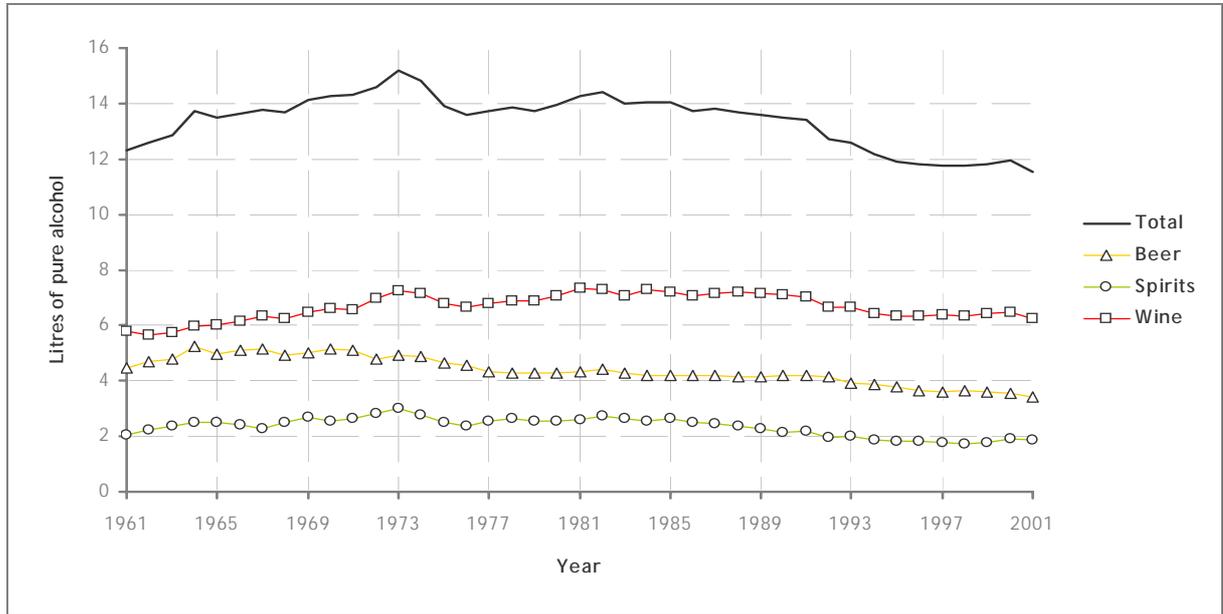


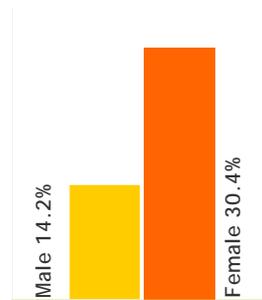
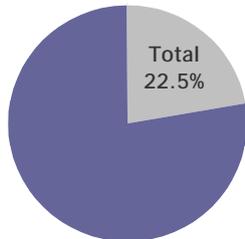
SWITZERLAND

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers

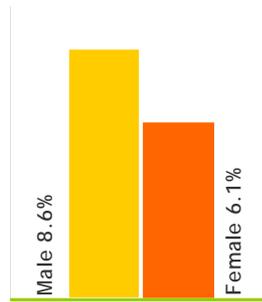


Data from the WHO GENACIS study. National survey conducted in 2002 (age group 15 years and above). Total sample size $n = 19\,706$; males $n = 8\,909$, females $n = 10\,797$.¹

Estimates from key alcohol experts show that the proportion of adult males and females who had been abstaining (last year before the survey) was 11% (males) and 27% (females). Data is for after year 1995.²

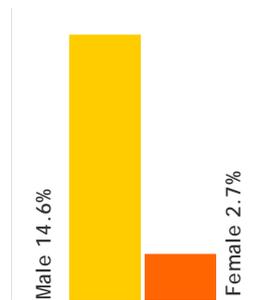
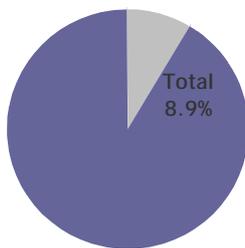
Data from the 1997–1998 Swiss Health Survey (total sample size $n = 11\,972$) show that the rate of abstainers was 18% (total), 11% (males) and 24% (females). The survey also found that 16% of the total sample (23% of males and 9% of females) drank one or more times a day.³

Heavy and hazardous drinkers (among drinkers)



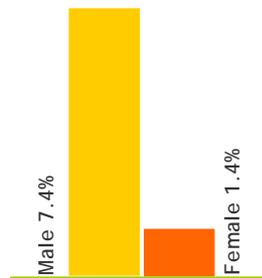
Data from the WHO GENACIS study. National survey conducted in 1997 (age group 20 to 64 years). Total sample size $n = 9848$; males $n = 4516$ and females $n = 5332$. Definition used: consumption of 40 g or more of pure alcohol a day for males and 20 g or more of pure alcohol a day for females.¹

Problem drinking among drinkers



It is estimated that there are 416 000 problem drinkers in Switzerland (according to the AUDIT definition).⁴

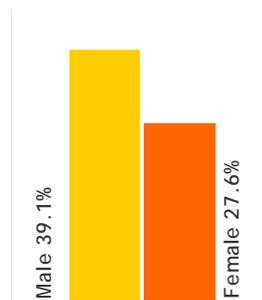
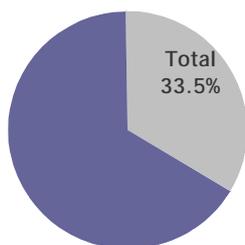
Heavy episodic drinkers (among drinkers)



Data from the WHO GENACIS study. National survey conducted in 1997 (age group 20 to 64 years). Total sample size $n = 9848$; males $n = 4516$ and females $n = 5332$. Definition used: consumption of eight or more drinks in one sitting at least once a month in the last year (among drinkers only).¹

A survey of subjects 15 years and older found the rate of binge drinking (among current drinkers) to be 25% among males and 6% among females. Binge drinking was defined as usual consumption of eight or more drinks in one sitting. Note that these figures were calculated from the 1997 Swiss Health Survey.⁵

Youth drinking (drink at least weekly)

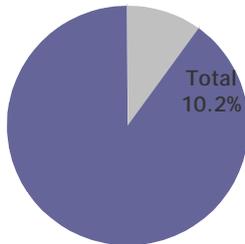


HBSC survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size $n = 1540$.⁶

According to the 1997/1998 HBSC survey (total sample size $n = 1832$), 19% of 15-year-old boys and 9% of 15-year-old girls reported drinking beer, wine or spirits at least weekly.⁷

Data from the 1997–1998 Swiss Health Survey (total sample size $n = 11\,972$) show that the rate of abstainers among the subsample aged 15–24 years is 26%.³

Youth drinking (problem drinkers)



Data from the 1993 Swiss Multicentre Adolescent Survey on Health (total sample size $n = 2359$; aged 15 to 20 years old). Problem drinkers were defined as those who had driven whilst drunk more than twice and having more than one drink a day. The survey also found that 13% were totally abstinent.⁸

A 1998 survey of 1600 subjects aged 15 to 74 years found that among the subsample of 15–24-year-olds, 2% of the sample consumed alcohol at a frequent risky (more than two standard drinks or 20 g of pure alcohol a day) and heavy episodic level (for men consumption of five or more drinks and for women four or more drinks on one occasion more than twice a month).³

Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size $n = 1540$), the proportion of 15-year-olds who reported ever having been drunk two or more times was 38.5% for boys and 26.5% for girls.⁶

Alcohol dependence

In Switzerland, just under 5% of the population (300 000 people) is alcohol-dependent. Alcohol dependency mainly affects those aged over 40 years, but increasing numbers of young people (20–30 years) are becoming alcohol-dependent.⁹

Unrecorded alcohol consumption

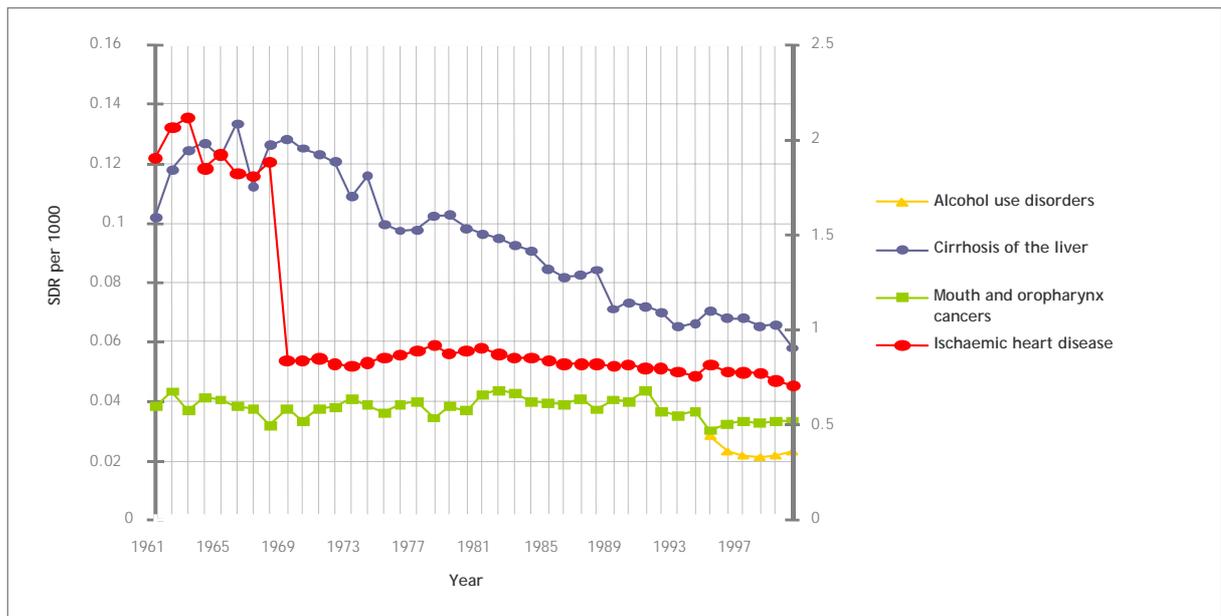
The unrecorded alcohol consumption in Switzerland is estimated to be 0.5 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).²

In 1999/2000 it was estimated that there were 2000 hectolitres of pure alcohol consumed as illegal distilled clandestine or contraband.¹⁰

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

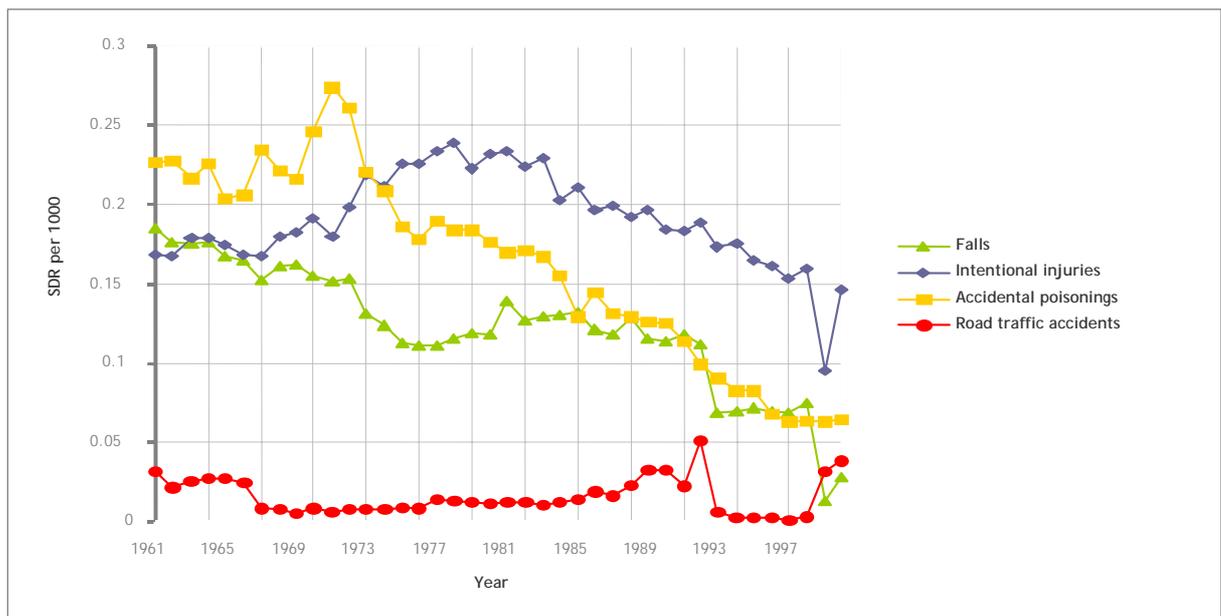
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

A retrospective study comparing 39 alcoholics and 117 matched controls employed by the Swiss Railway Service showed that over a 10-year period, alcoholics had an absenteeism rate 2.4 times that of the controls, or an average of 18.5 more days lost annually per worker.¹¹

A study sample that included 167 traffic accident victims out of a total of 4043 patients admitted to an emergency room showed that 21% of the accidents involved intoxication, 97% of intoxicated were male and 38% were in the age group 16–29 years of age; 28% of victims of single-vehicle crashes were intoxicated while 17% of victims of multi-vehicle crashes were intoxicated; and 45% of moped drivers and 42% of pedestrians were intoxicated.¹²

In 2001, there were 2454 (10%) road accidents that were alcohol-related. 10% of injuries and 20% of deaths in road accidents in 2001 were alcohol-related.³ In 2000, there were in total 3167 injured victims in road traffic accidents who were possibly under the influence of alcohol. There were 114 fatalities and the case fatalities per 10 000 accident victims was 347.13 It is estimated that around 1 fatal accident in 4 (23.8%) involving males and 1 fatal accident in 8 (12.7%) involving females is caused by alcohol.⁹

In 1998, more than 2100 people died as a result of alcohol abuse. Of those deaths, 40% were caused by diseases of the digestive system – in particular pancreatitis and cirrhosis of the liver. Road accidents, falls and suicides were the other significant causes of death.⁹

The purpose of the study was to examine episodes of domestic violence reported to the police, focusing on the drinking behaviour of the individuals involved. Evidence of alcohol involvement was found in 40% of the investigated situations. Police officers thus believed there was a clear link between alcohol and violence in at least 26% of the 42 cases investigated.¹⁴

The SDR per 100 000 population for chronic liver disease and cirrhosis was 8.68 in 1999 and 7.48 in 2000.¹⁵

The number of alcohol-related road traffic accidents per 100 000 population was 34.45 in 1999 and 34.58 in 2000.¹⁵

As a whole, 30 000 years of life are potentially lost in Switzerland that are attributable to alcohol consumption among those aged 15 to 74 years. This represents around 8.7% of all potential years of life lost in Switzerland.³

A study found that adolescent problem drinkers when compared to non-problem drinkers, had higher odds ratios of high prevalence rate of cannabis use, having cheated during courses, having their family/peers more often involved in alcohol consumption, being a gang member, having stolen in a public area and having considered suicide.⁸

A 1998 survey found that for the age group 15–24 years, 21.2% reported having had a conflict with friends and 17.4% with partners as a result of alcohol. 4.8% reported having had a quarrel or discord with the police and 7.9% have had an accident involving alcohol.³

Economic and social costs

The estimate of the cost of alcohol abuse to Switzerland in 1998 amounts to 6480 million Swiss francs including 726 million Swiss francs as direct costs (diseases and accidents), 1465 million Swiss francs as indirect costs (deaths, disability, unemployment) and 4289 million Swiss francs for psychosocial and behavioural problems.⁹

In 1998, alcohol abuse resulted in more than 800 000 medical consultations and 500 000 days in hospital. The direct cost of alcohol-attributable illness (medical/hospital treatment costs and spending on re-education programmes) is estimated to be 553.6 million Swiss francs for that year.⁹

In 1998, almost 2800 people were claiming an invalidity allowance owing to alcoholism, with an average invalidity level of slightly over 90%. Alcohol-induced invalidity is responsible for a production loss of 179.3 million Swiss francs – 129.9 million Swiss francs in production for the market and 49.4 million Swiss francs in domestic activities.⁹

It was estimated that the social costs of excessive alcohol consumption in the canton of Geneva in 1996 is between 138 million and 161 million Swiss francs.¹⁶

Country background information

Total population 2003	7 169 000	Life expectancy at birth (2002)	Male	77.7
Adult (15+)	6 021 960		Female	83.3
% under 15	16	Probability of dying under age 5 per 1000 (2002)	Male	6
Population distribution 2001 (%)			Female	5
Urban	67	Gross National Income per capita 2002	US\$	37 960
Rural	33			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

References

1. Preliminary results from the *Gender, Alcohol and Culture: An International Study (GENACIS Project)*. International Research Group on Gender and Alcohol (for more information please see <http://www.med.und.nodak.edu/depts/irgga/GENACISProject.html>).
2. Alcohol per capita consumption, patterns of drinking and abstention worldwide after 1995. Appendix 2. *European Addiction Research*, 2001, 7(3):155–157.
3. *Chiffres et données sur l'alcool et les autres drogues*. Lausanne, Institut suisse de prévention de l'alcoolisme et autres toxicomanies, 2003.
4. *Schweizerische Gesundheitsbefragung. Gesundheit und Gesundheitsverhalten in der Schweiz 1997*. Neuchâtel, Federal Office of Statistics, 2000.
5. Gmel G, Rehm J, Kuntsche, E. Binge drinking in Europe: definitions, epidemiology, and consequences. *Sucht [German Journal of Addiction Research and Practice]*, 2003, 49(2):105–116.
6. Currie C et al., eds. *Young people's health in context. Health Behaviour in School-aged Children (HBSC) study: international report from the 2001/2002 survey*. Copenhagen, WHO Health Policy for Children and Adolescents (HEPCA), 2004.
7. *Health Behaviour in School-aged Children: a WHO Cross-National Study (HBSC) International Report*. Copenhagen, World Health Organization, 2000.
8. Rodondi PY, Narring F, Michaud PA. Drinking behaviour among teenagers in Switzerland and correlation with lifestyles. *European Journal of Pediatrics*, 2000, 159(8):602–607.
9. Jeanrenaud C et al. *Le coût social de l'abus d'alcool en Suisse*. Neuchâtel, Institut de recherches économiques et régionales, 2003.
10. *Consommation d'alcool 1880–2000*. Bern, Régie fédérale des alcools, 2001.
11. Muhlemann R. Absentismus und andere Zeichen von Alkoholkrankheit. *Drogalkohol*, 1981, 5(1):26–33.
12. Wyss D et al. Characteristics of 167 consecutive traffic accident victims with special reference to alcohol intoxication: a prospective emergency room study. *Sozial-und Praeventivmedizin*, 1990, 35(3):3–11.
13. Allenbach R, Dähler-Sturny C, Siegrist S. *Accident-Road traffic: victims in accidents possibly under the influence of alcohol, 1980–2000*. Swiss Council for Accident Prevention (<http://www.bfu.ch>, accessed 4 March 2004).
14. Maffli E, Zumbrunn A. Alcohol and domestic violence in a sample of incidents reported to the police of Zurich City. *Substance Use and Misuse*, 2003, 38(7):881–893.
15. European health for all database. World Health Organization, Regional Office for Europe (<http://hfabd.who.dk/hfa>, accessed 26 February 2004).
16. Vitale S, Jeanrenaud C, Priez F. *Le coût social de la consommation d'alcool dans le canton de Genève*. Geneva, Département de l'action social et de la santé [Department of Social Action and Health], 1999.