CONTRIBUTION BY MOVENDI INTERNATIONAL TO THE TRIS NOTIFICATION NUMBER: 2024/0351/LV DRAFT LAW 'AMENDMENTS TO THE HANDLING OF ALCOHOLIC BEVERAGES LAW'

Who are we?

Movendi International is the largest independent global movement for development through alcohol policy. We unite, strengthen, and empower civil society to tackle alcohol harm as serious obstacle to development on personal, community, societal and global level.

Movendi International is in Official Relations with the World Health Organization and a founding partner of the WHO SAFER initiative. Movendi International holds Special Consultative Status with the United Nations Economic and Social Council (ECOSOC).

More than 160 member organizations from more than 60 countries work together under the umbrella of Movendi International to prevent and reduce the harm caused by the alcohol industry in a comprehensive approach. In 2023, our work directly reached nearly 73.000.000 people.

We stand for the most comprehensive response to alcohol harm, working with prevention programs and recovery services, as well as advocacy, awareness raising initiatives and efforts to expose the unethical business practices of the alcohol industry. Movendi International works to protect people, communities, and policy-making processes from interference by the alcohol industry. We partner with governments to help advance evidence-based public health solutions. We also work for translating evidence into action, to increase the public's recognition of alcohol harm.

We act as the secretariat for the Alcohol Policy Futures Platform and the World Assembly for Community Action on Alcohol.

Movendi International welcomes the opportunity to share our views on the TRIS notification about Latvia's initiative to improve their alcohol law. In addition to our own contribution, we strongly support the contributions made by Guttempler in Deutschland and the Latvian Support and Prevention Center "For Your Freedom".

This submission – content

We have structured our submission in seven short chapters:

1. The international context of Latvia's TRIS Notification concerning the amendments of the handling of alcoholic beverages law
2. Latvia's TRIS Notification concerning the amendments of the handling of alcoholic beverages law
    a. The proposal is legitimate and proportionate according to current EU provisions
3. Why Movendi International supports the Latvian government's alcohol legislation
4. Human rights context
5. No ordinary commodity: Why the scope and extent of alcohol matters
6. The need for accelerated alcohol policy action in Latvia
7. Alcohol industry conflict of interest

The international context of Latvia's TRIS Notification concerning

Movendi International welcomes and supports the Latvian government's commitment to protect people and communities from alcohol harm, through evidence-based alcohol policy solutions.

The Latvian government has a Human Rights obligation to protect the Latvian people from the harms caused by the alcohol industry. Article 35 of the Charter of Fundamental Rights of the EU stipulates that a high level of human health protection shall be ensured in all Union policies and activities. It thus requires the Latvian and all other governments in the European Union to take alcohol policy action to prevent avoidable harm due to alcohol.

Alcohol is no ordinary commodity. The products and practices of the alcohol industry are causing severe harms to health, society, and the economy.

The proposed alcohol policy measures in the Latvian legislation are evidence-based solutions to prevent early onset of alcohol use, prevent progression towards heavy alcohol use, and prevent the development of alcohol use disorder and addiction, as well as other alcohol harms linked to population-level alcohol consumption rates.

The proposal is further aligned with the values expressed by the European Commission in Europe's Beating Cancer Plan.

The Latvian government has made international voluntary commitments to protect the Latvian people from alcohol harm: the 2010 WHO Global Alcohol Strategy, the 2013 WHO Global NCDs Action Plan, the Agenda 2030 and SDGs that include target 3.5 on reducing per capita alcohol use, and the 2022 WHO Global Alcohol Action Plan, as well as the 2022 European Framework for Action on Alcohol.

4 concrete examples:

#1 WHO Global Alcohol Strategy – unanimously adopted by the World Health Assembly in 2010

The World Health Organization's Global Alcohol Strategy stipulates policy options and interventions available for national action in 10 recommended target areas which should be seen as supportive and complementary to each other. Among them are alcohol pricing policies, availability of alcohol, and alcohol marketing.

#2 WHO Global Action Plan – unanimously adopted by the World Health Assembly in 2022

The World Health Organization's Global Alcohol Action Plan stipulates under Action Area 1, "Implementation of high-impact strategies and interventions" for Member States:

"the sustainable implementation continued enforcement monitoring and evaluation of high-impact cost-effective policy options included in the WHO SAFER technical package"

#3 WHO Europe Framework for Action on Alcohol – unanimously adopted by the WHO Europe Regional Committee in 2022

The WHO European Framework for Action on Alcohol contains as three of six focus areas for priority action: Alcohol pricing, alcohol availability, and alcohol marketing .

#4 SDG 3.5 of the 2030 Agenda – unanimously adopted by the UN General Assembly in 2015

The 2030 Agenda contains a concrete target for countries to reduce alcohol harm. It stipulates a reduction of population-level alcohol use, as per indicator 3.5.2:

"Alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol"

All these decisions, strategies, action plans, frameworks, and agendas illustrate the importance of accelerating action on alcohol harm and the international consensus about which policy solutions are most cost-effective, feasible, and cost-effective to improve health and development through alcohol policy. Health warning labeling is clearly one of those interventions.

Latvia's TRIS Notification concerning the amendments of the handling of alcoholic beverages law

On July 1, 2024 the Latvian government notified the European Commission of the "Draft Law 'Amendments to the Handling of Alcoholic Beverages Law'" (TRIS 2024/0351/LV). This proposal aims to regulate the advertising and marketing of

alcoholic beverages, limit the availability of alcohol, and provide consumers with information on ingredients, nutritional content, and the risks linked with alcohol use. Since the Draft Law introduces additional labelling requirements for alcoholic beverages which constitutes a draft technical regulation under Directive (EU) 2015/1535 it requires notification to the Commission to prevent barriers to the internal market and ensure alignment with EU law.

The proposal is legitimate and proportionate according to current EU provisions

Movendi International emphasizes that the proposed legislation is in line with the provisions of article 36 of the TFEU considering the overarching goal of the regulation is to strengthen citizens' health.

The legislation should also be deemed proportionate as there are no other viable policy options with the same reach that better could protect and promote the health and rights of citizens concerning the harms due to alcohol.

The Draft Law is Latvia's response to the serious and tangible risks posed by alcohol to public health. Latvia has exercised its rights under Article 36 of the Treaty on the Functioning of the European Union (TFEU) to derogate from the internal market freedoms outlined in Articles 34 and 35 TFEU. This is because the protection of internal market is not an end in itself but higher priorities such as the protection of human health and lives take precedence.
The measures proposed by Latvia align with the alcohol policy 'best buy' solutions from the World Health Organization which are cost-effective, culturally appropriate, evidence-based, public health oriented measures to prevent and reduce alcohol harm at the population level. These are evidence-based cost-effective policy solutions that yield a significant return on investment for governments. The latest revision WHO's 'best buy' policies was approved by WHO member states at the 76th World Health Assembly in May 2023.

Why Movendi International supports the Latvian government's legislation to improve the alcohol act

1. People have a right to be protected from avoidable alcohol harm.
2. Latvia has specific issues around high levels of population-level alcohol use and patterns of alcohol use which give rise to high levels of alcohol harms. The Latvian parliament, and its elected government, has the mandate and human

rights obligation to develop legislation which provides an evidence-based, public health oriented response, to improve health, social, and economic outcomes for the Latvian public.

3. There are strong public health reasons to implement the alcohol policy best buy solutions as part of a comprehensive approach to alcohol policy – see appendix.

The human rights context

The products and practices of the alcohol industry cause a high burden of disease and death worldwide and have severe social and economic consequences. Nevertheless, the alcohol industry remains largely unregulated globally.
Alcohol promotion, sale and use impact on the human rights to health and life, and other rights enshrined in human rights conventions.

States parties of human rights conventions have the obligation to respect, protect and fulfill human rights: They have the duty not to interfere with or violate human rights (respect), they are obligated to ensure third parties do not interfere with human rights (protect), and they must implement measures to ensure every person can enjoy their human rights (fulfill).
Regarding alcohol, these principles for example oblige states to protect children from alcohol industry marketing (protect); and place a duty on states to provide access to treatment of alcohol-related diseases (fulfill).

The widespread disease and death from alcohol use has been described as an industrial epidemic with alcohol corporations as the vectors of disease that employ harmful practices to undermine public health measures. States parties have a duty to regulate the alcohol industry to prevent disease, even if this limits economic rights.

An overview of alcohol harms in relation to human rights highlights impacts on (among several others) the rights to health and life and the right to information.

Alcohol-related harms	Relevant human rights	Relevant Articles in human rights conventions or relevant general recommendations
(Premature) mortality	Right to life	Art. 6 of the ICCPR; Art. 6 of the CRC; Art. 10 of the CRPD
Alcohol-attributable health harms – (non-)communicable diseases, sexually transmitted diseases, mental health conditions, violence and road traffic related injuries, fetal alcohol spectrum disorder (FASD); lack of treatment of alcohol use disorder	Right to health and access to health care, children's right to development, best interests of the child	Art. 12 of the ICESCR; Art. 25 of CRPD; Art. 3, 6(2) and 24 of the CRC; Art. 12 of the CEDAW
Adolescent alcohol use and related harms	Best interests of the child, children's rights to health, survival, and development	Art. 3, 6, and 27 of the CRC
Lack of information and awareness-raising of alcohol-related harms	Right to information	Art. 17 of the CRC; Art. 10(h) of the CEDAW; Art. 21 of the CRPD

Rights to health and life

The right to health obligates States parties to take every possible effort for the progressive realization of the highest attainable standard of health, as codified in the ICESCR, CRC, CEDAW, and CRPD. Additionally, according to the ICCPR, CRC and CRPD, everyone has an inherent right to life.
Alcohol kills 2.6 million people annually. It is a major contributing factor to many communicable and noncommunicable diseases, such as liver cirrhosis, various cancer types, pancreatitis, tuberculosis, and HIV/AIDS. Additionally, a significant proportion of deaths by road accidents and interpersonal violence are attributed to alcohol.

Given the huge burden of disease and death caused by alcohol, it is impossible to achieve the human right to health without public health oriented alcohol policymaking. Therefore, even countries with few resources that have ratified human rights conventions including the right to health have to implement effective minimum measures recommended by authoritative bodies such as WHO to fulfil their human rights obligations.

Rights to information and protection from harmful marketing

The right to information is covered by CRC, CEDAW, and CRPD. The CRC additionally includes rights requiring the protection of children from harmful information and any form of exploitation.
Given the extent of alcohol-related harms, population-level awareness-raising and targeted programs are important.
According to the 2018 WHO global alcohol status report, only 34% of countries require warning labels on alcohol advertisements or packaging, and just 23 countries require a certain size of these warnings. The lack of effective awareness-raising and other interventions such as warning labels recommended by the WHO Global Alcohol Strategy violates the right to information.
Meanwhile, the alcohol industry spends billions of dollars annually on promotion. In 2019, the six biggest alcohol producers in the world alone spent more than US$17 billion on alcohol marketing, making the alcohol industry one of largest advertisers in the world.

No ordinary commodity: Why the scope and extent of alcohol matters

Alcohol remains one of the leading risk factors contributing to the global burden of disease. It is the eight leading preventable risk factor of disease.

Alcohol is the second largest risk factor for disease burden in the age group 10-24 years. Alcohol is the largest risk factor for disease burden in the group 25-49 years.

Combining the direct harm to alcohol users with the secondhand harm due to alcohol, the total alcohol burden is nearly twice as big as the total burden of tobacco harm.

The products and practices of the alcohol industry drain precious resources from countries around the world. These heavy health, social, and economic costs are even more harmful now since governments need more resources to recover and build back better from the ongoing COVID-19 pandemic.
The products and practices of Big Alcohol cause multiple economic harms:

1. Alcohol harms human capital and drains societies' resources,
2. Alcohol impedes economic growth,
3. Alcohol leads to staggering costs due to lost productivity,
4. Alcohol harms economic activity,
5. Alcohol contributes to significant proportion of youth not being education, employment, or training (NEET),
6. Alcohol fuels workplace harm through absenteeism and presenteeism, and
7. Big Alcohol fuels harm through workers' rights abuses.

A recent worldwide overview showed: the economic costs of harm due to alcohol amount to 1306 Int$ per adult, or 2.6% of the GDP. About one-third of costs (38.8%) were incurred through direct costs, while most costs were due to losses in productivity (61.2%).

The Organization for Economic Cooperation and Development (OECD) released a landmark report in 2021 detailing the economic harm caused by the alcohol industry. Alcohol-related diseases and injuries incur a high cost to society. Life expectancy is nearly one year lower than it would be, on average, if alcohol consumption in a population would be lower.
An average of 2.4% of health spending in OECD countries goes to dealing with the harm caused by alcohol consumption – and the figure is much higher in some countries. In addition, poor health due to alcohol consumption has detrimental consequences on labor participation and productivity.
Combined with the impact on labor force productivity, it is estimated that GDP will be 1.6% lower on average in OECD countries annually over the next 30 years due to alcohol harm, varying from 0.2% in Turkey to 3.8% in Lithuania.
Reduced productivity of employees amounts to US$ 595 billion (adjusted for purchasing power), according to the report.

The evidence is growing stronger and stronger, showing that any amount of alcohol use is bad for cardiovascular health. Even low dose alcohol increases health risks such as for the heart, compared to not having alcohol at all.
In their latest policy brief, the World Heart Federation (WHF) establishes the evidence base that no amount of alcohol is good for the heart.

The need for accelerated alcohol policy action in Latvia

Alcohol is one of the major risk factors for health harm in Latvia, and the contribution of alcohol to health harm has increased since 1990.

- Non-Communicable Diseases due to alcohol have increased by 68% since 1990 in Latvia.
- Latvia is facing a dramatic increase in cancers due to alcohol of 59% since 1990.
- Among 15–49-year-olds, alcohol is the largest risk factor for disease burden
- in Latvia.

See additional reasons for accelerated action in the country profile of Latvia, and in the Global Burden of Disease profile.

Alcohol industry conflict of interest

Increased alcohol consumption leads to increased negative health and development impacts, but also to increased sales for the alcohol industry, placing public health and development interests in an inherent and direct conflict with corporate interests.

Movendi International is curating a weekly updated database with key examples from around the world illustrating the fundamental conflict of interest that the alcohol industry has.

The alcohol industry relies on under-age and heavy alcohol use for major parts of their profits.

The alcohol industry lobbies to block, derail, undermine, or destroy public health focused alcohol policy solutions.

There has been significant opposition by the global alcohol industry to Latvia's progressive public health initiative to protect the Latvian people and communities from alcohol harm. What is good for the people is bad for the alcohol industry's profits.

This is true in Latvia as it is true in many other countries:

1. The alcohol industry has attempted to derail the pregnancy warning labeling in Australia and New Zealand;
2. The alcohol industry has interfered against and halted a scientific study about the effectiveness of cancer warning labels in Yukon, Canada;
3. The alcohol industry has blocked and is undermining alcohol pregnancy warning labels in France; and
4. The alcohol industry misleads the public about the fact that alcohol causes cancer.
5. The alcohol industry deploys sophisticated strategies to downplay the cancer risk of their own products.
6. Alcohol industry messaging fuels doubt about the risks and harms linked to alcohol.
7. The alcohol industry uses products labels to confuse people about the real effects and harm of alcohol.

Movendi International and our members are concerned about the lobbying of the alcohol industry against the Latvian legislative proposal to protect the people from alcohol harm. The WHO Global Alcohol Strategy stipulates in one of the guiding principles that "public policies and interventions to prevent and reduce alcohol-

related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence."

The alcohol industry is interfering in the policy process and undermining public health policy development of a sovereign member state.
Public health policy, such as the current health warnings proposal, should be protected against interference from alcohol companies and their front groups. They are first and foremost protecting their private profit interests rather than the public interest in health promotion.

MOVENDI INTERNATIONAL

Policy Brief

ALCOHOL HARM IN LATVIA ACCORDING TO GLOBAL BURDEN OF DISEASE DATA

TABLE OF CONTENTS

1 INTRODUCTION

In late May 2024, the Institute for Health Metrics and Evaluation (IHME) released new data from the Global Burden of Disease (GBD) project. The data shows among other things that cancer caused by alcohol is increasing globally, and that the overall number of cases of non-communicable diseases because of alcohol is decreasing very slowly, despite the global NCD action plan. Movendi International has analysed the data for specific countries.

1.1 Background

This brief contains an analysis of alcohol harm in Latvia using data from the Global Burden of Disease study and highlights key findings to inform advocacy and communication.

The focus of this analysis of the Latvia data from the 2024 GBD study regarding alcohol harm is to illustrate the alcohol burden and the need for action in Latvia.

The GBD study is the largest global effort by the Institute for Health Metrics and Evaluation (IHME) to quantify health harm from a large number of risk factors, including alcohol. The latest data is from 2021, but the GBD data goes back all the way to 1990. The GBD study is one of the most comprehensive studies of its kind and relies on the work of thousands of collaborators around the world.

1.2 DALYs and the Global Burden of Disease

The GBD project is measuring the total burden of more than 450 health outcomes and risk factors in 204 countries. This is extremely complex, requiring a baffling 607 billion estimates to be made.

The overall burden of disease is assessed using the disability-adjusted life year (DALY), a measure that combines years of life lost due to premature mortality

and years of life lost due to time lived in states of less than full health. One DALY represents the loss of the equivalent of one year of full health.

The data in this brief comes from the Global Burden of Disease (GBD) dataset. In this dataset, analysis is possible of both risk factors (such as alcohol use, smoking, high-body mass index) and causes (the various diseases and disorders causing the DALYs).

The researchers behind the GBD project have decided to use the term "High alcohol use" in the dataset. This is unfortunate as it risks creating confusion about the risks of low dose alcohol use.

In the GBD study "high alcohol use" is defined as alcohol consumption in excess of the theoretical minimum risk exposure level (TMREL). For young people, TMREL is set to 0, for adults around 0.5 grams of alcohol per day, and for elderly between 0.5 and 1. Some variations between regions exist.

(The GBD data can be further explored here. Note: alcohol is likely to be underestimated as a risk-factor in the GDB dataset.)

2 KEY FINDINGS

- Alcohol is one of the major risk factors behind health harm in Latvia, and the **contribution of alcohol to health harm has increased since 1990**.
- Non-Communicable Diseases due to alcohol have increased by 68% since 1990 in Latvia.
- Latvia is facing a dramatic increase in cancers due to alcohol of 59% since 1990.
- Among 15–49-year-olds, alcohol is the **largest risk factor** for disease burden in Latvia.

3 ALCOHOL HARM IN LATVIA

3.1 Alcohol as a risk–factor for disease and premature death in Latvia

Alcohol ranks **fifth** among the biggest risk factors for ill-health and premature mortality in Latvia:

1. High blood pressure
2. High body-mass index
3. Smoking
4. High LDL
5. **Alcohol use**

Alcohol is up from 6th place in 1990, so the **contribution of alcohol to health harm is growing** in Latvia.

Among 15–49-year-olds, alcohol is the **largest risk factor** for disease burden in Latvia.

Alcohol caused at least **1,800 deaths** in Latvia in 2021. (5% of total deaths.)

3.2 Non–Communicable Diseases

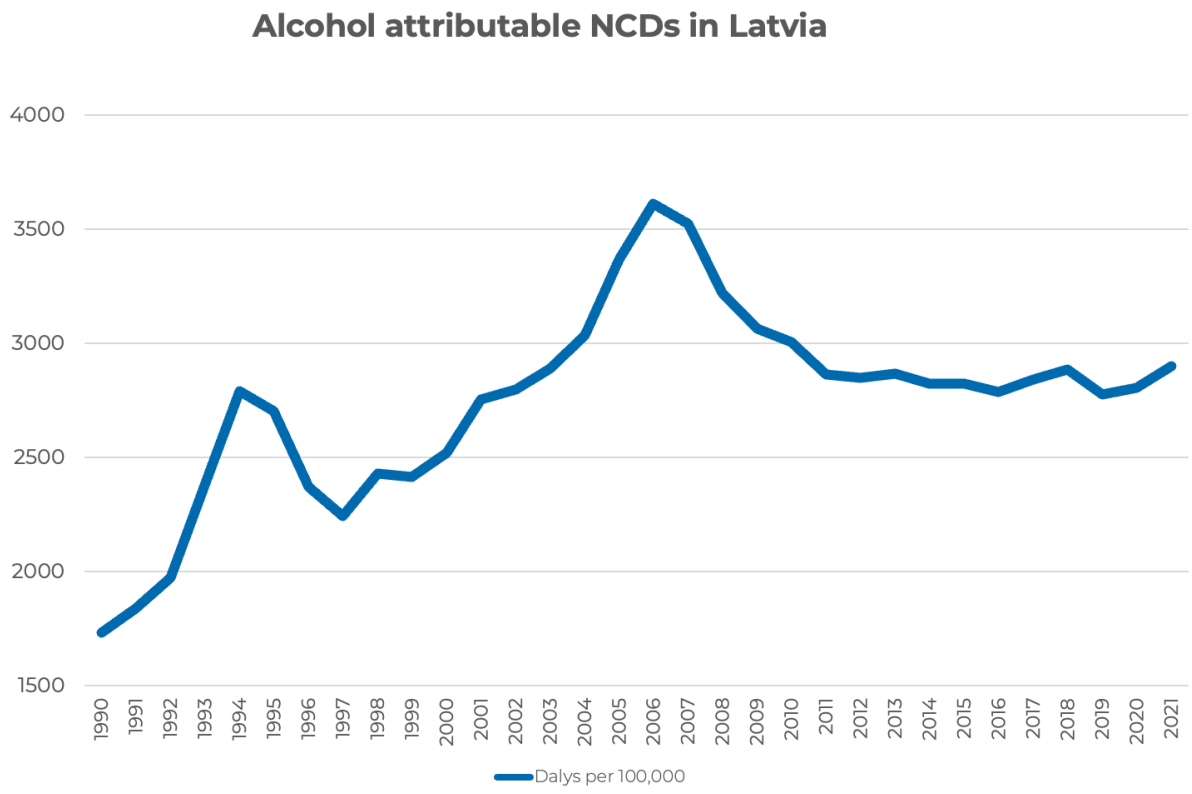
Alcohol is one of the major risk factors for Non-Communicable Diseases (NCDs). The most common NCDs in Latvia are:

1. Cardiovascular diseases (27.3% of all DALYs)
2. Neoplasms / cancer (13.8%)
3. Muscoskeletal disorders (4.9%)
4. Mental disorders (4.7%)
5. Neurological diseases (4.5%)

Alcohol is an important risk factor for most of these NCDs.

NCDs caused by alcohol are increasing

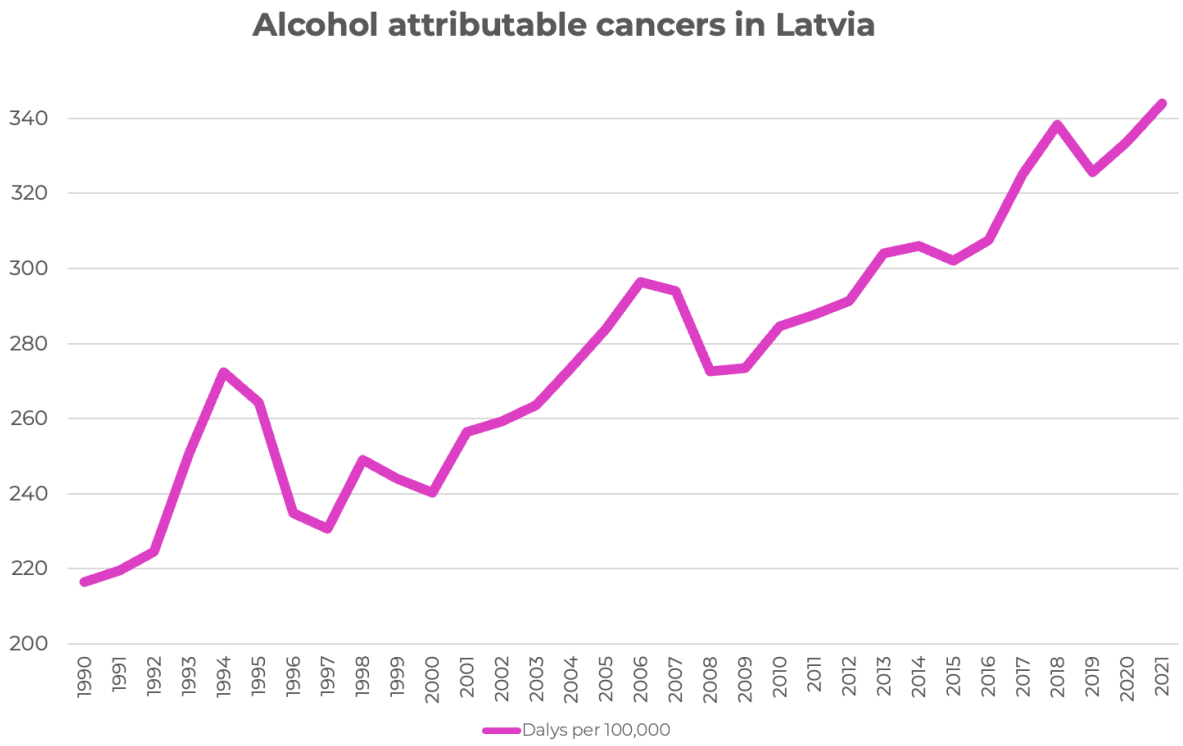
Non-Communicable Diseases due to alcohol have increased over the past decades. Since 1990, there is a **68% increase** in the number of DALYs per 100,000 people due to NCDs caused by alcohol in Latvia.



Cancer due to alcohol is increasing

Latvia faces a **dramatic increase in cancers caused by alcohol**. Since 1990 there is a **59% increase** in the number of DALYs per 100,000 people due to cancers caused by alcohol.

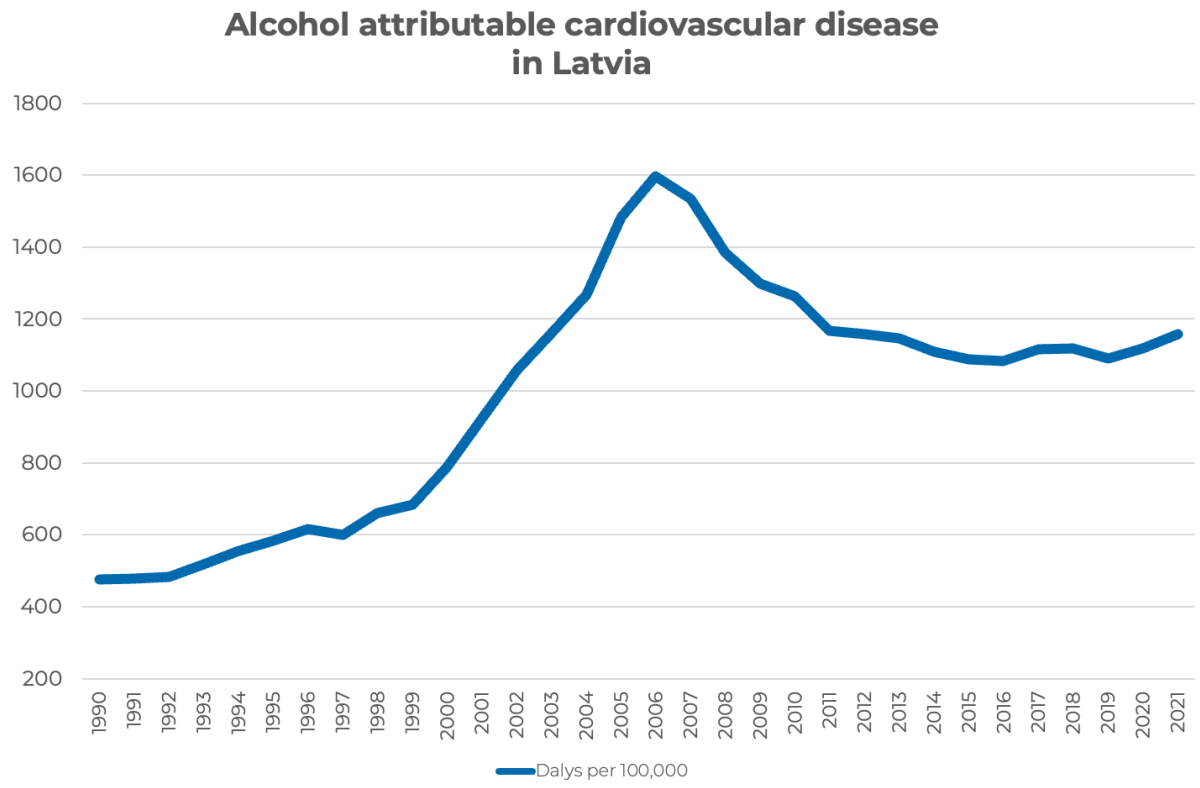
In 2021, cancer due to alcohol caused **240 deaths** in Latvia.



Cardiovascular disease due to alcohol

Latvia faces a **dramatic increase in cardiovascular disease caused by alcohol**. Since 1990, there is a **143% increase** in the number of DALYs per 100,000 people due to cancers caused by alcohol in the country.

In 2021, cardiovascular disease due to alcohol caused **800 deaths** in Latvia.



4 CASE FOR URGENT ACTION

The latest GBD data reveal a clear and urgent case for action on alcohol as major cause of death and disease in Latvia.

The harm caused by the practices and products of the alcohol industry can be reversed through implementation of evidence-based, cost-effective and high-impact public policy measures: the alcohol policy best buys.

WHO has identified a set of evidence-based alcohol policy "best buy" interventions that are not only highly cost-effective but also feasible and appropriate to implement within the constraints of national budgets.[1] The current available scientific evidence supports prioritization of multiple cost-effective policy actions:

- Increasing alcohol beverage excise taxes,
- Restricting access to retailed alcohol beverages, and
- Comprehensive advertising, promotion and sponsorship bans.

In a peer-reviewed paper, researchers of the Copenhagen Consensus Center examined benefit-cost analyses of various NCD interventions in low-income (LICs) and lower–middle–income (LMCs) countries.[2] They analysed 30 interventions recommended by the Disease Control Priorities Project, including six intersectoral policies, such as health taxes and various clinical services.

The researchers conclude that there are several cost-beneficial opportunities to tackle NCDs in LICs and LMCs. Among these interventions, alcohol policy in general and alcohol taxation in particular have been ranked as the second and third most effective intersectoral policies. In countries with very limited resources, the best-investment interventions could begin to address the major NCD risk factors, especially tobacco and alcohol, and build greater health system capacity.

Improving alcohol policies could reduce overall alcohol consumption and avert 150,000 deaths globally over the rest of the decade until 2030. Each dollar spent on alcohol policy development will deliver $76 of social benefits. The most cost-

effective intervention – alcohol tax – can alone increase generate large, if slightly lower, benefits at $53 back on every dollar spent.

5 SOURCES

The data in this brief is derived from the GBD Compare health data tool, accessible here: https://vizhub.healthdata.org/gbd-compare

Endnotes:

[1] https://movendi.ngo/what-we-do/advocacy/aiap/alcohol-policy-best-buys/

[2] Watkins D, Ahmed S, Pickersgill S. Best Investments in Chronic, Noncommunicable Disease Prevention and Control in Low- and Lower–Middle-Income Countries. Journal of Benefit-Cost Analysis. 2023;14(S1):255-271. doi:10.1017/bca.2023.25. Available here: https://copenhagenconsensus.com/publication/halftime-sdgs-chronic-diseases

Latvia

Total population (2023): 1 881 750 ➤ Population in urban areas: 69%
➤ Income group (World Bank): High income

ALCOHOL CONSUMPTION:

Total alcohol per capita (APC) consumption (15+), in litres of pure alcohol

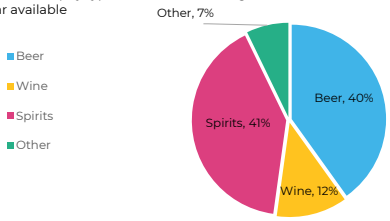
	2019	
Recorded	12.9	
Unrecorded	1.5	
Tourist	-1.3	
Total both sexes:	13.1	
Total males / females	21.7	6.0

*2019 (three-year average of 2017, 2018, 2019),

Total alcohol per capita (APC) consumption (15+), in litres of pure alcohol - projection

	2025	2030
Total:	13.1	14.3

Recorded alcohol per capita (15+) consumption (in litres of pure alcohol) by type of alcoholic beverage, 2019 or latest year available



Current alcohol users (%)

	2019
Males	83.0
Females	68.8
Both sexes	75.2

* Alcohol use in the past 12 months, in the population 15+

Total APC (15+) consumption, alcohol users only (in litres of pure alcohol), 2019

	Litres
Males	26.1
Females	8.7
Both sexes	17.4

Age-standardized Heavy episodic alcohol use, 2019, (%)

	Population (15+ years)	Alcohol users only (15+ years)
Males	42.4	47.9
Females	20.2	21.7
Both sexes	31.2	35.0

Current alcohol users, 15–19 years (%)

	2019
Males	68.2
Females	64.3
Both sexes	66.3

Heavy episodic alcohol use in the 15–19 years population, 2019 (%)

	Population (15–19 years)	Alcohol users only (15–19 years)
Males	35.0	51.3
Females	26.4	41.0
Both sexes	31.2	47.0

HEALTH CONSEQUENCES OF ALCOHOL CONSUMPTION:

AAFs (Alcohol-attributable fractions) for deaths from all causes, all ages (%)

	2019
Males	18.8
Females	17.4
Both sexes	18.0

AAFs (Alcohol-atributable fractions) for DALYs (disability-adjusted life years) lost from all causes (%)

	2019
Males	20.6
Females	13.3
Both sexes	17.0

*%, all ages

ALCOHOL POLICY:

Health warning labels regarding								Consumer information displayed on containers	Number of standard alcoholic drinks displayed on containers	Alcohol content displayed on containers
Pregnancy (1)		Underage alcohol use (2)		Driving under influence (3)		Cancer (4)				
Advertisements	Containers	Advertisements	Containers	Advertisements	Containers	Advertisements	Containers			
No	No	Yes	No	No	No	No	No	No	No	Yes

"–" Data not available
(1) National legal requirement for health warning labels and/or messages regarding pregnancy
(2) National legal requirement for health warning labels and/or messages regarding underage alcohol use
(3) National legal requirement for health warning labels and/or messages regarding driving under influence
(4) National legal requirement for health warning labels and/or messages regarding cancer

ADDITIONAL INFORMATION:

Average daily intake

	2019
Both sexes	28.4

* 2019, in the population 15+ years, in grams of pure alcohol

Heavy continuous alcohol users 15+ years, 2019, in %

	Population (15+ years)	Alcohol users only (15+ years)
Males	18.3	22.0
Females	2.6	3.8
Both sexes	9.7	12.9

Heavy continuous alcohol users 15-19 years, 2019, in %

	Population (15 - 19 years)	Alcohol users only (15+ years)
Males	8.9	13.1
Females	2.0	3.2
Both sexes	5.6	8.4

Alcohol-attributable (AA) deaths

	AA deaths from all causes (1)	AA deaths per 100,000 population (2)	Change in AA deaths per 100 000 population (3)
Males	2539	187.0	-
Females	2834	78.5	-
Both sexes	5372	127.0	-17.5

(1) 2019, number of deaths, all-ages
(2) 2019, from all causes, all-ages, age-standardized per 100,000 population
(3) % change between 2010 and 2019, from all causes, in %

Alcohol-attributable (AA) for disability-adjusted life years (DALYs)

	AA DALYs lost from all causes (1)	AA DALYs lost per 100 000 population (2)	Change in AA DALYs lost per 100 000 population (3)
Males	83 597	7154.6	-
Females	50 633	2540.0	-
Both sexes	134 231	4682.0	-15.3

(1) 2019, number of DALYs, all-age
(2) 2019, from all causes, all-ages, age-standardized per 100,000 population
(3) % change between 2010 and 2019, from all causes, in %

Based on data from WHO Global status report on alcohol and health and treatment of substance use disorders, 2024