

ALCOHOL CONSUMPTION IN UKRAINE: BEHAVIOUR AND ATTITUDE

SOCIOLOGICAL SURVEY RESULTS AMONG ADULTS 18+

December 2023: key findings

Alcohol consumption (past 12 months)

Current alcohol consumption

- Current alcohol consumers (current drinkers)¹ — **77.4%** (80.1% of men and 75.2% of women).
- **50.8%** of current drinkers were also active drinkers: consuming alcohol once a month or more often (**62.7%** of men and **40.3%** of women).
- Alcohol consumption is more prevalent in younger age groups: 18-29 y.o. — **86.3%**; 30-44 y.o. — **80.6%**; 45-59 y.o. — **80.7%**, 60+ y.o. — **66.5%**.
- Frequency of consumption by current drinkers: **41 days** on average (men — **58 days** and women — **27 days**).

Abstainers

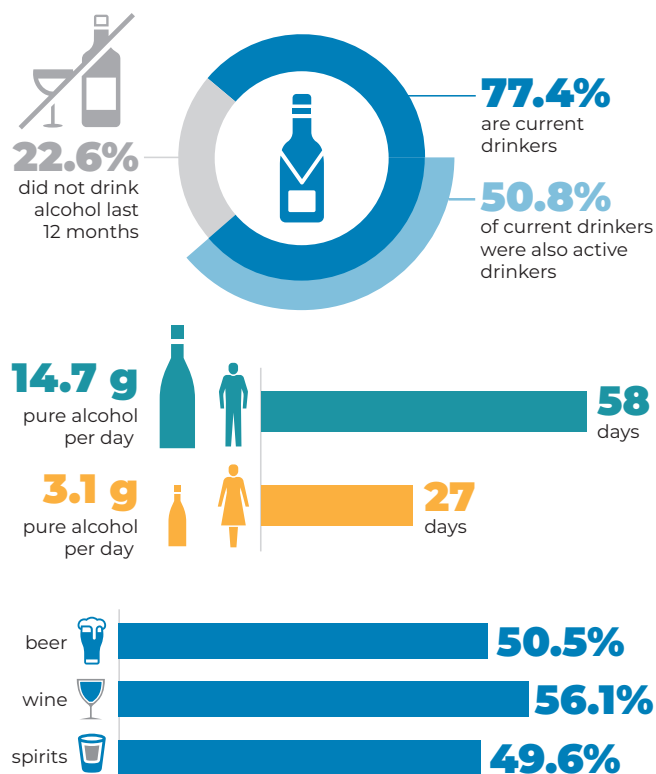
- **22.6%** had not drunk alcohol within the last 12 months, of whom **10.7%** were lifetime abstainers (have never drunk alcohol); the remaining **11.9%** had drunk alcohol in the past.

Average daily intake among drinkers

- 8.5 g of pure alcohol per calendar day (men — **14.7 g** and women — **3.1 g**).²

Consumption by type of alcohol

- Beer (**50.5%**), wine (**56.1%**) and spirits (**49.6%**).



Frequency and volume of consumption per occasion




Type of alcohol	# of days past year	average amount, mL	pure alcohol, g
Beer	29	744	26
Wine	19	284	26
Spirits	31	233	70

Socioeconomic status of current drinkers

- The **prevalence** of alcohol consumption is **higher in groups with higher socioeconomic status** (education and income).
- On average, the **volume and frequency** of alcohol consumption was **higher in lower socioeconomic groups**.
- People with higher socioeconomic status were, therefore, more likely to be drinkers, but exhibited **different drinking patterns** when compared with people of lower socioeconomic status.
- Similarities were identified in the drinking patterns of the lowest and highest socioeconomic groups: higher frequency and volumes of alcohol consumption.

1 Current drinkers were respondents who reported alcohol consumption in the past 12 months, regardless the consumption patterns.

2 Average daily intake among drinkers was calculated based on reported drinking volume, types of alcohol consumed and consumption patterns in the past 12 months.

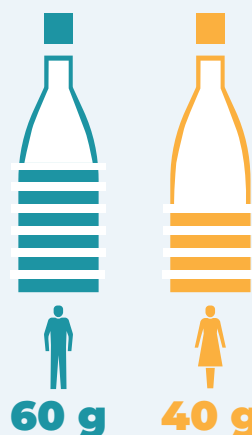
	Socioeconomic status / education	 Current drinkers, beer	 Current drinkers, wine	 Current drinkers, spirits
Education	Vocational, secondary general or lower	42.9%	41.1%	41.2%
	Secondary special, incomplete higher (technical school, college)	45.9%	52.8%	50.7%
	Higher (university)	56.7%	65.6%	53.0%
Income groups	Don't have enough money for food and basic necessities	29.9%	32.7%	34.8%
	Have only enough money for food and basic necessities	44.1%	50.1%	45.8%
	Doing well enough but can't yet afford more expensive items (apartment, car)	62.8%	65.9%	55.8%
	Have already purchased an apartment and a car / can afford anything we want	56.6%	67.6%	57.7%

Heavy episodic drinking (past 12 months)

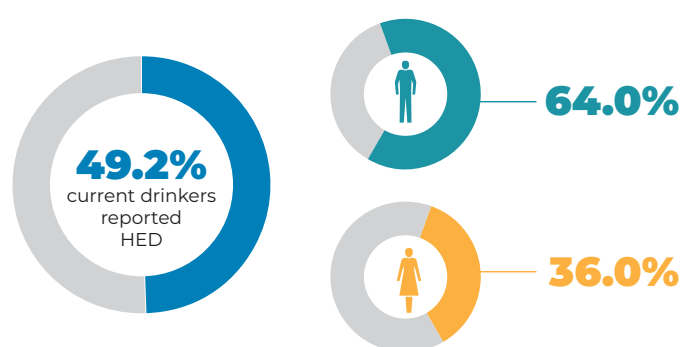
One **standard drink (SD)** is defined as **12.5 ml** or **10 g** of pure alcohol.

Pure alcohol (100%)	 Beer	 Wine	 Spirits
12.5 ml = 10 g (0.79 g/ml)	approx. 285 ml (4.5 vol)	approx. 120 ml (11.5% vol)	approx. 30 ml (40% vol)

Heavy episodic drinking (HED) is defined as consuming **60 g or more** of pure alcohol (**6 SDs**) for men or **40 g or more** of pure alcohol (**4 SDs**) for women on a single occasion.



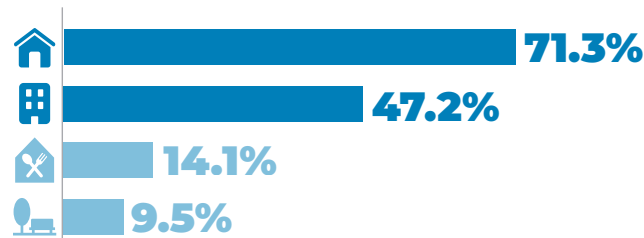
IMPORTANT:
1 standard drink does not mean "safe drink". There is no safe alcohol consumption, and any dose of alcohol may cause harm to health



- **49.2%** of current drinkers reported heavy episodic drinking (**64.0%** of men and **36.0%** of women).
- The average amount of alcohol consumed during HED: about **8 SDs** or **80 g** of pure alcohol (12 SDs for men and 4 SDs for women).
- **15.9%** of current drinkers (**24.9%** of men and **8.1%** of women) had episodes of HED once a month or more often.
- **3.5%** of alcohol consumers reported having a drink in the morning as soon as they woke up.

Alcohol consumption and purchasing

- Current drinkers drank in their own homes (**71.3%**), at another person's home (**47.2%**), at cafés, bars or restaurants (**14.1%**) and outdoors **9.5%**.
- Current drinkers purchase alcohol at supermarkets or shops (**79.2%**), from another person (**3.5%**), on the Internet (**2.9%**) or at other places (**1.8%**).



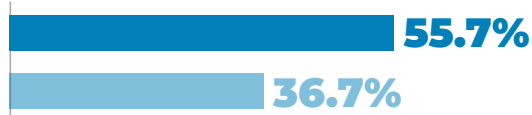
Unrecorded alcohol³

- **48.3%** of drinkers reported consumption of some types of non-taxed alcohol: home-made alcoholic beverages (**42.9%**), imported alcohol (**11.4%**) and surrogate alcohol (alcohol not intended for consumption; **0.7%**).



48.3%

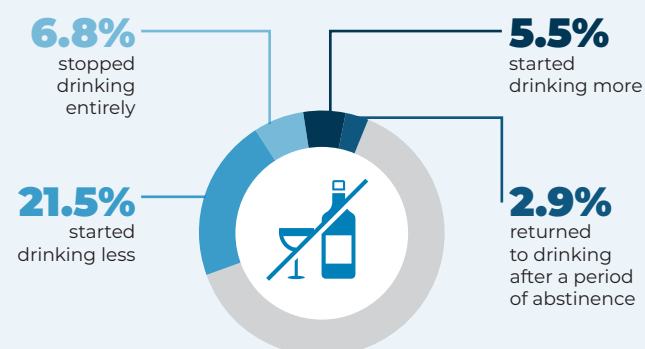
of drinkers reported consumption of some types of non-taxed alcohol



- Consumption of home-made alcohol is more common among rural (**55.7%**) than among urban residents (**36.7%**).

Changes in alcohol consumption since the full-scale war⁴

- The share of those who had reduced their alcohol consumption was significantly higher than the share of those who had increased their alcohol consumption since the full-scale war.
- **21.5%** of those who have ever consumed alcohol reported a decrease in alcohol consumption, and **6.8%** stopped drinking entirely.
- **5.5%** started drinking more, and **2.9%** returned to drinking after a period of abstinence.
- When asked about drinking behaviours observed in others since the full-scale war, **42.0%** of respondents said that others' alcohol consumption behaviour did not change, **22.4%** observed an increase, and **24.6%** observed a decrease in others' alcohol consumption.



Consequences of alcohol consumption (past 12 months)



15.0%

of current drinkers reported experiencing harmful effects from alcohol

- **15.0%** of current drinkers reported experiencing harmful effects from alcohol, such as negative impacts on their health (**9.5%**) or on their material well-being (**6.2%**).
- **23.5%** of current drinkers reported one or more of the following negative effects: **17.4%** felt guilty or remorseful after drinking, **7.6%** felt that drinking impacted their daily responsibilities and **7.5%** felt that it impacted their memory.



Impact of alcohol consumption on other people:

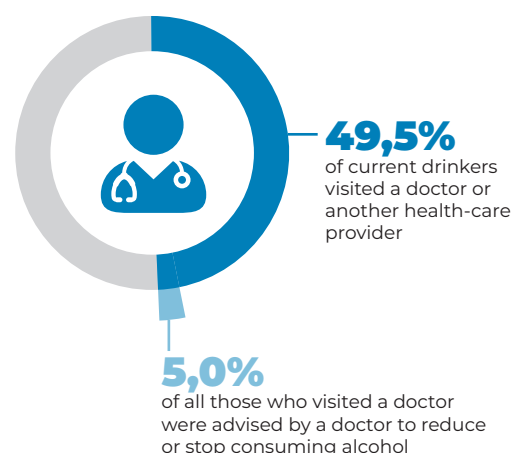
- **44.1%** experienced regular contact with a someone who had episodes of HED once a month or more often.
- **8.8%** reported having a "heavy drinker" in their own household, and **20.4%** reported knowing a more distant relative who was a "heavy drinker".
- **30.4%** admitted that during their childhood, they lived with someone who had regular episodes of HED, and **43.2%** of these admitted that had had a significant negative effect on them.

³ Unrecorded alcohol is alcohol that is not accounted for in official statistics on alcohol taxation or sales in the country where it is consumed because it is usually produced, distributed and sold outside the formal channels under government control.

⁴ Full-scale invasion of Ukraine by the Russian Federation.

Alcohol consumption, health care and awareness

- **49.5%** of current drinkers visited a doctor or another health-care provider in the past 12 months; **18.3%** of them were asked about their drinking status, and **27.4%** (or **5.0%** of all those who visited a doctor) were advised by a doctor to reduce or stop consuming alcohol.
- When asked if they considered alcohol to be an “ordinary commodity that does not need special restrictions or regulations”, **19.8%** of respondents agreed, and **75.2%** disagreed.
- When asked if they considered adults “to be responsible enough to protect themselves from the harm caused by alcohol consumption”, **53.7%** of respondents agreed, and **41.6%** disagreed.
- When asked if they support “the state’s efforts to take additional regulatory measures to limit alcohol consumption by population (inc. increased prices, limited access, few sales points, etc.)» during martial law and wartime, **71.3%** of respondents agreed, and **23.9%** disagreed.



Respondents were asked if they thought that following major health risks were linked to alcohol consumption. The following proportions indicate the number of people who believe that alcohol increases the risk of the indicated conditions:

 **92.5%**

- **92.5%** mental and behavioural disorders, such as alcohol dependence, acute intoxication, abstinence syndrome, aggressive behaviour, etc.

 **92.2%**

- **92.2%** injury

 **86.9%**

- **86.9%** cardiovascular diseases

 **71.6%**

- **71.6%** pancreatic disease (pancreatitis)

 **57.8%**

- **57.8%** cancer.

46.9% of respondents selected all the above responses.

Among those who selected cancer as a condition linked to alcohol consumption and were asked further questions about specific types of cancer that are linked to alcohol use, **95.7%** mentioned liver cancer, **75.2%** colon cancer, **61.1%** oral cancer, and **49.8%** breast cancer. A total of **24.0%** selected all the above responses.

This suggests that while there is high awareness that alcohol is a risk factor for certain conditions, such as mental disorders, injury and heart and liver diseases, awareness of the link between alcohol and cancer is quite low.

Methodology

This fact sheet reflects data obtained from the population survey conducted in Ukraine by the Kyiv International Institute of Sociology (KIIS), with the financial and technical support of WHO.

The survey was carried out from 24 November to 8 December 2023 through a computer-assisted telephone interview with residents of Ukraine aged 18 and older. A random sampling of mobile phone numbers generated via random digit dialling was used, and a total of 2015 adults were included in the final final sample. At the data processing stage, the findings were weighted to correspond to the gender and age structure of the permanent residents according to the data of the State Statistics Service of Ukraine as of 1 January 2021.⁵ People living in temporarily occupied territories where Ukrainian mobile operators do not operate did not participate in the survey.

For the purposes of the survey, WHO and KIIS adapted a questionnaire from the Standardised European Alcohol Survey, keeping the structure of the survey and including several additional questions. All questions referred to the same 12-month period.

This survey was conducted to provide support to the Ministry of Health of Ukraine (MOH) and the Public Health Center of the MOH within the framework of the Biennial Collaborative Agreement between the Government of Ukraine and the WHO Regional Office for Europe for 2022-2023.

5 For the purposes of weighing the respondents' place of residence (macroregion and settlement type) before 24 February 2022 was used.