

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.



Latvia has one of the highest levels of alcohol consumption – **12.8 litres of pure alcohol** per capita per year, roughly equivalent to 2.6 bottles of wine or 4.9 litres of beer per week per person aged 15 and over. In addition, in Latvia, some population groups are at higher risk than others; specifically:



44% 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 20.9 litres of pure alcohol per capita per year while women consume 6.1 litres per capita per year



Women are 30% more likely to binge drink monthly if they have completed higher education



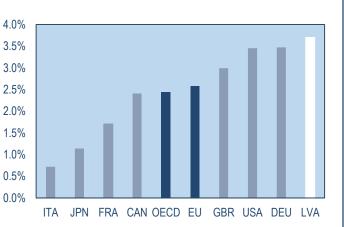
24% of girls and 25% of boys aged 15 have been drunk at least once in their life. Children who never experienced drunkenness are 44% more likely to perform well at school.

Life expectancy is **1.6 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Impact on life expectancy



Impact on health expenditure



Based on current consumption patterns in **Latvia**, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.7% of health expenditure** and a reduction in the workforce productivity. Consequently, Latvia's **GDP** is estimated to be **3.6% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, Latvia has to raise additional revenues equivalent to an increase in tax of **EUR 150** per person per year.

Implementation level of policies to address harmful alcohol use in Latvia



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.*

Latvia has overall a good level of policy implementation, but there are opportunities for further action. Policy priorities could include:

- Improving the implementation of screening, counselling and treatment for people who drink heavily;
- Improving alcohol prevention and reduction activities in schools and workplaces
- Strengthening regulation of advertising on social media and new media, which are frequently used by younger people;
- Applying health warning label on alcohol containers

OECD analyses looked at enhanced policy package to tackle harmful alcohol use. The package contains many of the policy priorities for Latvia, 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 Latvia, investing EUR 1.4 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- prevent 210 thousand non-communicable diseases and injuries by 2050;
- save EUR 8.6 million per year in health costs;
- increase employment and productivity by the equivalent of **2.3 thousand full-time workers** per year.

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



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

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