



Preventing Harmful Alcohol Use



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

Croatia has alcohol consumption of **9.2 litres of pure alcohol** per capita per year, roughly equivalent to 1.9 bottles of wine or 3.5 litres of beer per week per person aged 15 and over. In addition, in Croatia, some population groups are at higher risk than others; specifically:



27.6% of adults engage in binge drinking at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.



Men consume **14.7** litres of pure alcohol per capita per year while **women** consume **4.2** litres per capita per year



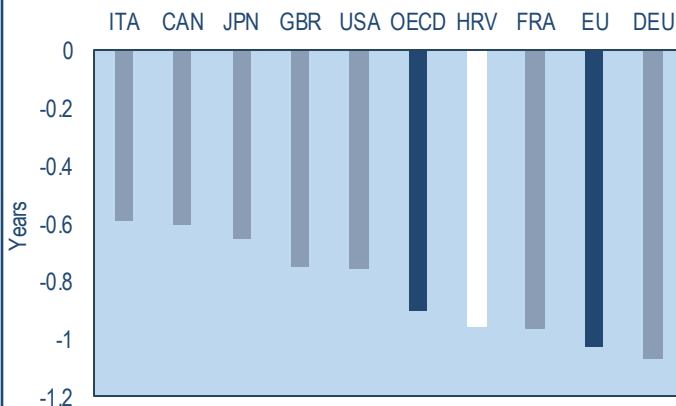
Women are **10% less likely** to binge drink monthly if they have **completed higher education**



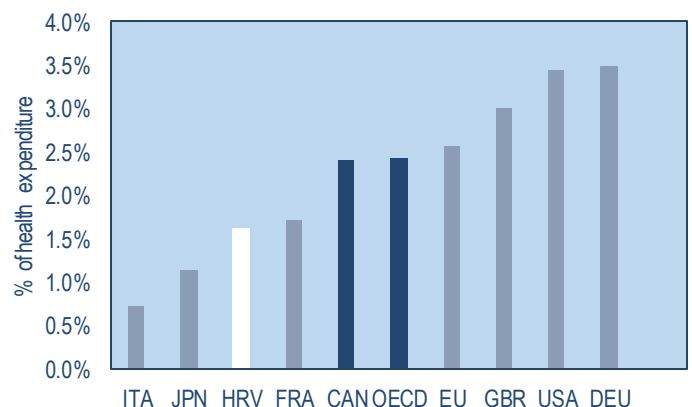
19% of girls and **31% of boys** aged 15 **have been drunk** at least twice in their life. Children who never experienced drunkenness are **27% more likely** to perform well at school.

Life expectancy is **1.0 year lower** over the next 30 years due to diseases and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Impact on life expectancy

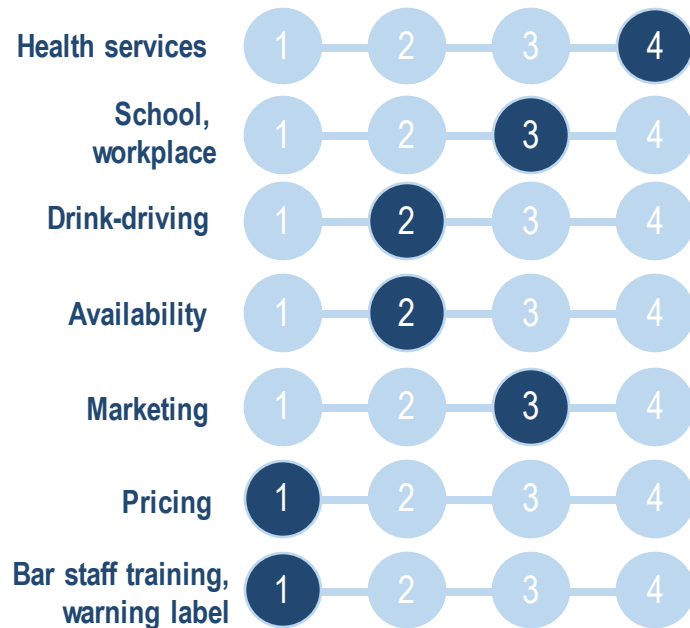


Impact on health expenditure



Based on current consumption patterns in **Croatia**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **1.6% of health expenditure** and a reduction in the workforce productivity.

Implementation level of policies to address harmful alcohol use in Croatia



1-lower level of implementation, 4-higher level.
Countries with a maximum score can still enhance policy implementation and enforcement.

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

Croatia has a level of policy implementation that varies across policy areas, and there are opportunities for further action. Policy priorities could include:

- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- **Training servers** on how to prevent, identify and manage intoxicated drinkers, and using **health warning label** on alcohol containers;
- Strengthening **restriction of alcohol availability** to vulnerable and high-risk groups, for instance by day and hour.

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Croatia, including:



Strengthening sobriety checkpoints to counter drink-driving



Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays



Alcohol taxation



Strengthening screening and counselling in primary care



Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays



Minimum unit pricing targeting cheap alcohol

In Croatia, investing HRK 9.0 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent **267 thousand non-communicable diseases and injuries** by 2050;
- save **HRK 71 million** per year in health costs;
- increase employment and productivity by the equivalent of **2.5 thousand full-time workers** per year.

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