

Metadata – Alcohol use

Description	Four indicators are considered: <ul style="list-style-type: none">a) Hazardous drinking: proportion of the population aged 15 years and over with an average weekly alcohol consumption exceeding a threshold considered as harmful.b) Weekly Risky Single Occasion Drinking (WRSOD): proportion of the population aged 15 years and over who has 6 drinks or more (i.e., ≥ 60 g ethanol) on one occasion at least once a week.c) Past year problematic alcohol consumption: proportion of the population aged 15 years and over who experience problematic drinking in the last 12 months defined by the CAGE instrument.d) Average alcohol consumption per capita: the recorded 3-years average and the unrecorded alcohol consumption per capita in the population aged 15 and over, expressed in liters of pure alcohol a year.
Rationale	A substantial part of health, social and economic burden is caused by problems attributable to hazardous alcohol consumption. Reducing this burden is a priority area for public health, which can be reached through the implementation of proven alcohol reduction strategies. Therefore, excessive alcohol consumption is considered an important indicator to monitor (1). Strengthening the prevention and treatment of substance use disorders is one of the Sustainable Development Goals set by WHO (2).
Primary Data source	a-c : Sciensano, Belgian Health Interview Survey (HIS), 2001-2004-2008-2013-2018 d: World Health Organization (WHO), Global Information System on Alcohol and Health (GISAH)
Indicator source	a-c : Sciensano, Belgian Health Interview Survey (HIS), 2001-2004-2008-2013-2018 https://his.wiv-isp.be/fr/Documents%20partages/AL_FR_2018.pdf d: WHO-GISAH http://apps.who.int/gho/data/node.gisah.A1036?lang=en&showonly=GISAH
Periodicity	HIS: every 3-5 years
Calculation, technical definitions and limitations	For the first three indicators, we refer the reader to the HIS questionnaires at https://his.wiv-isp.be/Shared%20Documents/qauto_2018_en.pdf <ul style="list-style-type: none">a) Hazardous alcohol consumption is based on questions AL.02 to AL.05. It is the proportion of the population aged 15 years and over reporting an average weekly alcohol consumption exceeding 21 drinks containing the equivalent of 10gr of pure alcohol in men and 14 drinks in women.b) WRSOD is based on the question AL.06. It is the proportion of the population aged 15 years and over who reports drinking 6 drinks or more (i.e., ≥ 60 g ethanol) on one occasion at least once a week. This indicator is slightly different from the binge drinking, which consider a more strict time frame for the consumption, that is 2 hours.c) Past year problematic alcohol consumption is based on questions AL.09a to AL.12a. It is the proportion of people aged 15 years and older who report experiencing problematic drinking in the last 12 months. Problematic drinking is defined as 2 positive answers out of the 4 questions of the CAGE instrument. The last indicator is computed by WHO-GISAH:

-
- d) The total alcohol per capita consumption is the recorded 3-years average and the unrecorded alcohol consumption per capita in the population aged 15 and over, expressed in liters of pure alcohol a year. Recorded alcohol consumption refers to official statistics (production, import, export, and sales or taxation data. Unrecorded consumption refers to alcohol which is not taxed and is outside the usual system of governmental control. This can be estimated thanks to specific survey questions. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/465>

Limitations:

- It is very difficult to measure the actual consumption of alcohol :
 - The quantity of alcohol is derived from the number of drinks reported, but their volume and the ethanol contained is not always known, and varies between countries.
 - Alcohol consumption is a sensitive topic. Self-reported consumption suffers from social desirability bias.
 - People engaging in heavy drinking underestimate their consumption because of the effect of alcohol itself.
- There is no clear consensus about the threshold for harmful alcohol consumption, and the cut-off has changed several times over the past two decades. The threshold for considering harmful weekly alcohol consumption as harmful was initially fixed by the WHO as >21 weekly drinks (containing 10 g of pure alcohol) for men and >14 weekly drinks for women (“21(M)/14(W)”) (3). This threshold has been replaced in 2012 by a new one, that was >28 weekly drinks for men and >14 for women. In 2018, a new threshold was suggested, that is 10 glasses / week both for men and women. Both indicators are calculated in the HIS namely a) the percentage of people aged 15 and over drinking more than 10 units of alcohol by week, and b) the percentage that drink more than 14 (for women) or 21 (for men) units weekly. In the present report, we have adopted the threshold “>21->14” (21(M)/14(W) to be consistent with the previous guidelines, and in the expectation of an update of the guidelines in Belgium. However, in the Eurostat database, the threshold was the “28(M)/14(W)” one, as recommended in the 2012 version of the ECHIM indicators (1).

Hence, caution is needed when using self-reported indicators to describe a difficult to measure and sensitive health behaviour.

International comparability

a. Availability

For hazardous drinking: International comparisons are scarce for the indicator “hazardous drinking” with the threshold 14(M)/21(W). Eurostat publishes comparisons using the “28(M)/14(W)” threshold.

For WRSOD: country figures, with several frequencies, are published in the Eurostat database.

For the problematic consumption: international comparison are not available.

For the total alcohol consumption per capita: WHO-GISAH computed these estimates for most countries in the world.

- b. Comparability: Due to differences in drinking culture, a drink is considered differently in different countries and bias of social desirability express differently.
-

1. Verschuuren M, Achterberg PW, Gijzen R, Harbers MM, Vijge E, Wilk EA, et al. ECHI Indicator Development and Documentation - Joint action for ECHIM final Report Part II. Vol. II. RIVM; 2012. 1–287 p.
2. World Health Organization, World Health Organization, World Health Organization, Management of Substance Abuse Team. Global status report on alcohol and health 2018. 2018.
3. WHO. International guide for monitoring alcohol consumption and related harm [Internet]. Geneva; 2000 [cited 2020 Mar 2]. Available from: https://apps.who.int/iris/bitstream/handle/10665/66529/WHO_MSD_MSB_00.4.pdf;sequence=1