

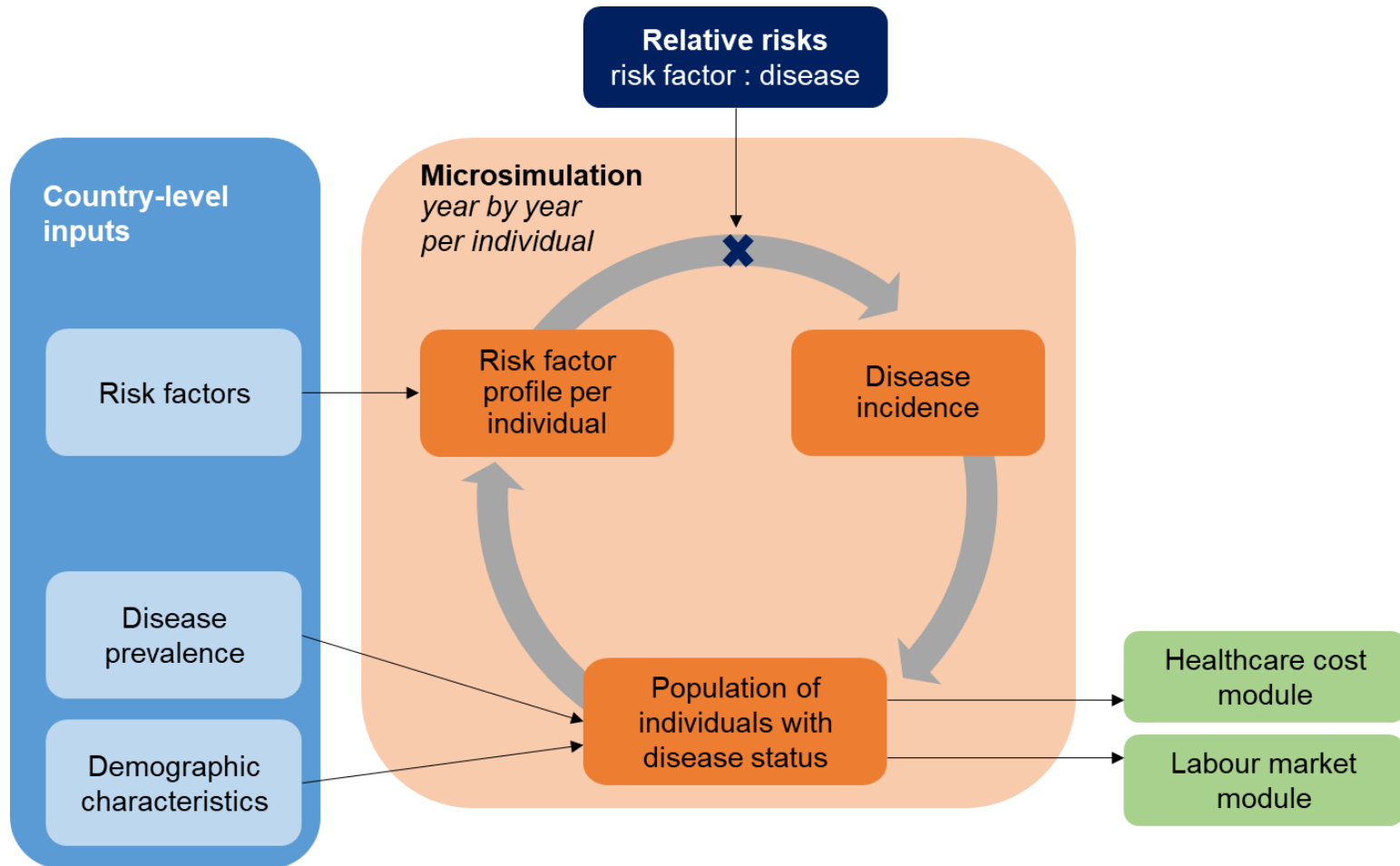


THE COST OF HARMFUL ALCOHOL USE, AND THE ASSESSMENT OF ALCOHOL POLICIES

Marion DEVAUX, Health policy analyst, OECD
Prague, 27 November 2019

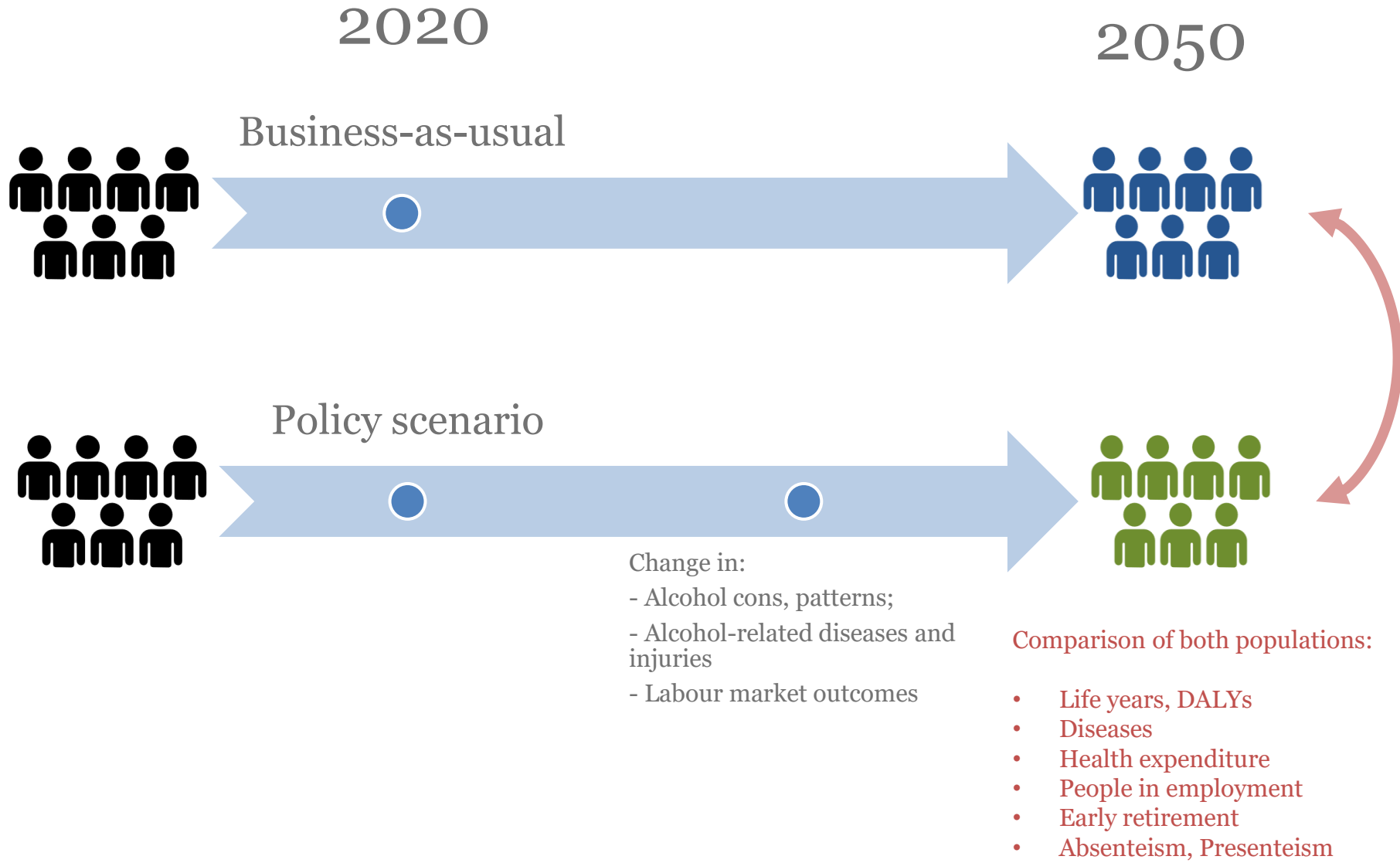


OECD SPHeP-NCDs model





Modelling policies





THE COST OF HARMFUL USE OF ALCOHOL



The Impacts of « Harmful Use of Alcohol » in Czech Republic

Czechs live on average **1 year** less due to harmful alcohol use



Harmful alcohol use accounts for **2.5% of health expenditure** (657 CZK per capita per year), nearly the average across OECD countries

The cost of harmful alcohol use

Harmful alcohol use increases the incidence of **Alcohol use disorders (85%)**, **Cirrhosis (40%)**, **Liver cancer (20%)** and other diseases and injuries.

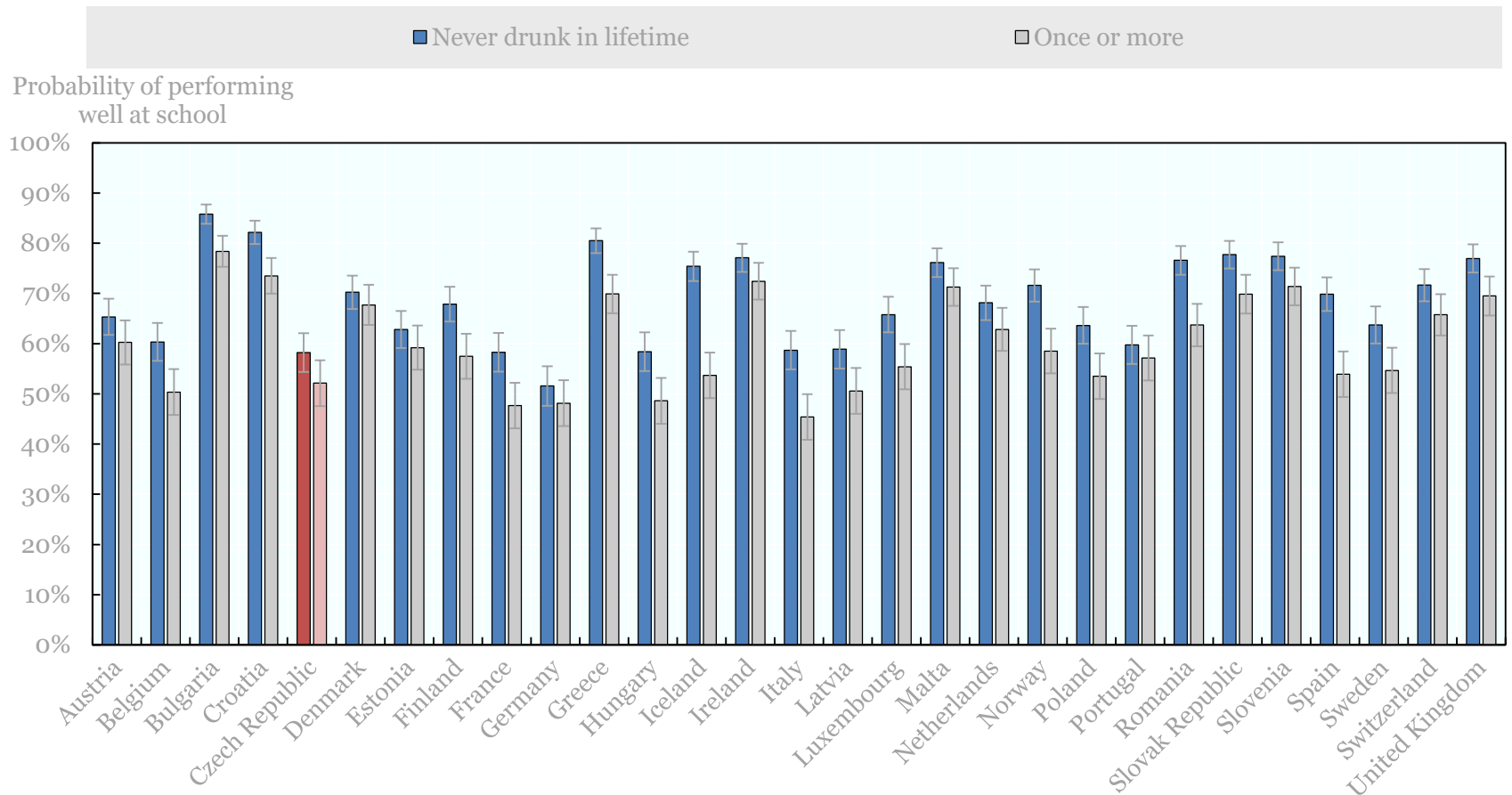


Harmful alcohol use reduces labour market by **1940 CZK** per capita per year, because of **reduced employment**, more absenteeism and presenteeism, and more early retirement.



Drunkenness is associated with poorer school performance

Boys aged 13-15



Harmful alcohol use is associated with bullying, poor life satisfaction, poor performance and the formation of human capital

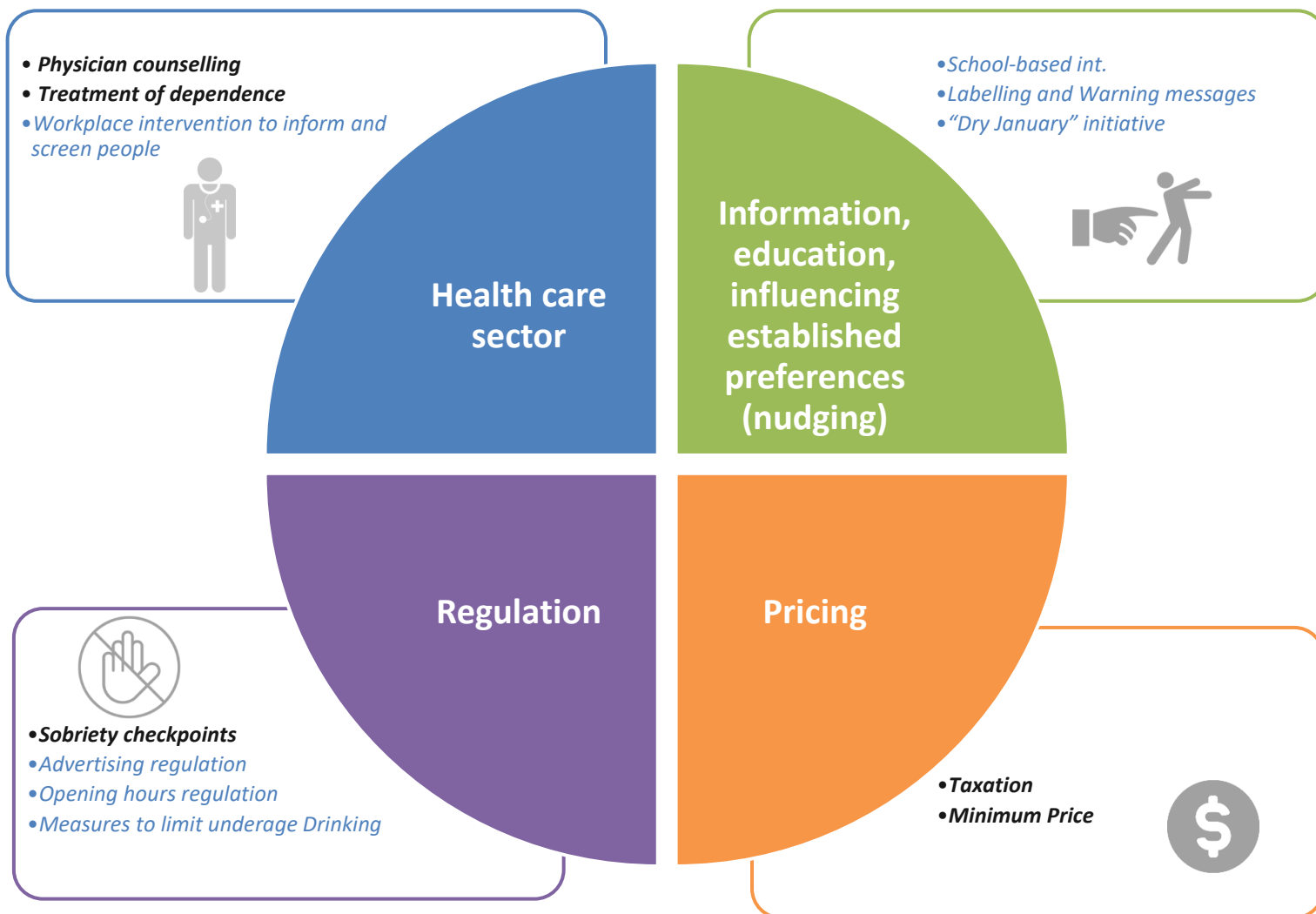
Source: OECD analysis based on HBSC 2013-14 data.



WHAT ARE THE POLICY OTIONS?



A wide range of policies can tackle harmful alcohol use



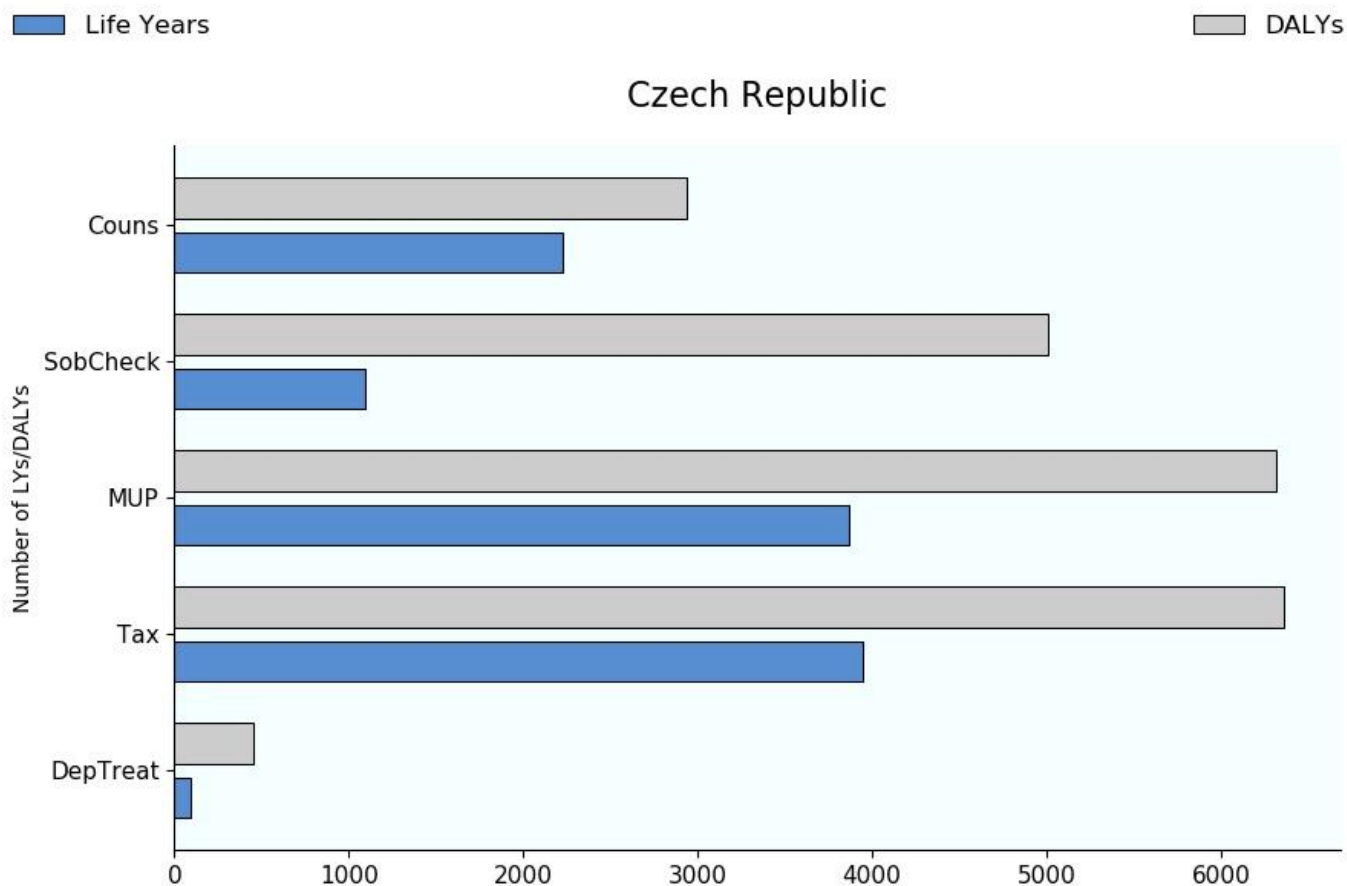


IMPACTS OF POLICIES ON HEALTH OUTCOMES



Policy impact on Life years and Life years in good health

Gains in LYs and DALYs, annual average over 2020-2050

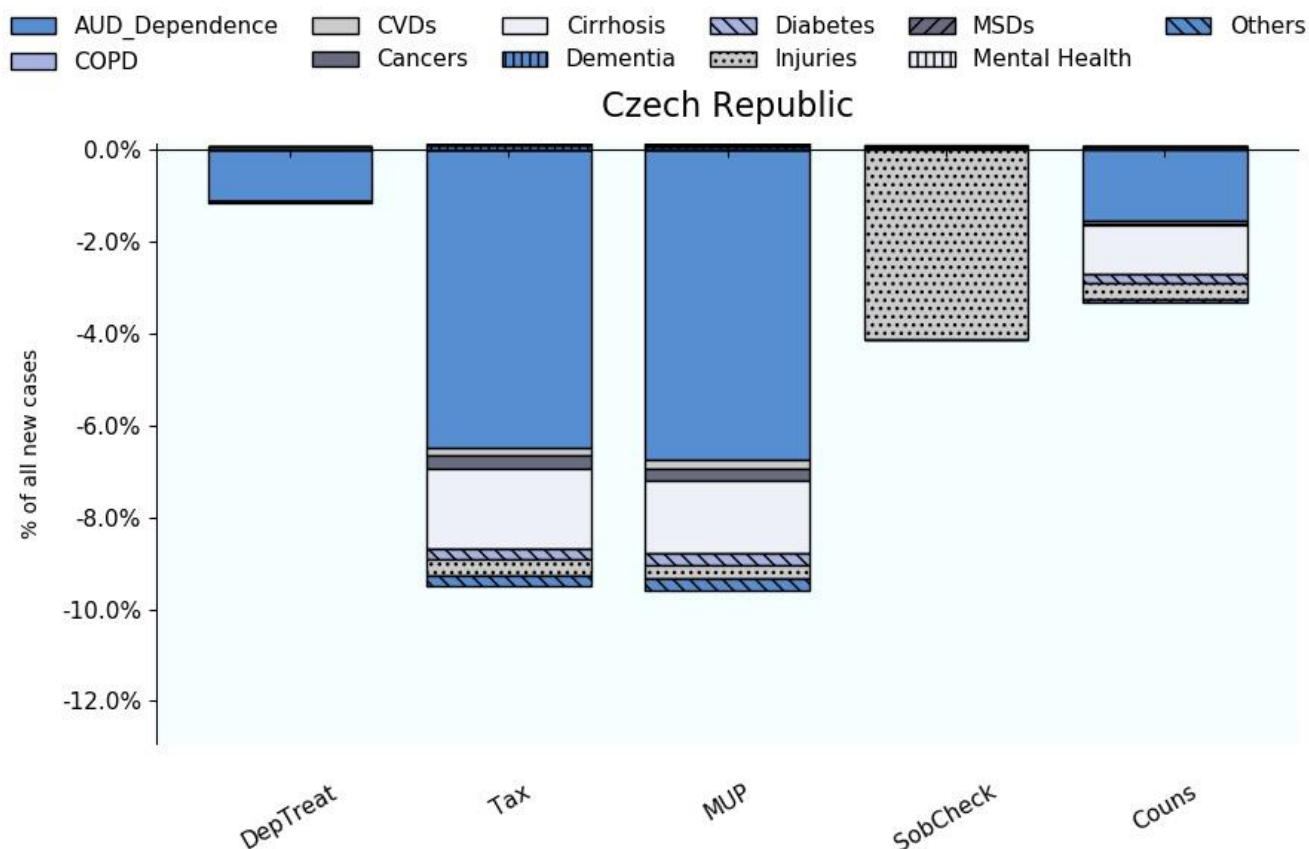


Note: Tax Alcohol Taxation, MUP Minimum Unit Pricing, SobCheck Sobriety Checkpoints, Couns Physician Counselling, DepTreat Treatment of Dependence.

Source: OECD SPHeP-NCDs model, 2019, preliminary results subject to change, please do not cite.



Policy Impact on Diseases and Injuries (in %)



Note: Tax Alcohol Taxation, MUP Minimum Unit Pricing, SobCheck Sobriety Checkpoints, Couns Physician Counselling, DepTreat Treatment of Dependence.

Source: OECD SPHeP-NCDs model, 2019, preliminary results subject to change, please do not cite.

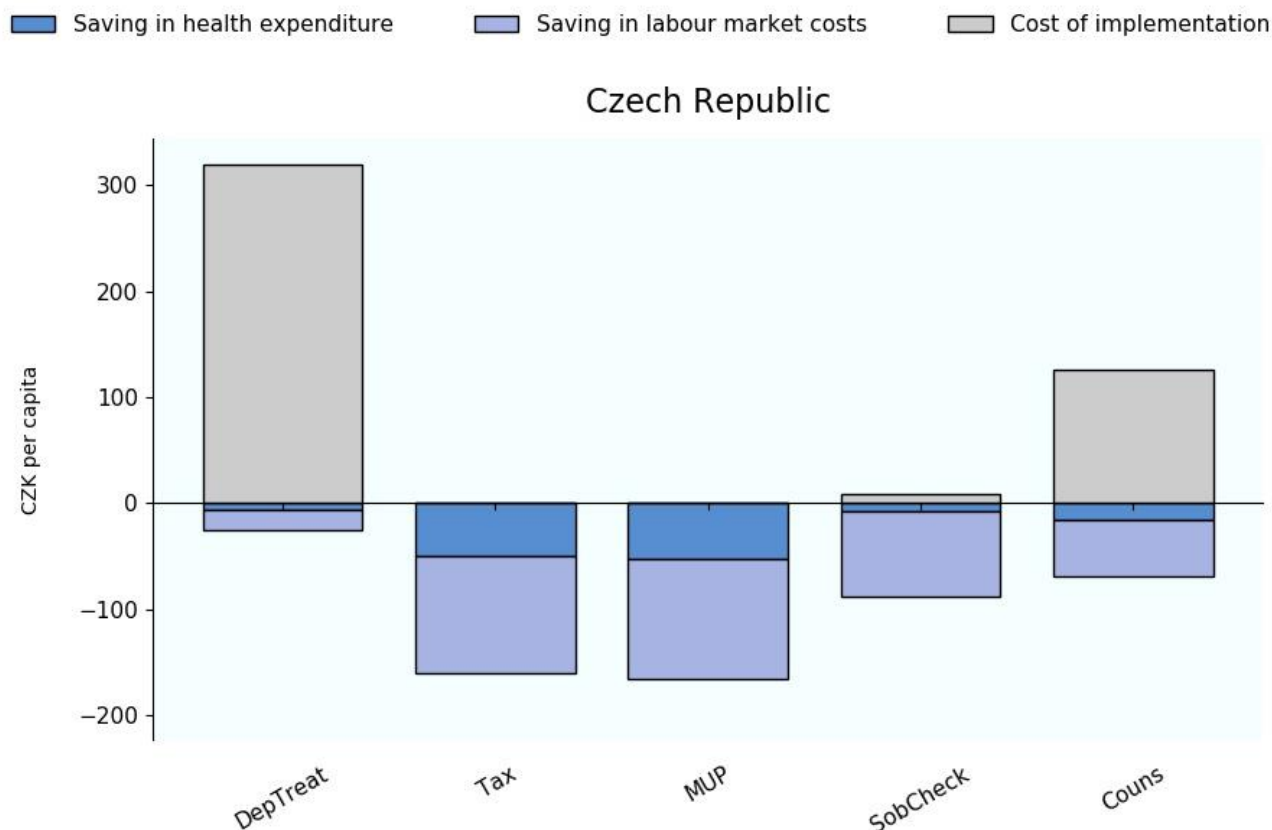


ECONOMIC IMPACTS OF POLICIES



Economic impact: the net cost

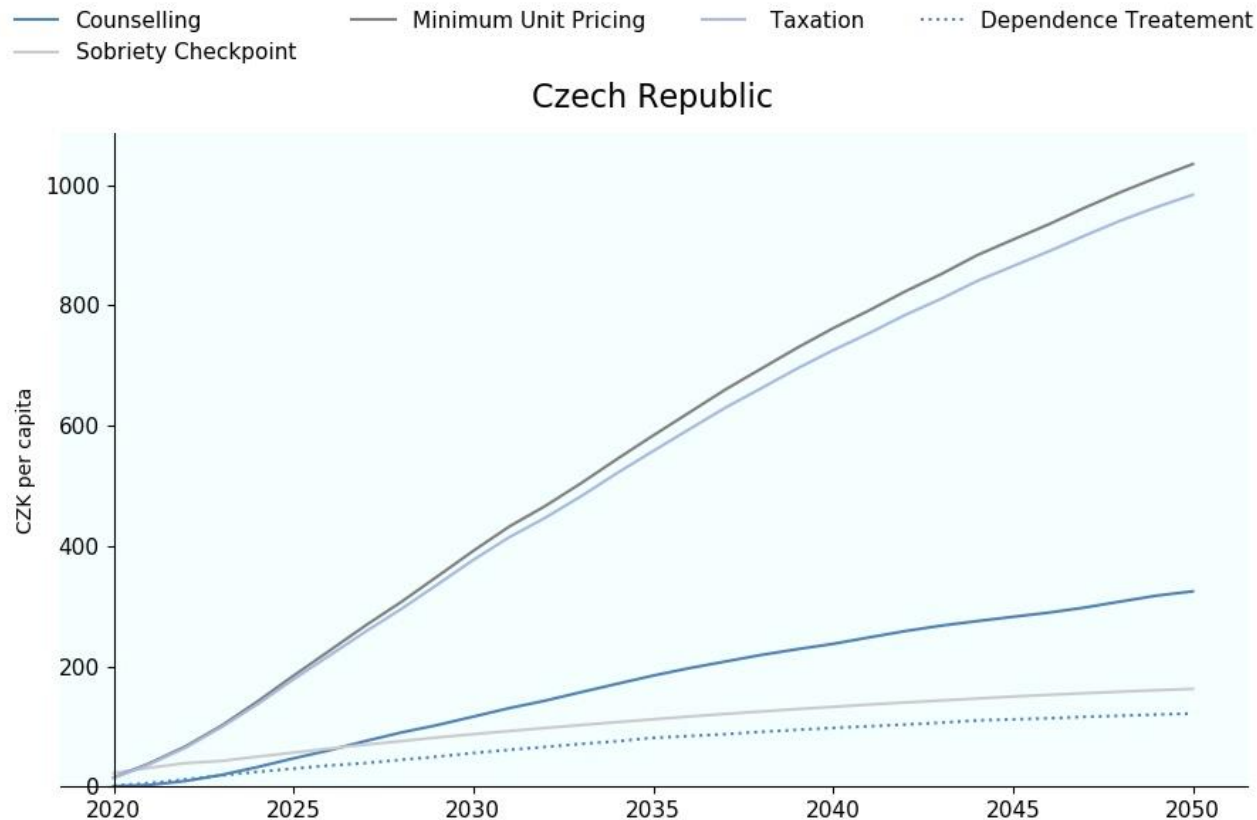
Annual gains in health expenditure and labour market cost, compared to the cost of implementing the policy, 2020-2050, CZK per capita





Policy impact on Health expenditure over time

Cumulative gains in health expenditure resulting from the policy, 2020-2050, CZK per capita

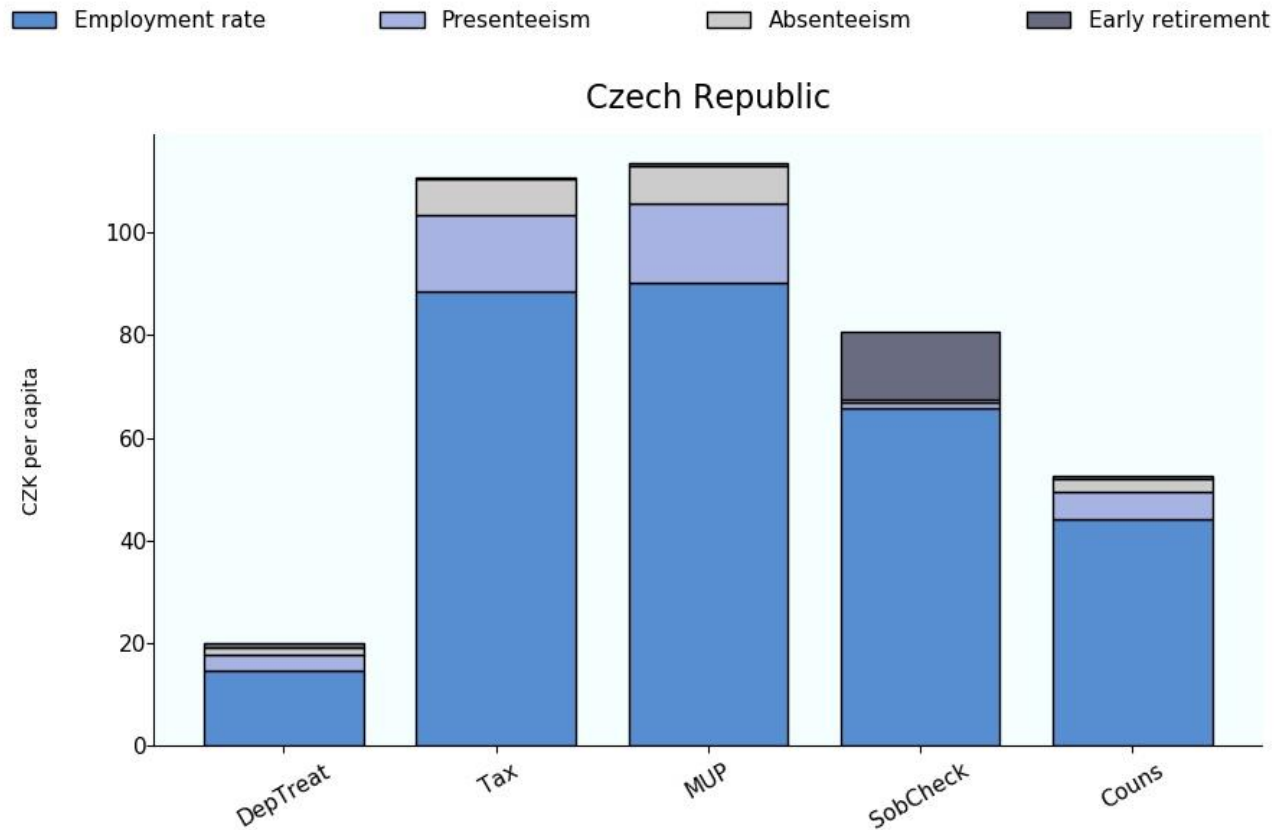


Source: OECD SPHeP-NCDs model, 2019, preliminary results subject to change, please do not cite.



Policy impact on labour market outcomes

Gains in labour market cost, annual average over 2020-2050, CZK per capita



Note: Tax Alcohol Taxation, MUP Minimum Unit Pricing, SobCheck Sobriety Checkpoints, Couns Physician Counselling, DepTreat Treatment of Dependence.

Source: OECD SPHeP-NCDs model, 2019, preliminary results subject to change, please do not cite.



Take-away messages

- Harmful alcohol use affects people's life (health, education, labour market)
- Harmful alcohol use has both direct (medical) and indirect costs for societies. The labour market cost is about three times higher than the medical cost.
- Alcohol policies are effective to improve people's health and workforce participation. Price policies and drink-driving policies are cost-saving.



Staying in touch with the OECD



Email me

Marion.DEVAUX@oecd.org



Follow us on Twitter

[@OECD_social](https://twitter.com/OECD_social)



Visit our website

www.oecd.org/els





Effectiveness of specific policies

Phys. Counselling

Reduce alcohol consumption by **30 g/week** in women and **42 g/week** in men

Pharmacological treatment

Acamprosate: Reduce consumption by **31%**
Naltrexone + psychotherapy: reduce by **122 g/week**

Sobriety checkpoints

Reduce traffic-related injuries by **25%** in the first year, **15%** in the second, **16%** thereafter

Taxation (10% price increase)

Reduce beer consumption by **4% to 6%**, spirit **5% to 7%**, wine **4% to 7%**

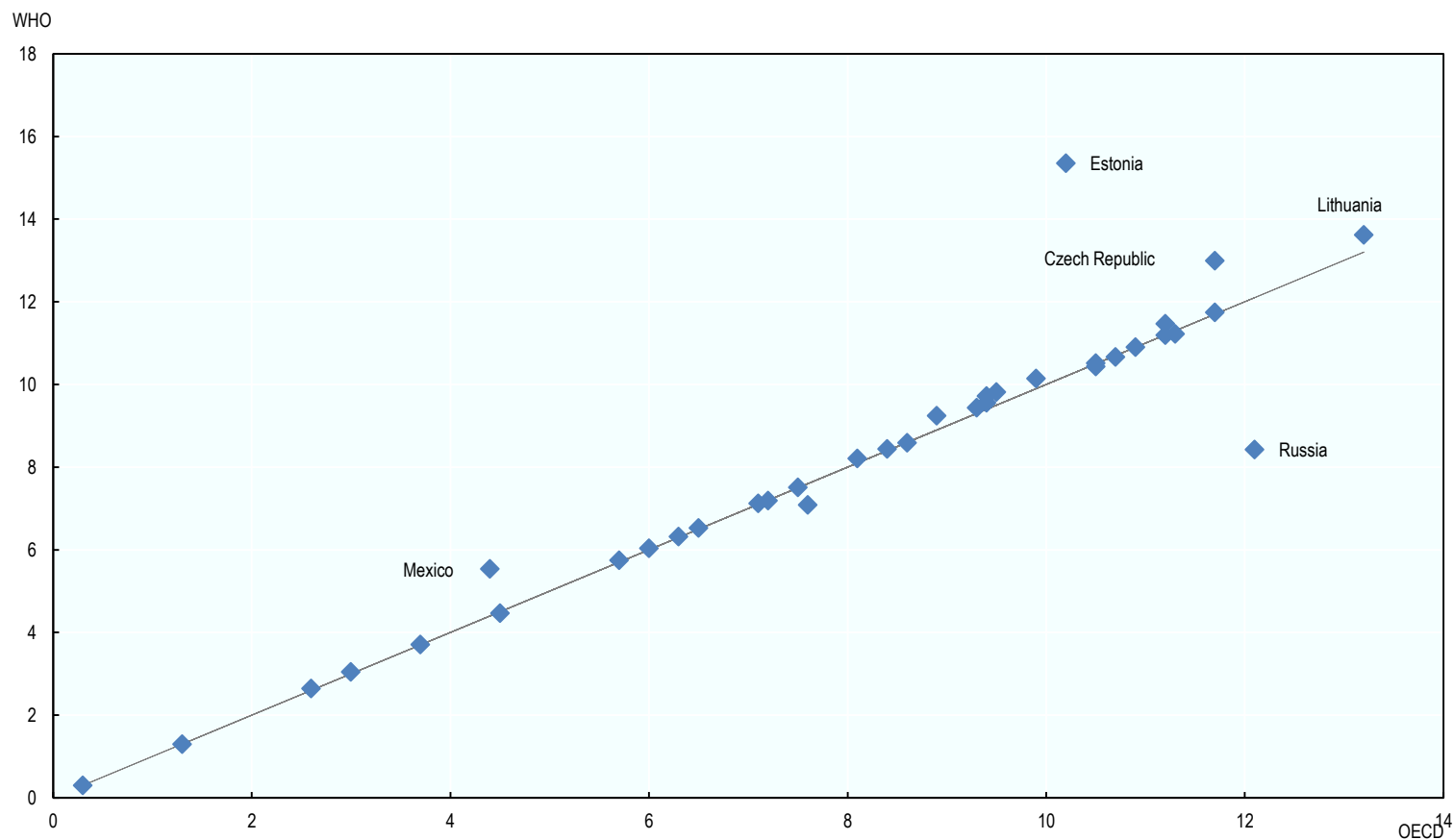
Minimum Unit Price

Increase the price of low-priced units by: **37%** for beer, **23%** for spirit and wine



Comparison of OECD and WHO data on recorded alcohol consumption

Recorded per capita (15+) consumption (in litres of pure alcohol), 2016



Note: This graph only includes those countries for which 2016 data was available in both datasets

Source: OECD Health Statistics, 2019; WHO Global Information System on Alcohol and Health (GISAH), 2019