



## Effective and Cost-Effective Interventions in Alcohol Control

In February 2004, the World Health Organization Regional Office for Europe released the report “What are the most effective and cost-effective interventions in alcohol control?” through its Health Evidence Network. HEN reviewed numerous studies on alcohol control and its effects to determine which strategies and policies work, and which have lesser impact.

The WHO/HEN conclusion: *The most effective approach is to implement a combination of increases in alcohol prices, reduction in the availability of alcohol, and measures against drunk driving and underage drinking.*

### What Makes for Good Alcohol-Related Policy?

*An integrated approach is key.* Factors affecting alcohol-related problems are closely related.

The WHO/HEN study reports that complementary system *strategies that seek to restructure the total drinking environment are more likely to be effective than single strategies.* Therefore, when one element of the mix changes, it impacts the rest of the picture.

Here is a closer look at two of WHO/HEN’s most-effective strategies:

#### Higher Taxes

*Alcohol “behaves” like most other consumer goods: a rise in prices leads to a fall in consumption.*

- The WHO/HEN study found substantial evidence that an increase in alcohol prices reduces consumption and the level of alcohol-related problems.
- *Higher prices affect at-risk drinkers* – those who drink heavily and those who are dependent on alcohol – *at least as much as they do moderate drinkers.*
- *Higher taxes on alcohol particularly help to reduce drinking by youths.*
- Tax-induced price increases not only lead to increases in state tax revenue, but also decrease state expenses related to alcohol-related harms.

## Stricter Controls on Alcohol Availability

*General studies have found that when alcohol is less available, less convenient to purchase or less accessible, alcohol consumption and related problems are lower.*

The most effective controls available include:

- **A minimum legal purchasing age.** Studies generally find that a lower age limit produces more alcohol-related traffic accidents; increased age limits reduce such crashes.
- **Restrictions on sales times.** WHO/HEN reports that *most studies show that alcohol consumption or the rate of harmful alcohol-related effects increase with increased sales times, and decrease when sales times are reduced.*
- **Regulations of number of alcohol-sales outlets.** Recent studies have demonstrated that *geographic density affects alcohol sales.*

European countries have been implementing additional, targeted measures to limit the availability of alcohol. The WHO/HEN study reported that some countries in Europe practice prohibition periods for such events as general days of “feasting and rejoicing,” general elections, market days or important football games.

### Why worry about alcohol availability and consumption?

- WHO/HEN reports that even modest decreases in alcohol consumption produce marked reductions in public disturbances, crimes of violence and alcohol-related hospital admissions.
- The WHO/HEN study also shows that the above interventions are highly cost-effective; they are associated with considerable benefit at a generally low monetary cost.
- Server liability and enforcement of on-premise regulations – combined with public awareness and support – seem to have some impact without being too costly. However, *they do not reach off-premise drinking.*

### How does Indiana’s alcohol policy measure up?

Following is an overview/summary of Indiana’s alcohol policy strengths and weaknesses:

#### Policy list from World Health Organization Article: What are the most effective and cost-effective interventions in alcohol control? February 2004

Policy	Rating	Indiana status
Alcohol prices		
• Tax	+	• Has some policies in place, wholesale sales are price restricted
• Control retail sale	-	• Taxes are low have not been raised in 1983
• Drink specials at restaurants and bars	-	

	-	<ul style="list-style-type: none"> <li>No restrictions on drink specials</li> <li>Ugly monkey quarter a beer night,</li> </ul>
<p>Alcohol Availability</p> <ul style="list-style-type: none"> <li>Restricting sale on certain days of the week</li> <li>Location of alcohol sales- not near schools, churches, parks, motorways</li> <li>Number of outlets per population</li> <li>Contained in stores (alcohol restricted to one aisle or portion of a grocery store)</li> <li>Types of alcohol sold in retail stores vs state stores</li> <li>Training for sales staff</li> </ul>	<p>+</p> <p>-</p> <p>+/-</p> <p>+</p> <p>+</p> <p>-</p> <p>+</p> <p>+</p> <p>-</p>	<ul style="list-style-type: none"> <li>Carry out sales limited. Alcohol is not sold on Sundays.</li> <li>Alcohol is available 20 hours a day, six days a week. Of 168 hours in a week, alcohol is sold 120 of those hours.</li> <li>Location of schools, churches, considered in licensing process but if no remonstrators, license is allowed</li> <li>Limited to 100 feet</li> <li>Quota based on population exists for incorporated areas</li> <li>State staffs indicate no perceived quota for restaurants in unincorporated areas</li> <li>Spirits sold both in restricted package liquor stores, and drug stores</li> <li>Training required for package liquor stores staff</li> <li>No training required for drug, grocery or convenience store clerks</li> </ul>
<p>Interventions on drunk Driving</p> <ul style="list-style-type: none"> <li>Defining impairment .08</li> <li>Zero tolerance for minors</li> <li>Enforcement efforts</li> <li>Server training</li> <li>Media campaigns</li> </ul>	<p>+</p> <p>+/-</p> <p>+</p> <p>+</p> <p>+</p>	<ul style="list-style-type: none"> <li>.08 blood alcohol limit</li> <li>I have heard .02 and zero tolerance for minors</li> <li>State does conduct roadside checks periodically</li> <li>State has active media campaign to deter drunk driving</li> <li>Mandatory server training starts shortly</li> </ul>
<p>On-premise interventions</p> <ul style="list-style-type: none"> <li>Restricting price discounts on drinks</li> <li>Restricting quantity that can be purchased (pitchers of beer, bottles of wine)</li> <li>No service to those who are intoxicated</li> <li>Limiting the number of drinks</li> </ul>	<p>-</p> <p>-</p> <p>+</p> <p>+</p>	<ul style="list-style-type: none"> <li>No knowledge of restrictions</li> <li>Not restricted; left to business owner</li> <li>Not allowed to serve intoxicated patrons</li> <li>The Indpls. Motor Speedway now limits the number of drinks for folks in the corporate suites. May be a corporate mandate or IMS not sure.</li> </ul>

Alcohol Education, persuasion and promotion	+/-  -	Prevention education mandated in Indiana schools. However, no expectation or definition placed on the quality or type of instruction. Subject is not tested on the state proficiency test?
Early Identification and treatment		Unsure

### **Conclusion**

Because factors affecting alcohol-related problems are closely interrelated, great consideration must occur before making changes to any part of Indiana's package of alcohol-sales regulations. *If a change is made to one area, changes to other areas should be carefully studied. It may be necessary to initiate additional restrictions on alcohol sales/availability/density and/or other factors to ensure a healthy economic and social climate in Indianapolis and other Hoosier cities.*