



AMPHORA – Alcohol Public Health Research Alliance

Deliverable D2.8 – Report on alcohol policy scale measures across Europe



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ALCOHOL POLICY SCALE MEASURES ACROSS EUROPE

AMPHORA Work Package 8

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Introduction

One purpose of the Alcohol Measures for Public Health Research Alliance (AMPHORA) project is to add to the knowledge base regarding effectiveness and cost-effectiveness of alcohol policies in Europe and to disseminate this knowledge to those engaged in policymaking. As a part of this effort a quantitative scale to measure the strictness and comprehensiveness of formal alcohol policies is developed. This scale is to be used as a device to judge the impact of alcohol policies as well as in observing changes in formal alcohol policies over time.

The aim of this report is to review and discuss previous attempts to scale and measure alcohol policies in quantitative terms and to evaluate their strengths and limitations in order to develop a methodology to scale and compare formal alcohol policies in the AMPHORA project. Finally a scale to measure the comprehensiveness and strictness of alcohol policies within the AMPHORA project is presented, the scales are filled in and validated.

First, we will review earlier studies, which have used a quantitative scale or index for this purpose. Secondly, we will discuss the pros and cons of previous attempts to scale alcohol policies in order to show the potential built-in errors these scales may contain. Thirdly, we will develop an outline for a scale to measure the strictness and comprehensiveness of formal alcohol policies in Europe within the frame of the AMPHORA project. When doing this we will identify problems that occur when alcohol policy measures are quantified and different alcohol policy measures are weighed according to their effectiveness.

In order to review previous attempts to scale and quantify alcohol policies, a literature search was conducted by using a meta-search engine created by the information officers at the National Institute for Health and Welfare (THL), specifically designed for search of addiction literature. The search engine combined the most essential scientific literature databases, including Academic Search Elite, Applied Social Sciences Index and Abstracts (ASSIA), Web of Science, PsycINFO, PubMed and The Alcohol and Alcohol Problems Science Database (ETOH).

Following search strings were used: Alcohol AND Policy AND Scale; Alcohol policy AND Scale; Alcohol policy AND Index. The searches rendered hundreds of hits, but it soon became clear that not many were relevant for our study. Most of the discarded hits portrayed studies that quantified other alcohol- or addiction related measures than alcohol policies. These included for instance WHO guidelines for monitoring alcohol consumption and related harm [1], scales on the severity of alcohol dependency [2], and measures of public opinion on alcohol policy [3].

Previous attempts to scale and quantify alcohol policies

The Davies and Walsh scaling tradition

The earliest comprehensive attempt to scale and quantify alcohol policies was made by Phil Davies and Brendan Walsh in their 1983 study “Alcohol Problems and Alcohol Control in Europe”, which was partly financed by the European Community (EC) [4]. The idea of a quantitative scale measuring alcohol control had, however, been discussed already in the 1970s by Phil Davies [5] and Reginald Smart [6].

The Davies and Walsh study was, nevertheless, the first that included several countries and tried in a comparative manner to rank alcohol policies according to their strictness. The overall objective of

Davies and Walsh was to study alcohol consumption and alcohol problems, and the impact of alcohol control policies on these. The study included nine countries of the European Economic Community (EEC) as it existed in 1980 and six other European countries as well as one non-European country, Israel. A rudimentary scale of alcohol control policy was constructed as a part of the study in order to rank the countries according to the degree of their alcohol control. The scale constructed by Davies and Walsh was groundbreaking, and most attempts to quantify and scale alcohol policies have since then been based on this scale [4].

An almost identical scale to the Davies and Walsh scale was constructed by the Italian Permanent Observatory on Youth and Alcohol a decade later. The scale was used to study 18 European countries, including the European Union (EU) member states as of 1995 and three East European countries [7].

The 30 questions included both in the Davies and Walsh scale [4] and Young People and Alcohol in Europe [7] were divided into four subgroups: “control of production”, “control of distribution”, “social (and environmental) measures” and “(price and) fiscal measures”. The scoring mechanism gave one point for each existing and zero for each non-existing policy measure. There were though some minor differences in the construction and the wording of the two scales that may have affected the different rankings in these scales. In addition, the studies were conducted 13 years apart although they both studied the situation in 1981. The sources used in the two studies were therefore not necessarily the same, which also might explain the different scores the two scales received [8, 9].

Peter Anderson and Juhani Lehto took the Davies and Walsh scale further in their WHO-report “Evaluation and monitoring of action on alcohol”, adding seven more questions to the scale of Davies and Walsh. The revised scale covered questions from random breath testing and warning labels on alcoholic beverages to restrictions on the maximum alcohol content of beverages and bans on different kinds of advertising. In addition to the new questions the authors made also an attempt to measure the differences in the enforcement of alcohol control legislation with the help of one single question [10].

The European Comparative Alcohol Study (ECAS) covered the years 1950–2000 and included all EU member states as of 1995 as well as Norway, and was co-financed by the EU [11]. In addition to country reports on alcohol policies, the project included a scale to measure the strictness and comprehensiveness of alcohol control policies, yet excluding alcohol taxes as they were dealt with in another part of the study [12]. Also the ECAS scale was based on the scale created by Davies and Walsh, but it was divided into six different subcategories of alcohol policy instead of four used in the previous studies [4, 7, 10]. These categories were: 1) “Control of production and wholesale”, 2) “Control of distribution”, 3) “Personal control”, 4) “Control of marketing”, 5) “Social and environmental controls”, and 6) “Public policy” [8].

The ECAS study concluded that comparing scores in different countries over time was problematic because changes in these numbers reflected two separate trends. On the one hand there was a decrease in the control of production and sales of alcoholic beverages or the regulation of the supply side of the alcohol equation. On the other hand alcohol control measures targeted at alcohol demand or directly at alcohol-related problems had become more prevalent over the study period. According to the ECAS study, there was a convergence of alcohol policies during the second half of the twentieth century. Even if the countries got clearly more points in 2000 than in 1950, the convergence was not a process leading towards the kind of strict alcohol policy that was practised in the Nordic countries in the 1950s [13, 14]. Instead the European countries became more similar in

that they were all adopting similar measures trying to affect alcohol demand and alcohol-related problems instead of controlling the supply or availability of alcoholic beverages.

Not surprisingly, the ECAS project showed that in the 1950s and 1960s the Nordic countries had by far the strictest alcohol control. Despite losing some points, they still were the countries having the strictest alcohol control in 2000. One side of the convergence process was that in 2000 when using the same score limits for strict, medium and low alcohol control as in 1950, none of the ECAS countries were classified as having low alcohol control, whereas nine countries out of 15 had low alcohol control in 1950 [8].

The latest effort to scale alcohol policies in the Davies and Walsh tradition was made by Thomas Karlsson and Esa Österberg [9] in the Bridging the Gap (BtG) project, initiated by Eurocare and partially financed by the Health and Consumer Protection Directorate – General (SANCO). The project spanned the years 2004–2006 and involved 25 EU member states, the applicant countries Bulgaria, Romania and Turkey as well as Norway and Switzerland. One of the commitments of the project was to produce country reports on alcohol policies and to create a scale to measure the strictness of alcohol control policies.

In creating the alcohol policy scale in the BtG project the ECAS scale was used as a starting point. The scale was divided into seven subgroups of formal alcohol policy: control of production and wholesale, control of distribution, age limits, control of marketing, BAC limits in traffic, public policy and alcohol taxation. As in the ECAS project the different subgroups of alcohol policy in the BtG scale were given different weights depending on the strictness and effectiveness of different alcohol policy measures.

According to the BtG scale, alcohol control policies were strictest in the Northern European alcohol monopoly countries of Norway, Sweden and Finland. Countries with medium alcohol control included Denmark, Ireland and the United Kingdom, the Baltic states (Estonia, Lithuania and Latvia), Poland, Hungary, the Netherlands, Belgium, France and Switzerland as well as Turkey. To generalize, these countries could be called Central European beer preferring countries and former East European spirits preferring countries even if France, Hungary or Turkey would not fit in this general classification. Countries with low alcohol control included Austria, Bulgaria, Cyprus, the Czech Republic, Germany, Greece, Italy, Luxembourg, Malta, Portugal, Romania, Slovakia, Slovenia and Spain. Economic importance of wine and viticulture could be singled out as the most common feature for these countries with low alcohol control. This is clearly shown by the fact that none of these countries had instituted a positive excise duty rate for wine [9].

The mean score in the BtG scale was 14.5 points out of a possible 40. The strictest alcohol control policy was found in Norway (37.5 points), whereas Luxembourg emerges as the country with the most lenient alcohol policy with its 4.5 points. Compared to the results of the ECAS scale the convergence of alcohol policies seemed to have continued as many European countries have continued to increase the strictness of their alcohol policies and justified this by health or social policy aims [9].

Other approaches to scale alcohol policies

All alcohol policy scales have not, however, followed the research tradition established by Davies and Walsh. For instance, in 1988 Michael E. Hilton and Bryan M. Johnstone conducted a study where they looked at the presence or absence of specific alcohol-related measures in 22 countries. Although their scale differed considerably from the one used by Davies and Walsh, their questions

were partially similar. Nevertheless, seven out of the 16 questions dealt solely with advertising restrictions on alcohol in the different types of media. The specific control measures examined in the questions varied from total prohibition of alcoholic beverages to no alcohol control restrictions at all [15].

Another attempt to measure the strictness of alcohol control policies was made by Donald A. Brand and his colleagues in their 2007 article “Comparative Analysis of Alcohol Control Policies in 30 Countries”. In their study Brand and his colleagues created an alcohol policy index, which was a composite indicator to gauge the strength of a country’s alcohol control policies. The index was based on five policy components and applied to the 30 member countries of the Organization for Economic Cooperation and Development (OECD). The components on which the index was based on were: “physical availability of alcohol”, “drinking context”, “alcohol prices”, “alcohol advertising”, and “operation of motor vehicles”[16]. The countries involved in the study attained a median score of 42.4 of a possible 100 points, ranging from 14.5 points for Luxemburg to 67.3 points for Norway. The results from the Brand et al. scaling exercise draw a very similar picture as the results from Karlsson & Österberg [9].

Brand and his colleagues also established a strong negative correlation between the score for alcohol policy and alcohol consumption. The results showed that a 10-point increase in the score was associated with a one-litre decrease in pure per capita consumption of alcohol. The study concluded that the alcohol policy index could be used to help policymakers as it provided a “straightforward tool for facilitating international comparisons” [16].

Strengths and weaknesses of alcohol policy scaling

When constructing an alcohol policy scale, the flaws of the previous scales should be acknowledged, and certain reservations as to the results should be made. One of the first limitations concerns the difficulty of measuring aspects of informal alcohol control with the help of a quantitative scale. Alcohol policy scales have thus far measured only formal alcohol policy, i.e. laws and other regulatory control measures and policy options, and have not taken into consideration informal control practises based on traditional habits and norms like no drinking outside meals or before noon [8]. One should, however, not disregard the aspect of informal alcohol control from an analysis of the level of alcohol consumption or the prevalence of alcohol-related problems. Informal alcohol control needs to be included in the general analysis, but it should not be measured with the help of a scale. Instead it should be analysed in conjunction with other cultural, demographic, economic and societal factors affecting alcohol consumption.

Another problem not to be taken lightly is that a scale is best suited to measure alcohol policy on a national level. In some countries, such as Austria or Belgium, there are considerable cultural and linguistic differences as well as different alcohol policy regulations between regions. This becomes a problem when some alcohol policy measures only exist in some parts of the country, and one has to decide what is representative for the whole country [8, 9].

Another built-in flaw in previous scales has been that they have not taken into consideration how effectively laws and regulations are enforced. One way to tackle this problem is to include the question of enforcement in the general analysis of alcohol policies, excluding it from the objective nature of the scaling exercise. Even this might still be problematic if the level of enforcement varies from one policy measure to another.

Giving weights to alcohol policy measures in the scales has proven to be difficult and has often been criticized being based on subjective judgements. In the BtG study for instance, the scoring mechanism was validated by asking 14 experts in the field of social alcohol research to review and comment on the weights for each subgroup of alcohol policy. The results were surprisingly similar to the conclusions of recent literature overviews like Alcohol – No ordinary Commodity [17] and [9]. This kind of Delphi technique or an expert panel approach has been used also when scaling other policy areas, like tobacco control policies [18]. In a contested area like alcohol policy it is, however, difficult to validate the scoring mechanism by asking experts in the alcohol field. For instance, it is likely that experts allied with the alcohol industry would give rather different weights for the alcohol policy subgroups than experts near the public health lobby [19].

The advantages and strengths of a quantitative scale are still several and they clearly outweigh the weaknesses. For instance, when applying the scale in a longitudinal perspective, it can be used to illustrate how different alcohol policy measures have evolved over time, and it gives the possibility to identify crucial turning points and changes in countries' alcohol policies [9]. Alcohol policy scales are also easy instruments for comparing different countries with each other and they provide the possibility to rank countries according to how strict and comprehensive their alcohol policies are.

As a quantitative scale summarises a large amount of data in a single figure, it is a strong tool in communicating with the public or politicians. At the same time, the scale is quite a simplistic tool, based on many more or less hidden assumptions and more or less reliable data. Therefore, when ranking countries according to their alcohol policy extreme caution should be used and the shortcomings and flaws of using such an approach should be clearly stated.

Creating the AMPHORA alcohol policy scale

The AMPHORA alcohol policy scale is based on previous work done in the field [4, 8, 14]. The scale ensures also the inclusion of more detailed contextual and factual information of the alcohol policy field, including data on the enforcement of different alcohol policy measures.

In the AMPHORA scale approach, data on formal alcohol policy measures is collected from all 27 EU member states, all candidate and potential candidate countries, as well as Norway and Switzerland. All together, 33 countries are included. The main source in the data collection is The Global Information System on Alcohol and Health (GISAH) together with the WHO Global Questionnaire on Alcohol and Health from the year 2008, which contains data on all countries involved in the AMPHORA project. The results of this WHO questionnaire are partly presented in the Global Status Report on Alcohol and Health [20] as well as in the European Status Report on Alcohol and Health [21]. Other sources that will be utilized are the excise duty tables published by the European Commission, the joint European Commission/WHO project on alcohol policies and previous EU co-financed alcohol policy studies like ECAS, BtG and Building Capacity, as well as data on countries alcohol policies provided to us by our network of contact persons.

In the AMPHORA project strictness of alcohol policies refer to how tough or hard different alcohol policy measures are in a country. For instance, a legal age limit of 18 years is stricter than an age limit of 16 years, and a BAC limit of 0.05 per cent for drunk driving is stricter than a 0.08 per cent limit. In the scale a stricter measure will be awarded more points than a more lenient one. The comprehensiveness aspect measures the existence of different alcohol policy options. For instance a country implementing 40 different alcohol policy measures has a more comprehensive alcohol policy than a country that only has 25 measures in its policy repertoire.

The AMPHORA scaling approach differs from the ones made earlier in the sense that it contains questions that do not generate any points. For instance, the number of breathalyzer tests performed by the police is an example of a question dealing with enforcement that only has informative value. This is partly because the answer is not comparable between countries since there are a multitude of confounding variables like varying number of cars and inhabitants and differences in the size or activities of the police force. Many countries also lack these kinds of enforcement figures altogether. The AMPHORA alcohol policy scale will serve both as a detailed information sheet on alcohol policy in each and every country as well as a score board for the strictness and comprehensiveness of alcohol policy in Europe.

The AMPHORA alcohol policy scale

The AMPHORA alcohol policy scale builds on the Davies and Walsh scaling tradition [4]. The scale is developed from the instrument created in the Bridging the Gap project, but is more detailed and accurate than its predecessors [9]. The scale consists of seven different subcategories: 1) “Starting points”, 2) “Control of production, retail sale and distribution of alcoholic beverages”, 3) “Age limits and personal control”, 4) “Control of drunk driving”, 5) “Control of advertising, marketing and sponsorship of alcoholic beverages”, 6) “Public policy”, and 7) “Alcohol taxation and price” (Appendix 1).

The first subcategory in the scale, i.e. “Starting points” is a general, descriptive category, which gives the possibility to specify how alcoholic beverages are defined in the country in question. It also offers an opportunity to give a brief description on how alcohol is regulated by law in the country. One can, for instance, state that there is a specific Alcohol Act in force, or indicate that alcohol is regulated mainly through other, non-alcohol specific, legislations. Subcategory one is mainly for information gathering purposes, and it does not generate any numeric score, in contrary to the other subcategories in the scale.

The second subcategory constitutes of an extensive set of questions dealing with various control mechanisms related to production, sale and distribution of alcoholic beverages in the society. First there is a question on how production on different alcoholic beverage types is regulated. After that, there is a set of questions on what kind of restrictions there are in force regarding off-premise sales of alcoholic beverages. These are followed by questions on the enforcement authority and the level of control. The same set of questions is then also asked regarding on-premise sales of alcoholic beverages.

The third and fourth subcategories are more straightforward. The third subcategory enquires what the age limits are for buying alcoholic beverages, and whether it is forbidden to buy alcohol while intoxicated or not. Subcategory number four concentrates on drunk driving regulations and asks what kind of BAC-limits are in force. Questions about Random Breath Testing is also included, as well as questions regarding the use of Alcohol Ignition locks.

The fifth subcategory is again more elaborated and tries to map what kind of control mechanisms are in force for advertising, marketing and sponsorship of alcoholic beverages, whereas the sixth subcategory examines more closely the infrastructure and resources that are allocated for alcohol policy purposes in the country. Here we find questions regarding e.g. public funding, and alcohol prevention programs/strategies.

The seventh and last subcategory of alcohol policies examines alcohol taxation and prices of alcoholic beverages, which are looked upon as one of the most efficient alcohol policy measures to reduce alcohol consumption and alcohol related harm [17]. Price itself is an intricate factor to include in a scale because real alcohol prices tell little alone. This is partly due to the fact that local currencies can fluctuate which could make direct price comparisons misleading, partly because prices can vary from one store to another and partly because prices don't tell us anything about purchasing power within the country.

Therefore, taxation strikes as the most relevant component to look closer upon and include in an alcohol policy scale. This is because excise duties on alcohol can be used as a powerful and dynamic political tool. Alcohol taxes across Europe are used to meet a wide range of needs: fiscal interests, public health interests or agricultural interests, which means the levels of excise duty on beer, wine, intermediate products and spirits varies significantly from country to country. [12] This makes alcohol taxes an interesting factor to study closer.

Different levels of taxation can tell us a great deal about the strictness of alcohol policies in a country, but still we lack information on purchasing power. To get the whole picture we have included a comparable price-level index where EU 27 = 100, which gives us the possibility of knowing whether alcohol is expensive or low-priced compared to average prices in the European Union. By including both excise-duty levels and comparative price levels we get extensive information on alcohol prices and taxation. Information on alcohol taxation gives us a picture about the formal policies, and the comparative prices show us if alcohol is cheap or expensive. Hence, the question on purchasing power does not generate any points whereas the taxation questions do (Appendix 1).

Enforcement and weights of alcohol policy measures in the AMPHORA scale

In the AMPHORA scale, an attempt is made to estimate the level of enforcement for some alcohol policy measures. In the second subcategory, the level of enforcement on off- and on premise sales of alcoholic beverages is valued on a scale from 0 to 10, with 10 being the highest level of enforcement. Enforcement of existing BAC limits in traffic (subcategory 4) as well as enforcement of advertising restrictions (subcategory 5) is likewise evaluated with the help of a separate enforcement score ranging from 0 to 10.

The assessment of the enforcement level is not arbitrary as it is based on an expert assessment or statistical information provided by the WHO-EURO counterparts in the WHO Global Questionnaire on Alcohol and Health 2008.

The enforcement score affects the final score of the alcohol policy scale in a weighed manner. The enforcement score is weighed so that a score between 9 and 10 points will leave the score of the particular subcategory unchanged. A score of 7 to 8 points will render 80 per cent of the unadjusted score, whereas a score between 5 and 6 points results in 60 per cent of the original score. If the enforcement score is below 4, the score for the subcategory is 40 per cent of the unadjusted score. One must, however, remember that also in the AMPHORA scale, the enforcement score is more or less a subjective judgement and it could be justified to display the results both with and without the enforcement level.

Going beyond the detail of individual alcohol policies to see the wider picture is more difficult than it may seem, as there is no 'objective' way of turning formal policies into a single measure. Any way of determining the relative weight of different policy options will therefore necessarily be a

matter of judgement. In the Bridging the Gap scale, for instance, the scores given to different subgroups of alcohol control were validated by using a kind of Delphi technique [9].

In creating the AMPHORA scale, and deciding upon the weights of alcohol policy subgroups, previous scales, and especially the Bridging the Gap scale were used as a starting point. The AMPHORA scaling exercise differs, however, from the Bridging the Gap scale in the sense that the weighing of alcohol policy measures has been corrected and validated by referring to state of the art research on evidence-based practice in the field of alcohol policy [17, 22]. The weights of the different alcohol policy subgroup are presented in table 1.

Table 1. The weights of the AMPHORA alcohol policy scale

Subcategory of alcohol policy measures		%
I	Starting points	0
II	Control of production, retail sale and distribution of alcoholic beverages	25
III	Age limits and personal control	15
IV	Control of drunk driving	15
V	Control of advertising, marketing and sponsorship of alcoholic beverages	15
VI	Public policy	5
VII	Alcohol taxation and price	25
	Total	100

The first subgroup of the alcohol policy scale will not receive any points as it only provides valuable background information on the country's alcohol policy field. Therefore the weight of the scale will be divided amongst the remaining six subgroups.

As research evidence has shown, the most cost-effective alcohol policy measures are related to physical and economic availability of alcoholic beverages. Therefore the second subcategory and the seventh subcategory together stand for half of all the points in the AMPHORA alcohol policy scale, with 25 per cent of the total score respectively.

Age limits as well as control of drunk driving have also proved to be effective alcohol policy measures, which also is the case regards to controlling alcohol advertising, especially regards to young people [17, 22]. Together these three subgroups stand for a maximal of 45 per cent of the total weight of the alcohol policy scale, 15 per cent each.

The last subgroup, public policy, provides important contextual information about the infrastructure of alcohol policy [23], but it does not contain as concrete measures as the other subgroups. Therefore it will receive only a maximal of 5 per cent of the total score.

Here we only present the different weights given in the AMPHORA scale. At this stage it is not yet decided how many points the whole scale exercise can maximally give. The final scoring will be decided later, after all the pre-filled scales have been validated by our AMPHORA country contact persons. Since the enforcement scores can vary over time, we have included the possibility for the contact persons to change the scores regarding enforcement if there have been any changes during the last three years.

The pre-filled scales from all countries are found in Appendix 3 as well as a list of the current situation on the validation process (Appendix 2)..

Discussion

Quantifying and scaling formal alcohol policies enables us to get an updated, state of the art overview of alcohol policies in several countries at a glance. Used with caution, and preferably in combination with in depth reports of alcohol policies as well as informal alcohol control, the alcohol policy scale can be used both as a versatile instrument in gathering and categorising basic knowledge on formal alcohol policies as well as a numerical indicator on the strictness and comprehensiveness of alcohol policies.

A carefully constructed alcohol policy scale offers an easy instrument for comparing countries with each other and ranking them according to how strict or comprehensive their alcohol policies are. Combined with data from earlier years the scale allows us to study trends in alcohol policies and to track what breaks and transitions have occurred in alcohol policies in different countries. An alcohol policy scale allows us also to study changes in certain alcohol policy subgroups over time. Furthermore, the gathered information can be used as a base for conducting similar studies in the future, with the aim to describe and analyse upcoming features in particular alcohol policy measures or trends in alcohol policies in certain countries.

One should, however be careful not to draw too far-reaching conclusions based solely on the results and rankings of the AMPHORA alcohol policy scale or any other scale for that matter. Because of the great societal and cultural differences between the countries the results from a quantitative scale will never be fully comparable.

When applied over time the scale approach can give us a general trend on the development of formal alcohol policies in different countries, but it does not enable us to draw conclusions on the dynamics between informal and formal control measures, nor with any other factors that affect alcohol consumption and related harm. In order to make a more comprehensive analysis, a scale approach should always be complemented with a more in depth analysis of societal and other underlying factors that have an impact on the formation of a country's drinking culture.

Contrary to previous alcohol policy scales, the AMPHORA scale also includes enforcement of various alcohol policy options as a variable. In addition, the weights of the scale have been up-dated by referring to state of the art research on evidence-based practice in the field of alcohol policy. The pre-filled scales and the enforcement score of alcohol policies were validated in May 2011 by a network of contact persons, consisting mainly of researchers in the AMPHORA project and by the WHO-EURO National Counterparts for Alcohol Policy. At the end of May 2011, approximately $\frac{3}{4}$ of all the scales were validated, and in the next phase (Summer 2011) the final scoring for the alcohol policy scales will be decided upon.

The final results of the scaling exercise will be presented in 2012, when the AMPHORA project and Work Package 8 is completed (Milestones 8.6 & 8.7).

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