

The social cost of alcohol: what can we learn from international experience?



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The 2nd conference on alcohol consumption and related problems in Thailand

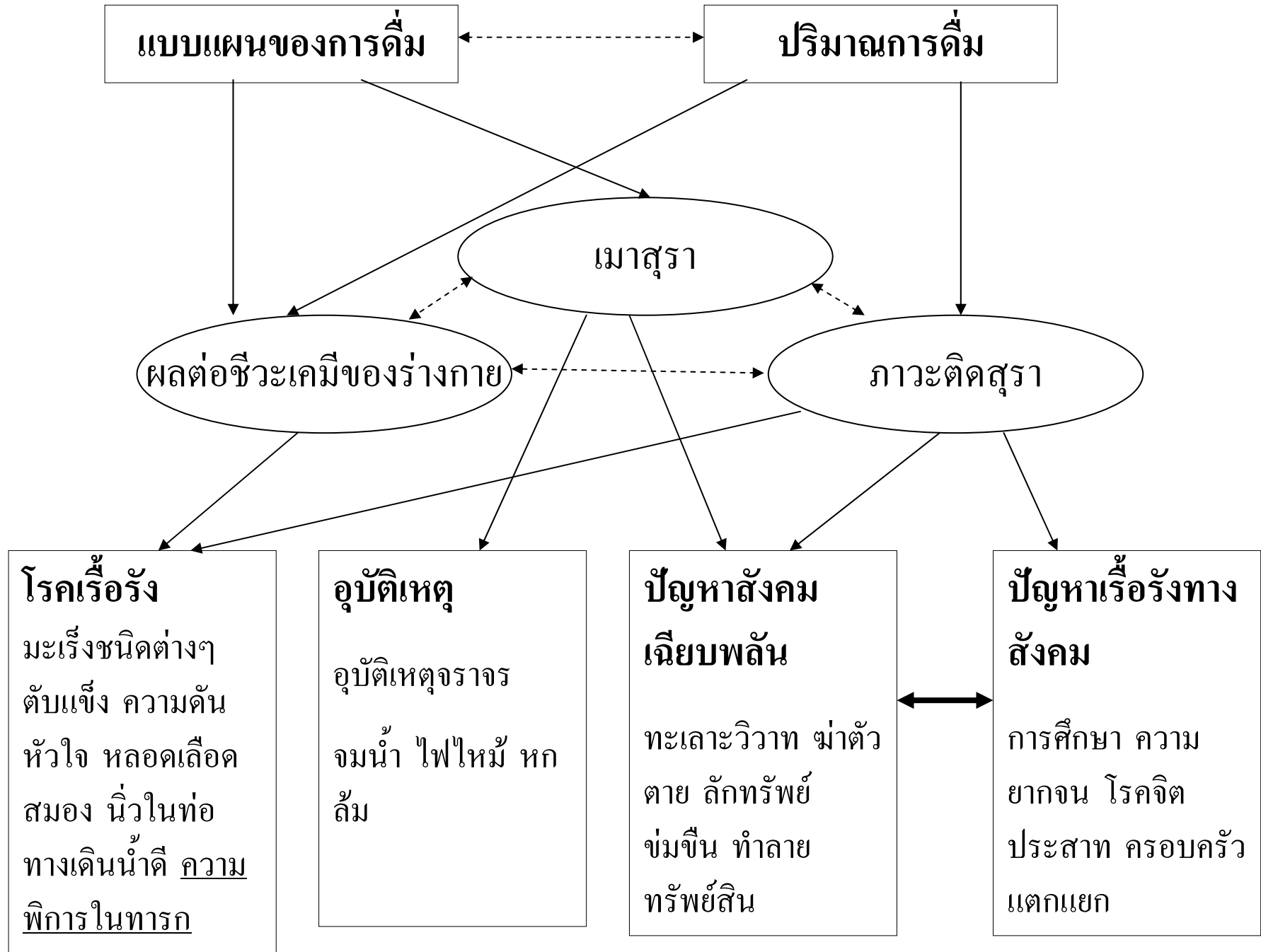
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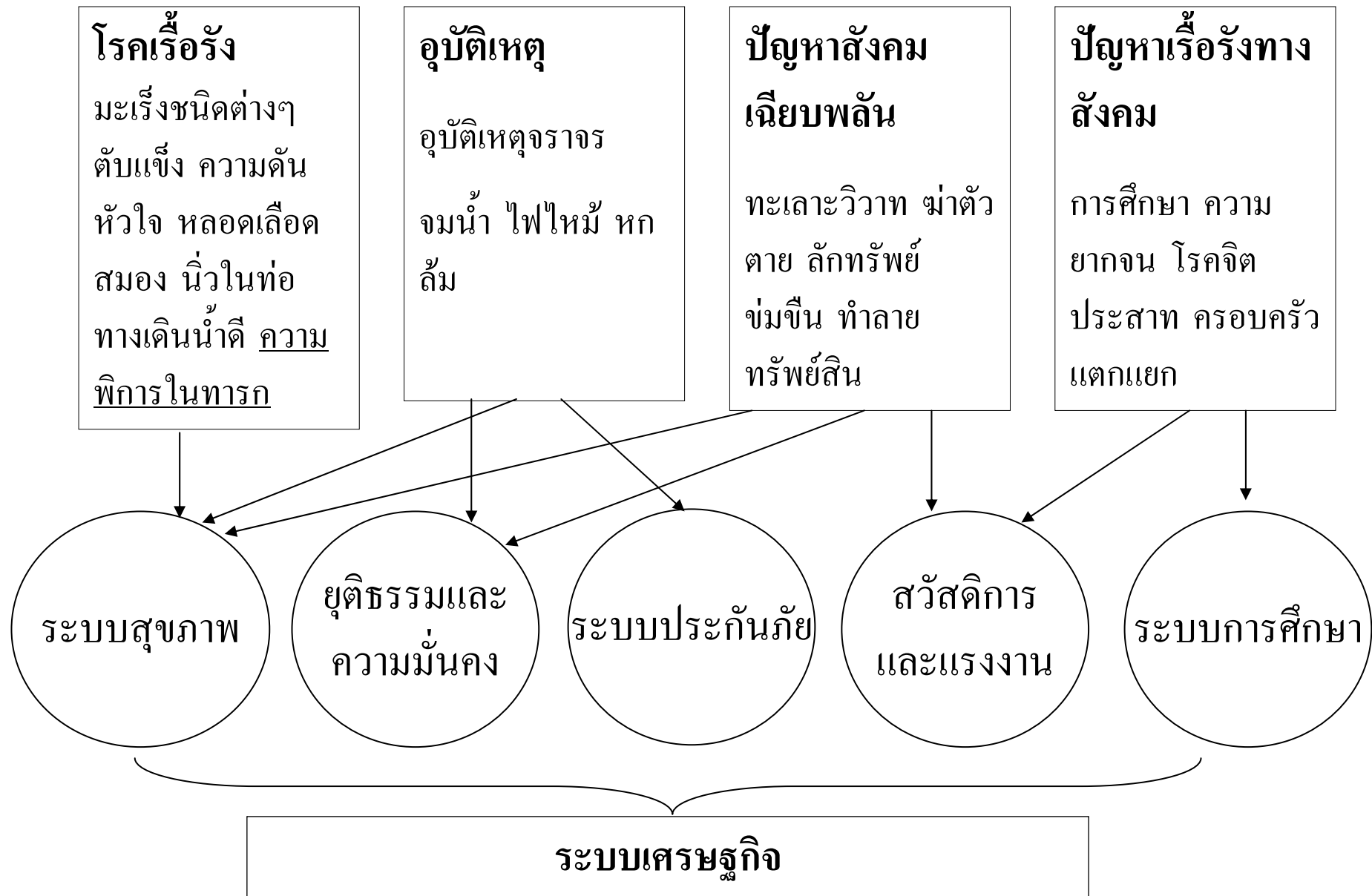
Presentation overview

- Study rationale
- Concept and scope
- Lessons learnt from international studies

The consequences of alcohol

- Having an economic significant
- An invaluable source of information for policy decision making
- A number of studies attempted to estimates their economic values
- Social, economic and cultural specific





ผลกระทบทางเศรษฐกิจ

ค่ารักษา พยาบาล	ทรัพย์สิน เสียหาย	การเอาผิด ผู้กระทำผิด	สมรรถภาพ ในการทำงาน	แรงงาน พิการ คุณภาพ เสียชีวิต	ป้องกัน และควบคุม
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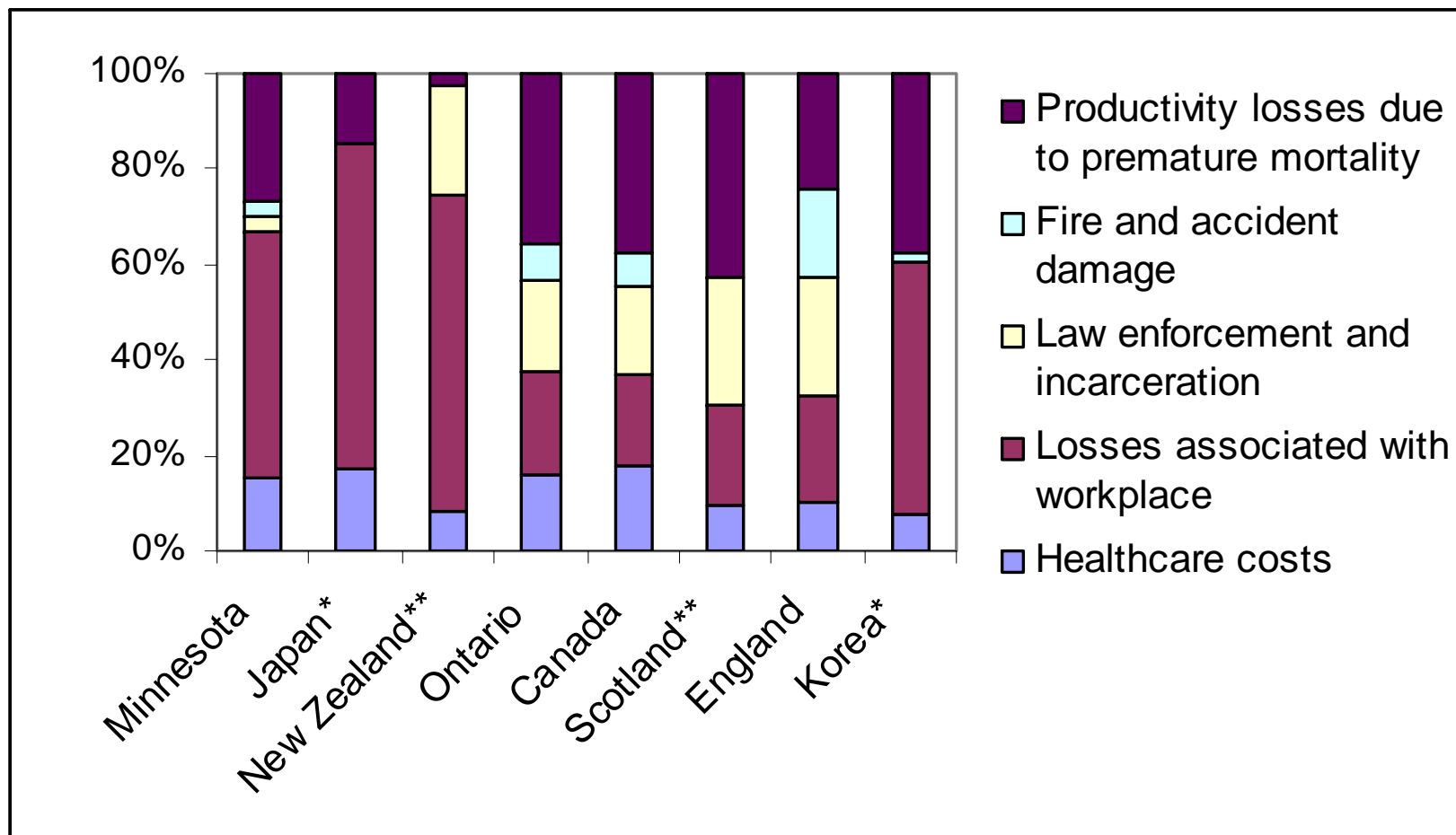
Nine international studies on the social cost of alcohol

- Japan (Nakamura et al 1993)
- US: Minnesota (Parker et al 1987)
- Canada (2)
 - Canada (Single et al 1998)
 - Ontario (Xie et al 1998)
- Scotland (Varney & Guest 2002)
- New Zealand (Devlin et al 1997)
- France (Fenoglio et al 2003)
- England (Carbinet office 2004)
- Korea (Chung et al 2006)

Social cost as % GDP for selected studies

	Year of study	%GDP
Japan*	1987	1.9
New Zealand*	1991	1-6
Canada	1992	1.09
Scotland	2001/2	1.19
France	1997	1.42
Korea	2000	2.86

International comparison: social costs of alcohol by major cost component

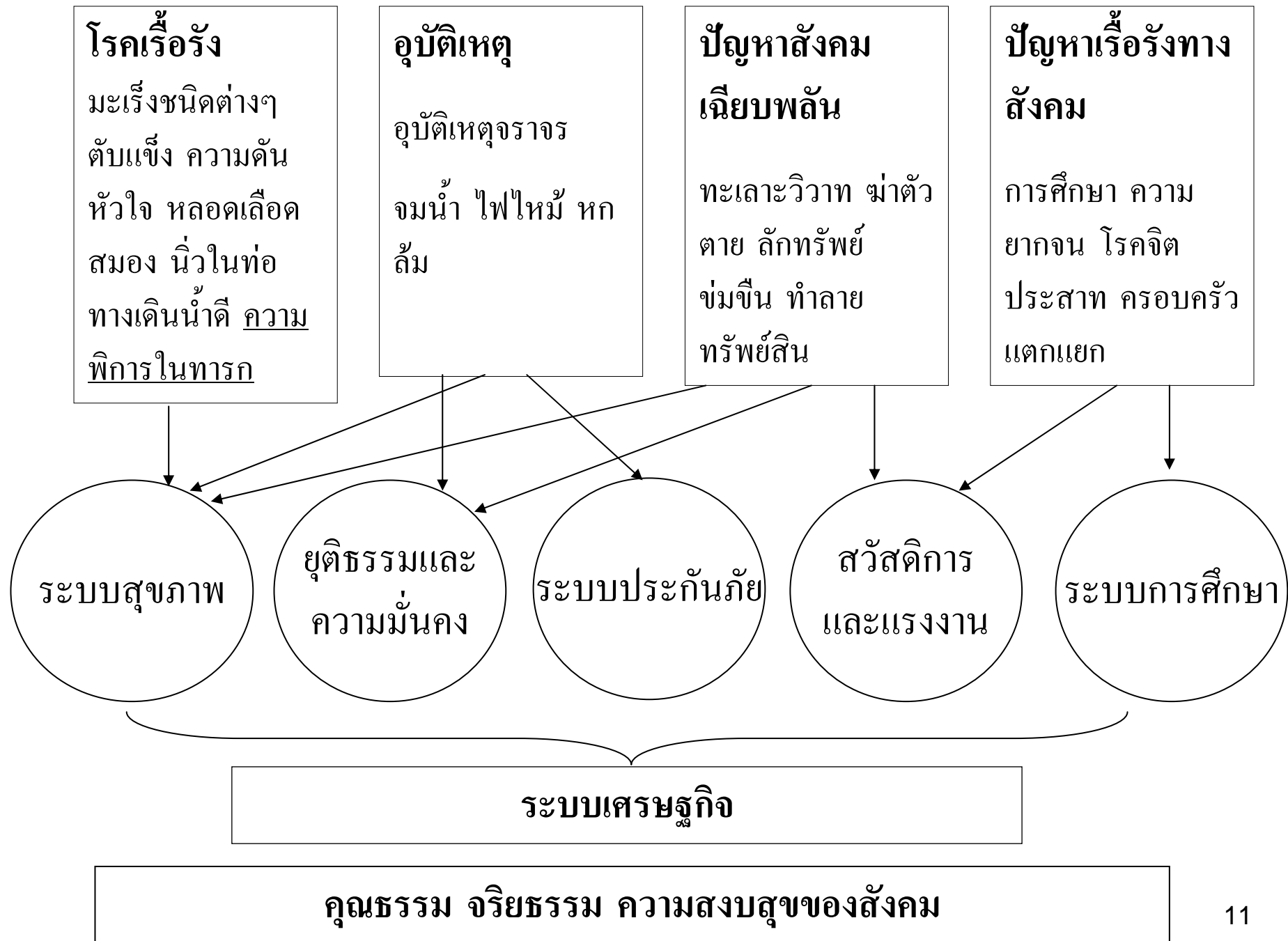


*Japanese & Korean studies did not report costs associated with law enforcement

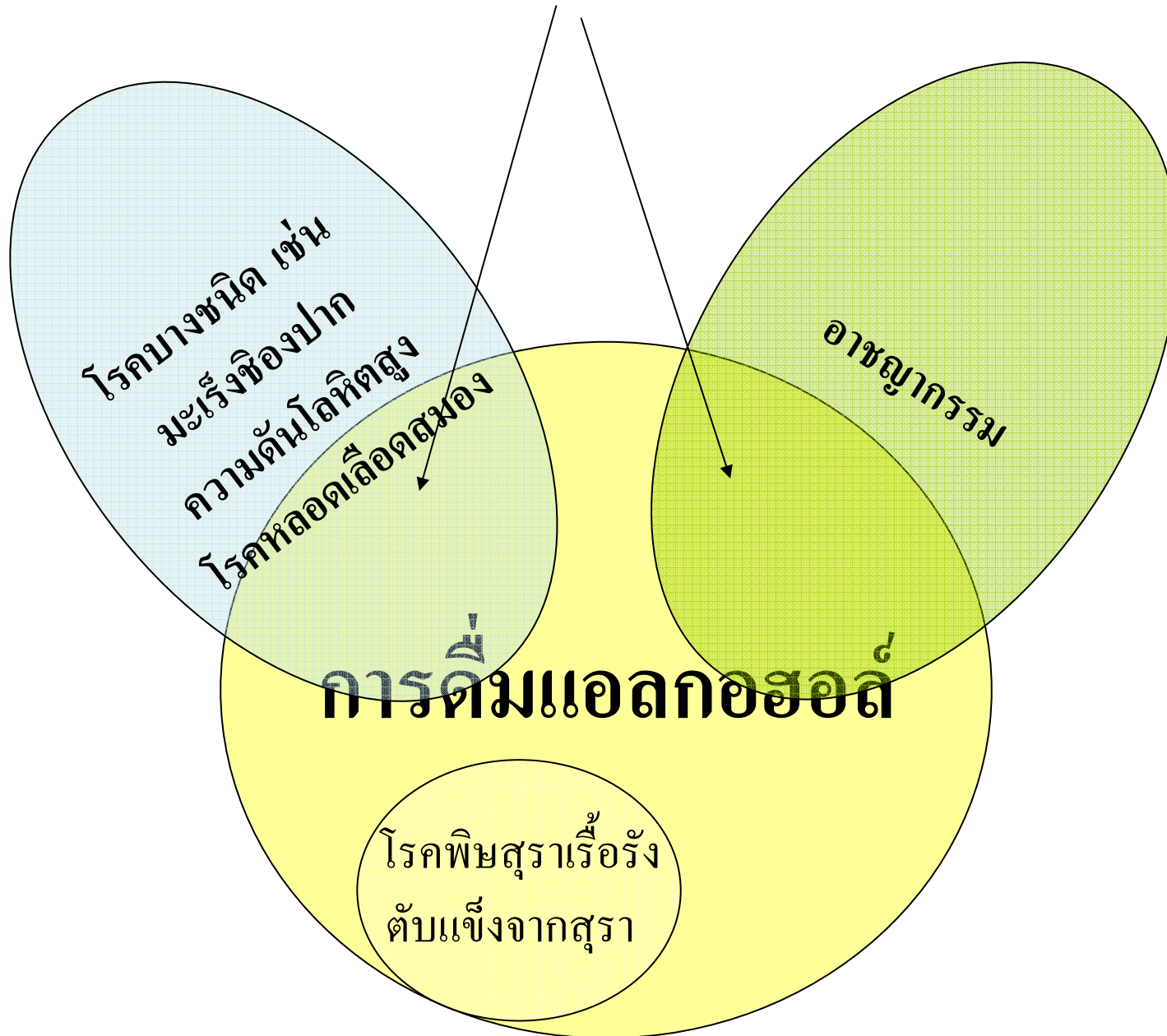
** Japanese, New Zealand & Scotland studies did not report costs associated with fire and accident damage

Challenges (1)

- A majority of studies omitted intangible costs e.g. pain & suffering
 - 35% of total social cost of alcohol in England



Alcohol Aetiological Fraction



Alcohol Aetiological Fraction (AAF)

$$= [(P_0 + P_1 * (RR) - 1) / (P_0 + P_1 * (RR))]$$

Where P_0 = the prevalence of non-drinkers

P_1 = the prevalence of drinkers

RR = relative risk for drinkers relative to non-drinkers

AAF for selected category and studies

	Minnesota		New Zealand		Korea		Thailand
	M	F	M	F	M	F	
Cirrhosis exclude alcoholic cirrhosis	0.50	0.50			0.494	0.409	
Road traffic injury	0.50	0.50	0.41	0.41			
Drowning	0.30	0.30	0.26	0.04			
Oesophageal cancer	0.75	0.75	0.49	0.43	0.337	0.143	
Hepatic cancer	0.15	0.15	0.35	0.31	0.253	0.101	?
Pancreatitis	0.41	0.41	0.32	0.38	0.208	0.157	
Hypertension			0.20	0.00	0.042	0.006	
Stroke			0.14	0.11	0.019	0.001	

Challenges (3)

- All studies applied 'human capital approach' which may underestimate value of human life esp. women and elderly

Conclusion

- The estimated social cost of alcohol can provide an idea of the dimension of the problem
 - Losses associated with workplace & Productivity loss due to premature mortality yield a majority share
- It is necessary to estimate the social cost of alcohol in Thailand for the use in policy decision making
- At present, tax revenue from alcohol is almost 100,000 millions (<1% GDP) which is unlikely to cover its social costs if it is assumed to be similar to those international findings.