# 2025 High-Level Meeting on Noncommunicable Diseases

Alcohol and health trends by country based on WHO data



## **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**

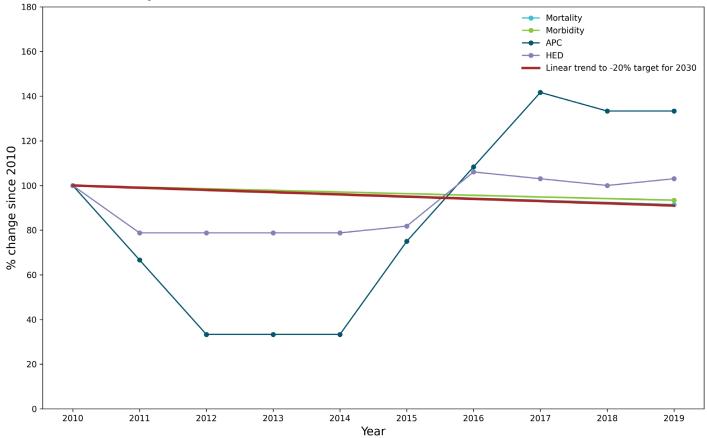
## UN indicators for harmful use of alcohol

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:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.01	0.33	5.30	208.00
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Albania**

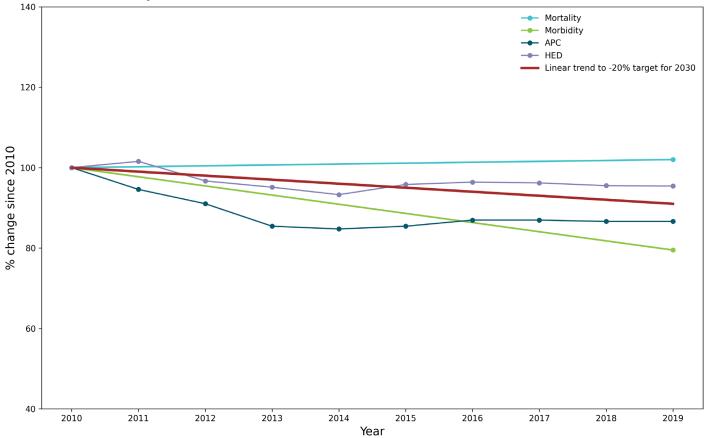
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Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	not achieved	partially achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.90	10.26	27.44	1174.51
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Algeria**

## UN indicators for harmful use of alcohol

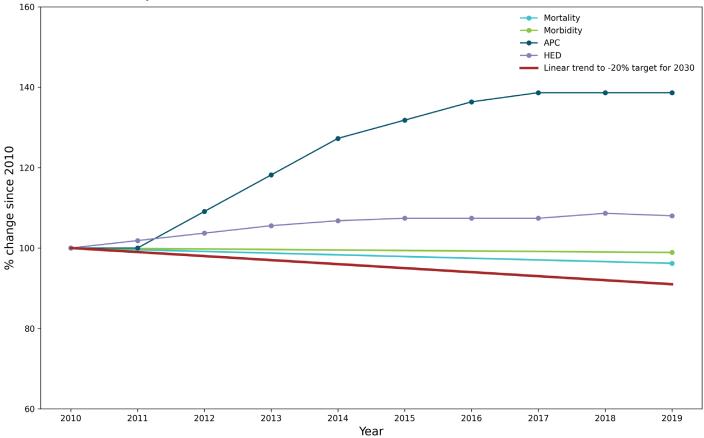
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
not achieved	not achieved	not achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.44	1.62	6.02	237.89
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Andorra**

## UN indicators for harmful use of alcohol

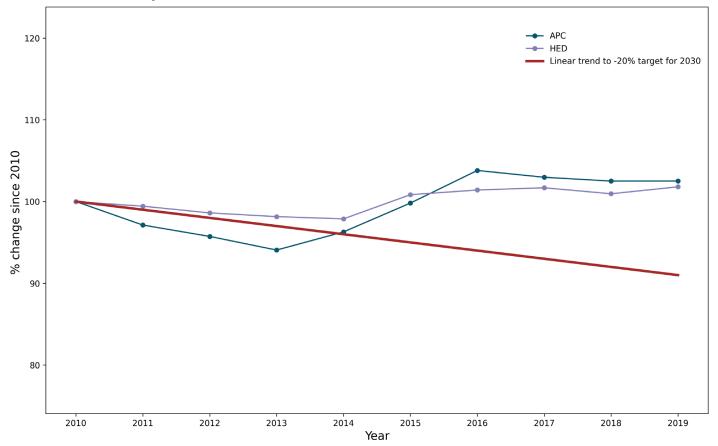
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		ng for alcohol con unicable Diseases Prog	
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
:	partially achieved	not achieved	partially achieved

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Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (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**

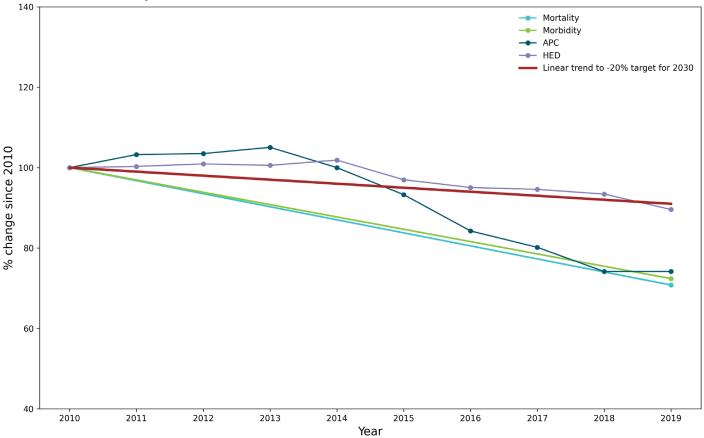
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Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
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2010	8.32	49.73	114.60	4725.67
2011	8.59	49.88		
2012	8.61	50.19		
2013	8.74	50.01		
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Antigua and Barbuda**

## UN indicators for harmful use of alcohol

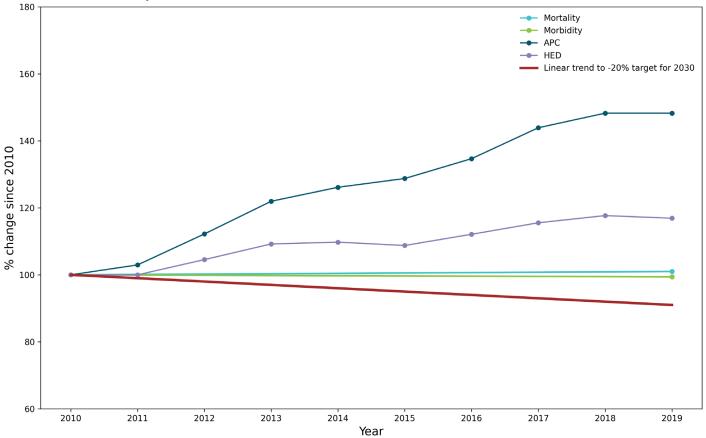
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2010	5.74	24.20	21.88	1277.92
2011	5.91	24.20		
2012	6.44	25.30		
2013	7.00	26.43		
2014	7.24	26.56		
2015	7.39	26.32		
2016	7.73	27.13		
2017	8.26	27.96		
2018	8.51	28.48		
2019	8.51	28.29	22.10	1270.30

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Argentina**

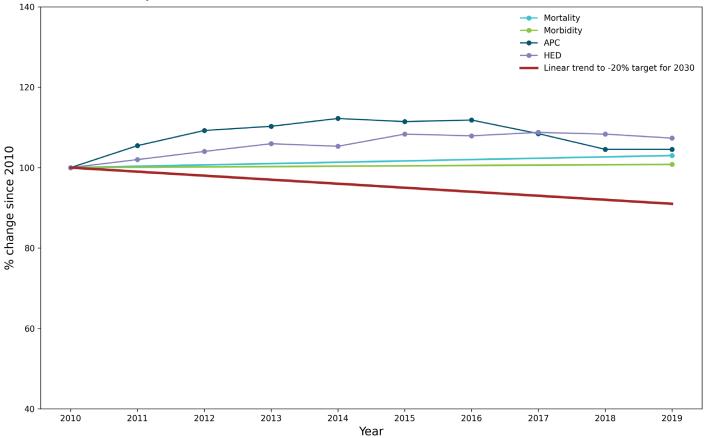
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Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	partially achieved	not achieved		

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Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.69	28.08	25.41	1531.05
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Armenia**

#### UN indicators for harmful use of alcohol

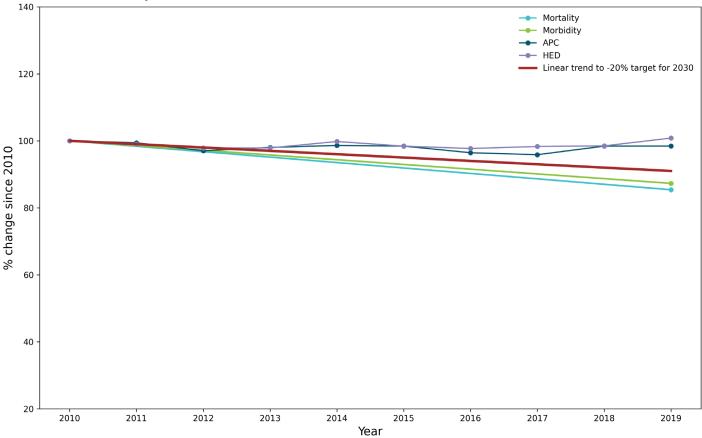
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	physical bans or			
partially achieved	partially achieved	partially achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.06	28.35	42.40	1756.43
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Australia

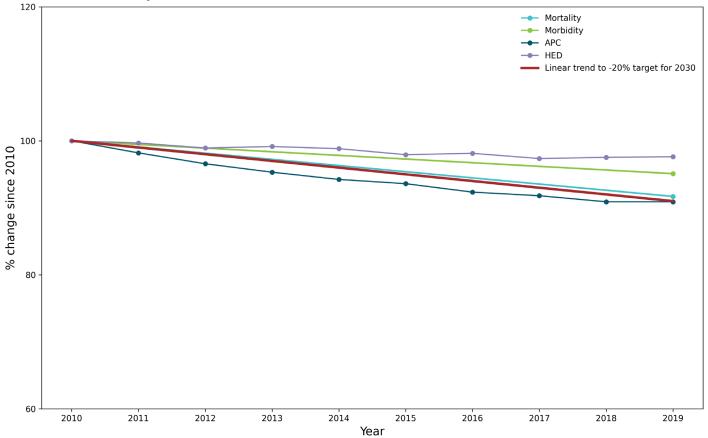
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- HED1: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
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Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.10	40.09	19.71	1381.64
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	18.20	1317.10

<sup>&</sup>lt;sup>1</sup> WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Austria**

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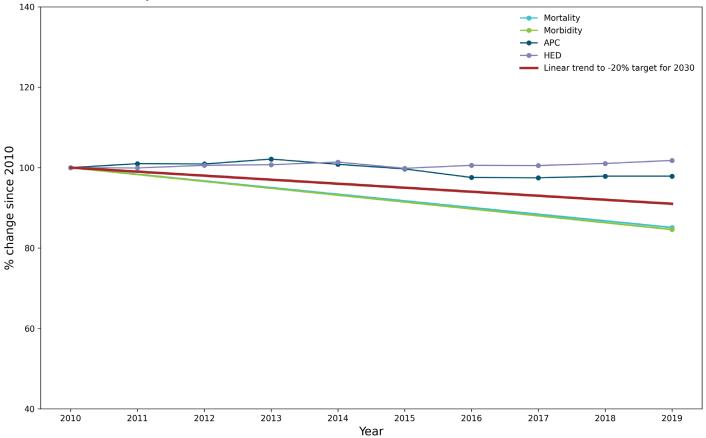
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not achieved	partially achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	12.23	34.80	32.29	1696.50
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Azerbaijan

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WHO rating for alcohol control policy
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Restrictions on physical availability

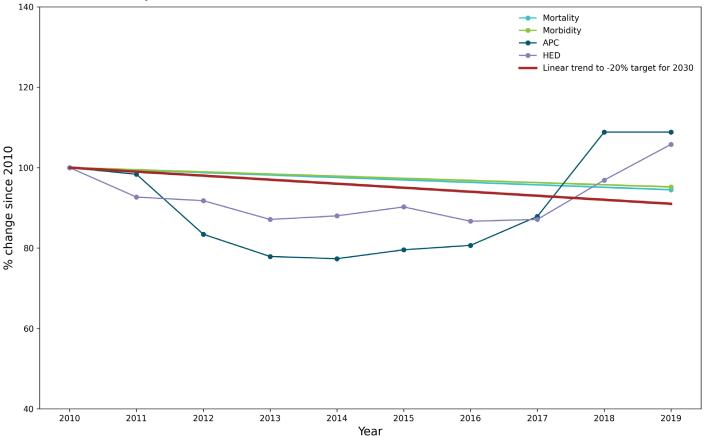
Advertising bans or comprehensive restrictions

partially achieved

Not reported

Partially achieved

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Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.81	4.50	51.27	1704.47
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Bahamas**

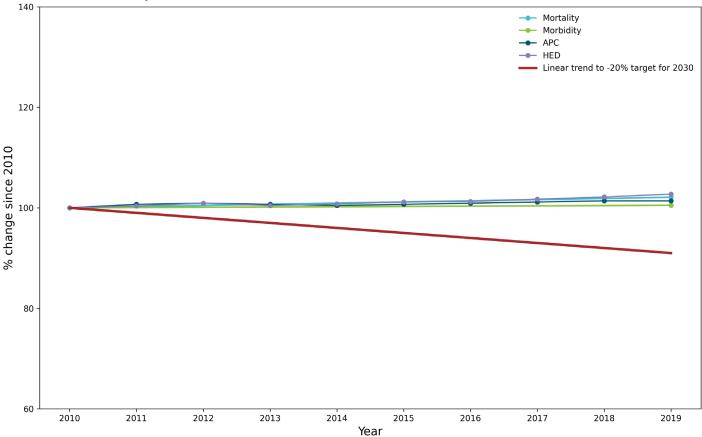
## UN indicators for harmful use of alcohol

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:

- ▶ 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	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.33	22.71	37.01	1966.32
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Bahrain**

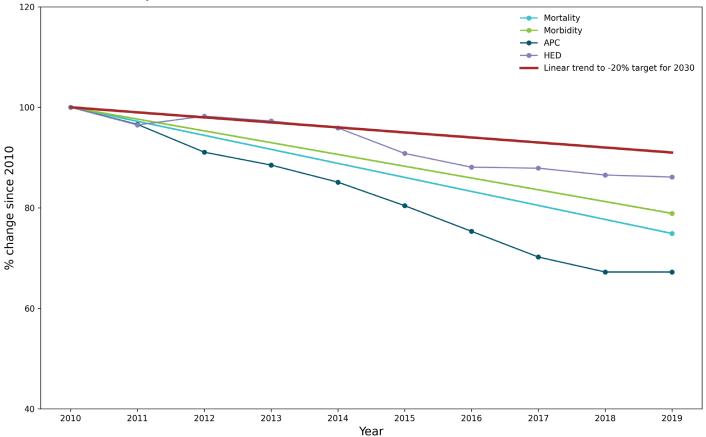
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)
- \* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement 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	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.35	5.12	12.89	466.96
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Bangladesh

## UN indicators for harmful use of alcohol

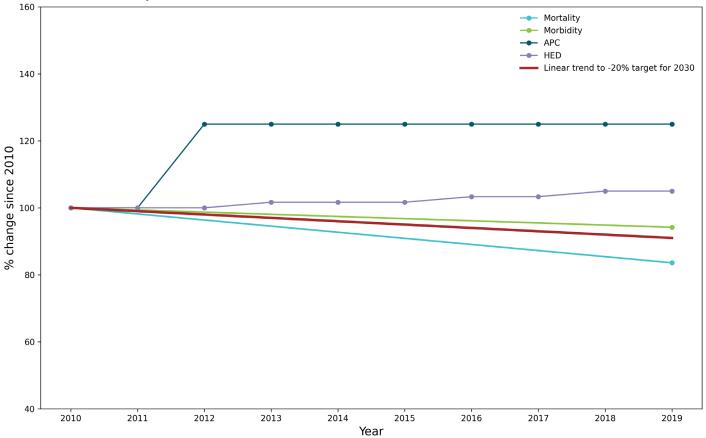
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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\* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.00	0.60	5.24	294.97
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Barbados**

## UN indicators for harmful use of alcohol

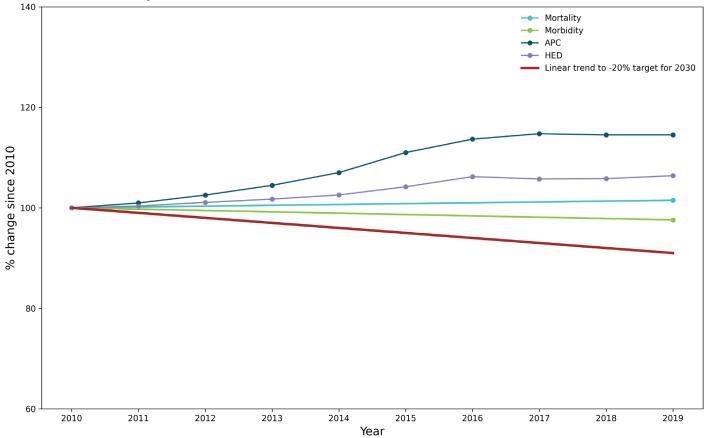
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)

\* 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	8.27	27.72	27.28	1366.22
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Belarus

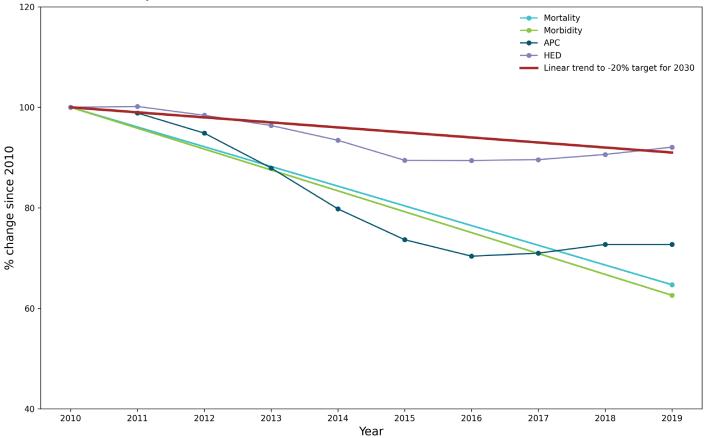
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	14.99	30.15	222.30	7689.18
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Belgium

## UN indicators for harmful use of alcohol

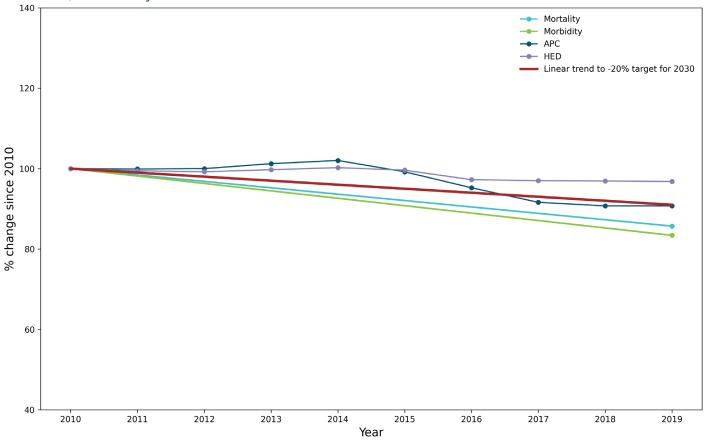
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
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	WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
:	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.33	33.40	28.58	1622.72
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Belize

## UN indicators for harmful use of alcohol

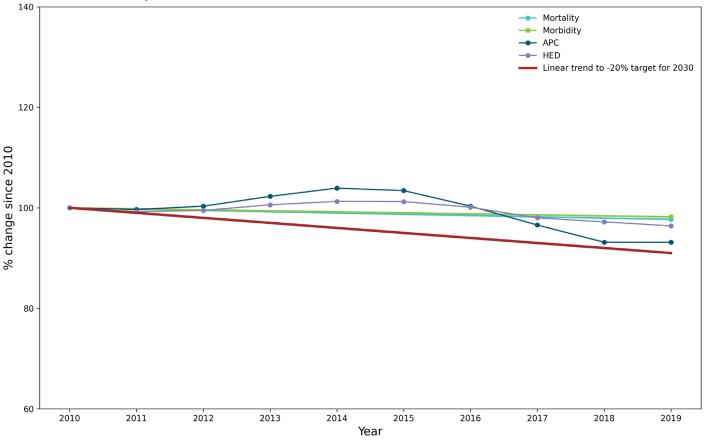
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
fully achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.13	25.05	47.67	2370.01
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Benin**

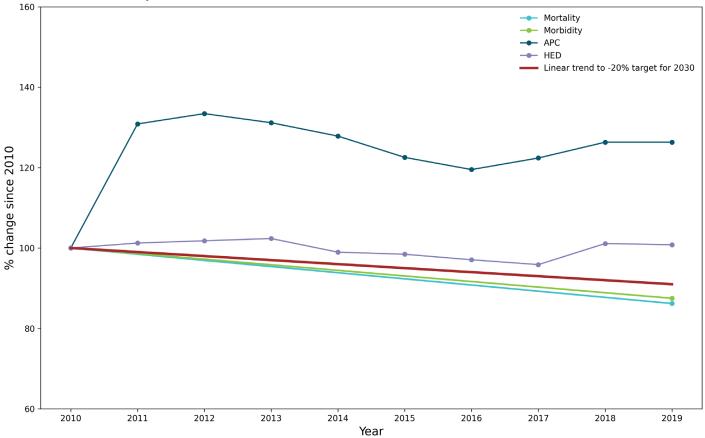
## UN indicators for harmful use of alcohol

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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.61	23.29	77.61	3023.55
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Bhutan**

## UN indicators for harmful use of alcohol

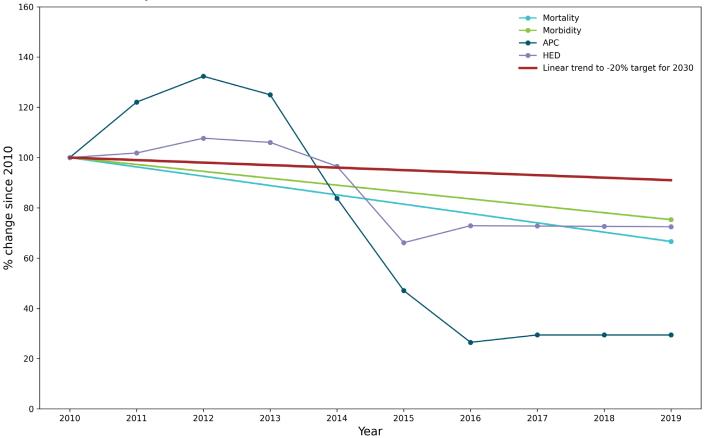
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
fully achieved	fully achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.68	13.25	15.87	987.75
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Bolivia, Plurinational State of

## UN indicators for harmful use of alcohol

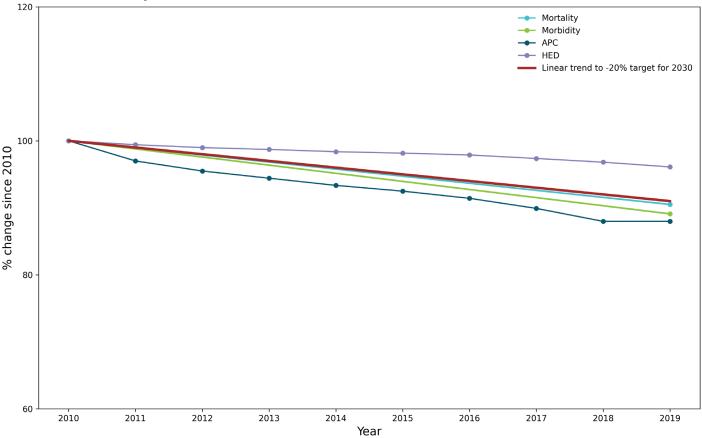
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	WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
f	partially achieved	not achieved	fully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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.66	32.61	45.00	1918.68
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Bosnia and Herzegovina

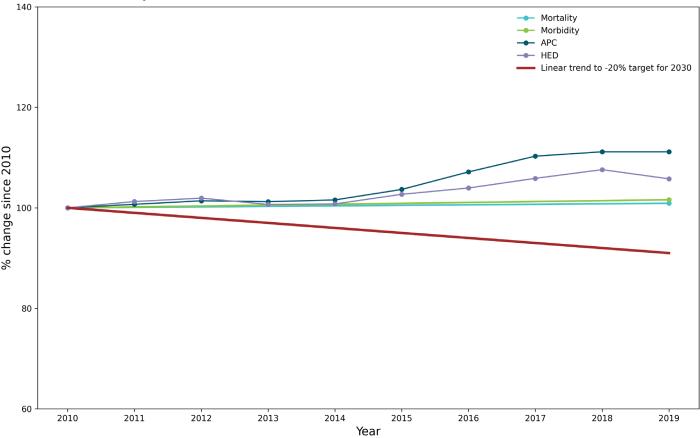
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.74	10.40	24.48	1204.71
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Botswana**

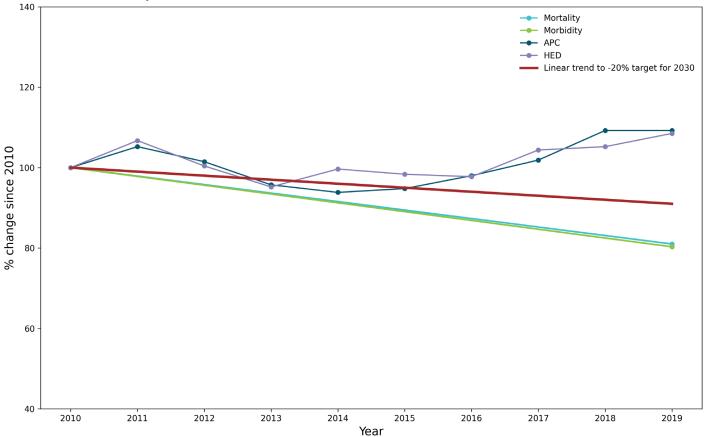
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)
- \* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement 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				
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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.47	14.58	94.13	4135.64
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Brazil**

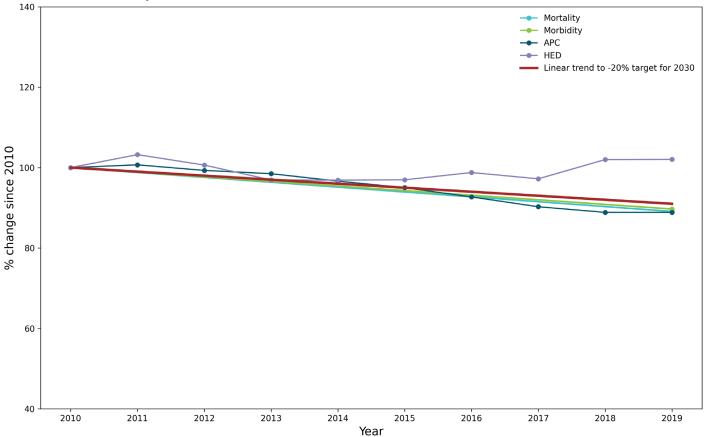
## UN indicators for harmful use of alcohol

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	not achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	8.63	20.47	43.92	2378.62
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Brunei Darussalam

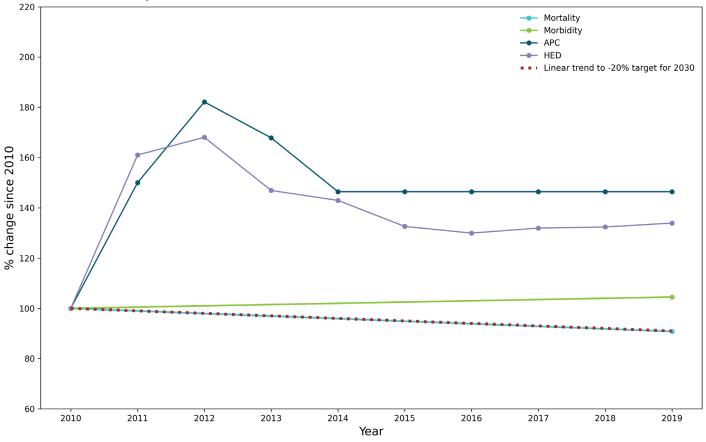
#### UN indicators for harmful use of alcohol

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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- ▶ 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			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.28	4.54	10.26	435.67
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Bulgaria

## UN indicators for harmful use of alcohol

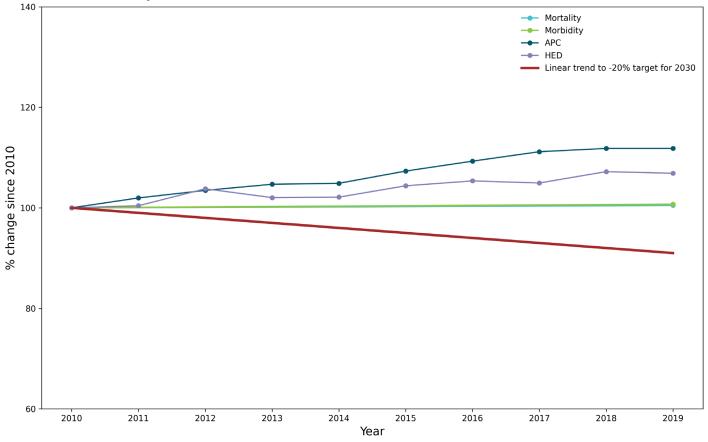
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)

\* 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 reported	not reported			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.66	21.66	38.71	1895.84
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Burkina Faso**

## UN indicators for harmful use of alcohol

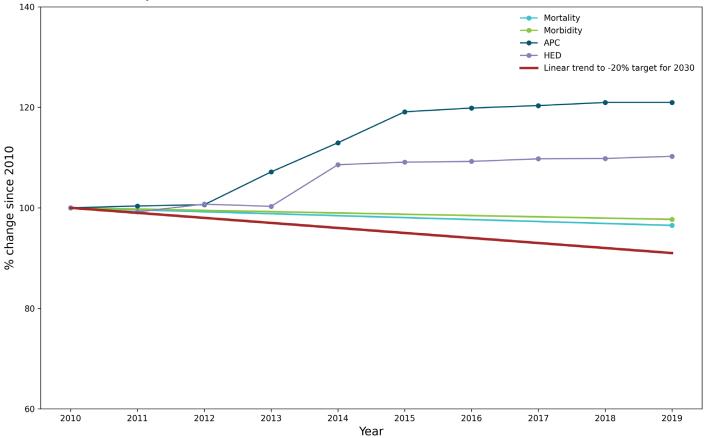
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	fully achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	8.11	13.75	73.38	2763.02
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Burundi**

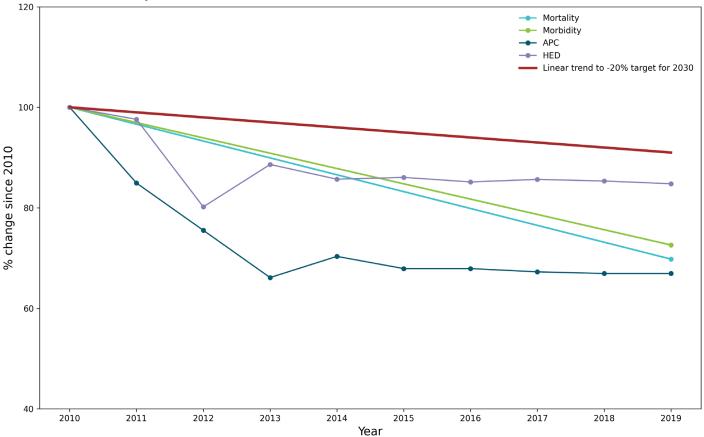
## UN indicators for harmful use of alcohol

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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.17	22.16	78.90	3230.35
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Cabo Verde

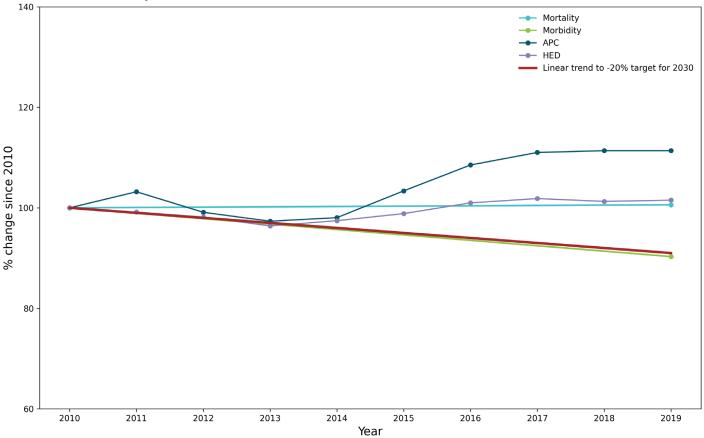
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The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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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	not achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.63	37.53	55.27	2454.10
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Cambodia

## 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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- ▶ 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

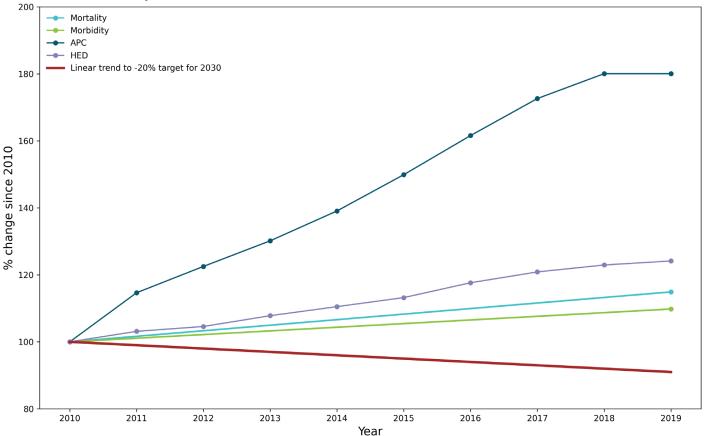
Increased excise taxes

not 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.71	20.75	69.19	2774.82
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Cameroon

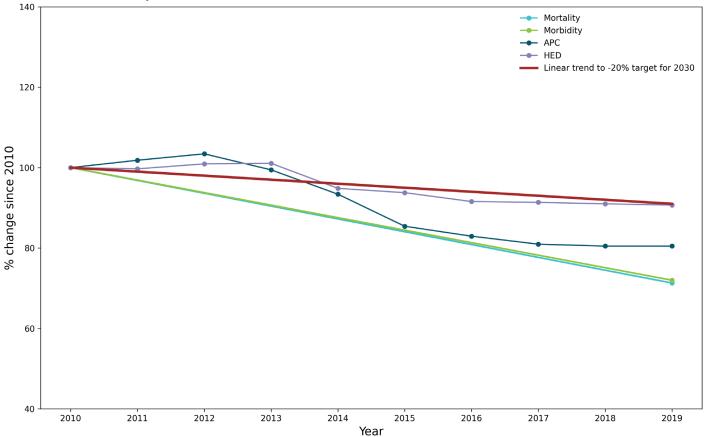
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	12.55	29.86	121.36	4873.98
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Canada

## UN indicators for harmful use of alcohol

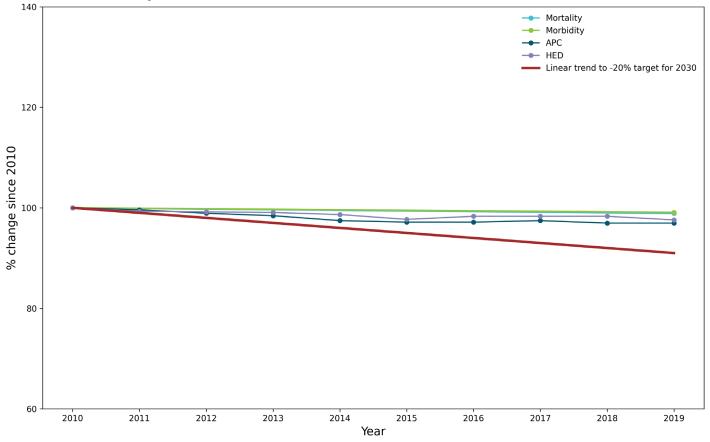
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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 reported	

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.21	29.14	21.53	1164.08
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Central African Republic

## UN indicators for harmful use of alcohol

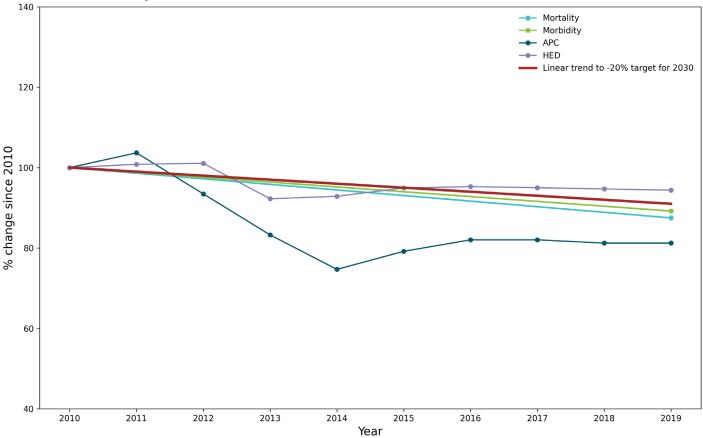
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.45	29.03	88.09	3819.05
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Chad

## UN indicators for harmful use of alcohol

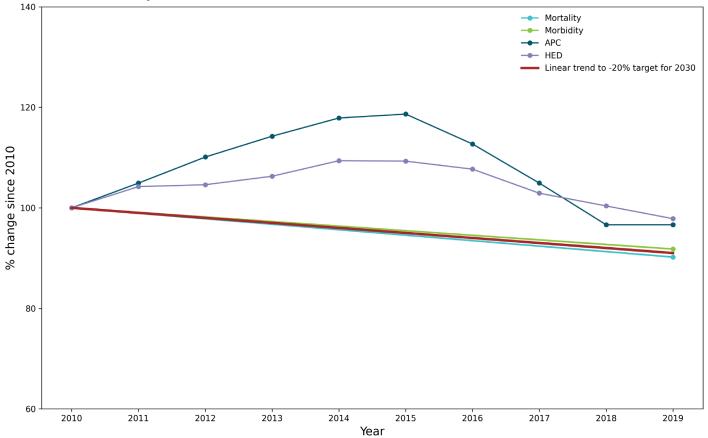
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- APC1: Total alcohol per capita consumption
- HED1: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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	
f	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.86	10.66	57.54	2237.36
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

<sup>&</sup>lt;sup>1</sup> WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Chile

### UN indicators for harmful use of alcohol

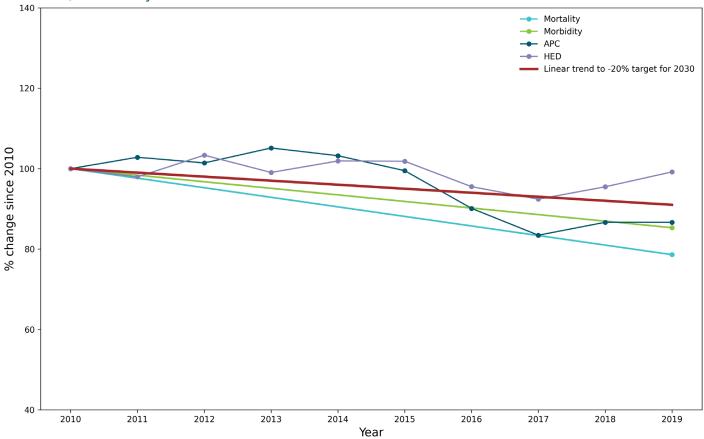
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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.

	ng for alcohol con unicable Diseases Prog	
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.79	30.52	28.29	1700.43
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **China**

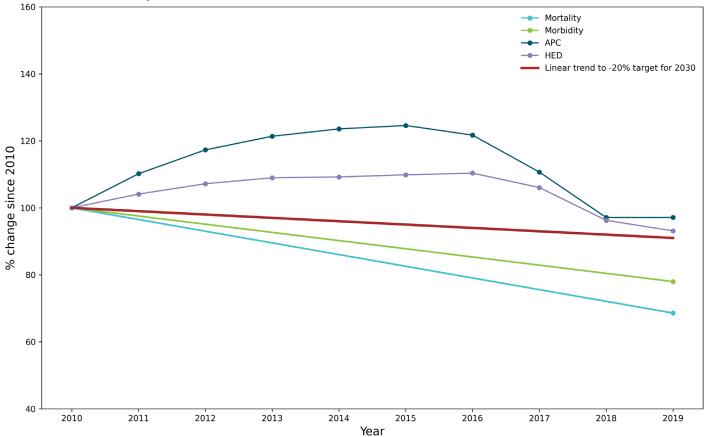
### UN indicators for harmful use of alcohol

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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	not achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.90	15.84	21.16	1012.23
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Colombia

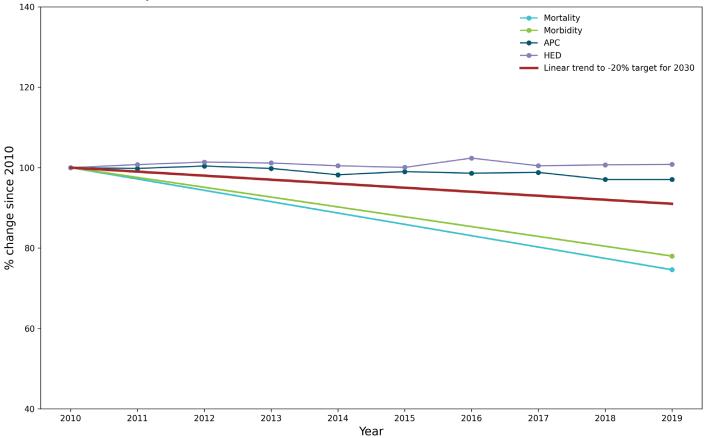
### UN indicators for harmful use of alcohol

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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.07	17.35	23.70	1466.68
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Comoros

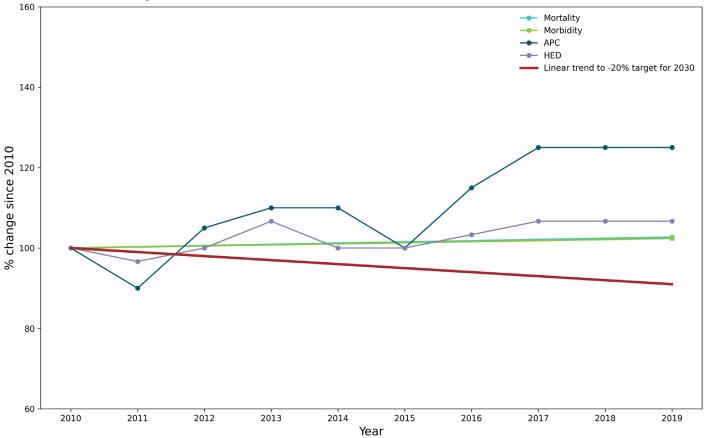
### UN indicators for harmful use of alcohol

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- ▶ HED¹: 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			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.20	0.30	5.84	353.90
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Congo, Republic of

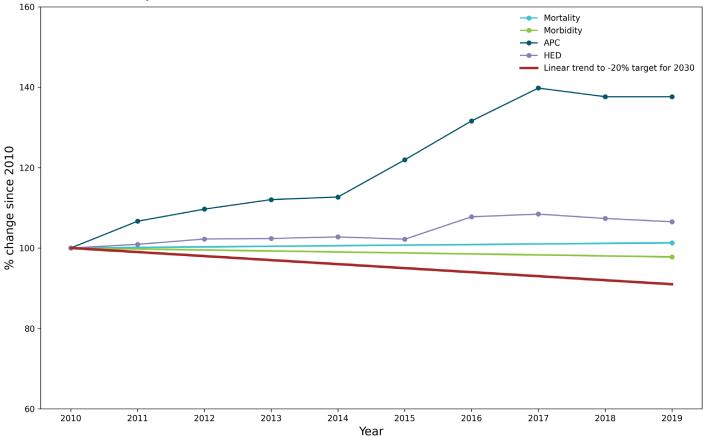
### UN indicators for harmful use of alcohol

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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 20				
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes	
f	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.65	41.46	82.22	3486.76
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Cook Islands

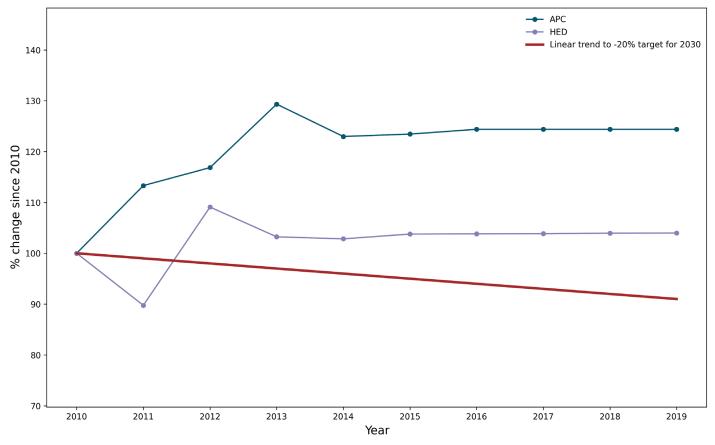
#### UN indicators for harmful use of alcohol

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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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (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		

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Costa Rica

### UN indicators for harmful use of alcohol

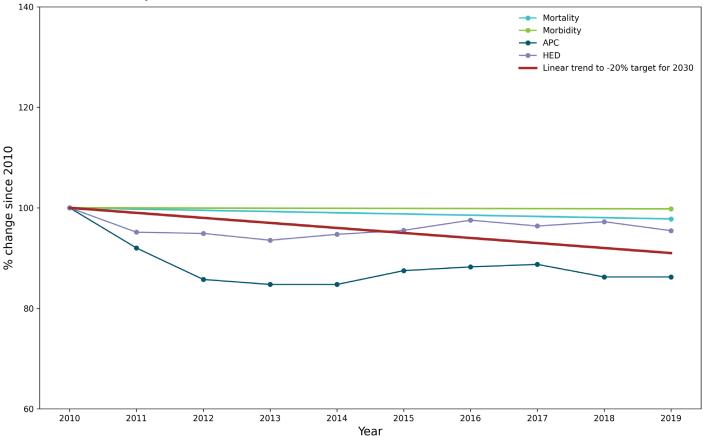
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	WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes				
fully achieved	fully achieved	fully achieved				

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.00	16.29	16.66	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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Côte d'Ivoire

### UN indicators for harmful use of alcohol

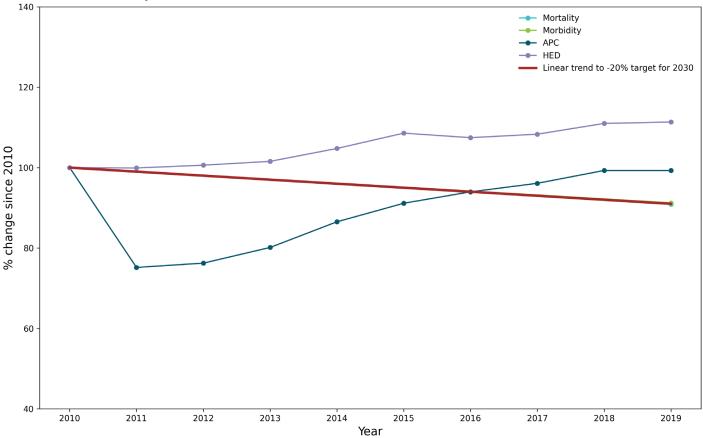
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability  Advertising bans or comprehensive restrictions  Advertising bans or excise taxes				
partially achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.82	11.55	46.26	1862.11
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Croatia

### UN indicators for harmful use of alcohol

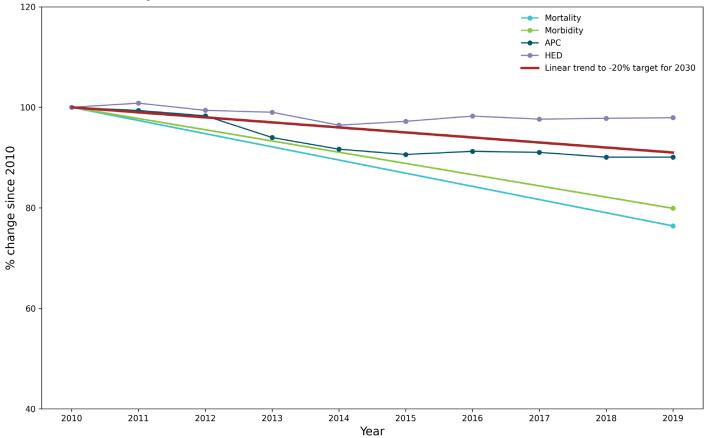
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	partially achieved not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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.48	31.53	42.64	2124.45
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Cuba

### UN indicators for harmful use of alcohol

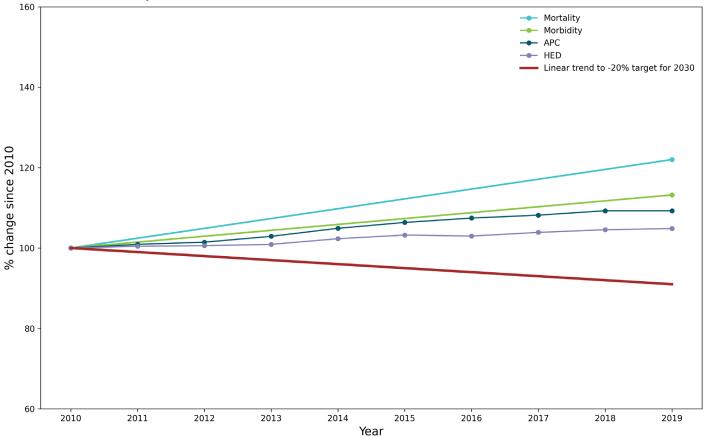
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- ▶ APC¹: Total alcohol per capita consumption
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	artially 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.50	24.16	21.37	1125.88
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Cyprus**

### 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

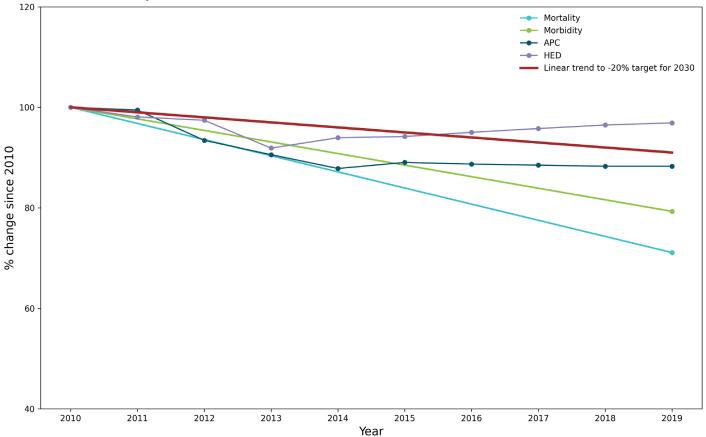
Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.12	21.31	12.89	857.69
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Czech Republic

### UN indicators for harmful use of alcohol

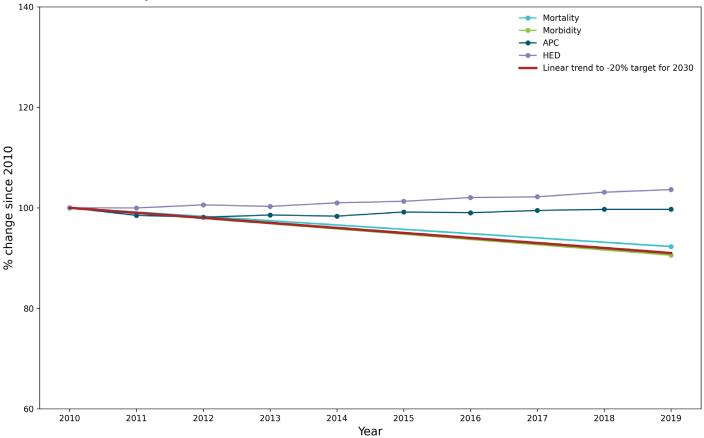
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	13.33	39.24	41.25	2293.57
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# 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.

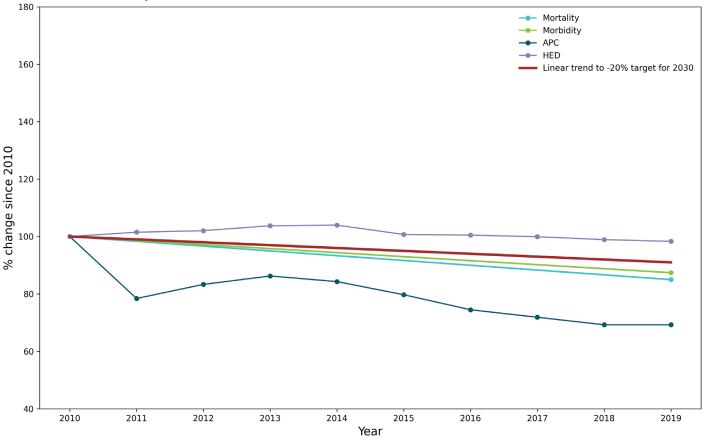
WHO rating for alcohol control policy
Source: Noncommunicable Diseases Progress Monitor 2022

Restrictions on physical availability

Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.06	34.27	68.54	2952.03
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Denmark

### UN indicators for harmful use of alcohol

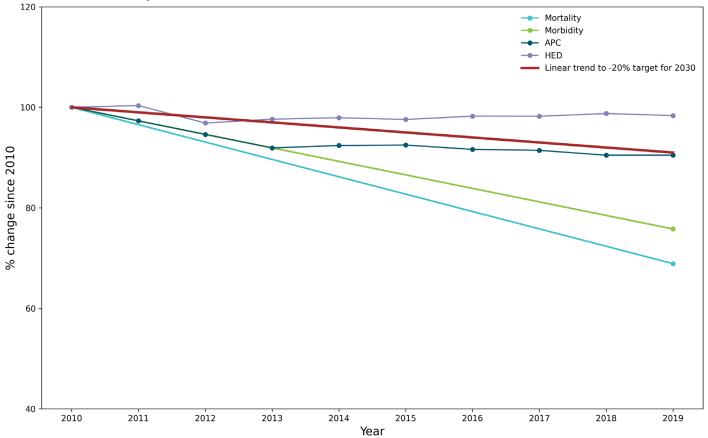
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)

\* 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		
f	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.39	34.79	32.12	1652.36
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Djibouti

### UN indicators for harmful use of alcohol

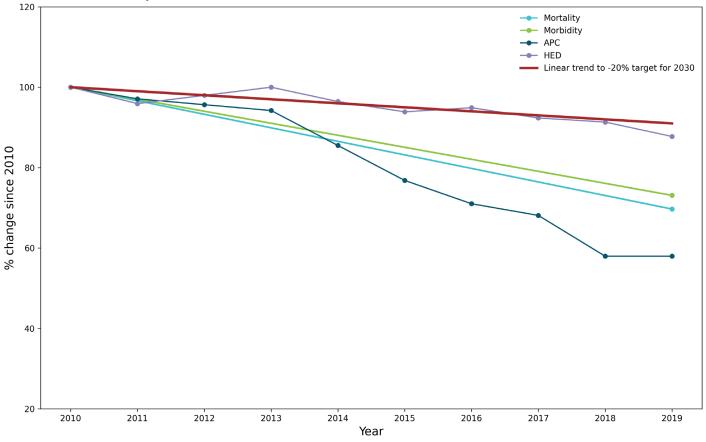
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- Morbidity<sup>2</sup>: Age-standardized alcohol attributable DALYs (rate per 100,000)

\* 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.69	1.96	19.15	860.76
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Dominica**

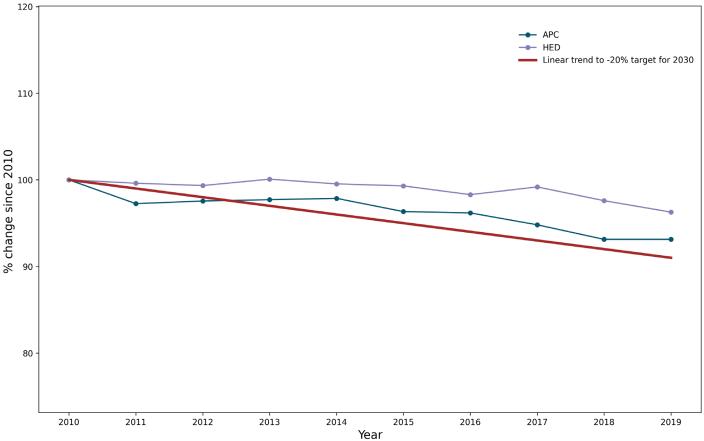
### UN indicators for harmful use of alcohol

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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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (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		

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Dominican Republic**

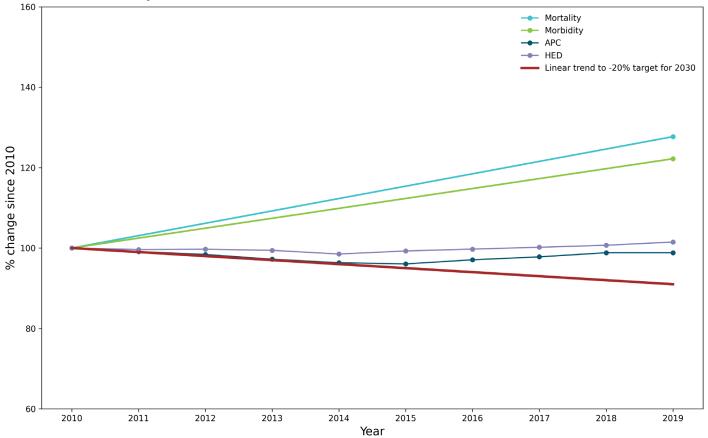
### UN indicators for harmful use of alcohol

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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.84	26.13	42.58	2073.99
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **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:

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

Restrictions on physical availability

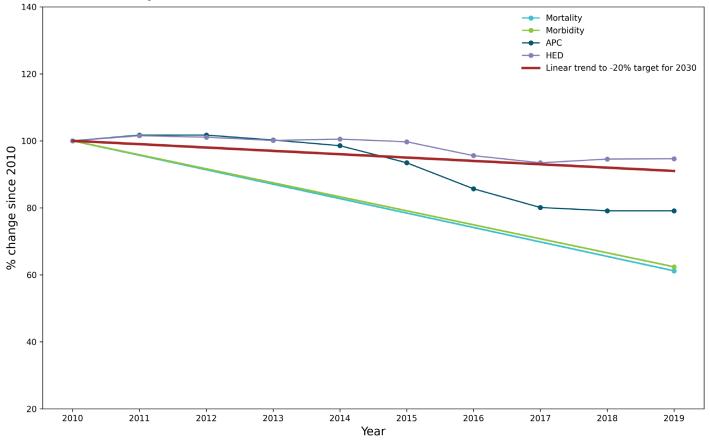
Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.12	31.37	35.81	1804.62
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Egypt**

### UN indicators for harmful use of alcohol

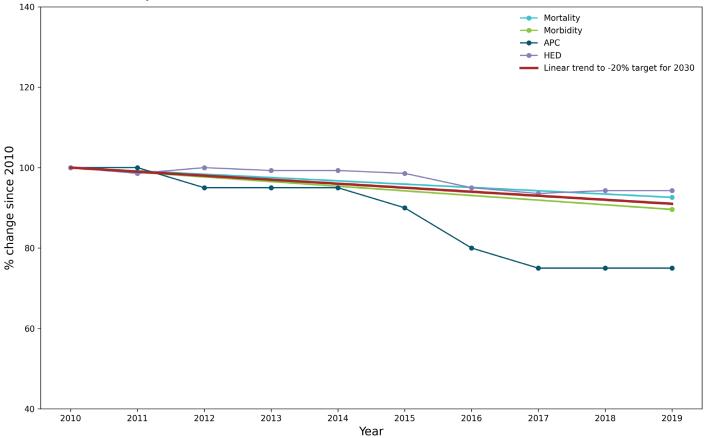
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	fully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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.20	1.40	19.12	537.76
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## El Salvador

### UN indicators for harmful use of alcohol

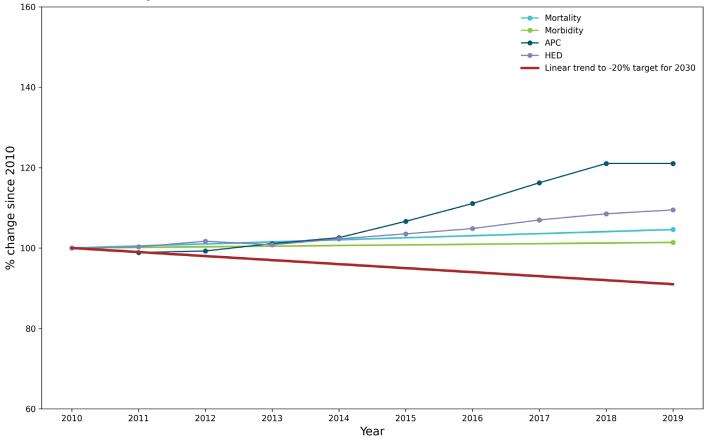
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.71	13.61	35.20	2119.41
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Equatorial Guinea**

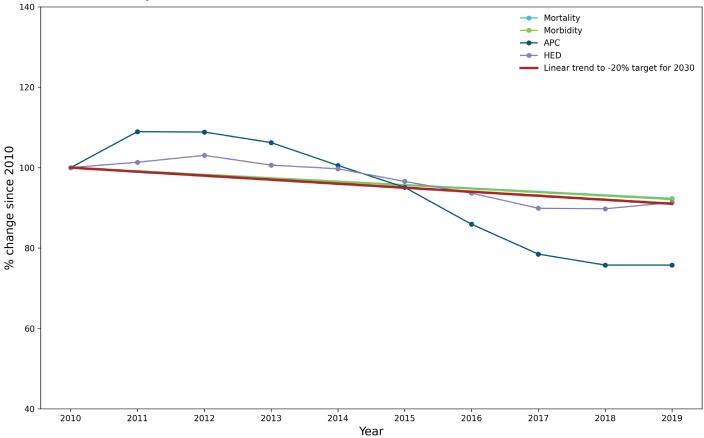
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.16	49.55	80.88	3462.73
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Eritrea**

### UN indicators for harmful use of alcohol

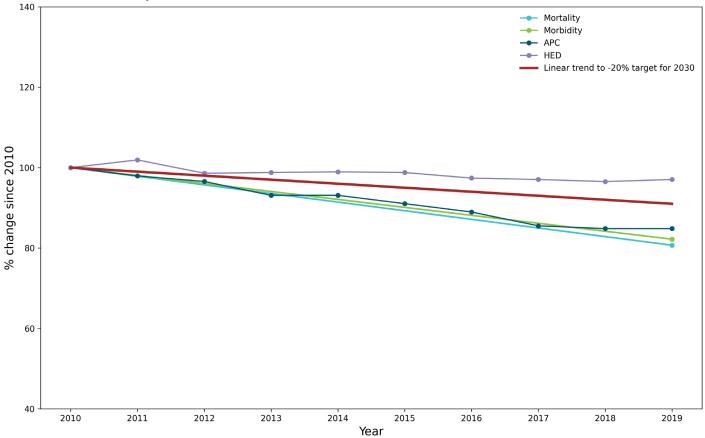
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes	
	partially achieved	not achieved	not achieved	

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.45	5.75	42.11	1766.65
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Estonia**

### UN indicators for harmful use of alcohol

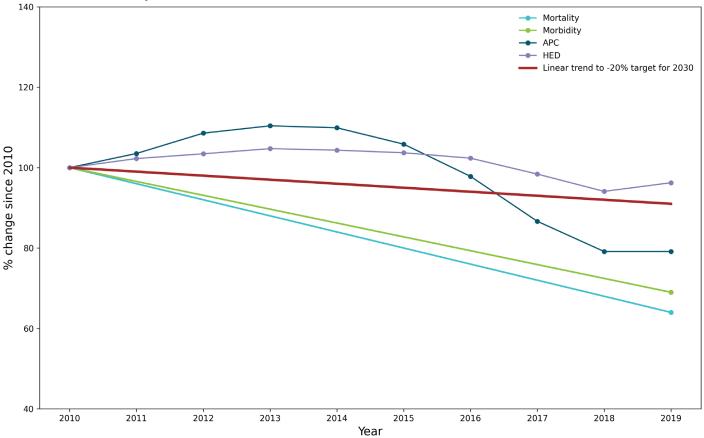
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	14.23	31.13	114.10	4331.52
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Eswatini**

### UN indicators for harmful use of alcohol

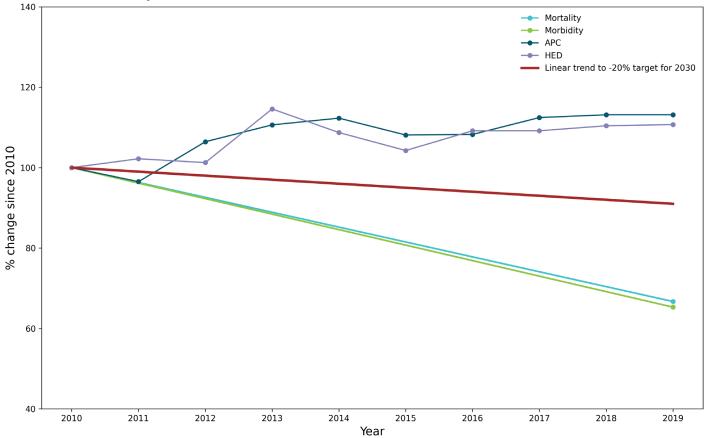
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.15	13.64	150.36	6632.09
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Ethiopia**

### UN indicators for harmful use of alcohol

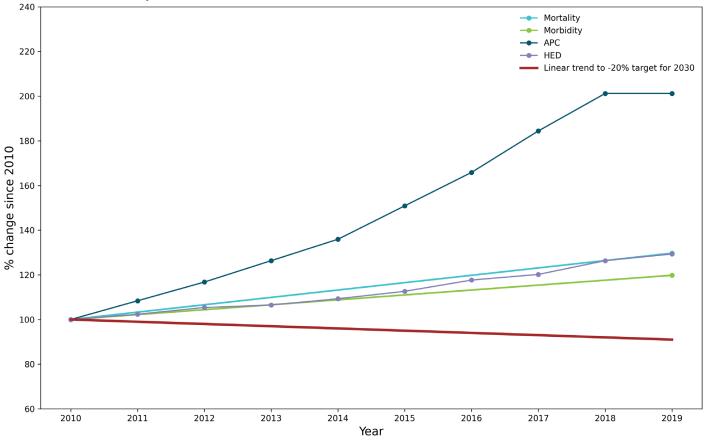
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\* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.67	6.34	30.79	1471.91
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### UN indicators for harmful use of alcohol

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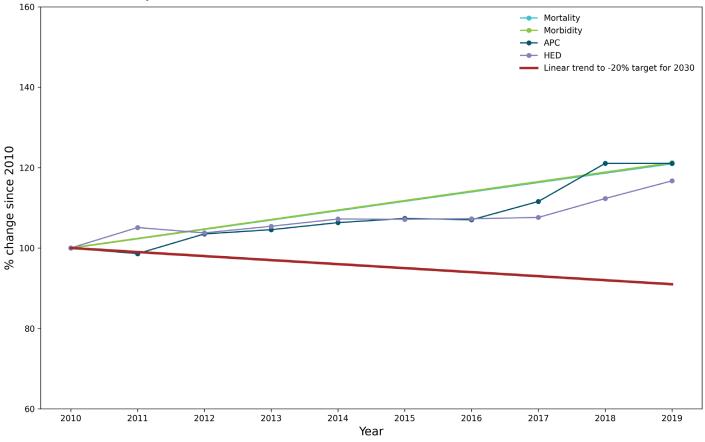
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
	Advertising			

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.85	12.75	17.14	759.87
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Finland**

### UN indicators for harmful use of alcohol

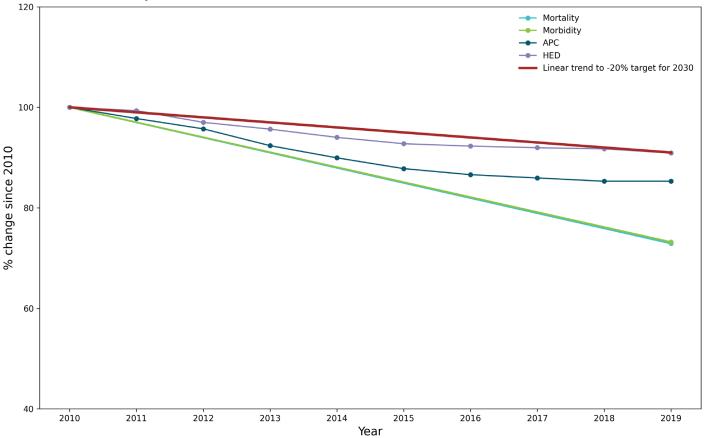
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\* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.74	44.16	37.49	2105.64
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **France**

### UN indicators for harmful use of alcohol

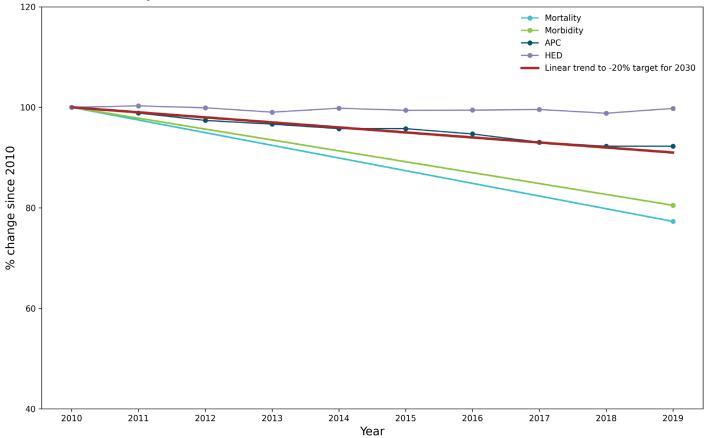
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	12.25	32.15	32.02	1645.99
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Gabon

### UN indicators for harmful use of alcohol

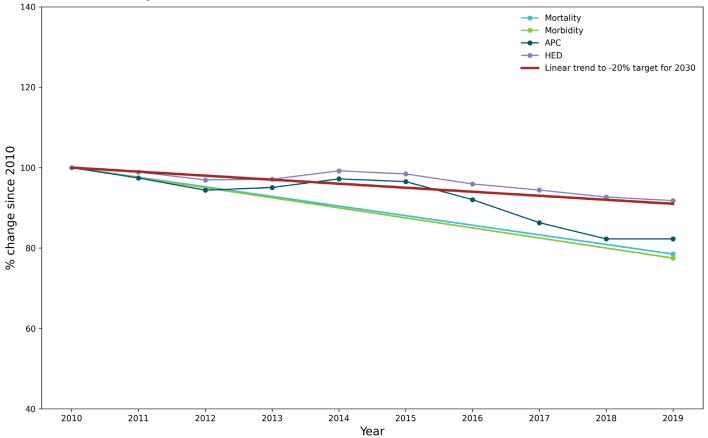
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
not achieved	not achieved	partially achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	8.91	41.42	111.54	4537.77
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Gambia**

### UN indicators for harmful use of alcohol

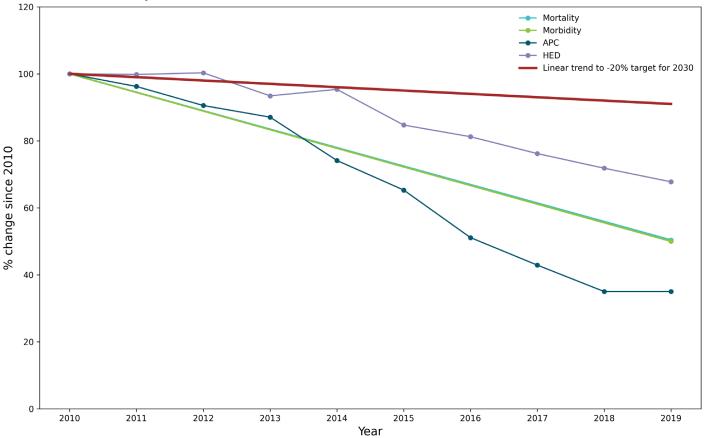
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WHO ratin Source: Noncomm	trol policy gress Monitor 2022	
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.17	10.33	35.90	1389.75
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Georgia

### UN indicators for harmful use of alcohol

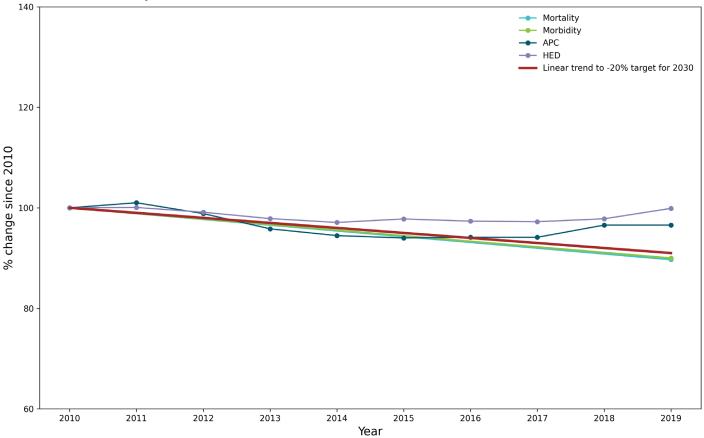
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022			
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes	
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	14.84	27.52	92.43	3639.46
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Germany

### UN indicators for harmful use of alcohol

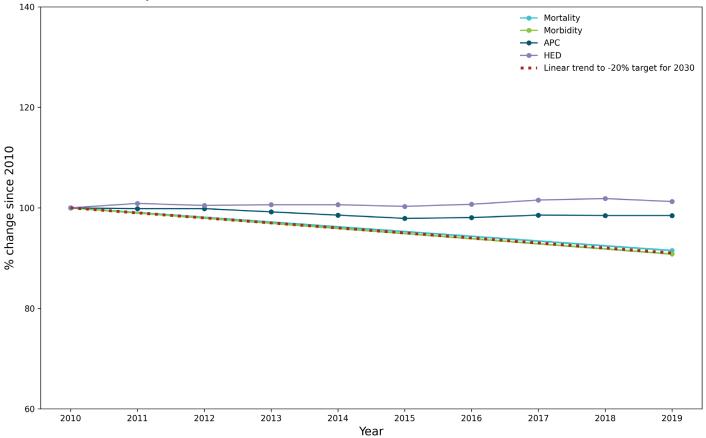
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
not achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	12.41	34.26	30.60	1523.67
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Ghana

### UN indicators for harmful use of alcohol

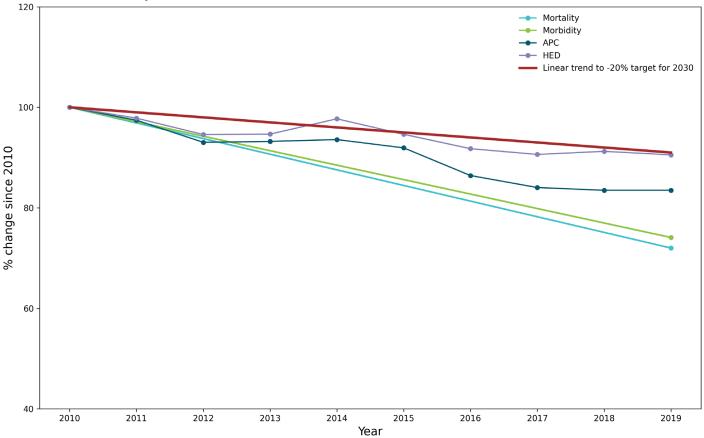
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022			
Restrictions on physical availability  Advertising bans or comprehensive restrictions  Advertising bans or excise taxes			
not achieved	not achieved	not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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.45	22.71	75.78	2985.21
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Greece**

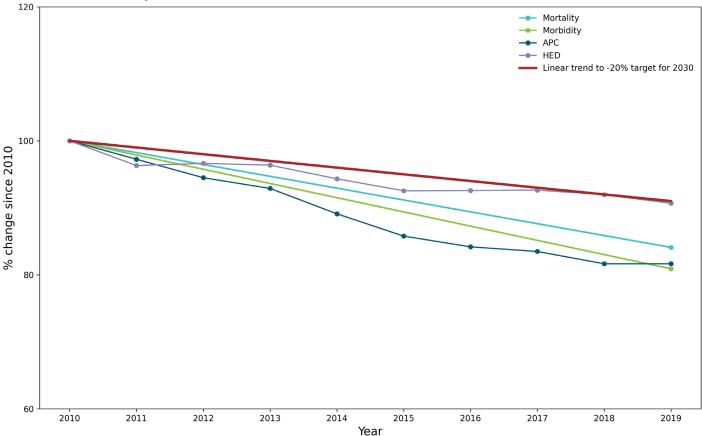
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially 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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	8.72	30.86	17.96	1093.93
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Grenada

### UN indicators for harmful use of alcohol

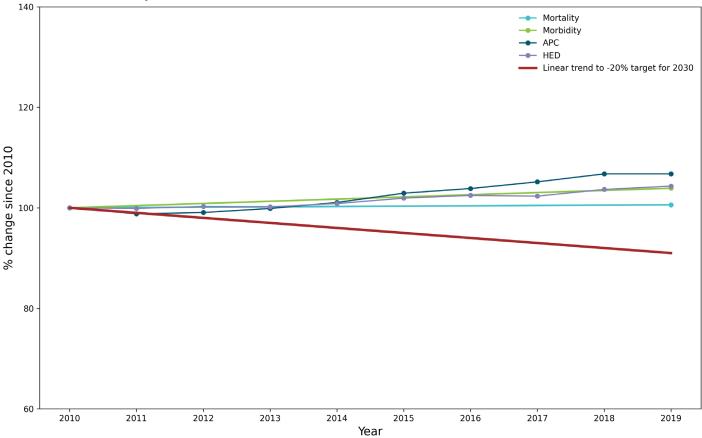
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	Increased excise taxes			
partially achieved not achieved partially achiev				

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.55	27.07	37.37	1681.37
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Guatemala

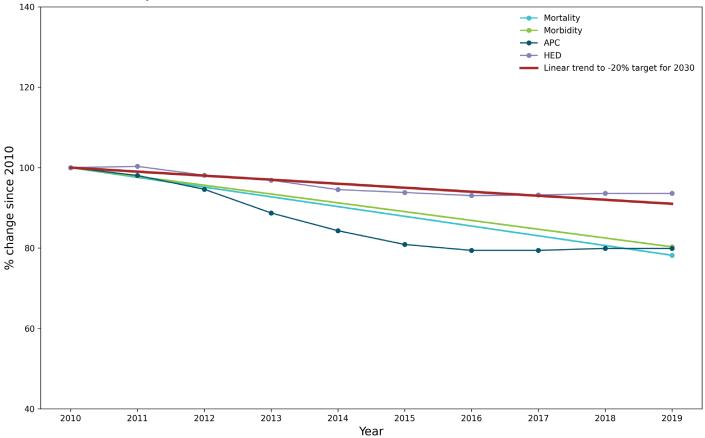
### UN indicators for harmful use of alcohol

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- ▶ 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	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.04	12.78	52.62	2737.54
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Guinea

#### UN indicators for harmful use of alcohol

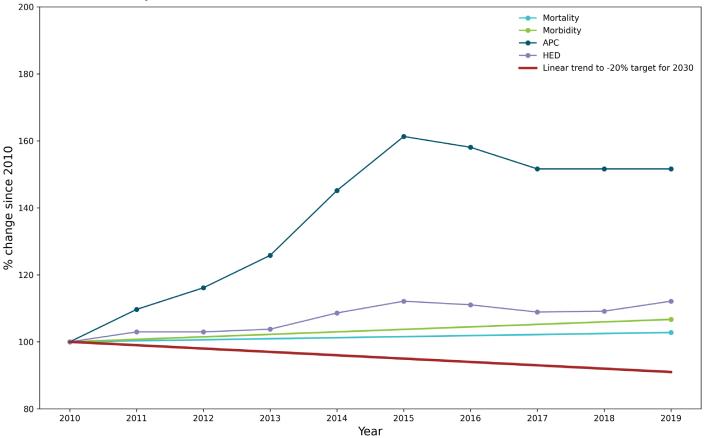
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: Age-standardized alcohol attributable DALYs (rate per 100,000)

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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.31	3.71	18.18	703.67
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Guinea-Bissau**

#### UN indicators for harmful use of alcohol

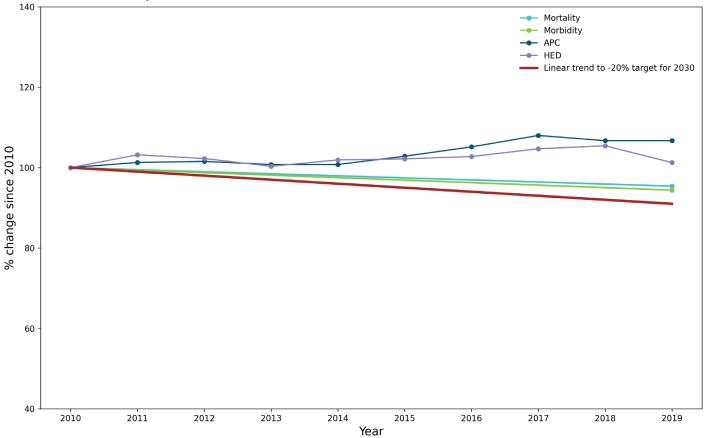
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\* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level 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	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.88	11.96	76.57	3037.69
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Guyana

#### UN indicators for harmful use of alcohol

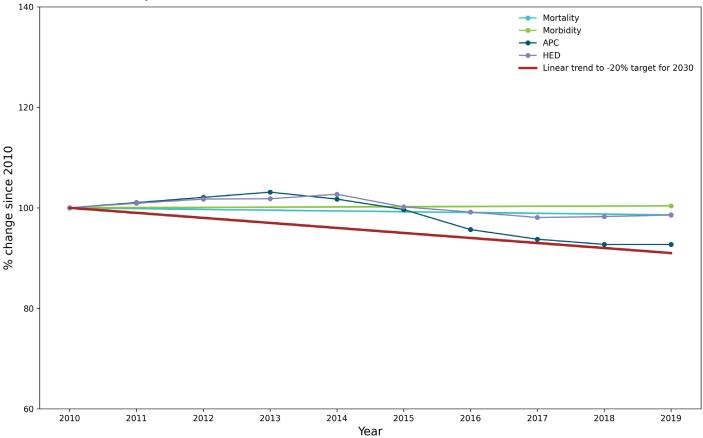
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.77	16.67	65.30	3041.88
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Haiti

#### UN indicators for harmful use of alcohol

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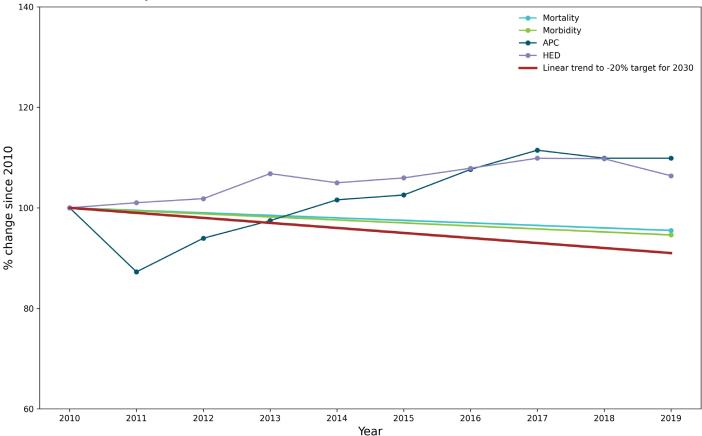
	WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022						
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes					

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.14	18.65	49.74	2339.67
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

<sup>&</sup>lt;sup>2</sup>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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Honduras**

#### UN indicators for harmful use of alcohol

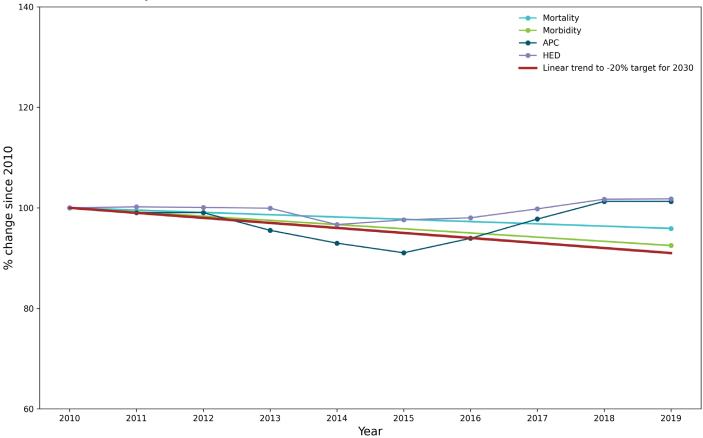
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
fully achieved	not achieved	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.13	14.65	42.06	1943.71
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Hungary

#### 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

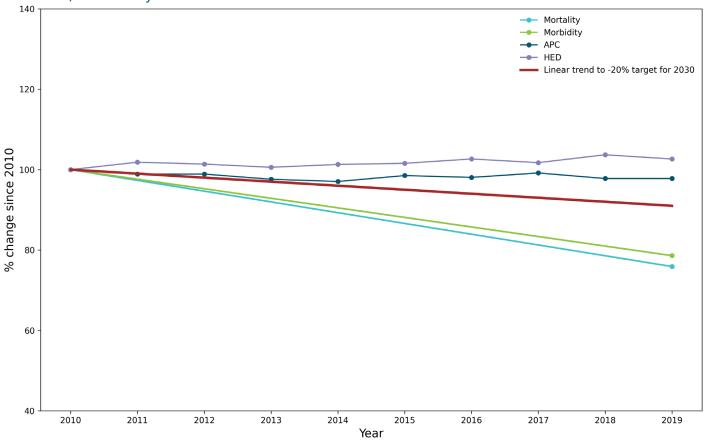
not reported

Advertising bans or comprehensive restrictions

Increased excise taxes

not reported partially achieve

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.84	36.33	56.84	2636.93
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Iceland**

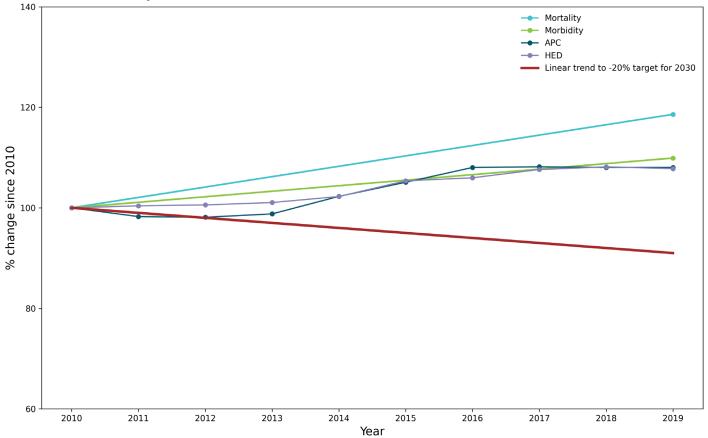
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
fully achieved	fully achieved	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.47	40.00	14.08	1026.78
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### India

#### UN indicators for harmful use of alcohol

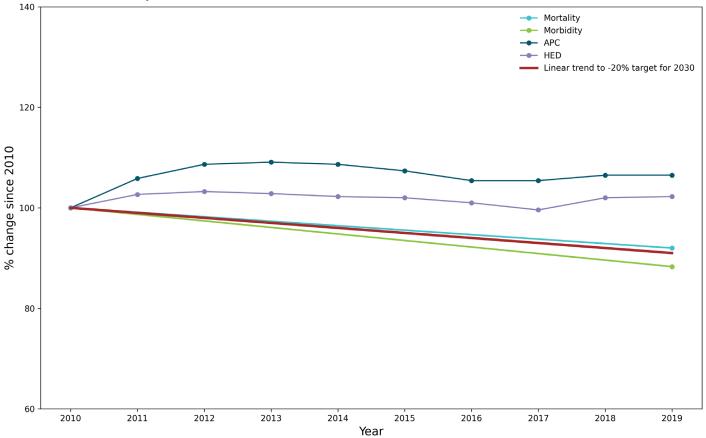
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	not reported	not reported			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.62	12.01	41.58	2009.71
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Indonesia

#### UN indicators for harmful use of alcohol

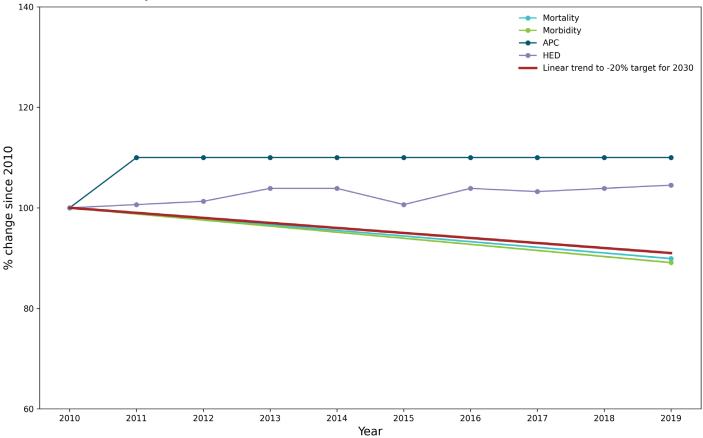
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	fully achieved	fully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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.10	1.55	11.34	383.71
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Iran, Islamic Republic of

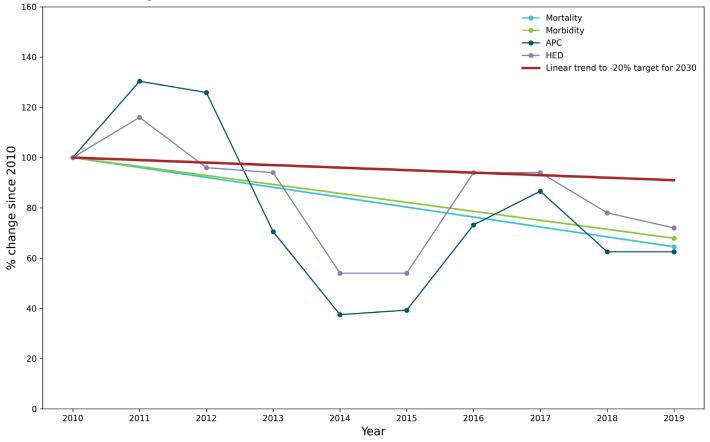
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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- \* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy 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			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.12	0.50	4.20	182.56
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

#### 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)
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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

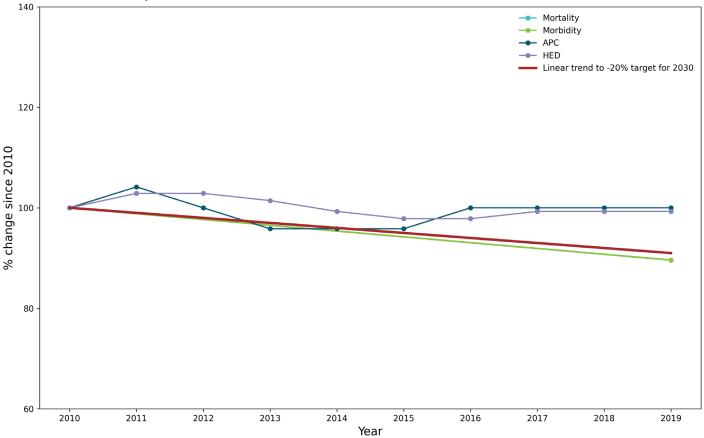
partially achieved

Not reported

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.24	1.39	8.06	316.96
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Ireland

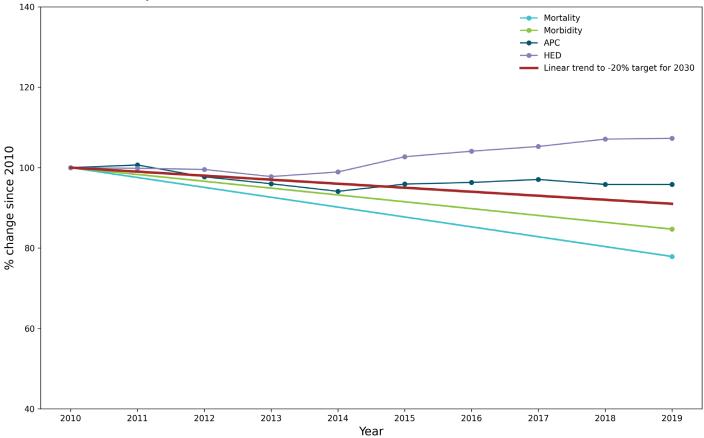
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	12.21	42.61	24.05	1573.73
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Israel

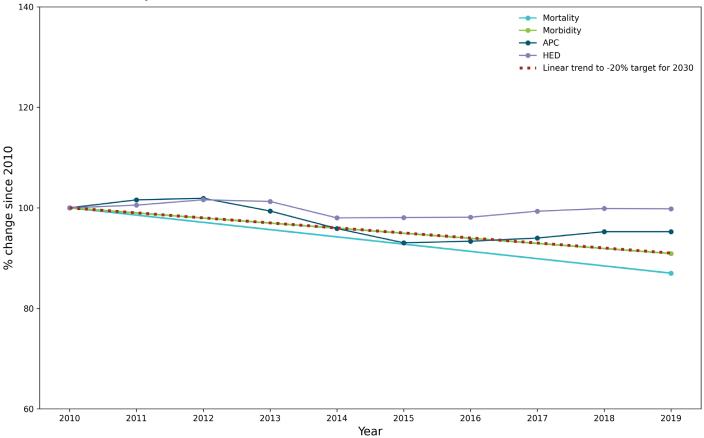
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.16	15.00	8.48	510.70
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Italy

### UN indicators for harmful use of alcohol

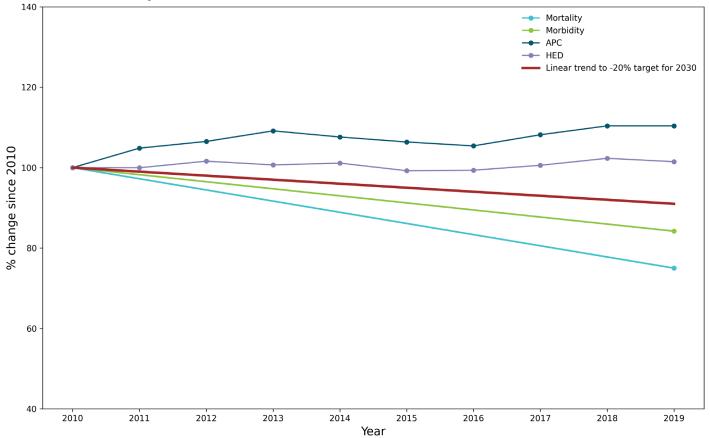
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	partially achieved	not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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.22	31.15	16.12	911.69
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Jamaica**

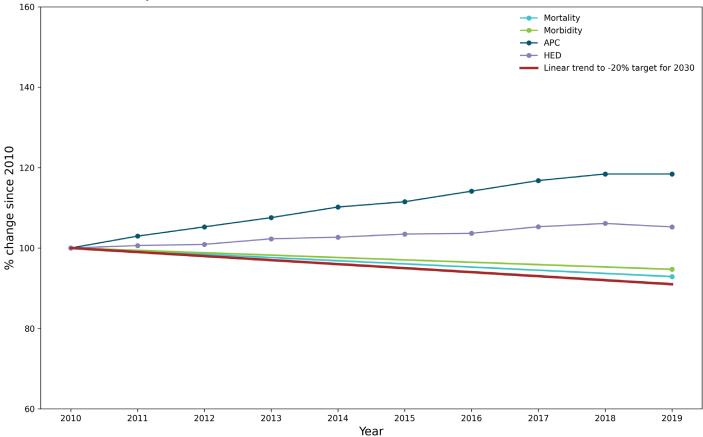
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	fully achieved		

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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.04	19.63	19.81	1002.77
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Japan

#### UN indicators for harmful use of alcohol

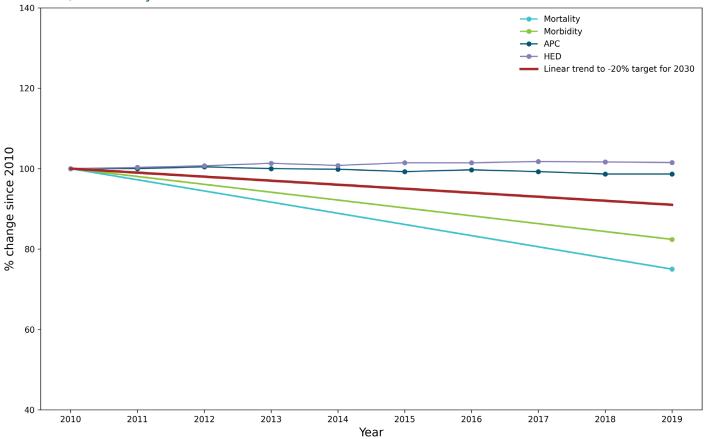
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		ng for alcohol con unicable Diseases Prog	
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
:	partially achieved	not achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.77	42.85	21.25	1035.70
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Jordan

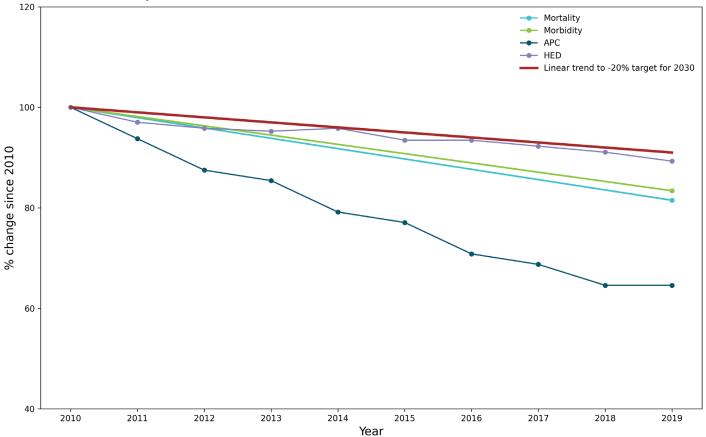
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	fully achieved	partially 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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.48	1.68	5.21	215.59
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Kazakhstan

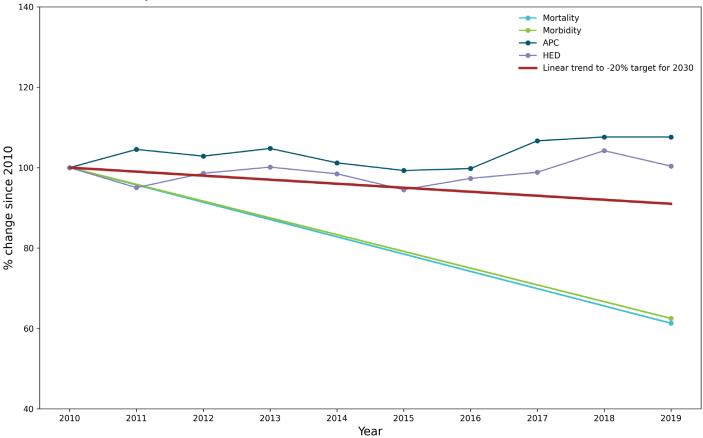
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.20	7.83	70.74	3087.56
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Kenya

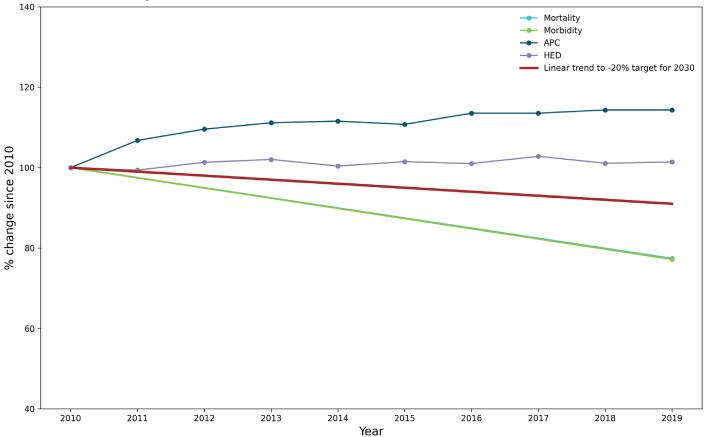
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	fully achieved		

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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.51	12.82	62.65	2433.40
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Kiribati**

#### UN indicators for harmful use of alcohol

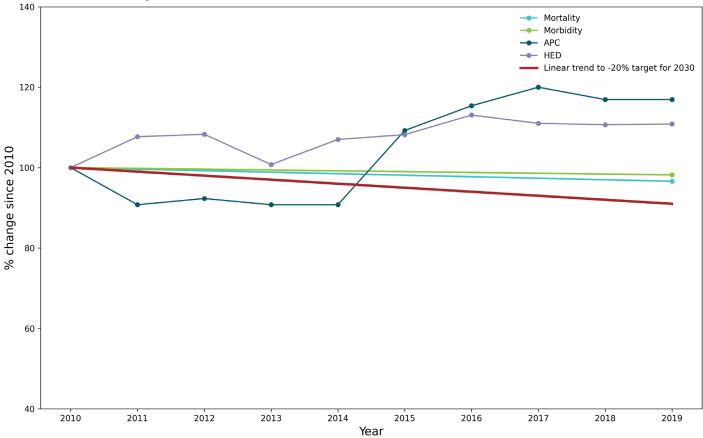
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- Morbidity<sup>2</sup>: Age-standardized alcohol attributable DALYs (rate per 100,000)

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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.65	11.71	27.09	1165.92
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Korea, Democratic People's Republic

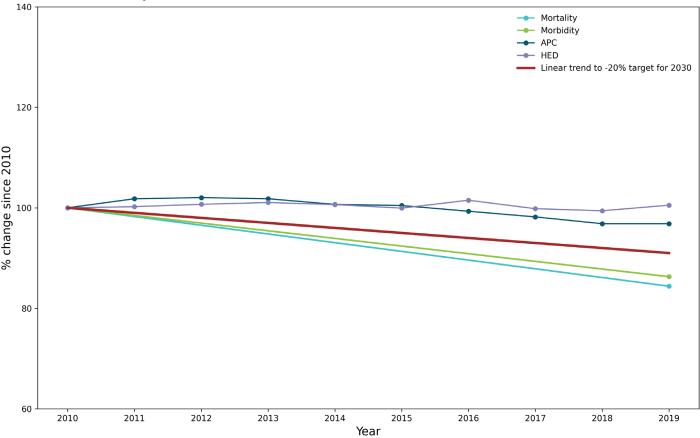
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- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.43	17.19	37.34	1675.48
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Korea, Republic of

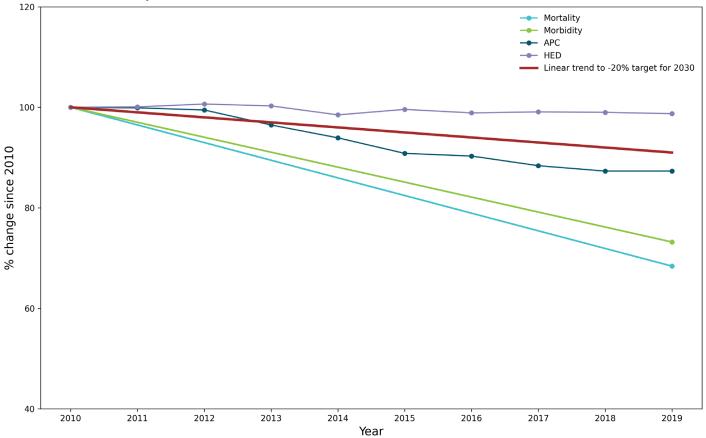
#### UN indicators for harmful use of alcohol

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:

- ▶ 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.38	45.93	33.56	1845.57
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Kuwait**

#### 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
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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.

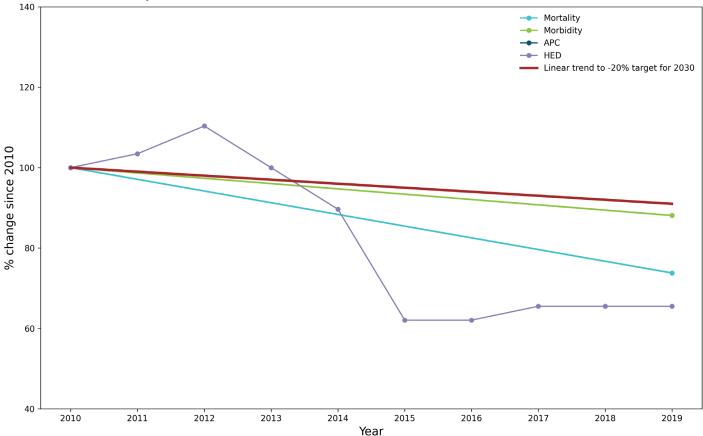
WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical	Advertising bans or comprehensive	Increased excise			

restrictions not reported not reported

availability

taxes not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010-2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.00	0.29	1.26	95.79
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Kyrgyzstan

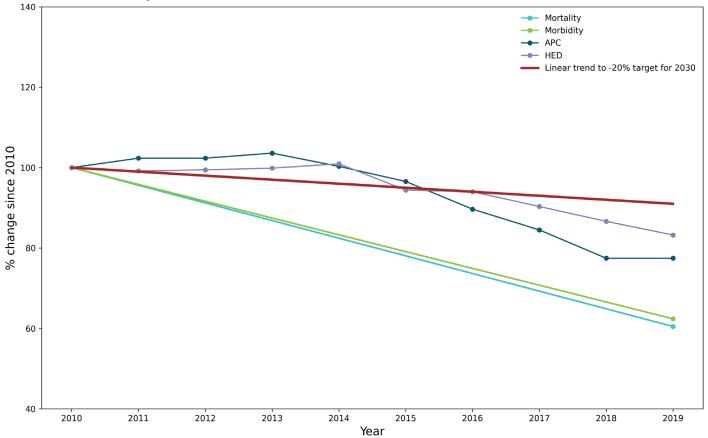
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes	
	partially achieved	fully achieved	fully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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.39	7.34	74.35	3043.16
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Lao, People's Democratic Republic

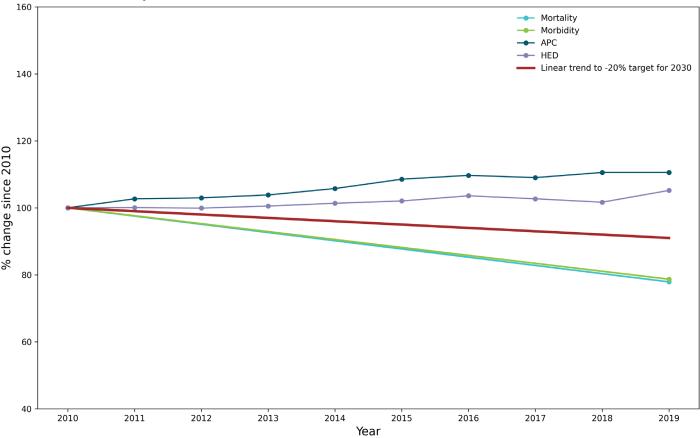
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
not achieved	not achieved	not achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.42	32.34	90.60	3555.79
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Latvia

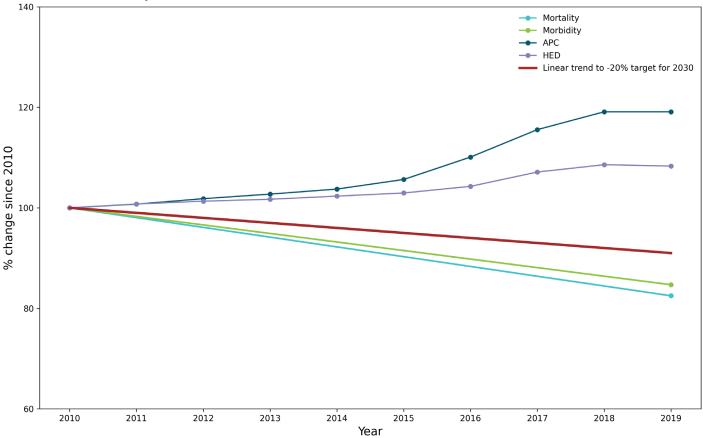
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.99	28.78	149.22	5398.35
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Lebanon

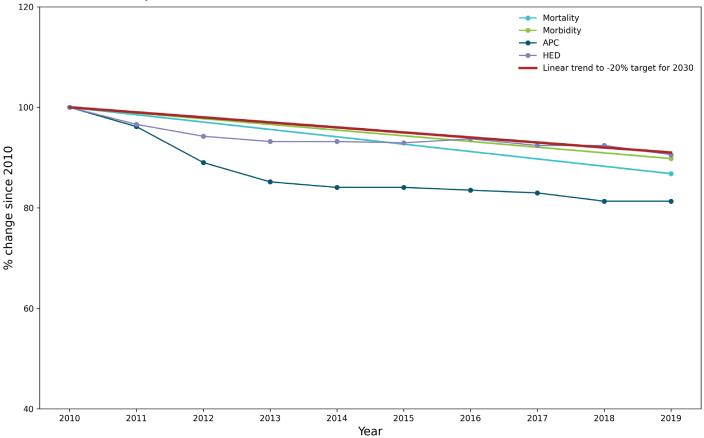
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Increased excise taxes			
partially achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.82	3.82	9.85	381.40
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Lesotho

#### UN indicators for harmful use of alcohol

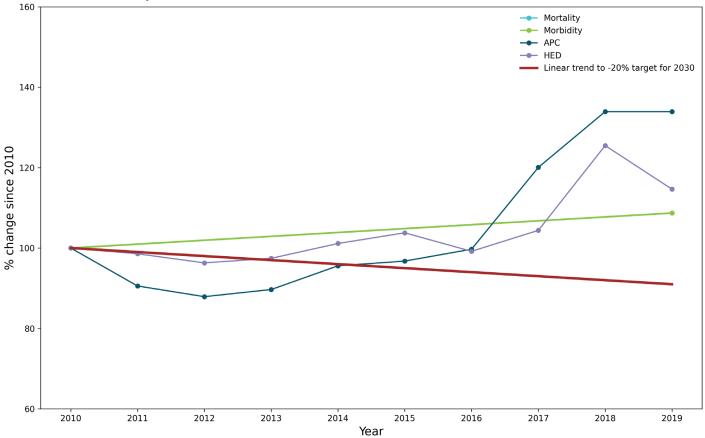
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- Morbidity<sup>2</sup>: Age-standardized alcohol attributable DALYs (rate per 100,000)

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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	hysical bans or excise				
partially achieved	rtially achieved not achieved not achie				

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.39	9.77	101.62	4619.78
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Liberia

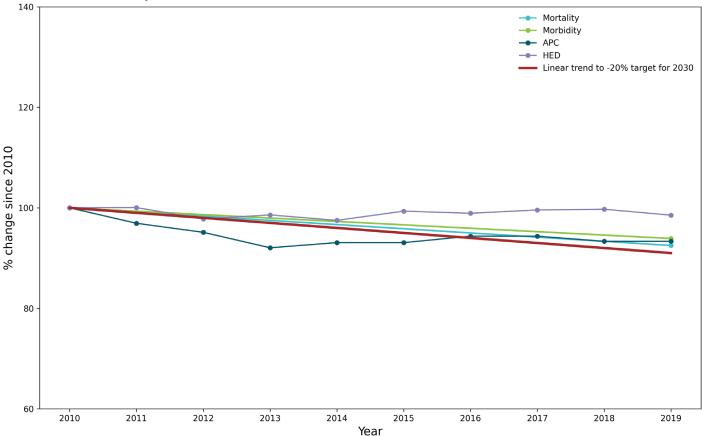
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	not achieved	not achieved			

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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.90	21.28	61.60	2315.00
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Libya

#### UN indicators for harmful use of alcohol

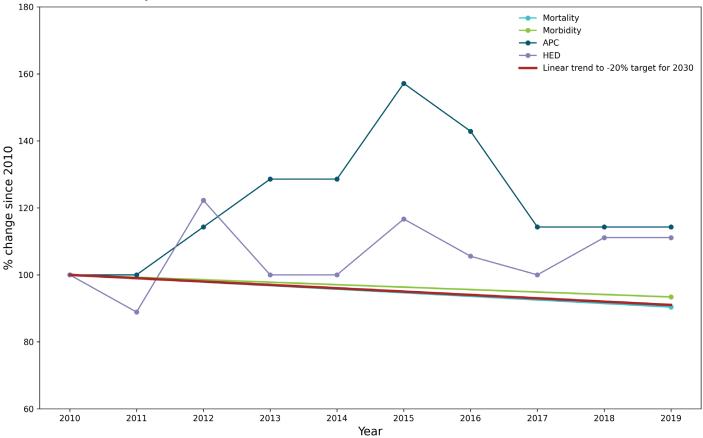
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
fully achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.01	0.18	2.41	128.24
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Lithuania

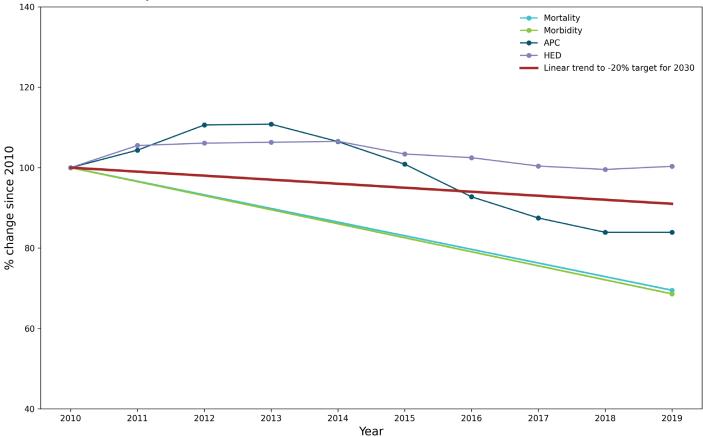
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	physical bans or excise				
partially achieved	artially achieved not achieved not achieve				

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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	14.05	30.37	167.04	6105.90
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Luxembourg

#### UN indicators for harmful use of alcohol

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- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: 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

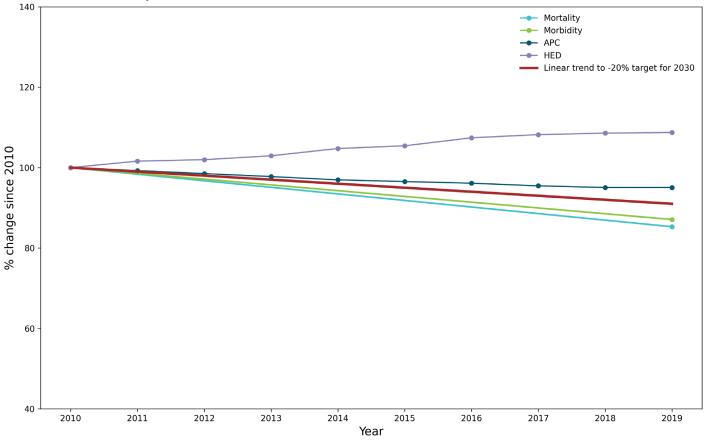
Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	12.13	44.61	28.68	1562.20
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Madagascar

#### UN indicators for harmful use of alcohol

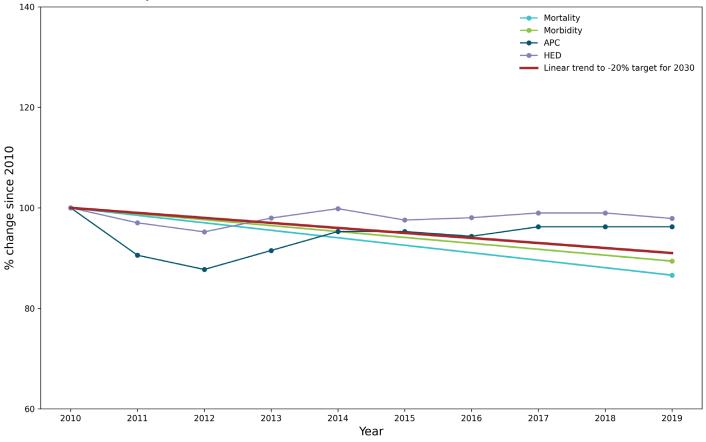
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: Age-standardized alcohol attributable DALYs (rate per 100,000)

\* 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 excise comprehensive restrictions				
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.06	12.75	30.62	1357.17
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## <u>Malawi</u>

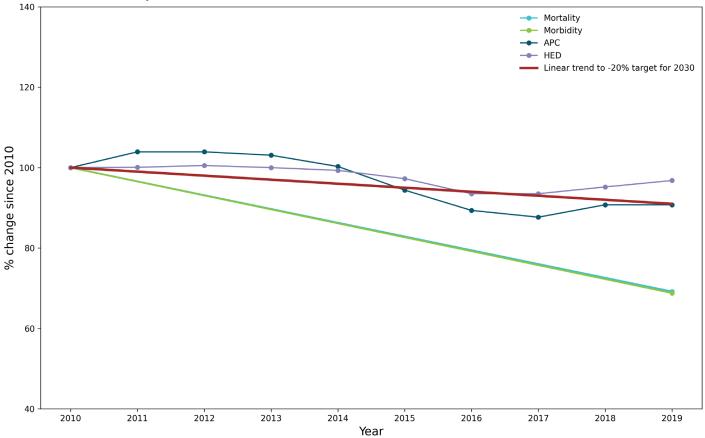
#### UN indicators for harmful use of alcohol

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		
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.57	13.10	66.97	2693.67
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Malaysia

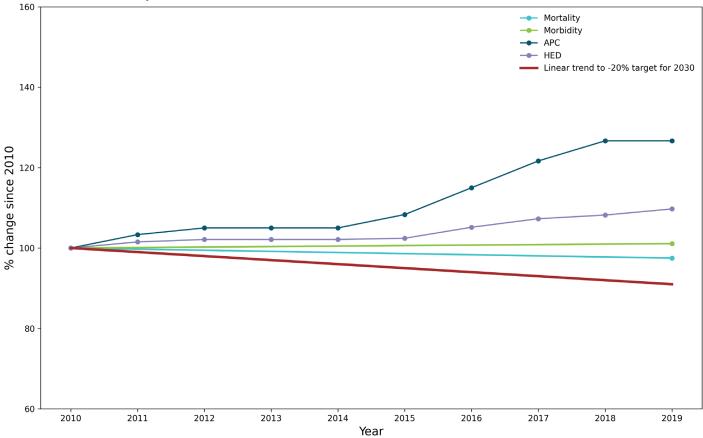
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	WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability  Advertising bans or comprehensive restrictions  Advertising bans or excise taxes					
	partially achieved	not achieved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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.60	3.29	11.07	437.63
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Maldives**

#### UN indicators for harmful use of alcohol

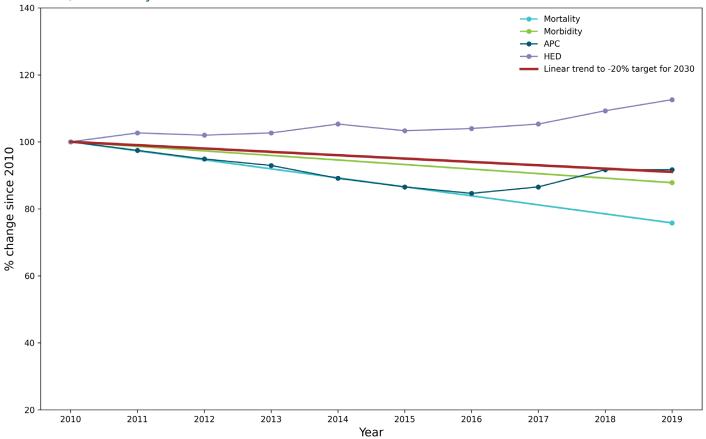
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)

\* 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		
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.56	1.51	7.95	298.90
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Mali

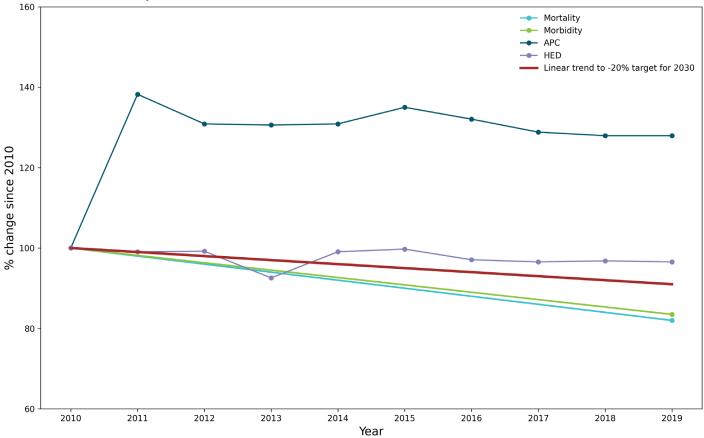
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- \* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level 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 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.40	7.54	41.06	1571.12
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Malta

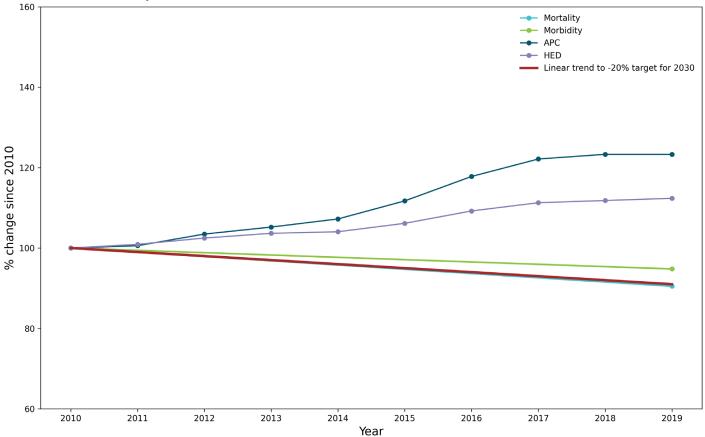
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially 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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.91	38.26	14.02	974.78
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Marshall 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:

- ▶ **APC¹:** Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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

Partially achieved

Restrictions

Advertising bans or comprehensive restrictions

restrictions

Increased excise taxes

taxes

fully achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>

Data not available at time of publication

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

Sources

WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Mauritania

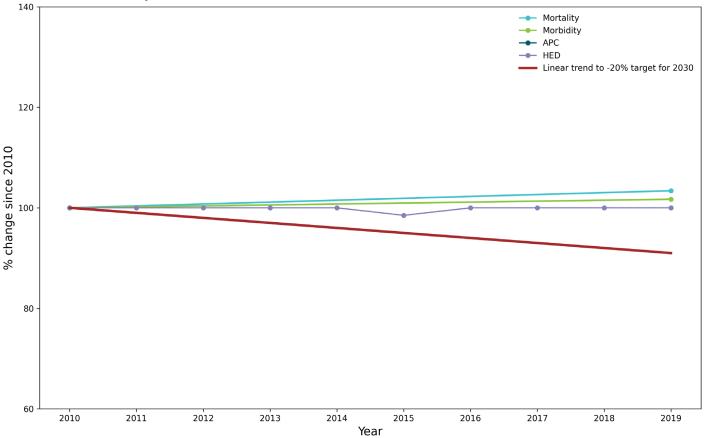
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- \* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.00	0.67	4.35	199.35
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Mauritius**

#### UN indicators for harmful use of alcohol

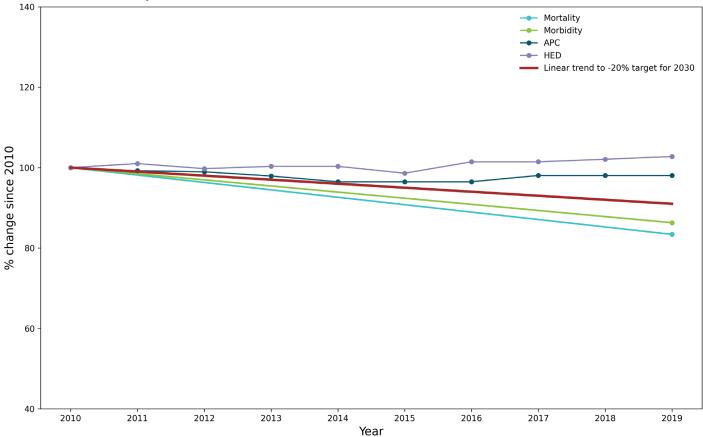
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- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)

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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	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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.67	15.89	31.72	1504.59
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Mexico

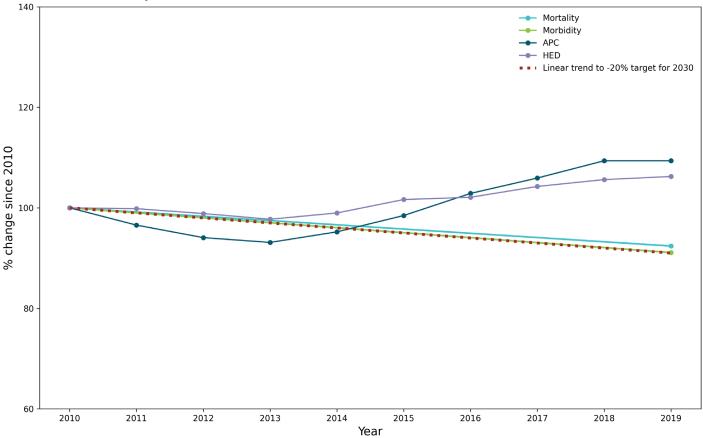
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.23	17.63	35.19	1745.01
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

<sup>&</sup>lt;sup>2</sup>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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Micronesia, Federated States of

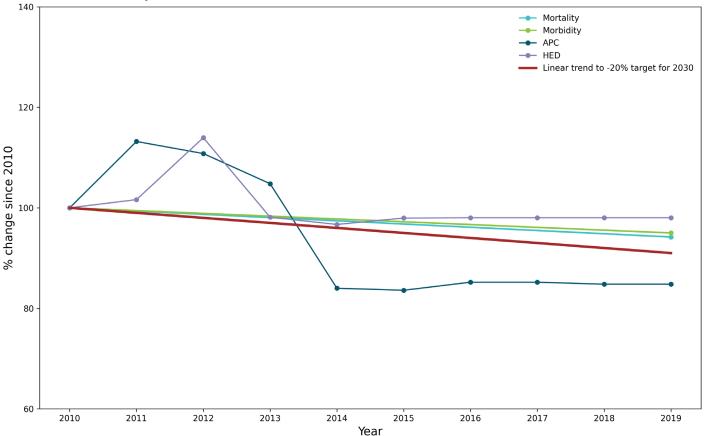
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	partially achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.50	17.20	39.99	1767.36
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Moldova

#### UN indicators for harmful use of alcohol

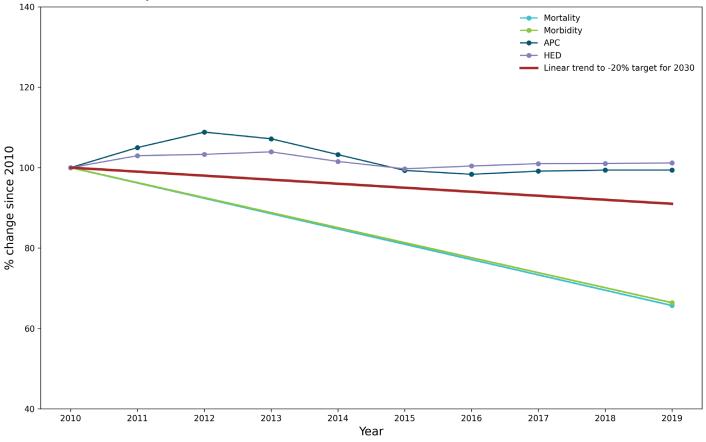
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	partially achieved	not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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.43	27.31	217.97	7022.68
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Monaco**

#### 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
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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

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<sup>1, 2</sup>

Data not available at time of publication

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

Sources:

WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

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

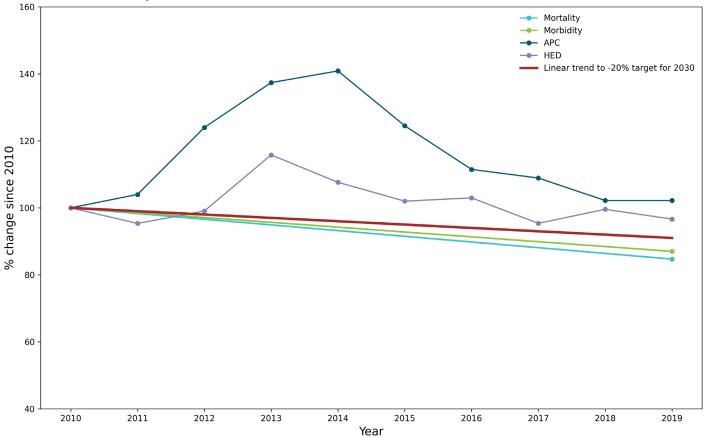
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.76	27.68	141.70	5917.02
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Montenegro

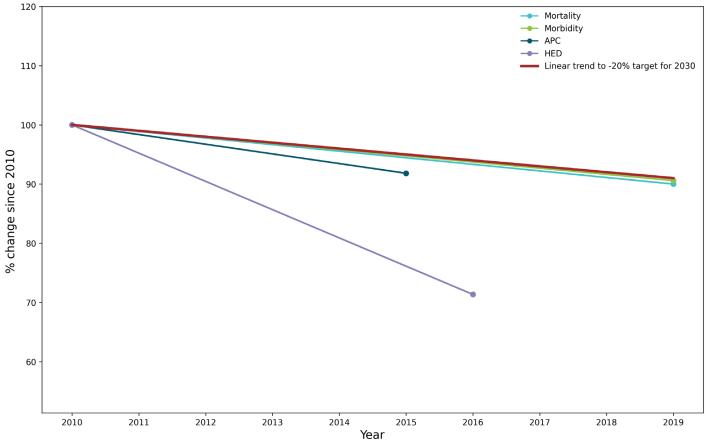
#### UN indicators for harmful use of alcohol

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
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.40	37.70	48.95	1946.34
2011				
2012				
2013				
2014				
2015	9.55			
2016		26.90		
2017				
2018				
2019			44.50	1779.10

<sup>&</sup>lt;sup>1</sup> WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Morocco

#### UN indicators for harmful use of alcohol

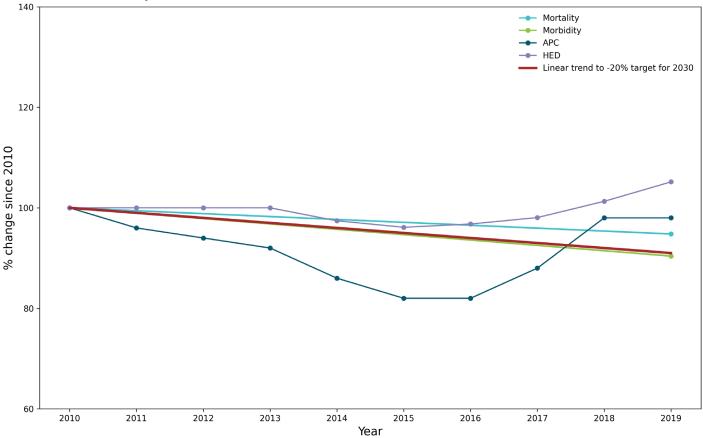
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.50	1.55	8.31	316.42
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Mozambique**

### UN indicators for harmful use of alcohol

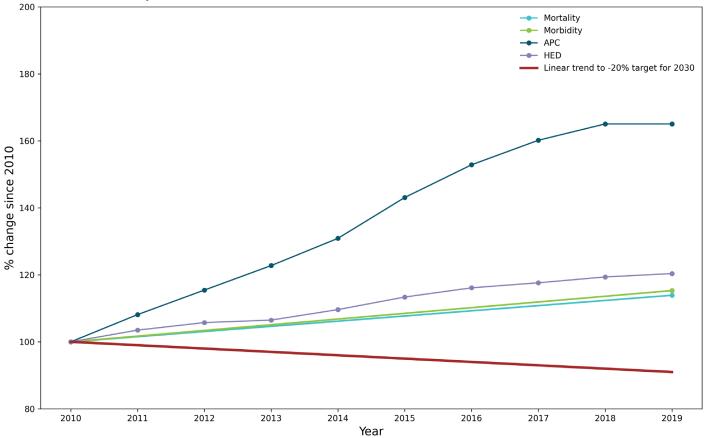
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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.

		ng for alcohol con unicable Diseases Prog	
	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.23	8.00	32.55	1457.26
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Myanmar

#### UN indicators for harmful use of alcohol

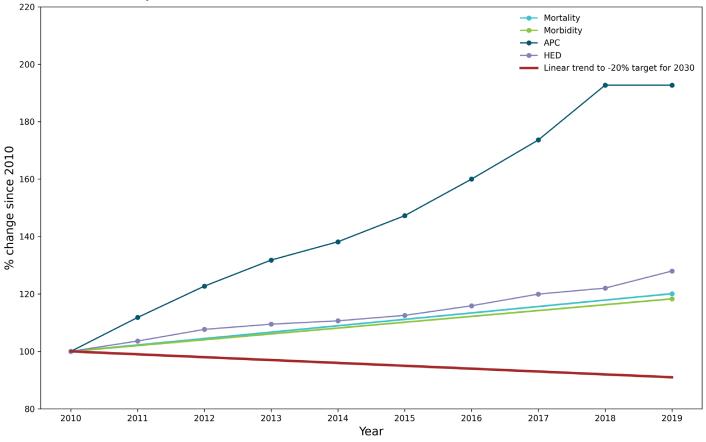
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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 reported			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.10	11.07	22.13	1036.28
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Namibia

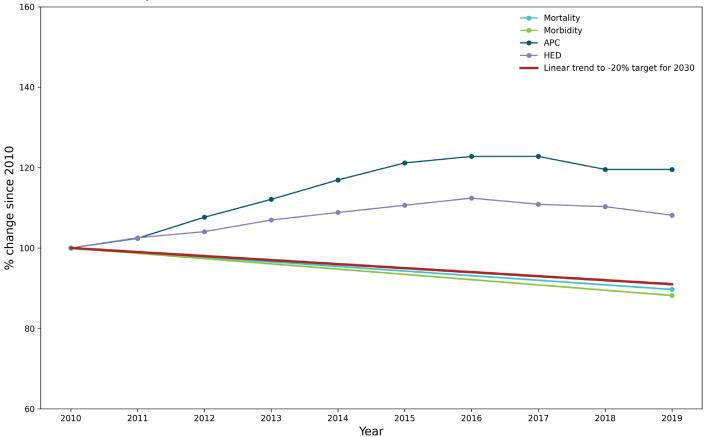
#### UN indicators for harmful use of alcohol

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		
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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.96	11.76	77.76	3533.66
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Nauru

#### 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.

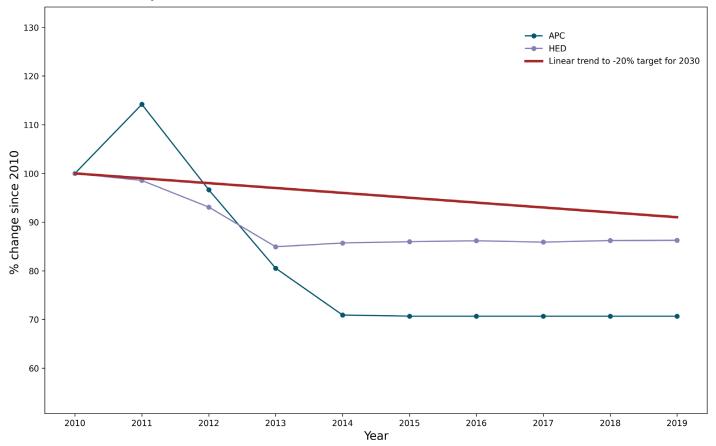
WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022						
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes				

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (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		

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Nepal

#### UN indicators for harmful use of alcohol

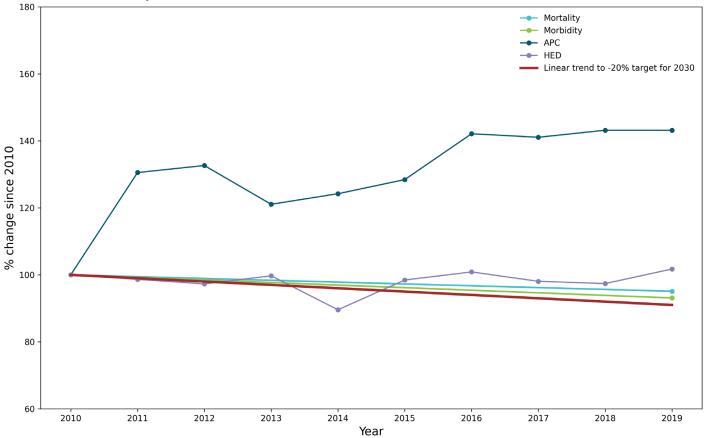
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	fully achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.95	10.36	22.34	1025.81
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Netherlands**

#### UN indicators for harmful use of alcohol

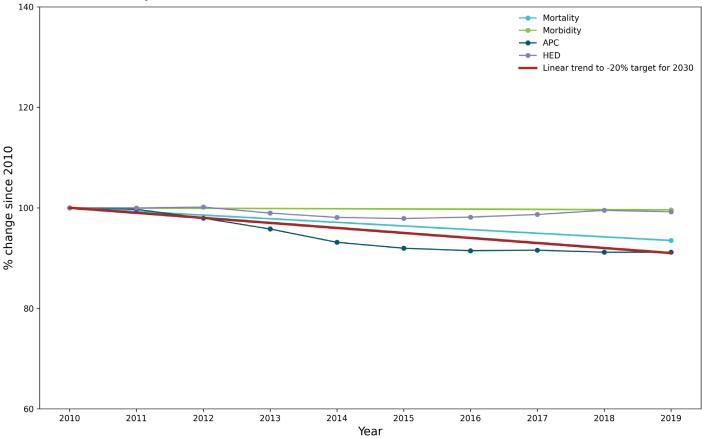
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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.

		ng for alcohol con unicable Diseases Prog	
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
l f	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.20	32.54	19.81	981.41
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## New Zealand

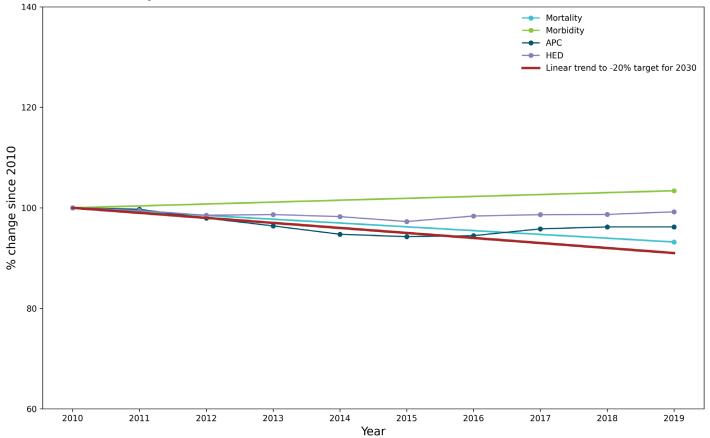
#### UN indicators for harmful use of alcohol

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:

- ▶ 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 ration Source: Noncomm	trol policy gress 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.28	41.82	19.86	1581.54
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Nicaragua

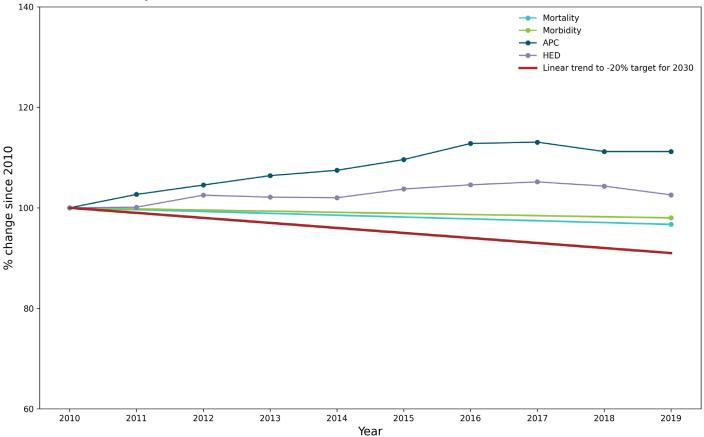
#### UN indicators for harmful use of alcohol

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	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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.75	15.50	30.68	1514.39
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Niger

#### UN indicators for harmful use of alcohol

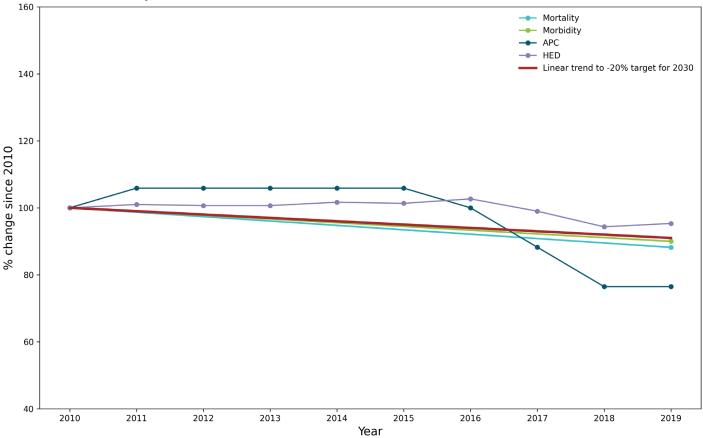
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.17	3.00	15.20	574.09
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Nigeria

#### UN indicators for harmful use of alcohol

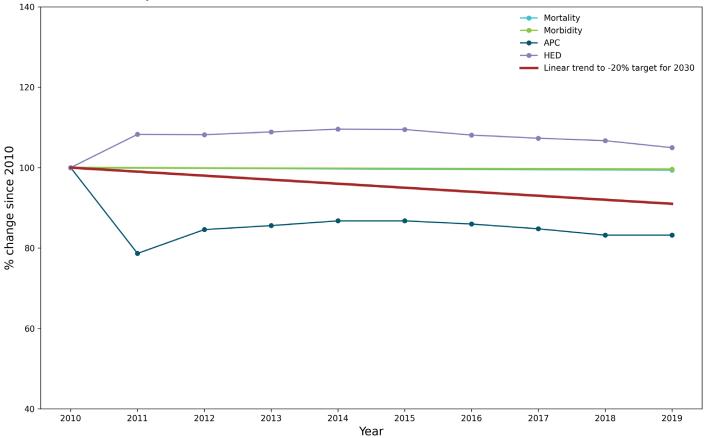
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- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.06	11.49	58.55	2192.33
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## North Macedonia

#### UN indicators for harmful use of alcohol

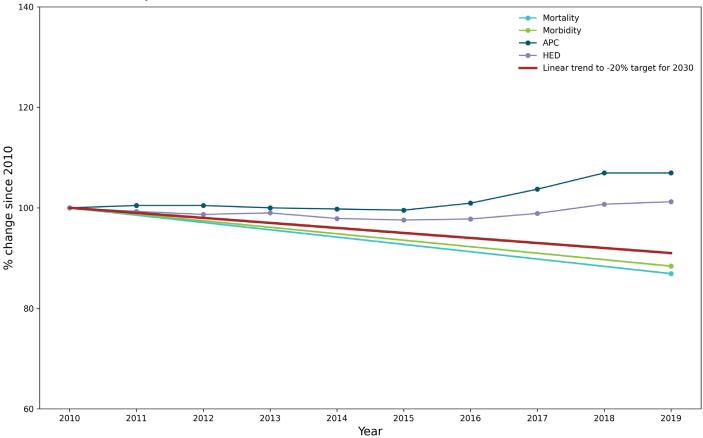
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	4.32	9.90	21.83	1061.65
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Norway

#### UN indicators for harmful use of alcohol

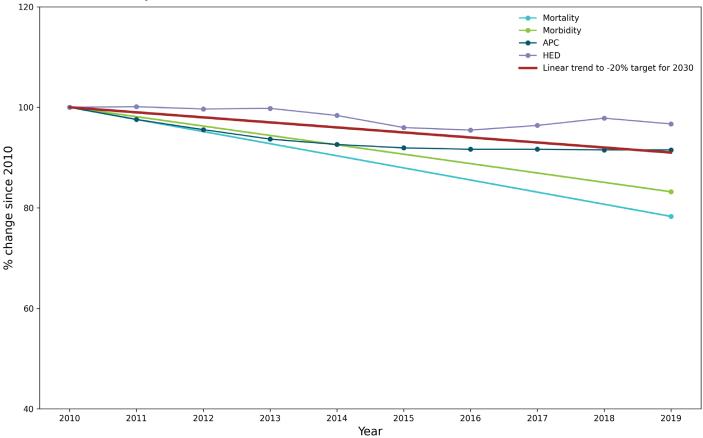
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- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.43	33.30	17.16	1018.38
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Oman**

#### UN indicators for harmful use of alcohol

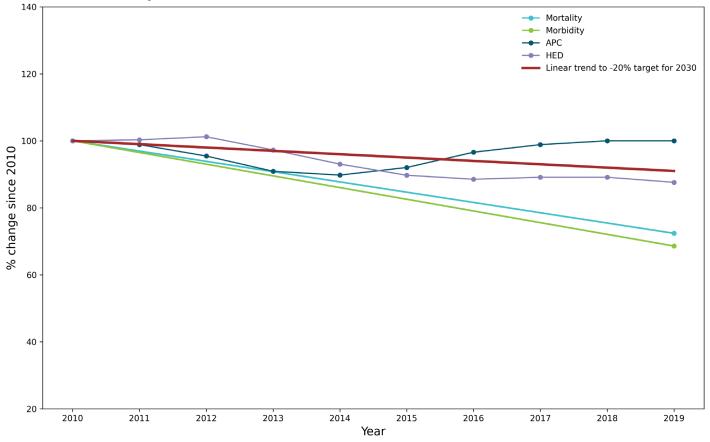
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.88	3.31	12.89	470.81
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Pakistan**

#### UN indicators for harmful use of alcohol

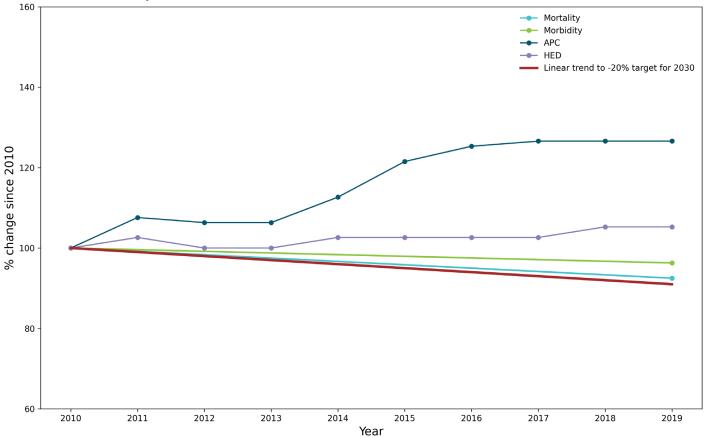
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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		
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.08	0.38	10.43	502.22
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Palau**

#### 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
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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<sup>1, 2</sup>

Data not available at time of publication

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

Sources

<sup>&</sup>lt;sup>1</sup> WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### <u>Pana</u>ma

#### UN indicators for harmful use of alcohol

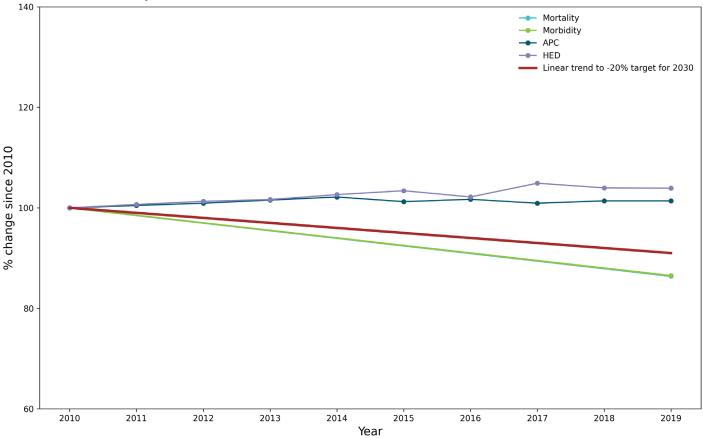
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022			
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes	
partially achieved	not achieved	partially achieved	

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.51	19.40	24.08	1347.81
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Papua New Guinea

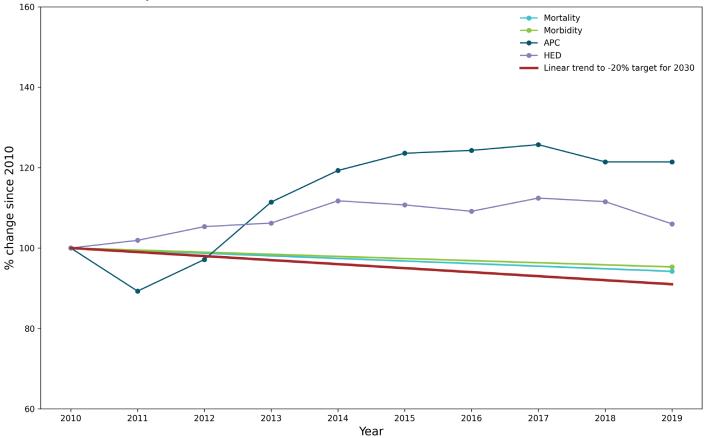
#### UN indicators for harmful use of alcohol

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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.40	14.65	25.07	1151.70
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Paraguay**

#### UN indicators for harmful use of alcohol

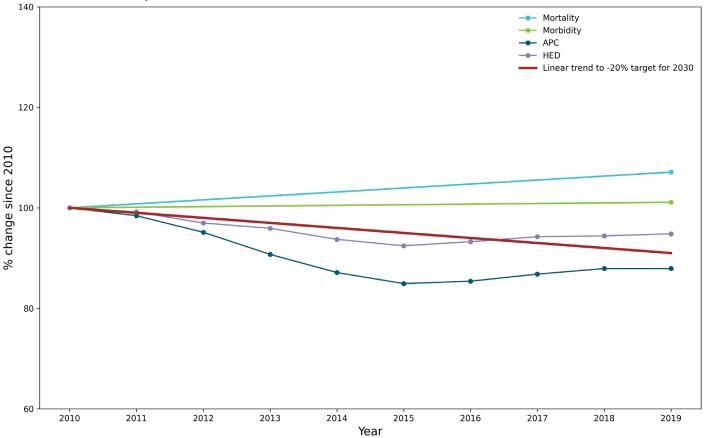
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- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- ▶ Morbidity²: Age-standardized alcohol attributable 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.37	17.21	28.43	1660.73
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Peru

#### UN indicators for harmful use of alcohol

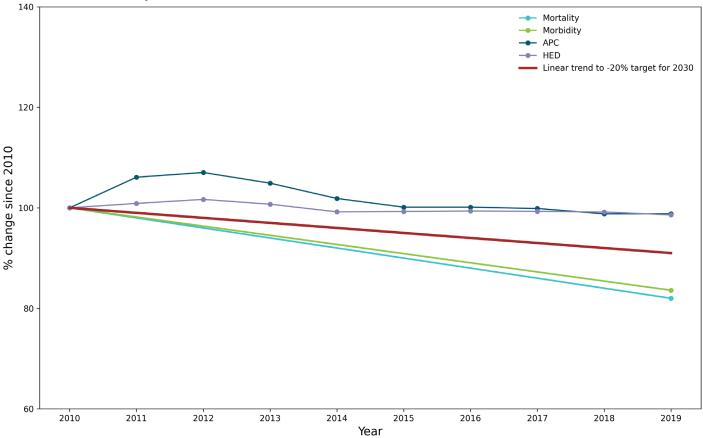
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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
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\* The WHO Global Alcohol Action Plan is part of a 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.54	37.67	37.76	1720.28
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

<sup>&</sup>lt;sup>2</sup>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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Philippines**

#### UN indicators for harmful use of alcohol

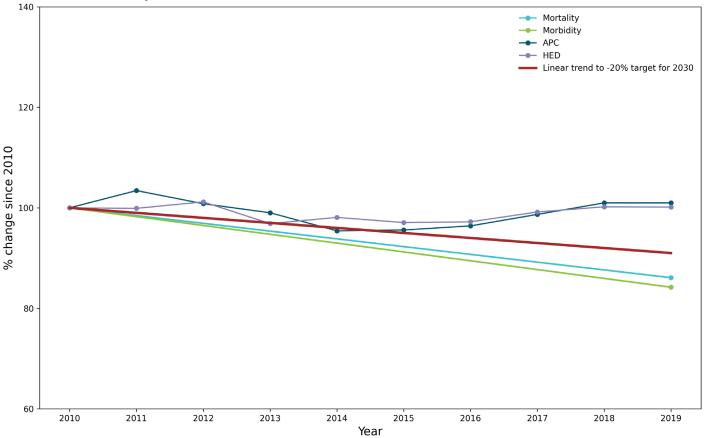
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.12	19.43	41.00	1725.88
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Poland**

#### UN indicators for harmful use of alcohol

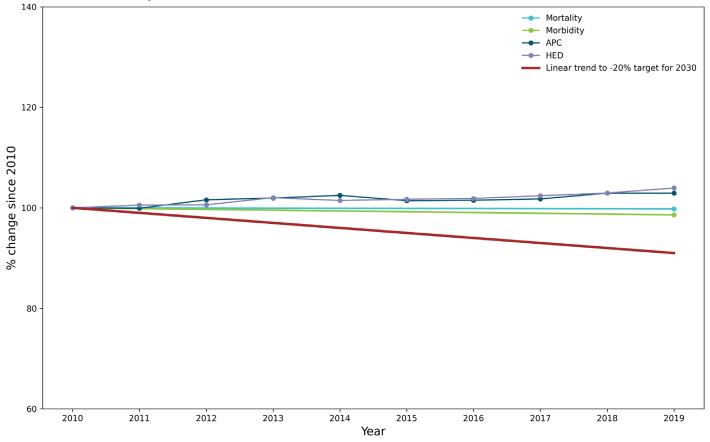
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.30	37.07	48.70	2665.40
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Portugal**

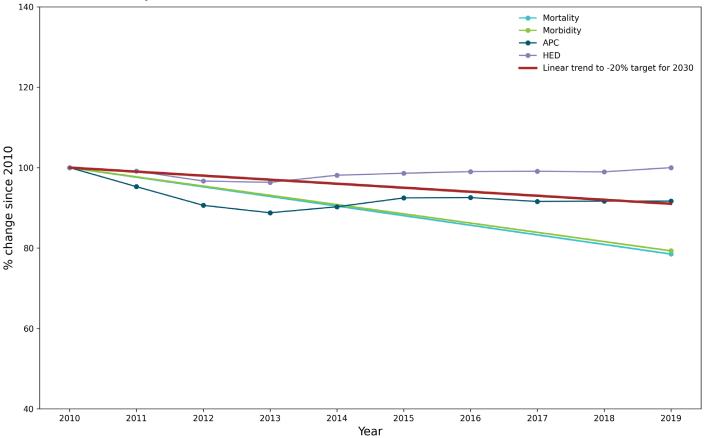
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.40	43.74	31.71	1691.13
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Qatar**

#### UN indicators for harmful use of alcohol

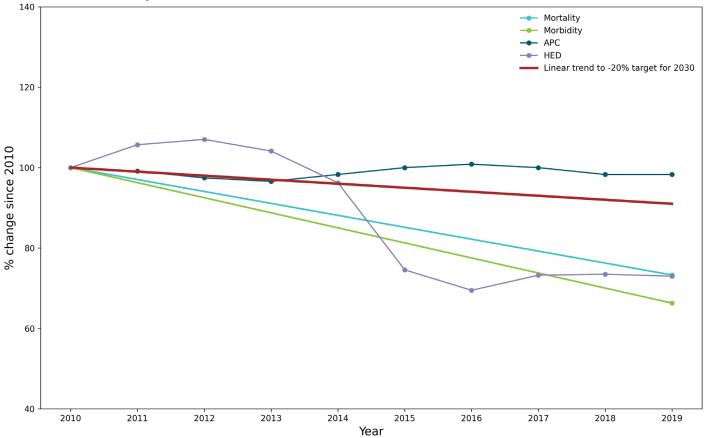
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\* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level 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  Advertising bans or 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.17	8.26	13.81	508.73
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Romania

### UN indicators for harmful use of alcohol

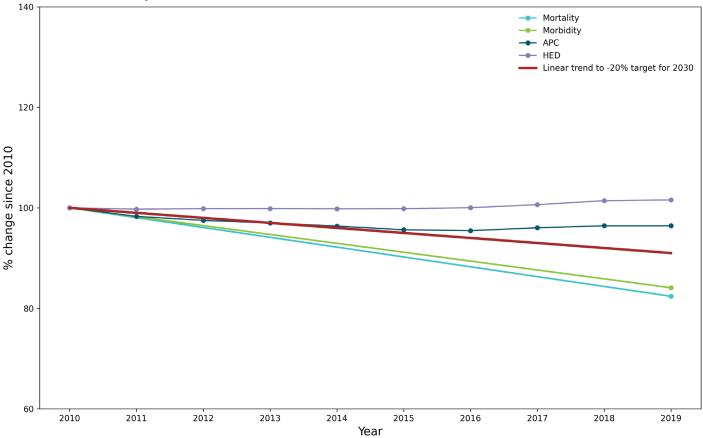
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	partially achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	17.62	41.49	81.61	3515.59
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Russia

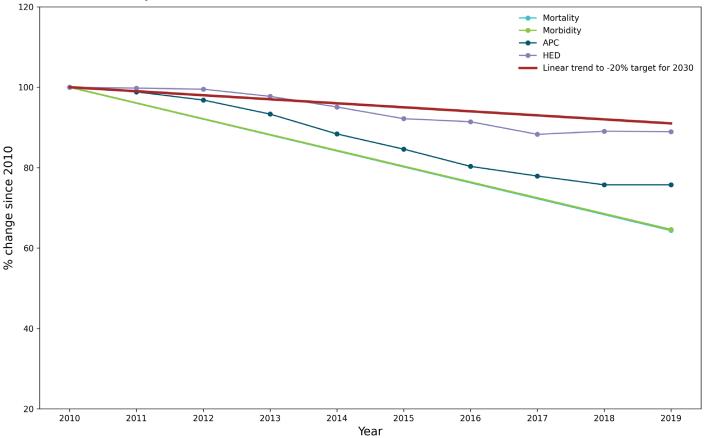
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	ng for alcohol con unicable Diseases Prog	
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
partially achieved	fully achieved	partially achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	13.76	22.36	194.72	7815.83
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Rwanda

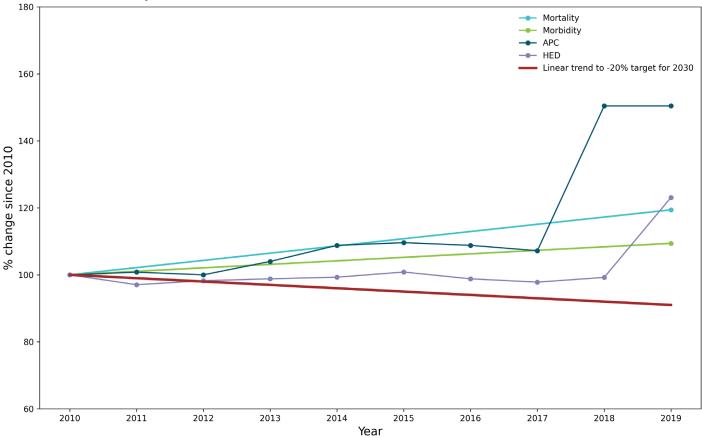
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
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Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.25	14.25	33.53	1755.92
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

<sup>&</sup>lt;sup>2</sup>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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Saint Kitts and Nevis

#### UN indicators for harmful use of alcohol

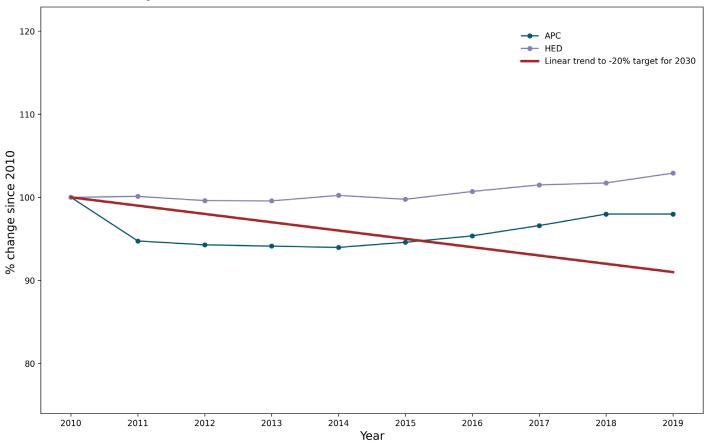
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		ng for alcohol con unicable Diseases Prog	
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Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (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		

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Saint Lucia

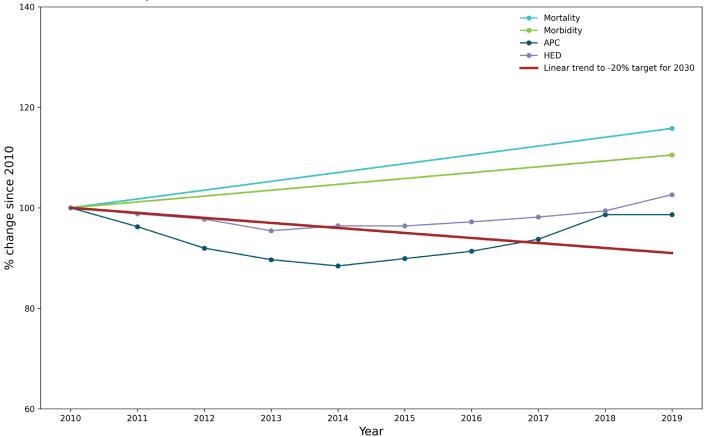
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially 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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.60	29.36	41.26	2108.35
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Saint Vincent and the Grenadines

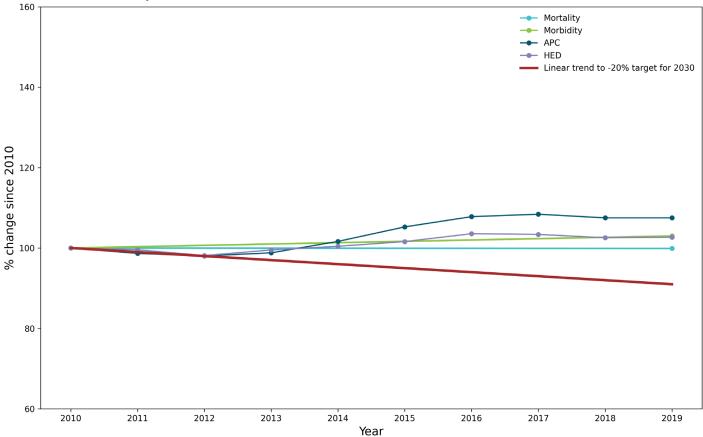
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		ng for alcohol con unicable Diseases Prog	
	Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes
f	fully achieved	not achieved	not achieved

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.66	23.03	30.73	1681.30
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Samoa

#### UN indicators for harmful use of alcohol

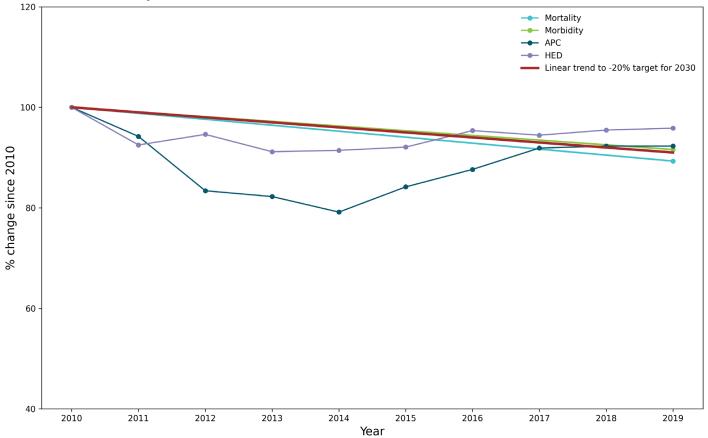
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- Morbidity<sup>2</sup>: Age-standardized alcohol attributable DALYs (rate per 100,000)

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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	fully achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.59	18.56	29.22	1326.92
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## San Marino

#### UN indicators for harmful use of alcohol

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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: 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		
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<sup>1, 2</sup>

Data not available at time of publication

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

Sources

WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

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

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
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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.

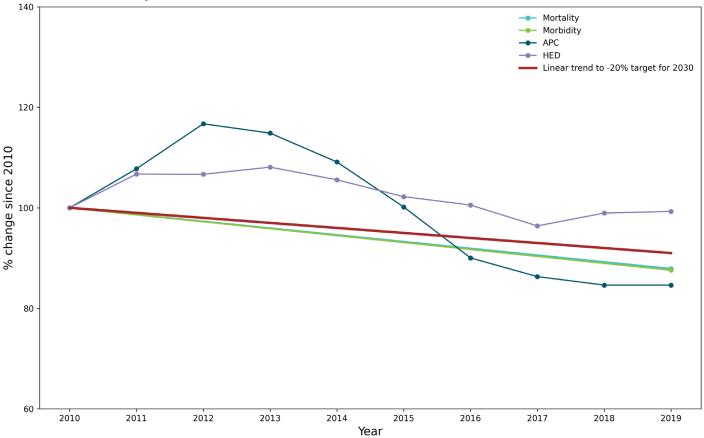
WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022			
Restrictions	Advertising bans or	Increased	

on physical comprehensive availability restrictions

not reported not reported

excise taxes not reported

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010-2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.92	36.44	67.82	2649.38
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Saudi Arabia

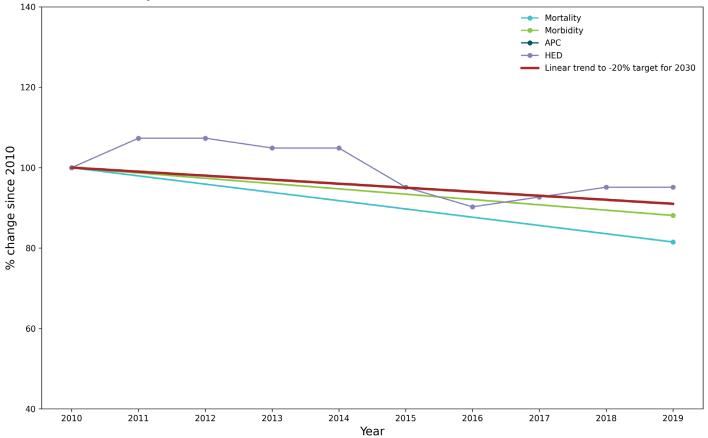
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Restrictions on physical availability	Increased excise taxes		
fully achieved	fully achieved	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.00	0.41	4.98	202.87
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Senegal

#### UN indicators for harmful use of alcohol

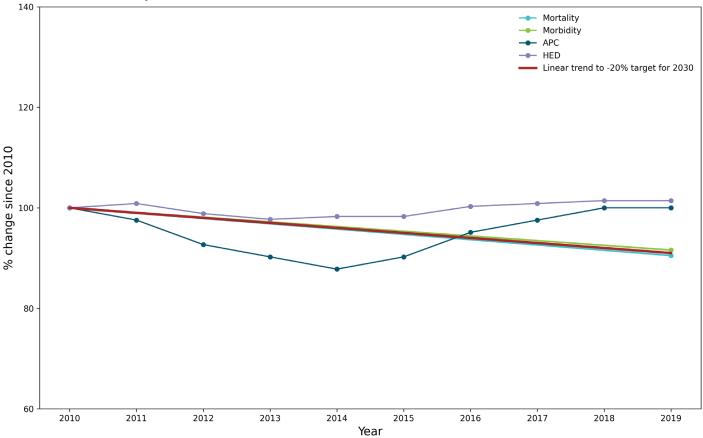
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
not achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.41	3.49	13.69	542.98
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Serbia

#### UN indicators for harmful use of alcohol

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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: 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

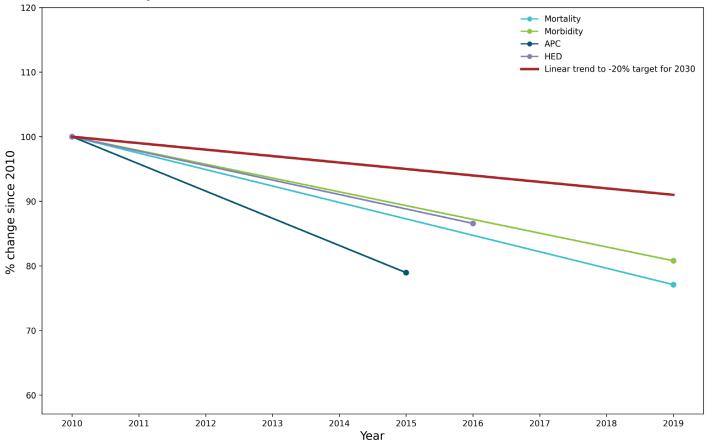
Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.93	38.00	31.34	1686.32
2011				
2012				
2013				
2014				
2015	7.84			
2016		32.90		
2017				
2018				
2019			25.50	1414.70

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Seychelles

#### UN indicators for harmful use of alcohol

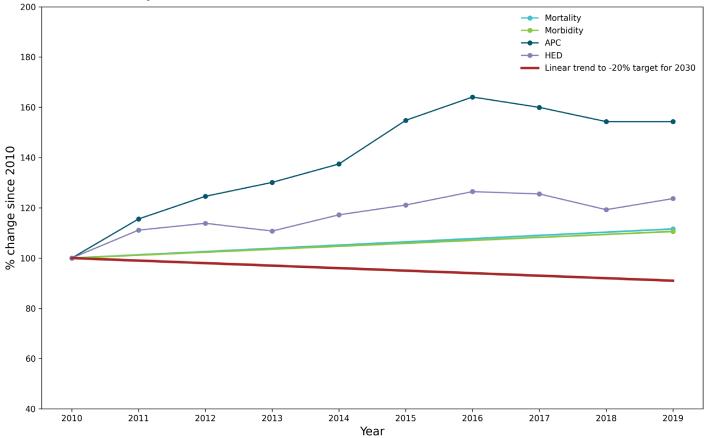
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022			
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes	
partially achieved	not achieved	fully achieved	

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.77	26.95	54.90	2210.24
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Sierra Leone

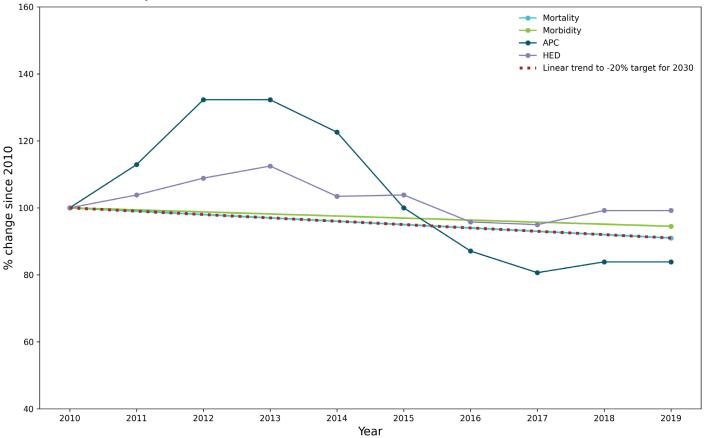
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.31	4.97	18.20	727.11
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Singapore

### UN indicators for harmful use of alcohol

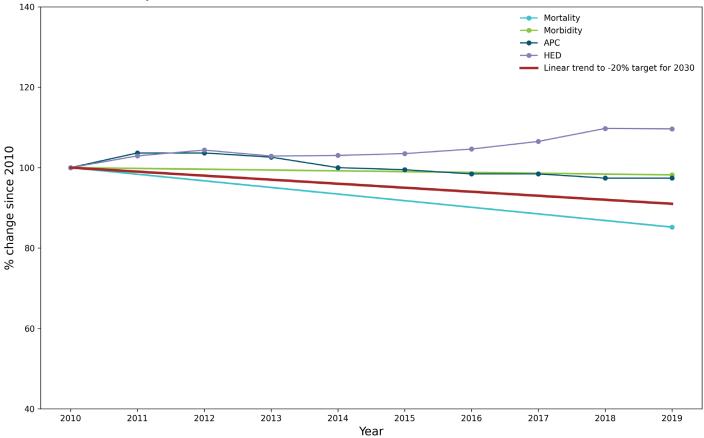
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.92	19.50	8.72	484.98
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Slovakia

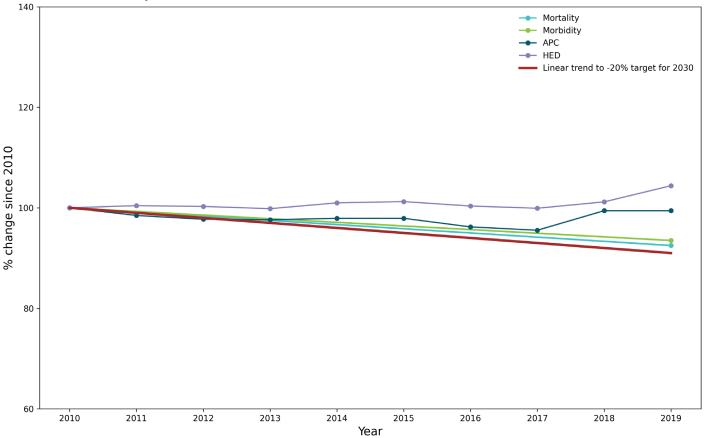
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.54	36.36	49.45	2461.75
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Slovenia

#### UN indicators for harmful use of alcohol

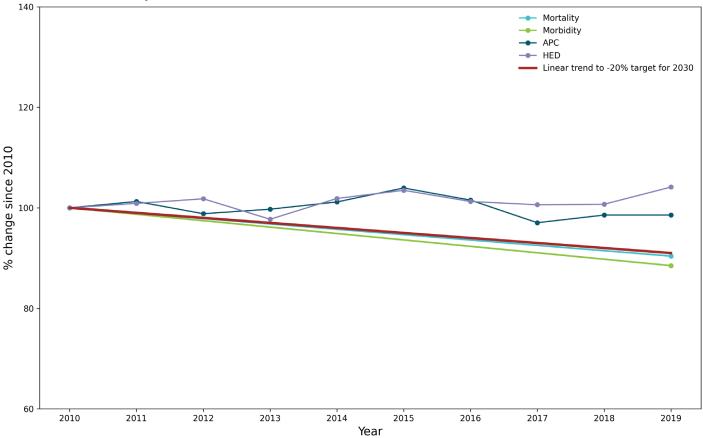
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	fully achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.14	29.52	44.94	2283.19
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Solomon Islands

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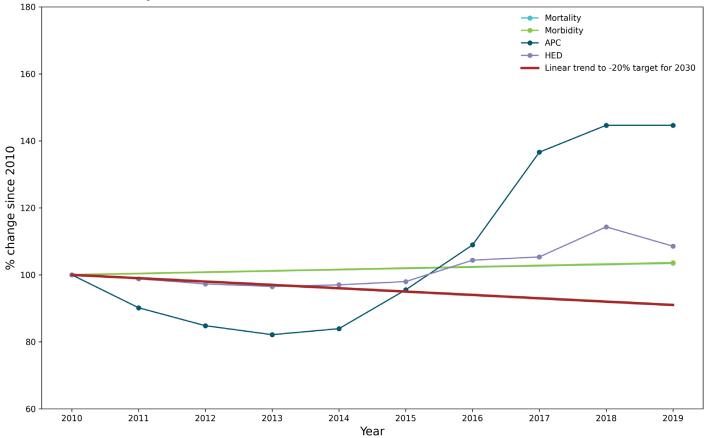
WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.12	14.39	30.88	1419.88
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Somalia

#### UN indicators for harmful use of alcohol

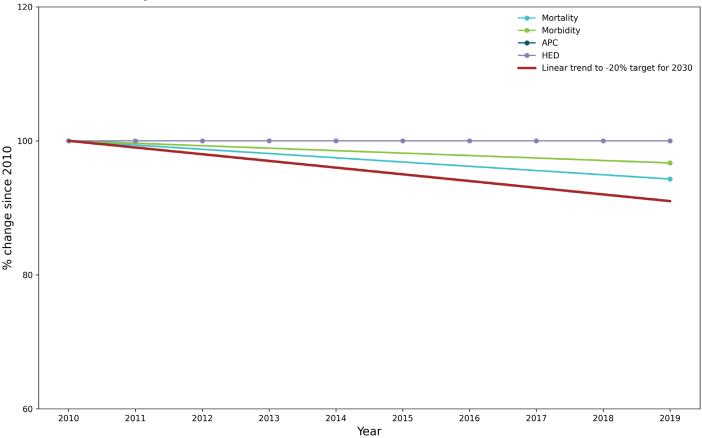
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
fully achieved	fully achieved	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.00	0.28	6.45	350.19
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **South Africa**

### UN indicators for harmful use of alcohol

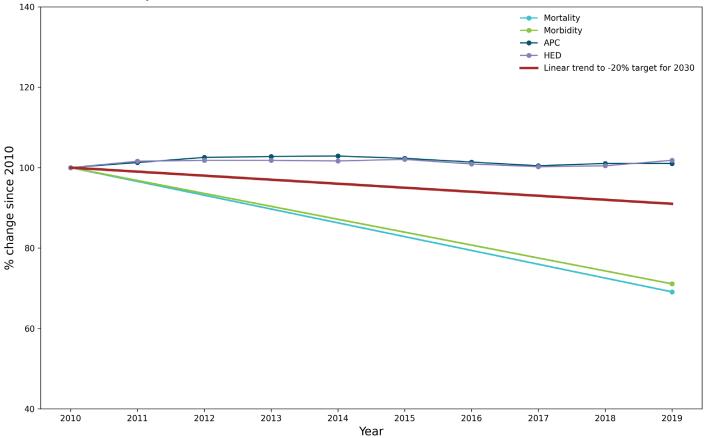
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	fully achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	8.68	13.22	88.88	4255.89
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **South Sudan**

#### 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
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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<sup>1, 2</sup>

Data not available at time of publication

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

Sources

WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

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

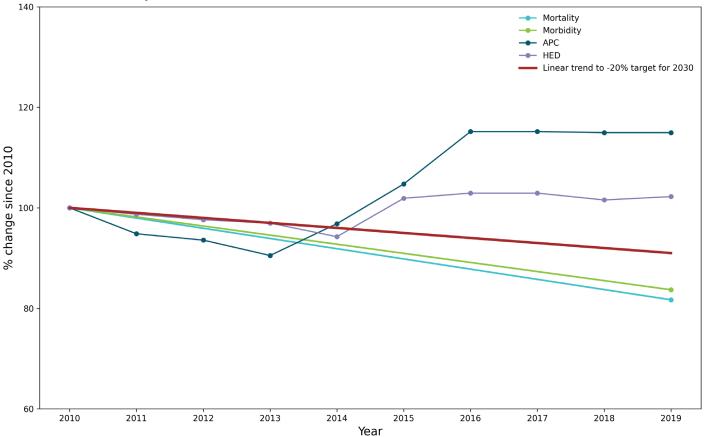
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- ▶ Morbidity²: Age-standardized alcohol attributable DALYs (rate per 100,000)

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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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.49	35.86	20.23	1105.08
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Sri Lanka

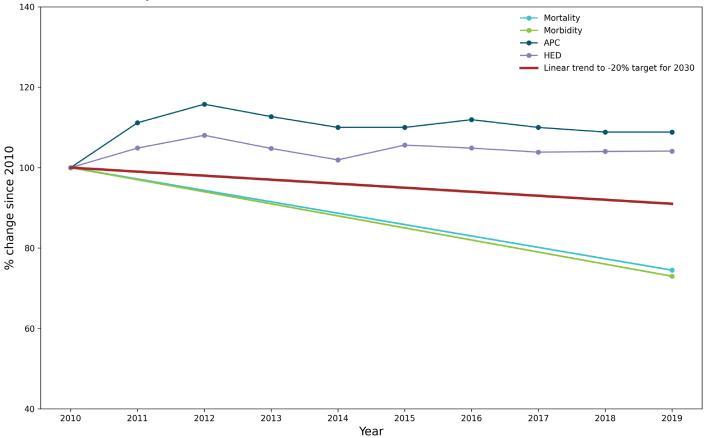
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- \* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.60	11.95	16.19	869.06
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Sudan

#### UN indicators for harmful use of alcohol

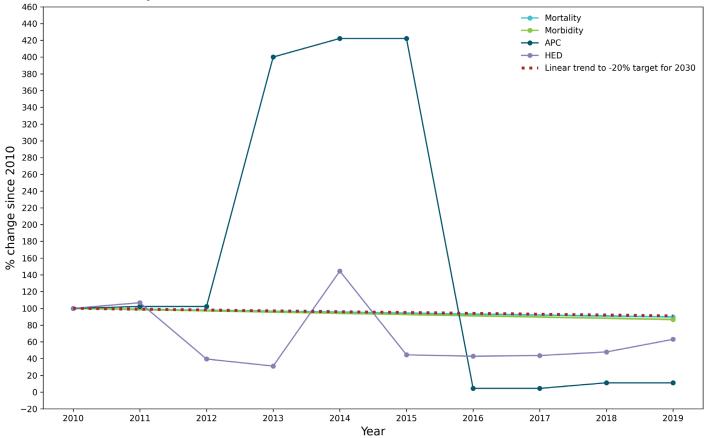
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
fully achieved	fully achieved	fully achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.04	1.19	8.27	284.61
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Suriname**

#### UN indicators for harmful use of alcohol

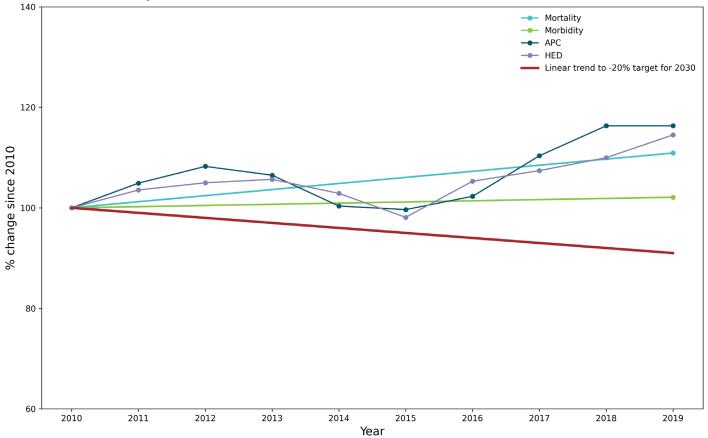
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

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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			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	5.70	13.24	37.60	1777.57
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Sweden

#### UN indicators for harmful use of alcohol

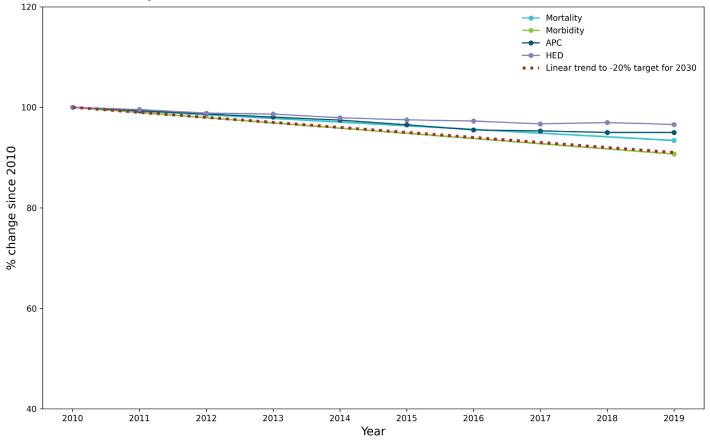
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.79	33.69	18.02	1161.31
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Switzerland**

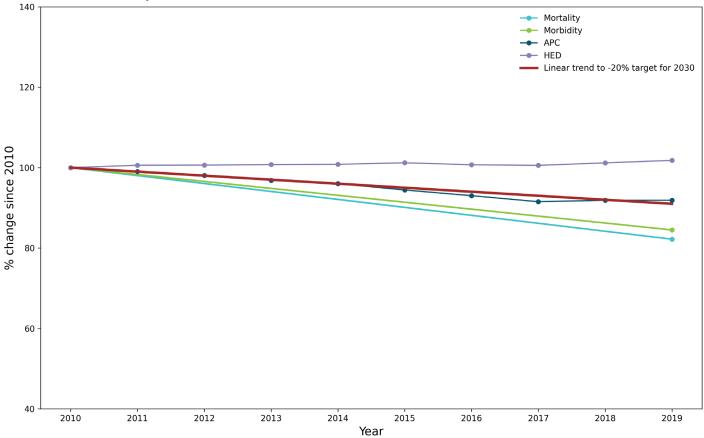
#### UN indicators for harmful use of alcohol

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- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: 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				
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.32	35.52	20.03	1256.87
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Syrian Arab Republic

### UN indicators for harmful use of alcohol

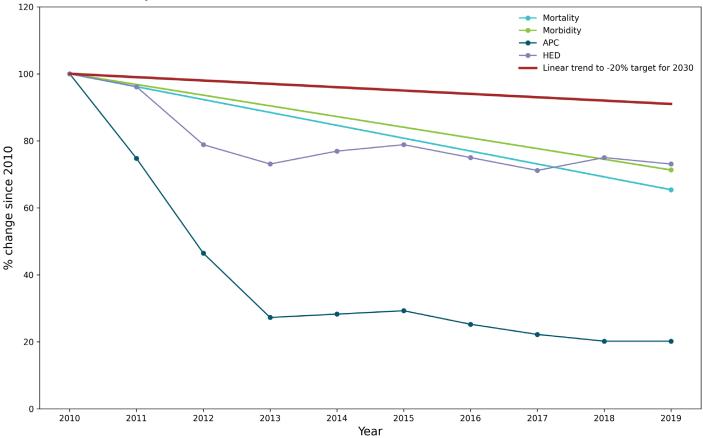
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022						
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes				
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.99	0.52	5.52	203.22
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Tajikistan**

### UN indicators for harmful use of alcohol

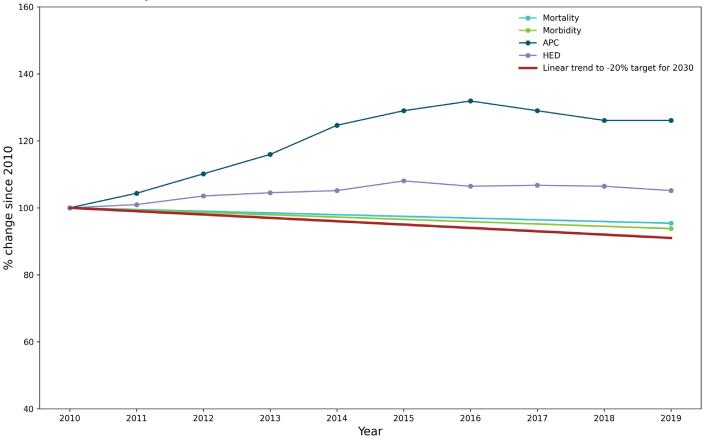
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	partially achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.69	3.11	43.20	1475.33
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Tanzania, United Republic of

#### UN indicators for harmful use of alcohol

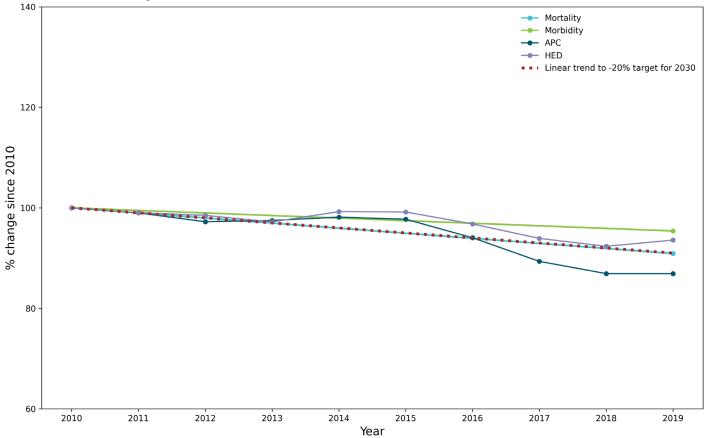
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	not achieved	not achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.92	14.63	102.33	4046.02
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Thailand**

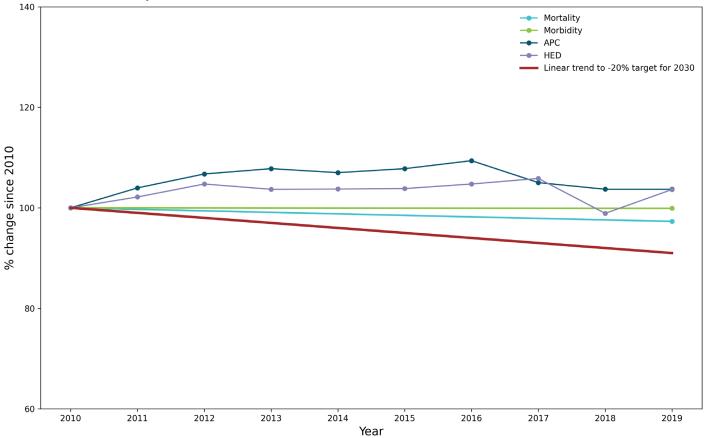
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
fully achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.57	20.88	44.06	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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Timor-Leste**

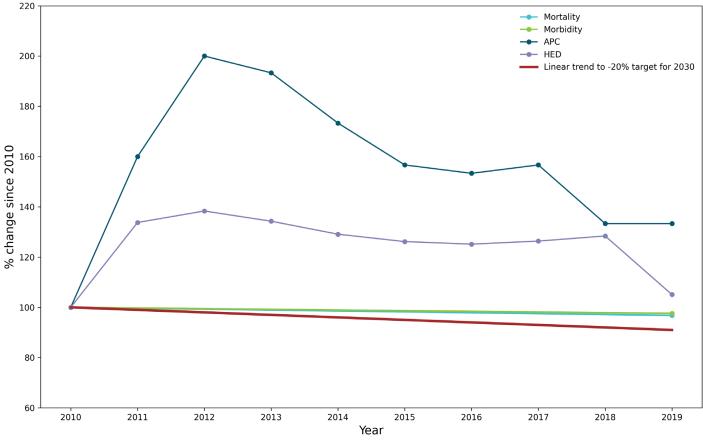
#### UN indicators for harmful use of alcohol

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:

- ▶ 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	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.30	9.86	12.38	576.00
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Togo

#### UN indicators for harmful use of alcohol

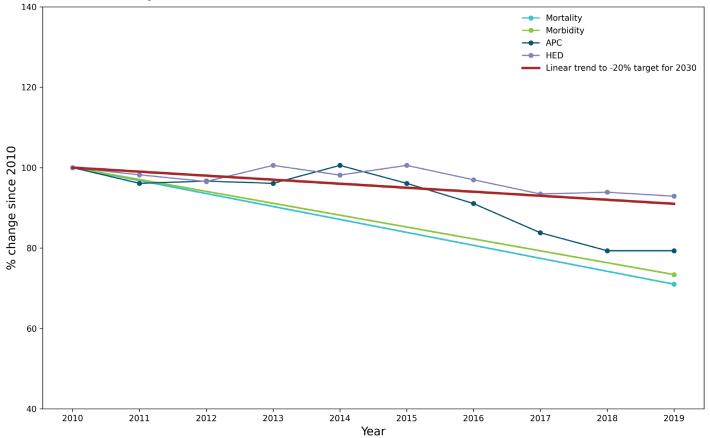
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- APC1: Total alcohol per capita consumption
- HED1: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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	
f	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.79	16.18	38.18	1683.53
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

<sup>&</sup>lt;sup>1</sup> WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Tonga**

#### UN indicators for harmful use of alcohol

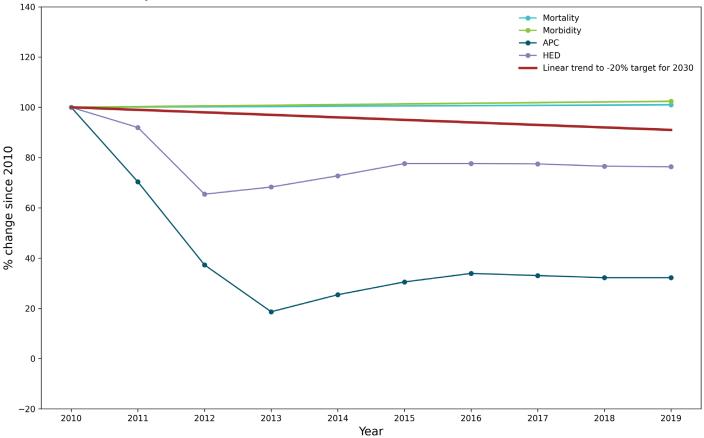
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.18	15.19	18.22	809.20
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **Trinidad and Tobago**

### UN indicators for harmful use of alcohol

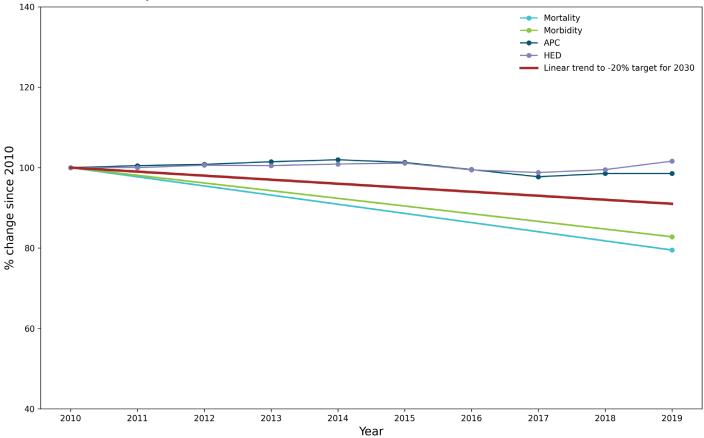
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- ▶ Mortality²: Age-standardized alcohol attributable deaths (rate per 100,000)
- Morbidity<sup>2</sup>: 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  Advertising bans or excise taxes				
partially achieved not achieved partially ach				

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.15	17.98	29.04	1641.97
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Tunisia**

#### 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
- Mortality<sup>2</sup>: 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

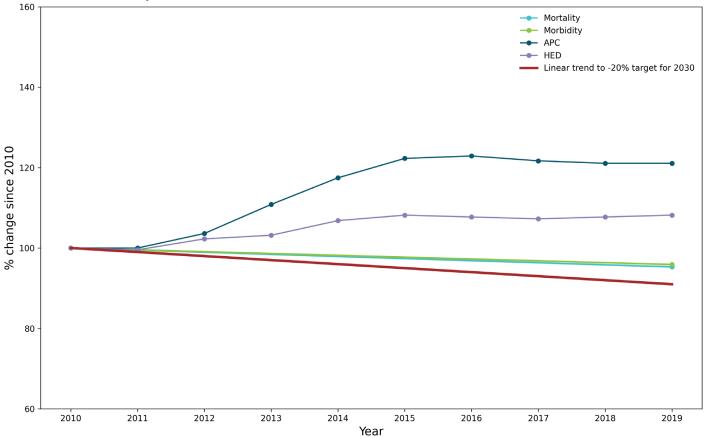
Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.66	2.20	10.16	389.75
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Turkey

#### UN indicators for harmful use of alcohol

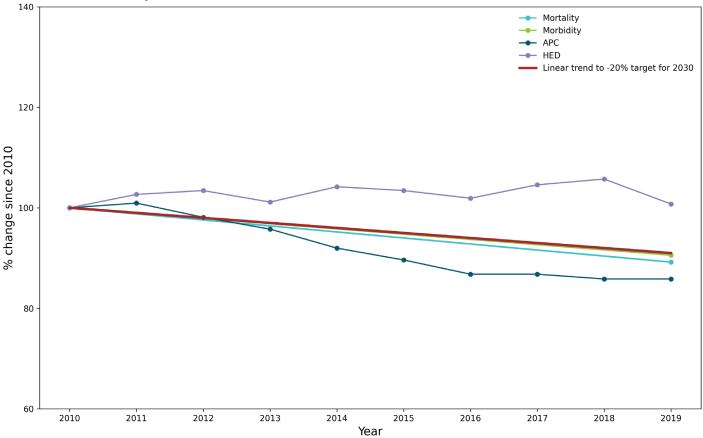
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.12	2.62	9.86	354.13
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Turkmenistan**

#### UN indicators for harmful use of alcohol

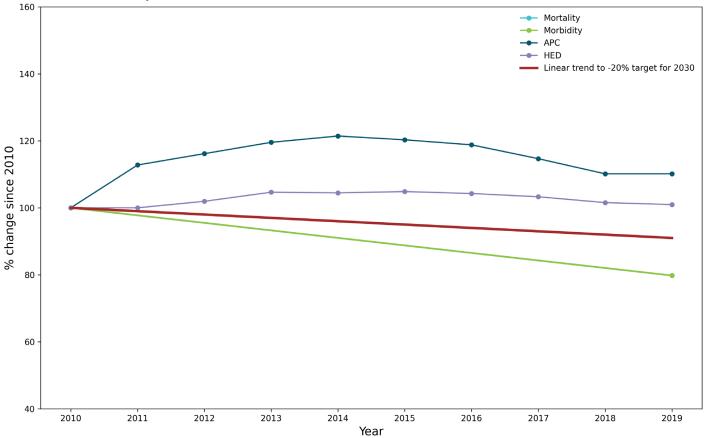
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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			
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	2.66	5.15	59.50	2408.57
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## Tuvalu

#### 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)

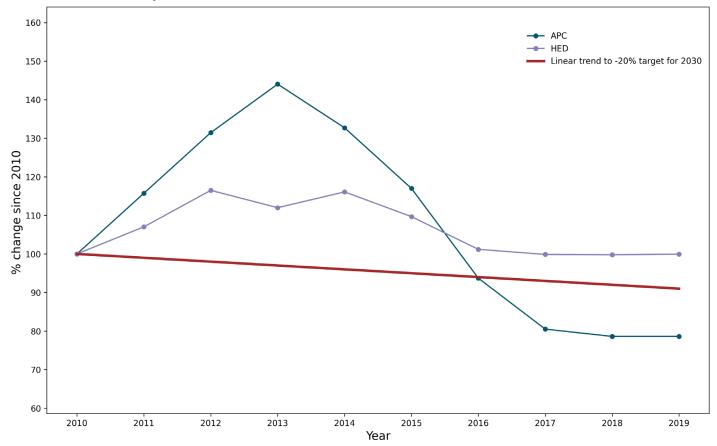
\* The WHO Global Alcohol Action Plan is part of a suite of UN processes that seek to implement the 2010 Global Strategy to Reduce the Harmful Use of Alcohol, which includes SDG 3.5 on substance abuse and the harmful use of alcohol, and the UN High-level Meetings on the Prevention and Control of Noncommunicable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

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

Restrictions on physical availability

Advertising bans or comprehensive restrictions not reported Increased excise taxes

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (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		

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Uganda

### UN indicators for harmful use of alcohol

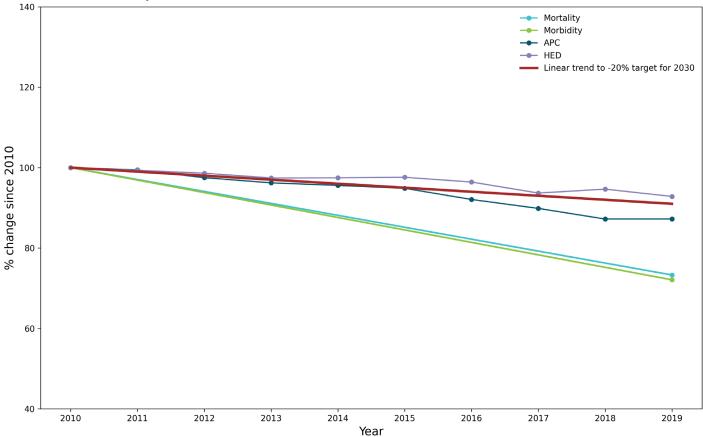
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ APC¹: Total alcohol per capita consumption
- ▶ HED¹: Age-standardized prevalence of heavy episodic drinking
- Mortality<sup>2</sup>: 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	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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	14.00	23.72	109.72	4220.70
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Ukraine**

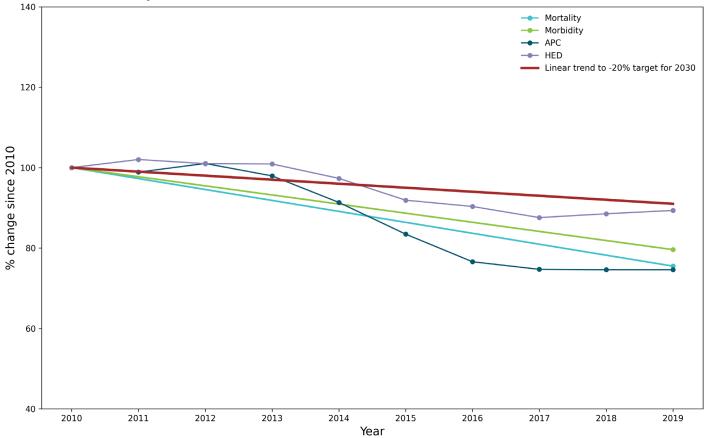
#### UN indicators for harmful use of alcohol

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)
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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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	11.66	24.31	195.34	6824.15
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **United Arab Emirates**

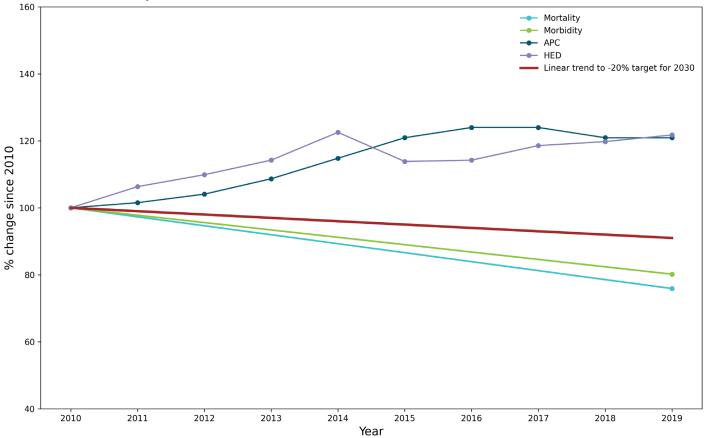
#### UN indicators for harmful use of alcohol

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:

- ▶ 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	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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.96	2.53	10.67	456.32
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# **United Kingdom**

#### 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

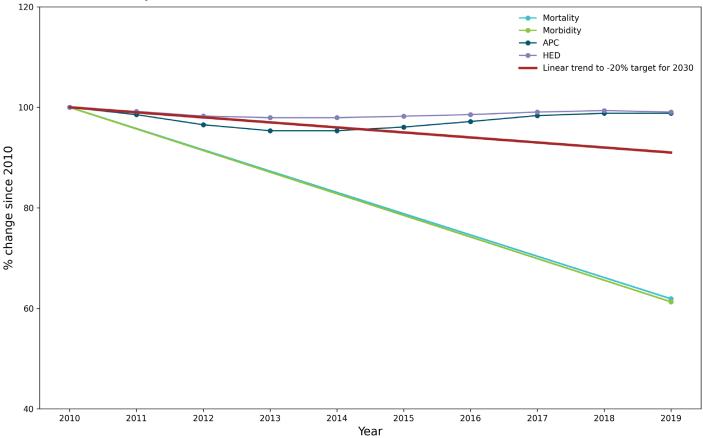
Advertising bans or comprehensive restrictions

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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	10.95	33.92	23.89	1417.23
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **United States of America**

#### UN indicators for harmful use of alcohol

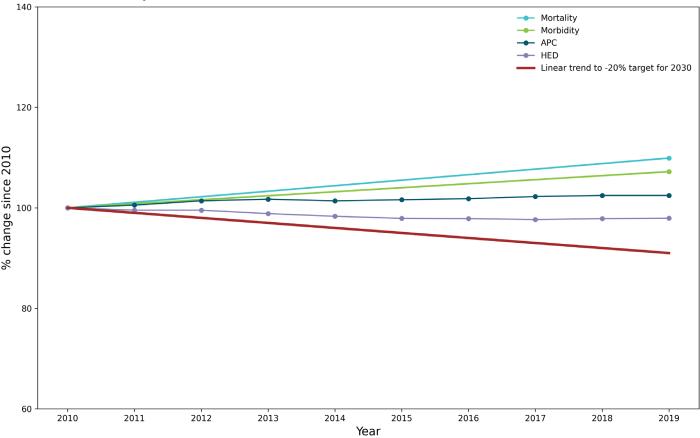
The overall target in the WHO's Global Alcohol Action Plan\* is to achieve at least a 20% relative reduction in the harmful use of alcohol from 2010 to 2030. There are four indicators for measuring this target:

- ▶ 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	9.34	33.92	28.92	1610.92
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

# Uruguay

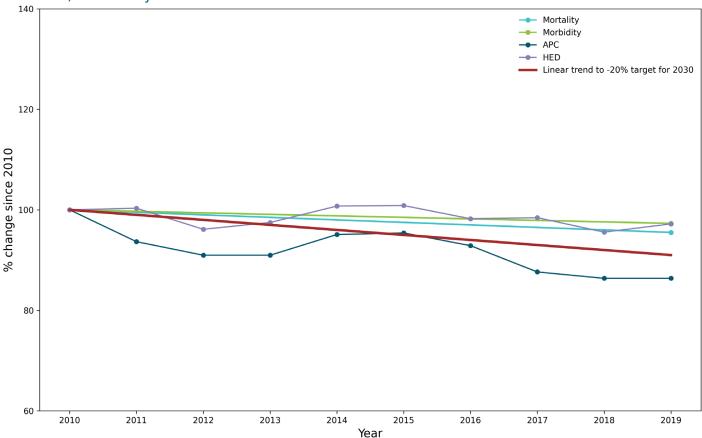
#### UN indicators for harmful use of alcohol

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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	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 <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.31	28.18	27.59	1605.20
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Uzbekistan**

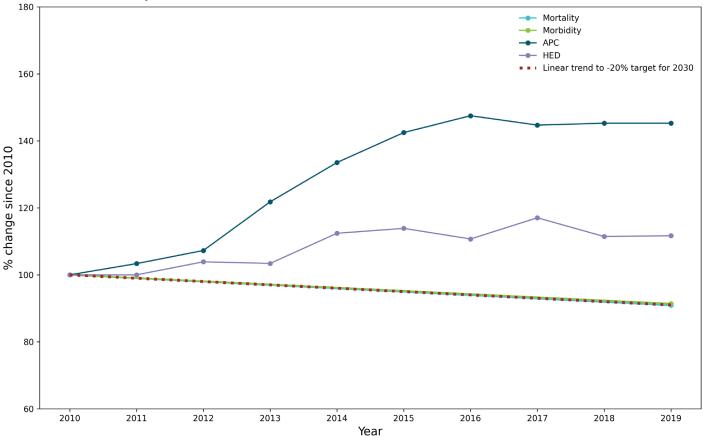
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	fully achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.79	4.11	44.62	1613.58
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Vanuatu**

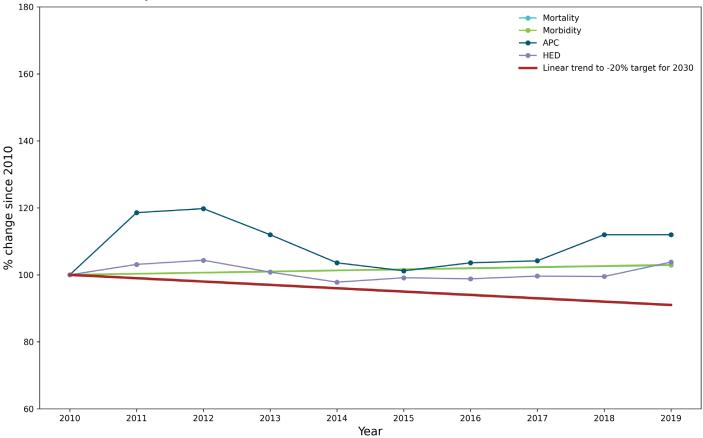
#### UN indicators for harmful use of alcohol

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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		
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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	1.67	16.06	34.28	1556.46
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Venezuela

### UN indicators for harmful use of alcohol

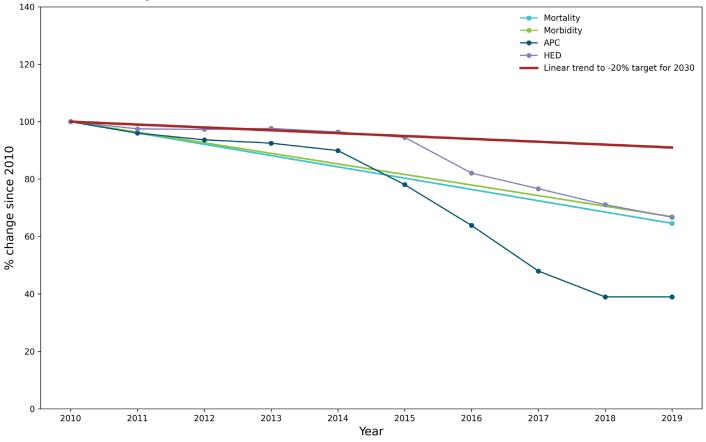
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WHO rating for alcohol control policy  Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	not achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.75	20.83	36.30	2031.00
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### **Viet Nam**

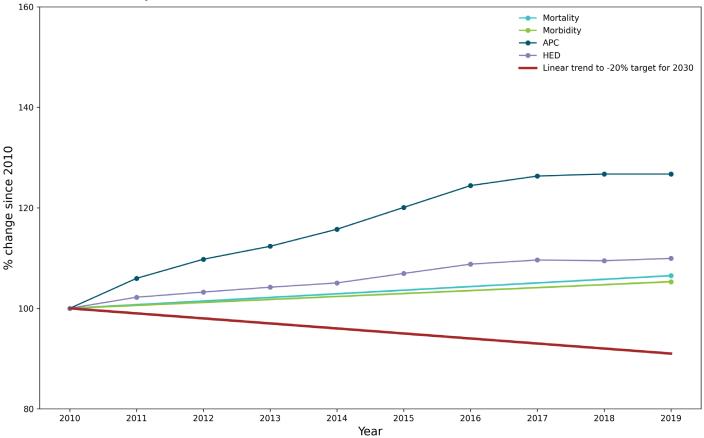
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022					
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
partially achieved	partially achieved	partially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

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	7.37	28.08	50.86	2150.07
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Yemen

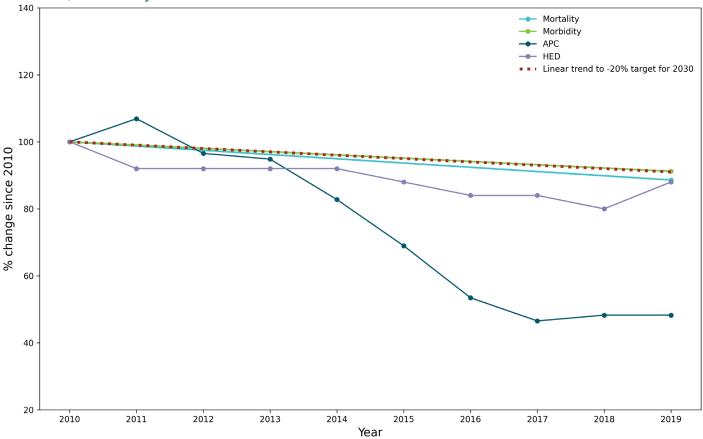
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	WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes			
fully achieved	fully achieved	fully achieved			

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	0.06	0.25	3.56	156.02
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### Zambia

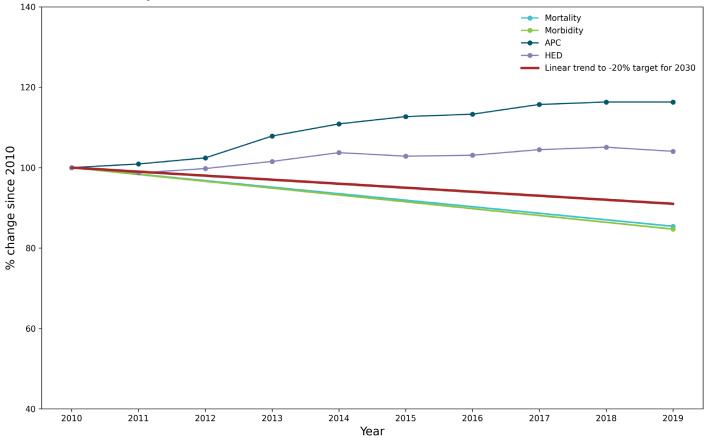
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
fully achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.31	21.47	79.53	3285.13
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

## **Zimbabwe**

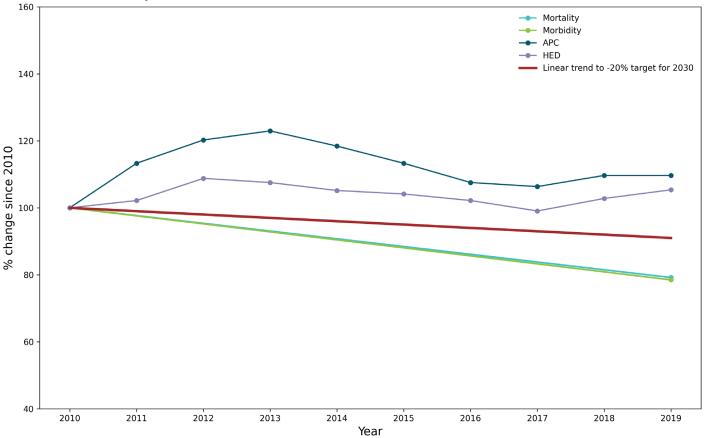
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WHO rating for alcohol control policy Source: Noncommunicable Diseases Progress Monitor 2022				
Restrictions on physical availability	Advertising bans or comprehensive restrictions	Increased excise taxes		
partially achieved	not achieved	not achieved		

Changes in alcohol-attributable mortality and morbidity, heavy episodic drinking, and per capita alcohol consumption, 2010–2019, indexed to year 2010<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	3.31	9.67	62.33	2705.32
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

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>

### <u>Niue</u>

#### 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)
- Morbidity<sup>2</sup>: 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					

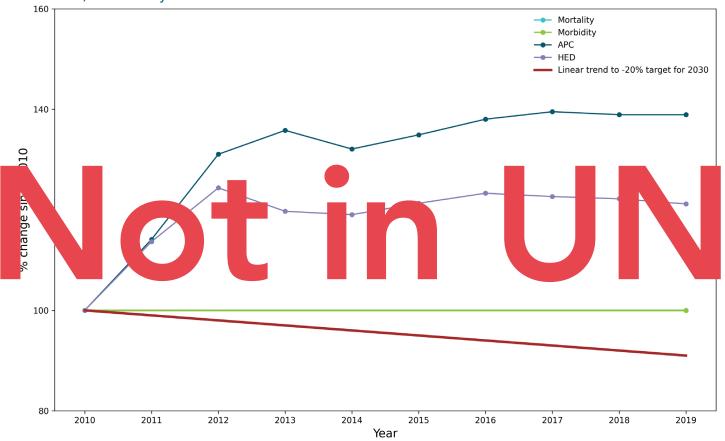
Restrictions on physical availability Advertising bans or comprehensive restrictions

Increased excise taxes

not reported

ed 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<sup>1, 2</sup>



Year	APC <sup>1</sup> (liters of pure alcohol)	HED <sup>1</sup> (prevalence in %)	Mortality <sup>2</sup> (age-standardized rate per 100,000)	Morbidity <sup>2</sup> (age-standardized rate per 100,000)
2010	6.73	22.53		
2011	7.68	25.61		
2012	8.82	28.02		
2013	9.14	26.97		
2014	8.89	26.82		
2015	9.08	27.33		
2016	9.29	27.78		
2017	9.39	27.63		
2018	9.35	27.53		
2019	9.35	27.30		

Sources: 1

WHO, Global Health Observatory (accessed October 2024) https://www.who.int/data/gho

<sup>&</sup>lt;sup>2</sup> 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. <a href="https://www.who.int/publications/i/item/9789240096745">https://www.who.int/publications/i/item/9789240096745</a>