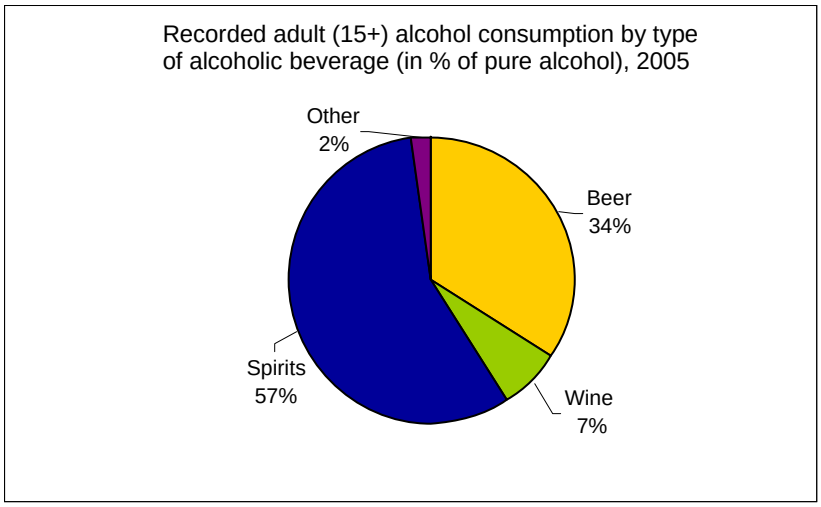
ESTONIA

SOCIOECONOMIC CONTEXT

Total population	1,340,000	Annual population growth rate	-0.6%
Population 15+ years	85%	Adult literacy rate	99.8%
Population in urban areas	69%	Income group (World bank)	High Income

Data source: United Nations, data range 1990-2006

ALCOHOLIC BEVERAGES



Beer includes malt beers. Wine includes wine made from grapes. Spirits include all distilled beverages. Other includes one or several other alcoholic beverages, such as fermented beverages made from sorghum, maize, millet, rice, or cider, fruit wine, fortified wine, etc. There is no information available on traditional and local beverages in Estonia. There are problems from the use of surrogate alcohol (i.e. alcohol which is not intended for human consumption such as industrial alcohol, aftershave, or antifreeze).

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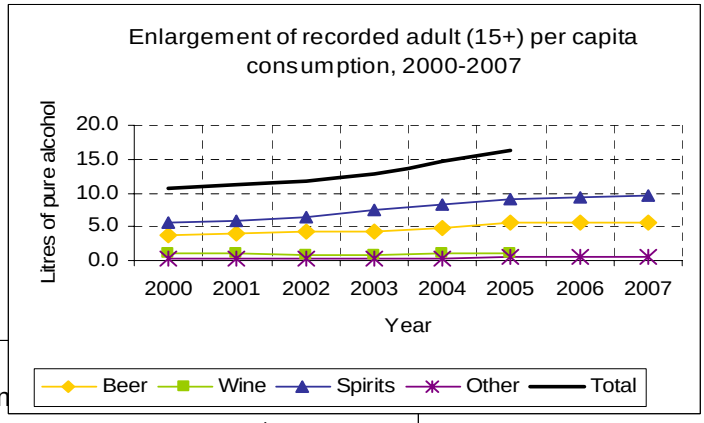
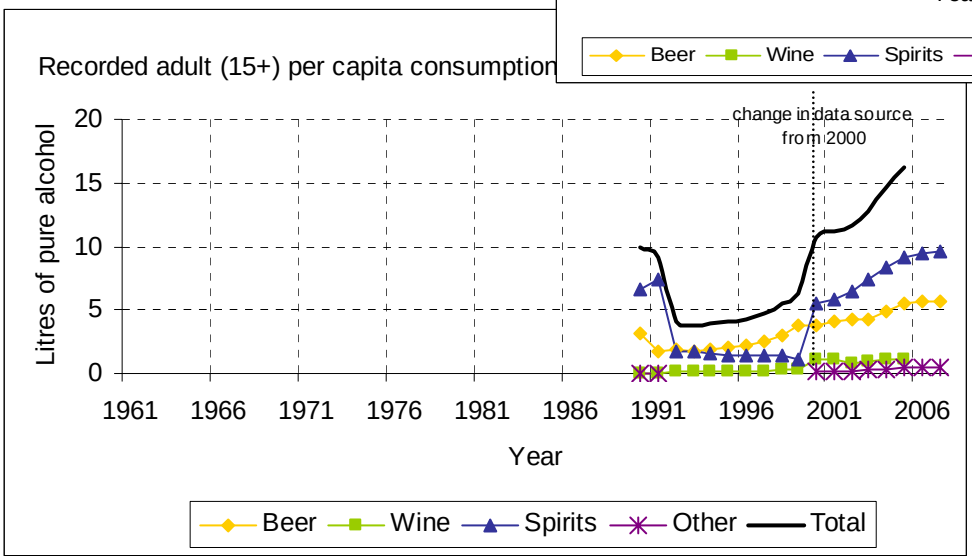
ALCOHOL CONSUMPTION

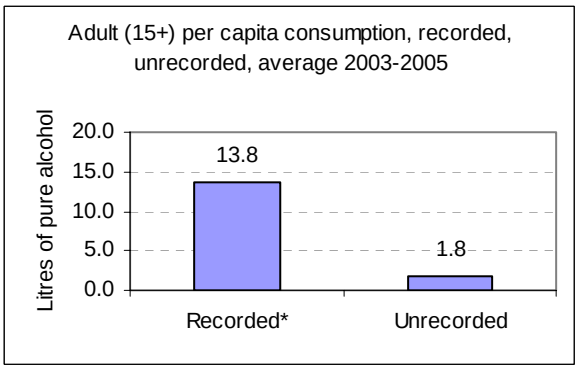
POPULATION DATA

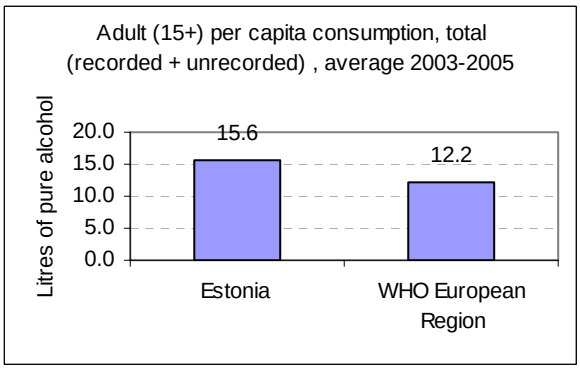
(refer to the population 15 years and older and are in litres of pure alcohol)





Robust estimate of five-year change in recorded adult (15+) per capita consumption, 2001-2005	**Increase** Stable Decrease Inconclusive





* Tourist consumption of 0.80 litres has been subtracted.

In Estonia, adult per capita consumption of alcohol is mainly characterized by consumption of spirits and beer. Wine and other fermented alcoholic beverages are also consumed, but to a lesser extent. Recorded adult per capita consumption is around 13.8 litres of pure alcohol and has increased recent years according to recent trends. Some unrecorded alcohol consumption is also seen in the country, adding around 1.8 litres to recorded consumption. Total adult per capita consumption of pure alcohol is around 15.6 litres in Estonia.

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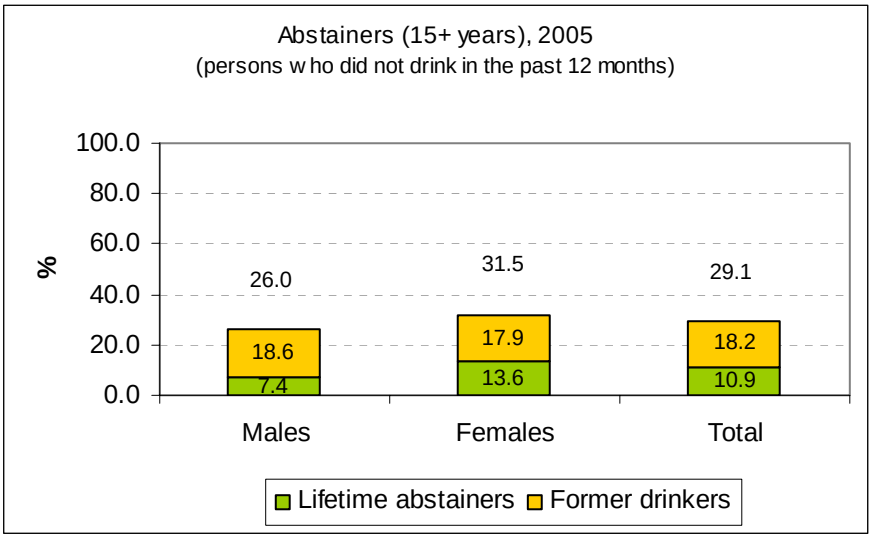
PATTERNS OF DRINKING

ABSTAINERS



HEAVY EPISODIC DRINKING*

Heavy episodic drinkers (18-85+ years), males, 2003	15.7%
Heavy episodic drinkers (18-85+ years), females, 2003	2.1%

* had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

DRINKERS ONLY

Adult (15+ years) per capita consumption*, total	21.96
Adult (15+ years) per capita consumption*, males	36.06
Adult (15+ years) per capita consumption*, females	12.15
Heavy episodic drinkers** (18-85+ years), males, 2003	21.2%
Heavy episodic drinkers** (18-85+ years), females, 2003	3.1%

* (recorded + unrecorded - tourist) in litres of pure alcohol, average 2003-2005
** had at least 60 grams or more of pure alcohol on one occasion in the past 7 days

PATTERNS OF DRINKING SCORE

Patterns of drinking score*	Least risky	1	2	**3**	4	5	Most risky

* Given the same level of consumption, the higher the patterns of drinking score, the greater the alcohol-attributable burden of disease for the country.

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HEALTH AND SOCIAL CONSEQUENCES

MORBIDITY

Prevalence estimates (12-month prevalence for 2004)

	Males	Females
Alcohol use disorders (15-64 years, per 100,000 population)	2,768.2	536.0
Alcohol use disorders (15-64 years), WHO European Region	9.1%	2.0%
Alcohol dependence (18-65 years)	- -	- -

ALL CAUSE MORTALITY

Age-standardized deaths rates, 15+ years (per 100,000 population)

	2000		2001		2002		2003		2004		2005	
	M	F	M	F	M	F	M	F	M	F	M	F
Liver cirrhosis	30.1	12.0	30.9	18.2	34.5	15.3	29.5	15.8	32.3	14.6	35.3	15.0
Alcoholic Liver disease	17.8	5.2	19.3	10.1	19.8	7.7	17.3	8.3	22.9	7.5	21.2	8.9
Road traffic accidents (1)	31.9	9.1	29.1	8.1	32.9	7.7	26.0	6.0	24.1	6.4	25.0	5.6
Poisoning	51.4	10.6	61.2	12.7	49.9	7.8	34.5	9.3	52.1	8.4	38.8	9.0
Violence	28.7	4.6	31.6	6.8	23.6	5.4	21.2	6.0	16.9	2.7	16.8	4.4

Data source: WHO Mortality Database, based on data as reported by countries (1) refer to transport accidents

SOCIAL COSTS

Estimates for 2006

Total cost (millions US dollars)	- -
Direct healthcare costs (millions US dollars)	- -
Direct law enforcement costs (millions US dollars)	- -
Other direct costs (millions US dollars)	- -
Indirect costs (millions US dollars)	- -

HEALTH INDICATORS MONITORED

Alcohol liver cirrhosis	YES
Alcohol-related road traffic injury	YES
Ethanol poisoning	YES
Methanol poisoning	YES
Alcohol use disorders	YES
Liver cirrhosis	YES
Road traffic injury	YES
Alcohol-related recorded crime	YES

Other health indicators monitored are: alcohol poisoning (mortality); liver cirrhosis (mortality) and mental and behavioural disorders due to the use of alcohol (mortality).

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ALCOHOL POLICY

Total ban of alcohol	NO
Adopted written national policy on alcohol	NO

National control of production/sale: Monopoly	NO/NO
National control of production/sale: Licensing	YES/YES

Excise tax on beer	YES
Excise tax on wine	YES
Excise tax on spirits	YES

National legal minimum age for off-premise sales of alcoholic beverages (selling) (beer/wine/spirits)	18/18/18
National legal minimum age for on-premise sales of alcoholic beverages (serving) (beer/wine/spirits)	18/18/18

Restrictions for on-/off-premise sales of alcoholic beverages:	
Time (hours and days)	YES
Location (places/density)	YES/NO
Specific events	YES
Intoxicated persons	YES
Petrol stations	NO

National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general/young/professional)	0.02% / 0.02% / 0.02%

Legally binding regulations on alcohol advertising	YES
Legally binding regulations on alcohol product placement	YES
Legally binding regulations on alcohol sponsorship	YES
Legally binding regulations on alcohol sales promotion	YES

Treatment policy for alcohol use disorders	YES

There is no written national policy on alcohol in Estonia. Restrictions for on-/off-premise sales of alcoholic beverages such as place restrictions on the sales of alcoholic beverages and sales restrictions for intoxicated persons are in place. There are national and legally binding regulations on alcohol advertising, product placement, sales promotion and sponsorship.

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European Union, monitoring of the EU alcohol strategy

Consumer information on alcohol's impact on health on points of sale (supermarkets, pubs/bars)	NO
Server training at a regular basis	YES

Within the health system:	
Counseling to children in families with alcohol problems	YES
Counseling to pregnant women with alcohol use disorders or alcohol problems	NO
Brief interventions as a method of health promotion and disease prevention	YES
Training of health professionals at a regular basis in screening and brief interventions for alcohol problems	NO

Prevention or counseling programs at workplaces to employers with alcohol problems	NO
Community based interventions/projects involving stakeholders	YES
Interventions/projects actively involving young people and the civil society	YES
Nationwide educational programs as a part of school curriculum	YES

Publicly funded alcohol research and monitoring programs at national or sub-national level	YES
National surveys on drink-driving	No information available

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