



Determinants of alcohol consumption

A 12-country study in progress

PLANNED DETERMINANTS

Eight main classes of alcohol policy have been previously identified:

1. Control (of price and advertising)
2. Availability
3. Drink driving
4. National prevention plans
5. Enforcement (of laws and regulations)
6. Education
7. Community projects
8. Alcohol treatment programmes in the health system

UNPLANNED DETERMINANTS

Sixteen main classes of unplanned demographic, economic, social, cultural, and health variables have been identified in AMPHORA:

1. Demographic characteristics (age and gender distribution)
2. Migration
3. Education (level)
4. Employment
5. Income
6. Changes in family structure
7. Market strategies (alcohol and food items)
8. Alcohol industry
9. Food intake
10. Consumerism
11. Health behaviour (smoking)
12. Major socio-political & economic events
13. Social attitude
14. Road traffic density
15. Secularization
16. Border import of alcohol

Alcohol policy, at the national and local levels, aims to minimize the harm done by alcohol and to promote social well-being among the general population.

Over the period 1960-2000, levels of alcohol consumption and alcohol-related harm have changed in almost all European countries. Many of these changes seem to have occurred independently of alcohol policy. This suggests that factors other than planned alcohol policy may determine levels of consumption and alcohol-related harm.

For example, in the early part of the period 1960-2000, levels of alcohol consumption decreased in most southern European countries, often preceding the implementation of alcohol policies. Conversely, in later part of the period 1960-2000, levels of alcohol consumption have been increasing in some northern European countries, sometimes related to liberalization of alcohol policy, but, sometimes, apparently, independent of changes in alcohol policy. Over the

same time period, countries in Central and Eastern Europe have shown intermediate patterns.

These changes do not mean that evidence based alcohol policies are not effective, but rather that alcohol policies alone may not be sufficient to explain changes in alcohol use over time. In other words, changes in alcohol consumption and alcohol-related harm may be the result of a complex interplay between an individual's use of alcoholic beverages, the results of social networks, and a mixture of intentional planned determinants and contextually unplanned determinants (see side bar).

To understand, design and implement effective policy, it is important to take into account the unplanned determinants at the time when policy actions are being considered.





Work Package 3 of AMPHORA aims to identify planned and unplanned determinants and describe their impact on alcohol consumption and alcohol-related harm over time in 12 European countries (Austria, Finland, France, Hungary, Italy, The Netherlands, Norway, Poland, Spain, Sweden, Switzerland and UK).

The WP3 study will examine associations in the 12 participating countries between three dependent variables, alcohol consumption, liver cirrhosis and traffic injuries, as a function of changes in 11 planned determinant indicators

(from the eight main classes of alcohol policy) and 37 unplanned determinant indicators (from the sixteen main classes of unplanned determinants).

Statistical analyses will be performed in 2 steps:

1) At the country level to examine temporal trends for the dependent and independent variables, to identify variables that best explain the trends in alcohol consumption and alcohol-related harm for each country;

2) At the European level cluster analysis will be used to identify mutually exclusive groups of countries on the

basis of similarity or difference in the trends of their variables. The results should be available at the beginning of 2012.

FURTHER DETAILS

- Allamani *et al.* (2011)

[Substance Use & Misuse](#),
46:1288–1303

CONTACT TO:

Allaman Allamani:

allamana@gmail.com

or

info@amphoraproject.net

