

Progress in reducing the harmful use of alcohol: Global trends 2010–2024

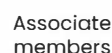
*Based on Global Burden
of Disease study data*

August 2026

About IARD

The International Alliance for Responsible Drinking (IARD) is a not-for-profit organization dedicated to reducing harmful drinking. We are supported by the leading global beer, wine, and spirits producers, who have come together to be part of the solution in combating the harmful use of alcohol. To achieve this, we work with public sector, civil society, and private sector stakeholders. We work in support of the whole-of-society approach endorsed by the multilateral strategies to tackle the harmful use of alcohol.

IARD actively supports multilateral strategies and goals to reduce harmful drinking, including the targets in the World Health Organization's (WHO) Global Alcohol Action Plan 2022–2030 and United Nations' Sustainable Development Goals (SDG) 3.5 and 17.16.



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Foreword

The 2025 Political Declaration on noncommunicable diseases reinforces the global commitment to reduce the harmful use of alcohol. It confirms that the overall multilateral framework established by Member States – including the WHO Global Strategy to Reduce the Harmful Use of Alcohol, the Global Alcohol Action Plan, and Sustainable Development Goal 3.5 – remains relevant and important.

Since 2010, indicators of alcohol-attributable harm have shown substantial improvement at global level, although progress has been uneven across countries and regions. According to the Global Burden of Disease (GBD) study data presented in this report, age-standardized alcohol-attributable mortality rates have declined by 26%, morbidity rates by 23%, and high alcohol use exposure by 10% globally from 2010 to 2024. These trends are consistent with meaningful progress toward the internationally agreed targets for reducing harmful use of alcohol.

Sustaining and accelerating that progress will require continued implementation of effective, evidence-based and whole-of-society approaches that bring together government, civil society and the private sector.

Reliable and transparent data are fundamental to this effort. The World Health Organization provides an essential foundation through its global monitoring systems. Complementary and independent data sources can also play an important role in assessing trends over time and strengthening confidence in the overall direction of progress.

The Institute for Health Metrics and Evaluation's Global Burden of Disease study is particularly valuable in this context. It represents one of the world's most comprehensive efforts to assess relationships between risk factors and health outcomes across countries and over time. Its estimates facilitate meaningful comparison and trend analysis and provide an additional lens through which to assess changes in alcohol-attributable harm. However, GBD estimates use different attribution models and methodologies and should therefore be interpreted as complementary measures of trend direction rather than direct substitutes for WHO data.

This report is part of IARD's contribution to supporting the global evidence base. Using GBD study data, it tracks trends in alcohol-attributable mortality and morbidity relative to the 2010 baseline established by Member States in the UN and WHO target architecture for reducing harmful use of alcohol.

Together, these data can help inform governments, policymakers and stakeholders as they continue working to reduce harmful drinking and alcohol-related harm around the world.

A handwritten signature in blue ink, appearing to read 'JB', followed by a long horizontal line.

Julian Braithwaite
IARD President / CEO

Methodology

Visualizing trends relative to UN targets

This report compares GBD study data on trends in alcohol-attributed morbidity and mortality rates against the targets set as part of the [WHO Noncommunicable Diseases \(NCD\) Monitoring Framework](#) (2011)—see Figure 1—and the [Global Alcohol Action Plan](#) (2010).

Figure 1:
Indicators
identified in
the WHO NCD
Monitoring
Framework

Indicators and milestones for achievement

Global targets	Indicators
1.1. By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol. ²⁵	1.1.1 Total alcohol per capita consumption defined as the estimated total (recorded plus unrecorded) alcohol per capita (aged 15 years and older) consumption within a calendar year in litres of pure alcohol, adjusted for tourist consumption. 1.1.2. Age-standardized prevalence of heavy episodic drinking. 1.1.3. Age-standardized alcohol-attributable deaths. 1.1.4 Age-standardized alcohol-attributable DALYs.

It applies a similar approach to analyzing progress as IARD's previous reports, [2025 High-Level Meeting on NCDs: Alcohol and health trends by country based on WHO data](#) and [Progress Report: Alcohol consumption and alcohol-related harm based on WHO data 2010–2019](#).

Member States [adopted](#) a target of a 10% reduction in the harmful use of alcohol by 2025, defined by four indicators. In 2022, they [extended](#) the target to a 20% reduction by 2030.

With this report, IARD furthers its commitment to facilitating the tracking of trends in harmful drinking by providing information resources.

GBD study data

The GBD study estimates age-standardized rates of death and disability-adjusted life-years (DALYs) for dozens of risk factors, among other metrics relevant to monitoring population health and related policies. GBD estimates facilitate comparison of trends across countries and over time.

This report visualizes the change in GBD estimates indexed to 2010 – the baseline year for the UN-system targets for reducing harmful use of alcohol – through 2024. GBD coverage spans from 1990 to 2024 (see [Online Appendix](#)). In this report, country names are generally shown as in the IHME client portal.

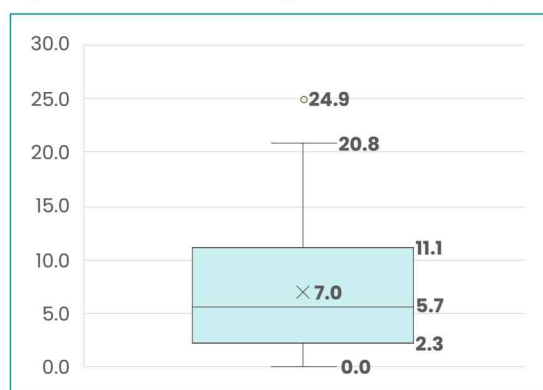
GBD's attribution to risk factors is based on systematic literature reviews and its models are continually refined (see [GBD Burden of Proof](#)).

Its risk factor, high alcohol use summary exposure variable (SEV), uses a range of aggregate and national data sources to estimate a population's exposure to alcohol consumption above the level that would minimize health risks.¹

High alcohol use SEV values theoretically range from 0 to 100.

For 2024, high alcohol use SEV values range from <0.1 to 24.9 across 193 countries.

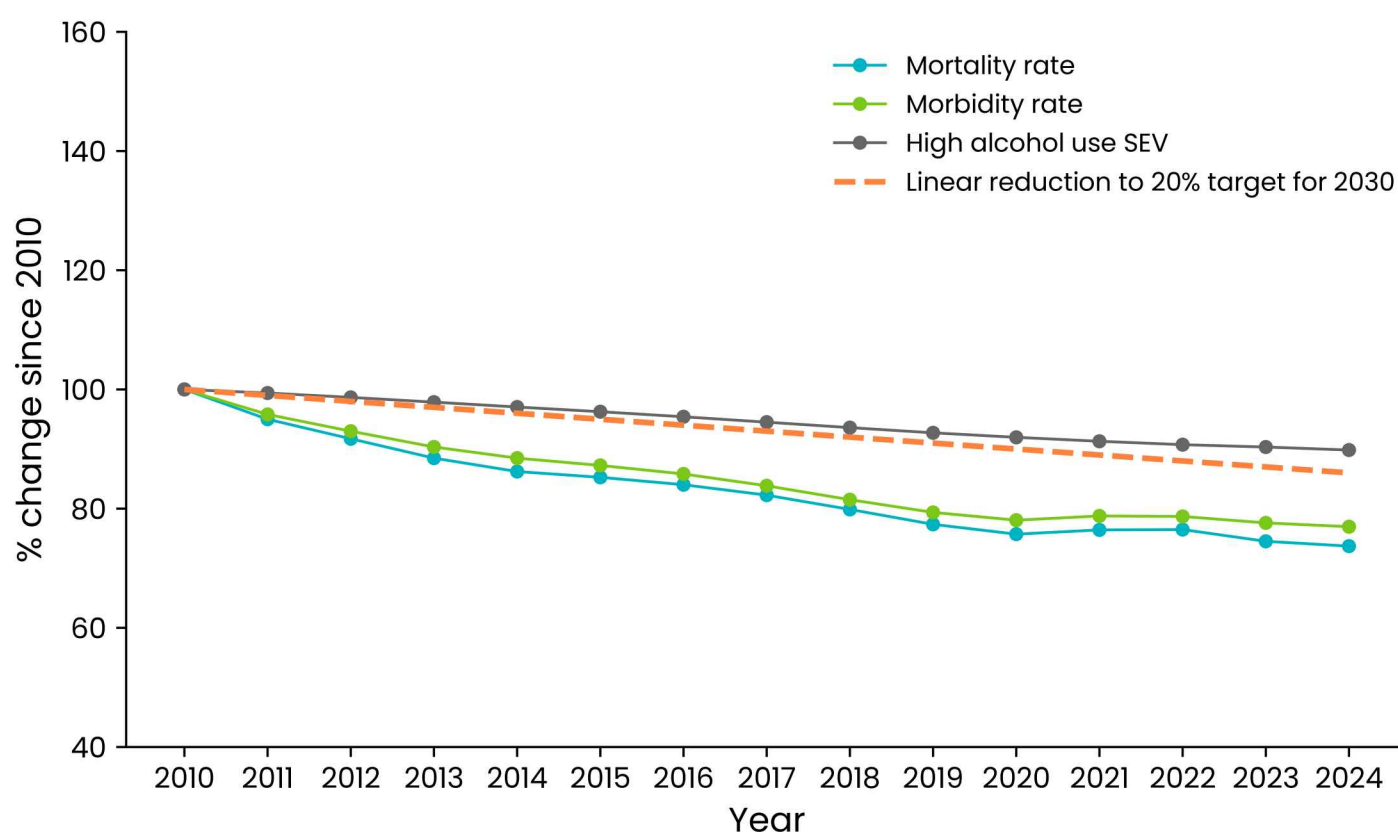
Figure 2: Distribution of high alcohol use SEV (2024)



¹ GBD 2023 Disease and Injury and Risk Factor Collaborators. (2025). Burden of 375 diseases and injuries, risk-attributable burden of 88 risk factors, and healthy life expectancy in 204 countries and territories, including 660 subnational locations, 1990–2023: a systematic analysis for the Global Burden of Disease Study 2023. *The Lancet*, 406(10513), 1873–1922.

Global

Trends in alcohol-attributable rates relative to 2010



Year	Mortality rate	Morbidity rate	High alcohol use SEV
2010	19.32	835.42	6.34
2024	14.24	642.97	5.69
Percent change 2010–2024	-26.29%	-23.04%	-10.17%