

# OECD *Multilingual Summaries* Tackling Harmful Alcohol Use Economics and Public Health Policy

*Summary in English*



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Alcohol has been an element of human society since the Neolithic period at least, both cherished and vilified for reasons that have remained largely unchanged over time. What is drunk, how much is drunk, by whom and where have been strongly influenced by factors such as culture, economics and social norms.

In the period covered by OECD analyses, per-capita alcohol consumption in OECD countries has declined overall, but within this broad trend, some countries have seen an increase, some a decrease. However, many countries have experienced a significant increase in some risky drinking behaviours (such as binge drinking), particularly among young people and women. Emerging economies have also seen a major relative increase in alcohol consumption, albeit starting from lower levels.

These trends are worrying because some of the harms typically associated with heavy drinking in young age, such as traffic accidents and violence, often affect people other than drinkers themselves, representing an important component of the burden of disease related to alcohol. Heavy drinking at a young age is associated with an increased risk of acute and chronic conditions. It is also associated with problem drinking later on in life, and people who are successful in the labour market may see their long-term career prospects jeopardised.

Alcohol has an impact on over 200 diseases and types of injuries. In most cases the impact is detrimental, in some cases it is beneficial. In a minority of drinkers, mostly older men who drink lightly, health benefits are larger. At the population level, detrimental health effects overwhelmingly prevail in all countries worldwide. Harmful drinking is normally the result of an individual choice, but it has social consequences. The harms caused to people other than drinkers themselves, including the victims of traffic accidents and violence, but also children born with foetal alcohol spectrum disorders, are the most visible face of those social consequences. Health care and crime costs, and lost productivity, are further important dimensions. These provide a strong rationale for governments to take action against harmful alcohol use. The public health consequences of harmful drinking are a major concern, as alcohol ranks among the leading causes of death and disability worldwide. According to OECD estimates, approximately four in five drinkers would reduce their risk of death from any causes if they cut their alcohol intake by one unit per week. There is hence wide scope for improving the welfare of drinkers and society as a whole. Evidence of the magnitude of the risks associated with harmful alcohol use, and of the effectiveness of many policy options to address those harms, has never been so abundant and detailed as it is today.

A wide range of policies to address harmful use of alcohol are available, some targeting heavy drinkers alone, others more broadly based. Selecting an appropriate mix of policies in any given context requires political judgements that individual governments are best placed to make, taking into account the social, cultural and epidemiological characteristics of their respective countries. However, economic analysis based on computer simulations of policy scenarios can help governments compare the health impacts and economic value of different interventions, providing a useful tool to support government decision making. The WHO Global Strategy to reduce the harmful use of alcohol, endorsed by the World Health Assembly in 2010, provides a menu of policy options based on international consensus, which OECD used as a starting point to identify a set of policies to be assessed in an economic analysis. The inclusion or exclusion of policies in the analysis does not imply, per se, endorsement or rejection of specific options.

Based on a simulation model, OECD analyses show that several alcohol policies have the potential to reduce rates of heavy drinking, regular or episodic, and alcohol dependence, in three countries, by 5% to 10%. This would take those countries a long way towards achieving the voluntary target of reducing harmful alcohol use by 10% by 2025, a target adopted by the World Health Assembly in 2013 as part of the NCD Global Monitoring Framework. The OECD analysis found that governments' ability to design and implement wide-ranging prevention strategies, combining the strengths of different policy approaches, is critical to success. These may include initiatives promoted by the alcohol industry, although more independent evidence of the impacts of such actions is needed.

Simulation models like the one used in OECD analyses have many strengths. They can provide evidence in areas in which direct empirical investigation may be difficult or impossible. However, they also require assumptions and have to rely on a variety of input data, some of which may be of limited quality. Models can always be improved by refining such assumptions and input data.

## Key findings

- Average annual consumption in OECD countries is the equivalent of 9.1 litres of pure alcohol per capita (down by 2.5%, on average, during the past 20 years).
- Close to 11% of all alcohol consumption is estimated to go unrecorded in OECD countries. Adding this to recorded consumption brings the total to 10.3 litres per capita, substantially larger than the world average of 6.2 litres.
- The majority of alcohol is drunk by the heaviest-drinking 20% of the population in the countries examined.
- Rates of hazardous drinking (a weekly amount of pure alcohol of 140 grams or more for women, and 210 grams or more for men) and heavy episodic drinking ("binge drinking", defined as five to eight drinks in one session depending on the country) in young people, especially women, have increased in many OECD countries.
- The proportion of children aged 15 and under who have not yet drunk alcohol shrank from 44% to 30% of boys and from 50% to 31% of girls during the 2000s. The proportion of children who have experienced drunkenness increased from 30% to 43% (boys) and from 26% to 41% (girls) in the same period.
- People with more education and higher socioeconomic status (SES) are more likely to drink alcohol. Less educated and lower SES men, as well as more educated and higher SES women, are more likely to indulge in risky drinking.
- In general, people from minority ethnic groups drink less alcohol than the majority of the population, but with important exceptions in some countries.
- While the impact of heavy drinking on labour outcomes is consistently negative, there is some evidence that moderate drinking may have a positive impact, especially on wages. Existing estimates suggest that productivity losses associated with harmful alcohol use are in the region of 1% of GDP in most countries.
- Alcohol influences the development of a host of diseases and injuries. Harmful consumption of alcohol rose from eighth to fifth leading cause of death and disability, worldwide, between 1990 and 2010.
- If offered systematically in primary care settings, alcohol brief interventions have the potential to generate large health and life expectancy gains in the three countries studied in an economic analysis based on a computer simulation approach in this report (Canada, the Czech Republic and Germany).
- A tax hike leading to an average increase of 10% in alcohol prices, as well as a range of regulatory approaches, would also generate large impacts.
- Combining alcohol policies in a coherent prevention strategy would significantly increase impacts, helping to reach a "critical mass" with greater impact on the social norms that drive harmful drinking behaviours.
- As measured in disability adjusted life years (DALYs, the number of years lost due to ill-health, disability or early death) a package of fiscal and regulatory measures, one of health care interventions, and a mixed strategy would each achieve gains of around 37 000 DALYs per year in Canada; 23-29 000 DALYs in the Czech Republic, and 119- 137 000 DALYs in Germany, roughly

corresponding to 10% of the burden of disease associated with harmful alcohol use estimated in the three countries in 2010.

- Alcohol strategies combining multiple policies would yield yearly savings in health expenditures of up to USD PPP 4, 8 and 6 per person, respectively, in the three countries.
- Policies delivered in health care settings are the most expensive to implement in the three countries, followed by the enforcement of drink-drive restrictions and workplace programmes. Price and regulatory policies are substantially less expensive.
- Even the most expensive alcohol policies have very favourable cost-effectiveness profiles in health terms, in the three countries.
- Although alcohol policy should target heavy drinkers first, there are few approaches available to do this. Primary care physicians may play an important role in addressing heavy drinking, while police enforcement of existing regulations against drinking-and-driving is key to cutting traffic casualties.
- However, broader policy approaches may be required to complement those solely aimed at heavy drinkers. Raising alcohol prices can improve population health, and doing so in the cheaper segment of the market may be more effective in tackling harmful drinking. Regulating the promotion of alcoholic beverages may provide additional benefits.
- An open dialogue and co-operation with alcohol manufacturers, as well as major retailers and other related industries, may be, and has already been in some countries, part of an effective policy approach in fighting the harms associated with alcohol consumption.
- Surveys of alcohol consumption are key instruments in the design of sound alcohol policies. Countries and their statistical and public health agencies must step up their efforts to improve the consistency and accuracy of such surveys.

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