

Evidence on the Effects of Pricing & Promotion on Alcohol Consumption and Related Harm

From: *The Independent Review of the Effects of Alcohol Pricing and Promotion*, School of Health and Related Research, University of Sheffield, UK; Preliminary Phase 1 project report prepared for the Department of Health; June 2008

The effect of pricing and taxation on alcohol consumption

◆ *Pricing & taxation effects on the consumption of alcoholic beverages*

- Evidence Statement 1: There is strong and consistent evidence to suggest that price increases and taxation (assuming increases pass through to retail price) have a significant effect in reducing demand for alcohol. The evidence base is derived from studies from four different countries (US, Australia, Switzerland and the UK) and uses a variety of study designs and methodologies.
- Evidence Statement 2: There is strong evidence to suggest that young drinkers, binge drinkers and harmful drinkers tend to choose cheaper drinks. Low income groups have not been studied specifically.
- Evidence Statement 3: There is low quality but demonstrable specific evidence to suggest that minimum pricing might be effective as a targeted public health policy in reducing consumption of cheap drinks. There is also evidence to suggest that such a policy may be acceptable to many members of the community. Further research is required to validate these findings for UK populations and for policy priority groups.
- Evidence Statement 4: There is low quality but demonstrable evidence to suggest that minimum pricing might be effective as a targeted public health policy in reducing consumption of cheap drinks. There is also evidence to suggest that such a policy may be acceptable to many members of the community. Further research is required to validate these findings.

◆ *Pricing & taxation effects on harm*

- Evidence Statement 5: A large number of studies consistently suggest evidence for an association between increases in taxation or pricing of alcohol and reductions in harm.

The effect of promotion on alcohol consumption

◆ *General effects of alcohol advertising on consumption*

- Evidence Statement 6: There is conclusive evidence of a small but consistent association of advertising with consumption at a population level. There is also evidence of small but consistent effects of advertising on consumption of alcohol by young people at an individual level.

◆ *Price & point of sales promotions*

- Evidence Statement 7: There is moderate but consistent evidence to suggest that point of purchase promotions are likely to affect the overall consumption of under age drinkers, binge drinkers and regular drinkers.

◆ *Outdoors and print media advertising*

- Evidence Statement 8: There is consistent evidence to suggest that exposure to outdoor advertising, or advertisements in magazines and newspapers may increase the likelihood of young people starting to drink, the amount they drink, and the amount they drink on any one occasion. Further research is required on whether what young people say they are going to do at a particular point in time translates into actual subsequent behavior.

◆ *Alcohol-related merchandising*

- Evidence Statement 9: There is consistent evidence from cross-sectional studies that there are high levels of ownership of alcohol related merchandise among young people, particularly underage drinkers and binge drinkers. There is some evidence, although not conclusive, to suggest that ownership of such items is associated with initiation or current drinking.

◆ *Broadcast media*

- Evidence Statement 10: There is consistent evidence from longitudinal studies that exposure to TV and other broadcast media is associated with inception of and levels of drinking. Evidence for the effect of watching videos is equivocal.

◆ *Advertising bans and other restrictions*

- Evidence Statement 11: There is some inconclusive evidence that suggest that advertising bans have a positive effect in reducing consumption. Differences in contextual factors are a likely explanation for these differences. It is methodologically challenging to control for all possible confounding factors.
- Evidence Statement 12: There is some evidence to suggest that bans have an additive effect when accompanied by other measures within a general environment of restrictive measures.

The effect of alcohol consumption on alcohol-related harm

◆ *Alcohol consumption and health consequences*

- Evidence Statement 13: There is consistent evidence to suggest that alcohol consumption is associated with substantially increased risks of all-cause mortality even in people drinking lower than recommended limits, and especially among younger people. High levels of alcohol consumption have detrimental effects. The evidence is more equivocal, however, where it relates to establishing cut-off points for lower risk versus harmful levels of consumption. There is an ongoing controversy as to whether or not there are beneficial (cardio-protective) effects at low levels of alcohol consumption.
- Evidence Statement 14: There is moderate, but methodologically disputed, evidence to suggest that light alcohol consumption is associated with a decreased level of risk from coronary heart disease. High levels of alcohol consumption (defined here as 100 g/day) have detrimental effects.
- Evidence Statement 15: There is strong evidence that heavy alcohol consumption increases the risk of stroke. Light or moderate consumption may be protective against total and ischemic stroke,

although the evidence on this is not as clear and it is important to acknowledge that this effect is not consistent for all types of stroke.

- Evidence Statement 16: There is strong evidence for statistically significant association with a wide range of cancers including some of the most common cancers in the UK. However, the evidence is not consistent across all neoplastic conditions. Further research is required for stomach and lung cancer in particular.
- Evidence Statement 17: There is a significant and consistent effect between alcohol consumption and serious injury and for heavy drinking and road accidents. Heavy drinking levels of 5 drinks or more were found to be positively predictive of injury.
- Evidence Statement 18: There is moderate and consistent evidence to suggest that alcohol dependence is associated with increased risks of suicide and suicide attempts. There are methodological difficulties in making an attribution of suicide to the harmful effects of alcohol.
- Evidence Statement 19: There is moderate evidence to suggest that alcohol consumption is associated with increased incidence of sexually transmitted diseases. Because there are other possible explanations for risk behaviors there are significant difficulties in establishing a consistent mechanism for direct causal effects. However, this finding is supported by studies directly associating taxation or pricing changes for alcohol with changes in rates of sexually transmitted diseases including gonorrhea.

◆ *Alcohol consumption and social harm*

- Evidence Statement 20: There is a consistent and statistically significant effect of alcohol on violence and injury even at quite low levels (25 g/day) of consumption. Further research of higher quality using more rigorous designs is required to establish a robust causal explanation.
- Evidence Statement 21: There is a strong and consistent association between alcohol consumption and marital dissatisfaction, a risk factor for subsequent divorce. Further research is required to establish the direction of cause and effect.
- Evidence Statement 22: No recent systematic reviews or meta-analyses were identified that examined the effects of alcohol on crime other than violence or on employment-related outcomes such as unemployment or absenteeism. There is sufficient non-review evidence to suggest that a significant proportion of criminal behavior can be associated with alcohol misuse. However, it is methodologically difficult to ascertain the alcohol attributable fraction for this association.

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