

Executive summary

Alcohol consumption has been identified as a major risk factor for mortality and burden of disease. Switzerland has a consumption level which is more than 50% above the global average, and consequently it incurs a comparatively high level of mortality. In 2011, the most recent year with data on exposure, we estimate 2'683 deaths due to alcohol. In the age group of 15-74 years of age, where more reliable data on cause of deaths are available compared to the age group 75 and older, 1'600 people died due to alcohol, 1'181 men and 419 women. This corresponds to 1 out of 10 premature deaths in adult men and more than 1 out of 17 in adult women caused by alcohol. These numbers are net numbers, already taking into account the protective effects of light to moderate consumption on ischaemic disease and diabetes. Three main broad causes of death are mainly contributing to this mortality toll, cancers, injury and digestive disease. Although alcohol causes considerable cardiovascular deaths, these deaths are cancelled out by the above described protective effects on ischaemic diseases, mainly ischaemic heart disease. The causes of death underlying alcohol-attributable deaths change over the life course. In young adulthood, they are mainly due to injury, in middle adulthood, digestive diseases become more prevalent, and for last decades up to 74 years of age, cancers are the leading cause of alcohol-attributable death. Overall, the relative proportion of alcohol-attributable mortality to all mortality is highest in young adulthood, but the absolute numbers of alcohol-attributable diseases increase with age. As a consequence, alcohol-attributable years of life lost (YLL) make up even a larger proportion of all years of life lost than alcohol-attributable deaths of all deaths. Overall, 42'627 years (men: 30'880; women: 11'747) of life are lost by premature death among the 15-74 year olds.

Overall, 62% of the net deaths were attributable to heavy drinking as defined by 40 g/day or more of pure alcohol for women and 60 g/day or more for men. The proportion was larger (67%) for men than for women (48%). In other words, the majority of alcohol-attributable deaths among 15-74 year olds in Switzerland had been caused by heavy drinking. There are no protective effects of heavy drinking.

The level of alcohol consumption has gone down since 1997, the starting date for our investigation. As binge drinking (5 or more standard drinks for men and 4 or more standard drinks for women) did not seem to increase, it is no surprise that the rates of alcohol-attributable deaths have gone down as well. However, this effect is restricted to men, and for women we do not see any decrease in alcohol-attributable mortality. The death rate per 100'000 resident women remained stable only because the residential population increased. Over the time period observed in this study, there is a more than 20% increase in the absolute number of alcohol-attributable deaths among women (1997: 340; 2011: 419), and also the proportion of alcohol-attributable death on all deaths increased from 4.3% to 6.0%.

The results have some implications. Policies should be implemented to further support the overall positive trend of decreasing alcohol-attributable mortality burden. A particular focus should be given to women. As a large share of alcohol-attributable mortality is due to heavy drinking, policies but also preventive actions should not only be universal but also selective targeting heavy drinkers including sufficient provision of treatment options.