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## **Study shows 1 in 25 deaths worldwide attributable to alcohol**

### **CAMH researcher sees glass 'as half full'**

(Toronto) Research from Canada's own Centre for Addiction and Mental Health (CAMH) featured in this week's edition of the *Lancet* shows that worldwide, 1 in 25 deaths are directly attributable to alcohol consumption. This rise since 2000 is mainly due to increases in the number of women drinking.

CAMH's Dr Jürgen Rehm and his colleagues found that alcohol-attributable disorders are among the most disabling disease categories within the global burden of disease, especially for men. And in contrast to other traditional risk factors for disease, the burden attributable to alcohol lies more with younger people than with the older population.

Dr. Rehm still takes an optimistic 'glass half full' response to this large and increasing alcohol-attributable burden. "Today, we know more than ever about which strategies can effectively and cost-effectively control alcohol-related harms," Dr. Rehm said today. "Provided that our public policy makers act on these practical strategies expeditiously, we could see an enormous impact in reducing damage."

The study showed that Europe had a high proportion of deaths related to alcohol, with 1 in 10 deaths directly attributable (up to 15% in the former Soviet Union). Average alcohol consumption in Europe in the adult population is somewhat higher than in North America: 13 standard drinks per person per week (1 standard drink = 13.6 grams of pure ethanol and corresponds to a can of beer, one glass or wine and one shot of spirits) compared to North America's 10 to 11 standard drinks. The recent Canadian consumption rate is equivalent of almost 9 standard drinks per person per week age 15 plus, and has been going up, as has high risk drinking. Globally, the average is around 7 standard drinks per person per week (despite the fact that most of the adult population worldwide actually abstains from drinking alcohol).

Most of the deaths caused by alcohol were through injuries, cancer, cardiovascular disease, and liver cirrhosis.

"Globally, the effect of alcohol on burden of disease is about the same size as that of smoking in 2000, but it is relatively greatest in emerging economies. Global consumption is increasing, especially in the most populous countries of India and China."

CAMH is known for its pioneering research in the most effective ways of reducing the burden of alcohol. For example, CAMH endorsed the legislative change implemented this year requiring young Ontario drivers to maintain a 0% blood alcohol content; in many jurisdictions this measure has reduced alcohol-related crashes and saved lives.

Other evidence-based policies proven to reduce harms include better controls on access to alcohol through pricing interventions and outlet density restrictions as well as more focused strategies such as violence reduction programs in licensed premises. Within health care, provision of screening and brief interventions for high risk drinkers has enormous potential to reduce the contribution of alcohol to the onset of cancer and other chronic diseases.

"There are significant social, health and economic problems caused by alcohol," said Gail Czukar, CAMH's executive vice-president, Policy, Education and Health Promotion. "But research gives us sound, proven interventions that governments and health providers can use to address these problems."

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The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development, prevention and health promotion to help transform the lives of people affected by mental health and addiction issues.

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