2025 High-Level Meeting on Noncommunicable Diseases

Alcohol and health trends by country based on WHO data

IARD
INTERNATIONAL ALLIANCE FOR
RESPONSIBLE DRINKING

FOREWORD

As we approach the UN High-Level Meeting on Noncommunicable Diseases (NCDs) in September 2025, it presents the most significant opportunity before 2030 to take decisive action and secure further commitments that will advance the UN's Sustainable Development Goals in public health.

Alcohol and health remain critical components of the NCD agenda, and IARD and its member companies are fully committed to playing their part in the UN's whole-of-society strategy to reduce the harmful use of alcohol. Since the 2018 High-Level Meeting, the private sector has implemented substantial measures to eliminate the marketing and sale of alcohol to minors, responding directly to the UN's call to action.

Encouragingly, the UN's strategy is yielding results. According to the WHO, global alcohol-attributable mortality rates decreased by 20% from 2010 to 2019, a testament to the effectiveness of coordinated efforts. However, significant national disparities persist, as illustrated in the accompanying data in this booklet, which has been derived from the WHO's Global Status Report on Alcohol and Health (June 2024).

This booklet is designed as a resource for UN member states, offering a detailed breakdown of alcohol and health trends by country based on the WHO's latest data. It provides a basis for examining where there has been progress since the UN strategy came into force in 2010, and for considering which policies have worked and in which contexts. As such it will hopefully help UN member states to redouble the focus on what has been effective at the 2025 meeting.

IARD and the private sector stand ready to support the outcomes of the 2025 High-Level Meeting and to embrace new commitments that will further the UN's goal of reducing harmful drinking by 2030. Together, we can create a healthier future.

Julian Braithwaite
President and CEO, IARD

Afghanistan

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
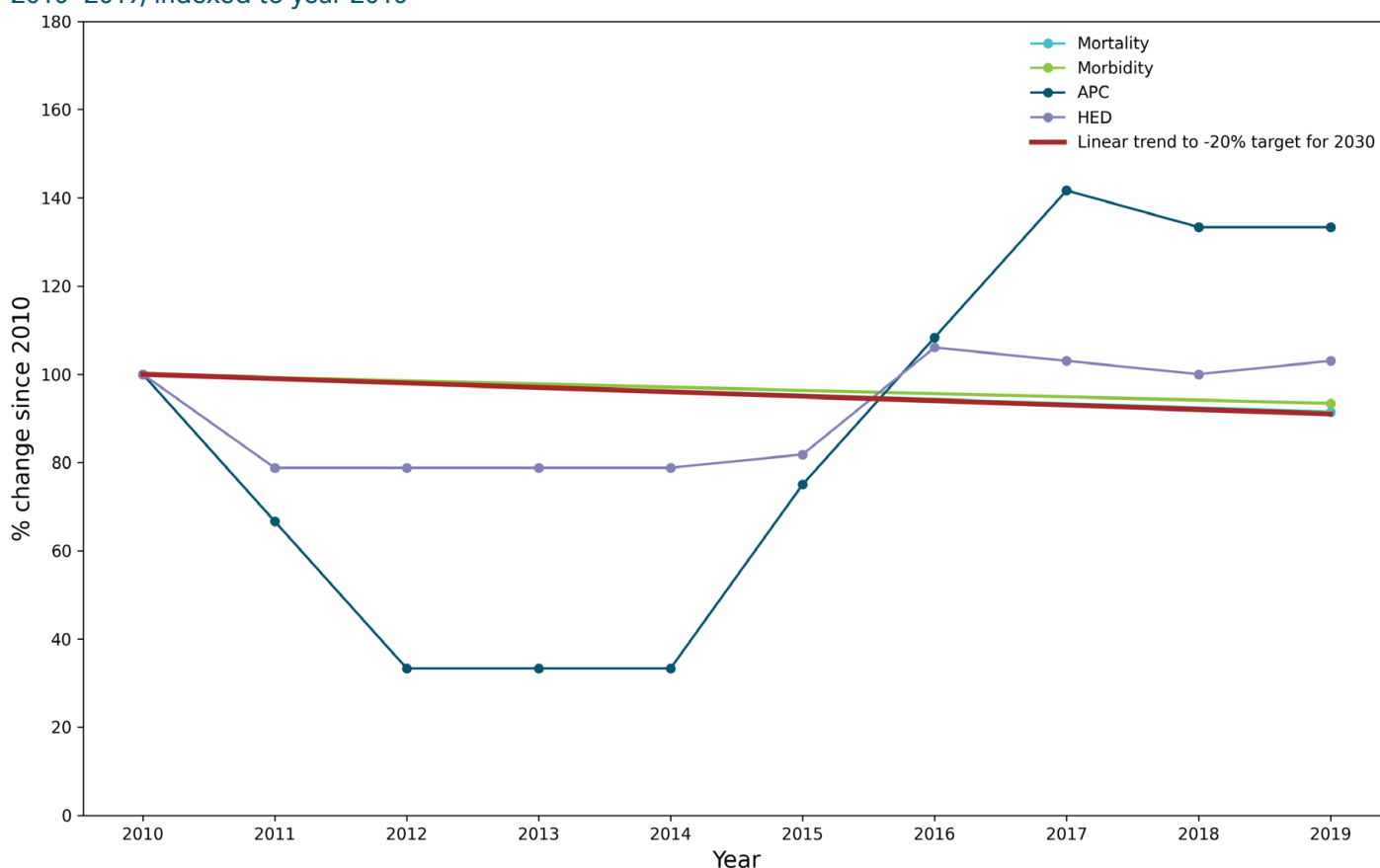
- ▶ **APC[1]:** Total alcohol per capita consumption
- ▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.01	0.33	5.36	208.89
2011	0.01	0.26	.	.
2012	0.00	0.26	.	.
2013	0.00	0.26	.	.
2014	0.00	0.26	.	.
2015	0.01	0.27	.	.
2016	0.01	0.35	.	.
2017	0.02	0.34	.	.
2018	0.02	0.33	.	.
2019	0.02	0.34	4.90	195.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
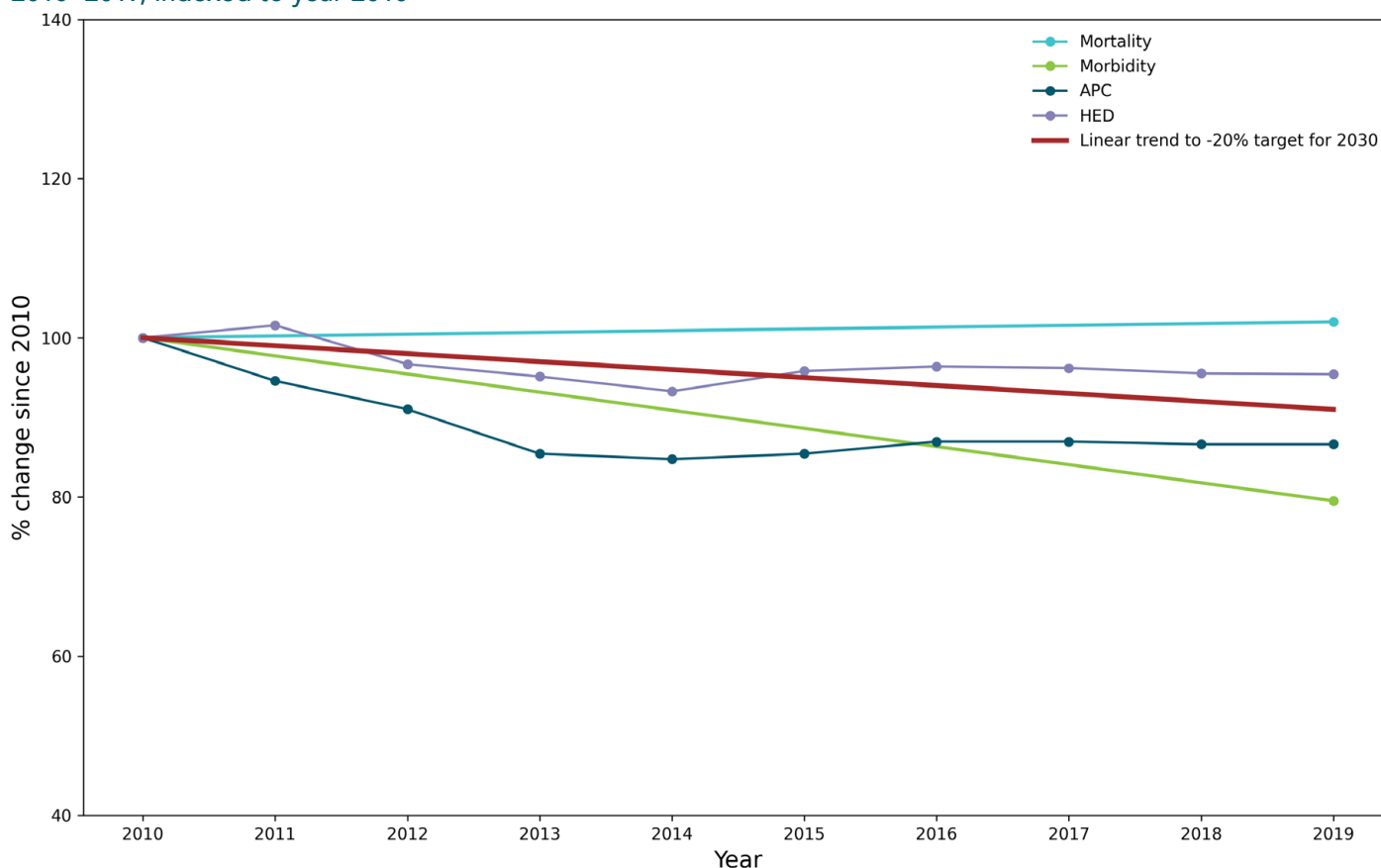
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Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

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Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.90	10.26	27.45	1226.04
2011	5.58	10.42	.	.
2012	5.37	9.92	.	.
2013	5.04	9.76	.	.
2014	5.00	9.57	.	.
2015	5.04	9.83	.	.
2016	5.13	9.89	.	.
2017	5.13	9.87	.	.
2018	5.11	9.80	.	.
2019	5.11	9.79	28.00	974.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Algeria

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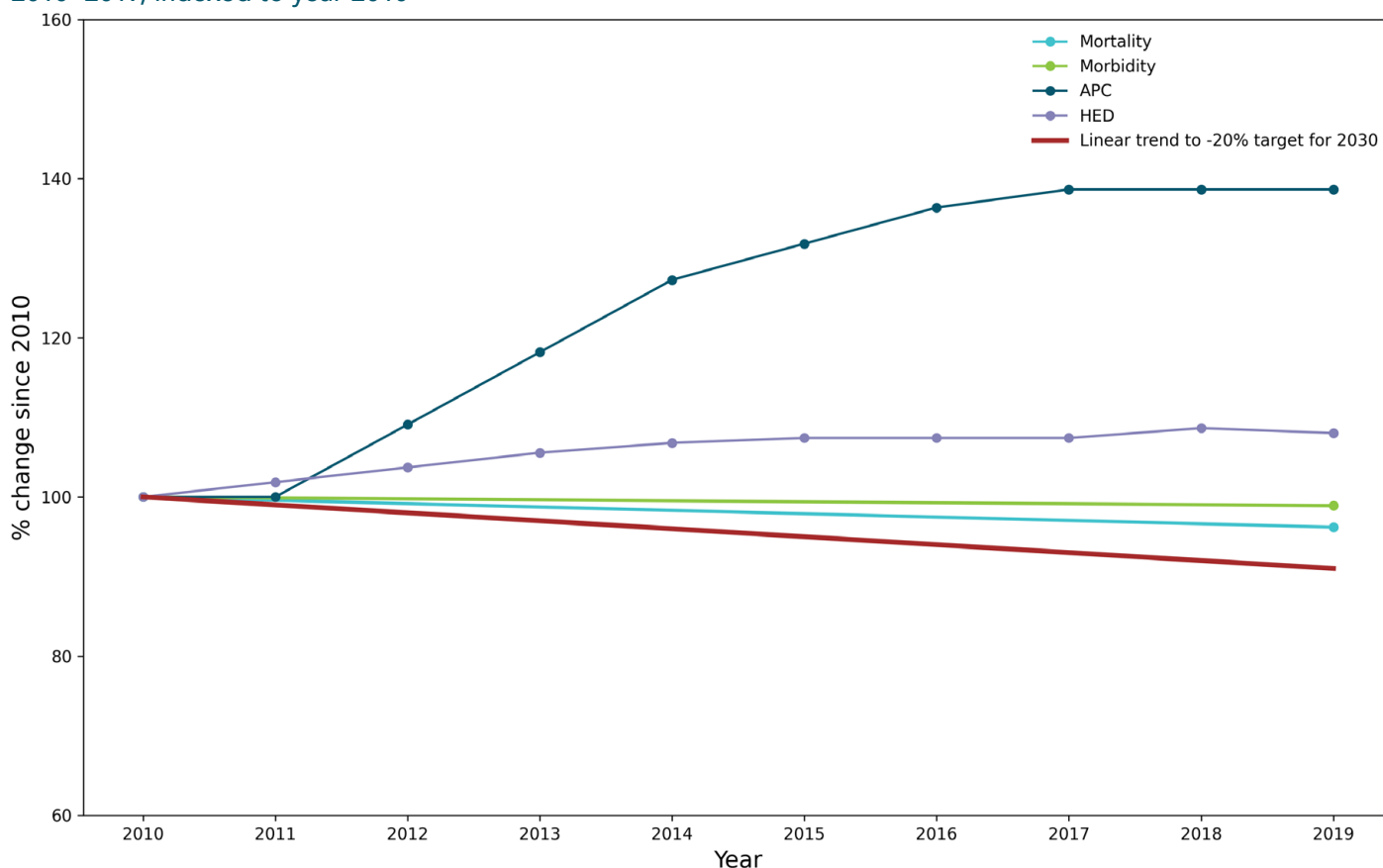
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.44	1.62	6.03	237.92
2011	0.44	1.65	.	.
2012	0.48	1.68	.	.
2013	0.52	1.71	.	.
2014	0.56	1.73	.	.
2015	0.58	1.74	.	.
2016	0.60	1.74	.	.
2017	0.61	1.74	.	.
2018	0.61	1.76	.	.
2019	0.61	1.75	5.80	235.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Andorra

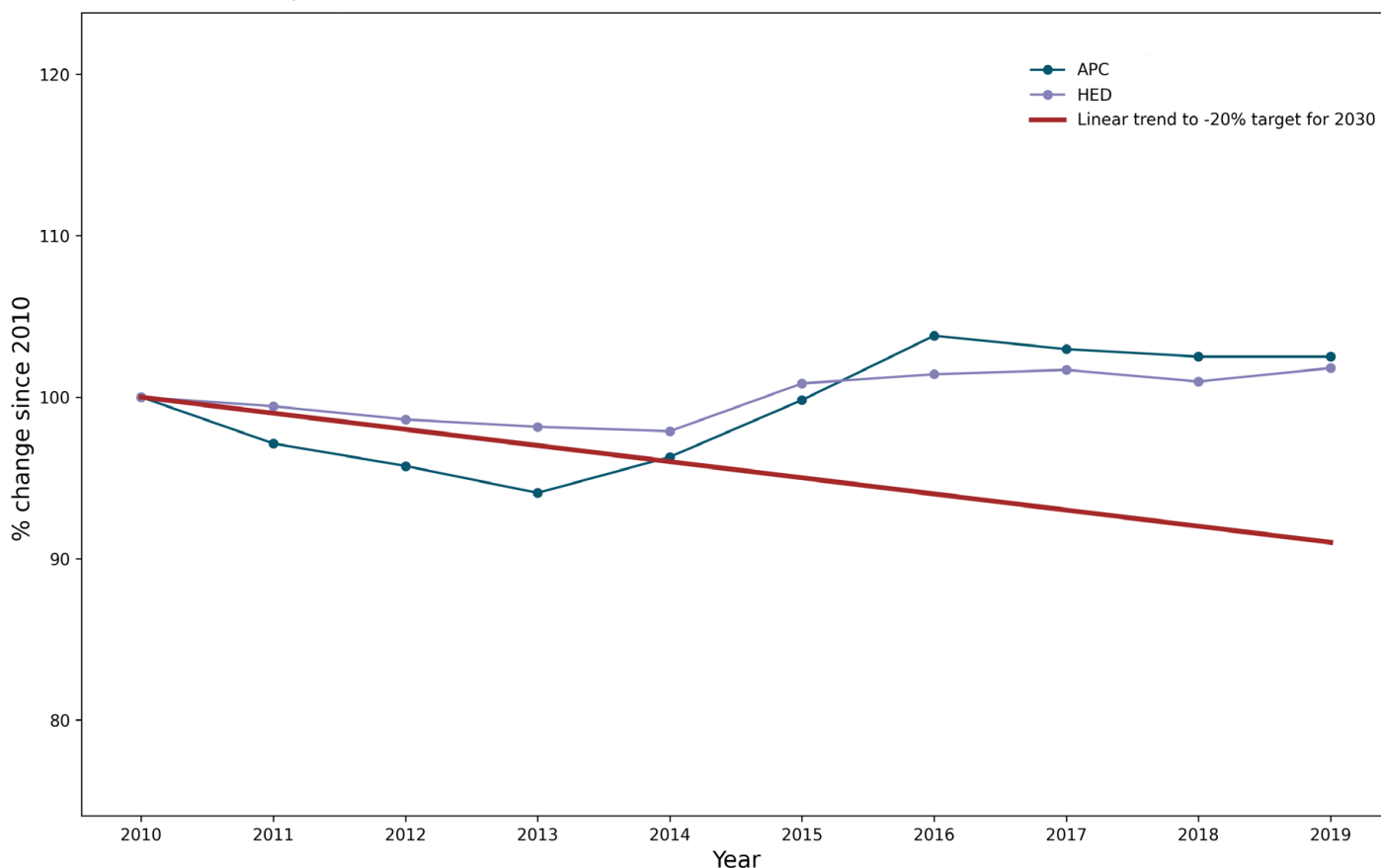## UN indicators for harmful use of alcohol

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Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
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Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.78	43.94	.	.
2011	10.47	43.69	.	.
2012	10.32	43.33	.	.
2013	10.14	43.13	.	.
2014	10.38	43.01	.	.
2015	10.76	44.31	.	.
2016	11.19	44.56	.	.
2017	11.10	44.68	.	.
2018	11.05	44.36	.	.
2019	11.05	44.73	.	.

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Angola

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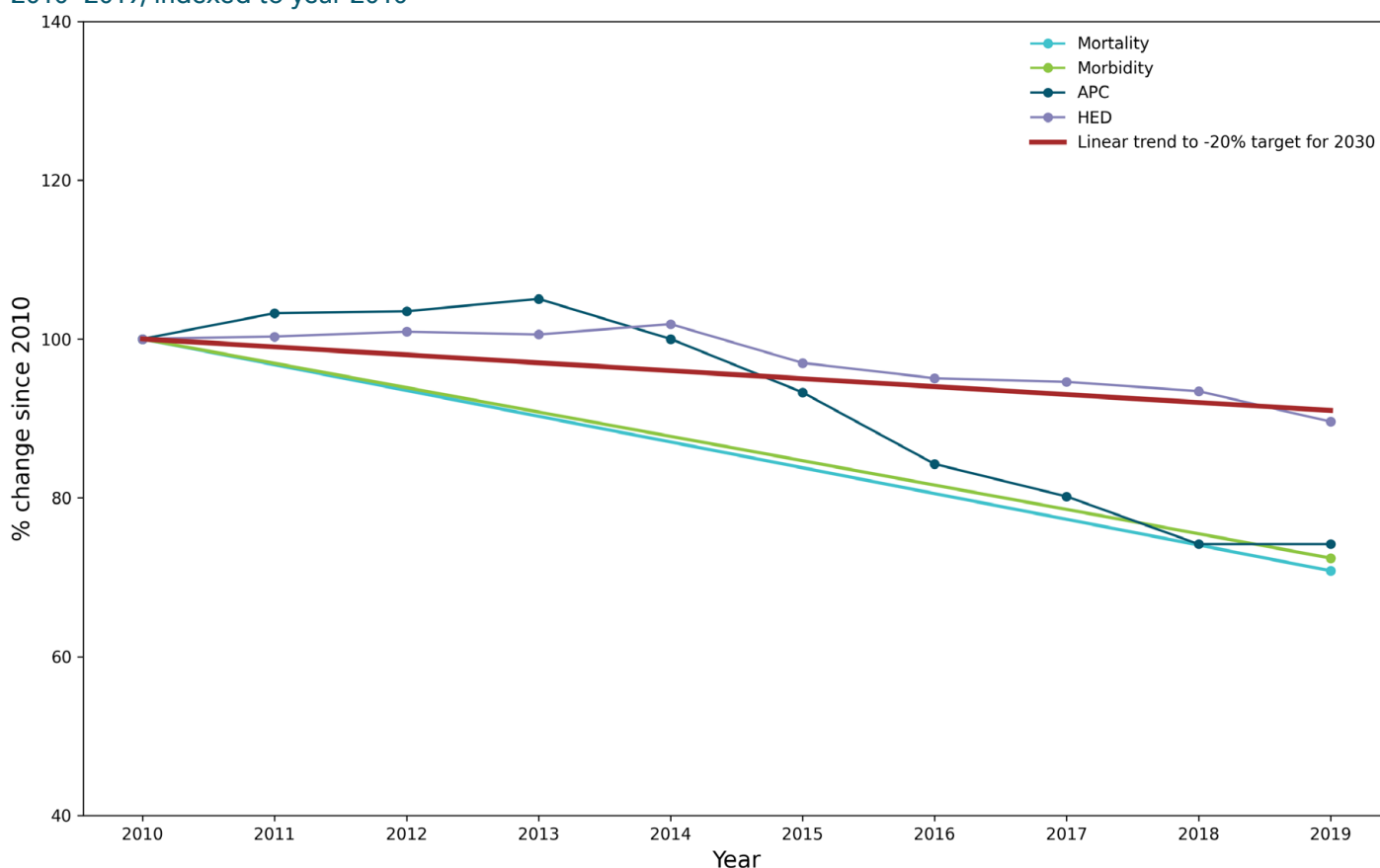
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2010	8.32	49.73	125.28	5115.33
2011	8.59	49.88	.	.
2012	8.61	50.19	.	.
2013	8.74	50.01	.	.
2014	8.32	50.66	.	.
2015	7.76	48.23	.	.
2016	7.01	47.27	.	.
2017	6.67	47.04	.	.
2018	6.17	46.46	.	.
2019	6.17	44.55	88.70	3703.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Antigua and Barbuda

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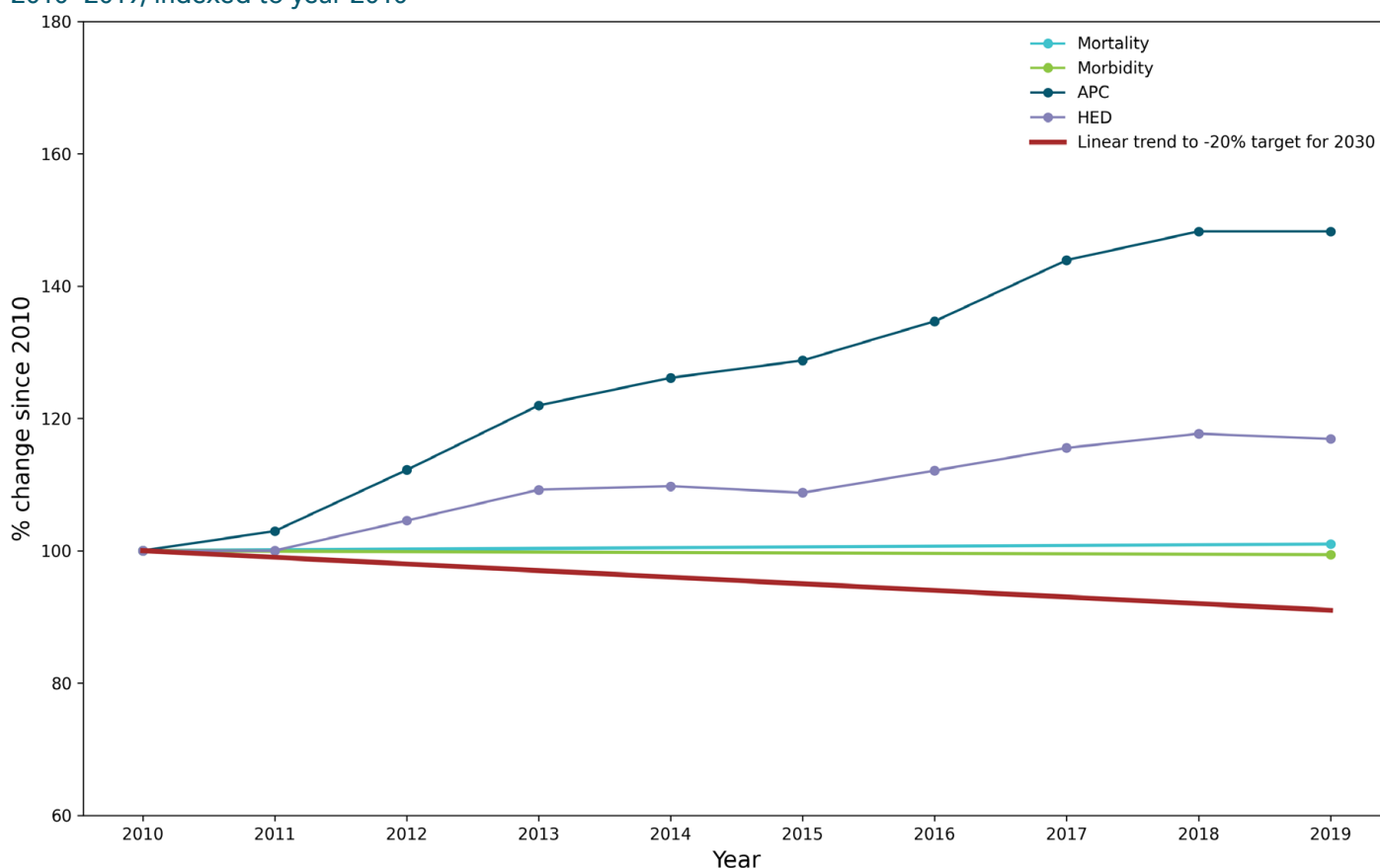- **APC[1]:** Total alcohol per capita consumption
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2010	5.74	24.20	21.88	1277.97
2011	5.91	24.20	.	.
2012	6.44	25.30	.	.
2013	7.00	26.43	.	.
2014	7.24	26.56	.	.
2015	7.39	26.32	.	.
2016	7.73	27.13	.	.
2017	8.26	27.96	.	.
2018	8.51	28.48	.	.
2019	8.51	28.29	22.10	1270.30

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Argentina

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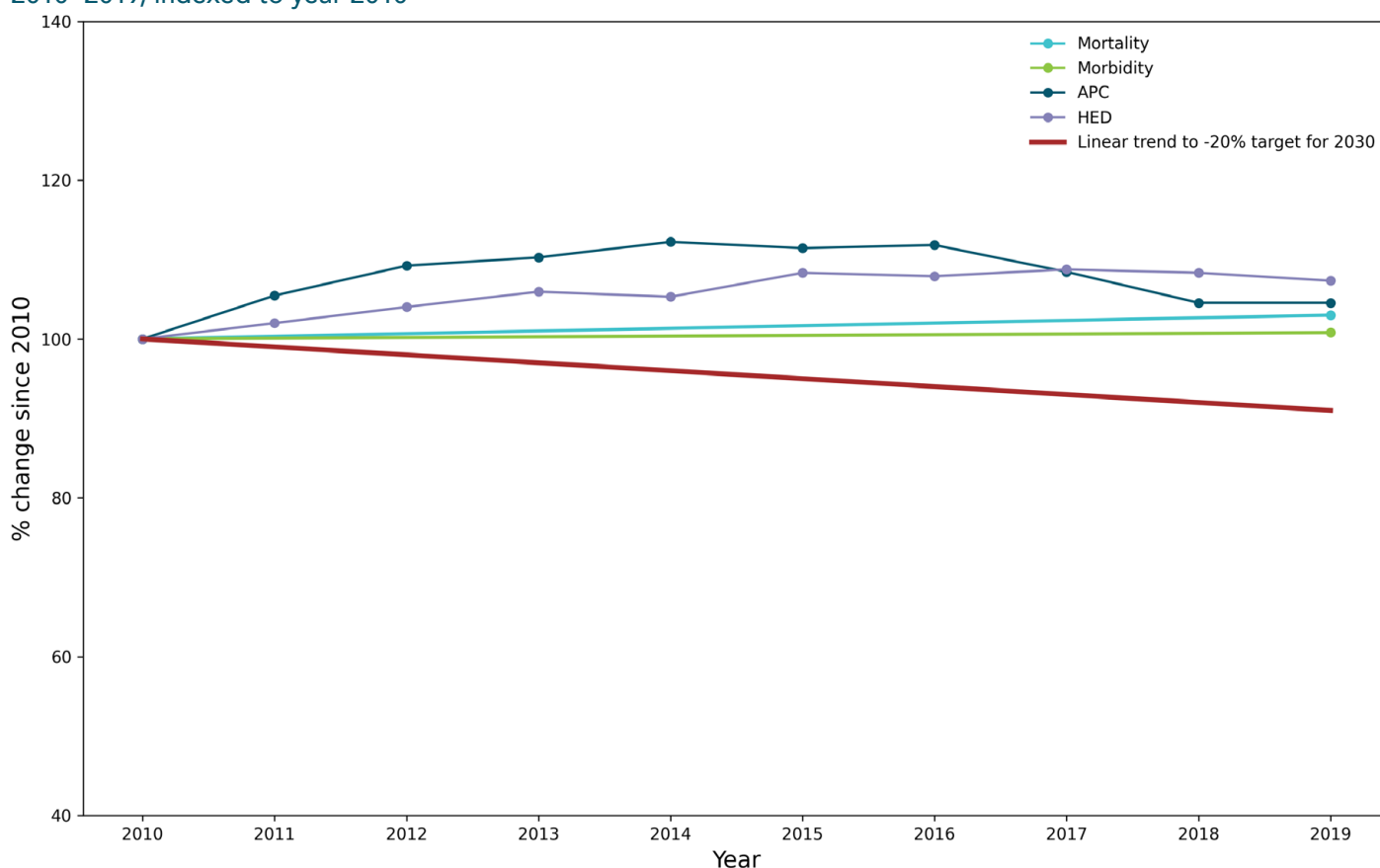
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2010	7.69	28.08	25.44	1531.15
2011	8.11	28.64	.	.
2012	8.40	29.21	.	.
2013	8.48	29.75	.	.
2014	8.63	29.57	.	.
2015	8.57	30.42	.	.
2016	8.60	30.30	.	.
2017	8.34	30.54	.	.
2018	8.04	30.42	.	.
2019	8.04	30.14	26.20	1543.40

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Armenia

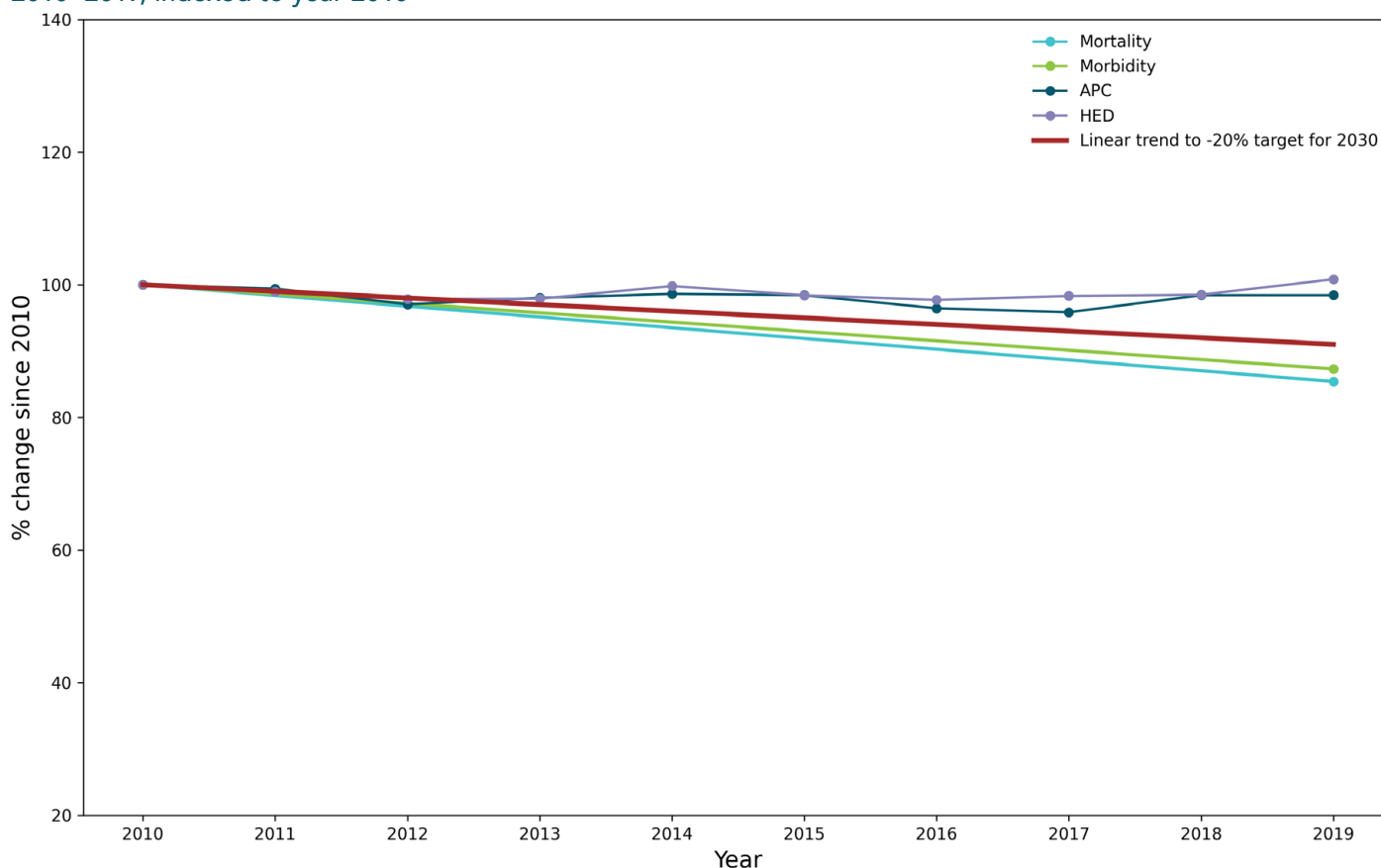## UN indicators for harmful use of alcohol

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2010	5.06	28.35	43.33	1785.22
2011	5.03	28.06	.	.
2012	4.91	27.74	.	.
2013	4.96	27.75	.	.
2014	4.99	28.29	.	.
2015	4.98	27.90	.	.
2016	4.88	27.70	.	.
2017	4.85	27.87	.	.
2018	4.98	27.92	.	.
2019	4.98	28.58	37.00	1558.50

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Australia

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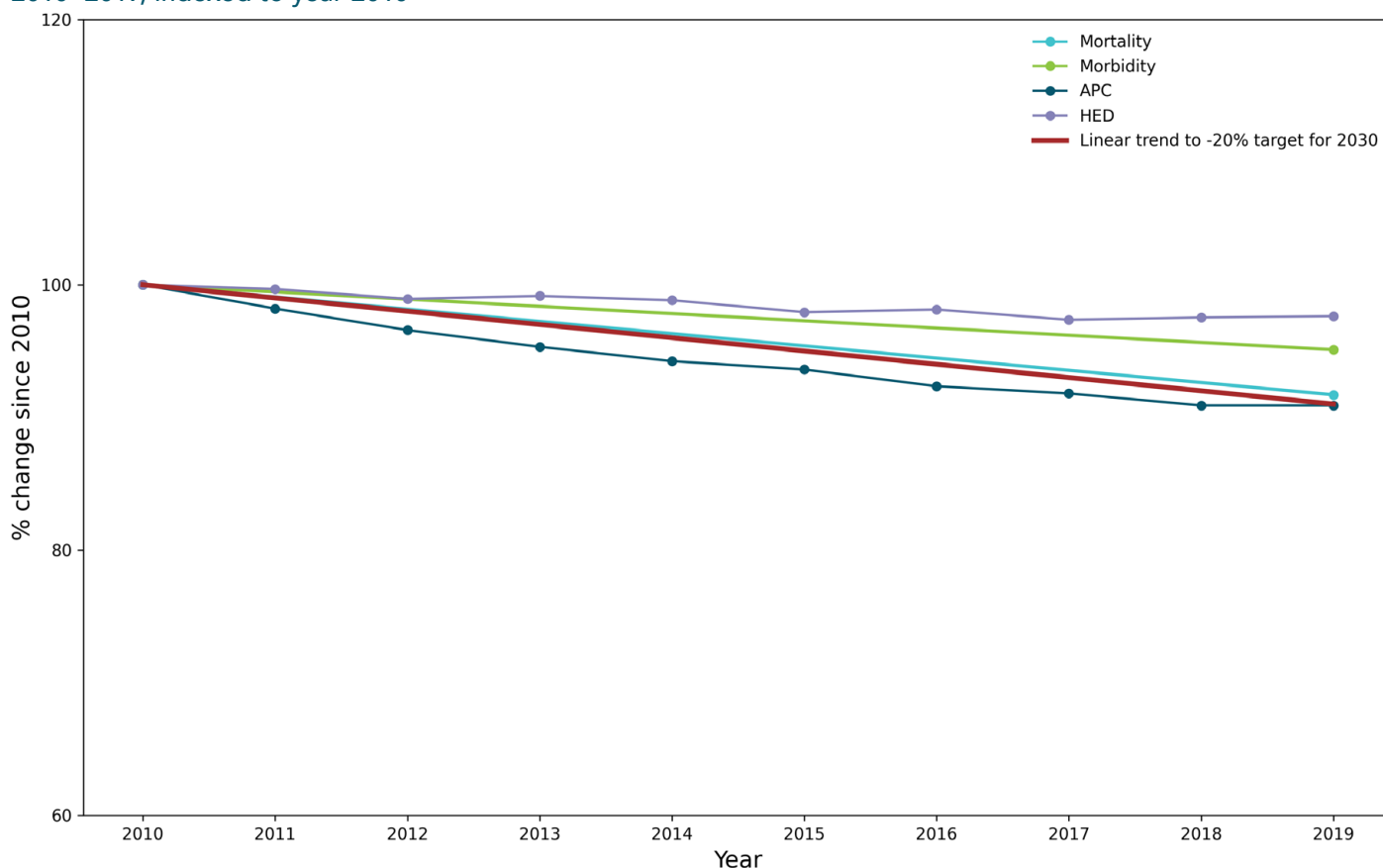
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2010	11.10	40.09	43.33	1785.22
2011	10.90	39.96	.	.
2012	10.72	39.66	.	.
2013	10.58	39.75	.	.
2014	10.46	39.62	.	.
2015	10.39	39.26	.	.
2016	10.25	39.34	.	.
2017	10.19	39.03	.	.
2018	10.09	39.10	.	.
2019	10.09	39.14	37.00	1558.50

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Austria

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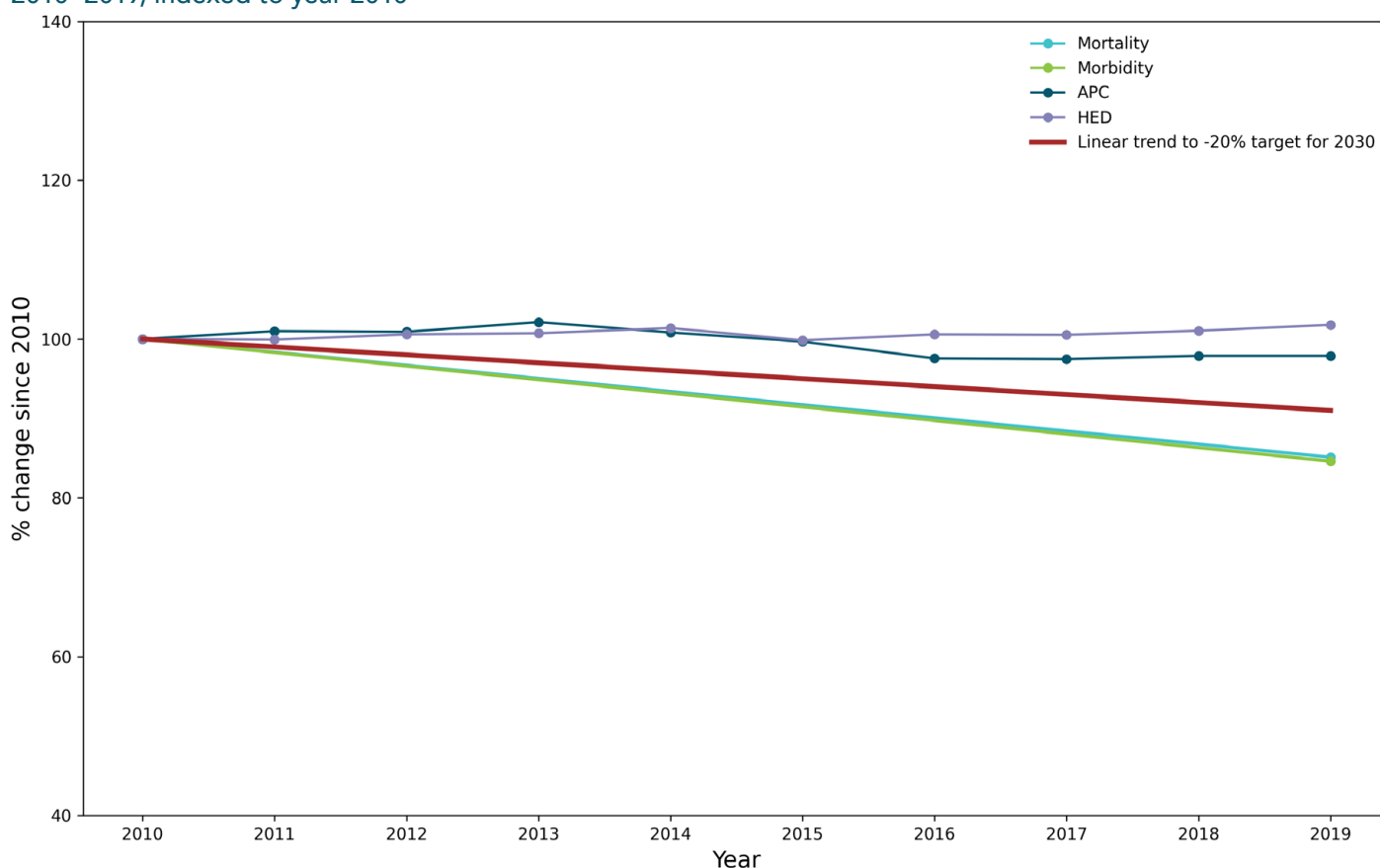| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
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2010	12.23	34.80	33.02	1737.71
2011	12.35	34.77	.	.
2012	12.34	35.00	.	.
2013	12.49	35.05	.	.
2014	12.33	35.28	.	.
2015	12.19	34.74	.	.
2016	11.93	35.00	.	.
2017	11.92	34.98	.	.
2018	11.97	35.16	.	.
2019	11.97	35.42	28.10	1470.10

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Azerbaijan

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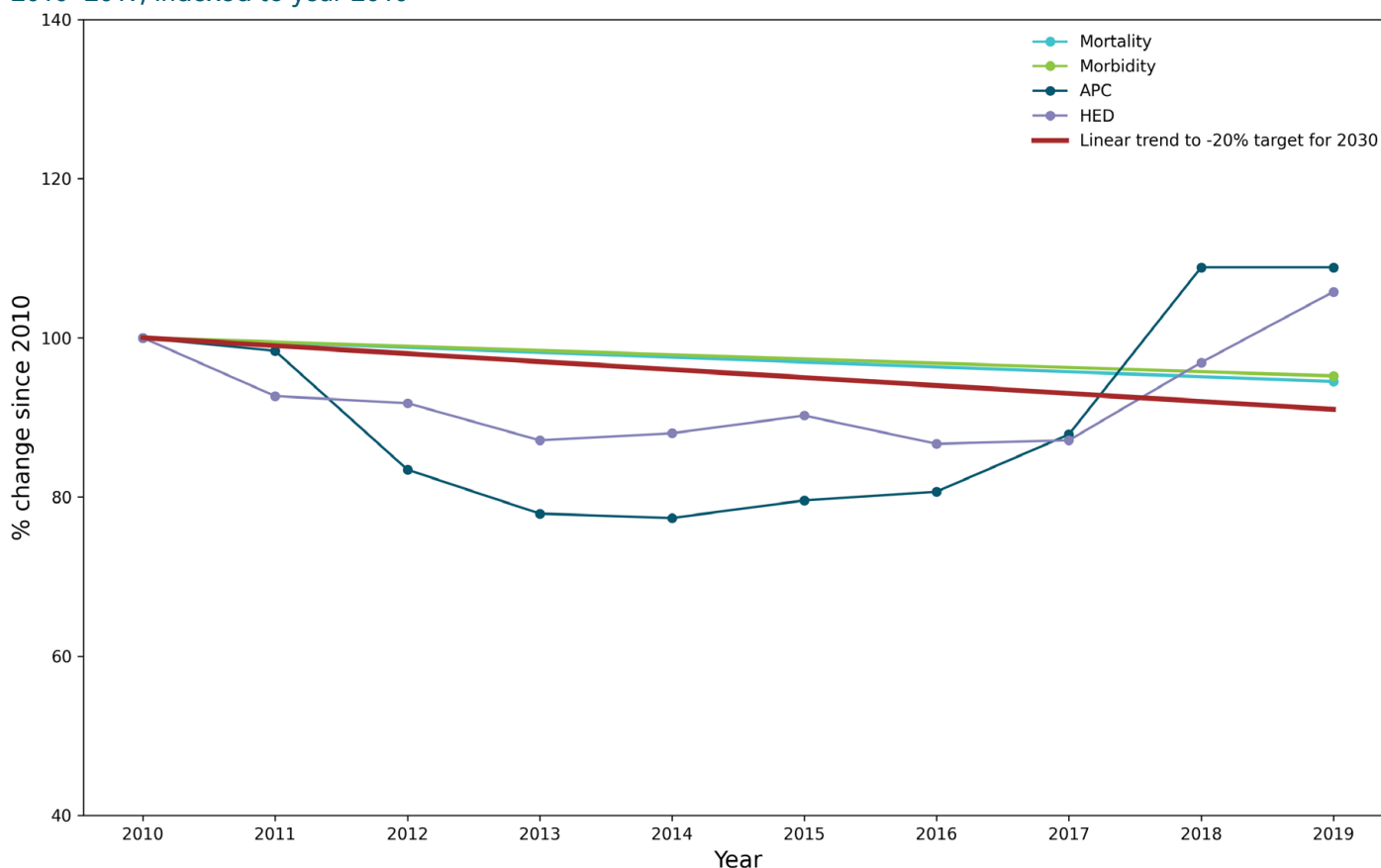
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2010	1.81	4.50	51.43	1708.40
2011	1.78	4.17	.	.
2012	1.51	4.13	.	.
2013	1.41	3.92	.	.
2014	1.40	3.96	.	.
2015	1.44	4.06	.	.
2016	1.46	3.90	.	.
2017	1.59	3.92	.	.
2018	1.97	4.36	.	.
2019	1.97	4.76	48.60	1626.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bahamas
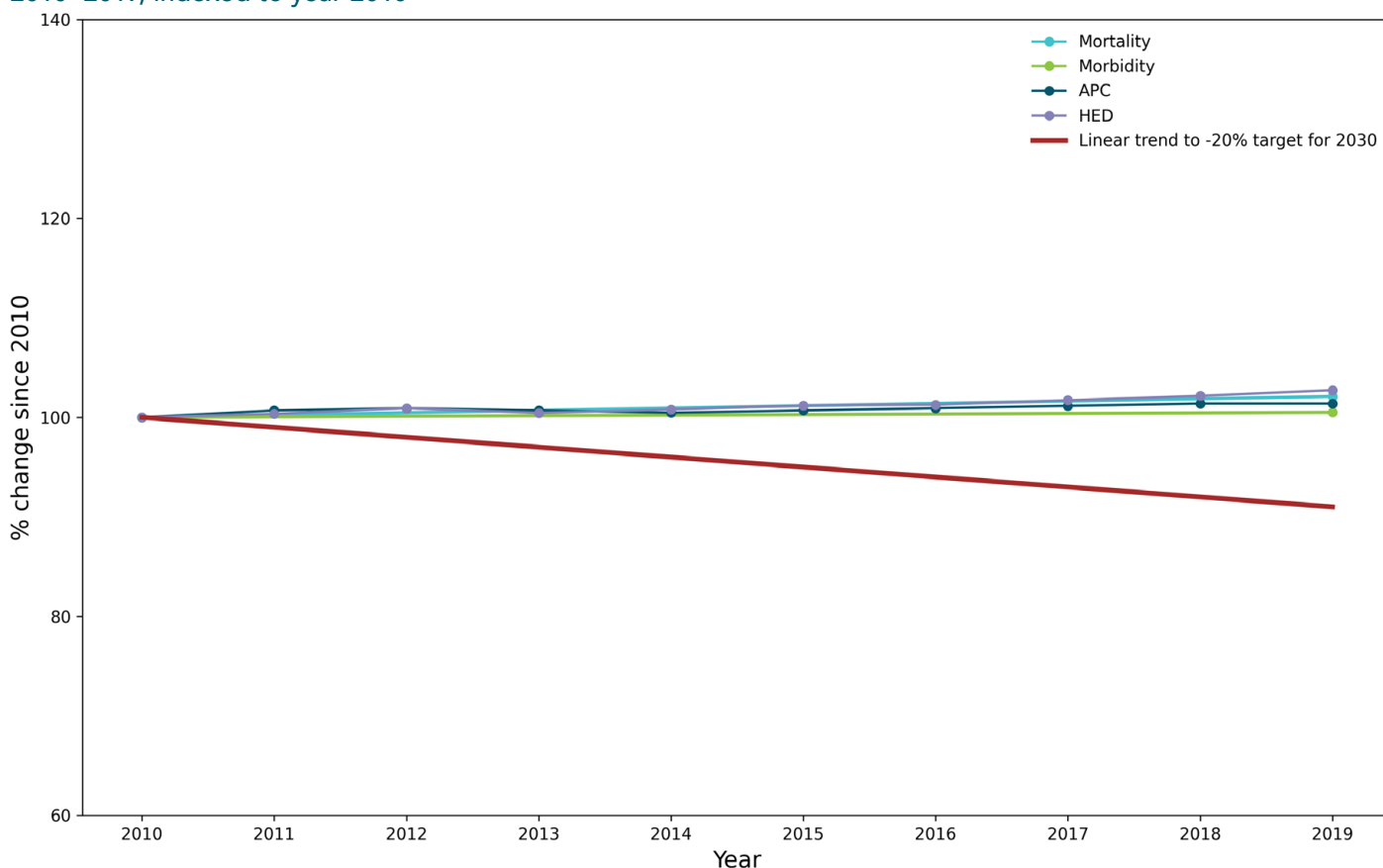
UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ **APC[1]:** Total alcohol per capita consumption
- ▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
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- ▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.33	22.71	37.02	1966.37
2011	4.36	22.79	.	.
2012	4.37	22.92	.	.
2013	4.36	22.81	.	.
2014	4.35	22.89	.	.
2015	4.36	22.98	.	.
2016	4.37	23.00	.	.
2017	4.38	23.10	.	.
2018	4.39	23.20	.	.
2019	4.39	23.33	37.80	1976.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bahrain

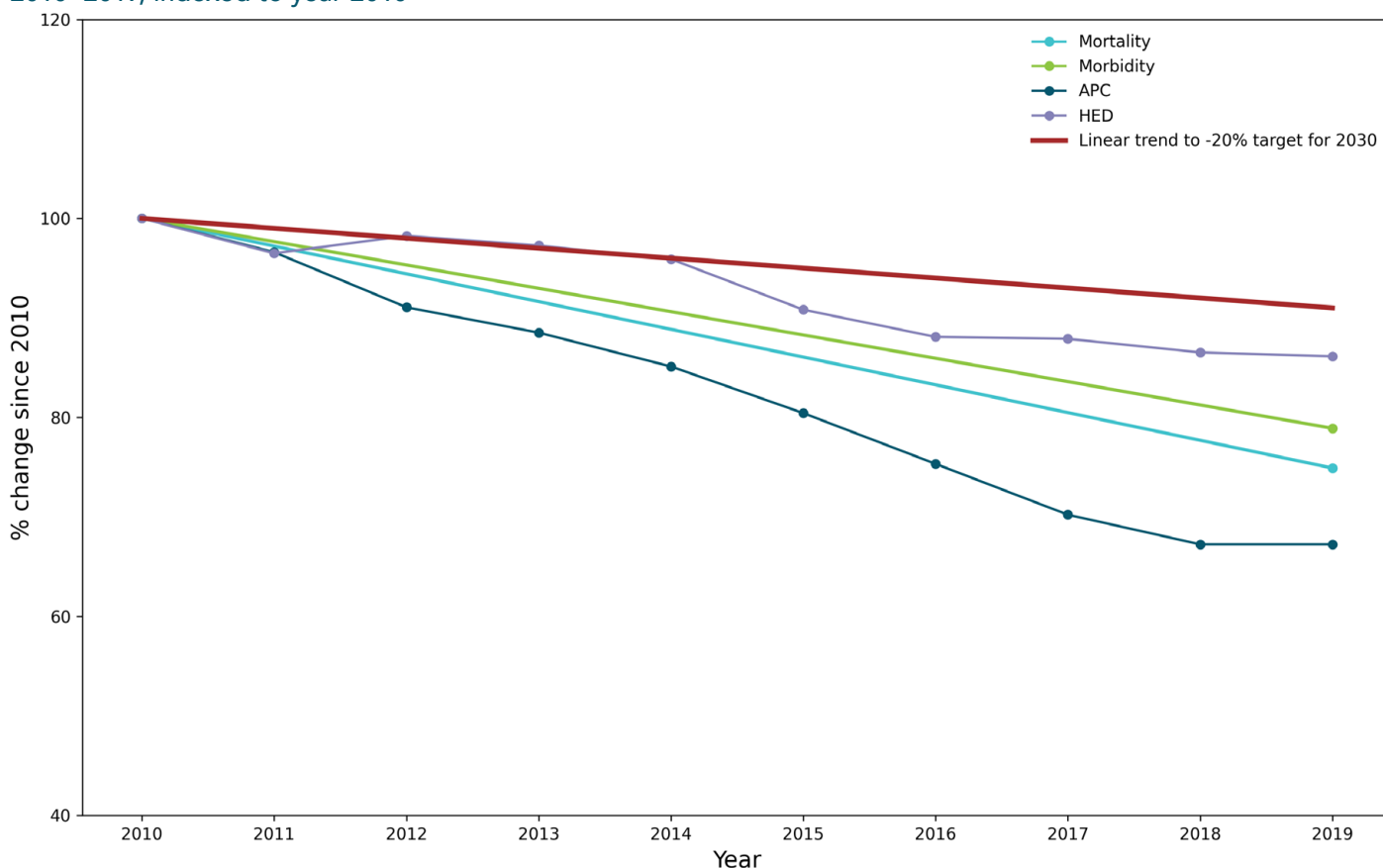## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.35	5.12	13.75	488.72
2011	2.27	4.94	.	.
2012	2.14	5.03	.	.
2013	2.08	4.98	.	.
2014	2.00	4.91	.	.
2015	1.89	4.65	.	.
2016	1.77	4.51	.	.
2017	1.65	4.50	.	.
2018	1.58	4.43	.	.
2019	1.58	4.41	10.30	385.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bangladesh
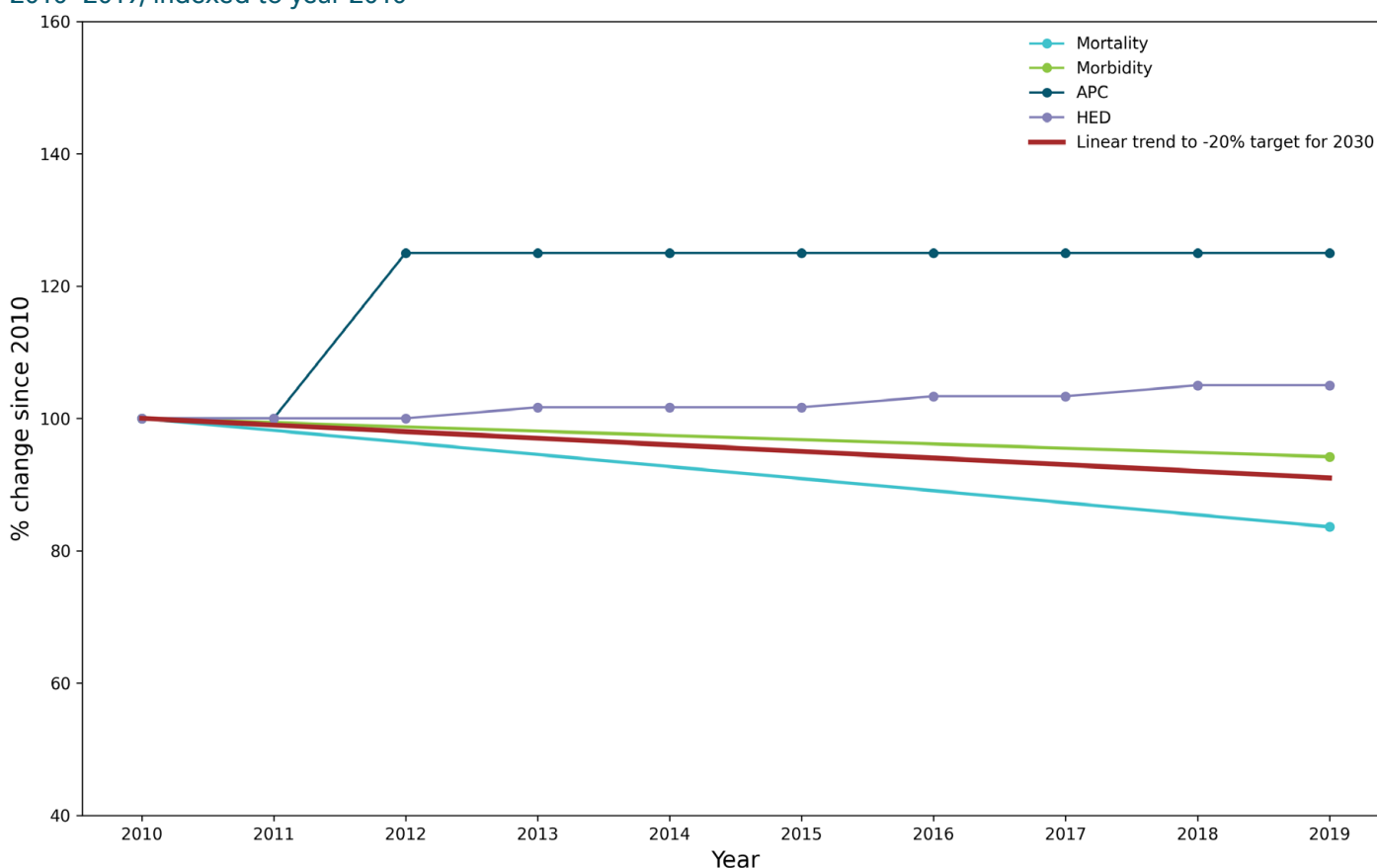
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.00	0.60	5.38	295.97
2011	0.00	0.60	.	.
2012	0.00	0.60	.	.
2013	0.00	0.61	.	.
2014	0.00	0.61	.	.
2015	0.00	0.61	.	.
2016	0.00	0.62	.	.
2017	0.00	0.62	.	.
2018	0.00	0.63	.	.
2019	0.00	0.63	4.50	278.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Barbados

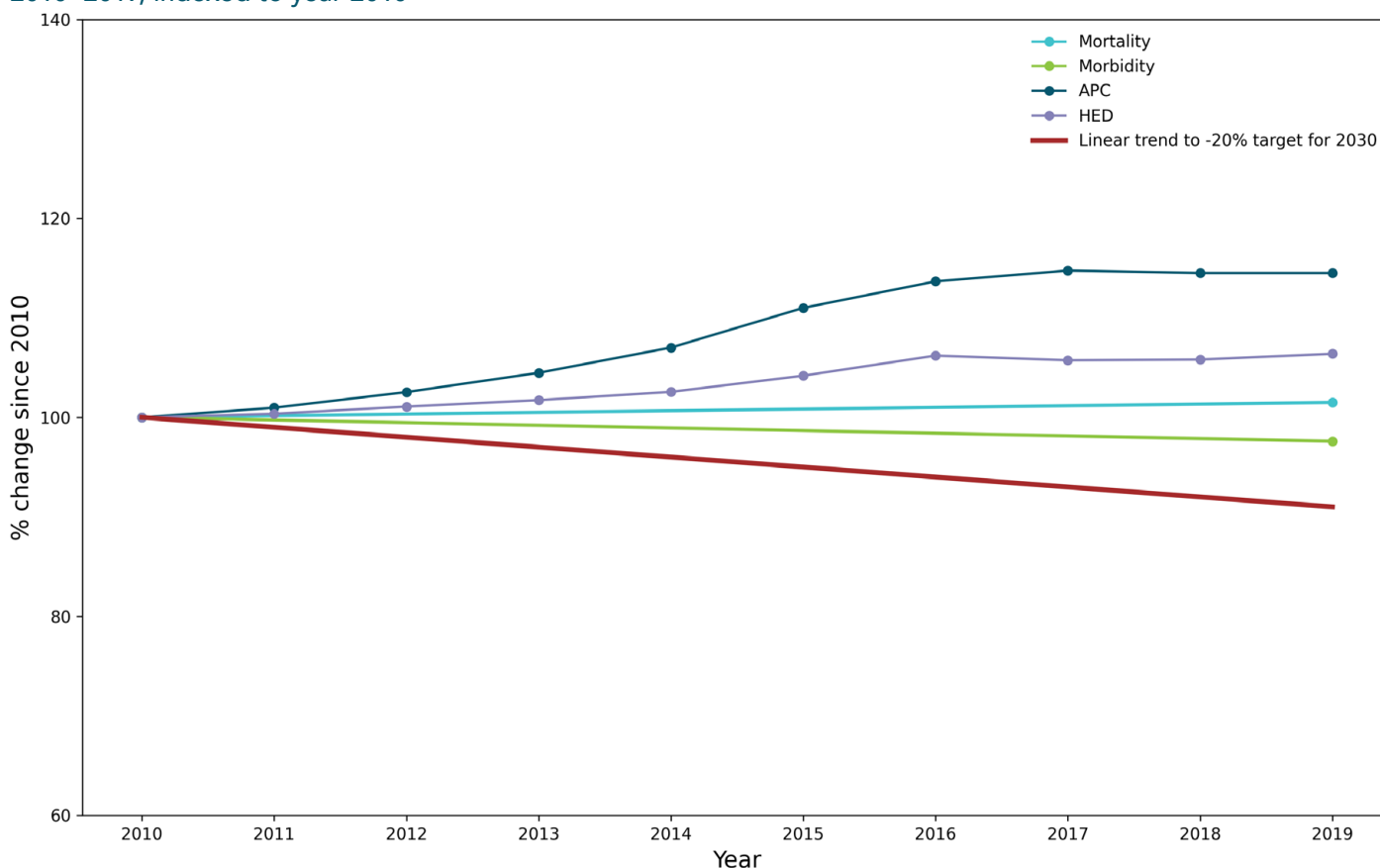## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.27	27.72	27.29	1367.01
2011	8.35	27.82	.	.
2012	8.48	28.02	.	.
2013	8.64	28.20	.	.
2014	8.85	28.43	.	.
2015	9.18	28.88	.	.
2016	9.40	29.44	.	.
2017	9.49	29.31	.	.
2018	9.47	29.33	.	.
2019	9.47	29.49	27.70	1334.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Belarus

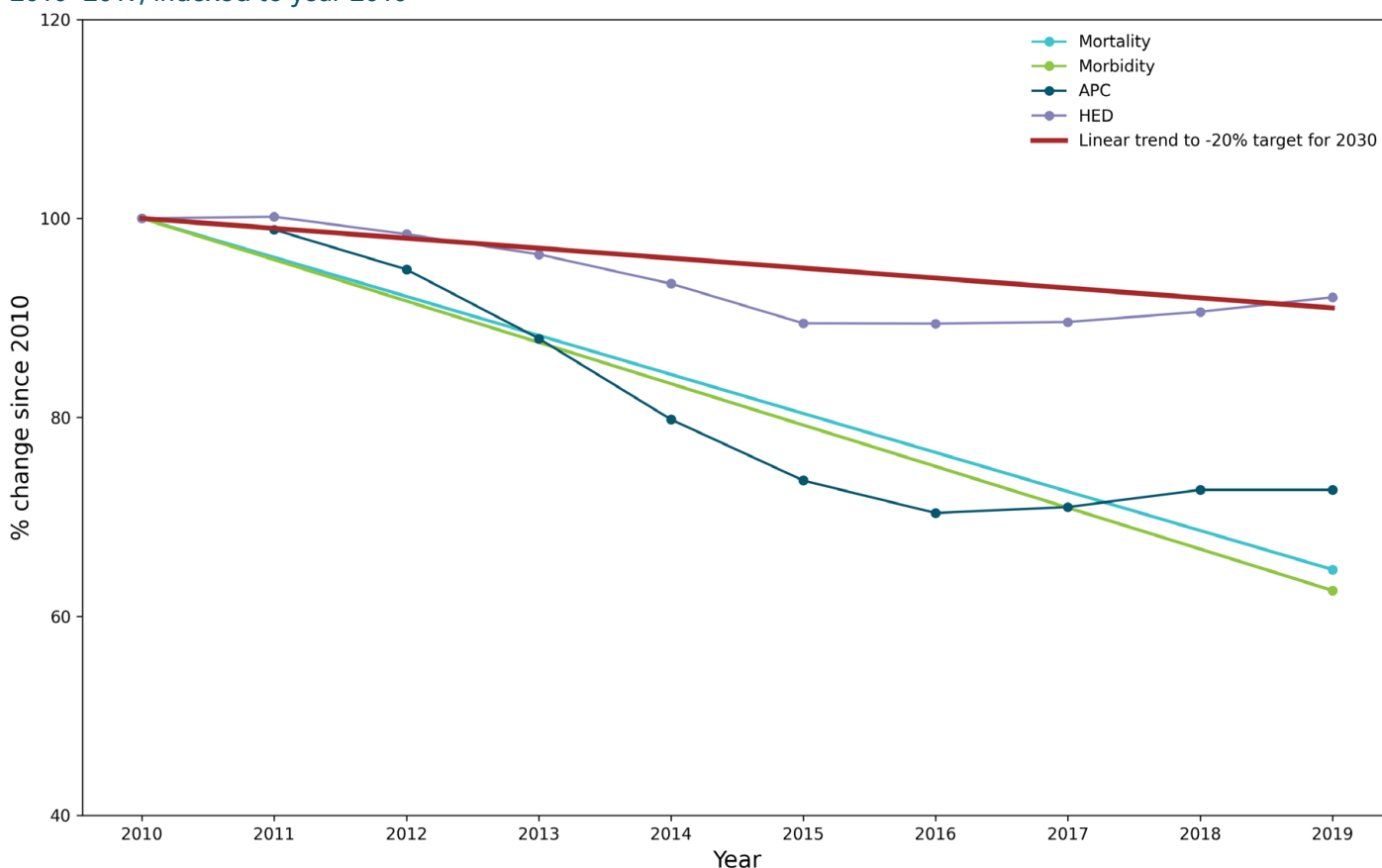## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	14.99	30.15	253.94	8939.62
2011	14.82	30.20	.	.
2012	14.22	29.67	.	.
2013	13.18	29.06	.	.
2014	11.96	28.17	.	.
2015	11.04	26.97	.	.
2016	10.55	26.96	.	.
2017	10.64	27.01	.	.
2018	10.90	27.32	.	.
2019	10.90	27.76	164.30	5596.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

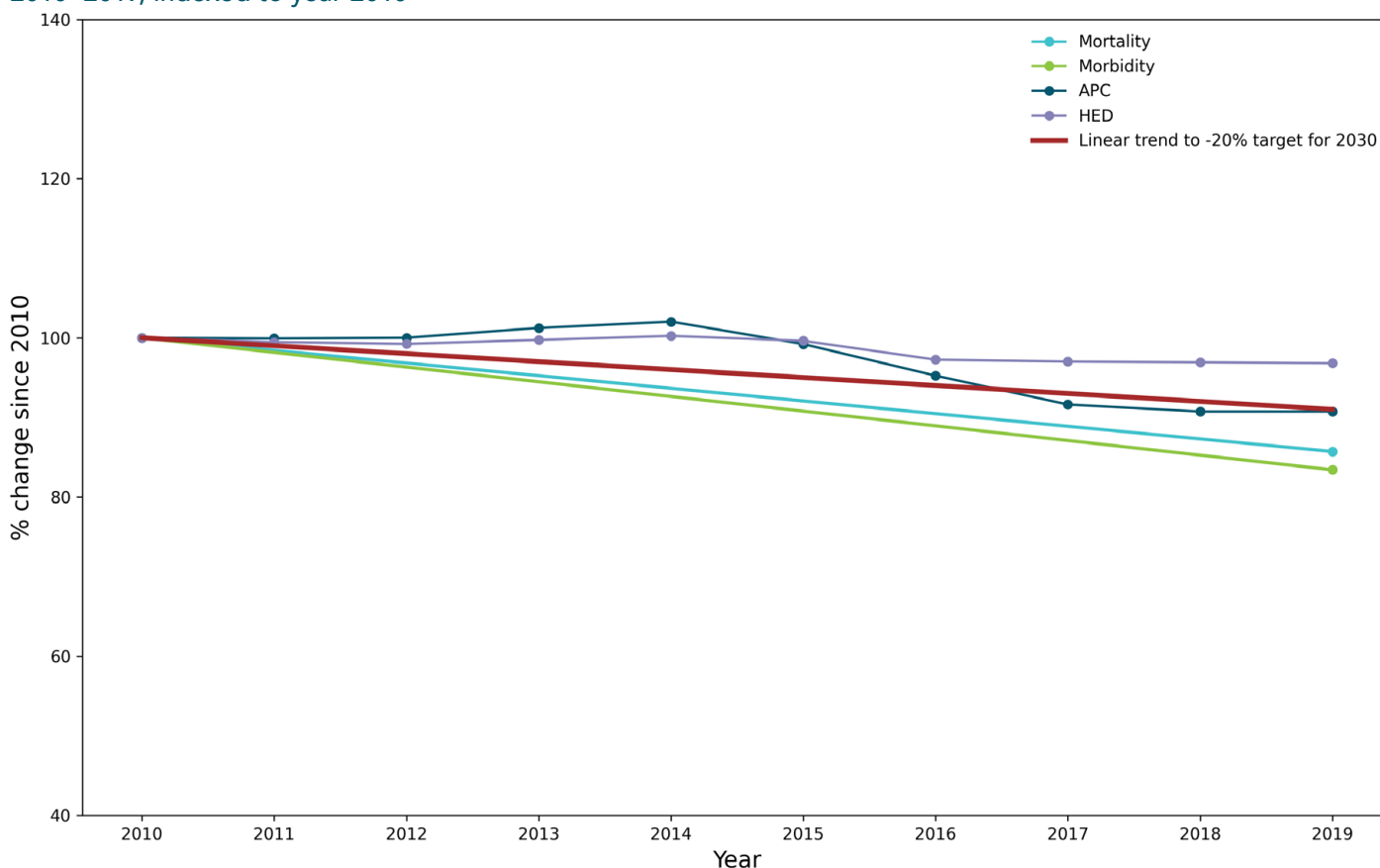# Belgium

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.33	33.40	29.17	1668.71
2011	11.32	33.22	.	.
2012	11.33	33.14	.	.
2013	11.47	33.31	.	.
2014	11.56	33.48	.	.
2015	11.24	33.27	.	.
2016	10.79	32.48	.	.
2017	10.38	32.40	.	.
2018	10.28	32.37	.	.
2019	10.28	32.33	25.00	1391.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Belize
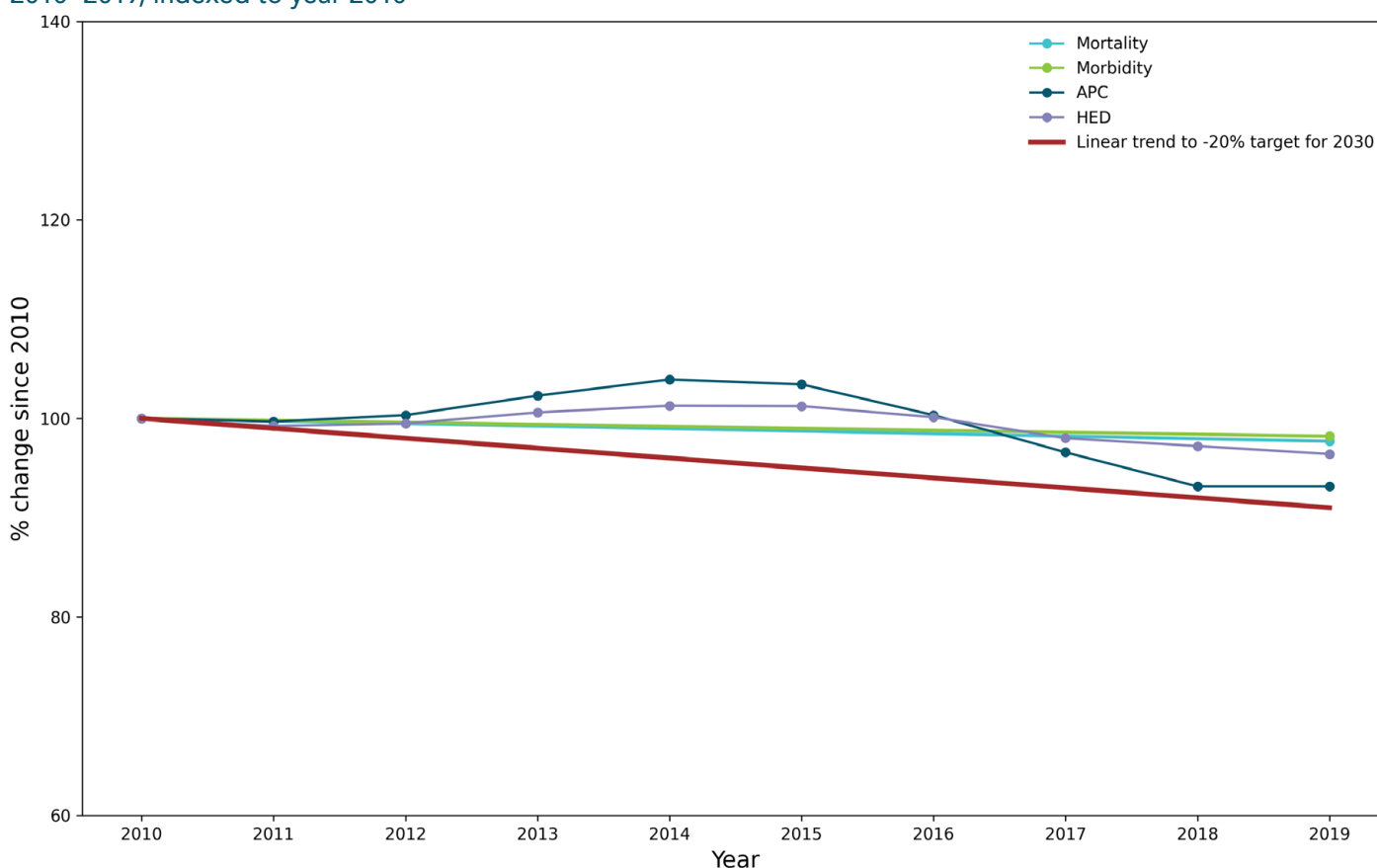
UN indicators for harmful use of alcohol

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▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.13	25.05	47.70	2370.77
2011	6.11	24.86	.	.
2012	6.15	24.92	.	.
2013	6.27	25.20	.	.
2014	6.37	25.37	.	.
2015	6.34	25.36	.	.
2016	6.15	25.08	.	.
2017	5.92	24.55	.	.
2018	5.71	24.35	.	.
2019	5.71	24.15	46.60	2328.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Benin

UN indicators for harmful use of alcohol

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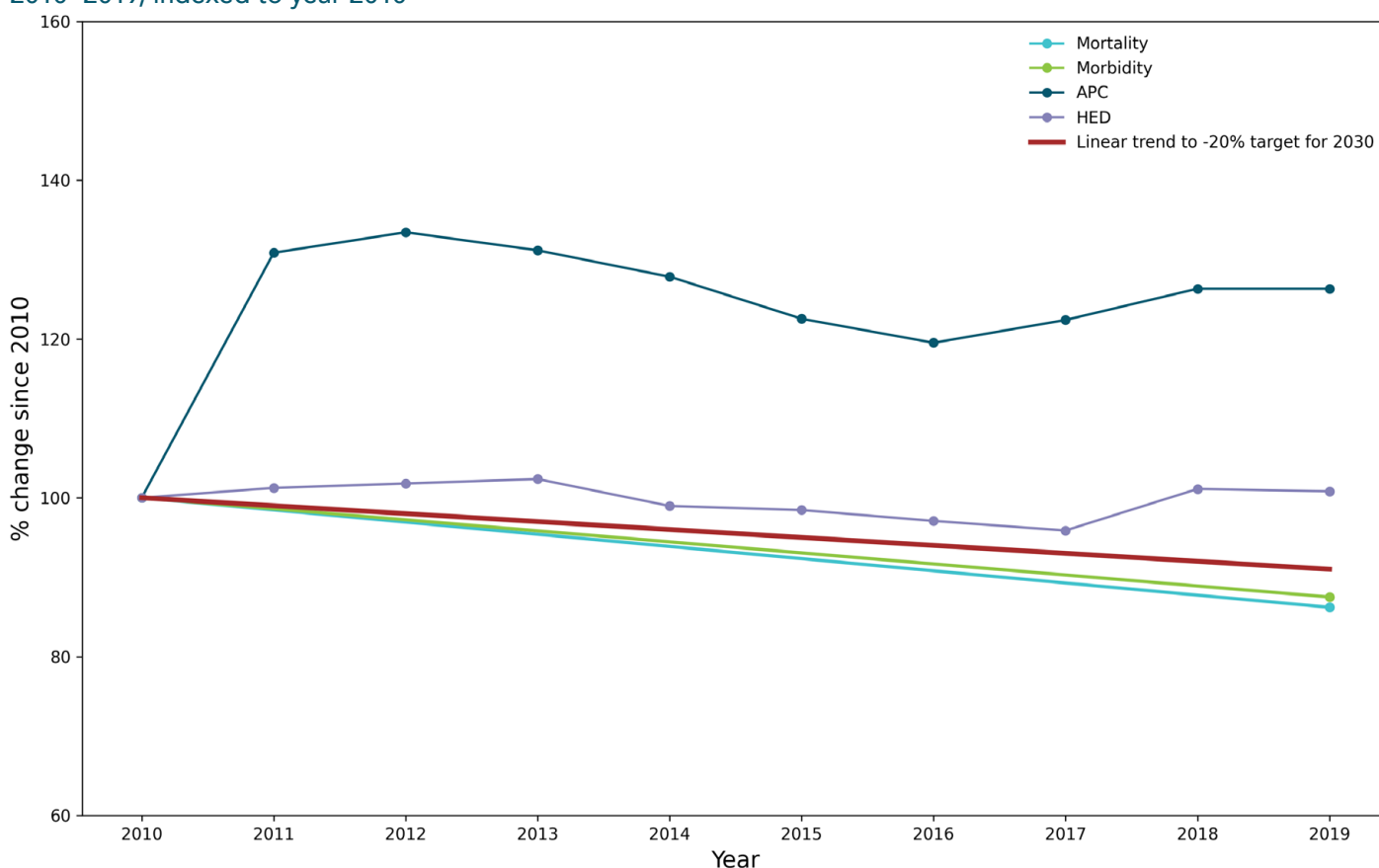
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.61	23.29	79.12	3071.54
2011	8.65	23.58	.	.
2012	8.82	23.71	.	.
2013	8.67	23.84	.	.
2014	8.45	23.05	.	.
2015	8.10	22.93	.	.
2016	7.90	22.61	.	.
2017	8.09	22.33	.	.
2018	8.35	23.55	.	.
2019	8.35	23.48	68.20	2687.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bhutan

UN indicators for harmful use of alcohol

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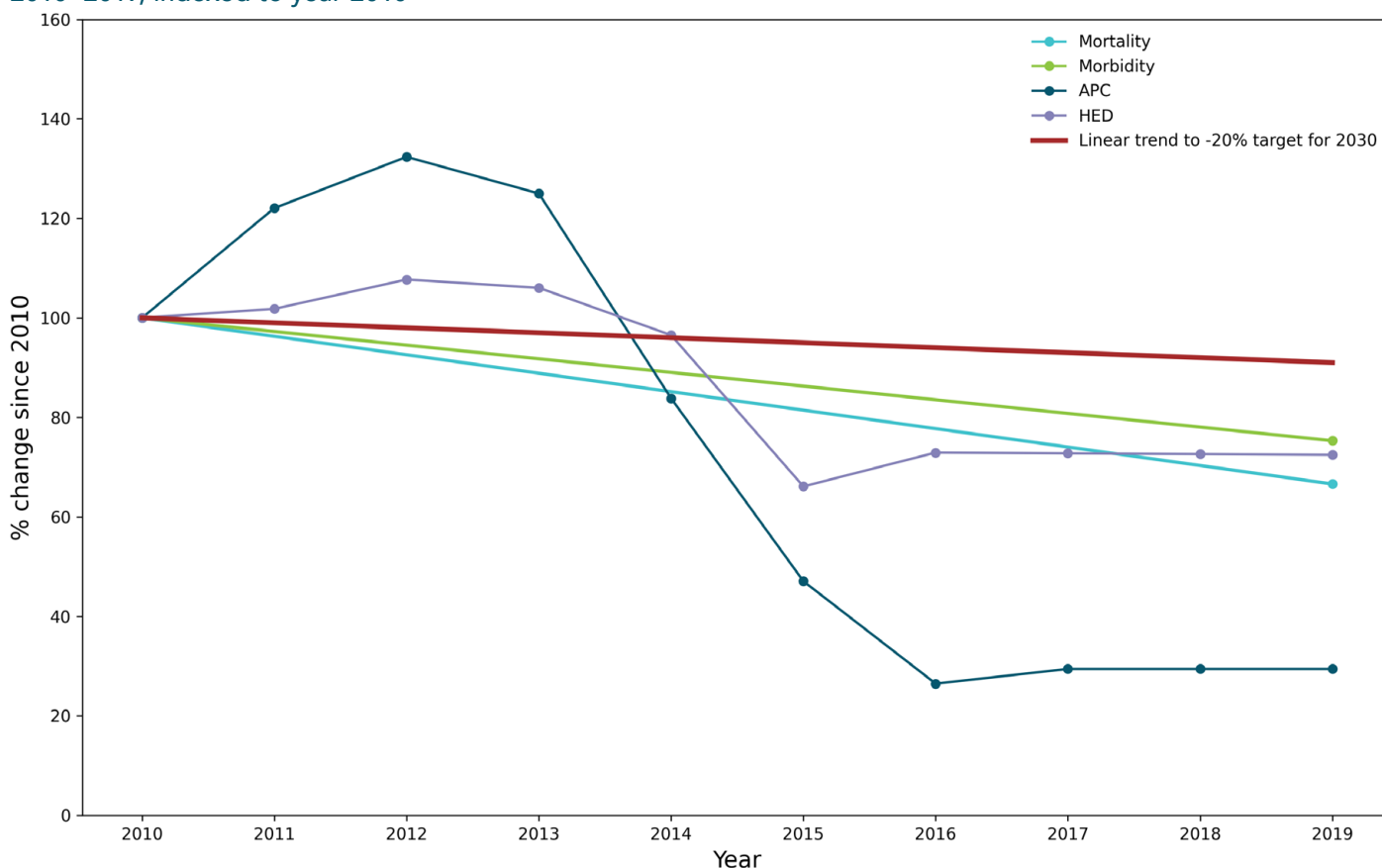
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.68	13.25	17.87	1051.93
2011	0.83	13.49	.	.
2012	0.90	14.27	.	.
2013	0.85	14.05	.	.
2014	0.57	12.79	.	.
2015	0.32	8.76	.	.
2016	0.18	9.66	.	.
2017	0.20	9.64	.	.
2018	0.20	9.62	.	.
2019	0.20	9.60	11.90	792.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bolivia, Plurinational State of

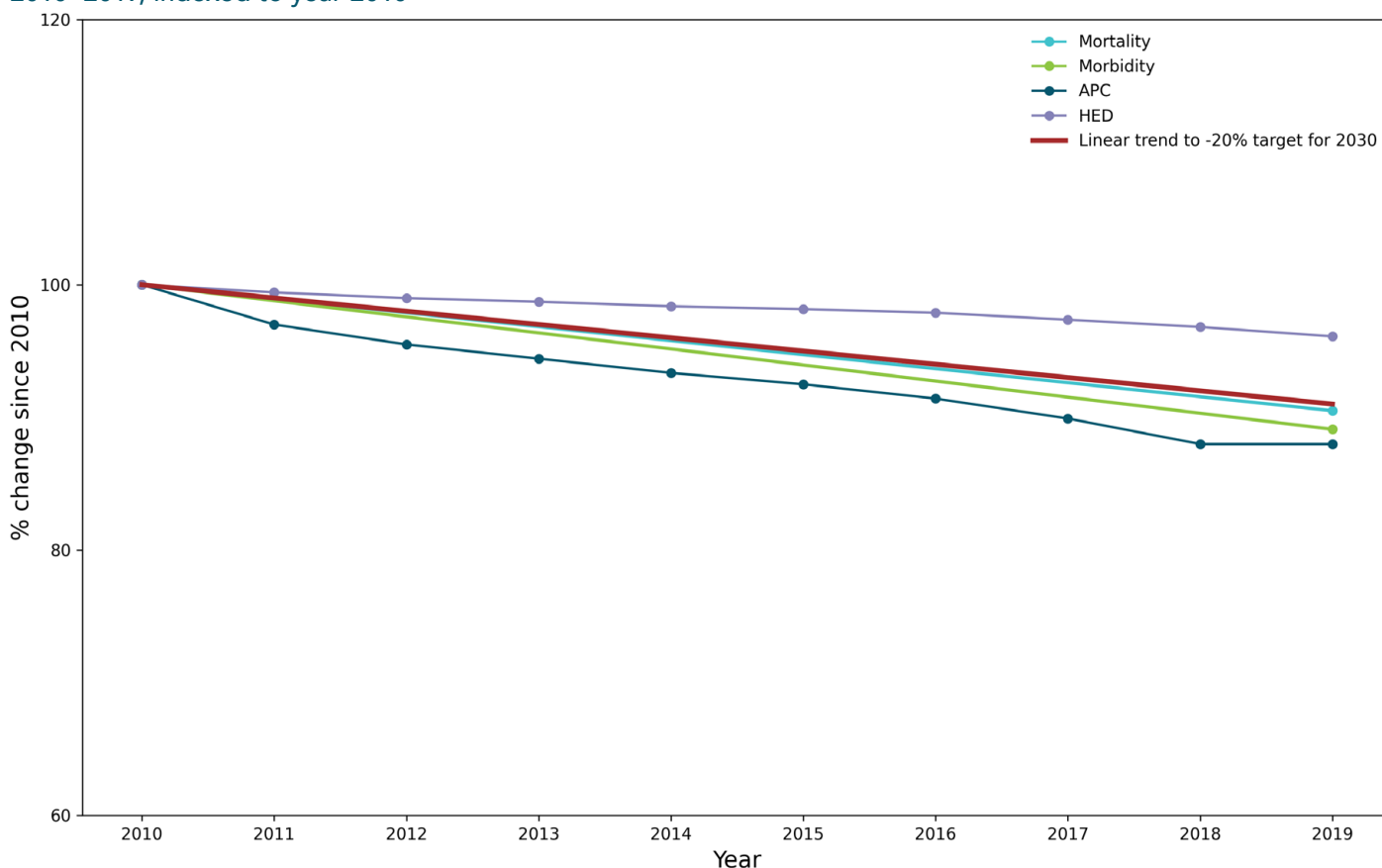## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.66	32.61	45.41	1941.75
2011	4.52	32.42	.	.
2012	4.45	32.28	.	.
2013	4.40	32.19	.	.
2014	4.35	32.08	.	.
2015	4.31	32.01	.	.
2016	4.26	31.92	.	.
2017	4.19	31.75	.	.
2018	4.10	31.57	.	.
2019	4.10	31.34	41.10	1730.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bosnia and Herzegovina

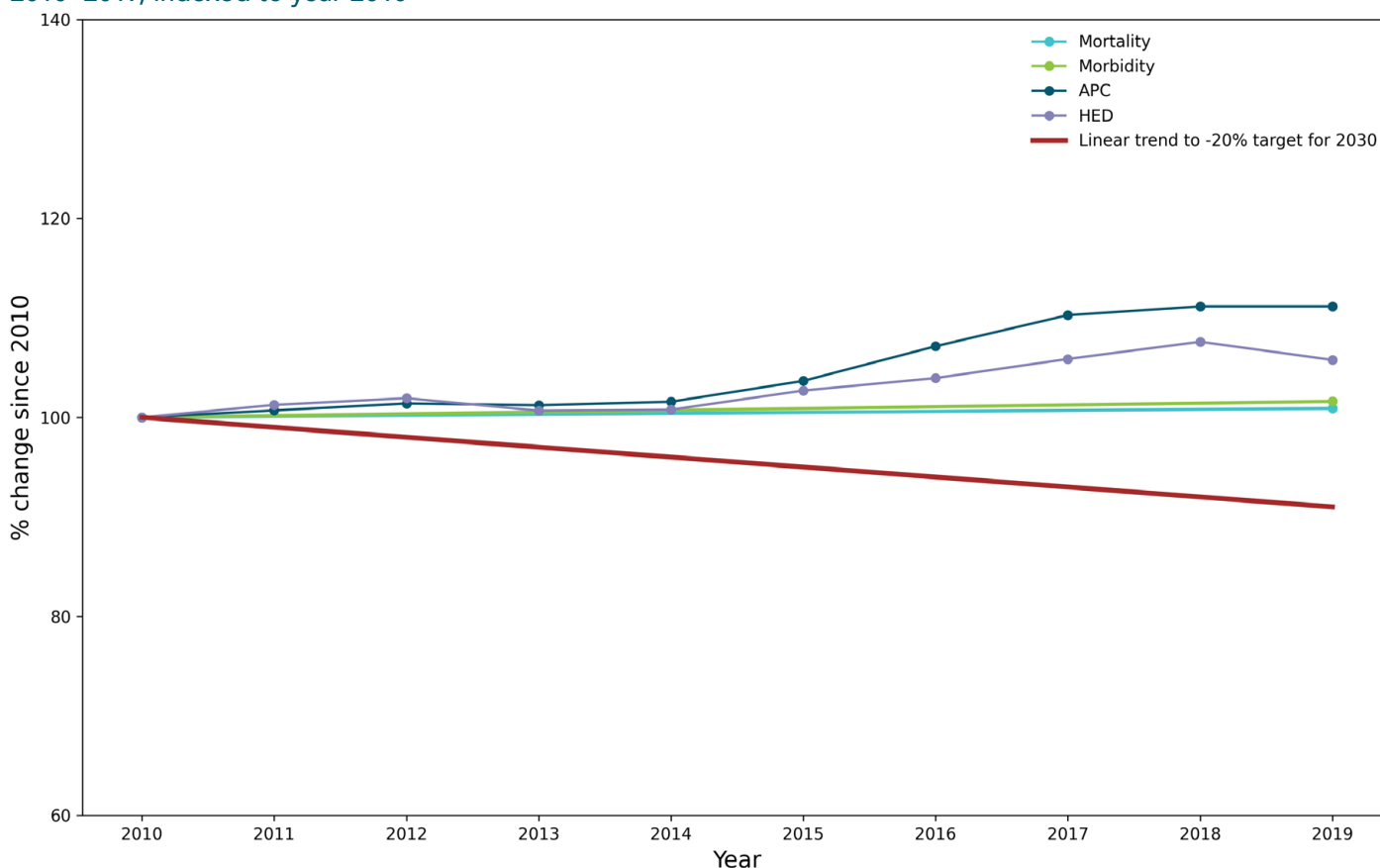## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.74	10.40	24.48	1205.02
2011	5.78	10.53	.	.
2012	5.82	10.60	.	.
2013	5.81	10.47	.	.
2014	5.83	10.48	.	.
2015	5.95	10.68	.	.
2016	6.15	10.81	.	.
2017	6.33	11.01	.	.
2018	6.38	11.19	.	.
2019	6.38	11.00	24.70	1224.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Botswana

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.47	14.58	97.65	4302.62
2011	7.86	15.56	.	.
2012	7.58	14.64	.	.
2013	7.15	13.88	.	.
2014	7.01	14.53	.	.
2015	7.08	14.34	.	.
2016	7.32	14.25	.	.
2017	7.61	15.22	.	.
2018	8.16	15.34	.	.
2019	8.16	15.82	79.10	3455.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Brazil

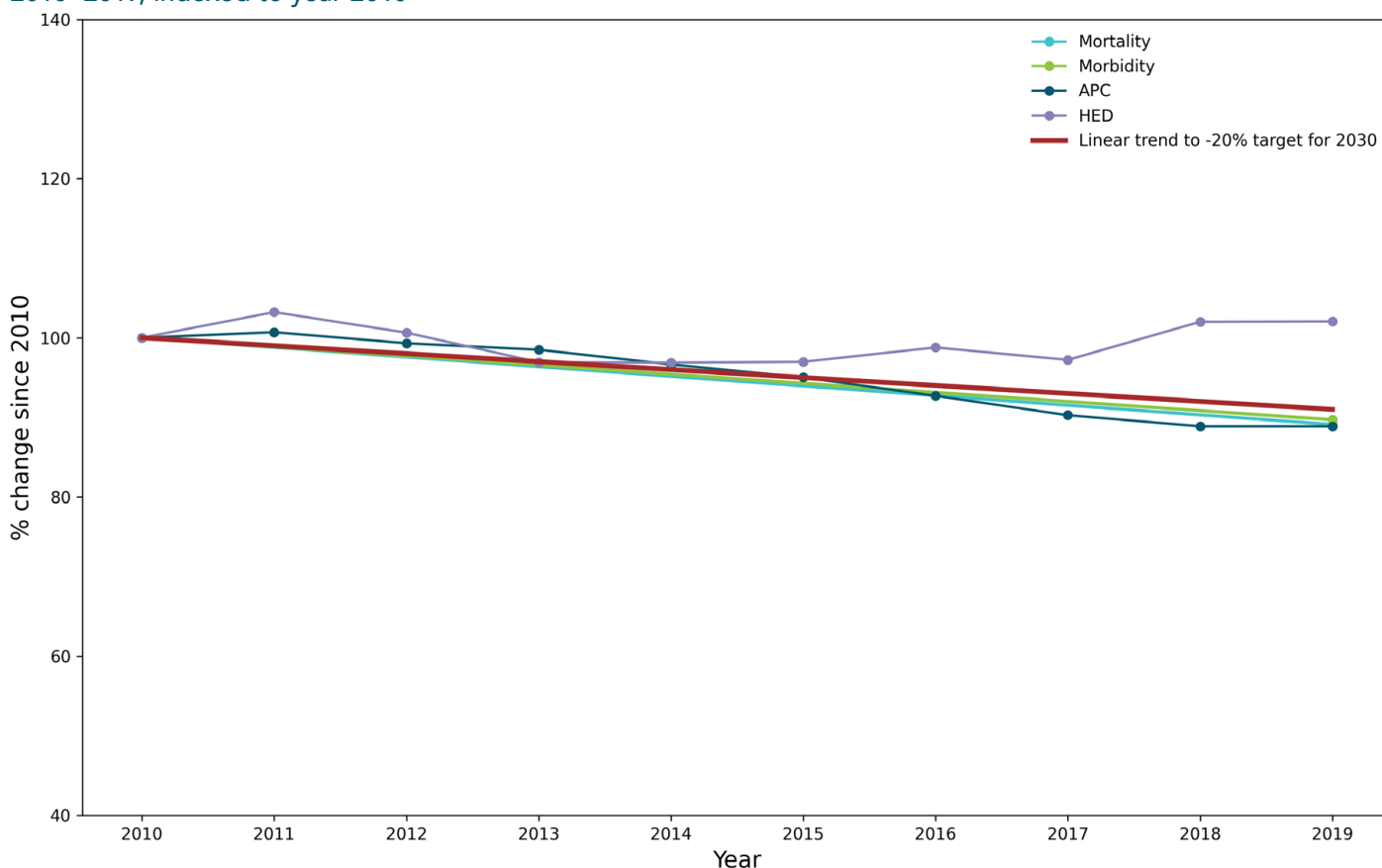## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.63	20.47	44.44	2404.12
2011	8.69	21.13	.	.
2012	8.57	20.60	.	.
2013	8.50	19.84	.	.
2014	8.34	19.83	.	.
2015	8.20	19.85	.	.
2016	8.00	20.22	.	.
2017	7.79	19.90	.	.
2018	7.67	20.88	.	.
2019	7.67	20.89	39.60	2156.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Brunei Darussalam

UN indicators for harmful use of alcohol

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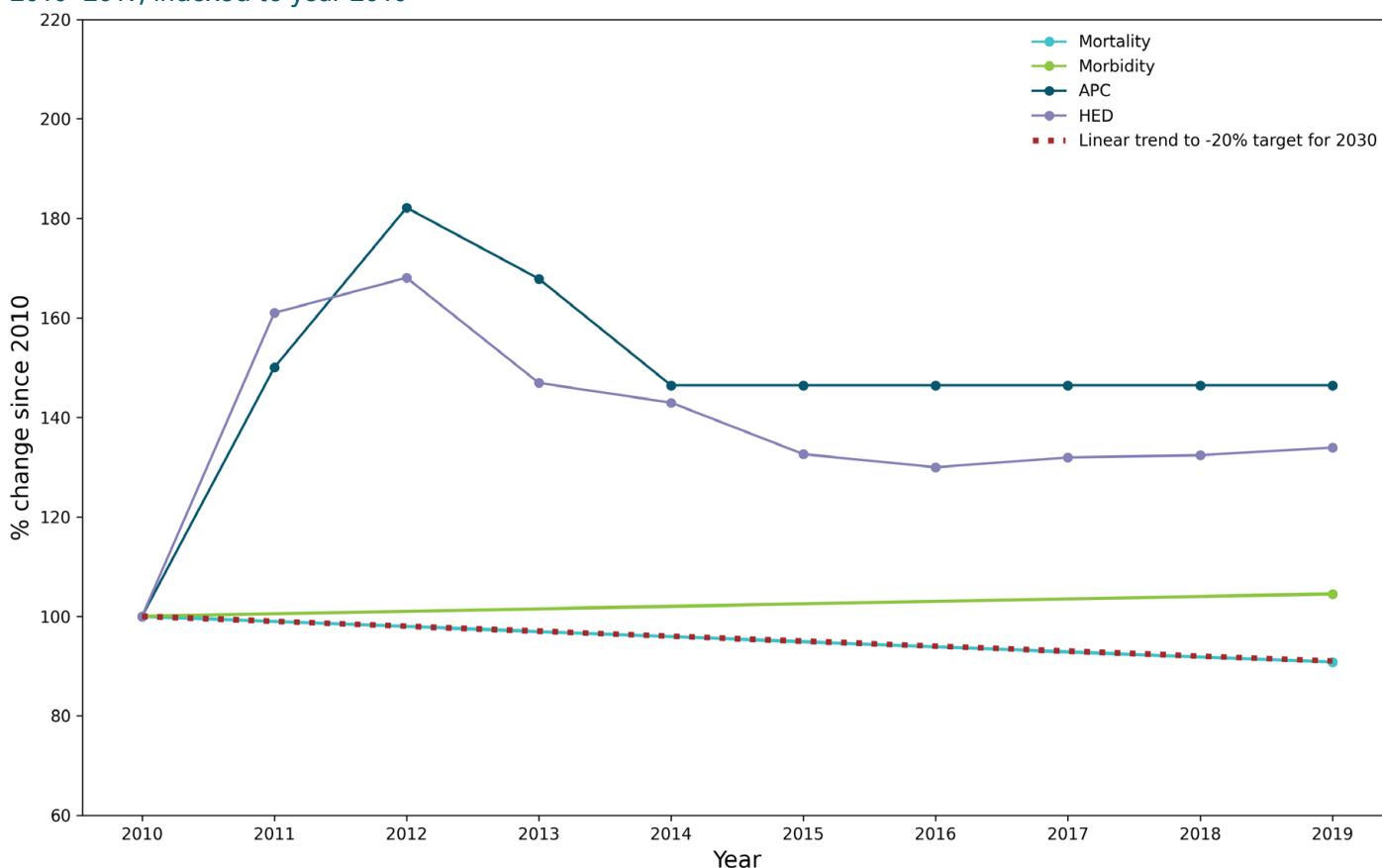
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.28	4.54	10.35	436.56
2011	0.42	7.31	.	.
2012	0.51	7.63	.	.
2013	0.47	6.67	.	.
2014	0.41	6.49	.	.
2015	0.41	6.02	.	.
2016	0.41	5.90	.	.
2017	0.41	5.99	.	.
2018	0.41	6.01	.	.
2019	0.41	6.08	9.40	456.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Bulgaria

UN indicators for harmful use of alcohol

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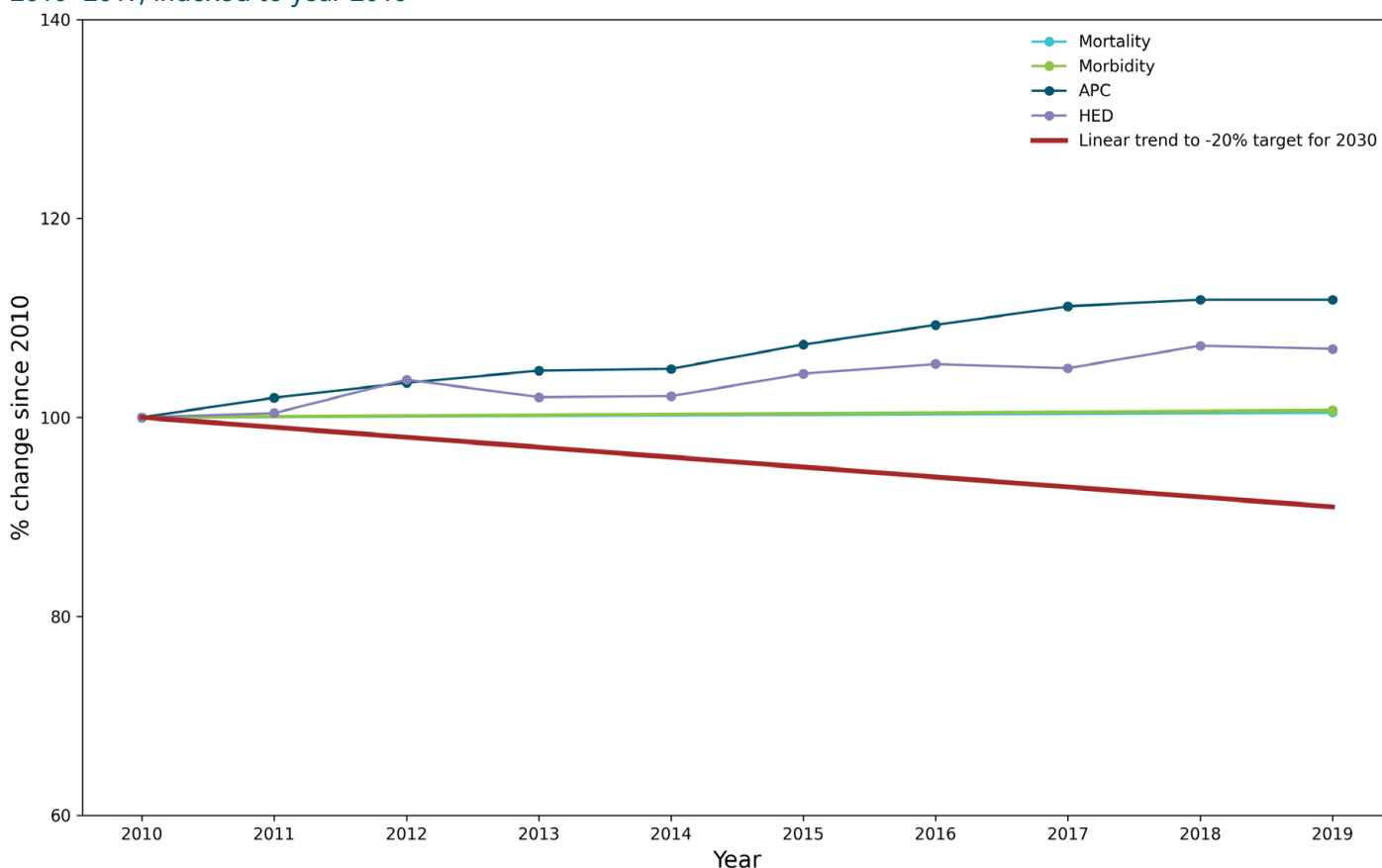
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.66	21.66	38.71	1895.93
2011	10.87	21.75	.	.
2012	11.03	22.48	.	.
2013	11.16	22.10	.	.
2014	11.18	22.12	.	.
2015	11.44	22.61	.	.
2016	11.65	22.82	.	.
2017	11.85	22.73	.	.
2018	11.92	23.22	.	.
2019	11.92	23.15	38.90	1909.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Burkina Faso

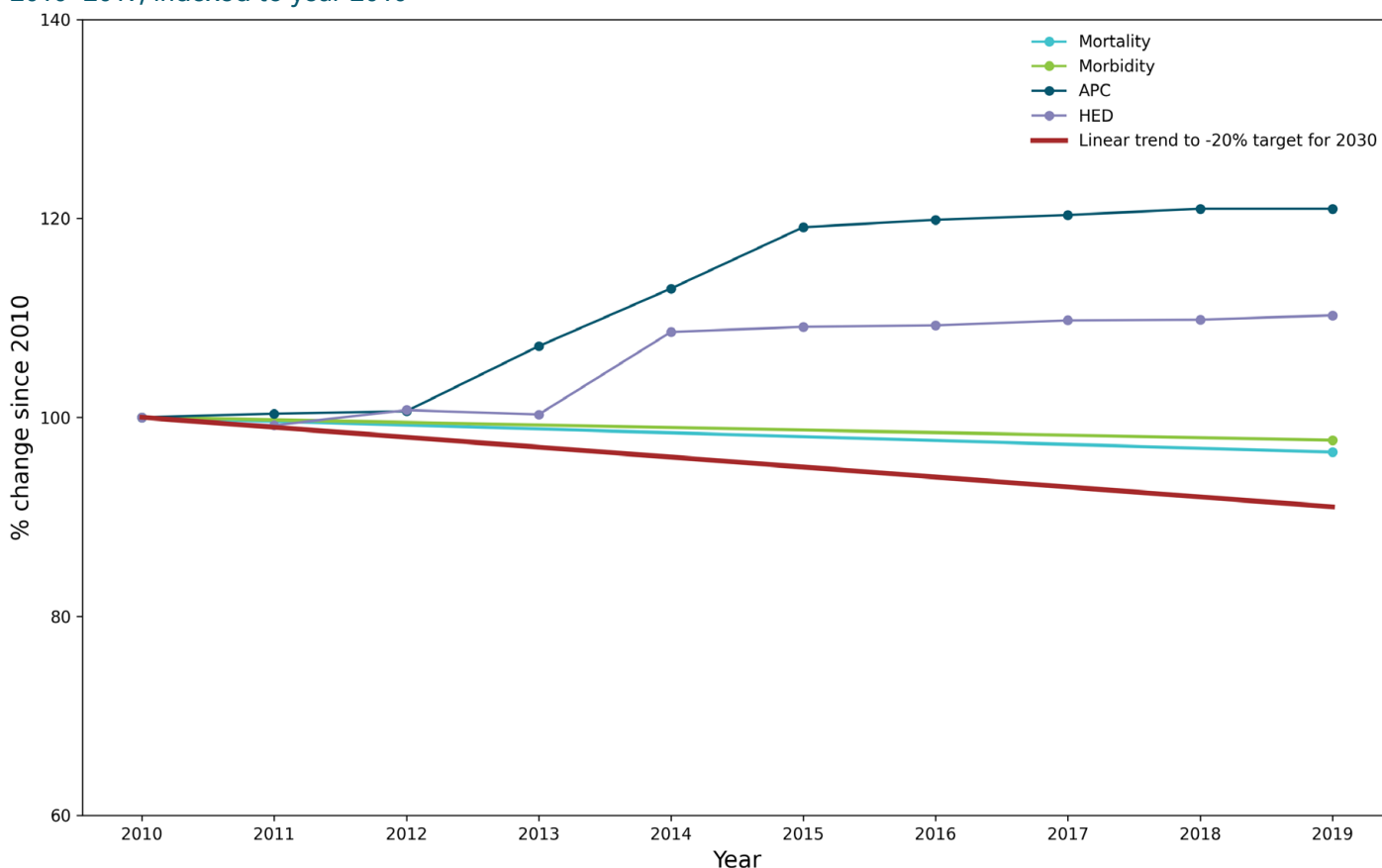## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.11	13.75	73.47	2764.48
2011	8.14	13.64	.	.
2012	8.16	13.85	.	.
2013	8.69	13.79	.	.
2014	9.16	14.93	.	.
2015	9.66	15.00	.	.
2016	9.72	15.02	.	.
2017	9.76	15.09	.	.
2018	9.81	15.10	.	.
2019	9.81	15.16	70.90	2700.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Burundi
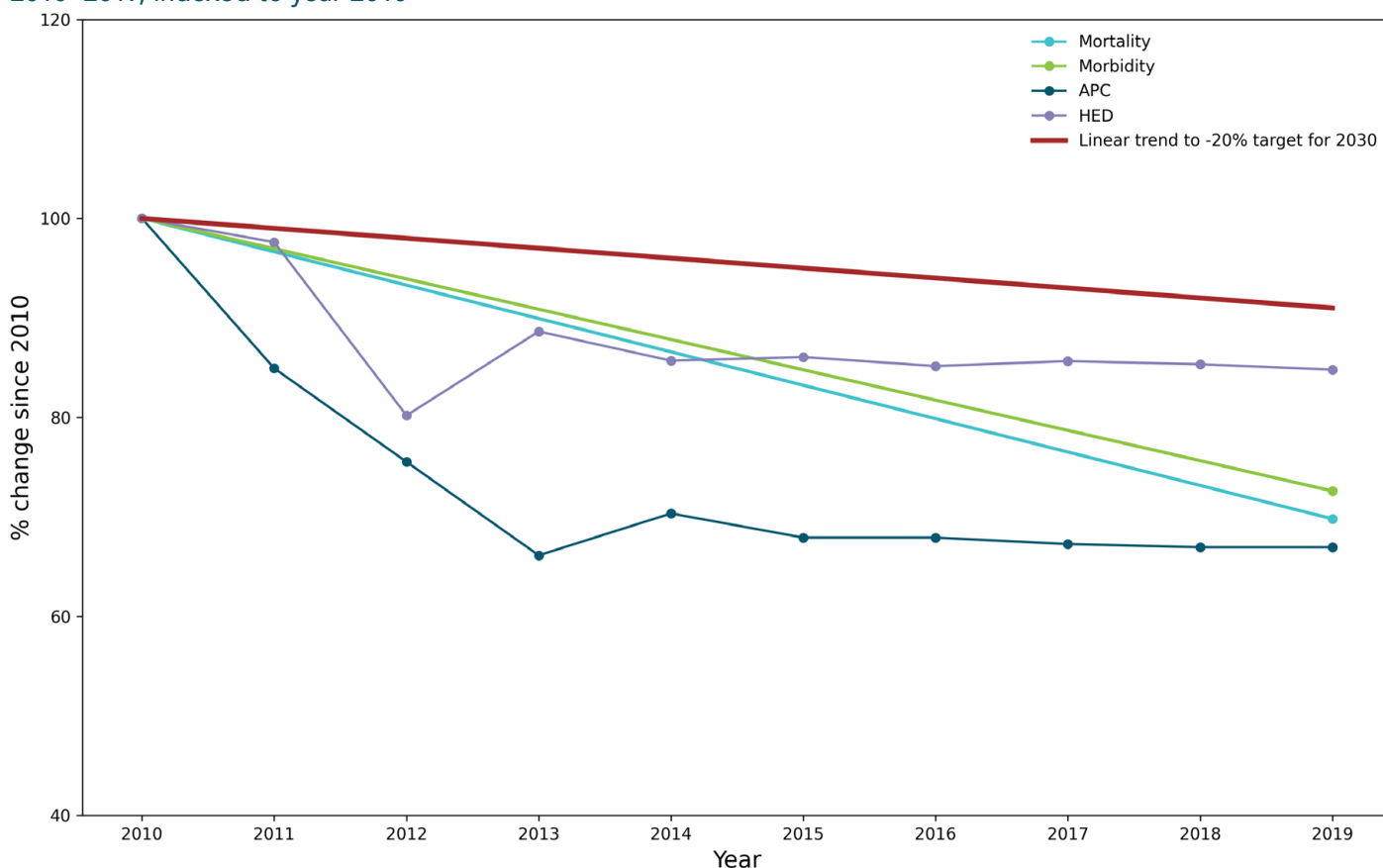
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.17	22.16	86.82	3492.56
2011	5.24	21.63	.	.
2012	4.66	17.77	.	.
2013	4.08	19.64	.	.
2014	4.34	18.99	.	.
2015	4.19	19.07	.	.
2016	4.19	18.87	.	.
2017	4.15	18.98	.	.
2018	4.13	18.91	.	.
2019	4.13	18.79	60.60	2535.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Cabo Verde
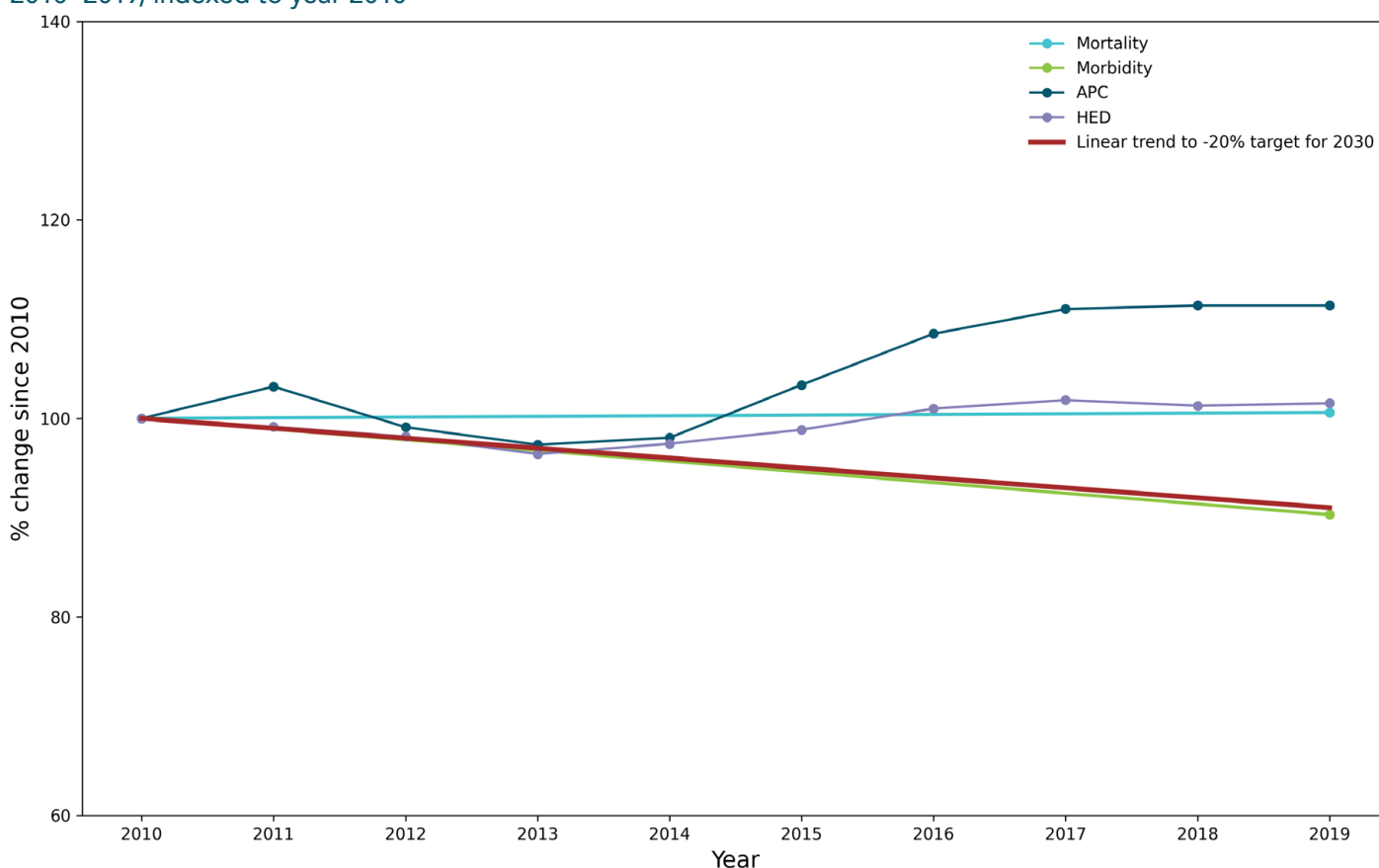
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.63	37.53	55.27	2477.41
2011	5.81	37.21	.	.
2012	5.58	36.84	.	.
2013	5.48	36.18	.	.
2014	5.52	36.57	.	.
2015	5.82	37.10	.	.
2016	6.11	37.90	.	.
2017	6.25	38.22	.	.
2018	6.27	38.01	.	.
2019	6.27	38.10	55.60	2237.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Cambodia

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy

Source: Noncommunicable Diseases Progress Monitor 2022

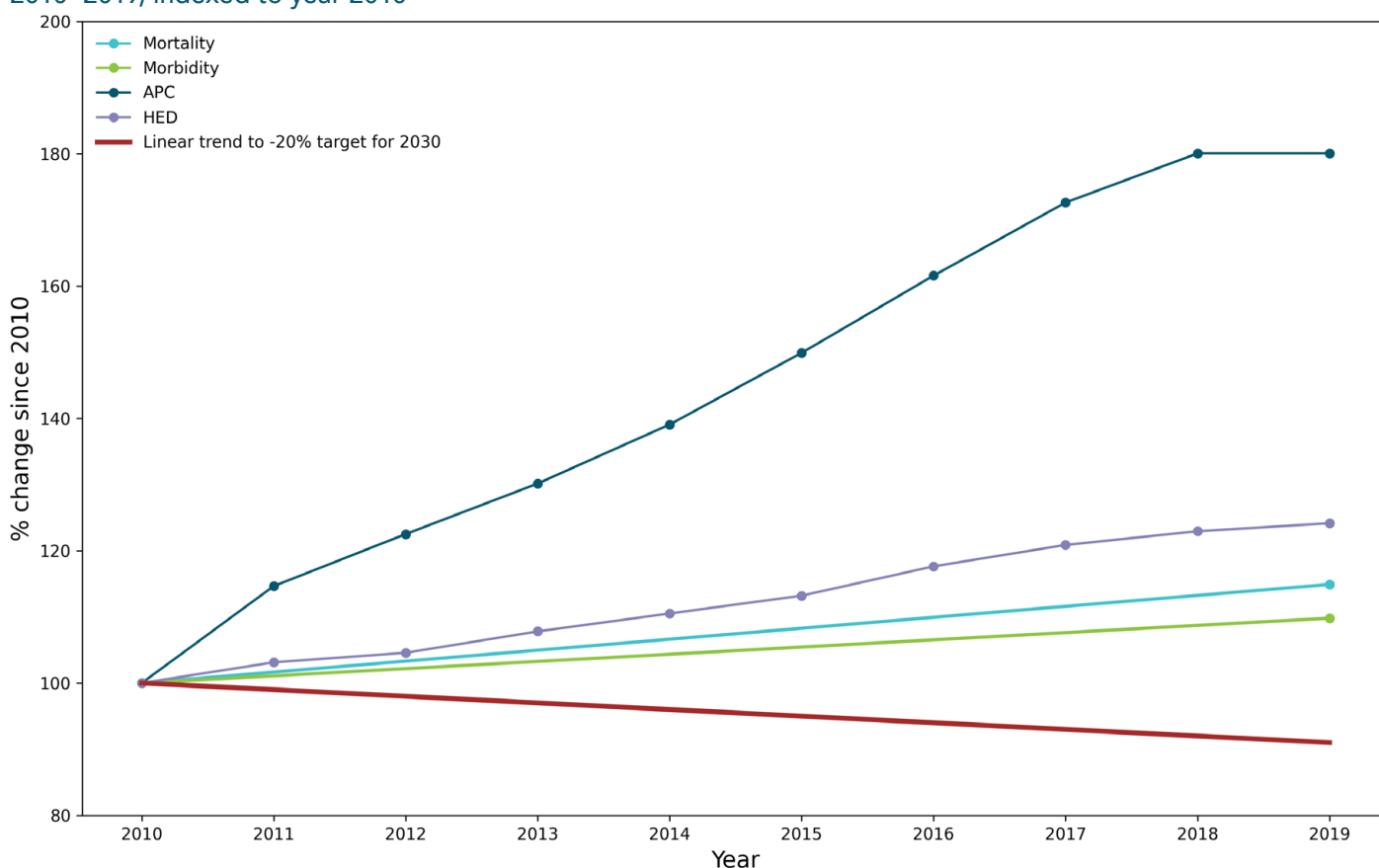| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not achieved	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.71	20.75	70.76	2801.73
2011	5.40	21.40	.	.
2012	5.77	21.70	.	.
2013	6.13	22.37	.	.
2014	6.55	22.93	.	.
2015	7.06	23.49	.	.
2016	7.61	24.41	.	.
2017	8.13	25.08	.	.
2018	8.48	25.51	.	.
2019	8.48	25.76	81.30	3076.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Cameroon

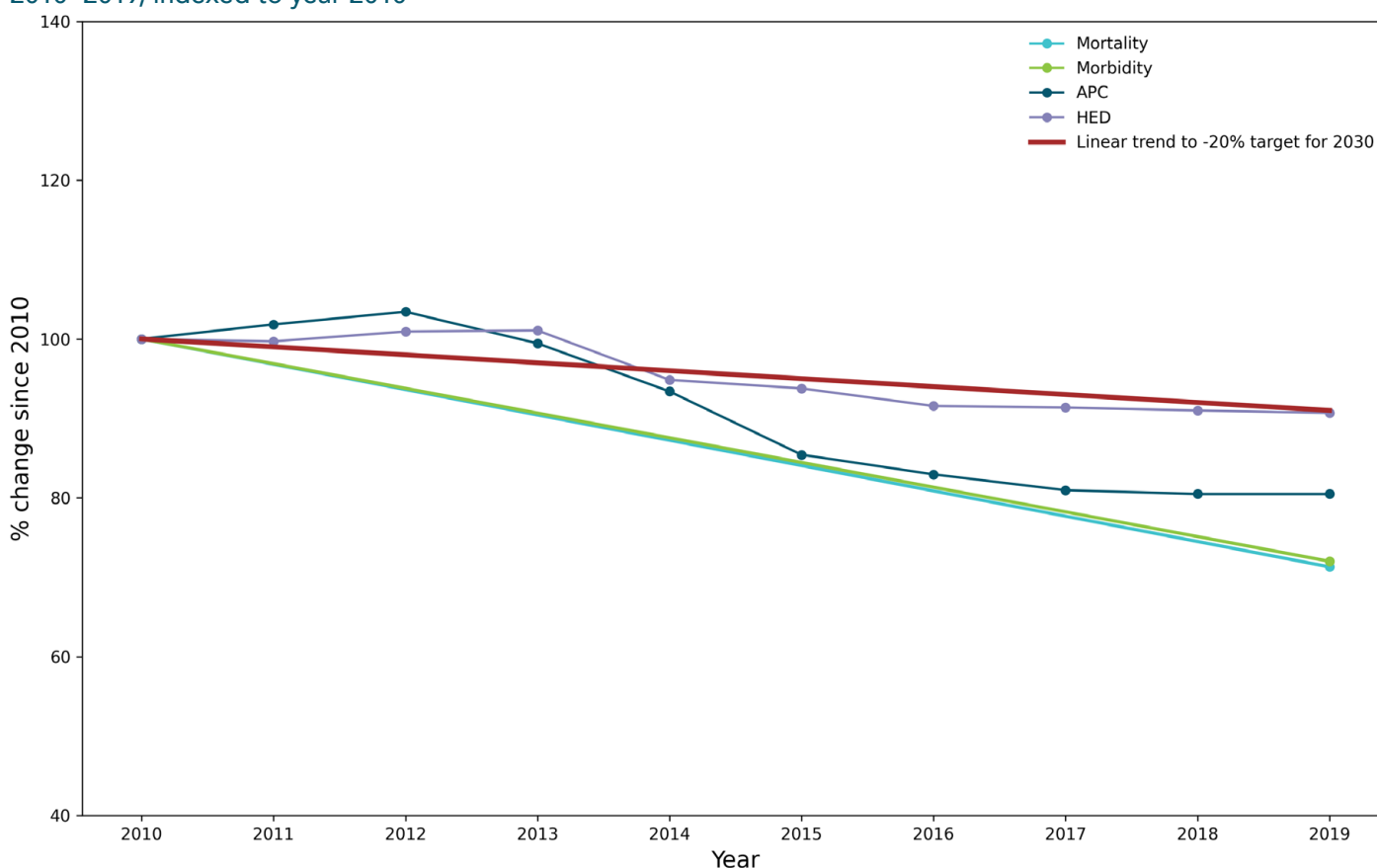## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	12.55	29.86	132.26	5288.61
2011	12.78	29.77	.	.
2012	12.98	30.14	.	.
2013	12.48	30.18	.	.
2014	11.72	28.32	.	.
2015	10.72	28.00	.	.
2016	10.41	27.34	.	.
2017	10.16	27.28	.	.
2018	10.10	27.17	.	.
2019	10.10	27.08	94.30	3807.80

Canada

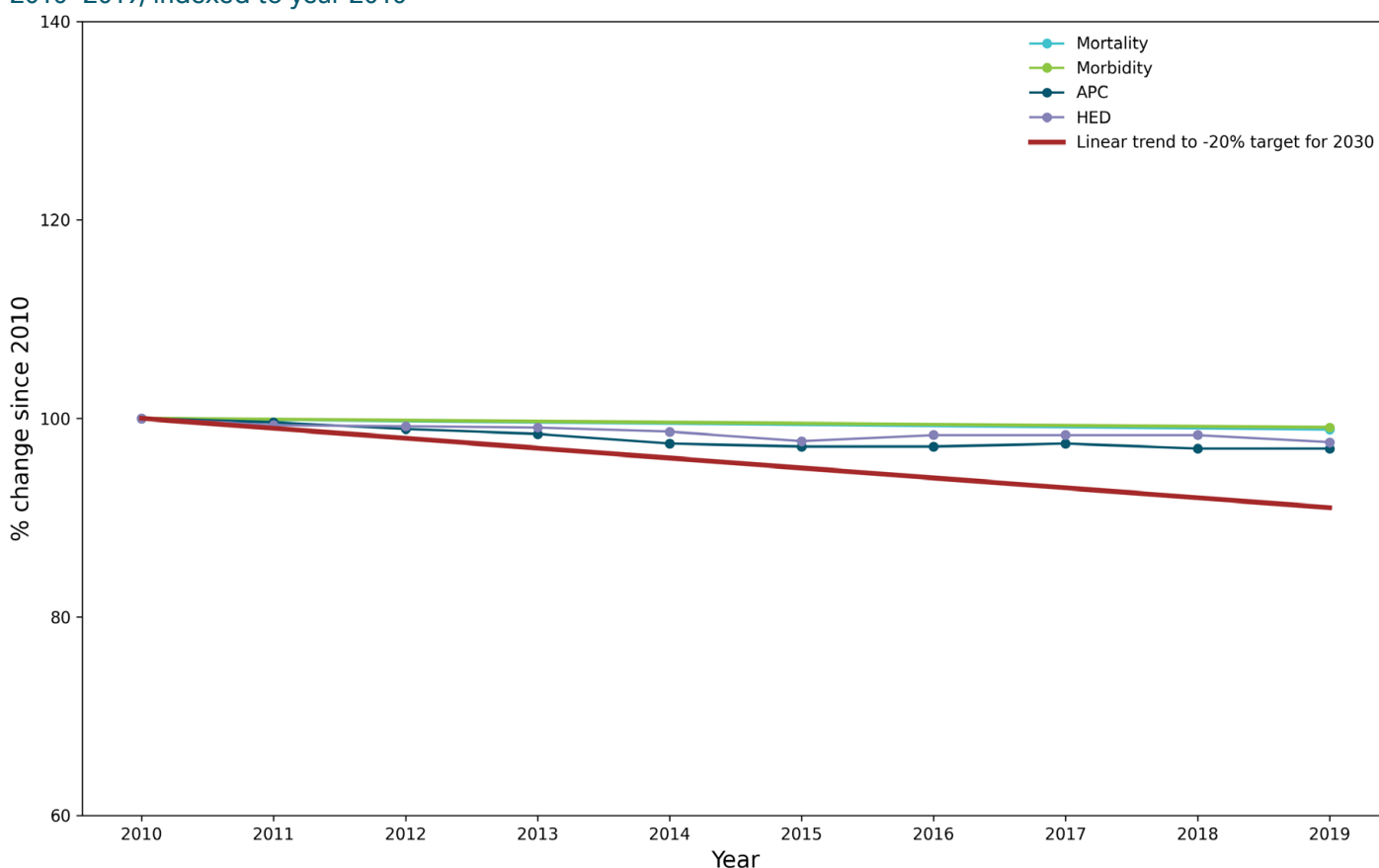## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.21	29.14	21.54	1164.18
2011	10.17	28.94	.	.
2012	10.10	28.91	.	.
2013	10.05	28.87	.	.
2014	9.95	28.75	.	.
2015	9.92	28.47	.	.
2016	9.92	28.65	.	.
2017	9.95	28.65	.	.
2018	9.90	28.65	.	.
2019	9.90	28.44	21.30	1153.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Central African Republic

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.45	29.03	89.49	3864.13
2011	2.54	29.27	.	.
2012	2.29	29.34	.	.
2013	2.04	26.78	.	.
2014	1.83	26.96	.	.
2015	1.94	27.56	.	.
2016	2.01	27.66	.	.
2017	2.01	27.58	.	.
2018	1.99	27.49	.	.
2019	1.99	27.40	78.30	3446.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Chad

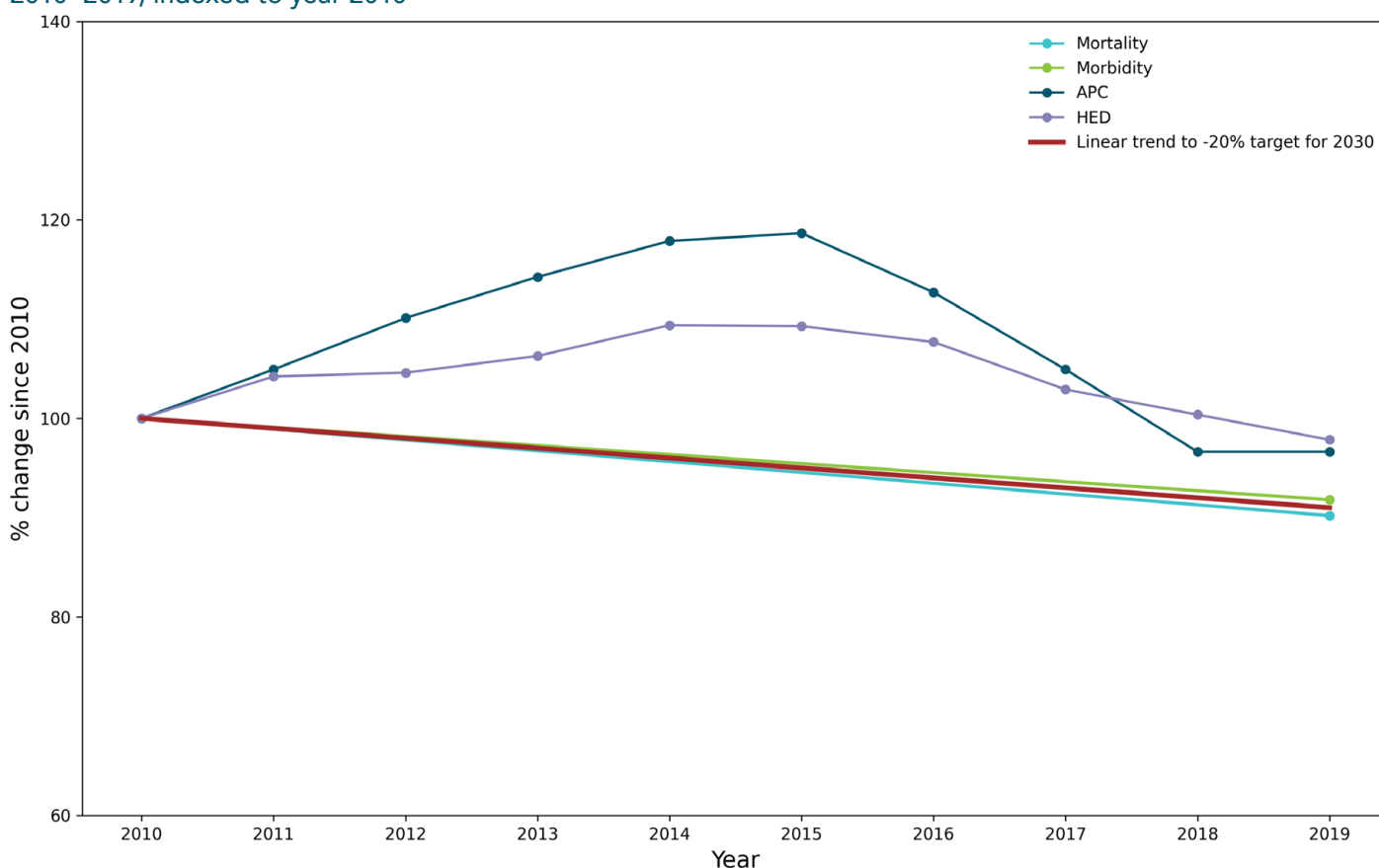## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.86	10.66	58.09	2252.51
2011	4.05	11.11	.	.
2012	4.25	11.15	.	.
2013	4.41	11.33	.	.
2014	4.55	11.66	.	.
2015	4.58	11.65	.	.
2016	4.35	11.48	.	.
2017	4.05	10.97	.	.
2018	3.73	10.70	.	.
2019	3.73	10.43	52.40	2067.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Chile

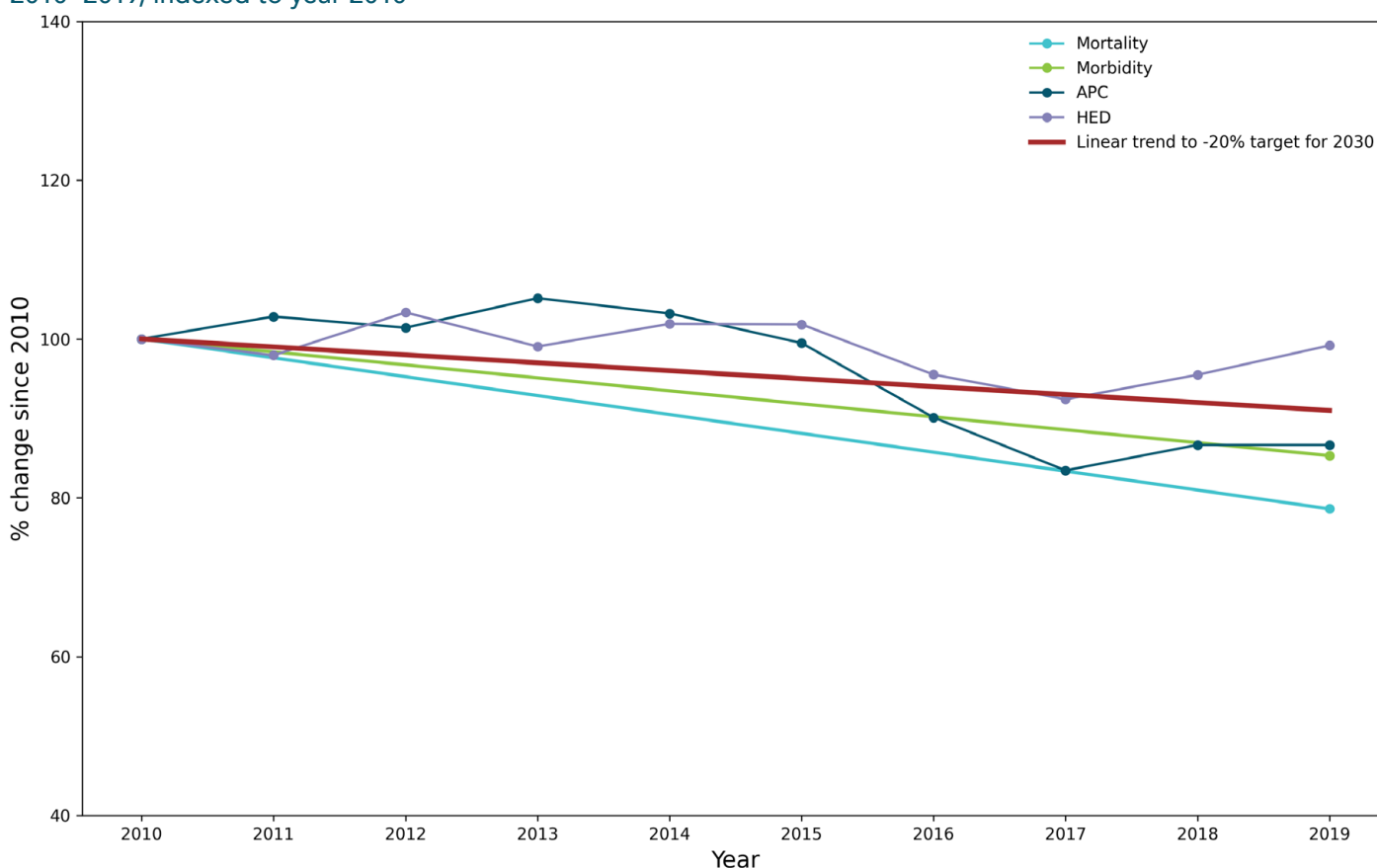## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.79	30.52	29.64	1737.98
2011	8.01	29.89	.	.
2012	7.90	31.54	.	.
2013	8.19	30.23	.	.
2014	8.04	31.10	.	.
2015	7.75	31.08	.	.
2016	7.02	29.15	.	.
2017	6.50	28.20	.	.
2018	6.75	29.14	.	.
2019	6.75	30.27	23.30	1482.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

China

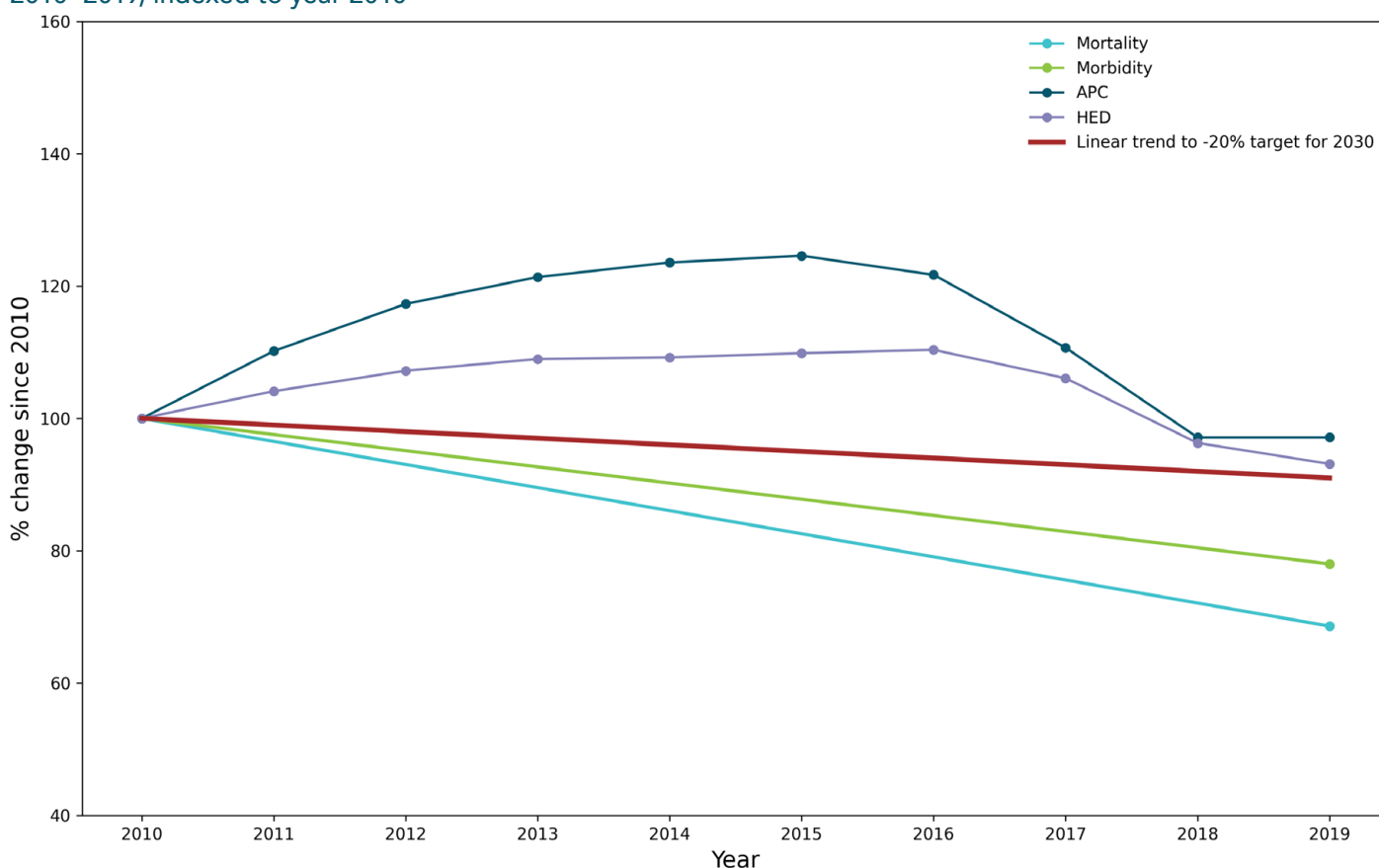## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▸ **APC**[1]: Total alcohol per capita consumption
- ▸ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- ▸ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▸ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.90	15.84	23.47	1063.72
2011	6.50	16.49	.	.
2012	6.92	16.98	.	.
2013	7.16	17.26	.	.
2014	7.29	17.30	.	.
2015	7.35	17.40	.	.
2016	7.18	17.48	.	.
2017	6.53	16.80	.	.
2018	5.73	15.25	.	.
2019	5.73	14.75	16.10	829.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Colombia

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
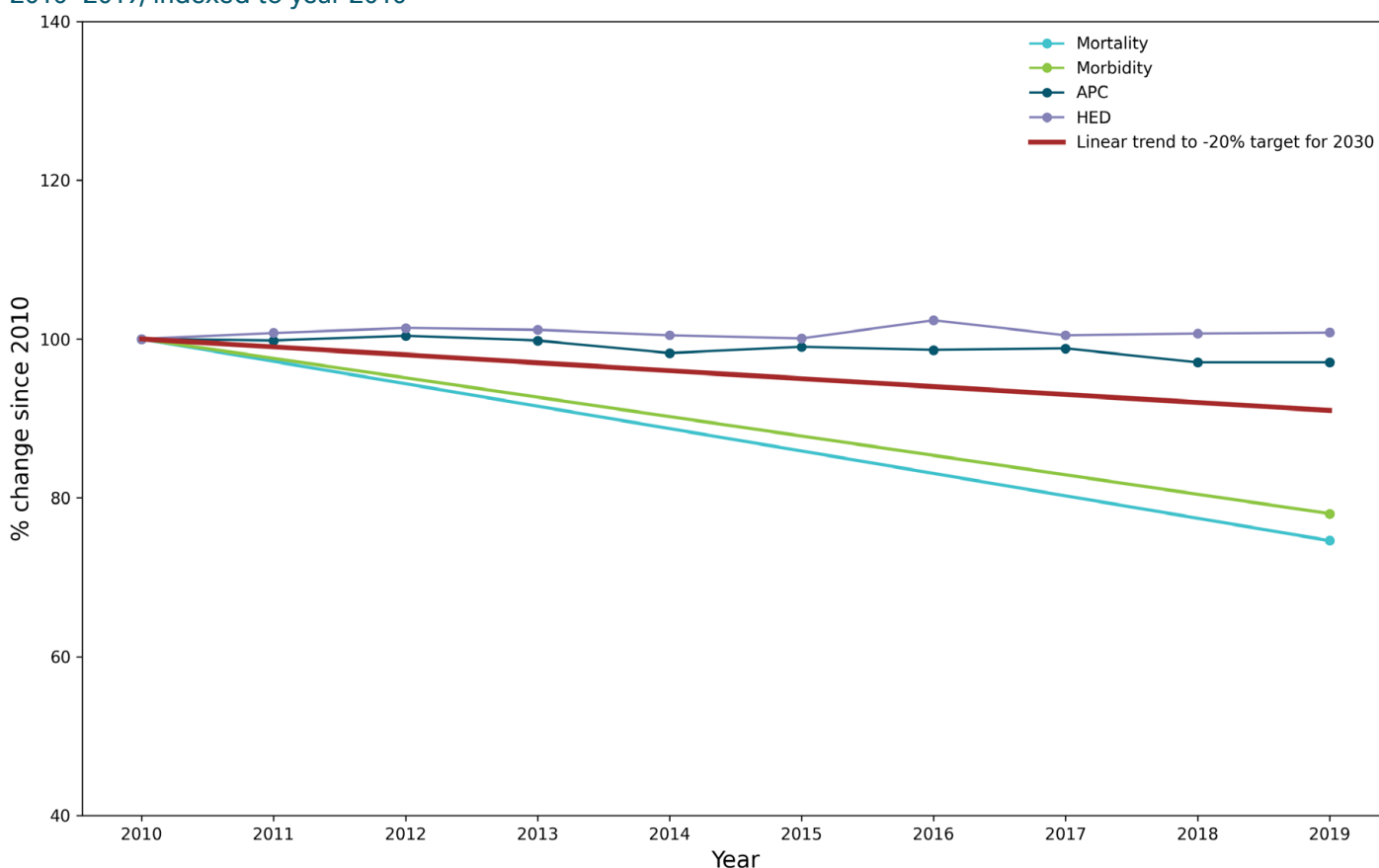
▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.07	17.35	25.34	1541.28
2011	5.06	17.48	.	.
2012	5.09	17.59	.	.
2013	5.06	17.55	.	.
2014	4.98	17.43	.	.
2015	5.02	17.36	.	.
2016	5.00	17.76	.	.
2017	5.01	17.43	.	.
2018	4.92	17.47	.	.
2019	4.92	17.49	18.90	1202.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Comoros
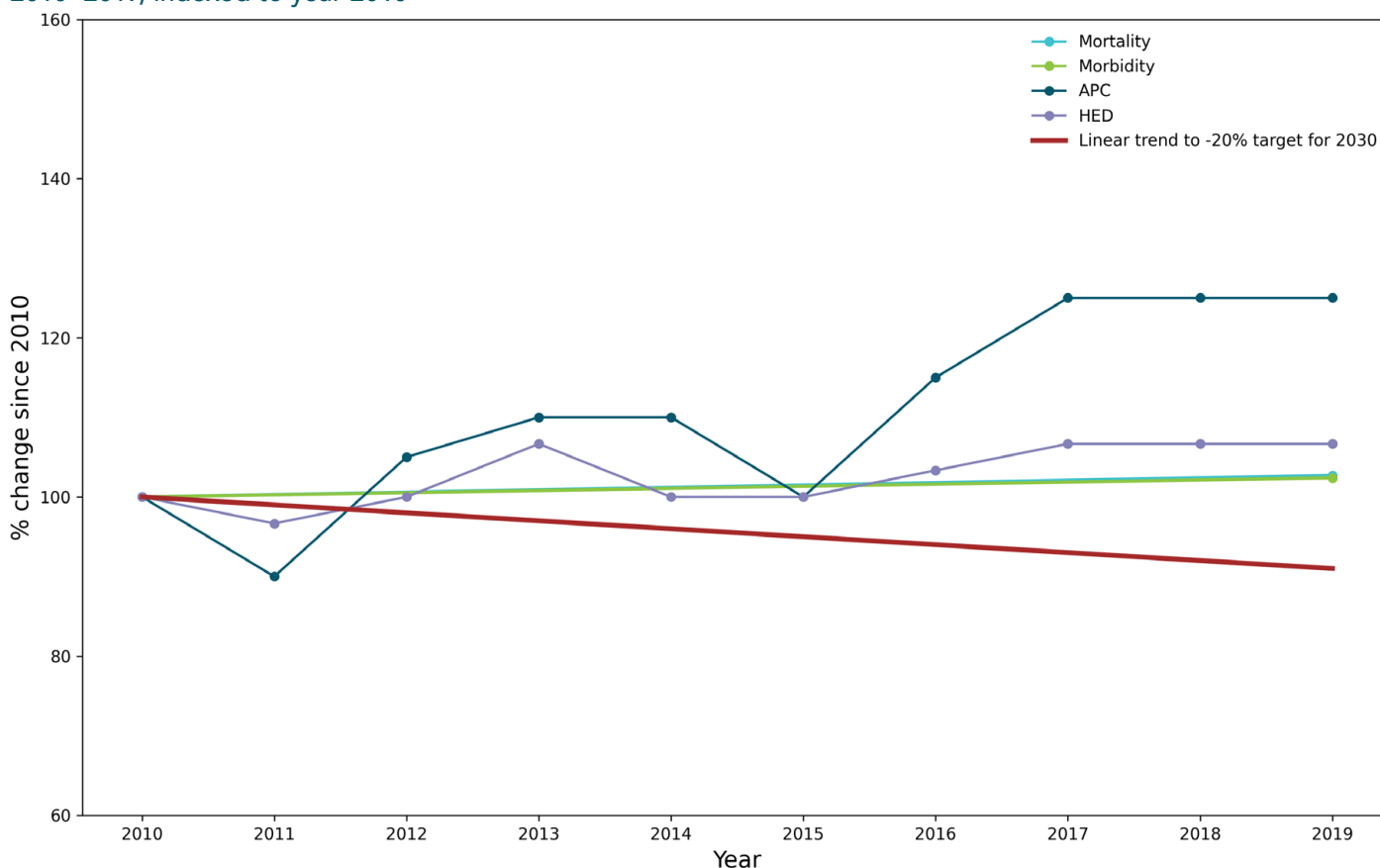
UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan*** is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.20	0.30	5.84	354.10
2011	0.18	0.29	.	.
2012	0.21	0.30	.	.
2013	0.22	0.32	.	.
2014	0.22	0.30	.	.
2015	0.20	0.30	.	.
2016	0.23	0.31	.	.
2017	0.25	0.32	.	.
2018	0.25	0.32	.	.
2019	0.25	0.32	6.00	362.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Congo, Republic of

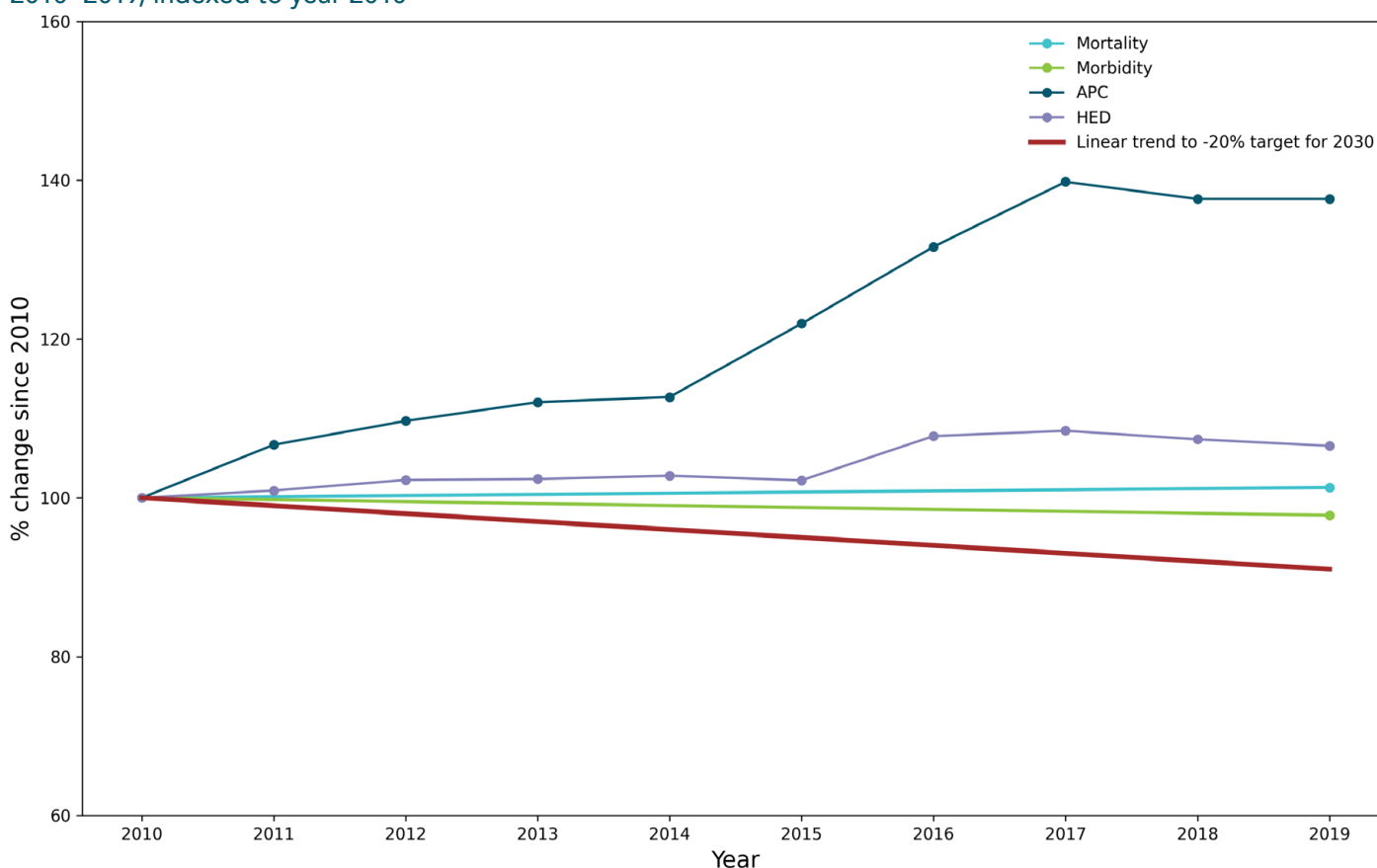## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ **APC**[1]: Total alcohol per capita consumption
- ▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.65	41.46	82.23	3488.45
2011	4.96	41.84	.	.
2012	5.10	42.39	.	.
2013	5.21	42.44	.	.
2014	5.24	42.61	.	.
2015	5.67	42.37	.	.
2016	6.12	44.68	.	.
2017	6.50	44.96	.	.
2018	6.40	44.51	.	.
2019	6.40	44.17	83.30	3411.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Cook Islands

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
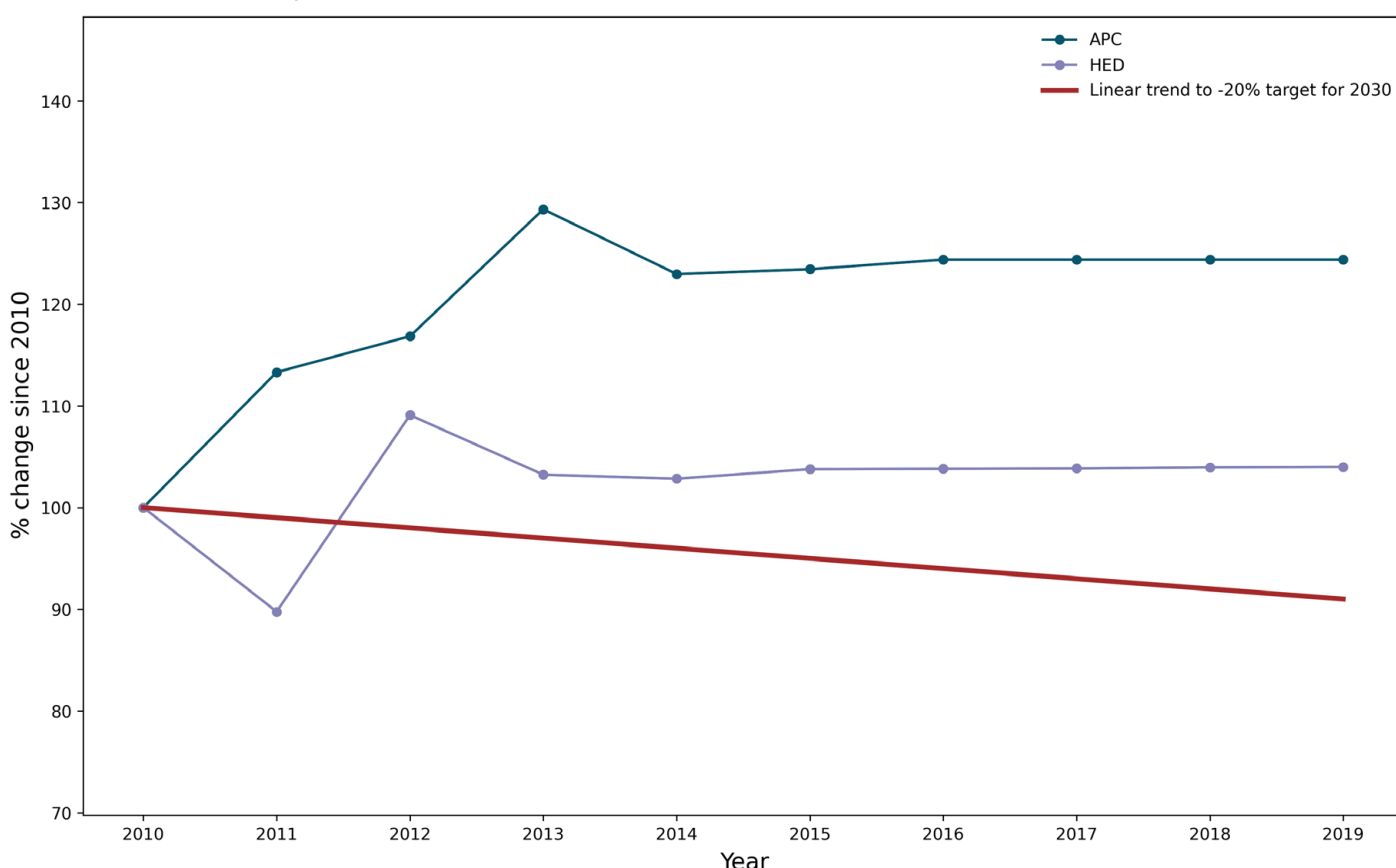▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.49	27.83	.	.
2011	9.62	24.98	.	.
2012	9.92	30.36	.	.
2013	10.98	28.73	.	.
2014	10.44	28.62	.	.
2015	10.48	28.88	.	.
2016	10.56	28.89	.	.
2017	10.56	28.90	.	.
2018	10.56	28.93	.	.
2019	10.56	28.94	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Costa Rica

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
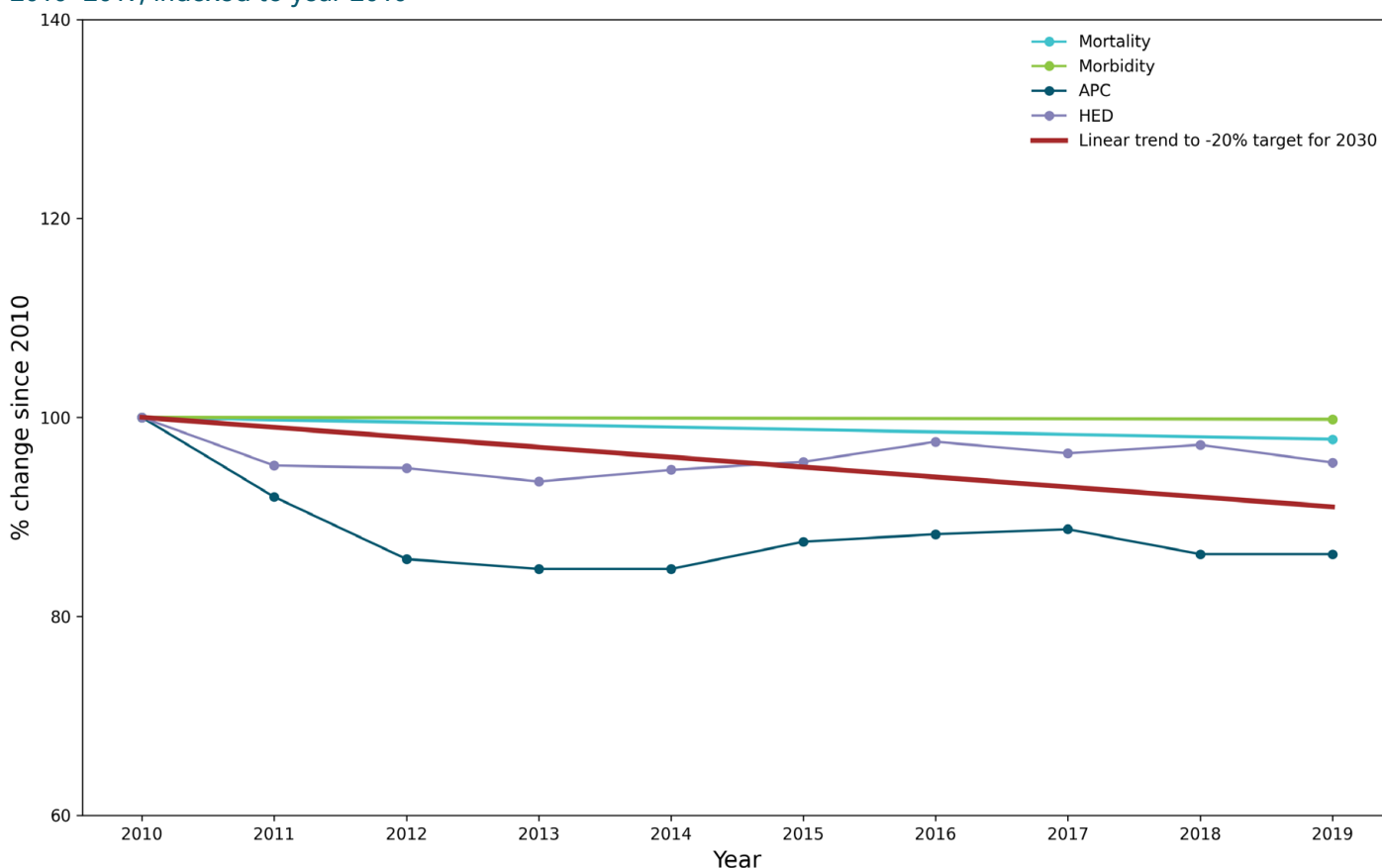
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.00	16.29	16.67	1045.49
2011	3.68	15.50	.	.
2012	3.43	15.46	.	.
2013	3.39	15.24	.	.
2014	3.39	15.43	.	.
2015	3.50	15.56	.	.
2016	3.53	15.89	.	.
2017	3.55	15.70	.	.
2018	3.45	15.84	.	.
2019	3.45	15.55	16.30	1043.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Côte d'Ivoire

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
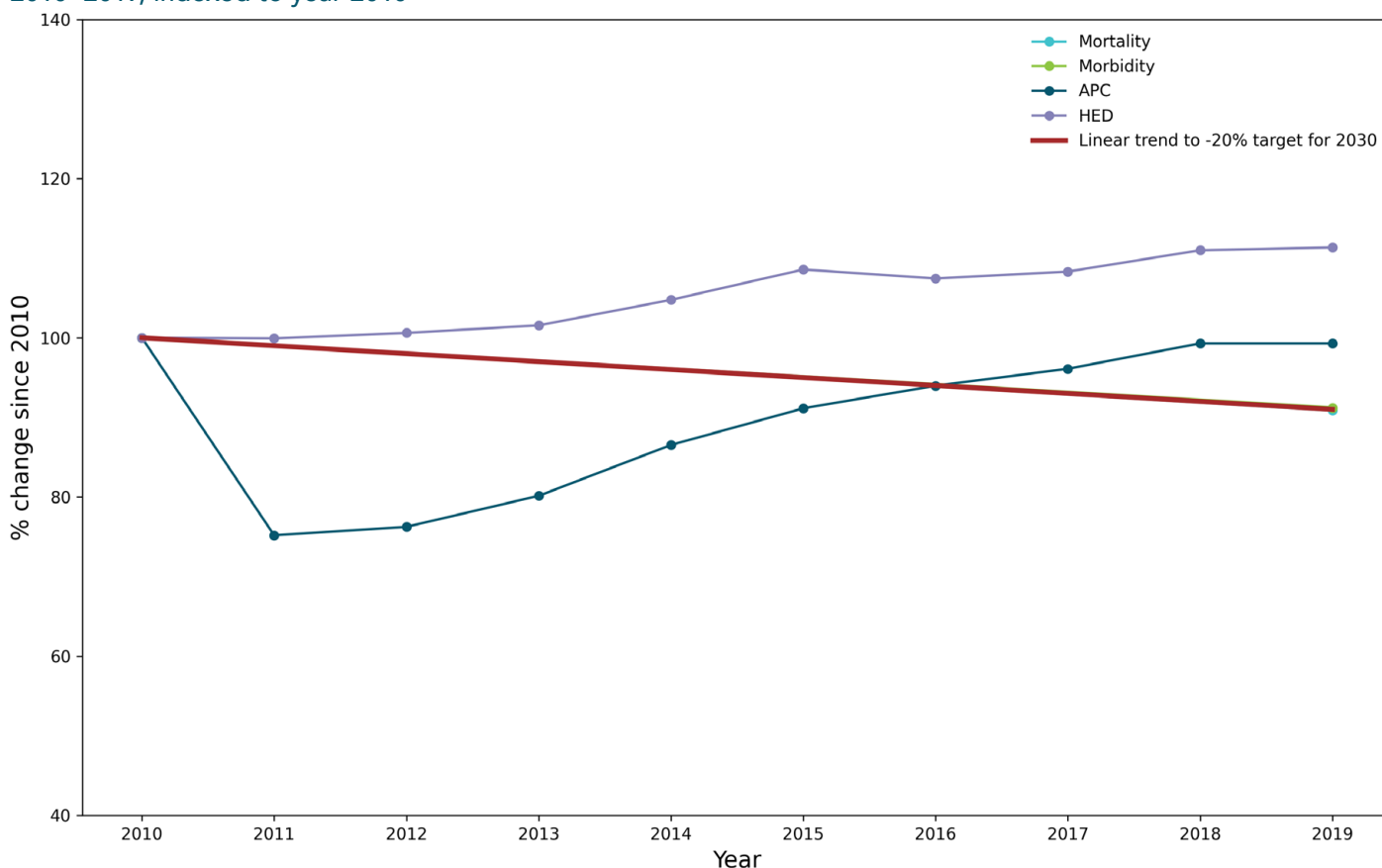
▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.82	11.55	46.64	1876.64
2011	2.12	11.54	.	.
2012	2.15	11.62	.	.
2013	2.26	11.73	.	.
2014	2.44	12.10	.	.
2015	2.57	12.54	.	.
2016	2.65	12.41	.	.
2017	2.71	12.51	.	.
2018	2.80	12.82	.	.
2019	2.80	12.86	42.40	1711.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

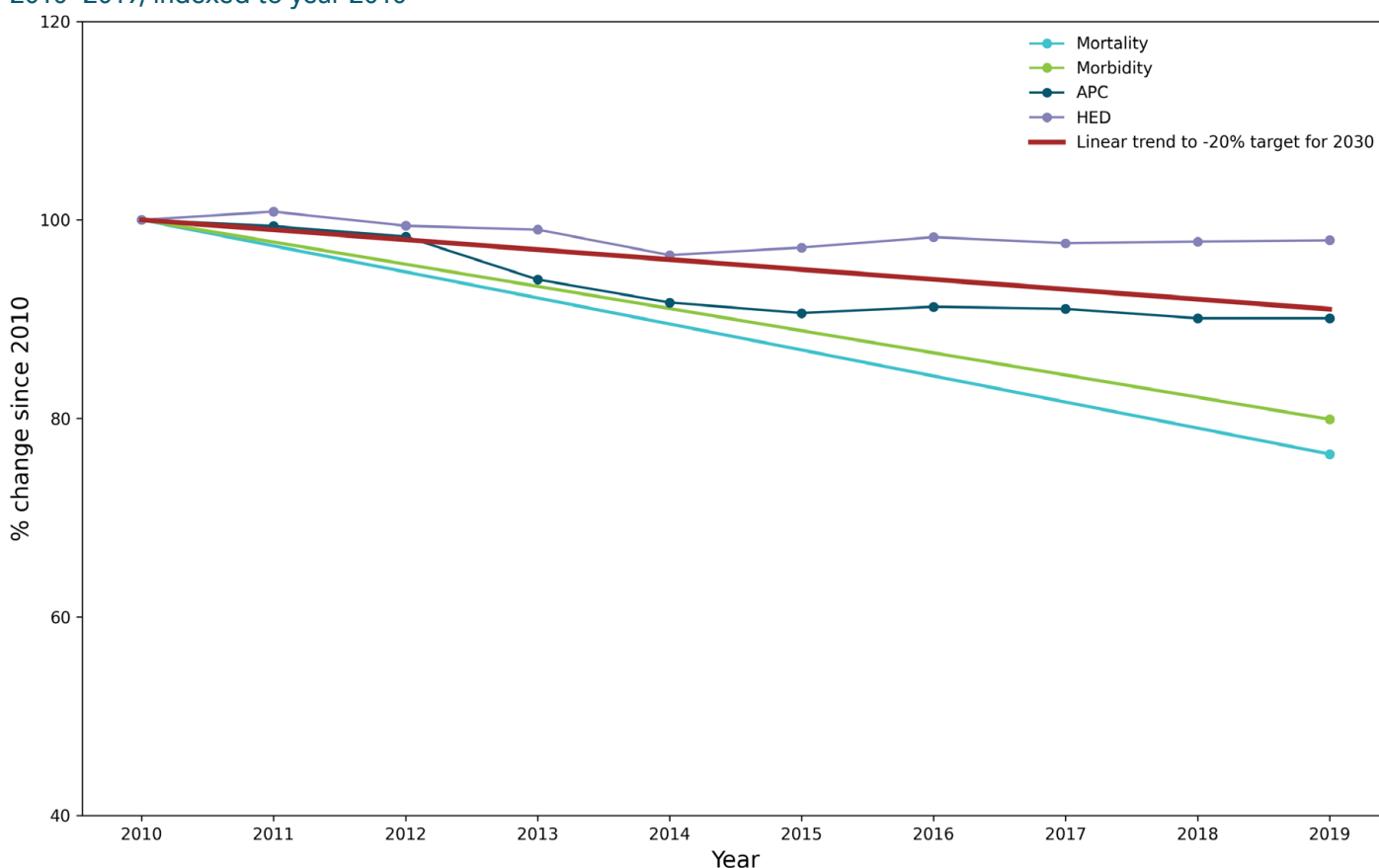# Croatia

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.48	31.53	45.16	2213.89
2011	9.42	31.79	.	.
2012	9.32	31.34	.	.
2013	8.91	31.22	.	.
2014	8.69	30.41	.	.
2015	8.59	30.65	.	.
2016	8.65	30.98	.	.
2017	8.63	30.79	.	.
2018	8.54	30.84	.	.
2019	8.54	30.88	34.50	1768.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

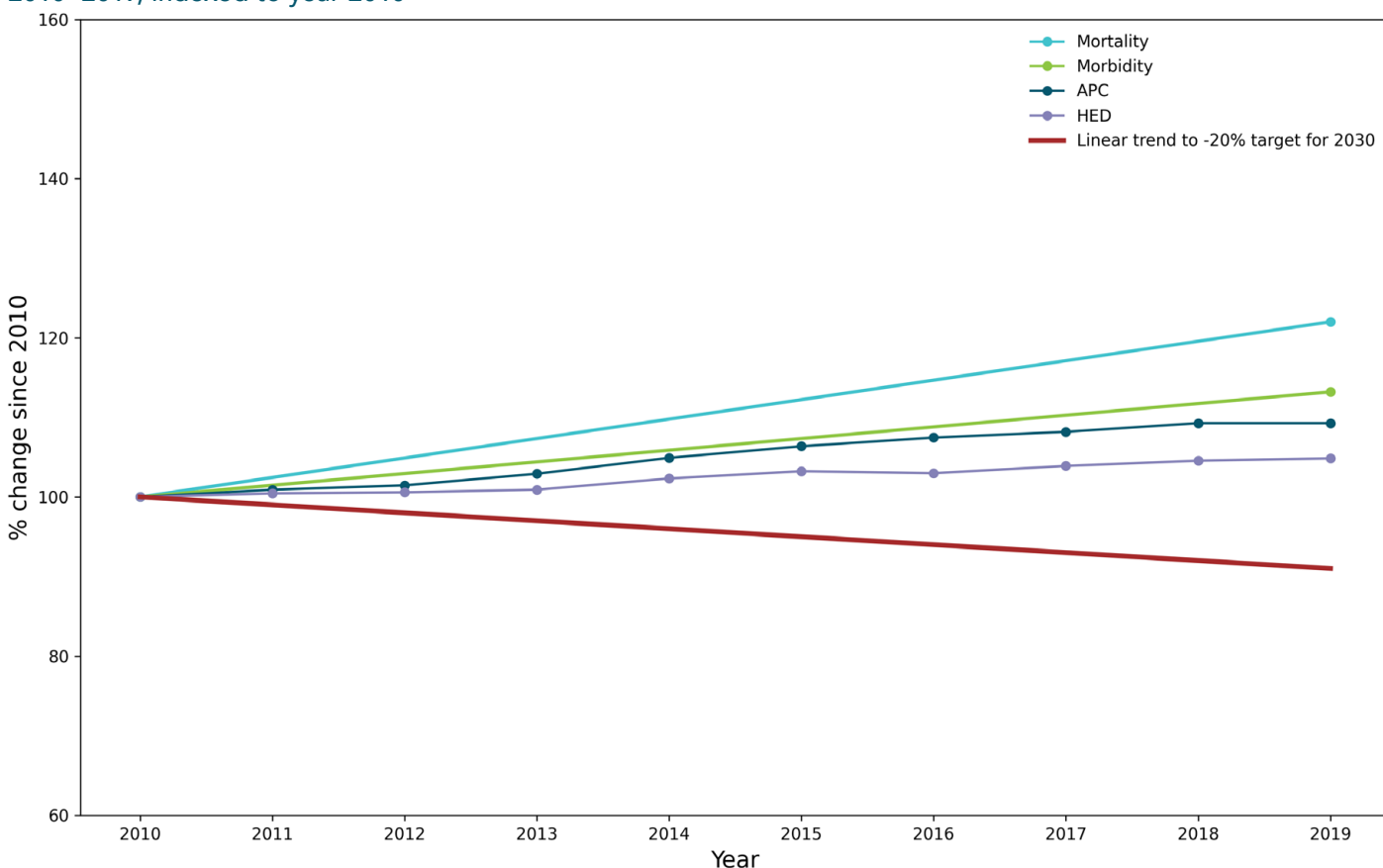# Cuba

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.50	24.16	22.46	1145.85
2011	5.55	24.27	.	.
2012	5.58	24.30	.	.
2013	5.66	24.38	.	.
2014	5.77	24.72	.	.
2015	5.85	24.94	.	.
2016	5.91	24.88	.	.
2017	5.95	25.10	.	.
2018	6.01	25.26	.	.
2019	6.01	25.33	27.40	1297.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Cyprus
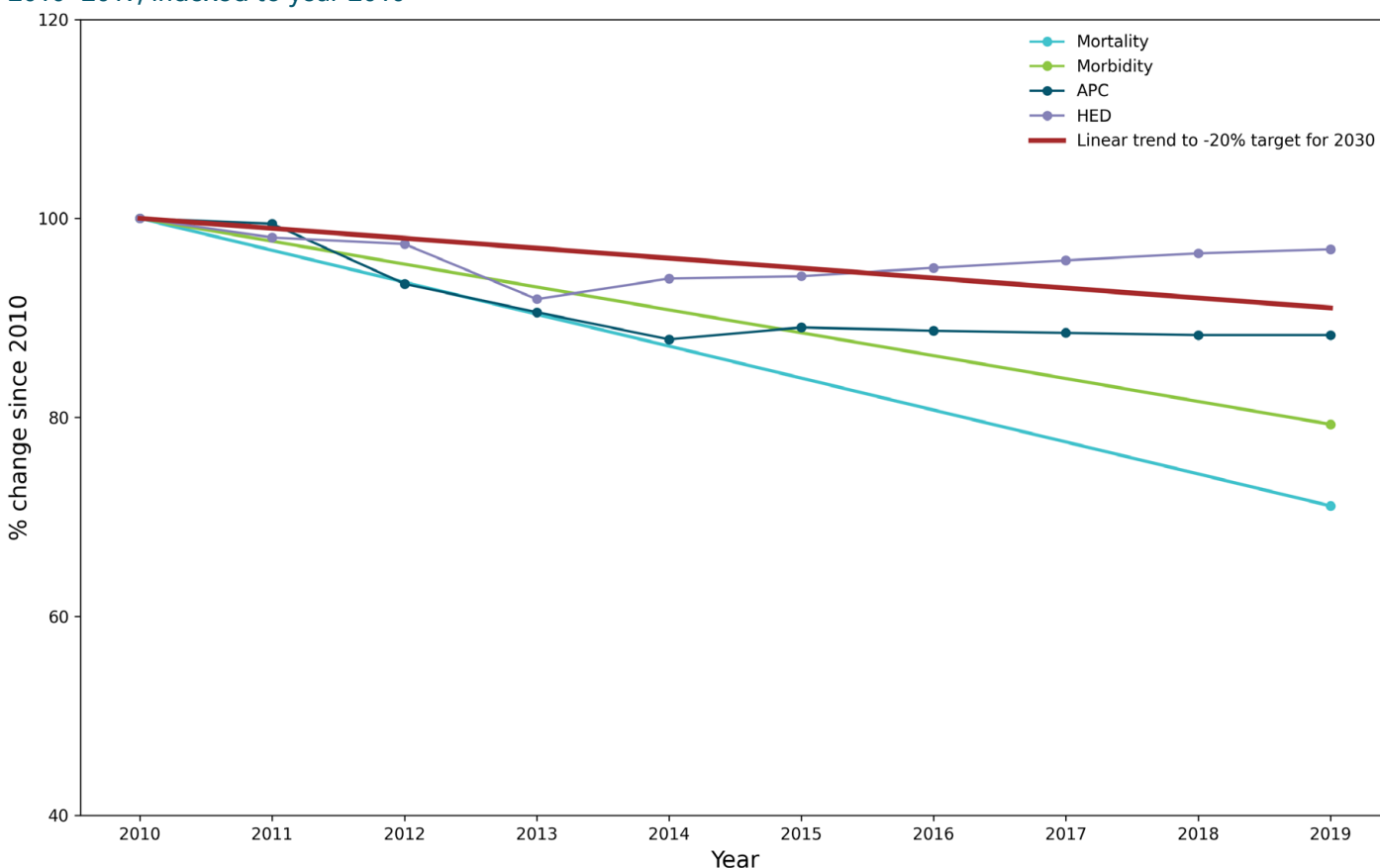
UN indicators for harmful use of alcohol

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▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.12	21.31	14.06	896.09
2011	9.07	20.90	.	.
2012	8.52	20.76	.	.
2013	8.26	19.58	.	.
2014	8.01	20.02	.	.
2015	8.12	20.07	.	.
2016	8.09	20.25	.	.
2017	8.07	20.41	.	.
2018	8.05	20.56	.	.
2019	8.05	20.65	10.00	710.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

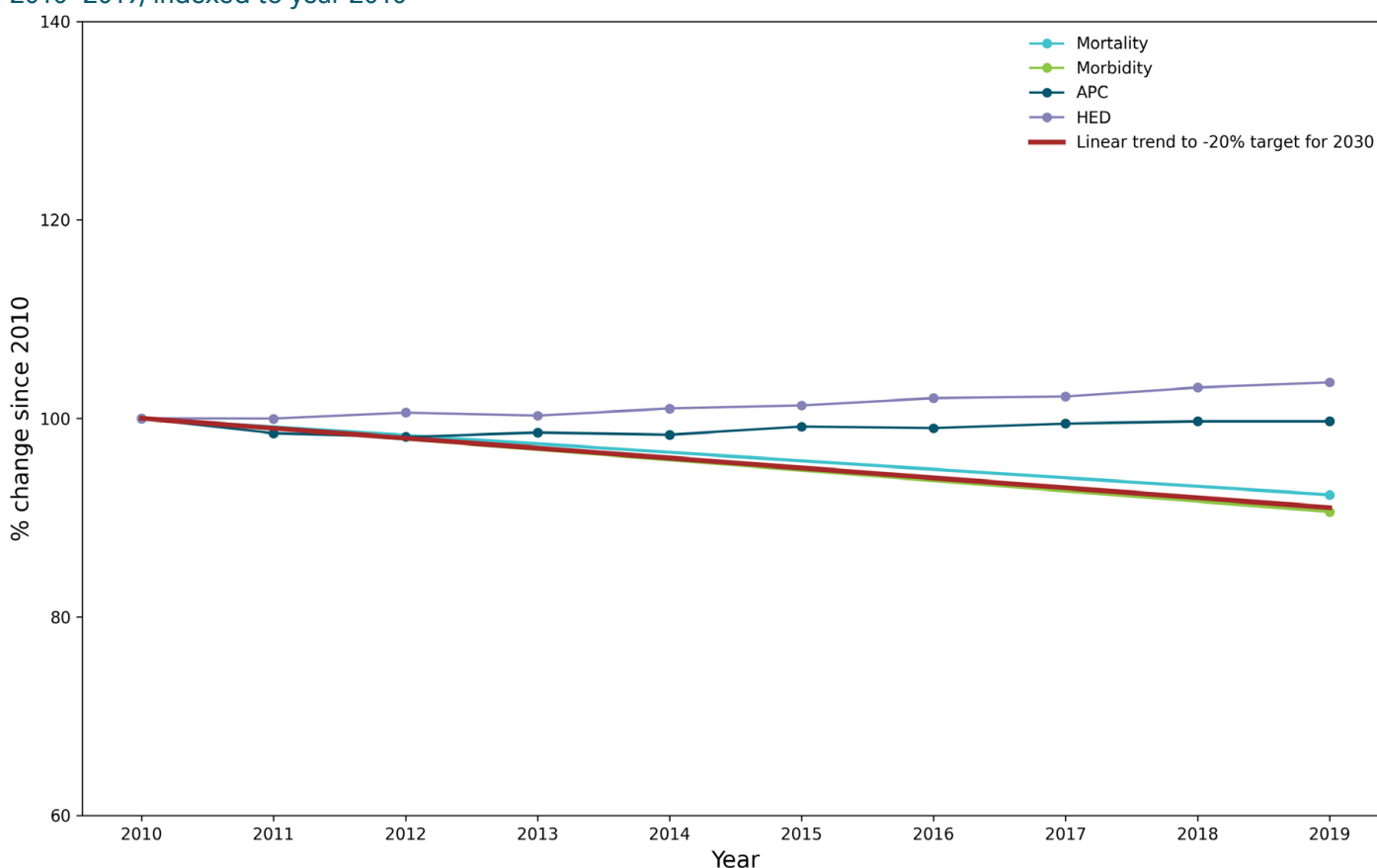# Czech Republic

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	13.33	39.24	41.50	2314.02
2011	13.13	39.23	.	.
2012	13.08	39.47	.	.
2013	13.14	39.35	.	.
2014	13.11	39.63	.	.
2015	13.22	39.75	.	.
2016	13.20	40.04	.	.
2017	13.26	40.10	.	.
2018	13.29	40.46	.	.
2019	13.29	40.66	38.30	2096.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Democratic Republic of the Congo

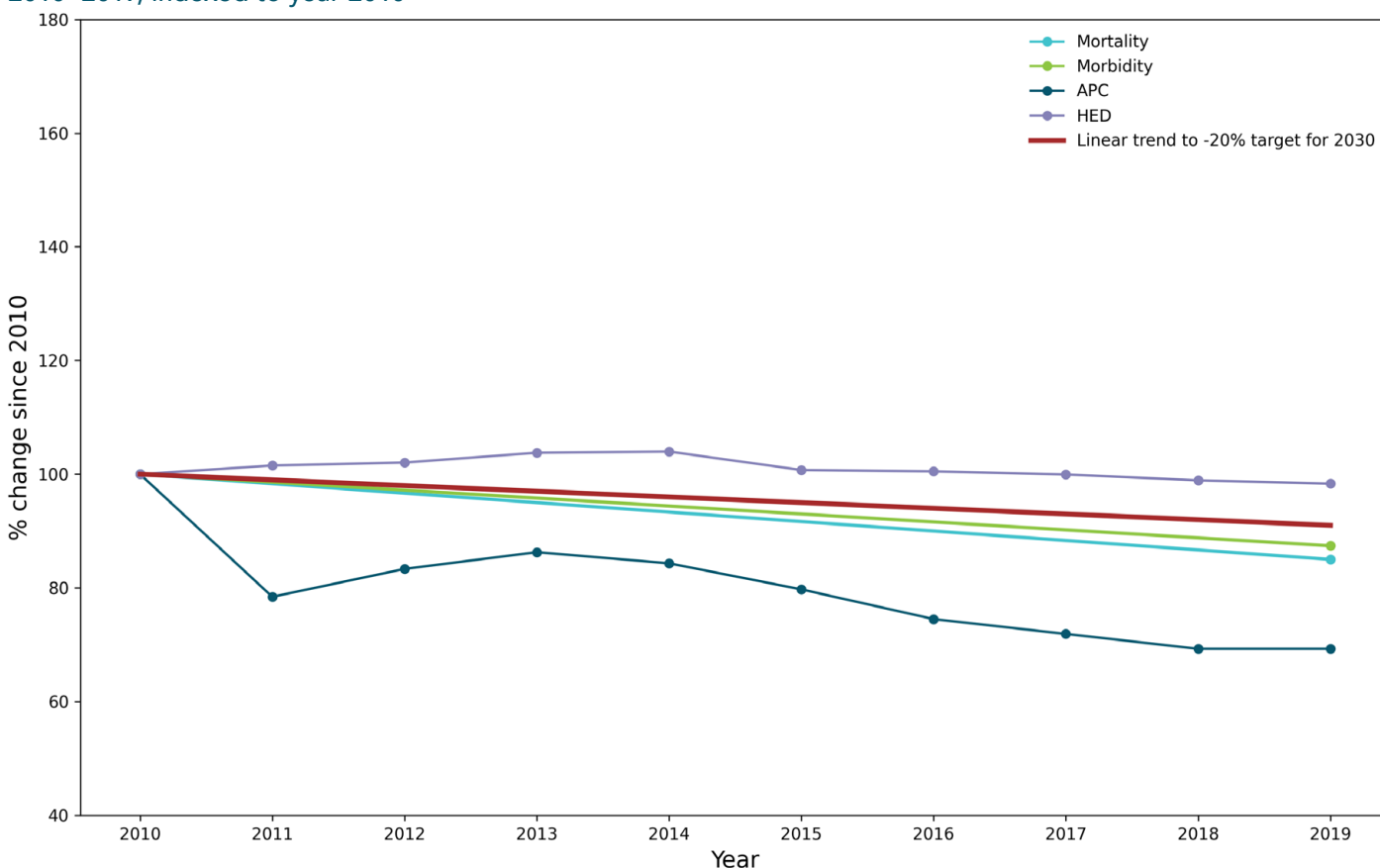## UN indicators for harmful use of alcohol

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* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.06	34.27	70.12	2999.66
2011	2.40	34.79	.	.
2012	2.55	34.97	.	.
2013	2.64	35.56	.	.
2014	2.58	35.63	.	.
2015	2.44	34.52	.	.
2016	2.28	34.44	.	.
2017	2.20	34.25	.	.
2018	2.12	33.90	.	.
2019	2.12	33.70	59.60	2621.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Denmark

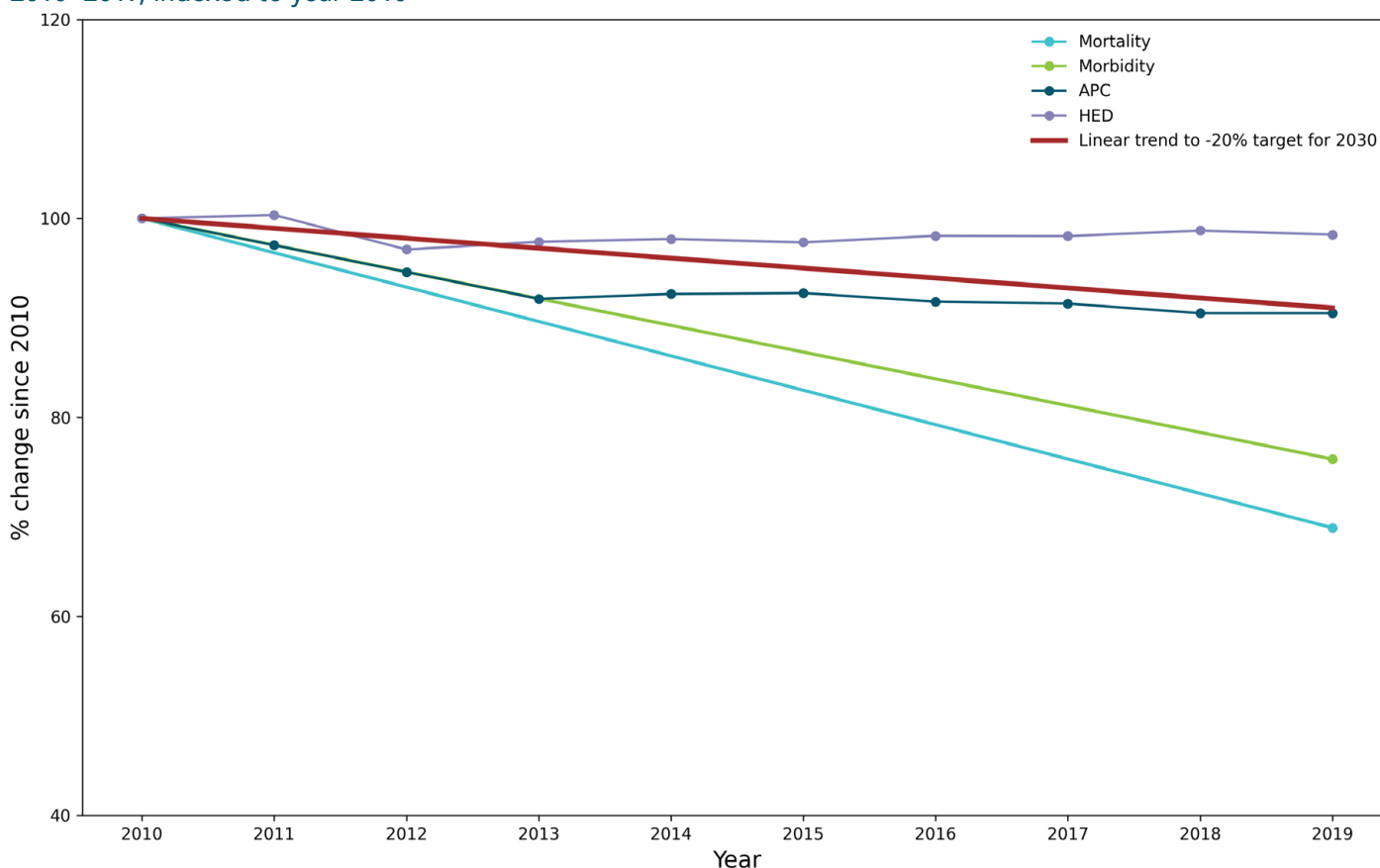## UN indicators for harmful use of alcohol

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- ▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.39	34.79	35.56	1755.15
2011	10.11	34.91	.	.
2012	9.83	33.70	.	.
2013	9.55	33.97	.	.
2014	9.60	34.07	.	.
2015	9.61	33.95	.	.
2016	9.52	34.18	.	.
2017	9.50	34.17	.	.
2018	9.40	34.36	.	.
2019	9.40	34.22	24.50	1330.40

Sources:
[1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Djibouti

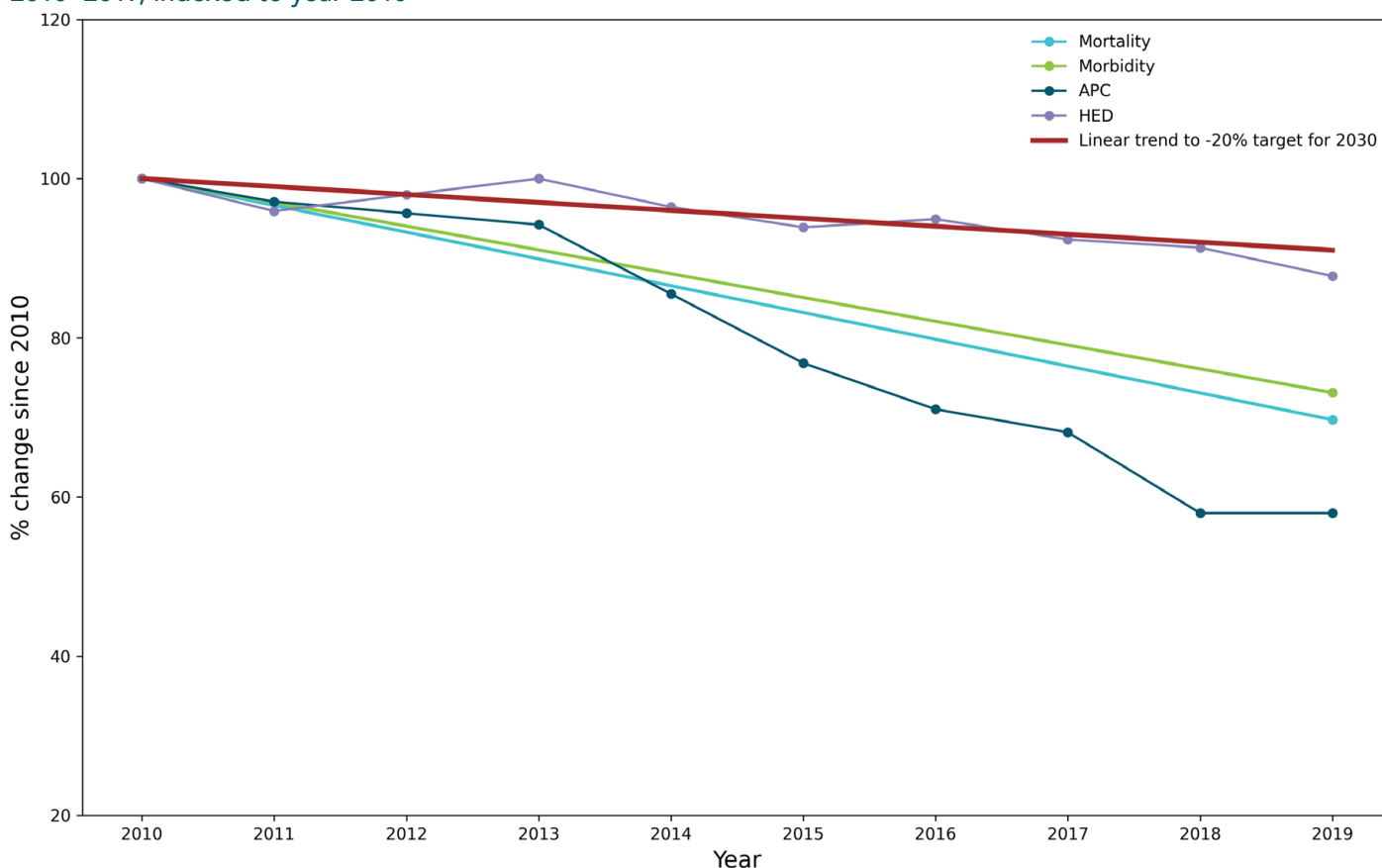## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.69	1.96	21.09	927.91
2011	0.67	1.88	.	.
2012	0.66	1.92	.	.
2013	0.65	1.96	.	.
2014	0.59	1.89	.	.
2015	0.53	1.84	.	.
2016	0.49	1.86	.	.
2017	0.47	1.81	.	.
2018	0.40	1.79	.	.
2019	0.40	1.72	14.70	678.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Dominica

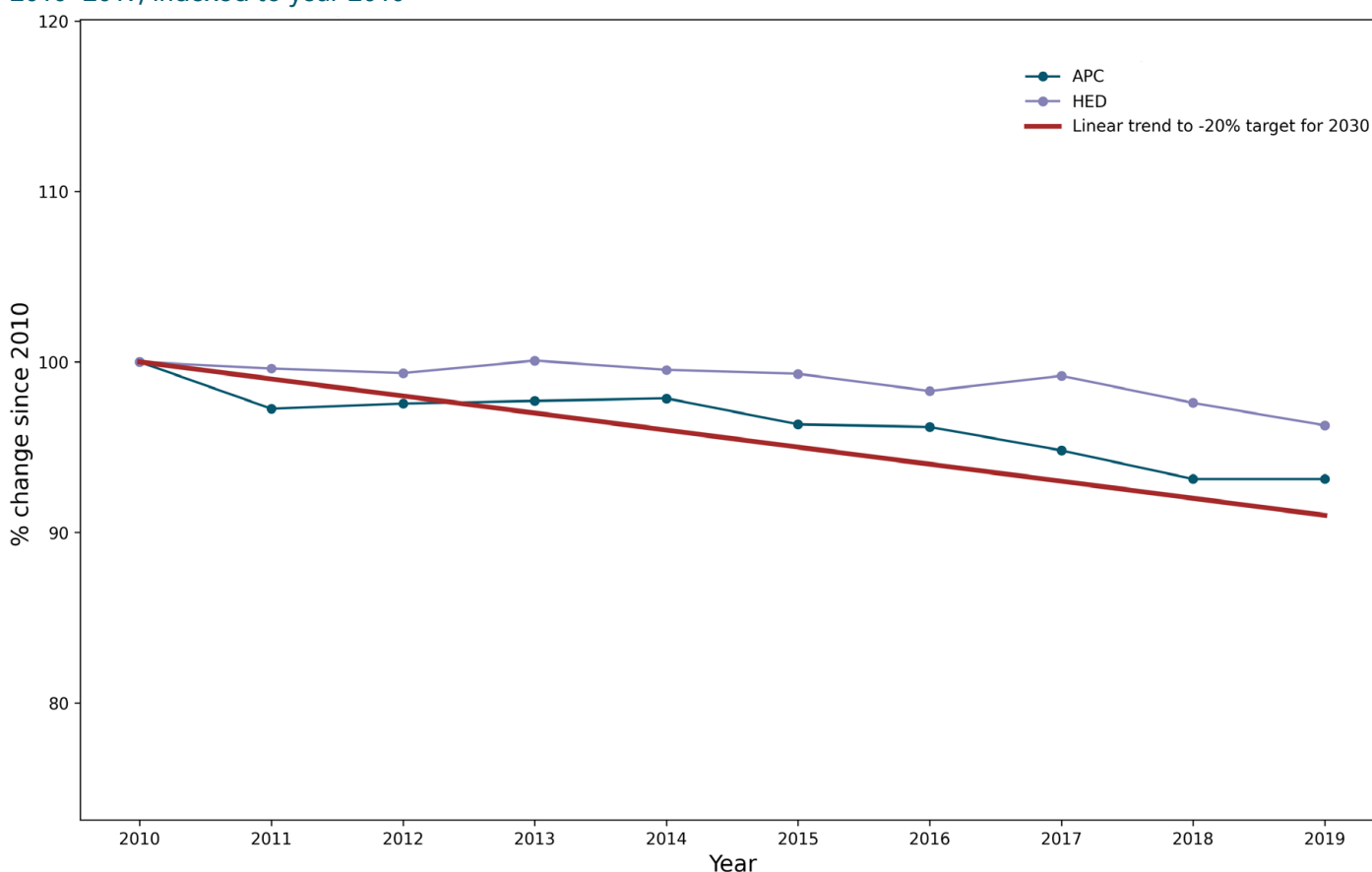## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.55	25.78	.	.
2011	6.37	25.68	.	.
2012	6.39	25.61	.	.
2013	6.40	25.80	.	.
2014	6.41	25.66	.	.
2015	6.31	25.60	.	.
2016	6.30	25.34	.	.
2017	6.21	25.57	.	.
2018	6.10	25.16	.	.
2019	6.10	24.82	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Dominican Republic
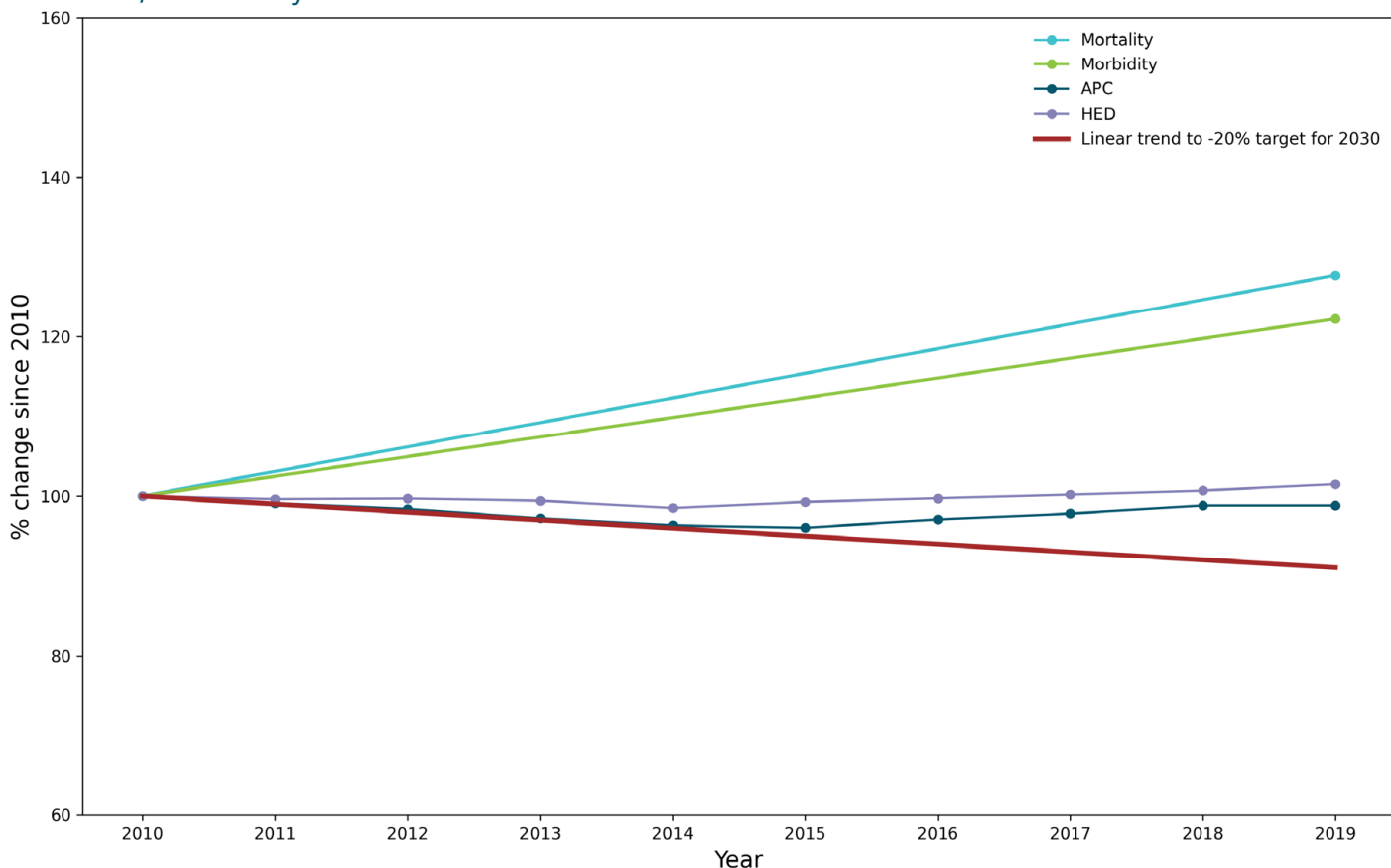
UN indicators for harmful use of alcohol

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The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.84	26.13	46.12	2181.51
2011	6.78	26.03	.	.
2012	6.73	26.05	.	.
2013	6.65	25.98	.	.
2014	6.59	25.74	.	.
2015	6.57	25.94	.	.
2016	6.64	26.06	.	.
2017	6.69	26.18	.	.
2018	6.76	26.31	.	.
2019	6.76	26.52	58.90	2665.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Ecuador

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
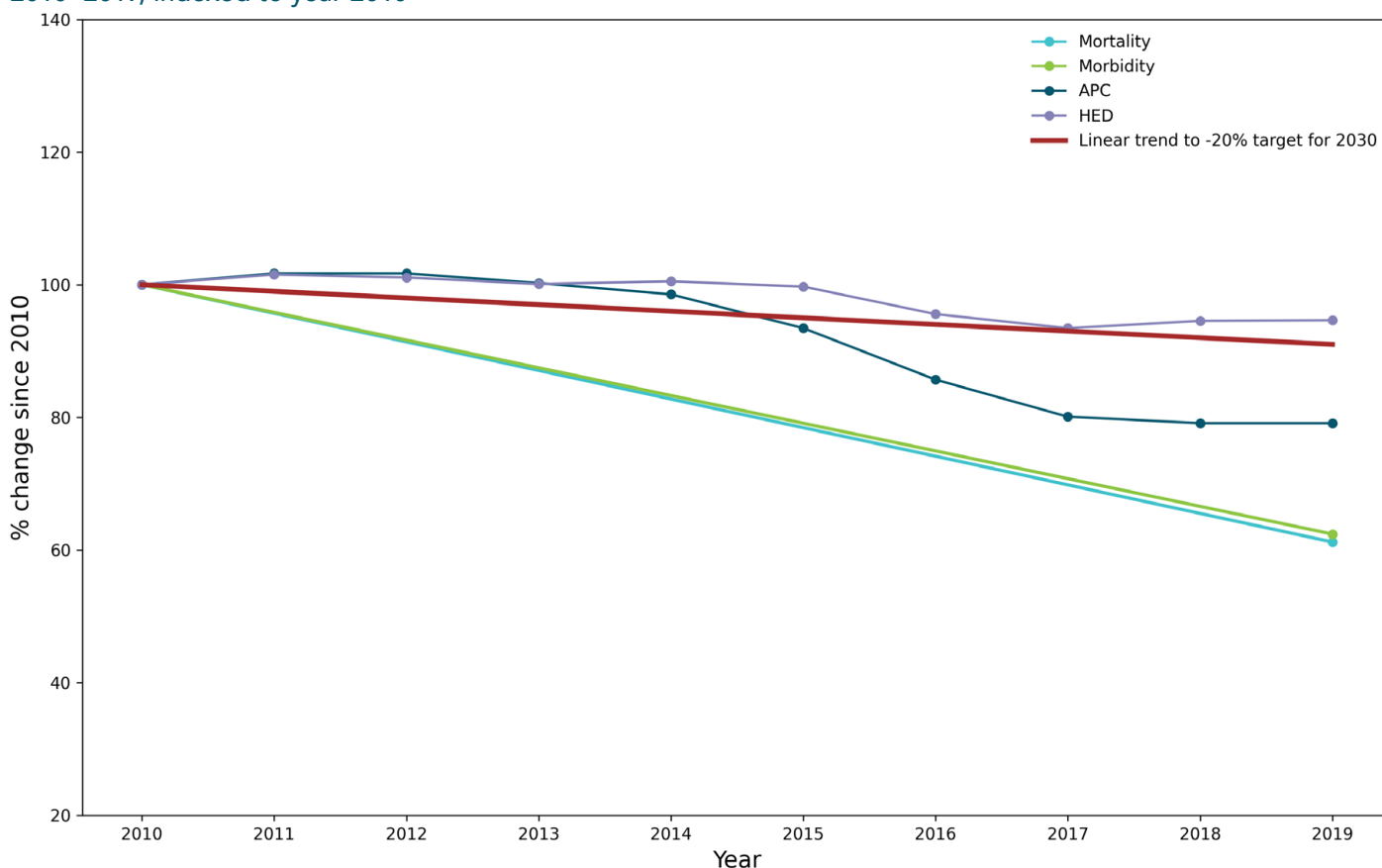
▶ **APC[1]:** Total alcohol per capita consumption
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▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.12	31.37	42.16	2101.76
2011	4.19	31.85	.	.
2012	4.19	31.71	.	.
2013	4.13	31.40	.	.
2014	4.06	31.53	.	.
2015	3.85	31.28	.	.
2016	3.53	29.98	.	.
2017	3.30	29.31	.	.
2018	3.26	29.66	.	.
2019	3.26	29.69	25.80	1311.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Egypt

UN indicators for harmful use of alcohol

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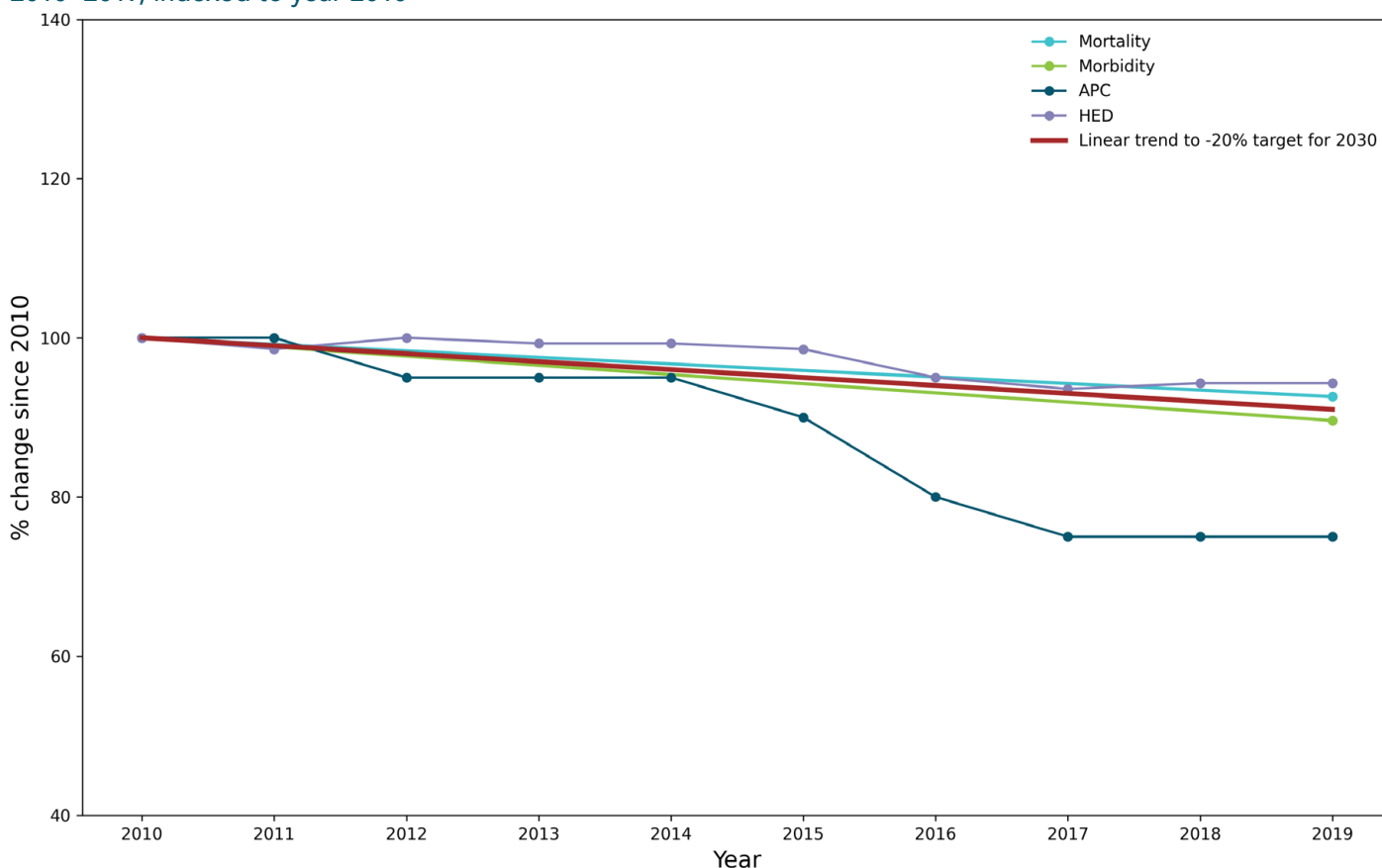
▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.20	1.40	19.22	543.64
2011	0.20	1.38	.	.
2012	0.19	1.40	.	.
2013	0.19	1.39	.	.
2014	0.19	1.39	.	.
2015	0.18	1.38	.	.
2016	0.16	1.33	.	.
2017	0.15	1.31	.	.
2018	0.15	1.32	.	.
2019	0.15	1.32	17.80	487.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

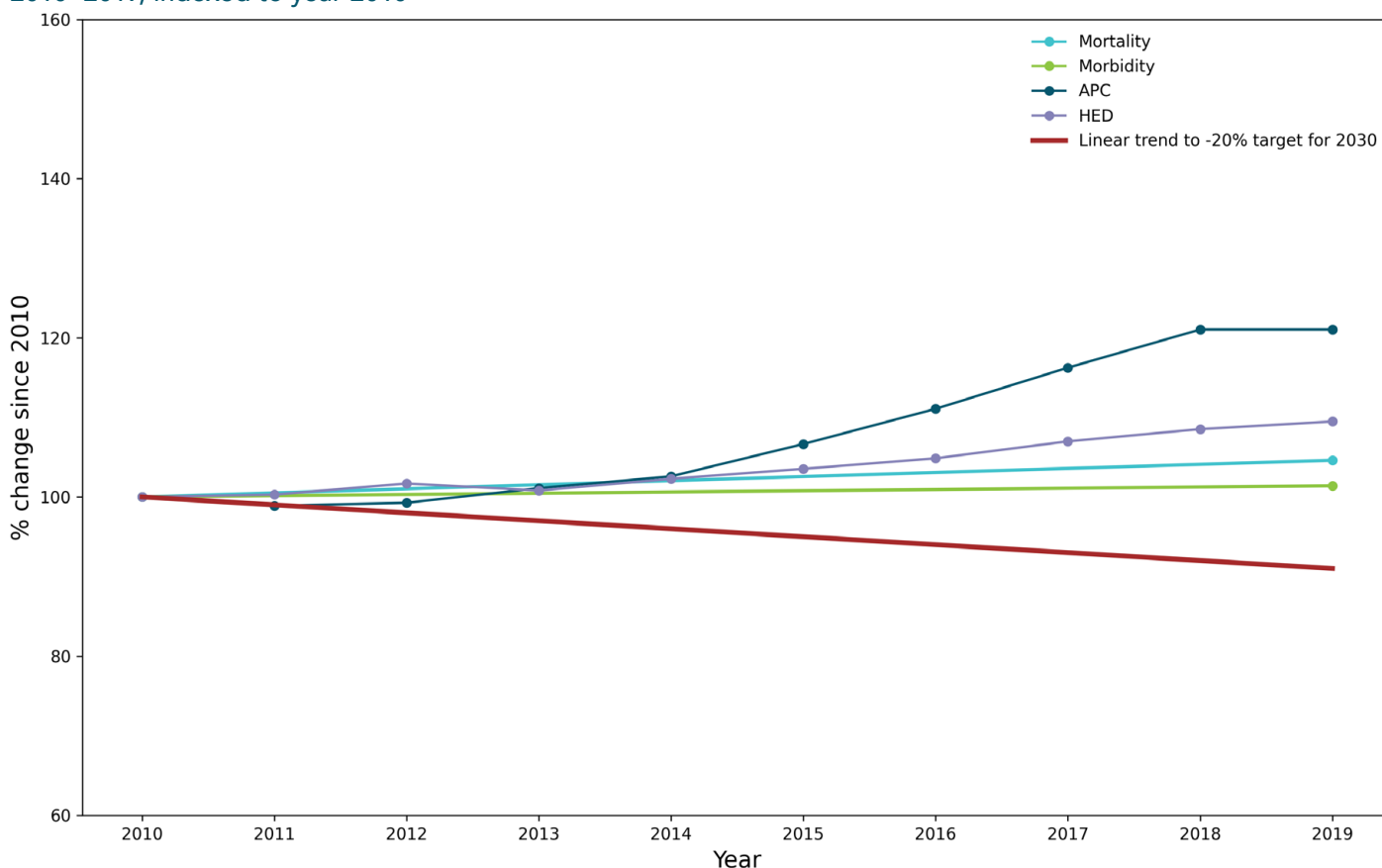# El Salvador

UN indicators for harmful use of alcohol

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▸ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.71	13.61	35.28	2119.82
2011	2.68	13.65	.	.
2012	2.69	13.84	.	.
2013	2.74	13.72	.	.
2014	2.78	13.92	.	.
2015	2.89	14.09	.	.
2016	3.01	14.27	.	.
2017	3.15	14.56	.	.
2018	3.28	14.77	.	.
2019	3.28	14.90	36.90	2149.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Equatorial Guinea
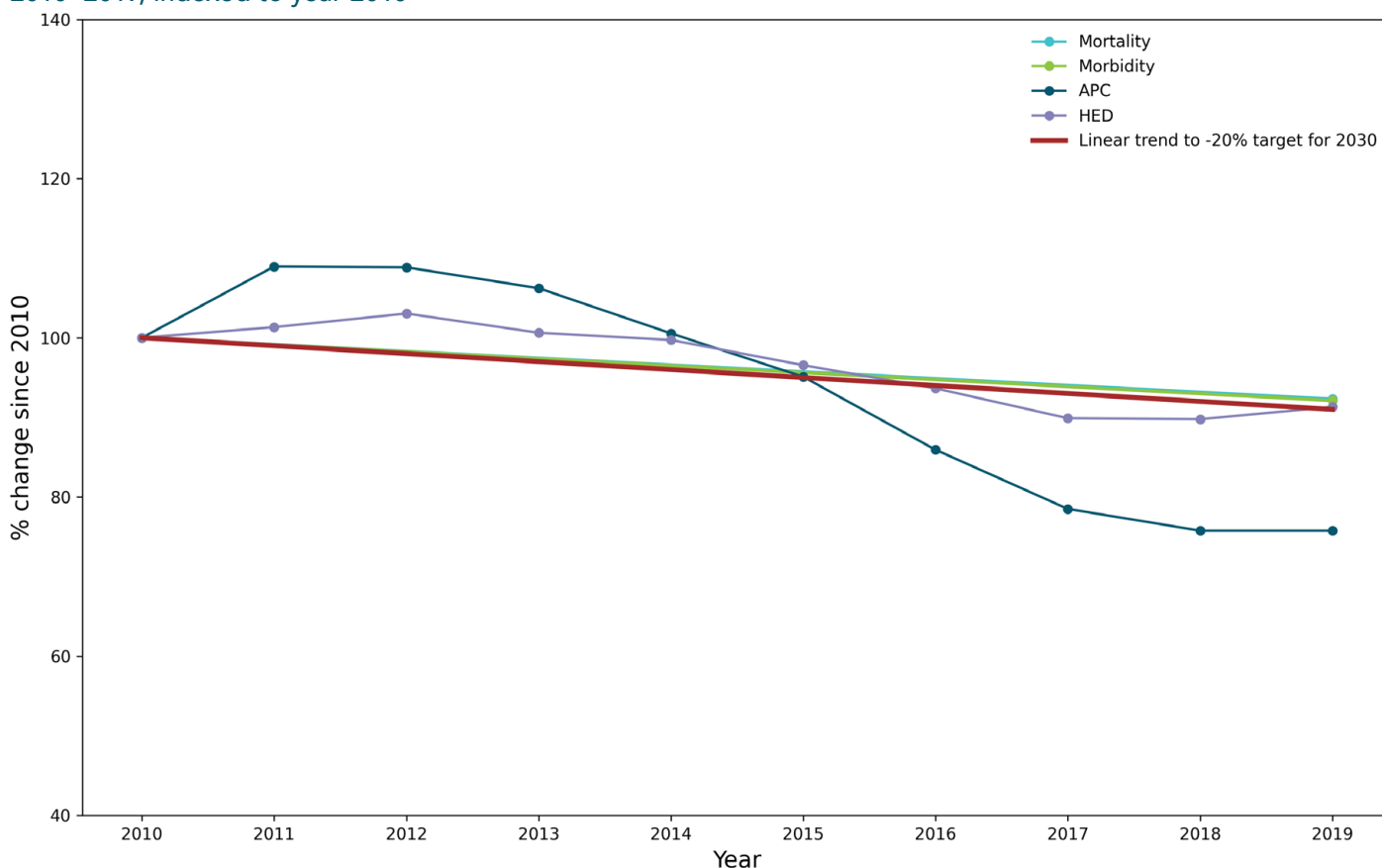
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy *Source:* Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.16	49.55	81.37	3484.47
2011	9.98	50.21	.	.
2012	9.97	51.06	.	.
2013	9.73	49.86	.	.
2014	9.21	49.41	.	.
2015	8.71	47.84	.	.
2016	7.87	46.40	.	.
2017	7.19	44.54	.	.
2018	6.94	44.48	.	.
2019	6.94	45.25	75.10	3209.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

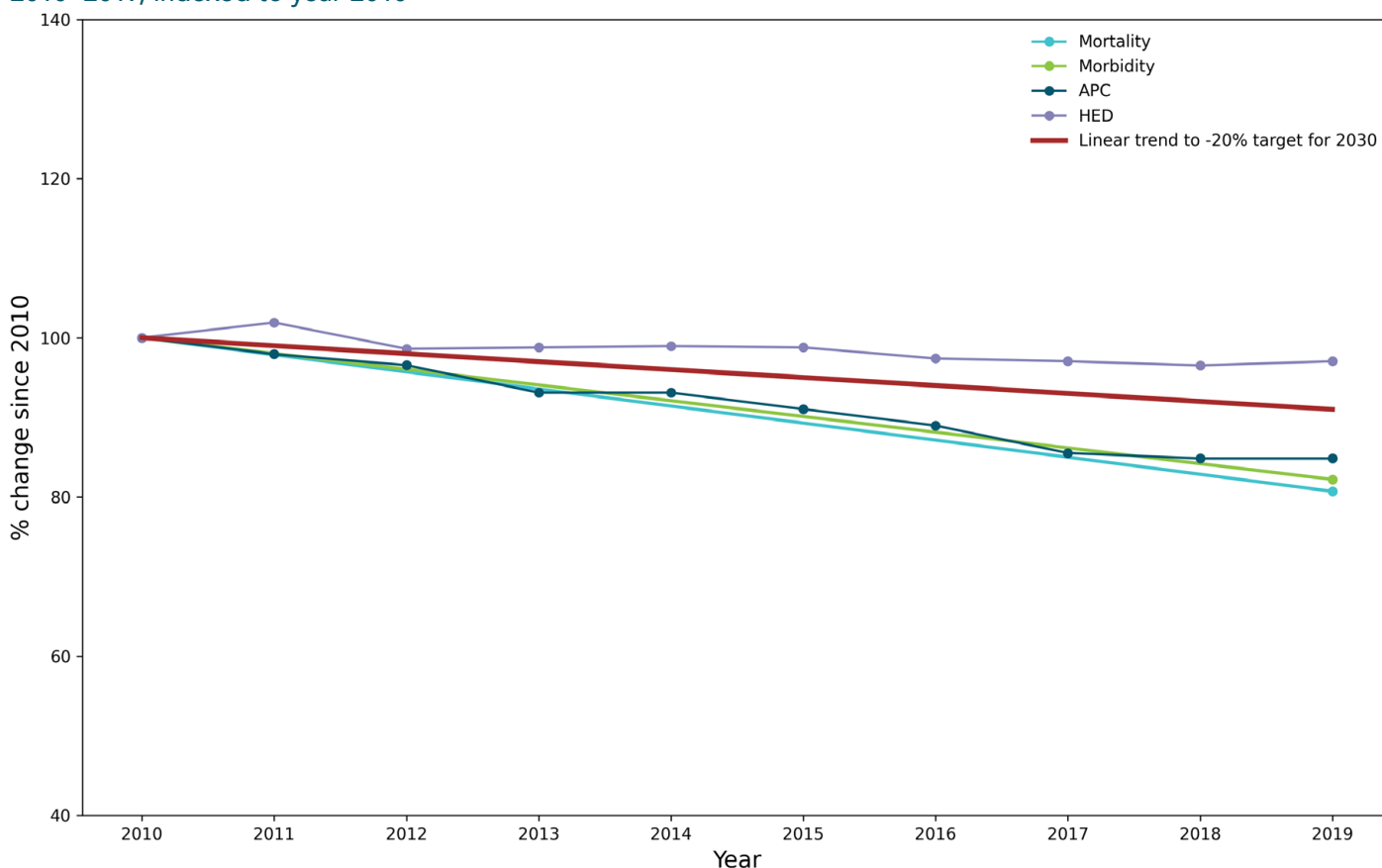# Eritrea

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
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- ▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.45	5.75	43.74	1824.45
2011	1.42	5.86	.	.
2012	1.40	5.67	.	.
2013	1.35	5.68	.	.
2014	1.35	5.69	.	.
2015	1.32	5.68	.	.
2016	1.29	5.60	.	.
2017	1.24	5.58	.	.
2018	1.23	5.55	.	.
2019	1.23	5.58	35.30	1499.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

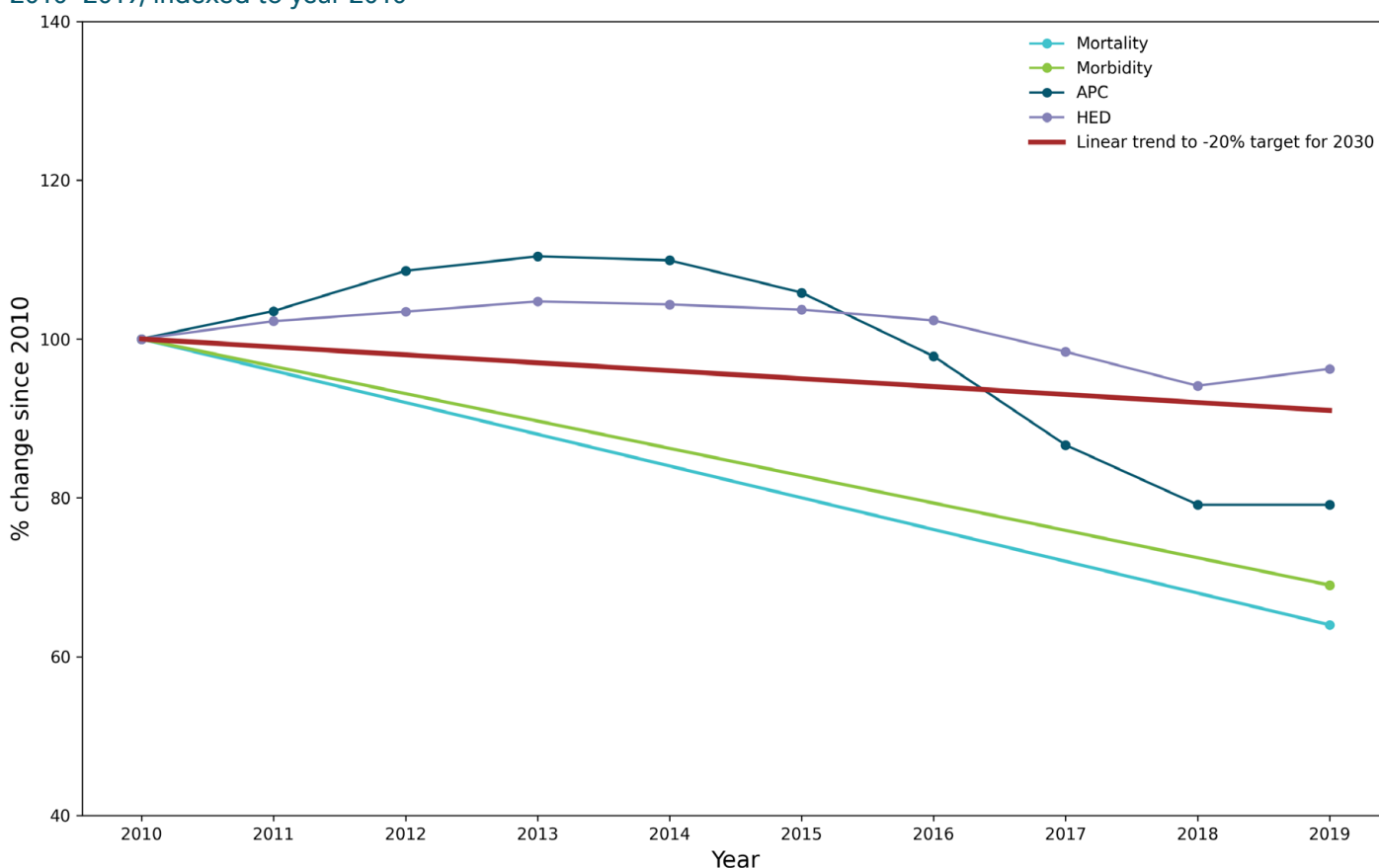# Estonia

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan*** is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	14.23	31.13	131.09	4792.03
2011	14.73	31.83	.	.
2012	15.45	32.20	.	.
2013	15.71	32.60	.	.
2014	15.64	32.48	.	.
2015	15.06	32.28	.	.
2016	13.92	31.86	.	.
2017	12.33	30.63	.	.
2018	11.26	29.29	.	.
2019	11.26	29.96	83.90	3306.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Eswatini

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

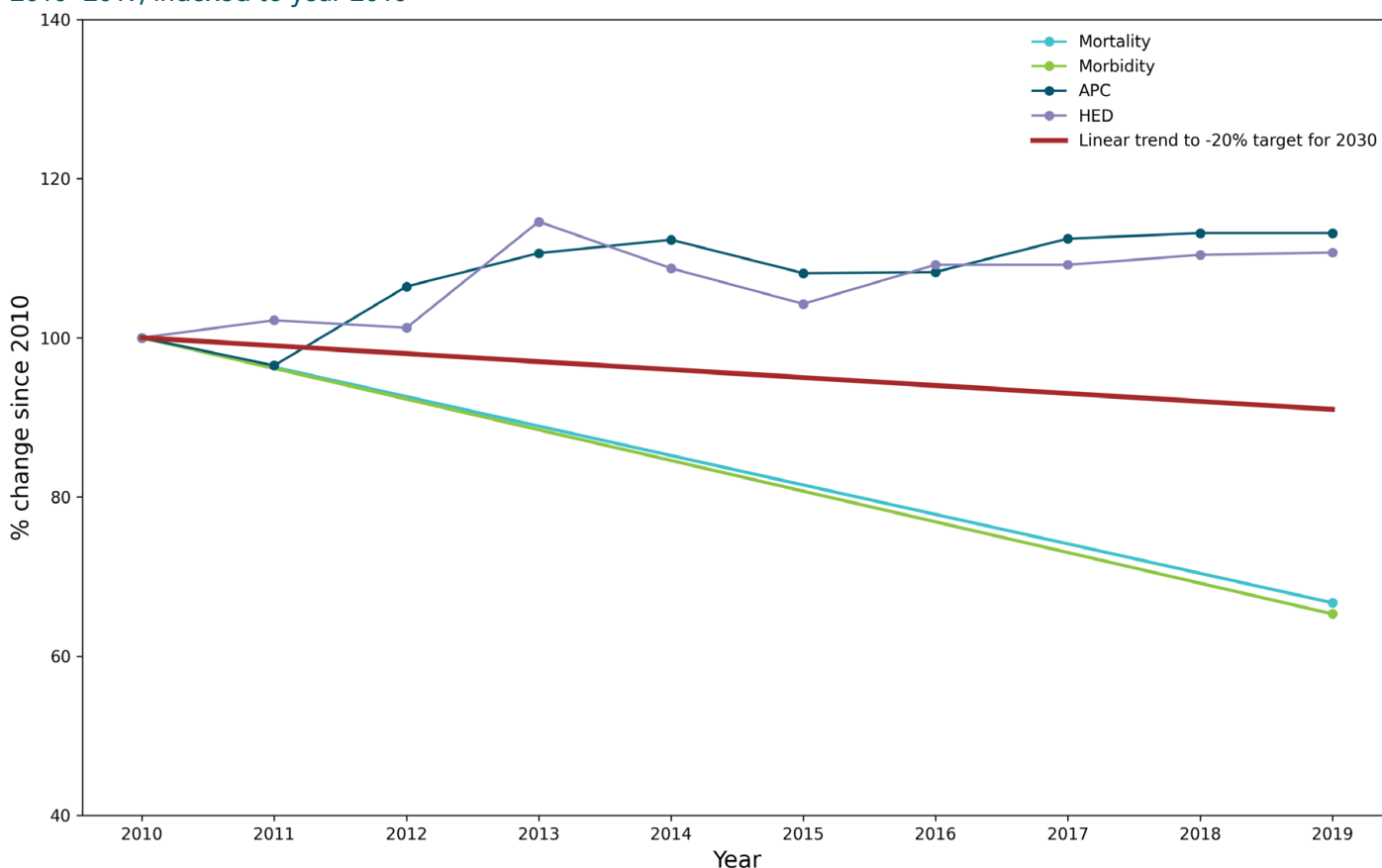| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.15	13.64	169.12	7539.97
2011	6.90	13.94	.	.
2012	7.61	13.81	.	.
2013	7.91	15.63	.	.
2014	8.03	14.83	.	.
2015	7.73	14.22	.	.
2016	7.74	14.89	.	.
2017	8.04	14.89	.	.
2018	8.09	15.06	.	.
2019	8.09	15.10	112.80	4923.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Ethiopia

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
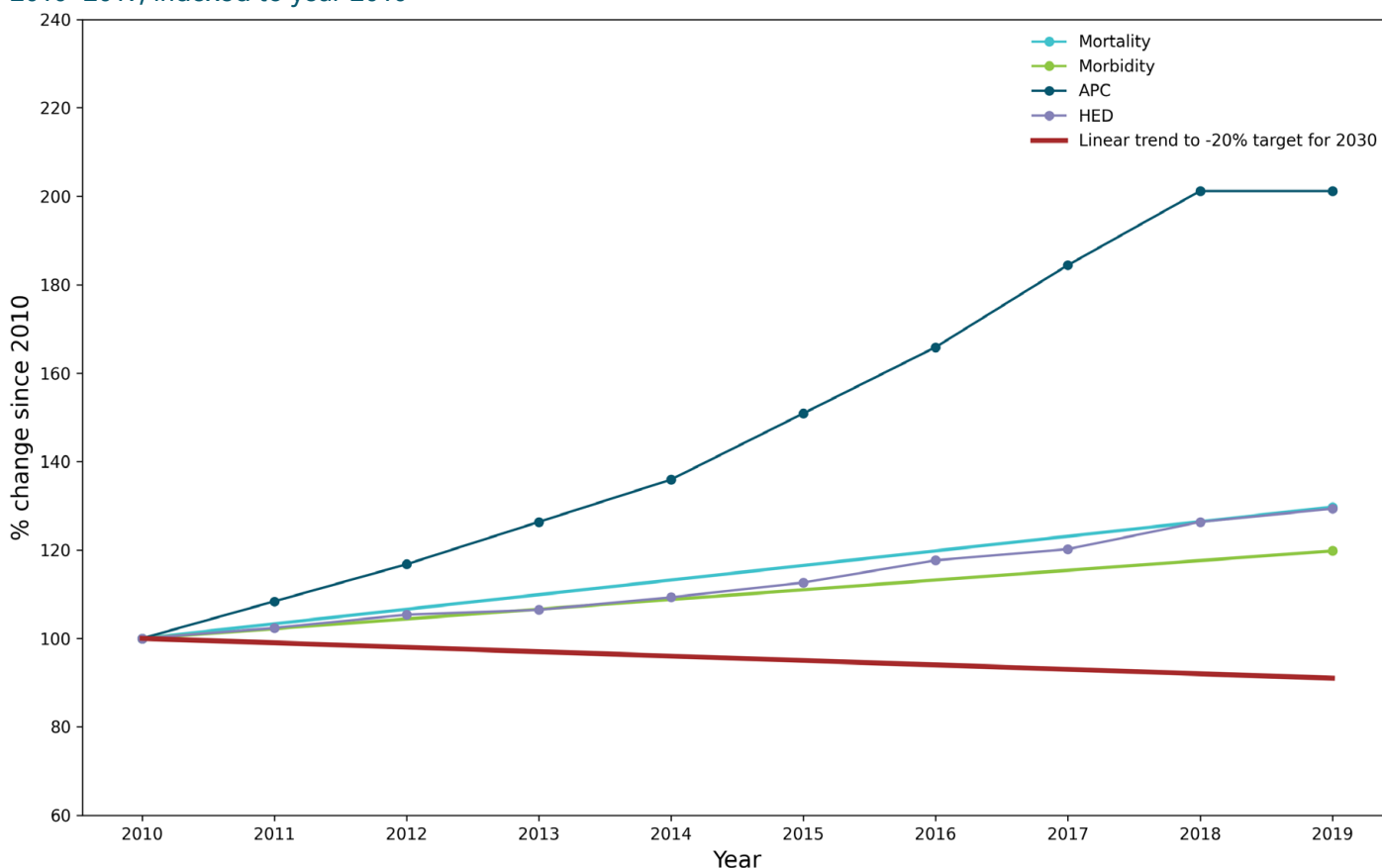
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.67	6.34	33.77	1531.97
2011	1.81	6.49	.	.
2012	1.95	6.68	.	.
2013	2.11	6.75	.	.
2014	2.27	6.93	.	.
2015	2.52	7.14	.	.
2016	2.77	7.46	.	.
2017	3.08	7.62	.	.
2018	3.36	8.01	.	.
2019	3.36	8.20	43.80	1835.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Fiji

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
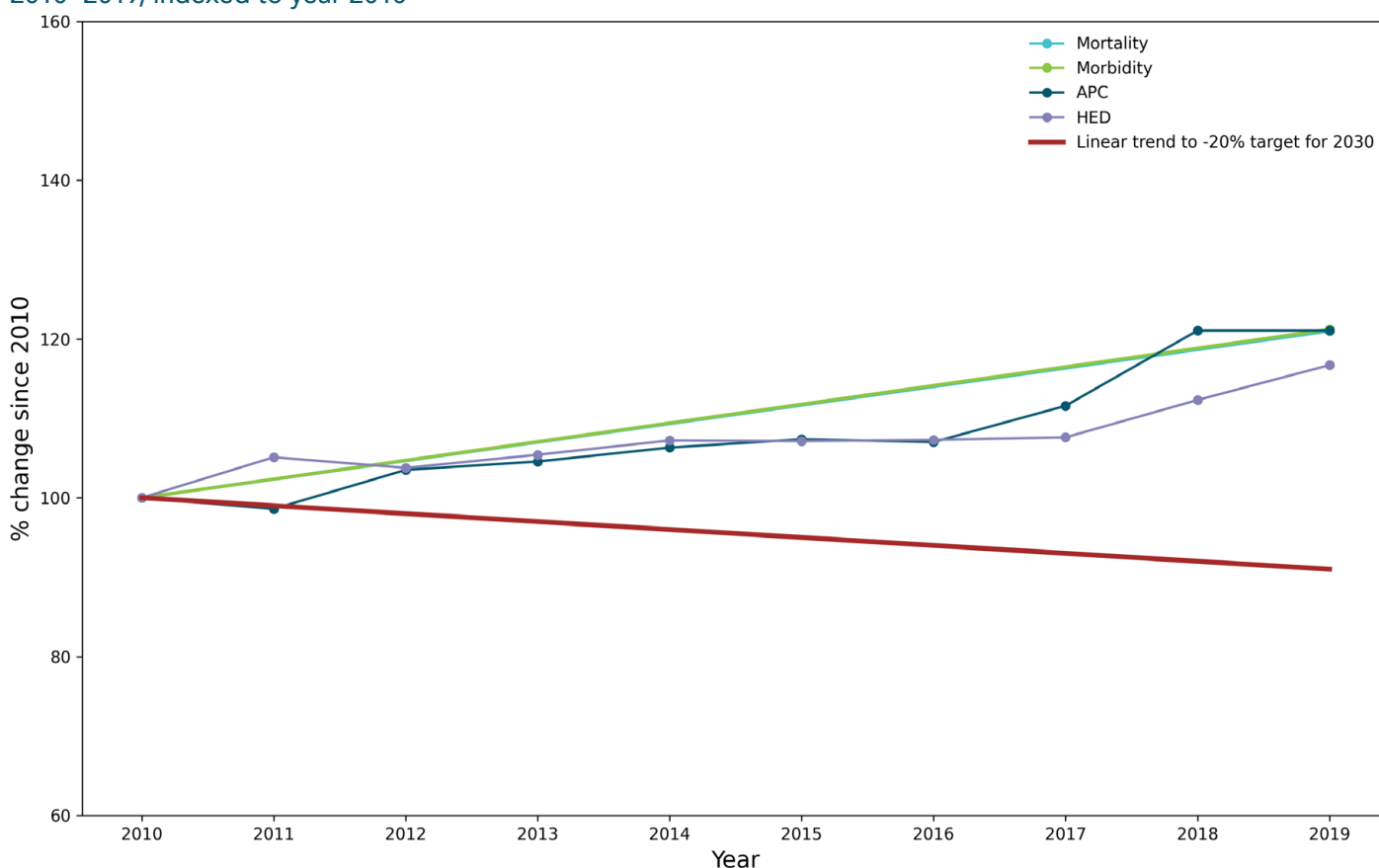▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.85	12.75	17.93	795.63
2011	2.81	13.40	.	.
2012	2.95	13.23	.	.
2013	2.98	13.44	.	.
2014	3.03	13.67	.	.
2015	3.06	13.66	.	.
2016	3.05	13.68	.	.
2017	3.18	13.72	.	.
2018	3.45	14.32	.	.
2019	3.45	14.88	21.70	964.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Finland

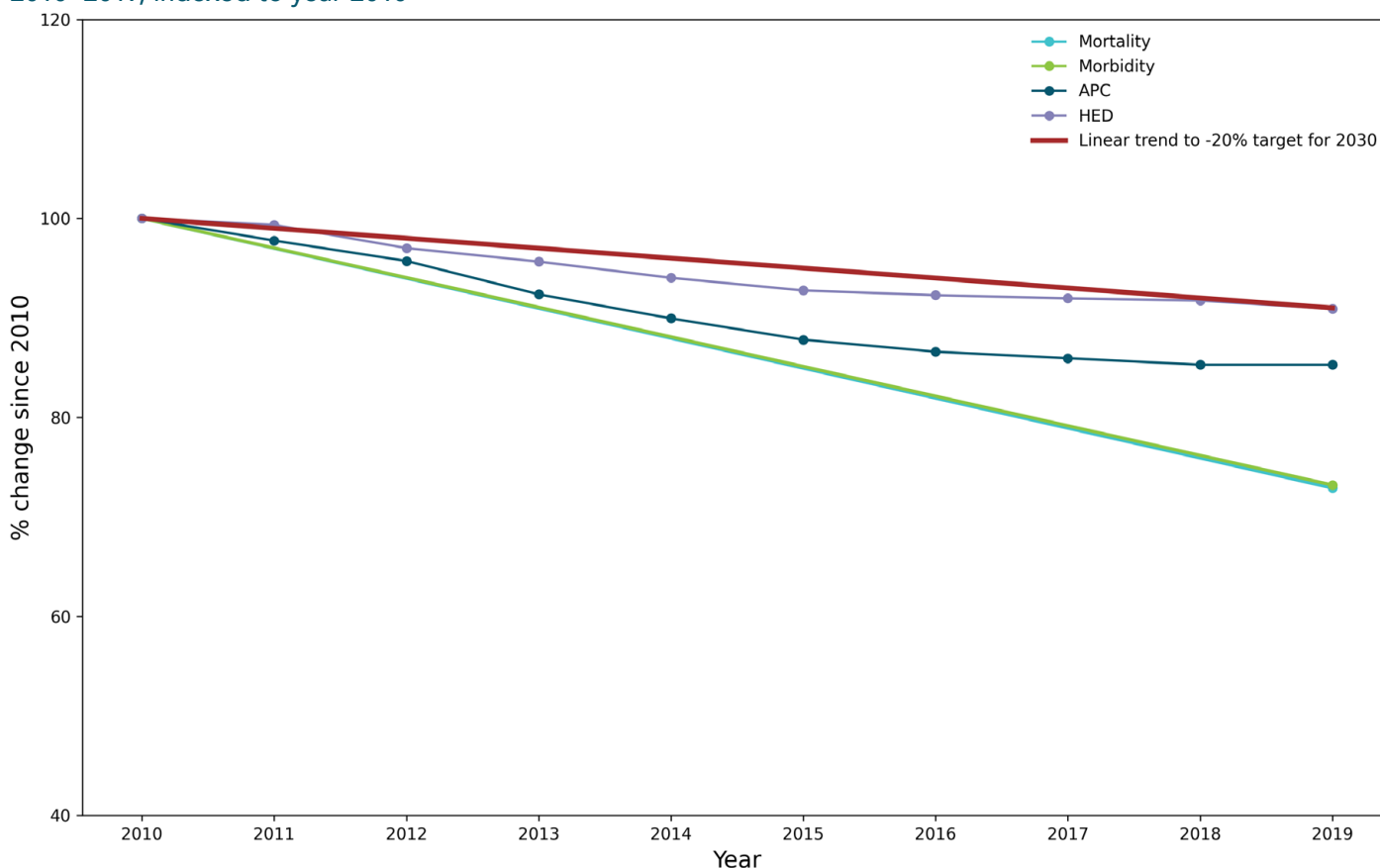## UN indicators for harmful use of alcohol

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The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.74	44.16	40.47	2268.58
2011	10.50	43.87	.	.
2012	10.28	42.84	.	.
2013	9.92	42.24	.	.
2014	9.66	41.52	.	.
2015	9.43	40.96	.	.
2016	9.30	40.75	.	.
2017	9.23	40.61	.	.
2018	9.16	40.51	.	.
2019	9.16	40.15	29.50	1660.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

France

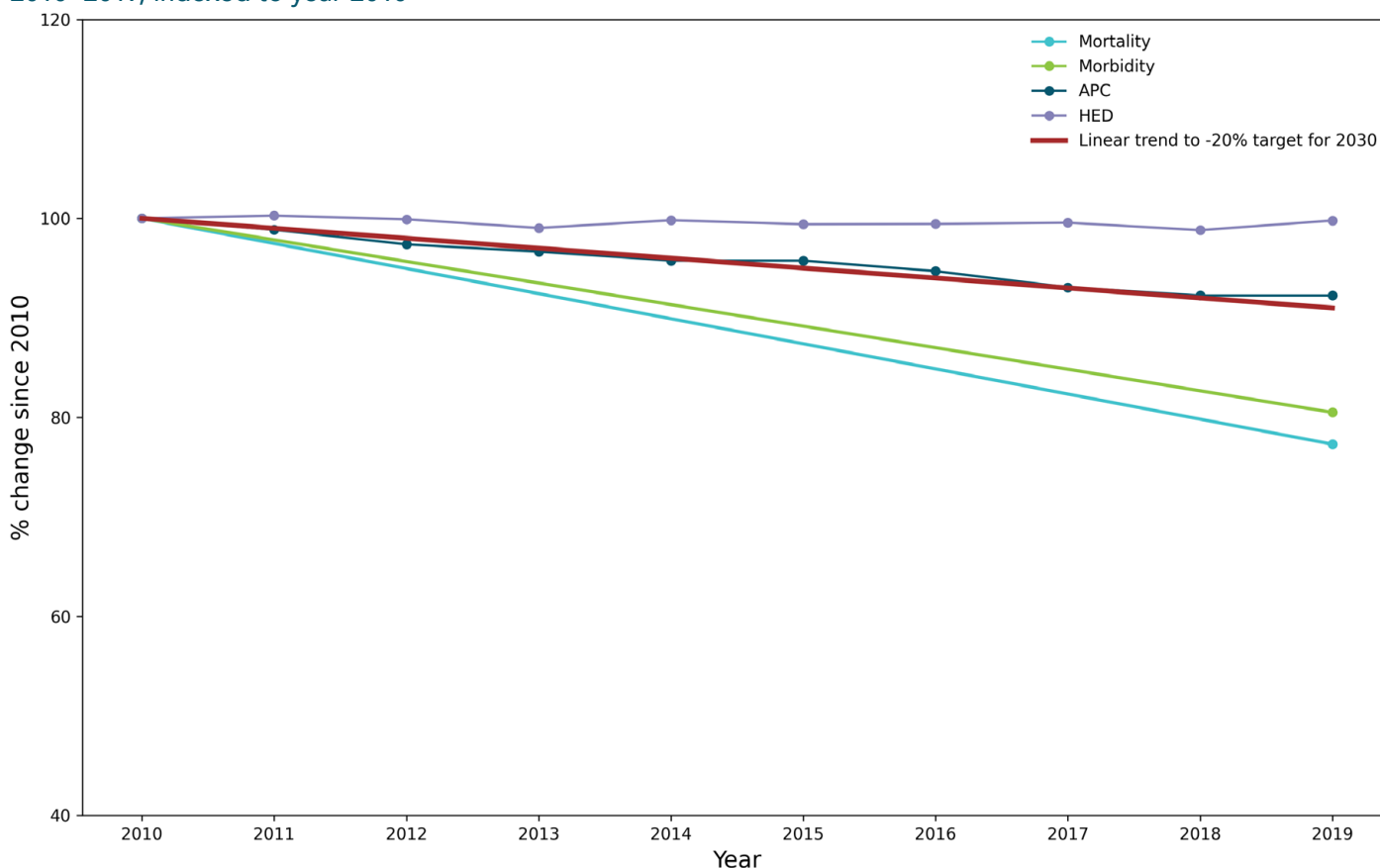## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	12.25	32.15	33.76	1711.06
2011	12.11	32.24	.	.
2012	11.93	32.12	.	.
2013	11.84	31.84	.	.
2014	11.73	32.09	.	.
2015	11.73	31.96	.	.
2016	11.60	31.97	.	.
2017	11.40	32.01	.	.
2018	11.30	31.77	.	.
2019	11.30	32.08	26.10	1377.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Gabon

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022
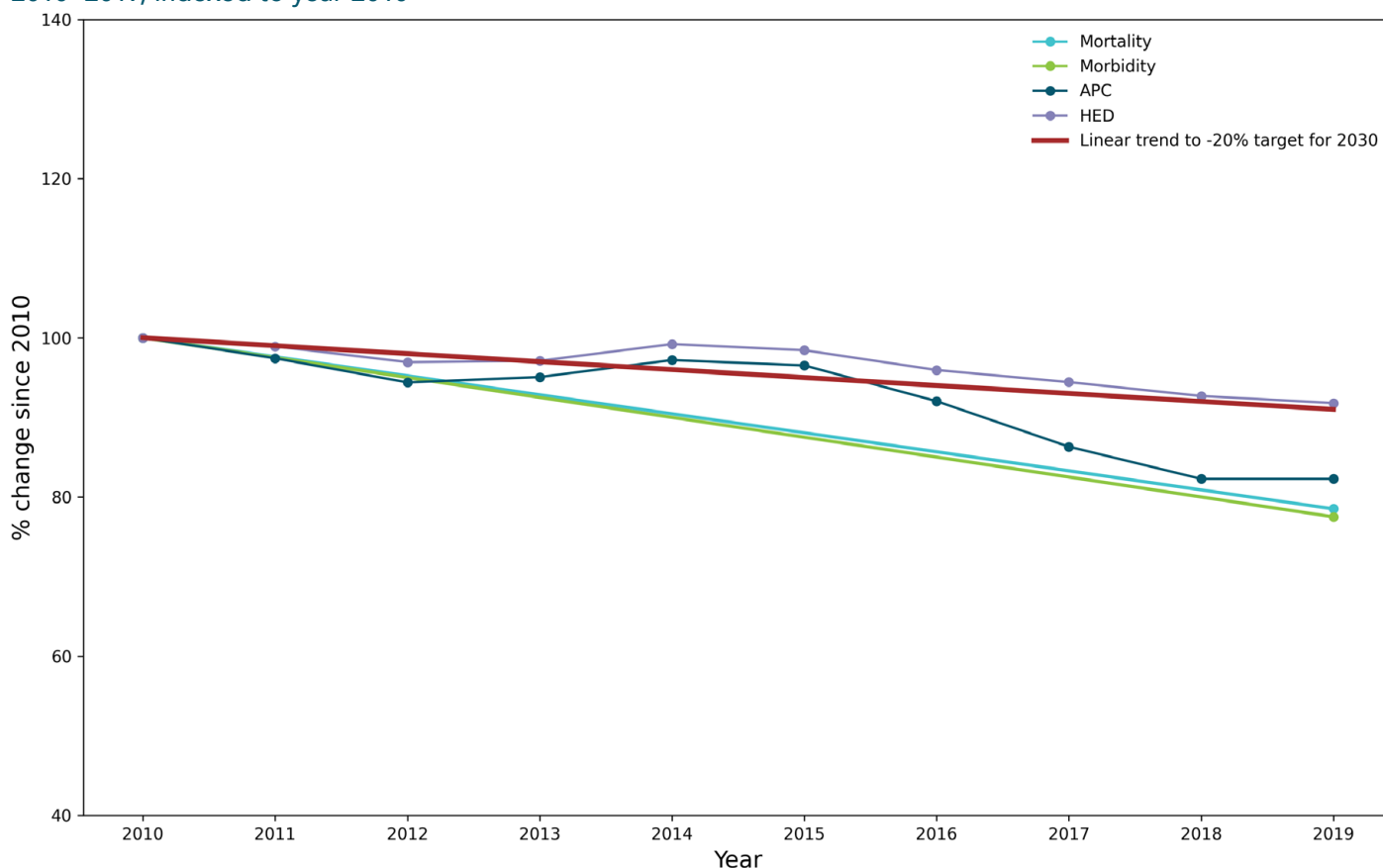
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.91	41.42	116.94	4779.74
2011	8.68	40.97	.	.
2012	8.41	40.15	.	.
2013	8.47	40.22	.	.
2014	8.66	41.09	.	.
2015	8.60	40.77	.	.
2016	8.20	39.74	.	.
2017	7.69	39.11	.	.
2018	7.33	38.39	.	.
2019	7.33	38.02	91.80	3704.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Gambia
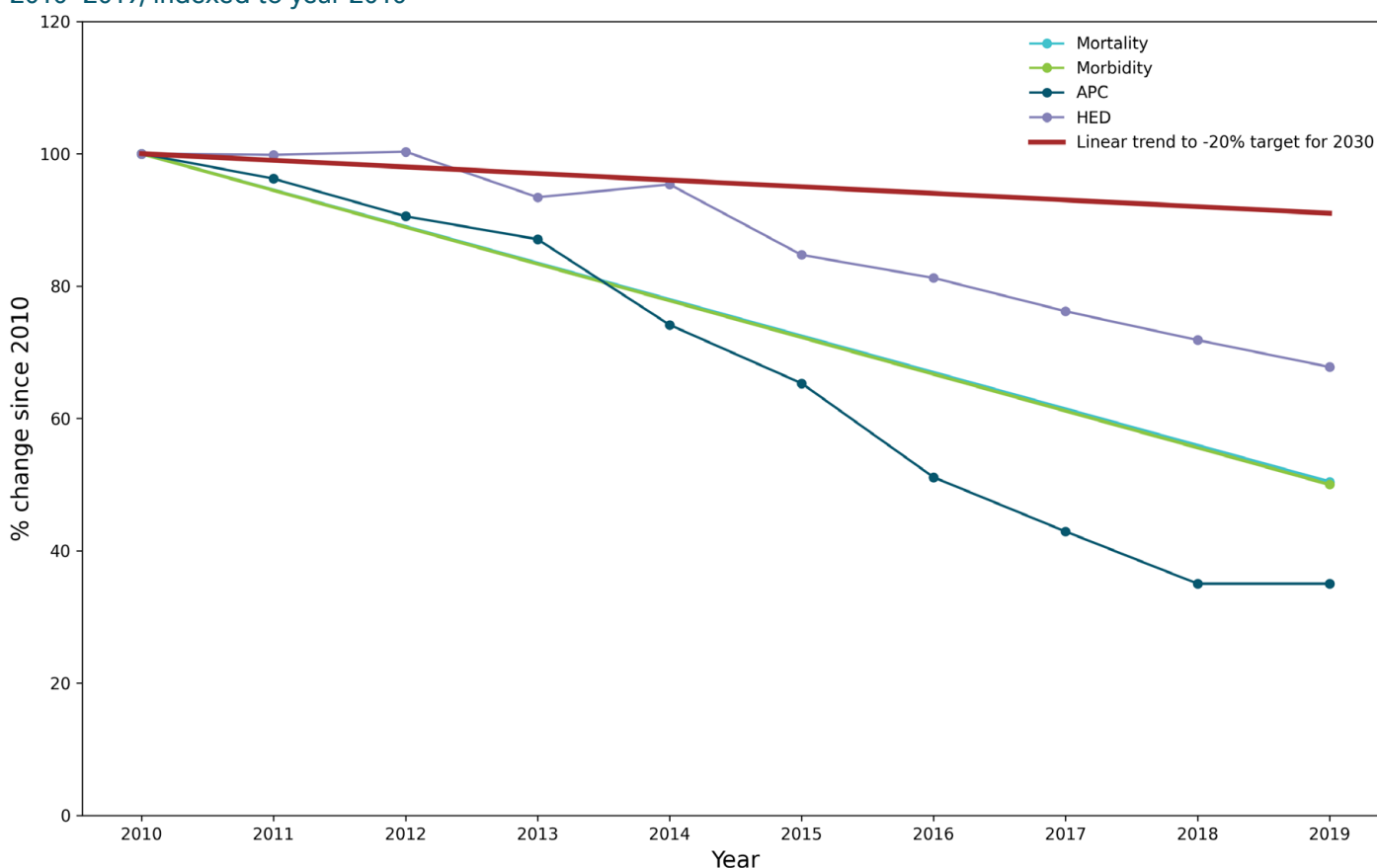
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.17	10.33	47.62	1853.00
2011	3.05	10.31	.	.
2012	2.87	10.36	.	.
2013	2.76	9.65	.	.
2014	2.35	9.85	.	.
2015	2.07	8.75	.	.
2016	1.62	8.39	.	.
2017	1.36	7.87	.	.
2018	1.11	7.42	.	.
2019	1.11	7.00	24.00	926.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

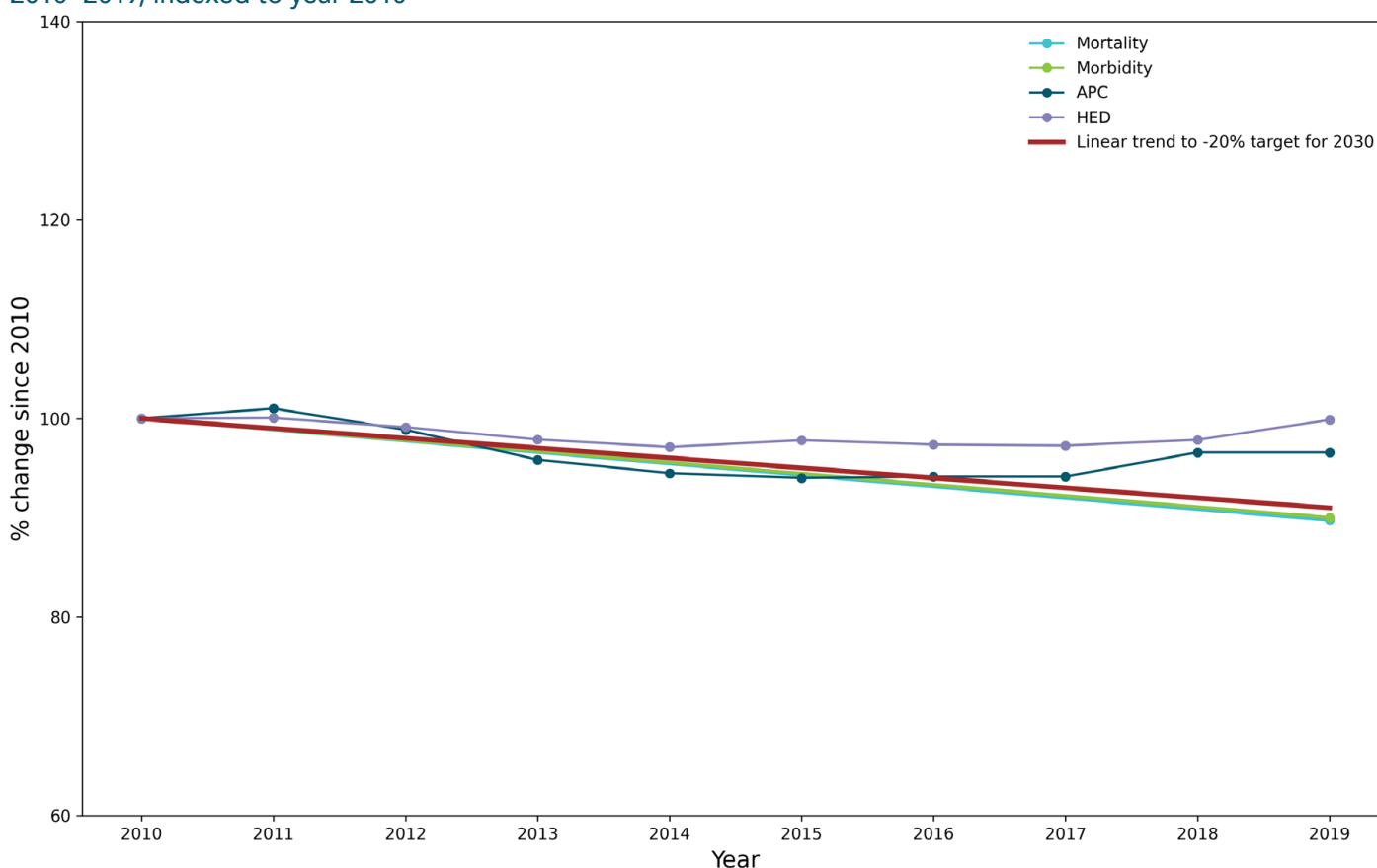# Georgia

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	14.84	27.52	93.42	3676.22
2011	14.99	27.54	.	.
2012	14.67	27.28	.	.
2013	14.22	26.93	.	.
2014	14.02	26.72	.	.
2015	13.95	26.91	.	.
2016	13.97	26.79	.	.
2017	13.97	26.76	.	.
2018	14.33	26.92	.	.
2019	14.33	27.49	83.80	3308.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Germany

UN indicators for harmful use of alcohol

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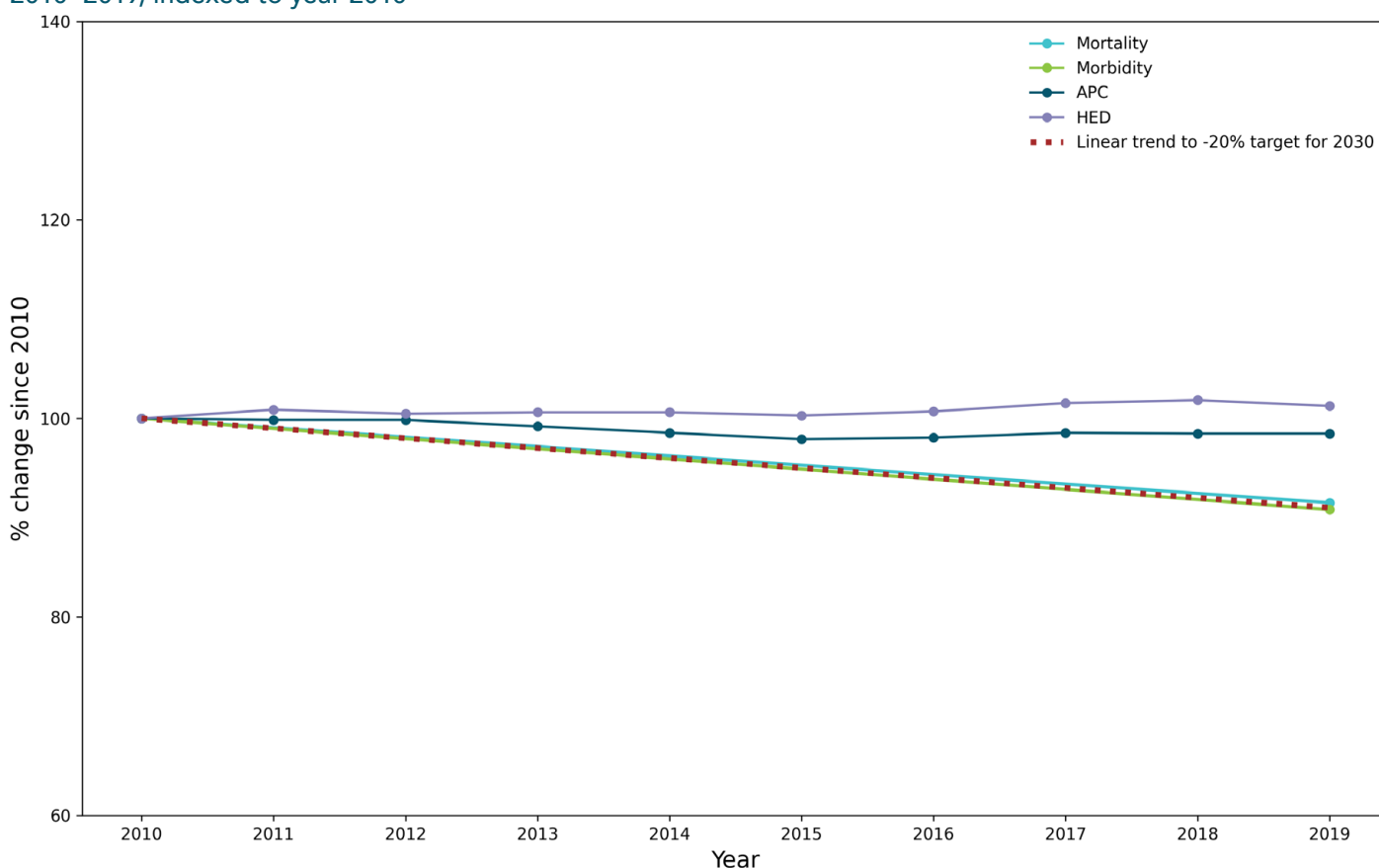
▶ **APC**[1]: Total alcohol per capita consumption
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▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy *Source:* Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	12.41	34.26	30.82	1536.67
2011	12.39	34.56	.	.
2012	12.39	34.42	.	.
2013	12.31	34.47	.	.
2014	12.23	34.47	.	.
2015	12.15	34.36	.	.
2016	12.17	34.50	.	.
2017	12.23	34.79	.	.
2018	12.22	34.89	.	.
2019	12.22	34.69	28.20	1395.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Ghana

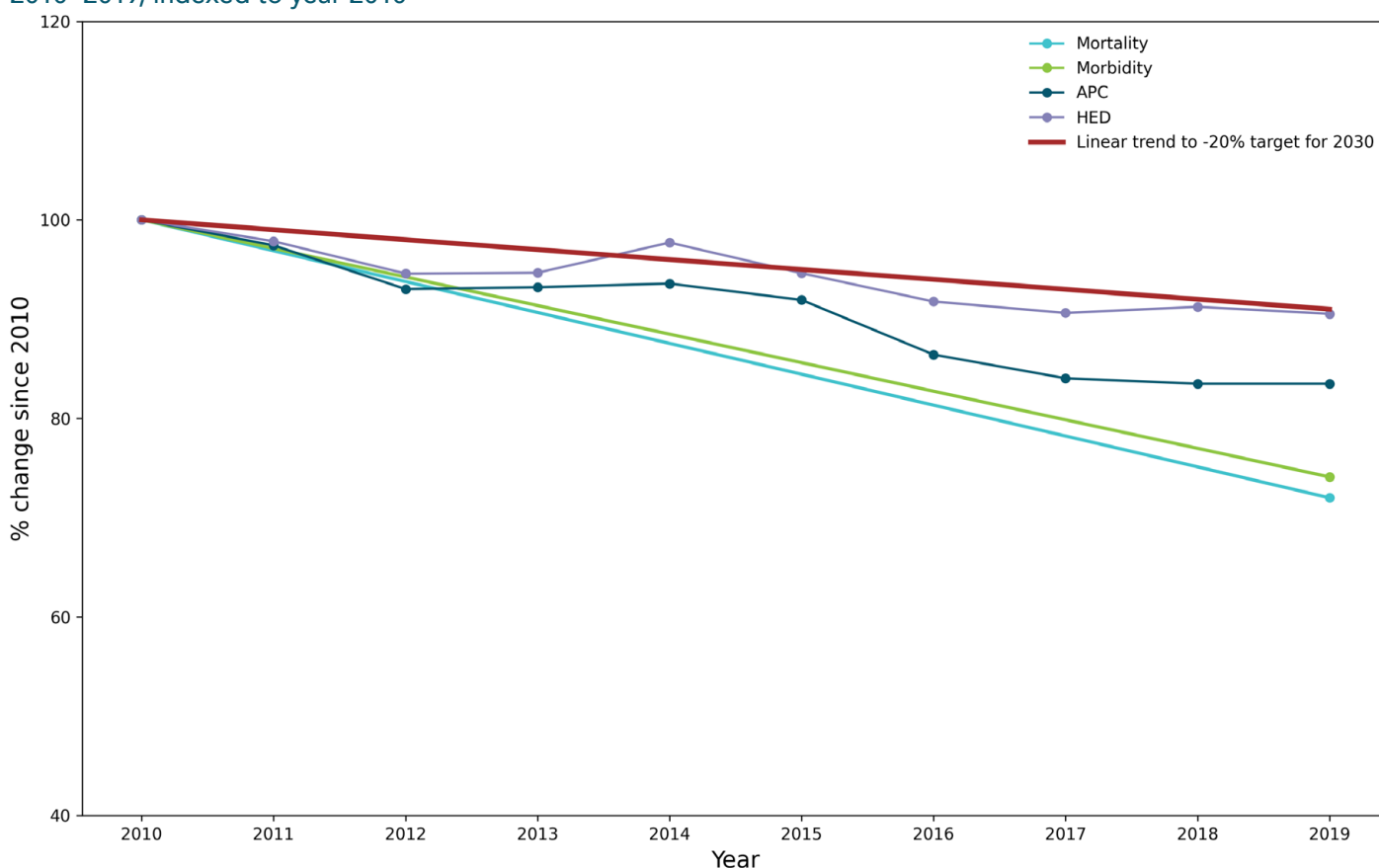## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.45	22.71	82.22	3199.87
2011	5.31	22.22	.	.
2012	5.07	21.48	.	.
2013	5.08	21.50	.	.
2014	5.10	22.19	.	.
2015	5.01	21.49	.	.
2016	4.71	20.84	.	.
2017	4.58	20.58	.	.
2018	4.55	20.72	.	.
2019	4.55	20.56	59.20	2371.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

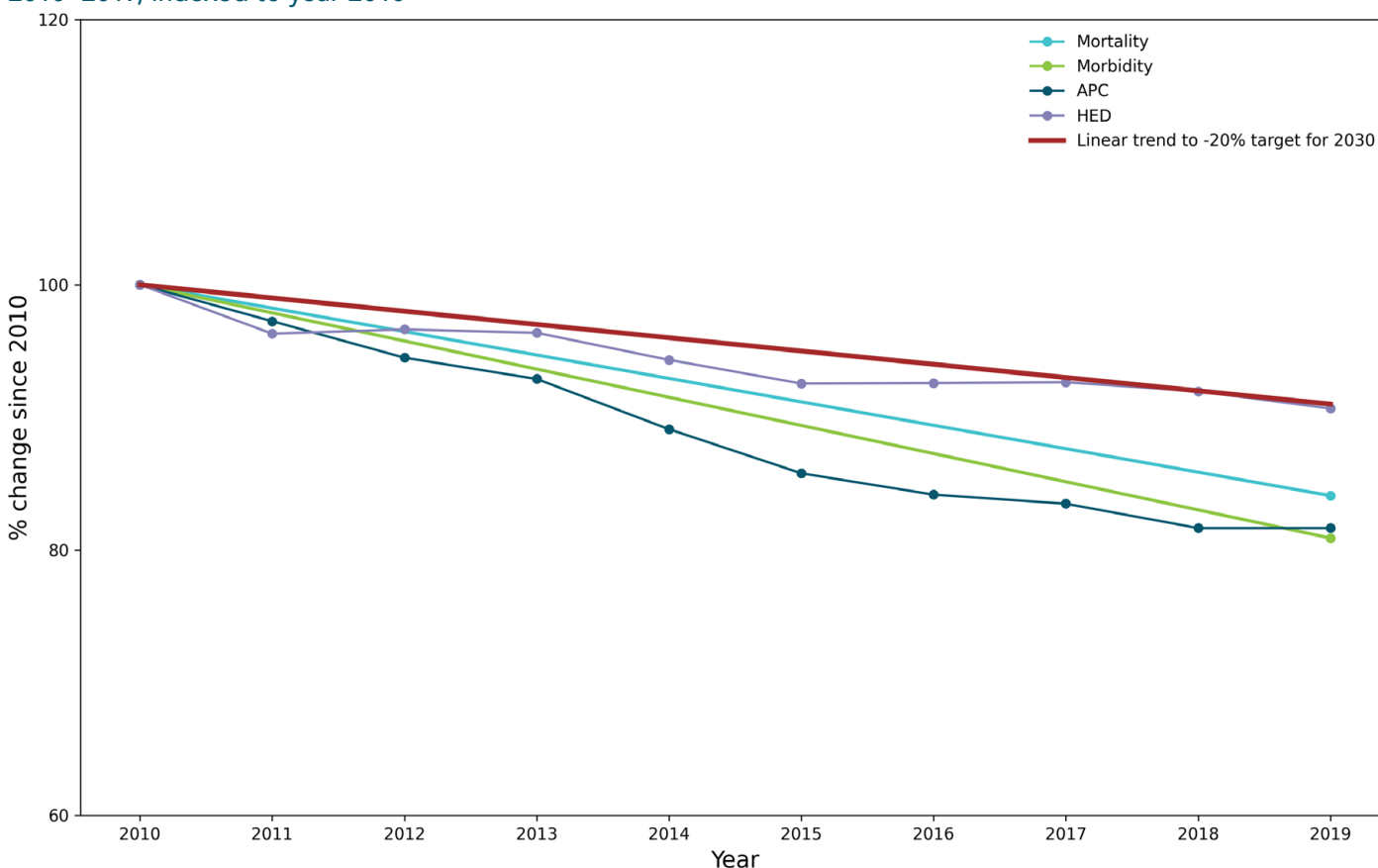# Greece

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ **APC[1]:** Total alcohol per capita consumption
- ▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.72	30.86	18.43	1135.35
2011	8.48	29.72	.	.
2012	8.24	29.82	.	.
2013	8.10	29.74	.	.
2014	7.77	29.11	.	.
2015	7.48	28.56	.	.
2016	7.34	28.57	.	.
2017	7.28	28.59	.	.
2018	7.12	28.38	.	.
2019	7.12	27.98	15.50	918.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Grenada

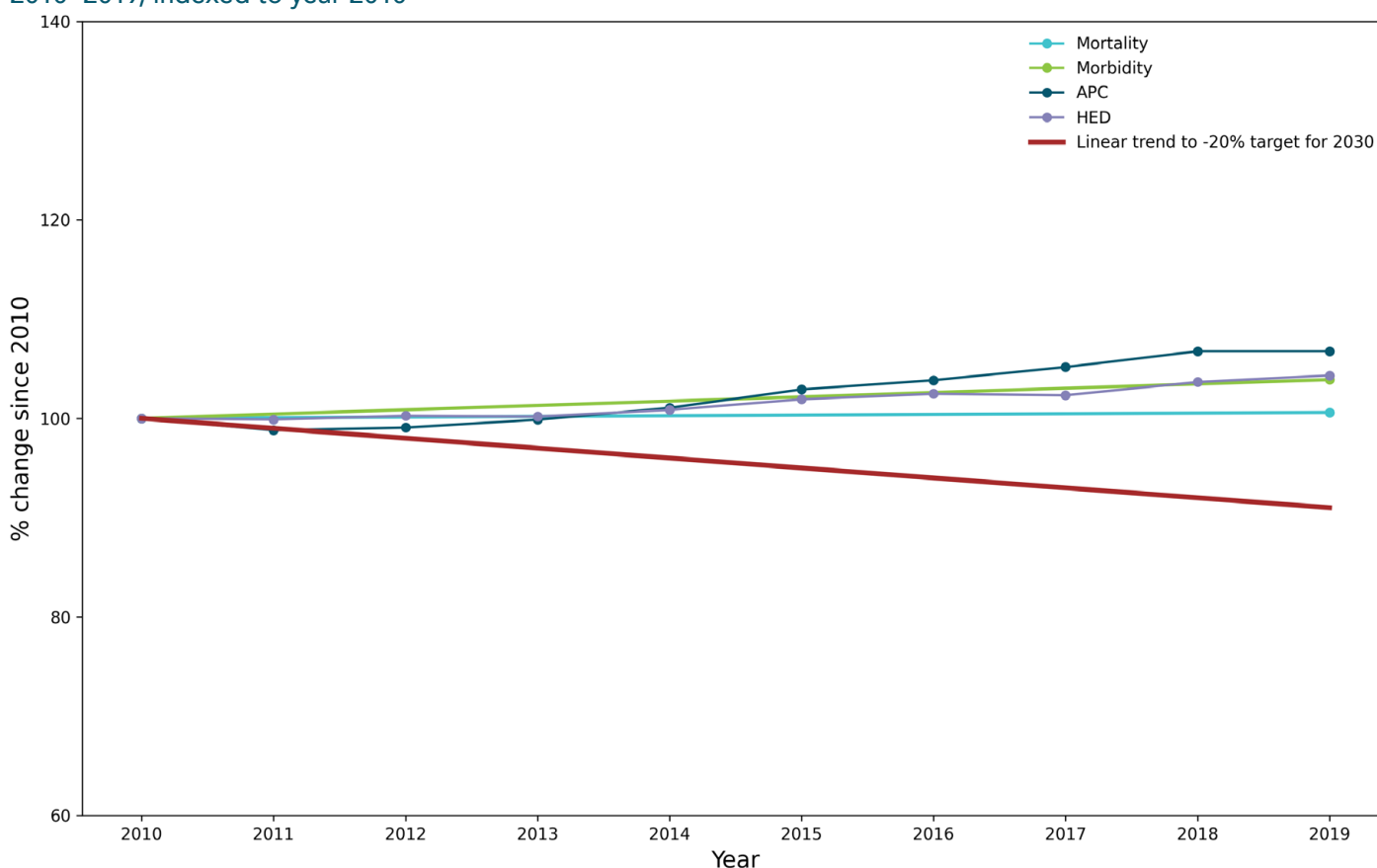## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.55	27.07	37.38	1683.93
2011	7.46	27.04	.	.
2012	7.48	27.14	.	.
2013	7.54	27.12	.	.
2014	7.63	27.30	.	.
2015	7.77	27.59	.	.
2016	7.84	27.74	.	.
2017	7.94	27.70	.	.
2018	8.06	28.06	.	.
2019	8.06	28.24	37.60	1749.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

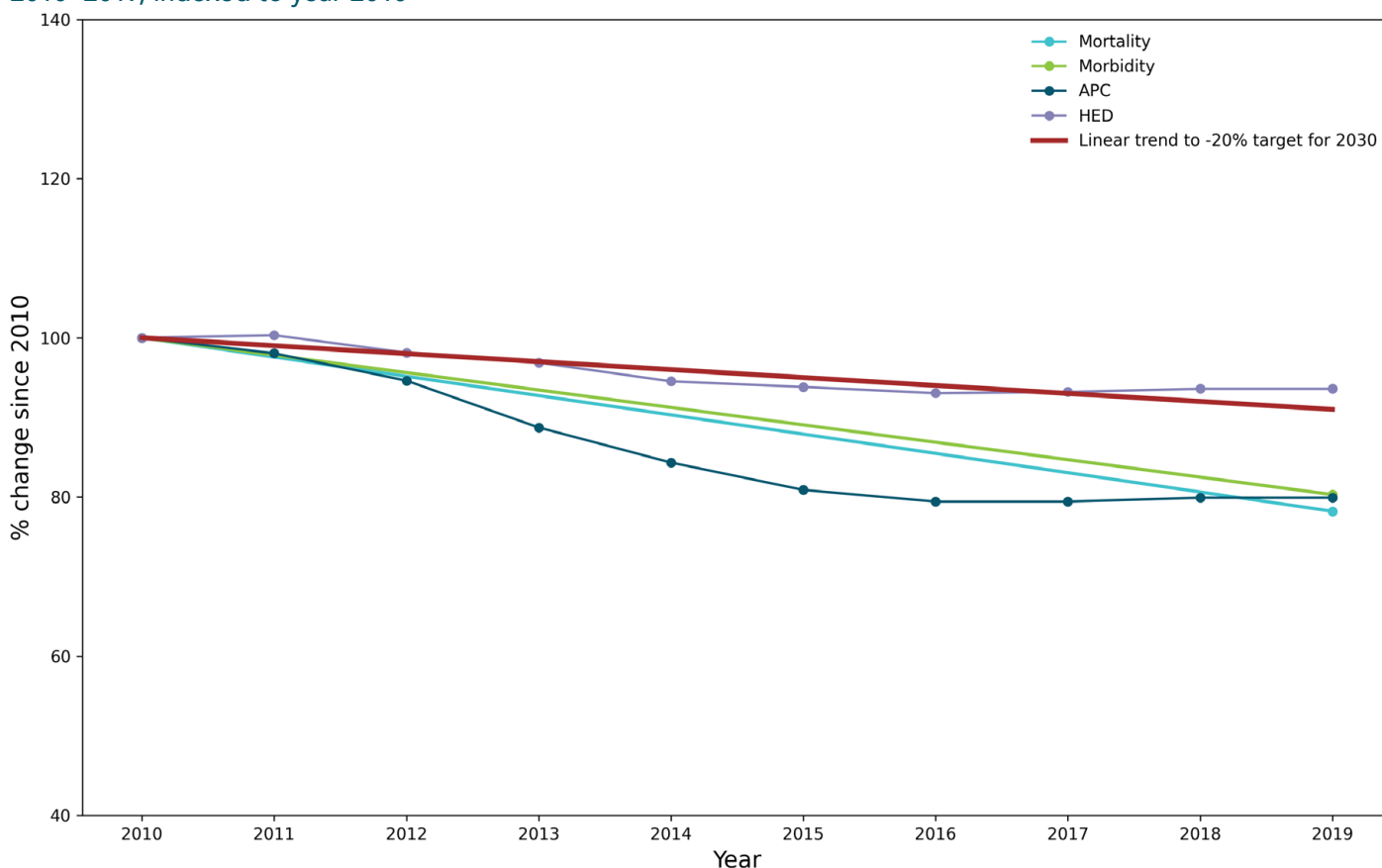# Guatemala

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.04	12.78	55.24	2848.07
2011	2.00	12.82	.	.
2012	1.93	12.54	.	.
2013	1.81	12.38	.	.
2014	1.72	12.08	.	.
2015	1.65	11.99	.	.
2016	1.62	11.89	.	.
2017	1.62	11.91	.	.
2018	1.63	11.96	.	.
2019	1.63	11.96	43.20	2287.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
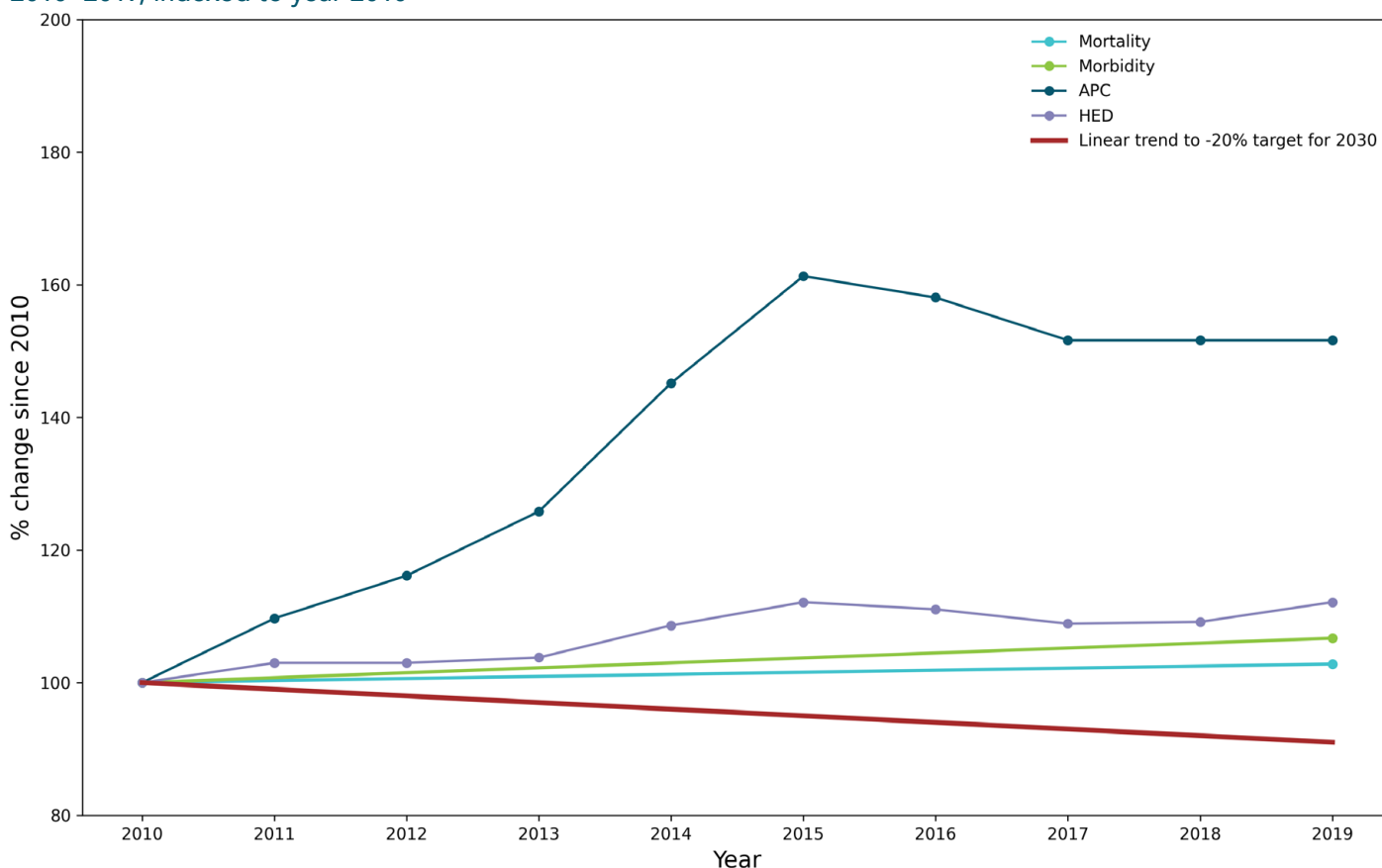
Guinea

UN indicators for harmful use of alcohol

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▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.31	3.71	18.19	706.84
2011	0.34	3.82	.	.
2012	0.36	3.82	.	.
2013	0.39	3.85	.	.
2014	0.45	4.03	.	.
2015	0.50	4.16	.	.
2016	0.49	4.12	.	.
2017	0.47	4.04	.	.
2018	0.47	4.05	.	.
2019	0.47	4.16	18.70	754.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Guinea-Bissau
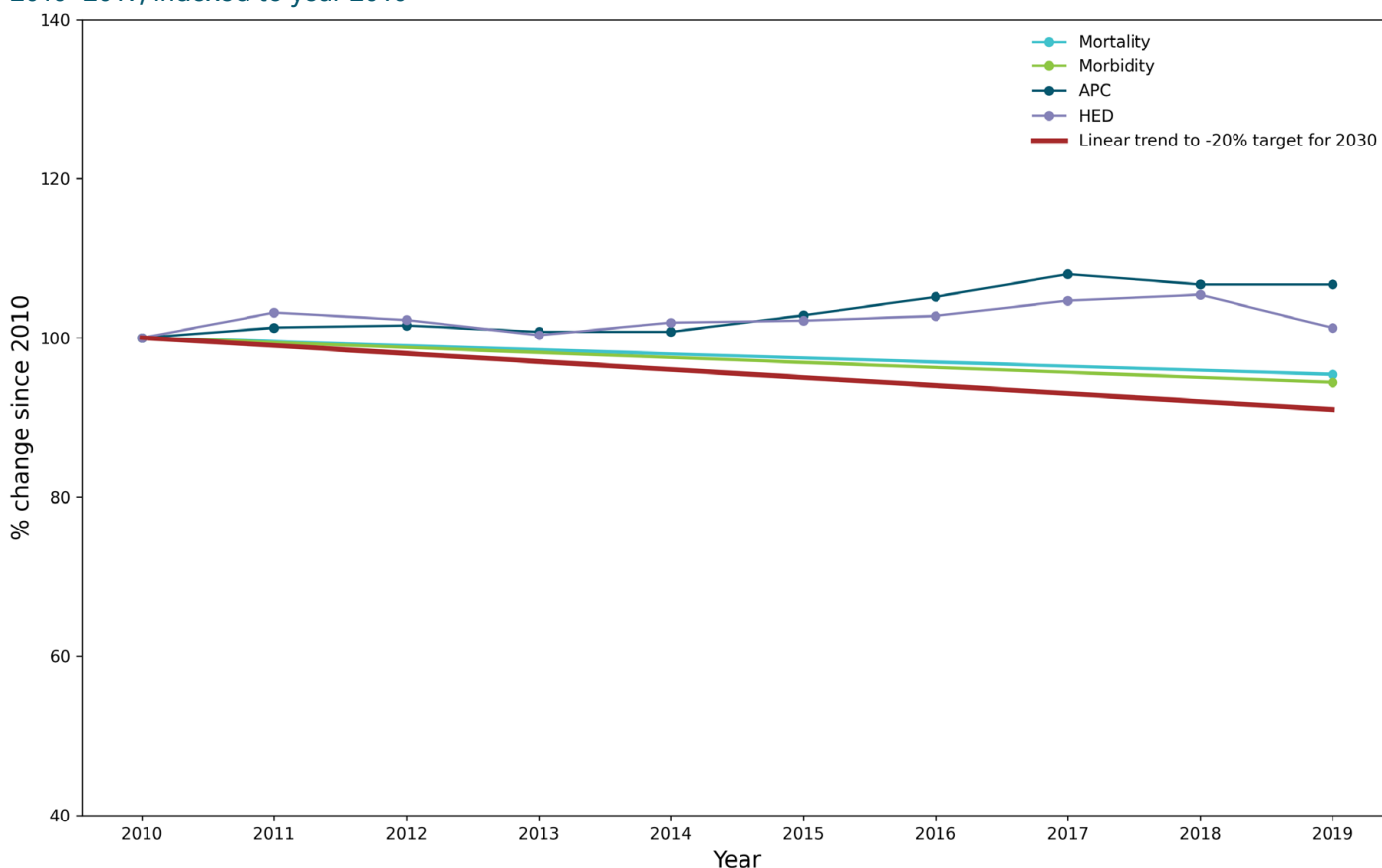
UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
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▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.88	11.96	76.73	3047.25
2011	3.93	12.34	.	.
2012	3.94	12.23	.	.
2013	3.91	12.00	.	.
2014	3.91	12.19	.	.
2015	3.99	12.22	.	.
2016	4.08	12.29	.	.
2017	4.19	12.52	.	.
2018	4.14	12.61	.	.
2019	4.14	12.11	73.20	2876.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
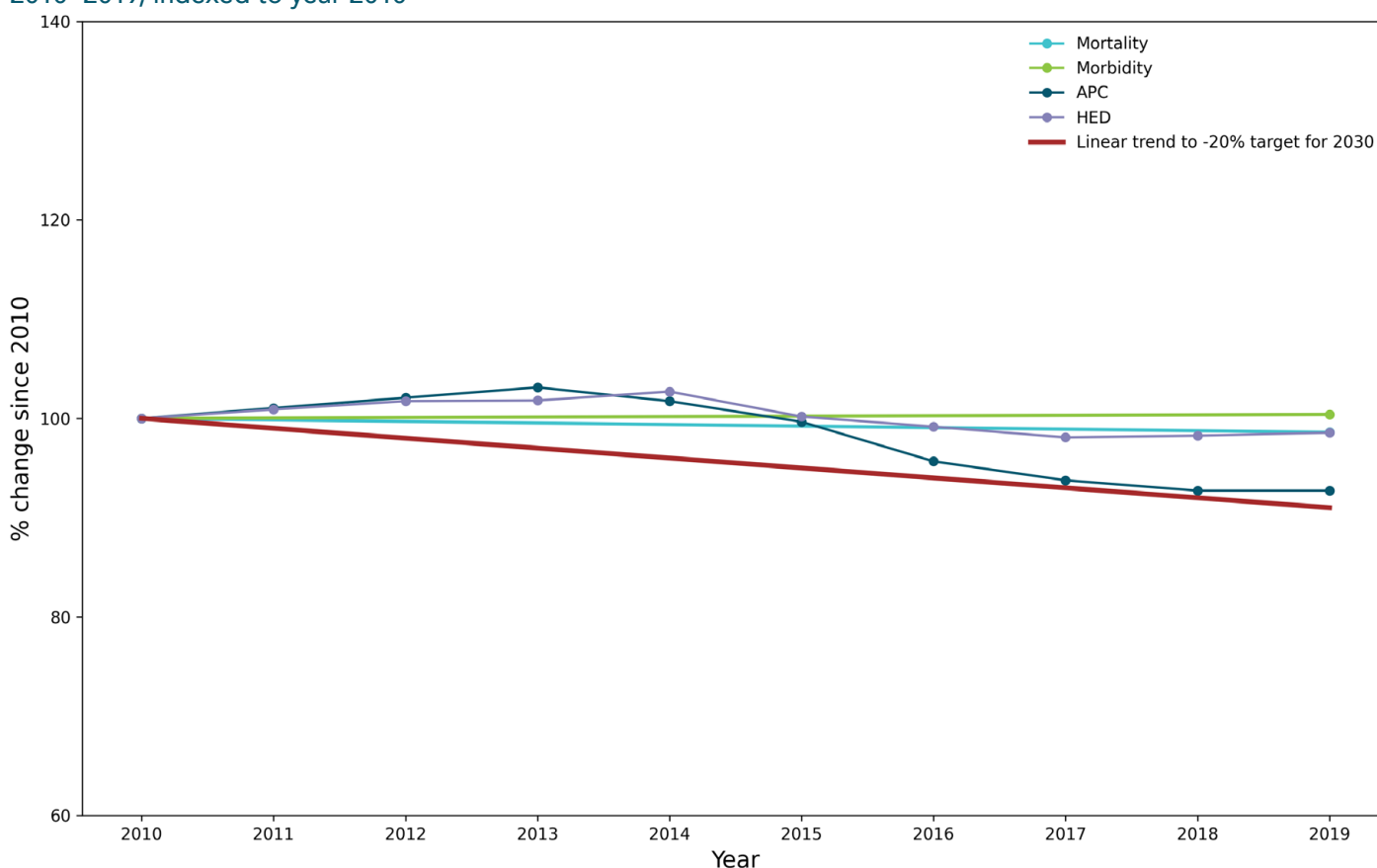
Guyana

UN indicators for harmful use of alcohol

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▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.77	16.67	65.31	3041.93
2011	5.83	16.82	.	.
2012	5.89	16.96	.	.
2013	5.95	16.97	.	.
2014	5.87	17.12	.	.
2015	5.75	16.70	.	.
2016	5.52	16.53	.	.
2017	5.41	16.35	.	.
2018	5.35	16.38	.	.
2019	5.35	16.43	64.40	3054.10

Haiti

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan*** is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

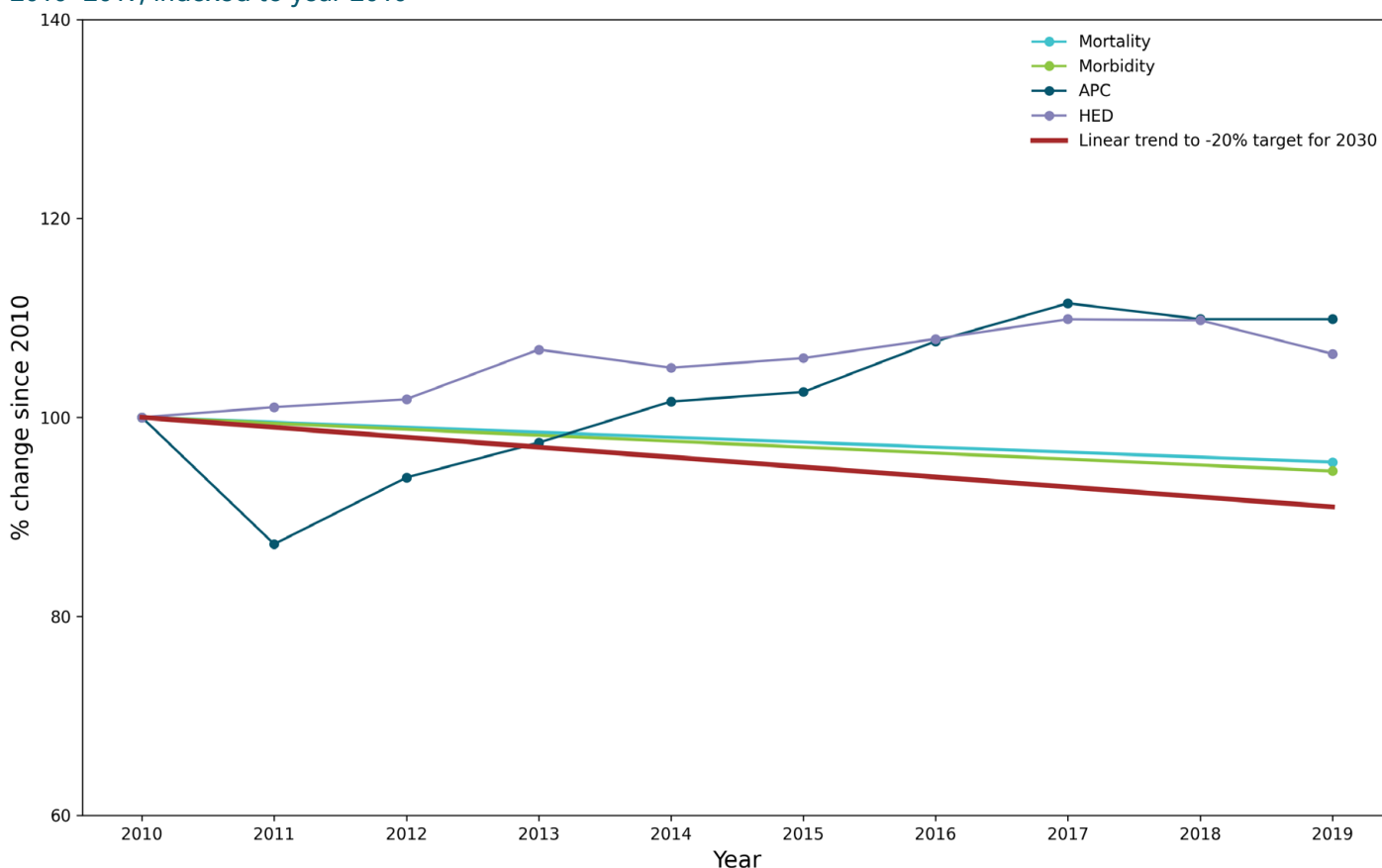| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.14	18.65	49.84	2346.51
2011	2.74	18.84	.	.
2012	2.95	18.99	.	.
2013	3.06	19.92	.	.
2014	3.19	19.58	.	.
2015	3.22	19.76	.	.
2016	3.38	20.12	.	.
2017	3.50	20.49	.	.
2018	3.45	20.47	.	.
2019	3.45	19.84	47.60	2219.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Honduras

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan*** is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

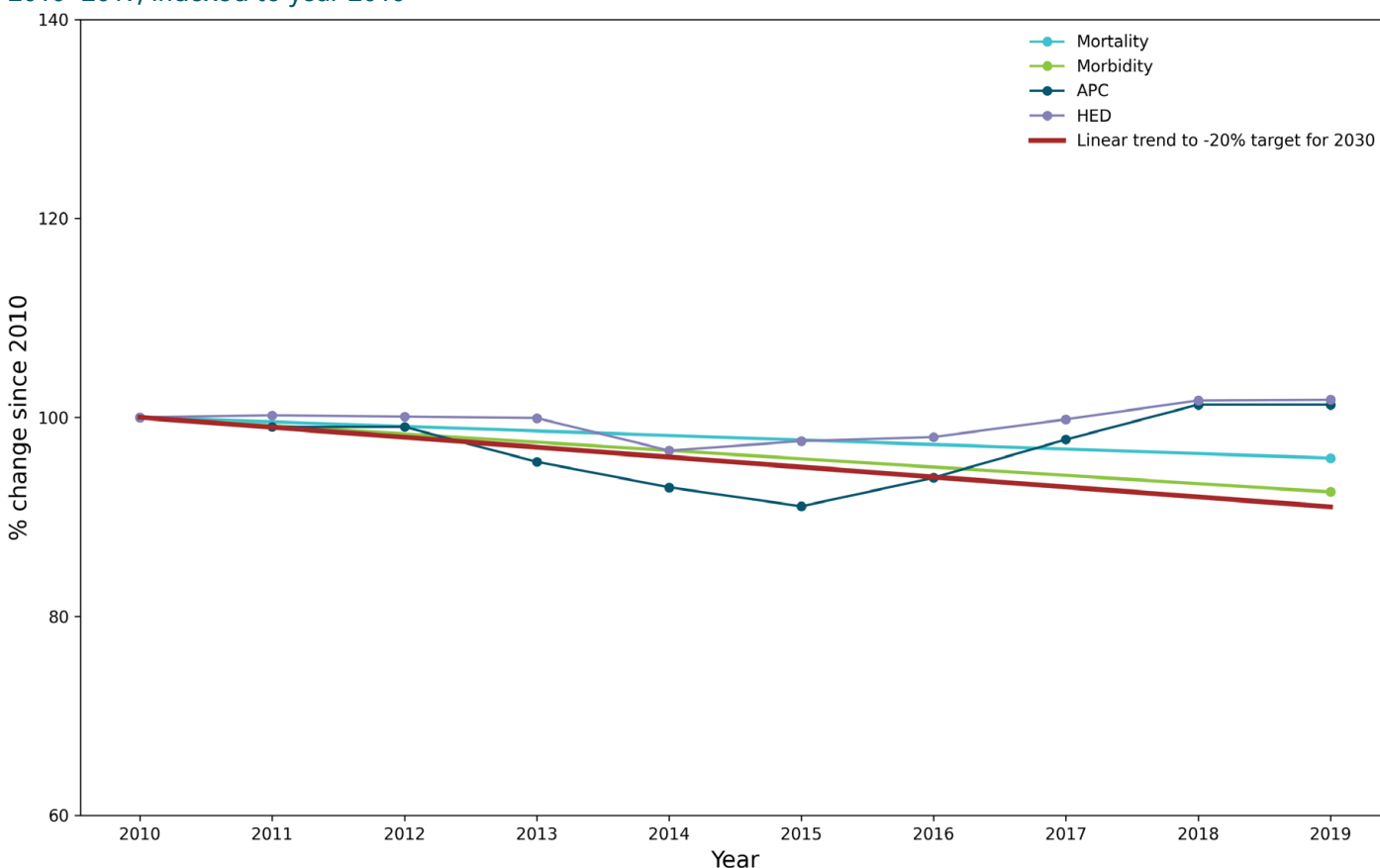| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.13	14.65	42.13	1954.70
2011	3.10	14.68	.	.
2012	3.10	14.66	.	.
2013	2.99	14.64	.	.
2014	2.91	14.16	.	.
2015	2.85	14.30	.	.
2016	2.94	14.36	.	.
2017	3.06	14.62	.	.
2018	3.17	14.90	.	.
2019	3.17	14.91	40.40	1808.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Hungary

UN indicators for harmful use of alcohol

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▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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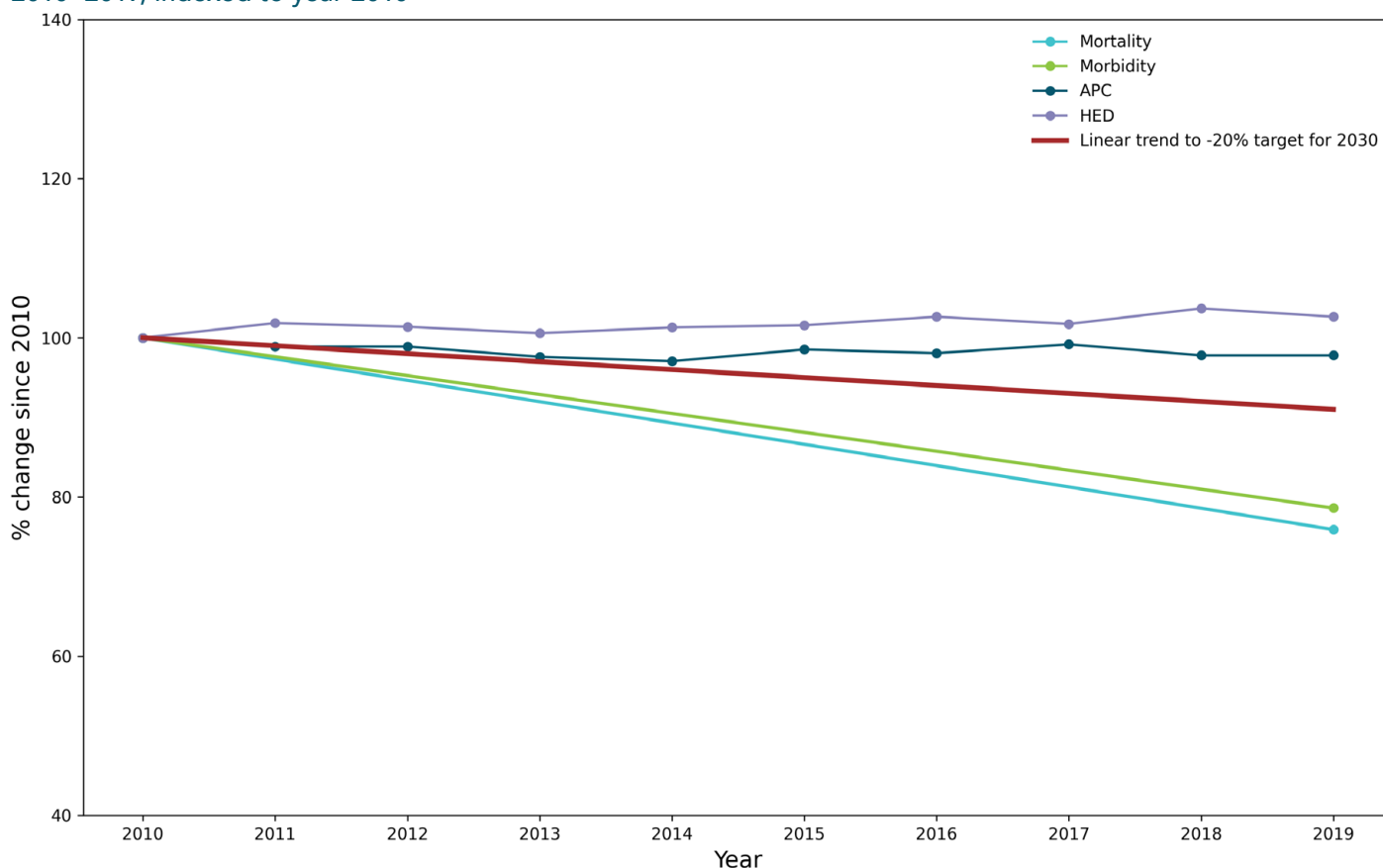| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.84	36.33	60.34	2763.49
2011	10.72	37.00	.	.
2012	10.72	36.83	.	.
2013	10.58	36.54	.	.
2014	10.52	36.80	.	.
2015	10.68	36.90	.	.
2016	10.63	37.29	.	.
2017	10.75	36.96	.	.
2018	10.60	37.67	.	.
2019	10.60	37.29	45.80	2172.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Iceland

UN indicators for harmful use of alcohol

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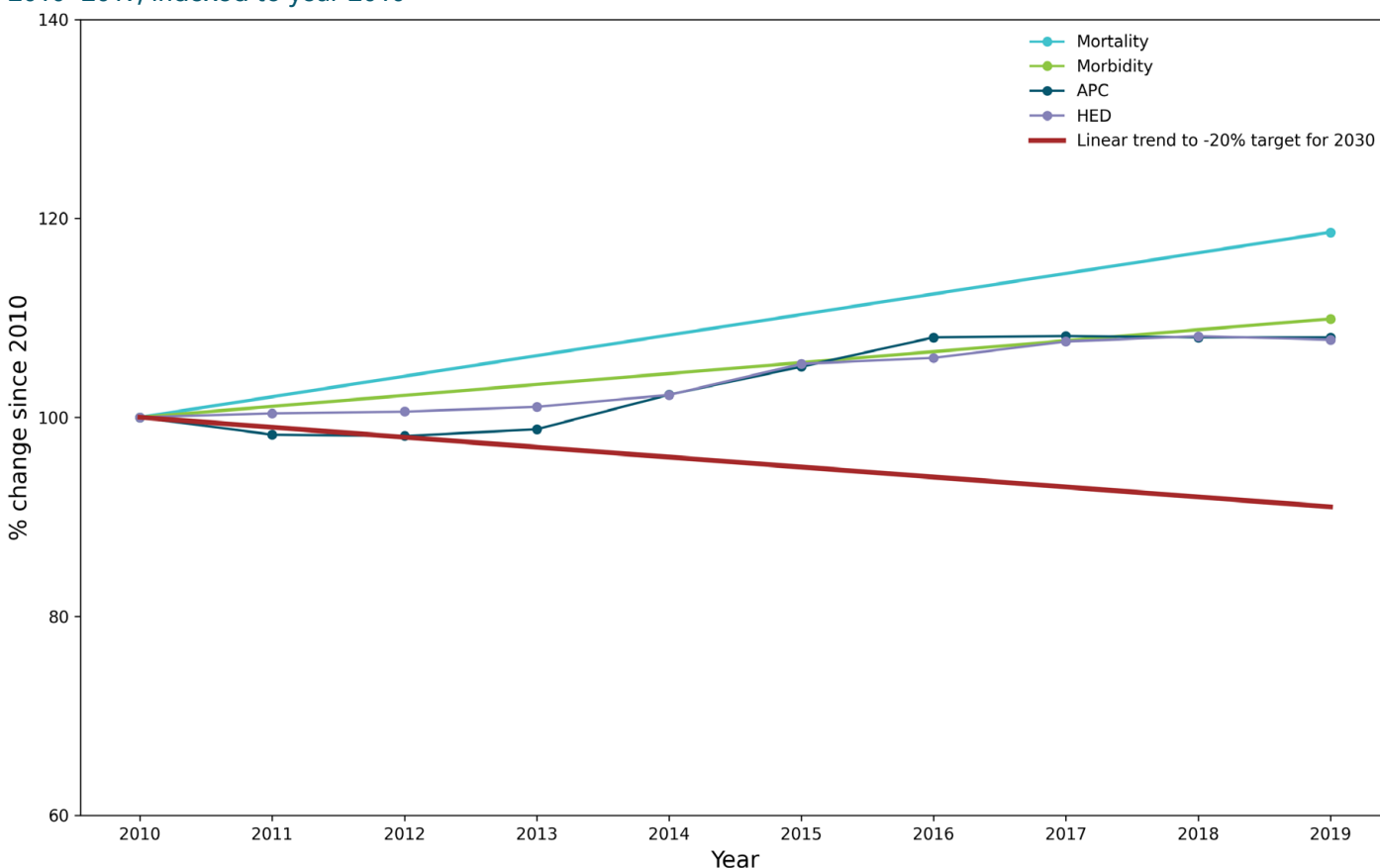
- ▶ **APC[1]:** Total alcohol per capita consumption
- ▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.47	40.00	14.59	1036.94
2011	7.34	40.16	.	.
2012	7.33	40.23	.	.
2013	7.38	40.42	.	.
2014	7.64	40.90	.	.
2015	7.85	42.15	.	.
2016	8.07	42.39	.	.
2017	8.08	43.05	.	.
2018	8.07	43.26	.	.
2019	8.07	43.12	17.30	1139.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
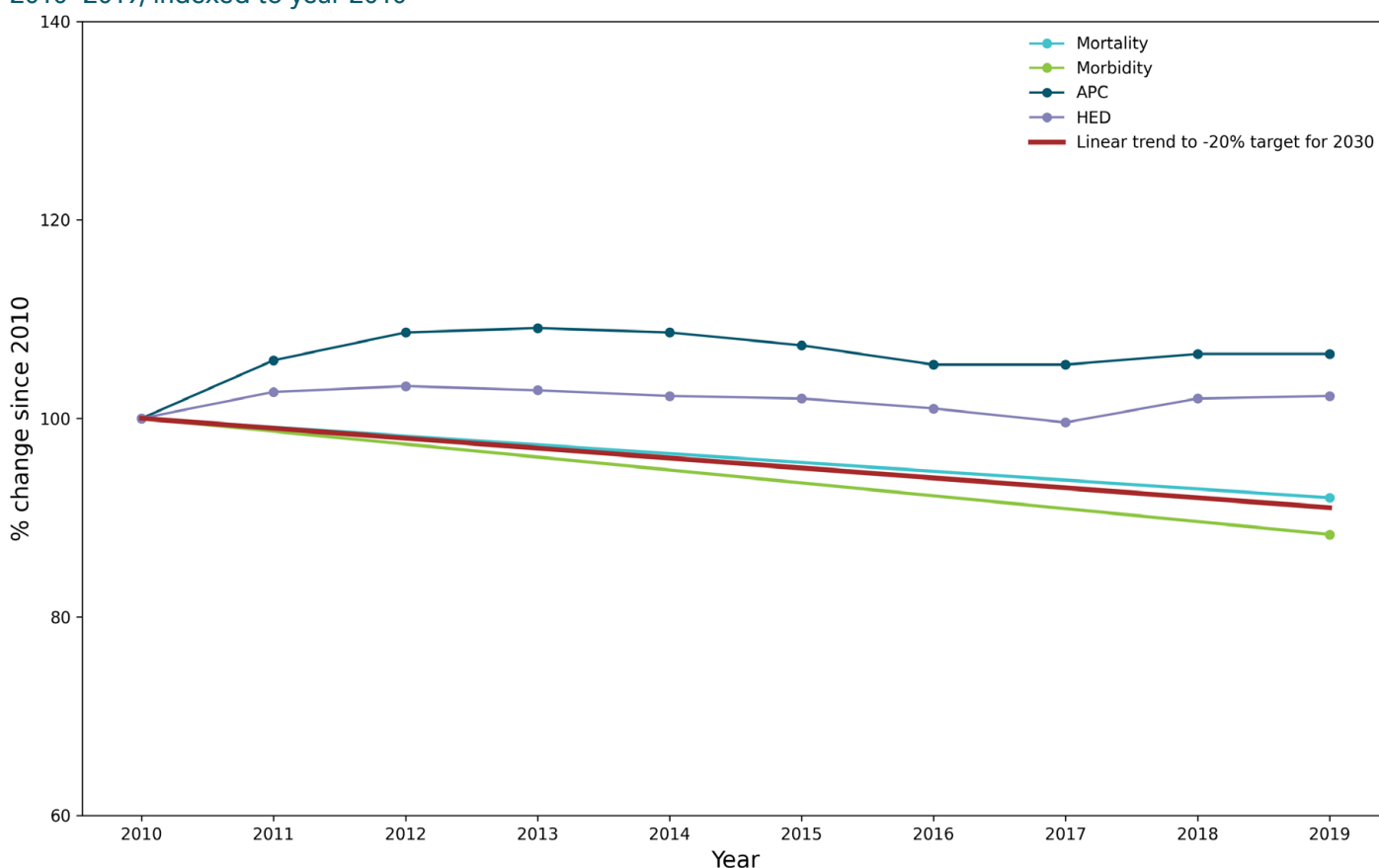
India

UN indicators for harmful use of alcohol

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▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.62	12.01	41.85	2037.60
2011	4.89	12.33	.	.
2012	5.02	12.40	.	.
2013	5.04	12.35	.	.
2014	5.02	12.28	.	.
2015	4.96	12.25	.	.
2016	4.87	12.13	.	.
2017	4.87	11.96	.	.
2018	4.92	12.25	.	.
2019	4.92	12.28	38.50	1799.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Indonesia

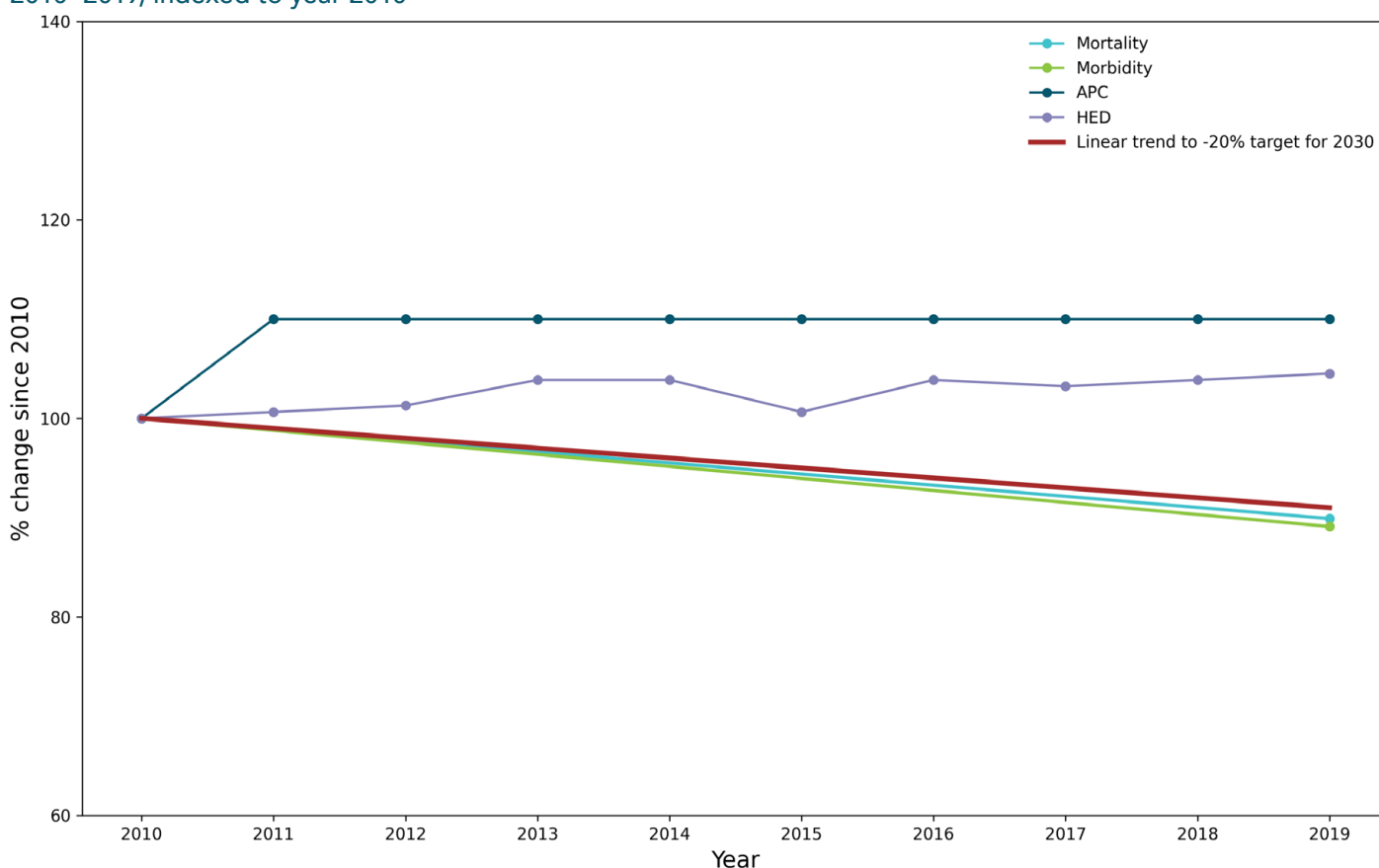## UN indicators for harmful use of alcohol

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- **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
- **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.10	1.55	11.46	388.33
2011	0.11	1.56	.	.
2012	0.11	1.57	.	.
2013	0.11	1.61	.	.
2014	0.11	1.61	.	.
2015	0.11	1.56	.	.
2016	0.11	1.61	.	.
2017	0.11	1.60	.	.
2018	0.11	1.61	.	.
2019	0.11	1.62	10.30	346.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Iran, Islamic Republic of

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
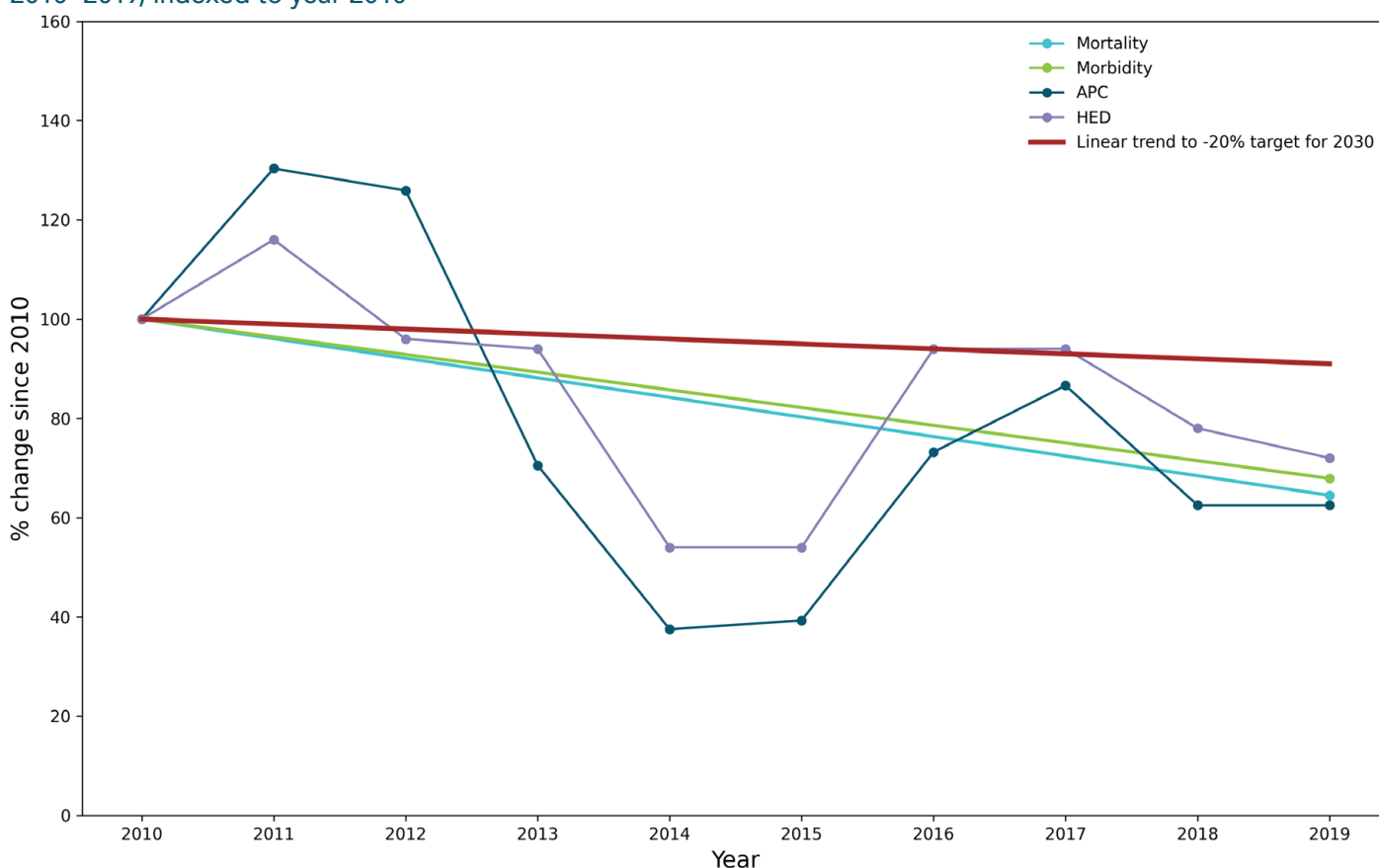
▶ **APC[1]:** Total alcohol per capita consumption
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* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.12	0.50	4.81	203.53
2011	1.46	0.58	.	.
2012	1.41	0.48	.	.
2013	0.79	0.47	.	.
2014	0.42	0.27	.	.
2015	0.44	0.27	.	.
2016	0.82	0.47	.	.
2017	0.97	0.47	.	.
2018	0.70	0.39	.	.
2019	0.70	0.36	3.10	138.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
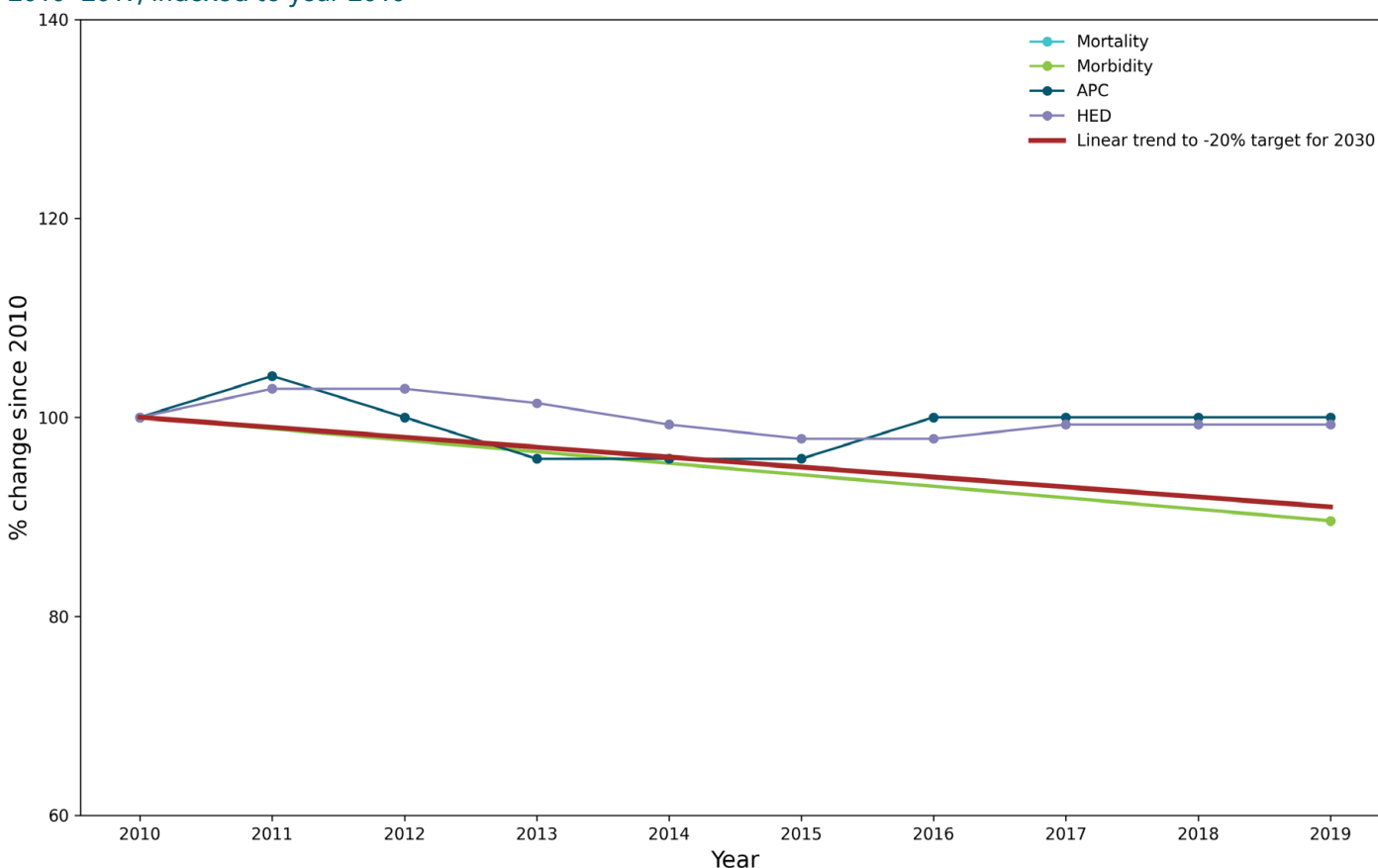
Iraq

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.24	1.39	8.15	320.42
2011	0.25	1.43	.	.
2012	0.24	1.43	.	.
2013	0.23	1.41	.	.
2014	0.23	1.38	.	.
2015	0.23	1.36	.	.
2016	0.24	1.36	.	.
2017	0.24	1.38	.	.
2018	0.24	1.38	.	.
2019	0.24	1.38	7.30	287.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

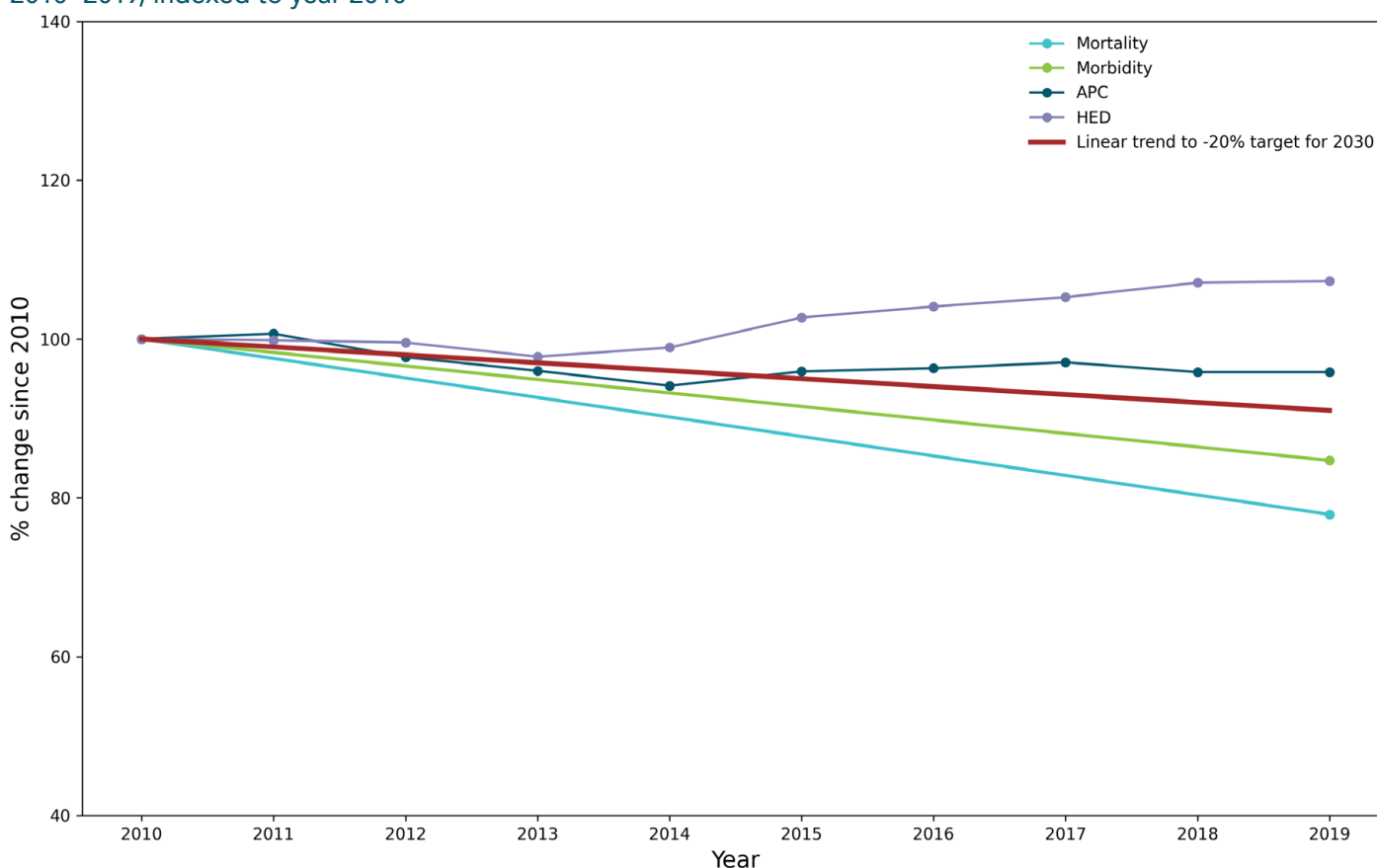## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	12.21	42.61	25.29	1611.45
2011	12.29	42.54	.	.
2012	11.93	42.42	.	.
2013	11.72	41.66	.	.
2014	11.49	42.15	.	.
2015	11.71	43.76	.	.
2016	11.76	44.35	.	.
2017	11.85	44.85	.	.
2018	11.70	45.63	.	.
2019	11.70	45.71	19.70	1364.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
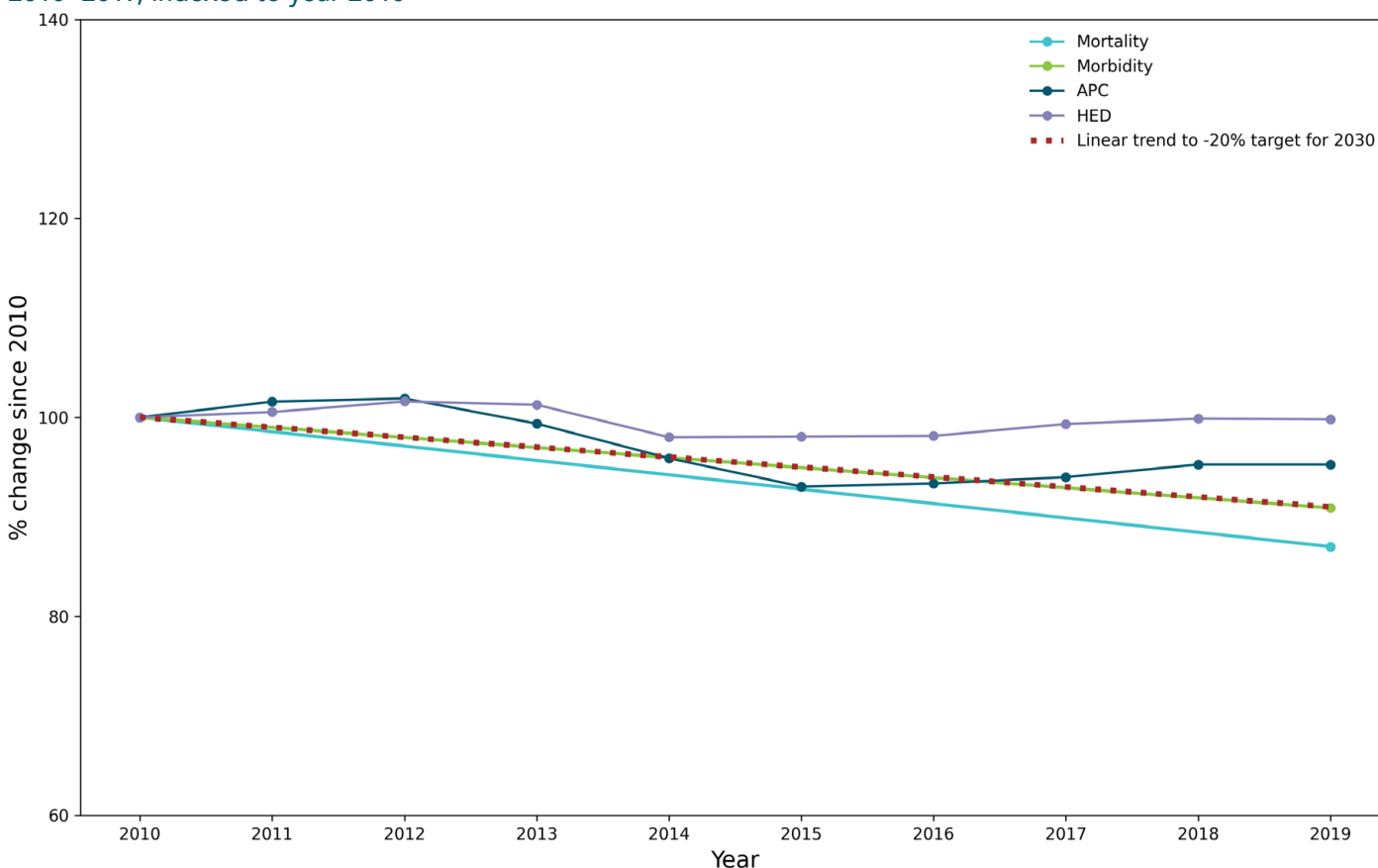
Israel

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.16	15.00	8.62	514.96
2011	3.21	15.08	.	.
2012	3.22	15.24	.	.
2013	3.14	15.19	.	.
2014	3.03	14.70	.	.
2015	2.94	14.71	.	.
2016	2.95	14.72	.	.
2017	2.97	14.90	.	.
2018	3.01	14.98	.	.
2019	3.01	14.97	7.50	468.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Italy
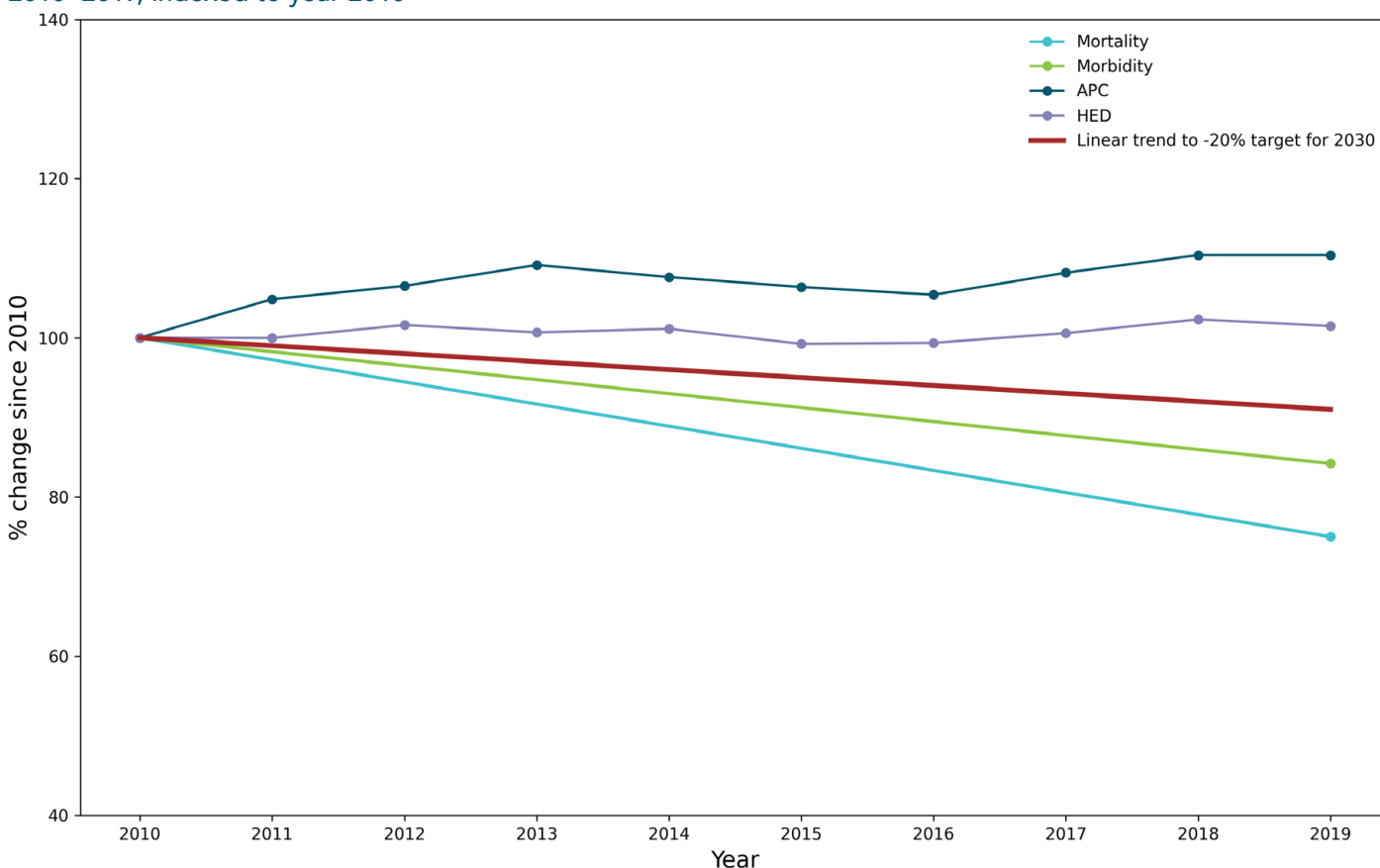
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.22	31.15	17.20	935.04
2011	7.57	31.14	.	.
2012	7.69	31.65	.	.
2013	7.88	31.36	.	.
2014	7.77	31.50	.	.
2015	7.68	30.91	.	.
2016	7.61	30.95	.	.
2017	7.81	31.33	.	.
2018	7.97	31.87	.	.
2019	7.97	31.61	12.90	787.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Jamaica
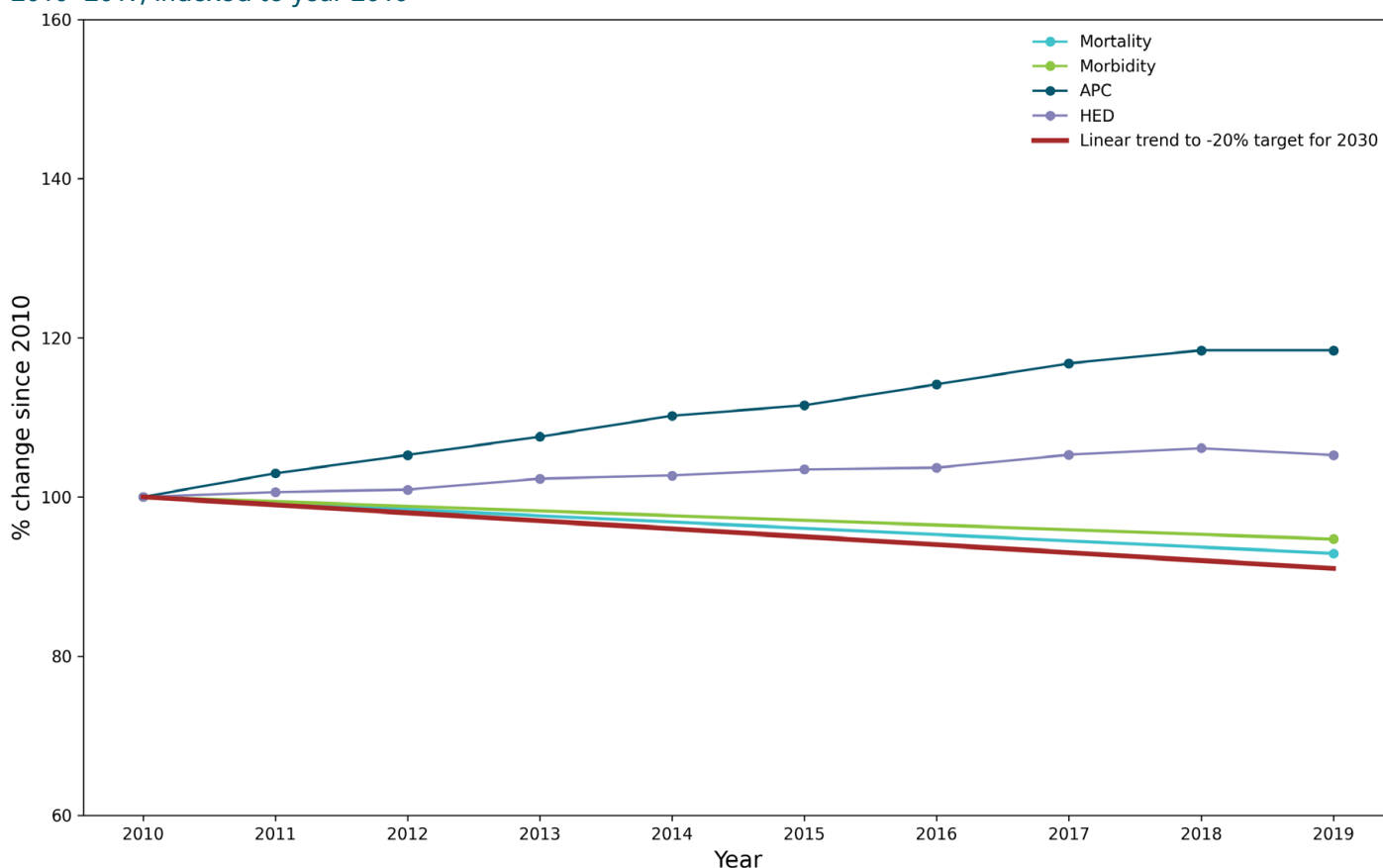
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.04	19.63	19.91	1005.60
2011	3.13	19.75	.	.
2012	3.20	19.81	.	.
2013	3.27	20.08	.	.
2014	3.35	20.16	.	.
2015	3.39	20.31	.	.
2016	3.47	20.35	.	.
2017	3.55	20.67	.	.
2018	3.60	20.83	.	.
2019	3.60	20.66	18.50	952.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Japan

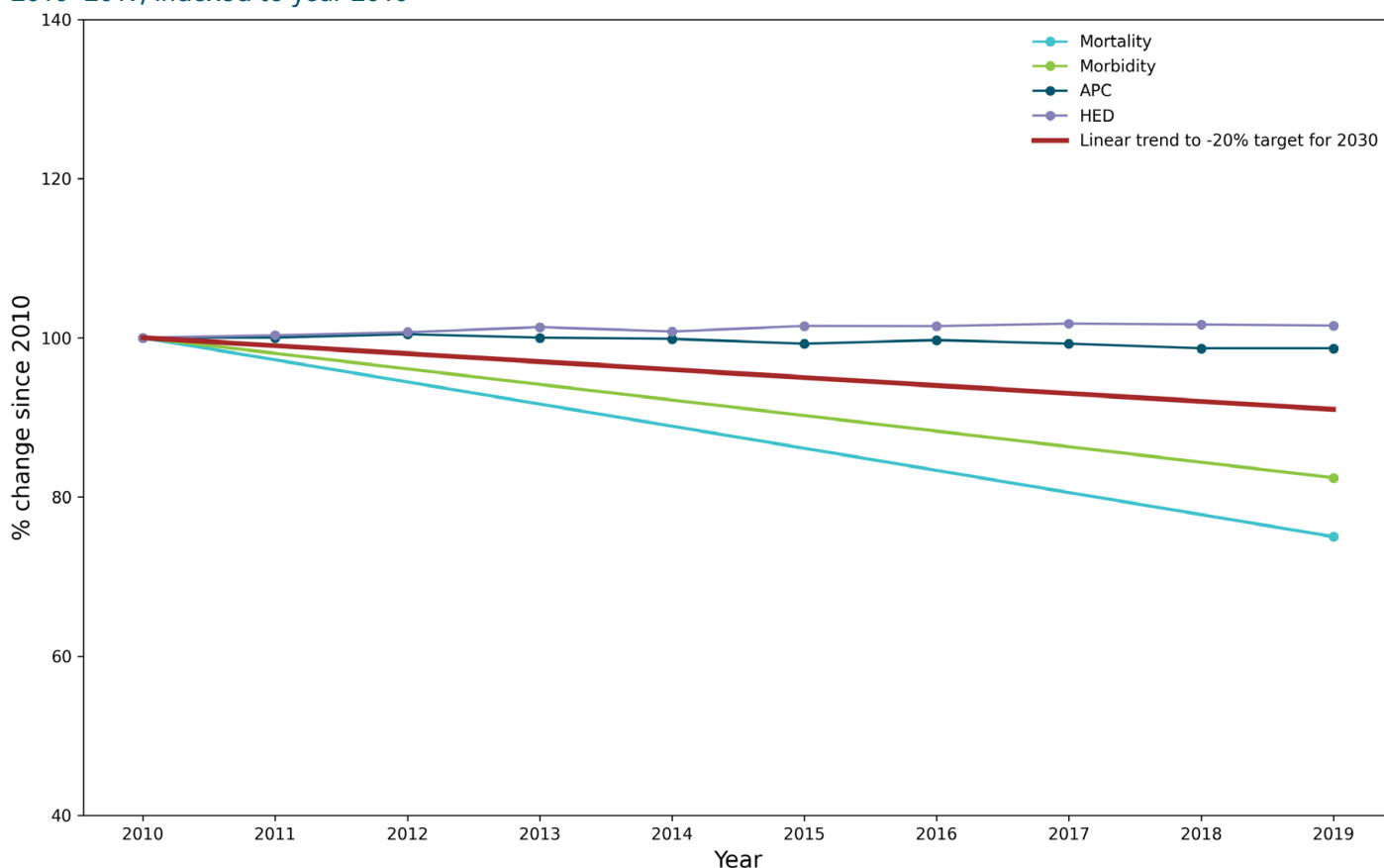## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.77	42.85	22.67	1068.81
2011	6.77	42.98	.	.
2012	6.80	43.15	.	.
2013	6.77	43.42	.	.
2014	6.76	43.19	.	.
2015	6.72	43.48	.	.
2016	6.75	43.47	.	.
2017	6.72	43.61	.	.
2018	6.68	43.56	.	.
2019	6.68	43.50	17.00	880.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Jordan

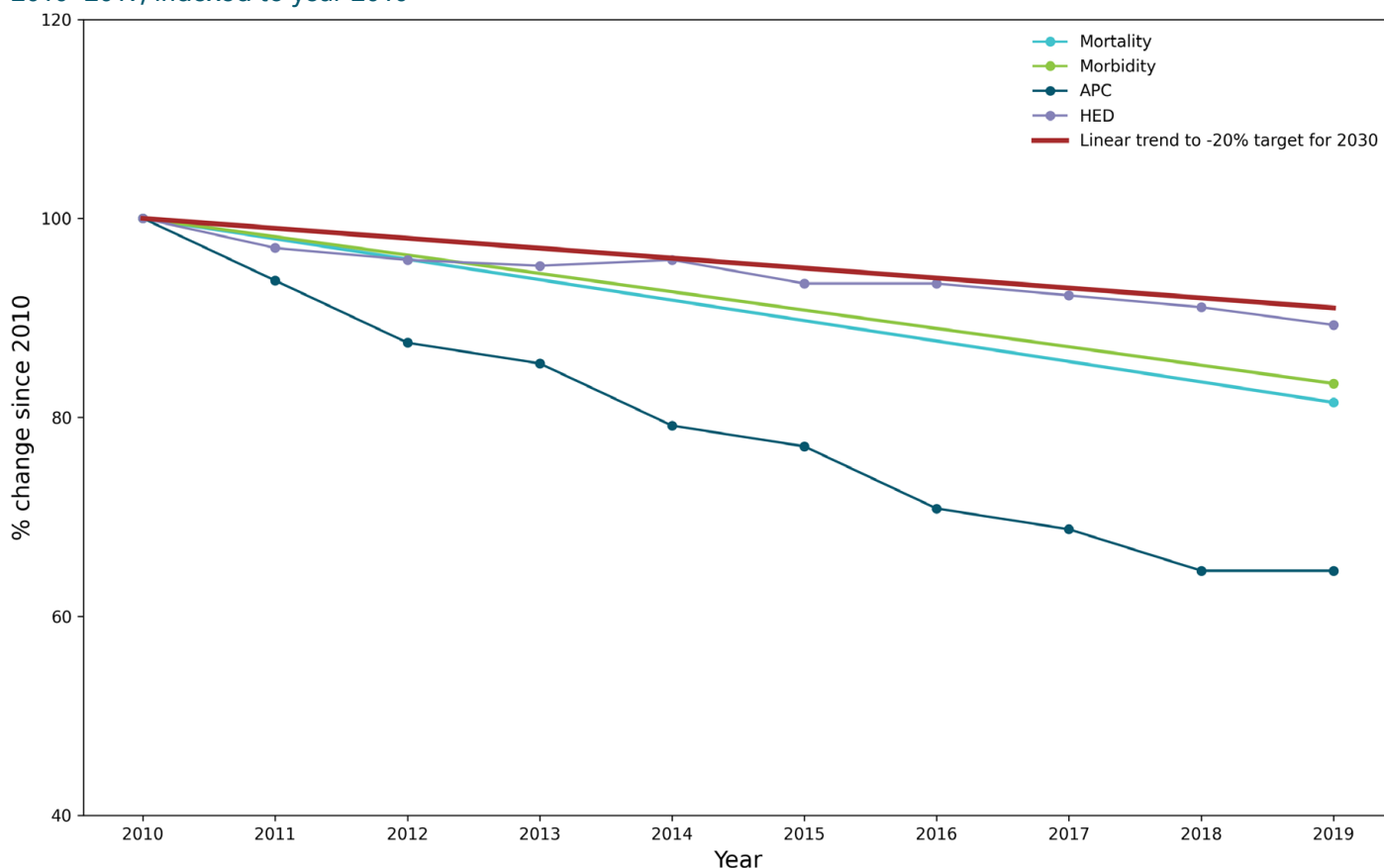## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.48	1.68	5.40	221.70
2011	0.45	1.63	.	.
2012	0.42	1.61	.	.
2013	0.41	1.60	.	.
2014	0.38	1.61	.	.
2015	0.37	1.57	.	.
2016	0.34	1.57	.	.
2017	0.33	1.55	.	.
2018	0.31	1.53	.	.
2019	0.31	1.50	4.40	184.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Kazakhstan

UN indicators for harmful use of alcohol

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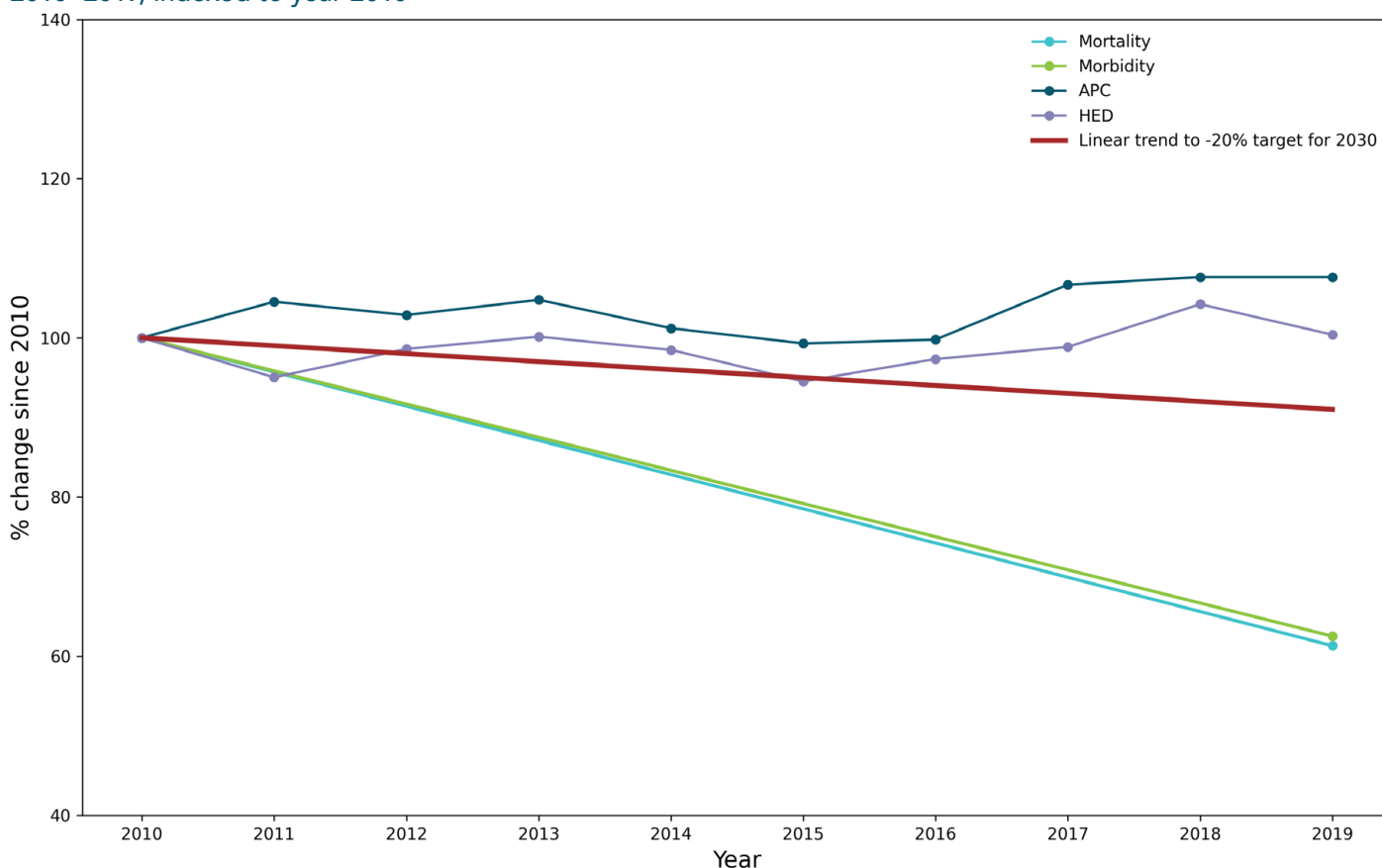
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.20	7.83	83.20	3592.80
2011	4.39	7.44	.	.
2012	4.32	7.72	.	.
2013	4.40	7.84	.	.
2014	4.25	7.71	.	.
2015	4.17	7.40	.	.
2016	4.19	7.62	.	.
2017	4.48	7.74	.	.
2018	4.52	8.16	.	.
2019	4.52	7.86	51.00	2245.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
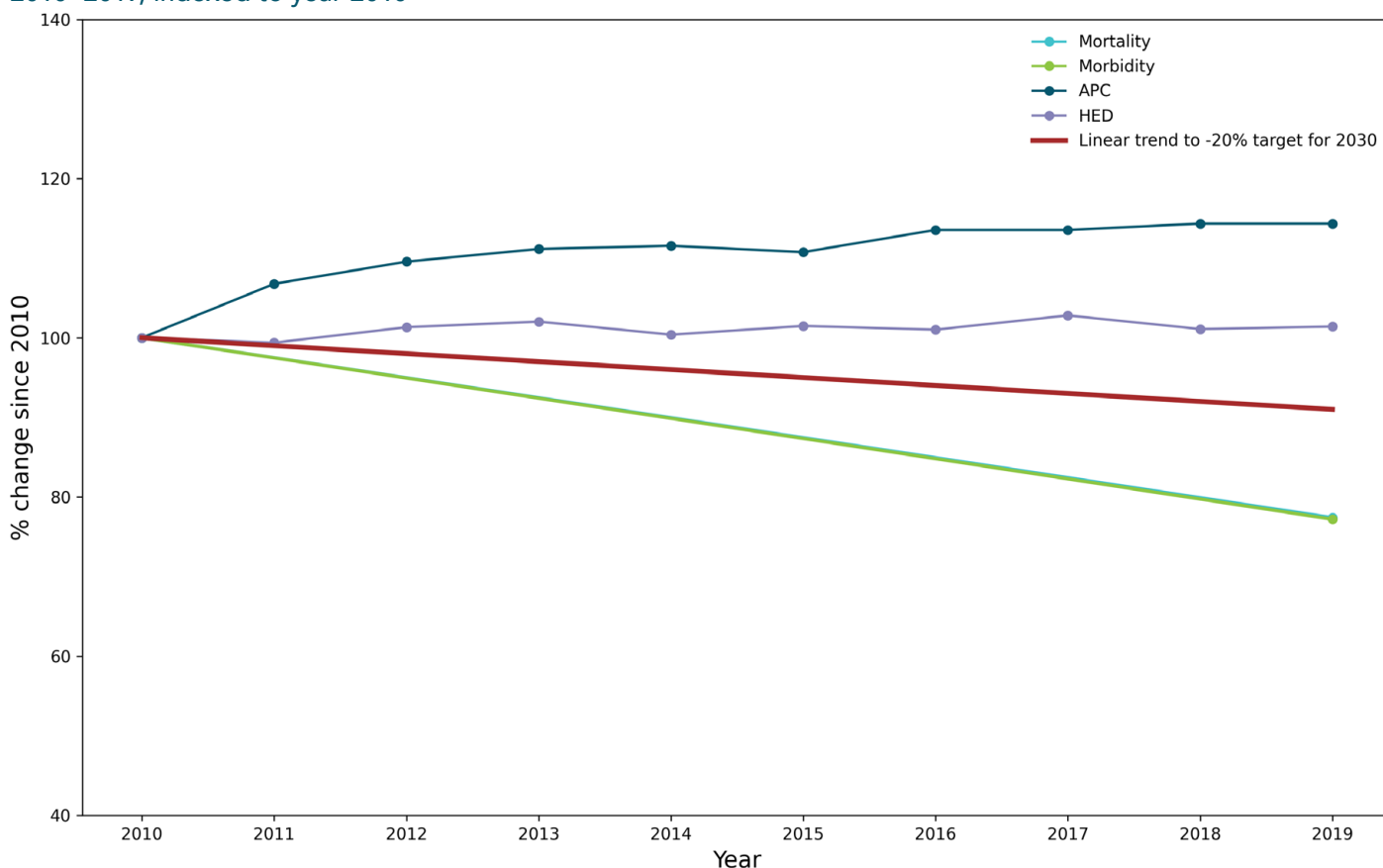
Kenya

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.51	12.82	66.02	2566.84
2011	2.68	12.74	.	.
2012	2.75	12.99	.	.
2013	2.79	13.08	.	.
2014	2.80	12.87	.	.
2015	2.78	13.01	.	.
2016	2.85	12.95	.	.
2017	2.85	13.18	.	.
2018	2.87	12.96	.	.
2019	2.87	13.00	51.10	1981.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Kiribati

UN indicators for harmful use of alcohol

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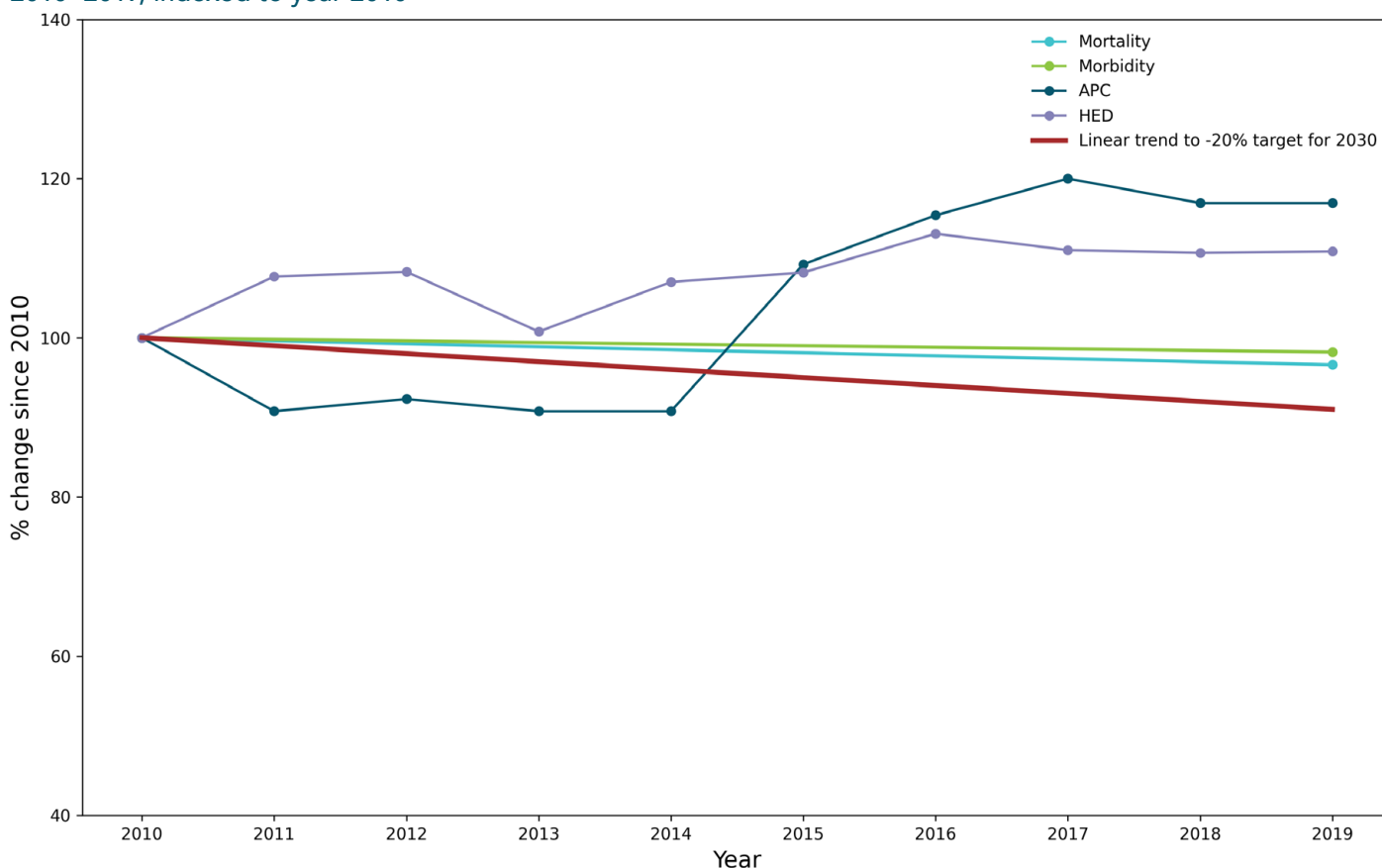
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.65	11.71	27.12	1166.29
2011	0.59	12.61	.	.
2012	0.60	12.68	.	.
2013	0.59	11.80	.	.
2014	0.59	12.53	.	.
2015	0.71	12.67	.	.
2016	0.75	13.24	.	.
2017	0.78	13.00	.	.
2018	0.76	12.96	.	.
2019	0.76	12.98	26.20	1145.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Korea, Democratic People's Republic

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
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The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

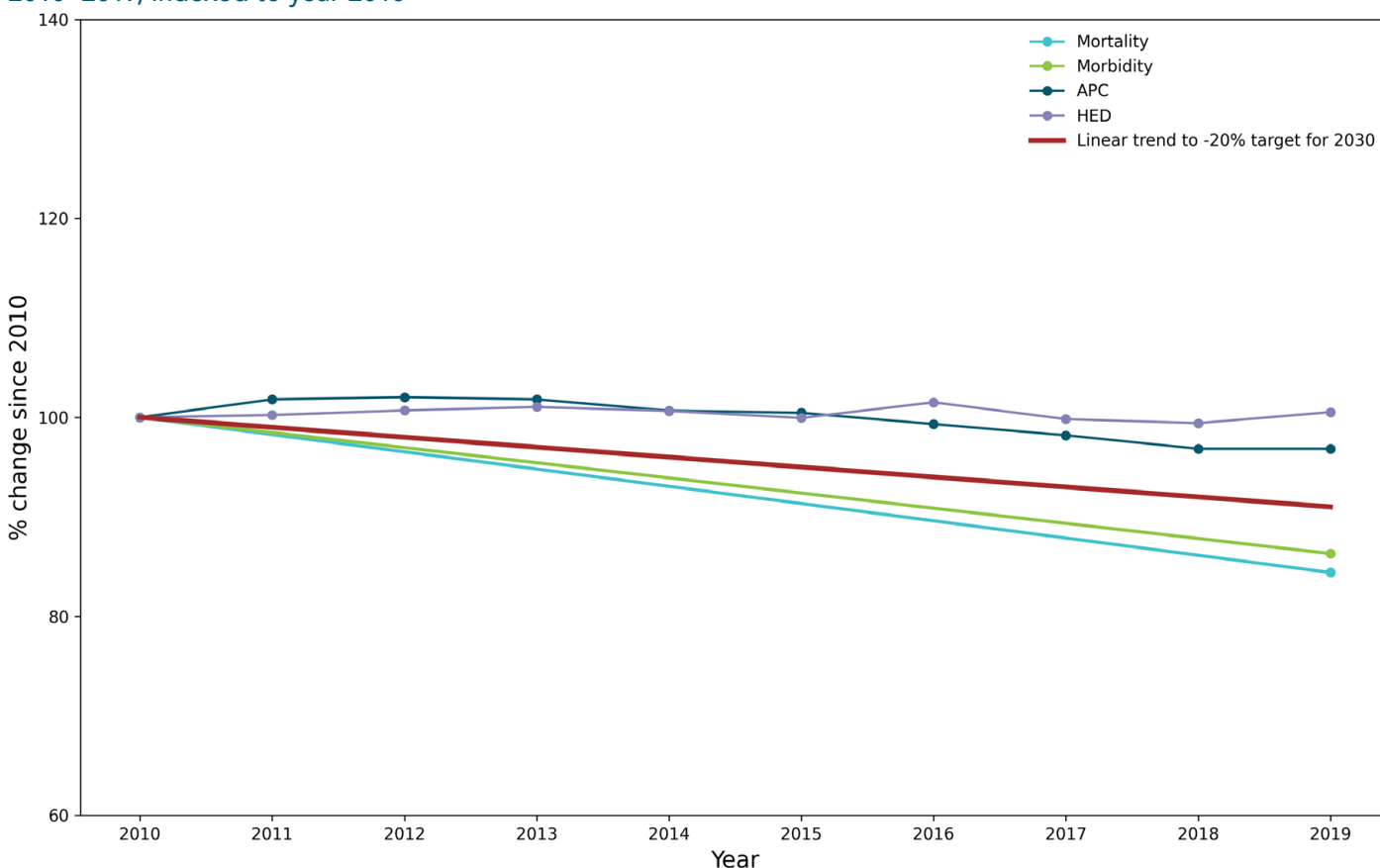| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.43	17.19	38.27	1707.53
2011	4.51	17.23	.	.
2012	4.52	17.31	.	.
2013	4.51	17.37	.	.
2014	4.46	17.30	.	.
2015	4.45	17.18	.	.
2016	4.40	17.45	.	.
2017	4.35	17.16	.	.
2018	4.29	17.09	.	.
2019	4.29	17.28	32.30	1473.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Korea, Republic of
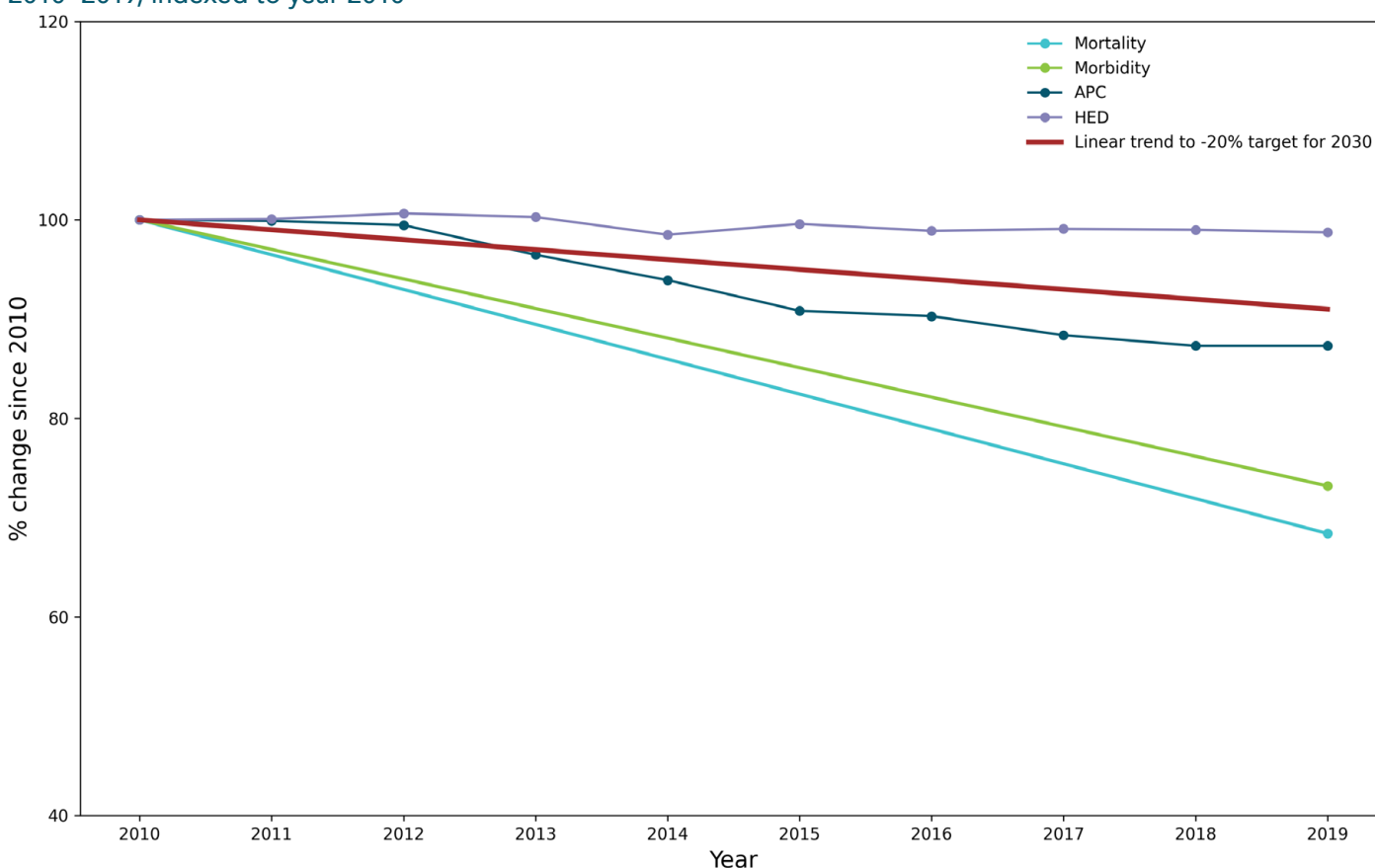
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.38	45.93	37.28	1988.39
2011	9.37	45.97	.	.
2012	9.33	46.23	.	.
2013	9.05	46.06	.	.
2014	8.81	45.24	.	.
2015	8.52	45.74	.	.
2016	8.47	45.42	.	.
2017	8.29	45.51	.	.
2018	8.19	45.47	.	.
2019	8.19	45.35	25.50	1455.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Kuwait

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

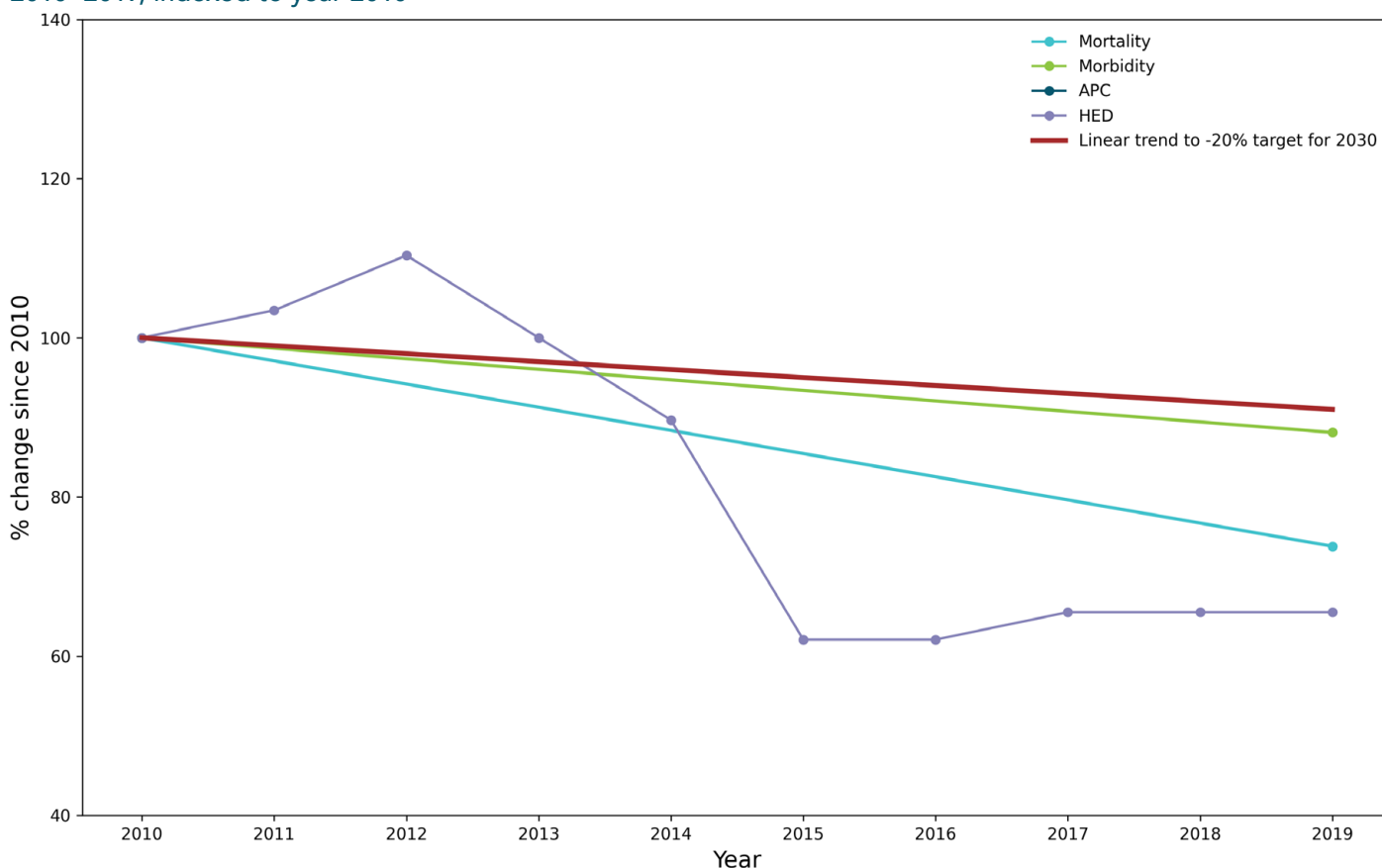| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.00	0.29	1.36	97.16
2011	0.00	0.30	.	.
2012	0.00	0.32	.	.
2013	0.00	0.29	.	.
2014	0.00	0.26	.	.
2015	0.00	0.18	.	.
2016	0.00	0.18	.	.
2017	0.00	0.19	.	.
2018	0.00	0.19	.	.
2019	0.00	0.19	1.00	85.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Kyrgyzstan

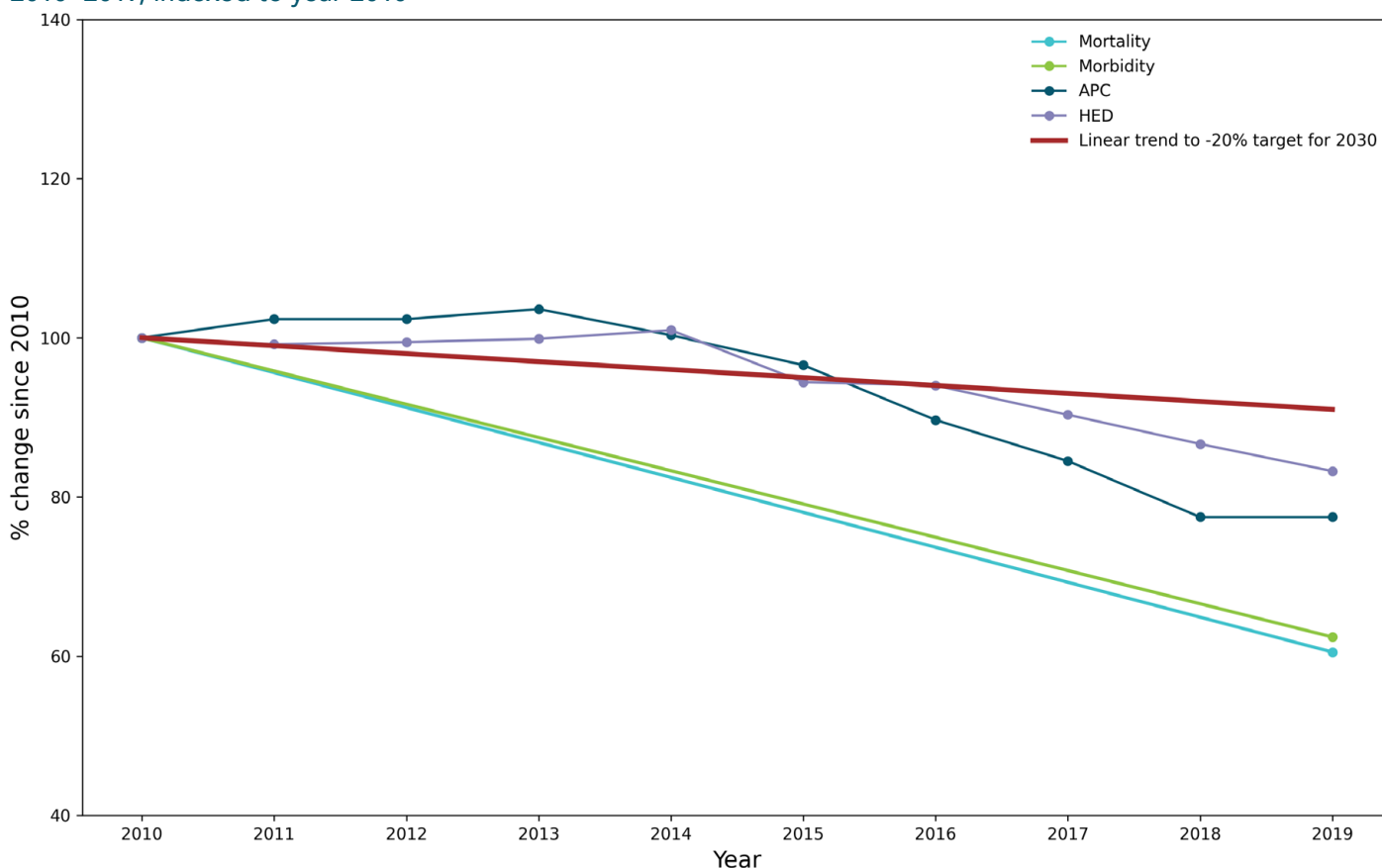## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.39	7.34	88.10	3544.23
2011	6.54	7.28	.	.
2012	6.54	7.30	.	.
2013	6.62	7.33	.	.
2014	6.41	7.41	.	.
2015	6.17	6.93	.	.
2016	5.73	6.90	.	.
2017	5.40	6.63	.	.
2018	4.95	6.36	.	.
2019	4.95	6.11	53.30	2211.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Lao, People's Democratic Republic

UN indicators for harmful use of alcohol

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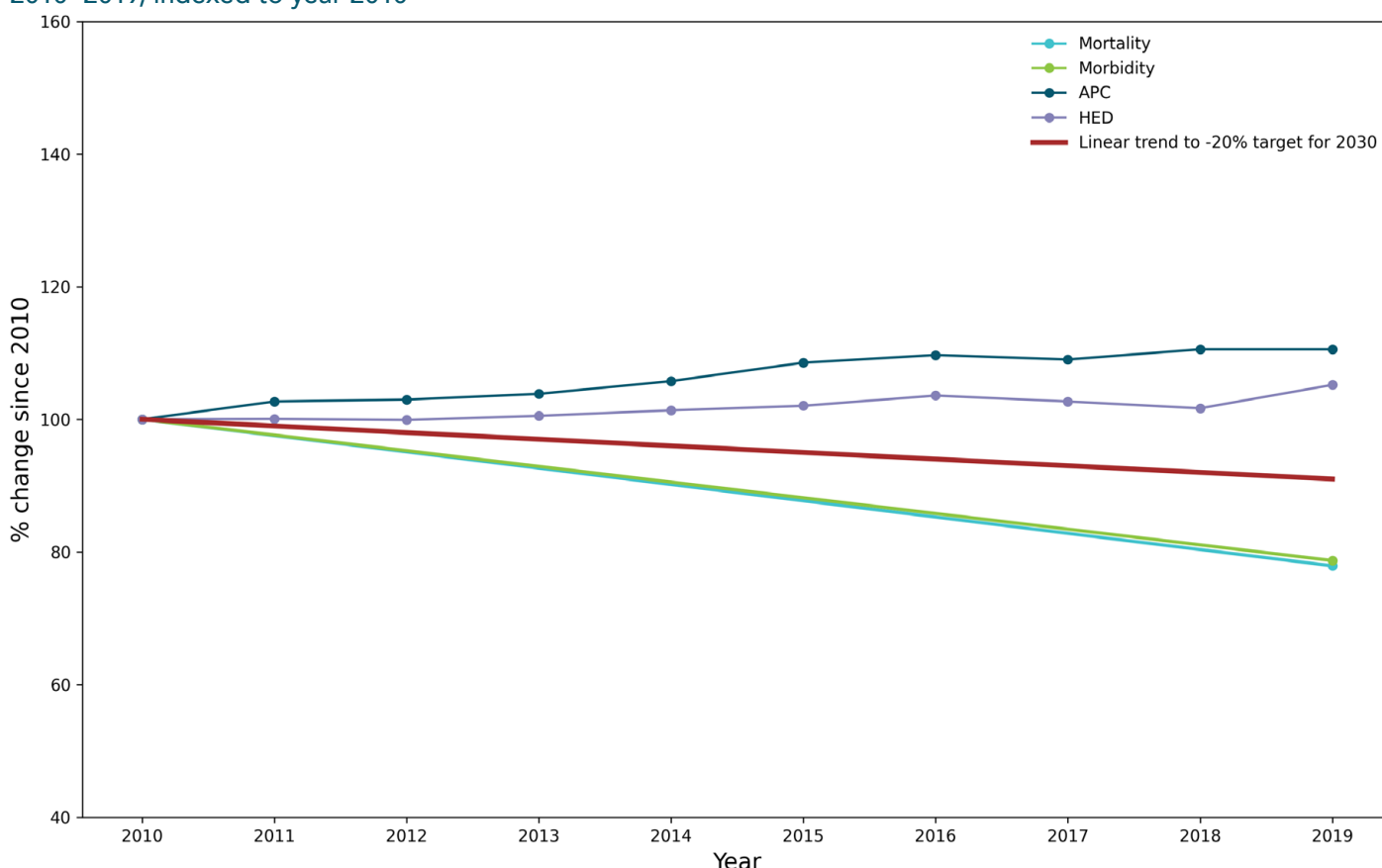
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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.42	32.34	95.25	3724.78
2011	10.70	32.36	.	.
2012	10.73	32.31	.	.
2013	10.82	32.51	.	.
2014	11.02	32.78	.	.
2015	11.31	33.00	.	.
2016	11.43	33.50	.	.
2017	11.36	33.21	.	.
2018	11.52	32.88	.	.
2019	11.52	34.02	74.20	2931.40

Sources:
[1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Latvia

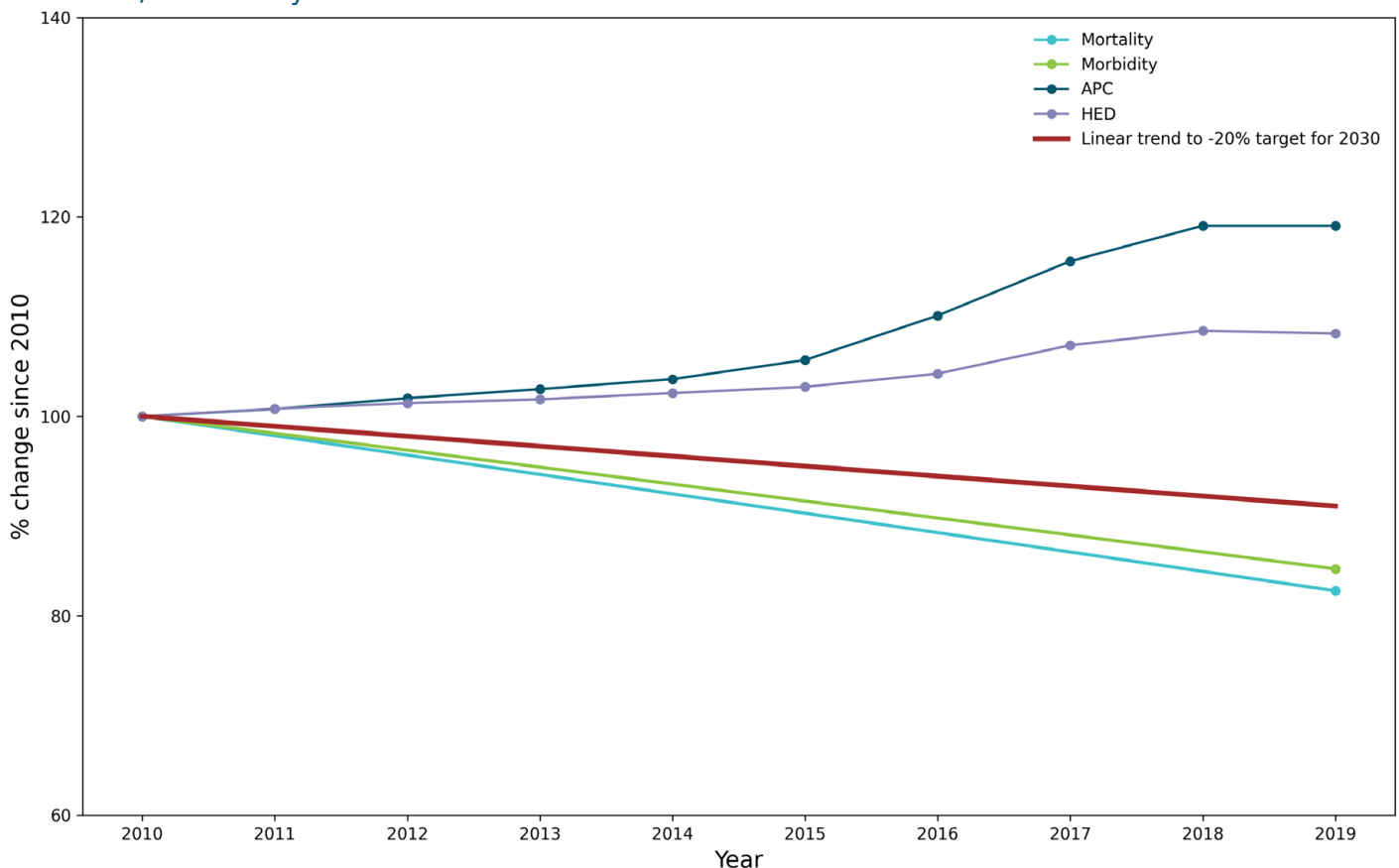## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.99	28.78	153.94	5527.74
2011	11.07	29.00	.	.
2012	11.19	29.16	.	.
2013	11.29	29.27	.	.
2014	11.40	29.45	.	.
2015	11.61	29.63	.	.
2016	12.10	30.01	.	.
2017	12.70	30.83	.	.
2018	13.09	31.25	.	.
2019	13.09	31.17	127.00	4682.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Lebanon

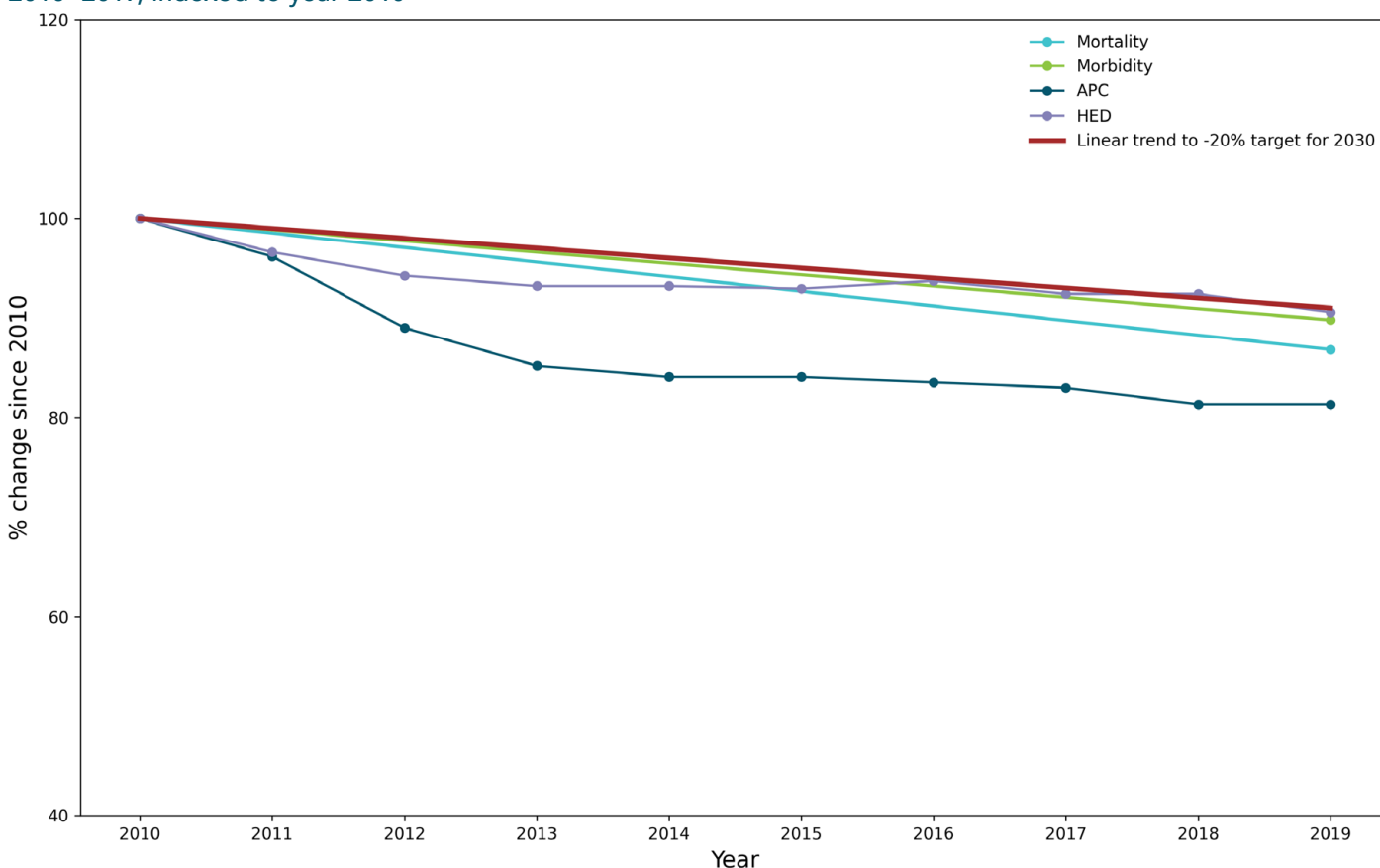## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.82	3.82	10.02	385.41
2011	1.75	3.69	.	.
2012	1.62	3.60	.	.
2013	1.55	3.56	.	.
2014	1.53	3.56	.	.
2015	1.53	3.55	.	.
2016	1.52	3.58	.	.
2017	1.51	3.53	.	.
2018	1.48	3.53	.	.
2019	1.48	3.46	8.70	346.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Lesotho

UN indicators for harmful use of alcohol

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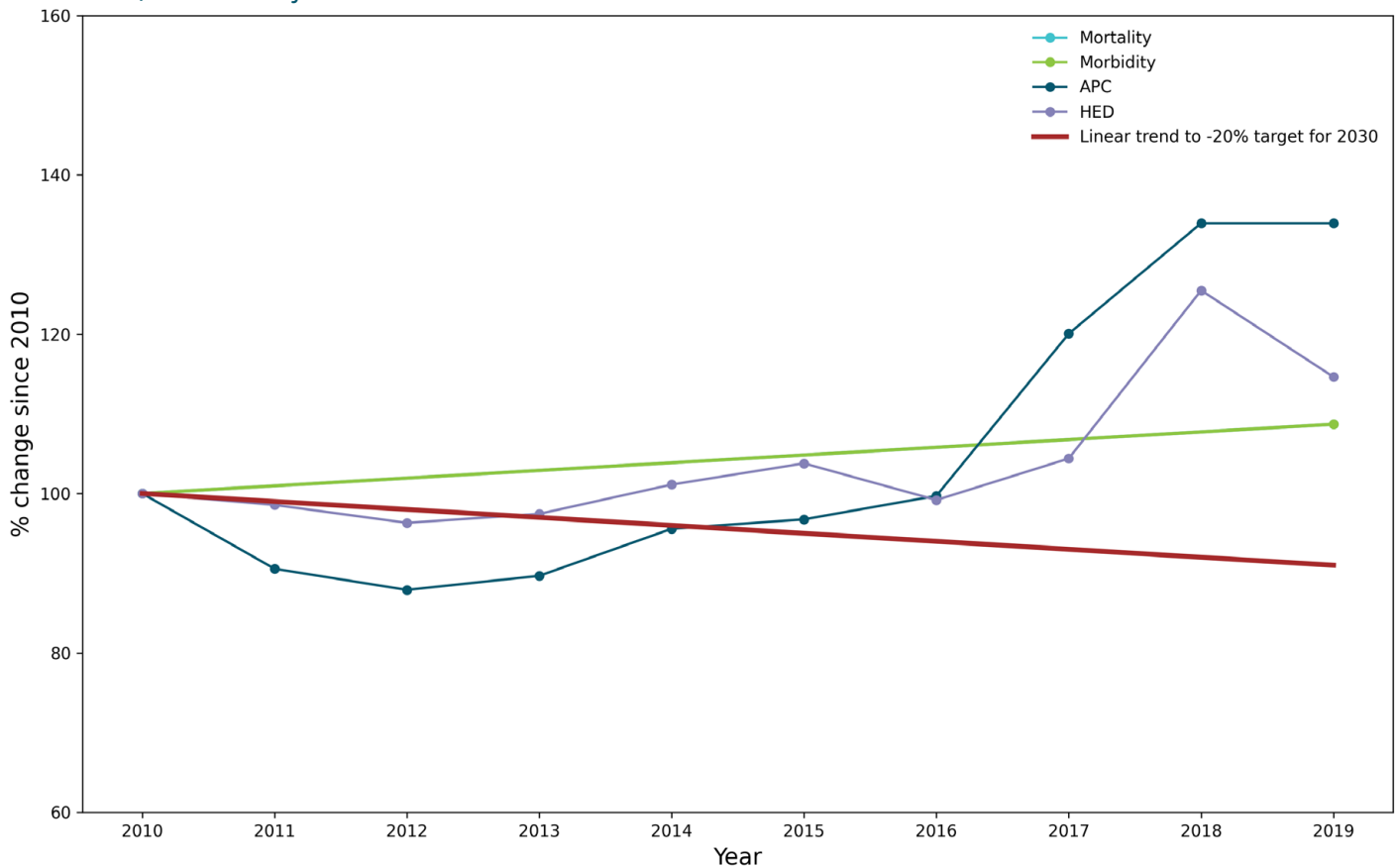- **APC[1]:** Total alcohol per capita consumption
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.39	9.77	102.39	4655.01
2011	3.07	9.63	.	.
2012	2.98	9.41	.	.
2013	3.04	9.52	.	.
2014	3.24	9.88	.	.
2015	3.28	10.14	.	.
2016	3.38	9.69	.	.
2017	4.07	10.20	.	.
2018	4.54	12.26	.	.
2019	4.54	11.20	111.30	5060.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Liberia
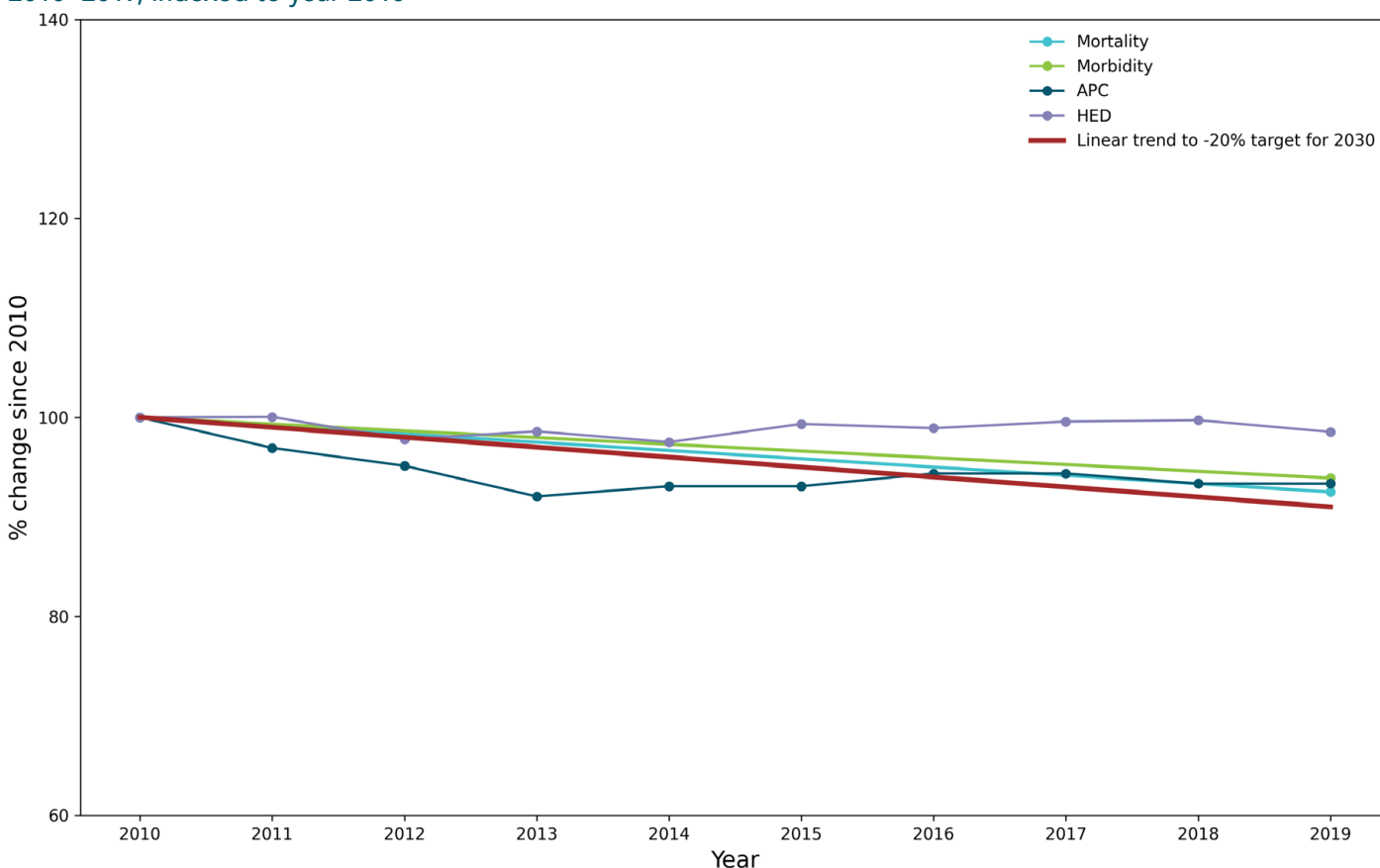
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.90	21.28	61.95	2323.64
2011	3.78	21.29	.	.
2012	3.71	20.81	.	.
2013	3.59	20.98	.	.
2014	3.63	20.75	.	.
2015	3.63	21.14	.	.
2016	3.68	21.05	.	.
2017	3.68	21.19	.	.
2018	3.64	21.22	.	.
2019	3.64	20.97	57.30	2181.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Libya

UN indicators for harmful use of alcohol

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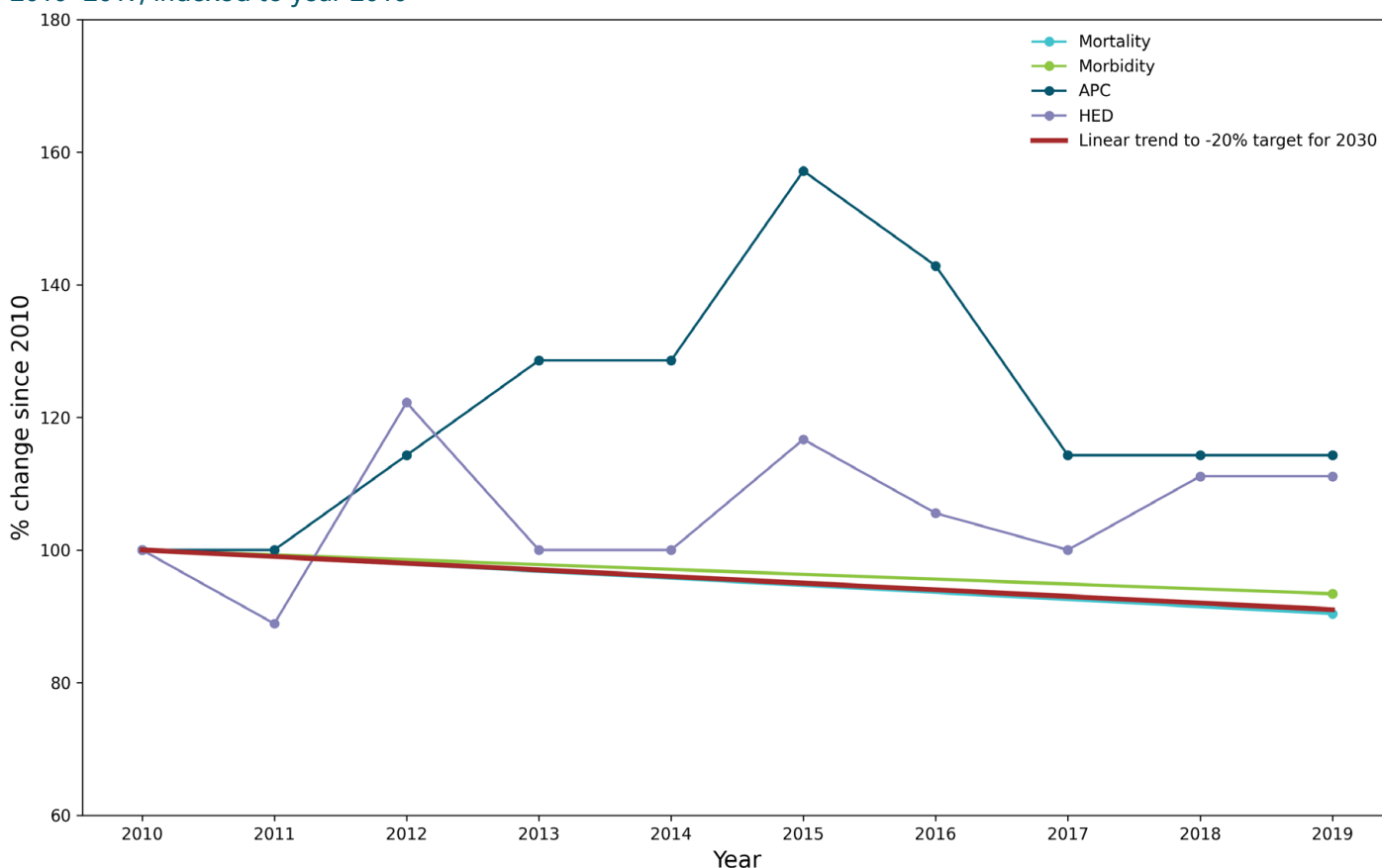
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.01	0.18	2.43	128.80
2011	0.01	0.16	.	.
2012	0.01	0.22	.	.
2013	0.01	0.18	.	.
2014	0.01	0.18	.	.
2015	0.01	0.21	.	.
2016	0.01	0.19	.	.
2017	0.01	0.18	.	.
2018	0.01	0.20	.	.
2019	0.01	0.20	2.20	120.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Lithuania
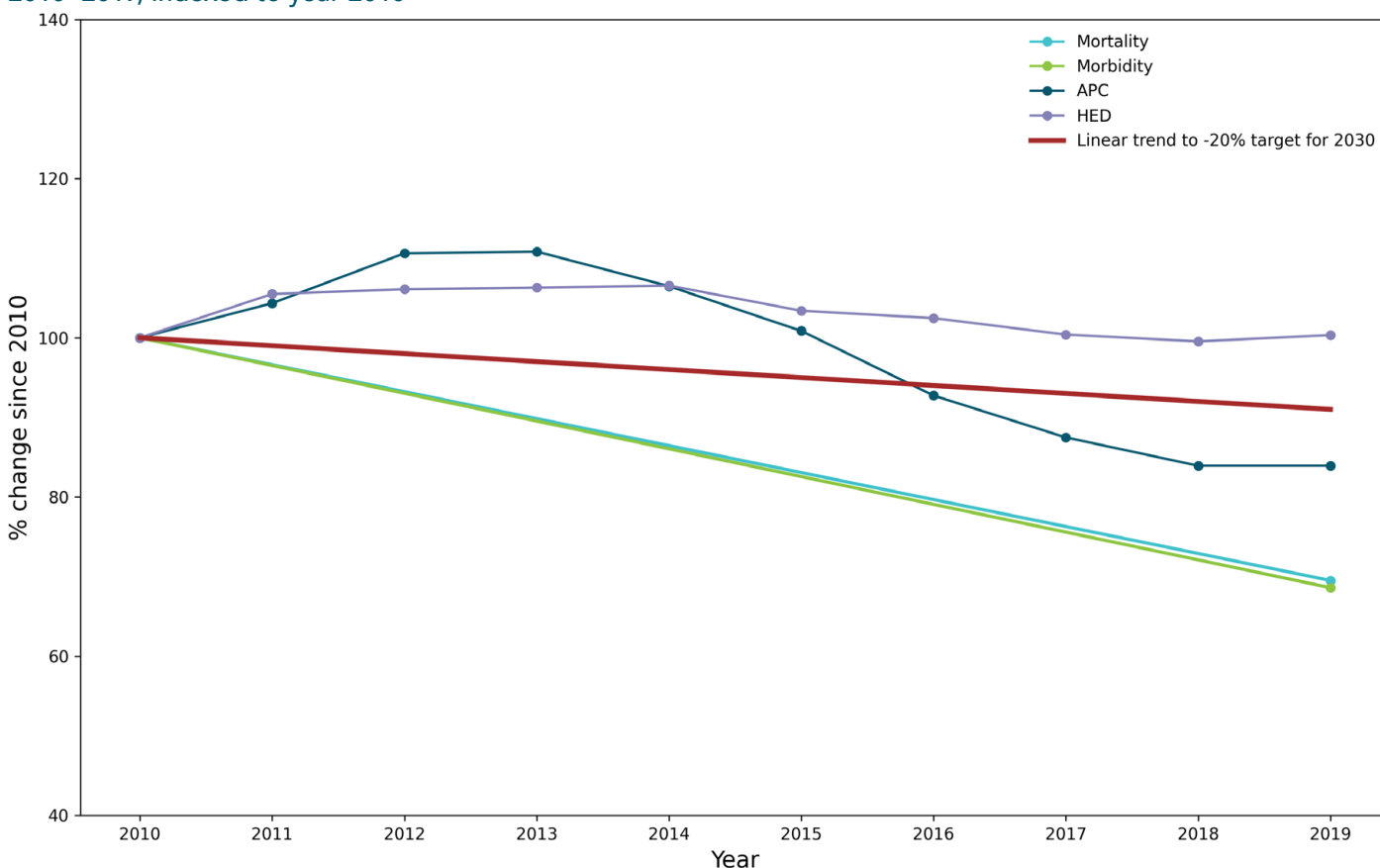
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	14.05	30.37	184.17	6773.76
2011	14.66	32.04	.	.
2012	15.54	32.22	.	.
2013	15.57	32.28	.	.
2014	14.96	32.36	.	.
2015	14.17	31.40	.	.
2016	13.03	31.12	.	.
2017	12.29	30.49	.	.
2018	11.79	30.23	.	.
2019	11.79	30.47	128.00	4646.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Luxembourg

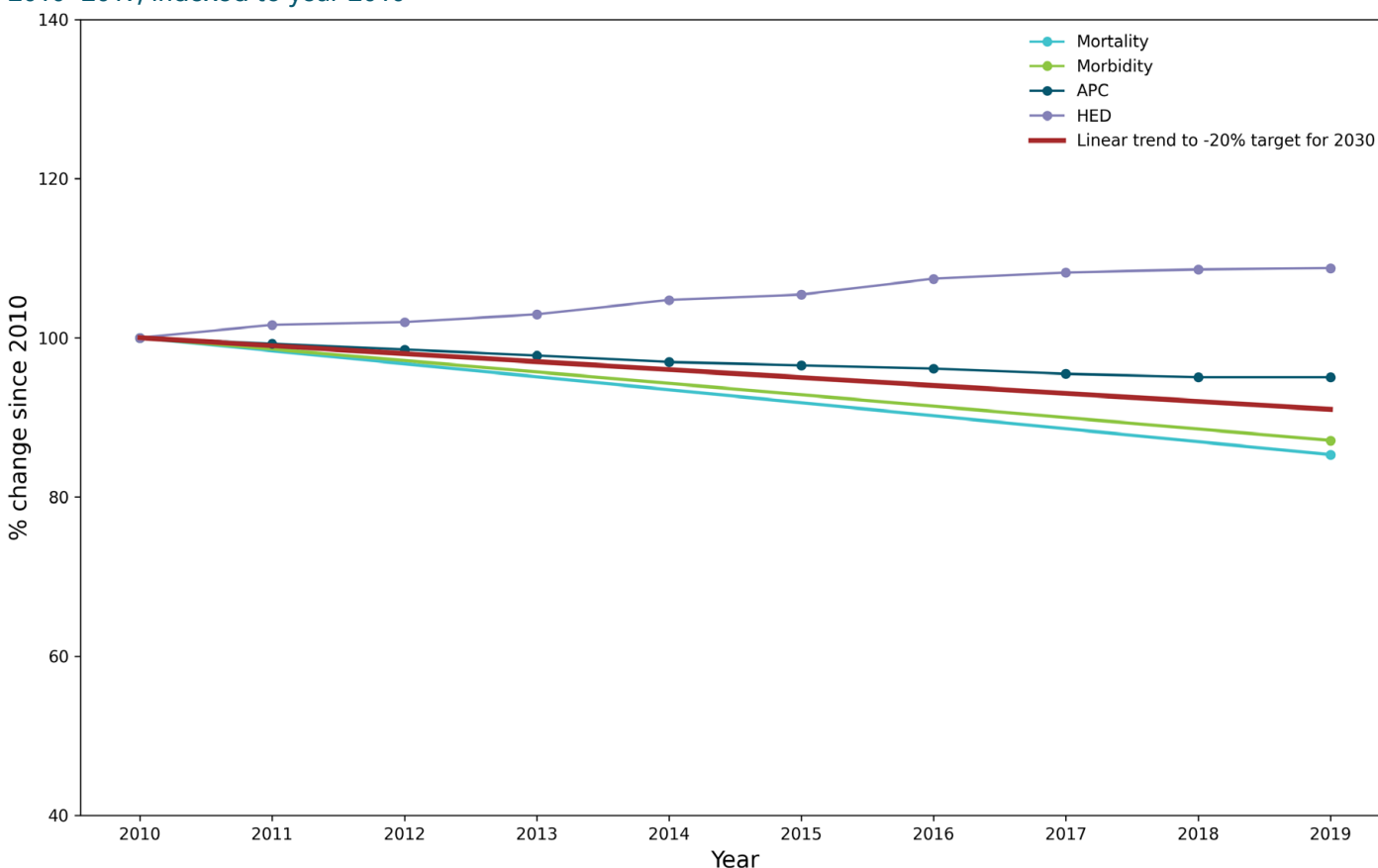## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan*** is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	12.13	44.61	29.31	1588.63
2011	12.04	45.33	.	.
2012	11.95	45.49	.	.
2013	11.86	45.92	.	.
2014	11.76	46.73	.	.
2015	11.71	47.03	.	.
2016	11.66	47.92	.	.
2017	11.58	48.27	.	.
2018	11.53	48.44	.	.
2019	11.53	48.51	25.00	1383.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Madagascar

UN indicators for harmful use of alcohol

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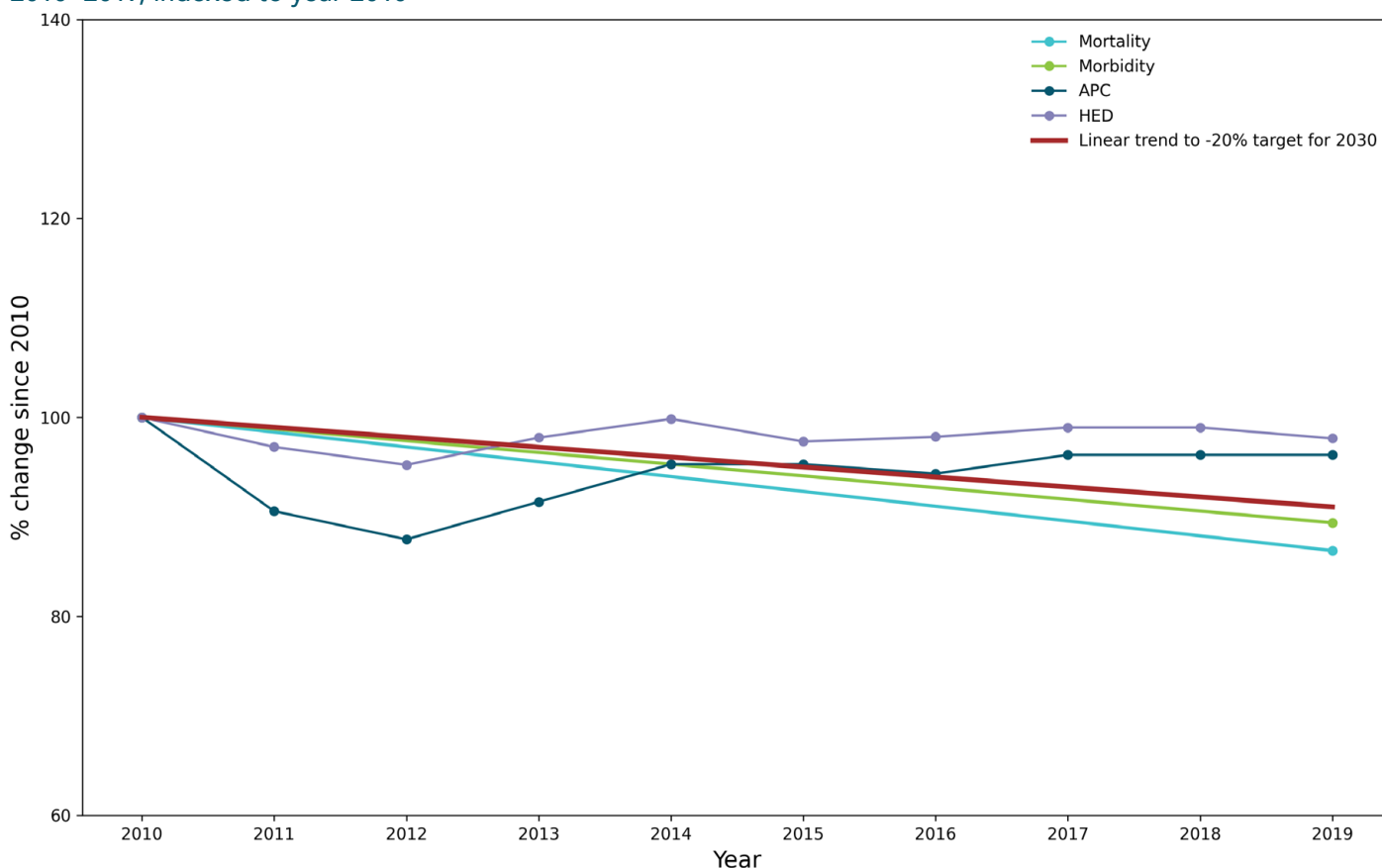
- ▶ **APC**[1]: Total alcohol per capita consumption
- ▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.06	12.75	31.18	1372.60
2011	0.96	12.37	.	.
2012	0.93	12.14	.	.
2013	0.97	12.49	.	.
2014	1.01	12.73	.	.
2015	1.01	12.44	.	.
2016	1.00	12.50	.	.
2017	1.02	12.62	.	.
2018	1.02	12.62	.	.
2019	1.02	12.48	27.00	1227.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Malawi

UN indicators for harmful use of alcohol

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▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

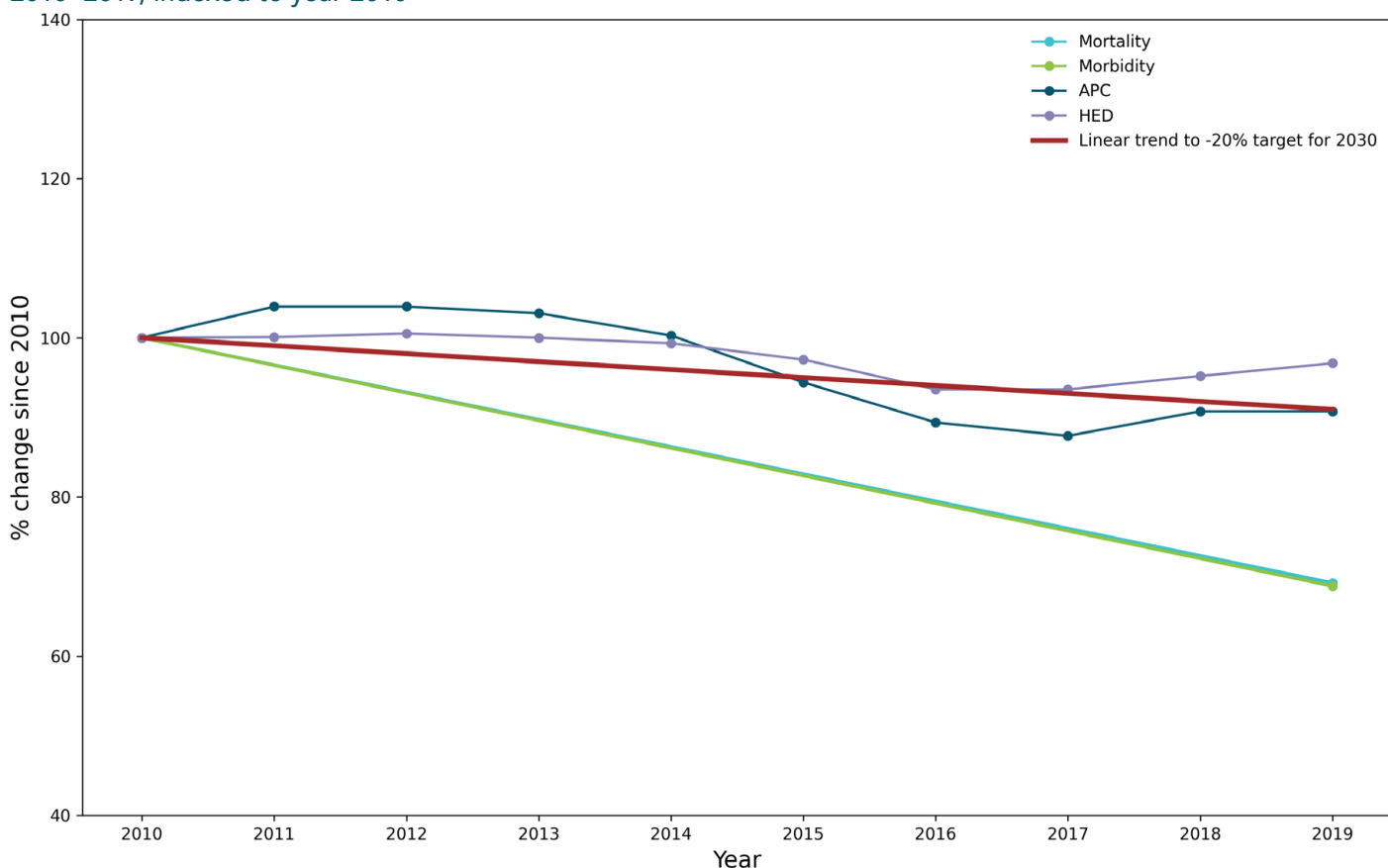| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.57	13.10	73.99	2984.16
2011	3.71	13.11	.	.
2012	3.71	13.17	.	.
2013	3.68	13.10	.	.
2014	3.58	13.01	.	.
2015	3.37	12.74	.	.
2016	3.19	12.25	.	.
2017	3.13	12.25	.	.
2018	3.24	12.47	.	.
2019	3.24	12.68	51.20	2053.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Malaysia
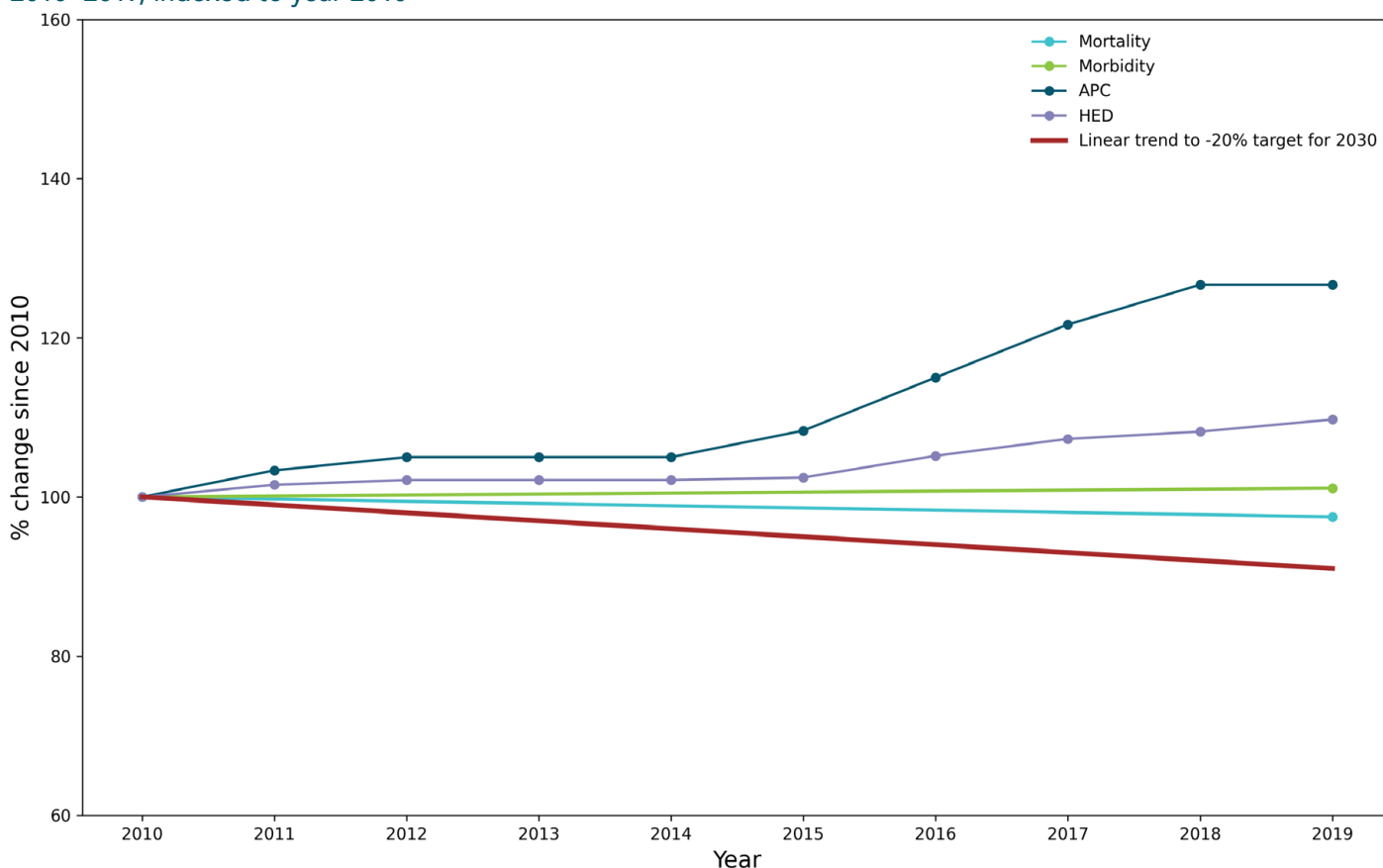
UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan*** is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC¹:** Total alcohol per capita consumption
▶ **HED¹:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality²:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity²:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC¹ (liters of pure alcohol)	HED¹ (prevalence in %)	Mortality² (age-standardized rate per 100,000)	Morbidity² (age-standardized rate per 100,000)
2010	0.60	3.29	11.08	437.69
2011	0.62	3.34	.	.
2012	0.63	3.36	.	.
2013	0.63	3.36	.	.
2014	0.63	3.36	.	.
2015	0.65	3.37	.	.
2016	0.69	3.46	.	.
2017	0.73	3.53	.	.
2018	0.76	3.56	.	.
2019	0.76	3.61	10.80	442.50

Sources: ¹ WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
           ² WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Maldives

UN indicators for harmful use of alcohol

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▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

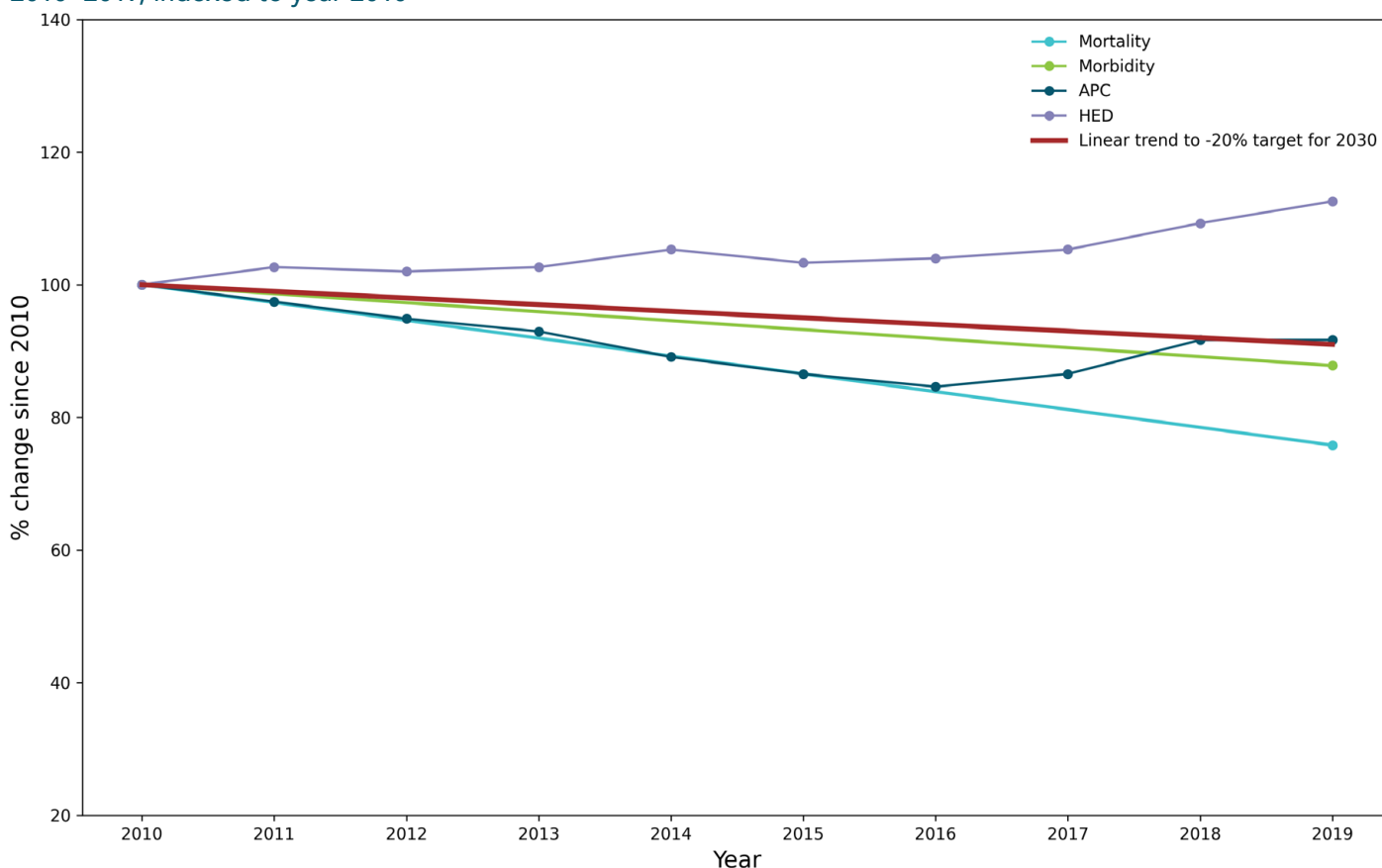| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.56	1.51	8.44	303.42
2011	1.52	1.55	.	.
2012	1.48	1.54	.	.
2013	1.45	1.55	.	.
2014	1.39	1.59	.	.
2015	1.35	1.56	.	.
2016	1.32	1.57	.	.
2017	1.35	1.59	.	.
2018	1.43	1.65	.	.
2019	1.43	1.70	6.40	266.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Mali

UN indicators for harmful use of alcohol

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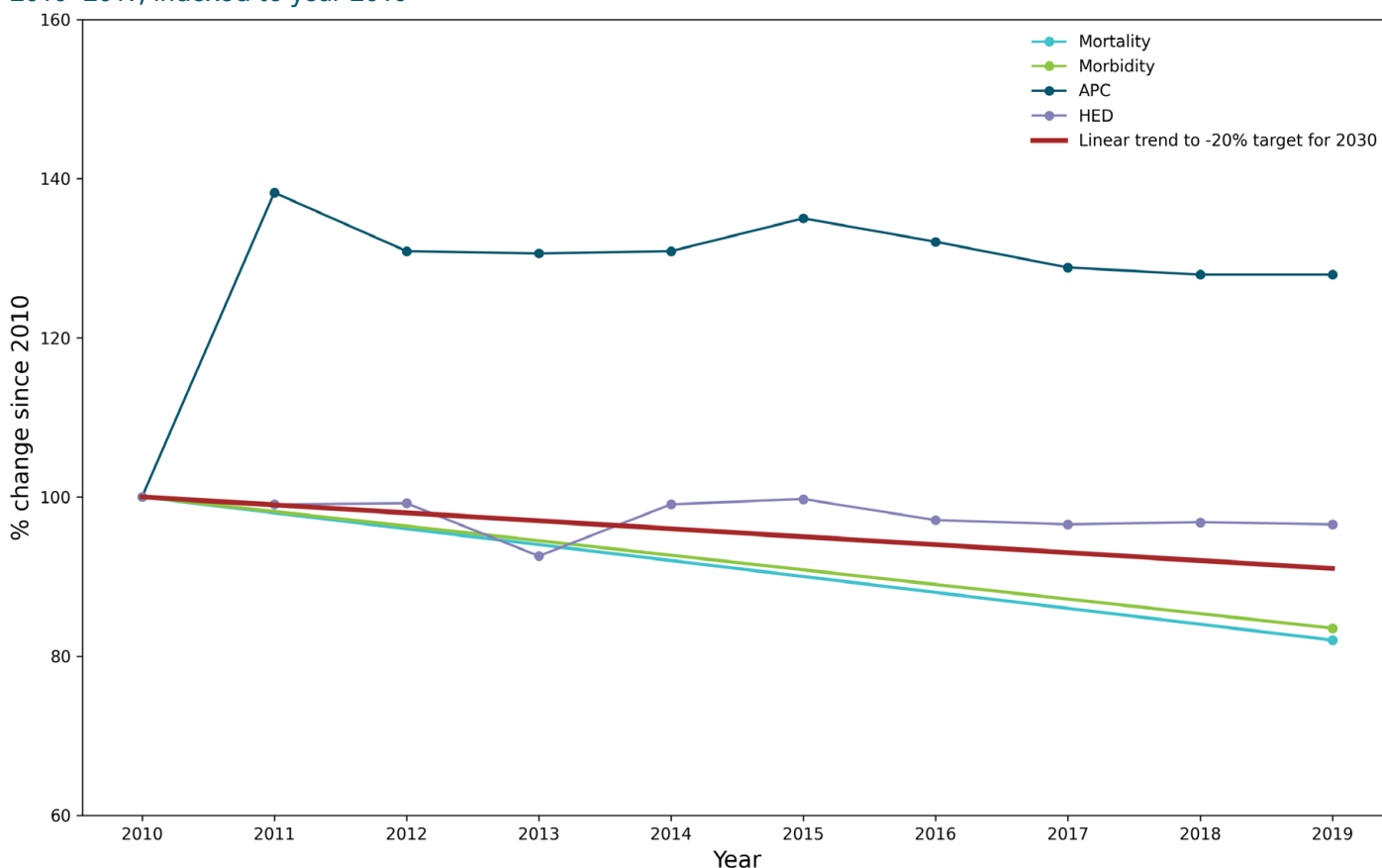
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.40	7.54	42.44	1615.09
2011	4.70	7.47	.	.
2012	4.45	7.48	.	.
2013	4.44	6.98	.	.
2014	4.45	7.47	.	.
2015	4.59	7.52	.	.
2016	4.49	7.32	.	.
2017	4.38	7.28	.	.
2018	4.35	7.30	.	.
2019	4.35	7.28	34.80	1348.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Malta

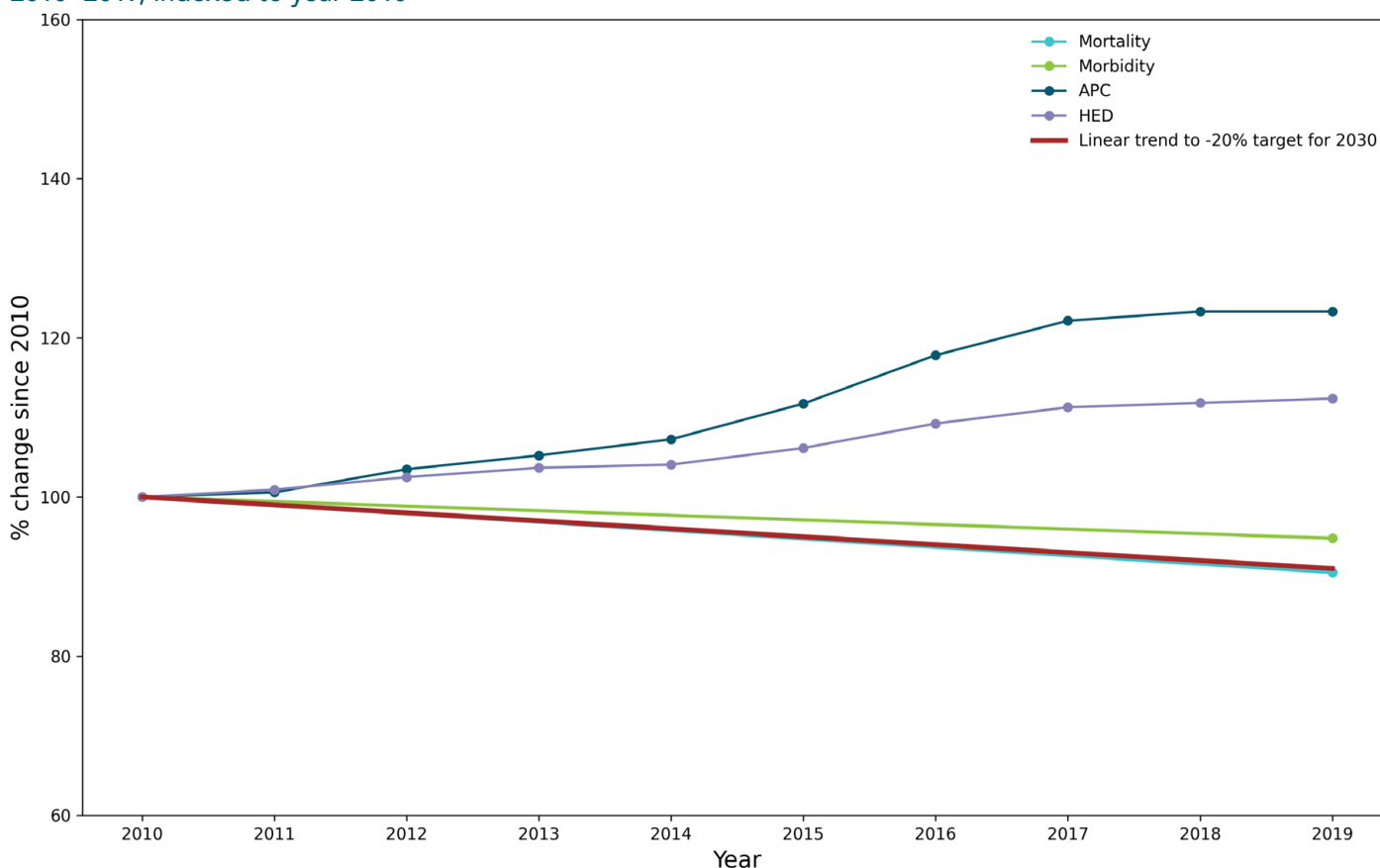## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.91	38.26	14.14	977.43
2011	6.95	38.61	.	.
2012	7.15	39.21	.	.
2013	7.27	39.66	.	.
2014	7.41	39.81	.	.
2015	7.72	40.61	.	.
2016	8.14	41.79	.	.
2017	8.44	42.57	.	.
2018	8.52	42.78	.	.
2019	8.52	42.99	12.80	926.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Marshall Islands

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Data not available at time of publication

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	.	.	.	.
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	.	.	.	.
2016	.	.	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Mauritania

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	ully achieved	ully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]
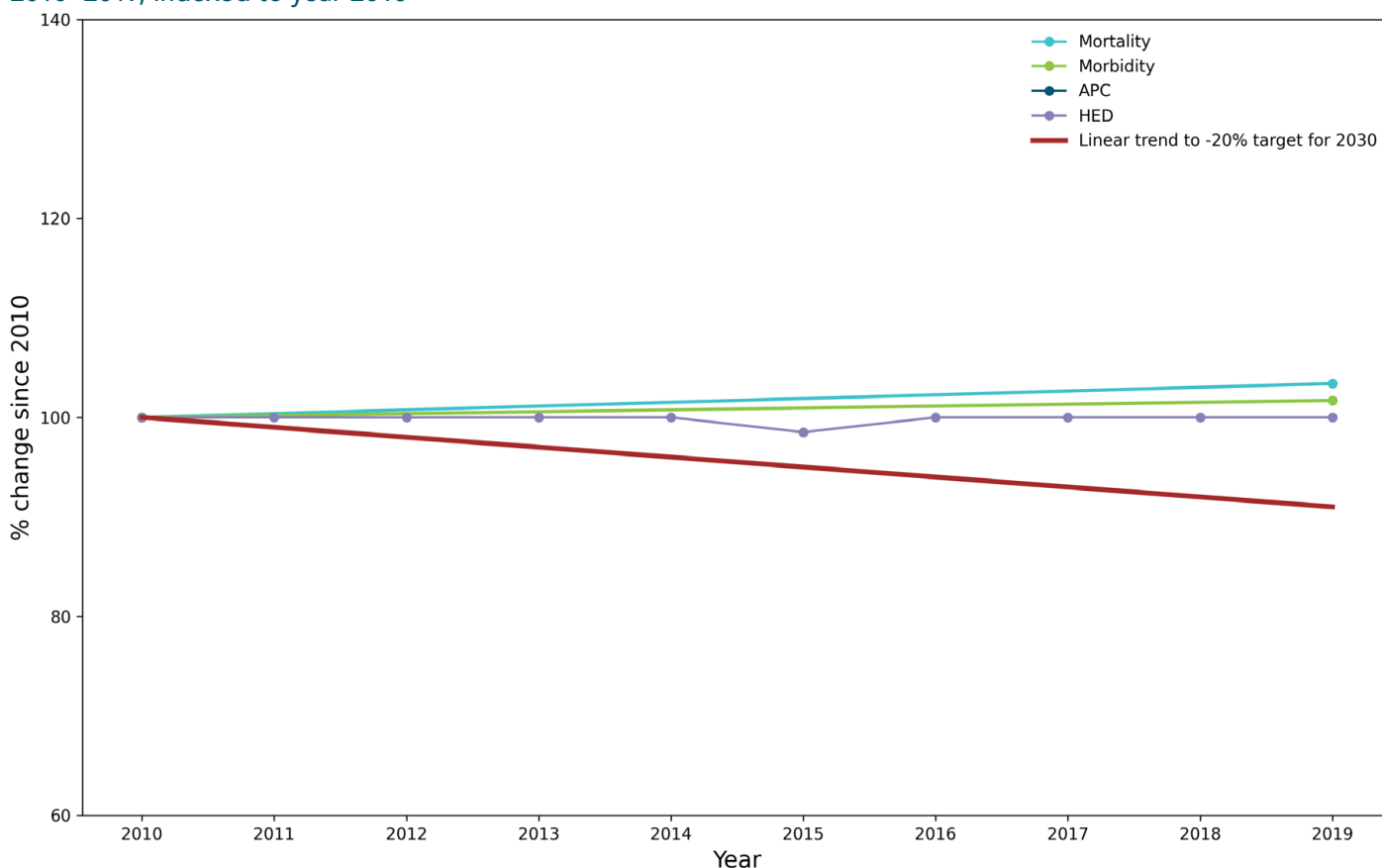
Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.00	0.67	4.35	199.41
2011	0.00	0.67	.	.
2012	0.00	0.67	.	.
2013	0.00	0.67	.	.
2014	0.00	0.67	.	.
2015	0.00	0.66	.	.
2016	0.00	0.67	.	.
2017	0.00	0.67	.	.
2018	0.00	0.67	.	.
2019	0.00	0.67	4.50	202.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Mauritius

## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	ully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]
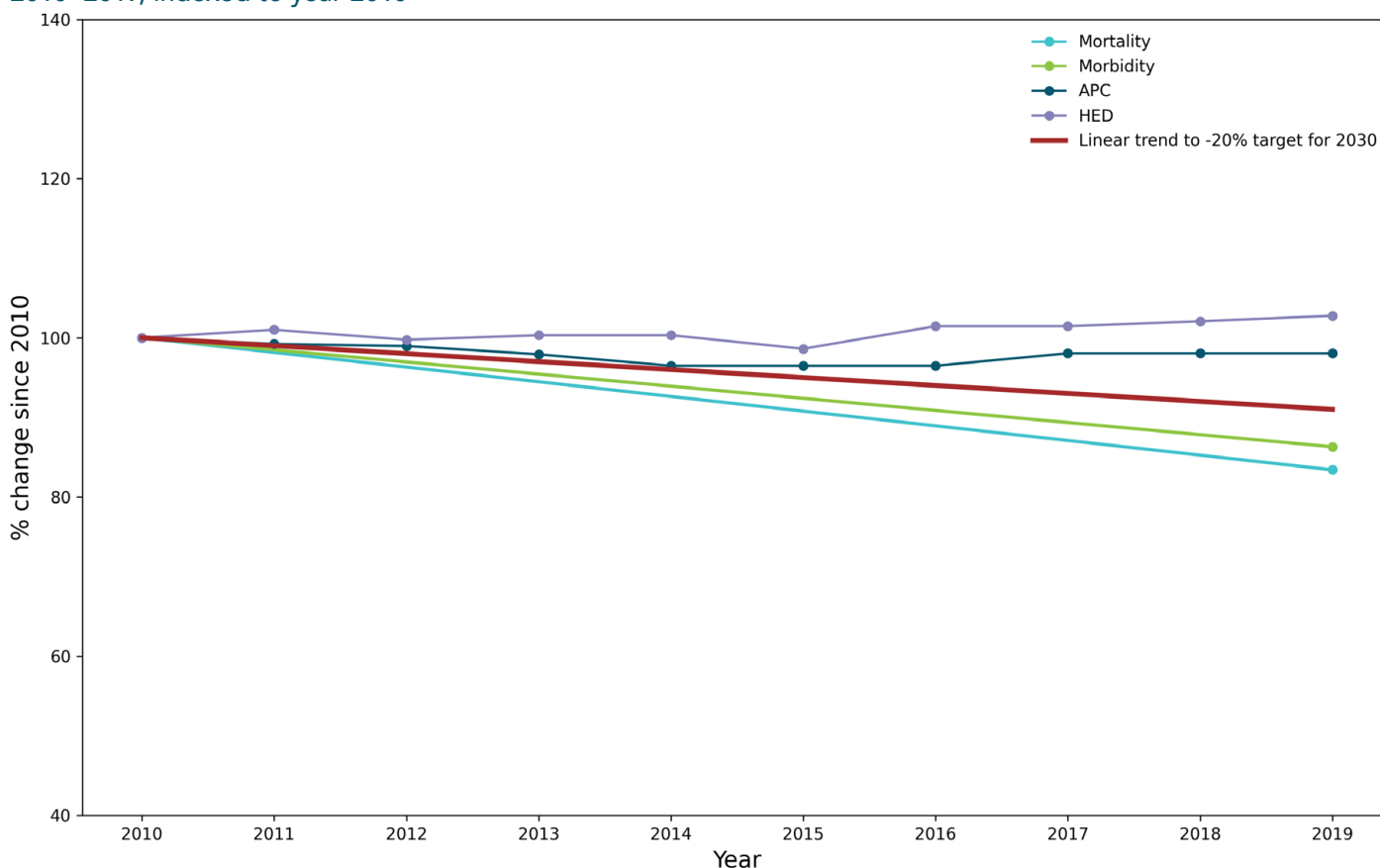
Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.67	15.89	32.61	1533.37
2011	7.61	16.05	.	.
2012	7.59	15.85	.	.
2013	7.51	15.94	.	.
2014	7.40	15.94	.	.
2015	7.40	15.67	.	.
2016	7.40	16.12	.	.
2017	7.52	16.12	.	.
2018	7.52	16.22	.	.
2019	7.52	16.33	27.20	1323.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Mexico

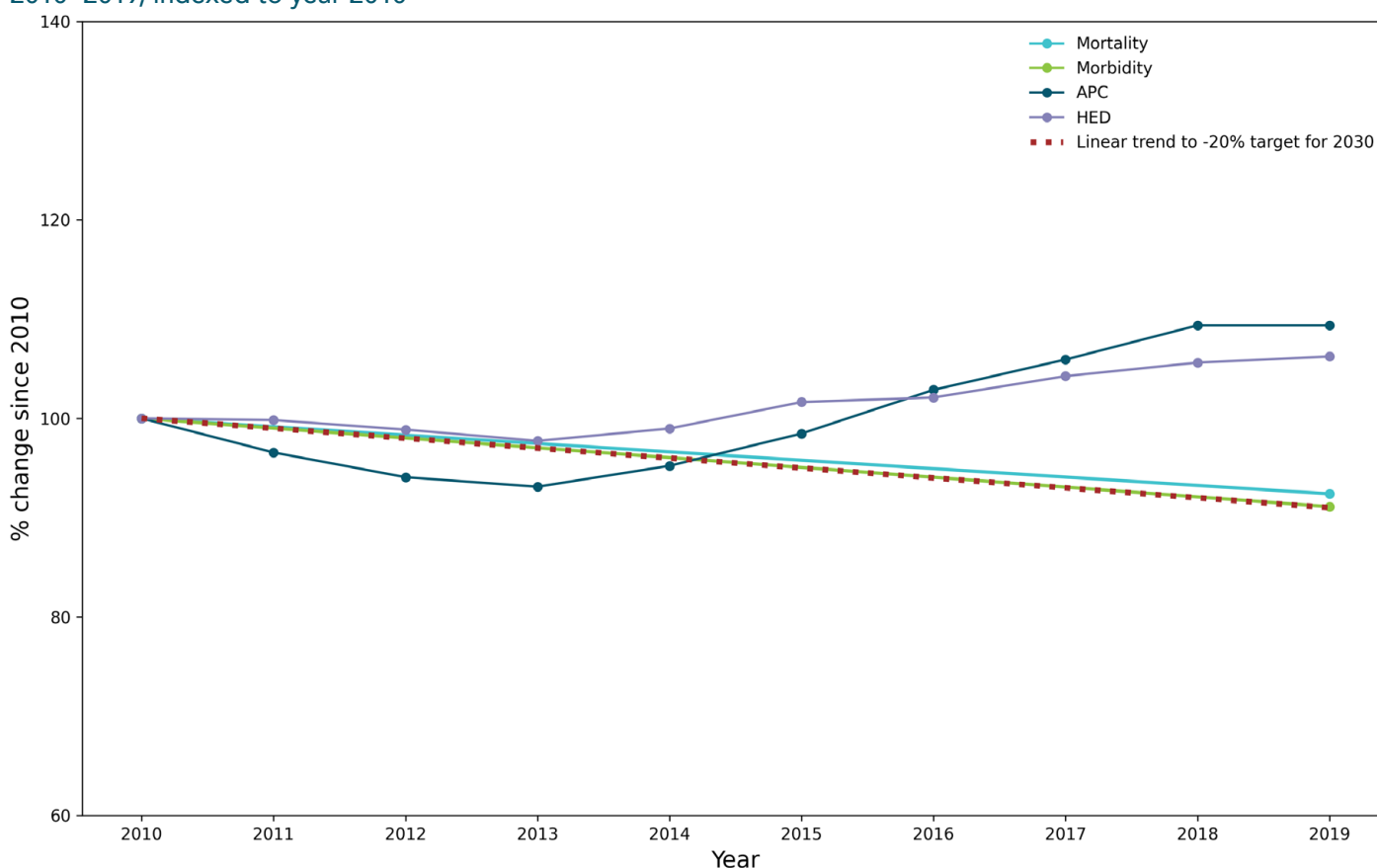## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.23	17.63	35.39	1758.95
2011	5.05	17.60	.	.
2012	4.92	17.43	.	.
2013	4.87	17.23	.	.
2014	4.98	17.45	.	.
2015	5.15	17.92	.	.
2016	5.38	18.00	.	.
2017	5.54	18.38	.	.
2018	5.72	18.62	.	.
2019	5.72	18.73	32.70	1602.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Micronesia, Federated States of
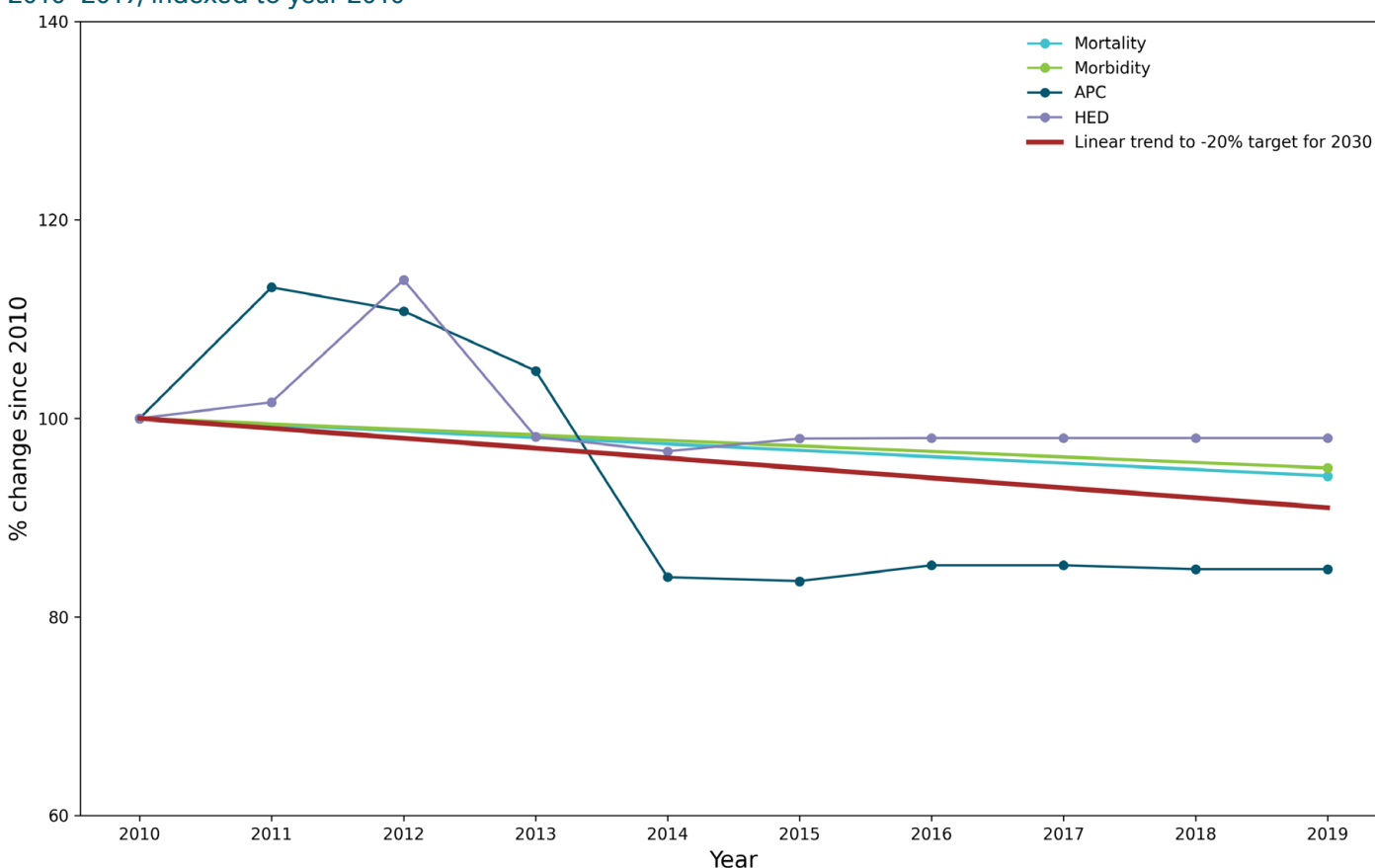
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▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.50	17.20	40.13	1771.79
2011	2.83	17.48	.	.
2012	2.77	19.60	.	.
2013	2.62	16.88	.	.
2014	2.10	16.63	.	.
2015	2.09	16.85	.	.
2016	2.13	16.86	.	.
2017	2.13	16.86	.	.
2018	2.12	16.86	.	.
2019	2.12	16.86	37.80	1683.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Moldova

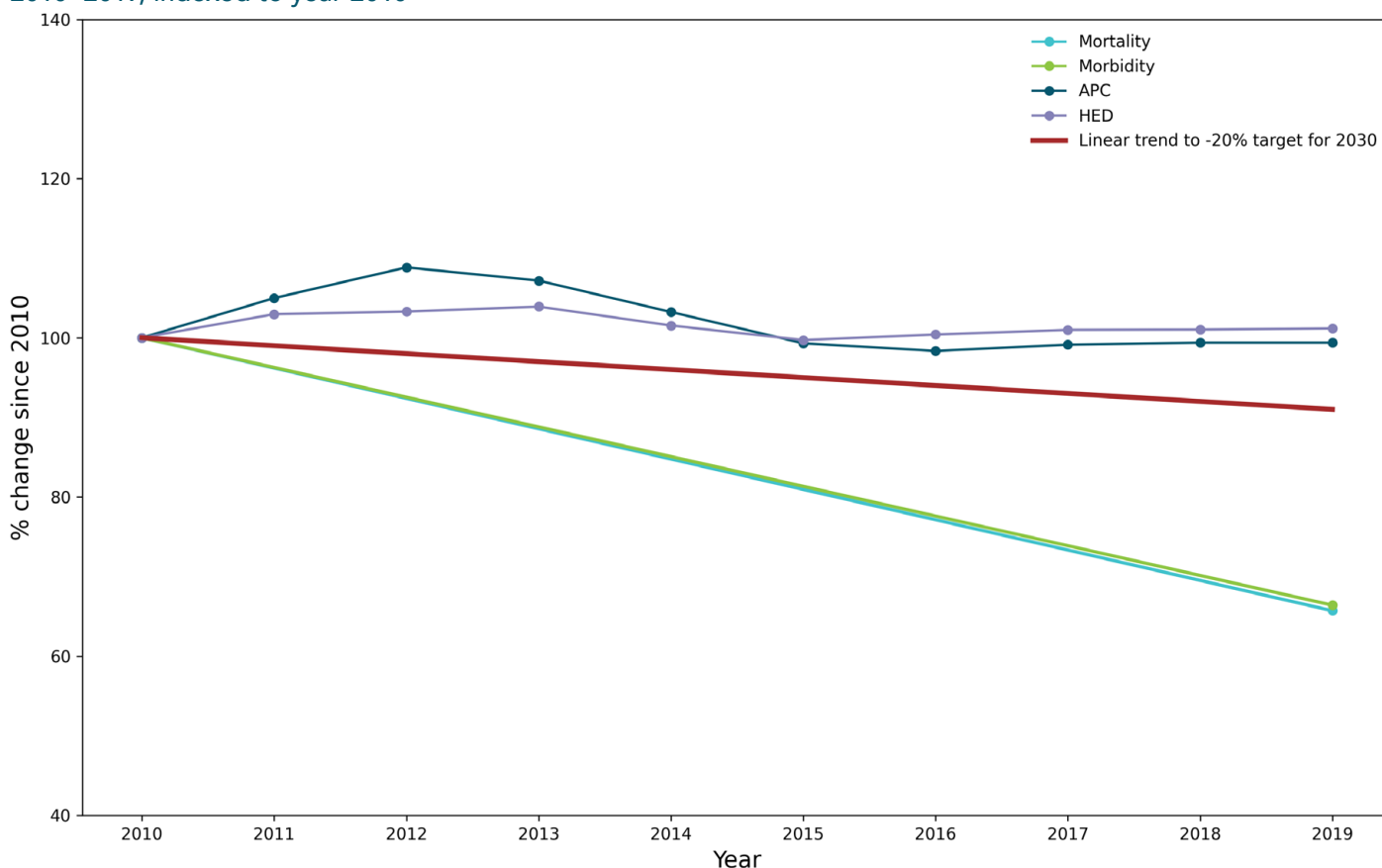## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.43	27.31	247.03	7916.42
2011	12.00	28.12	.	.
2012	12.44	28.21	.	.
2013	12.25	28.38	.	.
2014	11.80	27.73	.	.
2015	11.35	27.23	.	.
2016	11.24	27.42	.	.
2017	11.33	27.58	.	.
2018	11.36	27.59	.	.
2019	11.36	27.63	162.30	5256.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Monaco

UN indicators for harmful use of alcohol

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▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Data not available at time of publication

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	.	.	.	.
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	.	.	.	.
2016	.	.	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Mongolia
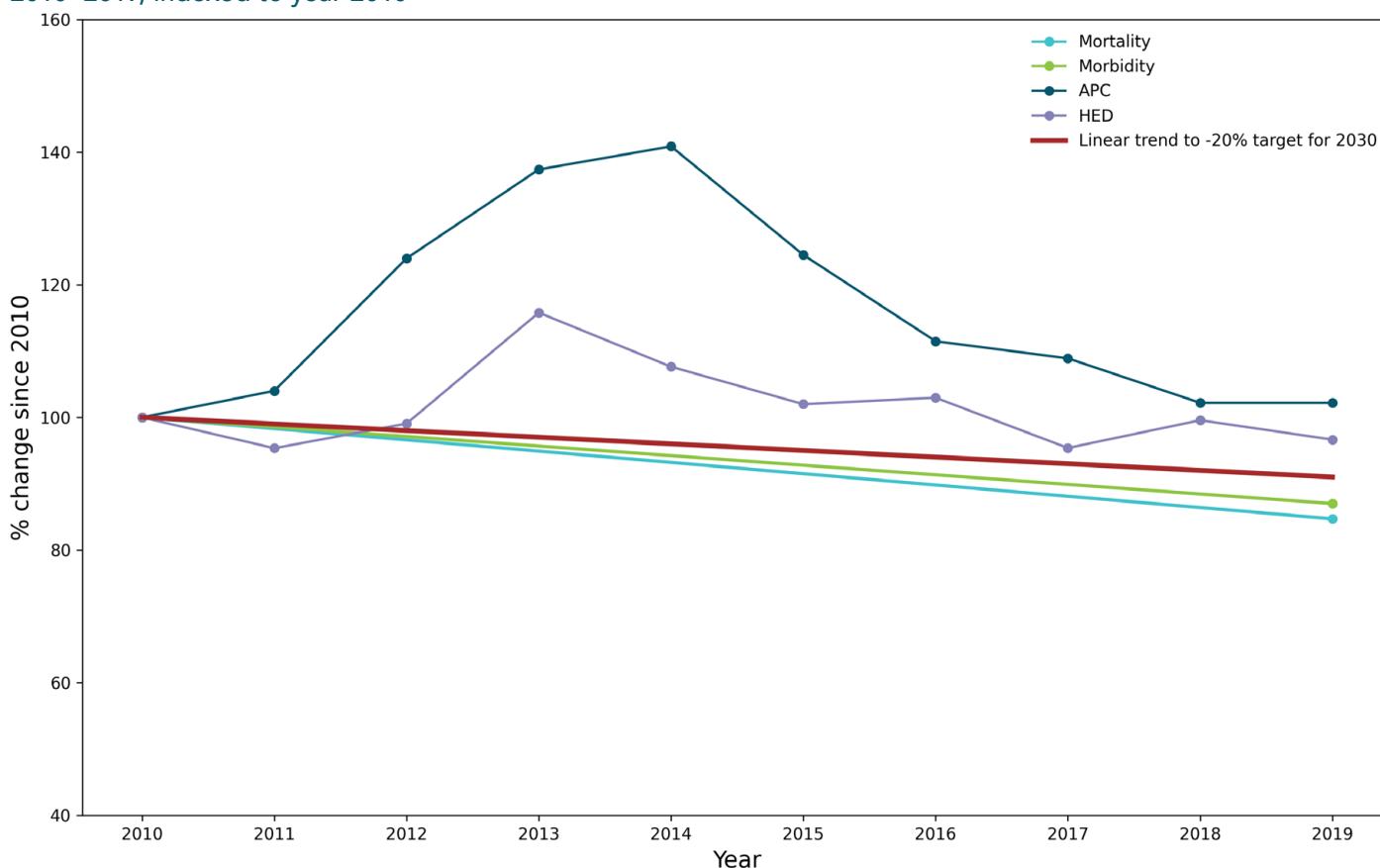
UN indicators for harmful use of alcohol

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* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.76	27.68	145.10	6018.74
2011	8.07	26.39	.	.
2012	9.62	27.42	.	.
2013	10.66	32.05	.	.
2014	10.93	29.79	.	.
2015	9.66	28.23	.	.
2016	8.65	28.50	.	.
2017	8.45	26.40	.	.
2018	7.93	27.56	.	.
2019	7.93	26.75	122.90	5236.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Montenegro

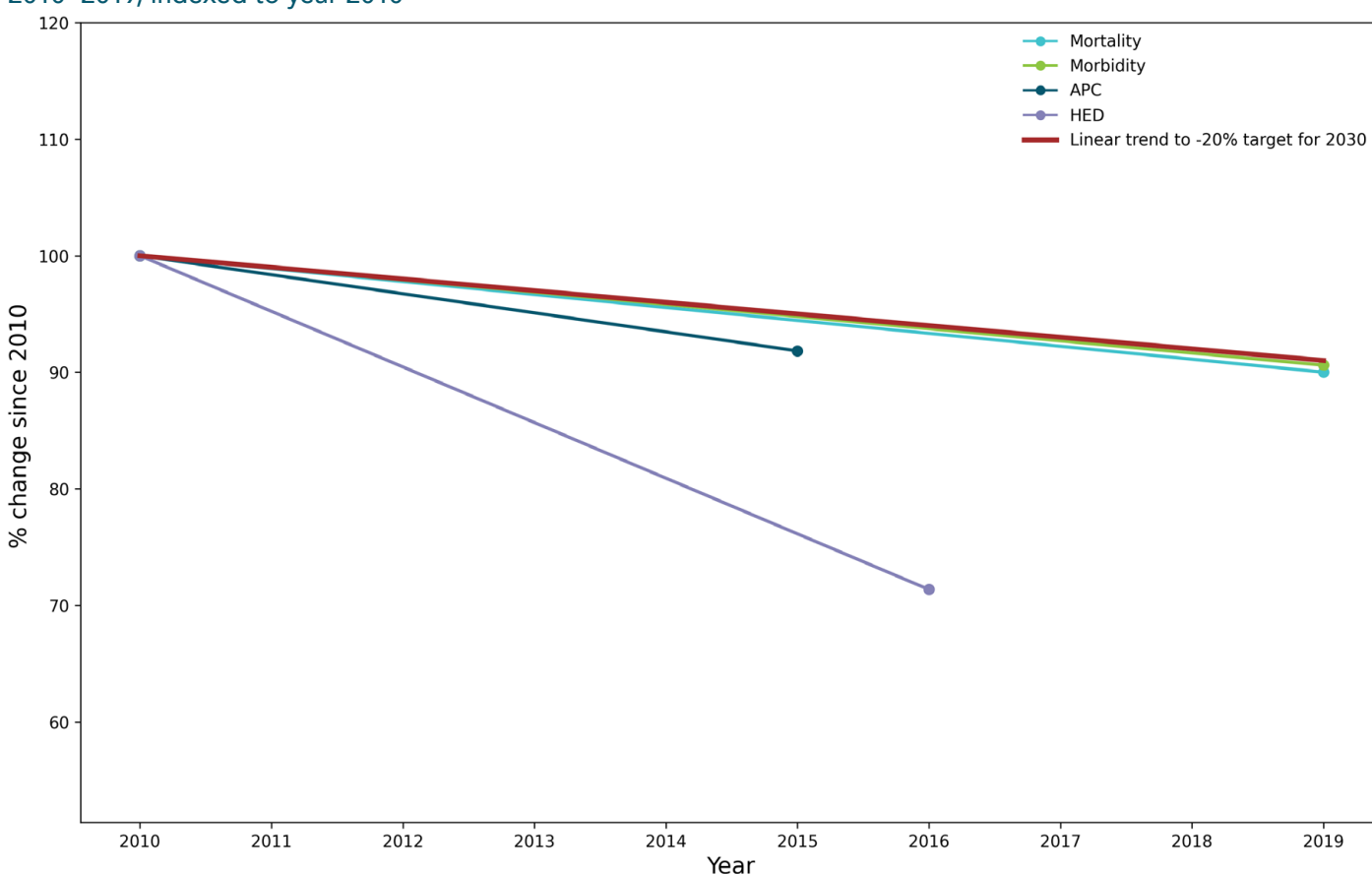## UN indicators for harmful use of alcohol

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▶ **APC[1]:** Total alcohol per capita consumption
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.40	37.70	49.44	1963.69
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	9.55	.	.	.
2016	.	26.90	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	44.50	1779.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Morocco

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan** * is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
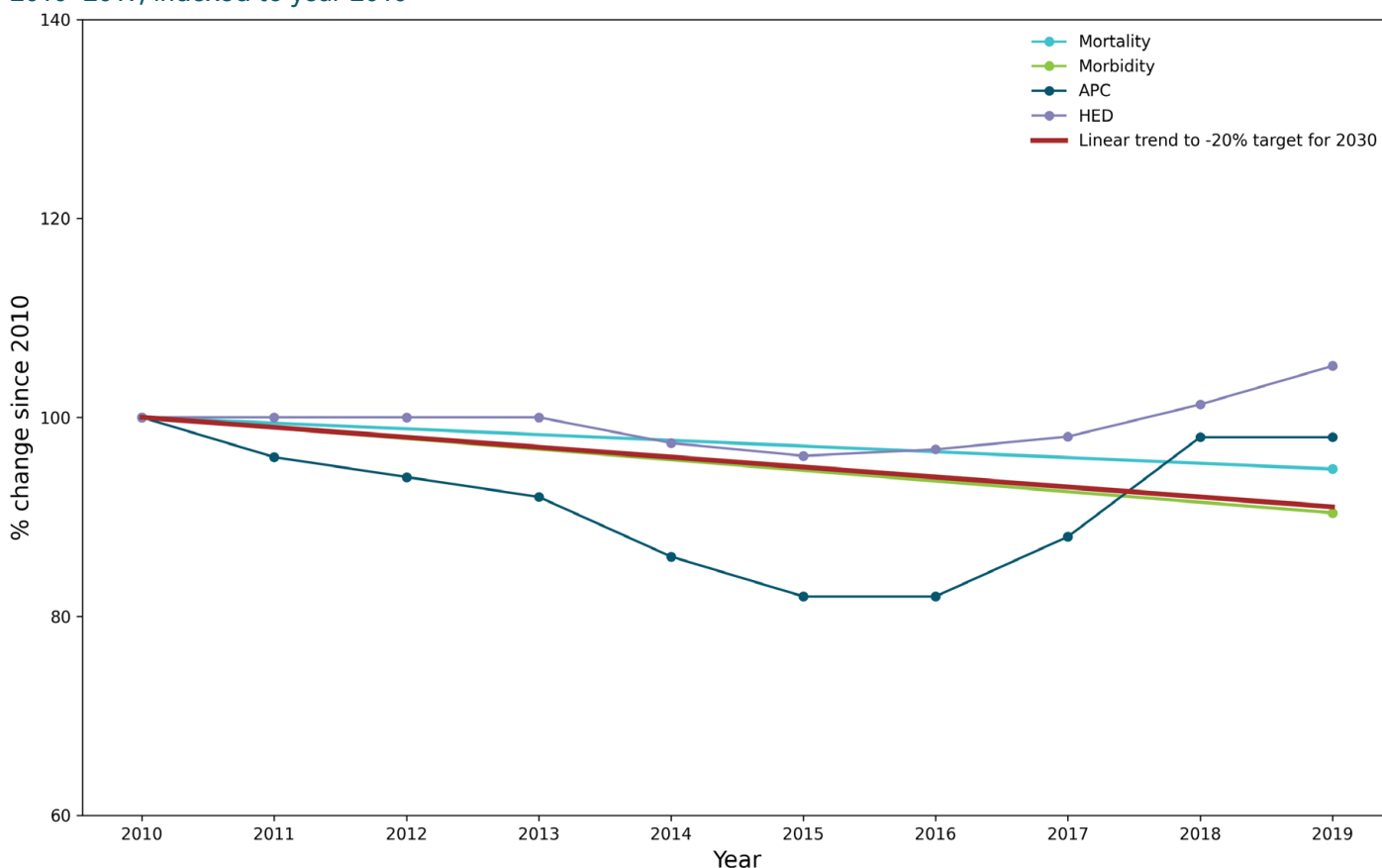
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.50	1.55	8.33	319.36
2011	0.48	1.55	.	.
2012	0.47	1.55	.	.
2013	0.46	1.55	.	.
2014	0.43	1.51	.	.
2015	0.41	1.49	.	.
2016	0.41	1.50	.	.
2017	0.44	1.52	.	.
2018	0.49	1.57	.	.
2019	0.49	1.63	7.90	288.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Mozambique

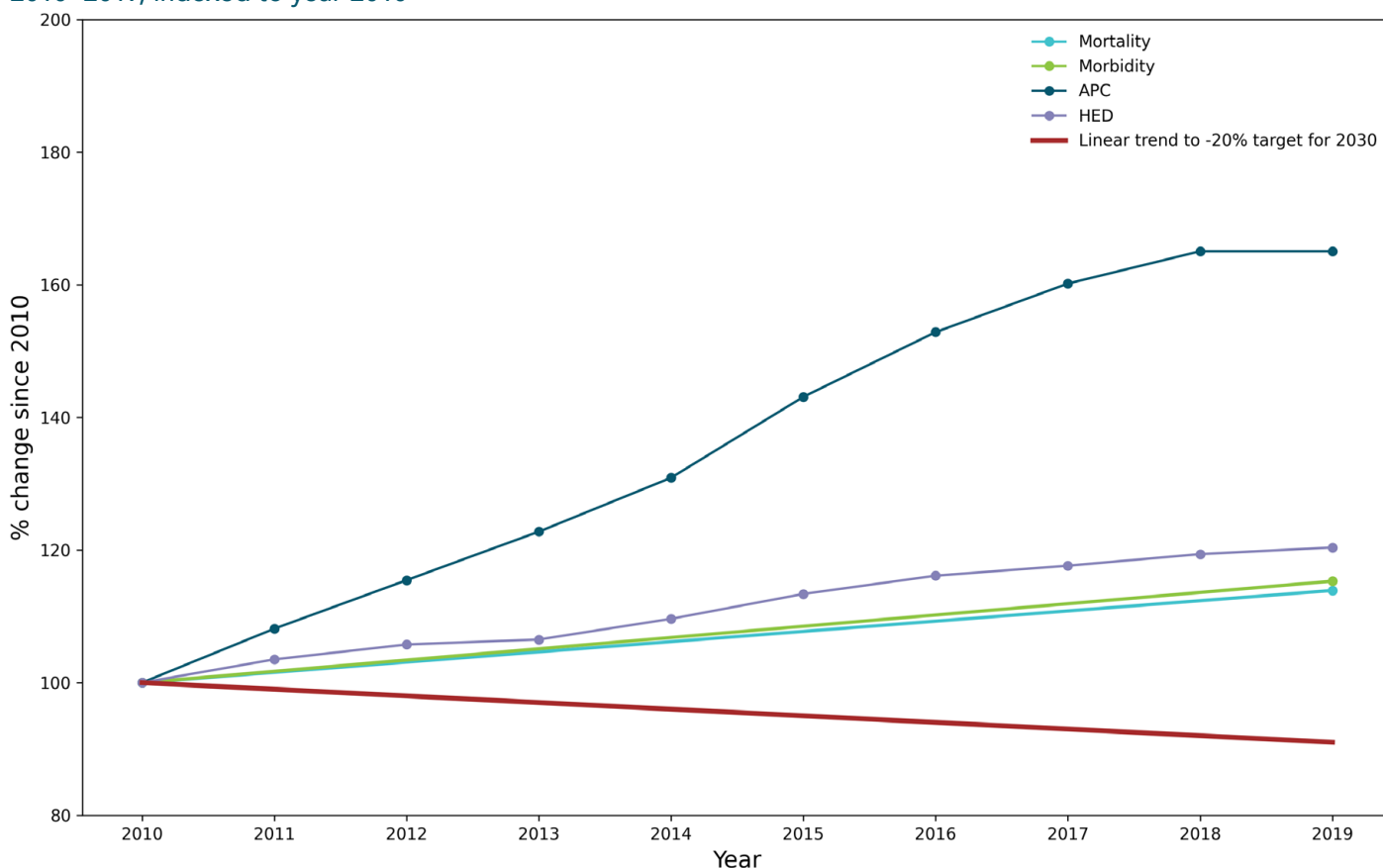## UN indicators for harmful use of alcohol

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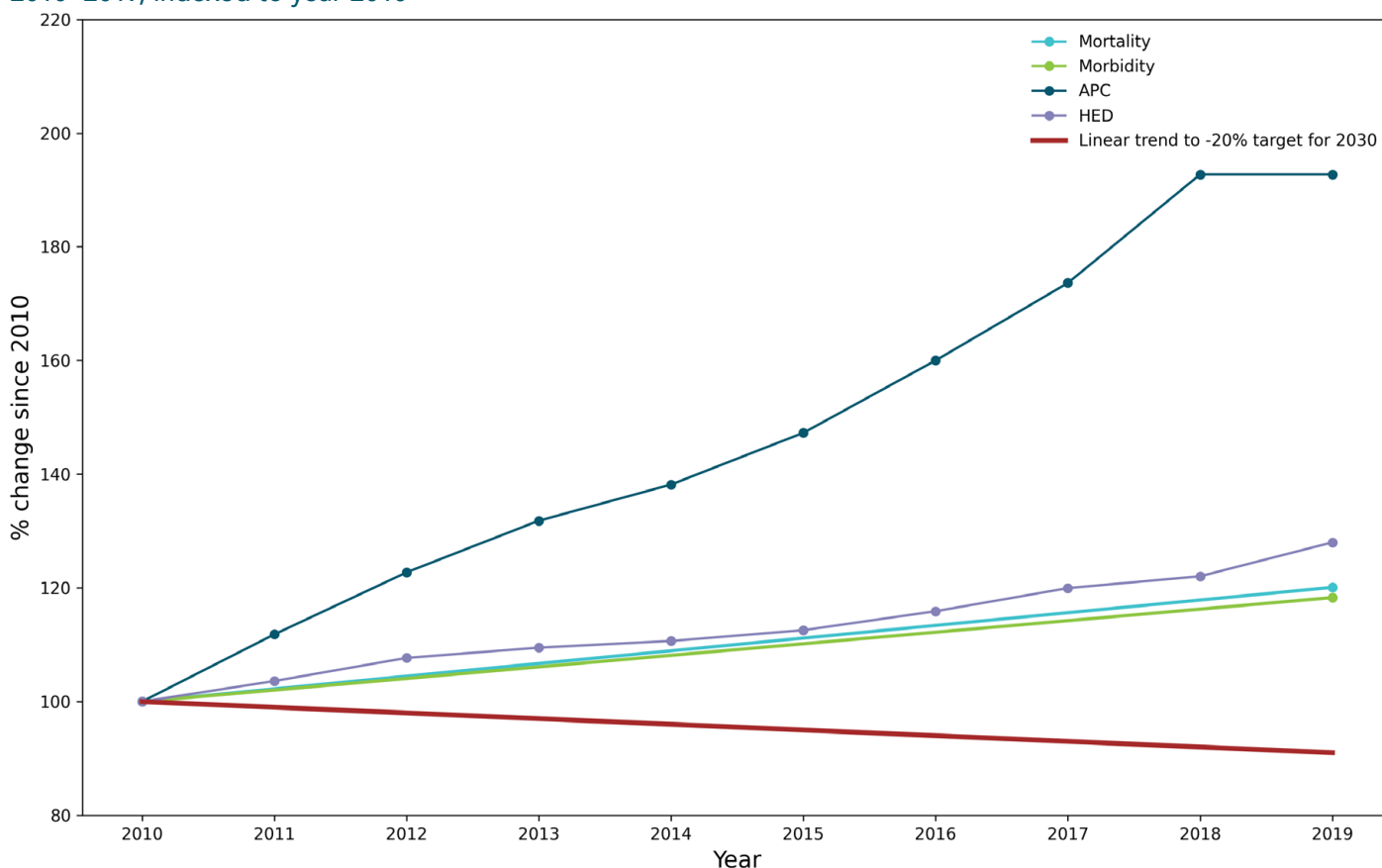
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WHO rating for alcohol control policy *Source:* Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.23	8.00	33.19	1492.19
2011	1.33	8.28	.	.
2012	1.42	8.46	.	.
2013	1.51	8.52	.	.
2014	1.61	8.77	.	.
2015	1.76	9.07	.	.
2016	1.88	9.29	.	.
2017	1.97	9.41	.	.
2018	2.03	9.55	.	.
2019	2.03	9.63	37.80	1720.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
      [2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Myanmar

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.10	11.07	23.06	1072.19
2011	1.23	11.47	.	.
2012	1.35	11.92	.	.
2013	1.45	12.12	.	.
2014	1.52	12.25	.	.
2015	1.62	12.46	.	.
2016	1.76	12.83	.	.
2017	1.91	13.28	.	.
2018	2.12	13.51	.	.
2019	2.12	14.17	27.70	1268.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

UN indicators for harmful use of alcohol

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▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022
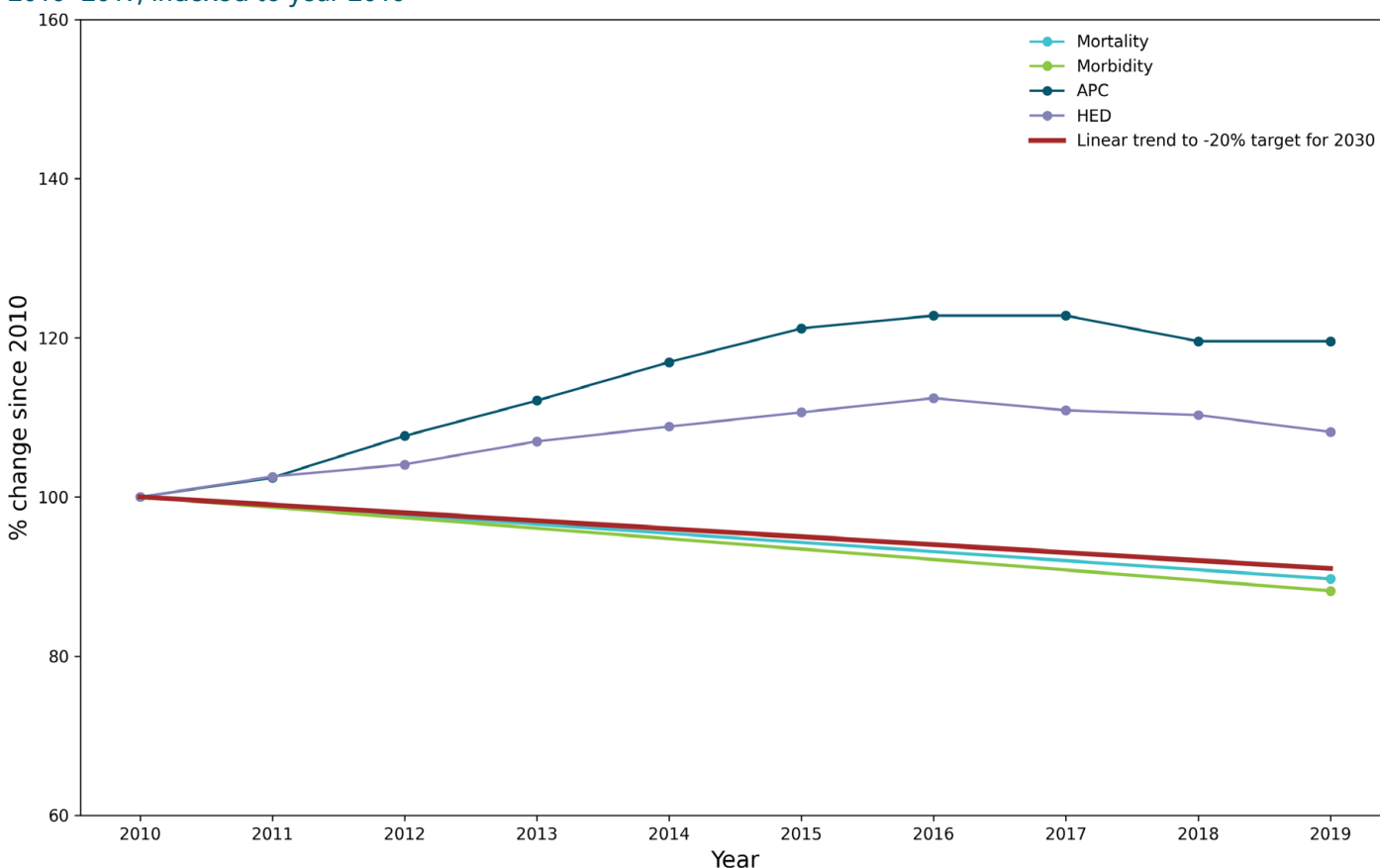
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.96	11.76	78.60	3583.56
2011	5.08	12.06	.	.
2012	5.34	12.24	.	.
2013	5.56	12.58	.	.
2014	5.80	12.80	.	.
2015	6.01	13.01	.	.
2016	6.09	13.22	.	.
2017	6.09	13.04	.	.
2018	5.93	12.97	.	.
2019	5.93	12.72	70.50	3160.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Nauru

UN indicators for harmful use of alcohol

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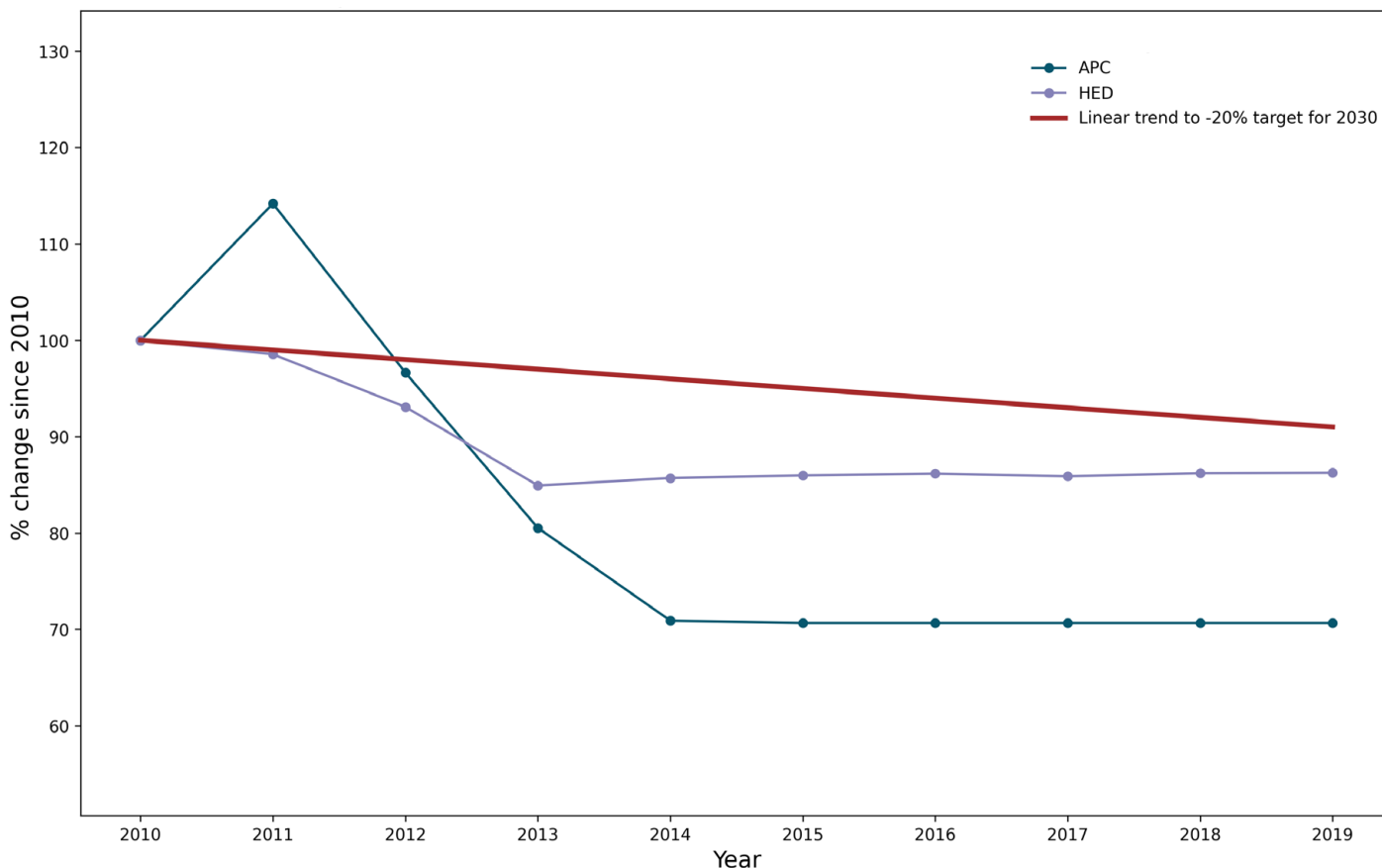| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.16	21.97	.	.
2011	4.75	21.65	.	.
2012	4.02	20.45	.	.
2013	3.35	18.66	.	.
2014	2.95	18.83	.	.
2015	2.94	18.89	.	.
2016	2.94	18.93	.	.
2017	2.94	18.87	.	.
2018	2.94	18.94	.	.
2019	2.94	18.95	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
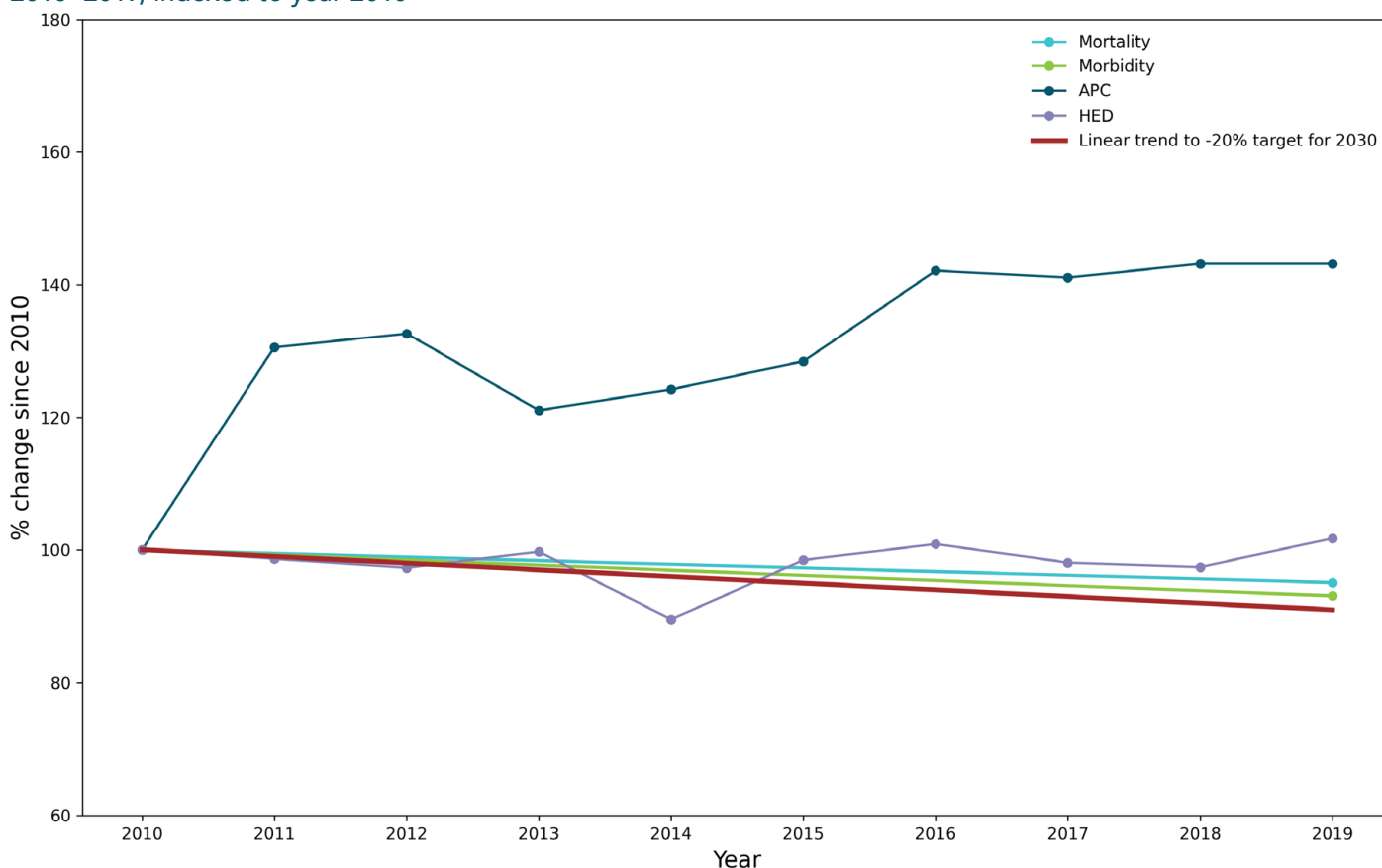
Nepal

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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- **HED[1]:** Age-standardized prevalence of heavy episodic drinking
- **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
- **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.95	10.36	22.40	1030.72
2011	1.24	10.22	.	.
2012	1.26	10.08	.	.
2013	1.15	10.33	.	.
2014	1.18	9.28	.	.
2015	1.22	10.20	.	.
2016	1.35	10.45	.	.
2017	1.34	10.16	.	.
2018	1.36	10.09	.	.
2019	1.36	10.54	21.30	959.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Netherlands
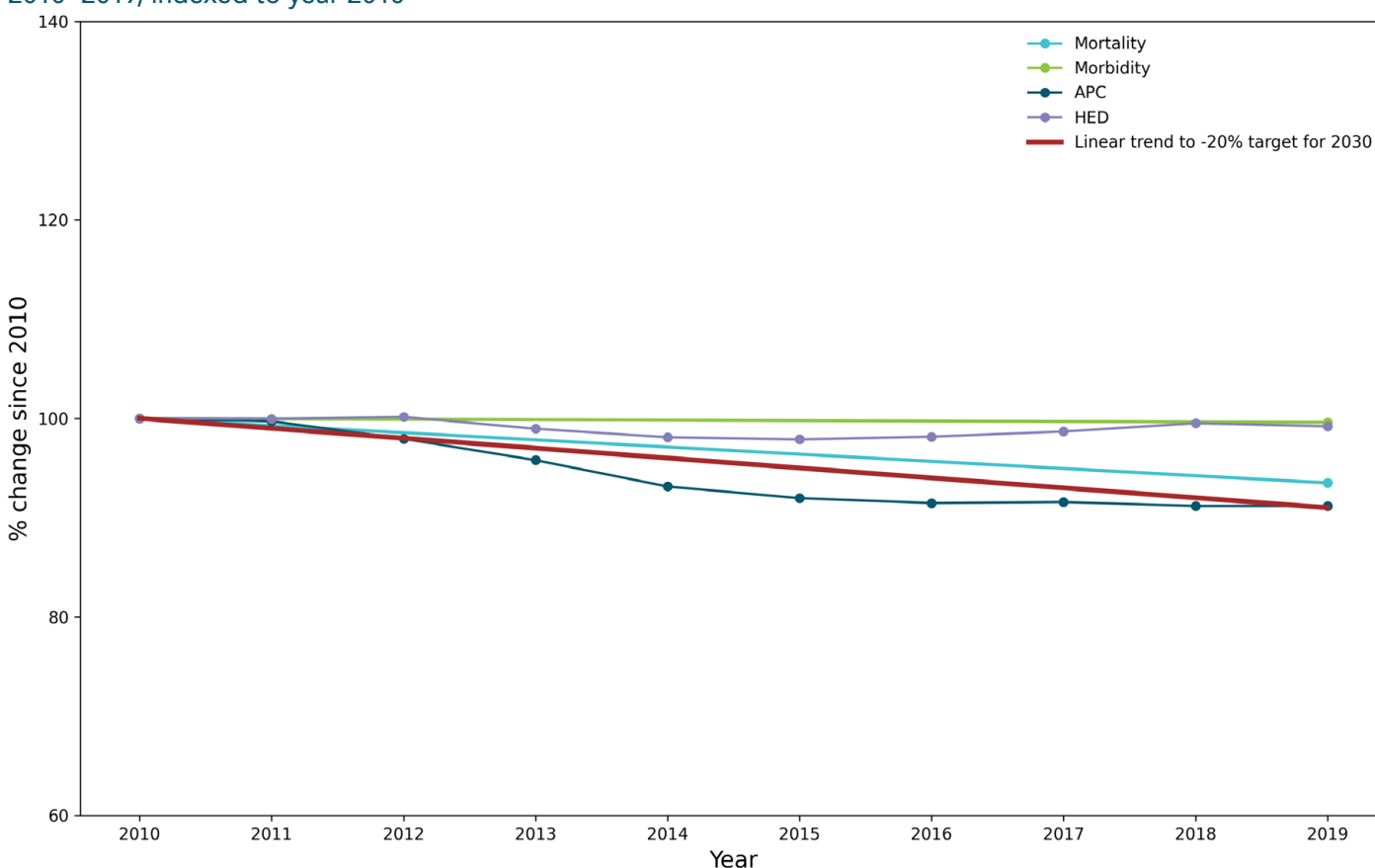
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.20	32.54	19.89	981.43
2011	10.17	32.53	.	.
2012	9.99	32.59	.	.
2013	9.77	32.20	.	.
2014	9.50	31.92	.	.
2015	9.38	31.85	.	.
2016	9.33	31.94	.	.
2017	9.34	32.11	.	.
2018	9.30	32.38	.	.
2019	9.30	32.28	18.60	977.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

New Zealand

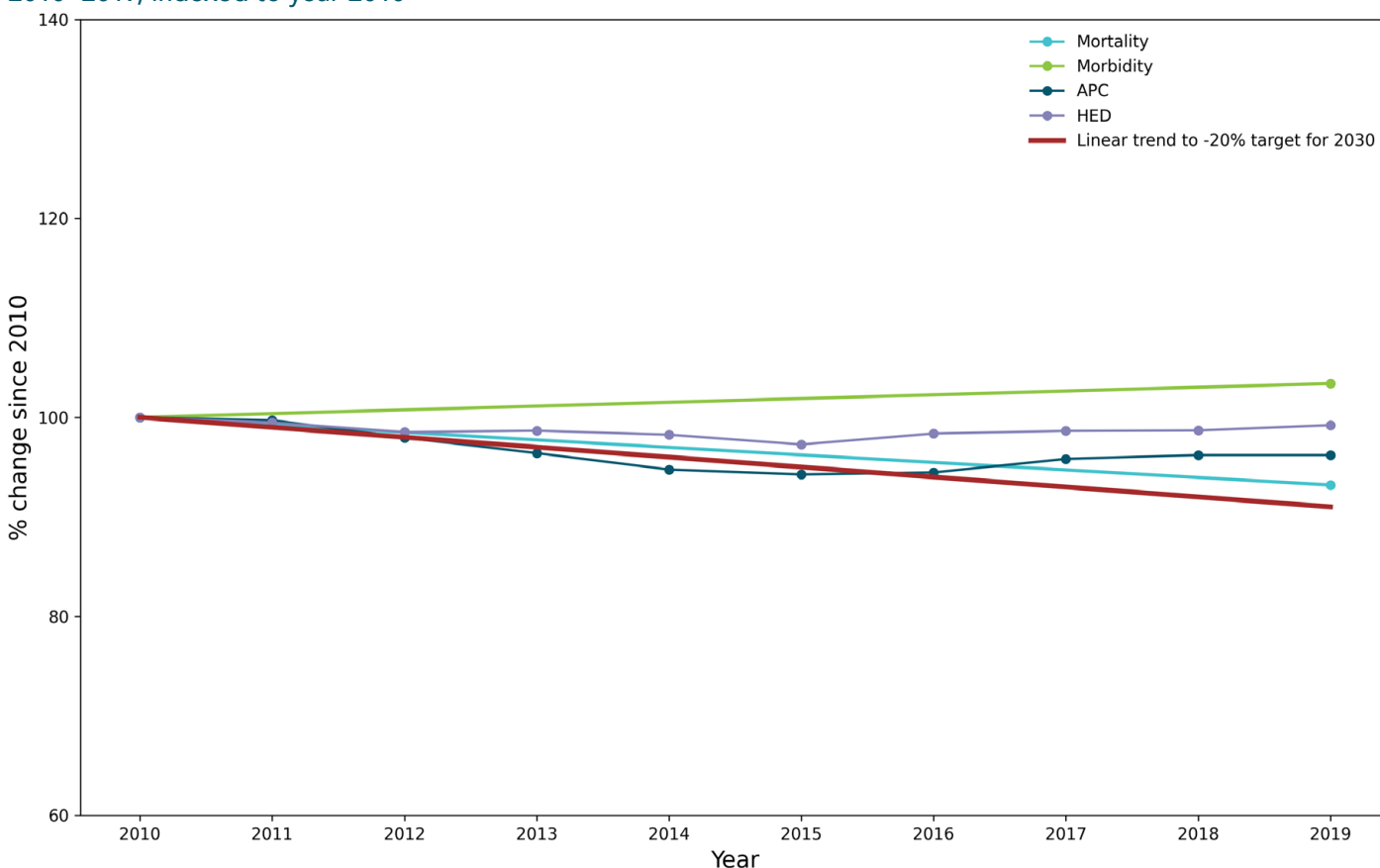## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.28	41.82	19.96	1583.37
2011	10.25	41.60	.	.
2012	10.07	41.20	.	.
2013	9.91	41.26	.	.
2014	9.74	41.09	.	.
2015	9.69	40.68	.	.
2016	9.71	41.14	.	.
2017	9.85	41.25	.	.
2018	9.89	41.27	.	.
2019	9.89	41.49	18.60	1637.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Nicaragua

UN indicators for harmful use of alcohol

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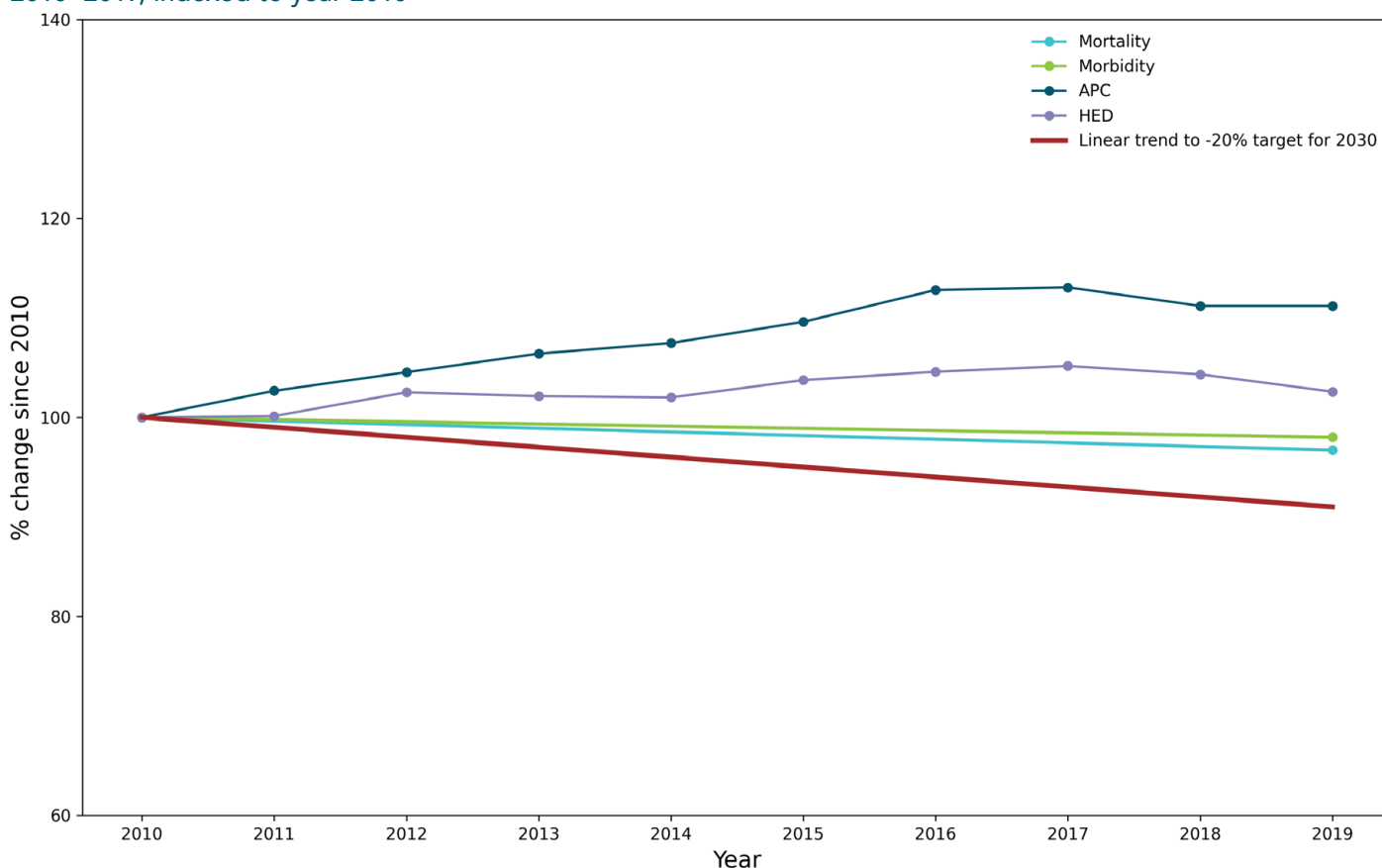
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.75	15.50	30.71	1515.00
2011	3.85	15.52	.	.
2012	3.92	15.89	.	.
2013	3.99	15.83	.	.
2014	4.03	15.81	.	.
2015	4.11	16.08	.	.
2016	4.23	16.21	.	.
2017	4.24	16.30	.	.
2018	4.17	16.17	.	.
2019	4.17	15.90	29.70	1484.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Niger

UN indicators for harmful use of alcohol

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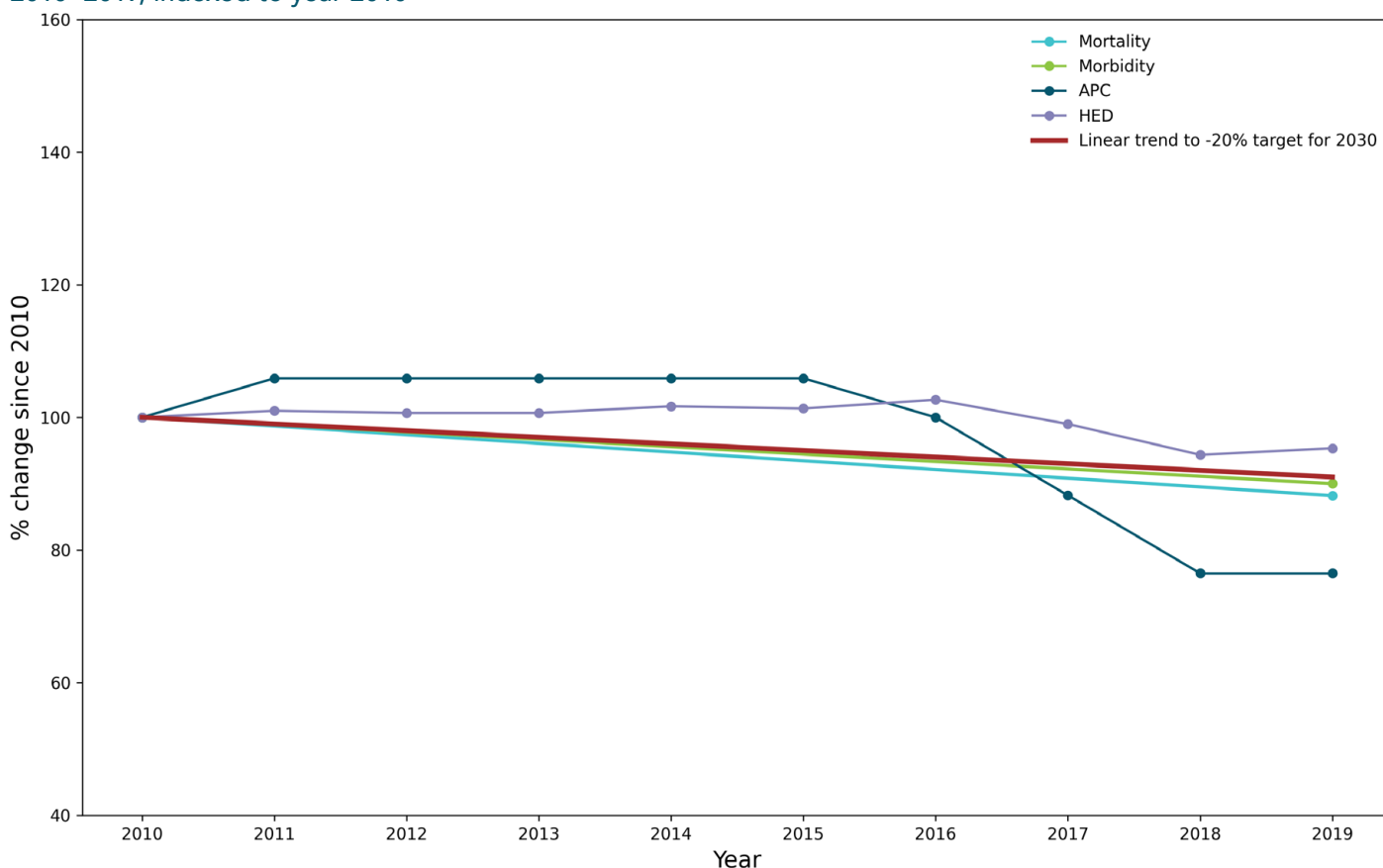
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.17	3.00	15.42	579.89
2011	0.18	3.03	.	.
2012	0.18	3.02	.	.
2013	0.18	3.02	.	.
2014	0.18	3.05	.	.
2015	0.18	3.04	.	.
2016	0.17	3.08	.	.
2017	0.15	2.97	.	.
2018	0.13	2.83	.	.
2019	0.13	2.86	13.60	521.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Nigeria
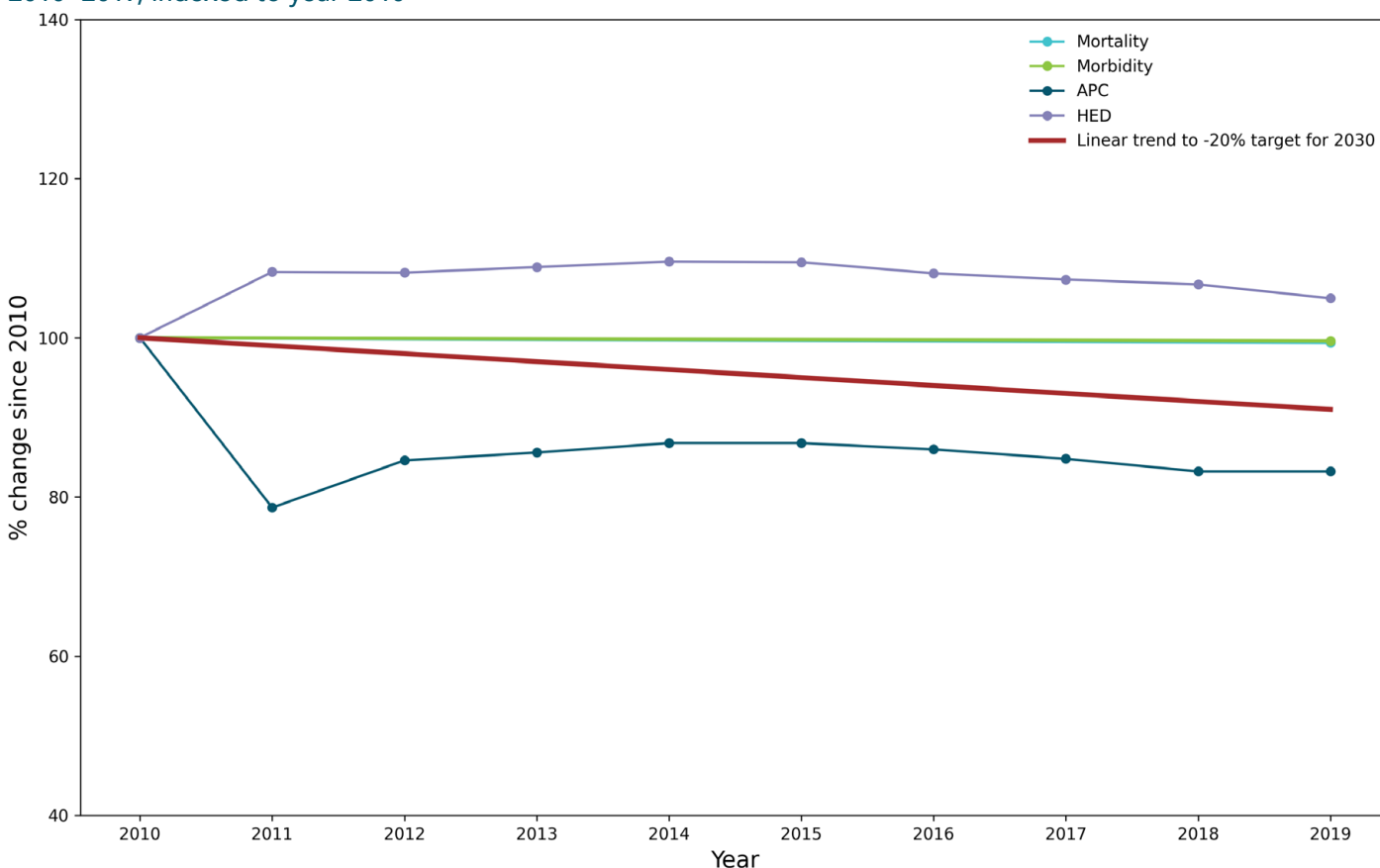
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.06	11.49	58.55	2192.37
2011	3.98	12.44	.	.
2012	4.28	12.43	.	.
2013	4.33	12.51	.	.
2014	4.39	12.59	.	.
2015	4.39	12.58	.	.
2016	4.35	12.42	.	.
2017	4.29	12.33	.	.
2018	4.21	12.26	.	.
2019	4.21	12.06	58.20	2183.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

North Macedonia

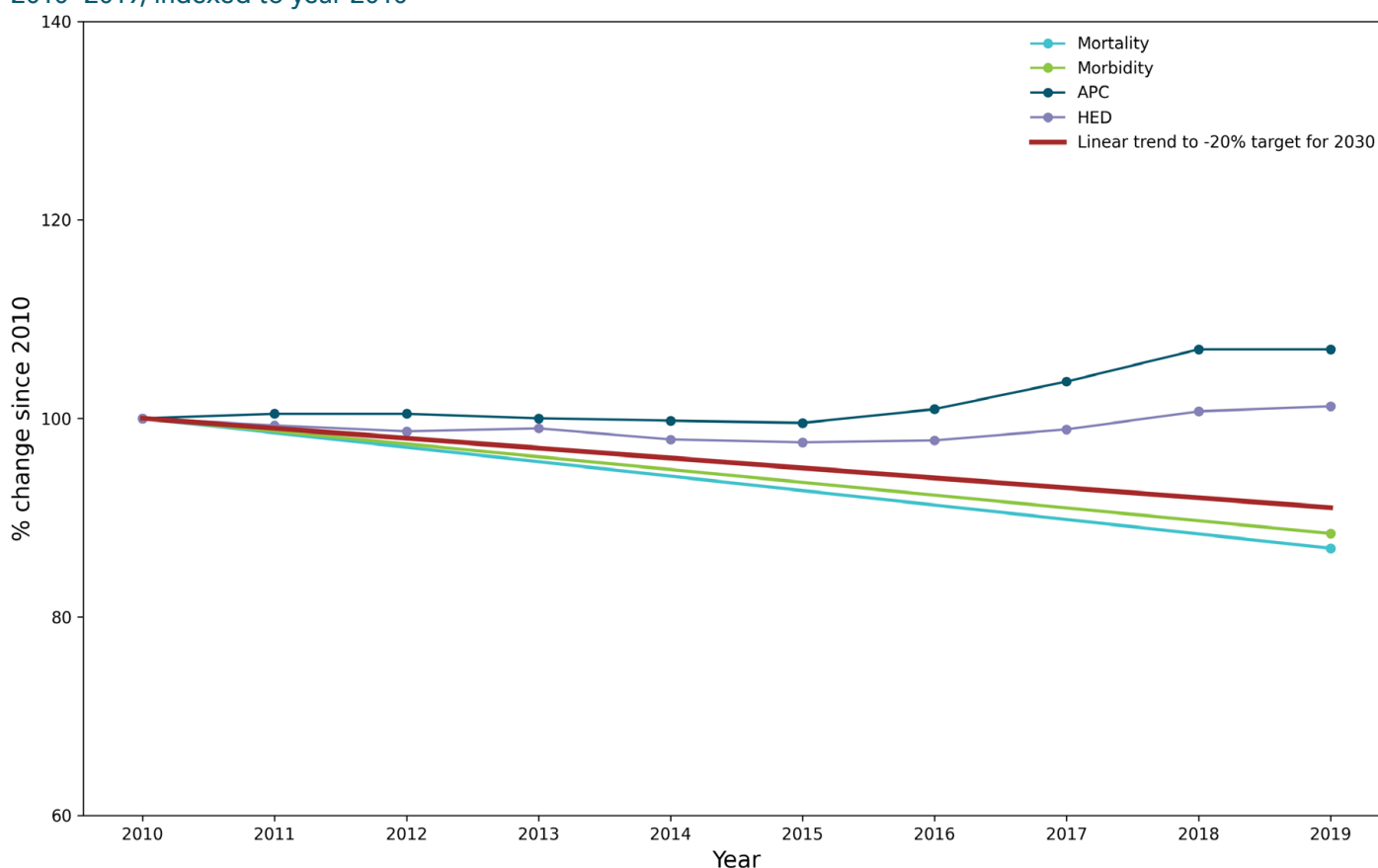## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	4.32	9.90	22.21	1076.13
2011	4.34	9.83	.	.
2012	4.34	9.77	.	.
2013	4.32	9.80	.	.
2014	4.31	9.69	.	.
2015	4.30	9.66	.	.
2016	4.36	9.68	.	.
2017	4.48	9.79	.	.
2018	4.62	9.97	.	.
2019	4.62	10.02	19.30	951.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Norway

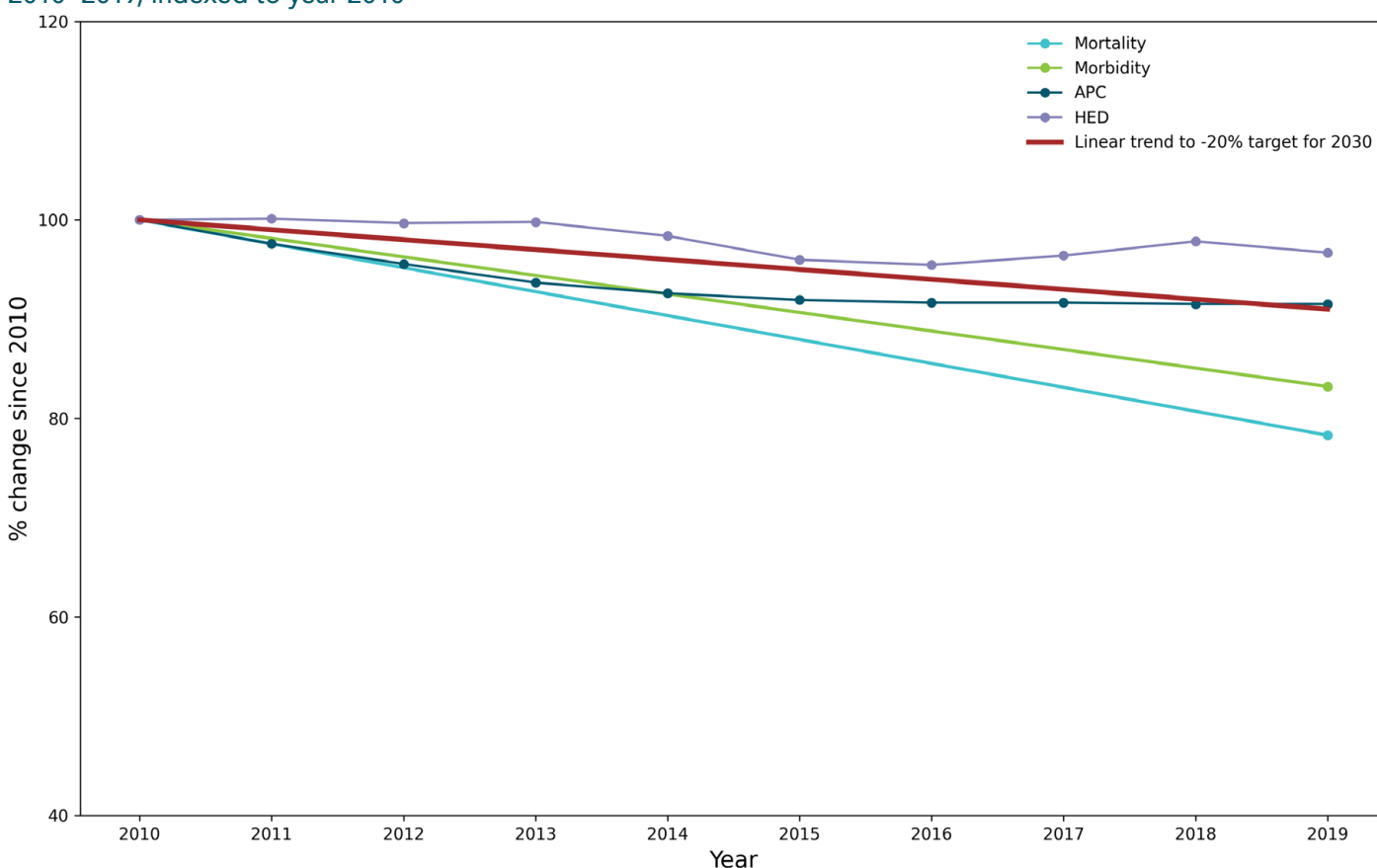## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.43	33.30	18.01	1047.96
2011	7.25	33.34	.	.
2012	7.10	33.19	.	.
2013	6.96	33.23	.	.
2014	6.88	32.76	.	.
2015	6.83	31.96	.	.
2016	6.81	31.79	.	.
2017	6.81	32.10	.	.
2018	6.80	32.58	.	.
2019	6.80	32.20	14.10	871.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
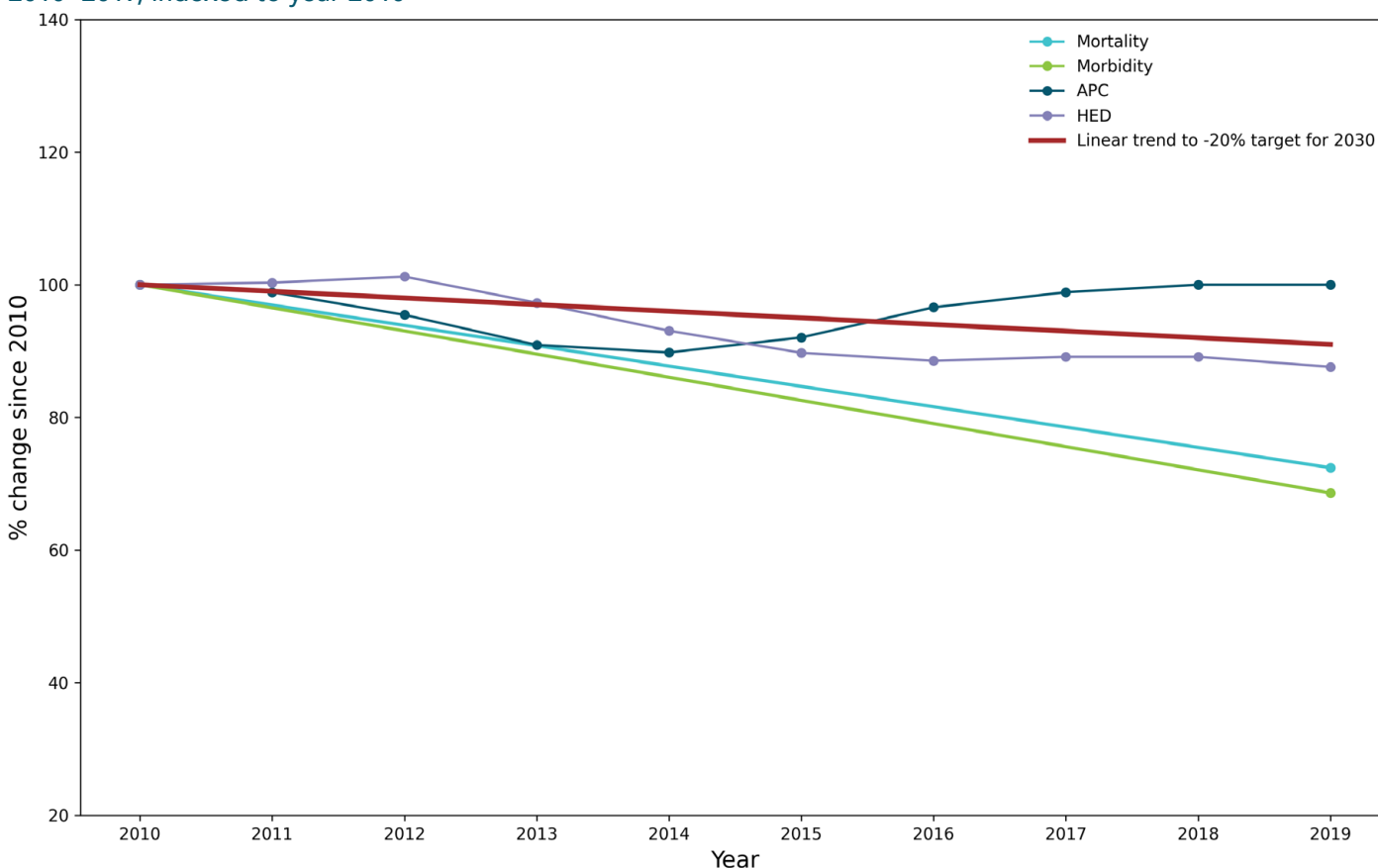
Oman

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.88	3.31	13.95	522.30
2011	0.87	3.32	.	.
2012	0.84	3.35	.	.
2013	0.80	3.22	.	.
2014	0.79	3.08	.	.
2015	0.81	2.97	.	.
2016	0.85	2.93	.	.
2017	0.87	2.95	.	.
2018	0.88	2.95	.	.
2019	0.88	2.90	10.10	358.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Pakistan

UN indicators for harmful use of alcohol

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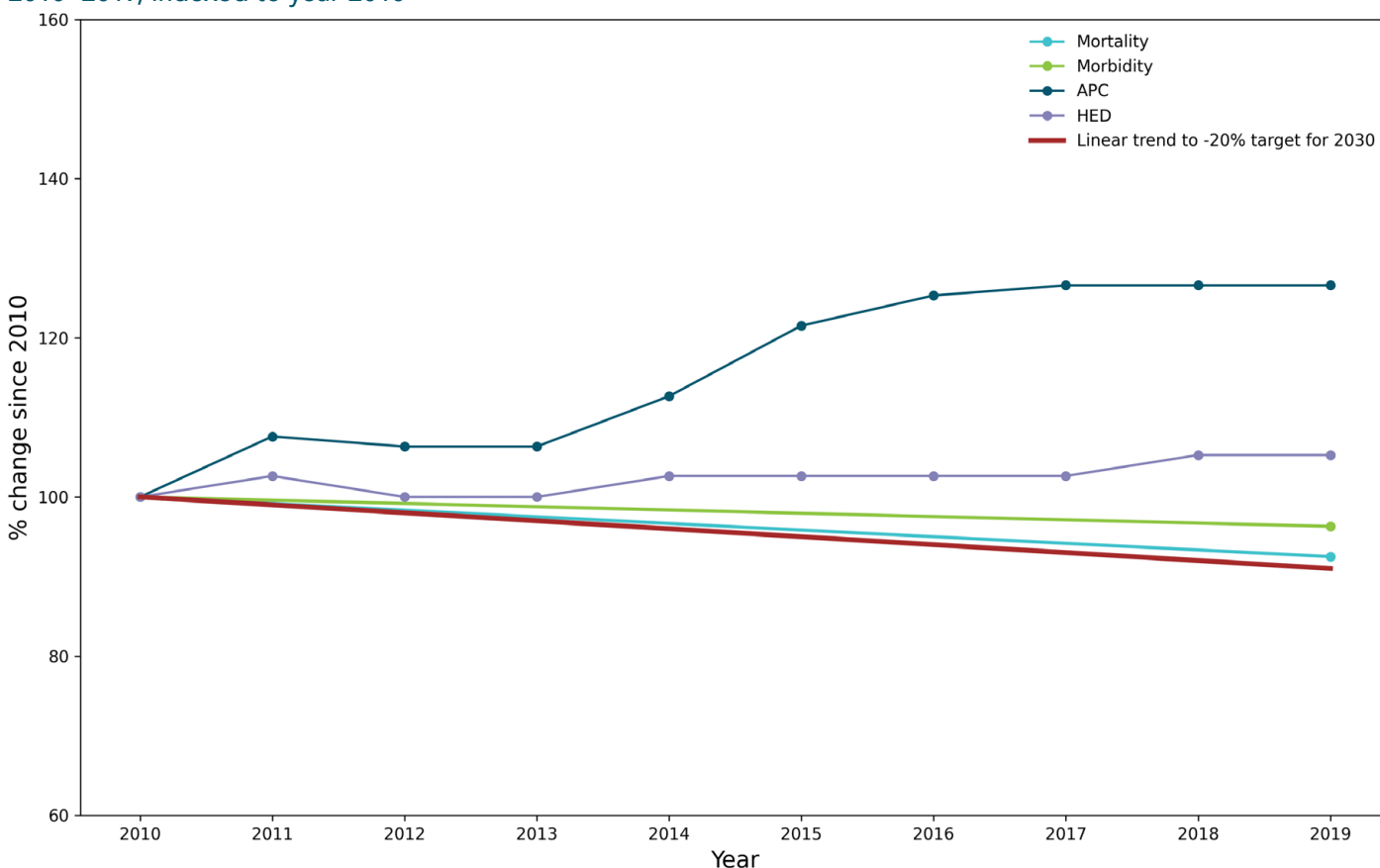| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	partially achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.08	0.38	10.49	502.91
2011	0.08	0.39	.	.
2012	0.08	0.38	.	.
2013	0.08	0.38	.	.
2014	0.09	0.39	.	.
2015	0.10	0.39	.	.
2016	0.10	0.39	.	.
2017	0.10	0.39	.	.
2018	0.10	0.40	.	.
2019	0.10	0.40	9.70	484.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Palau

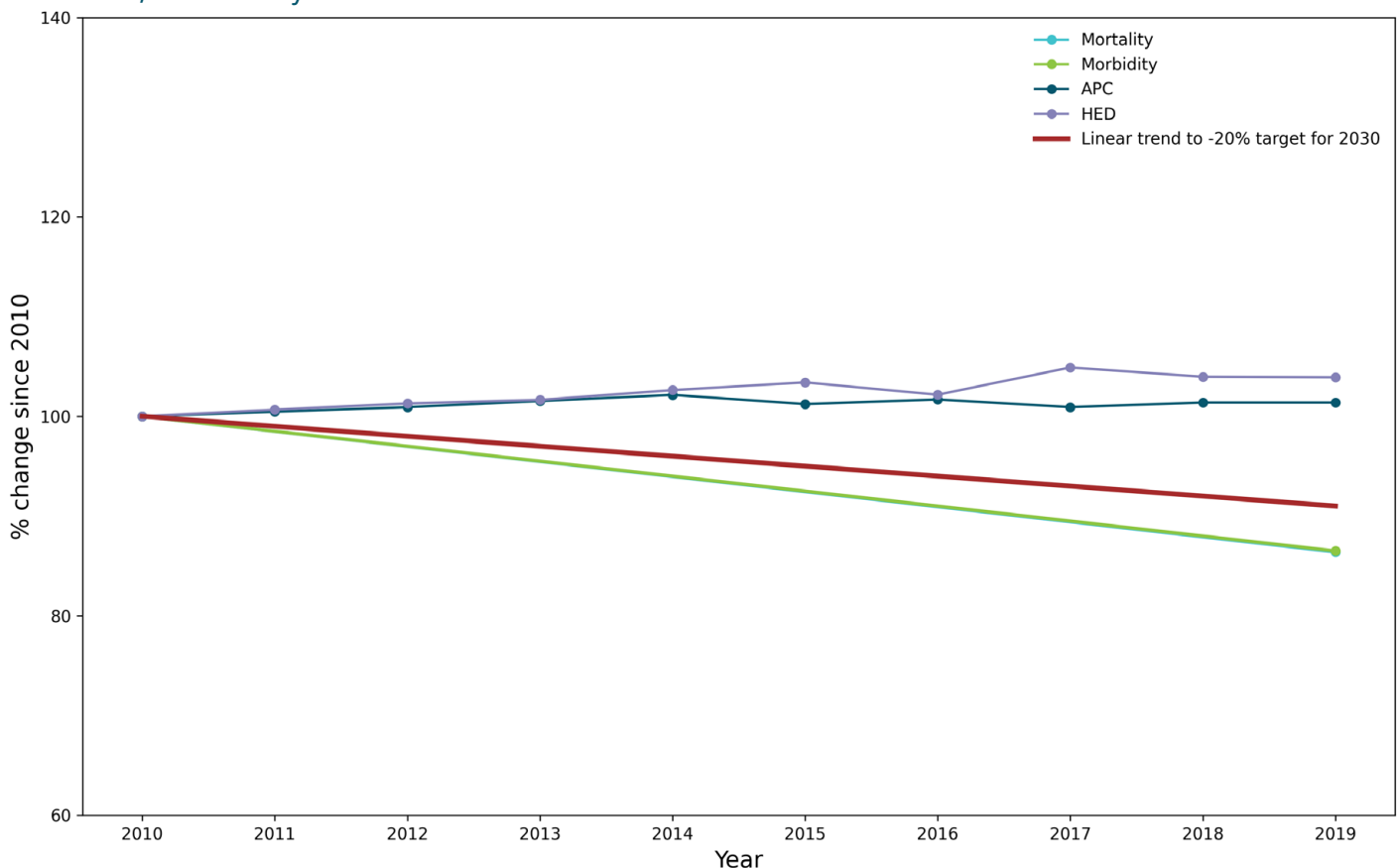## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Data not available at time of publication

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	.	.	.	.
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	.	.	.	.
2016	.	.	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Panama

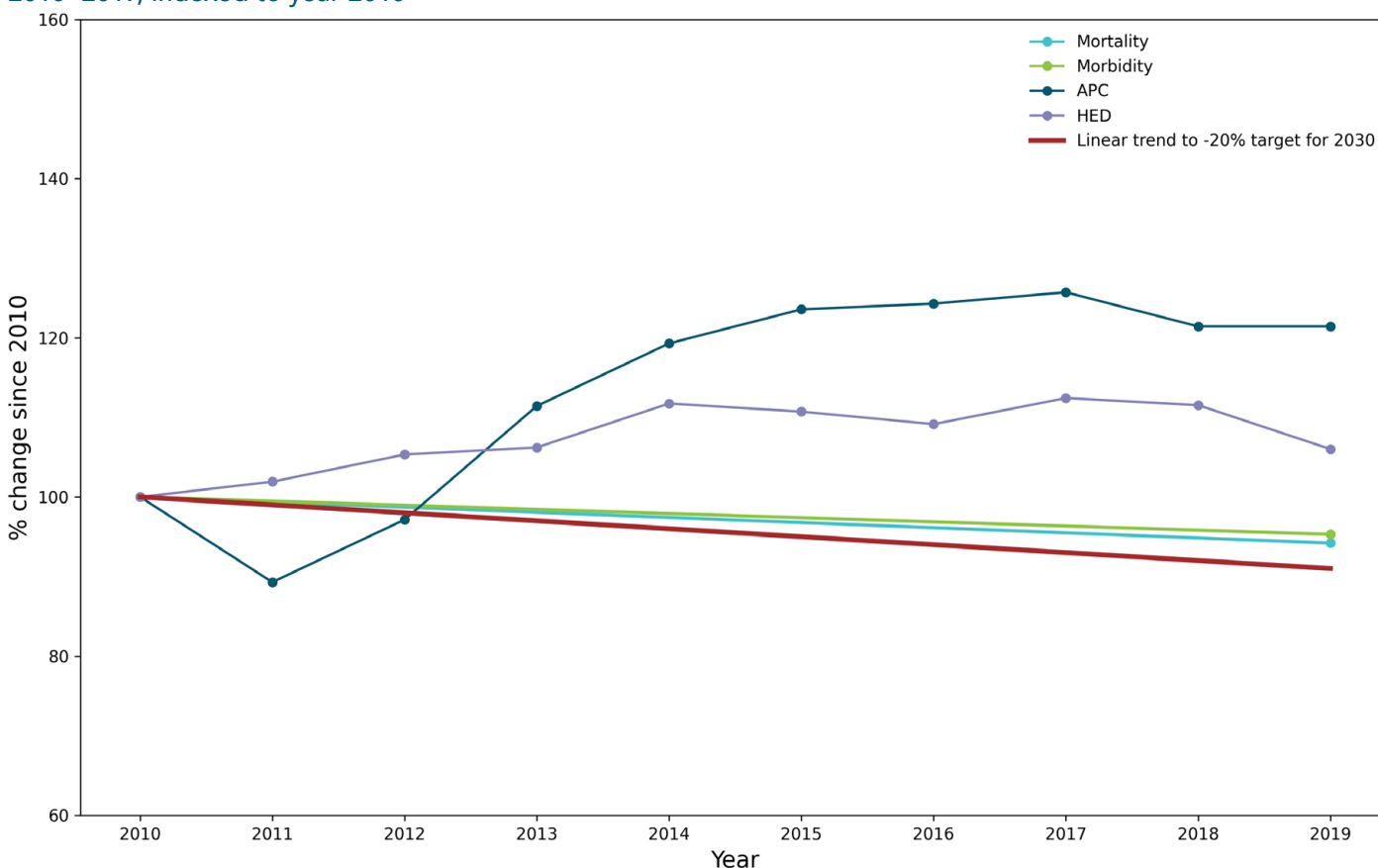## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.51	19.40	24.54	1372.83
2011	6.54	19.53	.	.
2012	6.57	19.65	.	.
2013	6.61	19.72	.	.
2014	6.65	19.91	.	.
2015	6.59	20.06	.	.
2016	6.62	19.82	.	.
2017	6.57	20.35	.	.
2018	6.60	20.17	.	.
2019	6.60	20.16	21.20	1187.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Papua New Guinea

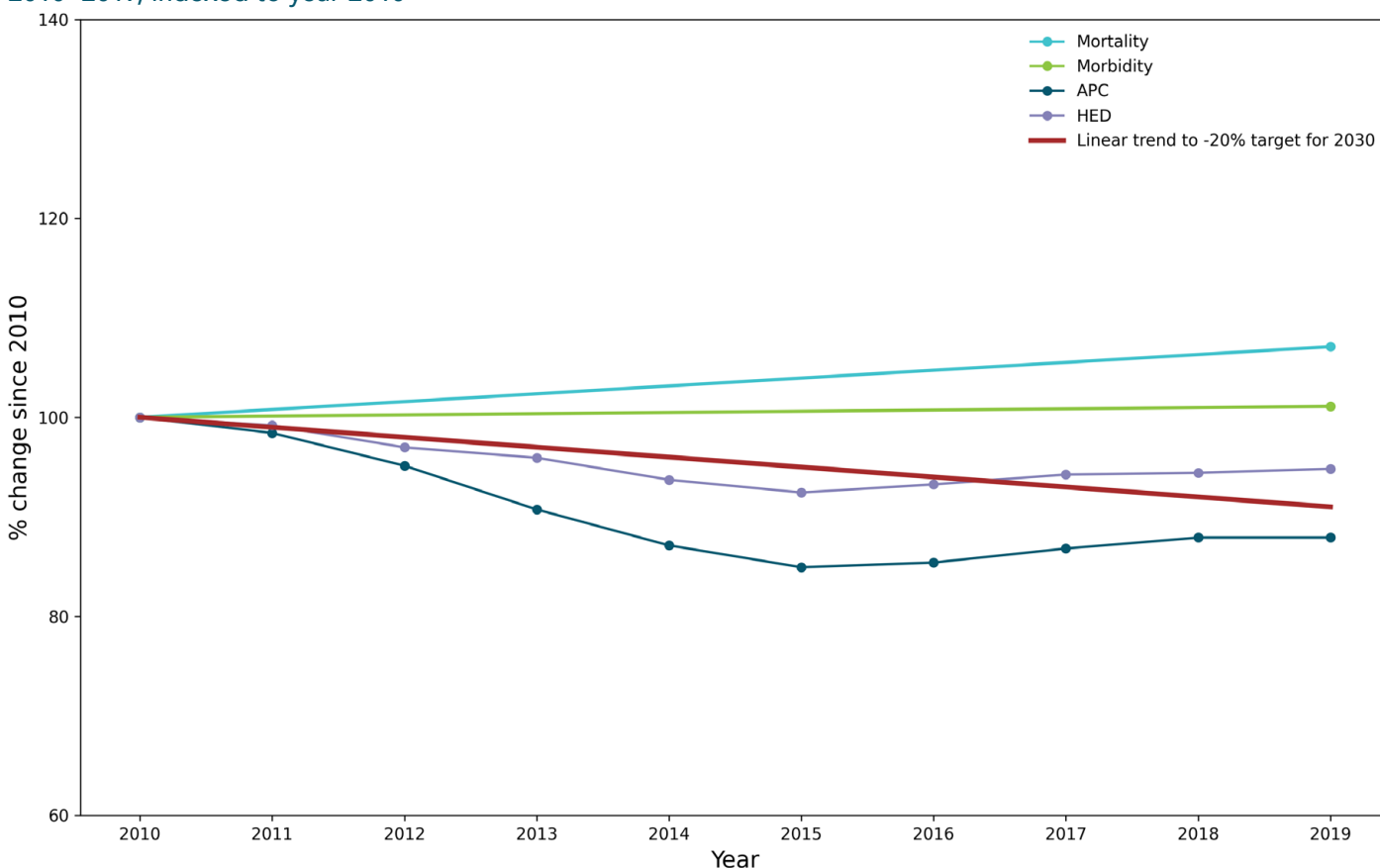## UN indicators for harmful use of alcohol

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partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.40	14.65	25.16	1154.25
2011	1.25	14.93	.	.
2012	1.36	15.43	.	.
2013	1.56	15.56	.	.
2014	1.67	16.37	.	.
2015	1.73	16.22	.	.
2016	1.74	15.99	.	.
2017	1.76	16.47	.	.
2018	1.70	16.34	.	.
2019	1.70	15.53	23.70	1100.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Paraguay

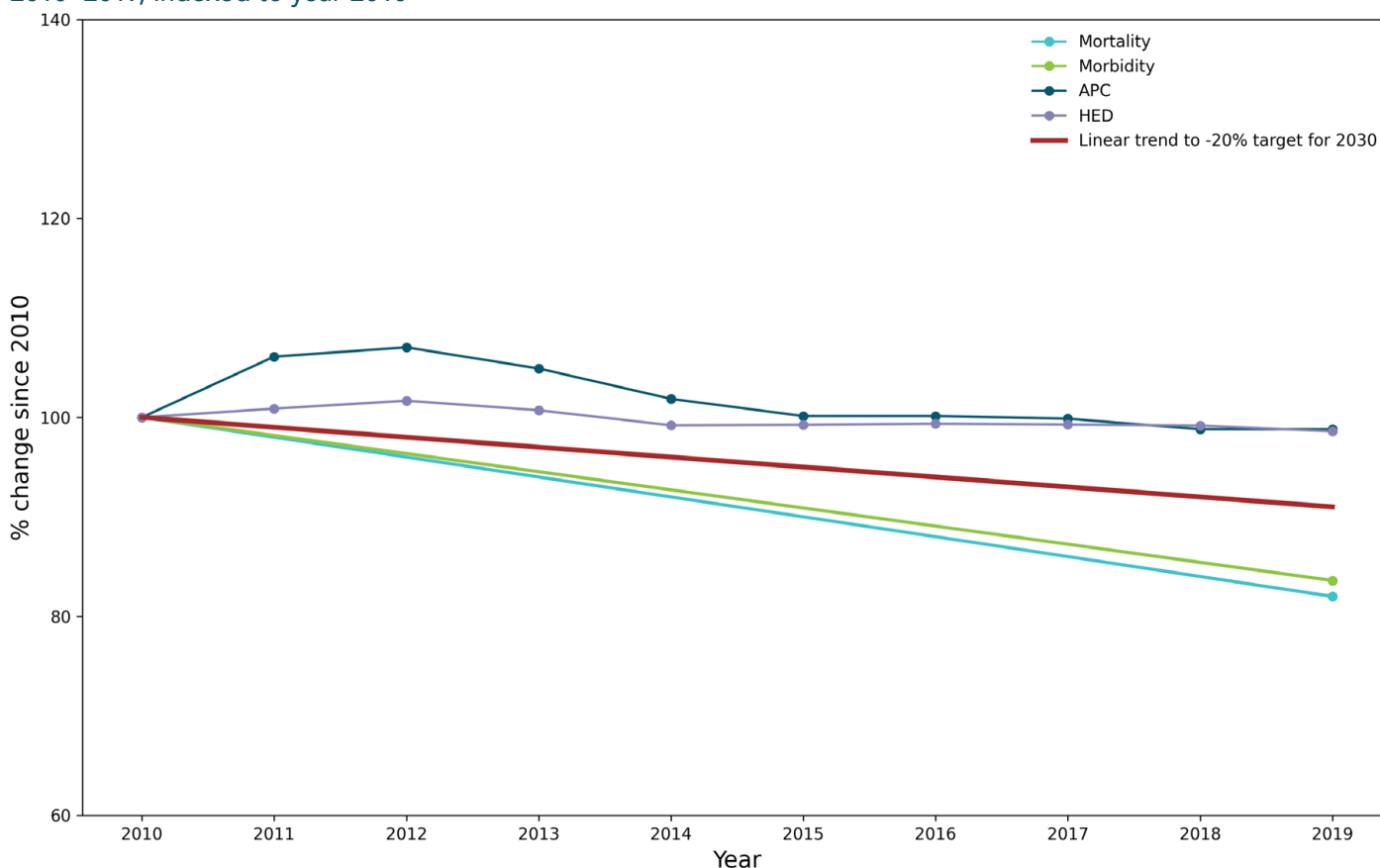## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▸ **APC[1]:** Total alcohol per capita consumption
▸ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▸ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
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* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.37	17.21	28.57	1660.93
2011	6.27	17.07	.	.
2012	6.06	16.69	.	.
2013	5.78	16.51	.	.
2014	5.55	16.13	.	.
2015	5.41	15.91	.	.
2016	5.44	16.05	.	.
2017	5.53	16.22	.	.
2018	5.60	16.25	.	.
2019	5.60	16.32	30.60	1679.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Peru

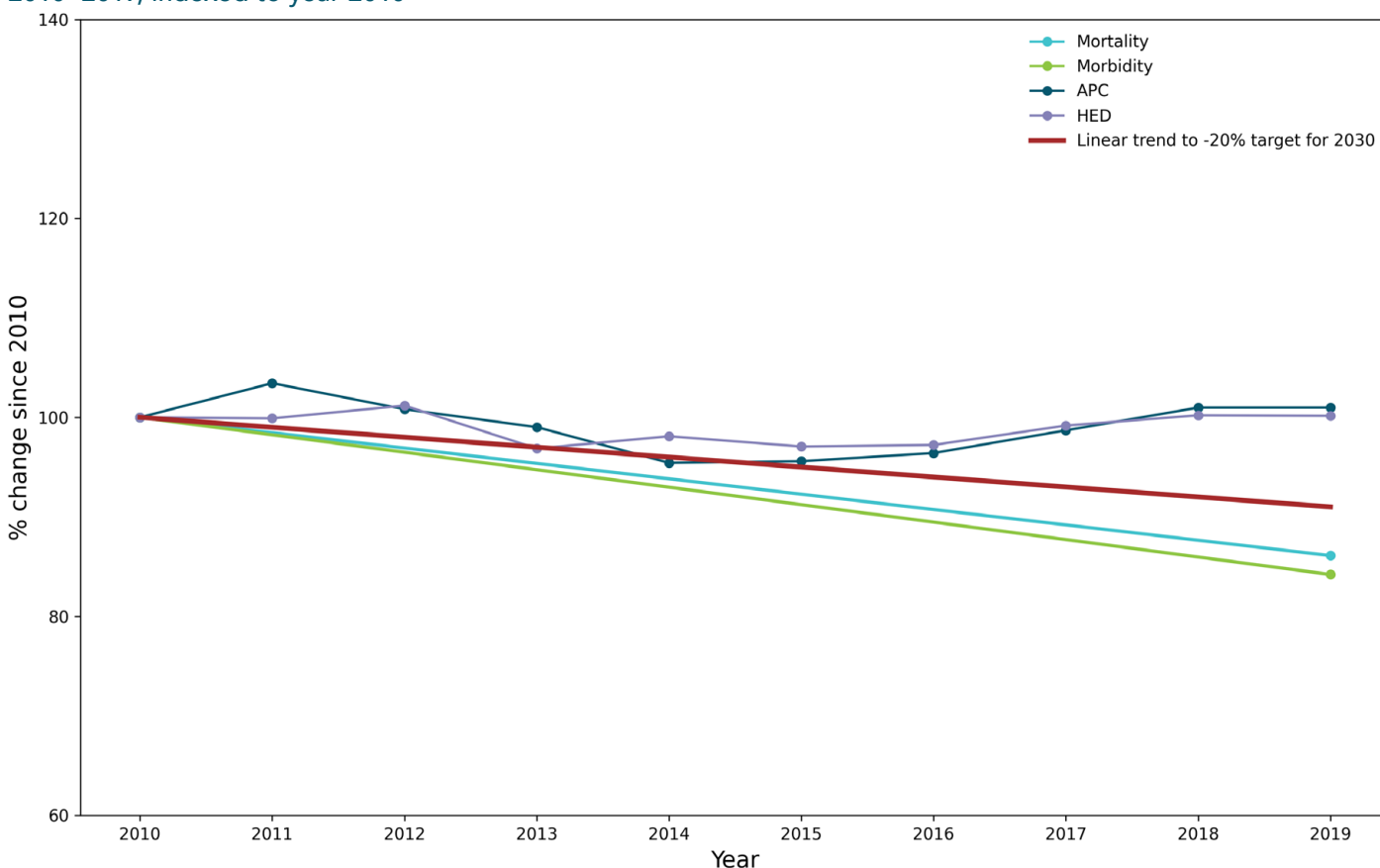## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.54	37.67	39.02	1767.82
2011	8.00	38.00	.	.
2012	8.07	38.30	.	.
2013	7.91	37.94	.	.
2014	7.68	37.37	.	.
2015	7.55	37.39	.	.
2016	7.55	37.43	.	.
2017	7.53	37.40	.	.
2018	7.45	37.36	.	.
2019	7.45	37.14	32.00	1477.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Philippines

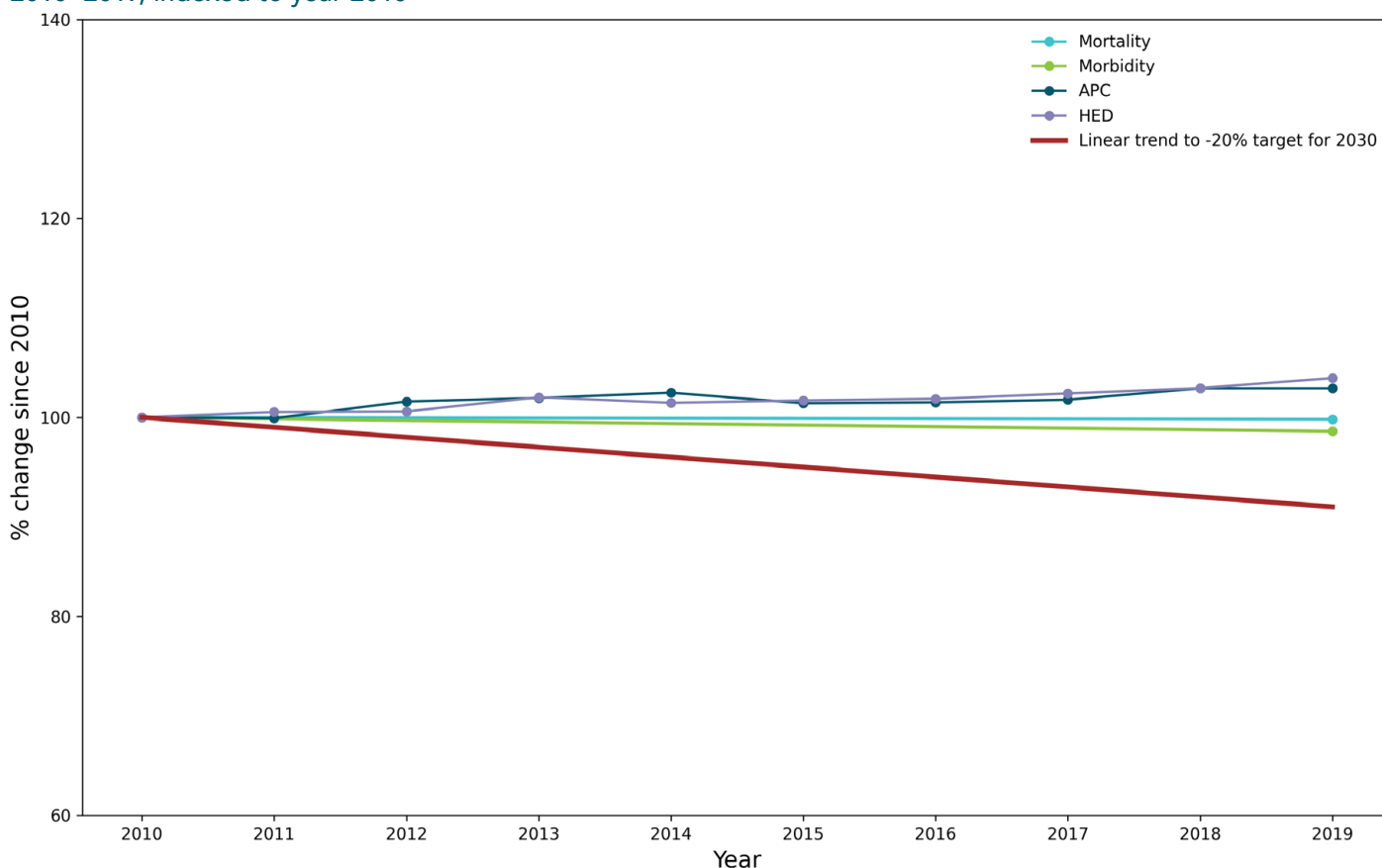## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

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Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.12	19.43	41.81	1770.07
2011	6.33	19.41	.	.
2012	6.17	19.66	.	.
2013	6.06	18.82	.	.
2014	5.84	19.06	.	.
2015	5.85	18.86	.	.
2016	5.90	18.89	.	.
2017	6.04	19.27	.	.
2018	6.18	19.47	.	.
2019	6.18	19.46	36.00	1490.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Poland

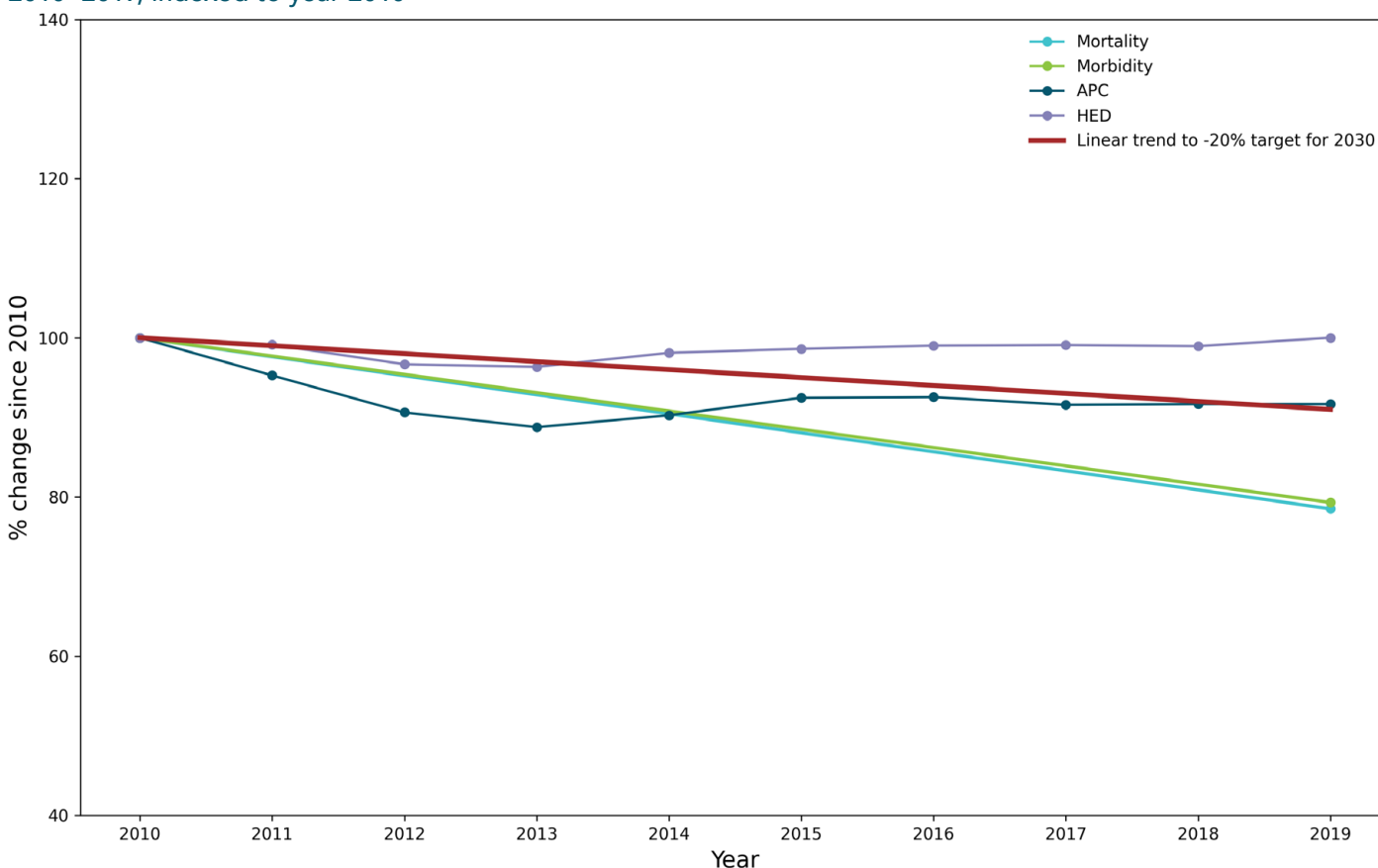## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.30	37.07	48.70	2665.92
2011	11.29	37.27	.	.
2012	11.48	37.29	.	.
2013	11.52	37.82	.	.
2014	11.58	37.61	.	.
2015	11.46	37.70	.	.
2016	11.47	37.76	.	.
2017	11.50	37.96	.	.
2018	11.63	38.16	.	.
2019	11.63	38.53	48.60	2628.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Portugal

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

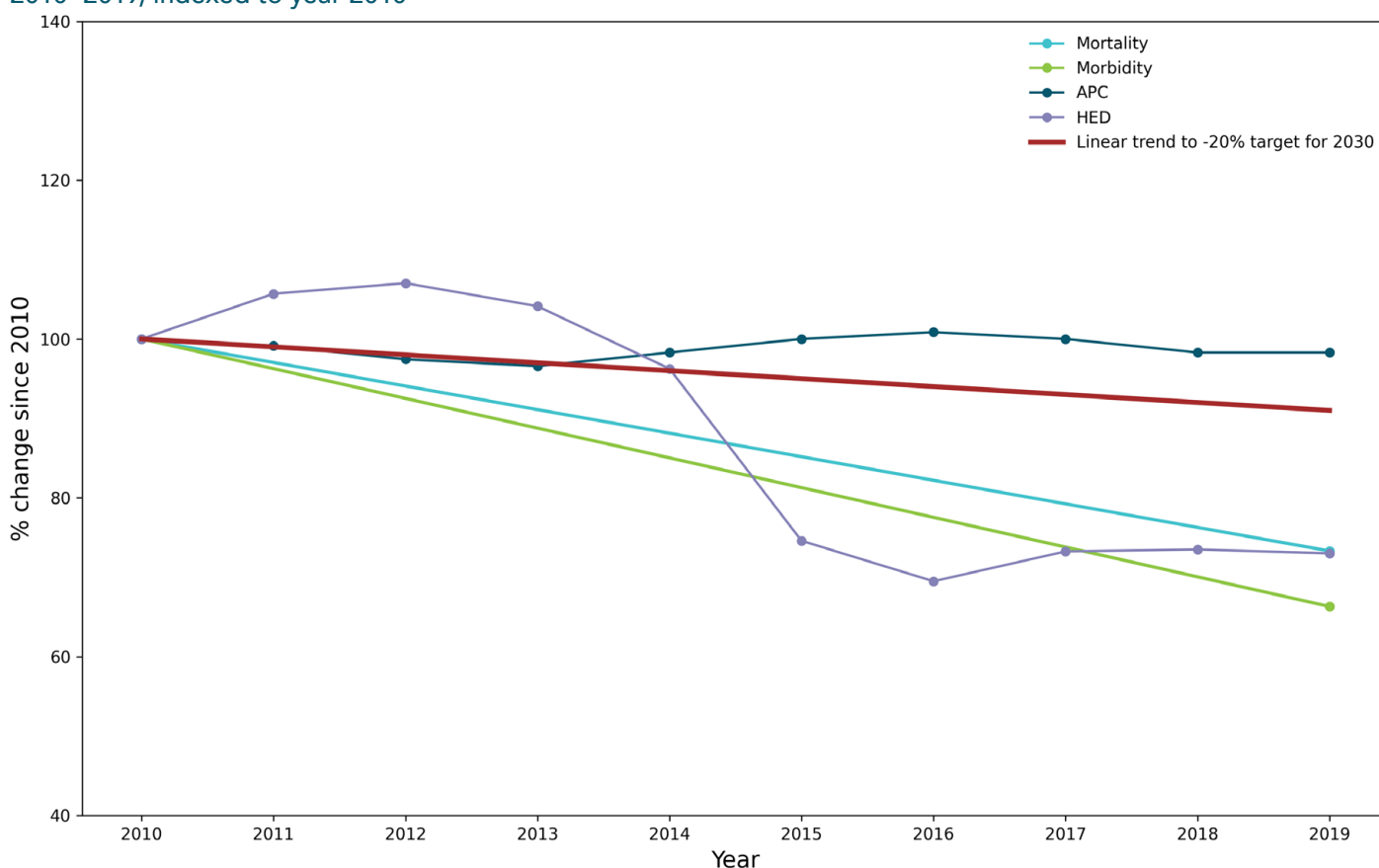| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
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Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.40	43.74	33.25	1766.83
2011	10.86	43.36	.	.
2012	10.33	42.28	.	.
2013	10.12	42.14	.	.
2014	10.29	42.91	.	.
2015	10.54	43.13	.	.
2016	10.55	43.31	.	.
2017	10.44	43.34	.	.
2018	10.45	43.28	.	.
2019	10.45	43.74	26.10	1401.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.17	8.26	14.87	573.91
2011	1.16	8.73	.	.
2012	1.14	8.84	.	.
2013	1.13	8.60	.	.
2014	1.15	7.95	.	.
2015	1.17	6.16	.	.
2016	1.18	5.74	.	.
2017	1.17	6.05	.	.
2018	1.15	6.07	.	.
2019	1.15	6.03	10.90	380.50

Romania

UN indicators for harmful use of alcohol

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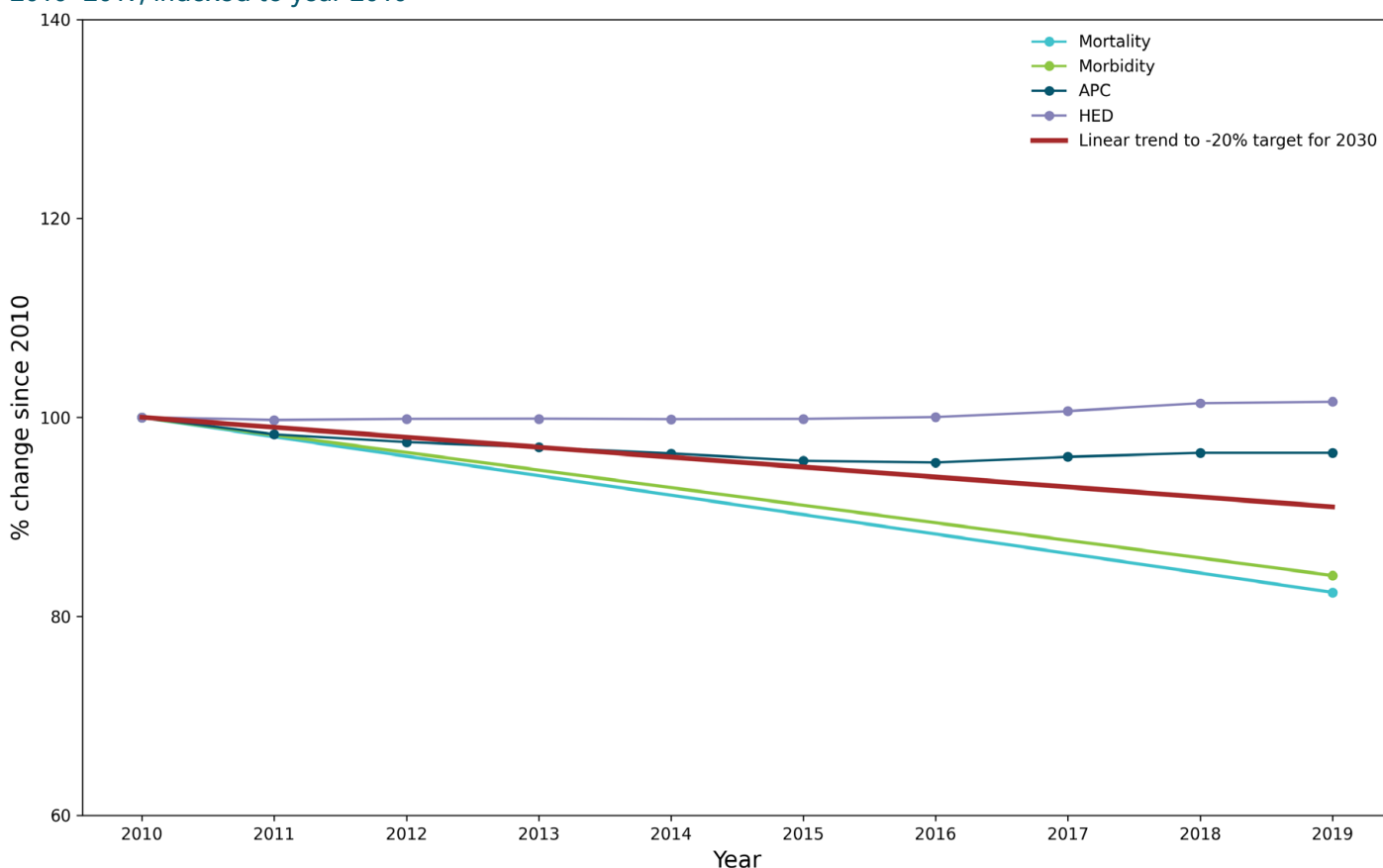
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	17.62	41.49	84.22	3606.78
2011	17.32	41.38	.	.
2012	17.18	41.42	.	.
2013	17.09	41.43	.	.
2014	16.98	41.41	.	.
2015	16.85	41.42	.	.
2016	16.82	41.50	.	.
2017	16.92	41.75	.	.
2018	16.99	42.08	.	.
2019	16.99	42.14	69.40	3033.30

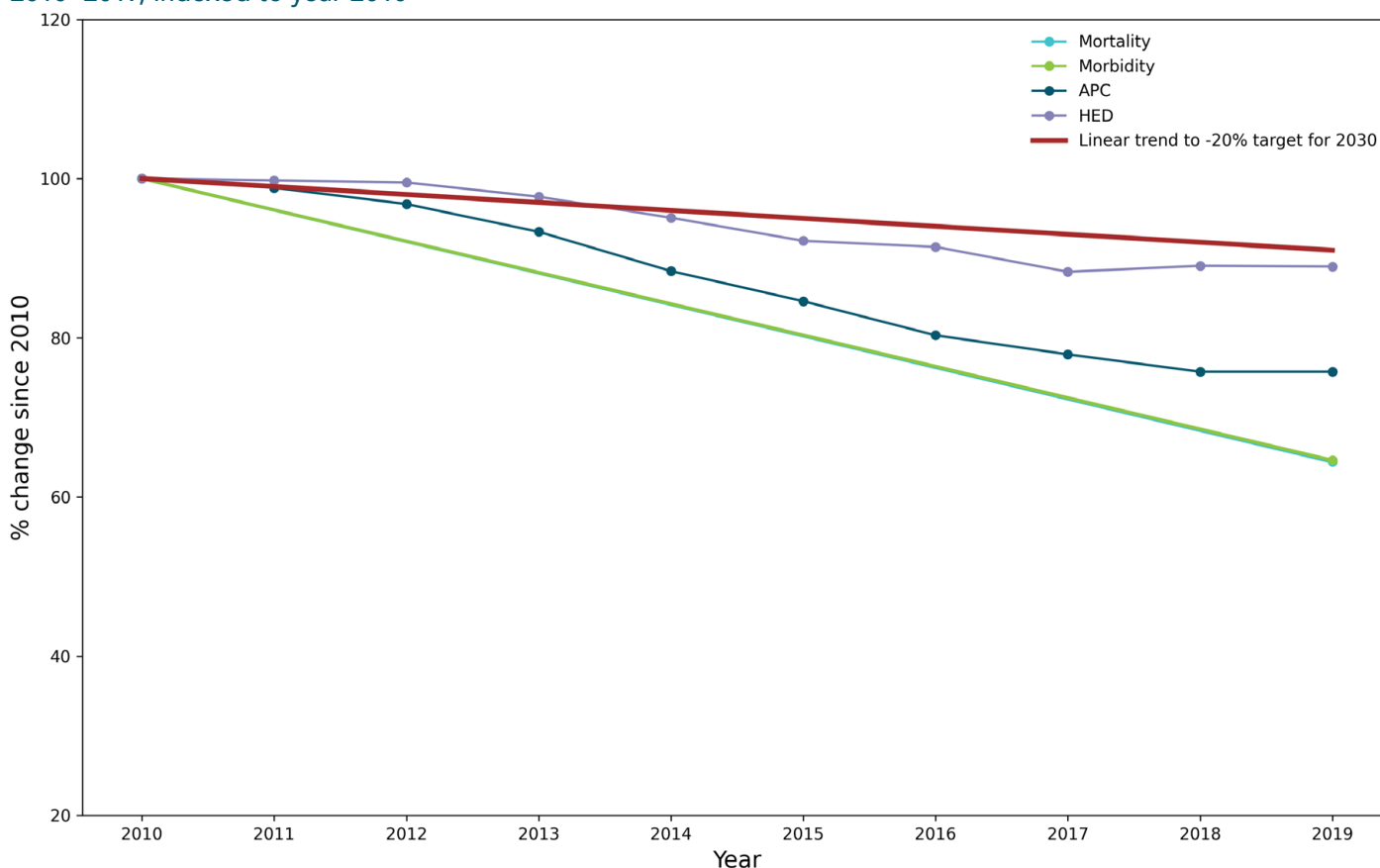# Russia

UN indicators for harmful use of alcohol

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Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	13.76	22.36	222.98	8935.60
2011	13.60	22.31	.	.
2012	13.32	22.25	.	.
2013	12.84	21.85	.	.
2014	12.16	21.26	.	.
2015	11.64	20.61	.	.
2016	11.05	20.44	.	.
2017	10.72	19.74	.	.
2018	10.42	19.91	.	.
2019	10.42	19.89	143.60	5772.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Rwanda

UN indicators for harmful use of alcohol

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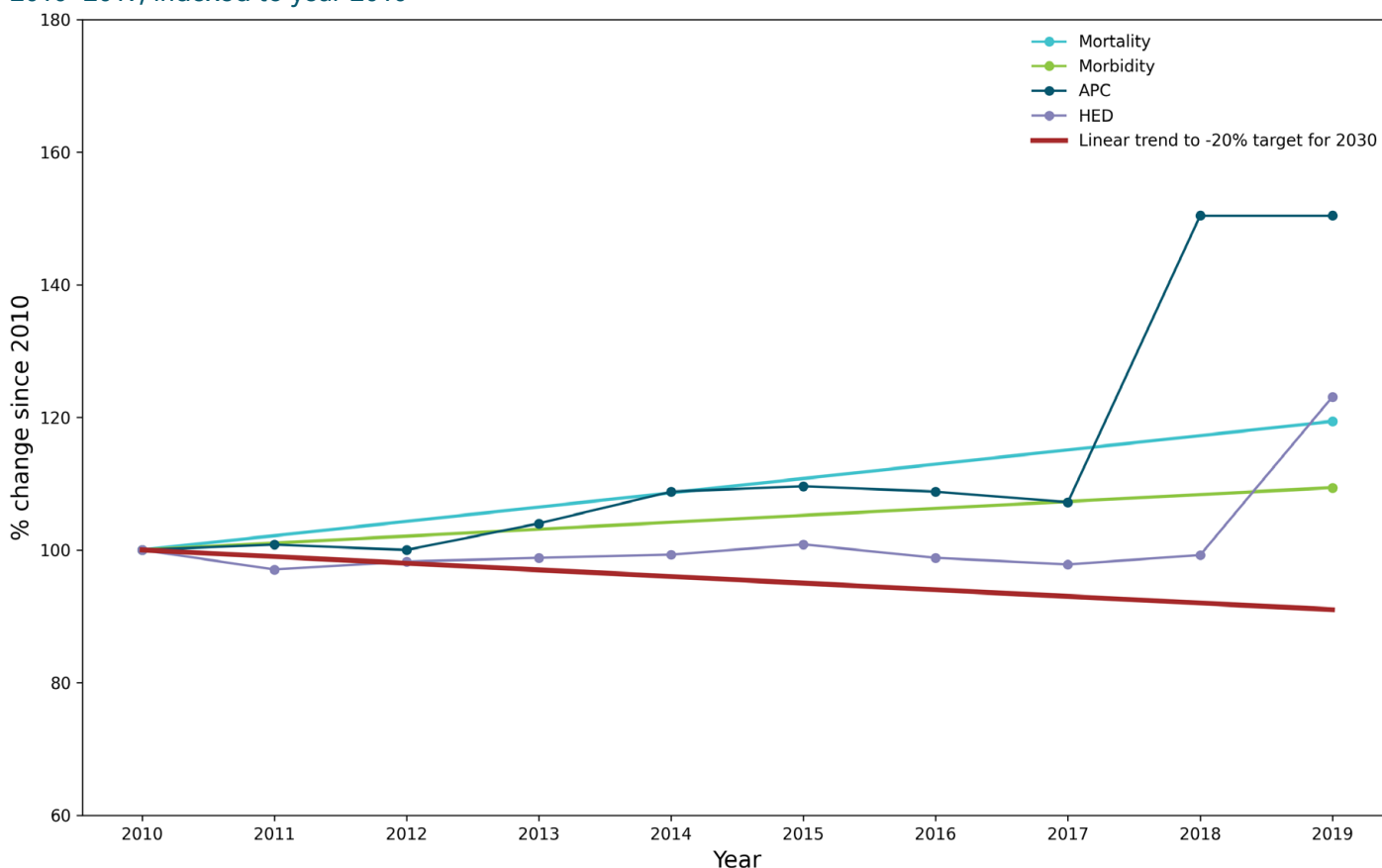
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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.25	14.25	34.84	1771.57
2011	1.26	13.83	.	.
2012	1.25	14.00	.	.
2013	1.30	14.08	.	.
2014	1.36	14.15	.	.
2015	1.37	14.37	.	.
2016	1.36	14.08	.	.
2017	1.34	13.94	.	.
2018	1.88	14.14	.	.
2019	1.88	17.54	41.60	1938.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Saint Kitts and Nevis
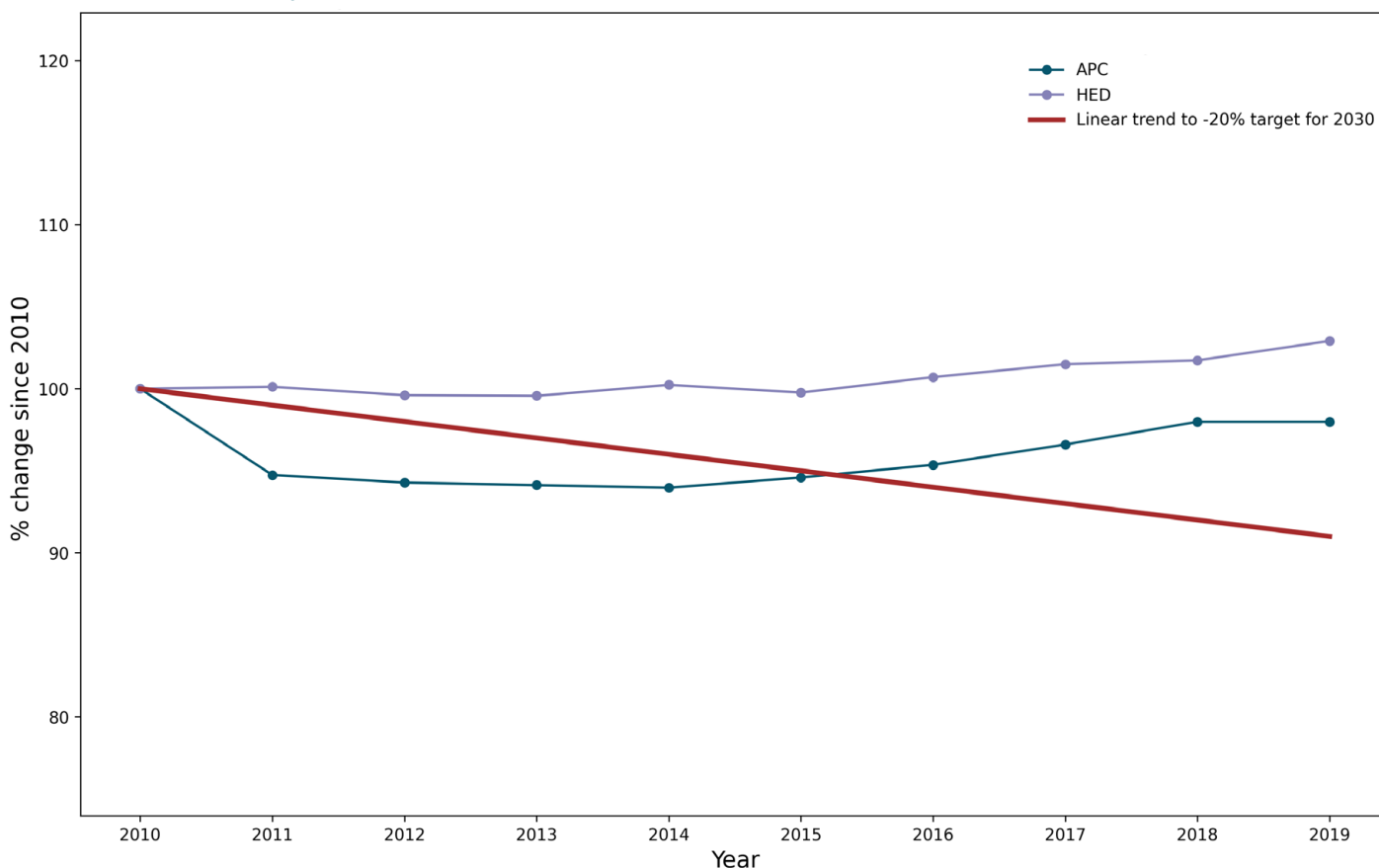
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Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.47	25.40	.	.
2011	6.13	25.43	.	.
2012	6.10	25.30	.	.
2013	6.09	25.29	.	.
2014	6.08	25.46	.	.
2015	6.12	25.34	.	.
2016	6.17	25.58	.	.
2017	6.25	25.78	.	.
2018	6.34	25.84	.	.
2019	6.34	26.14	.	.

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Saint Lucia

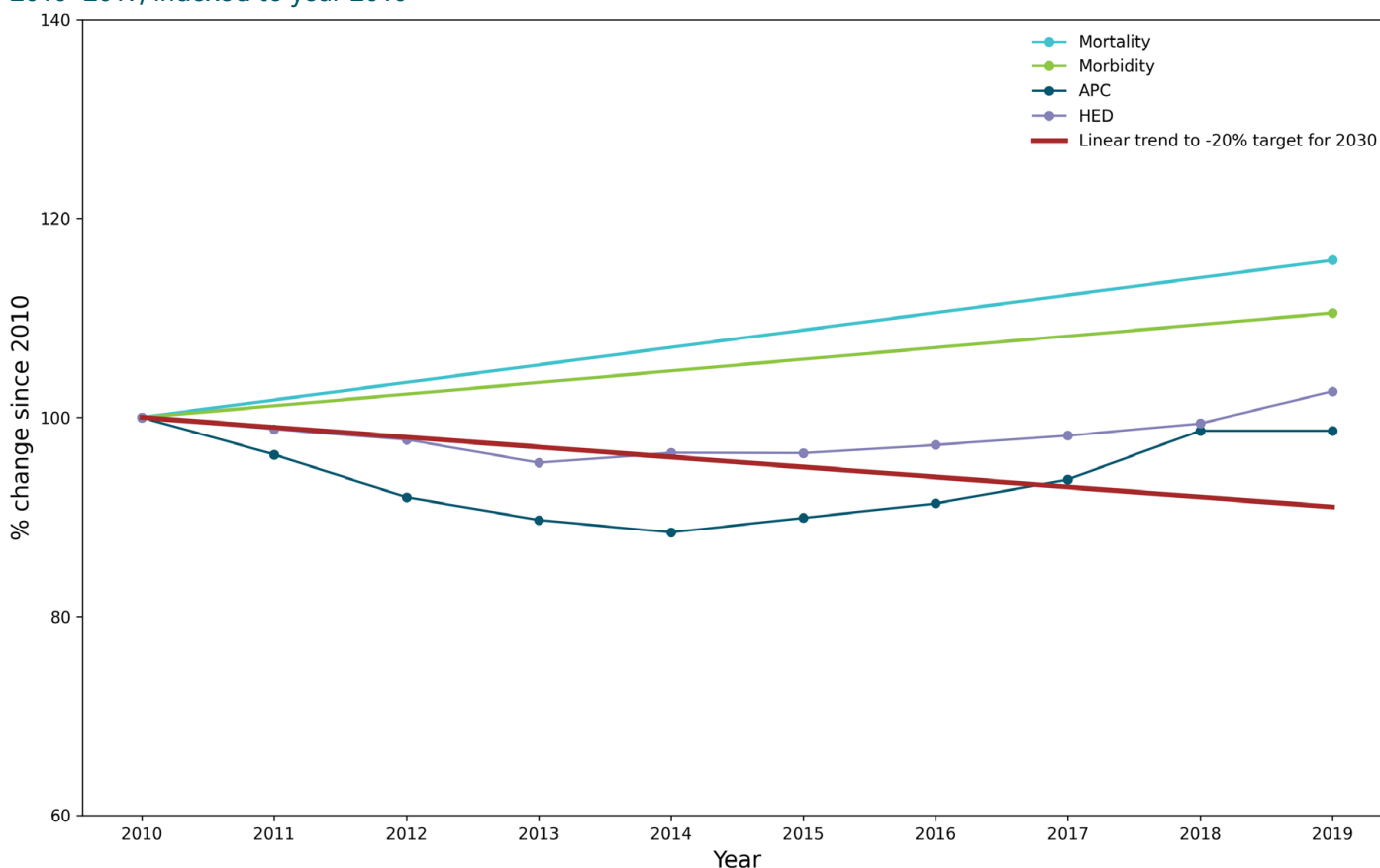## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.60	29.36	42.31	2131.86
2011	9.24	29.01	.	.
2012	8.83	28.70	.	.
2013	8.61	28.02	.	.
2014	8.49	28.31	.	.
2015	8.63	28.30	.	.
2016	8.77	28.54	.	.
2017	9.00	28.82	.	.
2018	9.47	29.18	.	.
2019	9.47	30.13	49.00	2355.70

Saint Vincent and the Grenadines

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

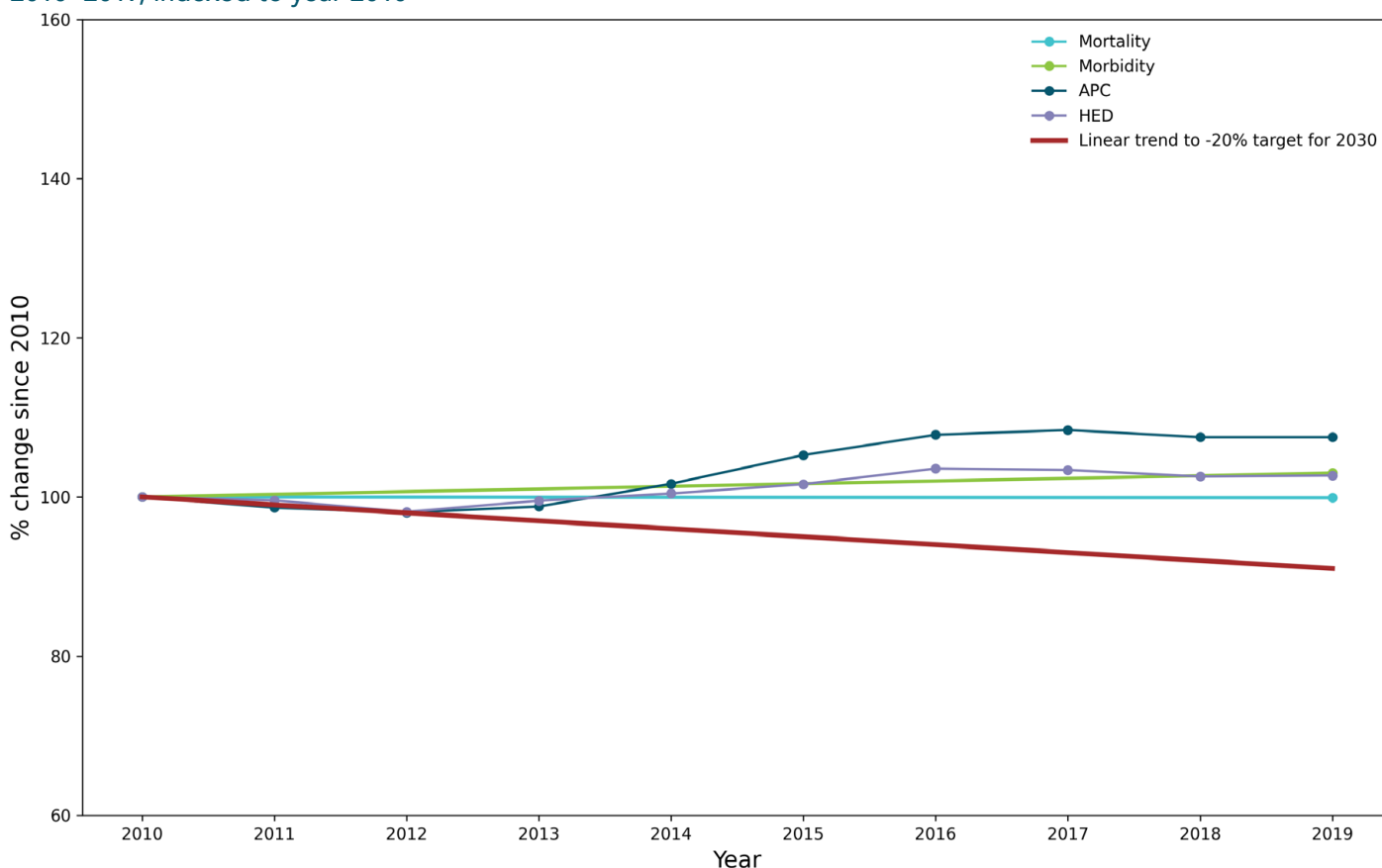| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.66	23.03	30.73	1682.82
2011	6.57	22.93	.	.
2012	6.53	22.60	.	.
2013	6.58	22.92	.	.
2014	6.77	23.13	.	.
2015	7.01	23.40	.	.
2016	7.18	23.85	.	.
2017	7.22	23.81	.	.
2018	7.16	23.62	.	.
2019	7.16	23.65	30.70	1733.30

Samoa

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
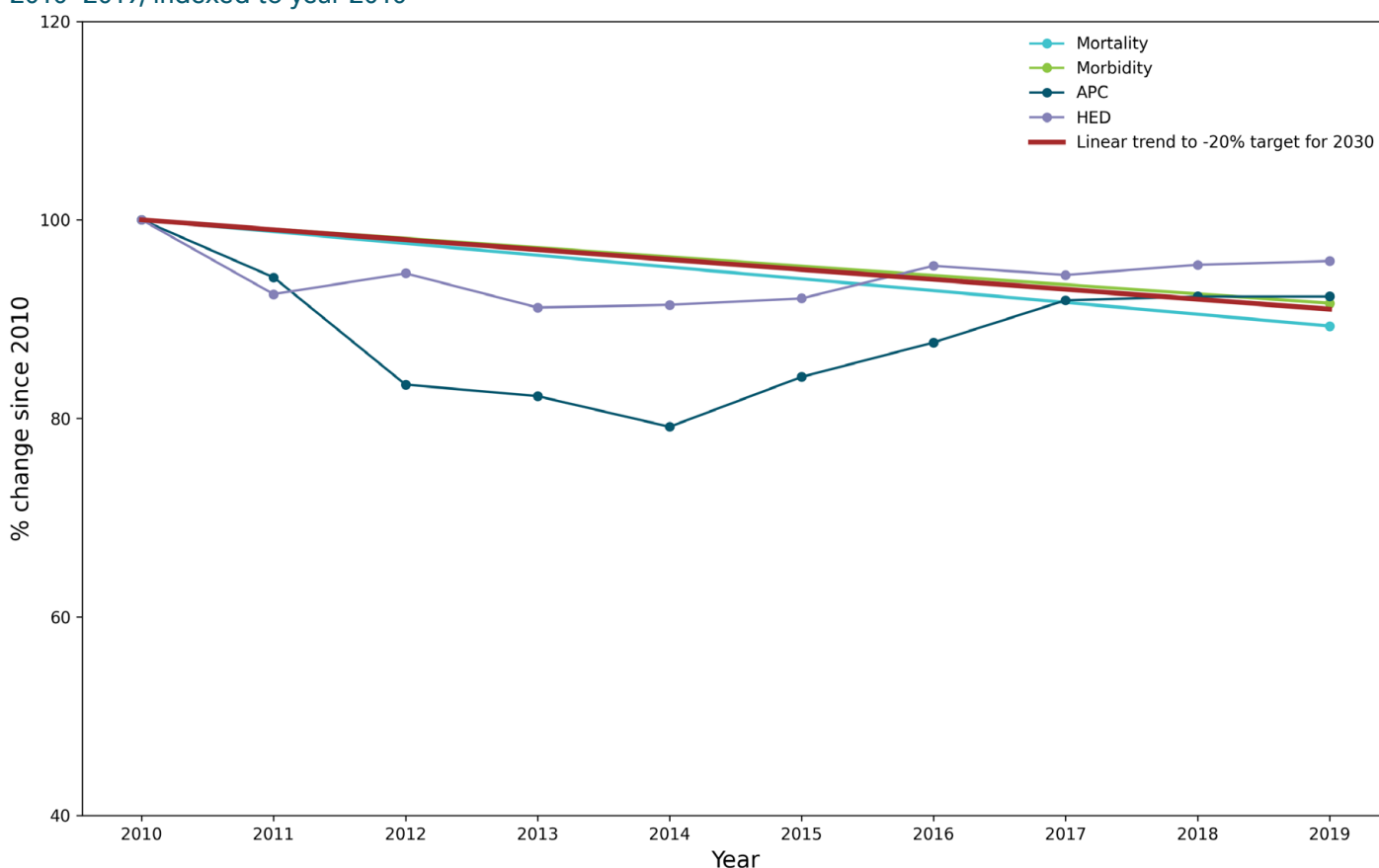
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.59	18.56	29.56	1336.35
2011	2.44	17.17	.	.
2012	2.16	17.56	.	.
2013	2.13	16.92	.	.
2014	2.05	16.97	.	.
2015	2.18	17.09	.	.
2016	2.27	17.70	.	.
2017	2.38	17.53	.	.
2018	2.39	17.72	.	.
2019	2.39	17.79	26.40	1224.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

San Marino

UN indicators for harmful use of alcohol

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▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
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WHO rating for alcohol control policy *Source:* Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Data not available at time of publication

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	.	.	.	.
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	.	.	.	.
2016	.	.	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Sao Tome and Principe

UN indicators for harmful use of alcohol

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▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022
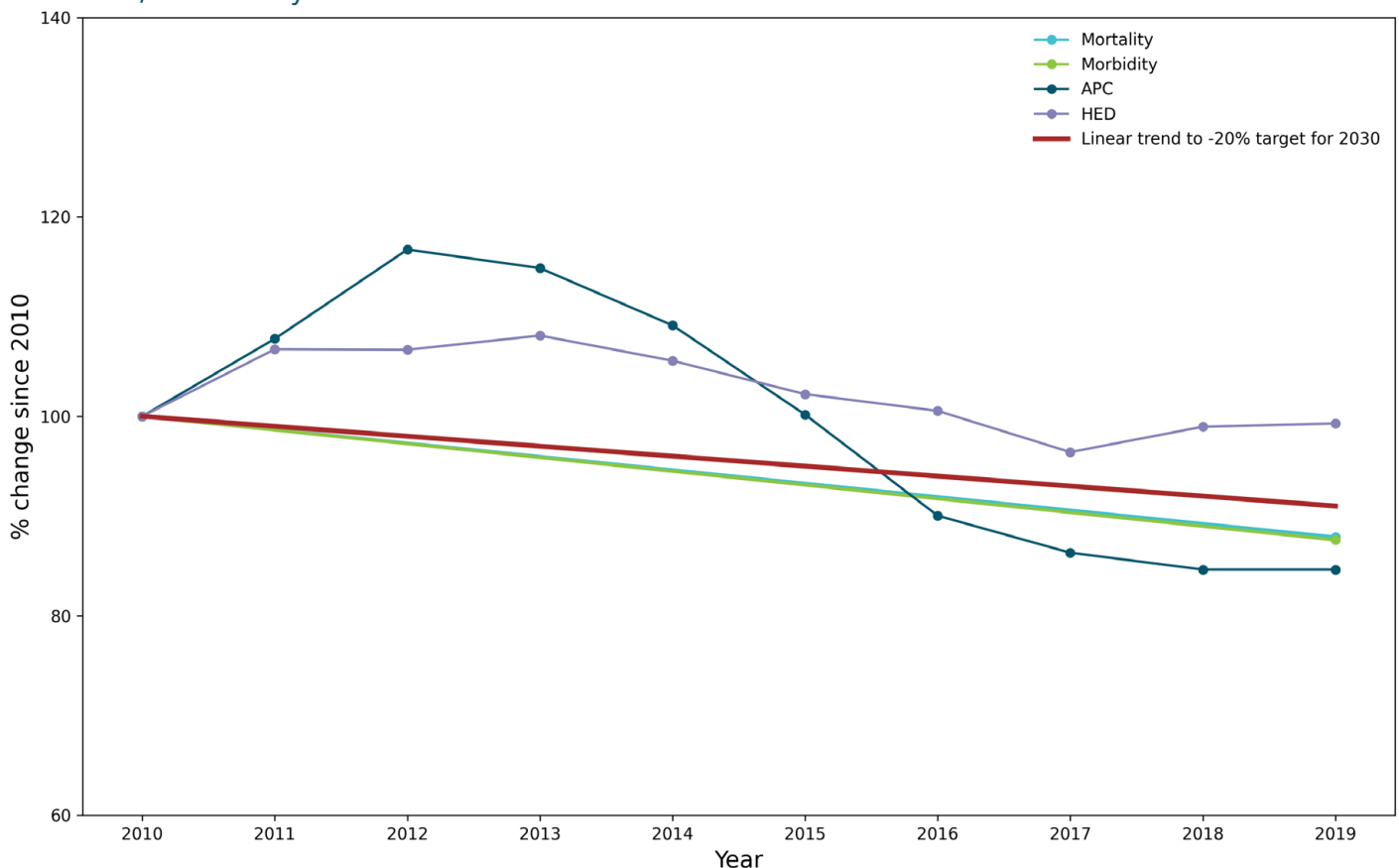
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.92	36.44	68.83	2690.75
2011	6.38	38.89	.	.
2012	6.91	38.87	.	.
2013	6.80	39.39	.	.
2014	6.46	38.47	.	.
2015	5.93	37.25	.	.
2016	5.33	36.64	.	.
2017	5.11	35.13	.	.
2018	5.01	36.06	.	.
2019	5.01	36.18	60.50	2357.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Saudi Arabia

UN indicators for harmful use of alcohol

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▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
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▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

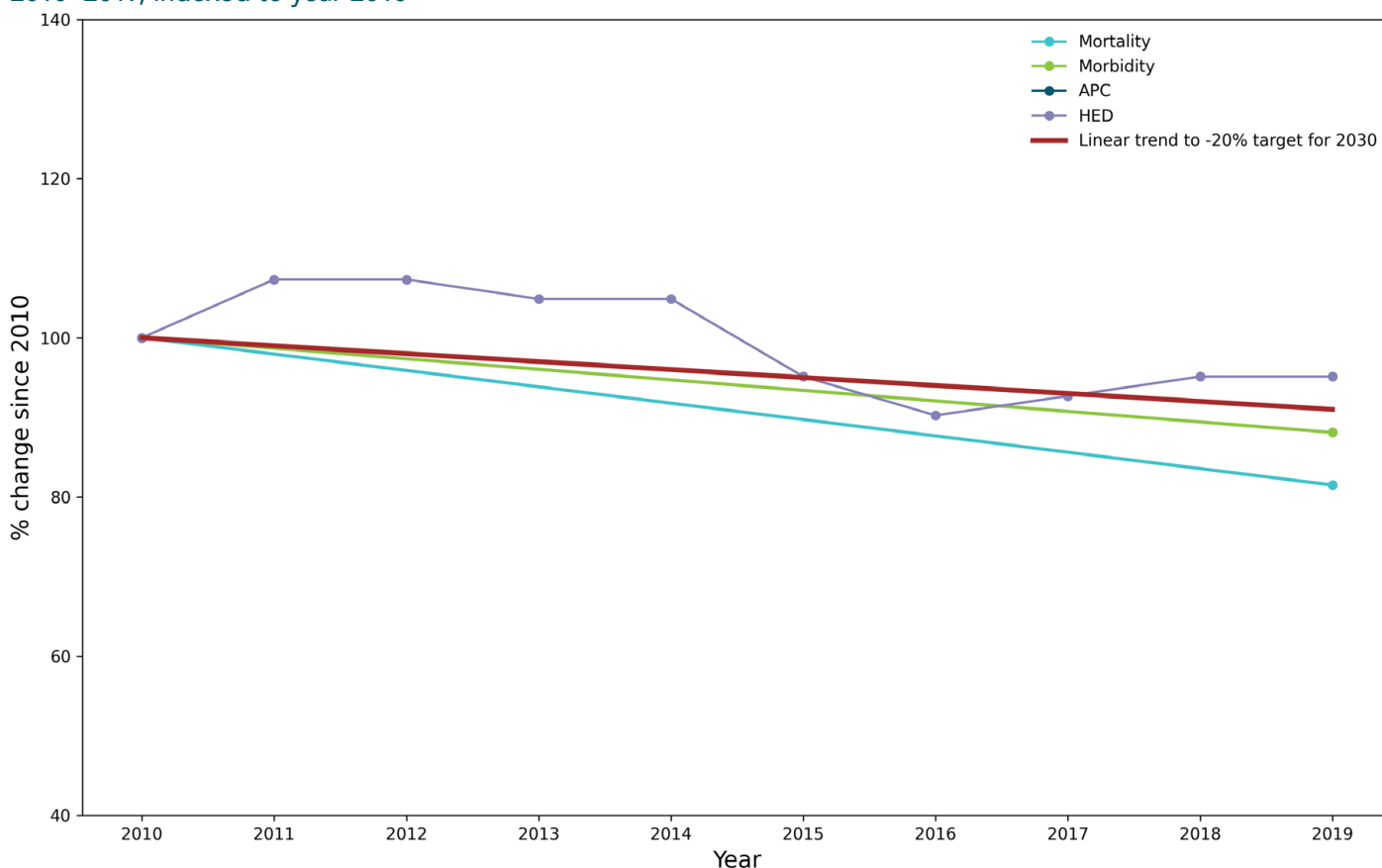| Restrictions on physical availability	Restrictions on physical availability	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.00	0.41	5.15	205.79
2011	0.00	0.44	.	.
2012	0.00	0.44	.	.
2013	0.00	0.43	.	.
2014	0.00	0.43	.	.
2015	0.00	0.39	.	.
2016	0.00	0.37	.	.
2017	0.00	0.38	.	.
2018	0.00	0.39	.	.
2019	0.00	0.39	4.20	181.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Senegal

UN indicators for harmful use of alcohol

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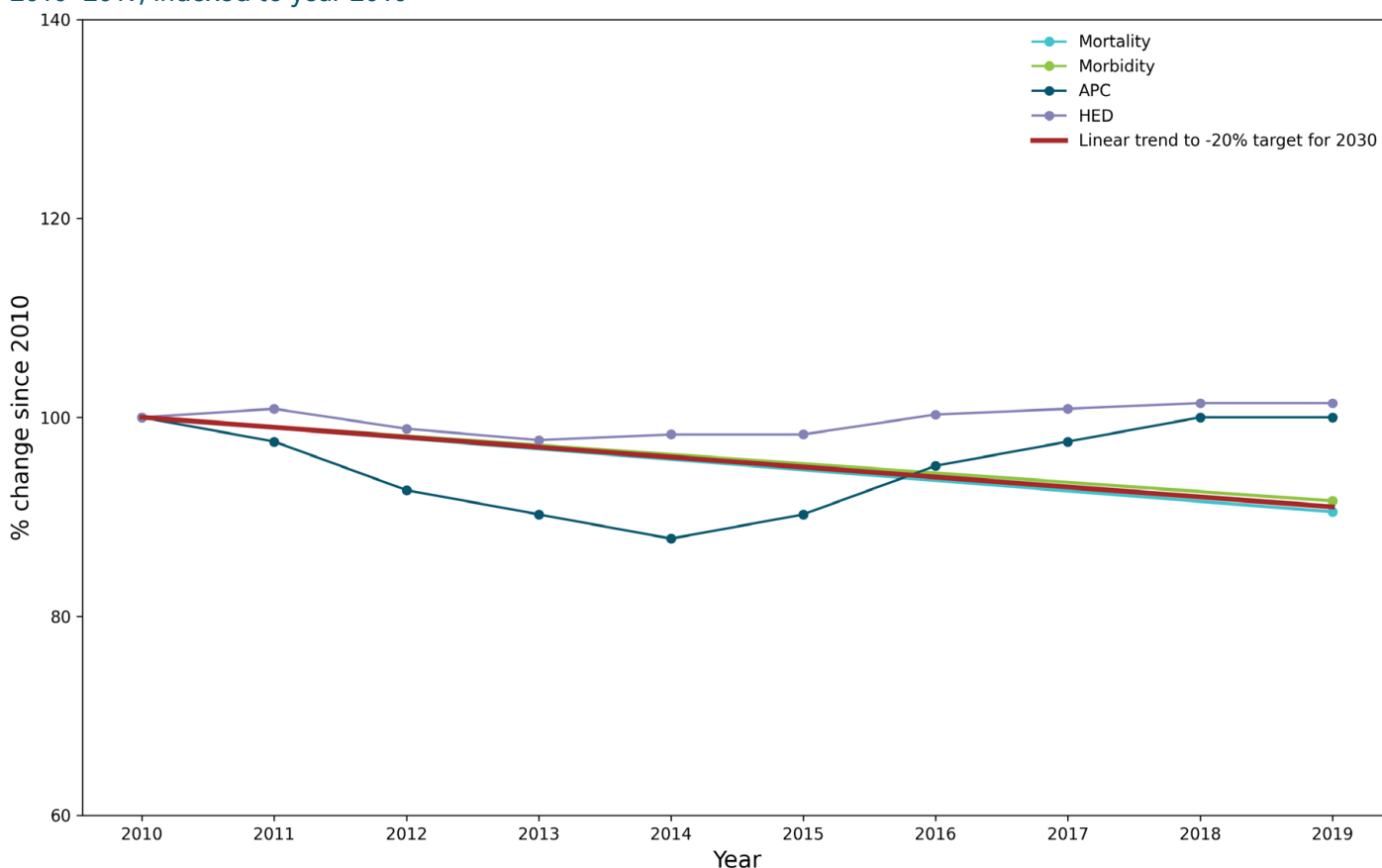
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.41	3.49	13.81	546.83
2011	0.40	3.52	.	.
2012	0.38	3.45	.	.
2013	0.37	3.41	.	.
2014	0.36	3.43	.	.
2015	0.37	3.43	.	.
2016	0.39	3.50	.	.
2017	0.40	3.52	.	.
2018	0.41	3.54	.	.
2019	0.41	3.54	12.50	500.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Serbia

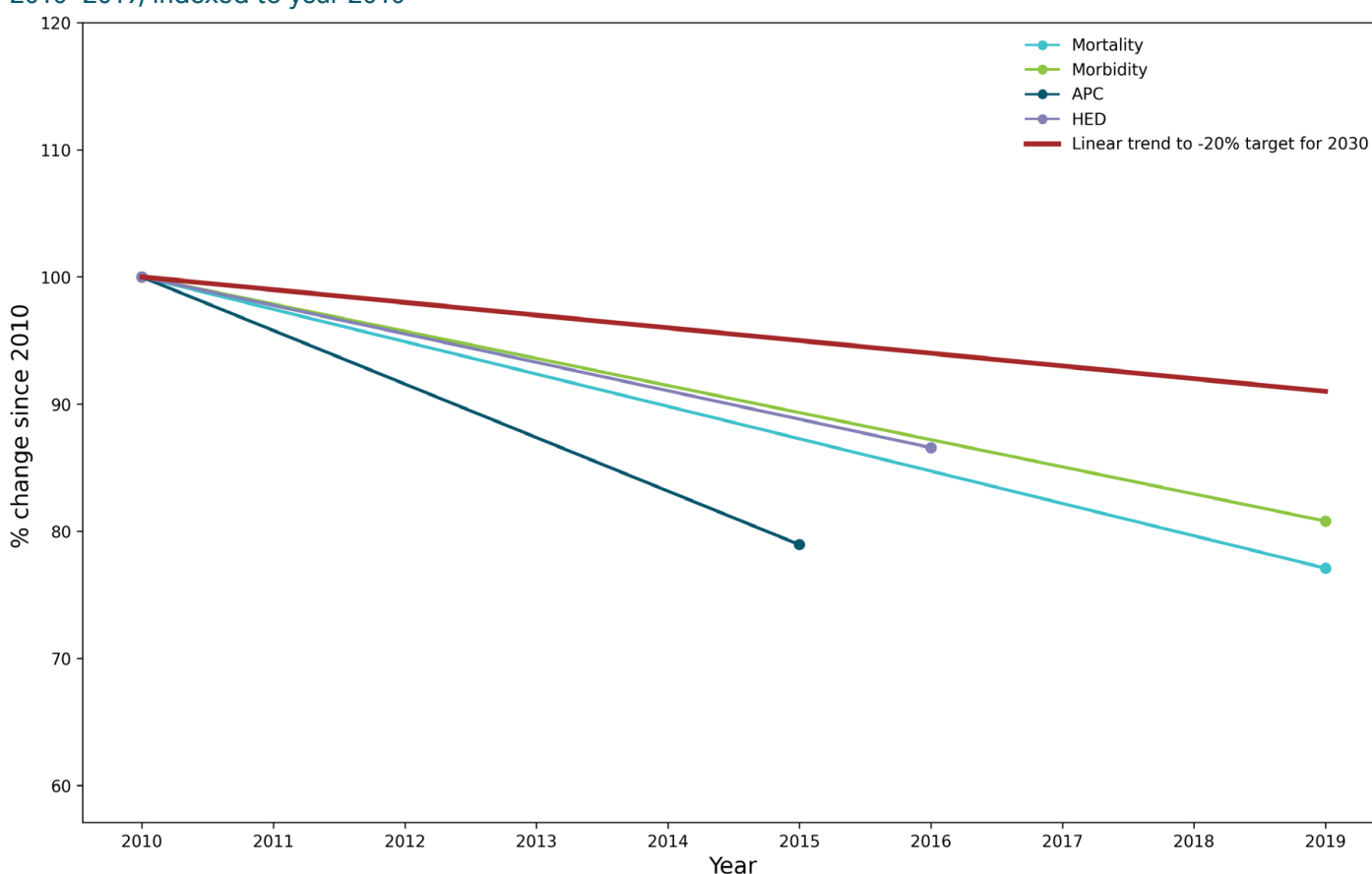## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.93	38.00	33.07	1750.87
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	7.84	.	.	.
2016	.	32.90	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	25.50	1414.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Seychelles

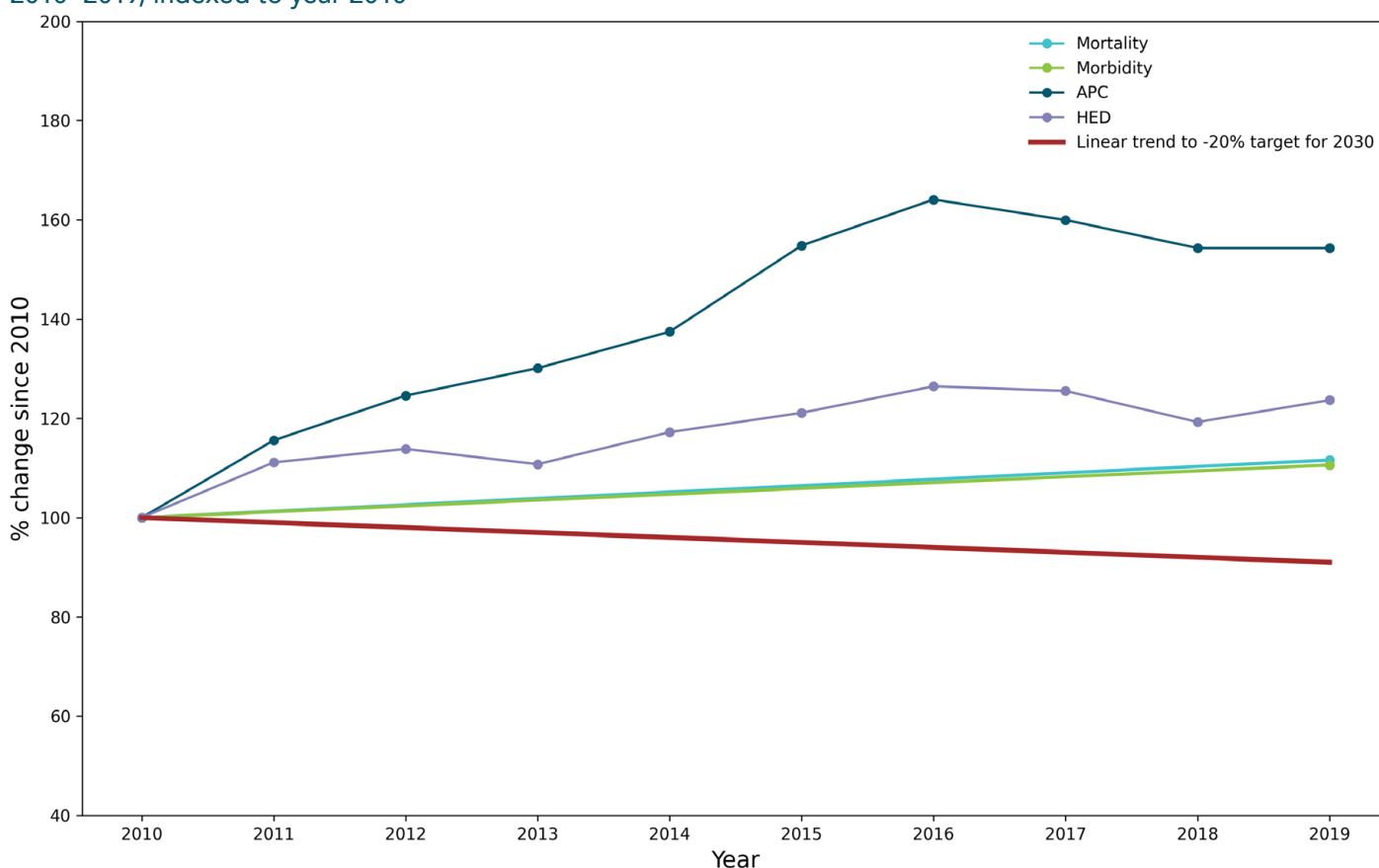## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.77	26.95	55.65	2235.35
2011	8.98	29.95	.	.
2012	9.68	30.68	.	.
2013	10.11	29.85	.	.
2014	10.68	31.59	.	.
2015	12.03	32.64	.	.
2016	12.75	34.08	.	.
2017	12.43	33.83	.	.
2018	11.99	32.14	.	.
2019	11.99	33.33	62.10	2472.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

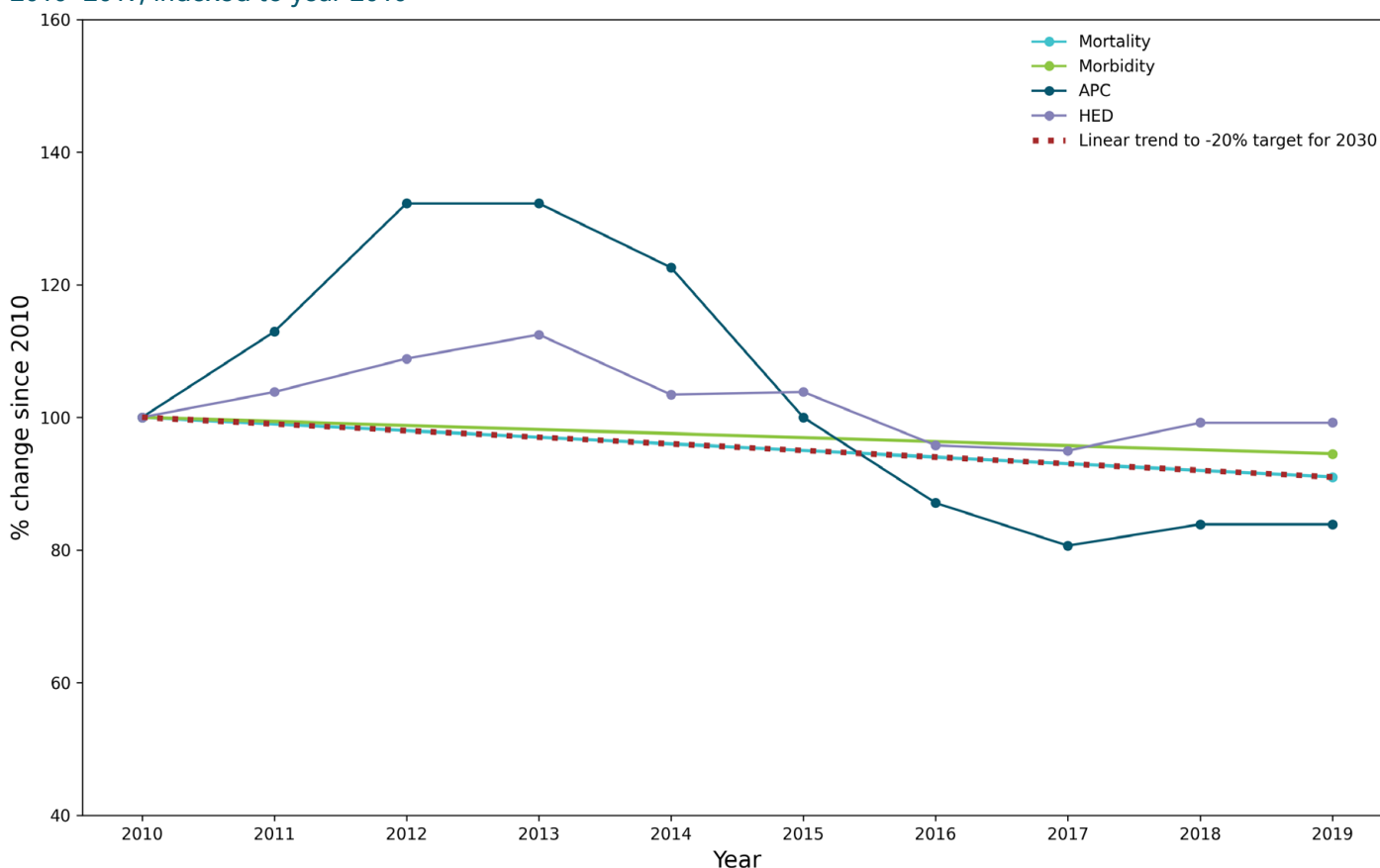# Sierra Leone

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.31	4.97	18.35	729.31
2011	0.35	5.16	.	.
2012	0.41	5.41	.	.
2013	0.41	5.59	.	.
2014	0.38	5.14	.	.
2015	0.31	5.16	.	.
2016	0.27	4.76	.	.
2017	0.25	4.72	.	.
2018	0.26	4.93	.	.
2019	0.26	4.93	16.70	689.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Singapore

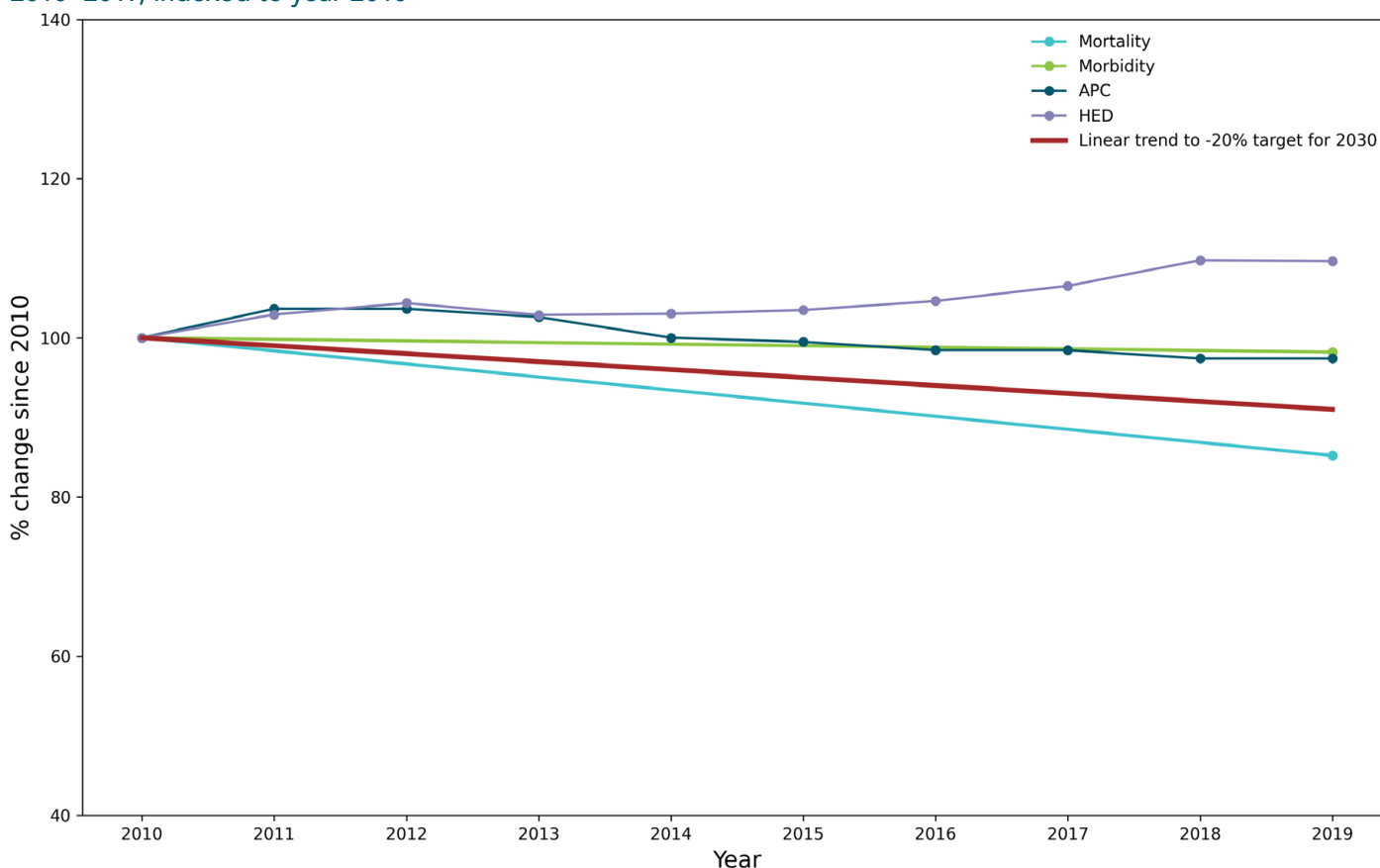## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.92	19.50	8.92	485.13
2011	1.99	20.07	.	.
2012	1.99	20.35	.	.
2013	1.97	20.06	.	.
2014	1.92	20.09	.	.
2015	1.91	20.18	.	.
2016	1.89	20.40	.	.
2017	1.89	20.77	.	.
2018	1.87	21.40	.	.
2019	1.87	21.38	7.60	476.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Slovakia

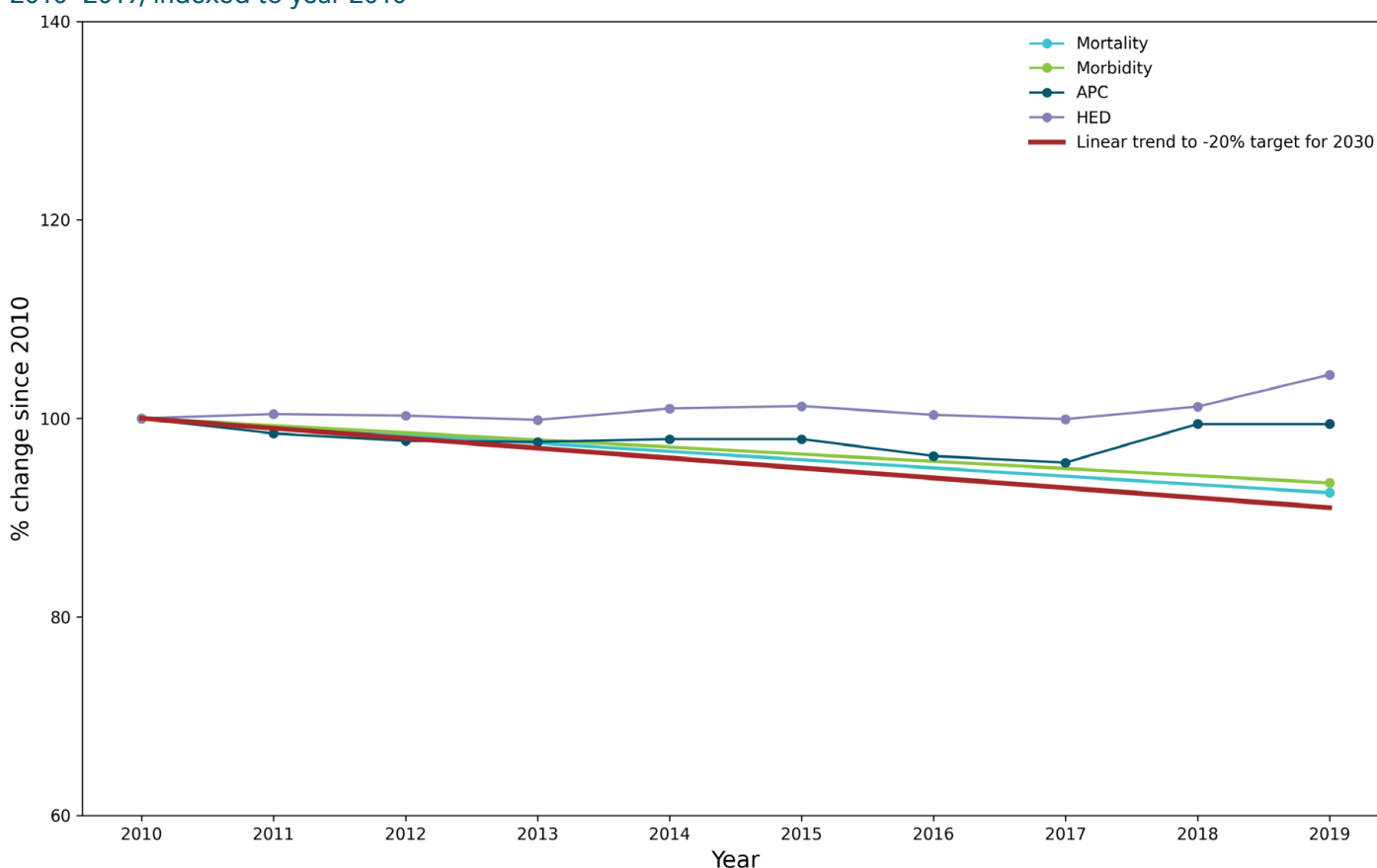## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.54	36.36	49.73	2472.19
2011	10.38	36.52	.	.
2012	10.30	36.46	.	.
2013	10.29	36.30	.	.
2014	10.32	36.72	.	.
2015	10.32	36.81	.	.
2016	10.14	36.49	.	.
2017	10.07	36.33	.	.
2018	10.48	36.79	.	.
2019	10.48	37.96	46.00	2311.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Slovenia

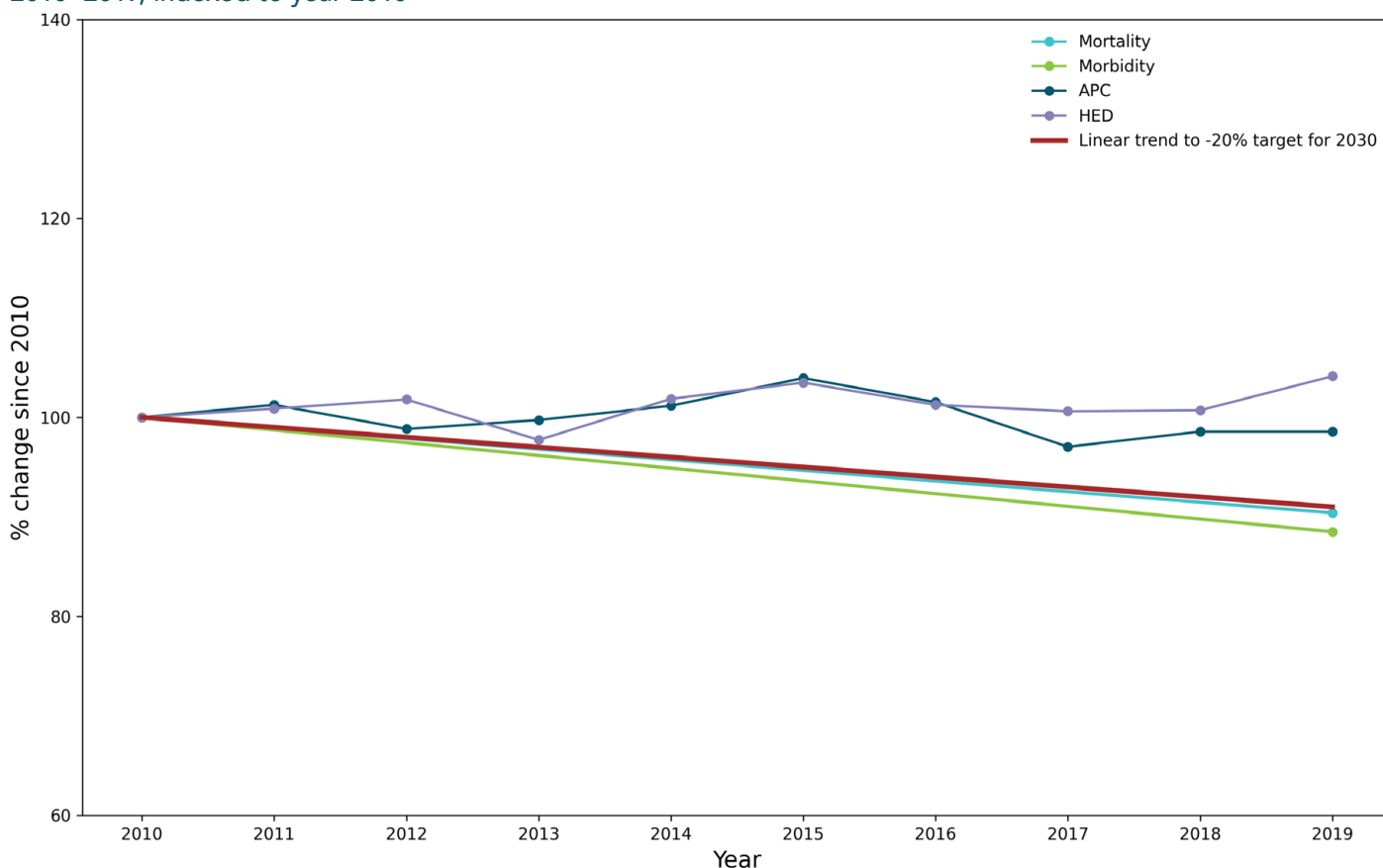## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.14	29.52	45.35	2313.79
2011	11.28	29.78	.	.
2012	11.01	30.05	.	.
2013	11.11	28.85	.	.
2014	11.27	30.07	.	.
2015	11.58	30.55	.	.
2016	11.31	29.89	.	.
2017	10.81	29.70	.	.
2018	10.98	29.73	.	.
2019	10.98	30.74	41.00	2047.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Solomon Islands

UN indicators for harmful use of alcohol

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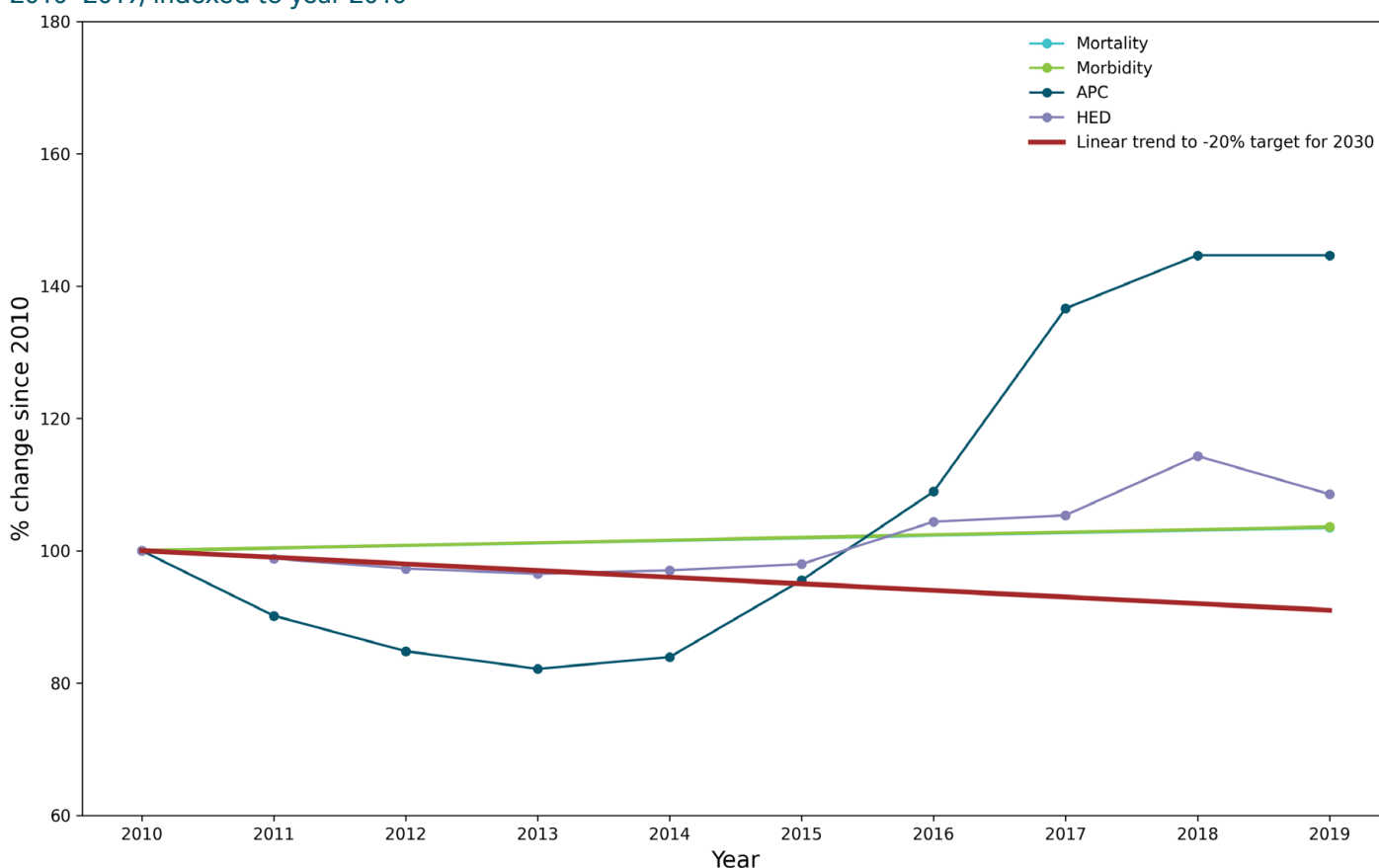| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.12	14.39	30.92	1421.72
2011	1.01	14.22	.	.
2012	0.95	14.00	.	.
2013	0.92	13.89	.	.
2014	0.94	13.96	.	.
2015	1.07	14.10	.	.
2016	1.22	15.02	.	.
2017	1.53	15.16	.	.
2018	1.62	16.45	.	.
2019	1.62	15.62	32.00	1472.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Somalia

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
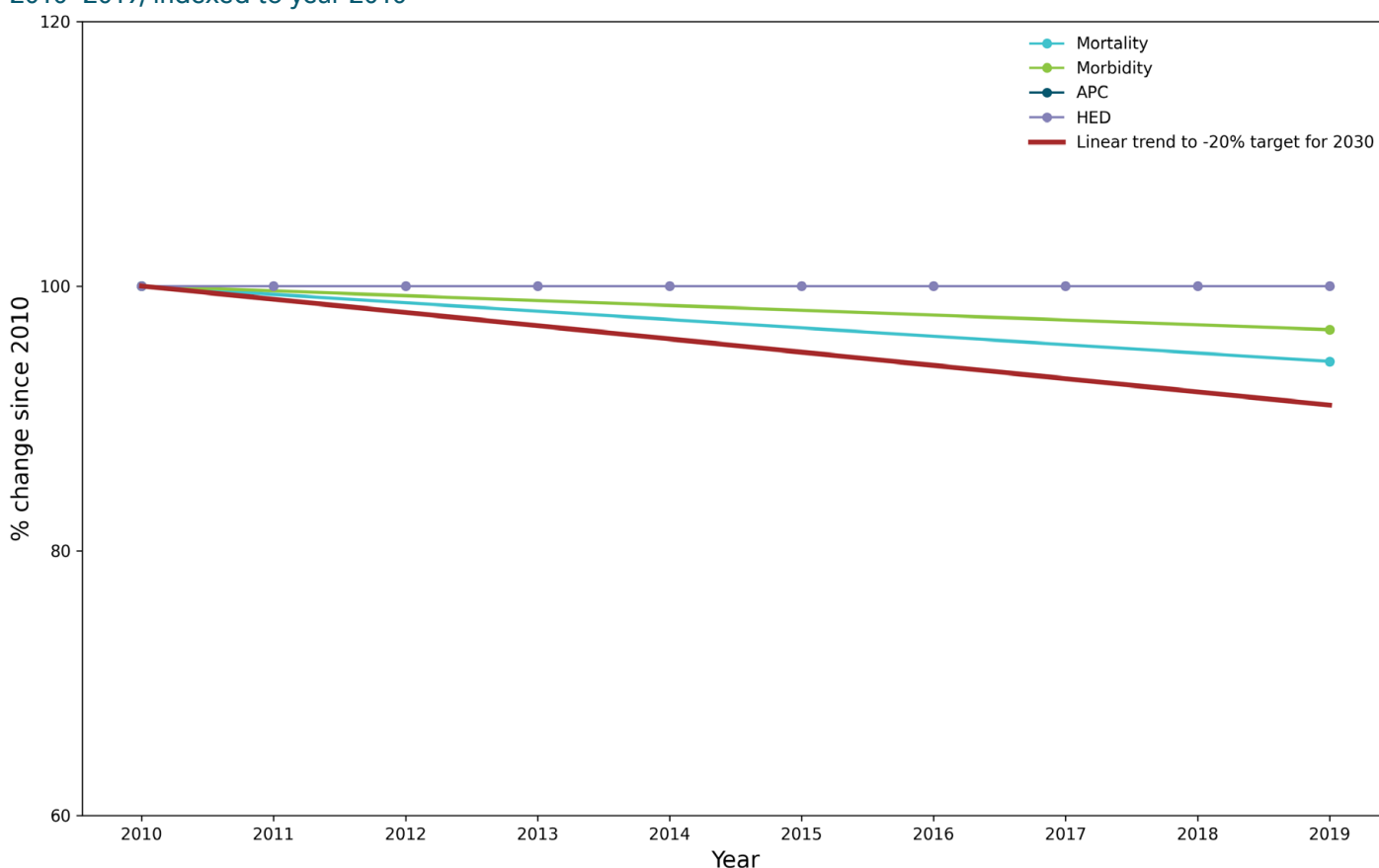
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.00	0.28	6.47	350.57
2011	0.00	0.28	.	.
2012	0.00	0.28	.	.
2013	0.00	0.28	.	.
2014	0.00	0.28	.	.
2015	0.00	0.28	.	.
2016	0.00	0.28	.	.
2017	0.00	0.28	.	.
2018	0.00	0.28	.	.
2019	0.00	0.28	6.10	339.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

South Africa

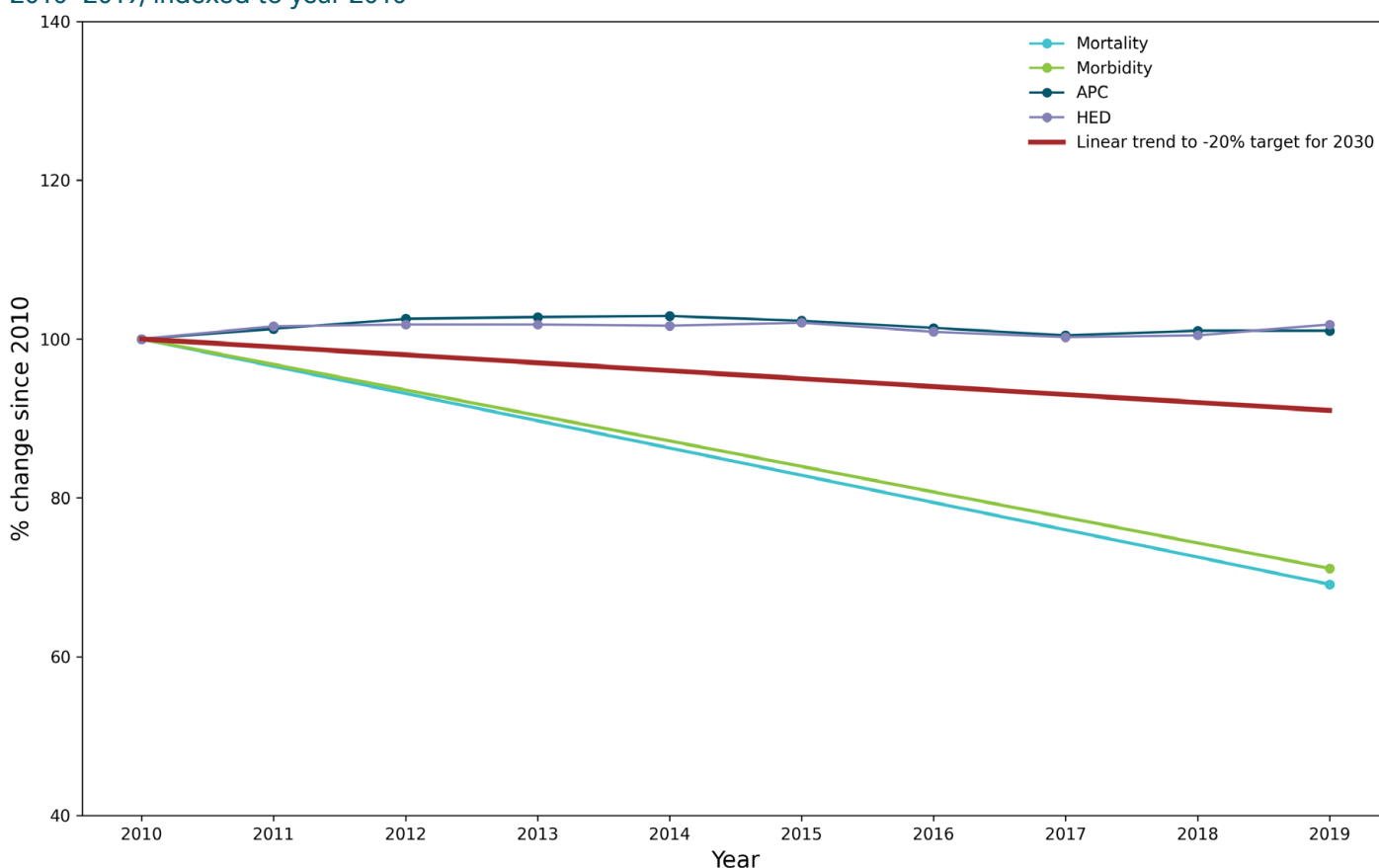## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	8.68	13.22	98.26	4643.74
2011	8.79	13.43	.	.
2012	8.90	13.46	.	.
2013	8.92	13.46	.	.
2014	8.93	13.44	.	.
2015	8.88	13.49	.	.
2016	8.80	13.34	.	.
2017	8.72	13.25	.	.
2018	8.77	13.28	.	.
2019	8.77	13.46	67.90	3301.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

South Sudan

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Data not available at time of publication

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	.	.	.	.
2011	.	.	.	.
2012	.	.	.	.
2013	.	.	.	.
2014	.	.	.	.
2015	.	.	.	.
2016	.	.	.	.
2017	.	.	.	.
2018	.	.	.	.
2019	.	.	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Spain

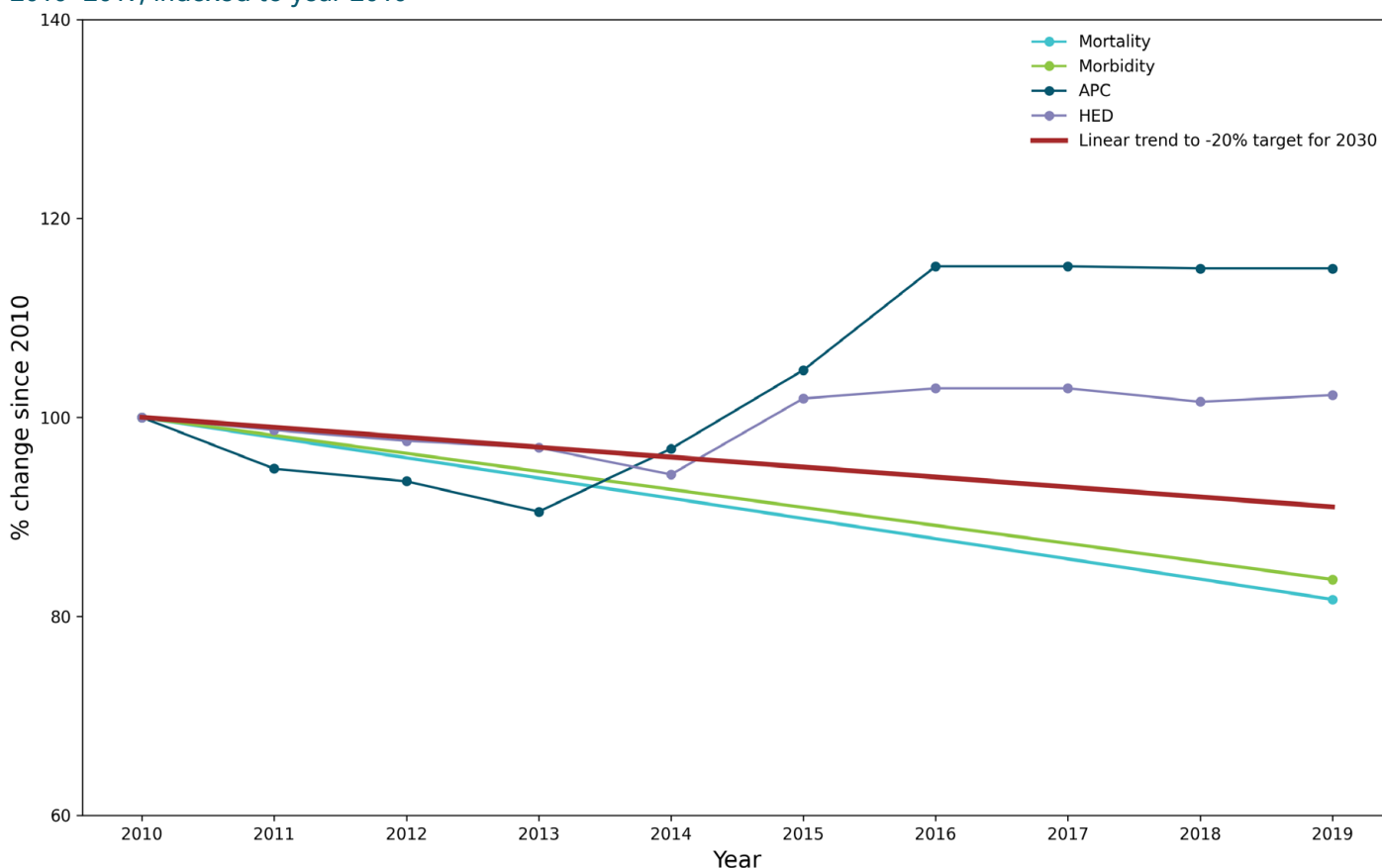## UN indicators for harmful use of alcohol

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The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.49	35.86	20.93	1135.24
2011	9.00	35.40	.	.
2012	8.88	35.01	.	.
2013	8.59	34.77	.	.
2014	9.19	33.80	.	.
2015	9.94	36.54	.	.
2016	10.93	36.91	.	.
2017	10.93	36.91	.	.
2018	10.91	36.42	.	.
2019	10.91	36.66	17.10	950.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Sri Lanka

UN indicators for harmful use of alcohol

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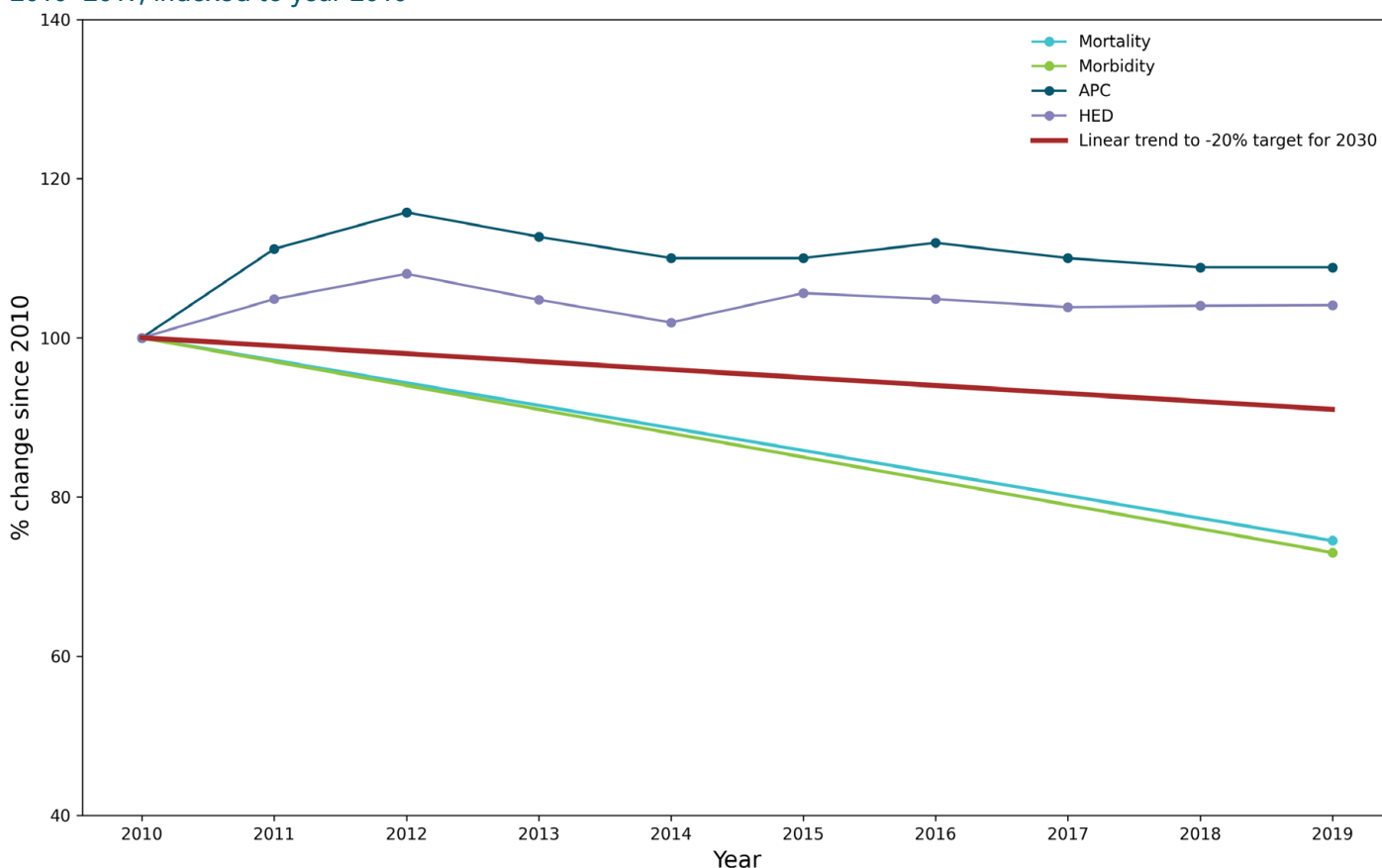- ▶ **APC[1]:** Total alcohol per capita consumption
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.60	11.95	17.32	937.40
2011	2.89	12.53	.	.
2012	3.01	12.91	.	.
2013	2.93	12.52	.	.
2014	2.86	12.18	.	.
2015	2.86	12.62	.	.
2016	2.91	12.53	.	.
2017	2.86	12.41	.	.
2018	2.83	12.43	.	.
2019	2.83	12.44	12.90	684.30

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Sudan

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

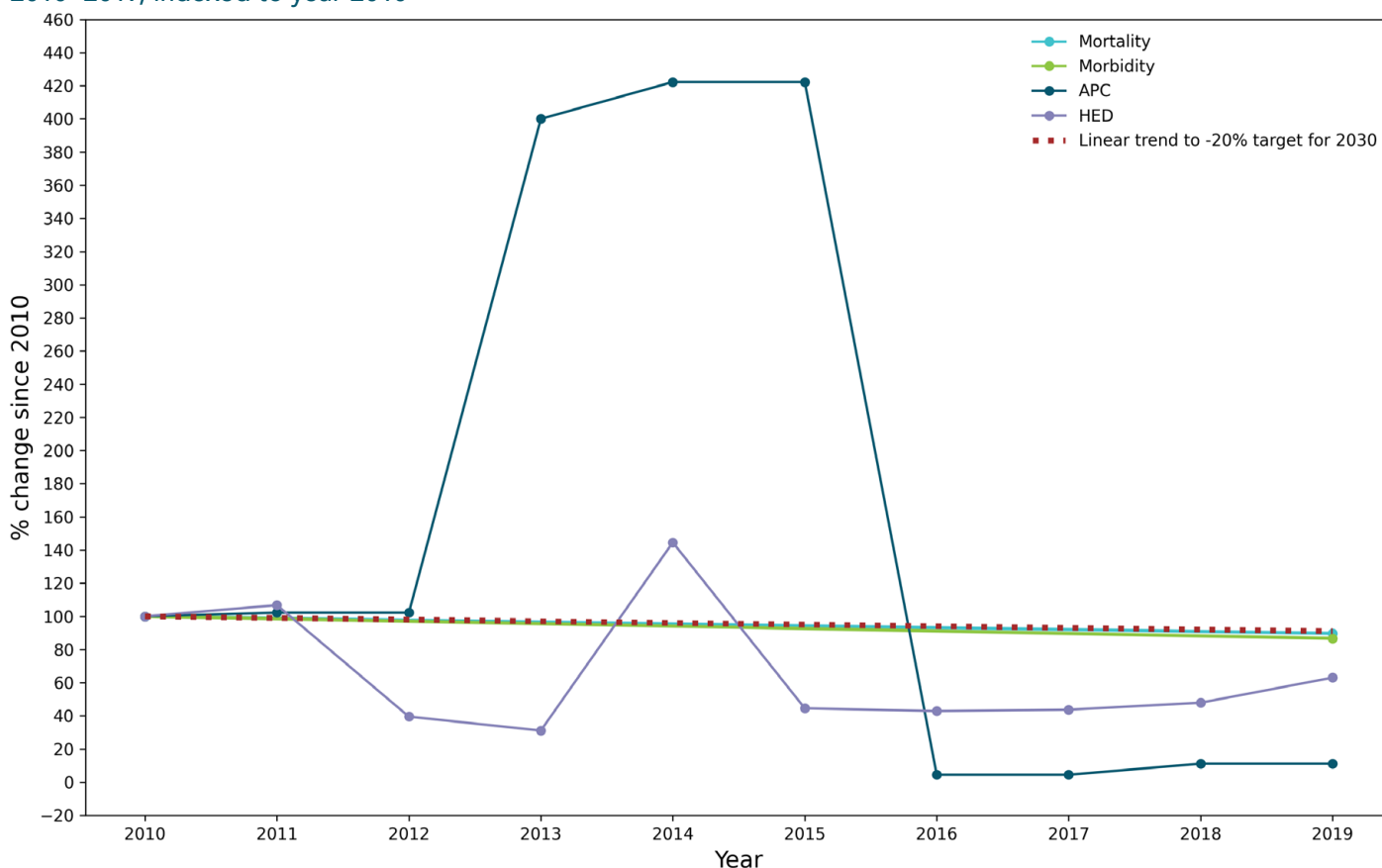| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.04	1.19	8.36	289.73
2011	0.05	1.27	.	.
2012	0.05	0.47	.	.
2013	0.18	0.37	.	.
2014	0.19	1.72	.	.
2015	0.19	0.53	.	.
2016	0.00	0.51	.	.
2017	0.00	0.52	.	.
2018	0.00	0.57	.	.
2019	0.00	0.75	7.50	251.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Suriname

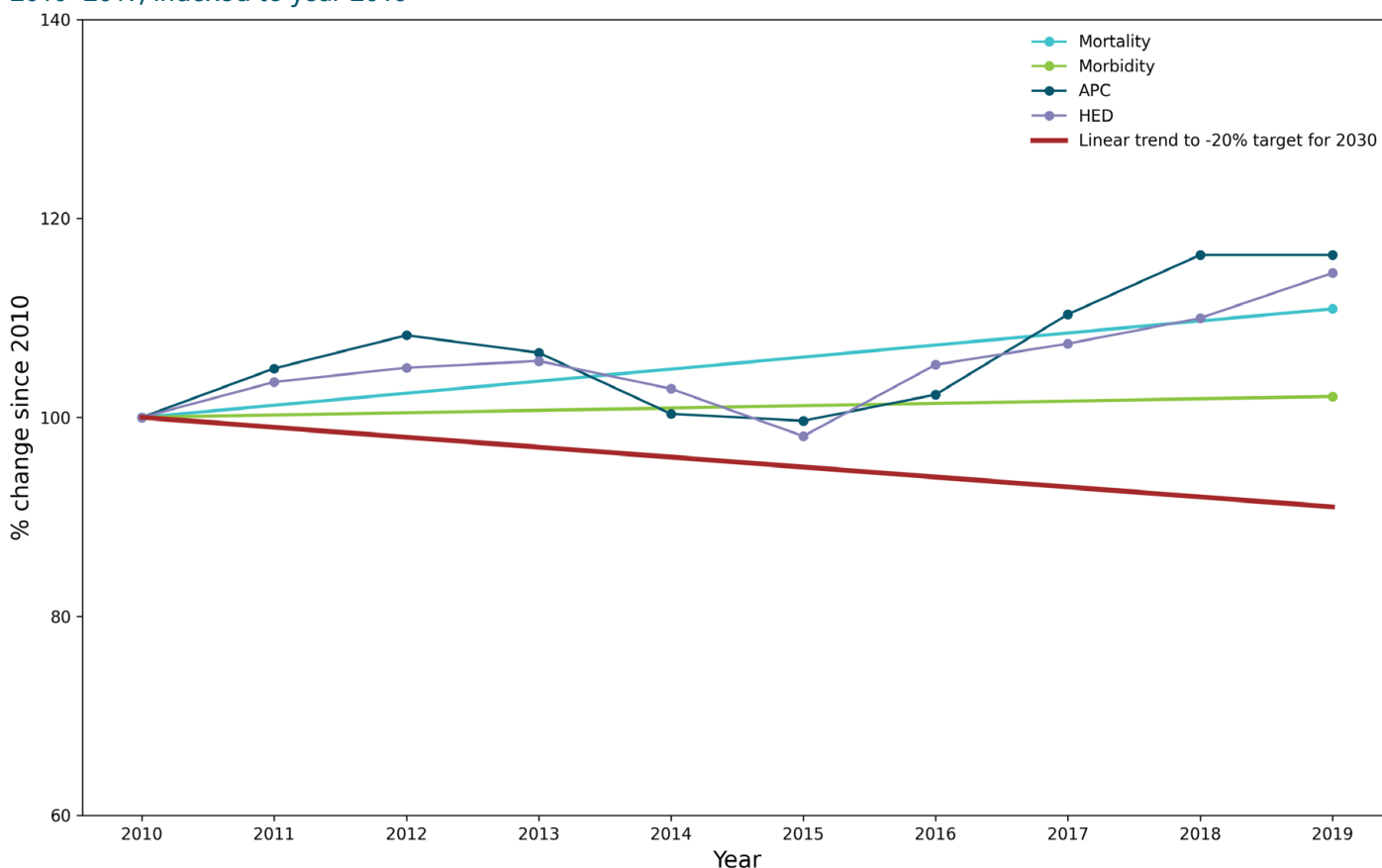## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	5.70	13.24	38.05	1778.35
2011	5.98	13.71	.	.
2012	6.17	13.90	.	.
2013	6.07	13.99	.	.
2014	5.72	13.62	.	.
2015	5.68	12.99	.	.
2016	5.83	13.94	.	.
2017	6.29	14.22	.	.
2018	6.63	14.56	.	.
2019	6.63	15.16	42.20	1815.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
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Sweden
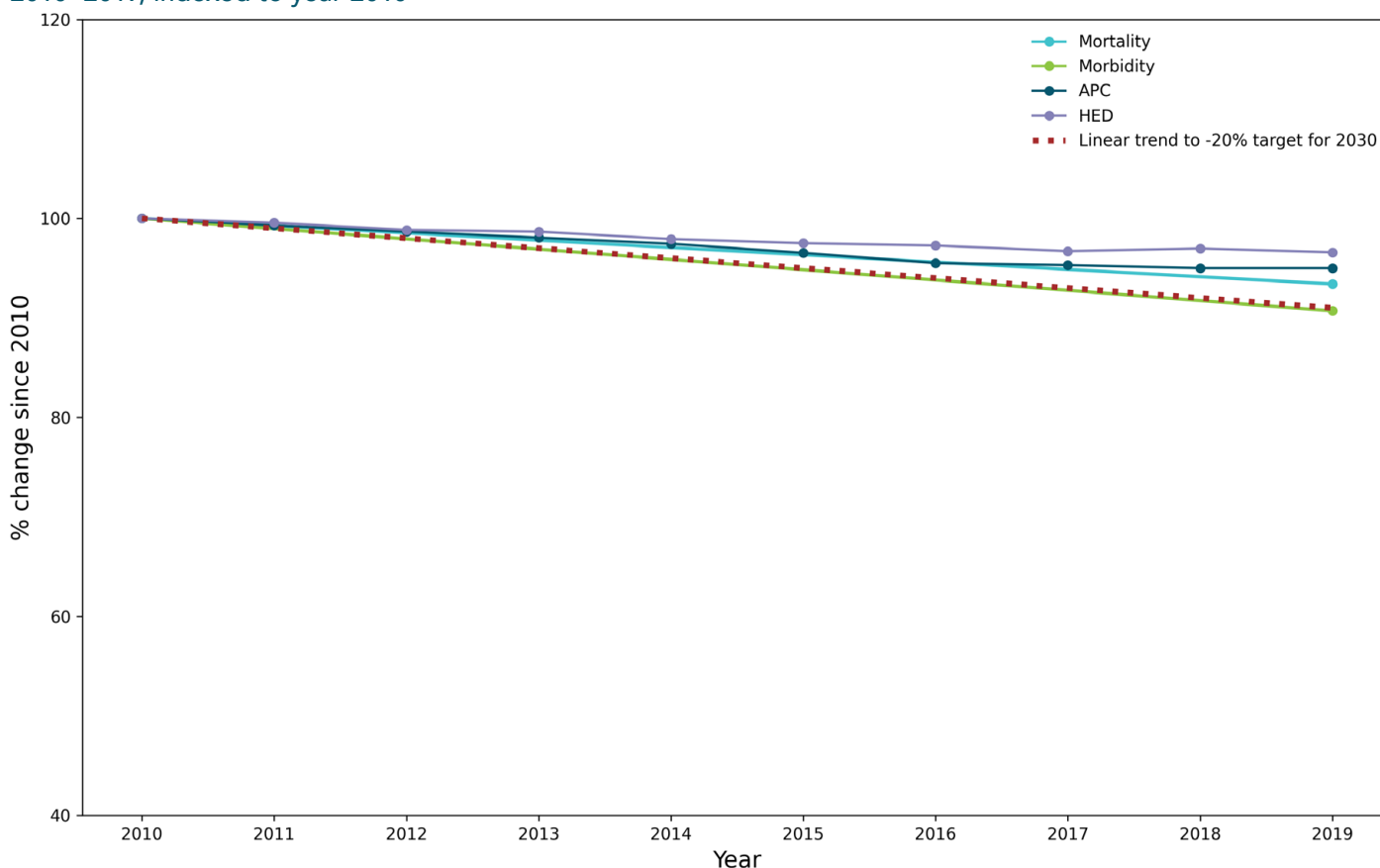
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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.79	33.69	18.09	1171.44
2011	9.72	33.54	.	.
2012	9.66	33.30	.	.
2013	9.60	33.24	.	.
2014	9.54	32.99	.	.
2015	9.45	32.85	.	.
2016	9.35	32.77	.	.
2017	9.33	32.58	.	.
2018	9.30	32.67	.	.
2019	9.30	32.54	16.90	1062.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Switzerland

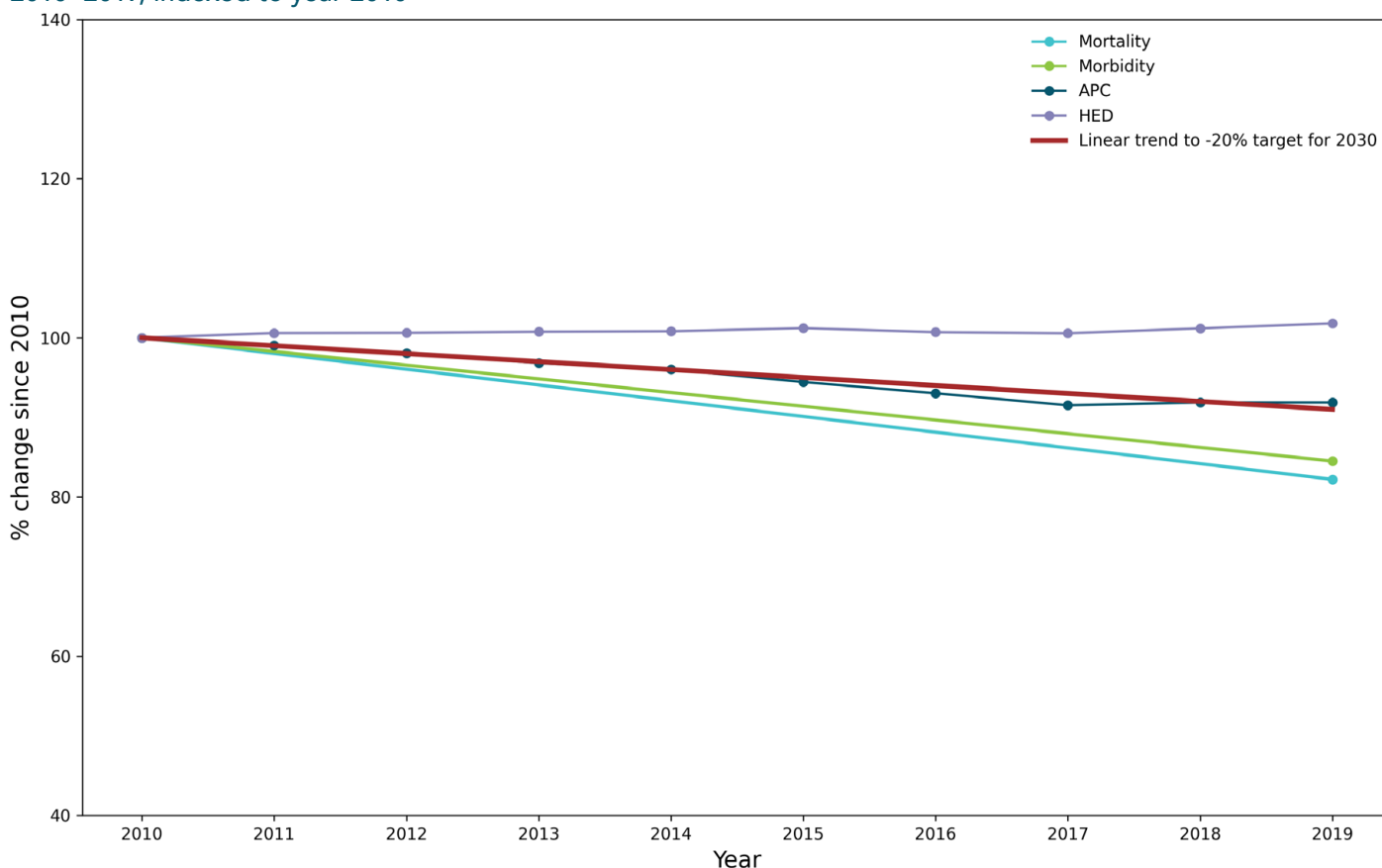## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.32	35.52	20.68	1287.81
2011	11.21	35.73	.	.
2012	11.10	35.74	.	.
2013	10.96	35.79	.	.
2014	10.87	35.81	.	.
2015	10.69	35.95	.	.
2016	10.53	35.77	.	.
2017	10.36	35.72	.	.
2018	10.40	35.94	.	.
2019	10.40	36.16	17.00	1088.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Syrian Arab Republic

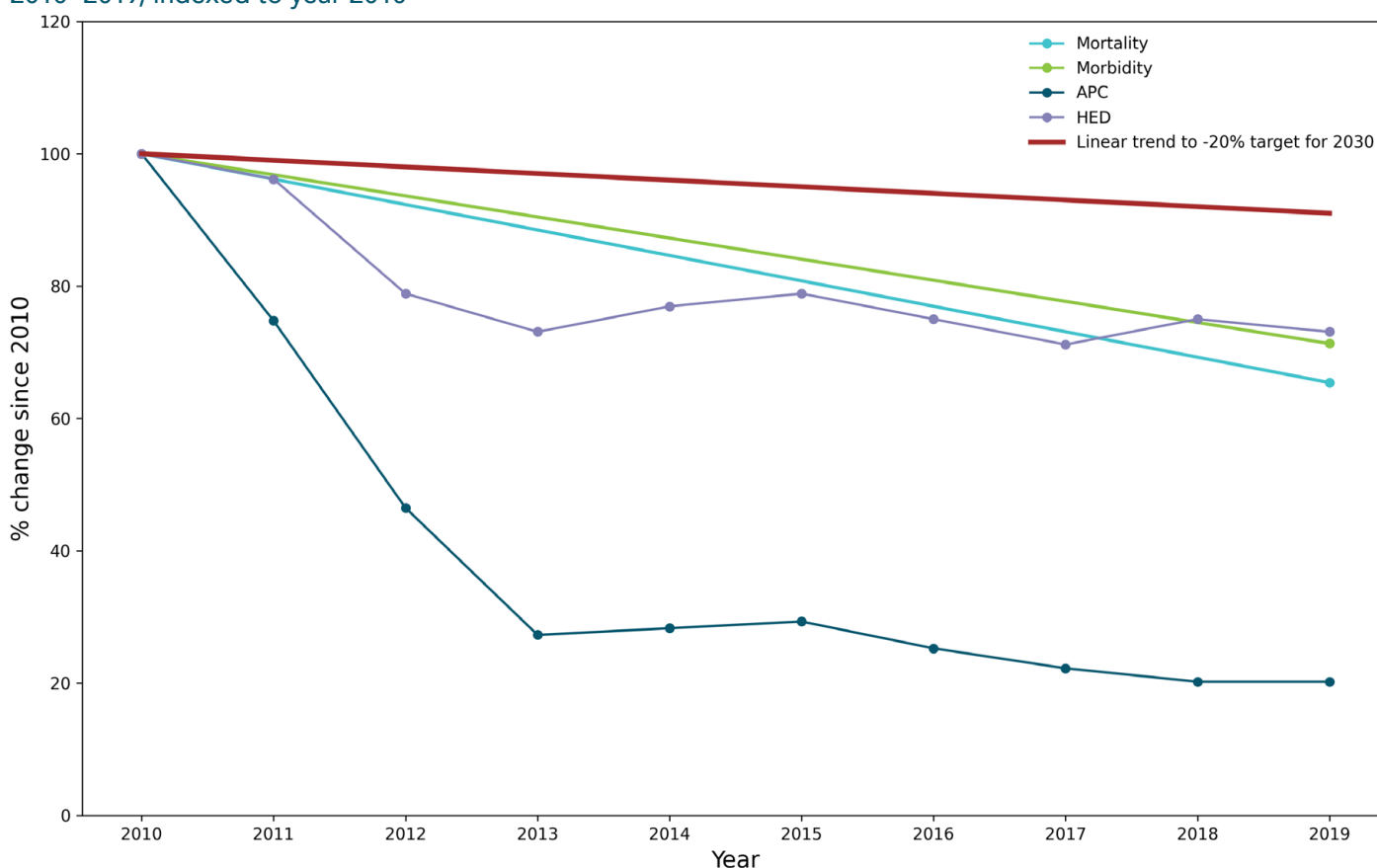## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.99	0.52	6.27	221.46
2011	0.74	0.50	.	.
2012	0.46	0.41	.	.
2013	0.27	0.38	.	.
2014	0.28	0.40	.	.
2015	0.29	0.41	.	.
2016	0.25	0.39	.	.
2017	0.22	0.37	.	.
2018	0.20	0.39	.	.
2019	0.20	0.38	4.10	157.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Tajikistan

UN indicators for harmful use of alcohol

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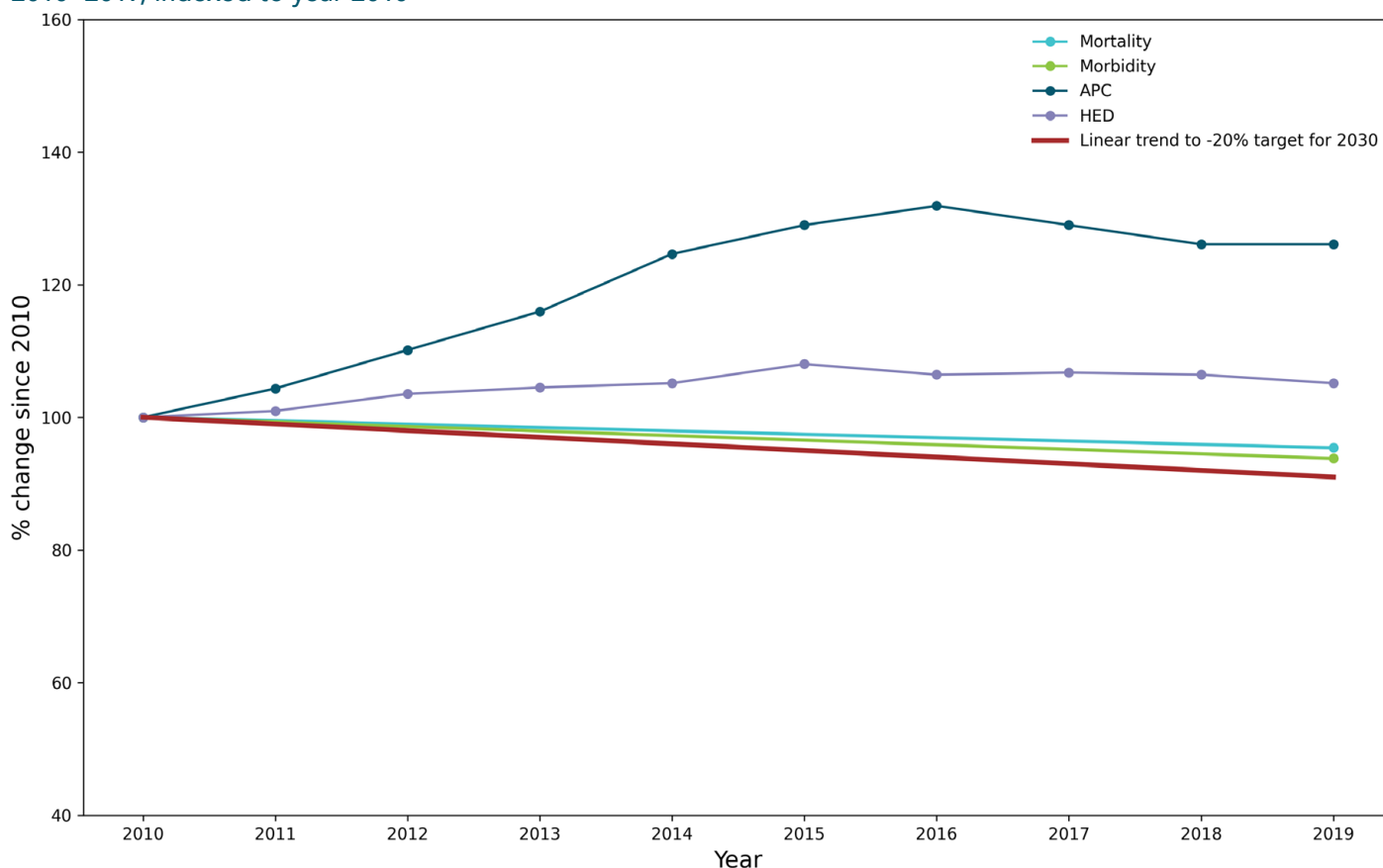
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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.69	3.11	43.29	1481.02
2011	0.72	3.14	.	.
2012	0.76	3.22	.	.
2013	0.80	3.25	.	.
2014	0.86	3.27	.	.
2015	0.89	3.36	.	.
2016	0.91	3.31	.	.
2017	0.89	3.32	.	.
2018	0.87	3.31	.	.
2019	0.87	3.27	41.30	1389.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Tanzania, United Republic of

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
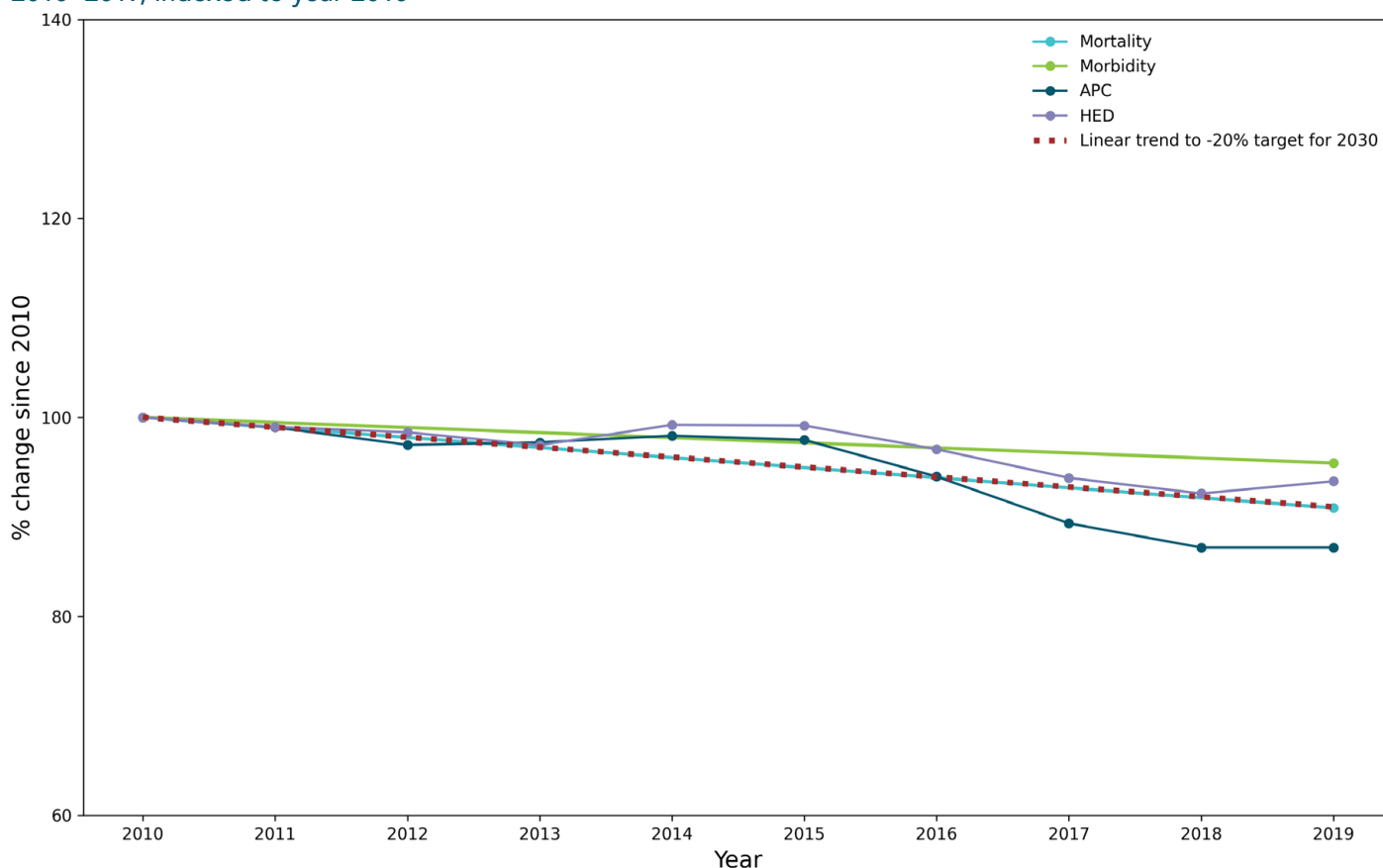
▸ **APC**[1]: Total alcohol per capita consumption
▸ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▸ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▸ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.92	14.63	81.52	3057.76
2011	11.80	14.49	.	.
2012	11.59	14.41	.	.
2013	11.62	14.22	.	.
2014	11.70	14.52	.	.
2015	11.65	14.51	.	.
2016	11.21	14.16	.	.
2017	10.65	13.74	.	.
2018	10.36	13.51	.	.
2019	10.36	13.69	74.10	2917.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Thailand

UN indicators for harmful use of alcohol

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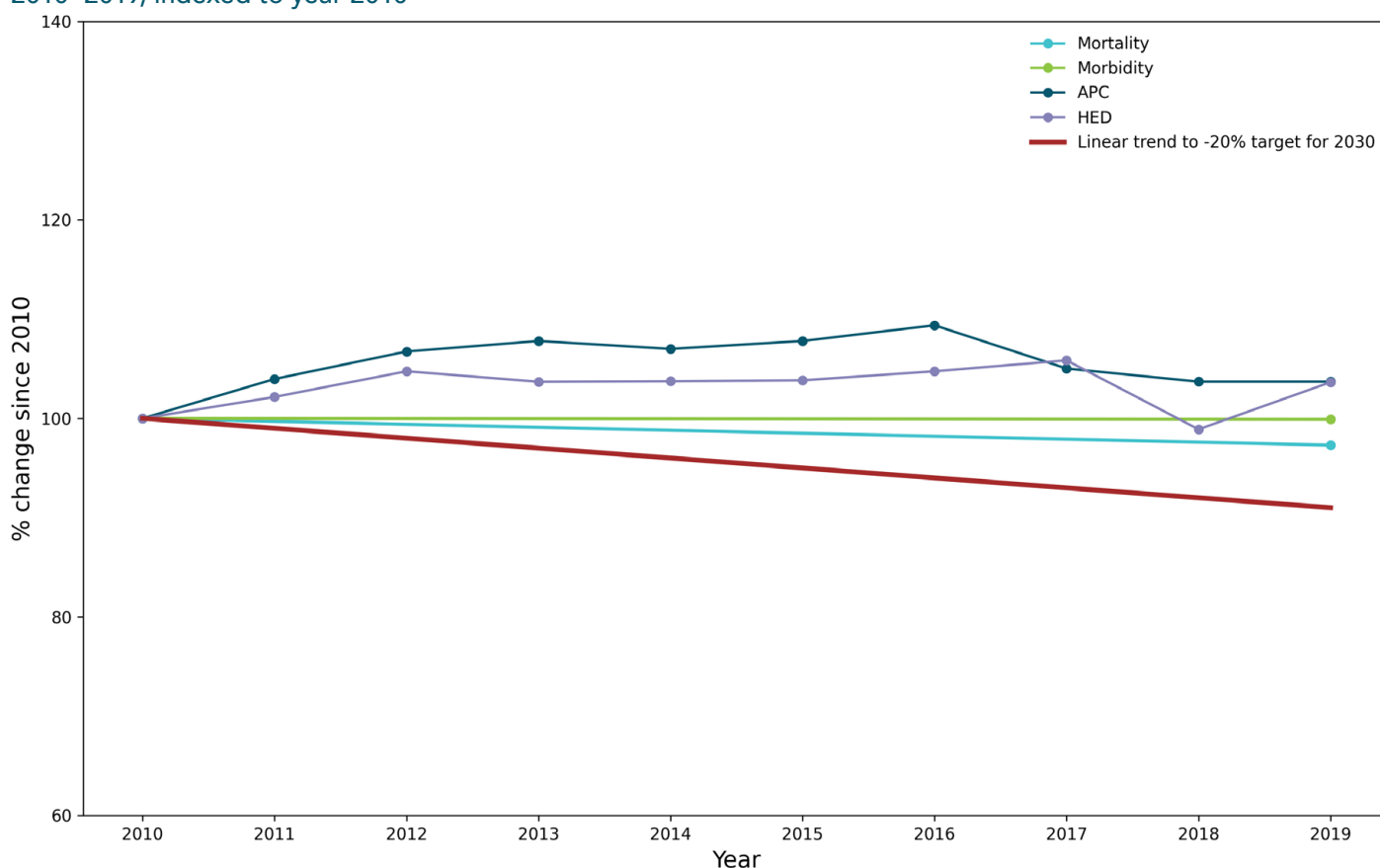
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.57	20.88	44.09	2050.65
2011	7.87	21.33	.	.
2012	8.08	21.87	.	.
2013	8.16	21.65	.	.
2014	8.10	21.66	.	.
2015	8.16	21.68	.	.
2016	8.28	21.87	.	.
2017	7.95	22.10	.	.
2018	7.85	20.65	.	.
2019	7.85	21.64	42.90	2048.60

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Timor-Leste

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
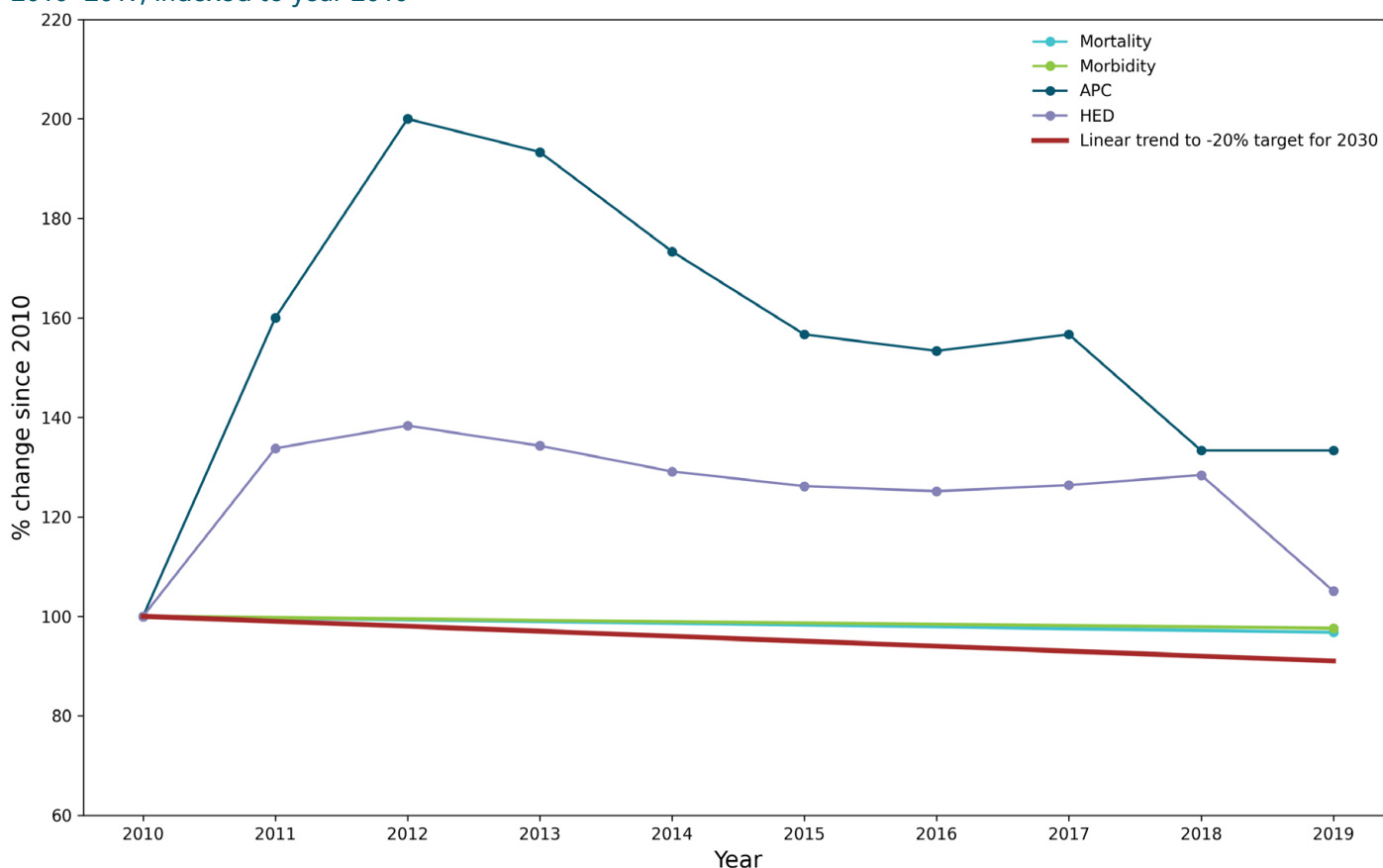
▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.30	9.86	12.40	576.33
2011	0.48	13.19	.	.
2012	0.60	13.64	.	.
2013	0.58	13.24	.	.
2014	0.52	12.73	.	.
2015	0.47	12.44	.	.
2016	0.46	12.34	.	.
2017	0.47	12.46	.	.
2018	0.40	12.66	.	.
2019	0.40	10.36	12.00	562.50

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Togo

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:
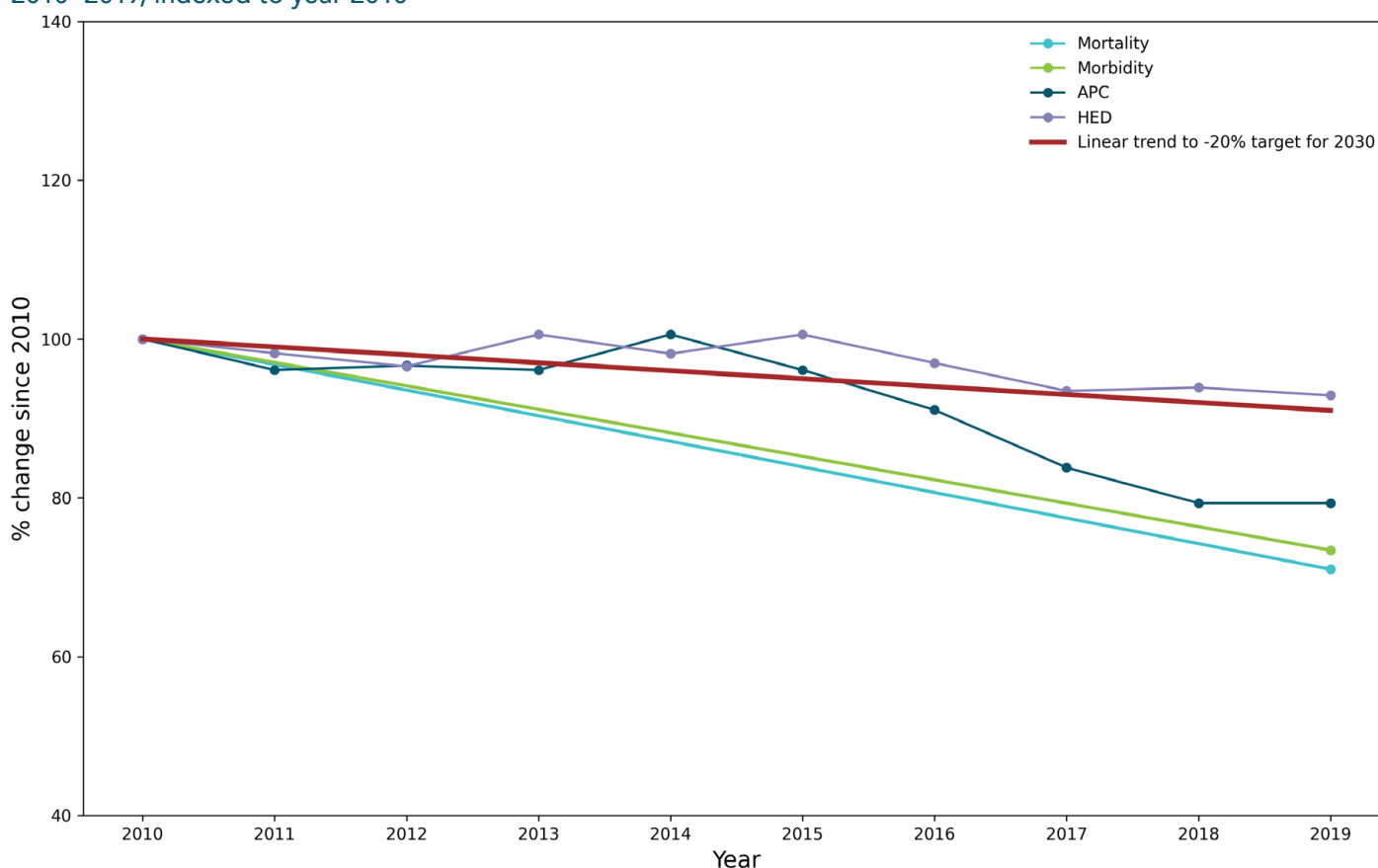
▶ **APC[1]:** Total alcohol per capita consumption
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▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.79	16.18	41.69	1811.72
2011	1.72	15.89	.	.
2012	1.73	15.62	.	.
2013	1.72	16.27	.	.
2014	1.80	15.88	.	.
2015	1.72	16.27	.	.
2016	1.63	15.69	.	.
2017	1.50	15.12	.	.
2018	1.42	15.19	.	.
2019	1.42	15.03	29.60	1329.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Tonga

UN indicators for harmful use of alcohol

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- ▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- ▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.18	15.19	18.22	809.67
2011	0.83	13.97	.	.
2012	0.44	9.94	.	.
2013	0.22	10.37	.	.
2014	0.30	11.05	.	.
2015	0.36	11.79	.	.
2016	0.40	11.79	.	.
2017	0.39	11.77	.	.
2018	0.38	11.63	.	.
2019	0.38	11.60	18.40	829.10

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Trinidad and Tobago

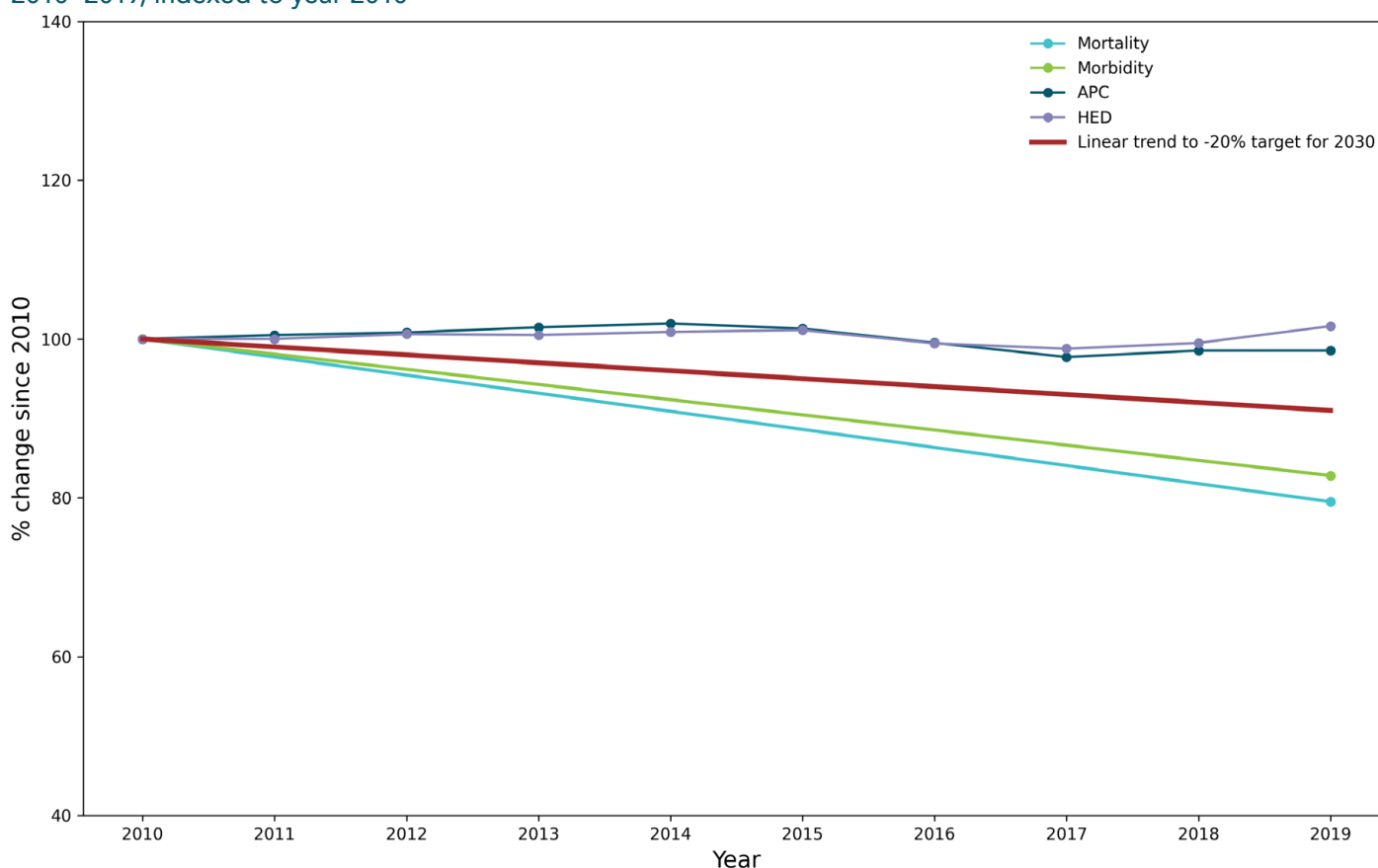## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.15	17.98	30.31	1692.03
2011	6.18	17.98	.	.
2012	6.20	18.09	.	.
2013	6.24	18.07	.	.
2014	6.27	18.14	.	.
2015	6.23	18.18	.	.
2016	6.12	17.88	.	.
2017	6.01	17.76	.	.
2018	6.06	17.89	.	.
2019	6.06	18.27	24.10	1401.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Tunisia
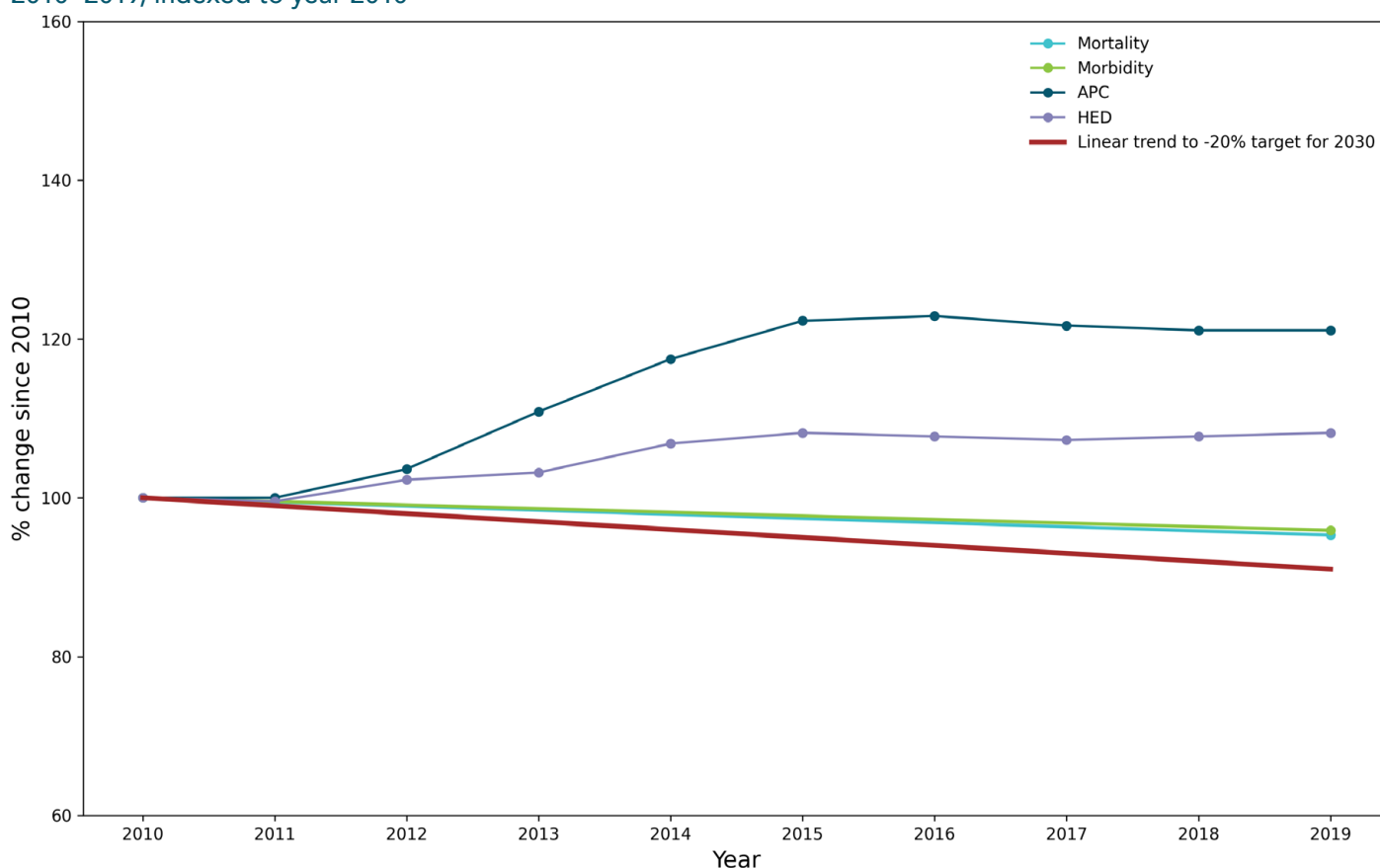
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not reported	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.66	2.20	10.18	390.41
2011	1.66	2.19	.	.
2012	1.72	2.25	.	.
2013	1.84	2.27	.	.
2014	1.95	2.35	.	.
2015	2.03	2.38	.	.
2016	2.04	2.37	.	.
2017	2.02	2.36	.	.
2018	2.01	2.37	.	.
2019	2.01	2.38	9.70	374.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Turkey

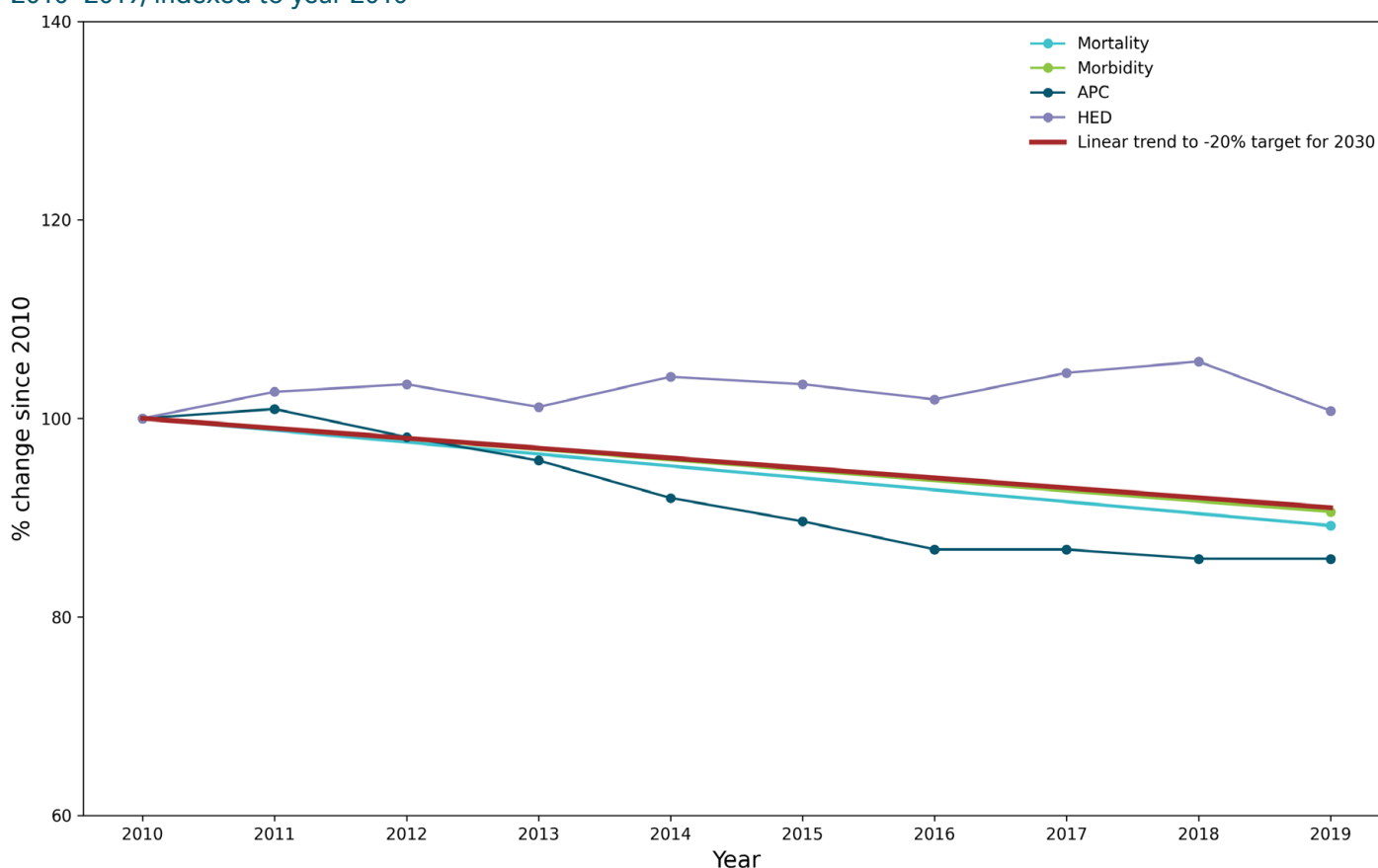## UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.12	2.62	9.98	357.28
2011	2.14	2.69	.	.
2012	2.08	2.71	.	.
2013	2.03	2.65	.	.
2014	1.95	2.73	.	.
2015	1.90	2.71	.	.
2016	1.84	2.67	.	.
2017	1.84	2.74	.	.
2018	1.82	2.77	.	.
2019	1.82	2.64	8.90	323.70

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Turkmenistan

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	2.66	5.15	62.03	2511.03
2011	3.00	5.15	.	.
2012	3.09	5.25	.	.
2013	3.18	5.39	.	.
2014	3.23	5.38	.	.
2015	3.20	5.40	.	.
2016	3.16	5.37	.	.
2017	3.05	5.32	.	.
2018	2.93	5.23	.	.
2019	2.93	5.20	49.50	2003.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Tuvalu

UN indicators for harmful use of alcohol

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▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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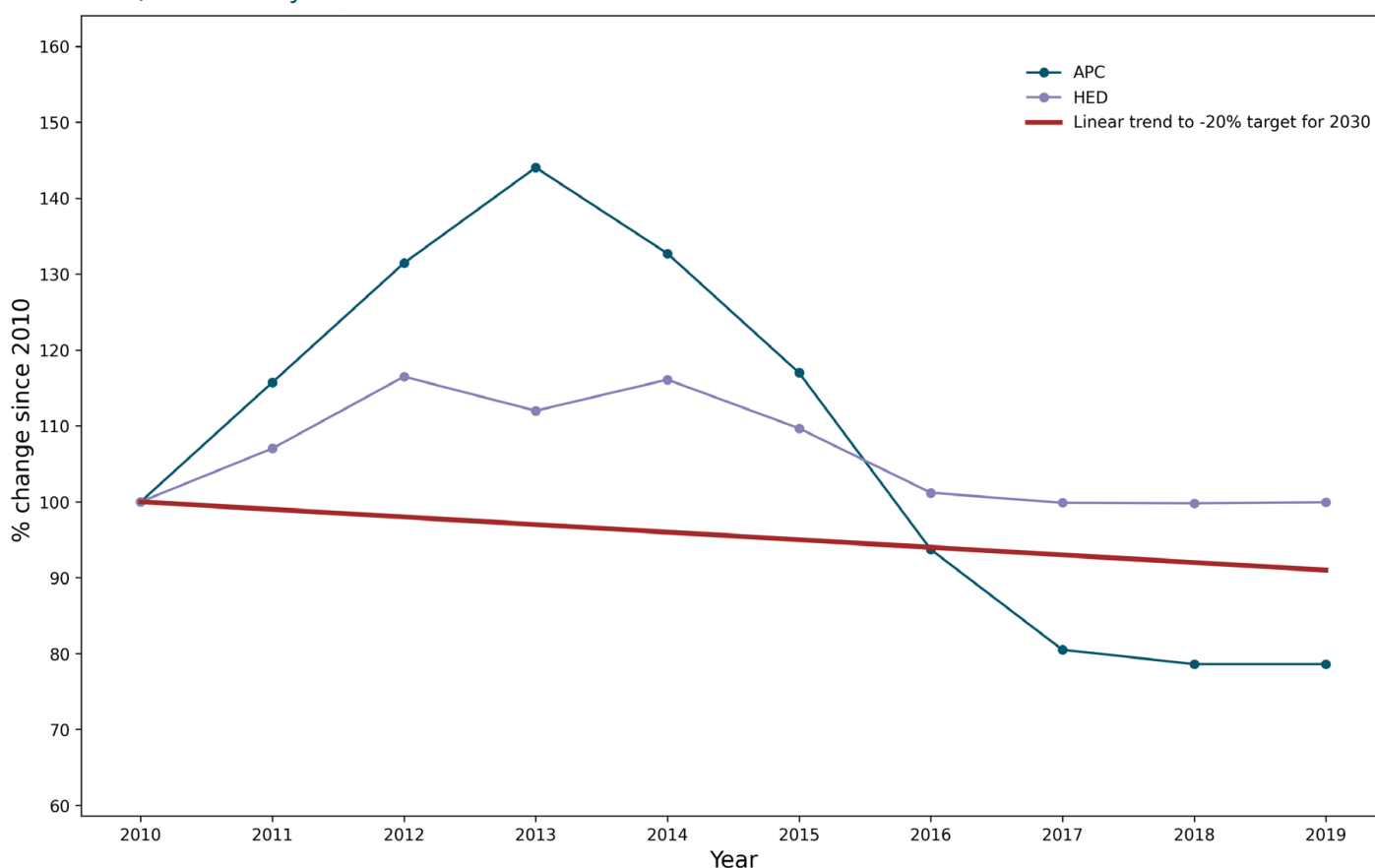| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not reported	not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.59	15.10	.	.
2011	1.84	16.16	.	.
2012	2.09	17.59	.	.
2013	2.29	16.91	.	.
2014	2.11	17.53	.	.
2015	1.86	16.56	.	.
2016	1.49	15.28	.	.
2017	1.28	15.08	.	.
2018	1.25	15.07	.	.
2019	1.25	15.09	.	.

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
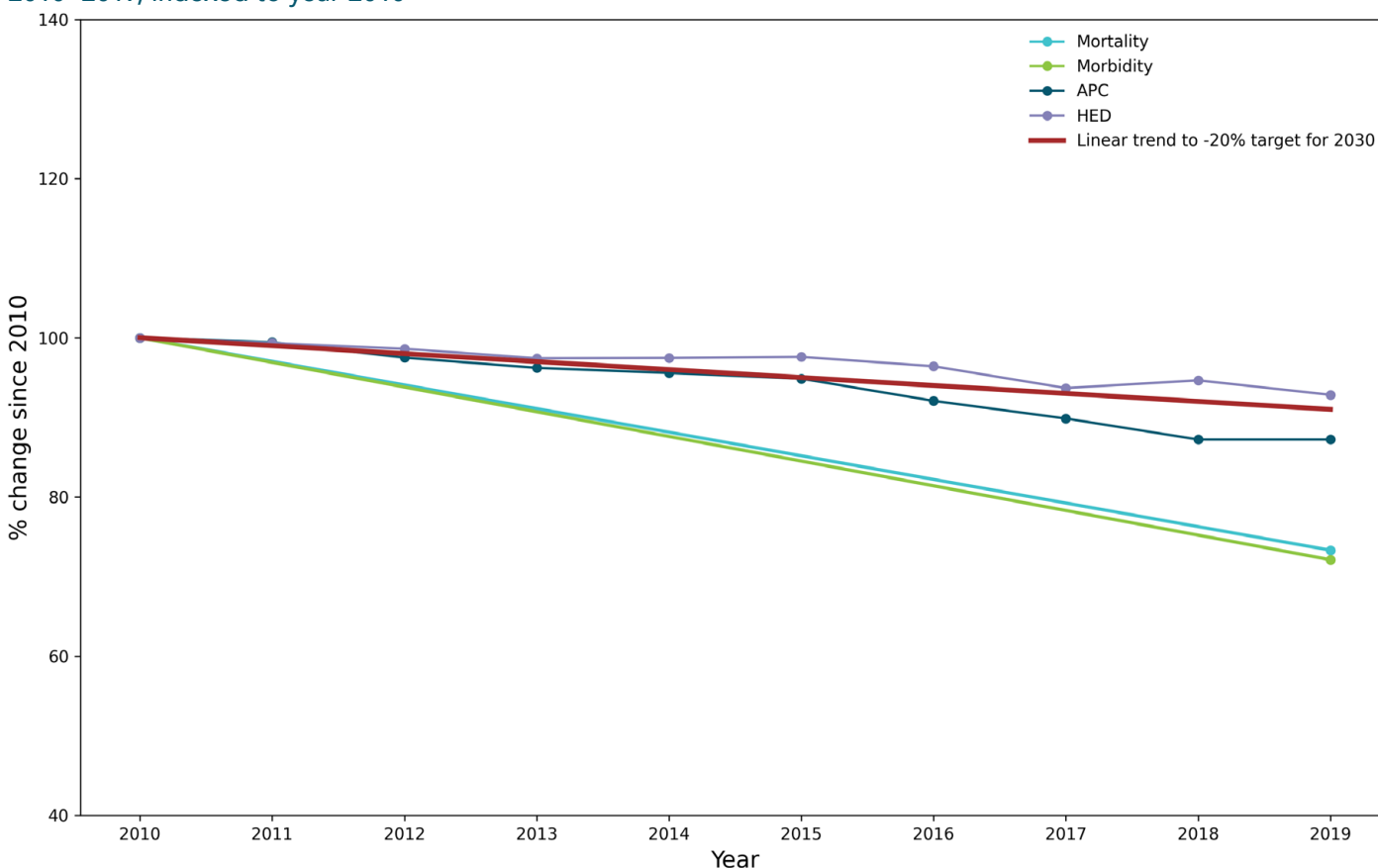
Uganda

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	14.00	23.72	118.14	4576.98
2011	13.92	23.56	.	.
2012	13.65	23.39	.	.
2013	13.47	23.11	.	.
2014	13.38	23.12	.	.
2015	13.28	23.15	.	.
2016	12.89	22.87	.	.
2017	12.58	22.22	.	.
2018	12.21	22.45	.	.
2019	12.21	22.02	86.60	3300.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Ukraine

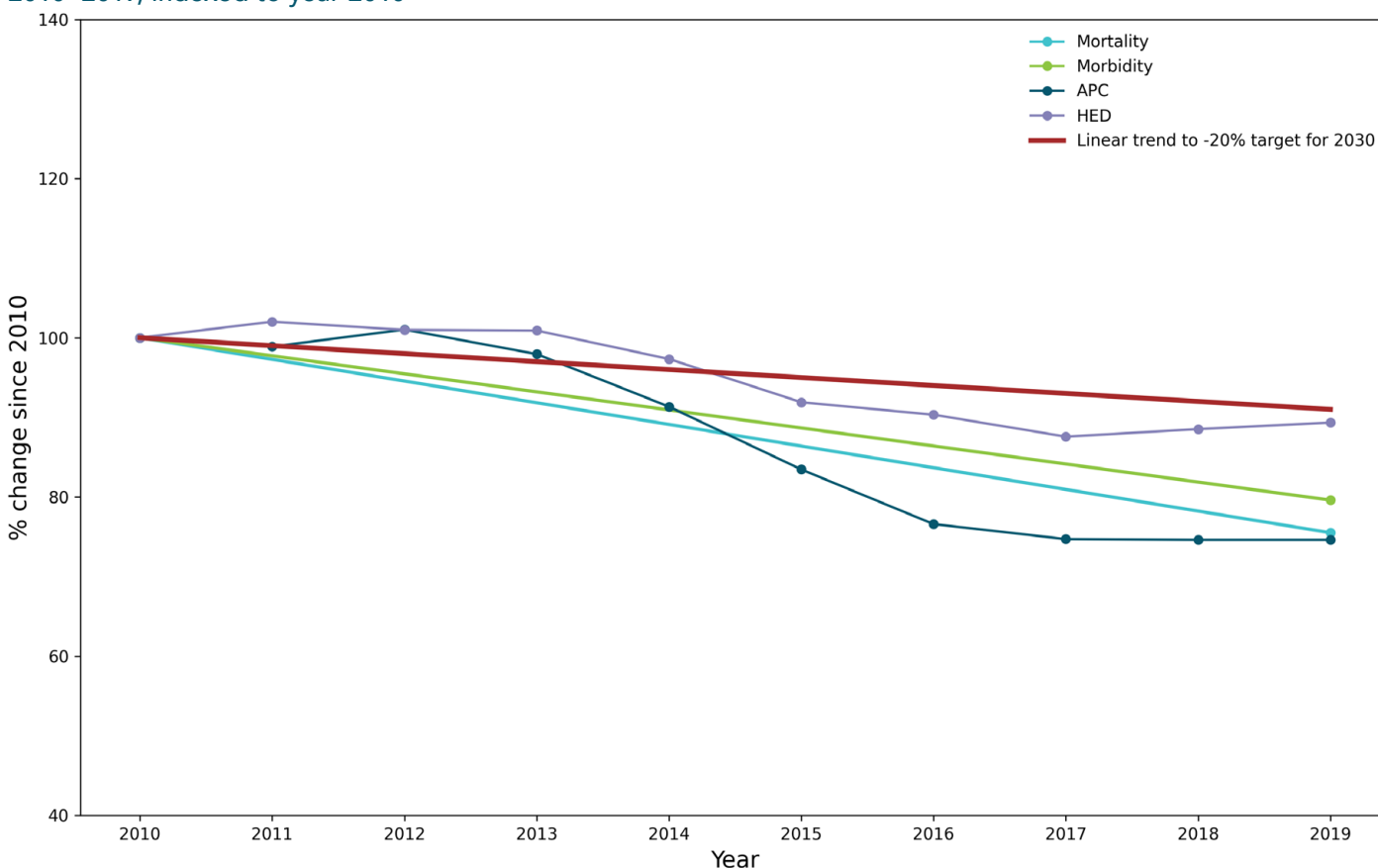## UN indicators for harmful use of alcohol

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- ▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	11.66	24.31	207.81	7120.48
2011	11.53	24.80	.	.
2012	11.78	24.55	.	.
2013	11.42	24.53	.	.
2014	10.65	23.66	.	.
2015	9.73	22.34	.	.
2016	8.93	21.96	.	.
2017	8.71	21.29	.	.
2018	8.70	21.52	.	.
2019	8.70	21.72	156.90	5667.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

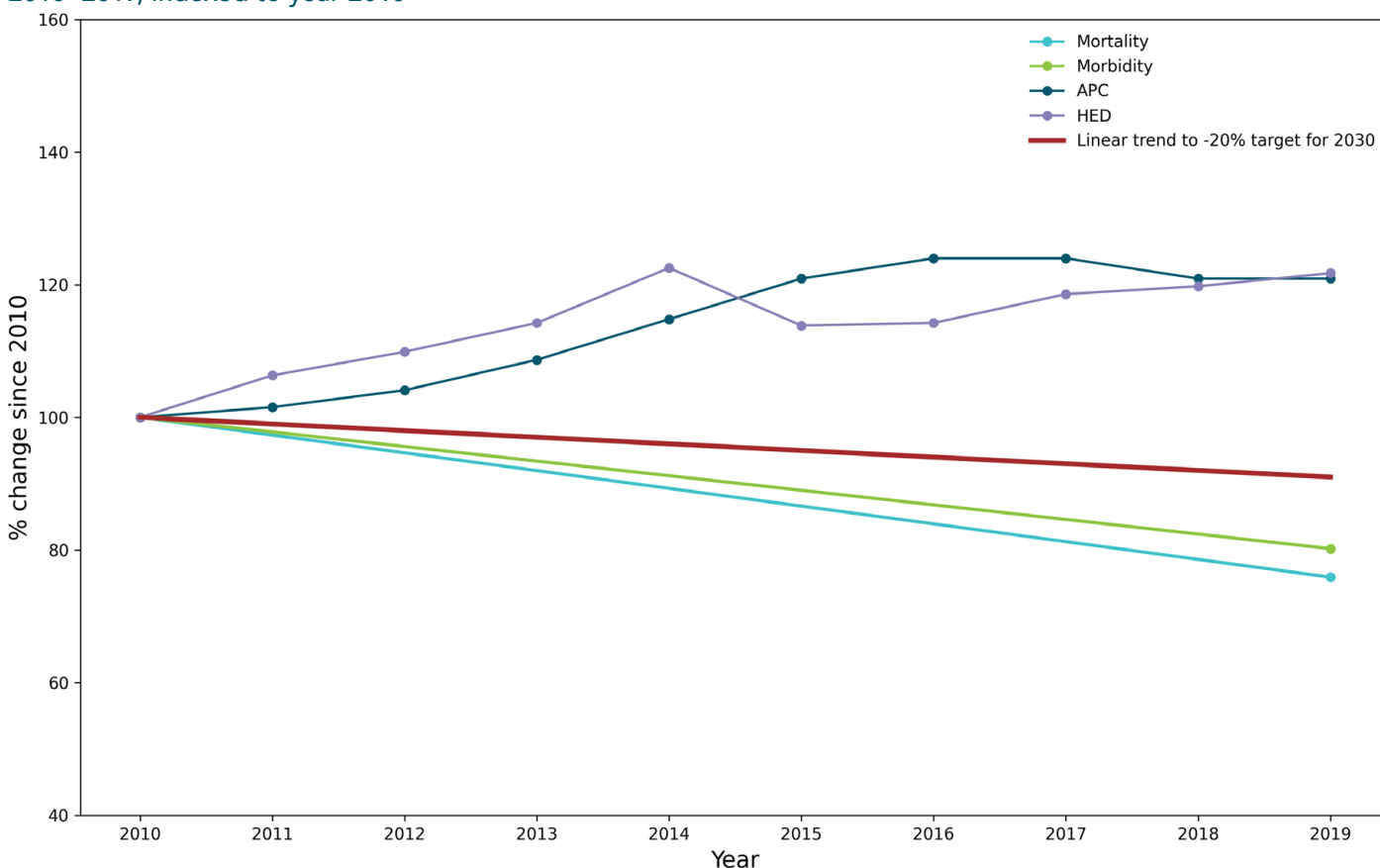# United Arab Emirates

UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.96	2.53	11.33	474.94
2011	1.99	2.69	.	.
2012	2.04	2.78	.	.
2013	2.13	2.89	.	.
2014	2.25	3.10	.	.
2015	2.37	2.88	.	.
2016	2.43	2.89	.	.
2017	2.43	3.00	.	.
2018	2.37	3.03	.	.
2019	2.37	3.08	8.60	380.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022
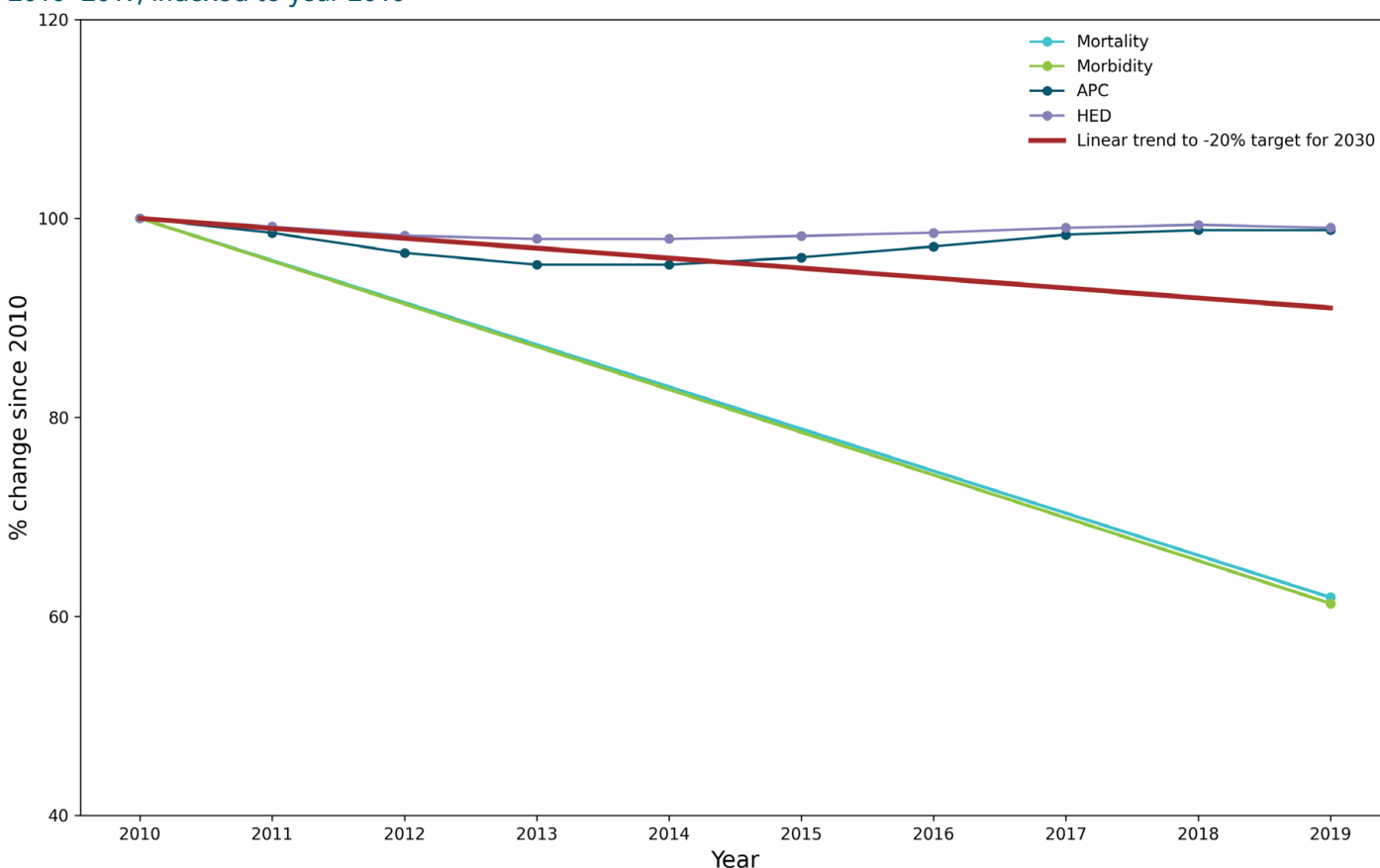
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
not reported	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	10.95	33.92	35.38	2210.28
2011	10.79	33.64	.	.
2012	10.57	33.33	.	.
2013	10.44	33.22	.	.
2014	10.44	33.22	.	.
2015	10.52	33.32	.	.
2016	10.64	33.43	.	.
2017	10.77	33.60	.	.
2018	10.82	33.70	.	.
2019	10.82	33.60	21.90	1354.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

United States of America

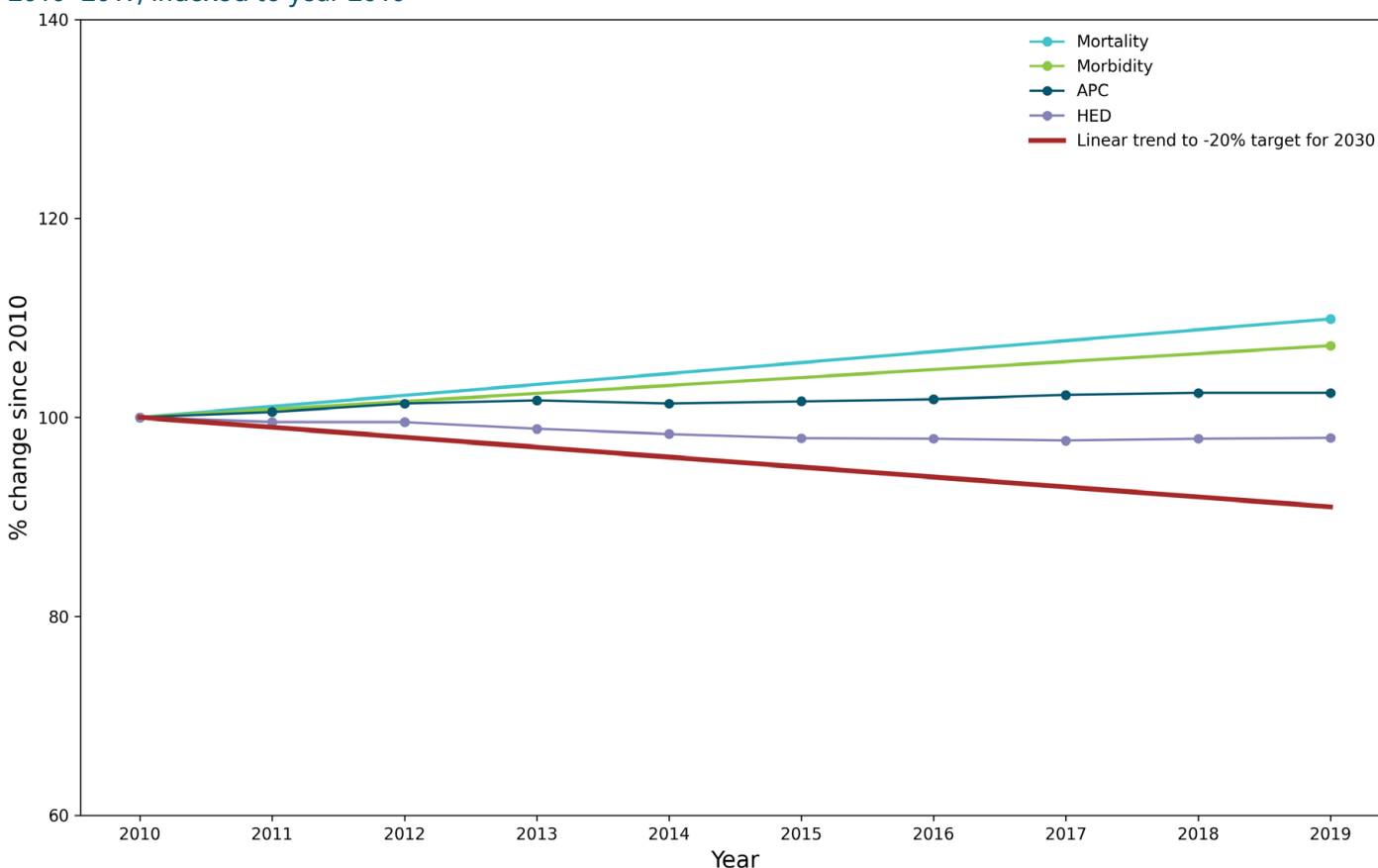## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	9.34	33.92	29.21	1619.31
2011	9.39	33.76	.	.
2012	9.47	33.76	.	.
2013	9.50	33.53	.	.
2014	9.47	33.35	.	.
2015	9.49	33.21	.	.
2016	9.51	33.19	.	.
2017	9.55	33.13	.	.
2018	9.57	33.19	.	.
2019	9.57	33.22	32.10	1735.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745
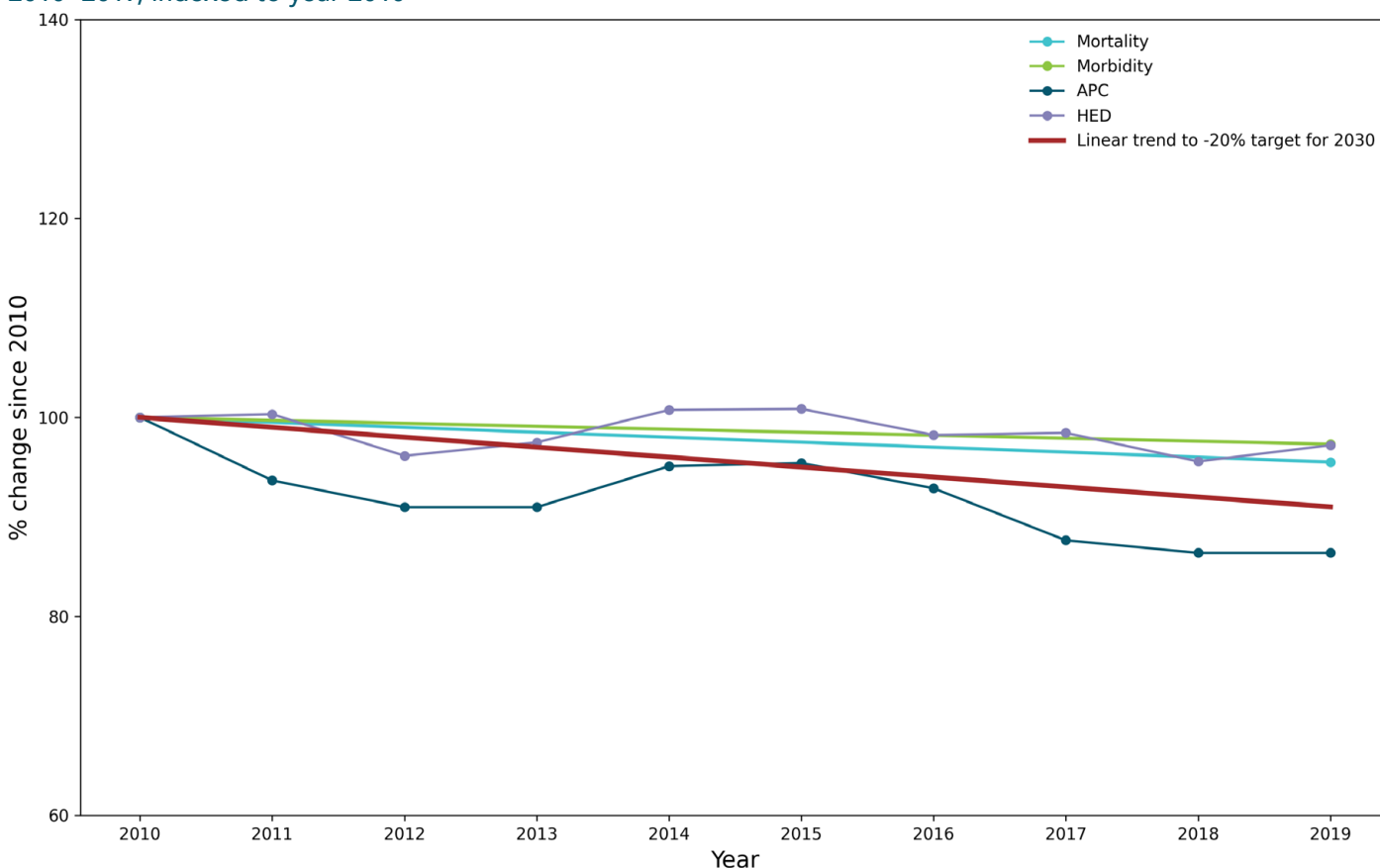
Uruguay

UN indicators for harmful use of alcohol

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▶ **APC**[1]: Total alcohol per capita consumption
▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
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▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	6.31	28.18	27.64	1606.37
2011	5.91	28.27	.	.
2012	5.74	27.09	.	.
2013	5.74	27.47	.	.
2014	6.00	28.39	.	.
2015	6.02	28.42	.	.
2016	5.86	27.68	.	.
2017	5.53	27.74	.	.
2018	5.45	26.93	.	.
2019	5.45	27.39	26.40	1563.00

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Uzbekistan

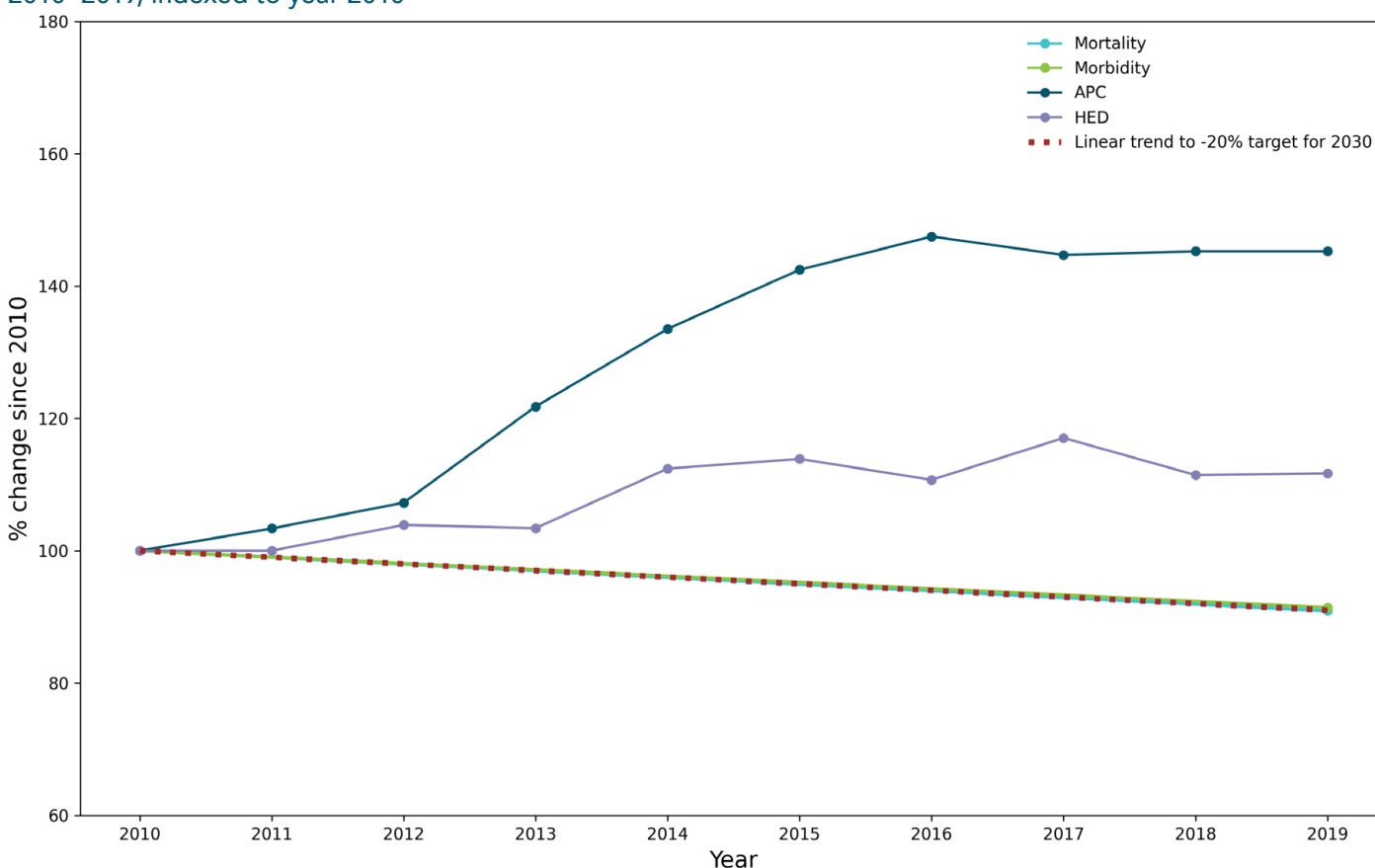## UN indicators for harmful use of alcohol

The overall target in the **WHO's Global Alcohol Action Plan**[*] is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.79	4.11	44.99	1625.60
2011	1.85	4.11	.	.
2012	1.92	4.27	.	.
2013	2.18	4.25	.	.
2014	2.39	4.62	.	.
2015	2.55	4.68	.	.
2016	2.64	4.55	.	.
2017	2.59	4.81	.	.
2018	2.60	4.58	.	.
2019	2.60	4.59	40.90	1485.80

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Vanuatu

UN indicators for harmful use of alcohol

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- **APC**[1]: Total alcohol per capita consumption
- **HED**[1]: Age-standardized prevalence of heavy episodic drinking
- **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
- **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable Diseases.

WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

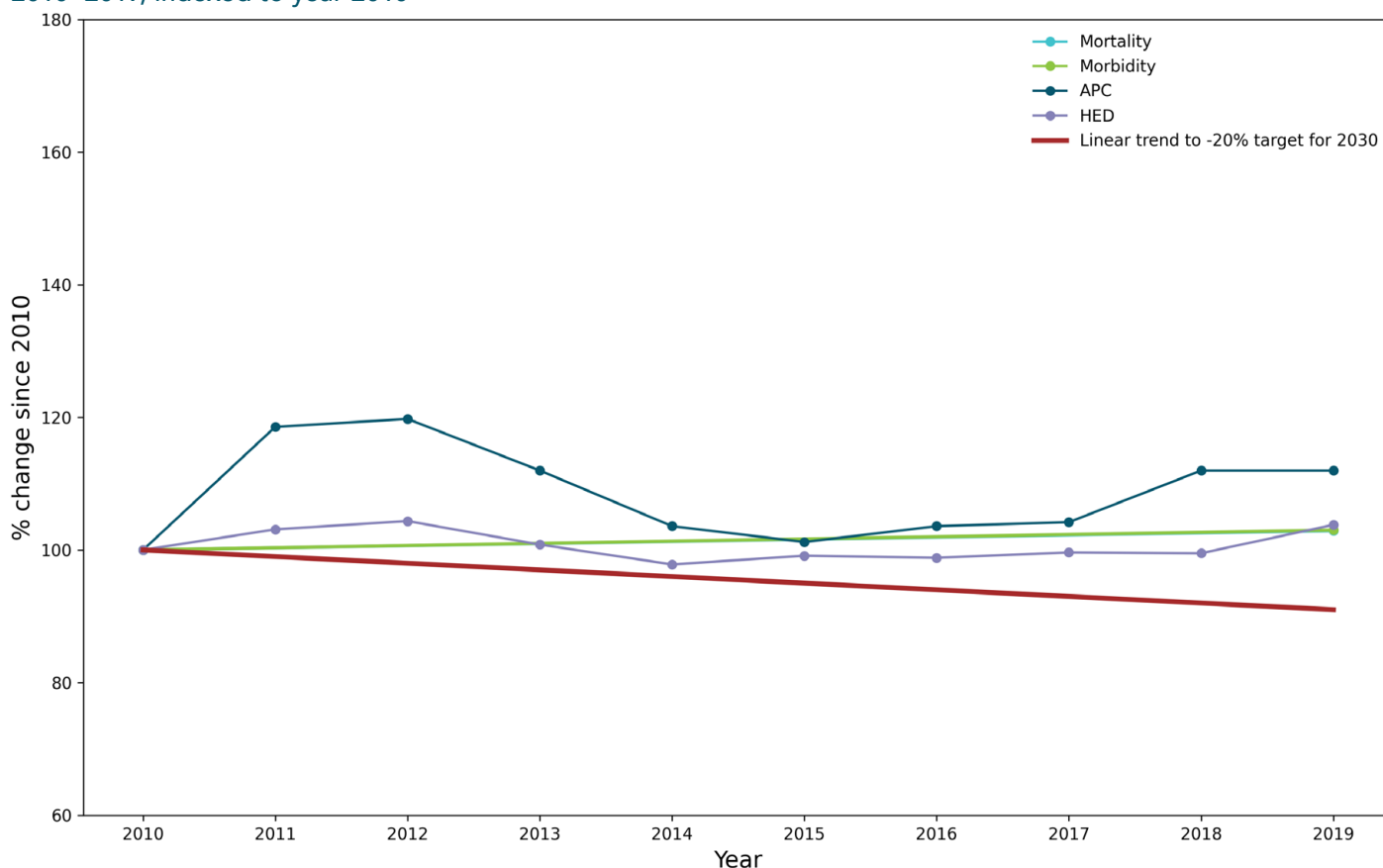| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	1.67	16.06	34.31	1557.86
2011	1.98	16.56	.	.
2012	2.00	16.76	.	.
2013	1.87	16.19	.	.
2014	1.73	15.71	.	.
2015	1.69	15.92	.	.
2016	1.73	15.87	.	.
2017	1.74	16.00	.	.
2018	1.87	15.98	.	.
2019	1.87	16.67	35.30	1604.60

Venezuela

UN indicators for harmful use of alcohol

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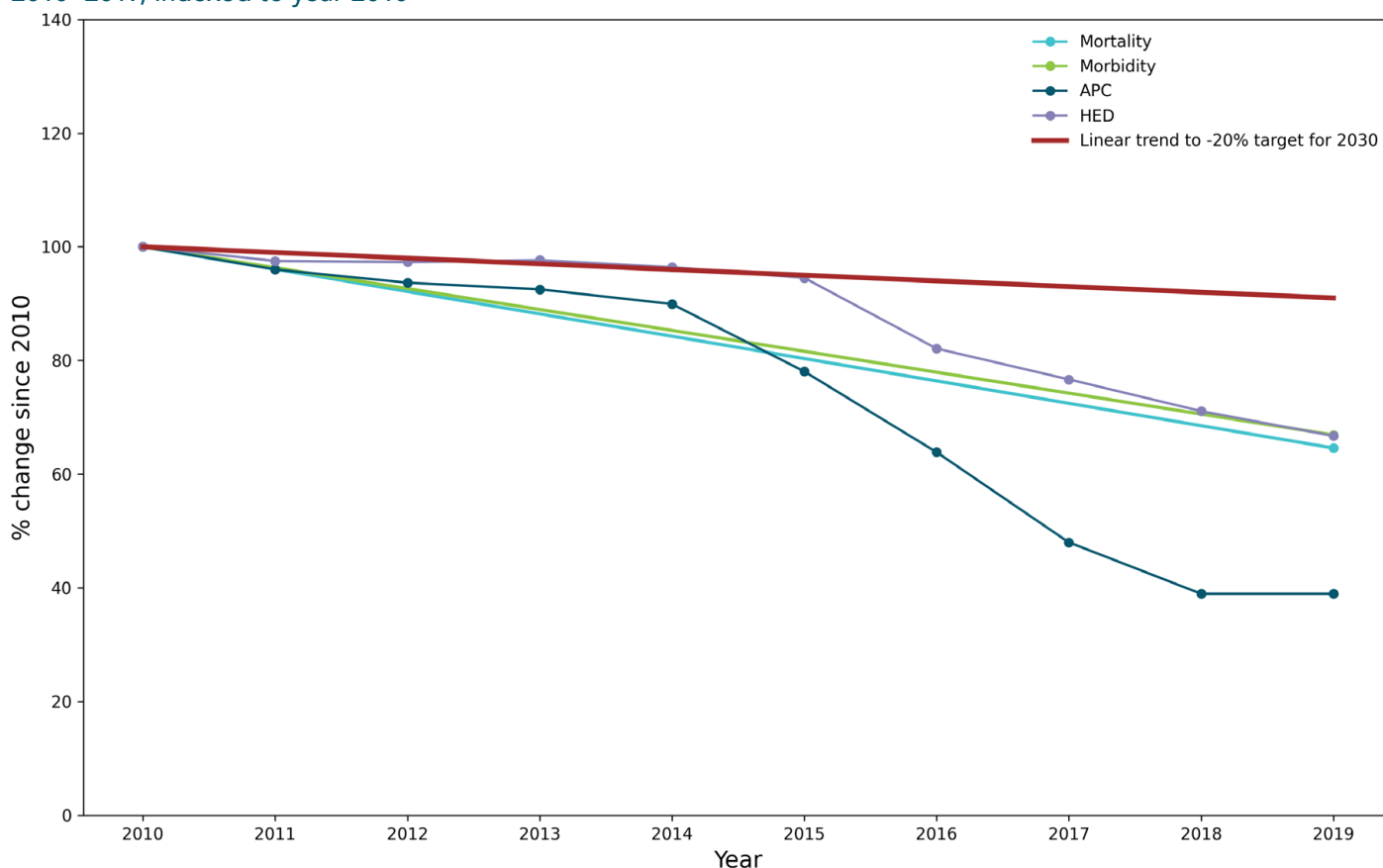
▶ **APC[1]:** Total alcohol per capita consumption
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▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.75	20.83	41.49	2280.87
2011	7.44	20.31	.	.
2012	7.26	20.27	.	.
2013	7.17	20.34	.	.
2014	6.97	20.08	.	.
2015	6.05	19.69	.	.
2016	4.95	17.10	.	.
2017	3.72	15.97	.	.
2018	3.02	14.81	.	.
2019	3.02	13.90	26.80	1525.90

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Viet Nam

UN indicators for harmful use of alcohol

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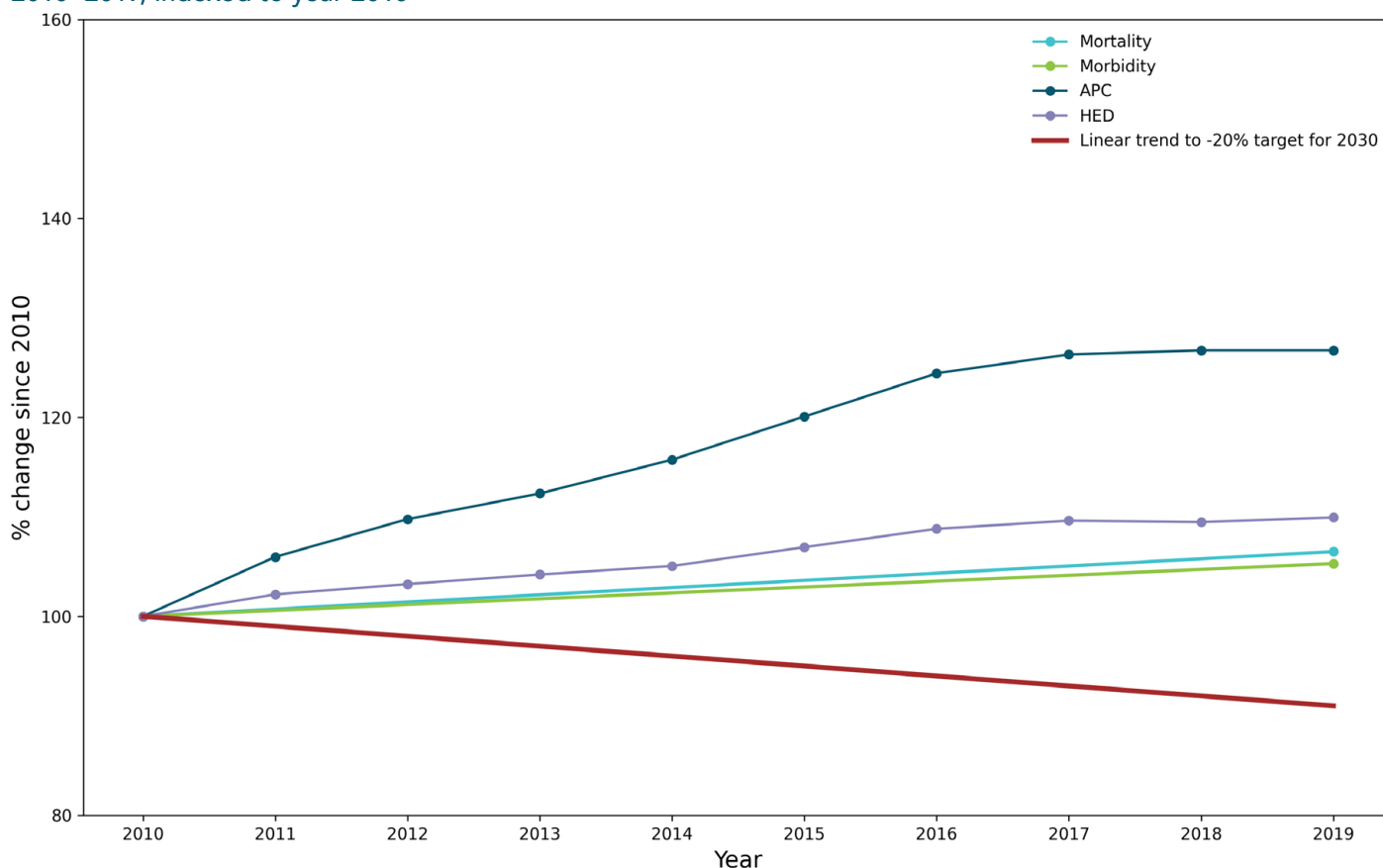
▶ **APC[1]:** Total alcohol per capita consumption
▶ **HED[1]:** Age-standardized prevalence of heavy episodic drinking
▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy		
Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	partially achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	7.37	28.08	51.08	2156.13
2011	7.81	28.70	.	.
2012	8.09	28.99	.	.
2013	8.28	29.26	.	.
2014	8.53	29.50	.	.
2015	8.85	30.03	.	.
2016	9.17	30.55	.	.
2017	9.31	30.78	.	.
2018	9.34	30.74	.	.
2019	9.34	30.87	54.40	2270.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Yemen

UN indicators for harmful use of alcohol

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▶ **Mortality[2]:** Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity[2]:** Age-standardized alcohol attributable DALYs (rate per 100,000)

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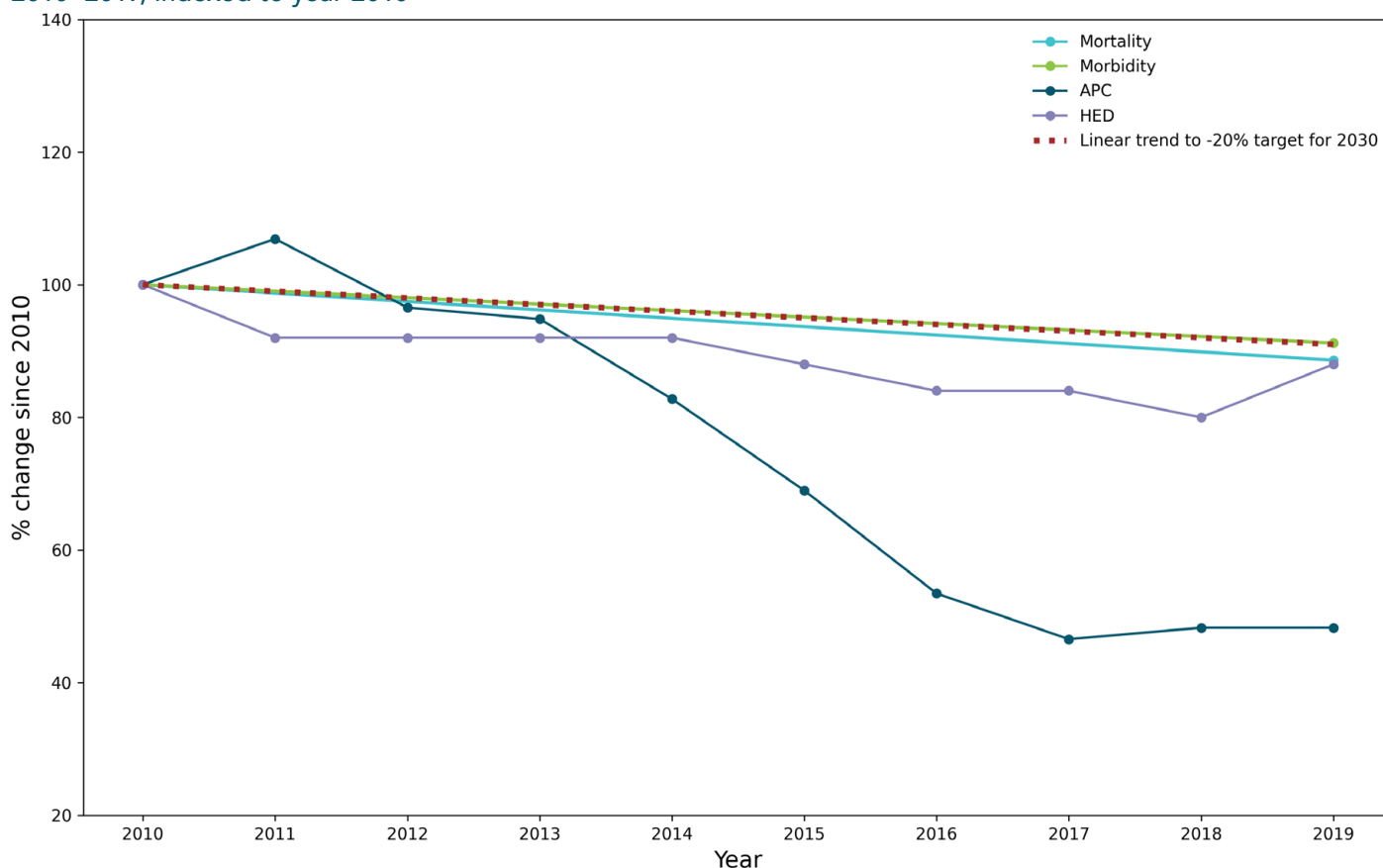| WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022		
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	fully achieved	fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	0.06	0.25	3.61	157.24
2011	0.06	0.23	.	.
2012	0.06	0.23	.	.
2013	0.06	0.23	.	.
2014	0.05	0.23	.	.
2015	0.04	0.22	.	.
2016	0.03	0.21	.	.
2017	0.03	0.21	.	.
2018	0.03	0.20	.	.
2019	0.03	0.22	3.20	143.40

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Zambia

UN indicators for harmful use of alcohol

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▶ **HED**[1]: Age-standardized prevalence of heavy episodic drinking
▶ **Mortality**[2]: Age-standardized alcohol attributable deaths (rate per 100,000)
▶ **Morbidity**[2]: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

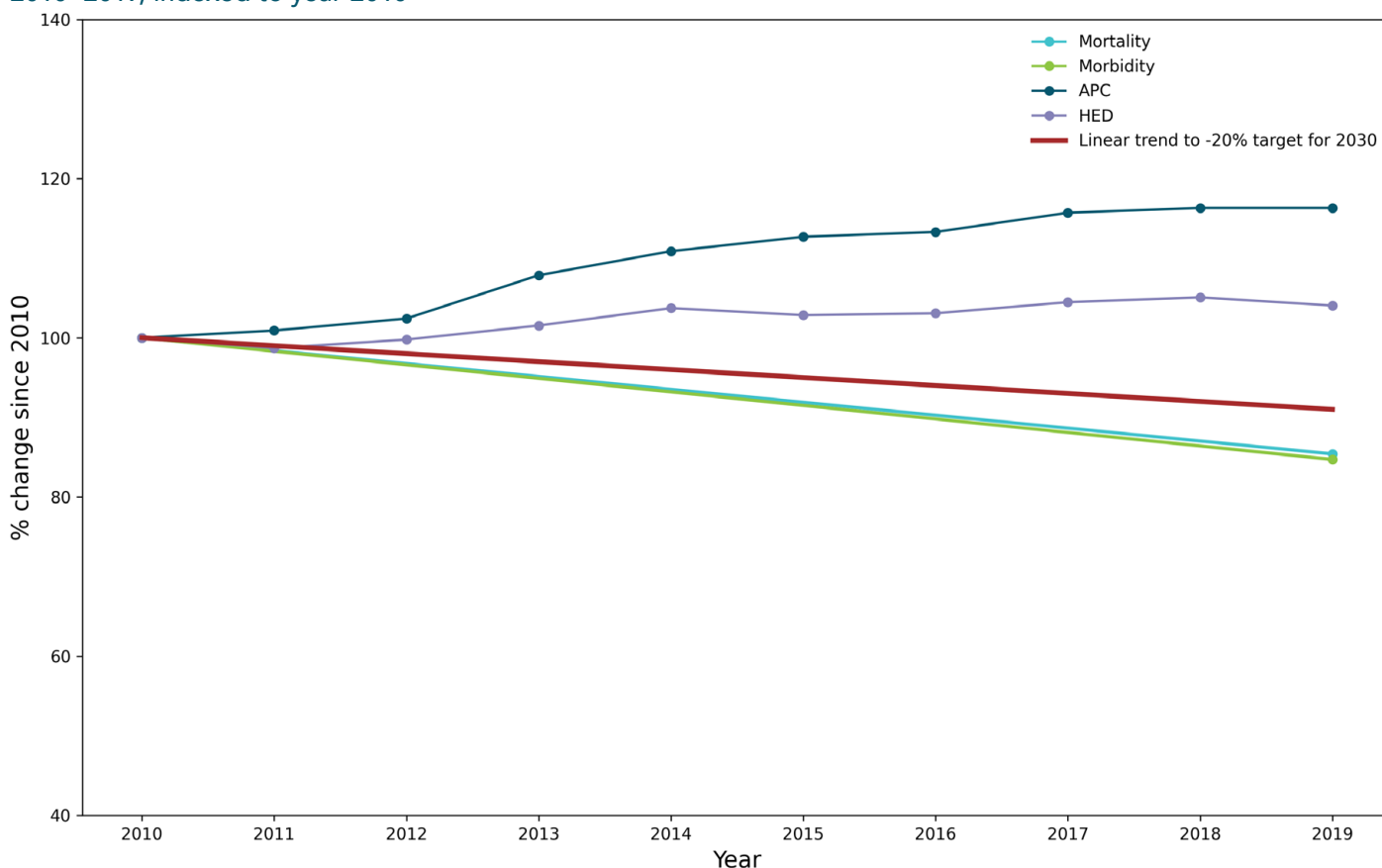| Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1, 2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.31	21.47	81.26	3363.87
2011	3.34	21.19	.	.
2012	3.39	21.42	.	.
2013	3.57	21.80	.	.
2014	3.67	22.27	.	.
2015	3.73	22.08	.	.
2016	3.75	22.13	.	.
2017	3.83	22.43	.	.
2018	3.85	22.56	.	.
2019	3.85	22.34	69.40	2849.20

Sources: [1] WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho
[2] WHO, Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders, June 25, 2024. As of December 2024, WHO has only published estimates for 2019 and % change since 2010 for alcohol-attributable mortality and morbidity rates. https://www.who.int/publications/i/item/9789240096745

Zimbabwe
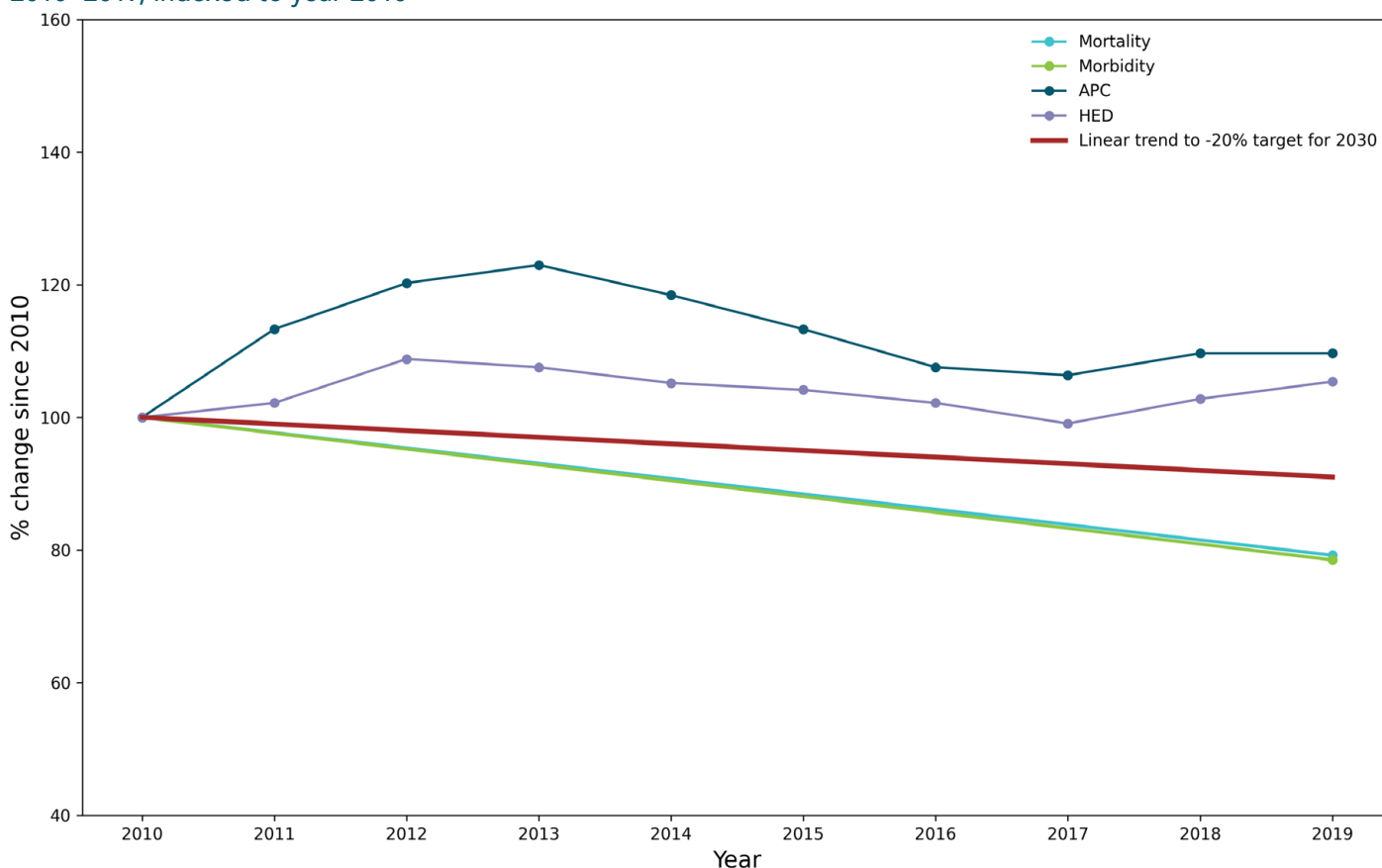
UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010[1,2]

Year	APC[1] (liters of pure alcohol)	HED[1] (prevalence in %)	Mortality[2] (age-standardized rate per 100,000)	Morbidity[2] (age-standardized rate per 100,000)
2010	3.31	9.67	65.15	2836.43
2011	3.75	9.88	.	.
2012	3.98	10.52	.	.
2013	4.07	10.40	.	.
2014	3.92	10.17	.	.
2015	3.75	10.07	.	.
2016	3.56	9.88	.	.
2017	3.52	9.58	.	.
2018	3.63	9.94	.	.
2019	3.63	10.19	51.60	2226.60