

Building a pan-European alcohol policy research competence

The Alcohol Measures for Public Health Research Alliance (AMPHORA) project is a serious effort to push forward research relevant to alcohol policy in the whole of the European Union (EU). The circumstances which this effort addresses are spelt out quite dramatically in two of the papers in this supplement. In a previous study, Gual and colleagues [1] show just how unequally the research on the effects of alcohol taxes/prices and on alcohol marketing is spread, both in terms of the modest proportion of research which comes from within the European Union and of its unequal distribution within the EU. While confining the search to Medline may slightly overstate one dimension of inequality, as some relevant journals with papers in English are not in that database (e.g. *Nordic Studies in Alcohol & Drugs*), the point remains broadly and starkly made.

The historical reasons for the imbalance are clear. In the European countries with strong traditions of policy-relevant alcohol research (Finland, Norway, Sweden, the United Kingdom, the Netherlands, Switzerland), alcohol policy was highly contested a century ago, and alcohol policy research has been a residual legatee of that contest, with institutions dating from that earlier period—e.g. the Nordic monopolies, the Swiss earmarked tax (the *dîme de l'alcool*)—often financing at least some of the research. Except in the United Kingdom, where Thatcher's attack on social research largely destroyed relevant policy research, these research traditions have so far largely survived the hostility of alcohol beverage industry interests, which elsewhere in Europe have limited alcohol research or focused it on other concerns. There have also been long-standing differences in how different parts of Europe defined alcohol problems, and which profession had primary responsibility [2], resulting even today in substantial differences in the emphases in research, including in the attention paid to population issues and policy.

The other circumstance is the comparative obliviousness of the European Union's governing institutions up to this point to the findings of research on alcohol policies, documented in the paper by Gordon & Anderson [3]. This paper gives an analysis focusing on the current decade, since 2001. However, in the longer perspective offered by the political science literature, the current European Union is a little less oblivious than in the past [4–6]. There has been a gradual adjustment from the European Economic Community's origins in a focus on a common market and a membership in which only the Netherlands had much of a temperance history to the European Union

of today, with a competence in public health and a membership encompassing nearly the whole of Europe, even if the adjustment has been slow and in terms of 'baby steps' [6].

The AMPHORA programme itself is one of those steps. It is the most wide-ranging investment yet by the EU in alcohol policy research, in terms of the variety of topics included and the number of researchers and groups engaged from across the EU. What we are offered in this supplement is a first taste of diverse projects included in AMPHORA. These include technical work checking for contamination in unrecorded alcohol in Europe [7], proposing minimum indicators for monitoring and surveillance [8] and an analysis of alcohol's role in the Global Burden of Disease and western and central Europe [9].

While these analyses are completed or well under way, three other papers are markers laying out a position as projects get under way.

There is one project concerned with extending analyses of alcohol policy impacts. It focuses on identifying infrastructures for alcohol policy in countries of the EU, and carrying out case studies in infrastructure formation and development in the last 20 years in seven EU sites: France, Germany, Italy, Norway, Poland and Catalonia [10]. Infrastructures can indeed be important in alcohol policy, as made clear, for instance, in the emphasis in a discussion of preventing alcohol problems in Dutch youth on the need to strengthen the alcohol licensing inspectorate [11]. However, the project's strategy of relying on a questionnaire completed by a single contact person in each nation is likely to run into difficulties. The relevant infrastructures reach across many government departments, and in federal countries are likely to vary across provinces, or *länder*. Infrastructures in Scotland offer differ from those in England, for instance. Over the last 20 years, the case studies will also need to pay attention to the dismantling as well as the building of relevant infrastructures—state wholesale alcohol monopolies were threatened or dissolved, for instance, not only in Nordic countries, but also in Germany, France and Poland.

The outline of a study of environmental factors in the occurrence of problems in on-premise drinking includes an interesting systematic review of studies identifying risk factors since 1990 [12]. This is a worthwhile project, but this is an area where it would also be useful to look to the past. For instance, although it was later forgotten, there was substantial British effort in the years after the

First World War to design trouble-free pubs [13]. In another direction, a classic paper contrasting cultural differences in European drinking places [14] might be examined to see the extent of cultural continuity, and to consider the extent to which such differences have been eroded by international franchising trends and by globalizing influences in youth culture.

Lastly, there is a project to measure need for alcohol treatment services in six countries (Austria, Germany, Italy, Spain, Switzerland and England), and to describe and compare the treatment system in these and four more countries [15]. Comparing treatment systems is a worthwhile undertaking, which should build on the basis of major previous efforts in this area [16]. I am less convinced by the project's apparent assumption that a useful culture-free definition of 'need for treatment' can be found [17]. It is also proposed to collect all randomized controlled trials of alcohol treatment, and to analyse them in terms of systematic variations in results by country, but I suspect it will be hard to find enough comparable trials to produce reliable results.

We may expect the AMPHORA project to make contributions at several levels. Most obviously, there is the level of the new knowledge which will be gained by the diversity of projects which operate under its umbrella. Secondly, it will go some distance towards redressing the imbalance in the provenances of the research literature on alcohol policy [1]. Thirdly, it is already clear from this supplement that AMPHORA is creating the kind of cross-national collaboration and thinking which is part of the great project to build a more united Europe. In the longer term, there is a need for Europeans to think about ways of institutionalizing the new expertise and cross-national understanding in the alcohol policy field which AMPHORA is stimulating. A truly international alcohol policy research field will require a longer-term commitment at the European level.

Declaration of interest

None.

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ROBIN ROOM

*AER Centre for Alcohol Policy Research, Turning Point
Alcohol and Drug Centre, Fitzroy; Victoria, Australia;
School of Population Health, University of Melbourne;
Centre for Social Research on Alcohol and Drugs (SoRAD),
Stockholm University, E-mail: robinr@turningpoint.org.au*

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