IARD
International Alliance
for Responsible Drinking

Alcohol consumption and NCDs 2010–2024

Trends based on Global Burden of Disease study data

October 2026

About IARD

The International Alliance for Responsible Drinking (IARD) is a not-for-profit organization dedicated to reducing harmful drinking. We are supported by the leading global beer, wine, and spirits producers, who have come together to be part of the solution in combating the harmful use of alcohol. To achieve this, we work with public sector, civil society, and private sector stakeholders. We work in support of the whole-of-society approach endorsed by multilateral strategies to tackle the harmful use of alcohol.

IARD actively supports multilateral strategies and goals to reduce harmful drinking, including the targets in the World Health Organization's (WHO) Global Alcohol Action Plan 2022–2030 and United Nations' Sustainable Development Goals (SDG) 3.5 and 17.16.

ABInBev · Asahi Group · Bacardi Limited · Brown-Forman · Carlsberg Group · Diageo · Heineken · Kirin · Moët Hennessy · Molson Coors beverage company · Pernod Ricard · Suntory Global Spirits · William Grant & Sons

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Foreword

The latest Global Burden of Disease (GBD) data provide important evidence of the progress that has been made in reducing alcohol-related harm since 2010. Between 2010 and 2024, the age-standardized mortality rate from alcohol-attributable noncommunicable diseases fell by 25%, from 15.5 to 11.6 deaths per 100,000 population.

The GBD estimates also show declines across several major alcohol-related NCD outcomes, including cardiovascular diseases, cancers, liver disease, and alcohol use disorders. These are encouraging findings. They show that harmful outcomes associated with alcohol are not immutable and that substantial progress is possible.

At the same time, they are not a reason for complacency. Alcohol continues to contribute to preventable disease and death, and the global picture inevitably masks important differences between countries, populations, and patterns of drinking. Nor should these trends be attributed to any single policy, intervention, or sector. The GBD study measures changes in population exposure and health outcomes; it does not tell us which particular actions caused them.

What the data do provide is an important basis for understanding where progress is being made, where challenges remain, and where further action can have the greatest impact.

For IARD, that is why tracking these trends matters. Our mission is to help reduce harmful drinking, working with governments, civil society, the scientific community, and the private sector in support of the whole-of-society approach reflected in international strategies and goals. The progress recorded since 2010 should therefore give us confidence that change is possible, while strengthening our determination to accelerate it.

The task now is to build on what is working, understand where progress has been slower, and continue to pursue practical, evidence-based approaches that can reduce harmful drinking and improve health outcomes around the world.

Julian Braithwaite
IARD President / CEO

Overview

Noncommunicable diseases (NCDs) are conditions that cannot be directly transmitted between people, and are often referred to as chronic diseases. The main types of NCDs are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes.

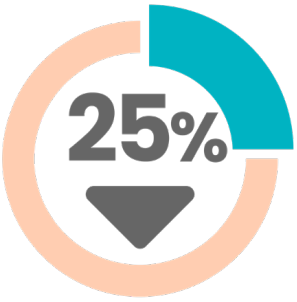
Behavioral and metabolic lifestyle-related risk factors can increase the risk of NCDs.

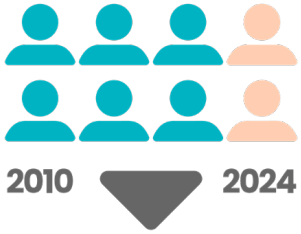
Globally, NCD deaths have been steadily increasing since 1990 due to increasing lifespans and declining rates of infectious diseases. Three quarters (75%) of all deaths worldwide were attributed to NCDs in 2024; this share has increased from 68% in 2010. Cardiovascular diseases and cancers are the top two causes of NCD deaths.

This report visualizes changes in mortality rates from NCDs attributed to alcohol consumption and trends in alcohol and other lifestyle-related risk factors (high blood pressure, dietary risk, tobacco use, high plasma glucose, high body mass index, high LDL cholesterol, and low physical activity) between 2010 and 2024.

The data for this report are from the Institute for Health Metrics and Evaluation's Global Burden of Disease (GBD) study[1] – widely considered one of the world's most comprehensive efforts to assess relationships between risk factors and health outcomes across countries and over time.

This report shows that:





- **Age-standardized alcohol-attributed mortality from all NCDs has declined 25% since 2010, from 15.5 to 11.6 per 100,000**.
  - Rates have also declined across several major alcohol-related NCD outcomes (cardiovascular diseases, cancer, liver disease, and alcohol use disorders) during this period.
- The rates attributed to six of the eight most common lifestyle-related risk factors for NCDs have declined since 2010 (high alcohol use, tobacco use, high LDL cholesterol, high blood pressure, dietary risks, and low physical activity). **High alcohol use declined by 25%**.
  - The rates for two factors have increased: high blood sugar (3% rise) and high body mass index (6% rise).

With this report, IARD furthers its commitment to facilitating the tracking of trends in harmful drinking by providing informative resources based on the most recent data available.

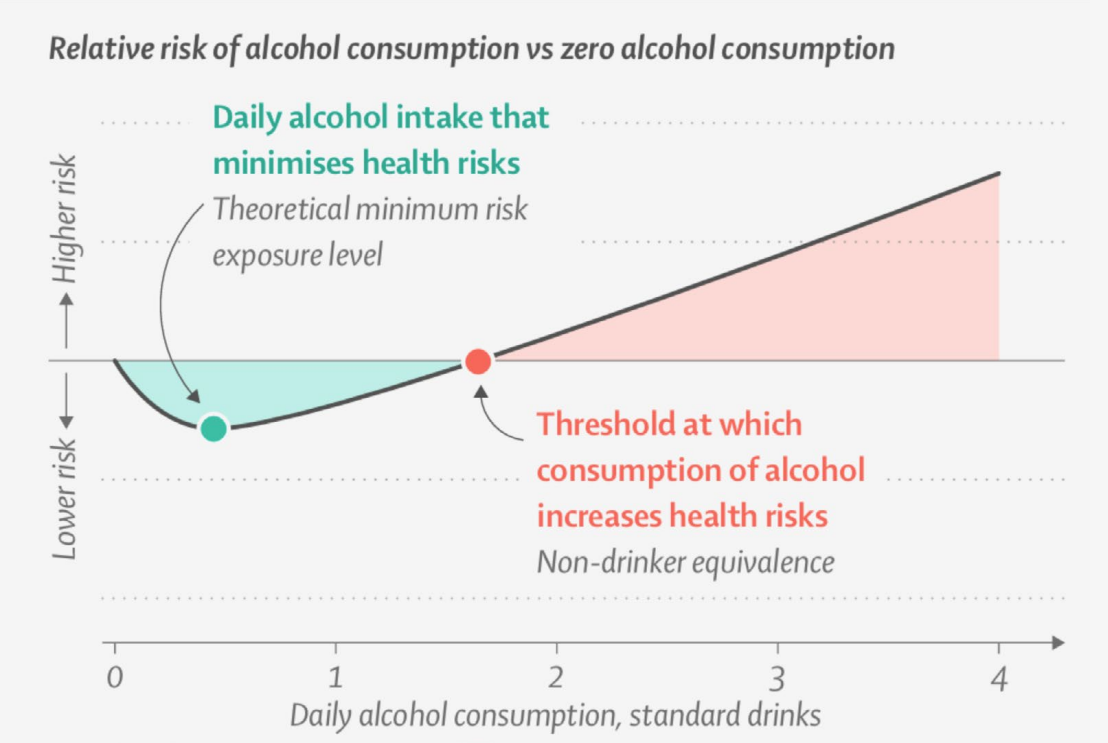
1. Source: Institute for Health Metrics and Evaluation. Used by permission. All rights reserved.

5 GBD study data

This report visualizes changes in mortality rates and changes in the percentages of NCD deaths attributed to lifestyle-related risk factors from 2010 – the baseline year for the UN-system targets for reducing harmful use of alcohol – through 2024. GBD coverage spans from 1990 to 2024. For a visualization of global and country-level changes in total mortality and morbidity rates, see IARD's **Online Appendix** to the report **Progress in reducing the harmful use of alcohol: Global trends 2010-2024**.

GBD's attribution to risk factors is based on systematic literature reviews[2] and its models are continually refined (see **GBD Burden of Proof**). Its risk factor **high alcohol use** uses a range of aggregate and national data sources to estimate the proportion of a population's exposure to alcohol consumption above the level that would minimize health risks.[2]

Figure 1: Conceptual diagram reproduced from The Lancet[3]



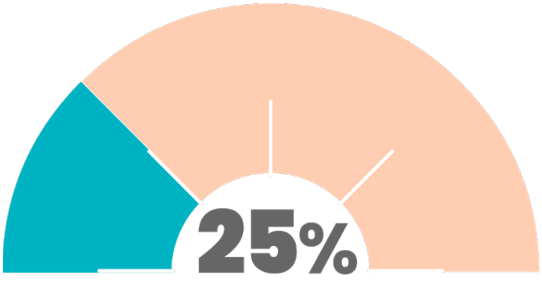
2. GBD 2023 Disease and Injury and Risk Factor Collaborators. (2025). Burden of 375 diseases and injuries, risk-attributable burden of 88 risk factors, and healthy life expectancy in 204 countries and territories, including 660 subnational locations, 1990-2023: a systematic analysis for the Global Burden of Disease Study 2023. *The Lancet, 406*(10513), 1873-1922.

3. GBD 2020 Collaborators. (2022). *Health risks of alcohol*. The Lancet. Retrieved 25 September 2026 from **https://www.thelancet.com/pb-assets/Lancet/infographics/health-risks-alcohol/health-risks-of-alcohol-1718460294167.pdf**

Trends in alcohol-attributable NCD rates

Alcohol consumption is a risk factor for some NCDs including:

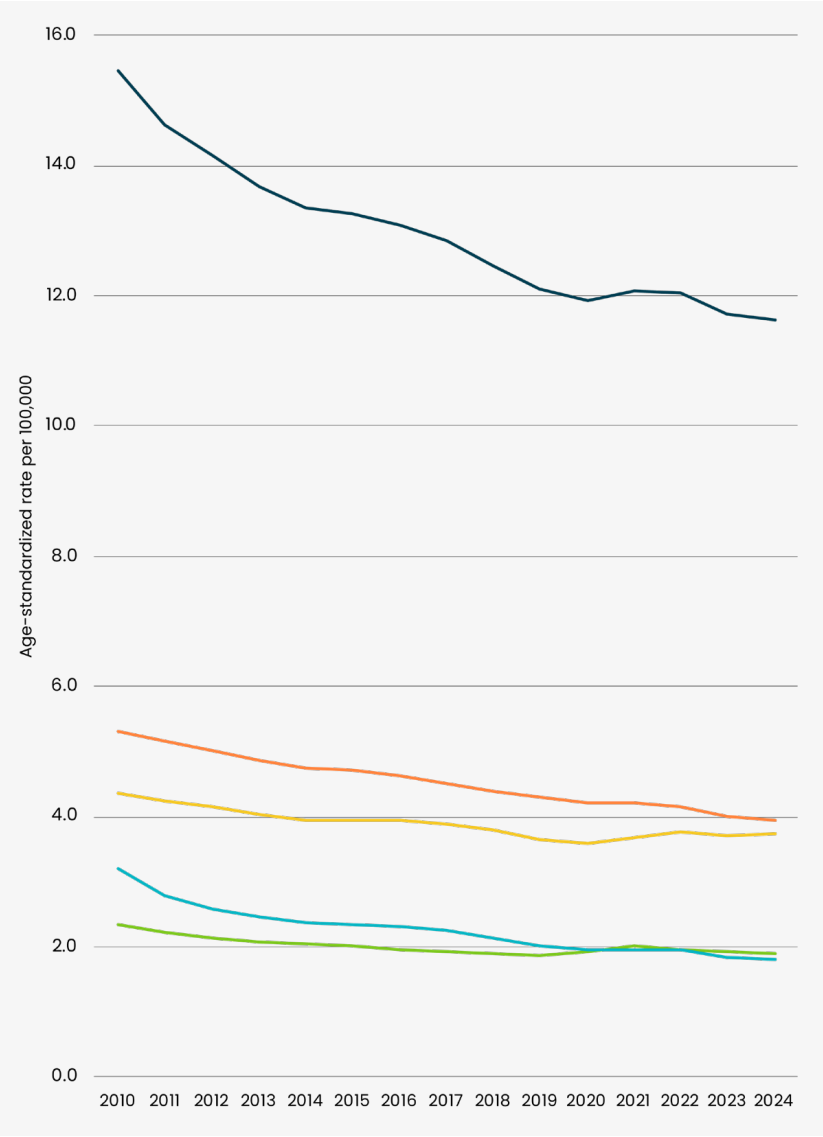
- Cancers
- Cardiovascular diseases (CVD)
- Diabetes
- Liver cirrhosis and other digestive diseases
- Neurological disorders
- Substance use disorders



The age-standardized alcohol-attributed mortality rate from all NCDs has declined 25% since 2010, from 15.5 to 11.6 per 100,000.

Rates have also declined across several major alcohol-related NCD outcomes (CVD, cancers, liver disease, and alcohol use disorders)[4] during this period.

Figure 2: Global trends in alcohol-attributable mortality rates



Cause	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	% change
Cardiovascular diseases	3.2	2.8	2.6	2.5	2.4	2.4	2.3	2.3	2.1	2.0	1.9	1.9	1.9	1.8	1.8	-43%
Alcohol use disorders	2.3	2.2	2.1	2.1	2.0	2.0	2.0	1.9	1.9	1.9	1.9	2.0	2.0	1.9	1.9	-19%
Cancer	4.4	4.2	4.2	4.0	4.0	3.9	3.9	3.9	3.8	3.7	3.6	3.7	3.8	3.7	3.7	-15%
Liver cirrhosis	5.3	5.1	5.0	4.9	4.8	4.7	4.6	4.5	4.4	4.3	4.2	4.2	4.2	4.0	3.9	-26%
All NCDs	**15.5**	**14.6**	**14.1**	**13.7**	**13.4**	**13.2**	**13.1**	**12.8**	**12.5**	**12.1**	**11.9**	**12.1**	**12.1**	**11.7**	**11.6**	**-25%**

Source: Institute for Health Metrics and Evaluation. Used by permission. All rights reserved.

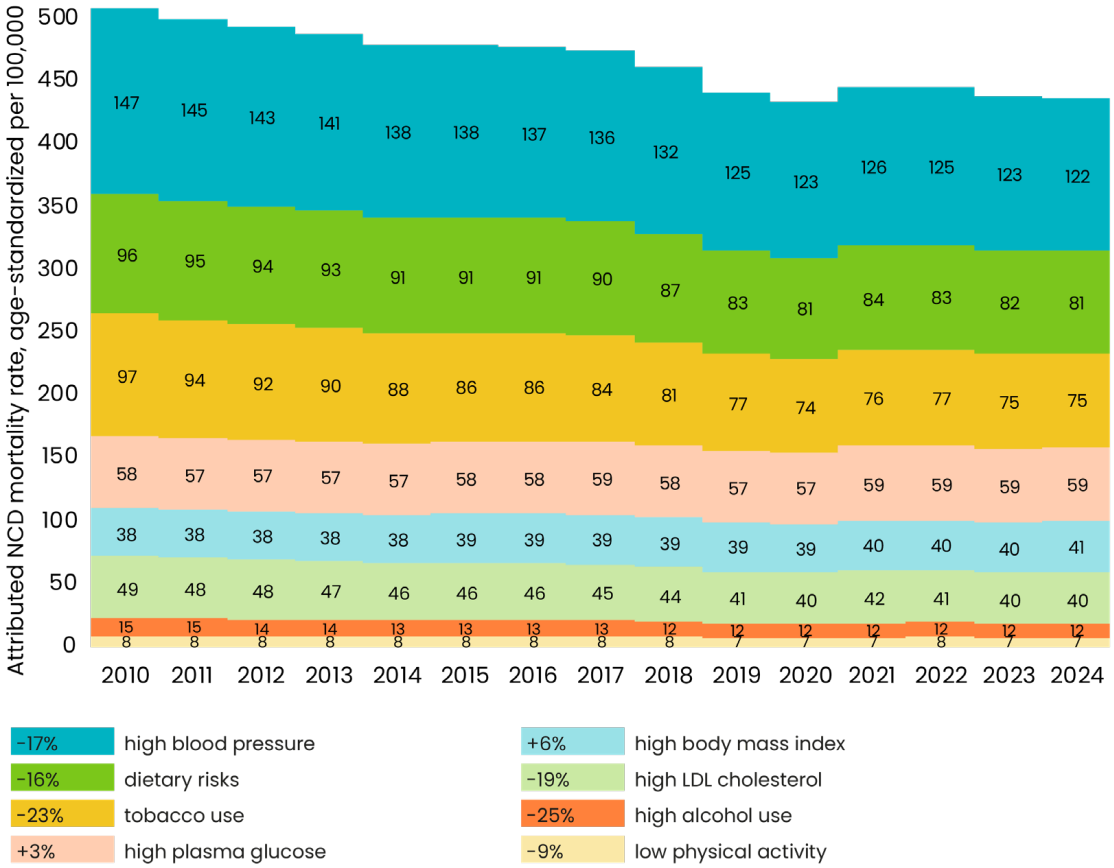
4. Alcohol consumption is also a risk factor for diabetes and neurological conditions including dementias. The GBD study estimates relatively low attributable rates of these diseases for 2024 (0.16 and -0.17 per 100,000 respectively) in part because the level of consumption that minimizes risk for some of these conditions is above non-drinking. At present, the GBD study does not produce estimates specific to Fetal Alcohol Spectrum Disorders.

7 Trends in NCD risk factors

75% of NCD deaths are attributed to behavioral and metabolic risk factors.[5]

» Most of those deaths (86%) are attributable to one or more of eight common lifestyle-related risk factors (see Figure 3).

Figure 3: Global trends in lifestyle-related risk factors



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» According to the GBD study, the age-standardized NCD mortality rate attributed to **high alcohol use** has declined by 25% since 2010.

» The rates attributed to six of the eight most common lifestyle-related risk factors for NCDs have declined since 2010 (high alcohol use, tobacco use, high LDL cholesterol, high blood pressure, dietary risks, and low physical activity), but for two metabolic risk factors they have increased: high plasma glucose and high body mass index.

5. This is a share of attributed deaths; nearly half of all deaths globally are not attributable to a given GBD risk factor. GBD 2023 Disease and Injury and Risk Factor Collaborators. (2025). Burden of 375 diseases and injuries, risk-attributable burden of 88 risk factors, and healthy life expectancy in 204 countries and territories, including 660 subnational locations, 1990-2023: a systematic analysis for the Global Burden of Disease Study 2023. *The Lancet, 406*(10513), 1873-1922.

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