



Building up the AMPHORA database of infrastructures on alcohol policy

Claudia König & Lidia Segura

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AMPHORA Experts joint meeting

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Objectives

- Mapping existing alcohol policy infrastructures in European countries
- Collecting relevant laws and supporting documents across a range of alcohol policy areas
- Place these information on the country pages of the AMPHORA website – building up a database on infrastructures on alcohol policy
- Examine the relationship between infrastructures and achieving alcohol policy change or improvements



Background

■ Definition of infrastructures

- Policies, priorities, regulations and material resources that facilitate an organised health promotion response to public health issues
- Structures that are involved in policy development, priority setting, monitoring and surveillance, research and evaluation, workforce development, and programme delivery
- Includes infrastructures for public health as well as infrastructures that represent a barrier to public health



Methods

- Data Collection

- Develop a database and a questionnaire based on HP-Source tool - updated and modified according to literature searches
- Completion by WHO country counterparts

- We will NOT duplicate what has already been collected as part of the WHO/EC questionnaire



Database of infrastructures on alcohol policy

- Section 1: Alcohol policy infrastructures
- Section 2: Policy relevant documents



Section 1 – Alcohol policy infrastructure elements

- What infrastructures are in place at country level?
 - Policies, priorities and goals
 - Governmental bodies and departments at different levels
 - Alcohol industry or industry-related organisations
 - NGOs and civil society organisations
 - Science and research based organisations
 - Monitoring and surveillance systems
 - Professional workforce
 - Funding basis



Section 2 – Collection of policy relevant documents

- Laws and regulations, guidance and supporting documents, monitoring and evaluation documents
- Areas relate to the policy options in the draft global WHO strategy to reduce harmful use of alcohol
 - Raising public awareness and political commitment
 - Health sector response
 - Community action, including work places
 - Drink-driving policies (and countermeasures)
 - Addressing the availability of alcohol
 - Addressing marketing of alcohol beverages
 - Pricing policies
 - Harm reduction (drinking environments)
 - Reducing the public health impact of illegally and informally produced alcohol
 - Monitoring and evaluation



Expected results

- Building the scientific knowledge base
 - Reveal an extended map of alcohol policy infrastructures in a wide range of European countries by identifying main national-level alcohol policies, laws and regulations, alcohol policy actors, systems and resources
 - Increase the knowledge of the systems and actors involved in alcohol policy-making processes across Europe
 - Better understanding and expanded knowledge base on the role and influence of infrastructure on alcohol policy and practice
- Contribution to policy development
 - Identification of areas where better utilisation of existing infrastructures and development of new infrastructures is needed, necessary to develop and implement effective alcohol policy from a public health perspective



Next steps (1)

- AMPHORA focuses on the EU member states and Norway, but we would not wish to preclude collecting data from all Member States of the WHO European Region



Next steps (2)

- We would like to e-mail to you a very simple questionnaire to complete with a maximum of 20 short questions
- We plan to send this questionnaire after the summer break, during the month of September
- We will place the results on the AMPHORA website



Next steps (3)

- We would also like to invite you at the same time to send us documentation of appropriate policies, laws or regulations that deal with three issues (we do not plan to deal with all issues at once):
 - National policy/strategy document
 - Definitions of an alcoholic beverage
 - Marketing and sponsorship regulations
- We will then place these documents on the AMPHORA website in conjunction with the WHO