








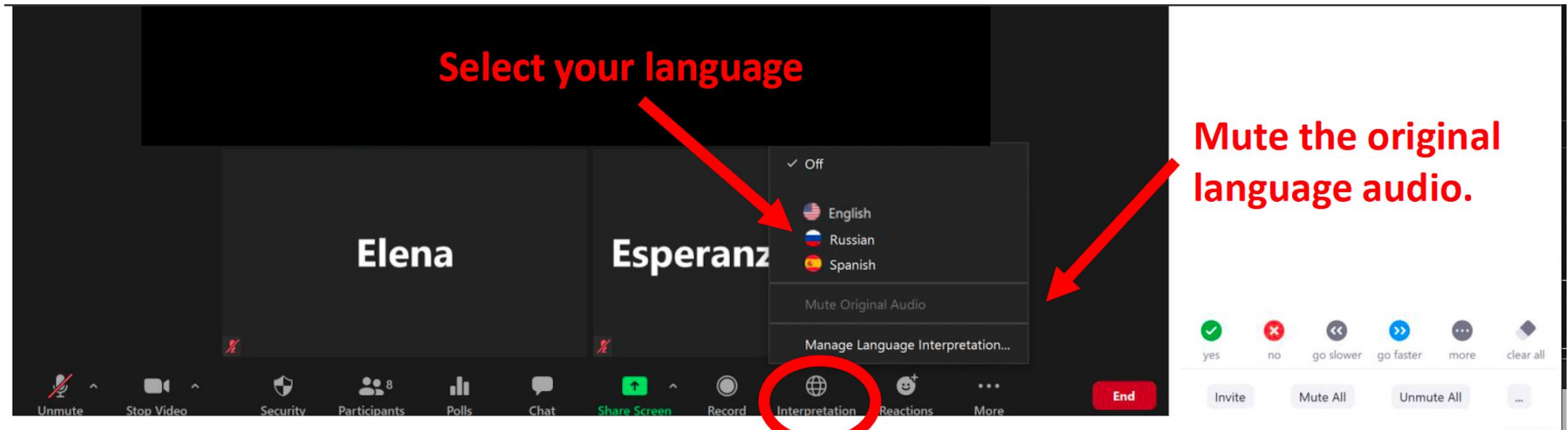
Health Taxes Seminar Series

Bottoms Up: Alcohol Policy to Raise Revenue and Protect Health
Thursday, September 23, 2021
7:00 – 8:30 am EST

Meeting Guidance

1. Please mute your mic when others are speaking by clicking this icon on your screen  . You are muted when you see the following icon 
2. If you have technical difficulties, please contact Aditi Nigam or Vrishali Shekhar using the **Chat feature**. This can be found by clicking this icon 
3. Please use the chat feature by clicking this icon  and to send a question that can be seen by 'Everyone'.
4. To listen to the event in English or Spanish or Russian, click on the Interpretation icon  on your toolbar and choose your preferred language.
5. Selecting “Mute Original Audio” mutes the other audio channel so you only hear the selected language.
6. Please use headphones for optimal audio and speaking experience.
7. For participants calling in: Press **1** to go to menu. Press **8** to enable language interpretation to listen to interpretation audio channels and view interpreted text.

Meeting Guidance – Language Interpretation



If you are not interested in Spanish or Russian interpretation, please click on the English channel for English audio.

Session moderator



Adanna Chukwuma

Senior Health Specialist, Health, Nutrition, and Population Global Practice

World Bank

Opening remarks



Toomas Palu

Adviser, Health, Nutrition, and Population, Global Practice

World Bank

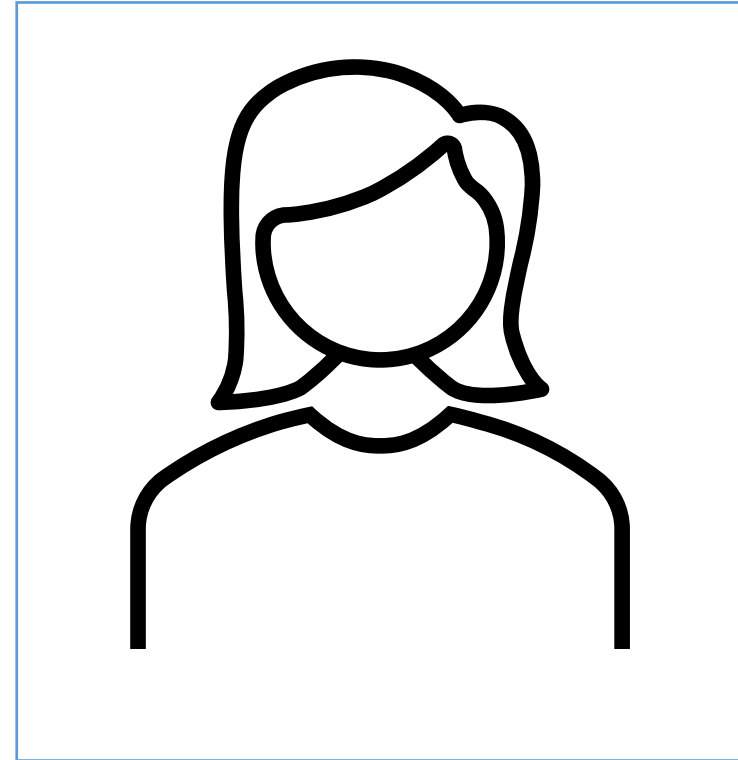
Making the case: Alcohol policy, population health, and the economy



Michele Cecchini

Project Leader, Public Health

Organisation for Economic Co-Operation and
Development



Céline Colin

Tax Economist, Centre for Tax Policy and Administration

Organisation for Economic Co-Operation and
Development



MAKING THE CASE: ALCOHOL POLICY, POPULATION HEALTH, AND THE ECONOMY

Michele Cecchini
Principal administrator - Public Health
OECD



Overall, Alcohol Consumption Has Remained Stable in the Last Decade, But There Are Some Worrying Trends

About 30% of adults engaged in heavy episodic drinking at least once in the past 30 days, across non-Muslim majority countries

Heavy drinkers make up only 4% to 14% of the population but they consume between a third and a half of all alcohol, in CAN, ENG, FRA, KOR, MEX and USA

Women with higher education are 13% more likely to engage in monthly binge drinking than women without a higher education, in EU/OECD countries

Age of initiation of drinking is raising slowly, but more than 60% of teenagers aged 15 drink alcohol and one in five has experienced drunkenness in EU/OECD countries



COVID-19 Has Significantly Impacted Drinking Behaviours And Correlated Harm



Volume of consumption increased

Most people did not change their drinking amount but among those who did, a larger proportion increased consumption

Alcohol duty receipts in DEU, GBR and USA increased by 3-5%



Frequency of consumption increased too

In 11 countries, 43% of respondents increased drinking frequency; 25% decreased frequency

Binge drinking remained constant or, if anything, it decreased slightly



Place of consumption changed

The hospitality sector, such as hotels, bars and restaurants, was severely hit, other sectors such as retail stores and e-commerce saw increasing sales (e.g. +234% in online purchases in the USA)



Some groups were most affected

Women, parents of young children, people with higher income and individuals with depressive and anxiety symptoms reported the highest increase in alcohol consumption



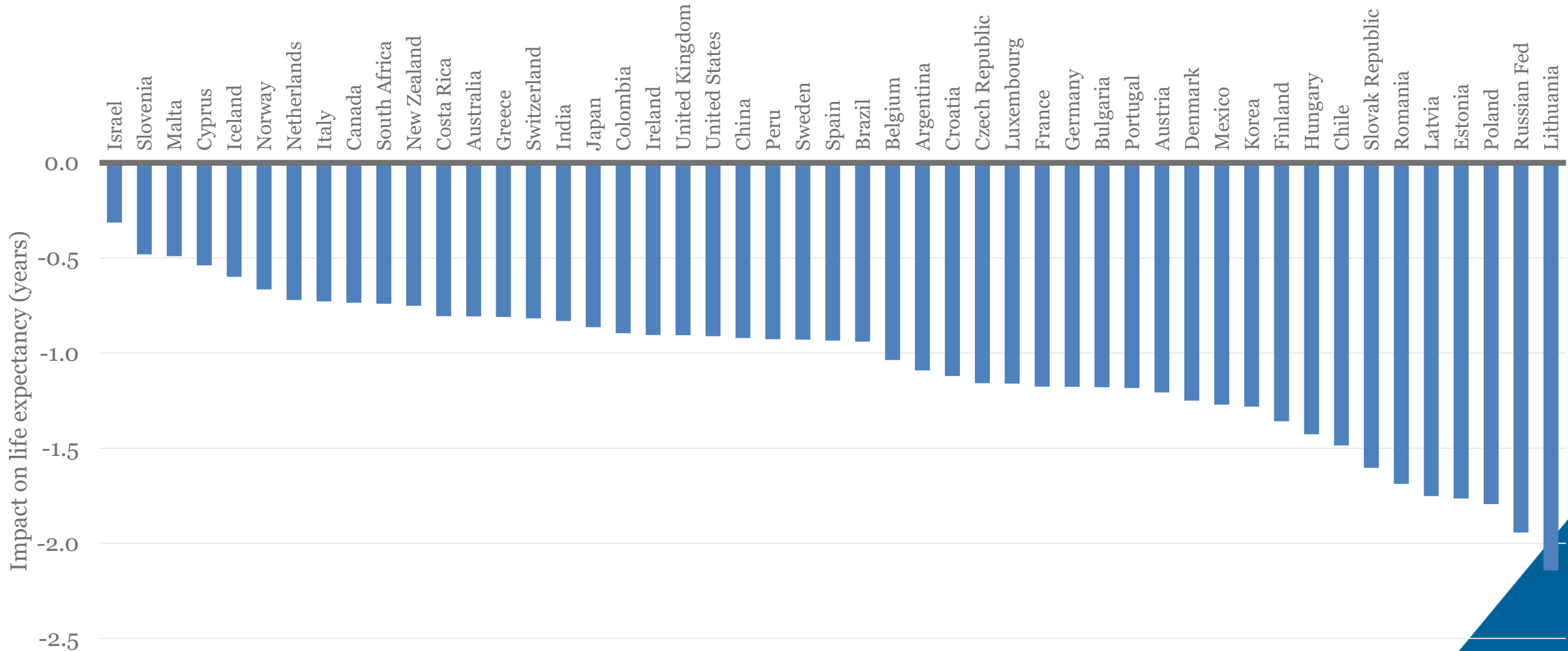
Domestic violence increased

Domestic violence was exacerbated by lockdowns and stay at home orders

Across EU countries, there has been a 60% rise in emergency calls about domestic violence



Life Expectancy Will Be 1 Year Lower Than It Would Be Otherwise Due To Diseases Caused By Harmful Alcohol Use





Harmful Alcohol Consumption Carries A Significant Economic Burden For Countries And Individuals



1.8%

of healthcare expenditure in OECD, EU & G20 countries is attributable to conditions caused by harmful alcohol drinking



2.2%

Reduction in GDP due to conditions caused by harmful alcohol drinking in OECD, EU & G20 countries



+30%

Chances to perform well at school in (mainly European) teenagers who have never experienced drunkenness



265 USD

Equivalent tax increase per capita due to conditions caused by harmful alcohol drinking in OECD, EU & G20 countries



Gaps Remain In Strategies To Tackle Harmful Alcohol Consumption

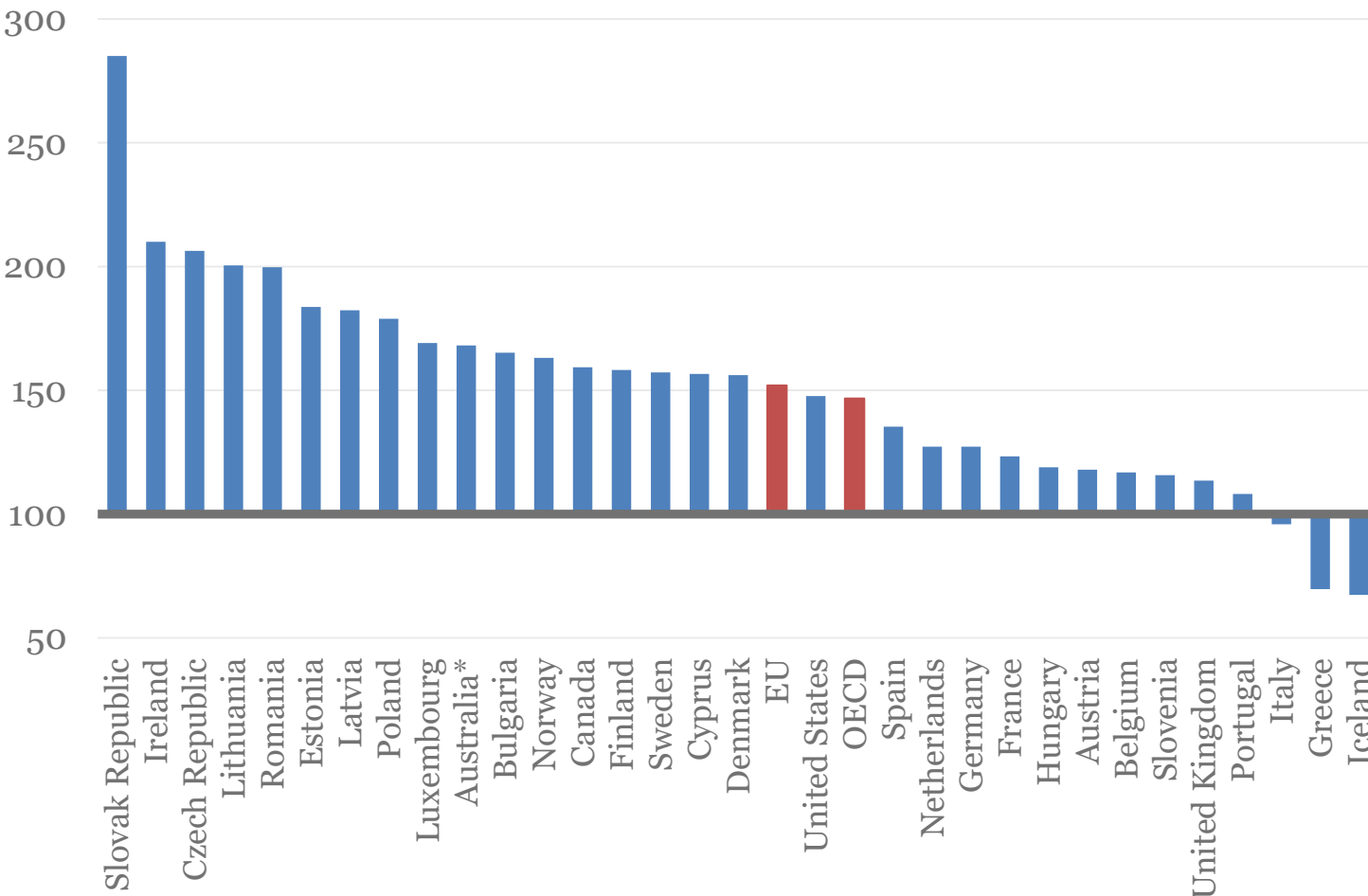
WHO data and evidence in the literature identifies some gaps in the policy action to tackle harmful use of alcohol. Key gaps include:

- Only **37%** of the 52 countries included in the analysis have a **written national policy** and an **action plan**;
- **74%** of countries **do not** automatically **adjust** alcohol taxes **for inflation**;
- The **majority** of countries does **not have** the most effective **regulation of advertising**, particularly in the case of social media;
- In Europe and the United States, **less than 10%** of those potentially benefitting from **screening and brief intervention in primary care** are covered by this intervention .



Alcohol Affordability In Off-Premise Market Has Increased By 50% in OECD Countries Since 2010

Affordability index in 2018 (index year 2000 = 100)



- Alcohol affordability is affected by income; price of alcohol; and price of other goods.
- The increase in affordability was caused by a growth in real income that exceeded growth in the relative price of alcohol.
- Seven out of the eight countries that saw a decline in the relative price of alcohol do not adjust excises for inflation;
- Countries adjusting for inflation experienced either no change or an increase in the relative price of alcohol



Tackling Harmful Alcohol Consumption Keeps Healthy, Decreases Healthcare Expenditure and Increases Labour Force Productivity

Interventions and packages	DALYs gained per year (per 100 000 population), average across countries	Health expenditure saved per year (per capita USD PPP), average across countries	Additional full-time workers per year (in thousands of workers), total across countries	Return on investment (USD), average across countries
Workplace programmes	1.8	0.1	49	0.1
School-based programmes	3.3	0.3	40	0.2
Pharmacological treatment	6.1	0.7	72	0.7
Regulation of advertising	3.2	0.3	73	2.0
Ban on advertising to children	7.6	0.7	87	2.7
Counselling in primary care	18.4	1.5	339	4.3
Sobriety checkpoints	63.7	1.0	963	11.3
Restriction on opening hours	43.0	0.6	634	43.6
MUP	47.1	4.1	1038	125.6
Taxation	48.7	4.1	1179	183.4

Note: All figures are annual average over 2020-2050, total for OECD countries included in the analysis

Source: OECD (2021) Preventing harmful alcohol use – oe.cd/alcohol2021



A PPPP Approach Is An Excellent Investment and Addresses Many Of The Current Policy Gaps

A comprehensive prevention package

Police enforcement to limit alcohol-related injuries and violence;

Protecting children from alcohol promotion;

Primary care to help patients with harmful drinking patterns;

Pricing policies to limit the affordability of cheap alcohol.

In 48 countries, over 30 years (2020-2050)



8.5 million

Cases of alcohol-related conditions avoided per year



USD 28 billion

saved every year due to reduced healthcare expenditure (\approx health budget of Israel)



3.9 million

additional full-time workers per year due to increased productivity



16:1

USD 16 returned in economic benefit for each dollar invested, excluding the impact on alcohol industry



Investing in the PPPP Approach Becomes Even More Important During Covid To Promote Resiliency and Re-start of the Economy



Protecting young people from alcohol promotion, particularly through internet and social media which have been widely used during the pandemic;



Strengthening primary care to help patients with harmful patterns of alcohol consumption, which is a common response to cope with high levels of stress;



Tackling cheap alcohol, which is disproportionately consumed by individuals with harmful patterns of alcohol consumption; minimum unit price can have a positive effect on income of bars and restaurants.



Preventing Harmful Alcohol Use



Do you have questions? Contact us at: Michele.Cecchini@oecd.org

Data, graphs, country notes and much more at: oe.cd/alcohol2021



Follow us on Twitter: @OECD_social

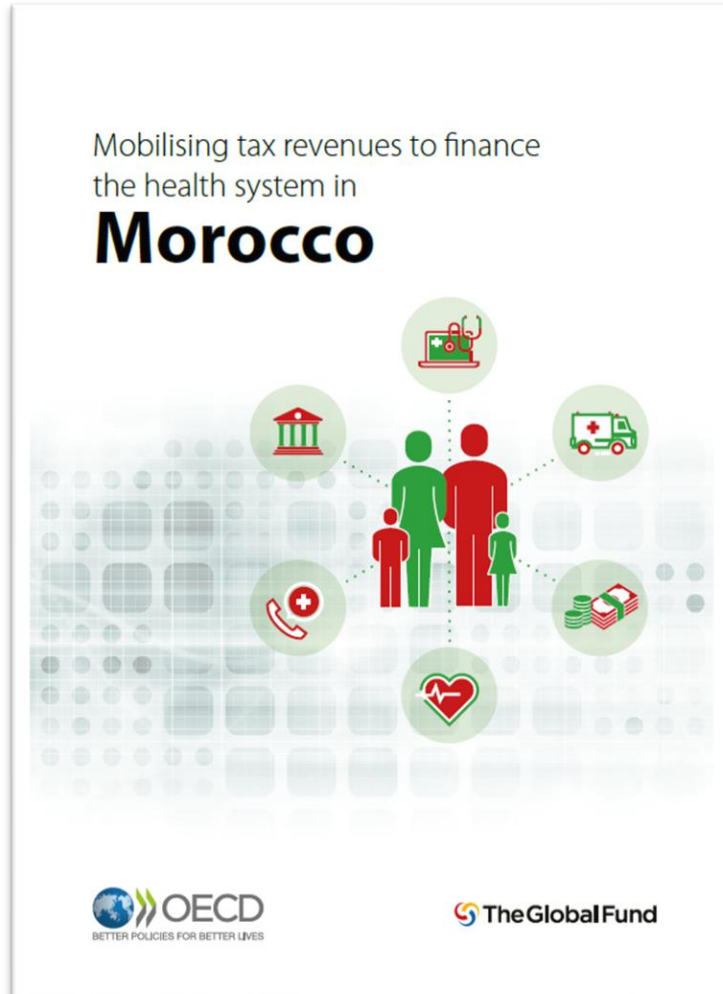


MAKING THE CASE: ALCOHOL POLICY, POPULATION HEALTH, AND THE ECONOMY

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Mobilising tax revenues to finance the health system in Morocco and in Ivory Coast



<https://www.oecd.org/tax/tax-policy/mobilising-tax-revenues-to-finance-the-health-system-in-morocco.htm>

<https://www.oecd.org/tax/tax-policy/mobilising-tax-revenues-to-finance-the-health-system-in-cote-ivoire.htm>



Key questions

- What were our recommendations with respect to alcohol taxation?
- What has changed since then?
- Can alcohol taxation be increased today?

Polling the experts: Alcohol, fiscal space, and health

Please navigate to the Zoom poll pop-up on your screen.

In order to reduce the negative impact of alcohol on health and society, do you think alcohol consumption should be:

1. Taxed
2. Banned
3. Controlled through other policies
4. None of the above

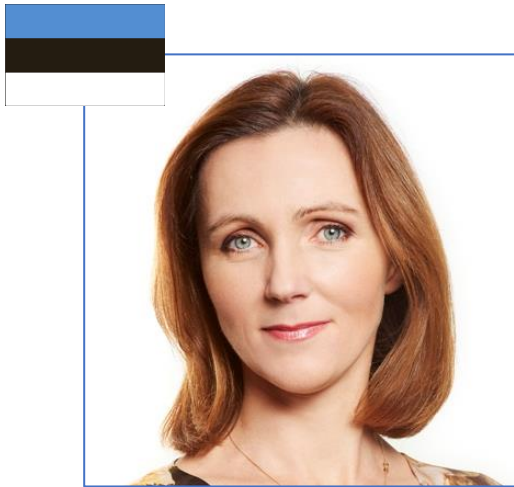
Polling the experts: Alcohol, fiscal space, and health

Navegue hasta la ventana emergente de encuesta de Zoom en su pantalla. Пожалуйста, перейдите к всплывающему окну Zoom poll на вашем экране.

Para reducir el impacto negativo del alcohol en la salud y la sociedad, ¿cree que el consumo de alcohol debería ser: Как вы думаете, следует ли употреблять алкоголь, чтобы уменьшить негативное влияние алкоголя на здоровье и общество?

1. Gravado. Облагается налогом
2. Prohibido. Запрещено
3. Controlado a través de otras políticas. Контролируется другими политиками
4. Ninguna de las anteriores. Ни один из вышеперечисленных

Peer-to-peer roundtable: Country experiences designing and implementing alcohol policies



Ms. Maris Jesse

Former Deputy Secretary
General for Health
Ministry of Social Affairs

Estonia



Dr. Dacosta Aboagye

Director of Health Promotion
Ghana Health Service

Ghana



Dr. Ramesh V. Penumaka

Former Principal Advisor to
the Chief Minister (in the rank
of Cabinet Minister)
Government of Andhra Pradesh

India



Ms. Gianna Gayle Amul

Advisor
Research for Impact

Philippines

Closing remarks



Michael Borowitz

Lead of Secretariat of SFHA and Chief Health Economist
Global Fund



Thank you

Please fill out feedback form shared in chat

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