

SOCIAL RESPONSIBILITY AND HEALTH ISSUES

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Pricing policy

The price of alcohol directly influences the level of its consumption. Correspondingly, increases in alcohol prices are associated with reductions in alcohol-related harms at a population level. The evidence is clear that increases in alcohol prices lead to significant decreases in alcohol-related deaths, violence, and crime.^{1 2 3} Similarly, other studies confirm that increases in alcohol prices lead to large gains in health and life expectancy and represent a cost-effective approach to harm prevention and health improvement.⁴ It is clear, in fact, that **pricing policy is the most effective lever for reducing alcohol-related harm.**⁵ For these reasons the World Health Organization recommends increased prices through measures such as minimum pricing and taxation as part of its Global Strategy to Reduce Harmful Use of Alcohol.⁶ Canada's National Alcohol Strategy⁷ also points to increases in alcohol pricing as a key tool to reduce harms.

Three main components make up a strong minimum pricing system for alcohol:⁸

- Minimum prices (e.g. social reference prices or floor prices) can limit the availability of inexpensive products in the market – which are often attractive to high-risk and/or younger users – and deter overconsumption.
- Adjusting prices to inflation maintains the integrity of the pricing system by ensuring that the price of alcohol does not diminish over time relative to other goods.
- Adjusting prices for alcohol content (i.e. volumetric pricing) ensures that the price of a product is at least roughly proportional to the amount of alcohol it contains. It creates an incentive for consumers to purchase lower-strength products and reduces overall ethanol consumption across the population.

For a more detailed, policy-oriented discussion, please see this recent (November 2017) publication by the World Health Organization: [Resource tool on alcohol taxation and pricing policies.](#)

Apart from the revenues these types of pricing policies may generate, they can also be expected to lead to savings for government, thanks to lower spending on health care, law enforcement, corrections, and other issues related to alcohol problems. Most importantly, scientific evidence shows that they are a net benefit to public health.

Alcohol labelling

As has been shown in several surveys across North America, consumers are not well informed about some of the risks associated with alcohol.⁹ This is particularly true for the effect of alcohol on cancer, where it has been established as a major carcinogen for several cancer types. This was summarized recently by the American Society of Clinical Oncology.¹⁰ A lack of understanding of the risks of alcohol consumption, in addition to over-estimation of its protective (e.g. cardio-protective) effects, have led to a situation where societies tolerate risks which they would not for any other risk factor.¹¹

While there have been limited opportunities to study the real-world implementation of alcohol warning labels, evidence from the U.S. suggests that heavy drinkers are the group most likely to be exposed to these health warnings; they are also more likely to have conversations about the risks, and to create and adopt their own harm reduction strategies.¹² When we link the risks of drinking to concrete guidelines for low-risk consumption, consumers gain a practical way to minimize their risk exposure. **Alcohol labelling is a promising means of increasing consumer information and safety.**

Licensee accreditation programs

Reducing risk in the licensed drinking context is an important part of a comprehensive alcohol strategy. While there is evidence that some server training programs have an immediate impact on serving practices, this positive impact is not sustained without ongoing enforcement that imposes penalties when serving to intoxication or serving underage does occur.^{13 14} Enhanced enforcement of liquor regulations and alcohol service has been shown to be effective in a number of studies, with significant reductions in intoxication, overserving, and serving underage.^{15 16}

This is not to say licensee accreditation programs have no value; such a program, if evaluated to assess its impact on challenge and refusal practices, and how they alter the drinking context and attendant harms, can play a significant role as one part of a comprehensive strategy. Overall, however, **the most important factor in this area is improved monitoring and enforcement of alcohol regulations.** This should include “adopting a structure of enforceable consequences for violations; implementing procedures of unbiased enforcement; using publicity to ensure that there is a perceived high risk of being caught and punished; and developing the political will to support ongoing enforcement.”¹⁷

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- ³ Wagenaar, A. C., Tobler, A. L., & Komro, K. A. (2010). Effects of alcohol tax and price policies on morbidity and mortality: a systematic review. *American Journal of Public Health*, *100*(11), 2270–2278.
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- ⁵ Burton et al. (2017); Babor, T. F. (2010). Alcohol: No ordinary commodity: a summary of the second edition. *Addiction*, *105*(5), 769–779.
- ⁶ World Health Organization. (2010). *Global strategy to reduce the harmful use of alcohol*. Retrieved from http://www.who.int/substance_abuse/msbalcstragegy.pdf
- ⁷ Canadian Centre on Substance Use and Addiction. (2018). *National alcohol strategy*. Retrieved from <http://www.ccdus.ca/Eng/collaboration/National-Alcohol-Strategy-Partnerships/Pages/default.aspx>
- ⁸ Babor (2010).
- ⁹ Rehm, J., Lachenmeier, D. W., & Room, R. (2014). Why does society accept a higher risk for alcohol than for other voluntary or involuntary risks? *BMC Medicine*, *12*(1), 189.
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- ¹¹ Rehm, Lachenmeier, & Room (2014).
- ¹² Greenfield, T. K. (1997). Warning labels: evidence on harm reduction from long-term American surveys. In: M. Plant, E. Single, and T. Stockwell (Eds.), *Alcohol: Minimising the Harm. What Works?* (pp. 105–125). New York: Free Association Books.
- ¹³ Babor (2010).
- ¹⁴ Glikzman, L., McKenzie, D., Single, E., Douglas, R., Brunet, S., & Moffatt, K. (1993). The role of alcohol providers in prevention: an evaluation of a server intervention programme. *Addiction*, *88*(9), 1195–1203.
- ¹⁵ Saltz, R., Paschall, M., McGaffigan, R., & Nygaard, P. (2010). Alcohol risk management in college settings: the Safer California Universities randomized trial. *American Journal of Preventive Medicine*, *39*(6), 491–499.
- ¹⁶ Bolier, L., Voorham, L., Monshouwer, K., van Hasselt, N. E., & Bellis, M. (2011). Alcohol and drug prevention in nightlife settings: a review of experimental studies. *Substance Use & Misuse*, *46*(13), 1569–1591.
- ¹⁷ Graham, K., Miller, P., Chikritzhs, T., Bellis, M. A., Clapp, J. D., Hughes, K., ... Wells, S. (2014). Reducing intoxication among bar patrons: Some lessons from prevention of drinking and driving. *Addiction*, *109*(5), 693–698.