

# **POLICIES TO PREVENT ALCOHOL PROBLEMS: A RESEARCH AGENDA FOR 2010-2015 (HIGHLIGHTS)**

**AUTHOR**

**HAROLD D. HOLDER, PH.D.**

PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

---

**SUBSTANCE ABUSE POLICY RESEARCH PROGRAM (SAPRP) IS A  
NATIONAL PROGRAM OF THE ROBERT WOOD JOHNSON FOUNDATION**

**SUBSTANCE ABUSE POLICY RESEARCH PROGRAM (SAPRP) IS A  
NATIONAL PROGRAM OF THE ROBERT WOOD JOHNSON FOUNDATION**



**Robert Wood Johnson Foundation**

*Copies of SAPRP research agendas are available at  
[http://www.saprp.org/research\\_agenda.cfm](http://www.saprp.org/research_agenda.cfm)*

**OCTOBER 2009**

# Contents

## Policies to Prevent Alcohol Problems

|    |  |
|----|--|
| 1  | Advisory Board   |
| 4  | Introduction   |
| 5  | <b>I. International Trade Agreements</b>                             |
| 6  | Priority Research Questions 2010-2015                                |
| 7  | <b>II. National/State/Provincial/<br/>Community Prevention</b>       |
| 8  | Priority Research Questions 2010-2015                                |
| 9  | <b>III. Retail Price of Alcohol</b>                                  |
| 10 | Priority Research Questions 2010-2015                                |
| 11 | <b>IV. Physical Availability of Alcohol</b>                          |
| 12 | Priority Research Questions 2010-2015                                |
| 13 | <b>V. Prevention of Intoxication<br/>and Over-Service of Alcohol</b> |
| 14 | Priority Research Questions 2010-2015                                |
| 15 | Conclusion   |

## Advisory Board

Members of the Advisory Board include policy researchers and experts in all aspects of substance abuse—alcohol, tobacco, and drugs.

**Sven Andréasson, M.D., Ph.D.**

*Swedish National Institute of Public Health*

**Lawrence S. Brown, Jr., M.D., M.P.H., FASAM**

*Addiction Research & Treatment Corporation*

**Frank J. Chaloupka, Ph.D.**

*Department of Economics, University of Illinois at Chicago*

**R. Lorraine Collins, Ph.D.**

*School of Public Health and Health Professions,  
University at Buffalo, SUNY*

**K. Michael Cummings, Ph.D., M.P.H.**

*Roswell Park Cancer Institute*

**Michael Eriksen, Sc.D.**

*Institute of Public Health, Georgia State University*

**Matthew C. Farrelly, Ph.D.**

*RTI International*

**Eric A. Feldman, J.D., Ph.D.**

*University of Pennsylvania Law School*

**David A. Fiellin, M.D.**

*Yale University School of Medicine*

**Denise Dion Hallfors, Ph.D.**

*Pacific Institute for Research and Evaluation (PIRE)*

**Keith Humphreys, Ph.D.**

*Stanford University School of Medicine*

**Andrew Hyland, Ph.D.**

*Roswell Park Cancer Institute*

**Dennis McCarty, Ph.D.**

*Oregon Health & Science University*

**Robin J. Mermelstein, Ph.D.**

*Institute for Health Research and Policy,  
University of Illinois at Chicago*

**Lorraine T. Midanik, Ph.D.**

*University of California, Berkeley, School of Social Welfare*

**Matthew L. Myers, J.D.**

*Campaign for Tobacco-Free Kids*

**C. Tracy Orleans, Ph.D.**

*Robert Wood Johnson Foundation*

**Deborah Podus, Ph.D.**

*UCLA Integrated Substance Abuse Programs*

**Kurt M. Ribisl, Ph.D.**

*UNC Gillings School of Global Public Health*

**David L. Rosenbloom, Ph.D.**

*National Center on Addictions and  
Substance Abuse at Columbia University*

**Laura A. Schmidt, Ph.D., M.S.W., M.P.H.**

*Philip R. Lee Institute for Health Policy Studies,  
University of California, San Francisco*

**Stephen D. Sugarman, J.D.**

*University of California, Berkeley, Boalt Hall School of Law*

**John A. Tauras, Ph.D.**

*Department of Economics, University of Illinois at Chicago*

**Alexander C. Wagenaar, Ph.D.**

*University of Florida, College of Medicine*

**Constance Weisner, Dr.P.H., M.S.W.**

*Division of Research, Northern California  
Kaiser Permanente*

“...moderate and heavy  
nondependent drinkers  
account for more  
total alcohol problems,  
especially those of  
an acute nature, because  
there are so many more  
such drinkers compared  
to dependent drinkers.”

## Introduction

The goal of alcohol prevention research is to reduce alcohol-involved problems at the family, neighborhood, community, state, and national levels. Alcohol problems are both acute (closely connected in time to the drinking event) and chronic (resulting from long-term exposure to ethanol). Acute alcohol problems include (1) traffic crashes involving injury or death to the driver and others; (2) non-traffic injuries and fatalities, such as falls, fires, poisonings, or drowning, as well as violent events resulting from domestic conflict or public assaults in which either the perpetrator or the victim has been drinking; and (3) the consequences of unprotected sex. Regular heavy consumption can lead to dependence and can substantially increase the risk of health problems, especially liver disease and certain cancers.

Alcohol dependent persons have the highest individual risk of alcohol problems. But moderate and heavy nondependent drinkers account for more total alcohol problems, especially those of an acute nature, because there are so many more such drinkers compared to dependent drinkers. This research agenda focuses on policy as it relates to alcohol use by alcohol dependent persons and moderate and heavy nondependent drinkers. A more detailed discussion of the subject, including all scientific references, is available at [http://www.saprp.org/research\\_agenda.cfm](http://www.saprp.org/research_agenda.cfm).

## I. International Trade Agreements

International trade agreements or economic unions (such as the European Union) can place restrictions or limitations on the ability of nations, states, provinces, or communities to regulate the retail sale of alcohol under terms of “restriction of retail trade.” Under these agreements or treaties, alcoholic beverages are almost always treated like normal consumer goods. But these trade agreements have the potential to weaken alcohol prevention policies. Unfortunately, other than general discussions about international trade and legal observations, we lack specific policy analyses and empirical evidence on the impact of these policies on alcohol prevention.

## Priority Research Questions 2010-2015

- 1 | What major provisions or legal regulations within international trade agreements pose the greatest challenge and threat to efforts by nations, states, provinces, and communities to regulate alcohol as a public health concern?
- 2 | How can international tax levels for alcohol be established which can reduce cross-border importing of cheap alcohol?
- 3 | What policy strategies can be contained in international trade agreements which will reduce smuggling, including establishing common standards of enforcement across nations?
- 4 | What policy strategies exist which can limit or abolish agricultural subsidies for the production of alcoholic beverages?

## II. National/State/Provincial/ Community Prevention

One of the challenges in spending government or private funds for prevention is to ensure accountability. Policies to prevent alcohol problems could ensure accountability by requiring or supporting the idea that prevention programs or efforts are based upon epidemiological evidence of incidence and prevalence. Accountability could also be increased by requiring scientific evidence of prevention effectiveness.

## Priority Research Questions 2010-2015

- 1 What are alternative policy options (provisions, regulations, requirements, standards) at the federal level to support or mandate that prevention priorities be based upon epidemiological evidence?
- 2 What are the leading valid and reliable set of epidemiological indicators or measures for alcohol-related problems which should be developed and maintained to enable nations, states, provinces, and communities to determine the nature of, extent of, and changes over time in alcohol-involved problems?
- 3 What is the most effective means to establish a source or archive of prevention strategies with the potential to reduce alcohol problems, for use by researchers as well as practitioners at the federal, state, and local levels?
- 4 What policy approaches can be used to establish minimum prevention standards for all states/ provinces and communities, but also permit and encourage testing of a mix of effective strategies relevant to local conditions?
- 5 What is the relative cost-effectiveness of alternative prevention strategies in reducing alcohol-involved problems?

### III. Retail Price of Alcohol

Economic research has demonstrated consistently that higher retail alcohol prices are associated with reduced drinking. Price thus provides a means to reduce alcohol problems (and provides an alternative means to increase government revenue).

The demand for alcohol, as for many other products, responds both to price and to available income. Responses to price changes may differ from one group to another. For example, young people (who tend to have less disposable income) are more responsive to price than older people. Many studies have focused on the relation between taxation or price and alcohol consumption and related problems among youth.

## Priority Research Questions 2010-2015

- 1 | What alcohol excise tax level is most effective at the national and state/province levels to achieve minimum prevention effects? Are there minimum threshold price levels for achieving prevention effects?
- 2 | What are most effective levels of alcohol retail price by beverage type (beer, wine, and distilled spirits) that reduce heavy drinking and alcohol problems but also minimize undesired effects (such as smuggling, illegal production and theft)?
- 3 | What factors (political, sociological, or cultural) facilitate or inhibit states from raising alcohol excise taxes?

## IV. Physical Availability of Alcohol

Physical availability refers to the ease of access to alcohol through any source, i.e., retail sale and social connections (friends and family). Retail availability refers to ability to purchase alcohol from commercial sources including on-premise outlets, such as bars or restaurants, and off-premise outlets, such as grocery stores, liquor stores, or other retail outlets licensed to sell alcohol within their community. In general, when retail alcohol is convenient and easily accessible, people drink more and the rates of alcohol problems are higher. Social availability of alcohol is a major source of alcohol, especially for youth and young adults. This includes the sharing of alcohol without cost (e.g., at parties, social gatherings, and through informal networks) as well as obtaining or providing alcohol to underage youth by persons of legal purchase age.

## Priority Research Questions 2010-2015

- 1 | What is the relative effectiveness of alcohol policies designed to reduce social access and availability of alcohol to youth, including party patrols, keg registrations, curfews, and prevention of adult purchases for youth?
- 2 | What sources of alcohol contribute most to drinking, drinking initiation, high volume consumption, and alcohol-related problems? What are effective policies for preventing or reducing Internet sales of alcohol to underage drinkers?
- 3 | What are the most cost-effective levels of restrictions on physical access to alcohol to reduce harms while not stimulating unacceptable levels of counter behavior, such as smuggling, private production, and provision of alcohol to youth?
- 4 | What are the most effective policies related to social host (parents providing alcohol to underage children) responsibility laws and penalties for violating those laws?

## V. Prevention of Intoxication and Over-Service of Alcohol

A major aim of alcohol prevention policy is to reduce current prevalence and levels of intoxication/impairment across all ages and situations. Drinking refers to the consumption of alcohol prior to or while engaged in an activity that requires full concentration and motor skills, such as driving an automobile. Binge drinking, often defined by consumption of five or more drinks within a short time span, is strongly associated with injuries, motor vehicle crashes, violence, fetal alcohol spectrum disorder, chronic liver disease, and several other chronic and acute conditions. Young people who consume alcohol are more likely than adults to engage in binge drinking.

## Priority Research Questions 2010-2015

- 1 | What are the prevention strategies which are most effective in reducing heavy drinking and intoxication?
- 2 | What is the most cost-effective mix of training, alcohol serving and selling establishment policy, and enforcement to reduce over-serving of alcohol to adults in bars and restaurants, with the greatest potential to reduce traffic crashes, violence, and other problems?
- 3 | What policy strategies can potentially reduce alcohol-related domestic violence (intimate partner violence and child abuse)?

## Conclusion

This research agenda is designed to raise numerous critical research questions that will need to be answered in preventing the problems caused by alcohol. New and innovative approaches to reduce the burden of problems associated with alcohol use need to be generated, and they need to be debated with the support of an evidence base. The author hopes that this research agenda will advance that process. A more detailed discussion of the subject, including all scientific references, is available at [http://www.saprp.org/research\\_agenda.cfm](http://www.saprp.org/research_agenda.cfm). Three other research agendas (on tobacco control, drug prevention, and alcohol and drug treatment) developed by the Substance Abuse Policy Research Program (SAPRP) are also available at the same URL.



