

THE ECONOMICS OF PREVENTION – ALCOHOL PROJECT

Michele Cecchini, MD, MSc OECD Health Division



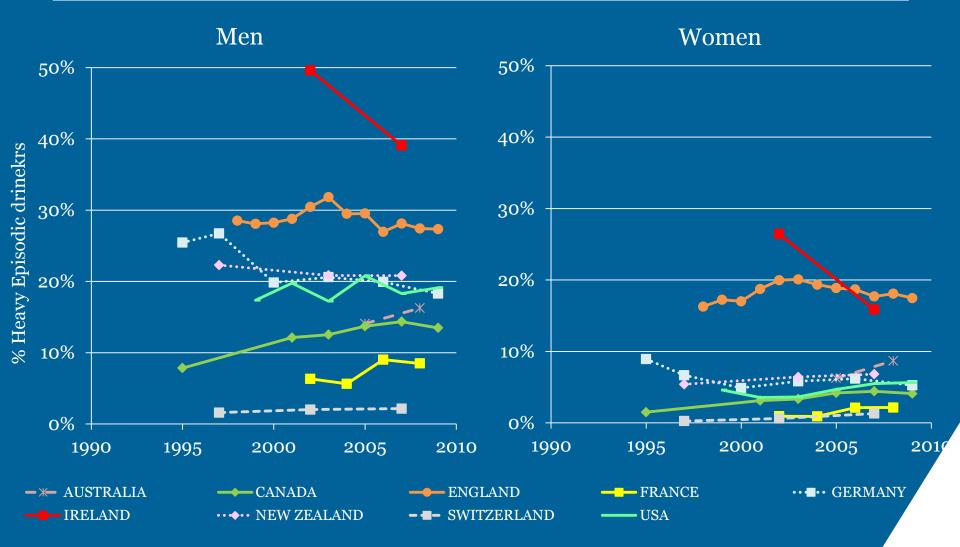


Objectives of the Project

- How is harmful consumption of alcohol changing in OECD countries?
- How does harmful drinking spread; what population groups are most affected; what social disparities exist?
- What are the potential health and economic benefits of policies to counter harmful drinking?



Age-standardised Rates of HED

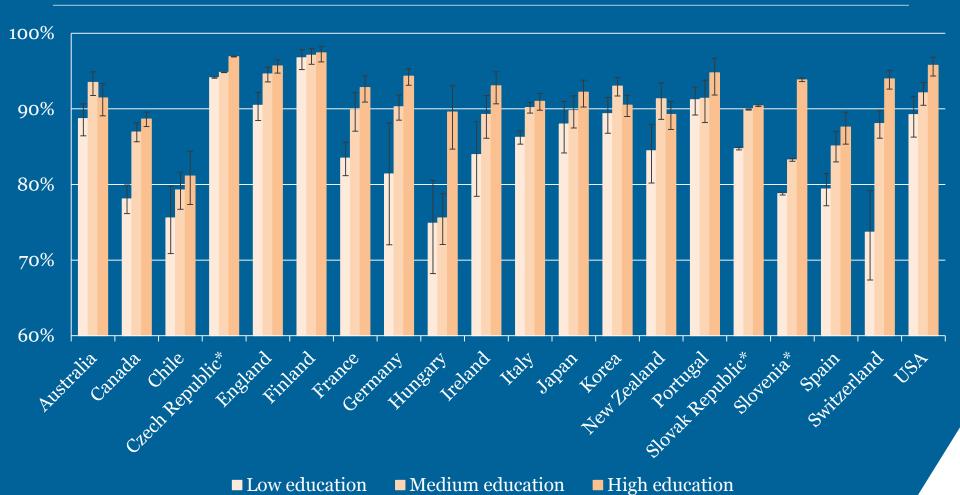


Note: Age 17-75, Denominator=drinkers only

Source: National health surveys ; OECD estimates



Adjusted Probabilities for Any Alcohol Drinking Men by Education Level



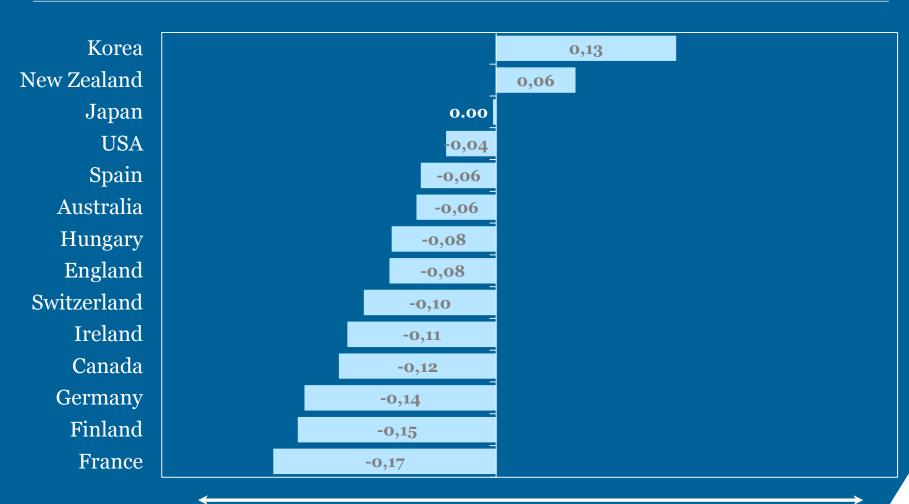
Note: Rates correspond to adjusted probabilities of having consumed any alcohol in the past 12 months in people aged 25 an over. (*) people aged 16 and over in Czech Republic, Slovak Republic and Slovenia.

Source: OECD estimates on national survey data, most recent years.



Hazardous drinking by education level

Concentration index, Women

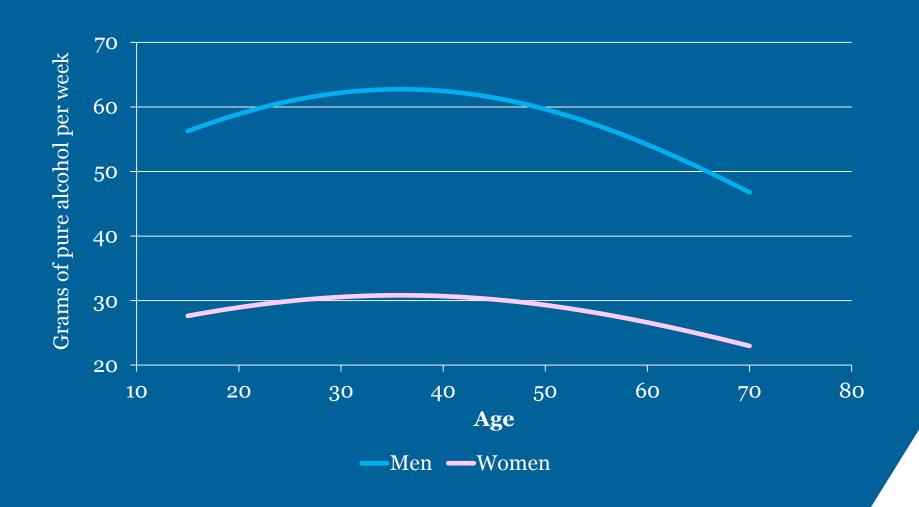


People with more education more likely to drink at risk

People with less education more likely to drink at risk

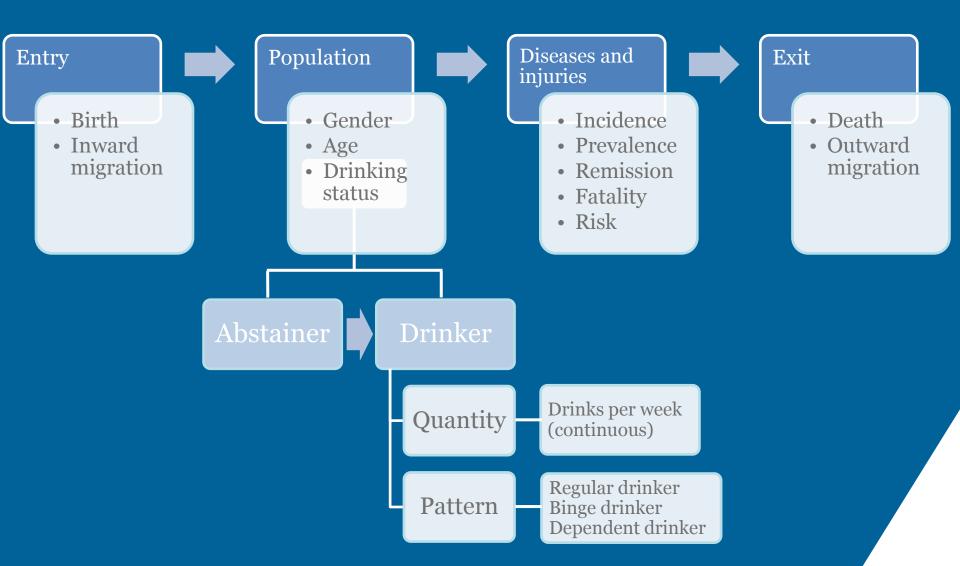


Consumption Over Lifetime in Canada



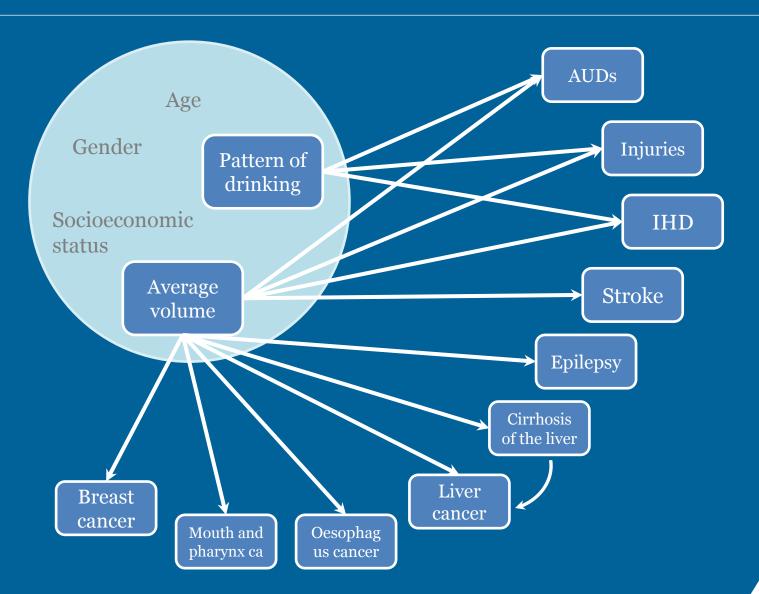


The CDP-Alcohol Model





Considered Alcohol-related Conditions





- Main analysis (established evidence)
 - Tax increases
 - Brief intervention (physician-nurse counselling)
 - Pharmacological treatment and psychosocial couns.
 - Regulation of advertising
 - Policies to counter drink-driving (enforcement)
- Supplementary analysis (less extensive / consistent evidence)
 - Minimum pricing
 - Measures to limit availability (opening hours)
 - School-based interventions
 - Worksite interventions



- Finalization of the data (epidemiological) analysis
- First set of policy analyses on Australia, Canada, Czech Republic, Germany
- Final report by end of 2013