



March 2016 Newsletter

Study finds strong alcohol laws equal fewer cirrhosis deaths

by Lise Gervais

A recent report links stronger alcohol policies with a lower incidence of death from alcoholic cirrhosis. An earlier study, using similar methods, linked strong alcohol policies and reduced binge drinking. Unlike other research that has focused on one or two factors, this report looked at 29 policies that can work together to reduce the harm of overconsumption.

Health officials have long recommended that alcohol regulation is best when multiple policies operate in a systematic way. This series of research work is helping us understand what kind of policies—working together—have the most impact.

For this study, each US state and the District of Columbia were rated with an “Alcohol Policy Score” based on policies existent from 1999 to 2008. Deaths from alcoholic cirrhosis in each state and DC were recorded from the Centers for Disease Control data. While the US rate of death from cirrhosis is lower than the average

globally, it has been climbing over the last ten years.

The criteria used to determine if a state had strong alcohol policies was put forth by a panel made up of epidemiologists, psychologists, sociologists, economists and experts in the field of law. Based by their own expertise, experience, and scientific data, each panel member chose the policies that would have the most impact towards lowering the rate of excess drinking. Each state was given a score on the strength of its’ policies, and that score was

compared to the number of deaths from alcoholic cirrhosis.

“State alcohol policies aimed at reducing alcohol consumption in the general population are more strongly associated with reduced binge drinking than are more targeted policies, such as policies focusing solely on underage drinking or impaired driving.”

The focus of the survey, death from alcoholic cirrhosis, is just one alcohol-caused illness. Because excessive alcohol consumption is the 3rd most common avoidable cause of death, cirrhosis can be used as an indicator.

Among the policies experts pointed to as part of a strong alcohol system were restrictions on where, when and how much

alcohol can be sold. Another was policies impacting price including retail/wholesale price restriction and taxes collected on alcoholic beverages. Restricting advertising was also seen as a protective policy. The researchers, who are affiliated with Harvard Medical School, Boston University, Georgia State University, etc., found that stronger alcohol policies resulted in lower alcohol cirrhosis rates-- but how much lower depended on gender, race and what region a person lived in. Rates were not as low among males and in the western US. Rates of cirrhosis were higher among American Indians and Alaska Natives.

As often is the case with research, the study also raised questions for further study. Are people living in autonomous or remote areas less protected by regulations that reach more populated areas? What are the reasons for regional differences? But even with these questions, it seems clear that strong, scientifically based, data driven policies, can help lower the risk of a variety of alcohol-related harms.

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