



World Health
Organization

Europe



No level of alcohol consumption is safe for our health

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The risks and harms associated with drinking alcohol have been systematically evaluated over the years and are well documented. The World Health Organization has now published a statement in *The Lancet Public Health*: when it comes to alcohol consumption, there is no safe amount that does not affect health.

It is the alcohol that causes harm, not the beverage

Alcohol is a toxic, psychoactive, and dependence-producing substance and has been classified as a Group 1 carcinogen by the International Agency for Research on Cancer decades ago – this is the highest risk group, which also includes asbestos, radiation and tobacco. Alcohol causes at least seven types of cancer, including the most common cancer types, such as bowel cancer and female breast cancer. Ethanol (alcohol) causes cancer through biological mechanisms as the compound breaks down in the body, which means that any beverage containing alcohol, regardless of its price and quality, poses a risk of developing cancer.

The risk of developing cancer increases substantially the more alcohol is consumed. However, latest available data indicate that half of all alcohol-attributable cancers in the WHO European Region are caused by “light” and “moderate” alcohol consumption – less than 1.5 litres of wine or less than 3.5 litres of beer or less than 450 millilitres of spirits per week. This drinking pattern is responsible for the majority of alcohol-attributable breast cancers in women, with the highest burden observed in

countries of the European Union (EU). In the EU, cancer is the leading cause of death – with a steadily increasing incidence rate – and the majority of all alcohol-attributable deaths are due to different types of cancers.

Risks start from the first drop

To identify a “safe” level of alcohol consumption, valid scientific evidence would need to demonstrate that at and below a certain level, there is no risk of illness or injury associated with alcohol consumption. The new WHO statement clarifies: currently available evidence cannot indicate the existence of a threshold at which the carcinogenic effects of alcohol “switch on” and start to manifest in the human body.

Moreover, there are no studies that would demonstrate that the potential beneficial effects of light and moderate drinking on cardiovascular diseases and type 2 diabetes outweigh the cancer risk associated with these same levels of alcohol consumption for individual consumers.

“We cannot talk about a so-called safe level of alcohol use. It doesn’t matter how much you drink – the risk to the drinker’s health starts from the first drop of any alcoholic beverage. The only thing that we can say for sure is that the more you drink, the more harmful it is – or, in other words, the less you drink, the safer it is,” explains Dr Carina Ferreira-Borges, acting Unit Lead for Noncommunicable Disease Management and Regional Advisor for Alcohol and Illicit Drugs in the WHO Regional Office for Europe.

Despite this, the question of beneficial effects of alcohol has been a contentious issue in research for years.

“Potential protective effects of alcohol consumption, suggested by some studies, are tightly connected with the comparison groups chosen and the statistical methods used, and may not consider other relevant factors”, clarifies Dr Jürgen Rehm, member of the WHO Regional Director for Europe’s Advisory Council for Noncommunicable Diseases and Senior Scientist at the Institute for Mental Health Policy Research and the Campbell Family Mental Health Research Institute at the Centre for Addiction and Mental Health, Toronto, Canada.

We are missing the bigger picture

Globally, the WHO European Region has the highest alcohol consumption level and the highest proportion of drinkers in the population. Here, over 200 million people in the Region are at risk of developing alcohol-attributable cancer.

Disadvantaged and vulnerable populations have higher rates of alcohol-related death and hospitalization, as harms from a given amount and pattern of drinking are higher for poorer drinkers and their families than for richer drinkers in any given society.

“So, when we talk about possible so-called safer levels of alcohol consumption or about its protective effects, we are ignoring the bigger picture of alcohol harm in our Region and the world. Although it is well established that alcohol can cause cancer, this fact is still not widely known to the public in most countries. We need cancer-related health information messages on labels of alcoholic beverages, following the example of tobacco products; we need empowered and trained health professionals who would feel comfortable to inform their patients about alcohol and cancer risk; and we need overall wide awareness of this topic in countries and communities,” adds Dr Ferreira-Borges.