



World Health
Organization

REGIONAL OFFICE FOR **Europe**

Alcohol pricing in the WHO European Region

UPDATE REPORT ON THE
EVIDENCE AND RECOMMENDED
POLICY ACTIONS



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ABSTRACT

This report summarizes the current evidence base for alcohol pricing policies and considers how this compares to current policies in place across the World Health Organization (WHO) European Region. Intended as a resource for governments and implementers, the report highlights challenges to effective pricing policies and provides recommendations for policy actions on alcohol pricing in the WHO European Region.

KEYWORDS

ALCOHOL DRINKING – prevention and control

ALCOHOL – adverse effects

ALCOHOL POLICY IMPACT

BEST BUYS

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ABBREVIATIONS

ABV	alcohol by volume
EU	European Union
I\$	international dollar
MUP	minimum unit pricing
PPP	purchasing power parity
VAT	value-added tax
WHO	World Health Organization

EXECUTIVE SUMMARY

Increasing the prices that consumers pay for alcohol is one of the most effective tools available to policy-makers looking to reduce alcohol consumption and associated harm. However, not all pricing policies are equal in either their effectiveness or their impact on socioeconomic inequalities in health, in which alcohol plays an important role.

Alcohol taxation is the primary mechanism through which governments influence alcohol prices. This can be levied on the basis of the alcohol content of a product (specific taxation), the overall product volume (unitary taxation) or the price of the product (ad valorem taxation). From the perspective of improving public health, there is little justification for any approach other than specific taxation, through which the tax payable on a product is directly proportional to its alcoholic content. Tax rates should generally be similar for different types of alcohol (e.g. beer, wine and spirits) as a lower rate on some products is likely to encourage heavier drinkers to consume larger volumes of these products. It may, however, be desirable to levy higher taxes on stronger products which are associated with greater levels of intoxication and heavy episodic drinking. Higher taxes on products, such as some spirits, that have low production costs relative to other types of alcohol can also help to prevent these products being available to consumers at lower prices. Finally, alcohol taxes should be directly linked (indexed) to inflation to prevent the affordability of alcohol increasing over time.

Minimum unit pricing (MUP) of alcohol, which sets a floor price for alcoholic products, is an alternative, or complement, to taxation that has generated considerable interest in recent years. There is a robust evidence base supporting its effectiveness at reducing alcohol consumption and harm, particularly in the heaviest drinkers. Emerging evidence from both Scotland and eastern Europe has shown that MUP can be effective in practice across hugely diverse settings. A further advantage of MUP over taxation is that it is likely to be a more effective mechanism for reducing health inequalities as it effectively targets the cheap, high-strength products that drive these inequalities.

Other policy approaches, such as banning retailers from selling alcohol at a loss or restricting price discounting, may contribute to reducing alcohol-related harm as part of a broader alcohol strategy, but are unlikely to have a significant impact in isolation.

In spite of the clear evidence in favour of a specific tax system that is indexed to inflation, current systems of alcohol taxation across the WHO European Region are hugely varied and poorly aligned with this evidence. Almost all countries operate systems with specific, unitary and ad valorem components, and no country has implemented a fully specific alcohol tax system. Most countries also have wide variation in the rates at which they tax different products. In particular, duty rates are generally highest on spirits, which is in line with public health evidence, and lowest on wine, which is not in line with that evidence. The use of automatic indexing of taxes to inflation is also restricted to less than a third of European countries. MUP is also not widely used across the Region, with only eight countries having some form of MUP in place.

This report demonstrates that alcohol pricing policies offer a uniquely powerful opportunity to reduce the burden of alcohol harm across Europe. That these policies are not currently being used to their fullest effect suggests that a more effective approach to pricing policies, which reflects the existing evidence, is required to reduce alcohol-attributable harm across the Region.



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