



RESEARCH SUMMARY
Date Compiled: June 2021

Key takeaways from included research:

- The evidence base supporting the positive, targeted impact of minimum unit price (MUP) is strengthened by a study demonstrating comparable results for Scotland and Wales. The short-term impact of MUP in Scotland during 2018 was maintained during the first half of 2020. MUP is an effective alcohol policy option to reduce off-trade purchases of alcohol and should be widely considered.
- Following the introduction of late-night alcohol restrictions to address alcohol-related harm in entertainment precincts, there were some notable declines in high alcohol hours (HAH) ambulance call-outs in some of Queensland's key nightlife suburbs in Australia.
- Across 26 studies providing estimates of both direct and indirect costs, mean alcohol-attributable costs amounted to 817.6 Int\$ per adult (95% CI 601.8–1033.4) or 1151.6 Int\$ per adult drinker (95% CI 857.0–1446.2). These findings demonstrate that alcohol use continues to incur a high level of cost to many societies.
- A prospective cost analysis addresses a gap in the prevention literature by providing estimates of the typical real-world costs to implement community interventions focused on preventing underage drinking and prescription drug misuse. Population-level interventions reached considerably more people and consequently had much lower costs per person.

IMPACT OF MINIMUM UNIT PRICING ON ALCOHOL PURCHASES IN SCOTLAND AND WALES: CONTROLLED INTERRUPTED TIME SERIES ANALYSES
May 2021

Summary

Background: As a policy option to reduce consumption of alcohol and the harm it does, on May 1, 2018, Scotland introduced a minimum price of 50 British pence (p) per unit of alcohol (8 g) sold; Wales followed suit on March 2, 2020, with the same minimum unit price (MUP). We analysed household purchase data based on bar codes to assess the impact of these policy options in the medium term for Scotland and in the immediate term for Wales.

Methods: For these location-controlled, interrupted time series regression analyses, the data source was Kantar WorldPanel's household shopping panel, which, at the time of our analysis, included 35 242 British households providing detailed information on 1.24 million separate alcohol purchases in 2015–18 and the first half of 2020. With no data exclusions, we analysed the impact of introducing MUP in Scotland, using purchases in northern England as control, and in Wales, using western England as control. The studied changes associated with MUP were price paid per gram of alcohol purchased, grams of alcohol purchased, and amount of money spent on alcohol.

Findings: In Scotland, price increases and purchase decreases following the introduction of MUP in 2018 were maintained during the first half of 2020. The difference between Scotland and northern England in 2020 was a price increase of 0.741 p per gram (95% CI 0.724–0.759), a 7.6% increase, and a purchase decrease of 7.063 g per adult per household per day that an alcohol purchase was made (6.656–7.470), a 7.7% decrease. In Wales, the introduction of MUP led to similar results. The difference between Wales and western England was a price increase 0.841 of 0.841 p per gram (0.732–0.951), an 8.2% increase, and a purchase decrease of 7.052 g per adult per household per day that an alcohol purchase was made (6.463–7.640), an 8.6% decrease. For both Scotland and Wales, reductions in overall purchases of alcohol were largely restricted to households that bought the most alcohol. The introduction of MUP was not associated with an increased expenditure on alcohol by households that generally bought small amounts of alcohol and, in particular, those with low incomes. The changes were not affected by the introduction of COVID-19 confinement in the UK on March 26, 2020.

Interpretation: The evidence base supporting the positive, targeted impact of MUP is strengthened by the comparable results for Scotland and Wales. The short-term impact of MUP in Scotland during 2018 is maintained during the first half of 2020. MUP is an effective alcohol policy option to reduce off-trade purchases of alcohol and should be widely considered.

Source: Anderson, P, O'Donnell, A, Kaner, E, Llopis, EJ, Manthey J & Rehm, J. (2021). Impact of minimum unit pricing on alcohol purchases in Scotland and Wales: Controlled interrupted time series analyses. *The Lancet*. [https://doi.org/10.1016/S2468-2667\(21\)00052-9](https://doi.org/10.1016/S2468-2667(21)00052-9)

**THE IMPACT OF LATE-NIGHT ALCOHOL RESTRICTIONS ON AMBULANCE CALL-OUTS IN ENTERTAINMENT
PRECINCTS**
May 2021

Abstract

Introduction: In July 2016, the Queensland Government introduced the Tackling Alcohol-Fuelled Violence (TAFV) policy to address alcohol-related harm in entertainment precincts [safe night precincts (SNP)]. Additional measures were introduced in February and July 2017. We aim to examine the impact of the policy on Queensland Ambulance Service call-outs in Fortitude Valley, Surfers Paradise, all 15 SNP suburbs combined and statewide.

Methods: Auto-regressive integrated moving average (ARIMA) models and seasonal ARIMA (SARIMA) models were developed to test the impact of TAFV policy stages on monthly number of ambulance call-outs during high alcohol hours (HAH; Friday and Saturday nights, 20:00–05:59) over an 8-year period (July 2011–June 2019).

Results: The average number of monthly call-outs in HAH reduced by 26.2% in Fortitude Valley, 21.1% in Surfers Paradise and 4.3% in all 15 SNP suburbs combined. In Fortitude Valley, there was a significant decline in the monthly number of call-outs between 00:00 and 02:59 and across all HAH combined when examining the cumulative effect of the policy stages; and significant declines between 03:00 and 05:59 after each stage and cumulatively. Across the 15 SNP suburbs combined, there was a significant decline in call-outs between 03:00 and 05:59 after the third policy stage (July 2017). There were no significant declines in Surfers Paradise or statewide.

Discussion and Conclusions: Overall, the introduction of the TAFV policy stages in Queensland had a limited effect on ambulance call-outs during HAH. However, there were some notable declines in HAH ambulance call-outs in some of the state's key nightlife suburbs.

Source: de Andrade, D, Coomber, K, Livingston, M, Taylor, N, Moayeri, F, Miller, PG, Ferris, J, Puljević, C, Mayshak, R & Scott, D. (2021). The impact of late-night alcohol restrictions on ambulance call-outs in entertainment precincts. *Drug Alcohol Rev.*
<https://onlinelibrary.wiley.com/doi/10.1111/dar.13308>

**WHAT ARE THE ECONOMIC COSTS TO SOCIETY ATTRIBUTABLE TO ALCOHOL USE? A SYSTEMATIC REVIEW
AND MODELLING STUDY**
May 2021

Abstract

Background: Alcohol-attributable costs to society are captured by cost-of-illness studies, however estimates are often not comparable, e.g. due to the omission of relevant cost components. In this contribution we (1) summarize the societal costs attributable to alcohol use, and (2) estimate the total costs under the assumption that all cost components are considered.

Methods: A systematic review and meta-analyses were conducted for studies reporting costs from alcohol consumption for the years 2000 and later, using the EMBASE and MEDLINE databases. Cost estimates were converted into 2019 international dollars (Int\$) per adult and into percentage of gross domestic product (GDP). For each study, weights were calculated to correct for the exclusion of cost indicators.

Results: Of 1708 studies identified, 29 were included, and the mean costs of alcohol use amounted to 817.6 Int\$ per adult (95% confidence interval [CI] 601.8–1033.4), equivalent to 1.5% of the GDP (95% CI 1.2–1.7%). Adjusting for omission of cost components, the economic costs of alcohol consumption were estimated to amount to 1306 Int\$ per adult (95% CI 873–1738), or 2.6% (95% CI 2.0–3.1%) of the GDP. About one-third of costs (38.8%) were incurred through direct costs, while the majority of costs were due to losses in productivity (61.2%).

Discussion: The identified cost studies were mainly conducted in high-income settings, with high heterogeneity in the employed methodology. Accounting for some methodological variations, our findings demonstrate that alcohol use continues to incur a high level of cost to many societies.

Source: Manthey, J, Hassan, SA, Carr, S et al. (2021). What are the economic costs to society attributable to alcohol use? A systematic review and modelling study. *PharmacoEconomics*.
<https://doi.org/10.1007/s40273-021-01031-8>

A NATIONAL COST ANALYSIS OF COMMUNITY INTERVENTIONS TO PREVENT UNDERAGE DRINKING AND PRESCRIPTION DRUG MISUSE **May 2021**

Abstract

This prospective cost analysis addresses a gap in the prevention literature by providing estimates of the typical real-world costs to implement community interventions focused on preventing underage drinking and prescription drug misuse. The study uses cost data reported by more than 400 community subrecipients participating in a national cross-site evaluation of the Substance Abuse and Mental Health Services Administration’s Strategic Prevention Framework Partnerships for Success grant program during 2013–2017. Community subrecipient organizations completed an annual Web-based survey to report their intervention costs. The analysis compares the relative startup and annual ongoing implementation costs of different prevention strategies and services. Partnerships for Success communities implemented a wide variety of interventions. Annual ongoing implementation was typically more costly than intervention startup. Costs were generally similar for population-level interventions, such as information dissemination and environmental strategies, and individual-level interventions, such as prevention education and positive alternative activities. However, population-level interventions reached considerably more people and consequently had much lower costs per person. Personnel contributed the most to intervention costs, followed by intervention supplies and overhead. Startup costs for initial training and costs for incentives, ongoing training, and in-kind contributions (nonlabor) during ongoing implementation were not typically reported. This study informs prevention planning by providing detailed information about the costs of classes of interventions used in communities, outside of research settings.

Source: Close, C, Elek, E, Roberts, CA et al. (2021). A national cost analysis of community interventions to prevent underage drinking and prescription drug misuse. *Prev Science*.
<https://doi.org/10.1007/s11121-021-01229-4>