APPENDIX I
ALCOHOL CONSUMPTION

Table I.1. Total, recorded and unrecorded alcohol per capita consumption (APC), 2010 (in liters of pure alcohol; 15+ years population)

AFR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Algeria	1.0	0.9–1.1	1.6	1.4–1.8	0.4	0.4–0.5	0.7	0.3
Angola	7.5	6.6–8.3	12.0	10.7–13.4	3.0	2.7–3.4	5.9	1.6
Benin	2.1	1.8–2.5	3.4	2.8–4.0	0.9	0.7–1.0	1.1	1.0
Botswana	8.4	7.1–9.7	14.3	12.1–16.4	2.5	2.1–2.9	5.4	3.0
Burkina Faso	6.8	5.8–7.9	11.2	9.5–12.9	2.8	2.3–3.2	4.3	2.5
Burundi	9.3	8.0–10.6	13.9	11.9–15.9	4.8	4.1–5.5	6.3	3.0
Cabo Verde	6.9	5.8–8.0	11.2	9.3–13.1	2.7	2.3–3.2	4.0	2.9
Cameroon	8.4	7.2–9.5	13.3	11.5–15.2	3.5	3.0–3.9	5.8	2.6
Central African Republic	3.8	3.0–4.5	5.7	4.6–6.8	1.9	1.6–2.3	1.8	2.0
Chad	4.4	3.2–5.7	7.1	5.1–9.1	1.8	1.3–2.4	0.4	4.0
Comoros	0.2	0.2–0.3	0.4	0.3–0.4	0.1	0.1–0.1	0.1	0.1
Congo	3.9	3.1–4.7	6.2	5.0–7.5	1.6	1.3–1.9	1.7	2.2
Côte d'Ivoire	6.0	5.1–6.8	9.8	8.4–11.3	1.9	1.6–2.1	4.0	2.0
Democratic Republic of the Congo	3.6	3.1–4.2	5.8	4.9–6.7	1.5	1.3–1.7	2.3	1.3
Equatorial Guinea	6.6	6.0–7.2	10.1	9.2–11.0	2.9	2.6–3.1	5.8	0.8
Eritrea	1.1	0.8–1.3	1.8	1.5–2.2	0.3	0.2–0.4	0.5	0.6
Ethiopia	4.2	3.0–5.3	6.2	4.5–7.9	2.2	1.6–2.8	0.7	3.5
Gabon	10.9	9.7–12.1	17.3	15.4–19.1	4.6	4.1–5.0	8.9	2.0
Gambia	3.4	2.9–3.8	5.5	4.8–6.3	1.4	1.2–1.6	2.4	1.0
Ghana	4.8	3.8–5.8	7.8	6.1–9.5	1.9	1.5–2.4	1.8	3.0
Guinea	0.7	0.6–0.9	1.4	1.1–1.7	0.1	0.1–0.1	0.2	0.5
Guinea–Bissau	4.0	3.4–4.6	6.4	5.4–7.4	1.7	1.4–1.9	2.5	1.5
Kenya	4.3	3.4–5.2	7.4	5.8–8.9	1.3	1.0–1.5	1.8	2.5
Lesotho	6.5	5.2–7.8	10.8	8.6–12.9	2.5	2.0–3.0	2.8	3.7
Liberia	4.7	4.0–5.4	7.5	6.4–8.6	2.0	1.7–2.3	3.1	1.6
Madagascar	1.8	1.4–2.1	2.9	2.3–3.4	0.7	0.6–0.8	0.8	1.0
Malawi	2.5	2.1–2.9	4.5	3.8–5.2	0.5	0.4–0.6	1.5	1.0
Mali	1.1	0.9–1.3	2.2	1.8–2.6	0.0	0.0–0.1	0.6	0.5
Mauritania	0.1	0.1–0.1	0.2	0.1–0.3	0.0	0.0–0.0	0.0	0.1
Mauritius	3.6	3.2–4.1	5.9	5.1–6.7	1.4	1.2–1.6	2.6	1.0
Mozambique	2.3	1.9–2.6	3.5	2.9–4.1	1.1	0.9–1.3	1.3	1.0
Namibia	10.8	9.1–12.5	16.7	14.2–19.3	5.4	4.6–6.3	6.8	4.0
Niger	0.3	0.2–0.4	0.5	0.4–0.6	0.1	0.1–0.1	0.1	0.2

AFR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Nigeria	10.1	9.2–10.9	14.9	13.6–16.2	5.1	4.6–5.5	9.1	1.0
Rwanda	9.8	8.5–11.2	15.1	13.0–17.2	5.0	4.3–5.7	6.8	3.0
Sao Tome and Principe	7.1	5.9–8.2	11.5	9.6–13.4	2.9	2.4–3.3	4.2	2.9
Senegal	0.6	0.5–0.7	1.1	0.8–1.3	0.1	0.1–0.1	0.3	0.3
Seychelles	5.6	4.9–6.3	8.7	7.6–9.8	2.4	2.1–2.7	4.1	1.5
Sierra Leone	8.7	7.7–9.8	14.0	12.3–15.6	3.6	3.2–4.0	6.7	2.0
South Africa	11.0	9.6–12.4	18.4	16.1–20.8	4.2	3.7–4.7	8.2	2.9
Swaziland	5.7	5.1–6.3	10.6	9.5–11.7	1.1	1.0–1.2	4.7	1.0
Togo	2.3	1.9–2.7	3.8	3.1–4.4	0.9	0.8–1.1	1.3	1.0
Uganda	9.8	8.8–10.8	14.4	13.0–15.9	5.2	4.6–5.7	8.3	1.5
United Republic of Tanzania	7.7	6.7–8.7	11.4	10.0–12.9	4.0	3.5–4.6	5.7	2.0
Zambia	4.0	3.4–4.7	6.5	5.5–7.5	1.6	1.4–1.9	2.5	1.5
Zimbabwe	5.7	5.1–6.3	10.8	9.7–12.0	0.8	0.7–0.9	4.7	1.0

— Data not available.
CI, confidence intervals.
1   Excludes tourist consumption.
2   95% CI available from Global Information System on Alcohol and Health (GISAH).

AMR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Antigua and Barbuda	5.4	4.9–5.8	7.7	7.1–8.3	3.1	2.8–3.3	4.9	0.4
Argentina	9.3	8.5–10.1	13.6	12.4–14.8	5.2	4.8–5.7	8.3	1.0
Bahamas	6.9	6.3–7.4	10.1	9.3–10.9	3.9	3.6–4.2	6.3	0.5
Barbados	6.8	6.3–7.4	9.8	9.0–10.6	4.0	3.6–4.3	6.3	0.5
Belize	8.5	7.6–9.4	14.5	12.9–16.2	2.5	2.3–2.8	6.8	1.7
Bolivia (Plurinational State of)	5.9	5.0–6.7	9.1	7.7–10.4	2.7	2.3–3.1	3.8	2.1
Brazil	8.7	7.8–9.7	13.6	12.1–15.0	4.2	3.7–4.6	7.2	1.5
Canada	10.2	9.1–11.3	15.1	13.4–16.7	5.5	4.9–6.1	8.2	2.0
Chile	9.6	8.5–10.7	13.9	12.3–15.5	5.5	4.9–6.1	7.6	2.0
Colombia	6.2	5.3–7.1	9.1	7.8–10.4	3.5	3.0–4.0	4.2	2.0
Costa Rica	5.4	4.8–6.0	7.5	6.7–8.3	3.2	2.8–3.5	4.4	1.0
Cuba	5.2	4.6–5.8	8.8	7.8–9.8	1.6	1.4–1.7	4.2	1.0
Dominica	7.1	6.5–7.6	10.2	9.4–11.0	4.1	3.7–4.4	6.6	0.5
Dominican Republic	6.9	6.3–7.5	9.8	8.9–10.6	4.0	3.6–4.3	6.2	0.7
Ecuador	7.2	6.0–8.4	11.1	9.2–12.9	3.4	2.8–3.9	4.2	3.0
El Salvador	3.2	2.8–3.7	5.0	4.3–5.7	1.7	1.5–2.0	2.2	1.0
Grenada	12.5	11.6–13.5	17.9	16.6–19.3	7.3	6.7–7.8	11.9	0.7
Guatemala	3.8	3.2–4.5	7.5	6.2–8.7	0.5	0.5–0.6	2.2	1.6
Guyana	8.1	7.4–8.9	11.7	10.6–12.8	4.7	4.2–5.1	7.1	1.0
Haiti	6.4	5.9–7.0	10.1	9.3–11.0	2.9	2.7–3.2	5.9	0.6
Honduras	4.0	3.5–4.5	5.7	5.0–6.4	2.3	2.0–2.6	3.0	1.0
Jamaica	4.9	4.2–5.5	7.1	6.1–8.0	2.8	2.4–3.1	3.4	1.5
Mexico	7.2	6.3–8.1	12.4	10.9–13.9	2.6	2.3–3.0	5.5	1.8
Nicaragua	5.0	4.3–5.6	8.7	7.5–9.8	1.5	1.3–1.6	3.5	1.5
Panama	8.0	7.3–8.7	11.2	10.3–12.2	4.7	4.3–5.1	7.2	0.8
Paraguay	8.8	7.9–9.7	12.4	11.1–13.7	5.2	4.6–5.7	7.3	1.5
Peru	8.1	7.1–9.1	12.4	10.9–14.0	3.8	3.3–4.3	6.1	2.0
Puerto Rico	5.4	—	7.2	—	3.4	—	4.9	0.5
Saint Kitts and Nevis	8.2	7.6–8.8	11.8	10.9–12.8	4.7	4.3–5.1	7.7	0.5
Saint Lucia	10.4	9.7–11.1	15.1	14.1–16.1	5.9	5.5–6.3	10.1	0.2
Saint Vincent and the Grenadines	6.6	6.1–7.1	9.2	8.5–9.9	3.9	3.6–4.2	6.3	0.3
Suriname	6.6	6.0–7.3	9.4	8.5–10.4	3.9	3.5–4.2	5.6	1.0
Trinidad and Tobago	6.7	6.2–7.2	9.7	9.0–10.4	3.9	3.6–4.2	6.4	0.3
United States of America	9.2	8.5–9.8	13.6	12.6–14.7	4.9	4.5–5.3	8.7	0.5
Uruguay	7.6	6.8–8.3	11.3	10.2–12.3	4.2	3.8–4.6	6.6	1.0
Venezuela (Bolivarian Republic of)	8.9	8.1–9.8	12.7	11.4–13.9	5.2	4.7–5.7	7.7	1.3

— Data not available.
CI, confidence intervals.
1   Excludes tourist consumption.
2   95% CI available from Global Information System on Alcohol and Health (GISAH).

EMR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Afghanistan	0.7	0.5–0.9	1.2	0.8–1.6	0.1	0.1–0.2	0.0	0.7
Bahrain	2.1	1.9–2.2	2.7	2.5–2.9	1.0	0.9–1.1	2.0	0.1
Djibouti	1.3	1.2–1.5	2.4	2.2–2.6	0.3	0.3–0.3	1.1	0.2
Egypt	0.4	0.3–0.5	0.7	0.6–0.9	0.0	0.0–0.0	0.2	0.2
Iran (Islamic Republic of)	1.0	0.7–1.3	1.7	1.2–2.2	0.3	0.2–0.4	0.0	1.0
Iraq	0.5	0.4–0.6	0.9	0.7–1.1	0.1	0.1–0.1	0.2	0.3
Jordan	0.7	0.6–0.8	1.2	1.0–1.3	0.2	0.2–0.3	0.5	0.2
Kuwait	0.1	0.1–0.2	0.2	0.1–0.2	0.0	0.0–0.0	0.0	0.1
Lebanon	2.4	2.1–2.7	3.9	3.5–4.4	0.8	0.7–0.9	1.9	0.5
Libya	0.1	0.0–0.1	0.1	0.1–0.1	0.0	0.0–0.0	0.0	0.1
Morocco	0.9	0.8–1.1	1.9	1.5–2.2	0.1	0.1–0.1	0.5	0.5
Oman	0.9	0.8–1.0	1.2	1.1–1.4	0.4	0.4–0.4	0.7	0.2
Pakistan	0.1	0.0–0.1	0.1	0.1–0.1	0.0	0.0–0.0	0.0	0.0
Qatar	1.5	1.3–1.8	1.8	1.5–2.1	0.4	0.3–0.4	0.9	0.6
Saudi Arabia	0.2	0.2–0.3	0.3	0.3–0.4	0.1	0.1–0.1	0.1	0.1
Somalia	0.5	0.3–0.7	0.9	0.6–1.2	0.1	0.1–0.1	0.0	0.5
Sudan	2.7	2.3–3.1	4.8	4.1–5.5	0.6	0.5–0.6	1.7	1.0
Syrian Arab Republic	1.2	1.1–1.4	2.3	2.0–2.5	0.1	0.1–0.1	1.0	0.3
Tunisia	1.5	1.3–1.6	3.0	2.7–3.3	0.0	0.0–0.0	1.3	0.2
United Arab Emirates	4.3	3.6–4.9	5.5	4.7–6.3	0.8	0.7–0.9	2.8	1.5
Yemen	0.3	0.2–0.3	0.4	0.3–0.6	0.1	0.0–0.1	0.1	0.2

— Data not available.
CI, confidence intervals.
1 Excludes tourist consumption.
2 95% CI available from Global Information System on Alcohol and Health (GISAH).

EUR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Albania	7.0	6.0–7.9	10.6	9.2–12.1	3.4	2.9–3.8	4.9	2.1
Andorra	13.8	12.6–15.0	19.5	17.8–21.2	8.2	7.5–9.0	12.4	1.4
Armenia	5.3	4.6–6.0	8.0	7.0–9.1	2.6	2.2–2.9	3.8	1.5
Austria	10.3	9.9–11.5	15.4	14.2–16.6	6.3	5.8–6.8	9.7	0.6
Azerbaijan	2.3	1.9–2.7	3.6	3.0–4.2	1.1	0.9–1.3	1.3	1.0
Belarus	17.5	15.6–19.4	27.5	24.6–30.5	9.1	8.1–10.1	14.4	3.2
Belgium	11.0	9.6–11.4	15.0	13.7–16.3	6.3	5.7–6.8	10.5	0.5
Bosnia and Herzegovina	7.1	6.0–8.1	13.1	11.2–15.1	1.4	1.2–1.6	4.6	2.5
Bulgaria	11.4	10.4–12.4	17.9	16.4–19.5	5.3	4.9–5.8	10.3	1.1
Croatia	12.2	10.9–13.4	17.7	15.9–19.6	7.1	6.4–7.8	10.2	2.0
Cyprus	9.2	8.4–10.0	12.5	11.4–13.6	5.7	5.2–6.2	8.2	1.0
Czech Republic	13.0	11.9–14.1	18.6	17.0–20.1	7.8	7.1–8.4	11.8	1.2
Denmark	11.4	10.5–12.4	16.1	14.8–17.5	6.9	6.3–7.4	10.4	1.0
Estonia	10.3	9.4–11.1	16.2	14.9–17.5	5.3	4.9–5.7	9.5	0.8
Finland	12.3	10.9–13.6	17.5	15.6–19.4	7.3	6.5–8.1	10.0	2.3
France	12.2	11.4–13.1	17.8	16.5–19.0	7.1	6.6–7.6	11.8	0.4
Georgia	7.7	6.6–8.7	12.6	10.9–14.3	3.4	3.0–3.9	5.4	2.3
Germany	11.8	10.9–12.6	16.8	15.6–18.0	7.0	6.5–7.5	11.3	0.5
Greece	10.3	9.2–11.4	14.6	13.0–16.2	6.2	5.5–6.8	8.3	2.0
Hungary	13.3	12.0–14.6	20.4	18.3–22.4	7.1	6.4–7.8	11.3	2.0
Iceland	7.1	6.5–7.6	9.8	9.0–10.6	4.3	4.0–4.7	6.6	0.5
Ireland	11.9	11.0–12.8	16.8	15.6–18.0	7.1	6.6–7.7	11.4	0.5
Israel	2.8	2.6–3.0	4.0	4.2–4.9	1.7	—	2.5	0.3
Italy	6.7	6.2–7.2	9.7	9.0–10.4	3.9	3.7–4.2	6.5	0.2
Kazakhstan	10.3	8.8–11.8	15.7	13.4–18.0	5.5	4.7–6.3	6.8	3.5
Kyrgyzstan	4.3	3.6–5.0	6.7	5.5–7.8	2.0	1.7–2.4	2.4	1.9
Latvia	12.3	11.1–13.5	19.7	17.7–21.6	6.3	5.7–6.9	10.5	1.8
Lithuania	15.4	13.8–17.0	24.4	21.9–26.9	7.9	7.1–8.7	12.9	2.5
Luxembourg	11.9	11.0–12.7	16.8	15.6–18.0	7.2	6.7–7.7	11.4	0.5
Malta	7.0	6.4–7.5	9.7	9.0–10.5	4.2	3.9–4.5	6.6	0.4
Monaco	—	—	—	—	—	—	—	—
Montenegro	8.7	7.2–10.2	13.5	11.2–15.9	4.1	3.4–4.8	4.9	3.9
Netherlands	9.9	9.2–10.7	14.0	13.0–15.0	6.0	5.5–6.4	9.4	0.5
Norway	7.7	7.0–8.4	10.8	9.8–11.8	4.7	4.2–5.1	6.7	1.0
Poland	12.5	11.3–13.7	19.8	18.0–21.7	5.8	5.3–6.3	10.9	1.6
Portugal	12.9	11.6–14.2	18.7	16.9–20.5	7.6	6.8–8.3	11.0	1.9
Republic of Moldova	16.8	13.2–20.5	25.9	20.3–31.5	8.9	7.0–10.9	6.3	10.5
Romania	14.4	12.5–16.3	22.6	19.7–25.6	6.8	5.9–7.6	10.4	4.0
Russian Federation	15.1	13.3–16.9	23.9	21.1–26.8	7.8	6.9–8.7	11.5	3.6
San Marino	—	—	—	—	—	—	—	—
Serbia	12.6	11.1–14.1	19.7	17.3–22.0	5.9	5.2–6.6	9.6	2.9
Slovakia	13.0	11.8–14.3	20.5	18.6–22.5	6.1	5.5–6.7	11.4	1.7
Slovenia	11.6	10.6–12.6	16.3	15.0–17.7	7.0	6.4–7.6	10.6	1.0
Spain	11.2	10.2–12.2	15.9	14.5–17.3	6.7	6.1–7.3	10.0	1.2

EUR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Sweden	9.2	8.1–10.2	12.9	11.4–14.4	5.5	4.9–6.2	7.2	2.0
Switzerland	10.7	9.9–11.5	15.2	14.1–16.3	6.4	5.9–6.9	10.2	0.5
Tajikistan	2.8	2.0–3.6	4.3	3.1–5.5	1.4	1.0–1.7	0.3	2.5
The former Yugoslav Republic of Macedonia	6.7	5.6–7.8	10.2	8.5–11.9	3.2	2.7–3.8	3.9	2.8
Turkey	2.0	2.0–2.8	4.4	3.7–5.2	0.5	0.4–0.5	1.4	0.6
Turkmenistan	4.3	3.5–5.1	7.6	6.1–9.0	1.3	1.0–1.5	2.2	2.2
Ukraine	13.9	11.8–16.0	22.0	18.7–25.4	7.2	6.1–8.3	8.9	5.0
United Kingdom of Great Britain and Northern Ireland	11.6	10.6–12.6	16.5	15.0–17.9	6.9	6.3–7.5	10.4	1.2
Uzbekistan	4.6	3.7–5.4	7.9	6.5–9.2	1.3	1.1–1.6	2.4	2.1

— Data not available.
CI, confidence intervals.
1   Excludes tourist consumption.
2   95% CI available from Global Information System on Alcohol and Health (GISAH).

SEAR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Bangladesh	0.2	0.1–0.2	0.3	0.2–0.4	0.0	0.0–0.0	0.0	0.2
Bhutan	0.7	0.6–0.8	1.2	1.0–1.4	0.1	0.1–0.1	0.4	0.3
Democratic People's Republic of Korea	3.7	3.4–4.1	7.4	6.7–8.1	0.4	0.4–0.5	3.2	0.5
India	4.3	3.5–5.1	8.0	6.5–9.4	0.5	0.4–0.6	2.2	2.2
Indonesia	0.6	0.4–0.7	1.1	0.8–1.4	0.1	0.1–0.1	0.1	0.5
Maldives	1.2	1.0–1.4	2.3	1.9–2.7	0.1	0.1–0.2	0.7	0.5
Myanmar	0.7	0.5–0.9	1.4	1.0–1.8	0.0	0.0–0.1	0.1	0.6
Nepal	2.2	1.6–2.8	4.4	3.1–5.6	0.2	0.2–0.3	0.2	2.0
Sri Lanka	3.7	3.1–4.3	7.3	6.1–8.5	0.3	0.2–0.3	2.2	1.5
Thailand	7.1	6.5–7.7	13.8	12.6–14.9	0.8	0.7–0.9	6.4	0.7
Timor–Leste	0.6	0.4–0.7	1.0	0.7–1.3	0.1	0.1–0.1	0.1	0.5

— Data not available.
CI, confidence intervals.
1   Excludes tourist consumption.
2   95% CI available from Global Information System on Alcohol and Health (GISAH).

295

WPR	Total APC (recorded + unrecorded)						Recorded APC[1]	Unrecorded APC
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[2]	Both sexes[2]
Australia	12.2	11.0–13.4	17.3	15.6–19.1	7.2	6.5–7.9	10.4	1.8
Brunei Darussalam	0.9	0.8–1.0	1.6	1.4–1.8	0.1	0.1–0.1	0.6	0.3
Cambodia	5.5	4.3–6.6	9.6	7.6–11.7	1.7	1.3–2.0	2.2	3.3
China	6.7	5.8–7.5	10.9	9.5–12.3	2.2	1.9–2.5	5.0	1.7
Cook Islands	6.4	5.8–6.9	10.5	9.7–11.4	2.1	1.9–2.2	5.9	0.5
Fiji	3.0	2.6–3.5	5.5	4.7–6.3	0.5	0.4–0.5	2.0	1.0
Japan	7.2	6.7–7.7	10.4	9.7–11.2	4.2	3.9–4.4	7.0	0.2
Kiribati	3.0	2.3–3.7	5.5	4.2–6.7	0.4	0.3–0.6	1.0	2.0
Lao People's Democratic Republic	7.3	6.5–8.0	12.5	11.2–13.7	2.3	2.1–2.5	6.2	1.1
Malaysia	1.3	1.0–1.6	2.5	1.9–3.1	0.2	0.1–0.2	0.3	1.0
Marshall Islands	—	—	—	—	—	—	—	—
Micronesia (Federated States of)	3.3	2.8–3.8	6.0	5.2–6.8	0.5	0.4–0.6	2.3	1.0
Mongolia	6.9	6.0–7.8	11.7	10.2–13.3	2.2	1.9–2.5	4.9	2.0
Nauru	3.5	2.7–4.3	5.9	4.5–7.3	1.1	0.9–1.4	1.0	2.5
New Zealand	10.9	9.8–12.0	15.7	14.2–17.3	6.3	5.7–6.9	9.3	1.6
Niue	8.0	7.3–8.8	13.3	12.0–14.5	2.6	2.4–2.9	7.0	1.0
Palau	7.9	7.2–8.7	13.2	12.0–14.5	2.6	2.3–2.8	6.9	1.0
Papua New Guinea	3.0	2.5–3.6	5.1	4.1–6.0	1.0	0.8–1.2	1.5	1.5
Philippines	5.4	4.9–6.0	9.2	8.3–10.1	1.7	1.6–1.9	4.6	0.9
Republic of Korea	12.3	10.9–13.7	21.0	18.6–23.3	3.9	3.5–4.3	9.8	2.5
Samoa	3.6	3.2–4.1	6.6	5.7–7.4	0.6	0.5–0.6	2.6	1.0
Singapore	2.0	1.7–2.2	2.8	2.8–3.6	1.2	0.7–0.9	1.5	0.5
Solomon Islands	1.7	1.5–1.9	3.1	2.7–3.5	0.3	0.2–0.3	1.2	0.5
Tokelau	—	—	—	—	—	—	—	—
Tonga	1.6	1.4–1.8	3.0	2.6–3.4	0.2	0.2–0.3	1.1	0.5
Tuvalu	1.5	1.3–1.7	2.5	2.1–2.8	0.5	0.4–0.6	1.0	0.5
Vanuatu	1.4	1.1–1.6	2.5	2.1–2.9	0.2	0.2–0.2	0.9	0.5
Viet Nam	6.6	5.0–8.1	12.1	10.1–16.4	0.2	0.2–0.3	2.0	4.6

— Data not available.
CI, confidence intervals.
1   Excludes tourist consumption.
2   95% CI available from Global Information System on Alcohol and Health (GISAH).

Table I.2. Other key indicators on levels of alcohol consumption, 2010 (both sexes[1]; 15+ years), and projections

AFR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Algeria	62.6	35.5	0.0	2.0	10.9	23.5	0.6	0.6	0.6
Angola	64.3	13.7	17.4	4.7	20.9	45.1	7.6	7.5	7.4
Benin	54.6	21.7	7.2	16.5	5.4	11.7	2.2	2.3	2.3
Botswana	56.0	11.8	11.5	20.7	20.2	43.8	7.7	7.4	7.3
Burkina Faso	10.0	3.0	3.1	83.8	18.0	39.2	7.4	7.6	7.8
Burundi	24.5	0.0	0.1	75.4	22.0	48.0	9.8	9.9	9.9
Cabo Verde	44.4	1.2	0.2	54.2	17.9	38.6	7.2	7.6	7.9
Cameroon	63.9	22.1	13.8	0.2	19.3	42.0	7.7	7.4	7.2
Central African Republic	16.2	0.6	2.1	81.1	17.5	37.8	3.8	3.8	3.7
Chad	66.3	3.4	3.8	26.5	33.9	71.8	4.4	4.4	4.4
Comoros	23.3	22.2	54.6	0.0	1.9	4.5	0.2	0.2	0.2
Congo	78.4	9.8	10.9	0.8	13.6	29.3	3.9	3.7	3.6
Côte d'Ivoire	16.1	3.0	0.4	80.5	25.6	54.8	6.5	6.7	6.9
Democratic Republic of the Congo	24.0	0.7	2.0	73.3	12.9	28.0	3.4	3.3	3.2
Equatorial Guinea	27.8	72.2	0.0	0.0	16.5	36.0	8.1	8.6	9.0
Eritrea	63.6	0.0	0.1	36.3	2.5	5.2	1.4	1.4	1.4
Ethiopia	49.7	0.6	8.2	41.4	26.5	57.1	4.3	4.3	4.3
Gabon	68.3	11.9	19.8	0.1	26.5	57.7	11.8	12.3	12.7
Gambia	5.6	0.7	0.3	93.5	30.9	64.1	3.2	3.0	2.8
Ghana	30.0	9.7	2.9	57.3	20.6	43.9	5.4	5.7	5.9
Guinea	78.9	16.3	3.7	1.1	8.4	17.9	0.7	0.7	0.8
Guinea–Bissau	19.6	14.9	22.4	43.0	13.4	28.9	4.3	4.3	4.4
Kenya	56.1	1.8	21.6	20.4	18.9	41.2	4.0	3.8	3.6
Lesotho	51.3	0.2	18.9	29.6	21.7	47.0	6.4	6.4	6.5
Liberia	10.8	1.0	88.1	0.0	15.8	33.9	5.2	5.6	5.9
Madagascar	56.0	9.5	34.5	0.0	12.5	27.2	1.9	1.9	1.9
Malawi	9.1	1.2	13.4	76.2	12.8	27.6	2.5	2.6	2.6
Mali	13.3	1.5	2.1	83.1	29.3	59.4	1.0	1.0	1.0
Mauritania	—	—	—	—	4.8	9.3	0.1	0.1	0.1
Mauritius	66.2	12.3	21.3	0.2	11.3	24.5	4.0	4.1	4.2
Mozambique	63.0	7.3	25.4	4.3	12.6	27.0	2.0	1.9	1.9
Namibia	96.7	0.3	0.9	2.1	27.7	59.7	11.8	12.4	12.9
Niger	46.0	13.2	40.7	0.0	5.6	11.4	0.3	0.4	0.4
Nigeria	8.0	0.4	0.9	90.7	23.1	50.1	11.3	10.9	11.3
Rwanda	11.1	0.0	0.4	88.4	22.0	48.0	10.0	10.0	10.1
Sao Tome and Principe	23.5	60.2	16.3	0.0	18.5	40.2	6.8	6.5	6.2
Senegal	55.1	41.3	3.6	0.0	10.2	21.7	0.5	0.5	0.5
Seychelles	67.0	22.2	10.8	0.0	12.7	27.6	6.7	7.5	7.9
Sierra Leone	6.4	0.5	0.7	92.3	19.5	42.4	8.2	7.9	7.9
South Africa	48.1	17.8	16.7	17.4	27.1	58.5	11.5	11.9	12.1

298

AFR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Swaziland	33.6	0.8	0.7	65.0	13.0	28.1	6.4	6.6	6.5
Togo	48.9	26.9	2.4	21.8	3.7	8.0	1.9	1.7	1.6
Uganda	9.4	0.1	1.9	88.6	23.7	51.7	10.5	10.7	10.8
United Republic of Tanzania	11.0	0.2	1.8	87.0	18.4	39.9	8.1	8.1	8.1
Zambia	22.7	2.9	13.6	60.7	13.1	28.7	4.0	4.0	4.0
Zimbabwe	23.7	1.7	6.8	67.7	14.6	31.4	4.8	4.6	4.4

— Data not available.
1   Data by sex available from Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
2   Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits, other), 2010 (as a percentage of recorded alcohol per capita consumption; 15+ years).
3   Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2010 (in litres of pure alcohol; 15+ years).
4   Average daily intake of alcohol per capita, 2010 (in grams of pure alcohol; 15+ years).
5   Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
6   95% confidence intervals (CI) for both sexes, females and males available on GISAH.
7   95% CI available from GISAH.

AMR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Antigua and Barbuda	36.4	16.4	47.0	0.3	8.0	17.8	3.2	3.3	3.5
Argentina	40.7	48.0	5.5	5.8	15.8	33.1	7.6	6.6	5.8
Bahamas	34.0	14.6	50.4	1.0	12.5	27.4	4.2	4.1	4.0
Barbados	39.7	10.2	49.3	0.8	10.0	22.3	6.5	6.5	6.6
Belize	67.6	2.0	30.3	0.1	29.8	62.1	8.3	8.5	8.6
Bolivia (Plurinational State of)	76.8	3.8	19.3	0.1	11.3	24.4	5.8	5.9	6.0
Brazil	59.6	4.0	36.3	0.1	15.1	33.1	9.1	9.6	10.1
Canada	51.2	22.0	26.8	0.0	13.2	28.9	10.3	10.5	10.7
Chile	29.9	40.7	29.4	0.0	14.6	31.1	9.3	9.3	9.2
Colombia	66.1	1.1	32.5	0.3	12.9	27.8	6.6	6.8	6.9
Costa Rica	59.3	4.7	35.5	0.5	10.5	22.7	5.1	5.4	5.6
Cuba	38.8	2.2	58.9	0.0	8.3	18.5	5.5	5.8	6.0
Dominica	13.7	7.1	77.9	1.2	12.0	26.4	6.6	6.3	6.0
Dominican Republic	54.5	2.7	42.7	0.1	12.4	27.1	7.6	8.3	8.9
Ecuador	67.3	1.2	31.5	0.0	15.2	32.6	6.1	5.7	5.6
El Salvador	41.7	1.7	56.6	0.0	7.3	15.8	3.5	3.7	3.8
Grenada	29.3	4.3	66.2	0.2	25.9	56.0	10.4	9.4	8.4
Guatemala	41.9	1.6	56.3	0.2	9.1	19.5	3.9	3.9	3.9
Guyana	23.0	0.3	76.6	0.1	13.7	29.9	8.6	9.0	9.4
Haiti	0.2	0.2	99.6	0.0	11.6	25.1	5.9	5.7	5.6
Honduras	40.1	1.1	58.7	0.0	8.4	18.2	4.0	4.1	4.2
Jamaica	42.0	4.9	51.4	1.6	10.6	23.1	5.1	5.3	5.4
Mexico	75.7	1.5	22.2	0.5	12.7	27.5	6.8	6.7	6.7
Nicaragua	38.8	0.5	60.6	0.0	10.1	22.0	4.6	4.4	4.2
Panama	69.2	4.6	26.0	0.2	13.4	28.9	7.7	8.0	8.3
Paraguay	51.1	18.2	28.8	2.0	14.2	31.1	9.6	10.2	10.8
Peru	46.8	6.1	47.1	0.0	14.6	31.5	5.2	4.4	3.9
Puerto Rico	66.6	6.7	26.4	0.3	—	—	—	—	—
Saint Kitts and Nevis	44.0	7.4	48.0	0.6	19.3	41.3	7.0	7.4	7.8
Saint Lucia	29.7	12.6	56.1	1.5	19.9	43.4	10.4	10.9	11.2
Saint Vincent and the Grenadines	33.4	3.0	63.1	0.5	11.8	25.7	7.2	7.6	8.0
Suriname	40.0	2.3	57.2	0.5	12.8	27.8	6.5	6.3	6.1
Trinidad and Tobago	54.0	2.0	43.8	0.3	13.2	28.8	6.6	6.7	6.9
United States of America	50.0	17.3	32.7	0.0	13.3	28.7	9.0	9.0	9.0
Uruguay	30.6	59.9	9.5	0.0	12.9	27.2	7.0	6.8	6.6
Venezuela (Bolivarian Republic of)	75.6	0.8	23.4	0.2	15.1	32.8	8.3	8.1	7.9

— Data not available.
1   Data by sex available from Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
2   Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits, other), 2010 (as a percentage of recorded alcohol per capita consumption; 15+ years).
3   Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2010 (in litres of pure alcohol; 15+ years).
4   Average daily intake of alcohol per capita, 2010 (in grams of pure alcohol; 15+ years).
5   Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
6   95% confidence intervals (CI) for both sexes, females and males available on GISAH.
7   95% CI available from GISAH.

EMR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Afghanistan	—	—	—	—	18.9	38.3	1.0	1.2	1.3
Bahrain	36.6	6.3	57.0	0.1	21.2	46.6	2.4	2.7	2.9
Djibouti	23.2	5.3	71.5	0.0	23.2	49.4	0.9	0.8	0.7
Egypt	53.8	5.4	40.3	0.5	6.0	11.8	0.3	0.4	0.4
Iran (Islamic Republic of)	—	—	—	—	24.8	52.1	1.0	1.0	1.0
Iraq	76.1	1.0	22.9	0.0	9.1	20.1	0.5	0.5	0.5
Jordan	22.4	2.1	75.4	0.1	15.2	32.4	0.7	0.7	0.7
Kuwait	58.1	10.8	30.7	0.4	1.3	2.9	0.1	0.1	0.1
Lebanon	18.2	29.1	52.4	0.3	23.9	51.5	2.2	1.9	1.7
Libya	—	—	—	—	2.5	5.0	0.0	0.0	0.0
Morocco	43.5	36.5	19.9	0.0	17.1	36.6	0.7	0.6	0.5
Oman	54.6	3.3	42.2	0.0	15.5	32.4	0.9	0.9	1.0
Pakistan	—	—	—	—	1.2	3.0	0.1	0.1	0.1
Qatar	1.2	13.9	84.6	0.3	22.7	48.7	1.3	1.4	1.4
Saudi Arabia	0.0	1.9	97.9	0.2	3.9	8.0	0.2	0.2	0.3
Somalia	—	—	—	—	9.2	19.2	0.5	0.5	0.5
Sudan	8.0	0.0	13.5	78.5	24.1	51.9	2.7	2.7	2.8
Syrian Arab Republic	8.5	27.9	63.5	0.0	16.3	35.3	1.4	1.5	1.6
Tunisia	68.6	27.7	3.7	0.0	26.2	56.3	1.2	1.2	1.1
United Arab Emirates	10.3	2.9	86.7	0.0	32.8	70.9	4.3	4.6	4.8
Yemen	100.0	0.0	0.0	0.0	6.1	13.2	0.2	0.2	0.2

— Data not available.
1   Data by sex available from Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
2   Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits, other), 2010 (as a percentage of recorded alcohol per capita consumption; 15+ years).
3   Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2010 (in litres of pure alcohol; 15+ years).
4   Average daily intake of alcohol per capita, 2010 (in grams of pure alcohol; 15+ years).
5   Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
6   95% confidence intervals (CI) for both sexes, females and males available on GISAH.
7   95% CI available from GISAH.

EUR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Albania	31.8	19.8	48.4	0.0	13.0	27.5	6.6	6.9	7.2
Andorra	34.6	45.3	20.1	0.0	20.1	42.9	9.1	6.7	5.0
Armenia	9.7	5.3	84.9	0.0	8.3	17.9	5.5	5.8	6.1
Austria	50.4	35.5	14.0	0.0	13.8	29.6	8.5	8.7	8.8
Azerbaijan	28.7	7.6	63.3	0.0	5.2	11.1	2.1	2.1	2.1
Belarus	17.3	5.2	46.6	30.9	22.1	48.0	17.1	16.8	16.9
Belgium	49.2	36.3	14.4	0.1	12.8	27.7	10.8	10.3	9.9
Bosnia and Herzegovina	73.3	9.7	17.0	0.0	12.3	26.2	7.5	7.8	8.1
Bulgaria	39.3	16.5	44.1	0.1	16.9	36.8	11.3	11.8	12.1
Croatia	39.5	44.8	15.4	0.2	15.1	33.3	11.7	11.2	10.8
Cyprus	40.9	24.7	33.7	0.7	10.8	23.3	9.1	9.1	9.2
Czech Republic	53.5	20.5	26.0	0.0	14.6	32.5	14.1	14.2	14.3
Denmark	37.7	48.2	14.1	0.0	12.9	35.2	10.2	9.3	8.5
Estonia	41.2	11.1	36.8	10.9	15.7	34.1	9.4	9.9	10.5
Finland	46.0	17.5	24.0	12.6	18.1	38.4	11.9	12.3	12.7
France	18.8	56.4	23.1	1.7	12.9	27.9	11.6	10.6	9.7
Georgia	17.0	49.8	33.2	0.1	21.2	43.3	6.7	6.6	6.6
Germany	53.6	27.8	18.6	0.0	14.7	31.7	10.6	9.8	9.0
Greece	28.1	47.3	24.2	0.4	15.6	33.1	9.3	8.8	8.2
Hungary	36.3	29.4	34.3	0.0	16.3	36.4	12.4	11.6	11.0
Iceland	61.8	21.2	16.5	0.5	10.4	22.1	6.9	7.4	7.7
Ireland	48.1	26.1	18.7	7.7	14.7	31.7	10.9	10.0	9.2
Israel	44.0	6.2	49.5	0.3	5.4	10.8	3.1	3.3	3.5
Italy	23.0	65.6	11.5	0.0	9.9	20.7	6.1	5.6	5.1
Kazakhstan	31.8	3.1	65.1	0.0	26.2	53.8	8.2	7.2	6.6
Kyrgyzstan	22.6	4.2	72.9	0.3	11.3	23.2	3.9	3.7	3.5
Latvia	46.9	10.7	37.0	5.4	18.1	39.5	10.6	9.6	9.1
Lithuania	46.5	7.8	34.1	11.6	23.6	51.0	16.2	16.8	17.5
Luxembourg	36.2	42.8	21.0	0.0	12.7	27.6	11.2	10.2	9.4
Malta	39.4	32.7	27.2	0.7	11.5	24.0	7.2	7.7	8.2
Monaco	—	—	—	—	—	—	—	—	—
Montenegro	10.9	47.0	41.7	0.4	13.4	—	11.5	13.3	15.1
Netherlands	46.8	36.4	16.9	0.0	11.2	24.4	9.6	9.4	9.1
Norway	44.2	34.7	19.0	2.1	9.0	19.5	7.0	7.1	7.3
Poland	55.1	9.3	35.5	0.0	24.2	50.7	11.5	11.9	12.3
Portugal	30.8	55.5	10.9	2.8	22.6	47.1	12.5	11.9	11.4
Republic of Moldova	30.4	5.1	64.5	0.0	25.4	55.1	17.4	17.7	17.9
Romania	50.0	28.9	21.1	0.0	21.3	46.3	12.9	12.4	12.0
Russian Federation	37.6	11.4	51.0	0.0	22.3	48.3	14.5	15.0	15.5
San Marino	—	—	—	—	—	—	—	—	—
Serbia	51.5	23.9	24.6	0.0	19.0	41.2	12.9	12.6	12.2
Slovakia	30.1	18.3	46.2	5.5	19.8	42.8	12.5	12.5	12.6
Slovenia	44.5	46.9	8.6	0.0	17.2	37.4	10.9	10.4	9.9

EUR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Spain	49.7	20.1	28.2	1.8	16.4	35.0	10.6	10.1	9.6
Sweden	37.0	46.6	15.1	1.4	13.3	28.4	8.7	8.8	8.9
Switzerland	31.8	49.4	17.6	1.2	12.1	26.2	10.4	10.1	9.8
Tajikistan	10.2	1.1	88.7	0.0	30.3	51.5	2.4	2.2	2.1
The former Yugoslav Republic of Macedonia	47.4	39.9	12.6	0.0	11.7	24.9	5.7	5.2	4.7
Turkey	63.6	8.6	27.9	0.0	17.3	37.8	2.4	2.4	2.4
Turkmenistan	15.4	26.1	58.4	0.0	11.0	23.3	5.0	5.4	5.7
Ukraine	40.5	9.0	48.0	2.6	20.3	44.2	11.8	11.3	11.3
United Kingdom of Great Britain and Northern Ireland	36.9	33.8	21.8	7.5	13.8	29.8	12.0	12.2	12.5
Uzbekistan	18.3	6.3	75.4	0.0	12.2	25.7	4.8	5.1	5.4

— Data not available.
1   Data by sex available from Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
2   Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits, other), 2010 (as a percentage of recorded alcohol per capita consumption; 15+ years).
3   Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2010 (in litres of pure alcohol; 15+ years).
4   Average daily intake of alcohol per capita, 2010 (in grams of pure alcohol; 15+ years).
5   Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
6   95% confidence intervals (CI) for both sexes, females and males available on GISAH.
7   95% CI available from GISAH.

SEAR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Bangladesh	—	—	—	—	9.0	17.6	0.2	0.2	0.2
Bhutan	100.0	0.0	0.0	0.0	6.9	14.9	1.1	1.3	1.4
Democratic People's Republic of Korea	5.1	0.0	94.9	0.0	17.9	38.5	4.4	4.6	4.7
India	6.8	0.1	93.1	0.0	28.7	62.7	4.6	4.7	4.9
Indonesia	84.5	0.1	15.3	0.0	7.1	15.9	0.6	0.6	0.6
Maldives	29.1	29.4	41.2	0.0	13.8	28.8	1.0	1.1	1.2
Myanmar	82.6	5.7	11.8	0.0	8.9	18.4	0.7	0.8	0.8
Nepal	47.7	0.9	51.4	0.0	28.8	61.8	2.1	2.1	2.1
Sri Lanka	13.0	0.1	85.2	1.7	20.1	43.6	4.5	4.9	5.2
Thailand	27.0	0.4	72.6	0.0	23.8	51.9	8.3	8.9	9.5
Timor–Leste	9.3	75.9	14.8	0.0	8.0	16.8	1.2	0.9	0.6

— Data not available.

1 Data by sex available from Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
2 Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits, other), 2010 (as a percentage of recorded alcohol per capita consumption; 15+ years).
3 Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2010 (in litres of pure alcohol; 15+ years).
4 Average daily intake of alcohol per capita, 2010 (in grams of pure alcohol; 15+ years).
5 Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
6 95% confidence intervals (CI) for both sexes, females and males available on GISAH.
7 95% CI available from GISAH.

WPR	Distribution of recorded consumption[2]				Total consumption (drinkers only)[3]	Average daily intake[4]	Projections of total alcohol consumption[5]		
	% Beer	% Wine	% Spirits	% Other	Liters of pure alcohol	Grams of pure alcohol[6]	2015[7]	2020[7]	2025[7]
Australia	44.0	36.7	12.5	6.8	14.5	31.3	12.6	13.2	13.5
Brunei Darussalam	89.8	2.3	7.2	0.7	4.3	7.6	0.8	0.8	0.7
Cambodia	45.7	0.8	53.5	0.0	14.2	31.0	6.1	6.6	7.1
China	27.8	3.0	69.2	0.0	15.1	32.7	7.6	7.9	8.3
Cook Islands	0.0	22.6	77.4	0.0	14.1	30.4	4.8	5.3	5.9
Fiji	67.7	0.9	31.1	0.2	7.3	15.8	3.2	3.3	3.3
Japan	19.2	4.1	52.0	24.7	10.4	22.4	7.5	7.9	8.3
Kiribati	36.9	2.2	60.9	0.0	9.6	20.6	2.9	2.9	2.9
Lao People's Democratic Republic	35.6	0.0	64.4	0.0	15.2	33.1	7.5	7.8	8.1
Malaysia	76.2	2.0	21.8	0.1	10.5	22.8	1.7	1.8	1.9
Marshall Islands	—	—	—	—	—	—	—	—	—
Micronesia (Federated States of)	47.0	14.1	38.9	0.0	8.1	17.4	3.5	3.9	4.3
Mongolia	27.6	2.8	69.6	0.0	15.1	32.4	7.8	8.8	9.9
Nauru	85.4	14.6	0.0	0.0	12.5	27.0	3.0	2.9	2.8
New Zealand	38.2	33.9	15.2	12.5	13.7	29.4	11.2	11.6	11.8
Niue	47.0	1.7	51.3	0.0	18.2	39.2	7.7	7.5	7.4
Palau	77.7	5.9	16.4	0.0	14.4	31.1	—	—	—
Papua New Guinea	51.3	0.9	47.7	0.0	8.8	19.2	3.1	3.2	3.3
Philippines	26.9	0.3	72.7	0.0	12.3	26.5	5.6	6.1	6.5
Republic of Korea	25.0	1.6	2.9	70.5	27.5	54.9	10.9	11.3	11.5
Samoa	70.9	16.6	12.5	0.0	8.1	17.6	—	—	—
Singapore	70.1	13.5	14.7	1.7	3.9	7.9	2.9	2.6	2.5
Solomon Islands	81.1	2.1	16.7	0.0	5.2	11.4	1.6	1.7	1.7
Tokelau	—	—	—	—	—	—	—	—	—
Tonga	57.9	7.6	34.3	0.1	4.8	10.3	2.1	2.4	2.5
Tuvalu	10.0	15.5	74.5	0.0	6.1	13.3	1.3	1.2	1.2
Vanuatu	40.5	22.8	36.7	0.0	4.3	9.1	1.2	1.1	1.0
Viet Nam	97.3	0.6	2.1	0.0	17.2	37.7	8.7	10.0	11.0

— Data not available.
1   Data by sex available from Global Information System on Alcohol and Health (GISAH) for total consumption (drinkers only) and average daily intake.
2   Recorded alcohol per capita consumption by type of alcoholic beverage (beer, wine, spirits, other), 2010 (as a percentage of recorded alcohol per capita consumption; 15+ years).
3   Total (recorded + unrecorded) alcohol per capita consumption, drinkers only, 2010 (in litres of pure alcohol; 15+ years).
4   Average daily intake of alcohol per capita, 2010 (in grams of pure alcohol; 15+ years).
5   Projections of total (recorded + unrecorded) alcohol per capita consumption (in litres of pure alcohol; 15+ years).
6   95% confidence intervals (CI) for both sexes, females and males available on GISAH.
7   95% CI available from GISAH.

Table I.3. Prevalence of heavy episodic drinking (HED) by sex and by age, 2010 (as percent of total adult or adolescent population[1])

AFR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Algeria	0.4	0.0–0.9	0.7	0.0–1.7	0.1	0.0–0.4	0.1	0.0–0.4	0.2	0.0–0.6	0.0	0.0–0.3
Angola	4.0	2.5–5.4	7.5	4.7–10.3	0.6	0.0–1.4	4.2	2.0–6.3	6.4	3.8–9.1	1.9	0.4–3.4
Benin	22.4	19.3–25.6	35.4	30.4–40.3	9.8	6.7–13.0	3.2	1.3–5.0	4.9	2.6–7.2	1.4	0.2–2.7
Botswana	6.4	4.6–8.3	11.6	8.2–15.0	1.2	0.0–2.3	4.6	2.4–6.9	7.1	4.4–9.9	2.1	0.6–3.7
Burkina Faso	18.4	15.5–21.3	29.6	24.8–34.4	8.7	5.7–11.7	3.7	1.7–5.7	5.7	3.2–8.2	1.7	0.3–3.1
Burundi	3.3	2.0–4.7	6.7	4.0–9.3	0.1	0.0–0.4	4.0	1.9–6.1	6.2	3.6–8.8	1.8	0.4–3.3
Cabo Verde	5.2	3.6–6.9	8.8	5.8–11.8	2.0	0.5–3.4	3.8	1.7–5.8	5.8	3.3–8.3	1.7	0.3–3.1
Cameroon	12.3	9.8–14.8	17.8	13.7–21.9	6.8	4.1–9.5	4.4	2.2–6.5	6.0	3.4–8.5	2.7	1.0–4.5
Central African Republic	1.7	0.7–2.6	3.2	1.3–5.1	0.2	0.0–0.6	3.2	1.3–5.1	5.0	2.7–7.3	1.5	0.2–2.8
Chad	0.9	0.2–1.6	1.6	0.3–3.0	0.1	0.0–0.6	3.1	1.2–4.9	4.7	2.4–7.0	1.4	0.1–2.6
Comoros	0.9	0.2–1.5	1.7	0.3–3.0	0.1	0.0–0.4	0.1	0.0–0.4	0.1	0.0–0.5	0.0	0.0–0.3
Congo	3.1	1.8–4.4	6.0	3.5–8.6	0.3	0.0–0.8	3.4	1.4–5.3	5.2	2.8–7.6	1.5	0.2–2.8
Côte d'Ivoire	2.7	1.5–3.9	4.9	2.6–7.2	0.3	0.0–0.8	14.4	10.7–18.1	21.4	17.0–25.8	7.3	4.5–10.1
Democratic Republic of the Congo	2.9	1.6–4.2	5.7	3.2–8.1	0.2	0.0–0.8	13.7	10.1–17.4	19.9	15.6–24.2	7.6	4.7–10.4
Equatorial Guinea	4.7	3.1–6.3	8.2	5.3–11.1	0.9	0.0–1.8	5.4	3.0–7.8	8.3	5.4–11.3	2.5	0.8–4.2
Eritrea	0.5	0.0–1.0	1.0	0.0–2.1	0.0	0.0–0.1	5.8	3.3–8.3	8.6	5.6–11.6	2.9	1.1–4.7
Ethiopia	0.6	0.0–1.2	1.2	0.0–2.3	0.0	0.0–0.1	3.1	1.2–4.9	4.7	2.5–7.0	1.4	0.1–2.6
Gabon	5.0	3.3–6.6	8.9	5.8–11.9	1.0	0.0–2.1	16.8	12.9–20.7	26.1	21.4–30.9	7.3	4.5–10.0
Gambia	0.7	0.1–1.3	1.3	0.1–2.5	0.1	0.0–0.4	0.1	0.0–0.4	0.2	0.0–0.6	0.0	0.0–0.3
Ghana	2.3	1.2–3.5	4.3	2.2–6.5	0.5	0.0–1.2	3.3	1.4–5.2	5.1	2.7–7.4	1.5	0.2–2.8
Guinea	1.9	0.9–2.9	3.3	1.4–5.2	0.6	0.0–1.5	0.1	0.0–0.4	0.1	0.0–0.5	0.0	0.0–0.3
Guinea–Bissau	4.0	2.5–5.5	7.5	4.7–10.3	0.7	0.0–1.5	3.4	1.4–5.3	5.2	2.8–7.6	1.5	0.2–2.8
Kenya	1.4	0.5–2.3	2.8	1.0–4.5	0.0	0.0–0.1	3.3	1.4–5.2	5.1	2.7–7.4	1.5	0.2–2.8
Lesotho	3.4	2.0–4.8	6.5	3.8–9.1	0.6	0.0–1.4	3.5	1.5–5.4	5.3	2.9–7.7	1.6	0.2–2.9
Liberia	11.7	9.3–14.2	18.9	14.8–23.1	4.7	2.5–7.0	3.5	1.5–5.4	5.3	2.9–7.7	1.6	0.2–2.9
Madagascar	8.8	6.7–11.0	15.5	11.6–19.3	2.4	0.8–4.0	3.1	1.2–4.9	4.8	2.5–7.1	1.4	0.1–2.7
Malawi	8.2	6.2–10.3	15.6	11.8–19.4	1.1	0.0–2.3	3.2	1.3–5.1	4.9	2.6–7.3	1.4	0.2–2.7
Mali	0.1	0.0–0.3	0.2	0.0–0.7	0.0	0.0–0.1	0.1	0.0–0.4	0.1	0.0–0.5	0.0	0.0–0.3
Mauritania	0.0	0.0–0.1	0.0	0.0–0.3	0.0	0.0–0.1	0.1	0.0–0.4	0.1	0.0–0.5	0.0	0.0–0.3
Mauritius	12.0	9.5–14.4	20.4	16.2–24.7	3.7	1.7–5.7	3.9	1.9–6.0	6.1	3.5–8.6	1.8	0.4–3.2
Mozambique	0.9	0.2–1.6	2.0	0.5–3.4	0.0	0.0–0.1	3.1	1.3–5.0	4.9	2.6–7.2	1.4	0.2–2.7
Namibia	12.8	10.3–15.3	20.9	16.6–25.2	5.4	3.0–7.8	4.4	2.2–6.6	6.8	4.1–9.5	2.0	0.5–3.6
Niger	0.2	0.0–0.5	0.3	0.0–1.0	0.0	0.0–0.1	0.2	0.0–0.6	0.3	0.0–0.9	0.0	0.0–0.3
Nigeria	7.0	5.0–8.9	12.0	8.5–15.5	1.9	0.4–3.4	14.6	11.1–18.2	26.5	21.8–31.3	2.2	0.6–3.7
Rwanda	18.9	15.9–21.8	30.0	25.2–34.8	8.8	5.8–11.7	4.1	2.0–6.2	6.4	3.8–9.1	1.9	0.4–3.4
Sao Tome and Principe	5.3	3.6–7.0	9.3	6.2–12.4	1.8	0.4–3.2	3.7	1.7–5.7	5.7	3.2–8.2	1.7	0.3–3.1
Senegal	0.2	0.0–0.6	0.5	0.0–1.2	0.0	0.0–0.1	0.1	0.0–0.4	0.1	0.0–0.5	0.0	0.0–0.3
Seychelles	22.3	19.1–25.4	37.2	32.2–42.2	5.9	3.5–8.4	4.9	2.6–7.2	7.5	4.7–10.3	2.2	0.6–3.8
Sierra Leone	8.8	6.6–10.9	13.1	9.5–16.8	4.6	2.3–6.8	4.1	2.0–6.3	6.4	3.8–9.0	1.9	0.4–3.4
South Africa	9.8	7.6–12.1	17.5	13.4–21.5	2.9	1.1–4.7	4.9	2.6–7.2	7.6	4.8–10.5	2.3	0.7–3.9

1 HED data for drinkers only as well as other indicators related to patterns of alcohol consumption available from Global Information System on Alcohol and Health (GISAH).

AFR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Swaziland	6.2	4.4–8.0	10.8	7.5–14.2	1.9	0.4–3.3	4.0	1.9–6.1	6.1	3.6–8.7	1.8	0.4–3.3
Togo	24.4	21.2–27.7	36.1	31.1–41.1	13.8	10.2–17.5	3.2	1.3–5.0	4.9	2.6–7.2	1.4	0.2–2.7
Uganda	3.8	2.4–5.3	7.6	4.8–10.4	0.1	0.0–0.3	4.5	2.3–6.7	6.9	4.2–9.6	2.1	0.5–3.6
United Republic of Tanzania	14.1	11.5–16.7	22.3	17.9–26.6	6.1	3.6–8.6	4.0	1.9–6.0	6.1	3.5–8.7	1.8	0.4–3.2
Zambia	2.5	1.3–3.7	5.0	2.7–7.4	0.0	0.0–0.2	3.4	1.4–5.3	5.2	2.8–7.6	1.5	0.2–2.9
Zimbabwe	12.0	9.5–14.5	19.7	15.4–23.9	4.7	2.4–7.0	3.7	1.7–5.8	5.8	3.3–8.3	1.7	0.3–3.1

CI, confidence intervals.

AMR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Antigua and Barbuda	6.4	4.5–8.2	11.3	7.9–14.6	1.5	0.2–2.8	13.8	10.2–17.3	22.7	18.2–27.2	4.7	2.4–6.9
Argentina	12.0	9.6–14.5	24.1	19.6–28.7	0.8	0.0–1.8	15.1	11.5–18.8	26.5	21.8–31.3	3.4	1.5–5.3
Bahamas	5.1	3.4–6.8	9.5	6.4–12.6	0.9	0.0–1.8	12.9	9.4–16.4	21.5	17.1–25.9	4.2	2.1–6.4
Barbados	14.2	11.6–16.9	24.3	19.8–28.9	3.8	1.8–5.9	19.2	15.1–23.2	30.6	25.7–35.6	6.6	3.9–9.3
Belize	2.2	1.1–3.3	4.3	2.2–6.5	0.1	0.0–0.4	7.0	4.4–9.7	13.3	9.6–16.9	0.7	0.0–1.6
Bolivia (Plurinational State of)	3.9	2.5–5.4	7.5	4.7–10.3	0.4	0.0–1.1	8.7	5.7–11.6	14.5	10.7–18.3	2.7	0.9–4.4
Brazil	12.2	9.7–14.6	20.0	15.8–24.3	4.5	2.3–6.7	21.7	17.5–25.9	35.0	29.9–40.2	8.0	5.1–10.9
Canada	17.2	14.4–20.1	26.7	22.0–31.3	7.6	4.8–10.4	33.2	28.2–38.1	42.4	37.1–47.7	23.5	18.9–28.0
Chile	4.8	3.2–6.5	9.7	6.5–12.8	0.1	0.0–0.3	27.3	22.9–31.8	43.2	37.9–48.6	10.9	7.5–14.2
Colombia	4.0	2.5–5.5	8.2	5.2–11.1	0.1	0.0–0.6	11.0	7.7–14.3	18.3	14.1–22.4	3.5	1.5–5.4
Costa Rica	7.0	5.4–8.5	12.2	8.7–15.7	1.5	0.2–2.8	9.4	6.3–12.4	14.1	10.4–17.9	4.3	2.1–6.5
Cuba	6.4	4.5–8.2	11.3	7.9–14.7	1.3	0.1–2.5	8.4	5.5–11.3	14.0	10.2–17.7	2.5	0.9–4.2
Dominica	25.4	22.2–28.7	41.3	36.3–46.4	9.7	6.6–12.8	16.9	13.0–20.8	25.9	21.2–30.6	7.7	4.8–10.5
Dominican Republic	14.6	11.9–17.3	24.0	19.5–28.5	5.3	2.9–7.6	16.7	12.8–20.5	27.4	22.6–32.2	5.7	3.2–8.2
Ecuador	3.6	2.2–5.1	7.0	4.3–9.7	0.3	0.0–1.0	10.6	7.4–13.9	17.7	13.6–21.8	3.3	1.4–5.3
El Salvador	8.9	6.8–11.1	16.3	12.4–20.2	2.9	1.2–4.7	6.3	3.7–8.9	10.6	7.3–13.9	1.9	0.4–3.3
Grenada	4.2	2.7–5.7	7.6	4.8–10.5	0.7	0.0–1.6	12.2	8.8–15.6	20.3	16.0–24.6	3.9	1.8–6.0
Guatemala	7.6	5.6–9.6	13.3	9.6–16.9	2.8	1.0–4.5	5.9	3.4–8.4	10.1	6.8–13.3	1.8	0.4–3.2
Guyana	5.5	3.8–7.2	9.9	6.7–13.0	1.1	0.0–2.1	17.9	13.9–21.8	28.7	23.9–33.6	6.1	3.5–8.6
Haiti	5.0	3.4–6.7	9.4	6.3–12.5	0.9	0.0–1.9	12.7	9.3–16.2	21.3	16.9–25.6	4.2	2.0–6.3
Honduras	4.1	2.6–5.6	8.1	5.2–11.0	0.1	0.0–0.5	7.1	4.4–9.8	11.9	8.4–15.4	2.1	0.6–3.7
Jamaica	6.5	4.6–8.4	11.8	8.4–15.3	1.4	0.1–2.7	6.9	4.2–9.6	11.6	8.1–15.0	2.1	0.5–3.6
Mexico	10.9	8.6–13.3	19.6	15.4–23.8	3.3	1.4–5.2	12.0	8.7–15.4	22.6	18.1–27.1	1.4	0.2–2.7
Nicaragua	12.1	9.7–14.6	23.3	18.8–27.8	1.6	0.2–2.9	24.9	20.5–29.3	38.5	33.3–43.7	11.1	7.7–14.5
Panama	5.7	4.0–7.5	11.2	7.8–14.5	0.2	0.0–0.8	22.6	18.4–26.8	36.3	31.1–41.4	8.4	5.4–11.3
Paraguay	30.3	26.9–33.8	43.0	37.9–48.1	17.3	13.3–21.4	19.5	15.5–23.6	31.7	26.7–36.7	6.9	4.2–9.7
Peru	12.2	9.8–14.7	22.1	17.8–26.4	2.2	0.7–3.8	13.0	9.5–16.6	20.2	15.9–24.5	5.6	3.2–8.1
Puerto Rico	—	—	—	—	—	—	—	—	—	—	—	—
Saint Kitts and Nevis	—	—	—	—	—	—	14.2	10.5–17.9	21.2	16.8–25.5	7.1	4.3–9.8
Saint Lucia	4.6	3.0–6.2	8.5	5.5–11.5	0.8	0.0–1.8	12.4	8.9–15.8	20.7	16.4–25.1	3.9	1.8–6.0
Saint Vincent and the Grenadines	5.3	3.6–7.0	9.6	6.5–12.8	0.9	0.0–1.9	17.5	13.6–21.4	28.7	23.8–33.5	6.1	3.5–8.6
Suriname	4.6	3.0–6.1	8.2	5.3–11.2	0.8	0.0–1.8	14.4	10.8–18.1	23.8	19.2–28.4	4.8	2.5–7.1
Trinidad and Tobago	18.7	15.8–21.7	30.7	25.9–35.6	6.7	4.0–9.3	25.4	21.1–29.8	40.7	35.4–45.9	9.9	6.7–13.1
United States of America	16.2	13.4–19.0	24.7	20.2–29.3	7.5	4.7–10.3	19.8	15.7–23.9	30.9	25.9–35.9	8.2	5.2–11.1
Uruguay	9.5	7.3–11.7	14.8	11.0–18.6	4.6	2.3–6.8	15.1	11.4–18.8	25.0	20.3–29.6	4.8	2.5–7.1
Venezuela (Bolivarian Republic of)	22.1	19.0–25.3	37.8	32.7–42.9	6.5	3.9–9.1	24.0	19.6–28.3	38.3	33.1–43.5	9.1	6.0–12.1

CI, confidence intervals.

EMR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Afghanistan	0.1	0.0–0.3	0.1	0.0–0.5	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Bahrain	0.1	0.0–0.3	0.1	0.0–0.4	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.1
Djibouti	0.1	0.0–0.3	0.2	0.0–0.7	0.0	0.0–0.0	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Egypt	0.0	0.0–0.2	0.1	0.0–0.3	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Iran (Islamic Republic of)	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.0	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Iraq	0.0	0.0–0.1	0.0	0.0–0.3	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Jordan	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Kuwait	0.4	0.0–0.8	0.5	0.0–1.3	0.1	0.0–0.3	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.1
Lebanon	0.1	0.0–0.3	0.1	0.0–0.5	0.0	0.0–0.2	0.6	0.0–1.4	0.9	0.0–1.9	0.3	0.0–0.8
Libya	0.9	0.2–1.6	1.2	0.1–2.4	0.4	0.0–1.2	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Morocco	0.0	0.0–0.1	0.0	0.0–0.3	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Oman	0.0	0.0–0.2	0.0	0.0–0.3	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.1
Pakistan	0.1	0.0–0.3	0.2	0.0–0.6	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Qatar	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.1	1.5	0.2–2.8	2.0	0.5–3.5	0.6	0.0–1.4
Saudi Arabia	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.1
Somalia	0.1	0.0–0.4	0.2	0.0–0.7	0.0	0.0–0.0	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Sudan	0.3	0.0–0.7	0.6	0.0–1.4	0.0	0.0–0.1	0.5	0.0–1.3	0.8	0.0–1.7	0.2	0.0–0.7
Syrian Arab Republic	0.0	0.0–0.2	0.1	0.0–0.4	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1
Tunisia	0.0	0.0–0.2	0.1	0.0–0.3	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.2	0.0	0.0–0.1
United Arab Emirates	0.2	0.0–0.5	0.2	0.0–0.7	0.0	0.0–0.1	1.1	0.0–2.1	1.4	0.1–2.7	0.4	0.0–1.1
Yemen	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.2	0.0	0.0–0.1

CI, confidence intervals.

EUR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Albania	6.4	4.6–8.2	11.7	8.3–15.0	1.0	0.0–2.1	21.5	17.2–25.9	29.6	24.7–34.5	13.3	9.7–17.0
Andorra	4.2	2.6–5.7	7.5	4.7–10.3	0.7	0.0–1.6	31.8	26.9–36.7	42.0	36.7–47.3	21.0	16.6–25.3
Armenia	20.3	17.3–23.3	38.3	33.2–43.4	2.2	0.6–3.8	20.6	16.3–24.9	27.4	22.6–32.2	12.1	8.6–15.6
Austria	38.5	34.8–42.1	53.5	48.1–58.8	23.6	19.2–28.0	34.6	29.6–39.7	41.9	36.6–47.2	27.0	22.2–31.7
Azerbaijan	10.3	8.0–12.5	19.9	15.7–24.1	1.2	0.0–2.3	17.5	13.5–21.6	24.3	19.7–28.9	10.5	7.2–13.8
Belarus	26.5	23.2–29.9	47.6	42.3–52.9	7.2	4.5–10.0	33.5	28.6–38.4	44.0	38.7–49.4	22.3	17.9–26.8
Belgium	33.7	30.1–37.2	49.6	44.3–55.0	17.6	13.6–21.6	45.4	40.5–50.2	65.7	60.6–70.8	24.2	19.6–28.8
Bosnia and Herzegovina	6.5	4.7–8.4	12.4	8.9–15.9	0.7	0.0–1.7	21.0	16.7–25.3	28.5	23.7–33.4	12.8	9.2–16.3
Bulgaria	18.9	16.0–21.9	28.0	23.2–32.8	9.6	6.5–12.7	26.9	22.4–31.3	42.3	37.0–47.7	10.6	7.3–13.9
Croatia	11.9	9.4–14.3	22.3	17.9–26.7	1.5	0.2–2.8	28.8	24.1–33.6	38.6	33.3–43.8	18.7	14.5–22.9
Cyprus	25.4	22.1–28.6	42.4	37.2–47.5	7.1	4.3–9.8	29.6	25.4–33.8	52.0	46.6–57.4	5.0	2.7–7.4
Czech Republic	36.5	32.9–40.2	54.5	49.2–59.8	18.1	14.1–22.0	28.0	23.2–32.8	31.3	26.3–36.3	24.6	20.0–29.2
Denmark	29.1	25.7–32.5	41.9	36.9–47.0	15.8	11.9–19.6	42.7	37.5–47.9	52.2	46.9–57.6	32.6	27.6–37.7
Estonia	24.8	21.5–28.0	41.4	36.2–46.6	9.1	6.0–12.2	36.9	31.8–41.9	47.4	42.0–52.8	25.8	21.1–30.5
Finland	35.9	32.3–39.6	53.6	48.3–58.9	17.9	13.9–22.0	31.8	26.9–36.8	37.2	32.0–42.4	26.3	21.5–31.0
France	29.8	26.4–33.3	45.4	40.2–50.6	14.4	10.7–18.1	48.5	43.2–53.9	50.7	45.3–56.0	46.3	40.9–51.6
Georgia	9.3	7.1–11.5	19.1	15.0–23.3	0.6	0.0–1.4	16.2	12.4–20.0	25.6	20.9–30.3	6.9	4.1–9.6
Germany	13.3	10.7–15.8	21.3	17.0–25.6	5.0	2.7–7.3	50.6	45.5–55.8	63.1	57.9–68.3	37.5	32.3–42.7
Greece	33.6	30.0–37.1	48.2	42.9–53.5	18.8	14.7–22.9	24.5	20.0–29.0	34.2	29.1–39.3	14.3	10.5–18.0
Hungary	25.4	22.1–28.7	44.4	39.0–49.7	7.6	4.8–10.4	23.9	19.3–28.5	27.1	22.3–31.9	20.5	16.2–24.9
Iceland	22.9	19.7–26.1	34.3	29.3–39.2	11.0	7.7–14.4	46.2	40.9–51.5	51.1	45.7–56.4	41.1	35.8–46.4
Ireland	36.5	32.8–40.1	53.8	48.5–59.1	19.3	15.2–23.5	31.3	26.4–36.1	41.5	36.2–46.8	20.6	16.3–25.0
Israel	7.5	5.5–9.5	12.6	9.1–16.2	2.4	0.8–4.1	15.1	11.3–18.9	18.5	14.3–22.7	11.5	8.1–15.0
Italy	4.7	3.1–6.3	8.8	5.7–11.8	0.6	0.0–1.4	20.3	16.0–24.5	27.2	22.4–31.9	13.0	9.4–16.6
Kazakhstan	7.7	5.7–9.7	14.7	10.9–18.5	1.3	0.1–2.6	23.4	19.0–27.9	31.9	26.9–36.9	14.6	10.8–18.4
Kyrgyzstan	7.6	5.6–9.6	14.5	10.8–18.3	1.1	0.0–2.3	18.3	14.2–22.4	25.4	20.7–30.0	11.1	7.7–14.4
Latvia	21.6	18.5–24.7	31.0	26.1–36.0	12.9	9.3–16.5	13.4	9.8–17.1	17.5	13.5–21.6	9.2	6.1–12.3
Lithuania	36.7	33.1–40.4	50.4	45.2–55.7	24.3	19.7–28.9	20.4	16.0–24.7	22.9	18.4–27.4	17.7	13.6–21.8
Luxembourg	23.8	20.5–27.0	38.3	33.1–43.4	9.0	6.0–12.1	29.3	24.5–34.1	36.4	31.2–41.5	21.9	17.5–26.3
Malta	26.5	23.2–29.8	40.1	35.0–45.2	12.3	8.9–15.8	32.2	27.3–37.2	38.0	32.8–43.2	26.1	21.4–30.9
Monaco	—	—	—	—	—	—	—	—	—	—	—	—
Montenegro	7.4	5.4–9.4	13.8	10.1–17.4	1.1	0.0–2.2	22.3	18.0–26.7	30.3	25.4–35.3	13.8	10.1–17.4
Netherlands	6.3	4.5–8.2	11.5	8.1–14.9	1.1	0.0–2.2	50.2	45.1–55.2	66.7	61.7–71.8	32.9	27.8–37.9
Norway	12.6	10.1–15.1	19.5	15.4–23.7	5.2	2.8–7.6	21.4	17.1–25.8	26.4	21.6–31.1	16.2	12.2–20.1
Poland	5.4	3.7–7.1	10.3	7.0–13.5	0.6	0.0–1.5	21.7	17.3–26.1	24.9	20.3–29.6	18.4	14.2–22.5
Portugal	19.4	16.4–22.4	30.0	25.1–34.9	9.4	6.3–12.5	29.2	24.3–34.1	32.8	27.7–37.8	25.5	20.8–30.2
Republic of Moldova	32.2	28.7–35.8	49.1	43.9–54.4	16.5	12.5–20.5	22.4	18.1–26.8	30.8	25.8–35.7	14.0	10.3–17.7
Romania	7.9	5.8–9.9	14.5	10.7–18.2	1.2	0.0–2.4	37.7	32.9–42.6	55.4	50.1–60.8	19.2	15.0–23.4
Russian Federation	19.3	16.3–22.3	29.6	24.7–34.5	9.9	6.7–13.1	29.8	25.0–34.6	39.8	34.5–45.0	19.5	15.2–23.7
San Marino	—	—	—	—	—	—	—	—	—	—	—	—
Serbia	7.6	5.6–9.6	14.0	10.3–17.7	1.1	0.0–2.2	26.8	22.2–31.5	36.2	31.0–41.3	17.2	13.1–21.2
Slovakia	26.2	22.9–29.6	41.4	36.1–46.7	11.7	8.4–15.1	25.9	21.2–30.5	34.3	29.2–39.4	17.0	13.0–21.0

EUR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Slovenia	7.8	5.8–9.9	14.0	10.3–17.7	1.2	0.0–2.4	28.9	24.2–33.7	38.6	33.4–43.8	18.7	14.5–22.9
Spain	13.2	10.6–15.7	20.3	16.0–24.6	5.9	3.4–8.4	28.4	23.7–33.1	37.9	32.7–43.2	18.3	14.1–22.4
Sweden	24.3	21.1–27.6	36.3	31.2–41.3	11.8	8.4–15.3	25.1	20.6–29.7	33.9	28.8–39.0	15.8	11.9–19.7
Switzerland	19.1	16.2–22.1	28.4	23.6–33.1	9.7	6.5–12.8	29.4	24.7–34.2	39.2	34.0–44.5	19.1	14.9–23.3
Tajikistan	1.0	0.2–1.7	1.9	0.4–3.3	0.1	0.0–0.3	16.4	12.5–20.3	22.8	18.3–27.3	9.7	6.6–12.9
The former Yugoslav Republic of Macedonia	6.6	4.7–8.4	12.3	8.8–15.8	0.7	0.0–1.6	20.2	16.0–24.4	27.7	22.9–32.5	12.3	8.8–15.8
Turkey	0.2	0.0–0.5	0.3	0.0–1.0	0.0	0.0–0.2	17.8	13.8–21.8	24.7	20.1–29.3	10.7	7.4–14.0
Turkmenistan	11.6	9.2–14.0	23.5	19.0–28.0	0.4	0.0–1.0	18.2	14.2–22.3	25.3	20.6–30.0	11.0	7.7–14.4
Ukraine	23.2	20.0–26.4	35.6	30.5–40.7	11.8	8.3–15.2	25.8	21.2–30.4	34.8	29.7–39.9	16.3	12.4–20.3
United Kingdom of Great Britain and Northern Ireland	27.1	23.7–30.4	37.2	32.1–42.4	16.8	12.8–20.7	40.5	35.4–45.6	52.0	46.6–57.4	28.4	23.6–33.2
Uzbekistan	10.2	7.9–12.5	20.4	16.1–24.7	0.4	0.0–1.0	18.4	14.3–22.5	25.4	20.7–30.1	11.1	7.7–14.5

CI, confidence intervals.

SEAR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Bangladesh	0.0	0.0–0.2	0.1	0.0–0.3	0.0	0.0–0.0	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.1
Bhutan	0.7	0.1–1.3	1.2	0.0–2.4	0.0	0.0–0.2	0.2	0.0–0.6	0.3	0.0–0.8	0.1	0.0–0.4
Democratic People's Republic of Korea	4.3	2.8–5.8	8.8	5.7–11.8	0.1	0.0–0.3	0.2	0.0–0.7	0.3	0.0–0.9	0.1	0.0–0.4
India	1.6	0.7–2.6	3.2	1.3–5.0	0.0	0.0–0.2	1.6	0.3–3.0	3.1	1.2–5.0	0.0	0.0–0.2
Indonesia	2.4	1.2–3.6	4.6	2.3–6.8	0.2	0.0–0.7	0.0	0.0–0.1	0.0	0.0–0.1	0.0	0.0–0.1
Maldives	0.4	0.0–0.8	0.7	0.0–1.6	0.0	0.0–0.2	0.2	0.0–0.6	0.3	0.0–0.9	0.0	0.0–0.1
Myanmar	0.1	0.0–0.3	0.2	0.0–0.6	0.0	0.0–0.1	0.2	0.0–0.6	0.2	0.0–0.8	0.1	0.0–0.4
Nepal	0.4	0.0–0.9	0.8	0.0–1.8	0.0	0.0–0.2	0.2	0.0–0.6	0.3	0.0–0.8	0.1	0.0–0.4
Sri Lanka	0.4	0.0–0.9	0.8	0.0–1.8	0.0	0.0–0.2	0.2	0.0–0.7	0.3	0.0–0.9	0.1	0.0–0.4
Thailand	1.1	0.3–1.9	2.3	0.7–3.8	0.1	0.0–0.3	0.2	0.0–0.8	0.4	0.0–1.0	0.1	0.0–0.5
Timor–Leste	0.1	0.0–0.3	0.1	0.0–0.5	0.0	0.0–0.0	0.2	0.0–0.6	0.3	0.0–0.8	0.1	0.0–0.4

CI, confidence intervals.

WPR	Age-standardized HED, 15+ years population						HED, 15–19 years population					
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes	95% CI	Males	95% CI	Females	95% CI
Australia	10.1	7.8–12.4	17.5	13.4–21.5	2.7	1.0–4.3	19.6	15.3–23.8	22.7	18.2–27.2	16.2	12.2–20.2
Brunei Darussalam	0.5	0.0–1.1	0.9	0.0–1.9	0.1	0.0–0.4	15.2	11.4–19.0	22.4	17.9–26.9	7.5	4.7–10.4
Cambodia	1.2	0.4–2.1	2.4	0.7–4.0	0.2	0.0–0.6	9.9	6.7–13.1	14.8	11.0–18.6	4.7	2.4–7.0
China	7.5	5.5–9.5	13.9	10.2–17.6	0.7	0.0–1.6	12.0	8.6–15.5	17.7	13.6–21.8	5.7	3.2–8.2
Cook Islands	—	—	—	—	—	—	12.7	9.2–16.2	18.8	14.6–23.0	6.1	3.6–8.7
Fiji	10.0	7.7–12.2	16.7	12.8–20.7	2.9	1.1–4.7	20.7	16.3–25.0	25.1	20.4–29.8	16.0	12.0–19.9
Japan	18.4	15.4–21.3	30.0	25.1–34.8	6.6	3.9–9.2	16.8	12.9–20.7	24.7	20.0–29.3	8.5	5.5–11.5
Kiribati	2.4	1.2–3.5	4.4	2.2–6.6	0.3	0.0–0.8	9.4	6.3–12.5	14.1	10.3–17.8	4.4	2.2–6.6
Lao People's Democratic Republic	14.1	11.4–16.7	23.5	19.1–27.9	5.2	2.8–7.5	11.8	8.4–15.2	17.7	13.6–21.8	5.7	3.2–8.2
Malaysia	0.3	0.0–0.7	0.6	0.0–1.4	0.0	0.0–0.2	10.2	7.0–13.5	15.7	11.8–19.6	5.0	2.7–7.4
Marshall Islands	—	—	—	—	—	—	—	—	—	—	—	—
Micronesia (Federated States of)	11.4	9.0–13.8	19.5	15.3–23.7	3.1	1.2–4.9	10.1	6.9–13.3	15.1	11.3–18.9	4.8	2.5–7.1
Mongolia	26.6	23.2–29.9	40.2	35.0–45.3	13.6	9.9–17.2	9.5	6.4–12.6	14.3	10.5–18.0	4.6	2.3–6.8
Nauru	—	—	—	—	—	—	9.1	6.1–12.2	13.7	10.0–17.4	4.3	2.1–6.5
New Zealand	4.3	2.8–5.9	7.8	4.9–10.7	0.9	0.0–1.9	17.8	13.8–21.8	26.1	21.4–30.8	9.1	6.0–12.2
Niue	—	—	—	—	—	—	20.1	16.0–24.3	30.9	25.9–35.8	8.6	5.6–11.7
Palau	—	—	—	—	—	—	15.3	11.5–19.1	22.6	18.1–27.1	7.6	4.8–10.5
Papua New Guinea	8.7	6.5–10.8	15.9	12.0–19.8	1.2	0.0–2.4	18.0	13.9–22.0	25.0	20.4–29.7	10.5	7.2–13.8
Philippines	1.6	0.7–2.6	3.1	1.2–4.9	0.2	0.0–0.7	11.2	7.9–14.5	16.7	12.7–20.8	5.4	3.0–7.8
Republic of Korea	6.0	4.2–7.8	12.0	8.5–15.5	0.1	0.0–0.4	18.2	14.2–22.3	26.3	21.6–31.0	9.2	6.1–12.3
Samoa	15.8	13.0–18.5	27.9	23.1–32.6	2.7	0.9–4.4	10.5	7.3–13.8	15.6	11.7–19.5	5.0	2.6–7.3
Singapore	4.2	2.7–5.7	8.1	5.2–11.0	0.3	0.0–1.0	17.1	13.2–21.1	25.3	20.6–29.9	8.7	5.7–11.8
Solomon Islands	14.2	11.6–16.8	24.9	20.4–29.4	3.5	1.5–5.5	16.2	12.3–20.1	21.5	17.1–26.0	10.5	7.2–13.7
Tokelau	—	—	—	—	—	—	—	—	—	—	—	—
Tonga	6.2	4.4–8.0	11.0	7.7–14.3	1.5	0.2–2.8	9.6	6.5–12.8	14.5	10.7–18.2	4.6	2.3–6.8
Tuvalu	—	—	—	—	—	—	9.2	6.1–12.3	13.7	10.0–17.4	4.3	2.1–6.5
Vanuatu	6.5	4.6–8.3	10.5	7.3–13.8	2.4	0.8–4.0	9.3	6.3–12.4	14.3	10.5–18.1	4.5	2.3–6.7
Viet Nam	1.3	0.4–2.1	2.4	0.8–4.1	0.2	0.0–0.6	9.9	6.7–13.1	14.8	11.0–18.7	4.7	2.4–7.0

CI, confidence intervals.

APPENDIX II
HEALTH CONSEQUENCES

Table II.1 Prevalence of alcohol-use disorders (AUDs), alcohol dependence (AD) and harmful use of alcohol (HU), and alcohol-attributable fractions (AAFs) for deaths from all causes (in percent)

AFR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Algeria	0.7	0.1–1.4	1.4	0.1–2.7	0.0	0.0–0.2	0.7	0.0	0.9
Angola	4.7	3.1–6.3	8.3	5.3–11.2	1.3	0.1–2.6	2.1	2.8	3.2
Benin	5.0	3.4–6.7	8.4	5.5–11.4	1.7	0.3–3.1	2.2	2.9	1.8
Botswana	5.6	3.8–7.3	9.6	6.5–12.8	1.5	0.2–2.8	2.5	3.3	3.9
Burkina Faso	1.4	0.5–2.3	2.7	1.0–4.5	0.2	0.0–0.7	0.7	0.8	3.4
Burundi	5.4	3.7–7.1	9.0	6.0–12.1	1.8	0.4–3.2	2.4	3.2	4.4
Cabo Verde	5.1	3.4–6.7	8.5	5.6–11.5	1.7	0.3–3.1	2.2	2.9	3.6
Cameroon	5.6	3.8–7.3	9.3	6.2–12.4	1.9	0.4–3.3	2.5	3.2	4.3
Central African Republic	3.0	1.7–4.3	5.4	3.0–7.8	0.7	0.0–1.6	1.3	1.7	1.8
Chad	0.7	0.1–1.3	1.4	0.1–2.6	0.0	0.0–0.2	0.7	0.0	2.3
Comoros	0.7	0.1–1.3	1.4	0.1–2.6	0.0	0.0–0.2	0.7	0.0	0.7
Congo	1.7	0.7–2.6	3.0	1.2–4.8	0.4	0.0–1.0	0.7	1.0	2.2
Côte d'Ivoire	7.9	5.9–10.0	12.2	8.7–15.7	3.3	1.4–5.2	3.5	4.6	3.6
Democratic Republic of the Congo	3.9	2.5–5.4	7.1	4.4–9.9	0.8	0.0–1.8	1.7	2.3	2.0
Equatorial Guinea	5.2	3.5–6.9	8.6	5.6–11.6	1.6	0.2–2.9	2.4	3.1	2.4
Eritrea	1.7	0.7–2.7	3.2	1.3–5.0	0.3	0.0–0.9	0.8	1.0	0.6
Ethiopia	2.1	1.0–3.2	3.6	1.6–5.6	0.6	0.0–1.5	0.9	1.2	3.2
Gabon	5.5	3.7–7.2	9.1	6.0–12.2	1.8	0.4–3.2	2.4	3.1	5.5
Gambia	0.9	0.2–1.6	1.7	0.3–3.1	0.1	0.0–0.4	0.7	0.2	2.5
Ghana	3.2	1.9–4.5	5.7	3.2–8.2	0.8	0.0–1.7	1.4	1.9	3.4
Guinea	0.7	0.1–1.3	1.4	0.1–2.6	0.0	0.0–0.2	0.7	0.0	1.0
Guinea–Bissau	0.9	0.2–1.6	1.7	0.3–3.1	0.1	0.0–0.4	0.7	0.2	1.8
Kenya	3.1	1.8–4.4	5.5	3.1–8.0	0.7	0.0–1.7	1.4	1.9	2.6
Lesotho	4.0	2.5–5.5	7.3	4.5–10.1	1.1	0.0–2.2	1.8	2.4	3.0
Liberia	4.1	2.6–5.6	7.2	4.4–9.9	1.0	0.0–2.1	1.8	2.4	3.0
Madagascar	2.0	1.0–3.1	3.7	1.7–5.7	0.4	0.0–1.1	0.9	1.2	2.4
Malawi	2.7	1.5–4.0	4.9	2.6–7.3	0.6	0.0–1.4	1.2	1.6	1.7
Mali	0.7	0.1–1.4	1.4	0.1–2.7	0.0	0.0–0.2	0.7	0.0	0.9
Mauritania	0.3	0.0–0.7	0.5	0.0–1.3	0.1	0.0–0.4	0.2	0.2	0.6
Mauritius	4.4	2.9–6.0	7.7	4.9–10.6	1.1	0.0–2.3	1.9	2.6	3.9
Mozambique	2.5	1.3–3.7	4.6	2.4–6.9	0.6	0.0–1.4	1.1	1.5	1.3
Namibia	4.9	3.3–6.5	8.5	5.5–11.5	1.7	0.3–3.1	2.2	2.9	6.9

313

AFR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Niger	0.7	0.1–1.4	1.4	0.1–2.6	0.0	0.0–0.2	0.7	0.0	0.3
Nigeria	2.1	1.0–3.1	3.7	1.7–5.7	0.4	0.0–1.1	0.5	1.6	4.2
Rwanda	5.5	3.8–7.2	9.4	6.3–12.6	1.9	0.5–3.4	2.5	3.3	5.6
Sao Tome and Principe	5.0	3.3–6.6	8.7	5.7–11.7	1.6	0.2–2.9	2.2	2.9	3.5
Senegal	0.7	0.1–1.3	1.4	0.1–2.7	0.0	0.0–0.2	0.7	0.0	1.0
Seychelles	5.8	4.0–7.6	9.4	6.3–12.5	1.9	0.4–3.4	2.6	3.4	4.7
Sierra Leone	2.6	1.4–3.8	4.7	2.4–7.0	0.5	0.0–1.2	0.7	2.0	4.5
South Africa	5.4	3.7–7.1	9.6	6.5–12.8	1.5	0.2–2.8	2.4	3.2	6.4
Swaziland	5.5	3.8–7.2	9.5	6.3–12.6	1.9	0.4–3.4	2.5	3.2	3.3
Togo	7.4	5.4–9.3	11.8	8.4–15.3	3.2	1.3–5.1	3.3	4.3	1.5
Uganda	5.6	3.9–7.4	9.8	6.6–13.0	1.5	0.2–2.8	2.5	3.3	5.0
United Republic of Tanzania	5.4	3.7–7.1	9.0	6.0–12.1	1.8	0.4–3.2	2.4	3.2	4.1
Zambia	4.4	2.8–5.9	7.7	4.9–10.6	1.0	0.0–2.0	1.9	2.5	2.1
Zimbabwe	5.1	3.4–6.8	8.8	5.8–11.9	1.6	0.3–3.0	2.2	3.0	2.9

CI, confidence intervals.
1   Prevalence estimates, 2010 (as a percentage of total adult population; 15+ years).
2   Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths).
3   Other data linked with alcohol-related morbidity and mortality, such as age-standardized death rates (ASDRs) for road traffic injuries and liver cirrhosis available on Global Information System on Alcohol and Health (GISAH).
4   95% confidence intervals (CI) and data by sex available from GISAH.

AMR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Antigua and Barbuda	5.6	3.8–7.3	8.0	5.1–10.9	3.1	1.3–5.0	2.8	2.7	2.2
Argentina	5.8	4.1–7.6	9.1	6.0–12.2	2.6	0.9–4.4	2.9	2.7	5.0
Bahamas	5.4	3.7–7.1	7.8	5.0–10.7	3.1	1.3–5.0	2.8	2.8	3.1
Barbados	5.8	4.0–7.5	8.2	5.3–11.2	3.2	1.3–5.1	2.8	2.9	3.3
Belize	5.9	4.1–7.7	10.0	6.8–13.1	1.9	0.5–3.4	3.1	3.0	6.8
Bolivia (Plurinational State of)	5.4	3.7–7.2	7.9	5.0–10.7	3.1	1.2–4.9	2.9	2.7	4.6
Brazil	5.5	3.8–7.3	8.0	5.1–10.9	3.1	1.3–5.0	2.8	2.8	6.4
Canada	7.2	5.3–9.2	10.6	7.3–13.9	3.8	1.8–5.9	4.1	2.8	3.4
Chile	5.0	3.3–6.6	8.4	5.5–11.4	1.6	0.2–2.9	2.5	2.5	6.3
Colombia	5.7	4.0–7.5	8.4	5.5–11.4	3.2	1.3–5.1	3.2	2.7	4.4
Costa Rica	5.7	3.9–7.4	8.4	5.5–11.4	2.8	1.0–4.6	3.0	2.8	3.6
Cuba	5.7	3.9–7.4	8.1	5.2–11.0	3.2	1.3–5.1	2.8	2.7	2.9
Dominica	5.6	3.9–7.3	8.1	5.2–11.0	3.2	1.3–5.0	2.8	2.8	3.7
Dominican Republic	5.6	3.8–7.3	8.0	5.1–10.9	3.1	1.3–5.0	2.8	2.8	4.1
Ecuador	5.5	3.8–7.2	7.9	5.0–10.8	3.1	1.2–5.0	2.8	2.7	5.0
El Salvador	5.2	3.5–6.9	7.8	4.9–10.6	3.1	1.2–5.0	2.8	2.5	5.8
Grenada	5.5	3.7–7.2	7.8	4.9–10.7	3.1	1.2–5.0	2.8	2.6	4.8
Guatemala	5.3	3.6–7.0	7.8	4.9–10.6	3.1	1.2–4.9	2.8	2.5	5.3
Guyana	5.6	3.9–7.4	8.1	5.2–11.0	3.2	1.3–5.0	2.9	3.0	6.0
Haiti	5.6	3.9–7.3	8.2	5.3–11.2	3.1	1.3–5.0	2.9	2.9	2.9
Honduras	5.4	3.7–7.1	7.8	4.9–10.7	3.1	1.2–4.9	2.9	2.7	3.2
Jamaica	4.1	2.6–5.6	6.5	3.9–9.1	1.8	0.4–3.3	1.5	2.6	2.1
Mexico	2.7	1.4–3.9	5.1	2.8–7.5	0.5	0.0–1.2	1.3	1.5	6.8
Nicaragua	5.4	3.7–7.1	7.9	5.0–10.7	3.1	1.2–4.9	2.9	2.7	6.4
Panama	5.6	3.9–7.4	8.0	5.1–10.9	3.1	1.3–5.0	2.8	2.8	5.6
Paraguay	5.7	3.9–7.4	8.1	5.2–11.1	3.1	1.3–5.0	2.9	2.9	6.3
Peru	7.6	5.6–9.6	12.0	8.5–15.4	3.3	1.4–5.2	4.9	2.8	6.6
Puerto Rico	—	—	—	—	—	—	—	—	—
Saint Kitts and Nevis	5.5	3.8–7.2	8.0	5.1–10.8	3.1	1.3–5.0	2.8	2.7	3.7
Saint Lucia	5.4	3.7–7.1	7.8	4.9–10.7	3.1	1.3–5.0	2.8	2.6	4.3
Saint Vincent and the Grenadines	5.6	3.9–7.4	8.0	5.1–10.9	3.1	1.3–5.0	2.8	2.9	3.5
Suriname	5.6	3.8–7.3	8.0	5.1–10.9	3.1	1.3–5.0	2.8	2.9	4.2
Trinidad and Tobago	5.6	3.8–7.3	8.0	5.1–10.9	3.2	1.3–5.0	2.8	2.8	3.4
United States of America	7.8	5.7–9.8	11.0	7.7–14.4	4.5	2.3–6.8	4.7	2.7	3.2
Uruguay	5.7	3.9–7.4	8.2	5.2–11.1	3.2	1.3–5.1	2.7	2.6	2.9
Venezuela (Bolivarian Republic of)	5.6	3.8–7.3	8.0	5.1–10.9	3.1	1.3–5.0	2.9	2.9	10.8

CI, confidence intervals.
1   Prevalence estimates, 2010 (as a percentage of total adult population; 15+ years).
2   Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths).
3   Other data linked with alcohol-related morbidity and mortality, such as age-standardized death rates (ASDRs) for road traffic injuries and liver cirrhosis available on Global Information System on Alcohol and Health (GISAH).
4   95% confidence intervals (CI) and data by sex available from GISAH.

EMR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Afghanistan	0.3	0.0–0.8	0.5	0.0–1.3	0.1	0.0–0.5	0.2	0.1	0.7
Bahrain	1.1	0.3–2.0	1.6	0.3–3.0	0.3	0.0–0.8	0.3	1.0	0.8
Djibouti	0.6	0.0–1.2	1.1	0.0–2.2	0.2	0.0–0.6	0.2	0.4	2.0
Egypt	0.2	0.0–0.6	0.4	0.0–1.1	0.0	0.0–0.2	0.1	0.1	0.8
Iran (Islamic Republic of)	0.3	0.0–0.7	0.4	0.0–1.2	0.1	0.0–0.4	0.2	0.1	0.8
Iraq	0.3	0.0–0.8	0.5	0.0–1.3	0.1	0.0–0.5	0.2	0.1	0.4
Jordan	0.4	0.0–0.8	0.6	0.0–1.4	0.1	0.0–0.5	0.2	0.2	0.4
Kuwait	0.3	0.0–0.8	0.5	0.0–1.2	0.1	0.0–0.4	0.2	0.1	1.1
Lebanon	0.8	0.1–1.5	1.4	0.1–2.7	0.1	0.0–0.5	0.3	0.5	1.5
Libya	0.3	0.0–0.7	0.4	0.0–1.2	0.1	0.0–0.4	0.2	0.1	0.3
Morocco	0.4	0.0–0.8	0.6	0.0–1.5	0.1	0.0–0.5	0.2	0.2	1.1
Oman	0.3	0.0–0.8	0.5	0.0–1.2	0.1	0.0–0.5	0.2	0.1	0.8
Pakistan	0.3	0.0–0.7	0.5	0.0–1.3	0.1	0.0–0.5	0.2	0.1	0.5
Qatar	0.2	0.0–0.6	0.3	0.0–0.9	0.1	0.0–0.3	0.1	0.1	3.1
Saudi Arabia	0.3	0.0–0.7	0.4	0.0–1.1	0.1	0.0–0.4	0.2	0.1	0.5
Somalia	0.3	0.0–0.7	0.5	0.0–1.3	0.1	0.0–0.5	0.2	0.1	0.3
Sudan	1.0	0.2–1.7	1.7	0.3–3.1	0.3	0.0–0.8	0.2	0.8	2.9
Syrian Arab Republic	0.4	0.0–0.9	0.8	0.0–1.8	0.1	0.0–0.4	0.2	0.3	0.7
Tunisia	0.5	0.0–1.0	0.9	0.0–1.9	0.2	0.0–0.6	0.2	0.3	1.7
United Arab Emirates	0.5	0.0–1.0	0.6	0.0–1.5	0.1	0.0–0.5	0.3	0.3	6.8
Yemen	0.3	0.0–0.7	0.5	0.0–1.3	0.1	0.0–0.5	0.2	0.1	0.5

CI, confidence intervals.
1   Prevalence estimates, 2010 (as a percentage of total adult population; 15+ years).
2   Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths).
3   Other data linked with alcohol-related morbidity and mortality, such as age-standardized death rates (ASDRs) for road traffic injuries and liver cirrhosis available on Global Information System on Alcohol and Health (GISAH).
4   95% confidence intervals (CI) and data by sex available from GISAH.

EUR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Albania	5.3	3.6–7.0	8.7	5.7–11.7	2.0	0.5–3.4	3.4	1.8	2.8
Andorra	5.7	3.9–7.4	9.1	6.0–12.1	2.2	0.6–3.7	3.4	1.8	3.9
Armenia	5.4	3.7–7.1	8.6	5.6–11.6	2.0	0.5–3.5	3.4	1.9	2.5
Austria	10.2	7.9–12.5	15.0	11.2–18.8	5.3	2.9–7.8	4.9	4.3	3.8
Azerbaijan	5.0	3.4–6.7	8.3	5.4–11.3	1.9	0.4–3.3	3.4	1.8	2.4
Belarus	17.5	14.6–20.4	29.8	25.0–34.6	6.0	3.5–8.5	11.0	5.5	34.7
Belgium	6.4	4.6–8.3	9.4	6.3–12.5	3.4	1.5–5.3	3.1	2.7	4.5
Bosnia and Herzegovina	5.5	3.8–7.3	9.0	5.9–12.1	2.1	0.6–3.6	3.4	1.8	4.1
Bulgaria	7.7	5.7–9.7	12.8	9.2–16.4	2.6	0.9–4.3	3.7	3.3	5.0
Croatia	5.6	3.9–7.4	9.0	6.0–12.1	2.2	0.6–3.8	3.4	1.7	5.6
Cyprus	6.0	4.2–7.7	8.9	5.9–12.0	2.8	1.0–4.5	3.1	2.7	2.1
Czech Republic	5.1	3.5–6.8	8.7	5.7–11.7	1.5	0.2–2.7	2.6	2.2	5.8
Denmark	6.0	4.2–7.8	8.6	5.6–11.6	3.4	1.4–5.3	2.9	2.6	4.8
Estonia	11.3	8.9–13.7	19.3	15.1–23.5	3.7	1.7–5.7	5.4	4.8	21.4
Finland	7.7	5.7–9.7	12.1	8.7–15.6	3.2	1.3–5.1	3.7	3.3	6.4
France	6.0	4.2–7.8	9.4	6.3–12.5	2.8	1.0–4.5	2.9	2.6	5.3
Georgia	4.1	2.6–5.6	7.7	4.8–10.5	0.9	0.0–1.9	2.1	1.8	4.6
Germany	6.1	4.3–7.9	9.7	6.6–12.9	2.4	0.8–4.1	2.9	2.5	4.4
Greece	5.7	4.0–7.5	8.6	5.6–11.6	2.8	1.0–4.6	2.7	2.4	3.9
Hungary	19.3	16.4–22.3	32.2	27.3–37.1	6.8	4.1–9.5	9.4	8.3	6.7
Iceland	3.8	2.4–5.3	5.8	3.3–8.3	1.8	0.4–3.2	2.0	1.7	2.1
Ireland	7.3	5.3–9.3	11.1	7.7–14.4	3.5	1.6–5.5	3.8	3.3	4.8
Israel	5.3	3.6–7.0	8.6	5.6–11.6	2.0	0.5–3.5	3.3	1.8	1.1
Italy	1.2	0.3–2.0	1.4	0.2–2.7	0.9	0.0–1.9	0.5	0.5	1.6
Kazakhstan	5.1	3.4–6.7	8.5	5.5–11.5	1.9	0.4–3.4	3.3	1.9	9.2
Kyrgyzstan	4.9	3.3–6.6	8.2	5.2–11.1	1.8	0.4–3.3	3.3	1.9	5.8
Latvia	8.6	6.5–10.8	14.9	11.1–18.6	2.9	1.1–4.7	4.1	3.6	24.4
Lithuania	9.9	7.7–12.2	17.0	13.0–21.0	3.4	1.5–5.3	4.9	4.3	30.9
Luxembourg	5.8	4.0–7.6	9.1	6.0–12.2	2.5	0.8–4.1	2.9	2.6	4.9
Malta	3.2	1.8–4.5	4.9	2.6–7.2	1.4	0.2–2.7	1.6	1.4	3.0
Monaco	—	—	—	—	—	—	—	—	—
Montenegro	5.4	3.7–7.1	8.8	5.8–11.9	2.0	0.5–3.6	3.4	1.8	—
Netherlands	1.3	0.4–2.2	1.8	0.4–3.2	0.8	0.0–1.8	0.7	0.6	2.7
Norway	8.7	6.5-10.8	12.6	9.1-16.1	4.6	2.3-6.8	4.9	3.2	2.0
Poland	8.7	6.6–10.8	14.6	10.9–18.4	2.9	1.1–4.6	4.4	3.9	7.0
Portugal	6.4	4.6–8.3	9.9	6.7–13.1	3.0	1.2–4.8	3.1	2.7	5.8
Republic of Moldova	5.3	3.6–7.0	8.8	5.8–11.8	2.0	0.5–3.5	3.3	1.9	33.1
Romania	2.6	1.4–3.8	3.9	1.8–5.9	1.2	0.1–2.4	1.3	1.1	8.9
Russian Federation	18.2	15.3–21.1	30.8	25.9–35.6	6.7	4.1–9.4	9.3	8.2	30.5
San Marino	—	—	—	—	—	—	—	—	—
Serbia	5.5	3.7–7.2	8.9	5.9–11.9	2.1	0.5–3.6	3.4	1.8	4.4

EUR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Slovakia	10.6	8.3–13.0	19.1	15.0–23.3	2.2	0.6–3.8	5.5	4.8	7.7
Slovenia	12.6	10.1–15.1	20.5	16.2–24.8	4.3	2.1–6.4	6.2	5.4	7.9
Spain	1.4	0.5–2.3	2.4	0.8–4.0	0.4	0.0–1.1	0.7	0.6	3.6
Sweden	9.9	7.6–12.1	13.7	10.0–17.3	6.0	3.5–8.5	4.7	4.2	3.3
Switzerland	8.7	6.5–10.8	14.3	10.6–18.1	2.9	1.1–4.8	4.2	3.7	3.6
Tajikistan	0.8	0.1–1.4	1.3	0.1–2.5	0.2	0.0–0.8	0.4	0.4	3.3
The former Yugoslav Republic of Macedonia	5.4	3.7–7.1	8.7	5.7–11.8	2.0	0.5–3.5	3.4	1.8	2.8
Turkey	2.6	1.4–3.9	4.4	2.2–6.6	0.9	0.0–2.0	0.8	1.8	1.3
Turkmenistan	4.9	3.3–6.5	8.1	5.2–11.1	1.8	0.4–3.2	3.3	1.9	4.9
Ukraine	5.2	3.6–6.9	9.5	6.4–12.7	1.3	0.1–2.5	2.2	2.6	34.4
United Kingdom of Great Britain and Northern Ireland	12.1	9.6–14.6	17.5	13.4–21.5	6.7	4.0–9.4	5.9	5.2	3.4
Uzbekistan	5.0	3.3–6.6	8.2	5.2–11.1	1.8	0.4–3.3	3.3	1.9	4.9

CI, confidence intervals.
1   Prevalence estimates, 2010 (as a percentage of total adult population; 15+ years).
2   Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths).
3   Other data linked with alcohol-related morbidity and mortality, such as age-standardized death rates (ASDRs) for road traffic injuries and liver cirrhosis available on Global Information System on Alcohol and Health (GISAH).
4   95% confidence intervals (CI) and data by sex available from GISAH.

SEAR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Bangladesh	0.8	0.1–1.5	1.3	0.1–2.5	0.2	0.0–0.8	0.7	0.1	0.6
Bhutan	1.7	0.7–2.6	2.6	0.9–4.3	0.5	0.0–1.3	0.8	0.9	1.2
Democratic People's Republic of Korea	2.9	1.6–4.2	4.9	2.6–7.3	0.9	0.0–1.9	1.4	1.5	4.6
India	2.5	1.3–3.7	4.4	2.2–6.6	0.5	0.0–1.3	2.1	0.5	5.4
Indonesia	0.8	0.1–1.4	1.3	0.1–2.5	0.2	0.0–0.8	0.7	0.0	2.1
Maldives	1.9	0.9–2.9	3.2	1.3–5.1	0.6	0.0–1.5	0.9	1.0	1.9
Myanmar	1.5	0.6–2.4	2.5	0.9–4.2	0.5	0.0–1.2	0.7	0.8	2.0
Nepal	1.4	0.5–2.3	2.5	0.8–4.1	0.5	0.0–1.2	0.7	0.8	2.9
Sri Lanka	3.0	1.7–4.3	5.5	3.1–7.9	0.6	0.0–1.5	2.7	0.4	5.8
Thailand	4.9	3.3–6.6	9.0	5.9–12.1	1.0	0.0–2.1	1.8	3.2	6.8
Timor–Leste	1.4	0.5–2.3	2.4	0.7–4.0	0.5	0.0–1.2	0.7	0.8	1.2

CI, confidence intervals.
1   Prevalence estimates, 2010 (as a percentage of total adult population; 15+ years).
2   Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths).
3   Other data linked with alcohol-related morbidity and mortality, such as age-standardized death rates (ASDRs) for road traffic injuries and liver cirrhosis available on Global Information System on Alcohol and Health (GISAH).
4   95% confidence intervals (CI) and data by sex available from GISAH.

WPR	Age-standardized prevalence of AUDs[1]						Prevalence of AD[1]	Prevalence of HU[1]	AAFs for deaths from all causes[2,3]
	Both sexes	95% CI	Males	95% CI	Females	95% CI	Both sexes[4]	Both sexes[4]	Both sexes
Australia	3.7	2.3–5.2	5.2	2.8–7.6	2.3	0.7–3.9	1.5	2.0	3.2
Brunei Darussalam	1.7	0.7–2.7	2.9	1.1–4.7	0.5	0.0–1.3	0.8	1.0	1.3
Cambodia	4.3	2.7–5.8	7.5	4.7–10.3	1.4	0.1–2.7	2.7	1.6	5.0
China	4.8	3.2–6.4	9.1	6.0–12.2	0.2	0.0–0.7	2.4	2.5	6.3
Cook Islands	4.6	3.0–6.2	7.6	4.8–10.5	1.4	0.2–2.7	3.0	1.7	6.1
Fiji	4.5	3.0–6.1	7.5	4.7–10.4	1.4	0.1–2.7	3.0	1.7	1.4
Japan	3.3	1.9–4.6	5.3	2.9–7.7	1.2	0.1–2.4	1.1	1.7	3.2
Kiribati	4.5	2.9–6.1	7.6	4.7–10.4	1.4	0.1–2.7	3.0	1.7	2.0
Lao People's Democratic Republic	4.3	2.8–5.9	7.4	4.6–10.2	1.4	0.1–2.7	2.8	1.7	4.9
Malaysia	2.3	1.2–3.5	4.0	1.9–6.1	0.8	0.0–1.7	1.1	1.3	1.7
Marshall Islands	—	—	—	—	—	—	—	—	—
Micronesia (Federated States of)	4.4	2.8–5.9	7.3	4.5–10.0	1.4	0.1–2.7	2.8	1.7	2.1
Mongolia	6.1	4.3–7.9	10.3	7.1–13.6	2.0	0.5–3.5	2.8	3.6	10.5
Nauru	4.5	2.9–6.1	7.6	4.7–10.4	1.4	0.1–2.7	3.0	1.7	3.4
New Zealand	3.4	2.0–4.7	4.7	2.4–6.9	2.1	0.6–3.7	1.4	1.9	2.8
Niue	4.6	3.0–6.2	7.6	4.8–10.5	1.4	0.2–2.7	3.0	1.7	5.4
Palau	4.5	2.9–6.1	7.6	4.7–10.4	1.4	0.1–2.7	3.0	1.7	4.6
Papua New Guinea	4.4	2.9–6.0	7.4	4.6–10.2	1.4	0.1–2.6	2.9	1.7	3.1
Philippines	4.4	2.8–5.9	7.4	4.6–10.2	1.4	0.1–2.6	2.9	1.7	5.2
Republic of Korea	6.3	4.4–8.1	10.2	6.9–13.4	2.3	0.7–3.9	4.7	1.5	7.5
Samoa	4.6	3.0–6.2	7.6	4.7–10.4	1.4	0.2–2.7	3.0	1.7	2.0
Singapore	0.9	0.2–1.6	1.4	0.1–2.6	0.4	0.0–1.1	0.5	0.4	2.2
Solomon Islands	4.4	2.9–6.0	7.5	4.7–10.3	1.4	0.1–2.6	2.9	1.7	2.1
Tokelau	—	—	—	—	—	—	—	—	—
Tonga	4.5	2.9–6.1	7.6	4.8–10.5	1.5	0.2–2.7	2.8	1.7	1.1
Tuvalu	4.6	3.0–6.2	7.6	4.8–10.5	1.4	0.2–2.7	3.0	1.7	2.2
Vanuatu	4.4	2.9–6.0	7.5	4.7–10.3	1.4	0.1–2.7	2.9	1.7	1.6
Viet Nam	4.6	3.0–6.1	8.3	5.4–11.3	0.9	0.0–1.9	2.9	1.7	8.3

CI, confidence intervals.
1   Prevalence estimates, 2010 (as a percentage of total adult population; 15+ years).
2   Alcohol-attributable fractions (AAFs) for deaths from all causes, 2012 (as a percentage of all deaths).
3   Other data linked with alcohol-related morbidity and mortality, such as age-standardized death rates (ASDRs) for road traffic injuries and liver cirrhosis available on Global Information System on Alcohol and Health (GISAH).
4   95% confidence intervals (CI) and data by sex available from GISAH.

APPENDIX III

INDICATORS RELATED TO ALCOHOL POLICY AND INTERVENTIONS

Table III.1. Additional indicators for the WHO regions, 2012

AFR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Algeria	1.5	73	—	No	No	No	No
Angola	3.1	70	Beer from palm nut	No	No	No	No
Benin	3.1	42	Shakparo, Burukutu, Palm wine, Tchoukoutou, Sodabi, Chibuku	No	No	No	No
Botswana	1.3	84	Bojalwa, Khadi, Nyola, Chibuku	No	Yes	Yes	No
Burkina Faso	2.9	29	Dolo, Bangui	No	No	No	No
Burundi	2.7	67	—	No	No	No	No
Cabo Verde	1.3	85	Grong	No	No	No	No
Cameroon	2.2	71	Fitchuk, Guinea corn beer	No	No	No	No
Central African Republic	1.7	55	—	No	No	No	No
Chad	3.1	34	—	No	No	No	No
Comoros	2.7	74	—	No	No	No	No
Congo	2.5	—	—	No	Yes	No	No
Côte d'Ivoire	1.7	55	Bandju, Dolo, Kue za, Koutoukou	No	No	No	No
Democratic Republic of the Congo	2.8	67	Kasiksi, Mokoyo, Palm wine, Manoic brandy, Maize beer	No	No	No	No
Equatorial Guinea	3.0	93	Kai-kai, Palm wine, Malamba	No	No	No	No
Eritrea	3.6	67	Suwa, Mies, Zebib	No	No	No	No
Ethiopia	2.3	30	Korefe, Shamit, Tej, Kati, Kala, Areki	No	No	No	No
Gabon	2.0	88	Kai-kai, Maize wine, Cassava wine, Palm wine, Toutou, Musungu, Magrocom	No	No	No	No
Gambia	2.9	46	Palm nut wine	No	No	No	No
Ghana	2.4	67	Pito (nando, kokmbas, tago, dagarti), Palm wine, Akpeteshie	Yes	Yes	Yes	No
Guinea	1.8	39	Palm wine, Wine from raffia	No	No	No	No
Guinea-Bissau	2.0	52	Soum-soum	No	No	No	No
Kenya	2.6	87	Kumi Kumi, Muratina	No	No	No	No
Lesotho	1.0	90	Joala	No	No	No	No
Liberia	3.4	59	—	No	No	No	No
Madagascar	3.0	64	Gris, Taoka Grasy, Betsa, Roma, Trembo, Litchel	No	No	No	No
Malawi	2.8	74	Kachasu, Chibuku, Chikokeyani	No	No	No	No
Mali	3.1	26	—	No	No	No	No
Mauritania	2.7	57	—	No	No	No	No
Mauritius	0.8	88	—	No	No	No	No
Mozambique	2.5	55	Cashew wine	No	No	No	No
Namibia	1.9	89	Home brews, Mataku, Walende, Country wine	No	No	Subnational	No
Niger	3.5	29		No	No	No	No
Nigeria	2.5	61	Palm wine, locally fermented wine and gin	No	No	No	No
Rwanda	2.7	71	—	No	No	No	No
Sao Tome and Principe	1.6	89	—	No	No	No	No
Senegal	2.7	50	Palm wine	Subnational	Subnational	No	No

Alcohol policy							
	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Total ban	Any monopoly[2]	Any licensing[2]					
No	No/Yes	No/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	No
No	No/No	No/No	No	No	Yes	No	No
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	No/No	No	No	No	Yes	Yes
No	No/No	No/Yes	No	Yes	—	No	Yes
No	No/No	Yes/Yes	Yes	No	No	No	No
No	Yes/Yes	Yes/Yes	Yes	No	Yes	No	Yes
No	No/Yes	Yes/Yes	Yes	No	No	No	Yes
No	Yes/No	Yes/Yes	No	No	No	—	—
No	Yes/Yes	No/Yes	No	No	Yes	No	No
No	Yes/Yes	Yes/Yes	No	No	No	No	No
No	Yes/Yes	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	No	No	No	No	Yes
No	No/Yes	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	No	No	Yes
No	No/No	No/No	No	No	No	No	Yes
No	No/No	Yes/Yes	Yes	No	No	Yes	Yes
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	No	—	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	No
No	Yes/Yes	Yes/Yes	Yes	No	No	Yes	Yes
No	Yes/Yes	Yes/Yes	No	Yes	Yes	No	Yes
No	Yes/Yes	Yes/Yes	No	Yes	Yes	No	No
No	Yes/No	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	—	No	Yes	No	No
Yes	Total ban	Total ban	—	—	—	—	—
No	Yes/Yes	Yes/Yes	No	Yes	No	No	No
No	Yes/Yes	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	No
No	Yes/No	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	No	No	No	No	Yes
No	Yes/Yes	Yes/Yes	No	No	Yes	No	No
No	No/No	No/No	—	No	No	No	No
No	Yes/No	Yes/Yes	No	No	No	No	Yes

AFR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Seychelles	0.9	92	Lapire, Baka, Kalou	No	No	No	No
Sierra Leone	3.5	41	Palm wine	No	No	No	No
South Africa	1.1	89	Umqombothi, Utchwala, Chibuku, Isizulu	Yes	Yes	No	No
Swaziland	1.1	87	Beer from marula fruit, Umqombutsi, Chibuku	No	No	No	No
Togo	2.3	57	Sodobe, Tchouk	No	No	No	No
Uganda	3.2	73	Ajon, Omuramba, Kweete, Kidongo beer, Mwenge bigere	No	Yes	No	No
United Republic of Tanzania	2.8	73	Ulanzi, Tekawima, Pombe, Ujimbi, Kimpumu, Banana and Palm wine, Mbege, Komoni, Mnasi, Wanzuki, Morfru, Orubis/amarwa	No	No	No	No
Zambia	2.5	71	Chibuku, Kachasu, Akiki wine, Mosi, Katata, Gangata, Sipeso, Imbote	No	No	No	No
Zimbabwe	0.0	92	Homebrew beer, Kkachasu, Makumbi, Amaganu, Chibuku	Yes	Yes	No	No

1 Data source: United Nations, data range 2000–2010.
2 Any monopoly/licensing for beer, wine, or spirits.
3 Any duty paid, excise or tax stamps or labels for beer, wine, or spirits.

	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Total ban	Any monopoly[2]	Any licensing[2]					
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	No	No	No	No
No	No/No	Yes/Yes	No	Yes	No	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	No
No	Yes/Yes	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	Yes	Yes
No	Yes/Yes	Yes/Yes	No	Yes	Yes	No	Yes

The table above is under the heading **Alcohol policy**.

325

AMR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Antigua and Barbuda	1.3	99	—	No	No	No	No
Argentina	0.9	98	Home-produced wine	Yes	No	No	No
Bahamas	1.4	—	—	Yes	No	No	No
Barbados	0.2	—	—	No	No	No	No
Belize	2.2	—	Aguardientes	No	No	No	No
Bolivia (Plurinational State of)	1.8	91	Chicha	No	No	No	No
Brazil	1.1	90	Cachaca, Aguardente de cana, Pinga or caninha, Home-produced light wines and spirits	Yes	Yes	No	No
Canada	1	—	—	Yes	No	No	No
Chile	1	99	Pisco and Home-produced wines	No	No	No	No
Colombia	1.5	93	Aguardientes, Guarapo, Chichia chirrinche, Anisados	No	Yes	No	No
Costa Rica	1.7	96	Guar and Home-produced aguardiente	Yes	Yes	Yes	No
Cuba	0.1	100	—	Yes	Yes	No	No
Dominica	-0.3	—	—	No	No	No	No
Dominican Republic	1.4	88	—	No	No	No	No
Ecuador	1.6	84	Aguardientes, Anisados, Secos, Rompope, Chichi de jora, Chichi de yucca, Guarapo	No	No	No	No
El Salvador	0.4	84	Aguardientes	No	No	No	No
Grenada	0.3	—	—	Yes	Yes	No	No
Guatemala	2.5	74	Chicha, Aguardientes, Cuxa and Nahuala	No	No	No	No
Guyana	0.3	—	Piwari	No	Yes	Yes	No
Haiti	1.4	49	—	—	—	—	—
Honduras	2	84	Home-produced aguardientes	No	No	No	No
Jamaica	0.6	86	—	Yes	Yes	Yes	No
Mexico	1.3	93	Aguardientes, Pulque, Ponche and Rompope	Yes	No	No	No
Nicaragua	1.3	78	Home-produced aguardientes	Yes	Yes	Yes	No
Panama	1.7	94	Home-produced aguardientes	No	No	No	No
Paraguay	1.9	95	Home-produced aguardientes and Abati	No	Subnational	Subnational	No
Peru	1.2	90	Aguardientes, Pisco, Chicha and Sora	Subnational	No	No	No
Puerto Rico	—	—		—	—	—	—
Saint Kitts and Nevis	1.3	—	—	No	No	No	No
Saint Lucia	1	—	—	No	No	No	No
Saint Vincent and the Grenadines	0.1	—	—	No	No	No	No
Suriname	1.2	95	—	No	No	No	No
Trinidad and Tobago	0.4	99	Babash	No	No	No	No
United States of America	0.9	—	—	Yes	Yes	Yes	Yes
Uruguay	0.1	98	Home-produced light wine	Yes	No	No	No
Venezuela (Bolivarian Republic of)	1.7	95	Corn liquor, Aguardientes, Guarapita and Home-produced rum	Yes	No	No	No

1   Data source: United Nations, data range 2000–2010.
2   Any monopoly/licensing for beer, wine, or spirits.
3   Any duty paid, excise or tax stamps or labels for beer, wine, or spirits.

	National control of production/sale						
Alcohol policy							
Total ban	Any monopoly[2]	Any licensing[2]	Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
No	No/No	No/No	—	No	No	No	No
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	No	No	No	No	No
No	No/No	Yes/Yes	—	Yes	No	No	Yes
No	No/No	Yes/Yes	—	No	No	No	Yes
No	No/No	Yes/Yes	No	No	No	No	No
No	No/Yes	Yes/Yes	No	Yes	No	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	Yes/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	Yes/No	Yes/Yes	No	Yes	Yes	No	Yes
No	Yes/Yes	Yes/Yes	—	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	Yes	No	No	No	No
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	Yes/Yes	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	No	No	No	No	No
No	No/No	Yes/Yes	—	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	—	—	—	—	—	No	Yes
No	Yes/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	No	No	No
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	No/Yes	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	—	Yes	Yes	No	Yes
No	Yes/No	Yes/Yes	No	Yes	Yes	Yes	Yes
No	—	—	—	—	—	—	—
No	No/No	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	No
No	No/No	Yes/Yes	No	No	No	No	No
No	No/No	Yes/Yes	Yes	Yes	Yes	No	No
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/No	No	Yes	No	No	Yes
No	No/No	Yes/No	Yes	No	Yes	No	No
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes

EMR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Afghanistan	3.2	—	Homemade brandy (wine)	No	No	No	No
Bahrain	6.8	91	Arak	—	—	—	—
Djibouti	1.9	—	—	—	—	—	—
Egypt	1.8	66	Zebiba, Chine, Bouza	No	No	No	No
Iran (Islamic Republic of)	1.2	85	—	No	No	No	No
Iraq	2.8	78	—	No	No	No	No
Jordan	2.5	92	Arak	No	No	No	No
Kuwait	3.4	94	—	—	—	—	—
Lebanon	1.2	90	Arak	—	—	—	—
Libya	1.9	89	—	—	—	—	—
Morocco	1.0	56	Mahia	—	—	—	—
Oman	2.1	87	—	No	Yes	No	No
Pakistan	1.8	56	—	No	Yes	Yes	No
Qatar	10.9	95	—	—	—	—	—
Saudi Arabia	3.1	86	—	—	—	—	—
Somalia	2.3	—	—	—	—	—	—
Sudan	2.4	70	Merisa	No	No	No	No
Syrian Arab Republic	2.4	84	Arak	No	No	No	No
Tunisia	1.0	78	Lagmi, Boukha	Yes	Yes	Yes	No
United Arab Emirates	9.1	90	—	—	—	—	—
Yemen	3.1	62	—	No	No	No	No

1 Data source: United Nations, data range 2000–2010.
2 Any monopoly/licensing for beer, wine, or spirits.
3 Any duty paid, excise or tax stamps or labels for beer, wine, or spirits.

	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Total ban	Any monopoly[2]	Any licensing[2]					
Yes	Total ban	Total ban	—	No	No	—	—
No	—	—	—	—	—	—	—
No	—	—	—	—	—	—	—
No	Yes/Yes	Yes/Yes	Yes	No	No	Yes	Yes
Yes	Total ban	Total ban	—	Yes	No	—	—
No	No/No	Yes/Yes	—	No	No	No	No
No	No/No	Yes/Yes	Yes	No	No	No	No
No	—	—	—	—	—	—	—
No	—	—	—	—	—	—	—
Yes	Total ban	Total ban	—	—	—	—	—
No	—	—	—	—	—	—	—
No	No/No	Yes/Yes	—	No	No	No	No
No	No/No	Yes/Yes	No	Yes	No	No	Yes
No	—	—	—	—	—	—	—
Yes	Total ban	Total ban	—	—	—	—	—
Yes	Total ban	Total ban	—	—	—	—	—
Yes	Total ban	Total ban	—	No	No	—	—
No	Yes/No	Yes/Yes	No	No	No	No	No
No	Yes/No	Yes/Yes	Yes	Yes	Yes	—	Yes
No	—	—	—	—	—	—	—
Yes	Total ban	Total ban	—	No	No	—	—

EUR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Albania	0.4	96	Rakia, Anis	No	No	No	No
Andorra	2.7	—	—	No	No	No	No
Armenia	0.1	100	Fruit eaux de vie	No	No	No	No
Austria	0.5	—	Cherry liquor and Schnapps	No	No	No	No
Azerbaijan	1.2	100	—	No	No	No	Yes
Belarus	-0.5	100	Bormotukha and home-produced wines	Yes	Yes	Yes	Yes
Belgium	0.5	—	—	Yes	No	No	No
Bosnia and Herzegovina	0.2	98	—	No	Subnational	No	No
Bulgaria	-0.7	98	Rakia and Mastika	Subnational	Subnational	Subnational	Subnational
Croatia	-0.2	99	Slivovica, Herbal liquor and Prosecco	Yes	Yes	No	No
Cyprus	1.6	98	Ouzo, Raki, Tsipouro and Zivania	Yes	Yes	No	Yes
Czech Republic	0.2	—	Fruit eaux de vie	No	No	No	No
Denmark	0.4	—	—	Yes	Yes	No	No
Estonia	-0.2	100	—	Yes	No	No	No
Finland	0.4	—	Sahti, Kiliu and Pontikka	Yes	Yes	Yes	No
France	0.6	—	Eaux de vie, Marcs and Pastis	Yes	Yes	No	No
Georgia	-0.9	100	—	No	No	No	No
Germany	0.0	—	Korn and Obstwasser	Yes	Yes	No	No
Greece	0.3	97	Zivania, Ouzo and Tsiporod	Yes	Yes	No	Yes
Hungary	-0.2	99	Fruit eaux de vie	Yes	No	No	No
Iceland	1.3	—	Brennivin	Yes	No	Yes	No
Ireland	1.6	—	Poteen	No	No	No	No
Israel	2.1	—	—	No	No	No	No
Italy	0.6	99	Grappa	No	Yes	No	No
Kazakhstan	0.7	100	Home-produced wines	Yes	Yes	Yes	No
Kyrgyzstan	0.7	99	Home-produced wines	No	No	No	No
Latvia	-0.6	100	—	Yes	Yes	Yes	Yes
Lithuania	-0.5	100	—	Yes	Yes	Yes	No
Luxembourg	1.5	—	—	Yes	Yes	No	No
Malta	0.5	92	—	No	No	No	No
Monaco	0.1	—	—	No	No	No	No
Montenegro	0.0	—	Rakia and home-produced wines	No	No	No	No
Netherlands	0.5	—	—	Yes	Yes	No	No
Norway	0.8	—	Home-produced spirits	Yes	Yes	No	No
Poland	0.0	100	—	Yes	Yes	Yes	Yes
Portugal	0.3	95	Eaux de vie	Yes	Yes	Yes	Yes
Republic of Moldova	-1.4	98	Tuica, Palenka and Grappa	Yes	Yes	Yes	Yes
Romania	-0.3	98	Tuica, Palinca and Rachiu	Yes	No	No	No
Russian Federation	-0.3	100	Samogon	—	—	—	—
San Marino	1.6	—	—	No	No	No	No
Serbia	-0.3	—	Slivovica and Rakia	No	Yes	Yes	No
Slovakia	0.1	—	Domáca, Slivocica, Hruskovica, Jablkovica, Ceresnovica, Marhulovica, Eaux de vie	No	No	No	No

	Alcohol policy						
	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Total ban	Any monopoly[2]	Any licensing[2]					
No	No/No	Yes/No	Yes	No	Yes	No	No
No	No/No	Yes/Yes	No	Yes	Yes	No	No
No	No/No	Yes/No	Yes	Yes	Yes	No	Yes
No	No/No	No/No	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	No
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	No/No	Yes	No	Yes	Yes	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/No	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/No	Yes	No	Yes	No	Yes
No	No/No	No/No	Yes	Yes	Yes	No	No
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/Yes	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	No/Yes	Yes	Yes	Yes	No	Yes
No	No/No	No/No	Yes	No	No	No	No
No	Yes/No	No/No	No	Yes	No	No	Yes
No	No/No	Yes/No	No	No	Yes	No	Yes
No	No/No	No/No	Yes	No	Yes	No	No
No	No/Yes	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	No	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	No	.	.
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	No
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	No	No	Yes
No	No/No	Yes/Yes	Yes	No	No	No	Yes
No	—	—	No	No	No	No	No
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/Yes	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	Yes/Yes	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	No
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes

EUR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Slovenia	0.2	100	Eaux de vie and Vinjak	Yes	Yes	No	No
Spain	1.3	98	Pacharan and Orujo	Yes	Yes	No	No
Sweden	0.6	—	—	Yes	Yes	Yes	Yes
Switzerland	0.7	—	Home-produced wines, Eaux de vie and Bitters	Yes	Yes	Yes	Yes
Tajikistan	1.1	100	Home-produced wines and spirits	No	Yes	No	No
The Former Yugoslav Republic of Macedonia	0.3	97	Rakia, Mastika and Eaux de vie	Yes	Yes	Yes	No
Turkey	1.3	91	Raki and Cordials	No	No	No	No
Turkmenistan	1.1	100	Home-produced wines and spirits	No	No	No	No
Ukraine	-0.7	100	Home-produced wines, fruit wines, cordials and brandies	Yes	Yes	Yes	No
United Kingdom of Great Britain and Northern Ireland	0.5	—	—	Subnational	Subnational	Subnational	No
Uzbekistan	1.0	99	Home-produced wines and spirits	No	No	No	No

1   Data source: United Nations, data range 2000–2010.
2   Any monopoly/licensing for beer, wine, or spirits.
3   Any duty paid, excise or tax stamps or labels for beer, wine, or spirits.

	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Total ban	Any monopoly[2]	Any licensing[2]					
No	No/No	No/No	No	Yes	Yes	No	Yes
No	No/No	No/Yes	Yes	Yes	Yes	No	Yes
No	No/Yes	No/No	No	Yes	Yes	No	Yes
No	No/No	Yes/No	No	Yes	Yes	No	Yes
No	Yes/Yes	Yes/Yes	Yes	Yes	Yes	No	Yes
No	Yes/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	Yes/Yes	Yes/Yes	—	Yes	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	No	Yes	No	Yes
No	Yes/Yes	Yes/Yes	Yes	—	Yes	No	Yes

Alcohol policy

SEAR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Bangladesh	1.4	56	Cholai, Tari, Bangla Mad	No	No	No	No
Bhutan	2.4	53	Ara	—	—	—	—
Democratic People's Republic of Korea	0.6	100	—	—	—	—	—
India	1.5	63	Arak, Toddy, Apong, Palm wine, Zu, Rohi	Yes	No	No	No
Indonesia	1.2	92	Brem, Tuak, Arak, Lapan	Yes	Yes	No	No
Maldives	1.5	98	Raa	—	—	—	—
Myanmar	0.6	92	—	Yes	No	No	No
Nepal	2.1	59	Jad, Chang, Raksi	Yes	Yes	No	No
Sri Lanka	1.1	91	Arak, Toddy	—	—	—	—
Thailand	0.9	94	Satoh, Ou, Krauche, Lao Khao, Lao-Lao, Lao-Hai	Yes	Yes	Yes	Yes
Timor-Leste	3.0	51	Mutin, Tua Sabu	No	No	No	No

1   Data source: United Nations, data range 2000–2010.
2   Any monopoly/licensing for beer, wine, or spirits.
3   Any duty paid, excise or tax stamps or labels for beer, wine, or spirits.

	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Alcohol policy							
Total ban	Any monopoly[2]	Any licensing[2]					
No	Yes/Yes	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	No	—	Yes	—	—
No	—	—	—	—	—	—	—
No	No/No	Subnational	Yes	No	Yes	No	Yes
No	Yes/Yes	Yes/Yes	Yes	No	No	No	Yes
Yes	Total ban	Total ban	—	—	—	—	—
No	No/No	Yes/Yes	Yes	No	Yes	No	No
No	Yes/Yes	Yes/Yes	Yes	Yes	Yes	No	No
No	No/No	Yes/Yes	Yes	No	Yes	Yes	Yes
No	No/No	Yes/Yes	Yes	Yes	No	Yes	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	No

WPR	Sociodemographic context		Traditional and local beverages	National monitoring systems			
	Annual population growth rate[1] (%)	Adult literacy rate[1] (%)		Alcohol consumption	Health consequences	Social consequences	Alcohol policy responses
Australia	1.5	—	—	Yes	Yes	No	No
Brunei Darussalam	2	95	—	No	No	No	No
Cambodia	1.3	78	—	No	No	No	No
China	0.6	94	White liquors (mou-tai, wu-nia-yeh), Feng wines, Yellow wines, Rice wines, Fruit wines, Baiju	No	No	No	No
Cook Islands	1.3	—	—	No	Yes	Yes	No
Fiji	0.6	—	Home brews, Papaa hops and Malt	No	No	No	No
Japan	0.1	—	Sake and Shochu	Yes	No	No	No
Kiribati	1.7	—	Toddy or fermented coconut milk	No	No	No	No
Lao People's Democratic Republic	1.5	73	Rice wine and Corn whisky	No	No	No	No
Malaysia	1.9	92	Tuak, Tapai, Fruit wine, Perry, Vegetable wine, Honey wine/mead, Rice wine, Toddy, Fruit brandy, Samsu	No	Yes	No	No
Marshall Islands	0.4	—	—	—	—	—	—
Micronesia (Federated States of)	0.4	—	—	No	Yes	No	No
Mongolia	1.3	97	Koumiss and Airag	Yes	Yes	No	No
Nauru	0.2	—	—	—	—	—	—
New Zealand	1.2	—	—	Yes	Yes	No	No
Niue	-2.6	—	—	No	No	No	No
Palau	0.7	—	—	Subnational	Subnational	Subnational	No
Papua New Guinea	2.4	60	—	No	No	No	No
Philippines	1.9	95	Basi, Lamabanog, Tapuy and Tuba/Lay-aw	No	No	No	No
Republic of Korea	0.5	—	Cheongju, Soju, Takju and Yakju	Yes	Yes	Yes	No
Samoa	0.4	99	Fa'amufu and Pulu	—	—	—	—
Singapore	2.6	95	—	Yes	No	No	No
Solomon Islands	2.8	—	—	—	—	—	—
Tokelau	—	—	Toddy	No	No	No	No
Tonga	0.6	99	—	No	No	No	No
Tuvalu	0.4	—	—	No	Yes	Yes	No
Vanuatu	2.6	82	Kava	—	—	—	—
Viet Nam	1.1	93	Bia and Hoi	No	No	No	No

1 Data source: United Nations, data range 2000–2010.
2 Any monopoly/licensing for beer, wine, or spirits.
3 Any duty paid, excise or tax stamps or labels for beer, wine, or spirits.

Alcohol policy							
	National control of production/sale		Any duty paid, excise or tax stamps or labels[3]	Sobriety check-points	Random breath testing	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Total ban	Any monopoly[2]	Any licensing[2]					
No	No/No	No/No	No	No	Yes	Yes	Yes
Yes	Total ban	Total ban	—	Yes	Yes	—	—
No	No/No	Yes/No	—	No	Yes	No	No
No	No/No	Yes/Yes	No	No	Yes	No	Yes
No	Yes/Yes	Yes/Yes	No	Yes	Yes	No	No
No	No/No	Yes/Yes	Yes	Yes	Yes	No	No
No	No/No	Yes/Yes	No	Yes	Yes	No	Yes
No	No/No	Yes/Yes	—	Yes	Yes	No	No
No	Yes/No	Yes/No	Yes	No	Yes	No	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	—	—	—	—	—	—	—
No	No/No	No/No	—	Yes	No	No	No
No	Yes/Yes	Yes/Yes	Yes	No	No	No	Yes
No	—	—	—	—	—	—	—
No	No/No	No/Yes	No	Yes	Yes	Yes	Yes
No	Yes/Yes	Yes/Yes	—	Yes	Yes	No	No
No	No/Yes	No/Yes	—	Yes	No	No	No
No	Yes/Yes	Yes/Yes	No	No	No	No	Yes
No	No/No	Yes/Yes	Yes	No	No	No	Yes
No	No/No	Yes/Yes	Yes	Yes	Yes	No	Yes
No	—	—	—	—	—	—	—
No	No/No	Yes/Yes	No	Yes	Yes	No	No
No	—	—	—	—	—	—	—
No	—	—	—	—	—	No	No
No	No/No	Yes/Yes	No	Yes	Yes	No	No
No	—/Yes	—/Yes	No	Yes	No	No	Yes
No	—	—	—	—	—	—	—
No	No/No	Yes/Yes	Yes	Yes	No	No	Yes

337

Table III.2. WHO Member States' definition of an alcoholic beverage

AFR	Definition of an alcoholic beverage (% alcohol by volume)
Algeria	>0.5%
Angola	>0.5%
Benin	>0.5%
Botswana	>0.5%
Burkina Faso	No
Burundi	No
Cabo Verde	>0.5%
Cameroon	No
Central African Republic	No
Chad	>5.2%
Comoros	No
Congo	No
Côte d'Ivoire	>0.5%
Democratic Republic of the Congo	>0.5%
Equatorial Guinea	1.0% or more
Eritrea	>0.5%
Ethiopia	No
Gabon	No
Gambia	No
Ghana	>0.5%
Guinea	No
Guinea-Bissau	No
Kenya	0.5% or more
Lesotho	No
Liberia	>0.5%
Madagascar	>1.0%
Malawi	>0.5%
Mali	No
Mauritania	—
Mauritius	>0.0 abv
Mozambique	>0.5%
Namibia	3% or more
Niger	>0.5%
Nigeria	No
Rwanda	No
Sao Tome and Principe	No
Senegal	Other
Seychelles	No
Sierra Leone	No
South Africa	>1.0%
South Sudan	—
Swaziland	No
Togo	No
Uganda	No
United Republic of Tanzania	No
Zambia	>3.0%
Zimbabwe	>1.0%

No = no legal definition.

338

AMR	Definition of an alcoholic beverage (% alcohol by volume)
Antigua and Barbuda	No
Argentina	>0.5%
Bahamas	No
Barbados	No
Belize	3.5% or more
Bolivia (Plurinational State of)	No
Brazil	>0.5%
Canada	>1.1%
Chile	Other
Colombia	2.5% or more
Costa Rica	>0.0%
Cuba	>0.5%
Dominica	No
Dominican Republic	No
Ecuador	No
El Salvador	No
Grenada	>0.0%
Guatemala	No
Guyana	No
Haiti	—
Honduras	No
Jamaica	>0.0%
Mexico	2.0% or more
Nicaragua	>0.5%
Panama	No
Paraguay	Other
Peru	No
Puerto Rico	—
Saint Kitts and Nevis	No
Saint Lucia	>0.0%
Saint Vincent and the Grenadines	No
Suriname	No
Trinidad and Tobago	>0.0%
United States of America	>0.5%
Uruguay	>0.5%
Venezuela (Bolivarian Republic of)	Other

No = no legal definition.

EMR	Definition of an alcoholic beverage (% alcohol by volume)
Afghanistan	No
Bahrain	—
Djibouti	—
Egypt	1% or more
Iran (Islamic Republic of)	—
Iraq	No
Jordan	No
Kuwait	—
Lebanon	—
Libya	—
Morocco	—
Oman	No
Pakistan	No
Qatar	—
Saudi Arabia	—
Somalia	—
Sudan	—
Syrian Arab Republic	No
Tunisia	No
United Arab Emirates	—
Yemen	—

No = no legal definition.

EUR	Definition of an alcoholic beverage (% alcohol by volume)
Albania	>1.2%
Andorra	1.0% or more
Armenia	No
Austria	>0.5%
Azerbaijan	No
Belarus	>7.0%
Belgium	>0.5%
Bosnia and Herzegovina	>2.0%
Bulgaria	>0.5%
Croatia	>2.0%
Cyprus	No
Czech Republic	>0.5%
Denmark	>1.2%
Estonia	>0.5%
Finland	>2.8%
France	>1.2%
Georgia	No
Germany	>1.2%
Greece	>1.2%
Hungary	>1.2%
Iceland	>2.25%
Ireland	>0.5%
Israel	>2.0%
Italy	>1.2%
Kazakhstan	>0.5%
Kyrgyzstan	No
Latvia	Beer >0.5%; wine, spirits >1.2%
Lithuania	>1.2%
Luxembourg	Beer 0.5% or more; wine, spirits 1.2% or more
Malta	2.0% or more
Monaco	% not stated
Montenegro	Other
Netherlands	>0.5%
Norway	2.5% or more
Poland	>0.5%
Portugal	>0.5%
Republic of Moldova	>1.5%
Romania	>0.5%
Russian Federation	>0.5%
San Marino	No
Serbia	No
Slovakia	>0.75%
Slovenia	>1.2%
Spain	1.2% or more
Sweden	>2.25%
Switzerland	>0.5%

EUR	Definition of an alcoholic beverage (% alcohol by volume)
Tajikistan	No
The Former Yugoslav Republic of Macedonia	No
Turkey	>0.5%
Turkmenistan	No
Ukraine	>1.2%
United Kingdom of Great Britain and Northern Ireland	No
Uzbekistan	>1.5%

No = no legal definition.

SEAR	Definition of an alcoholic beverage (% alcohol by volume)
Bangladesh	0.5% and more
Bhutan	>0.0%
Democratic People's Republic of Korea	—
India	2.5% or more
Indonesia	Other
Maldives	>0.0%
Myanmar	2% or more
Nepal	No
Sri Lanka	1% or more
Thailand	>0.0%
Timor-Leste	No

No = no legal definition.

WPR	Definition of an alcoholic beverage (% alcohol by volume)
Australia	>0.5%
Brunei Darussalam	>0.5%
Cambodia	No
China	>0.5%
Cook Islands	>0.5%
Fiji	>3.0%
Japan	>1.0%
Kiribati	>0.0%
Lao People's Democratic Republic	No
Malaysia	>2.0%
Marshall Islands	—
Micronesia (Federated States of)	No
Mongolia	2.0% or more
Nauru	—
New Zealand	>1.15%
Niue	>2.0%
Palau	>0.5%
Papua New Guinea	No
Philippines	>0.5%
Republic of Korea	1% or more
Samoa	—
Singapore	>0.5%
Solomon Islands	—
Tokelau	No
Tonga	No
Tuvalu	No
Vanuatu	—
Viet Nam	% not stated

No = no legal definition.

APPENDIX IV

DATA SOURCES AND METHODS

IV.1 GENERAL COMMENTS

IV.1.1 INFORMATION PERTAINING TO ALL CHAPTERS

The most important data source for alcohol-related information for all four chapters of this report is the WHO Global survey on alcohol and health, the last iteration of which was conducted in 2012 in collaboration with all six WHO regional offices[1] and the European Commission (in countries of the European Union). National counterparts or focal points in all WHO Member States in each region, who were officially nominated by the respective ministries of health, were provided with access to the online survey data collection tool for completion. Where this was not feasible, a hard copy of the tool was forwarded directly to those who requested it. Amendments to the survey responses were then resubmitted by email or electronically. The 2012 questionnaire was a modified version of that used in 2008. The 44 questions were divided into three sections. Section A addressed alcohol policy; section B addressed alcohol consumption, and section C addressed national monitoring and surveillance. The questionnaire, which was originally in English, was translated into French, Portuguese, Russian and Spanish. By the end of 2012, 176 WHO Member States and one Associate Member[2] had responded. This represents a response rate of 91.2% (2008, 81.9%) from WHO Member States and Associate Members, covering 97.2% (2008, 97.0%) of the world's population. Whenever information was incomplete or in need of clarification, the questionnaire was returned to the focal point or national counterpart in the country concerned for revision. The Global survey on alcohol and health addresses the situation at the national level in a given country with additional questions and space for comments on subnational specificities.[3] If a country did not respond to a particular question, it was excluded from the analysis for that question. For example, several countries reported a total ban on alcohol and were not included in the analyses presented in chapter 4.

As described below, data from the United Nations Population Division and the World Bank have been crucial in order to present alcohol-related information by gender, WHO region or income level throughout the report.

The population data in this report are obtained primarily from the United Nations Population Division and refer to the total adult (15 years and older or 15+) population (unless otherwise specified), with data for males and females shown separately whenever available. Hence, in the tables and figures presenting results by WHO regions and the world, data are weighted for the population size of the countries in these regions.

---

1 WHO Regional Office for Africa (AFRO), Regional Office for the Americas (AMRO), Regional Office for Europe (EURO), Regional Office for the Eastern Mediterranean (EMRO), Regional Office for South-East Asia (SEARO), and the Regional Office for the Western Pacific (WPRO).

2 Tokelau completed the survey.

3 The data for the United Kingdom of Great Britain and Northern Ireland refer mainly to England and Wales. India is a federated state with large differences between states. In the federated countries of Canada and the United States of America, most decisions on alcohol policy are taken at the subnational level, although efforts to report at the national level were made wherever possible.

Many data tables and graphs in this report are aggregated according to WHO regions. For a full list of WHO Member States included in this report by WHO region, see Table IV.1.

Given that income levels are an important variable associated with overall alcohol consumption and alcohol-related health consequences, some of the data presented in this report are also aggregated according to World Bank income groups. WHO Member States with populations of more than 30 000 are allocated to World Bank income groups according to 2012 gross national income (GNI) per capita: high-income (US$ 10 066 or more), upper middle income (US$ 3256–10 065), lower middle income (US$ 826–3255) and low income (US$ 825 or less). For a full list of WHO Member States included in this report by World Bank income group, see Table IV.2.

IV.1.2 CHAPTER 2 – ALCOHOL CONSUMPTION

This chapter utilizes two main sources of data, namely the Global Information System on Alcohol and Health (GISAH, WHO, 2014a; see Box 11) and published surveys. For the data on alcohol consumption several sources were utilized. Official data on recorded alcohol per capita (15+ years) consumption supplied by the respective Member States were given priority. If these data were not available, data from economic operators[4] and for wine from the Organisation Internationale de la Vigne et du Vin (OIV) were used. When these data were not consistently available, data supplied by the Food and Agriculture Organization of the United Nations (FAO) statistical database (FAOSTAT) were used. The main source for patterns of consumption data was WHO STEPS (STEPwise approach to surveillance; WHO, 2014b). The main source of data on youth (15–19 years of age) was the GSHS (Global School-based Student Health Surveys). Where data were not available, other sources such as the HBSC (Health Behaviour in School-aged Children; Currie et al., 2012) and ESPAD (European School Survey Project on Alcohol and Other Drugs; Hibell et al., 2012) were used. An additional survey on unrecorded consumption was used to improve estimation of unrecorded consumption in some countries. In this survey, sent to 42 countries with at least 10% unrecorded consumption as part of the total consumption, the nominal group technique was used to solicit five expert judgements per country. In addition, a systematic search was conducted on all published literature (Rehm et al., 2014). The data obtained were analysed and fed back to the experts who used them to arrive at a final estimate. The most significant change in the methodology of this chapter compared to that used for the Global status report on alcohol and health 2011 is a change in the definition of heavy episodic drinking (HED), which is now defined as at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days, rather than weekly. This change has been made in order to make the indicator more sensitive to global differences in patterns of alcohol consumption.

Data on drinking status (lifetime abstainers, former drinkers, and past 12 months abstainers), the prevalence of HED, and the prevalence of people with alcohol use disorders (AUDs) (harmful use of alcohol and alcohol dependence), were modelled using regression models. These regression models used data collected through a systematic search of all survey data on the previously mentioned measures of interest (from 2000 onward). The independent variables were per capita consumption, population structure (sex, age), the size of the Muslim population within the country, the region of the country, economic wealth (GDP PPP) and the year from which the survey data were obtained. Where available, the original survey data on the previously mentioned measures of interest were used instead of the predicted estimates. The validity of the predicted estimates was assessed by comparing predicted estimates to actual estimates.

When interpreting data presented in chapter 2, it is important to note that the data are only as reliable as the original source data. This is illustrated by the fact that consumer surveys assessing people's self-reported alcohol consumption usually show overall consumption figures which are much lower, quite often only around 30–60% of supply-based estimates (i.e., data on the taxation, production and trade of alcohol). This would indicate that people are underestimating their own consumption and/or that these surveys do not reach the people with the highest consumption. Sales data, on the other hand, do not allow for the disaggregation of

---

4 Canadean; International Wine and Spirits Research (IWSR); The Wine Institute.

recorded alcohol consumption (15+ years) by gender or by any other personal characteristics. To this end, survey data are needed to measure abstention. For estimating overall consumption, the alcohol per capita data presented in this report are considered to be the best available data.

Projections for total alcohol consumption data for 2015, 2020 and 2025 were derived including fractional polynomial regressions with year as independent variable. As data on per capita consumption may rapidly change over time, the regression model for each country was chosen based on the results of regression models that used data from 2005 onward, 2000 onward, 1990 onward, and 1960 onward. Models were chosen based on a sensitivity analysis that assessed the ability of these models to predict data from 2005 onward when these data were excluded (models were adjusted to use data from 2000 onward, 1995 onward, 1985 onward, and 1960 onward respectively for the sensitivity analyses).

IV.1.3 CHAPTER 3 – HEALTH CONSEQUENCES

The main data sources for the indicators in chapter 3 were GISAH and the 2012 Global Survey on Alcohol and Health as well as systematic literature searches. For indicators of risk relations, the Global Burden of Disease estimates for 2010 were used (listed in Table IV.8). Exposure and relative risk was combined to attributable fractions using the following formula:

$$ AAF = \frac{P_{abs} + P_{form}RR_{form} + \int_{0+}^{150} P(x)RR(x)dx - 1}{P_{abs} + P_{form}RR_{form} + \int_{0+}^{150} P(x)RR(x)dx} $$

where P_{abs} represents the proportion of "lifetime abstainers", P_{form} the proportion of "former drinkers", and $P(x)$ the probability distribution function of drinkers. RR_{form} represents the RR for "former drinkers," and $RR(x)$ the RR function for a given alcohol consumption in grams per day. A cap at an exposure of 150 g of pure alcohol was used as a conservative measure as very few individuals consume more than 15 standard drinks on a daily basis for an extended period of time.

Alcohol-attributable deaths and burden of disease were then derived using the following formula: deaths/DALYs = AAF* total deaths/total DALYs.

For deaths and disability-adjusted life years (DALYs), WHO Global Health estimates were used (WHO, 2014c). All estimates for alcohol-attributable burden are based on the year 2012, using predicted 2012 alcohol per capita consumption data for countries for which no validated country data were available. Predictions were based on alcohol per capita data from 2000 to 2010, using fractional polynomial regression with year as independent variable.

The analysis resulting in the data presented in chapter 3 has a number of limitations. Data on alcohol exposure are largely based on predicted estimates with a significant uncertainty for unrecorded alcohol consumption. Data on the prevalence of abstainers and the prevalence of HED, collected in household surveys, are not available for every country and are modelled using the above-described method. The meta-analyses used to estimate the AAFs are generally based on epidemiological studies of adults in high-income countries, and there may be limitations regarding transferability of at least some of these risk estimates to populations in low-income and middle income countries. The estimates of alcohol-attributable burden of disease in older age groups can be inflated as the impact of major cardiovascular risk factors on health outcomes in cardiovascular diseases is known to decline with age (Singh et al., 2013), but there is no available evidence to account for such a decline in the case of alcohol consumption. There are also some risks to population health associated with alcohol consumption that were not included in this analysis due to insufficient evidence to quantify the effect, including injuries experienced by non-drinkers or people around drinkers. Finally, information on mortality by cause of death is limited in countries that do not have high-quality vital registration systems (i.e. most low-income countries and many middle income countries).

IV.1.4 CHAPTER 4 – ALCOHOL POLICY AND INTERVENTIONS

Chapter 4 presents 23 alcohol policy indicators collected using the 2012 Global Survey on Alcohol and Health questionnaire. The data represent the national status of alcohol policies as of December 2012. For the purpose of the 2012 Global Survey on Alcohol and Health, "alcohol policy" was referred to as an organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population. There are also a variety of other policies that impinge on alcohol-related problems, increasing or decreasing them, but these policies are not adopted or implemented with the minimization of alcohol problems as a primary aim. Such policies are normally neither described as alcohol policies nor included within an overall alcohol policy description.

When interpreting the data in chapter 4, it is crucial to note that the number and subset of WHO Member States that responded to the Global Survey on Alcohol and Health in 2008 differed from that of 2012. This is a key factor, for example, in interpreting the responses to the survey question related to the presence or absence of written national alcohol policies. The apparent decline in the percentage of countries with alcohol policies in the WHO Western Pacific Region is due to a larger number of countries in this region responding to this survey question in 2012 than in 2008.

IV.1.5 COUNTRY PROFILES

Individual country profiles were prepared to give an overview of the current situations regarding alcohol and health in WHO Member States and Associate Members. This was achieved on the basis of 50 key indicators chosen by a group of experts for which the fullest data possible were collected and which reflect the 10 target areas of policy measures and interventions at the national level recommended in the Global strategy to reduce the harmful use of alcohol (WHO, 2010a). Because of space limitations, not all the information collected in the questionnaire is presented in this report. However, all data collected are displayed on the GISAH website.

Although great efforts have been made to validate the data received from the countries, caution should be exercised in their interpretation. While there has been basic validation of inconsistencies with the focal points and national counterparts within the framework of the WHO Global Survey on Alcohol and Health, the data on alcohol policy have not been specifically checked against the actual policy legislation in the countries concerned. However, in the autumn of 2013, previews of the country profiles were sent to the respective governments as a part of country consultation process, and changes were made as needed.

The indicators used in the country profiles and the three data sections of the report are described in more detail below. Data sources and methods related to the indicators presented in the country profiles that do not appear elsewhere can be found on the GISAH website.

IV.2 ADDITIONAL INFORMATION

IV.2.1 INFORMATION PERTAINING TO ALL CHAPTERS

Table IV.1. WHO Member States by WHO region

WHO region	WHO Member States
AFR	Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Swaziland, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe
AMR	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Puerto Rico[a], Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of)
EMR	Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen
EUR	Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, 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 of Great Britain and Northern Ireland, Uzbekistan
SEAR	Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste
WPR	Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tokelau[a], Tuvalu, Vanuatu, Viet Nam

a   Associate Members.

Table IV.2. WHO Member States by World Bank income groups, 2010

Income group	WHO Member States
High (50)	Andorra, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Canada, Croatia, Cyprus, Czech Republic, Denmark, Equatorial Guinea, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Luxembourg, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Korea, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Puerto Rico[a]
Upper middle (52)	Albania, Algeria, Antigua and Barbuda, Argentina, Azerbaijan, Belarus, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Chile, China, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Gabon, Grenada, Iran (Islamic Republic of), Jamaica, Jordan, Kazakhstan, Latvia, Lebanon, Libya, Lithuania, Malaysia, Maldives, Mauritius, Mexico, Montenegro, Namibia, Palau, Panama, Peru, Romania, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Serbia, Seychelles, South Africa, Suriname, Thailand, The Former Yugoslav Republic of Macedonia, Tunisia, Turkey, Uruguay, Venezuela (Bolivarian Republic of)
Lower middle (54)	Angola, Armenia, Belize, Bhutan, Bolivia (Plurinational State of), Cabo Verde, Cameroon, Congo, Côte d'Ivoire, Djibouti, Egypt, El Salvador, Fiji, Georgia, Ghana, Guatemala, Guyana, Honduras, India, Indonesia, Iraq, Kiribati, Lao People's Democratic Republic, Lesotho, Marshall Islands, Mauritania, Micronesia (Federated States of), Mongolia, Morocco, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Paraguay, Philippines, Republic of Moldova, Samoa, Sao Tome, Senegal, Solomon Islands, Sri Lanka, Sudan, Syria, Swaziland, Timor-Leste, Tonga, Turkmenistan, Tuvalu, Ukraine, Uzbekistan, Vanuatu, Viet Nam, Yemen, Zambia
Low (35)	Afghanistan, Bangladesh, Benin, Burkina Faso, Burundi Cambodia, Central African Republic, Chad, Comoros, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kenya, Kyrgyzstan, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sierra Leone, Somalia, Tajikistan, Togo, Uganda, United Republic of Tanzania, Zimbabwe
Non classified (5)	Cook Islands, Nauru, Niue, Tokelau[a]

a   Associate Members.

Table IV.3. Percentage of population covered, response rates and geographical coverage of the Global Survey on Alcohol and Health data by WHO region in 2012 and 2008

WHO Region	2012			2008		
	Percentage of population covered (%)	Response rate (%)	Countries with survey data/total number of countries	Population covered (%)	Response rate (%)	Countries with survey data/total number of countries
AFR	100.0	100.0	46/46	100.0	100	46/46
AMR	98.5	94.4	34/36	98.9	82.9	29/35
EMR	86.2	50.0	11/22	92.6	66.7	14/21
EUR	100.0	100.0	53/53	96.9	84.9	45/53
SEAR	98.7	90.0	10/11	98.6	90.0	10/11
WPR	99.9	82.1	23/28	94.7	66.7	18/27
Global	**97.2**	**91.2**	**177/196**	**97.0**	**81.9**	**162/193**

IV.2.2 INFORMATION PERTAINING TO ALCOHOL CONSUMPTION

Table IV.4. Brief description of methodology and data sources for indicators related to alcohol consumption

Section	Indicator	Methodology	Data sources (in order of priority)	Location in report
1 **LEVELS OF CONSUMPTION**	Total APC, 2010 (see Box 12)	The recorded three-year average APC for 2008–2010 and the unrecorded consumption for 2010 (Box 4) were added to arrive at the *total consumption* in litres of pure alcohol. The comparison of this total with the *weighted* average of the total consumption for each region is shown in the country profile. For male and female *per capita* consumption, we used proportion of alcohol consumed by men versus women plus the demographics for 2010.	Government sources (48 countries), statistics from economic operators (112 countries), FAOSTAT data (28 countries), and other (1).	Chapter 2, Appendix and country profiles
	Recorded APC (3-year average)	Using the *recorded* APC data from 2008, 2009 and 2010, 3-year averages were computed. Tourist consumption was removed to provide a better estimate for APC in countries with at least as many tourists as inhabitants.	Government sources (48 countries), statistics from economic operators (112 countries), FAOSTAT data (28 countries), and other (1 country).	Chapter 2, Appendix and country profiles
	Tourist consumption	The estimates are linked to APC and are based on the following assumptions: • Tourists/visitors consume alcohol as they do at home (i.e. with the same average alcohol per capita consumption). • The average length of stay by tourists/visitors was 14 days (except for Estonia, Luxembourg, and the Republic of Moldova, where there is a lot of cross-border shopping with shorter average length of stay).	For *tourism/visitors adjustment*, we relied mainly on the United Nations (UN) visitors' database for estimating the number of tourists/visitors. The following criteria were used: a) if the number of tourists/visitors was less than the number of inhabitants, then no adjustment was made; b) if the number of tourists/visitors was greater than or equal to the number of inhabitants, an adjustment was made for countries where the majority was of Muslim religion (lowest threshold of adjustment; size of Muslim population was based on UN data); c) if the number of tourists/visitors was greater than or equal to 1.5 times the number of inhabitants and the country was low-income or middle income, an adjustment was made; d) if the number of tourists/visitors was greater than or equal to 2 times the number of inhabitants and the country was high-income, an adjustment was made. The different adjustments were made to limit quantification of tourist/visitors' consumption to instances, where it would impact at least 10% of consumption or at least 0.5 litres alcohol per capita consumption.	Appendix
	Unrecorded APC	Unrecorded APC in litres of pure alcohol in 2010 was based on empirical investigations and the judgement of experts.	Unrecorded consumption was available for 192 countries. A special exercise to collect in-depth information on unrecorded alcohol from all venues (i.e., cross-border shopping, surrogate alcohol use, illegal and legal home production, smuggling) was conducted to improve the accuracy of unrecorded data (ongoing; see also Poznyak et al., 2013; Rehm et al., 2014).	Chapter 2, Appendix and country profiles
	Consumption by type of alcoholic beverage	APC in litres of pure alcohol for 2010 for beer, wine, spirits and other alcoholic beverages were calculated separately as a percentage of the "All recorded APC".	Government sources (48 countries), statistics from economic operators (112 countries), FAOSTAT data (28 countries), and other (1 country).	Chapter 2, Appendix and country profiles
	Drinking among drinkers, 2010	Litres of pure alcohol (recorded and unrecorded) consumed only by those 15 years of age and older were obtained by calculating the total population of male and female *drinkers* using the abstainer data (see below) and applying the proportion to the total litres (3-year average) of pure alcohol consumed.	Total APC and abstainer data for each country.	Chapter 2, Appendix and country profiles

Section	Indicator	Methodology	Data sources (in order of priority)	Location in report
	Recorded APC, 1960–2010	The time-series graph in the country profiles depicts recorded alcohol per capita (15+ years) consumption in litres of pure alcohol from the first available year for each country. Data for beer, wine, spirits and other alcoholic beverages shown as well as for "All", that is, the sum of the types. The "other alcoholic beverages" category consists of such types as fortified wine, fermented beverages, sorghum, maize, ready-to-drink, and so on.	The decision tree for recorded alcohol per capita (15+) sources is: 1) government data; 2) industry data (if based on interviews in countries); 3) Food and Agriculture Organization of the United Nations (FAO), and 4) economic operators (if desk review). If there are doubts regarding the best source to use, the Steering Committee makes the final decision based on consensus and in consultation with the government. See Table IV.5 for data sources by country.	Country profiles
	Directional arrows	In order to provide a visualization of the change in alcohol consumption for the 3-year average for 2008–2010 for recorded, unrecorded and total alcohol consumption compared to the 3-year average for these indicators for 2003–2005, arrows were used and rules were established for their use.	Change was indicated if the difference between the two periods for each of the three indicators was at least 10%. In the case where the values of the two periods were below 1 litre, the arrows were horizontal, since no valid determination could be made. If one value was more than 1 litre and the change was less than 50%, a horizontal arrow was used. If the change was 50% or greater, then the arrow indicated the direction of this change.	Country profiles
2 **PATTERNS OF CONSUMPTION**	Prevalence of abstention, best estimates for 2010 (Box 14)	The percentage of those people in a population who did not drink any alcohol in the past 12 months, those who have never consumed alcohol (lifetime abstainers), and those who had previously consumed alcohol but who had not done so in the previous 12-month period (former drinkers) are presented.	Data for drinking status were modelled using regression models. Where available, the original survey data on the previously mentioned measures of interest were used instead of the predicted estimates. The regression models used data collected through a systematic search of all survey data (from 2006 onwards) and took into account per capita consumption, population structure (age, sex), the size of Muslim population within the country, economic wealth (GDP PPP), the region of the country, and the year from which the survey data were obtained. Data on gross domestic product (adjusted for purchasing power parity) were obtained from the World Bank. The validity of the predicted estimates was assessed by comparing predicted estimates to actual estimates.	Chapter 2 and country profiles
	Heavy episodic drinking (HED), best estimates for 2010 (see Box 1)	The number of males in the population multiplied by the percentage of heavy drinkers in the population. The number of male heavy drinkers divided by the number of male drinkers equals the percentage of male heavy episodic drinkers among male drinkers. (Similar calculations are done for HED among females and the total population.)	Surveys carried out in the time period 2006–2010. HED is defined as having consumed at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days. Values for countries with no available surveys were imputed via multiple regression based on region, year of survey, per capita consumption, pattern of drinking score, demographic indicators (including religion) and economic wealth (GDP-PPP) as predictors.	Chapter 2, Appendix and country profiles
	Patterns of drinking score	Based on an array of drinking attributes which are weighted differentially in order to provide a score from 1 (least risky drinking pattern) to 5 (most risky drinking pattern).	Patterns of drinking scores were attributed based on surveys, if countries had done surveys within the past 5 years with all the relevant variables included. Otherwise, they were based on judgements of experts from the country concerned. If patterns of drinking scores were questioned in the WHO validation process done with the countries, a regression was used based on per capita consumption, heavy episodic drinking, and abstention. For a list of relevant variables in the original score please refer to Rehm et al, 2003b.	Chapter 2 and country profiles

Section		Indicator	Methodology	Data sources (in order of priority)	Location in report
3	**TRENDS AND PROJECTIONS**	Estimate of the 5-year change in recorded alcohol per capita (15+) consumption, 2006–2010	Comparing the moving average (MA) for 2010 to the MA for 2006, the five-year change was classed as: **Increase**, if MA 2010 > 1.10* of the MA for 2006, **and** there are no changes in trend of more than -10% for any year in between, **and** if per capita recorded consumption is ≥1 litre of pure alcohol; **Decrease**, if MA 2010 < 0.90 * of the MA for 2006, **and** there are no changes in trend of more than +10% for any year in between, **and** if per capita recorded consumption is ≥1 litre of pure alcohol; **Stable**, if (MA 2010 ≥0.90 of MA 2006) **and** (MA 2010 ≤1.10 of MA 2006), **and** MA 2007, 2008, 2009 are within this range as well, **and** if per capita recorded consumption is ≥1 litre of pure alcohol; **Inconclusive**, if there are changes in trend of more than ± 10% (i.e., upward trend but one year more than 10% down, or downward trend but one year more than 10% up) for any of the years in between **or** if per capita recorded consumption is <1 litre of pure alcohol.	Recorded APC data for each country (see above) were used to compute 3-year moving averages (MA) for each year beginning in 2005. For example, 2006 = average 2005–2007 2007 = average 2006–2008 2008 = average 2007–2009 2009 = average 2008–2010 2010 = average 2009–2010. Using MAs for comparison shows a stronger or more robust relationship over time by minimizing non-significant variations in the values from year to year.	Chapter 2 and country profiles
		Projections of total alcohol per capita (15+) consumption	Projections for total alcohol consumption data for 2015, 2020 and 2025 were derived using fractional polynomial regression models with year as independent variable (for modelling strategy see next column).	As data on per capita consumption change rapidly over time, the regression model for each country was chosen based on the results of regression models that used data from 2005 onward, 2000 onward, 1990 onward, and 1960 onward. Models were chosen based on a sensitivity analysis that assessed the ability of these models to predict data from 2005 onward when these data were excluded (models were adjusted to use data from 2000 onward, 1995 onward, 1985 onward, and 1960 onward respectively for the sensitivity analyses).	Chapter 2, Appendix and country profiles

353

Table IV.5. Sources of APC data by WHO Member State

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
AFR	Algeria	WDT 1961–2001; WHO Global Survey on Alcohol and Health 2012 (sales) 2002–2005; (import, export) 2006–2010
	Angola	FAO 1961–1999; merged (FAO, Wine Institute, Canadean) 2000–2010
	Benin	FAO 1961–1999; merged (FAO, Wine Institute) 2000–2010
	Botswana	FAO,1961–1999; merged (FAO, Canadean) 2000–2010
	Burkina Faso	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Burundi	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Cabo Verde	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Cameroon	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Central African Republic	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Chad	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Comoros	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Congo	FAO 1961–2001; WHO Global Survey on Alcohol and Health 2012 (sales) 2002–2010
	Côte d'Ivoire	FAO 1961–1999; merged (FAO, Canadean, Wine institute) 2000–2010
	Democratic Republic of the Congo	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Equatorial Guinea	FAO 1983–1999; merged (FAO, Canadean, Wine institute) 2000–2007
	Eritrea	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Ethiopia	FAO 1961–2010
	Gabon	FAO 1961–1999; merged (FAO, Canadean, Wine institute) 2000–2010
	Gambia	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Ghana	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Guinea	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Guinea–Bissau	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Kenya	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Lesotho	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Liberia	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Madagascar	FAO 1961–1999; merged (FAO, Canadean, OIV) 2000–2010
	Malawi	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Mali	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Mauritania	FAO 1961–1999; merged (FAO, Canadean) 2000–2009
	Mauritius	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Mozambique	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Namibia	FAO 1961–2009
	Niger	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Nigeria	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Rwanda	FAO 1961–1999; merged (FAO, Canadean, Wine institute) 2000–2010
	Sao Tome and Principe	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Senegal	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Seychelles	FAO 1961–1999; merged (FAO, Canadean) 2000–2010
	Sierra Leone	FAO 1990–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	South Africa	WDT 1961–1999; WHO Global Survey on Alcohol and Health 2012 (alcohol industry) 2000–2010
	Swaziland	FAO 1990–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Togo	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Uganda	FAO 1961–1999; merged (FAO, Canadean) 2000–2010

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
	United Republic of Tanzania	FAO 1990–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Zambia	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Zimbabwe	FAO 1961–1999; merged (WHO Global Survey on Alcohol and Health 2008 and 2012, sales data) 2000–2005; with Wine Institute 2006–2010
AMR	Antigua and Barbuda	FAO 1962–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Argentina	FAO 1961–1979; WDT 1980–1999; WHO Global Survey on Alcohol and Health 2012 (sales) 2000–2010
	Bahamas	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Barbados	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Belize	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Bolivia (Plurinational State of)	FAO 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Brazil	WDT 1963–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Canada	WDT 1961–1992; Statistics Canada 1993–2010
	Chile	WDT 1961–1999; Global Survey on Alcohol and Health 2012 (sales, production, import, export) 2000–2010
	Colombia	FAO 1961–1962; WDT 1963–1999; merged (Canadean, Wine Institute,IWSR) 2000–2010
	Costa Rica	FAO 1961–1999; merged (Canadean, Wine institute, IWSR) 2000–2010
	Cuba	WDT 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Dominica	FAO 1990–2009
	Dominican Republic	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Ecuador	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	El Salvador	FAO 1961–1999; merged (FAO, Canadean, IWSR) 2000–2010
	Grenada	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Guatemala	FAO 1961–1999; merged (FAO, Canadean, IWSR) 2000–2010
	Guyana	FAO 1961–1989; WDT 1990– 1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Haiti	FAO 1961–2009
	Honduras	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Jamaica	FAO 1961–1999; merged Canadean, Wine Institute, IWSR) 2000–2010
	Mexico	WDT 1961–1989; Consultores Internacionales 1990–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Nicaragua	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Panama	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Paraguay	WDT 1961–1999; FAO 2000–2009
	Peru	WDT 1961–1999; Food and Agriculture Organization of the UN (2000–2009)
	Puerto Rico[b]	Merged (Canadean, IWSR) 2000–2010
	Saint Kitts and Nevis	FAO 1990–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Saint Lucia	FAO 1961–1999; merged (Canadean, Wine institute, IWSR) 2000–2010
	Saint Vincent and the Grenadines	FAO 1990–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Suriname	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Trinidad and Tobago	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	United States of America	National Institute on Alcohol Abuse and Alcoholism (NIAAA) 1961–2010
	Uruguay	WDT 1961–1999; WHO Global Survey on Alcohol and Health 2012 (sales) 2000–2010
	Venezuela (Bolivarian Republic of)	WDT 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
EMR	Afghanistan	FAO 1961–2010
	Bahrain	FAO 1970–1999; merged (FAO, Wine Institute, IWSR) 2000–2010
	Djibouti	FAO 1961–1999; merged (FAO, Wine Institute) 2000–2010
	Egypt	FAO 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Iran (Islamic Republic of)	FAO 1961–1999; merged (FAO, IWSR) 2000–2010
	Iraq	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2010
	Jordan	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Kuwait	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2010
	Lebanon	FAO 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Libya	FAO 1961–2009
	Morocco	WDT 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Oman	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2010
	Pakistan	FAO 1961–1999; merged (FAO, Canadean, IWSR) 2000–2010
	Qatar	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2010
	Saudi Arabia	FAO 1961–1999; merged (FAO, Wine Institute, IWSR) 2000–2010
	Somalia	FAO 1961–2010
	Sudan	FAO 1961–2010
	Syrian Arab Republic	FAO 1961–1999; merged (FAO, Canadean, IWSR) 2000–2010
	Tunisia	WDT 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	United Arab Emirates	FAO 1972–1999; merged (IWSR) 2000–2010
	Yemen	FAO 1961–2010
EUR	Albania	FAO 1962–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Andorra	WHO Global Survey on Alcohol and Health 2012 (imports, exports) 2002–2010
	Armenia	FAO 1990–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Austria	Handbook on alcohol 2011 (Anton Proksch Institute) 1960–2010
	Azerbaijan	FAO 1990–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Belarus	FAO 1980–1999; WHO Global Survey on Alcohol and Health 2012 (sales) 2000–2010
	Belgium	WDT 1963–1999; FAO 2000–2007; Belgium Ministry of Finance (excise data) 2008–2010
	Bosnia and Herzegovina	FAO 1992–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Bulgaria	WDT 1963–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Croatia	FAO 1987–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Cyprus	WDT 1961–1999; merged (Canadean, OIV, IWSR) 2000– 2010
	Czech Republic	WDT 1963–1999; WHO Global Survey on Alcohol and Health 2012 (sales) 2000–2010 recalculated for 4% beer strength
	Denmark	WDT 1961–1989; Statistics Denmark (sales) 1990–2010
	Estonia	WDT 1990–1999; WHO Global Survey on Alcohol and Health 2012 (Alcohol Market Yearbook, excluding tourist consumption) 2000–2010
	Finland	National Research and Development Centre for Welfare and Health (STAKES) 1961–1989; Statistics Finland 1990–2010
	France	WDT 1961–1999; WHO Global Survey on Alcohol and Health 2012 (taxation, OFDT based on INSEE data) 2000–2010
	Georgia	FAO 1990–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Germany	FAO (1961–1962) WDT 1963–1990; Destatis 1991–1999; WHO Global Survey on Alcohol and Health 2012 (sales data from alcohol industry converted to 15+) 2000–2010
	Greece	WDT 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Hungary	WDT 1961–1999; Hungarian Central Statistical Office (sales) 2000–2010
	Iceland	WDT 1961–1999; WHO Global Survey on Alcohol and Health 2012 (sales) 2000–2007; merged (Canadean, OIV, IWSR) 2008–2010

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
	Ireland	WDT 1961–2001; WHO Global Survey on Alcohol and Health 2012 (taxation) 2002–2010
	Israel	FAO 1961–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Italy	WDT 1961–1999; Assobirra Annual Report 2000–2004; WHO Global Survey on alcohol and Health 2012 (sales, taxation) 2005–2010
	Kazakhstan	FAO 1988–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Kyrgyzstan	FAO 1985 –2009
	Latvia	WDT 1980–2001; Statistics Latvia 2000–2010
	Lithuania	FAO 1984–1999; Statistics Lithuania 2000–2010
	Luxembourg	Average of France and Germany's consumption 1961–2010
	Malta	FAO 1961–1987; WDT 1988–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Monaco	—
	Montenegro	Merged (FAO, OIV) 2006–2010
	Netherlands	WDT 1961–2001; Statistics Netherlands 2002 –2010
	Norway	WDT 1961–1966; Norwegian Institute for Alcohol and Drug Research (SIRUS) 1967–1980; Statistics Norway 1981–2010
	Poland	WDT 1961– 1999; Statistics Poland 2000–2010
	Portugal	WDT 1963–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Republic of Moldova	FAO 1990–2002; Statistical Yearbook of Moldova 2000–2010
	Romania	WDT 1963–1999; WHO Global Survey on Alcohol and Health 2012 (production, import, export) 2000–2010
	Russian Federation	WDT 1963–1999; Rosstat (sales data) 2000–2010
	San Marino	—
	Serbia	Merged (Canadean, OIV, IWSR) 2000 –2004; WHO Global Survey on Alcohol and Health 2012 with IWSR for spirits 2005–2010
	Slovakia	WDT 1961–2001; Statistics Slovakia (consumption converted to 15+) 2002–2010
	Slovenia	FAO 1981–1999; Statistics Slovenia (converted to 15+) 2000–2005; WHO Global Survey on Alcohol and Health 2012 (sales) 2006–2010
	Spain	WDT 1962–2001; WHO Global Survey on Alcohol and Health 2012 (sales, taxation) 2002–2010
	Sweden	WDT 1961–1999; Centre for Social Research on Alcohol and Drugs (Alcohol Use in Sweden 2010) 2000–2010
	Switzerland	WDT 1961–1999; Swiss Alcohol Board 2000–2010
	Tajikistan	FAO 1992–2009
	The Former Yugoslav Republic of Macedonia	Statistics Macedonia 1992–2010;FAO 1992–2009
	Turkey	WDT 1961–1999; WHO Global Survey on Alcohol and Health 2012 (government statistics) 2000–2010
	Turkmenistan	FAO 1992–1999; merged (Canadean, OIV, IWSR) 2000–2010
	Ukraine	WDT 1975, 1980–1990; FAO 1991–2004; WHO Global Survey on Alcohol and Health 2012 (sales converted to 15+) with Canadean for beer 2005–2010
	United Kingdom of Great Britain and Northern Ireland	WDT 1961–1999; 2012 Global Survey on Alcohol and Health (customs and excise converted to 15+) 2000–2010
	Uzbekistan	FAO 1992–2009
SEAR	Bangladesh	FAO 1961–2009
	Bhutan	FAO 1961–2008
	Democratic People's Republic of Korea	—
	India	FAO 1961–1999, merged (FAO, Wine Institute, IWSR adjusted for "country liquor") 2000–2010
	Indonesia	FAO 1961–1999; merged (FAO, Canadean, IWSR) 2000–2010
	Maldives	FAO 1961–1999; merged (FAO, Wine Institute) 2000–2010
	Myanmar	FAO 1961–1999; merged (FAO, Canadean, IWSR) 2000–2010
	Nepal	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Sri Lanka	FAO 1961–1980; WHO Global Survey on Alcohol and Health 2008 (sales) 1981–1999; WHO Global Survey on Alcohol and Health 2012 (customs and excise) 2000–2010

WHO region	WHO Member State	Data source for recorded alcohol per capita (15+) consumption[a]
	Thailand	FAO 1961–1984; WDT 1985–1999; WHO Global Survey on Alcohol and Health 2012(production, import, export, taxation) 2000–2008; merged (Canadean, Wine Institute, IWSR) 2009–2010
	Timor-Leste	FAO 1961–2009
WPR	Australia	WDT 1961–1989; National Drug Research Institute (NDRI) 1990–1999; Australian Bureau of Statistics (taxation; sales data for wine) 2000–2010
	Brunei Darussalam	FAO 1961–2009
	Cambodia	FAO 1961–2009
	China	FAO 1961–1984; WDT 1985–1999; WHO Global Survey on Alcohol and Health 2012 (production) 2000–2010
	Cook Islands	FAO 1999–2008
	Fiji	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Japan	WDT 1961–1988; Japan National Tax Agency (converted to 15+) 1989–2010
	Kiribati	FAO 1961–2009
	Lao People's Democratic Republic	FAO 1961–1999, merged (FAO, Canadean, Wine Institute) 2000–2010
	Malaysia	FAO 1961–1979; WDT 1980–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Marshall Islands	—
	Micronesia (Federated States of)	FAO 1961–2002; WHO Global Survey on Alcohol and Health 2012 (imports) 2003–2010
	Mongolia	FAO 1961–2001; WHO Global Survey on Alcohol and Health 2012 (production, import, export) 2002–2010
	Nauru	Merged (FAO, Wine Institute) 2000–2010
	New Zealand	WDT 1963–1996; Statistics New Zealand 1997–2010
	Niue	FAO 1990–2008
	Palau	2008 WHO Global Survey on Alcohol and Health (exports/imports) 2002–2006
	Papua New Guinea	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Philippines	FAO 1961–1999; merged (Canadean, Wine Institute, IWSR) 2000–2010
	Republic of Korea	FAO 1961–1999; WHO Global Survey on Alcohol and Health 2012 (production, import, export) 2000–2010
	Samoa	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010
	Singapore	FAO 1961–1984; WDT 1985–2001; Singapore National Statistics (taxation) 2002–2010
	Solomon Islands	FAO 1961–1999; merged(FAO, Canadean, Wine Institute) 2000–2010
	Tokelau[b]	—
	Tonga	FAO 1990–1999; merged (FAO, Canadean, Wine Institute) 2002–2010
	Tuvalu	FAO 1990–2008
	Vanuatu	FAO 1961–1999; merged (FAO, Canadean, Wine Institute) 2000–2010

a   FAO, Food and Agriculture Organization of the United Nations; IWSR, International Wine and Spirits Research; OIV, International Organisation of Vine and Wine; WDT, World Drink Trends.
b   Associate Members.

Table IV.6. Consumption by tourists in litres of pure alcohol, 2005 and 2010

WHO region	WHO Member State	Tourist consumption 2005	Tourist consumption 2010
AFR	Botswana	—	0.44
	Cabo Verde	0.43	—
	Seychelles	0.79	0.68
	Swaziland	—	0.24
AMR	Antigua and Barbuda	1.98	3.36
	Bahamas	2.56	4.24
	Barbados	0.91	0.62
	Belize	0.62	—
	Dominica	0.65	0.45
	Grenada	0.56	1.03
	Saint Kitts and Nevis	0.41	2.10
	Saint Lucia	1.07	1.96
	Saint Vincent and the Grenadines	0.45	—
EMR	Bahrain	—	0.84
	Qatar	—	0.76
	United Arab Emirates	—	0.90
EUR	Albania	—	0.46
	Andorra	1.30	1.30
	Austria	2.25	2.25
	Croatia	—	0.68
	Cyprus	1.44	0.64
	Estonia	0.80	3.00
	Iceland	0.85	0.44
	Ireland	—	0.48
	Malta	1.37	1.26
	Montenegro	—	0.81
	Republic of Moldova	3.00	—
SEAR	Maldives		0.69
WPR	Cook Islands	2.65	2.34
	Fiji	0.41	—
	Malaysia	—	0.16
	Palau	1.93	1.93
	Samoa	—	0.19
	Singapore	1.51	0.41
	Tonga	0.50	—
	Vanuatu	0.53	—

IV.2.3 INFORMATION PERTAINING TO HEALTH CONSEQUENCES

Table IV.7. Brief description of the methodology and data sources for indicators related to health consequences

Indicator	Definition	Methodology	Location in report
Age-standardized death rates for road traffic injuries and liver cirrhosis, 2010	Rates express deaths per 100 000 population. Deaths are markedly impacted by age, and thus, simple (or in epidemiological terms crude) rates are impacted by the age distribution in countries. Developing countries have different age distributions from high-income countries, for example, with more people in younger age categories.	To make rates comparable across countries, they are statistically adjusted to one common population structure (the standard population). In other words, standardized rates simulate a situation where all countries would have the same age distribution in the population. Data are standardized to the WHO standard population data to reflect a number per 100 000 population (WHO, 2014c).	Country profiles
Alcohol-attributable fractions for road traffic injuries and liver cirrhosis, 2010	The alcohol-attributable fraction (AAF) denotes the proportion of a health outcome which is caused by alcohol (i.e. that proportion which would disappear if alcohol consumption was removed). Alcohol consumption has a causal impact on more than 200 health conditions (diseases and injuries).	Population-attributable fractions are calculated based on the level of exposure to alcohol and the risk relations between consumption and different disease or injury categories. For each disease the exact proportion is different and will depend on the level and patterns of alcohol consumption, and on the relative risks.	Country profiles
Alcohol-attributable deaths	Alcohol-attributable deaths are deaths that would not have occurred if alcohol were not consumed in the population.	Alcohol-attributable deaths are calculated as the total number of deaths (for each age-sex-country-disease unit) multiplied by the AAF (see above) for the same age-sex-country-disease unit.	Appendix
Years of life lost (YLL) score 2010	A score from 1 to 5 was calculated, based on the percentage of YLL that can be attributable to alcohol, where 1 was the *lowest* percentage and 5 was the *highest* percentage.	The YLL score is based on alcohol-attributable YLL as a percentage of all YLLs, approximate quintiles. This accounts for the size of the country as well as for overall life expectancy, which is determined mostly by wealth.	Country profiles
Alcohol-attributable disability-adjusted life years (DALYs)	The DALY is a measure of overall disease burden. Alcohol-attributable DALYs may be interpreted as the number of years lost due to ill-health, disability or early death from the harmful use of alcohol. Alcohol-attributable DALYs are DALYs that would not have occurred if alcohol were not consumed in the population.	Alcohol-attributable DALYs are calculated as the sum of alcohol-attributable YLL and YLD (years lost due to disability). Alcohol-attributable YLL and YLD are calculated as the total number of YLL/YLD for each age-sex-country-disease unit multiplied by the AAF for each age-sex-country-disease unit. AAFs for YLL and YLD are calculated separately, as alcohol may have a different impact on fatal vs nonfatal outcomes.	Chapter 3
Prevalence of alcohol-use disorders (AUDs) and alcohol dependence	Data on the prevalence of people with AUD (including harmful use and alcohol dependence), were modelled using regression models. Where available, the original survey data on the previously-mentioned measures of interest were used instead of the predicted estimates. The regression models used data collected through a systematic search of all survey data on the previously-mentioned measures of interest (from 2000 onward) and took into account per capita consumption, population structure, the size of Muslim population within the country, the region of the country, and the year from which the survey data were obtained.	Data on gross domestic product (adjusted for purchase power parity) were obtained from the World Bank (World Bank, 2013). The validity of the predicted estimates was assessed by comparing predicted estimates to the survey data.	Chapter 3, Appendix and country profiles

Table IV.8. Causes of death included in the analysis

Cause of death	Description/details	Sources for relative risks[a]	Modelled in this report
Neonatal conditions	A pattern of mental and physical defects that can develop in a fetus in association with high levels of alcohol consumption during pregnancy (fetal alcohol syndrome), preterm birth.	Foltran et al., 2011; Patra et al., 2011.	Yes
Cancers	Nasopharyngeal cancer, oesophageal cancer, laryngeal cancer, liver cancer, pancreatic cancer, colon/rectal cancer, female breast cancer	Corrao et al., 2004.	Yes
Diabetes mellitus	Diabetes mellitus	Baliunas et al., 2009.	Yes
Neuropsychiatric disorders	Alcohol use disorders, primary epilepsy	Samokhvalov et al., 2010b; Rehm & Shield, 2013.	Yes
Cardiovascular diseases	Hypertensive heart disease, ischaemic heart disease, ischaemic stroke, haemorrhagic stroke, atrial fibrillation and flutter, conduction disorders	Taylor et al, 2009; Guiraud et al, 2010; Patra et al., 2010; Samokhvalov et al., 2010c; Roerecke & Rehm, 2010a,b, 2012.	Yes
Gastrointestinal diseases	Liver cirrhosis and pancreatitis (both acute and chronic)	Irving et al., 2009; Rehm et al., 2010a.	Yes
Infectious diseases	Tuberculosis, course of HIV/AIDS, lower respiratory infections (pneumonia)	Lönnroth et al., 2008; Rehm et al., 2009b; Samokhvalov et al., 2010a; Gmel et al., 2011.	Yes
Unintentional injuries	Transport injuries, falls, drowning, fire, poisonings, other unintentional injuries	Taylor et al., 2010; Shield et al., 2012b.	Yes
Intentional injuries	Self-inflicted injuries, interpersonal violence	Taylor et al., 2010; Shield et al., 2012b.	Yes

a   For Belarus, Estonia, Latvia, Lithuania, Republic of Moldova, Russian Federation and Ukraine the relative risks were calculated based also on Zaridze et al. (2009) for the following conditions: all injury causes, ischaemic heart disease, liver cirrhosis, lower respiratory infections, pancreatitis, stroke, suicide, tuberculosis.

IV.2.4 INFORMATION PERTAINING TO ALCOHOL POLICY AND INTERVENTIONS

Table IV.9. Definition and/or explanation of policy indicators

Recommended target area for national action	Indicator	Definition and/or explanation (primarily in accordance with the 2012 Global Survey on Alcohol and Health)	Location in report
1 LEADERSHIP, AWARENESS AND COMMITMENT	Written national policy (adopted/revised)	A written national policy on alcohol is an organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population, which is adopted at the national level.	Country profiles
	National action plan (yes or no)	A specific plan designed for the implementation of the written national policy.	Chapter 4 and country profiles
	Presence of awareness-raising activities (yes or no)	National awareness-raising activities include campaigns or information available about: young people's drinking, drink–driving, indigenous people and alcohol, alcohol's impact on health, illegal or surrogate alcohol use, alcohol use and pregnancy, alcohol use and work, and harms to others than the drinker.	Chapter 4
2 HEALTH SERVICE RESPONSE	Presence of a mandated national focal point, whether organizational or individual, for monitoring and reporting alcohol-related harm (yes or no)	A designated institution, organization or department with clear responsibilities for monitoring and reporting alcohol-related harm. This could also be a person with the mandated function of monitoring the situation on alcohol and health who could be located at the ministry of health, at a drug control directorate or department, or at another specified institution, organization or department.	Chapter 4
3 COMMUNITY ACTION	National government support for community action (yes or no)	The four specific ways a government could support community action were: earmarked funds, provision of technical tools tailored to communities, training programmes and community programmes, and policies for subgroups at particular risk. If the response to any of these options was yes, "yes" is shown in the country profile.	Chapter 4 and country profiles
4 DRINK–DRIVING POLICIES AND COUNTERMEASURES	National maximum legal blood alcohol concentration (BAC) when driving a vehicle (as a percentage)	Where data were not provided in the 2012 Global Survey on Alcohol and Health, the WHO Road Safety Report (2012) was used for determining the national maximum BAC when driving a vehicle (%). Data are provided for the general population of drivers, for young people or novice drivers, and for professional drivers.	Chapter 4 and country profiles
	Sobriety checkpoints (yes or no)	Sobriety checkpoints are checkpoints or roadblocks established by the police on public highways to control for drink–driving.	Chapter 4 and Appendix III
	Random breath testing	Random breath testing means that any driver can be stopped by the police at any time to test his or her breath for the presence of alcohol.	Chapter 4 and Appendix III
5 AVAILABILITY OF ALCOHOL	National control of production and/or sale (yes or no)	Government monopoly means full or almost complete government control. Licensing means partial government control where a licence is required. For both monopoly and licensing, respondents were asked to provide this information for beer, wine and spirits separately.	Chapter 4 and Appendix III
	National legal minimum age for on-/off-premise sales of alcoholic beverages	Legal age limit means that alcoholic beverages cannot be served or sold to a person under this age. Age limits are provided for selling or serving beer, wine and spirits. They are also provided separately for on- premise (café, pub, bar, restaurant and off-premise (stores, shops, supermarkets) sales or service.	Chapter 4 and country profiles
	Restrictions for on-/off-premise sales of alcoholic beverages (yes or no)	An off-premise sale means selling alcohol to take away, e.g., in stores, shops and supermarkets. On-premise sales means serving alcohol e.g. in a café, pub, bar or restaurant. Information on restrictions on sales was requested, regarding hours (set opening hours), days (designated days of the week), places (designated types of places permitted to sell alcohol), density (limit to number of outlets in a specific geographical area), specific events (specific types of events are restricted), selling to those already intoxicated and selling at petrol stations. These restrictions apply to beer, wine and spirits. If the response for *any* beverage type is yes, "yes" appears in the country profile.	Chapter 4 and country profiles
	Restrictions on drinking in public places	The public places asked about were: health-care establishments, educational buildings, government offices, public transport, parks and streets, sporting events, leisure events (e.g., concerts), workplaces and places of worship. Possible responses were: ban, partial statutory restriction, voluntary or self-regulated (the alcoholic beverage industry follows its internal voluntary rules) or no restriction.	Chapter 4

Recommended target area for national action	Indicator	Definition and/or explanation (primarily in accordance with the 2012 Global Survey on Alcohol and Health)	Location in report
6 MARKETING OF ALCOHOLIC BEVERAGES	Legally binding regulations on alcohol advertising and/or on product placement.	Respondents were asked to indicate, for beer, wine and spirits separately, if there were any legally binding restrictions on alcohol advertising and, if so, what was the extent of the restriction. Possible responses were: ban, partial statutory restriction (specifically as it applies during a certain *time* of day or for a certain *place*, or to the *content* of events, programmes, magazines, films, etc.), voluntary or self-regulated (the alcoholic beverage industry follows its internal voluntary rules) or no restriction. If the response for any beverage type was that there was a ban or partial statutory restriction, then "yes" appears in the country profile. If the response was that there was voluntary or no restriction, then "no" appears.	Chapter 4 and country profiles
	Legally binding regulations on product placement.	Respondents were asked to indicate, for beer, wine, and spirits separately, if there were any legally binding restrictions on product placement (e.g. do economic operators sponsor television or film productions if their product is shown in these productions) and, if so, what was the extent of the restriction. Possible responses were: ban, partial statutory restriction (specifically as it applies during a certain time of day or for a certain *place*, or to the *content* of events, programmes, magazines, films, etc.), voluntary or self-regulated (the alcoholic beverage industry follows its internal voluntary rules) or no restriction. If the response for any beverage type was that there was a ban or partial statutory restriction, then "yes" appears on the country profile. If the response was that there was voluntary or no restriction, then "no" appears.	Chapter 4 and country profiles
	Legally binding regulations on alcohol sponsorship	Respondents were asked to indicate, for beer, wine and spirits separately, if there were any legally binding restrictions on alcohol sponsorship at the national level. Industry sponsorships included those for sporting and youth events. Possible responses were: ban, partial statutory restriction, voluntary or self-regulated (the alcoholic beverage industry follows its own internal voluntary rules) or no restriction. If the response for any beverage type was that there is a ban or partial statutory restriction, then "yes" appears in the country profile. If the response was voluntary or no restriction, then "no" appears.	Chapter 4 and country profiles
	Legally binding regulations on sales promotions	Respondents were asked to indicate, for beer, wine, and spirits separately, if there were any legally binding restrictions on sales promotions at the national level. Sales promotions included promotions by producers (e.g., parties and events), below-cost promotions by retailers, and free drink sales promotions by the owners of pubs and bars. Possible responses were: ban, partial statutory restriction, or voluntary or self-regulated (the alcoholic beverage industry follows its own internal voluntary rules). If the response for any beverage type was ban or partial statutory restriction, then "yes" appears in the country profile. If the response was voluntary or no restriction, then "no" appears .	Chapter 4 and country profiles
7 PRICING POLICIES	Excise tax on beer, wine, spirits (yes or no)	An *excise tax* is an inland tax applied on the sale of, or production for sale of, specific goods. Here it refers to beer, wine, and spirits. Excise taxes are distinguished from customs duties, which are taxes on importation.	Chapter 4 and country profiles
	Duty paid excise or tax stamps or labels (yes or no)	Respondents were asked to provide this information for beer, wine, and spirits separately.	Chapter 4 and Appendix III
	Inflation adjustment on alcohol taxes (yes or no)	Respondents were asked to provide this information for beer, wine, and spirits separately.	Chapter 4
	Presence of price measures other than taxation (yes or no)	Price measures such as: minimum price policy, ban on below-cost selling, ban on volume discounts, requirement to offer non-alcoholic beverages at a lower price, additional levies on specific products (e.g., on alcopops), and price measures to discourage underage and high-volume drinking.	Chapter 4
8 REDUCING THE NEGATIVE CONSEQUENCES OF INTOXICATION	Legally required health warning labels on alcohol advertisements and /or on alcohol containers (yes or no)	If 'yes', respondents were asked to provide the text or a picture of the warning.	Chapter 4 and country profiles
	Requirement to display consumer information about calories, additives, vitamins and micro elements on the labels of alcohol containers (yes or no)	Respondents were asked to provide information on the requirement to display consumer information about calories, additives, vitamins and micro elements on the labels of alcohol containers.	Chapter 4

Recommended target area for national action		Indicator	Definition and/or explanation (primarily in accordance with the 2012 Global Survey on Alcohol and Health)	Location in report
		Number of standard alcoholic drinks displayed on containers required (yes or no)	The number of standard drinks in different container sizes for each beverage as different brands and types of beverages vary in their actual alcohol content.	Chapter 4 and Appendix III
		Alcohol content displayed on containers (yes or no)	Alcohol content varies according to the size of container and the type of beverage.	Chapter 4 and Appendix III
		Systematic alcohol server training (yes or no)	Server training means a form of occupational training provided to people serving alcohol, such as bar and restaurant staff, waiting staff or people serving at catered events. Alcohol server training promotes the safe service of alcoholic beverages to customers (e.g. not serving to intoxication, not serving to those already intoxicated or to minors). Alcohol server training can be regulated and mandated by state or local laws.	Chapter 4
9	REDUCING THE PUBLIC HEALTH IMPACT OF UNRECORDED ALCOHOL	Estimates of unrecorded alcohol at the national level (yes or no)	Unrecorded alcohol means alcohol which is not taxed and is outside the usual system of governmental control, such as home or informally produced alcohol (legal or illegal), smuggled alcohol, surrogate alcohol (which is alcohol not intended for human consumption), or alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction).	Chapter 4
10	MONITORING AND SURVEILLANCE	National monitoring systems (yes or no)	The four national monitoring systems centre on: alcohol consumption, health consequences, social consequences and alcohol policy responses. If the response to any of these options was yes, "yes" appears in the country profile.	Chapter 4, Appendix III and country profiles
OTHER		Sociodemographic context	In order to provide a complete picture of the countries for which data relating to alcohol and health are shown, total population, population 15 years of age and older, population in urban areas and income group are provided at the beginning of each country profile. Annual growth rate and literacy rate for 2010 are provided in the Appendix section.	Country profiles and Appendix III
		Total ban on alcohol use	Alcohol is totally prohibited in some countries. If this was indicated when asked about a written national policy on alcohol, this was verified by email. If a country did not respond to the survey and had previously indicated that alcohol use was prohibited, the representatives were contacted by email to verify that this was still the situation in 2012.	Appendix III
		Definition of an alcoholic beverage (yes or no)	If "yes", a copy of the definition was requested.	Chapter 4 and Appendix III
		Traditional and local beverages	Traditional and local beverages contribute to both the recorded and unrecorded portions of alcohol consumption. For the recorded portion, these are found in the "other alcoholic beverages" category.	Appendix III

REFERENCES

Aaron P, Musto D (1981). Temperance and prohibition in America: an historical overview. In Moore MH, Gerstein D, editors. Alcohol and public policy: beyond the shadow of Prohibition. Washington (DC): National Academy Press: 127–81.

Abel EL, Sokol RJ (1987). Incidence of fetal alcohol syndrome and economic impact of FAS-related anomalies. Drug Alcohol Depend. 19:51–70.

Allen NE, Beral V, Casabonne D, Kan SW, Reeves GK, Brown A, Green J, and Million Women Study Collaborators (2009). Moderate alcohol intake and cancer incidence in women. J Natl Cancer Inst. 101:296–305. doi: 10.1093/jnci/djn514.

Anderson P, Baumberg B (2006). Alcohol in Europe – A public health perspective. A report for the European Commission. England: Institute of Alcohol Studies.

Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G (2009a). Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. Alcohol Alcohol. 44:229–43. doi: 10.1093/alcalc/agn115.

Anderson P, Chisholm D, Fuhr D (2009b). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet. 373(9682): 2234–46.

Azar MM, Springer SA, Meyer JP, Altice FL (2010). A systematic review of the impact of alcohol use disorders on HIV treatment outcomes, adherence to antiretroviral therapy and health care utilization. Drug Alcohol Depend. 112:178–93. doi: 10.1016/j.drugalcdep.2010.06.014.

Baan R, Straif K, Grosse Y, Secretan B, El Ghissassi F, Bouvard V, Altieri A, Cogliano V (2007). Carcinogenicity of alcoholic beverages. Lancet Oncol. 8:292–93. PMID: 17431955.

Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K et al. (2003). Alcohol: no ordinary commodity – research and public policy. Oxford: Oxford University Press.

Babor T, McRee BG, Kassebaum PA, Grimaldi PL, Ahmed K, & Bray J (2007). Screening, brief intervention, and referral to treatment (SBIRT): Towards a public health approach to the management of substance abuse. Subst Abus. 28:7–30.

Babor T., Caetano R., Casswell S., Edwards G., Giesbrecht N., & Graham K. et al. (2010). Alcohol: No Ordinary Commodity—Research and Public Policy. Oxford, UK: Oxford University Press.

Baliunas D, Rehm J, Irving H, Shuper P (2010). Alcohol consumption and risk of incident human immunodeficiency virus infection: A metaanalysis. Int J Public Health. 55:159–66. doi: 10.1007/s00038-009-0095-x.

Baliunas DO, Taylor BJ, Irving H, Roerecke M, Patra J, Mohapatra S, Rehm J (2009). Alcohol as a risk factor for type 2 diabetes: A systematic review and meta-analysis. Diabetes Care. 32:2123–32. doi: 10.2337/dc09-0227.

Barr HM, Streissguth AP (2001). Identifying maternal self-reported alcohol use associated with fetal alcohol spectrum disorders. Alcoholism Clin Exp Res. 25:283–7.

Baum MK, Rafie C, Lai S, Sales S, Page JB, Campa A (2010). Alcohol use accelerates HIV disease progression. AIDS Res Hum Retroviruses. 26:511–8. doi: 10.1089/aid.2009.0211.

Bennett LA, Janca A, Grant BF, Sartorius N (1993). Boundaries between normal and pathological drinking: A cross-cultural comparison. Alcohol Health Res World. 17:190–5.

Blas E, Kurup AS (2010). Equity, social determinants and public health programmes. Geneva: World Health Organization (http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf, accessed 7 April 2014).

Bloomberg RD, Peck RC, Moskowitz H, Burns M, Fiorentino D (2009). The Long Beach/Fort Lauderdale relative risk study. J Safety Res. 40:285-92. doi: 10.1016/j.jsr.2009.07.002.

Boden JM, Fergusson DM (2011). Alcohol and depression. Addiction. 106:906–14.

Bongers IMB, Van de Goor LAM, Van Oers JAM, Garretsen HFL (1998). Gender differences in alcohol-related problems: controlling for drinking behaviour. Addiction. 93:411–21.

Bouchery EE, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD (2011). Economic costs of excessive alcohol consumption in the US, 2006. Am J Prev Med. 41:516–24. doi: 10.1016/j.

Boyle P, Boffetta P (2009). Alcohol consumption and breast cancer risk. Breast Cancer Res. 11(Suppl 3):S3. doi:10.1186/bcr2422.

Campbell C, Hahn R, Elder R, Brewer R, Chattopadhyay S, Fielding J et al. (2009). The effectiveness of limiting alcohol outlet density as a means of reducing excessive alcohol consumption and alcohol-related harms. Am J Prev Med. 37:556–9.

Casswell S, Thamarangsi T (2009). Reducing harm from alcohol: call to action. Lancet 27;373(9682):2247–57. doi: 10.1016/S0140-6736(09)60745-5.

Casswell S, You RQ, Huckle T (2011). Alcohol's harm to others: reduced wellbeing and health status for those with heavy drinkers in their lives. Addiction, 106:1087–94.

Centers for Disease Control and Prevention: Epidemiology Program Office (2010). Guide to Community Preventative Services (http://www.thecommunityguide.org/index.html, accessed 22 April 2014).

Chan, M (2013). Letter in reply to BMJ feature on the alcohol industry. BMJ. 346:21. doi:10.1136/bmj.f2647.

Chander G, Lau B, Moore RD (2006). Hazardous alcohol use: A risk factor for non-adherence and lack of suppression in HIV infection. J Acquir Immune Defic Syndr. 43:411–7. doi: 10.1097/01. qai.0000243121.44659.a4.

Chartier KG, Vaeth PAC, Caetano R (2013). Focus on: ethnicity and the social and health harms from drinking. Alcohol Res. 35:229–37.

Cherpitel CJ (2013). Focus on: The burden of alcohol use – trauma and emergency outcomes. Alcohol Res: Current Reviews. 35:150–4.

Chisholm D, Doran C, Shibuya K, Rehm J (2006). Comparative cost-effectiveness of policy instruments for reducing the global burden for alcohol, tobacco and illicit drugs. Drug Alcohol Rev. 25:553–65.

Chisholm D, Rehm J, Van Ommeren M, Monteiro M (2004). Reducing the global burden of hazardous alcohol use: a comparative cost-effectiveness analysis. J Stud Alcohol. 65:782–93.

Clark DB (2006). Children at high risk for underage drinking and alcohol use disorders. Frontlines. Bethesda (MD): National Institute on Alcohol Abuse and Alcoholism.

Coffey TG (1966). Beer Street: Gin Lane – some views of 18th-century drinking. Q J Stud Alcohol, 27: 669–2.

Colson E, Scudder T (1988). For prayer and for profit: the ritual, economic, and social importance of beer in Gwembe district, Zambia, 1950-1982. Stanford (CA): Stanford University Press.

Connor J, Casswell S (2012). Alcohol-related harm to others in New Zealand: Evidence of the burden and gaps in knowledge. N Z Med J. 125:11–27.

Corrao G, Bagnardi V, Zambon A, La Vecchia C (2004). A meta-analysis of alcohol consumption and the risk of 15 diseases. Prev Med. 38:613–9.

Currie C, Zanotti C, Morgan A, Currie D, De Looze M, Roberts C et al. (2012). Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC). study: international report from the 2009/2010 survey. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health-and-wellbeing-among-young-people.-health-behaviour-in-school-agedchildren-hbsc-study, accessed 14 April 2014).

De Silva V, Samarasinghe D, Hanwella R (2011). Association between concurrent alcohol and tobacco use and poverty. Drug Alcohol Rev. 30:69–73. doi: 10.1111/j.1465-3362.2010.00202.x.

DeWit DJ, Adlaf EM, Offord DR, Ogborne AC (2000). Age at first alcohol use: A risk factor for the development of alcohol disorders. Am J Psychiatry, 157:745–50.

Drummond C, Pilling S, Brown A et al. (2011). Alcohol-use disorders: The NICE guideline on diagnosis, assessment and management of harmful drinking and alcohol dependence. Clinical Guideline 115. London: National Collaborating Centre for Mental Health, NICE.

Elder RW, Shults RA, Sleet DA, Nichols JL, Zaza S, Thompson RS (2002). Effectiveness of sobriety checkpoints for reducing alcohol-involved crashes. Traffic Injury Prevention. 2:266–74.

Elder RW, Lawrence B, Ferguson A, Naimi TS, Brewer RD, Chattopadhyay SK (2010). The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms. Am J Prevent Med, 38:217–29.

Elder RW, Lawrence B, Janes G, Brewer RD, Toomey TL, Hingson RW et al. (2007). Enhanced enforcement of laws prohibiting sale of alcohol to minors: systematic review of effectiveness for reducing sales and underage drinking. Transportation Research E-Circular (E-C123), 181–8.

ESPAD European School Survey Project on Alcohol and Other Drugs (http://www.espad.org/, accessed 14 April 2014).

Esser MB, Jernigan DH (submitted for publication). Alcohol marketing policies in 64 countries: A global assessment approach.

Foltran F, Gregori D, Franchin L, Verduci E, Giovannini M (2011). Effect of alcohol consumption in prenatal life, childhood, and adolescence on child development. Nutr Rev. 69:642–59. doi: 10.1111/j.1753-4887.2011.00417.x.

Gmel G, Shield K, Rehm J (2011). Developing a methodology to derive alcohol-attributable fractions for HIV/AIDS mortality based on alcohol's impact on adherence to antiretroviral medication. Popul Health Metr. 9:5. doi: 10.1186/1478-7954-9-5.

Gomber EL (1988). Alcoholic women in treatment: the question of stigma and age. Alcohol Alcoholism. 23:507–14.

Graham K, Bernards S, Munné M, Wilsnack SC, editors (2008). Unhappy hours: alcohol and partner aggression in the Americas. Washington (DC): Pan American Health Organization (http://new.paho.org/hq/dmdocuments/2009/Unhappy_Hours_ENG.pdf, accessed 7 April 2014).

Grant BF (1998). Age at smoking onset and its association with alcohol consumption and DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. J Subst Abuse, 10:9–73.

Grant BF, Dawson DA (1997). Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: Results from a longitudinal alcohol epidemiologic survey. J Subst Abuse. 9:103–10.

Grittner U, Kuntsche S, Graham K, Bloomfield K (2012). Social inequalities and gender differences in the experience of alcohol-related problems. Alcohol Alcohol. 47:597–605. doi: 10.1093/alcalc/ags040.

Grucza RA, Bucholz KK, Rice JP, Bierut LJ (2008). Secular trends in the lifetime prevalence of alcohol dependence in the United States: a re-evaluation. Alcohol Clin Exp Res. 32:763–70.

Grundstrom AC, Guse CE, Layde PM (2012). Risk factors for falls and fall-related injuries in adults 85 years of age and older. Arch Gerontol Geriatr. 54:421–28.

Guiraud V, Amor MB, Mas JL, Touzé E (2010). Triggers of ischemic stroke: a systematic review. Stroke. 41:2669–77. doi: 10.1161/STROKEAHA.110.597443.

Gumede MV (1995). Alcohol use and abuse in South Africa: A socio-medical problem. Pietermaritzburg, South Africa: Reach Out Publishers.

Hahn JA, Samet JH (2010). Alcohol and HIV disease progression: weighing the evidence. Curr HIV/AIDS Rep. 7:226–33. doi: 10.1007/s11904-010-0060-6.

Hahn JA, Woolf-King SE, Muyindike W (2011). Adding fuel to the fire: alcohol's effect on the HIV epidemic in Sub-Saharan Africa. Curr HIV/AIDS Rep. 8:172–80.

Hahn RA, Kuzara JL, Elder R, Brewer R, Chattopadhyay S, Fielding J et al. (2010). Effectiveness of policies restricting hours of alcohol sales in preventing excessive alcohol consumption and related harms. Am J Prev Med. 39:590–604. doi: 10.1016/j.amepre.2010.09.016.

Hemström Ö (2002). Alcohol-related deaths contribute to socioeconomic differentials in mortality in Sweden. Eur J Public Health. 12:254–62. doi: 10.1093/eurpub/12.4.254.

Hendershot CS, Stoner SA, Pantalone DW, Simoni JM (2009). Alcohol use and antiretroviral adherence: review and meta-analysis. J Acquir Immune Defic Syndr. 52:180–202. doi: 10.1097/QAI.0b013e3181b18b6e.

Hibell B, Guttormsson U, Ahlström S, Balakireva O, Bjarnason T, Kokkevi AE et al. (2012). The 2011 ESPAD Report – Substance use among students in 36 European Countries. Stockholm: Swedish Council for Information on Alcohol and Other Drugs (CAN).

Hilton ME (1987). Demographic characteristics and the frequency of heavy drinking as predictors of self-reported drinking problems. Br J Addiction. 82:913–25.

Hingson RW, Heeren T, Jamanka A, Howland J (2000). Age of drinking onset and unintentional injury involvement after drinking. JAMA. 284:1527–33.

Hingson R, Heeren T, Zakocs R (2001). Age of drinking onset and involvement in physical fights after drinking. Pediatrics. 108:872–77.

Hingson R, Edwards EM, Heeren T, Rosenbloom D (2009). Age of drinking onset and injuries, motor vehicle crashes, and physical fights after drinking and when not drinking. Alcohol Clin Exp Res. 33(5):783–90.

HM Government (2012). The Government's Alcohol Strategy. (https://www.gov.uk/government/publications/alcohol-strategy, accessed 28 April 2014).

Hoeksema S (2004). Gender differences in risk factors and consequences for alcohol use and problems. Clinical Psychol Rev. 24:981–1010.

Holder HD, Gruenwald PJ, Ponicki WR (2000). Effect of community-based interventions on high-risk drinking and alcohol-related injuries. JAMA. 284:2341–47.

Hradilova Selin K (2004). Dryckesvanor i den svenska befolkningen [Drinking habits among Swedes]. In: Hradilova Selin, K, editor. Svenska dryckesvanor och deras konsekvenser i början av det nya millenniet Stockholm: SoRAD Stockholms Universitet, 75–94.

Humeniuk R, Ali R, Babor T, Souza-Formigoni ML, de Lacerda RB, Ling W et al (2012). A randomized controlled trial of a brief intervention for illicit drugs linked to the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in clients recruited from primary health-care settings in four countries. Addiction. 107(5):957–66.

Institute of Medicine (1990). Broadening the base of treatment for alcohol problems. Washington (DC): National Academies Press.

International Agency for Research on Cancer (IARC) (2010). IARC Monographs on the evaluation of carcinogenic risks to humans: Alcohol consumption and ethyl carbamate, vol. 96. Lyon: IARC.

International Agency for Research on Cancer (IARC) (2012). A Review of Human Carcinogens: Personal Habits and Indoor Combustions, vol. 100E. Lyon: IARC.

Irving HM, Samokhvalov AV, Rehm J (2009). Alcohol as a risk factor for pancreatitis. A systematic review and meta-analysis. JOP. 10:387–92.

Jernigan D (2000). Applying commodity chain analysis to changing modes of alcohol supply in a developing country. Addiction. 95:465–75.

Jernigan D, Ostroff J, Ross C (2005). Alcohol advertising and youth: A measured approach. Journal of Public Health Policy. 26(3):312–25.

Jernigan D (2013). Why South Africa's proposed advertising ban matters. Addiction. 108:183–5.

Johansson P et al. (2006). The social costs of alcohol in Sweden 2002. Stockholm: Centre for Social Research on Alcohol and Drugs (SoRAD) (SoRAD Rapportserie Nr 36 (http://www.dldocs.stir.ac.uk/documents/soradcosts.pdf, accessed 25 April 2014).

Jones SC, Hall D, Munro G (2008). How effective is the revised regulatory code for alcohol advertising in Australia? Drug Alcohol Rev. 27:29–38.

Kalichman SC, Simbayi LC, Kaufman M, Cain D, Jooste S (2007). Alcohol use and sexual risks for HIV/AIDS in sub-Saharan Africa: systematic review of empirical findings. Prev Sci., 8:141–51.

Kaner EF, Beyer F, Dickinson HO, Pienaar E, Campbell F, Schlesinger C et al. (2007). Effectiveness of brief alcohol interventions for primary care populations. Cochrane Database Syst. Rev. 18(2): CD004148.

Kanteres F, Lachenmeier DW, Rehm J (2009). Alcohol in Mayan Guatemala: consumption, distribution, production and composition of cuxa. Addiction. 104:752–9.

Kessler RC (2004). The epidemiology of dual diagnosis. Biol Psychiatr. 56:730–7.

Kraus L, Bloomfield K, Augustin R, Reese A (2000). Prevalence of alcohol use and the association between onset of use and alcohol-related problems in a general population sample in Germany. Addiction. 95:1389–401.

Lachenmeier DW, Ganss S, Rychlak B, Rehm J, Sulkowska U, Skiba M, Zatonski W (2009). Association between quality of cheap and unrecorded alcohol products and public health consequences in Poland. Alcohol Clin Exp Res. 33:1757–69.

Laslett AM, Room R, Ferris J, Wilkinson C, Livingston M, Mugavin J (2011). Surveying the range and magnitude of alcohol's harm to others in Australia. Addiction. 106:1603–11. doi: 10.1111/j.1360-0443.2011.03445.x.

Latendresse SJ, Rose RJ, Viken RJ, Pulkkinen L, Kaprio J, Dick DM (2008). Parenting mechanisms in links between parents' and adolescents' alcohol use behaviors. Alcoholism Clin Exp Res, 32:322–30. doi:10.1111/j.1530-0277.2007.00583.x.

Leifman H, Sundelin M, Raninen A (2013). General recommendations on community based alcohol- and drug-prevention, Generic ADPY report 2013. Stockholm, CAN: The Swedish Council for Information on Alcohol and Other Drugs.

Leitz J, Kuballa T, Rehm J, Lachenmeier DW (2009). Chemical analysis and risk assessment of diethyl phthalate in alcoholic beverages with special regard to unrecorded alcohol. PLoS One, 4. e8127. doi:10.1371/journal.pone.0008127.

Lim SS, Vos T, Flaxman AD, Danaei G, Shibuya K, Adair-Rohani H (2012). A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet. 380:2224–60. doi:10.1016/S0140-6736(12)61766-8 [PMID: 23245609].

Liu X, Zha J, Nishitani J, Chen H, Zack JA (2003). HIV-1 infection in peripheral blood lymphocytes (PBLs) exposed to alcohol. Virology. 307:37–44. doi: 10.1037/h0087644.

Lönnroth K, Williams B, Stadlin S, Jaramillo E, Dye C (2008). Alcohol use as a risk factor for tuberculosis – a systematic review. BMC Public Health. 8:289. doi: 10.1186/1471-2458-8-289.

Lupton C, Burd L, Harwood R (2004). Cost of fetal alcohol spectrum disorders. Am J Med Genet C Semin Med Genet. 127C: 42–50.

Macdonald S, Greer A, Brubacher J, Cherpitel C, Stockwell T, Zeisser C (2013). In: Boyle P, Boffetta P, Lowenfels AB, Burns H, Brawley O, Zatonski W et al., editors. Alcohol consumption and injury. Alcohol: science, policy and public health. Oxford: Oxford University Press.

Mäkelä P (1999a). Alcohol-related mortality as a function of socioeconomic status. Addiction. 94:867–86. DOI: 10.1046/j.1360-0443.1999.94686710.x.

Mäkelä K, Mustonen H (2000). Relationships of drinking behaviour, gender and age with reported negative and positive experiences related to drinking. Addiction. 95:727–36.

Mäkelä P (1999b). Alcohol related mortality during an economic boom and recession. Contemp Drug Problems. 26:369–90.

Mäkelä P, Holmila M, Kaukonen O (2002). Päihteet ja päihdepolitiikka [Alcohol, drugs and policy]. In: I Kangas, I Keskimäki, S Koskinen, K, Manderbacka, E Lahelma, R Prättälä, M Sihto, editors. Kohti Terveyden Tasa-arvoa. Helsinki: Edita:101–122.

Matzopoulos RG, Truen S, Bowman B, Corrigall J (2014). The cost of harmful alcohol use in South Africa. S Afr Med J. 104:127–32.

McGovern P (2009). Uncorking the past: The quest for wine, beer, and other alcoholic beverages. Berkley (CA): University of California Press.

McKee M, Pomerleau J, Robertson A, Pudule I, Grinberga D, Kadziauskiene K et al. (2000). Alcohol consumption in the Baltic Republics. J Epidemiol Community Health. 54:361–6.

Merikangas KR, Stolar M, Stevens DE, Goulet J, Preisig MA, Fenton B et al. (1998). Familial transmission of substance use disorders. Arch Gen Psychiatry. 55:973–9.

Midanik LT, Clark WB (1995). Drinking-related problems in the United States: description and trends, 1984-1990. J Stud Alcohol. 56:395–402.

Middleton JC, Hahn RA, Kuzara JL, Elder R, Brewer R, Chattopadhyay S et al. (2010). Effectiveness of policies maintaining or restricting days of alcohol sales on excessive alcohol consumption and related harms. Am J Prev Med. 39:575–89. doi: 10.1016/j.amepre.2010.09.015.

Mitchell AJ, Malone D, Doebbeling CC (2009). Quality of medical care for people with and without comorbid mental illness and substance misuse: systematic review of comparative studies. Br J Psychiatry. 194:491–99. doi: 10.1192/bjp.bp.107.045732.

Morojele NK, Kachieng'a MA, Mokoko E, Nkoko MA, Parry CDH, Nkowane AM, et al. (2006). Alcohol use and sexual behaviour among risky drinkers and bar and shebeen patrons in Gauteng province, South Africa. Soc Sci Med. 62:217–27.

Navarro HJ, Dorani CM, Shakeshaft AP (2011). Measuring costs of alcohol harm to others: A review of the literature. Drug Alcohol Depend. 114:87–99. doi: 10.1016/j.drugalcdep.2010.11.009.

Nelson DE, Jarman DW, Rehm J, Greenfield TK, Rey G, Kerr WC (2013). Alcohol-attributable cancer deaths and years of potential life lost in the United States. Am J Public Health. 641–8. doi: 10.2105/AJPH.2012.301199.

Neumark YD, Rahav G, Jaffe DH (2003). Socio-economic status and binge drinking in Israel. Drug Alcohol Depend. 69:15–21.

NICE (2010a). Alcohol use disorders: preventing the development of hazardous and harmful drinking. Public Health Intervention Guidance No. 24. London: National Institute for Health and Care Excellence.

NICE (2010b). Alcohol use disorders: diagnosis and clinical management of alcohol related physical complications. Clinical Guideline 100. London: National Institute for Health and Care Excellence.

Norström T, Romelsjö A (1998). Social class, drinking and alcohol-related mortality. J Substance Abuse. 10:385–95.

Obot IS (2000). The measurement of drinking patterns and alcohol problems in Nigeria. J Substance Abuse. 12:169–81.

Olsen JA, Richardson J, Dolan P, Menzel P (2003). The moral relevance of personal characteristics in setting health care priorities. Soc Sci Med. 57:1163–72.

Organisation for Economic Cooperation and Development (2014). Drinking lives away. Alcohol, economics and public health policy. Paris: OECD Publishing.

Otto S (1981). Women, alcohol and social control. In: Hutter B, Williams G, editors. Controlling Women: The Normal and the Deviant. London: Croom Helm:154–167.

Parry CDH, Bennetts AL (1998). Alcohol policy and public health in South Africa. Cape Town: Oxford University Press.

Patra J, Taylor B, Irving H, Roerecke M, Baliunas D, Mohapatra S, Rehm J (2010). Alcohol consumption and the risk of morbidity and mortality for different stroke types--a systematic review and meta-analysis. BMC Public Health. 10:258. doi: 10.1186/1471-2458-10-258.

Patra J, Bakker R, Irving H, Jaddoe VWV, Malini S, Rehm J (2011). Dose-response relationship between alcohol consumption before and during pregnancy and risk of low birth weight, preterm birth and small for gestational age (SGA) – A systematic review and meta-analyses. An International Journal of Obstetrics & Gynaecology. 118:1411–21.

Peek-Asa C (1999). The effect of random alcohol screening in reducing motor vehicle crash injuries. Am J Preventive Med. 16:57–67.

Pol S, Artru P, Thépot V, Berthelot P, Nalpas B (1996). Improvement in the CD4 count after alcohol withdrawal in HIV positive alcoholic patients. AIDS. 10:1293–4.

Popova S, Lange S, Burd L, Chudley AE, Clarren SK, Rehm J (2013). Cost of fetal alcohol spectrum disorder diagnosis in Canada. PLoS ONE. 8(4): e60434. Doi:10.1371/journal.pone.0060434.

Poznyak V, Fleischmann A, Rekve D, Rylett M, Rehm J, Gmel G (2013). The World Health Organization's Global Monitoring System on Alcohol and Health. Alcohol Research: Current Reviews. 35:244–49.

Preedy VR, Watson RR, editors (2005). Comprehensive handbook of alcohol-related pathology. London: Elsevier Science.

Pretorius L, Naidoo A, Reddy SP (2009). "Kitchen cupboard drinking": a review of South African women's secretive alcohol addiction, treatment history, and barriers to accessing treatment. Soc Work in Public Health. 24:89–99. doi: 10.1080/19371910802569575.

Raistrick D, Heather N, Godfrey C (2006). Review of the effectiveness of treatment for alcohol problems. London: National Treatment Agency for Substance Misuse.

Ramstedt M, Leifman H, Müller D, Sundin E, Norström T (2013). Reducing youth violence related to student parties: Findings from a community intervention project in Stockholm. Drug Alcohol Rev. 32:561–65. doi: 10.1111/dar.12069.

Rehm J, Room R, Graham K, Monteiro M, Gmel G, Sempos CT (2003a). The relationship of average volume of alcohol consumption and patterns of drinking to burden of disease – An overview. Addiction. 98:1209–28.

Rehm J, Rehn N, Room R, Monteiro M, Gmel G, Jernigan D, Frick U (2003b). The global distribution of average volume of alcohol consumption and patterns of drinking. Eur Addict Res. 9:147–156.

Rehm J, Mathers C, Popova S, Thavorncharoensap M, Teerawattananon Y, Patra J (2009a). Global burden of disease and injury and economic cost attributable to alcohol use and alcohol use disorders. Lancet. 373:2223–33.

Rehm J, Samokhvalov AV, Neuman MG, Room R, Parry CD, Lönnroth K et al. (2009b). The association between alcohol use, alcohol use disorders and tuberculosis (TB). A systematic review. BMC Public Health. 9:450. doi: 10.1186/1471-2458-9-450.

Rehm J, Kanteres F, Lachenmeier DW (2010). Unrecorded consumption, quality of alcohol and health consequences. Drug Alcohol Rev. 29:426–36. doi: 10.1111/j.1465-3362.2009.00140.x.

Rehm J, Baliunas D, Borges GL, Graham K, Irving H, Kehoe T et al. (2010a). The relation between different dimensions of alcohol consumption and burden of disease – an overview. Addiction. 105:817–43. doi: 10.1111/j.1360-0443.2010.02899.x.

Rehm J, Taylor B, Mohapatra S, Irving H, Baliunas D, Patra J et al. (2010b). Alcohol as a risk factor for liver cirrhosis: a systematic review and meta-analysis. Drug Alcohol Rev. 29:437–45. doi: 10.1111/j.1465-3362.2009.00153.x.

Rehm J, Shield KD, Joharchi N, Shuper PA (2012). Alcohol consumption and the intention to engage in unprotected sex: systematic review and meta-analysis of experimental studies. Addiction. 107:51–9. doi: 10.1111/j.1360-0443.2011.03621.x.

Rehm J, Shield, KD (2013). Alcohol and mortality: global alcohol-attributable deaths from cancer, liver cirrhosis and injury in 2010. Alcohol Research: Current Reviews, 35(2), 174–183.

Rehm J, Kailasapillai S, Larsen E, Rehm MX, Samokhvalov AV, Shield KD et al. (2014). A systematic review of the epidemiology of unrecorded alcohol consumption and the chemical composition of unrecorded alcohol. Addiction. doi: 10.1111/add.12498. [Epub ahead of print Jan 28].

Rhoades E, Jernigan DH (2013). Risky messages in alcohol advertising, 2003-2007: Results from content analysis. J Adolesc Health. 52:116–21. doi: 10.1016/j.jadohealth.2012.04.013.

Roerecke M, Rehm J (2010a). Irregular heavy drinking occasions and risk of ischemic heart disease: A systematic review and meta-analysis. Am J Epidemiol. 171:633–44. doi: 10.1093/aje/kwp451.

Roerecke M, Rehm J (2010b). Ischemic heart disease mortality and morbidity rates in former drinkers: a meta-analysis. Am J Epidemiol. 173:245–58. doi: 10.1093/aje/kwq364.

Roerecke M, Rehm J (2012). Alcohol intake revisited: risks and benefits. Curr Atheroscler Rep. 14:556–62. doi: 10.1007/s11883-012-0277-5.

Room R, Rehm J, Trotter RT II, Paglia A, Üstün TB (2001). Cross-cultural views on stigma, valuation, parity and societal attitudes towards disability. In: Üstün TB et al. editors. Disability and culture: universalism and diversity. Seattle: Hofgrebe & Huber:247–291.

Room R, Jernigan D, Carlini-Marlatt B, Gureje O, Mäkelä K, Marshall M et al. (2002). Alcohol and developing societies: a public health approach. Helsinki: Finnish Foundation for Alcohol Studies and Geneva: World Health Organization.

Rothman KJ (1976). Causes. Am J Epidemiol. 104:587–92.

Rothman KJ, Greenland S (2005). Causation and causal inference in epidemiology. Am J Public Health. 95:144–50.

Rothman KJ, Greenland S, Lash TL (2008). Modern epidemiology, 3rd ed. Philadelphia (PA): Lippincott Williams & Wilkins.

Sacks JJ, Roeber J, Bouchery EE, Gonzales K, Chaloupka FJ, Brewer R (2013). State costs of excessive alcohol consumption, 2006. Am J Preventive Med. 45:474–85.

Samokhvalov AV, Irving HM, Rehm J (2010a). Alcohol consumption as a risk factor for pneumonia: systematic review and meta-analysis. Epidemiology and Infection. 138(12):1789–95.

Samokhvalov AV, Irving H, Mohapatra S, Rehm J (2010b). Alcohol consumption, unprovoked seizures and epilepsy: a systematic review and meta-analysis. Epilepsia. 51:1177–84.

Samokhvalov AV, Irving HM, Rehm J (2010c). Alcohol as a risk factor for atrial fibrillation: a systematic review and meta-analysis. European Journal of Cardiovascular Prevention and Rehabilitation. 17(6):706–712.

Santana P (2002). Poverty, social exclusion and health in Portugal. Soc Sci Med. 55:33–45.

Sartor CE, Lynskey MT, Heath AC, Jacob T, True W (2007). The role of childhood risk factors in initiation of alcohol use and progression to alcohol dependence. Addiction. 102:216–25.

Schmidt, L.A, Mäkelä, P, Rehm, J, Room, R (2010). Alcohol: equity and social determinants. In: Blass E, Kurup, A.S, editors. Equity, social determinants and public health programmes. Geneva: World Health Organization.

Schuckit MA (2009). Alcohol use disorders. Lancet. 373:492–501.

Seitz HK, Pelucchi C, Bagnardi V, La Vecchia C (2012). Epidemiology and pathophysiology of alcohol and breast cancer: Update 2012. Alcohol Alcohol. 47:204–12.

Sheeran P, Abraham C, Orbell S (1999). Psychosocial correlates of heterosexual condom use: a meta-analysis. Psychol Bull. 125:90–132.

Sheeran P, Orbell S (1998). Do intentions predict condom use? Meta-analysis and examination of six moderator variables. Br J Soc Psychol. 37:231–50.

Shi L, Stevens GD (2005). Vulnerability and unmet health care needs – the influence of multiple risk factors. J Gen Intern Med. 20:148–154. doi: 10.1111/j.1525-1497.2005.40136.x.

Shield KD, Kehoe T, Gmel G, Rehm MX, Rehm J (2012a). Societal burden of alcohol. In: Anderson P, Møller L, Galea G, editors. Alcohol in the European Union. Consumption, harm and policy approaches. Copenhagen, World Health Organization Regional Office for Europe:10–28.

Shield KD, Kehoe T, Gmel G, Rehm MX, Rehm J (2012b). Societal burden of alcohol. In: Anderson, P., Møller, L. & Galea, G. (Eds.). Alcohol in the European Union. Consumption, harm and policy approaches (10-28). Copenhagen, Denmark: World Health Organization Regional Office for Europe.

Shield KD, Parry C, Rehm J (2013). Chronic diseases and conditions related to alcohol use. Alcohol Research Current Reviews. 35:155–171.

Shin SH, Pelucchi C, Bagnardi V, La Vecchia C (2009). Child abuse and neglect: relations to adolescent binge drinking in the national longitudinal study of adolescent health (AddHealth) study. Addictive Behaviors. 34:277–280.

Singh GM, Danaei G, Farzadfar F, Stevens GA, Woodward M, Wormser D et al (2013). The age-specific quantitative effects of metabolic risk factors on cardiovascular diseases and diabetes: a pooled analysis. PloS One. 8(7): e65174.

Smith K, Cukier S, Jernigan D (2013). The adequacy of federal regulation and industry self-regulation of alcohol advertising in protecting the public's health: Content analysis of alcohol ads in magazines 2008-2010. Am J Public Health. (Epub ahead of print.)

Sorock GS, Chen LH, Gonzalgo SR, Baker SP (2006). Alcohol-drinking history and fatal injury in older adults. Alcohol. 40:193–9.

Stranges S, Wu T, Dorn JM, Freudenheim JL, Muti P, Farinaro E et al. (2004). Relationship of alcohol drinking pattern to risk of hypertension: a population-based study. Hypertension. 44:813–19.

Strong PM (1980). Doctors and dirty work: the case of alcoholism. Sociol Health Illness. 2:24–47.

Sudnow, D (1967). Dead on arrival. Transaction. 5:36–43.

Task Force On Community Preventive Services (2012). Preventing excessive alcohol consumption: Electronic screening and brief interventions (e-SBI). Atlanta, Task Force on Community Preventive Services (http://www.thecommunityguide.org/alcohol/RReSBI.html, accessed 20 March 2014).

Taylor B, Irving HM, Baliunas D, Roerecke M, Patra J, Mohapatra S, Rehm J (2009). Alcohol and hypertension: gender differences in dose-response relationships determined through systematic review and meta-analysis. Addiction. 104(12):1981–1990.

Taylor B, Irving HM, Kanteres F, Room R, Borges G, Cherpitel C et al. (2010). The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together. Drug Alcohol Depend. 110:108–16. doi: 10.1016/j.drugalcdep.2010.02.011.

Thavorncharoensap M, Teerawattananon Y, Jomkwan Y, Lertpitakpong C, Chaikledkaew U (2009). The economic impact of alcohol consumption: a systematic review (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791094/pdf/1747-597X-4-20.pdf, accessed 7 April 2014).

Trevisan M, Schisterman E, Mennotti A, Farchi G, Conti S, and Risk Factor and Life Expectancy Research Group (2001). Drinking pattern and mortality: the Italian Risk Factor and Life Expectancy Pooling Project. Ann Epidemiol. 11:312–19.

Trolldal B, Brännström L, Paschall MJ, Leifman H (2013). Effects of a multi-component responsible beverage service programme on violent assaults in Sweden. Addiction. 108:89–96. doi: 10.1111/j.1360-0443.2012.04004.x.

UN System Task Team (2012). Realizing the future we want for all. Report to the Secretary-General. New York: United Nations (http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf, accessed 7 April 2014).

US Surgeon General (2007). Surgeon General's call to action to prevent and reduce underage drinking. Washington (DC): Department of Health and Human Services, Office of the Surgeon General.

Van Gils PF, Hamberg-van Reenen HH, Van den Berg M, Luqman T, De Wit GA (2010). The scope of costs in alcohol studies: Cost-of-illness studies differ from economic evaluations. Cost Eff Resource Alloc. 8:15. doi: 10.1186/1478-7547-8-15.

Viljoen D, Gossage JP, Brooke L, Adnams CM, Jones K, Robinson LK et al. (2005). Fetal alcohol syndrome epidemiology in a South African community: A second study of a very high prevalence area. J Stud Alcohol. 66:593–604.

Wagenaar AC, Murray DM, Toomey TL (2000). Communities Mobilizing for Change on Alcohol (CMCA): Effects of a randomized trial on arrests and traffic crashes. Addiction. 95:209–17.

Wagenaar AC, Murray DM, Gehan JP, Wolfson M, Forster JL, Toomey TL et al. (2000a). Communities mobilizing for change on alcohol: outcomes from a randomized community trial. J Stud Alcohol. 61:85–94.

Wagenaar AC, Toomey TL, Erickson DJ (2005). Complying with the minimum drinking age: effects of enforcement and training interventions. Alcohol Clin Exp Res. 29:255–62.

Wagenaar AC, Salois MJ, Komro KA (2009). Effects of beverage alcohol price and tax levels on drinking: a meta-analysis of 1003 estimates from 112 studies. Addiction. 104:179–90.

Wagenaar AC, Tobler AL, Komro KA (2010). Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. Am J Public Health. 100:2270–78.

Wechsler H, Nelson TF (2010). Will increasing alcohol availability by lowering the minimum legal drinking age decrease drinking and related consequences among youths? Am J Public Health. 100:986–92. doi: 10.2105/AJPH.2009.178004.

Willis J (2006). Drinking crisis: Change and continuity in cultures of drinking in sub-Saharan Africa. Afr J Drug Alcohol Studies. 5:1–15.

Wilsnack SC, Wilsnack RW, Kantor LW (2013). Focus on: Women and the costs of alcohol use. Alcohol Research: Current Reviews. 35 (2): 219–228.

World Bank (2013). World Development Indicators. (http://data.worldbank.org/news/new-suite-of-world-development-Indicators-products-now-available, accessed 28 April 2014).

World Health Organization (1992a). WHO Statistical Classification of Diseases and Related Health Problems (ICD) 10th revision. Geneva.

World Health Organization (1992b). The ICD-10 Classification of Mental and Behavioural Disorders Diagnostic criteria for research. Geneva.

World Health Organization (1999). Global status report on alcohol. Geneva. (http://www.who.int/substance_abuse/publications/en/GlobalAlcohol_overview.pdf, accessed 7 April 2014).

World Health Organization (2001). Global status report: alcohol and young people. Geneva. (http://whqlibdoc.who.int/hq/2001/who_msd_msb_01.1.pdf, accessed 7 April 2014).

World Health Organization (2004a). Neuroscience of psychoactive substance use and dependence. Geneva.

World Health Organization (2004b). Global status report on alcohol 2004. Geneva (http://www.who.int/substance_abuse/publications/global_status_report_2004_overview.pdf, accessed 7 April 2014.

World Health Organization (2004c). Global status report: alcohol policy 2004. Geneva. (http://www.who.int/substance_abuse/publications/global_status_report_2004_overview.pdf, accessed 7 April 2014).

World Health Organization (2007). WHO Expert Committee on Problems Related to Alcohol Consumption. Second report, Geneva.

World Health Organization (2009a). Global Health Observatory Data Repository 2009. Geneva (http://www.who.int/gho/en/, accessed 7 April 2014).

World Health Organization (2009b). Regional plan of action for the reduction of alcohol-related harm in the Western Pacific (2009–2014). Geneva (http://www.wpro.who.int/publications/docs/ RAPAlcoholRelatedHarminWPR20092014.pdf, accessed 7 April 2014).

World Health Organization (2010a). Global Strategy to reduce the harmful use of alcohol 2010. Geneva (http://www.who.int/substance_abuse/msbalcstragegy.pdf

World Health Organization (2010b). Atlas on substance use disorders 2010. Geneva (http://www.who.int/ substance_abuse/publications/Media/en/, accessed 7 April 2014).

World Health Organization (2010c). mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings. Geneva.

World Health Organization (2010d). Brief intervention. The ASSIST-linked brief intervention for hazardous and harmful substance use. Manual for use in primary care. Geneva http://whqlibdoc.who.int/ publications/2010/9789241599399_eng.pdf, accessed 14 April 2014).

World Health Organization (2011a). The global status report on alcohol and health 2011. Geneva (http:// www.who.int/substance_abuse/publications/global_alcohol_report/en/, accessed 14 April 2014).

World Health Organization (2011b). Global status report on noncommunicable diseases 2010. Geneva (http:// www.who.int/nmh/publications/ncd_report2010/en/, accessed 28 April 2014).

World Health Organization (2012). Global health adds life to years. Global brief for World Health Day 2012. Geneva. (http://www.who.int/ageing/publications/global_health.pdf?ua=1), accessed 29 April 2014).

World Health Organization (2013a). Global NCD Action plan 2013-2020. Geneva. (http://www.who.int/nmh/ publications/ncd_action_plan2013.pdf?ua=1, accessed 7 April 2014).

World Health Organization (2013b). Global status report on road safety 2013: supporting a decade of action. Geneva.

World Health Organization (2013c). Mental health action plan 2013-2020. Geneva.

World Health Organization (2014a). Global Information System on Alcohol and Health (GISAH) (online database). (http://www.who.int/gho/alcohol).

World Health Organization (2014b). STEPwise approach to surveillance. Geneva. (http://www.who.int/chp/ steps/instrument/en/index.html).

World Health Organization (2014c). Global Health Estimates 2013: Deaths by Cause, Age and Sex, by Country, 2000-2012. Geneva.

Zaridze D, Brennan P, Boreham J, Boroda A, Karpov R, Lazarev, A et al. (2009). Alcohol and cause-specific mortality in Russia: a retrospective case-control study of 48,557 adult deaths. Lancet. 373:2201–14. doi: 10.1016/S0140-6736(09)61034-5.

Zaridze D, Lewington S, Boroda A, Scélo G, Karpov R, Lazarev A et al. (2014). Alcohol and mortality in Russia: prospective observational study of 151 000 adults. Lancet. [Epub ahead of print].

alcohol

EXIT THE MAZE OF
HARMFUL SUBSTANCE USE
FOR BETTER GLOBAL HEALTH

Contact