

# No Ordinary Commodity: Alcohol and Public Policy

Sally Casswell  
Centre for Social & Health Outcomes  
Research & Evaluation  
Massey University  
New Zealand

SHORE

# No Ordinary Commodity: Alcohol and Public Policy

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Thomas Babor

Raul Caetano

Sally Casswell

Griffith Edwards

Norman Giesbrecht

Kathryn Graham

Joel Grube

Paul Gruenewald

Linda Hill

Harold Holder

Ross Homel

Esa Österberg

Jürgen Rehm

Robin Room

Ingeborg Rossow

# Sponsorship

World Health Organization (Geneva)

WHO Regional Office for Europe  
(Copenhagen)

The Society for the Study of Addiction (UK)

# Alcohol Policy Projects:

1. Alcohol Control Policies in Public Health Perspective (Bruun et al 1975)
2. Alcohol Policy and the Public Good (Edwards et al 1994)
3. No Ordinary Commodity: Alcohol and Public Policy (Authors, 2003)

# Characteristics of Alcohol-focused Integrative Policy Research Projects

- A programmatic sequence of integrative literature reviews and statistical reporting organized around a common theme.
- Typical duration: 2 to 5 years.
- Interdisciplinary includes population-based public health sciences, such as epidemiology, sociology and health economics.
- Cross-national collaboration among social and behavioral scientists.
- Intellectual independence
- Managerial autonomy
- WHO sponsorship
- Scrupulous avoidance of even the appearance of conflict of interest

# Alcohol Control Policies in Public Health Perspective (Bruun et al 1975)

- Alcohol problems are not only prevalent throughout the world, they are preventable
- Alcohol problems affect the full spectrum of drinkers, not just alcoholics
- The average amount of alcohol consumed in a society affects the prevalence of problems
- One of the most effective ways to prevent alcohol problems is through policies that reduce average alcohol consumption, especially limitations on physical and economic availability

# Alcohol Policy and the Public Good (Edwards et al., 1994)

After reviewing the evidence on taxation of alcohol, environmental control measures, drinking-driving countermeasures, school-based education, community action programs, and treatment interventions, it was concluded that:

- 1) The research establishes beyond doubt that public health measures of proven effectiveness are available to curb the widespread costs, health consequences and social problems related to alcohol use.
- 2) It is appropriate to employ two intrinsically complementary approaches: 1) responses that influence per capita alcohol consumption and aggregate level problems, and 2) policies targeted at specific drinking contexts and behaviors.

# No Ordinary Commodity: Alcohol and Public Policy

An update and expansion of Alcohol Policy and the Public Good,  
based on:

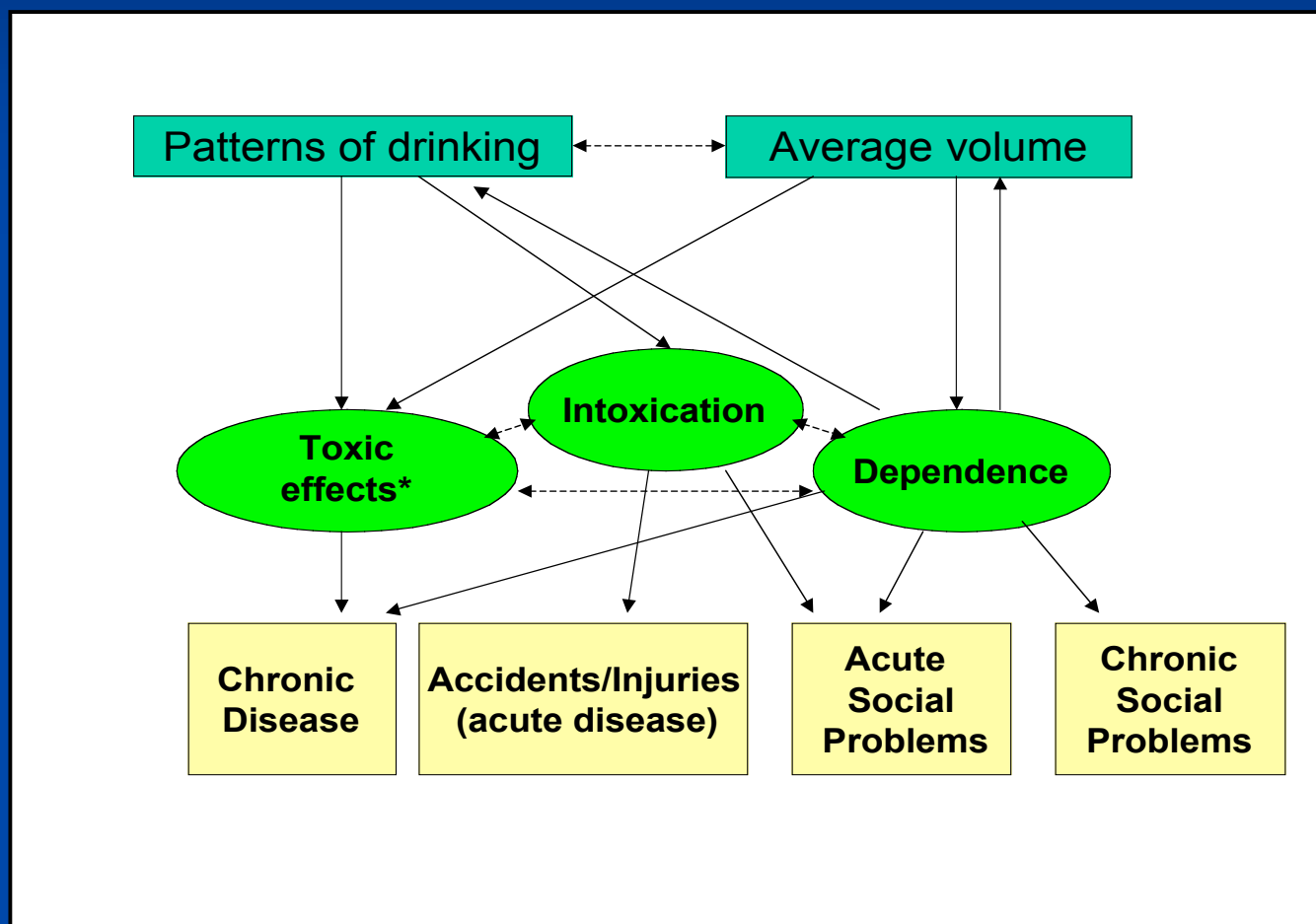
- New developments in epidemiological research, including alcohol's role in the global burden of disease
- Growth of the knowledge base on policy-related strategies and interventions
- New understandings of the policymaking process at the local, national and international levels



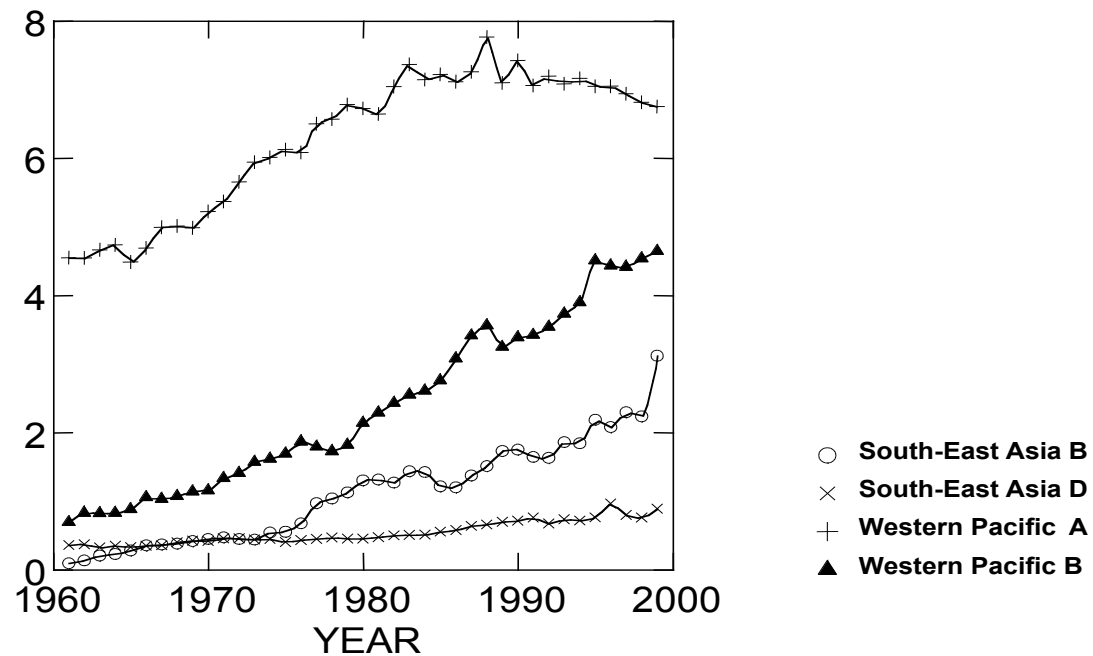
# Alcohol Policies

- Authoritative decisions made by governments through laws, rules and regulations.
- Alcohol policies are directed at: 1) populations (such as underage drinkers), 2) organizations and health care systems and 3) the individual drinker.
- From a public health perspective, the main purpose of alcohol policy is to reduce the harm caused by alcohol.

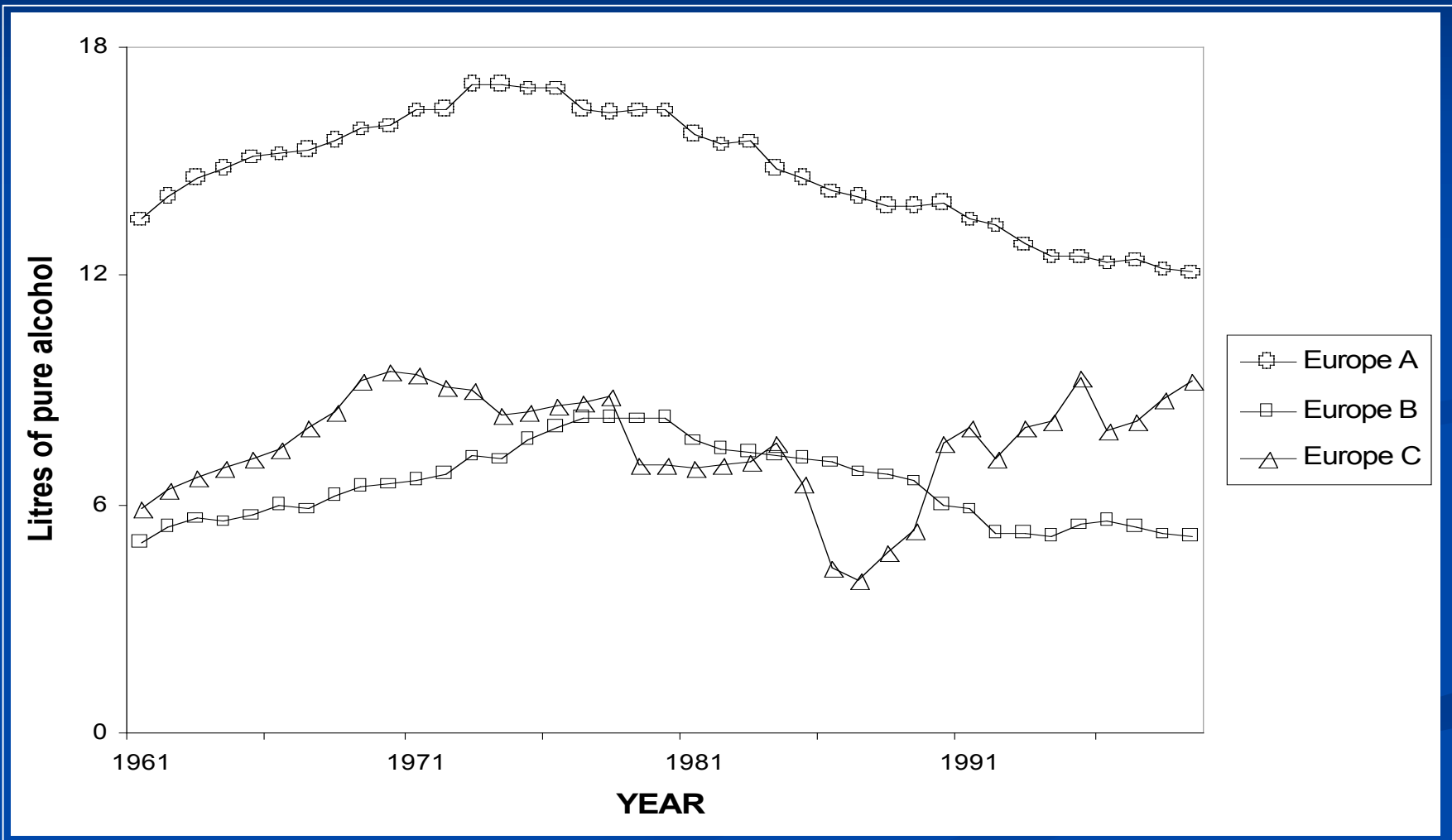
# Why alcohol is no ordinary commodity: Relations among alcohol consumption, mediating variables and consequences



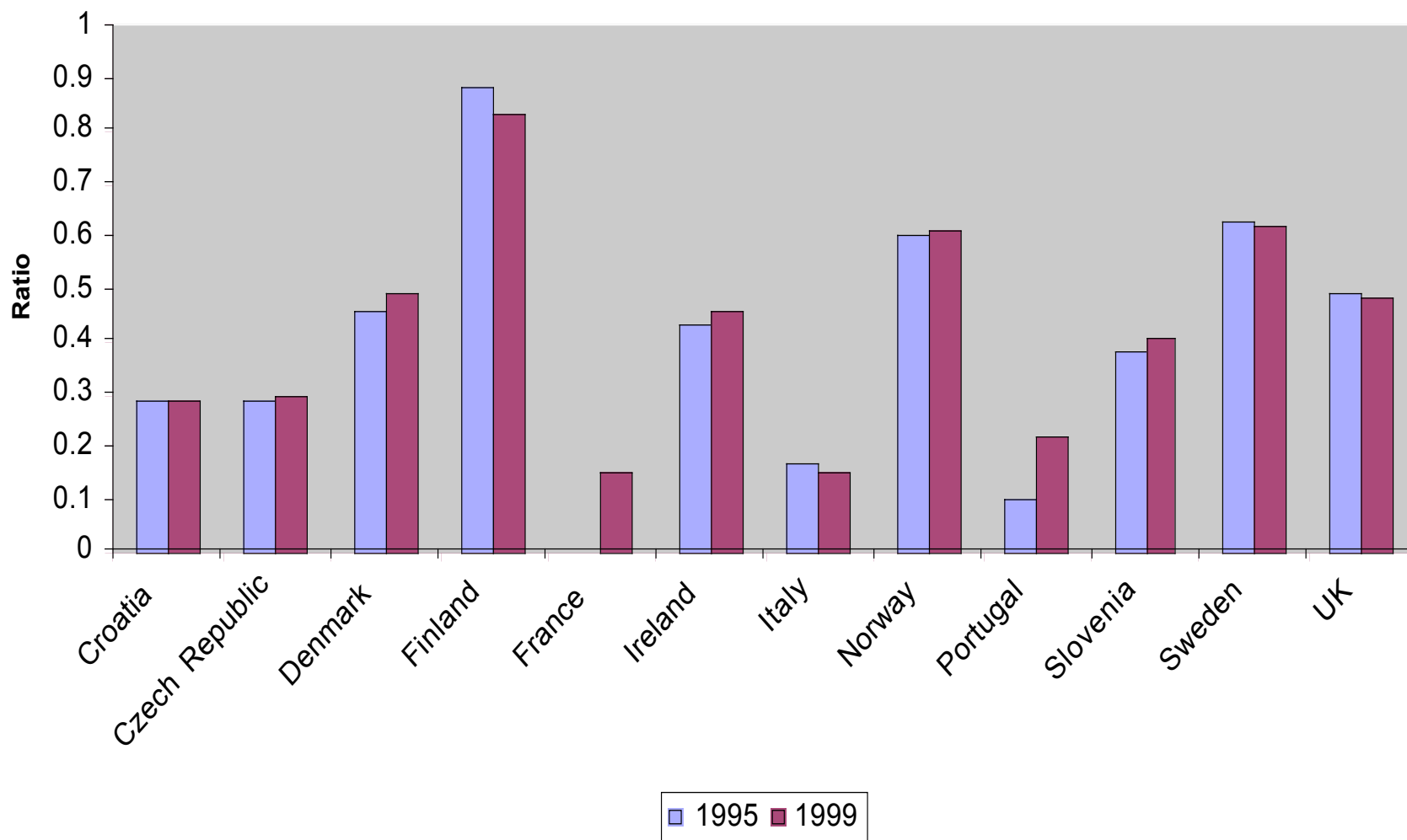
Adult *per capita* consumption in selected WHO Regions:  
South-East Asia B (e.g., Indonesia, Thailand), South-East Asia D (e.g.,  
Bangladesh, India), and Western Pacific A (e.g., Australia, Japan), and Western  
Pacific B (e.g., China, Philippines, Vietnam).



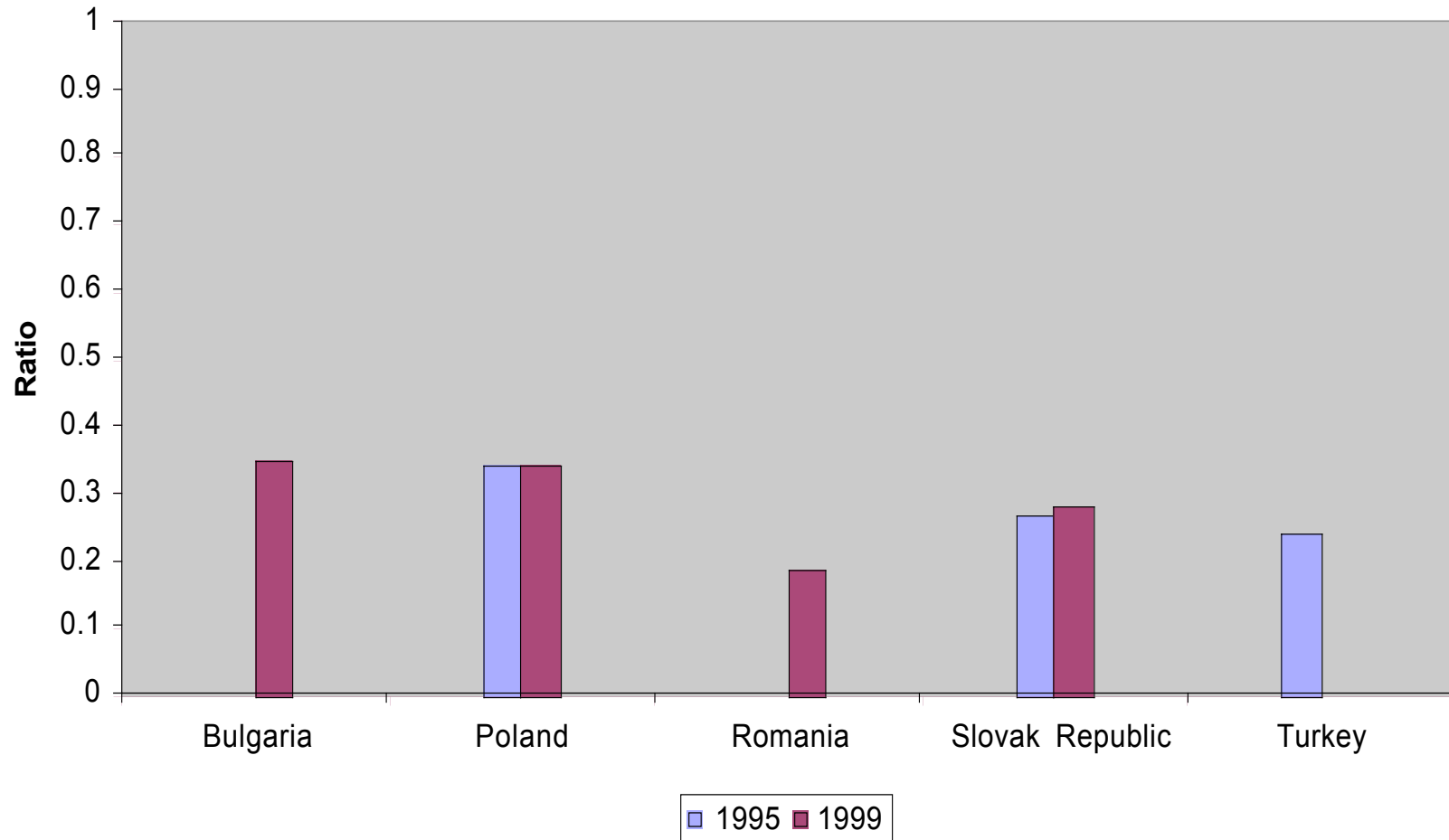
**Adult per capita consumption in selected WHO Regions: Europe A (e.g., Germany, France, UK), Europe B (e.g., Bulgaria, Poland, Armenia), Europe C (e.g., Russian, Federation, Ukraine).**



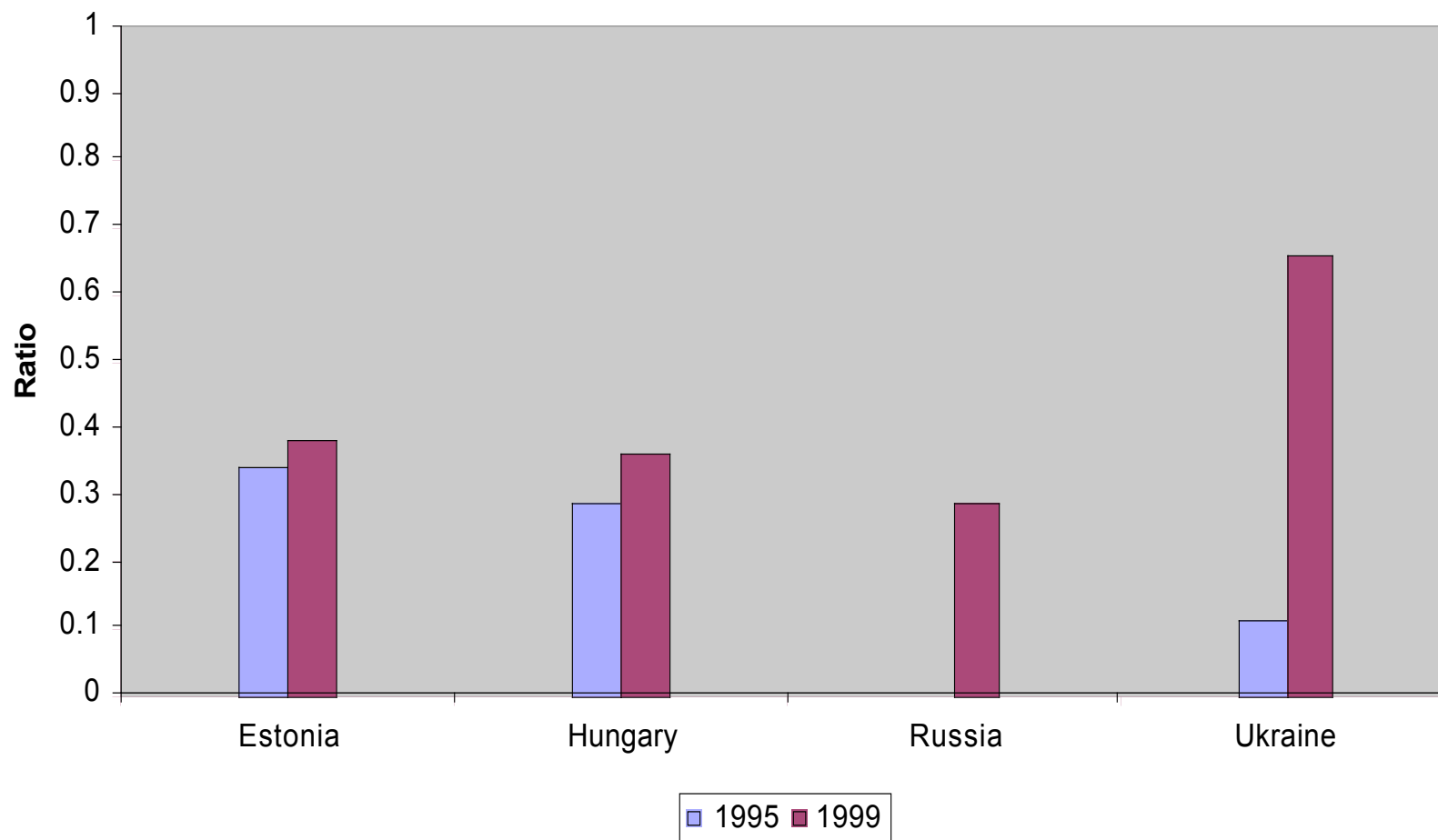
## Ratio of intoxication frequency to drinking frequency among 15-16 years olds - Europe A



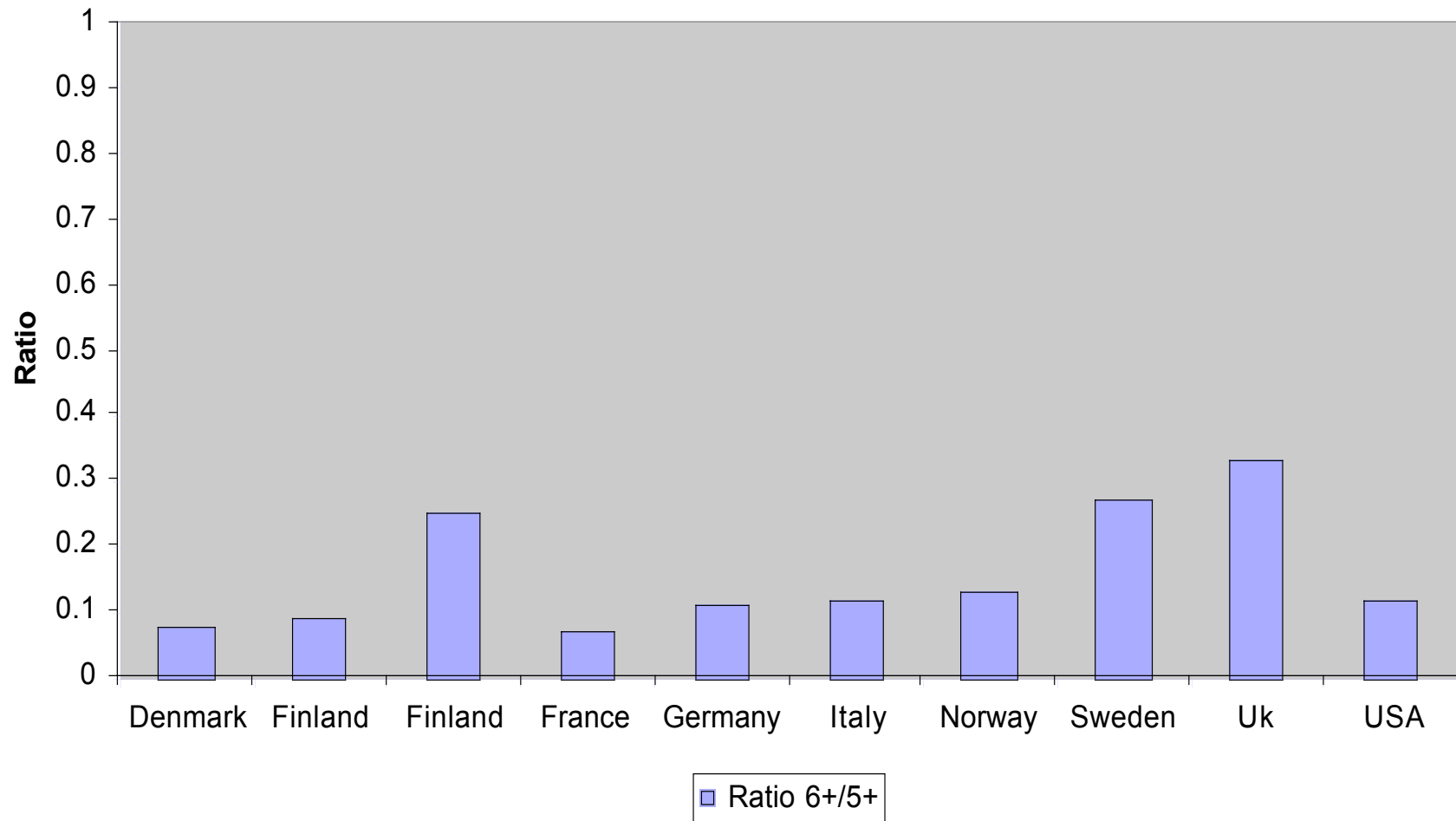
### Ratio of intoxication frequency to drinking frequency among 15-16 year olds - Europe B



### Ratio of intoxication frequency to drinking frequency among 15-16 year olds - Europe C



### Ratio 6+/5+ occasions/drinking occasions for adults





**Alcohol-attributable disease burden in DALYs (in 1000s) in 2000 by WHO region. Source: Rehm *et al.* in press**

Region	Percent of all Disease Burden	
	Male	Female
Africa D	2.0	0.6
Africa E	3.5	0.8
The Americas A	11.9	3.2
The Americas B	17.3	4.1
The Americas D	8.6	2.2
Eastern Mediterranean B	1.3	0.2
Eastern Mediterranean D	0.6	0.1
Europe A	11.1	1.6
Europe B	10.2	2.5
Europe C	21.5	6.5
South East Asia B	5.3	1.0
South East Asia D	2.8	0.4
Western Pacific A	8.1	0.6
Western Pacific B	9.1	1.8
World	6.5	1.3
World (TOTAL)	4.0	

# Prevention and Intervention Strategies

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

# Evaluation Standards

## 1) Evidence of Effectiveness:

- 0 Evidence indicates a lack of effectiveness
- + Evidence for limited effectiveness
- ++ Evidence for moderate effectiveness
- +++ Evidence of a high degree of effectiveness
- ? No studies have been undertaken or there is insufficient evidence upon which to make a judgment.

# Evaluation Standards

## 2) Breadth of Support

- 0 No studies of effectiveness have been undertaken
- + Only one well designed study of effectiveness completed.
- ++ From 2 to 4 studies of effectiveness have been completed.
- +++ 5 or more studies of effectiveness have been completed.
- ? There is insufficient evidence on which to make a judgment.

## Evaluation Standards

### 4) Cost to Implement and Sustain:

- + Relatively high cost to implement and sustain.
- ++ Moderate cost to implement and sustain.
- +++ Low cost to implement and sustain.
- ? There is no information about cost or cost is impossible to estimate.

# Regulating Physical Availability

<b>Strategy or Intervention</b>	<b>Effectiveness</b>	<b>Breadth of Research Support</b>	<b>Cost to Implement</b>
<b>Minimum legal purchase age</b>	+++	+++	low
<b>Server liability</b>	+++	+	low
<b>Restrictions on density of outlets</b>	++	+++	low
<b>Hours and days of sale restrictions</b>	++	++	low
<b>Different availability by alcohol strength</b>	++	++	low

# Evidence base for policy

## Taxation and Pricing

<b>Strategy or Intervention</b>	<b>Effectiveness</b>	<b>Breadth of Research Support</b>	<b>Cost to Implement</b>
<b>Alcohol Taxes</b>	+++	+++	low

# Altering the Drinking Context

<b>Strategy or Intervention</b>	<b>Effectiveness</b>	<b>Breadth of Research Support</b>	<b>Cost to Implement</b>
<b>Enforcement of on -premise regulations and legal requirements</b>	++	+	high
<b>Outlet policy to not serve intoxicated patrons</b>	+	+++	moderate
<b>Training bar staff and managers to prevent and better manage aggression</b>	+	+	moderate
<b>Voluntary codes of bar practice</b>	O	+	low



# Community Action

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cost to Implement
Community mobilization	++	++	high
Promoting alcohol free activities and events	O	++	high

# Education and persuasion

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cost to Implement
Alcohol education in schools	O	+++	high
College student education	O	+	high
Public service messages	O	+++	moderate
Warning labels	O	+	low

# Regulating Alcohol Promotion

<b>Strategy or Intervention</b>	<b>Effectiveness</b>	<b>Breadth of Research Support</b>	<b>Cost to Implement</b>
<b>Advertising bans</b>	+	++	Low
<b>Advertising content controls</b>	?	O	Moderate
<b>Promoting alcohol-free activities and events</b>	O	++	High

# Drink driving countermeasures

Strategy or Intervention	Effectiveness	Breadth of Research Support	Cost to Implement
Random breath testing (RBT)	+++	++	moderate
Lowered BAC Limits	+++	+++	low
Low BAC for young drivers (“zero tolerance”)	+++	++	low
Administrative license suspension	++	++	moderate
Sobriety check points	++	+++	moderate
Graduated licensing for novice drivers	++	++	low
Designated drivers and ride services	0	+	moderate

# Brief Intervention and other treatments

Strategy or Intervention	Effectiveness	Breadth of Research Support	Low Cost to Implement
Brief intervention with at-risk drinkers	++	+++	moderate
Alcohol problems treatment	+	+++	high
Mutual help/self-help attendance	+	+	low
Mandatory treatment of repeat drinking-drivers	+	++	moderate

# Evolving Views of Alcohol Policy: Pessimism

- Alcohol policies are too seldom informed by scientific evidence or public health considerations.
- Two popular policy options, treatment services and school-based alcohol education, have relatively small or zero effects on population rates of alcohol-related morbidity and mortality.
- There seems to be a fundamental incompatibility between economic values and public health values, between free trade in alcohol and alcohol supply reduction, between unfettered marketing of alcohol and alcohol demand reduction.
- Alcohol is no ordinary commodity.

## Evolving Views of Alcohol Policy: Optimism

- Opportunities for effective, evidence-based alcohol policies are more available than ever before to better serve the public good.
- Alcohol policies that limit access to alcoholic beverages, discourage driving under the influence of alcohol, reduce the legal purchasing age for alcoholic beverages, and increase the price of alcohol, are likely to reduce the harm linked to specific drinking patterns and per capita consumption.
- Alcohol problems can be minimized or prevented using a coordinated, systematic policy response.