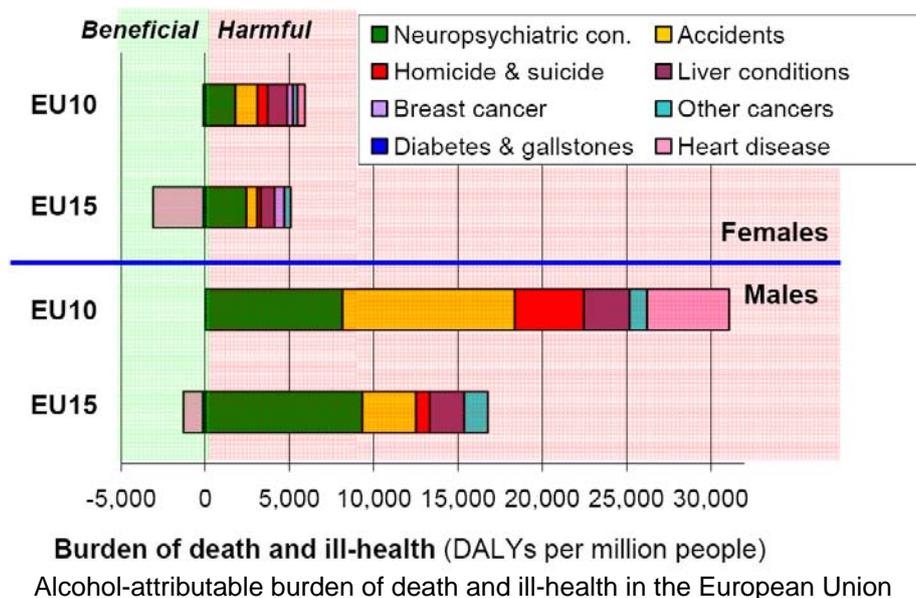


## Alcohol is an important health determinant for Europe

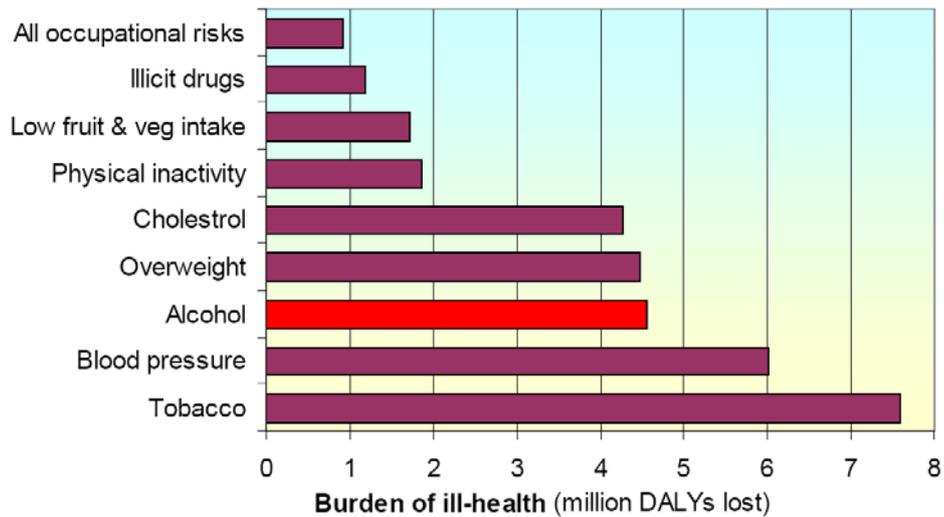
Each year in Europe, alcohol is a cause of<sup>1</sup>:

- 17,000 deaths from road traffic accidents (1 in 3 of all road traffic fatalities)
- 27,000 accidental deaths
- 10,000 suicides (1 in 6 of all suicides)
- 45,000 deaths from liver cirrhosis
- 50,000 cancer deaths, of which 11,000 are female breast cancer deaths
- 17,000 deaths due to neuropsychiatric conditions
- 200,000 episodes of depression

One way to assess the overall scale of alcohol as a public health problem is to examine the whole burden of illness and disease, looking at years of healthy life. The WHO uses a measure called Disability-Adjusted Life Years (DALYs) to estimate the number of healthy years of life lost due to each risk factor. DALYs measure a gap in health between the current position and what could be achieved. Alcohol is responsible for the loss of over 4.5 million DALYs every year in the EU (7.4% of all DALYs). This is principally for men, accounting for 12% of all male ill-health and premature death and a smaller but still sizeable 2% of all female ill-health and premature death. The larger proportion of the burden arises from alcohol-related neuropsychiatric conditions and accidents.

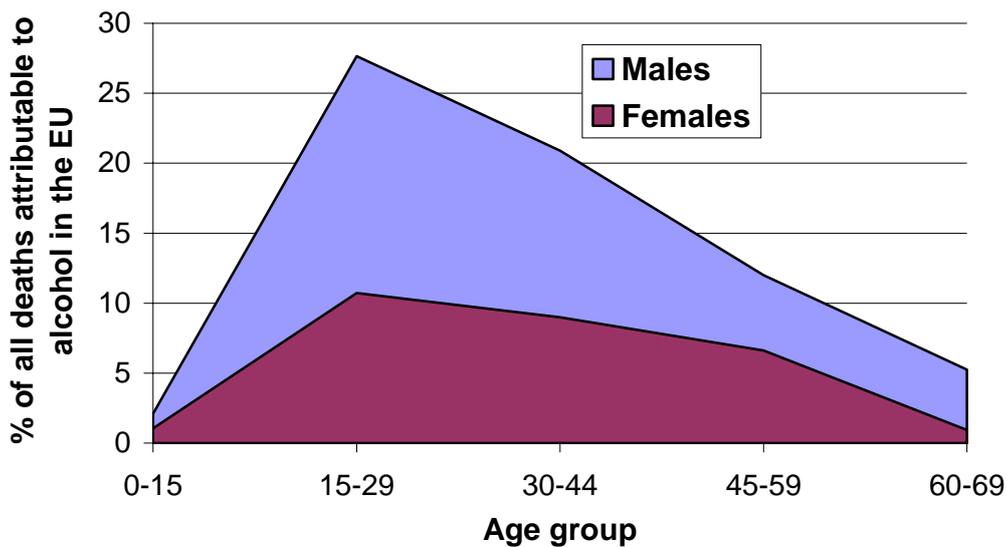


This makes alcohol the third-leading risk factor for death and disability in the European Union, ahead of obesity/overweight and nearly four times that of illicit drugs. Only blood pressure and tobacco account for a greater morbidity toll.



Top 9 risk factors for ill-health in the European Union.

Young people shoulder a disproportionate amount of this burden, with over 10% of youth female mortality and over 25% of youth male mortality being due to alcohol.



The share of deaths attributable to alcohol in EU citizens younger than age 70 years (year 2000).

Between countries, alcohol plays a considerable role in the lowered life expectancy in the newer Member States, compared with the older, with the alcohol-attributable gap in crude death rates estimated at 90 (men) and 60 (women) per 100,000 population. Within countries, many of the conditions underlying health inequalities are associated with alcohol, although the exact condition may vary (e.g. cirrhosis in France, violent deaths in Finland). Worse health in deprived areas also appears to be linked to alcohol, with research suggesting that directly alcohol-attributable mortality is worse in deprived areas beyond that which can be explained by individual-level inequalities.

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<sup>1</sup> Anderson, P. & Baumberg, B. (2006). Alcohol in Europe: a public health perspective. [http://ec.europa.eu/health-eu/news\\_alcoholineurope\\_en.htm](http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm).