

Table 1: Ratings of policy-relevant strategies and interventions that apply to adolescents, young adults and underage drinkers*

Strategy or Intervention	Effective-ness	Breadth of Research Support	Cross-Na tional Testing	Cost to Implement or Sustain	Comments
<u>PRICING AND TAXATION</u>					Generally evaluated in terms of how price changes affect population level alcohol consumption, alcohol-related problems and beverage preferences
Alcohol taxes	+++	+++	+++	Low	Increased taxes reduce alcohol consumption and harm. Effectiveness depends on government oversight and control of the total alcohol supply.
Minimum price	+	+	+	Low	Logic based on price theory. Good evidence of effectiveness in Canadian study. Competition regulations and trade policies may restrict the implementation of minimum pricing
Bans on price discounts and promotions	?	+	+	Low	Only weak studies in general populations of the effect of restrictions on consumption or harm; effectiveness depends on availability of alternative forms of cheap alcohol
Differential price by beverage	+	+	++	Low	Higher prices for distilled spirits shifts consumption to lower alcohol content beverages resulting in less overall consumption. Evidence for the impact of tax breaks on low alcohol products is suggestive, but not comprehensive.
Special or additional taxation on alcopops and youth-oriented beverages	+	+	++	Low	Evidence that higher prices reduce consumption of alcopops by young drinkers without complete substitution; no studies of impact on harms

<u>REGULATING PHYSICAL AVAILABILITY</u>					Generally evaluated in terms of how changes in availability affect population level alcohol consumption and alcohol-related problems
Bans on drinking in public places	?	+	++	Medium	Generally focused on young or marginalized drinkers; may displace harm without necessarily reducing it. Target population is high risk drinkers
Minimum legal purchase age	+++	+++	++	Low	Effective in reducing traffic fatalities and other harms with minimal enforcement but enforcement substantially increases effectiveness and cost. Young drinkers are often the target population.
<u>MODIFYING THE DRINKING ENVIRONMENT</u>					Generally evaluated in terms of how staff training, enforcement, legal liability affect alcohol-related violence and other harms
Staff training and house policies relating to responsible beverage service (RBS)	+/0	+++	++	moderate	Not all studies have found a significant effect of RBS training and house policies; needs to be backed by enforcement for sustained effects.
Enhanced enforcement of on-premise laws and legal requirements	++	++	++	moderate	Sustained effects depend on making enhanced enforcement part of ongoing police practices.
Server liability	++	++	+	Low	Effect stronger where efforts made to publicise liability. Research limited to U.S. and Canada.
Community action projects	++	++	++	moderate to high	Need commitment to long time frame; uncertain which components are responsible for effects.

<u>DRINK-DRIVING COUNTERMEASURES</u>					Most research has focused on intervention effects on traffic accidents and recidivism after criminal sanctions.
Sobriety check points	++	+++	+++	Moderate	Effects of police campaigns typically short-term. Effectiveness as a deterrent is proportional to frequency of implementation and high visibility.
Random breath testing (RBT)	+++	++	+	Moderate	Effectiveness depends on number of drivers directly affected and the extent of consistent and high profile enforcement.
Lowered BAC Limits	+++	+++	++	Low	The lower the BAC legal limit, the more effective the policy. Very low BAC levels ("zero tolerance") are effective for youth, and can be effective for adult drivers but BAC limits lower than 0.02 are difficult to enforce.
Administrative license suspension (ALS)	++	++	++	Moderate	When punishment is swift, effectiveness is increased. Effective in countries where it is applied consistently. Target population: high risk drinkers
Low BAC for young drivers ("zero tolerance")	+++	++	+	Low	Clear evidence of effectiveness for those below the legal drinking or alcohol purchase age. Target population: young drinkers
Graduated licensing for novice drivers	++	++	++	Low	Can be used to incorporate lower BAC limits and licensing restrictions within one strategy. Some studies note that "Zero Tolerance" provisions are responsible for this effect. Target population: young drinkers
Designated drivers and ride services	0	+	+	Moderate	Effective in getting impaired drinkers not to drive but do not affect alcohol-related

					accidents, perhaps because these services account for a relatively small percent of drivers. Target population: high risk drinkers
<u>RESTRICTIONS ON MARKETING</u>					Better quality studies evaluate impact in terms of youth drinking and attitudes. Impact also studied in terms of ability to limit youth exposure to marketing campaigns
Legal restrictions on exposure	++ (Moderate effectiveness)	+++ (2+ effectiveness)	++	Low	Strong evidence of dose-response effect of exposure on young peoples' drinking
Legal restrictions on content	?	0	0	Low	Evidence that content affects consumption but no evidence of the impact of restrictions on content
Voluntary codes	0	+++	++	Low	Research showing impacts of advertising promulgated under voluntary codes
<u>EDUCATION AND PERSUASION</u>					Impact generally evaluated in terms of knowledge and attitudes; effect on onset of drinking and drinking problems is equivocal or minimal. Target population is young drinkers unless otherwise noted.
Classroom education – abstinence orientation	0/+	+++	++	High	May increase knowledge and change attitudes but most programs have no effect on drinking. Some evidence for programs that involve parents and change classroom environment

Classroom education – harm reduction orientation	+	++	++	High	May increase knowledge, change attitudes, and some evidence of impact on drinking.
College student education -- universal	0	+	+	High	May increase knowledge and change attitudes but has no effect on drinking.
College student education -- plus	+	++	+	High	May increase knowledge and change attitudes, programs that include brief interventions impact drinking behaviour
Mass media campaigns, including drinking-driving campaigns	0	+++	++	Moderate	No evidence of impact of messages to the drinker about limiting drinking; messages to strengthen policy support untested.
Warning labels and signs	0	+	+	Low	Raise public awareness, but do not change behaviour.
Social marketing	0	++	+	Medium to high	Raises public awareness but alcohol specific campaigns do not change behaviour
<u>TREATMENT AND EARLY INTERVENTION</u>					Usually evaluated in terms of days or months of abstinence, reduced intensity and volume of drinking, and improvements in health and life functioning. Target population is harmful and dependent drinkers, unless otherwise noted.
Brief intervention with at-risk drinkers	+	++	+++	Moderate	Can be effective but most primary care practitioners and pediatricians lack training and time to conduct screening and brief interventions. Target population: hazardous and harmful drinkers
Alcohol problems treatment	++	+++	+++	High	Population reach is low because most countries have limited treatment facilities for young persons.

Talk therapies	+++	+++	++	Moderate	A variety of theoretically-based therapies to treat persons with alcohol dependence in outpatient and residential settings
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*Ratings based on information derived from Table 16.1 of Alcohol: No Ordinary Commodity (1). Some ratings have been updated on the basis of new evidence reported in Babor et al. (2). An analysis of the policies listed in this table (Nilssen et al, under review (3)) showed that policies considered to be effective for the general population are considered by experts to be equally effective for adolescents.

Effectiveness rating scale

- 0 Evidence indicates a lack of effectiveness
- + Evidence for limited effectiveness
- ++ Evidence for moderate effectiveness
- +++ Evidence of a high degree of effectiveness
- ? No controlled studies have been undertaken or there is insufficient evidence upon which to make a judgment

Breadth of research support

- 0 No studies of effectiveness have been undertaken
- + One or two well designed effectiveness studies completed
- ++ More than two effectiveness have been completed, but no integrative reviews were available
- +++ Enough studies of effectiveness have been completed to permit integrative literature reviews or meta-analyses

Cross national testing

- The strategy has not been tested adequately.
- + The strategy has been studied in only one country
- ++ The strategy has been studied in several countries
- +++ The strategy has been studied in many countries