

Costs, Prohibition, and Need for Responsive Public Health Evidence

Sir,

Acknowledging the significant shifts in public health policy related to alcohol consumption in India, we observe the relative absence of the use of available evidence in decision-making; identifying the specific areas where alcohol consumption is resulting in the greatest economic loss is of utmost importance in designing cost-effective public health policies. Despite efforts to identify and quantify economic costs of alcohol consumption in India in the past two decades, the need to review the available literature on costs due to alcohol use and comprehend its scope in formulating alcohol control policies for the country is more urgent than ever. The WHO guide helps classify available studies on costs due to alcohol use and thus identify the gaps in knowledge needed for an effective alcohol control policy.^[1]

In India, in the recent past, three studies explored the microeconomic costs of alcohol consumption (individual/household expenditures),^[2-4] and two studies explored macroeconomic costs.^[5,6] Greater reliance on prevalence based approaches in cost-of-illness (COI) frameworks has been apparent and provided only a partial picture of costs, underscoring that studies using methodologies other than prevalence based COI are needed. To be of use for policy formulation, there is a need to capture costs of alcohol consumption borne by government entities or firms in India. In addition to alcohol's impact on health sector spending and labor productivity, impact on capital accumulation (household appliances, savings, land, etc.), human capital investment (education and job training), and population demographics (fertility rates, life expectancy, immigration patterns, etc.) need to be quantified. Furthermore, analyses that quantify non-market costs of alcohol consumption (e.g., costs related to lost leisure time, decreased household maintenance, and pain/suffering) will provide a better picture of the effect on overall economic costs. It is thus incumbent on the public health community to generate comprehensive costs related to alcohol consumption in the country and debate effective alcohol control policies.

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Conflicts of interest

There are no conflicts of interest.

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