Preventing Harmful Alcohol Use

Alcohol can be a source of enjoyment and is an important part of the economy in many countries. Yet harmful alcohol use is a leading risk factor for premature death, injuries and many non-communicable diseases. Harmful alcohol use can also affect others, for example in the case of violence and foetal alcohol syndrome. These diseases and injuries, in turn, have an impact on healthcare budgets and the productivity of the labour force.

The United States consume 9.9 litres of pure alcohol per capita per year, roughly equivalent to 2 bottles of wine or 3.8 litres of beer per week per person aged 15 and over. In addition, in the United States, some population groups are at higher risk than others; specifically:

- **26% of adults engage in binge drinking** at least once a month. This corresponds to drinking more than 80% of a bottle of wine or 1.5 litres of beer per occasion.

- **Women are 17% less likely** to binge drink monthly if they have completed higher education.

- **35% of all alcohol** is consumed by 5% of the people who drink heavily.

- **8% of adults are dependent on alcohol**.

Life expectancy is **0.8 years lower** over the next 30 years due to disease and injuries caused by drinking more than 1 drink per day for women and 1½ drinks per day for men, on average in the whole population, according to OECD simulations.

Based on current consumption patterns in the United States, OECD simulations estimate that diseases and injuries caused by drinking above 1-1½ drinks per day lead to treatment costs equal to **3.5% of health expenditure** and a reduction in the workforce productivity. Consequently, **GDP** in the United States is estimated to be **1.9% lower** on average between now and 2050, excluding any impact on the alcohol industry. Due to a lower GDP, and to maintain a constant public debt-to-GDP ratio, the United States has to raise additional revenues equivalent to an increase in tax of **USD 526 per person per year**.
OECD analysis of WHO data reflects the implementation status across policy areas within the WHO’s *Global Strategy to Reduce the Harmful Use of Alcohol*.

The **United States** performs well in certain policy areas, but there are opportunities for further action. Policy priorities could include:

- Upscaling action to **tackle drink-driving** to prevent road traffic crashes and injuries;
- Strengthening **pricing policies** targeting cheap alcohol to protect heavy drinkers and young people;
- Strengthening **regulation of marketing**, particularly those targeting younger people.

### OECD analyses looked at enhanced policy package to tackle harmful alcohol use.

The package contains many of the policy priorities for the United States, including:

- **Strengthening sobriety checkpoints to counter drink-driving**
- Complete ban on alcohol advertising to children via traditional and new media, sponsorships, branding and point-of-sale displays
- **Strengthening screening and counselling in primary care**
- **Strengthening regulation on alcohol advertising, sponsorships, branding and point-of-sale displays**
- **Alcohol taxation**
- **Minimum unit pricing targeting cheap alcohol**

In the United States, investing USD 2.5 per person per year in the enhanced policy package to tackle harmful alcohol use will:

- Prevent **33 million non-communicable diseases and injuries** by 2050;
- Save **USD 15 billion** per year in health costs;
- Increase employment and productivity by the equivalent of **424 thousand full-time workers** per year.

For every **USD 1 invested** in the policy package, **USD 16** are returned in benefits, not considering any impact on the alcohol industry.

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**Implementation level of policies to address harmful alcohol use in the United States**

<table>
<thead>
<tr>
<th>Health services</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>School, workplace</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Drink-driving</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Availability*</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Marketing*</td>
<td>1</td>
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<tr>
<td>Pricing</td>
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<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Bar staff training*, warning label</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

1-lower level of implementation, 4-higher level. Countries with a maximum score can still enhance policy implementation and enforcement.

*Limited data available which contributed to a lower score

Discover the OECD SPheP-NCD data explorer and the model’s documentation at [http://oecdpublichealthexplorer.org/](http://oecdpublichealthexplorer.org/)

Find the full OECD report *Preventing Harmful Alcohol Use* at [oe.cd/alcohol2021](oe.cd/alcohol2021)