LEGISLATIVE RESEARCH SERVICES

30th Alaska Legislature
LRS Report 18.244
July 15, 2018

(907) 465-3991 phone
(907) 465-3908 fax
research@akleg.gov

Alcohol Use and Policies to Restrict the Availability of Alcohol

Timothy Lash, Legislative Analyst

In general, what is the relationship between alcoholism and the availability of alcohol from a policy standpoint? Between countries, what is the relationship between the rate of alcoholism and the minimum legal drinking age? Between states in the United States, what is the relationship between the rate of alcoholism and the number of liquor licenses per capita?

Broadly speaking, there is abundant research to support the proposition that certain forms of alcohol-related restrictions, established as part of a comprehensive alcohol control policy, yield measurable positive outcomes for the health, safety, and economic well-being of populations around the world. The body of evidence on alcohol use and abuse does not point to a single policy, such as raising the minimum legal drinking age (MLDA) or restricting alcohol sales within a certain area, as being directly associated with reduced alcoholism. However, multiple concurrent policies, including those examples and others outlined below, may be sufficient to lower the rate of alcohol use.

In examining how states that place quotas on liquor licenses compare to states that do not place such quotas, there is little, if any, evidence to affirm that such quotas are correlated with reduced alcohol use or alcoholism or reduced alcoholism. Other policy measures, such as MLDAs, have produced stronger evidence of reduced alcohol use. Overall, alcohol use is a complex issue for researchers, and the current data on policy outcomes supports multiple forms of alcohol control, as detailed below.[1]

Global Alcohol Policies and Statistics

The World Health Organization (WHO), which evaluates and reports alcohol-related research on every country, has concluded that comprehensive restrictions placed on the availability of alcohol are generally effective in reducing rates of alcohol consumption and the harmful use of alcohol.[2] In 2014, the WHO reviewed the body of research conducted thus far regarding alcohol policies worldwide, concluding as follows:

---

[1] For the purposes of this report, we consulted numerous international and U.S. public health entities, including the World Health Organization, European Commission, National Institutes of Health, Centers for Disease Control and Prevention, National Conference on State Legislatures, and National Institute on Alcohol Abuse and Alcoholism.

[2] "Global Status Report on Alcohol and Health," World Health Organization, 2014, http://www.who.int/substance_abuse/publications/alcohol_2014/en/.

The accumulated research findings indicate that population-based policy options – such as the use of taxation to regulate the demand for alcoholic beverages, *restricting their availability* [emphasis ours] and implementing bans on alcohol advertising – are the "best buys" in reducing the harmful use of alcohol as they are highly cost-effective in reducing the alcohol-attributable deaths and disabilities at [the] population level.[3]

According to the WHO, the most effective policies to reduce alcohol use include the following:

1. Increase alcohol prices by raising taxes;

2. Restrict the hours and days during which alcoholic beverages are sold by and consumed at alcohol sales outlets, e.g. liquor stores and drinking establishments;

3. Establish a minimum legal drinking age (MLDA) to reduce the availability of alcohol among young people;

4. Regulate the advertising of alcohol, especially among adolescents; and

5. Reduce the geographic density of alcohol sales outlets in a location.[4][5]

Alcohol Policies in the United States

While many countries regulate alcohol primarily at the national level, the United States does not do so, leaving numerous areas of policy to the states to decide. States vary widely in their adoption of such

---

[3] "Global Status Report on Alcohol and Health," 2014.

[4] "Global Status Report on Alcohol and Health," 2014; and Lars Møller and Srdan Matic, "The European Commission's Communication on alcohol, and the WHO framework for alcohol policy: Analysis to guide development of national alcohol action plans," WHO Regional Office for Europe, 2010, *http://www.euro.who.int/__data/assets/pdf_file/0014/114323/E93937.pdf*.

[5] For a comprehensive survey of all countries regarding alcohol, policies, and health, please see the WHO's profiles, accessible at *http://www.who.int/substance_abuse/publications/alcohol_2014/en/*. According to these profiles, the highest rates of alcohol use by country are primarily concentrated in Eastern and Western Europe. The United States ranks lower than many European countries yet remains in the upper quartile of countries in alcohol use per capita, exhibiting higher levels of drinking than most countries in the Americas.

measures, with the exception of the MLDA, which—at 21 years of age in every state—is one of the highest MLDAs in the world.[6]

In other realms of alcohol control, the United States is a patchwork of state and local measures, presenting difficulties in research between states. Social and cultural factors are widely considered to have major effects on drinking levels in a state. In support of comprehensive alcohol control strategies, according to a study conducted in 2010 by Henry Weschler and Toben F. Nelson, "States that had more alcohol control policies and laws to complement the minimum legal drinking age of 21 years had lower levels of drinking and related problems among underage youths," and, consistently, the level of drinking among younger people was "strongly associated with the level of drinking among adults."[7]

As mentioned above, we were not able to find evidence pointing to an association between the regulation of liquor licenses and the levels of drinking in states. The Alcohol Policy Information System, a project of the National Institute on Alcohol Abuse and Alcoholism, provides in-depth information on many different areas of alcohol control policy across states—such as keg registration, beverage service training requirements, and prohibitions against hosting underage drinking parties—but does not collect or provide information on liquor license quotas or restrictions.[8] As of 2014, there were 17 states where such quotas were enforced: Alaska, Arizona, California, Florida, Idaho, Kentucky, Massachusetts, Michigan, Minnesota, Montana, New Jersey, New Mexico, Ohio, Pennsylvania, South Dakota, Utah, and Washington.[9] The states' quotas are typically based on legislation enacted in the aftermath of Prohibition and applied on a per-capita basis.

These 17 states do not have comparatively low rates of alcohol use, nor do they show an empirical correlation between quotas and reduced drinking. Alaska, for example, ranks 9th in the nation in alcohol consumed per capita, according to the National Institute on Alcohol Abuse and Alcoholism.[10] Alaska

---

[6] There is, in fact, a growing body of evidence showing that lower MLDAs, such as those common in European countries, are generally associated with higher levels of teen drinking. For more information, please see: Henry Wechsler, PhD, and Toben F. Nelson, ScD, "Will Increasing Alcohol Availability by Lowering the Minimum Legal Drinking Age Decrease Drinking and Related Consequences Among Youths?" *American Journal of Public Health*, June 2010, *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2866588/*; Christopher Carpenter and Carlos Dobkin, "The Minimum Legal Drinking Age and Public Health," *Journal of Economic Perspectives*, Spring 2011, *https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3182479/*; "Should the Drinking Age Be Lowered from 21 to a Younger Age?" *ProCon.org*, May 17, 2018, *https://drinkingage.procon.org/*; and "Minimum Legal Drinking Age in 190 Countries," *ProCon.org*, March 10, 2016, *https://drinkingage.procon.org/view.resource.php?resourceID=004294*.

[7] Wechsler and Nelson, 2010.

[8] The Alcohol Policy Information System is accessible for every state at *https://alcoholpolicy.niaaa.nih.gov/*.

[9] Jim Saksa, "Rum Deal: Counting up all the ways America's booze laws are terrible," *Slate*, June 12, 2014, *http://www.slate.com/articles/business/moneybox/2014/06/america_s_booze_laws_worse_than_you_thought.html*.

[10] Megan Trimble, "10 States That Drink the Most Alcohol," August 16, 2017, *U.S. News & World Report*, *https://www.usnews.com/news/best-states/slideshows/these-states-consume-the-most-alcohol-per-capita*.

also appears in the upper range of states where excessive drinking is common, as seen in a nationwide map prepared by the Centers for Disease Control and Prevention (CDC).[11] According to a recent *USA Today* report based on data obtained from the CDC, Alaska is third among states in excessive use of alcohol, with Fairbanks reported to be "the drunkest metro area" in the state.[12] Among the top 10 states in the latter ranking of states, Alaska and three others—Michigan, Minnesota, and Montana—enforce quotas on liquor licenses.

While quotas continue to operate as a form of alcohol control in many states, there is not sufficient evidence to affirm that those states, by using quotas, are employing an effective form of control. Divergent policies and geographic characteristics influence heavier drinking in some places than others, and the existing research does not support a persuasive correlation between liquor license quotas and reduced levels of drinking.[13] It is, however, widely accepted that multiple policies, working in tandem, can reduce the availability of alcohol and succeed in contributing to healthier outcomes.

We hope this is helpful. If you have questions or need additional information, please let us know.

---

[11] The CDC's map is accessible at *https://www.cdc.gov/alcohol/data-stats.htm*.

[12] Cheyenne Buckingham, "These are America's drunkest states," March 8, 2018, *USA Today*, *https://www.usatoday.com/story/news/2018/03/08/these-americas-drunkest-states/406342002/*.

[13] In the future, as one research study observes, "Having a better understanding of how geographic characteristics influence alcohol use would help inform and improve prevention and treatment efforts." M.A. Dixon and K.G. Chartier, "Alcohol Use Patterns Among Urban and Rural Residents: Demographic and Social Influences," *Alcohol Research*, National Institute on Alcohol Abuse and Alcoholism, 2016, *https://www.ncbi.nlm.nih.gov/pubmed/27159813*.