

Cigarette taxation helps to reduce drinking among groups considered vulnerable

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Tobacco use is the leading cause of preventable death and disability in the U.S., while heavy drinking ranks as the third leading cause of preventable death. Cigarette taxation has been recognized as one of the most significant policy instruments to reduce smoking. Given that smoking and drinking often occur together, a first-of-its-kind study has examined cigarette taxation and found that increases are associated with modest to moderate reductions in alcohol consumption among vulnerable groups.

Results will be published in the January 2014 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"Smoking and heavy [drinking](#) co-occur at alarmingly high rates," said Sherry McKee, associate professor of psychiatry at Yale University School of Medicine as well as corresponding author for the study. "Tobacco can enhance the subjective effects of [alcohol](#) and has been shown to increase the risk for heavy and problematic drinking. Smokers drink more frequently and more heavily than non-smokers, and are substantially more likely than non-smokers to meet criteria for alcohol abuse or dependence. The co-occurrence of smoking and drinking is of particular clinical significance given evidence that health consequences exponentially increase with combined versus singular abuse of alcohol and tobacco."

"Smoking and drinking are strongly linked for a host of reasons including complementary pharmacologic effects, shared neuronal pathways, shared genetic associations, common environmental factors, and learned associations," added Christopher W. Kahler, professor and chair of the department of behavioral and social sciences at Brown School of Public Health. "However, it is possible to intervene through behavioral treatments, pharmacotherapy, and policy to affect both behaviors in a positive way."

"Cigarette taxes have broad population reach and have been recognized as one of the most significant policy instruments to reduce smoking," said McKee. "Increases in cigarette taxes predict decreases in smoking initiation, increases in quitting, and reductions in cigarette-related morbidity and mortality. By increasing the price of cigarettes, taxes are thought to encourage smokers to reduce their use of cigarettes or quit altogether, and discourage non-smokers from starting to smoke."

McKee and her colleagues examined data gathered through personal interviews with 21,473 alcohol consumers as part the National Epidemiological Survey on Alcohol and Related Conditions, a survey conducted by the National Institute on Alcohol Abuse and Alcoholism. Analyses evaluated whether increases in cigarette taxes between Waves I (2001-2002) and II (2004-2005) were associated with reductions in quantity and frequency of alcohol consumption. These analyses were conducted by gender, hazardous drinking status, age, and income group, and were further adjusted for demographics, baseline alcohol consumption, and alcohol price.

"We hypothesized that the public health benefits of cigarette taxes would extend beyond smoking to reduce alcohol consumption," said McKee. "Results suggest that increases in cigarette taxes were associated with reductions in [alcohol consumption](#) over time among male smokers. The protective effects were most pronounced among subgroups who are most at risk for adverse alcohol-related consequences, including male heavy drinkers, young adults, and those with the lowest income."

"These findings suggest that if states increase taxes on cigarettes, they are not only likely to reduce smoking – based on a large body of literature – but they also may have a modest impact on heavy drinking rates among men, those with lower income, and those who drink most heavily,"

said Kahler. "In other words, policies that target one specific health behavior may have broader benefits to public health by affecting additional health behaviors that tend to co-occur with the targeted health behavior."

Kelly Young-Wolff, post-doctoral research fellow at Stanford Prevention Research Center, and one of the study's co-authors, agreed, adding that these results support research that targets the interactions of tobacco and alcohol. "Results from our study can pave the way for a productive line of future research aimed at reducing secondary public health harms such as alcohol-related violence, drunk driving, and [alcohol](#)-related morbidity and mortality."

"While the study does not show a causal association," added Kahler, "in the context of laboratory, clinical, and policy studies conducted to date, it suggests that policy makers and clinicians may have significant opportunities to address heavy drinking and smoking together."

Provided by Alcoholism: Clinical & Experimental Research

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