Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

Belgium consumes 11.1 litres of pure alcohol per capita per year, roughly equivalent to 2.3 bottles of wine or 4.3 litres of beer per week per person aged 15 and over. In addition, in Belgium, some population groups are at higher risk than others; specifically:

- **32% of adults** engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women** are 8% more likely to binge drink monthly if they have completed higher education.

- **Men** consume 17.2 litres of pure alcohol per capita per year while **women consume 5.3 litres** per capita per year.

- **16% of girls** and **23% of boys** aged 15 have been drunk at least twice in their life. Children who never experienced drunkenness are 52% more likely to perform well at school.

Life expectancy is **0.9 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in Belgium, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **2.9% of health expenditure** and a reduction in the workforce productivity. Consequently, Belgium’s GDP is estimated to be **1.5% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Belgium has to raise additional revenues equivalent to an increase in tax of **EUR 255** per person per year.
OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Belgium, including:

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<tr>
<th>Health services*</th>
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<th>2</th>
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<tbody>
<tr>
<td>School, workplace</td>
<td>1</td>
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<tr>
<td>Drink-driving</td>
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<td>Availability</td>
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<td>Marketing</td>
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<td>Pricing</td>
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<td>Bar staff training, warning label</td>
<td>1</td>
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1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

*Limited data available which contributed to a lower score.

OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s Global Strategy to Reduce the Harmful Use of Alcohol.

Belgium performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Strengthening restriction on availability of alcohol to vulnerable and high-risk groups, for example by day or hour;
- Strengthening pricing policies targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening regulation of marketing, particularly those targeting young people.

In Belgium, investing EUR 2.1 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- Prevent 733 thousand non-communicable diseases and injuries by 2050;
- Save EUR 166 million per year in health costs;
- Increase employment and productivity by the equivalent of 9 thousand full-time workers per year.

For every EUR 1 invested in the policy package, EUR 16 are returned in benefits, not considering any impact on the alcohol industry.

Discover the OECD SPheP-NCD data explorer and the model’s documentation at http://oecdpublichealthexplorer.org/

Find the full OECD report Preventing Harmful Alcohol Use at oe.cd/alcohol2021