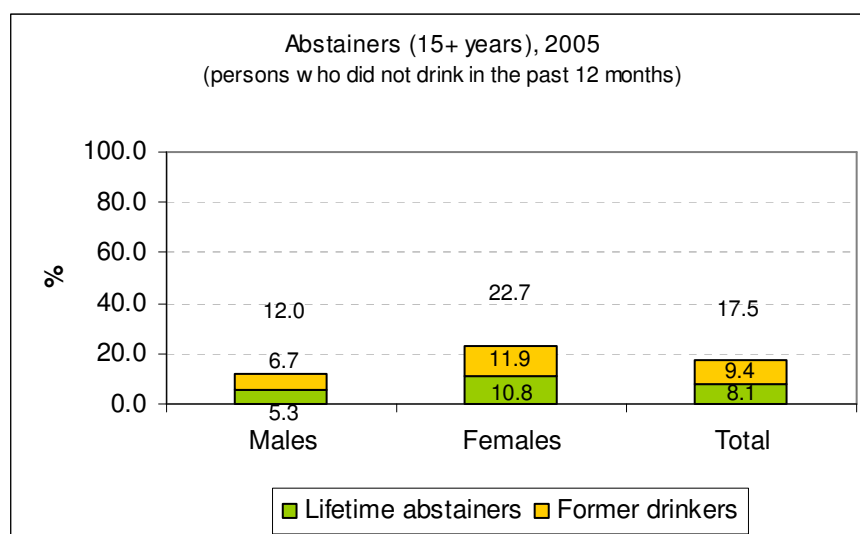
Increase
Stable
 Decrease
 Inconclusive



In Sweden, adult per capita consumption of alcohol is mainly characterized by consumption of wine and beer. Spirits are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 6.7 litres of pure alcohol and this has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 3.6 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Sweden is around 10.3 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (17-81 years), males, 2002	2.3%
Heavy episodic drinkers (17-81 years), females, 2002	0.3%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	12.48
Adult (15+ years) per capita consumption*, males	16.68
Adult (15+ years) per capita consumption*, females	7.84
Heavy episodic drinkers** (17-81 years), males, 2002	2.6%
Heavy episodic drinkers** (17-81 years), females, 2002	0.4%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	4,666.1	1,238.0
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	7.7%	3.3%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	6.6	3.4	7.6	3.5	7.6	3.4	8.6	3.5	7.6	3.6	8.4	3.5
Alcoholic Liver disease	3.6	1.7	4.7	1.7	4.4	1.6	5.3	1.7	4.9	2.0	5.5	2.2
Road traffic accidents (1)	11.6	3.1	11.5	3.5	10.3	3.2	10.1	3.1	9.2	2.7	8.6	2.9
Poisoning	4.6	1.3	6.7	1.7	5.6	1.2	5.5	1.5	5.4	1.3	6.3	1.6
Violence	1.7	0.8	1.5	0.7	1.8	1.1	1.6	0.7	1.6	0.9	1.6	0.8

Data source: WHO Mortality Database, based on data as reported by countries
accidents

(1) refer to transport

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	2,862.3
Direct healthcare costs (millions US dollars)	308.2
Direct law enforcement costs (millions US dollars)	401.3
Other direct costs (millions US dollars)	681.9
Indirect costs (millions US dollars)	1,470.9

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	NO
Ethanol poisoning	YES
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol index (combination of alcohol-related deaths) (mortality); alcohol-related liver disease (mortality); ethanol intoxication and treatment for ethanol poisoning (mortality and morbidity); night-time single vehicle crashes involving injuries (morbidity); police-reported assaults (morbidity) and police-reported cases of drink driving (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2000, revised 2005)
National control of production/sale: Monopoly	NO/YES
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	20*/20/20
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
* For beers of less than 3.5% alcohol by volume, the minimum age for off-premise sales is 18 years.	
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / 0.02%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	NO
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Sweden, which was revised in 2005. Restrictions for on-/off-premise sales of alcoholic beverages are in place, such as hours restrictions on sales, and sales restrictions for intoxicated persons. There are national and legally binding regulations on alcohol advertising, sponsorship and sales promotion.

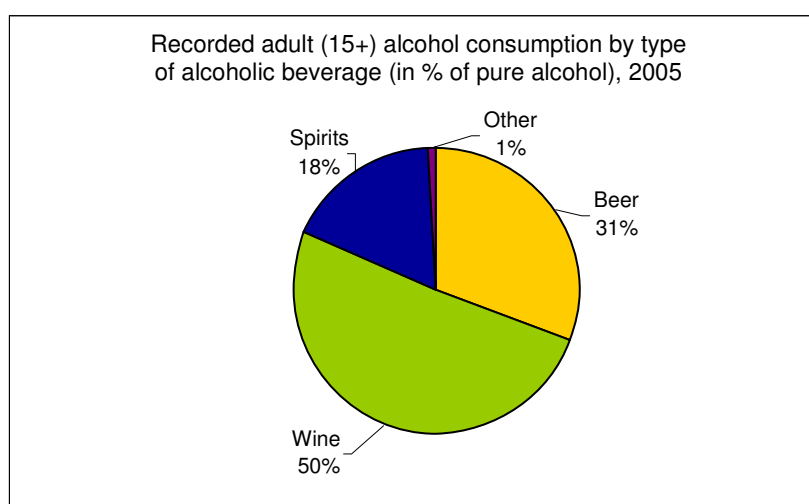
Switzerland

SOCIOECONOMIC CONTEXT

Total population	7,455,000	Annual population growth rate	0.4%
Population 15+ years	84%	Adult literacy rate	--
Population in urban areas	76%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

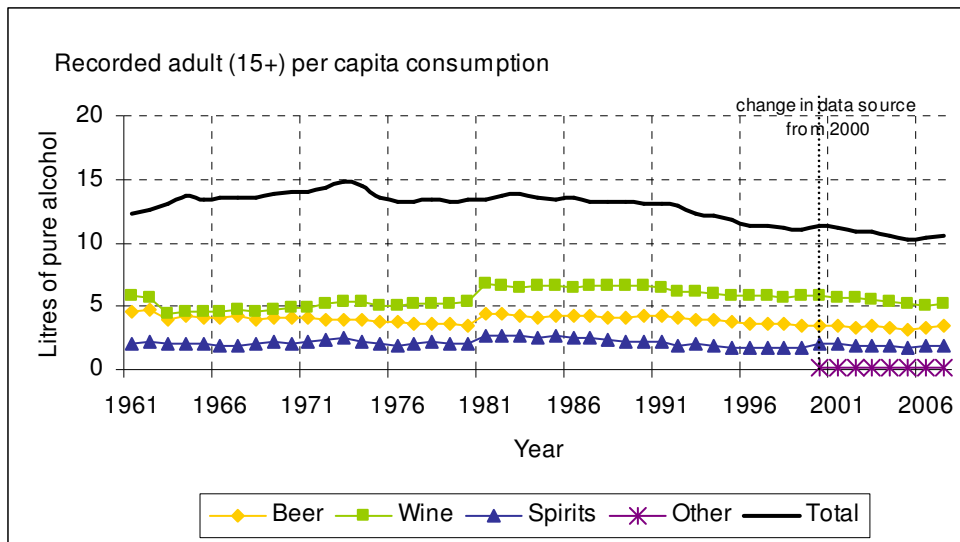
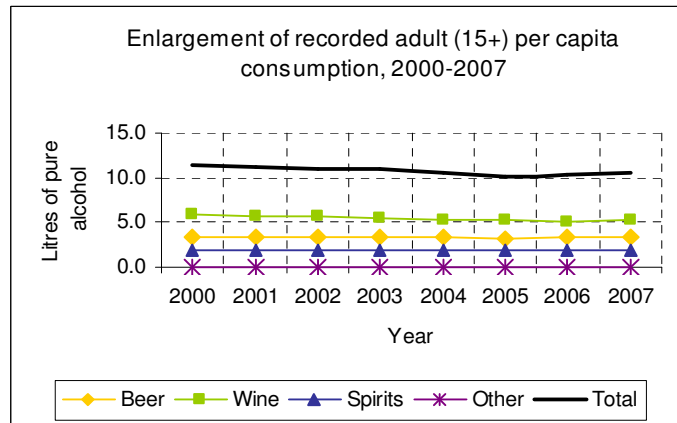


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Switzerland include home-produced wines, eaux de vie and bitters. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

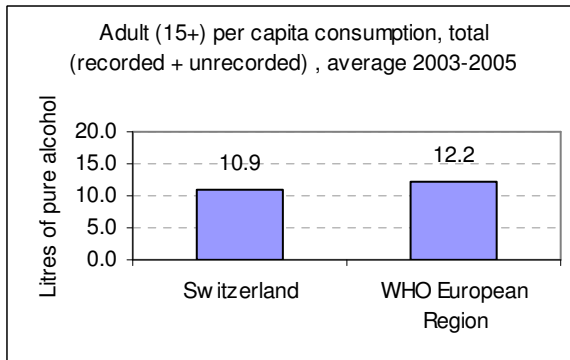
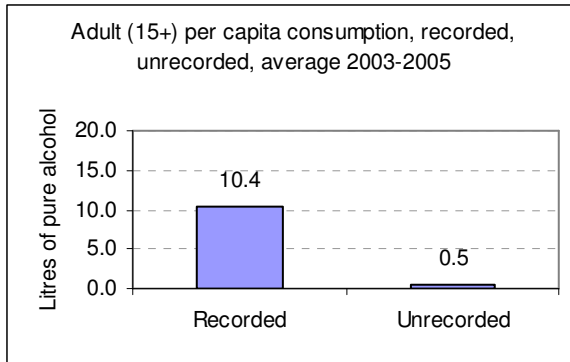
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

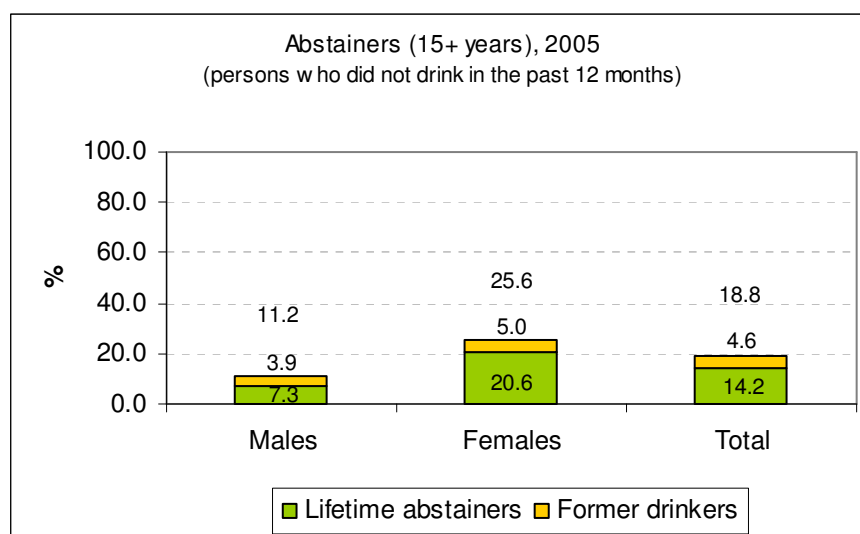
Increase
Stable
 Decrease
 Inconclusive



In Switzerland, adult per capita consumption of alcohol is mainly characterized by consumption of wine. Beer, spirits and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 10.4 litres of pure alcohol and has remained stable in recent years according to recent trends. Some unrecorded alcohol production is also seen in the country, adding around 0.5 litres to recorded consumption. Total adult per capita consumption of pure alcohol in Switzerland is around 10.9 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (15-85+ years), males, 1997	4.4%
Heavy episodic drinkers (15-85+ years), females, 1997	1.0%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	13.42
Adult (15+ years) per capita consumption*, males	17.71
Adult (15+ years) per capita consumption*, females	8.43
Heavy episodic drinkers** (15-85+ years), males, 1997	5.0%
Heavy episodic drinkers** (15-85+ years), females, 1997	1.3%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	5,939.2	1,575.8
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	11.9	4.5	12.4	4.4	12.9	5.0	12.4	4.7	10.9	4.2	10.8	4.4
Alcoholic Liver disease	9.7	3.7	11.2	3.4	11.1	4.0	10.9	3.8	9.9	3.4	9.7	3.6
Road traffic accidents (1)	13.2	3.9	11.8	2.7	11.2	3.4	12.2	3.4	12.1	2.5	8.5	2.2
Poisoning	0.6	0.3	0.9	0.5	0.5	0.2	0.6	0.5	0.5	0.2	0.5	0.4
Violence	0.8	0.9	1.6	0.9	0.9	1.3	0.7	0.8	1.1	0.9	0.8	0.9

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: alcohol use disorders (mortality); accidental poisoning (mortality); alcohol attributable mortality (mortality); Disability Adjusted Life Years (morbidity) and persons in treatment in specialized institutions (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2008)
National control of production/sale: Monopoly	YES*/NO
National control of production/sale: Licensing	NO/NO
*No monopoly on production of beer	
Excise tax on beer	YES
Excise tax on wine	NO
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	16/16/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places and density)	NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Switzerland, which was revised in 2008. Restrictions on hours of on-/off-premise sales of alcoholic beverages, and restrictions on sales at specific events are in place. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

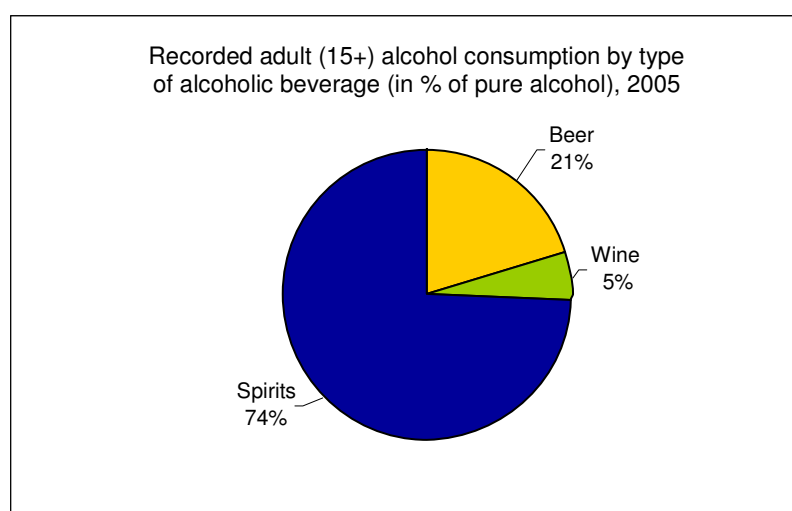
Tajikistan

SOCIOECONOMIC CONTEXT

Total population	6,640,000	Annual population growth rate	1.3%
Population 15+ years	61%	Adult literacy rate	99.5%
Population in urban areas	25%	Income group (World bank)	Low Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

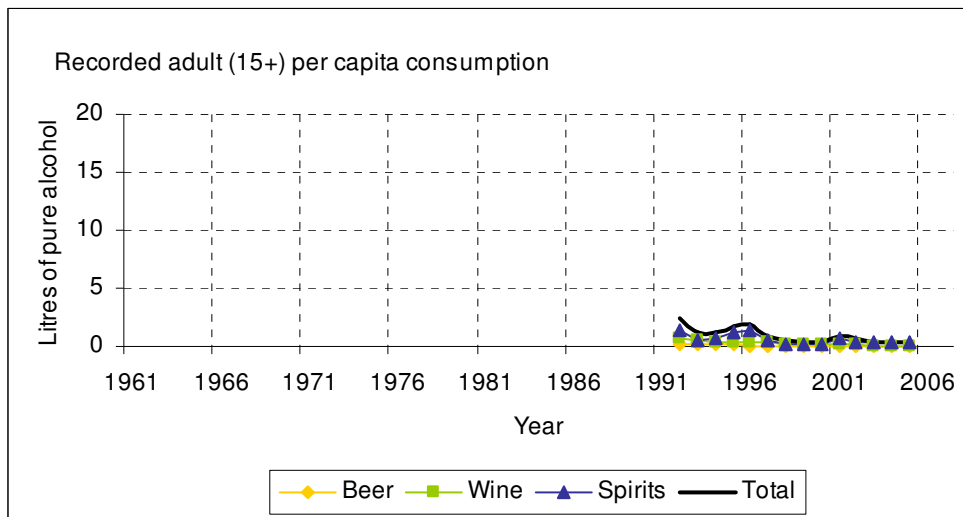
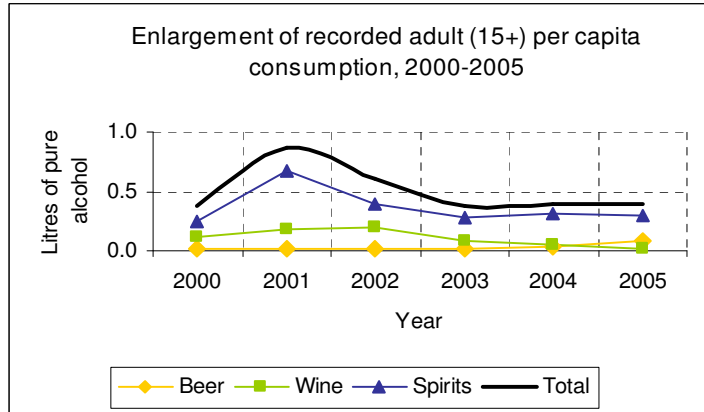


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Tajikistan include home-produced wines and spirits. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

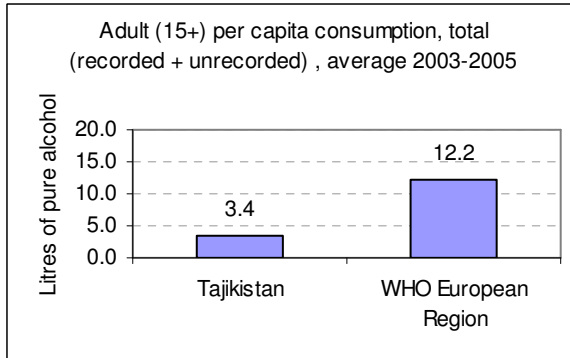
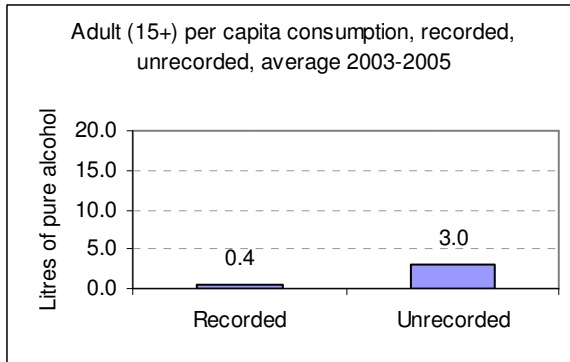
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

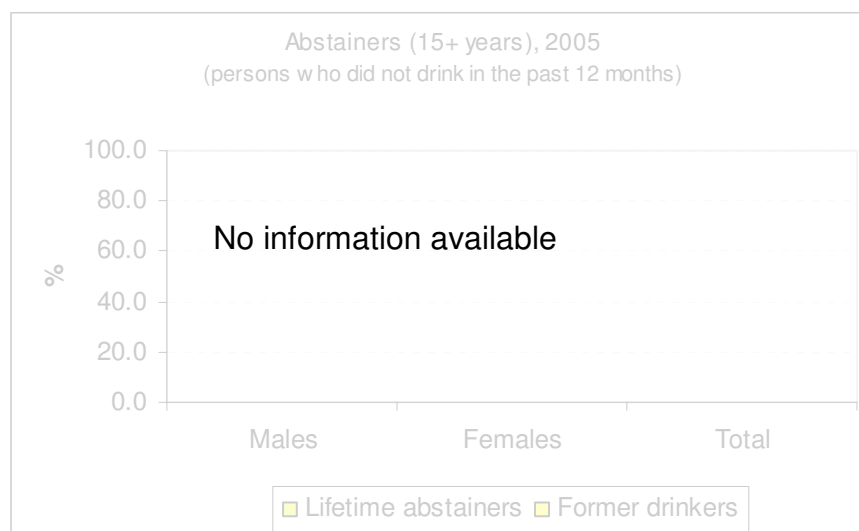
Increase
Stable
Decrease
Inconclusive



In Tajikistan, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer and wine are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 0.4 litres of pure alcohol and this is thought to have decreased in recent years. However, the majority of alcohol consumption is unrecorded, at around 3.0 litres. Total adult per capita consumption of pure alcohol in Tajikistan is around 3.4 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	3,778.0	731.5
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	No information available
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

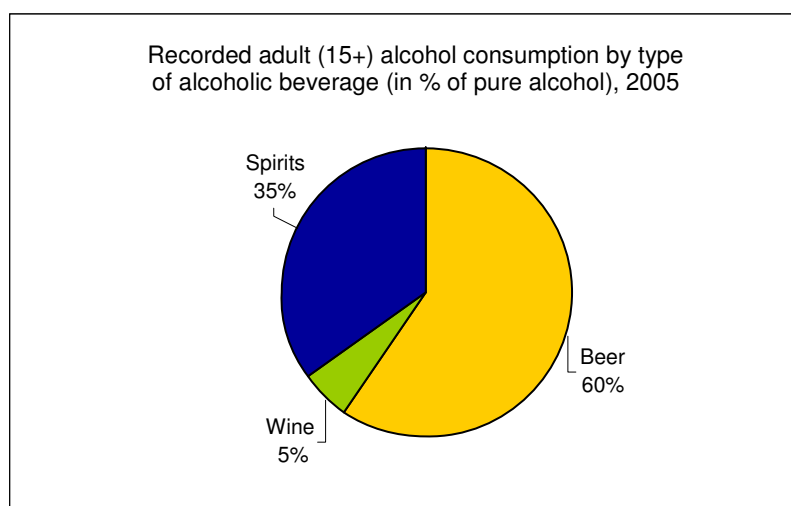
Turkey

SOCIOECONOMIC CONTEXT

Total population	73,922,000	Annual population growth rate	1.5%
Population 15+ years	72%	Adult literacy rate	87.4%
Population in urban areas	68%	Income group (World bank)	Upper-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

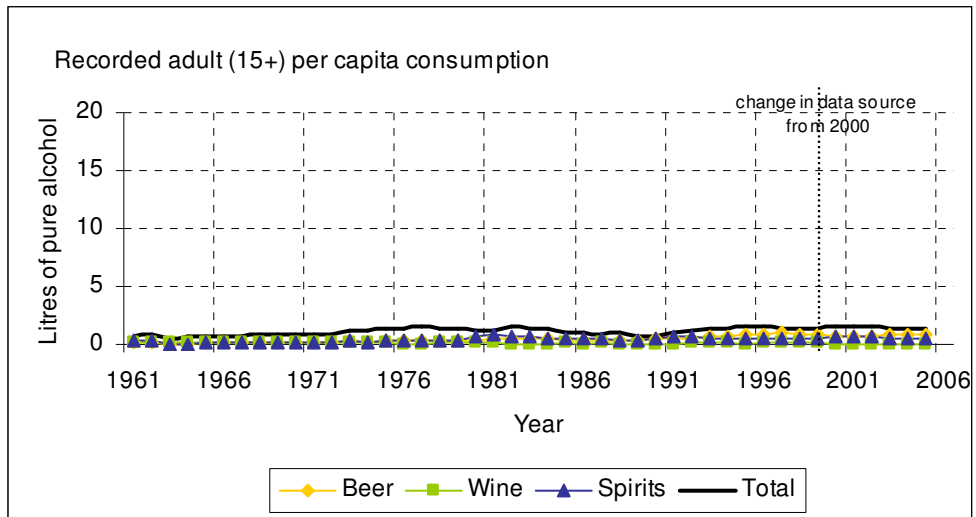
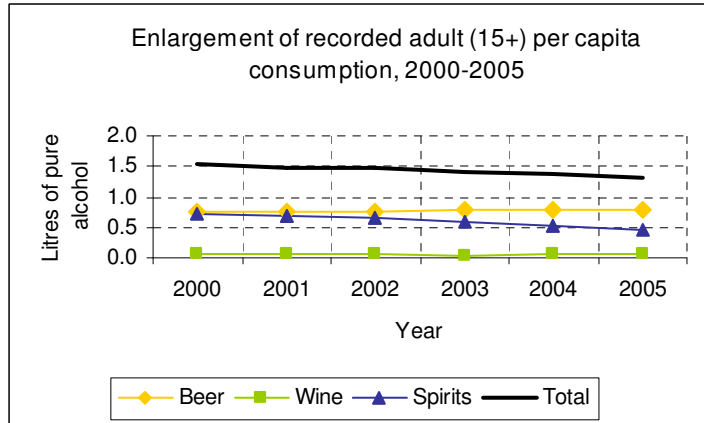


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Turkey include raki and cordials. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

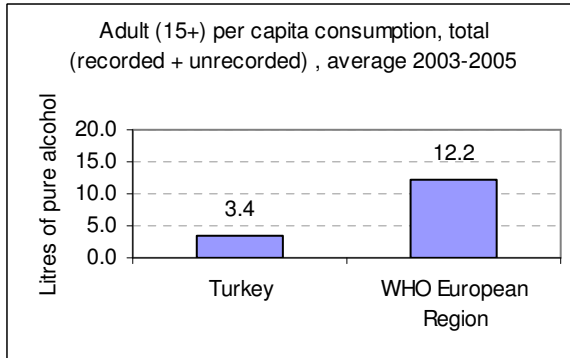
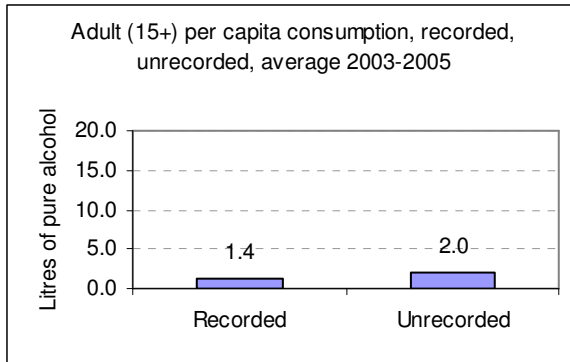
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

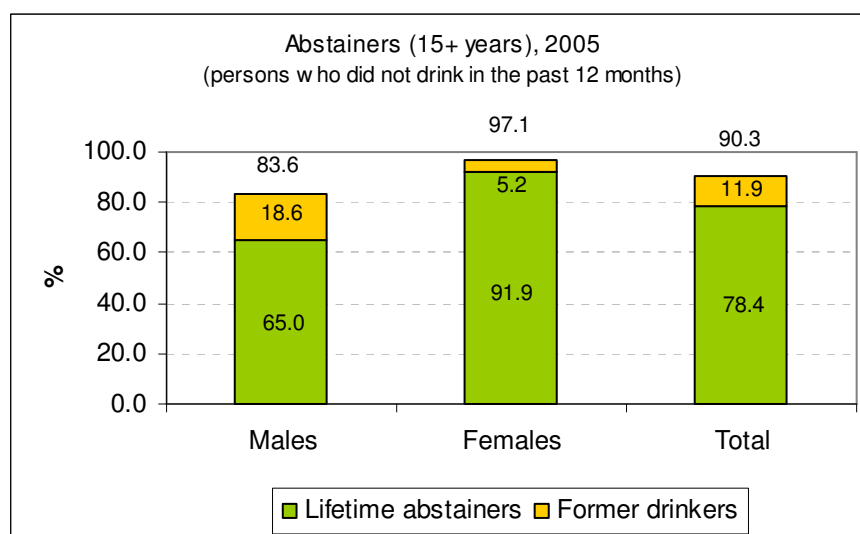
Increase
Stable
 Decrease
 Inconclusive



In Turkey, adult per capita consumption of alcohol is mainly characterized by consumption of beer and spirits. Wine is also consumed, but to a lesser extent. Recorded adult per capita consumption is around 1.4 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding around 2.0 litres to recorded adult per capita consumption. Total adult per capita consumption of pure alcohol in Turkey is around 3.4 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	2.4%
Heavy episodic drinkers (18-85+ years), females, 2003	0.4%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	29.42
Adult (15+ years) per capita consumption*, males	31.22
Adult (15+ years) per capita consumption*, females	19.39
Heavy episodic drinkers** (18-85+ years), males, 2003	14.9%
Heavy episodic drinkers** (18-85+ years), females, 2003	12.8%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	3,760.3	613.8
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	1.8%	0.7%

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	NO
Road traffic injury	NO
Alcohol-related recorded crime	NO

There are no other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1942, revised 2006)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in Turkey, which was revised in 2006. Restrictions at the national level are in place for the location of on-/off-premise sales of alcoholic beverages and on sales of alcohol at specific events and to intoxicated persons. There are national and legally binding regulations on alcohol advertising, product placement and sales promotion.

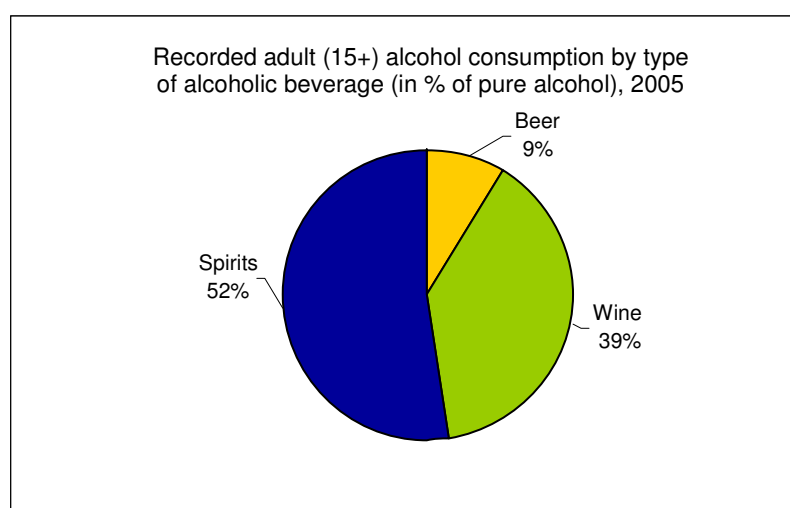
Turkmenistan

SOCIOECONOMIC CONTEXT

Total population	4,899,000	Annual population growth rate	1.4%
Population 15+ years	69%	Adult literacy rate	98.8%
Population in urban areas	47%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

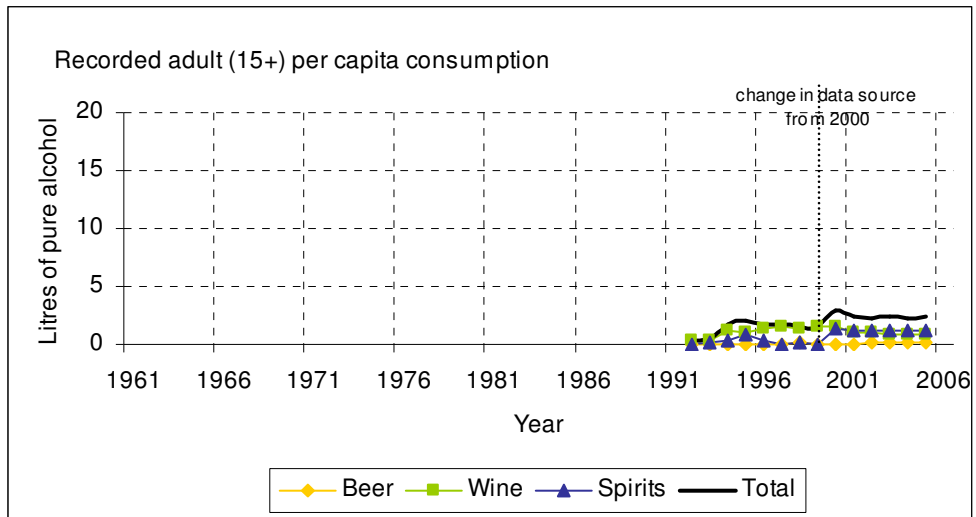
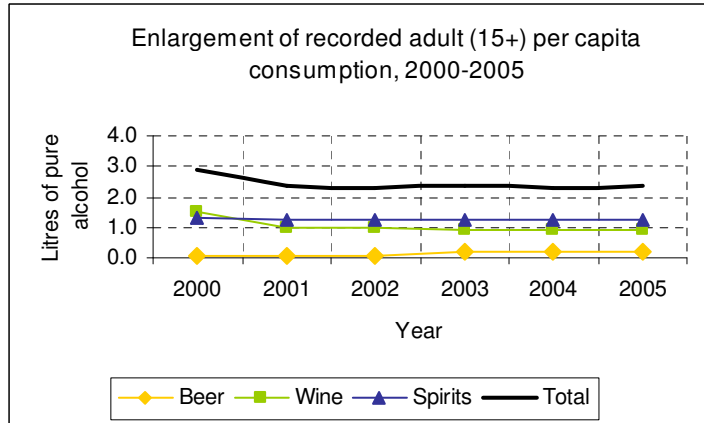


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Turkmenistan include home-produced wines and spirits. There is no information available on problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

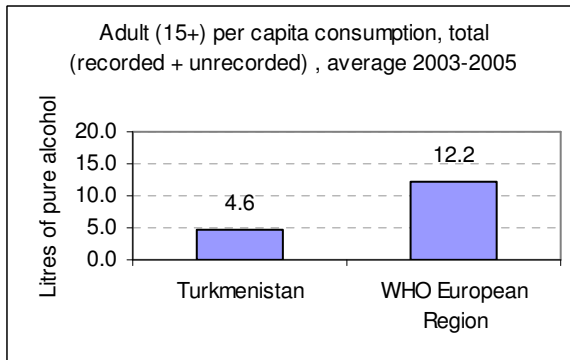
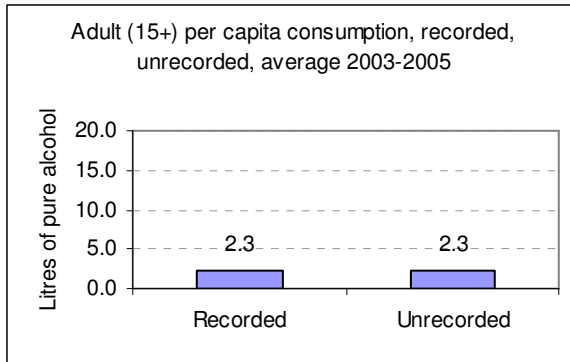
POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

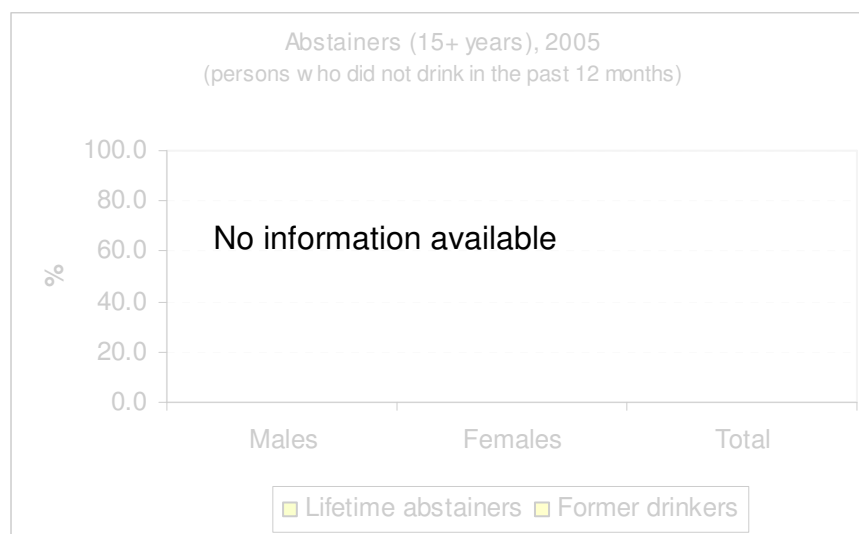
Increase
Stable
 Decrease
 Inconclusive



In Turkmenistan, adult per capita consumption of alcohol is mainly characterized by consumption of spirits and wine. Beer is also consumed, but to a lesser extent. Recorded adult per capita consumption is around 2.3 litres of pure alcohol and has remained stable in recent years. Some unrecorded alcohol production is also seen in the country, adding about another 2.3 litres to recorded consumption, giving a total adult per capita consumption of pure alcohol in Turkmenistan of around 4.6 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	1,758.8	261.6
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized death rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis												
Alcoholic Liver disease	No information available											
Road traffic accidents (1)												
Poisoning												
Violence												

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	No information available
Alcohol-related road traffic injury	No information available
Ethanol poisoning	No information available
Methanol poisoning	No information available
Alcohol use disorders	No information available
Liver cirrhosis	No information available
Road traffic injury	No information available
Alcohol-related recorded crime	No information available

There is no information available on other health indicators monitored.

ALCOHOL POLICY

Adopted written national policy on alcohol	No information available
National control of production/sale: Monopoly	No information available
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	No information available
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	No information available
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	No information available
Location (places and density)	No information available
Specific events	No information available
Intoxicated persons	No information available
Petrol stations	No information available
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.05% / 0.05% / 0.05%
Legally binding regulations on alcohol advertising	No information available
Legally binding regulations on alcohol product placement	No information available
Legally binding regulations on alcohol sponsorship	No information available
Legally binding regulations on alcohol sales promotion	No information available
Treatment policy for alcohol use disorders	No information available

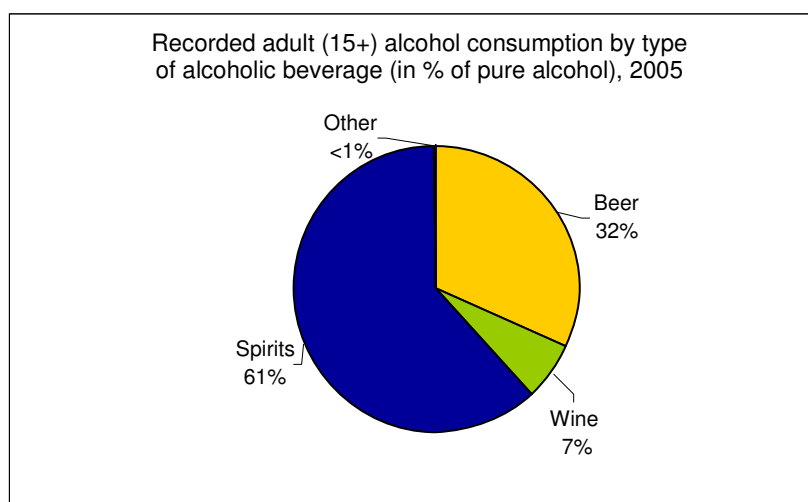
Ukraine

SOCIOECONOMIC CONTEXT

Total population	46,557,000	Annual population growth rate	-0.8%
Population 15+ years	86%	Adult literacy rate	99.4%
Population in urban areas	68%	Income group (World bank)	Lower-middle Income

Data source: United Nations, data range 1990-2006

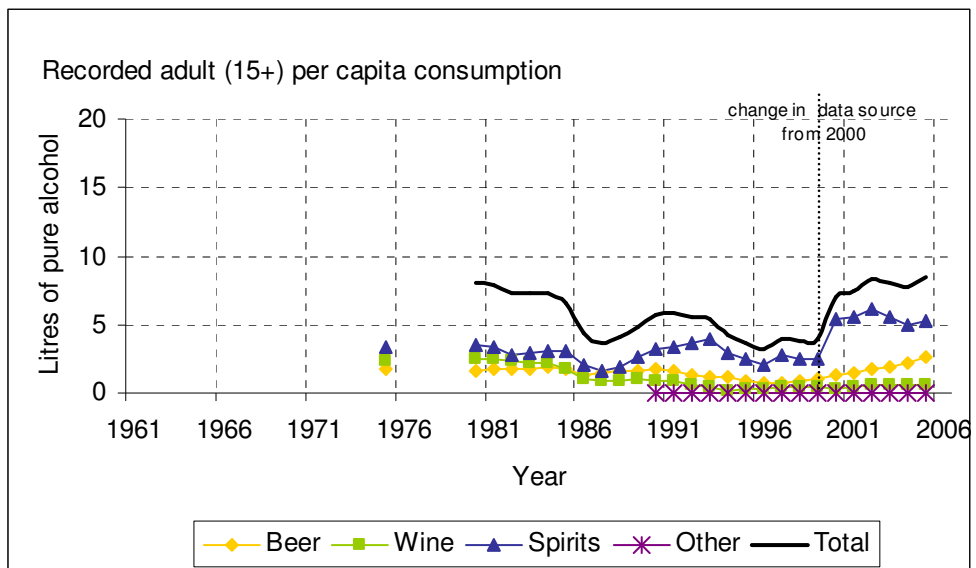
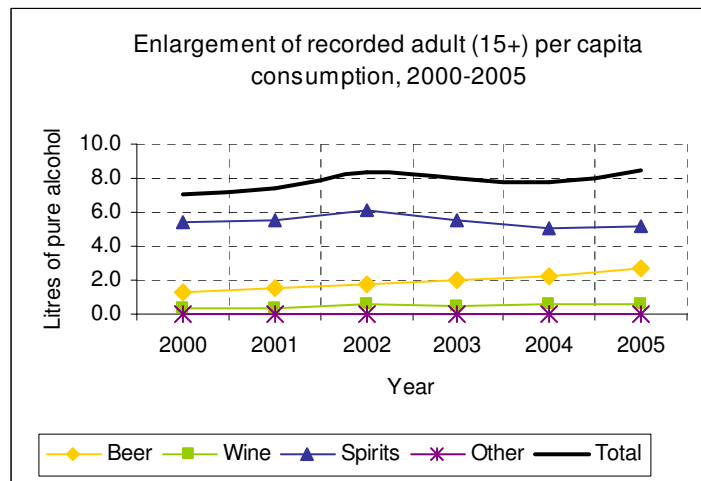
ALCOHOLIC BEVERAGES



Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. Traditional and local beverages in Ukraine include home-produced wines, fruit wines, cordials and brandies. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

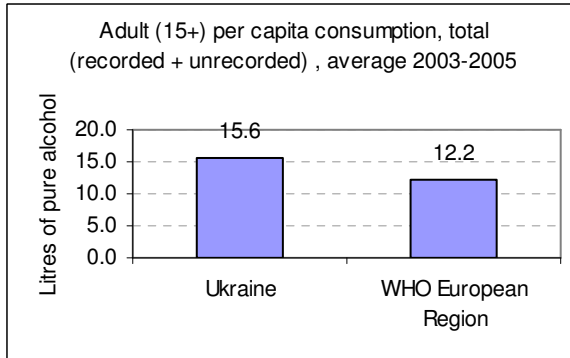
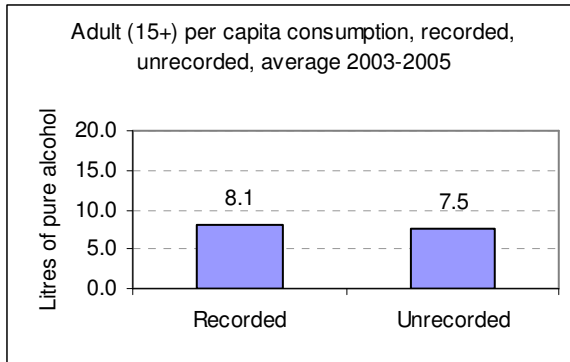
ALCOHOL CONSUMPTION

POPULATION DATA
(refer to the population 15 years and older and are in litres of pure alcohol)



Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

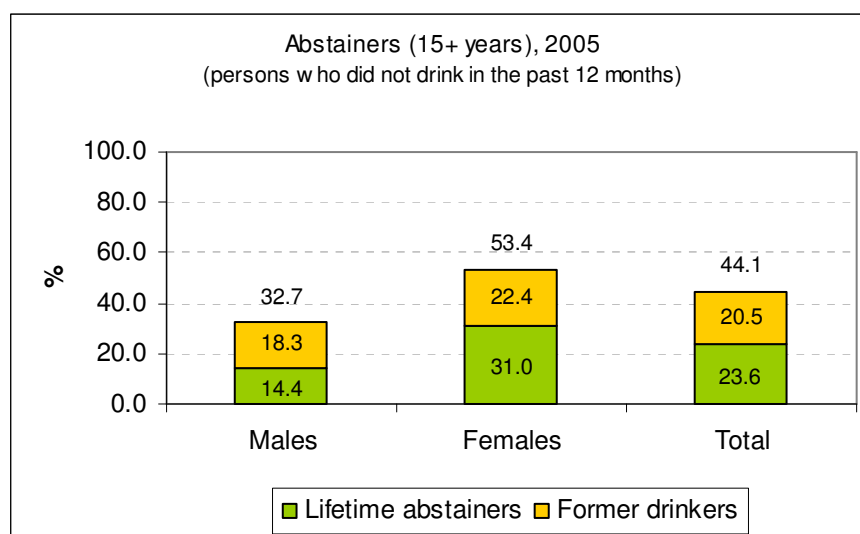
Increase
Stable
Decrease
Inconclusive



In the Ukraine, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Beer and wine are also consumed, but to a lesser extent, while consumption of other fermented beverages is close to zero. Recorded adult per capita consumption is around 8.1 litres of pure alcohol and has remained stable according to figures from recent years. Unrecorded alcohol production is also seen in the country, adding around 7.5 litres to recorded consumption. Total adult per capita consumption of pure alcohol in the Ukraine is around 15.6 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	21.2%
Heavy episodic drinkers (18-85+ years), females, 2003	2.8%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	27.91
Adult (15+ years) per capita consumption*, males	37.38
Adult (15+ years) per capita consumption*, females	17.07
Heavy episodic drinkers** (18-85+ years), males, 2003	31.5%
Heavy episodic drinkers** (18-85+ years), females, 2003	6.0%

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	19,574.2	3,182.9
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	9.6%	1.0%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	44.8	15.7	47.0	16.9	51.8	19.6	56.2	22.4	67.1	26.4	--	--
Alcoholic Liver disease	--	--	--	--	--	--	--	--	--	--	--	--
Road traffic accidents (1)	22.0	5.2	28.2	7.6	31.9	7.9	31.3	8.4	32.2	8.4	40.5	9.8
Poisoning	56.1	11.7	58.2	11.9	62.0	13.0	59.3	12.3	62.9	13.2	58.0	12.4
Violence	23.9	7.8	22.4	7.7	21.4	7.3	19.7	6.8	18.3	6.7	16.8	6.0

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: incidence and prevalence of mental and behavioural disorders related to alcohol use (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 1995)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	No information available
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	NO/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	NO/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in the Ukraine, adopted in 1995. Restrictions on places of on-/off-premise sales of alcoholic beverages and on sales of alcohol at specific events are in place. There are national and legally binding regulations on alcohol advertising, product placement and sponsorship.

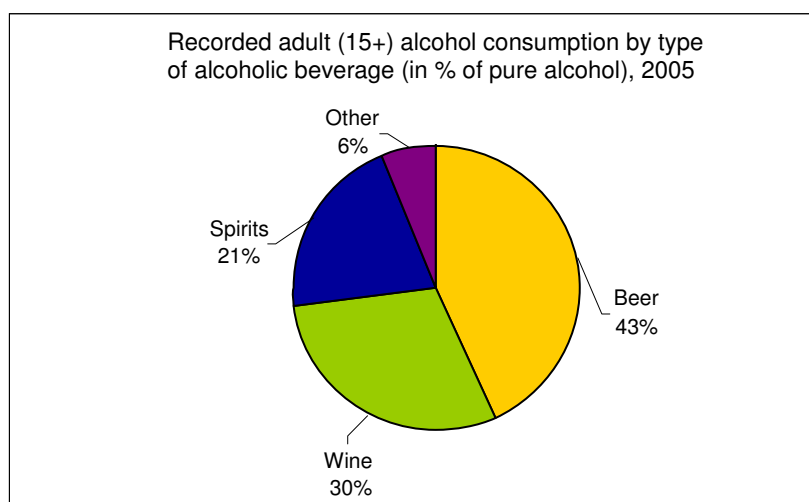
United Kingdom of Great Britain and Northern Ireland (the)

SOCIOECONOMIC CONTEXT

Total population	60,512,000	Annual population growth rate	0.4%
Population 15+ years	82%	Adult literacy rate	- -
Population in urban areas	90%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

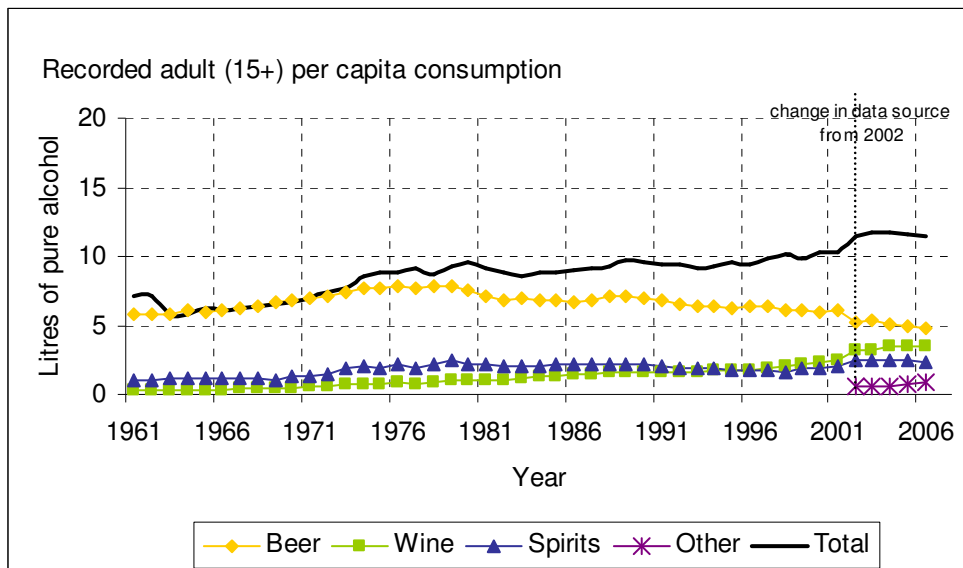
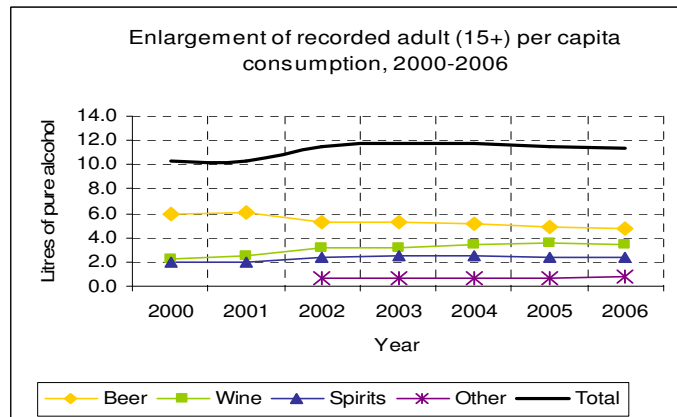


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in the United Kingdom. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

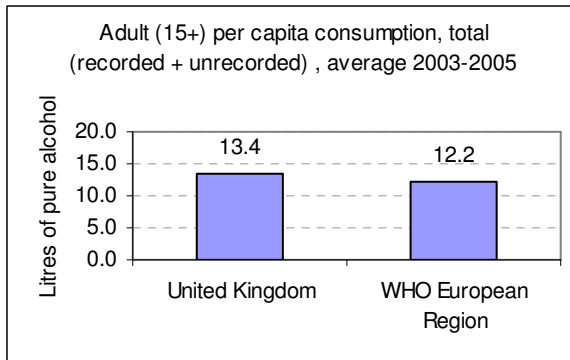
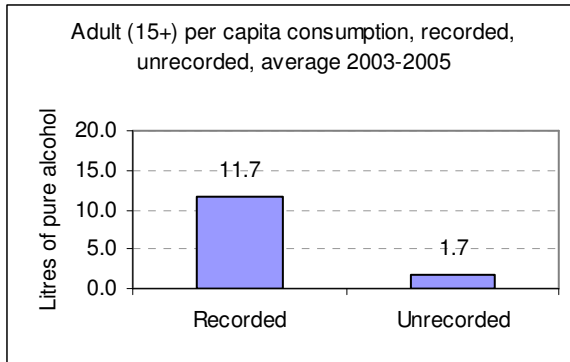
(refer to the population 15 years* and older and are in litres of pure alcohol)



* All recorded data refer to the population 16 years and older.

Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

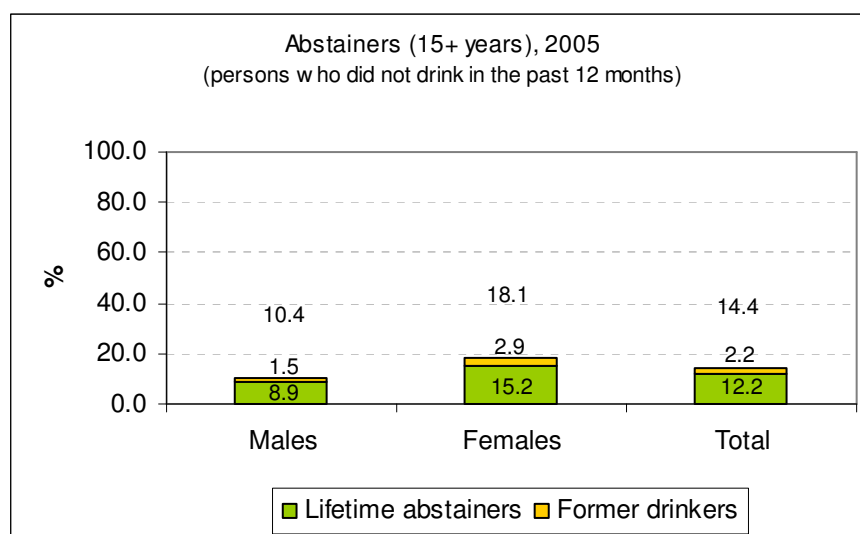
Increase
Stable
 Decrease
 Inconclusive



In the United Kingdom, adult per capita consumption of alcohol is mainly characterized by consumption of beer and wine. Spirits and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 11.7 litres of pure alcohol and, according to recent figures, appears to have remained stable in recent years. Some unrecorded alcohol consumption is also seen in the country, adding around 1.7 litres to recorded consumption, giving a total adult per capita consumption of pure alcohol in the United Kingdom of around 13.4 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	15.62
Adult (15+ years) per capita consumption*, males	21.58
Adult (15+ years) per capita consumption*, females	9.46
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	6,905.6	1,832.2
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	7.5%	2.1%

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	13.2	7.2	14.7	7.6	15.2	7.7	16.4	8.0	15.8	8.0	15.9	8.1
Alcoholic Liver disease	9.3	4.7	11.1	5.3	11.7	5.4	12.6	5.6	12.0	5.9	12.5	6.1
Road traffic accidents (1)	10.8	3.0	10.9	3.0	11.6	2.9	11.6	3.2	11.0	3.0	10.7	2.8
Poisoning	3.6	1.3	3.9	1.3	3.4	1.1	2.9	1.1	3.2	1.2	3.3	1.3
Violence	1.5	0.7	0.7	0.3	0.9	0.2	0.9	0.2	1.0	0.2	0.8	0.2

Data source: WHO Mortality Database, based on data as reported by countries

(1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006. Northern Ireland not included.

Total cost (millions US dollars)	31,950.6
Direct healthcare costs (millions US dollars)	3,425.4
Direct law enforcement costs (millions US dollars)	12,227.4
Other direct costs (millions US dollars)	181.2
Indirect costs (millions US dollars)	14,426.5

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	NO

Other health indicators monitored are: deaths from causes linked to alcohol consumption (mortality) and number of alcohol related hospital admissions (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	YES (adopted 2004, revised 2007)
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	NO/YES
Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	16/16/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	YES
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.08% / 0.08% / 0.08%
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	NO
Legally binding regulations on alcohol sales promotion	NO
Treatment policy for alcohol use disorders	YES

There is a written national policy on alcohol in the United Kingdom of Great Britain and Northern Ireland, which was revised in 2007. There are restrictions for on-/off-premise sales of alcoholic beverages, such as hour restrictions on sales and sales restrictions for intoxicated persons. There are national and legally binding regulations on alcohol advertising and product placement.

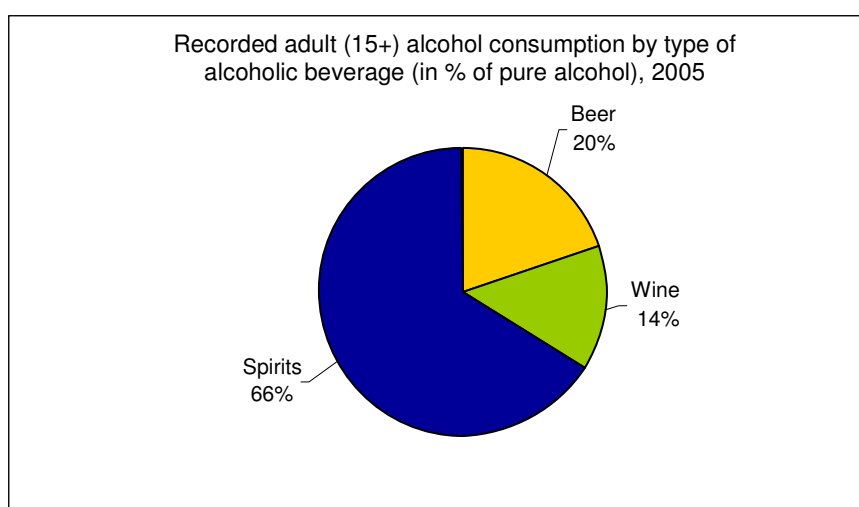
Uzbekistan

SOCIOECONOMIC CONTEXT

Total population	26,981,000	Annual population growth rate	1.5%
Population 15+ years	68%	Adult literacy rate	--
Population in urban areas	37%	Income group (World bank)	Low Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES

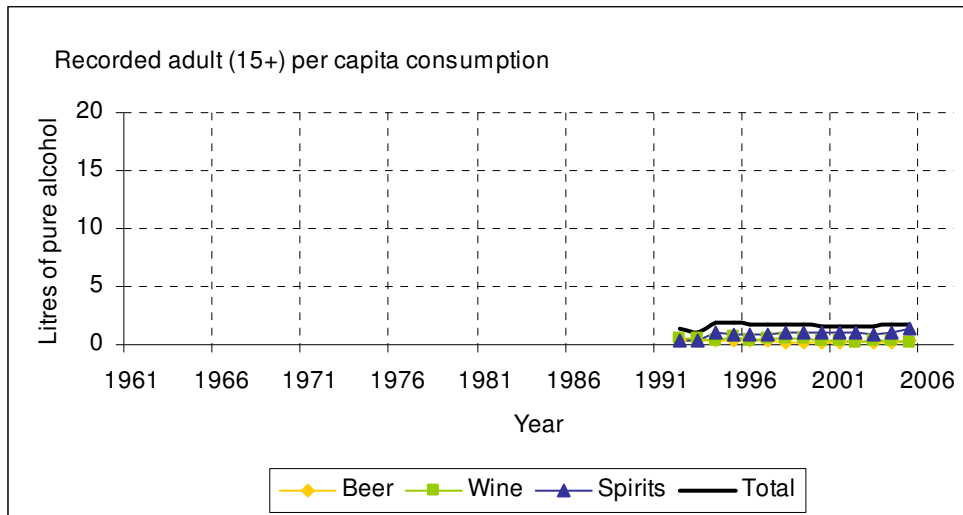
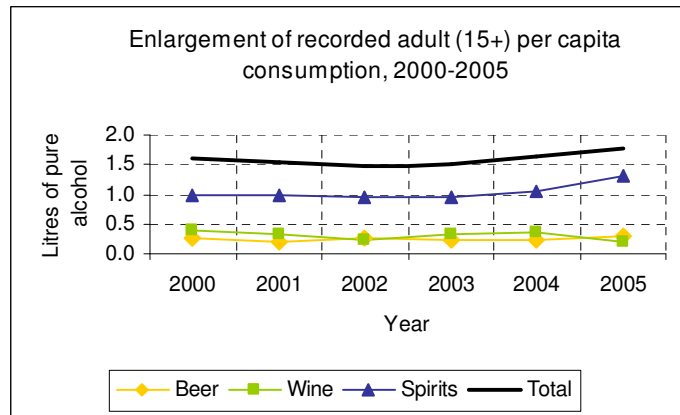


Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Traditional and local beverages in Uzbekistan include home-produced wines and spirits. There are no known problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

ALCOHOL CONSUMPTION

POPULATION DATA

(refer to the population 15 years and older and are in litres of pure alcohol)



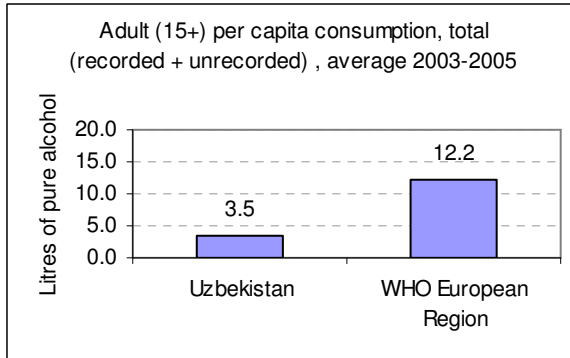
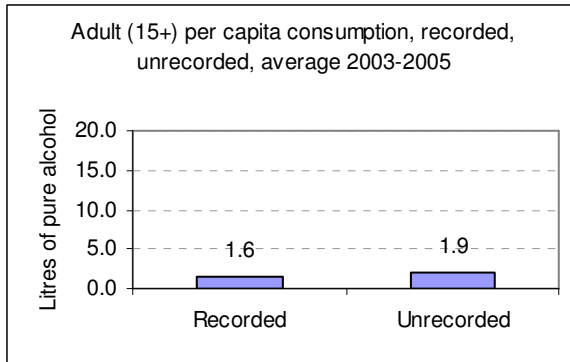
Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005

Increase

Stable

Decrease

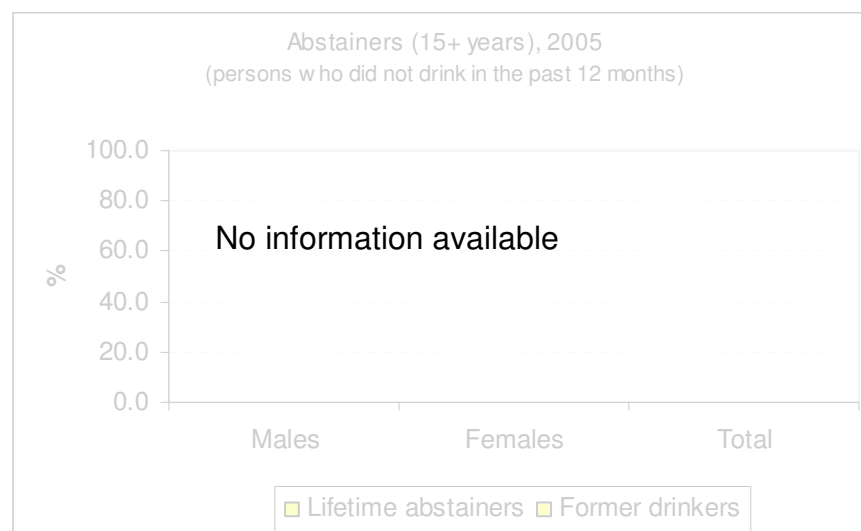
Inconclusive



In Uzbekistan, adult per capita consumption of alcohol is mainly characterized by consumption of spirits. Wine and beer are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 1.6 litres of pure alcohol and has been increasing according to recent trends. Some unrecorded alcohol production is also seen in Uzbekistan, adding around 1.9 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 3.5 litres.

PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers, males	--
Heavy episodic drinkers, females	--

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	--
Adult (15+ years) per capita consumption*, males	--
Adult (15+ years) per capita consumption*, females	--
Heavy episodic drinkers**, males	--
Heavy episodic drinkers**, females	--

* (recorded + unrecorded) in litres of pure alcohol, average 2003-2005

** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	3	4	5	Most risky
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* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	2,842.5	422.8
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	--	--

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	61.1	47.2	60.0	48.0	64.7	50.6	62.8	47.1	51.3	38.6	53.7	40.6
Alcoholic Liver disease	--	--	--	--	--	--	--	--	2.7	0.3	0.9	0.2
Road traffic accidents (1)	17.6	4.3	17.2	4.2	10.9	2.9	16.8	3.7	21.8	4.8	21.3	4.5
Poisoning	5.1	1.6	5.6	1.6	3.8	1.1	2.9	1.3	3.3	0.9	3.8	1.1
Violence	7.5	3.2	7.3	2.8	7.6	2.1	4.8	1.9	5.5	2.0	6.6	1.9

Data source: WHO Mortality Database, based on data as reported by countries -- Not available (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	--
Direct healthcare costs (millions US dollars)	--
Direct law enforcement costs (millions US dollars)	--
Other direct costs (millions US dollars)	--
Indirect costs (millions US dollars)	--

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	NO
Alcohol-related road traffic injury	NO
Ethanol poisoning	NO
Methanol poisoning	NO
Alcohol use disorders	NO
Liver cirrhosis	YES
Road traffic injury	NO
Alcohol-related recorded crime	YES

Another health indicator monitored is: number of people in treatment for alcohol use disorders (morbidity).

ALCOHOL POLICY

Adopted written national policy on alcohol	NO
National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/NO
Excise tax on beer	No information available
Excise tax on wine	No information available
Excise tax on spirits	No information available
National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18
Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours/days)	YES/NO
Location (places and density)	YES
Specific events	NO
Intoxicated persons	NO
Petrol stations	NO
National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	ZERO TOLERANCE
Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES
Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Uzbekistan. Restrictions are in place for the hours and location of on-/off-premise sales of alcoholic beverages. There are national and legally binding regulations on alcohol advertising, product placement, sponsorship and sales promotion.

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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