

Alcohol policies: daydreams and evidence in an era of globalization

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Alcohol, No Ordinary Commodity: Research and Public Policy (Oxford UP, 2003)

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Alcohol, No Ordinary Commodity: Research and Public Policy

- An update and expansion of Alcohol Policy and the Public Good (Edwards et al, 1994), based on:
 - New developments in epidemiological research, including alcohol's role in the global burden of disease
 - Growth of the knowledge base on policy-related strategies and interventions
 - New understandings of the policymaking process at the local, national and international levels
- The purpose of *Alcohol: No Ordinary Commodity* is to describe recent advances in alcohol research that have direct relevance to alcohol policy on the local, national, and international levels.

THE INTERNATIONAL CONTEXT OF ALCOHOL POLICY

- National and local alcohol policies have increasingly come under pressure at the international level.
- There has been a gradual decline in alcohol control in most jurisdictions in recent decades, with changes such as privatization of alcohol retail sales.
- Alcohol taxes have not been raised to match inflation.
- In many developing countries, general alcohol policies affecting the whole population have been weakened or dismantled, often under pressure from international development agencies.
- One factor behind the weakening of national and local alcohol policies has been the impact of international trade agreements and common markets.

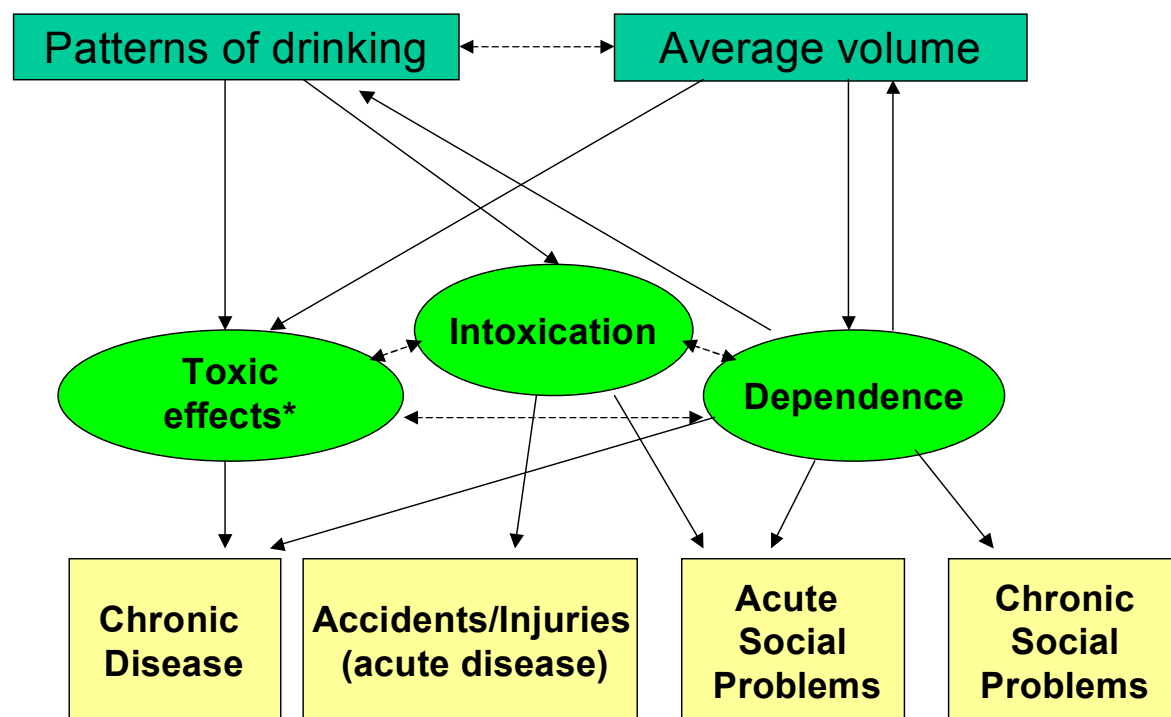
ALCOHOL IS A COMMODITY ...

- Alcoholic beverages are an important, economically embedded commodity
- The production and sale of alcoholic beverages generates:
 - profits for farmers, manufacturers, advertisers, and investors
 - employment for people in bars and restaurants
 - tax revenues for the government.

... BUT NO ORDINARY COMMODITY:

- The benefits connected with the production, sale, and use of this commodity come at an enormous cost to society.
- Physical toxicity; Intoxication; Dependence: Three important mechanisms explain alcohol's ability to cause medical, psychological, and social harm

Why alcohol is no ordinary commodity: Relations among alcohol consumption, mediating variables and consequences



Alcohol in the Global Burden of Disease: Leading risk factors for disease in emerging and established economies (% total DALYS)

Developing countries				Developed countries	
High mortality		Low mortality			
Underweight	14.9%	Alcohol	6.2 %	Tobacco	12.2 %
Unsafe sex	10.2 %	Blood pressure	5.0 %	Blood pressure	10.9 %
Unsafe water & sanitation	5.5 %	Tobacco	4.0 %	Alcohol	9.2 %
Indoor smoke (solid fuels)	3.6 %	Underweight	3.1 %	Cholesterol	7.6 %
Zinc deficiency	3.2 %	Body mass index	2.7 %	Body mass index	7.4 %
Iron deficiency	3.1 %	Cholesterol	2.1 %	Low fruit & vegetable intake	3.9 %
Vitamin A deficiency	3.0 %	Low fruit & vegetable intake	1.9 %	Physical inactivity	3.3 %
Blood pressure	2.5 %	Indoor smoke from solid fuels	1.9 %	Illicit drugs	1.8 %
Tobacco	2.0 %	Iron deficiency	1.8 %	Unsafe sex	0.8 %
Cholesterol	1.9 %	Unsafe water & sanitation	1.8 %	Iron deficiency	0.7 %

Economic development status, patterns of mortality and alcohol consumption parameters

	Level of mortality	Regions	Preferred beverage	Recorded consumption	Unrecorded consumption	Total consumption	% drinker	Consumption per drinker	Average pattern score
Developing countries	Very high or high mortality; lowest consumption	EMR-D, SEAR-D	Spirits	0.41	1.47	1.88	15.0	12.27	2.9
	Very high or high mortality; low consumption	AFR-D, AFR-E, AMR-D	Mainly other fermented beverages and beer	3.11	2.82	5.93	42.8	14.21	2.8
	Low mortality	AMR-B, EMR-B, SEAR-B, WPR-B	Spirits	3.79	1.44	5.23	51.0	10.53	2.4
Developed countries	Very low mortality	AMR A, EUR A, WPR A	Beer; in Europe: and wine	9.62	1.28	10.90	77.8	14.00	1.5
	Formerly Socialist: low mortality	EUR B, EUR C	Spirits	6.97	4.44	11.42	74.5	15.09	3.3
World				4.22	1.81	6.03	48.6	12.26	2.5

Development status & patterns of alcohol-attributable disorder (% of total in 1000 DALYs)

	developing countries			developed countries		world
	EMR-D, SEAR-D	AFR-D&E, AMR-D	AMR-B, EMR.B, DEAR-B, WPR-B	AMR-A, EUR-A, WPR-A	EUR-B&C	
Perinatal conditions	0.5	0.7	0.1	0.1	0.1	0.2
Cancers	2.6	7.0	9.1	10.5	3.4	7.2
Mental disorders	29.8	23.5	39.7	72.1	22.1	37.6
Cardiovascular dis.	15.1	6.1	8.9	-19.6	16.4	6.8
Other non-communicable diseases	5.1	8.3	7.3	10.0	8.6	7.8
Unintentional injuries	38.4	38.1	23.4	19.9	33.5	28.3
Intentional injuries	8.5	16.4	11.5	7.1	16.0	12.1
<i>Total alc.-rel. DALYs</i>	<i>5966</i>	<i>7199</i>	<i>25,519</i>	<i>7897</i>	<i>11,742</i>	<i>58,323</i>
<i>Total DALYS</i>	<i>458,601</i>	<i>364,117</i>	<i>409,688</i>	<i>115,863</i>	<i>96,911</i>	<i>1,445,169</i>
% of GBD alc.-related	1.3%	2.0%	6.2%	6.8%	12.1%	4.0%

Prevention and Intervention Strategies Evaluated

- Regulating Physical Availability
- Pricing and Taxation
- Altering the Drinking Context
- Education and Persuasion
- Regulating Alcohol Promotion
- Drinking-Driving Countermeasures
- Treatment and Early Intervention

A Consumer's Guide

- 1) Evidence of Effectiveness – the quality of scientific information
- 2) Breadth of Support – quantity and consistency of the evidence
- 3) Tested Across Cultures, e.,g. countries, regions, subgroups
- 4) Cost to Implement and Sustain – monetary and other costs

Rating Scale: 0, +, ++, +++, (?)

Regulating Physical Availability

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Total ban on sales	+++	+++	++	+	General Population
Minimum legal purchase age	+++	+++	++	+++	High Risk Group
Rationing	++	++	++	+	General Population
Government monopoly of retail sales	+++	+++	++	+++	General Population
Hours and days of sale restrictions	++	++	++	+++	General Population
Restrictions on density of outlets	++	+++	++	+++	General Population
Server liability	+++	+	+	+++	High Risk Group
Different availability by alcohol strength	++	++	+	+++	General Population

Taxation

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Alcohol Taxes	+++	+++	+++	+++	General Population

Altering the Drinking Context

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Outlet policy to not serve intoxicated patrons	+	+++	++	++	High Risk Group
Training bar staff and managers to prevent and better manage aggression	+	+	+	++	High Risk Group
Voluntary codes of bar practice	O	+	+	+++	High Risk Group
Enforcement of on-premise regulations and legal requirements	++	+	++	+	High Risk Group
Community mobilization	++	++	+	+	General Population

Education and Persuasion

Strategy or Intervention	Effective-ness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Alcohol education in schools	O	+++	++	+	High Risk Group
College student education	O	+	+	+	High Risk Group
Public service messages	O	+++	++	++	General Population
Warning labels	O	+	+	+++	General Population

Regulating Alcohol Promotion

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Advertising bans	O	+	++	+++	General Population
Advertising content controls	?	O	O	++	General Population
Promoting alcohol-free activities and events	O	++	+	+	General Population

Drinking-Driving Countermeasures

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Sobriety check points	++	+++	+++	++	General Population
Random breath testing (RBT)	+++	++	+	+	General Population
Lowered BAC Limits	+++	+++	++	+++	General Population
Administrative license suspension	++	++	++	++	Harmful Drinkers
Low BAC for young drivers (“zero tolerance”)	+++	++	+	+++	High Risk Group
Graduated licensing for novice drivers	++	++	++	+++	High Risk Group
Designated drivers and ride services	O	+	+	++	High Risk Group

Treatment and Early Intervention

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cross-Cultural Testing	Low Cost to Implement	Target Group
Brief intervention with at-risk drinkers	++	+++	+++	++	High Risk Group
Alcohol problems treatment	+	+++	+++	0	Harmful Drinkers
Mutual help/self-help attendance	+	+	++	+++	Harmful Drinkers
Mandatory treatment of repeat drinking-drivers	+	++	+	++	Harmful Drinkers

Measures with little or no effect

- Voluntary industry codes
 - Alcohol education in schools
 - Warning labels
 - Public service messages
 - Promoting alternatives
(alcohol-free activities)
 - Designated drivers and ride services

Best Practices

- Minimum legal purchase age
- Government monopoly of retail sales
- Restriction on hours or days of sale
- Outlet density restrictions
- Alcohol taxes
- Sobriety check points
- Lowered BAC limits
- Administrative license suspension
- Graduated licensing for novice drivers
- Brief interventions for hazardous drinkers

politically popular approaches vs. effective approaches

	popular	effective
education and persuasion	+	
deterrence	±	+
alternatives	+	
insulating use from harm	±	±
availability & taxes		+
treatment (as prevention)	+	

not a good correspondence -- why?

- the simple answer:
 - effective strategies opposed because they will hurt economic interests
- but also:
 - conflict with competing values and ideologies
 - a particular society has done what is easily accepted, further effective steps are hard

Some reasons for the muted responses: 1

- Alcohol as “our drug”
 - Part of everyday life or rhythm of week
 - Positive valuations: sociability, nutrition, “time out”
 - Politicians, civil servants, media quite “wet”
- Protective effects for heart seen as balancing harms
 - This is an error – net effects negative, even at individual level
 - No evidence of protective effect at population level (14 countries in Western Europe)
- Alcohol important in many European economies
 - Export earnings
 - Government revenues
 - Farmers, tavern and storekeepers, producers

Some reasons for the muted responses: 2

- Influence of alcoholic beverage companies
 - Global headquarters of many spirits & beer companies in Europe
 - Wine industry influence through agriculture policy
 - EU as a trade agreement on commodities, at start
 - Industries welcome at policy table
 - Slow start on new public health responsibilities
- Symbolism of alcohol, drinking, abstaining
 - Many meanings of drinking and intoxication:
 - Intoxication as adult status, rebellion, personal autonomy
 - Restrained drinking as a symbol of self-control
 - Britain, Nordica: temperance history's long shadow
 - Former Soviet Union: shadow of 1985-88 campaign

The policy response: the current situation in Europe

- Diverse amounts and patterns of drinking, diverse responses in alcohol policies
- Policy score -- range 4-15 (of possible 0-16) on:
 - Age limits for purchase and drinking
 - Time and place restrictions on purchase
 - Hours and days of sale, places of sale, density of outlets
 - State monopoly vs. specific alcohol licenses vs. neither
 - Price: beer vs. cola; spirits price vs. national wealth
 - Advertising restrictions
 - Drinking driving: blood alcohol limit: random stop & test

Level and pattern of drinking, and alcohol control score (*italic*=low, **bold**=high)

Level of consumption ↓	Pattern 1 (less harm/litre)	Pattern 2	Pattern 3	Pattern 4 (more trouble/litre)
< 6.00 annual litres per adult		<i>Israel</i> 7 <i>Armenia</i>	Azerbaijan 10 Kyrgyzstan Turkey Turkmenistan	
6.00 – 9.99		<i>Georgia</i> 6	Bosnia & H. 11 Iceland FYRO Macedonia Norway Sweden** Ukraine	
9.99 – 13.99	<i>Austria**</i> 7 <i>Italy**</i> <i>Netherlands**</i> <i>Spain**</i> <i>Switzerland</i>	<i>Bulgaria</i> 6 <i>Greece**</i> <i>U.K.**</i>	Estonia* 10 Finland** Lithuania* Poland* <i>Slovenia*</i>	Kazakhstan 7
14.00 +	<i>Denmark**</i> 5 <i>France**</i> <i>Germany**</i> <i>Luxembourg**</i> <i>Portugal**</i>	<i>Czech Rep.*</i> 4	Croatia 7 <i>Ireland**</i> Hungary* Latvia* <i>Romania</i> Slovakia	Russian Fed. 8

Name in italics=control score 4-6 Name in regular=score 7-9 Name in bold=score 10-15
 * 'new' EU member ** 'old' EU member **bold numbers: mean control score for cell**

Moving beyond effectiveness to estimating cost-effectiveness

- “The comparative cost-effectiveness of interventions for reducing the burden of heavy alcohol use”
- D. Chisholm, J. Rehm, M. van Ommeren, & M. Monteiro, *Journal of Studies on Alcohol* 65:782-793, 2004
- Analysis for WHO as part of CHOICE (Choosing Interventions that are Cost-Effective) Programme

Modeling comparative cost-effectiveness for Europe-A

- Europe-A = EU countries except Poland, Baltics, Hungary, Slovakia
- Cost-effectiveness not modeled for **mass media persuasion** or school-based **education**, since they lack evidence for effectiveness.
- Modeled for:
 - **Taxation**: current level; +25%; +50% (but government revenues from taxation not counted)
 - RBT: **random breathtesting** for drinking-driving
 - restriction on days of sale: **Saturday closing**
 - **Advertising ban**
 - **Brief physician advice**
- Reduction in DALYS (disability-adjusted life years) per million population/year (*higher is better*)
- Average CER (cost-effectiveness ratio), \$ per DALY (*lower is better*)

Comparative cost-effectiveness of interventions in Europe-A

	DALYs saved /million population	Avg. Cost-Effec. Ratio (\$/DALY)
Tax: current	1365	333
Tax: + 25%	1576	289
Tax: + 50%	1764	258
Random traffic breathtests	247	2467
Saturday closing	251	1087
Advertising ban	459	594
Brief MD advice	1889	2351

Conclusions for Europe-A from CHOICE analysis

- Measures to control the alcohol market, and to counter drinking-driving, each have some incremental effect in Europe-A
 - Taxes
 - Extra closing day
 - Advertising ban
 - RBT – random traffic breathtests
- Alcohol controls are cost-effective to implement (even more so if revenue from taxes is counted in)
- Brief physician advice is effective but expensive

Issues, challenges, opportunities: 1

The diversity and continuity of drinking cultures

- Some shifts in relative popularity of wine, beer, spirits
- But use-values relatively constant
 - Relative abstinence among those of Islamic ancestry
 - Mealtime drinking common in wine cultures, uncommon in northern Europe
 - Continuing cultural valuation of intoxication in northern and eastern Europe, Britain & Ireland
- The “dream of a better society” with “continental” drinking patterns remains a dream
 - Liberalization of controls does not “tame” drunken behaviour
- Drinking-driving as a model of cultural change
 - It can be done, with legislation and enforcement to back up shifts in popular sentiment
 - Requires sustained political will
 - Takes decades to make effective

Issues, challenges, opportunities: 2

The end of self-contained national alcohol policy

- No international conventions on alcohol
 - Unlike narcotics, psychoactive medications, tobacco, sports doping
 - Nations largely on their own in alcohol controls
 - Trade agreements and common markets as threats to national controls
 - EU: starting from a very “wet” core
 - single market fundamentalism, very large traveler’s allowances
 - Forced down taxes in Denmark, Finland, Poland, held down in Sweden, UK (8 years since spirits tax raised)
 - Public health competencew in last 10 years beginning to have an effect
 - WTO: new threat from GATS
 - EU negotiating position: “no market restrictions” on alcohol

Looking globally

- Alcohol important in the burden of disease in developed countries
- Particularly important in better-off developing countries
- Developing world drinking patterns:
 - Many abstainers
 - Often much unregistered consumption
 - Often hazardous drinking patterns (intoxication if drinking at all)
- Alcohol consumption increases with affluence
- Multinationals with their marketing pushing sales
- In a globalizing world, local and even national controls no longer suffice
- A Framework Convention on Alcohol Control is needed

Small steps forward: WHO

- Resolution on “health promotion and health lifestyles” passed at WHA, May 2004
 - First mention of alcohol since 1983
- Resolution on “Public health problems caused by the harmful use of alcohol” passed at WHA, May 2005
 - Requests member states “to develop, implement, and evaluate effective strategies and programmes...”
 - Requests the Director-General to report back in 2007 on evidence-based strategies and interventions” and with “recommendations for effective policies and interventions”
 - Iceland played a leading role, on behalf of the Nordic Council
- WHO-Euro, September 2005
 - Adoption of Framework for Alcohol Policy for the region