What you need to know about alcohol policy

Pan American Health Organization

Regional Office of the
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Alcohol is a public health problem

Alcohol use is widespread in most countries of the Americas and while it is widely used, its consumption is not without risks. Alcohol is essentially an intoxicating and dependence[1] producing drug and it is used mainly because of its mind altering, psychoactive effects.

The widespread use of alcoholic beverages is associated with a wide range of health and social problems, including traffic injuries and fatalities, homicides, falls, fires, drowning, suicides, sports and leisure injuries, violence and reduced productivity in the workplace, several forms of cancers, chronic liver disease, heart disease, damage to the central and peripheral nervous systems and alcohol dependence. Problems extend to others as well, such as domestic violence, child abuse, violent behavior and injuries or fatalities of passengers in cars and pedestrians crossing the road where there are people driving after drinking.

In the region of the Americas, alcohol is the leading risk factor for the burden of disease, and affects young people in a significant way. In 2000, at least 275,000 people died directly from alcohol related causes, and over 10 million years of life were lost to disability and death due to alcohol.

Alcohol imposes a high economic cost to society. In the USA, it is estimated that the economic cost of alcohol per year is at US$ 148 billion, including US$ 19 billion in health care costs. In Canada, the economic costs of alcohol represent 2.7% of the gross domestic product, equivalent to US$ 18.4 billion.

What is alcohol policy

Alcohol policies are broadly defined as any purposeful effort or authoritative decision on the part of governments to minimize or prevent alcohol-related consequences, through laws, rules and regulations. There are many effective policies which can reduce the enormous impact of alcohol.

Research shows that comprehensive controls on alcohol availability, such as taxes and limits on hours of alcohol sale, can minimize harm to individuals and society. When complemented with effective deterrence and enforcement measures such as roadside breath testing, and targeted injury prevention/harm reduction strategies such as drinking driving countermeasures and brief interventions for risky drinking, alcohol policies should be seen as crucial components of any population health strategy.

[1] Alcohol dependence (sometimes referred as alcoholism or alcohol addiction) is a biobehavioral disorder characterized by impaired control over alcohol consumption, increased tolerance to the effects of alcohol, withdrawal symptoms, craving for alcohol and use despite repeated health or social problems.

What works in alcohol policy

Below are the most effective strategies known to reduce alcohol related problems, which have been tested in several countries with success:

A) Pricing and Taxation

- Increased alcohol prices and taxes are related to reductions in alcohol related problems, affecting the general population and heavy or problem drinkers as well. Alcohol taxes can be used both to generate direct revenue and to reduce alcohol related harm.

B) Regulating the physical availability of alcohol

- Controls on liquor sales and service that safeguard public health and safety: limits on alcohol outlet density (e.g., number of outlets per capita or per geographic area), location, as well as days, hours and conditions of operation; retail alcohol monopolies.
- Policies that protect groups at risk: minimum legal drinking age at 18 or higher; graduated licensing for new drivers and zero tolerance for certain groups of drivers; stronger deterrence policies for underage drinkers; by-laws and prevention strategies at the local level to control after-hours clubs, raves, and other public celebrations in coordination with the police.

C) Modifying the drinking context

- Enforcement of serving regulations and legal liability of bar staff and owners for the actions of those they serve.
- Adoption and enforcement of policies that make licensed premises safer.

D) Drinking-Driving Countermeasures

- Lowering legal limit of the driver's blood alcohol concentration (e.g. 0.08)
- Random breath testing and sobriety or selective checkpoints
- Administrative license suspensions
- Increase certainty of apprehension and punishment for drinking-driving
- Graduated licensing for novice drivers, limiting the time and other conditions of driving during the first few years of licensing

E) Providing brief interventions for at risk drinkers

- Brief interventions consisting of one to four sessions of counseling and advice delivered in general medical settings lead to clinically significant changes in drinking behaviour and related problems.
- Treatment for alcohol dependence, regardless of the type offered, is effective in reducing alcohol problems at the individual level but not at the population level. Intensive inpatient treatment is as beneficial as less intensive out-patient treatment although residential treatment may be indicated for a small proportion of patients.

In addition, the following *best practices* should be part of the overall policy making process:

- Legislation restricting alcohol advertising, promotion and sponsorship practices: pre-clearance of ads, by federal and regional bodies with a strong public interest mandate; regulation of lifestyle alcohol advertising, promotion and sponsorships; guidelines regarding industry-sponsored responsible drinking messages and public education programs, particularly those appealing to, or directed at, young people; a cap on total number of alcohol advertisements and mechanisms for monitoring compliance with regulations.

- Effective deterrence, monitoring and enforcement: participation of community groups in monitoring and enforcement of federal and regional advertising provisions; hotlines with information on rights and obligations of hospitality industry, alcohol industry, and individuals; legislated responsible beverage serving programs.

- Development and funding of treatment interventions and systems to manage alcohol related problems within the health care sector, and to evaluate their compatibility with evidence-based practices.

- Policy processes that are open, transparent and sensitive to community perspectives, with their active participation.

- Inclusion of public health and safety experts in decisions on alcohol controls and promotion.

- Decisions that reflect a concern with public health and safety, as well as local problems and public interest.

- Federal and community leadership in, and support for, the prevention and reduction of alcohol related-problems: a clear national alcohol strategy which is population-based and recognizes alcohol misuse as a major public health threat; adequate funding for community based prevention, health promotion, early intervention and treatment of dependence; support for research on alcohol policy.

- An effective, integrated and community based treatment system, with greater emphasis on early interventions and full range of accessible and effective services, improved training of health professionals regarding early identification and treatment of alcohol related problems.

Who makes alcohol policy

The process differs among countries and between different levels of government within countries (national, regional, local levels). However, a national level legislative and regulatory framework is essential to the promotion of effective measures to reduce alcohol problems at all levels of a society. Nongovernmental organizations working for the public interest should also play a role, and the alcohol industry often gets involved to protect its commercial interests. An appreciation of these various players in the policy arena is fundamental to understanding the policy making process and to the implementation of actions that focus on the public good.

Common misconceptions regarding alcohol issues

1 ***Alcohol problems are experienced mainly by those who are "alcoholics"- and that controls on alcohol availability unfairly restrict the freedoms of the vast majority of the population who drinks responsibly.***

In fact, traffic and crime statistics show that everyone in our society is at risk of alcohol related problems- including those who do not drink. It has also been shown that about 50% of the overall burden from alcohol is related to use of alcohol by people who do not qualify as being dependent on alcohol. This can be partially explained by the relatively higher proportion of the total population who occasionally drink to excess or in other risky ways and get into trouble from alcohol, compared to the lower proportion of dependent persons in a population. Numerous population surveys have shown that the majority of any given population support alcohol control policies even though they themselves might be inconvenient.

2 ***Heavy drinkers cannot be influenced by broad-based control policies***

In fact, public policies aimed at preventing alcohol related harm among the entire population, such as increasing price, taxes and reducing availability of alcohol, do affect heavy drinkers as well, decreasing consumption and problems. Public health policies that regulate accessibility to alcohol have beneficial implications for people with a wide range of drinking experiences and practices, and for others in the community who do not drink alcohol or drink very little.

3 *If the average alcohol consumption per capita in a given country is low, there are few problems related to alcohol in that country.*

Both volume of alcohol consumption (measured through average per capita consumption) and drinking patterns influence the overall burden of disease and disability of a country especially acute complications related to heavy drinking episodes, such as traumatic injuries, homicides and suicides. These patterns may also include, for example: long term, regular consumption of alcohol at high levels, the consumption of large amounts of alcohol at one time, rapid drinking, combining alcohol with activities which require alertness, judgment and physical coordination or skill, the use of alcohol in combination with other drugs or medications. Despite risky drinking, if drinking is infrequent, the resultant average will be low, but will still be related to health and social problems. Therefore, policies that tackle volume of drinking as well as the pattern of drinking are complementary and necessary.

4 *Alcohol related problems result only from drinking to or past the point of intoxication*

Even low or moderate levels of alcohol carry a health risk and can impair workplace and traffic safety, increase the risk of certain cancers and harm the development of the fetus.

5 *All that is needed is public education about the risks associated with alcohol for people to make healthier choices*

Although education is an important part of any comprehensive prevention strategy, by itself, it is not very effective. In fact, school-based education programs have been largely shown to be ineffective. Evaluations suggest that even comprehensive programs may not be sufficient to delay the initiation of drinking, or to sustain a small reduction in drinking beyond the operation of the program. Public service announcements are an ineffective antidote to the high-quality pro-drinking messages that appear much more frequently as paid advertisements in the mass media. There is no evidence that teaching responsible drinking leads to reductions in the harm caused by alcohol. Designated driver campaigns are largely ineffective as well. Counter-advertising, including health warning labels on product packaging do not change drinking behavior *per se* either.

The failure of educational campaigns is not surprising given the massive promotion of alcohol, the widespread and visible availability of alcoholic beverages and the acceptance of alcohol in all types of everyday situations and contexts.

6 *Despite its adverse health effects, the use of alcoholic beverages has a net positive effect to society as a whole*

A common misconception is the idea that for the majority of people most of the time, alcohol drinking is beneficial, pleasurable, positive, a part of normal daily life and essential to a productive life. However, even the moderate consumption of alcohol is related to public health problems. Twenty five percent of all deaths among young people between 15 and 29 years of age are attributed to alcohol. There is no level of alcohol consumption which is completely without risks, and for the majority of alcohol related conditions and injuries, there is a linear or exponential relationship between level of consumption and relative risk for the condition.

Despite the evidence that small amounts of alcohol can be protective effects against coronary heart disease, this effect is observed only in developed countries, among men over 35 and post menopausal women, and even in these countries the total impact of alcohol on health is negative. For example, in the USA and Canada, alcohol continues to be the second leading risk factor for the burden of disease, coming only after tobacco. In the remaining countries of the Americas region, alcohol is the leading risk factor for the burden of disease, among over 20 risk factors compared in a study by WHO.

What PAHO can do

- Work with countries to develop and implement surveillance strategies that will monitor the extent of problems associated with alcohol
- Collaborate with countries in the development and implementation of effective policies
- Promote evidence-based alcohol policies and prevention practices
- Promote research to inform alcohol policy and to evaluate interventions and strengthen research and policy analysis infrastructure
- Help build capacity to respond to alcohol problems in primary care
- Help build capacity for research and policy development

Contact

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