

Facilitating alcohol policy to promote health across sectors: what mechanisms can promote intersectoral activity?

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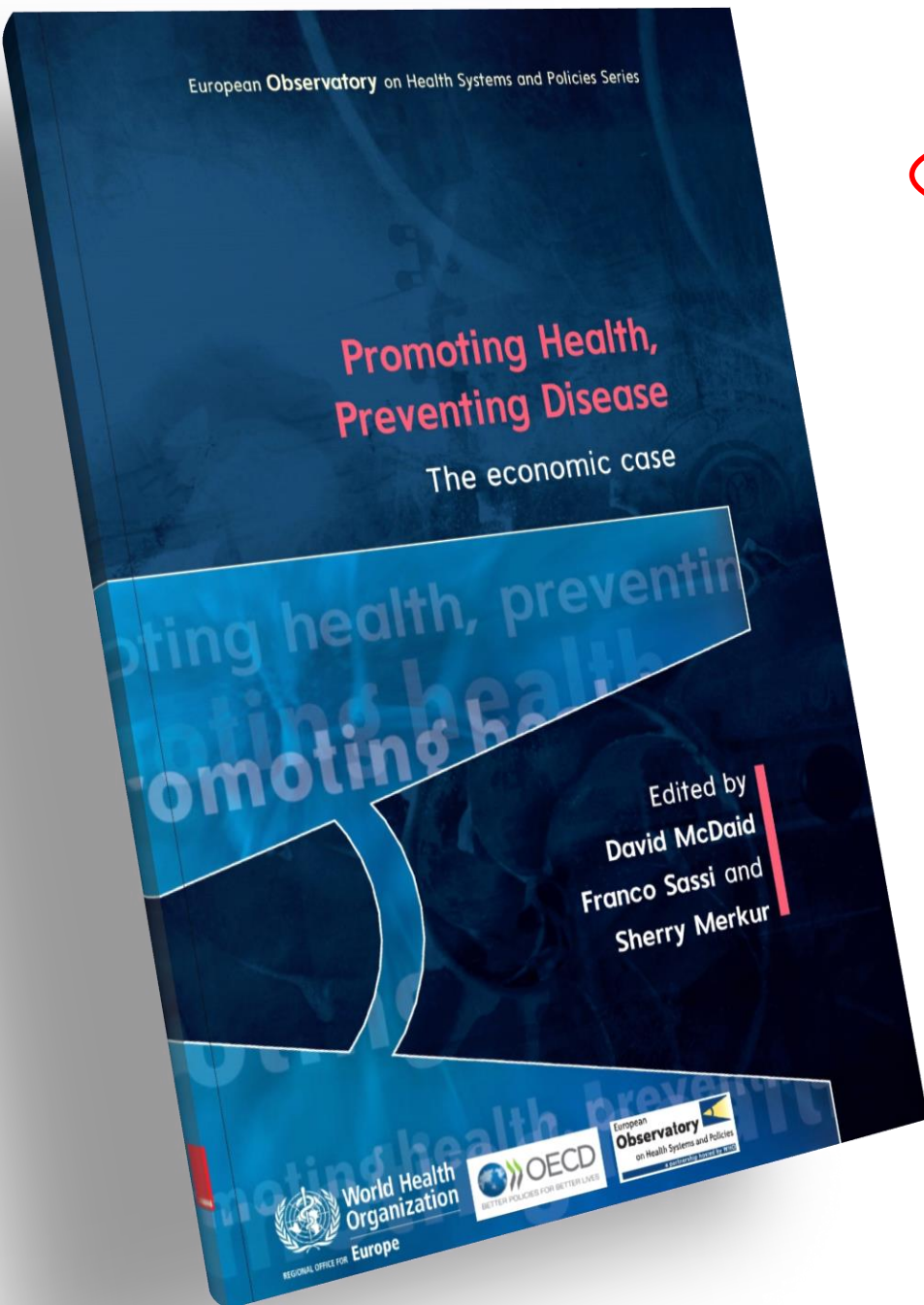
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Focus on facilitating intersectoral activity

- Barriers / facilitators to intersectoral activity
- Focus on specific issues around making an economic case & role of financial mechanisms in encouraging collaboration
- Examples drawn from different areas of health promotion
- Help inform discussions re intersectoral activities



Focus on non-communicable disease & injury prevention using life course perspective

Alcohol

Tobacco

Promoting Mental Health & Wellbeing

Environmental Pollution

Preventing Road-related injuries

Physical Activity

Diet

Investing in education

Health Promotion, Disease Prevention: The Economic Case

McDaid, Sassi, Merkur (eds)

Open University Press 2015

Multi-sectoral actions re alcohol consumption

Potentially cost saving / cost effective include:

Taxation to increase price

Minimum unit price for alcohol

Enforcement of drink-driving legislation

Restriction on access in retail

Restrictions on advertising

Screening and brief intervention in primary care

Need for intersectoral collaboration

Impact of cross-sectoral activity

Impact of Cross-Sectoral Alcohol Policy on Youth Alcohol Consumption

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Strong cross-sectoral alcohol policy in Dutch municipalities may be associated with greater impact on aspects of youth alcohol consumption. (*Journal of Studies on Alcohol & Drugs*; 2016; 77:596-605)



**Facilitating
intersectoral
actions**

Barriers/Facilitators to intersectoral implementation

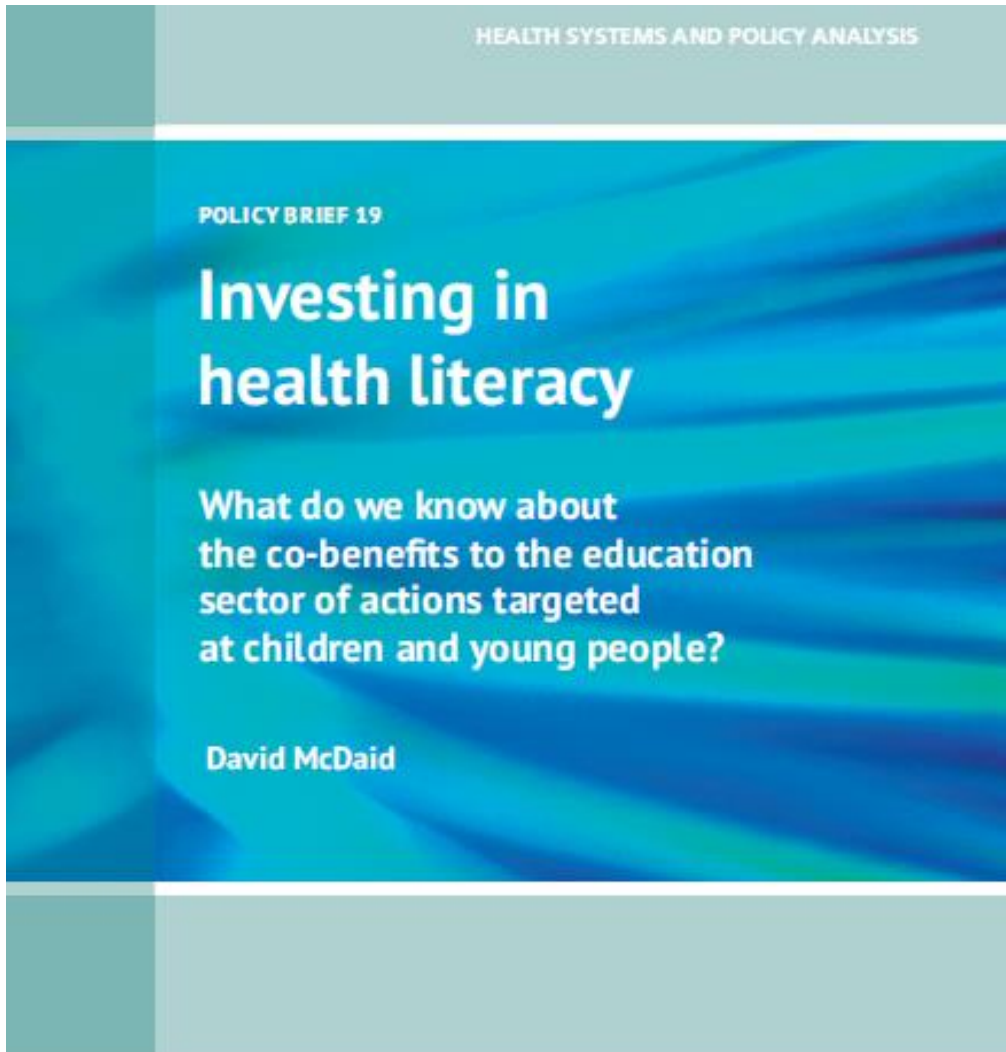
Barrier	Facilitator
Fragmented and cross sectoral responsibility for implementation	Develop shared policy goals and implementation strategies Building and supporting partnerships across sectors
Fragmented & cross sectoral responsibility for funding actions	Creating dedicated cross-sectoral funding streams for alcohol action
Limited incentives for non-health sector to invest in alcohol action	Identify benefits and costs to different sectors of alcohol action
Lack of awareness of importance of health and wellbeing in sectors	Capacity building actions in sectors
Lack of evidence on effective actions and implementation	Measures to strengthen evidence base

Governance actions & structures to support intersectoral initiatives

Governance actions		Evidence support	Setting goals & targets	Coordination	Advocacy	Monitoring & evaluation	Policy guidance	Financial support	Providing legal mandate	Implementation & management	
Intersectoral governance structures	Government level		√	√	√						
	Parliament level	Parliamentary committees	√		√	√	√		√		
	Bureaucratic level/(civil service)	Interdepartmental committees and units	√		√	√	√	√			√
		Mega-ministries and mergers			√						√
	Managing funding arrangements	Joint budgeting			√				√		√
		Delegated financing			√	√			√	√	√
	Engagement beyond government	Public engagement	√	√		√		√			
		Stakeholder engagement				√		√	√	√	
		Industry engagement			√				√		

McQueen D, Wismar M, Lin V et al *Intersectoral governance for Health in All Policies. Structures, actions and experience.* Copenhagen, WHO, 2012

Make sector-specific outcome and economic arguments



Make sector specific outcome and economic arguments: Also helpful not only to demonstrate that health can be improved by actions in different sectors, but that there are also benefits to those sectors of thinking about health issues. Can help facilitate cross sectoral action.

http://www.euro.who.int/__data/assets/pdf_file/0006/315852/Policy-Brief-19-Investing-health-literacy.pdf

Multi-stakeholder perspective

Non health system stakeholders probably won't view health outcomes as a key concern - but they may be responsible for funding and implementing key interventions to address harmful alcohol use

Important to quantify benefits of interventions relevant to sectors that fund and/or deliver interventions

Identify time period over which these benefits will be realised

Any short term benefits may further incentivise early action in these sectors

Speaking the right language

- Make arguments using the language of the sector in question re alcohol policy
- For school based programmes any impacts on education outcomes: truancy rates, exam performance, classroom disruption, teacher absenteeism rates, reputation
- For workplaces: creativity, innovation, absenteeism, reduction in work accidents, performance at work



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JOURNAL OF
SCHOOL HEALTH

The effects of alcohol use on academic achievement

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ABSTRACT

This paper examines the effects of early adolescent alcohol use on mid-adolescent school performance and connection. We estimate fixed effects models using data from the Communities That Care survey. Our results show that early alcohol use is associated with lower average (GPA) absolute consumption results and in statistically significant ways that are generally smaller than individual heterogeneity. These associations remain after statistically controlling for other factors known to predict school outcomes.

RESEARCH ARTICLE

Effects of Early Adolescent Alcohol Use on Mid-Adolescent School Performance and Connection: A Longitudinal Study of Students in Victoria, Australia and Washington State, United States

Sheryl A. Hemphill, PhD^a, Jessica A. Heerde, PhD^b, Kirsty E. Scholes-Balog, PhD^c, Todd I. Herrenkohl, PhD^d, John W. Toumbourou, PhD^e, Richard F. Catalano, Jr. PhD^f

ABSTRACT

BACKGROUND: This article examines the effect of early adolescent alcohol use on mid-adolescent school suspension, truancy, commitment, and academic failure in Washington State, United States, and Victoria, Australia. Also of interest was whether associations remain after statistically controlling for other factors known to predict school outcomes.

METHODS: State-representative student samples were surveyed in 2002 (grade 7; N = 1858) and followed up annually to 2004 (grade 9) in both sites. Students completed a modified version of the Communities That Care survey to report alcohol use, school outcomes, and risk and protective factors. Response rates were above 74% and retention rates exceeded 98% in both places.

RESULTS: Controlling for grade 7 risk factors, grade 7 current alcohol use, and heavy episodic drinking were associated with grade 8 school suspension. Grade 7 current and frequent alcohol use and heavy episodic drinking were linked to grade 9 truancy. In fully adjusted analyses, associations between early alcohol use and academic failure and low school commitment did not remain.

CONCLUSIONS: Although alcohol use is one factor influencing school performance and connection, there are other risk factors that need to be targeted to improve school outcomes.

Keywords: alcohol use; school performance; school connection; longitudinal study; adolescence.

Citation: Hemphill SA, Heerde JA, Scholes-Balog KE, Herrenkohl TI, Toumbourou JW, Catalano RF Jr. Effects of early adolescent alcohol use on mid-adolescent school performance and connection: a longitudinal study of students in Victoria, Australia and Washington State, United States. *J Sch Health*. 2014; 84: 706-715.

Demonstrating economic benefits to different sectors

- Also document the economic benefits to non-health sector of taking alcohol related measures
- Examples:
 - Impacts on cost of road accidents to transport and police sectors
 - Impacts to police, justice and social welfare systems of alcohol related domestic and other violence, and anti-social behaviour.

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Some examples

Domestic Violence as a Public Health Issue

In Kent, an Independent Domestic Violence Advisors (IDVA) Service is funded through support not only from the county council's public health department but also by the Fire and Rescue, probation and police services. Early action to support domestic violence victims has benefits for mental health and self-harm prevention, but there are also wider positive resource impacts for health and other sectors.

In developing this jointly funded service the council were able to cite economic modelling work commissioned by NICE estimating that for every 100 clients that IDVAs work with, they will avoid £0.9 million in costs to the criminal justice system, £0.3 million to the health system, as well as lost employment costs of £0.4 million (Mallender et al., 2013). These avoided costs more than outweigh the costs of the service.

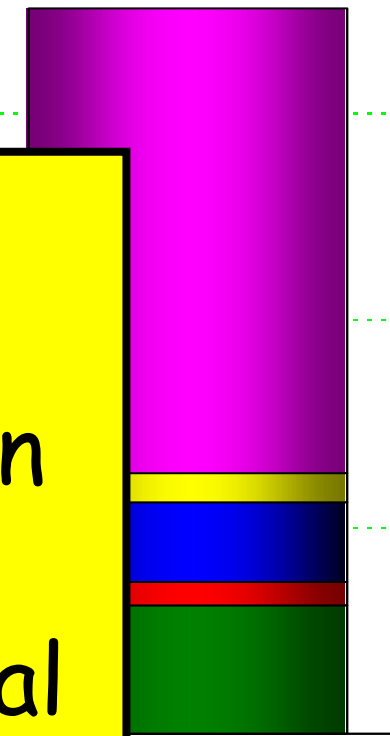
Costs in early adulthood linked to childhood antisocial behaviour

Costs (£) from ages 10 to 28

60000

- Criminal justice
- Benefits
- Relationships
- Social care
- Health
- Education

Contributed to political consensus in England on importance of investing in child mental health. Recognised many potential benefits to different sectors



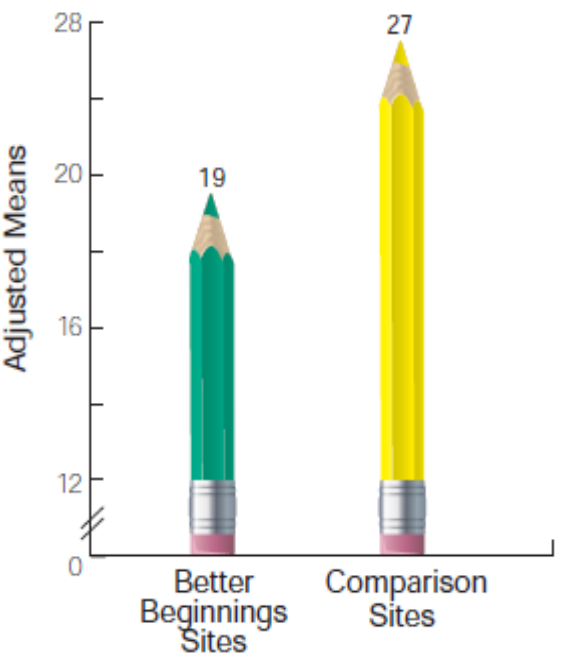
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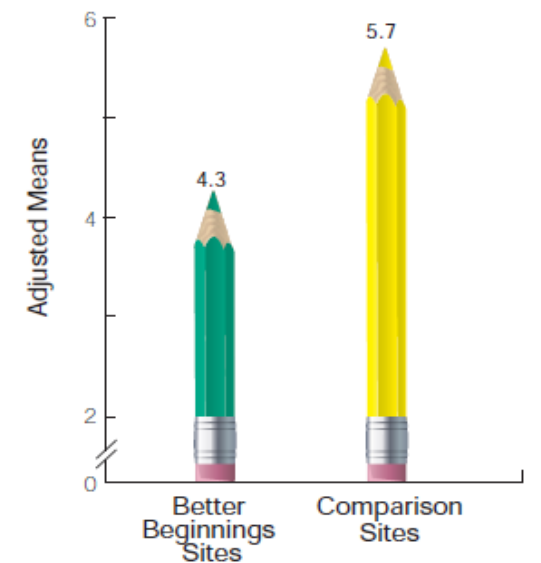
Better Beginnings Better Futures

- 25 year ongoing evaluation begun in 1990
- Developed in response to study that reported 1 in 6 children in Ontario had high levels of emotional and behavioural problems
- Kindergarten to age 7 programme
- Interventions to prevent emotional/behavioural problems & promote social, emotional and physical health
- Interventions to support parents and involve local community

Teacher-Reported Percentage of Young People using Special Education/Services

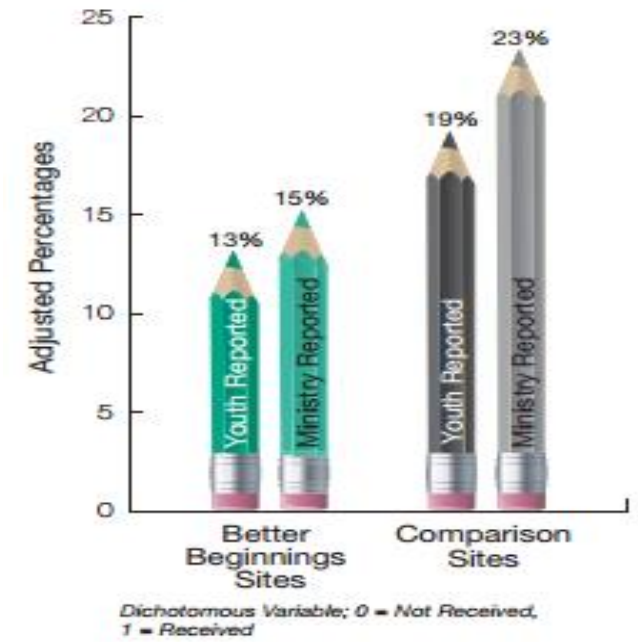


Teacher-Reported Hyperactive/Inattentive Behaviour in Youths



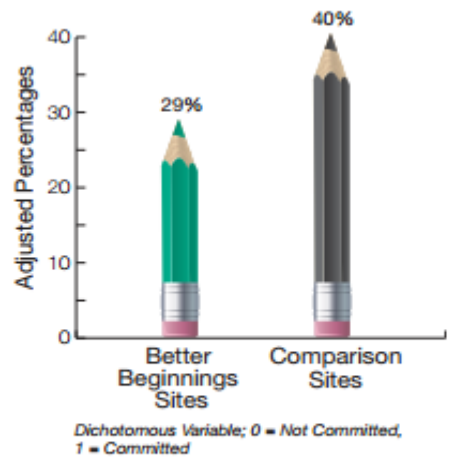
7 item scale with higher scores indicating more hyper-active/inattentive behaviour. Scale range 0 to 14.

Youth Special Education Services



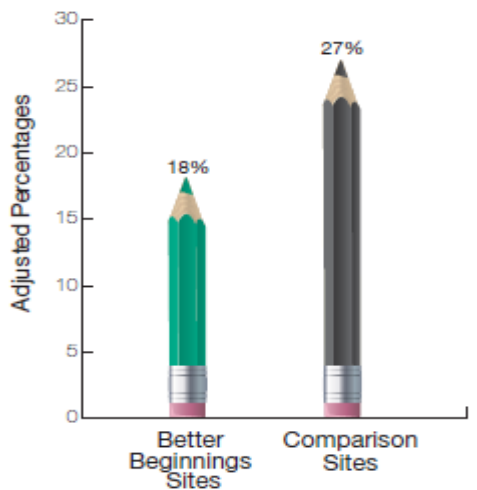
Dichotomous Variable; 0 = Not Received, 1 = Received

Youth Property Crime



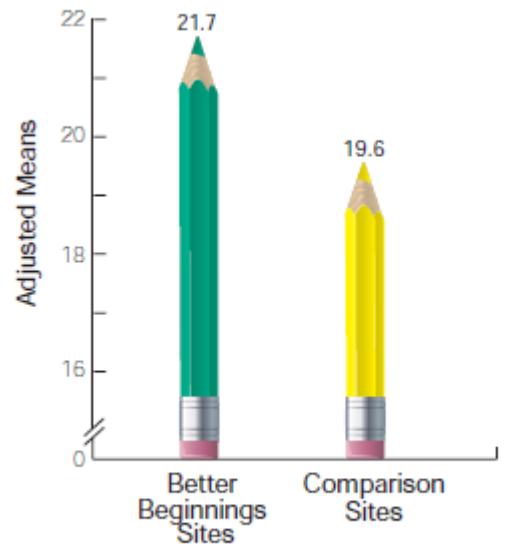
Dichotomous Variable; 0 = Not Committed, 1 = Committed

Parent Clinical Depression



Dichotomous Variable; 0 = Not Depressed, 1 = Depressed; a score of 22 or more considered to be clinically depressed.

Neighbourhood Satisfaction



5 item scale with higher scores indicating more satisfaction. Scale range 4 to 30.

Better educational outcomes and reduction in use of social services as a result of investment in Better Beginnings

€2.50 return on every €1 invested

Conservative analysis not all benefits valued

TRACKED CONTACT WITH SERVICES	SAVINGS	COST PER BETTER BEGINNINGS FAMILY
HEALTH SERVICES (Y+P: youth and parent contact) (Y: youth contact only)		
Number of serious injuries (defined as those requiring treatment) (Y)	No	\$ 26 more
Visit with a nurse practitioner (Y+P)	No	9 more
Visit to a family physician (Y+P)	No	1 more
Emergency room use (Y+P)	No	313 more
Number of overnight stays in hospital (Y)	No	871 more
Being overweight (Y+P)	Yes	39 less
Being obese (Y+P)	Yes	114 less
Savings in Health Services	No	\$1,067 more
EDUCATIONAL SYSTEM (youth contact)		
Use of special education services in elementary and high school	Yes	\$ 5,159 less
Grade repetition in elementary school	Yes	343 less
Courses failed in high school	No	186 more
Savings in the Educational System	Yes	\$5,316 less
SOCIAL SERVICES (family contact)		
Visits with social worker	No	\$ 2 more
Social welfare assistance	Yes	921 less
Ontario disability support program	Yes	2,764 less
Worker's compensation	No	372 more
Savings in Social Services	Yes	\$3,311 less
TOTAL SAVINGS to government per Better Beginnings family		\$7,560
DIRECT COST per family for up to four years of Better Beginnings programs		– \$2,991
NET SAVINGS to government per Better Beginnings family		\$4,569



Using financing
mechanisms to
encourage
intersectoral action

Financing mechanisms to support intersectoral actions

[Data and evidence](#) > [Evidence-informed policy-making](#) > [Publications](#) > Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors (2016)

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Evidence on financing and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors (2016)

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[English](#) (PDF, 464.0 KB)

By David McDaid and A-La Park
Health Evidence Network synthesis report 48
2016, x + 49 pages
ISBN 978 92 890 5192 7

Intersectoral collaboration between the health and the social welfare, education or labour sectors can help to influence the social determinants of health. Funding such collaboration can be difficult as these sectors may be subject to very different regulatory structures, incentives and goals. This review found 51 documents on the use of various financial mechanisms to facilitate intersectoral collaboration for health promotion, involving at least two of these



Financial mechanisms

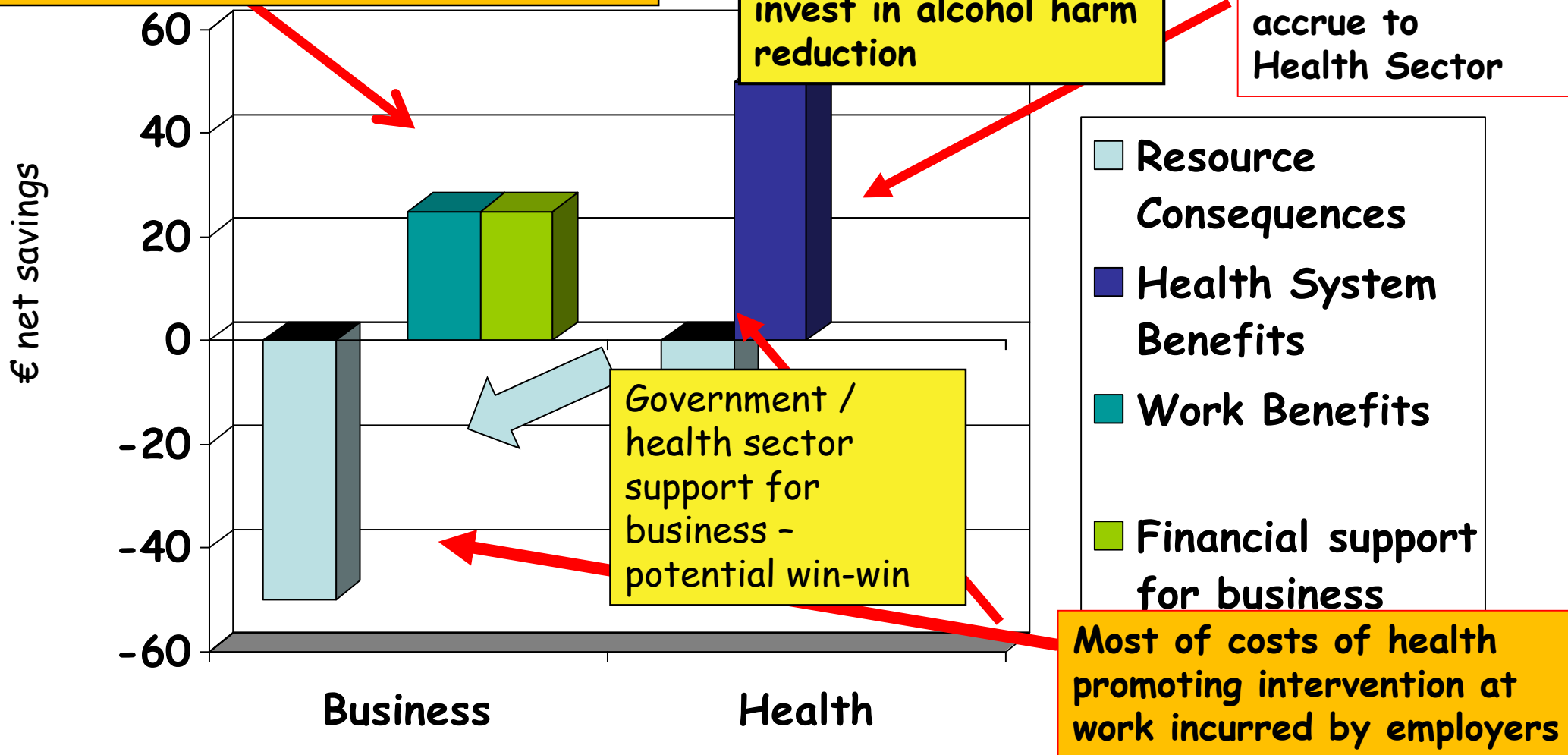
- Pooling resources across sectors
- Dedicated funds for intersectoral work
- Independent agencies established to promote intersectoral work

Potentially compensate sectors that lose out

Document benefits to workplaces e.g. reduced alcohol-related injuries and Potentially compensate for losses

But not all workplaces have resources to invest in alcohol harm reduction

Health Benefits accrue to Health Sector



To summarise

- Identifying wider (economic and other) benefits to other sectors can be helpful
- Financing mechanisms can be used to help
- These factors can be considered within local contexts:
 - Policy making environment, different regulatory and legislative issues, resource constraints etc, how priorities shape policy across sectors