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ADD Fact Sheet:

Alcohol Policies - A Consumer's Guide (Babor et al)

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The WHO-sponsored report "Alcohol – No Ordinary Commodity" was published in 2003 by Thomas Babor (USA) and 14 other alcohol researchers from New Zealand, UK, Canada, Australia, Finland, Switzerland, Sweden and Norway. The book describes recent advances in alcohol research with the purpose to guide actors in the policy field towards more efficient strategies to prevent alcohol problems: What is alcohol policy, why is it needed, which interventions are effective, how is policy made and how can scientific evidence inform the policy-making process.

Ten best practises

In a summary of the book in the scientific journal Addiction, the authors have summarized their findings in the form of an "Alcohol policies: A Consumer's Guide". Here they say that the following ten policy options stand out as "best practises":

- Minimum legal purchasing age
- Government monopoly of retail sales
- Restrictions on hours or days of sale
- Outlet density restrictions
- Alcohol taxes
- Sobriety check-points (drunken driving)
- Lowered BAC limits (blood alcohol concentration, drunken driving)
- Administrative licence suspension (driving licences)
- Graduated licensing for novice drivers
- Brief interventions for hazardous drinkers

A Consumer's Guide

The full text of the chapter "Alcohol policies: A Consumer's Guide" in the summary reads as follows:

"The difference between good and bad alcohol policy is not an abstraction, but very often a matter of life and death. Research has the capacity to indicate which strategies are likely to succeed in their public health intentions, and which are likely to be less effective or even useless, diversionary and a waste of resources. Building on previous work in this area, we rated 32 policy options reviewed in previous chapters of the book according to four major criteria: (1) evidence of effectiveness; (2) strength of research support; (3) extent of testing across diverse countries and cultures; and (4) relative cost in terms of time, resources and money.

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In general, effectiveness is strong for the regulation of physical availability and the use of alcohol taxes. Given the broad reach of these strategies, and the relatively low expense of implementing them, the expected impact of these measures on public health is relatively high. Most drinking driving counter measures received high ratings on effectiveness as well. Not only is there good research support for these programmes, but they also seem to be applicable in most countries and are relatively inexpensive to implement and sustain.

In contrast, the expected impact is low for school-based education and for public service messages about drinking. Although the reach of educational programmes is thought to be excellent (because of the availability of captive audiences in schools), the population impact of these programmes is poor. Similarly, while feasibility is good, cost–effectiveness and cost–benefit are poor.

Treatment and early intervention strategies have, at best, medium effectiveness. At the population level, their impact is limited, because specialised treatment for alcohol problems can benefit only the relatively small fraction of the population who come to treatment.

While treatment provision is an obligation of a humane society, its effect on the actual drinking problem rates of the population at large is necessarily limited.

Strategies directed at altering the drinking context are applicable primarily to on-premise drinking in bars and restaurants, which limits somewhat their public health significance. In most developed countries, only a minority of drinking is conducted on-premise, although frequently this drinking is trouble-prone. One recurring theme in this literature is the importance of enforcement.

The following 10 policy options stand out as ‘best practices’: minimum legal purchase age, government monopoly of retail sales, restrictions on hours or days of sale, outlet density restrictions, alcohol taxes, sobriety checkpoints, lowered BAC limits, administrative licence suspension, graduated licensing for novice drivers and brief interventions for hazardous drinkers.

Alcohol policies can be effective at both the community level and the national level. Within each of these levels, policies can be targeted at the general population, at high-risk drinkers and at people already experiencing alcohol-related problems.

Alcohol policies rarely operate independently or in isolation from other measures. Complementary system strategies that seek to restructure the total drinking environment are more likely to be effective than single strategies. Full spectrum interventions are needed to achieve the greatest population impact.

In sum, opportunities for evidence based alcohol policies that serve the public good are more available than ever before. However, policies to address alcohol-related problems are informed too seldom by science, and there are still too many instances of policy vacuums filled by unevaluated or ineffective strategies and interventions. Because alcohol is no ordinary commodity, the public has a right to expect a more enlightened approach to alcohol policy.”