



# Guide to Creating Integrative Alcohol Policies

Policy Guides provide an overview of the key principles underlying ICAP's approach to developing and implementing alcohol policies based on drinking patterns, targeted interventions, and the building of partnerships. The Guides can be used where in-depth information and detailed policy tools are not needed. However, we recommend that the Policy Guides be used in conjunction with ICAP's other, more comprehensive, Policy Tools, including the ICAP Blue Book.

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International Center for Alcohol Policies (ICAP) is a not-for-profit organization whose mission is to promote the understanding of the role of alcohol in society through dialogue and partnerships involving the beverage alcohol industry, the public health community, and others interested in alcohol policy, and to help reduce the abuse of alcohol worldwide. ICAP is supported by major international producers of beverage alcohol.

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## I. Drinking Patterns and Alcohol Policy

- **How people drink, not only how much they drink, determines the outcomes they are likely to experience.** These are the so-called drinking patterns that describe three important aspects:

1. **Individuals** – the characteristics of those who drink (e.g., age, gender, health status, experience with alcohol);
2. **Drinking Settings** – where drinking takes place and how well it is integrated into everyday life (e.g., home settings, drinking in retail outlets, public spaces, commercial or noncommercial alcohol);
3. **Drinking Behaviors and Activities** – how drinking occurs (e.g., mealtime drinking, extreme / “binge” drinking, drinking and driving).

- **Different drinking patterns are related to different health outcomes, both long-term (chronic) and short-term (acute).**

**Moderate drinking** has been related to a range of health benefits in some groups of individuals. Effects seen among moderate drinkers include:

- lower mortality rates as compared with abstainers;
- protective effects for coronary heart disease, particularly in middle-aged men;
- protection against certain types of stroke;
- delay in the onset of osteoporosis in postmenopausal women;
- benefits for Type II diabetes;
- improvements in cognitive function and memory and decrease of vascular dementia in older individuals;
- decreased risk for macular degeneration and pancreatic disease.

Patterns of **heavy drinking** have been correlated with increased risks to health, including:

- increased risk for accidents and injuries;
- cardiomyopathy, leading to congestive heart failure;
- certain types of stroke;
- breast cancer risk in some women, especially those with a family history of cancer;
- cirrhosis of the liver;
- alcohol dependence in some individuals;
- fetal alcohol syndrome (FAS) and various birth defects;
- oral and upper digestive tract cancers;
- cognitive impairment, alcoholic dementia, and neurological damage.

- **Patterns of drinking also influence social outcomes.**

**Moderate drinking** has been associated with certain social benefits:

- relaxation and stress reduction;
- improved subjective quality of life;
- improved sociability and interaction;
- a positive correlation between moderate drinking, earning potential, and job performance.

**Heavy and abusive drinking patterns** carry with them negative social outcomes:

- impaired job performance and a loss of productivity;
- potential increase in the risk for interpersonal violence and aggression;
- problematic interpersonal relationships;
- increased cost to society.

- **Drinking patterns are important considerations in policy development.**

Looking at whole populations reveals only average measures of drinking; it is important to know how people drink at an individual or group level and what makes up their particular drinking styles.

Effective prevention requires a thorough understanding of how people actually drink. Not all of those who drink are likely to experience the same outcomes. Therefore, because of their particular drinking patterns, some individuals need special attention that may not be needed (or appropriate) for others.

### **Recommended further reading:**

Ellison, R. C. (Ed.) (2007, May). Health Risks and Benefits of Moderate Alcohol Consumption: Proceedings of an International Symposium. *Annals of Epidemiology*, 17(Suppl.), S1–S116. Available: <http://www.annalsofepidemiology.org/issues>.

Ellison, R. C., & Martinic, M. (2007). *The Harms and Benefits of Moderate Drinking: Findings of an International Symposium*. Elsevier Monograph Series.

ICAP (2005). *ICAP Blue Book. Practical Guides for Alcohol Policy and Targeted Interventions*. Washington, DC: Author.

ICAP (2008). *ICAP Policy Tools Series: Health Briefings. Drinking Patterns and Health Outcomes: An Overview*. Washington, DC: Author.

## II. Approaches to Alcohol Policies

Alcohol is a commodity like any other, subject to trade and fiscal considerations. These are relevant within countries, across regions, and globally, particularly in light of globalized trade.

Like many other commodities, alcohol can confer pleasure and benefit when used responsibly, and may cause personal and societal harm when misused.

Therefore, alcohol policies must operate within a reasonable regulatory framework that balances individual freedoms against the wellbeing of society. They must be realistic, pragmatic, and feasible in order to be successful.

### Recommended further reading:

ICAP (2007). *ICAP Policy Tools Series. Policy Planning and Choice: Guide to Feasible Interventions*. Washington, DC: Author.

Stimson, G., Grant, M., Choquet, M., and Garrison, P. (Eds.) (2007). *Drinking in Context: Patterns, Interventions, and Partnerships*. New York: Routledge.

### Alcohol policies fall into two basic approaches:

1. population-level control measures;
2. targeted interventions.

These two approaches are not mutually exclusive, but can complement each other, as long as they are reasonably balanced.

### 1. Population-level Control Measures

- **Control measures are aimed at restricting access to and availability of alcohol through a range of measures aimed at the population as a whole.**

The goal of control measures is to reduce the overall level of *per capita* consumption in an effort to reduce the incidence of harm. The “control of consumption” approach relies on the notion of a defined and linear relationship between the level of alcohol consumption across a population and the level of harm.

Implementation of control policies is the domain of government through the following measures:

- taxation and pricing;
- restrictions on the density of retail outlets;

- restrictions on serving outlets and points of sale (e.g., alcohol monopolies);
- restrictions on hours of sale;
- drinking and purchase age limits;
- maximum blood alcohol concentration (BAC) limit for driving;
- restrictions on commercial communications.

- **Population measures are broad and non-specific.**

As a result, they:

- cannot differentiate between those who drink responsibly and those who do not;
- are insensitive to variations and cultural differences in the role of alcohol in society;
- require legislation and structural change for their implementation;
- rely on enforcement to be effective;
- are not tailored to the reality of drinking;
- are inflexible to change and shifting societal needs.

- The population approach to policy has a number of **shortcomings:**

- measures are more likely to affect non-problem drinkers than those at risk for harm;
- consumers of beverage alcohol have the option of substitution: when commercial and legal products are not available, demand shifts to the illicit market;
- the effectiveness of control measures relies heavily on enforcement, which is both cost- and labor-intensive, requiring resources and the existence of appropriate structures and mechanisms;
- the noncommercial alcohol market is beyond the reach of authorities and regulatory bodies, and its products are not advertised.

- Population-level measures may lead to **unintended outcomes**. For example:

- increasing pricing and taxation is likely to increase the competitiveness of cheaper noncommercial products;
- high levels of regulation are likely to encourage cross-border traffic of legal products, as well as illicit production and trade (smuggling and counterfeit products);
- growth in unregulated trade is particularly prominent where neighboring jurisdictions have different policies on pricing and availability.

- Control measures (e.g., taxation and pricing, outlet density, licensing hours, restrictions on advertising and marketing) will have **little impact in markets where noncommercial alcohol is prevalent.**
- In mature markets, the **unintended outcomes of control measures and restrictions may also outweigh attempts to reduce harm.**

## 2. Targeted Interventions and Harm Reduction

- **The aim of targeted interventions is to make drinking safer, not to necessarily reduce overall consumption.**

Targeted interventions seek to reduce the potential for harm by specifically and selectively focusing on problematic drinking patterns: those **individuals, settings and behaviors where risk for harm from drinking is increased.**

Targeted measures include:

- provision of information, raising awareness, and alcohol education, particularly for “at-risk” groups;
  - social norms marketing and life skills approaches;
  - brief interventions for problem drinkers;
  - drink-drive countermeasures (in conjunction with BAC level measures);
  - responsible hospitality and server training;
  - local accords and community action.
- **Harm reduction through targeted interventions is a pragmatic approach.** Targeted measures:
    - specifically address harm where it occurs;
    - can be tailored to individual, societal, and cultural differences;
    - do not require structural change or legislation for implementation;
    - make use of resources that are available;
    - avoid most unintended outcomes by virtue of their specificity;
    - are responsive to the immediacy of community needs.

### Recommended further reading:

ICAP (2007). *ICAP Policy Tools Series. Targeted Alcohol Policies: Quick Reference Guide to the ICAP Blue Book.* Washington, DC: Author.

ICAP (2005). *ICAP Blue Book. Practical Guides for Alcohol Policy and Targeted Interventions.* Washington, DC: Author.

Stimson, G., Grant, M., Choquet, M., and Garrison, P. (Eds.) (2007). *Drinking in Context: Patterns, Interventions, and Partnerships.* New York: Routledge.

### III. Implementing Targeted Interventions

- **Implementing targeted interventions requires attention to several key guidelines:**

1. The focus of prevention efforts is on risky or excessive drinking patterns, not on overall alcohol consumption.
2. Drinking and related activities can be made safer, both for drinkers and for others around them.
3. Targeted interventions for reducing harm focus on settings in which drinking occurs.
4. Targeted interventions for reducing harm rely on education as an approach to changing behavior.
5. Targeted interventions for reducing harm are sensitive to cultural differences and contexts.

- **Partnership is an important cornerstone of targeted interventions.**

Policies that have broad-based support are more likely to succeed and more likely to be acceptable to a wider section of those they are intended to reach.

All partners in policy implementation must acknowledge and share their rights and responsibilities.

Sustainable policy approaches rely on the involvement of all of the following stakeholders:

- government at the regional, national, and local levels;
- intergovernmental organizations;
- the private sector, including employers and shareholders;
- nongovernmental and civil society organizations;
- healthcare professionals and the research community;
- members of society at the individual and group levels, including educators, family, clergy, law enforcement personnel;
- media.

#### **Recommended further reading:**

ICAP (2007). *ICAP Policy Tools Series. A Guide to Partnership Development*. Washington, DC: Author.

ICAP (2005). *ICAP Blue Book. Practical Guides for Alcohol Policy and Targeted Interventions*. Washington, DC: Author.

ICAP (2000). *Geneva Partnership on Alcohol: Towards a Global Charter*. Washington, DC: Author.





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