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# THE DEVELOPMENT OF ALCOHOL POLICIES IN FEDERAL COUNTRIES

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DIVISION OF MENTAL HEALTH  
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GENEVA

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**The Development of Alcohol  
Policies in Federal Countries**

by Eric Single

This document concerns the development of alcohol prevention policies in federal countries, with particular attention to initiatives that can be taken at the intermediate level of government to support national alcohol policy and local actions to prevent alcohol-related problems. There are advantages and disadvantages to systems in which policy making functions are shared among different levels of government. On one hand, national alcohol policy may be especially difficult to develop, coordinate and implement in federal systems. Alcohol policy development in such systems typically operates within a complex division of labour between federal, provincial and local governments. The division of authority between levels of government can create difficulties and ambiguities, as spheres of authority may be blurred or overlap. On the other hand, the involvement of provincial and local governments in alcohol policy formulation offers special opportunities for the initiation and implementation of prevention policies. In particular, federal systems may lead to more realistic consideration of regional and cultural diversities in policy-making and prevention programming. Further, federal systems can offer multiple points of access for prevention initiatives; economies of scale with regard to support services, research and training; and enhanced opportunities for experimentation in prevention programming.

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## 1. Introduction

### 1.1 Purpose and scope of document

This document concerns the development of alcohol prevention policies in federal countries, with particular attention to initiatives that can be taken at the intermediate level of government to support national alcohol policy and local actions to prevent alcohol-related problems. Particular attention is placed on variations among federal countries with regard to the division of authority in alcohol policy development, opportunities for the development of prevention policies in federal systems and issues regarding the coordination of alcohol prevention policy.

The document focuses on federal systems for a number of reasons. First, it should be noted that most of the world's population live in federal countries. Many highly populated member states of WHO, such as Brazil, China, India, Nigeria, the USA, and the USSR, have federal systems of government, as well as many less populous countries such as Canada and Switzerland. In federal countries a substantial share of alcohol regulation and programming is developed and implemented by intermediate level governments (referred to hereafter as "provincial" governments, whether called provinces, states, cantons or republics).

There are advantages and disadvantages to systems in which policy making functions are shared among different levels of government. On one hand, national alcohol policy may be especially difficult to develop, coordinate and implement in federal systems. Alcohol policy development in such systems typically operates within a complex division of labour between federal, provincial and local governments. The division of authority between levels of government can create difficulties and ambiguities, as spheres of authority may be blurred or overlap.

On the other hand, the involvement of provincial and local governments in alcohol policy formulation offers special opportunities for the initiation and implementation of prevention policies. In particular, federal systems may lead to more realistic consideration of regional and cultural diversities in policy-making and prevention programming. Further, federal systems can offer multiple points of access for prevention initiatives; economies of scale with regard to support services, research and training; and enhanced opportunities for experimentation in prevention programming.

### 1.2 Background

For the past fifteen years, the World Health Organization has strongly promoted a public health perspective in alcohol policy development. In 1975 an international group of alcohol researchers affiliated with the WHO/European Office critically reviewed the evidence regarding the relationship between legal controls on alcohol availability, mean levels of consumption and indices of alcohol-related problems (Bruun *et al.*, 1975). To quote from their report:

"... our main argument is well substantiated: changes in the overall consumption of alcoholic beverages have a bearing on the health of the people in any society. Alcohol control measures can be used to limit consumption: thus, control of alcohol availability becomes a public health issue" (pp. 12-13).

In 1979 the World Health Assembly formally affirmed that alcohol problems are among the world's major public health problems (WHO, 1979a; 1979b; 1979c). In 1981, the WHO-affiliated International Study of Alcohol Control Experiences published a two-volume report presenting historical case studies on the development of alcohol policies in the post-World War II era in seven countries (Mäkelä *et al.*, 1981; Single *et al.*, 1981). In 1983 the World Health Assembly observed that increased alcohol consumption and alcohol-related problems are incompatible with the goals of achieving health for all by the year 2000.

To promote public health oriented alcohol policy, WHO has undertaken three interrelated activities. First, in 1985 WHO commissioned a "Review of National Policy Measures to Prevent Alcohol-related Problems" by Susan Farrell (WHO/MNH/PAD/85.14). The review organizes national policy measures into three categories. Measures for which there is good evidence of effectiveness include increasing the relative price of alcoholic beverages, major restrictions in the distribution of alcohol, increasing the minimum legal drinking age and increasing the probability of detection and punishment for impaired driving. Measures widely believed to be effective despite the absence of confirming evidence include education of school children, the general public and professional health care workers. Measures for which the evidence of effectiveness is mixed include minor restrictions on the distribution of alcohol, regulation of advertising, promotion of low-alcohol content alternatives, and production controls (WHO/MNH/PAD/85.14).

Second, WHO has commissioned a paper by David Robinson and Philip Tether of the University of Hull on "Preventing Alcohol Problems: Local Prevention Activity and Compilation of 'Guides to Local Action'" (WHO/MNH/ADA/90.4). This document provides guidelines for local action on alcohol policy and prevention programming. Particular attention is given to public education, advertising, the media, safety issues, information and training of outlet staff, workplace, school programmes, professional education and law enforcement issues.

Third, in May of 1989 WHO convened a Consultation Group in Hull, UK, to discuss the special circumstances of alcohol policy development in federal systems (WHO/MNH/PAD/89.3). Participants from Brazil, Canada, India, Nigeria, Switzerland, the United Kingdom, the United States of America, and the Union of Soviet Socialist Republics discussed the development of alcohol prevention policy in their respective countries, with special attention to the unique or particularly interesting aspects of the federal systems in each country. The Consultation Group recommended the preparation of a WHO review of alcohol policy development for federal countries, which would be based on the discussions at this meeting.

This document is the result of that recommendation. It begins with a discussion of differences regarding the division of authority between levels of government in federal systems. Opportunities for prevention initiatives in federal systems are then considered. Examples are provided of situations in which federal systems are able to enhance the capacity for regional and cultural differences to be taken into account in alcohol prevention programming.

The document then turns to the role of different levels of government in federal systems in various areas of alcohol policy, such as tax and price policies, educational programming, accident prevention efforts, and controls over the distribution and promotion of alcohol. Particular attention is placed on diverse initiatives that might be taken at the provincial level either independently or in support of national alcohol policy.

The final section of the document concerns the coordination of policy. Topics include mechanisms for the coordination of alcohol policy between different levels of government, the coordination of alcohol policy between different agencies at the provincial level, the coordination of alcohol and other health policies, and the coordination of policy regarding alcohol and other psychoactive substances.

## 2. The structure of federal systems

The principal characteristic of federal systems is the division of power between national and provincial governments. There is a large diversity in manner in which authority is differentiated between federal, provincial and local governments in federal systems. Indeed, every federal country is unique in this regard. In general, federal governments are typically responsible for defense, foreign affairs, external trade, transportation and national agricultural policy, while the provincial governments are primarily responsible for education, health, social welfare and (with local

governments) the police. Taxation is generally a shared responsibility, with sales taxes primarily directed toward the provincial governments and production or import taxes going to the federal governments.

## 2.1 General characteristics of federal systems

Two points should be noted regarding the general characteristics of federal systems. First, regardless of how they are structured, federal systems of government tend to be associated with cultural diversity and heterogeneity. This is not simply a matter of size. Brazil, Canada, India, the United States of America and the USSR might be expected to have federal systems, given their large geographic areas and cultural diversity. However, small countries also have federal systems. Perhaps Switzerland best illustrates this cultural diversity. Although small in size and population, there are three distinct language groups, as well as overlapping religious, regional and sociocultural distinctions between the 26 cantons of Switzerland. Thus, federal systems may be large or small in terms of geography and/or population size, but they are generally culturally heterogenous.

Second, in all federal countries the initiation and development of policy tends to be a responsibility which is shared between the executive and legislative arms of government. In many countries, the division of power between the executive and legislative branches of government is a prominent feature of the national constitution, as in the USA and the USSR. Even in parliamentary systems, where a large amount of power lies in the legislative arm of government, federal ministries in the executive branch of government typically play a major role in the initiation and development of policy. By the same token, even where the executive arm of the government holds the balance of power, the legislative arm generally plays a major role in policy development. Thus, for example, in Nigeria military rule has been in effect from 1966 to 1979 and from 1983 to the present. The parliamentary structures remain, but final authority rests with an Armed Forces Ruling Council. Nonetheless, the policy making process under military rule is otherwise similar to the previous procedures under the civilian government.

## 2.2 Division of authority in alcohol policy

With regard to alcohol policy, national governments in federal systems tend to have the greater share of responsibility for trade, interprovincial transportation, agricultural policy, production controls, national tourism, and excise or import taxation. Provincial governments (often with funding assistance and/or under federal guidelines) tend to be primarily responsible for regulation of conditions of sale, treatment, welfare programmes, education, and the police. In virtually all federal systems, the provincial level of government is minimally involved in a consultive role in policy development and always involved in policy implementation.

At one extreme are those countries where the provincial level of government is not only consulted, but primarily responsible for alcohol policy. In many policy arenas the federal government plays a very limited role in these countries. For example, compared with most other federations, the provincial governments in Canada have relatively more power and autonomy. The power to regulate municipal affairs, social welfare and education are all under the provincial jurisdiction. The provinces regulate the marketing and distribution of alcoholic beverages, while the federal government has jurisdiction over the manufacture, import, export, and interprovincial trade in alcoholic beverages. The ten provinces all have provincial monopolies on the off-premise sale of spirits, imported wines and imported beer. Domestic wine and beer are sold through monopoly outlets as well as private outlets in some provinces. The regulation of alcohol is part of the more general mandate of the provinces to maintain the public health and the economic well-being of the population.

The development of policy in Switzerland similarly has a strongly federal character. Switzerland is characterized by plebiscitary democracy in which policy issues are often resolved via popular initiative and referendum. Although the 26 cantons have considerable autonomy in health policy, alcohol policy is also a matter

of federal jurisdiction. Indeed, the federal government has operated a monopoly on the production and importation of spirits since 1887. Under the Swiss Constitution, 10% of the net monopoly proceeds are received by the cantons exclusively for "combatting the causes and effects of alcoholism and drug abuse". However, the government monopoly is limited to spirits and the widespread domestic distillation of fruit spirits is exempt. Furthermore, various political forces make it very unlikely that the spirits monopoly will be broadened. Thus, the ability of the Swiss federal government to exercise control over access to alcohol through its monopoly is severely limited. The Constitution also explicitly grants cantons the right to regulate on-premise licensing and conditions of sale such as minimum legal drinking age. Given these constraints, federal initiatives for the prevention of alcohol problems have focussed on utilizing general health promotion as a frame of reference.

India consists of 32 provincial level units (25 "states" and 7 "union territories"), each of which has a Governor, Council of Ministers and legislature. Under the Constitution, the provinces are responsible for raising the level of nutrition and standard of living and to improve public health (Article 47). Legislative powers are distributed between the federal and provincial legislatures, with residual powers not enumerated in the Constitution vested in the federal government. Some 66 different subjects are listed in which the provincial legislatures may enact laws, one of which is alcohol (intoxicating liquors). The production, possession, transport, purchase and sale of alcohol thus falls within the jurisdiction of the provinces.

Indeed, there is a specific mandate for the provinces to endeavor to bring about the prohibition of the nonmedical consumption of intoxicating drinks and drugs which are injurious to health. Two provinces (Gujarat and Lakshadweep) enforce total prohibition, a number of other provinces have partial prohibition and there are marked differences between provinces with regard to alcohol regulations.

Although alcohol regulation is primarily the responsibility of province governments in India, the federal parliament may exercise authority over province matters under a special constitution provision, and the federal government does impose excise and import taxes on alcohol. Furthermore, the central government has promoted alcohol prohibition and individual abstinence through a variety of administrative and welfare measures, and it has provided funding assistance to a large number of nongovernment organizations involved in the prevention and treatment of alcohol problems. In 1978 a comprehensive but ultimately unsuccessful programme was introduced to bring about total prohibition in four years. Thus, the central government plays an important, supplementary role in alcohol problem prevention, and authority over alcohol issues is very much a shared responsibility in India.

Nigeria, the most populous country in Africa, offers yet another example of the division of authority in a federal system. The central government is primarily concerned with defence, mining and energy, foreign affairs, national finance, customs and excise, transport and commerce. The 1979 Constitution lists a variety of subjects on which both the central and regional governments may legislate, provided that regional legislation is consistent with federal legislation. Health is one of the shared responsibilities, with the exception of external health relations, quarantine and the control of drugs and poisons, which are the exclusive responsibility of the federal government.

In the United States of America the federal government has taken certain initiatives regarding alcohol problem prevention. The USA Constitution is based on a division of powers between the three branches of the national government (legislative, executive and judicial) and between the national government and the provincial level of government (states). The national government is empowered to tax, to provide for the general welfare, and to regulate foreign and interprovincial commerce. It also provides substantial funding assistance for treatment, education and research on alcohol issues. However, the locus of alcohol control is with the provincial governments, which control the availability of alcohol and also have authority to tax alcoholic beverages.

Following the end of Prohibition in the USA in 1933, 32 provinces opted for the "license" system while 18 operate partial state monopolies over alcohol, typically involving a wholesale monopoly over distilled spirits and a retail monopoly over off-premise sale of spirits, or spirits and wine. There is considerable variation between provinces regarding conditions of sale and detailed alcohol control regulations.

In 1985, the federal government increased excise taxes on spirits by 19% over the previous level, established in 1951; federal excise taxes on beer and wine remain unchanged since 1951. Provincial taxes on alcoholic beverages have increased more frequently, but neither federal nor provincial taxes have kept pace with inflation. The federal government has taken a strong initiative to encourage the provincial level governments to adopt certain impaired driving countermeasures. Since 1982, provinces have been offered substantial financial incentives for adopting mandatory license suspensions for impaired drivers, mandatory jail terms or community service for recidivists, a 0.10% Blood Alcohol Concentration limit plus at least four of an additional 22 criteria, including the adoption of a 21-year minimum drinking age.

International economic alliances, such as the European Economic Community, the USA-Canada Free Trade Accord and the Australia-New Zealand New Economic Policy, have created pressure for the centralization of alcohol policy development and the elimination of provincial differences in controls over production and distribution. However, it would be premature to claim that there is a worldwide trend toward the centralization of alcohol policy development in the hands of national governments. In Mexico, the United Kingdom and in the USSR there is increased involvement in alcohol policy development by intermediate levels of government. In Canada, the federal government has explicitly rejected a national server training programme, instead choosing to promote the development of provincially based programmes in a variety of ways (Single, 1990). Thus, there are numerous examples of decentralized prevention programming, and there is no clearly discernable trend toward the centralization of alcohol prevention policy.

These examples illustrate the diversity and complexity of arrangements regarding the division of authority on alcohol policy. If any pattern emerges, it would be that in federal systems, the national government tends to have greater responsibility for policies regarding the source of alcohol (production and international trade) while the provincial level of government is more concerned with policies and programmes concerned with distribution and demand. However, these are only general patterns. There is much overlap with regard to jurisdictional boundaries, and many if not most aspects of policy regarding both the supply and demand for alcoholic beverages involve the federal as well as provincial levels of government.

### 3. Alcohol policy development

#### 3.1 Opportunities for alcohol prevention in federal countries

Given the complexity and diversity regarding the development of alcohol policy...

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