

CHAPTER 6. EUROPE'S DIVERSE ALCOHOL POLICIES: WHAT ALL THE NATURAL EXPERIMENTS TELL US

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Summary

Accumulated research findings show that people are consuming less alcohol, the less available and affordable alcohol is. This chapter deals with policy changes regarding the physical and economic availability of alcohol in Europe. Work in the AMPHORA project covered previously studied cases of availability changes, as well as newer cases that had not yet been scientifically studied.

The literature review conducted in the first part of the project showed that the majority of studies on changes in alcohol availability come from the Anglo-Saxon world and Northern Europe. Many parts of Southern and Eastern Europe were poorly studied in this respect, but curiously the second part of the study showed that most of the changes that have been taking place during the past few years – most of them restrictive- are found in these parts of Europe. Especially the economic availability of alcohol during the past decade has been restricted in several countries, which indicates that raising alcohol excise duties is not only an effective public health measure, but also serves fiscal interests in the form of increased state revenues.

Introduction

The level of alcohol consumption is affected by a range of variables, from socio-cultural and demographic to economic and political factors. Furthermore, there is an established link between changes in alcohol consumption levels and levels of alcohol-related harms. Moreover, the level of alcohol consumption can be curbed and steered by implementing effective alcohol policy measures (Bruun et al. 1975; Edwards et al. 1994; Babor et al. 2003; Babor et al. 2010).

There is an extensive variety of alcohol policy measures used for social policy or public health interventions. These include regulating economic and physical availability of alcohol, modifying drinking contexts, affecting drink driving, and alcohol marketing. Also, alcohol education and persuasion, as well as treatment and early interventions belong to the strategies to try to curb alcohol-related social, economic and public health problems. Previous studies have shown that policies regulating the availability of alcohol are amongst the most effective and cost effective measures (Anderson 2009; Babor et al. 2010).

Availability policies can be divided into those affecting the physical availability and into those affecting the economic availability of alcoholic beverages. Retail alcohol monopolies, licensing-systems, specific restrictions on sales-hours and days, as well as places and densities of alcohol retail networks are all examples of how the physical availability can be regulated. Age limits and personal control, for example refusing sales to intoxicated persons or applying a maximum size or numbers of drinks that can be purchased in one go, are also measures of this kind (Österberg 2012a). Economic availability of alcohol can in turn be steered by changing excise duties or value added taxes, by setting minimum prices of alcoholic beverages or by regulating discount prices (Österberg 2012b).

Many of the scientific studies confirming the effectiveness and cost-effectiveness for the availability measures are from North America or Northern Europe (Anderson 2009; Babor et al. 2010; see also Room et al. 2002). This work package was nevertheless dedicated to studying the effects of alcohol availability changes in the whole of Europe. Another aspect which was included in the study was to examine how culturally and geographically alike the availability changes were, i.e. can we expect to find the same patterns of change in alcohol availability policies in Southern, Western, Eastern and Northern Europe?

Our work was split into two parts. We first looked at what kind of studies already existed on the subject, and what they told us about changes in availability policies. In the second stage we switched our focus to changes that were so recent they had not yet been scientifically studied or analysed. The data gathered in the study also allows us to evaluate current trends of affecting alcohol availability in Europe.

What we did

In the first part of the study, the already studied cases on changes in alcohol availability in Europe were identified, collected and categorised. This was done by extensive literature searches and by going through certain summary reports and meta-analyses. The time period for the literature search was from 1980 and onwards. We also turned to alcohol policy experts in Europe and asked them for help in identifying studies that we might have missed. By doing this we ended up with a list of 383 studies, categorized according to country and type of measure (Karlsson et al. 2011). Most of the studied cases collected, 290 studies (or 76%) are in English. The Scandinavian languages (Swedish, Danish and Norwegian) make up 13%, while some 3% are in Russian.

When identifying cases for the second part of the study, we followed two strategies. To start with, our contact network provided us with valuable information regarding changes that had recently occurred or were about to happen in the near future. With the help of this sampling method a handful of responses were acquired, which formed the basis of our collection of unstudied cases. Secondly, the list was updated with cases picked up from national and international press, newsletters and mailing lists, web portals, NGOs, Governmental and European institutions (Lindeman et al. 2012).

What we found

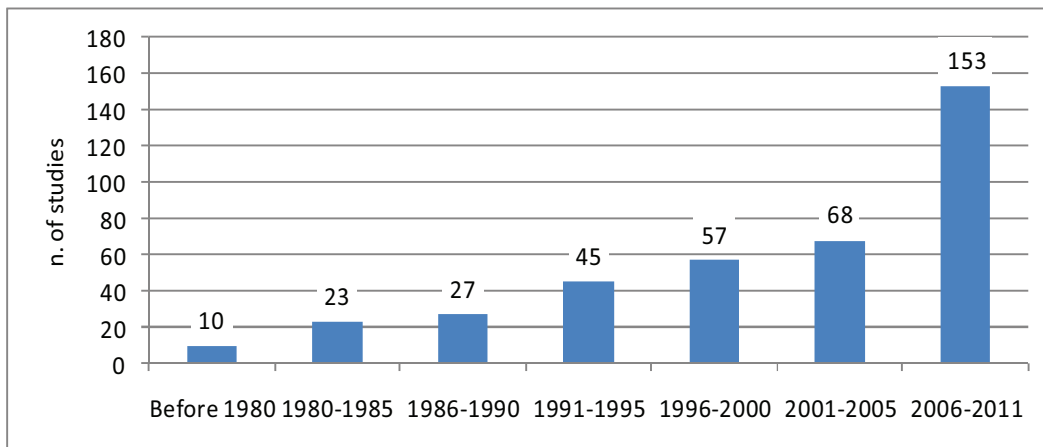
The plan for AMPHORA was finalized in 2008 and the project started in January 2009. Over the course of the project several new books and reports have been published on the effects of changes in alcohol availability, as for example "Evidence for the effectiveness and cost effectiveness of interventions to reduce alcohol-related harm" in 2009 (Anderson 2009), the second edition of "Alcohol No Ordinary Commodity" in 2010 (Babor et al. 2010) and "Alcohol in the European Union" in Spring 2012 (Anderson & Møller & Galea 2012) including two chapters based on AMPHORA's work (Österberg 2012a; Österberg 2012b). The latest meta-analyses of alcohol price and consumption were published in 2009 (Wagenaar et al. 2009). These publications crown the lion's share of the conclusions that AMPHORA work package 5 has drawn from the material collected in the first half of the project (Karlsson et al. 2011).

A substantial number of global and inter-European studies are identified in our material. Also the Nordic countries are well represented. We found both comparative studies dealing with several Nordic countries, as well as studies from the Nordic countries separately. The United Kingdom is well covered, too, whereas it was a little more difficult to identify relevant studies from some other central European countries. The difficulty level grew even more when moving on further south. The Balkan countries, most of them still outside the European Union, were

also challenging, whereas we managed to discover a decent number of studies from almost all of the eastern European countries, many not belonging to the European Union.

Regarding the publishing date of the studies, our timeframe spanned from 1980 to 2011. A handful of earlier studies are also included. The number of studies published on alcohol availability has culminated in the last decade, as it correlates with the fact that more scientific publications are being published through a larger number of distribution channels. A total of 153, or almost 40%, are written after the year 2006 (Figure 1).

Figure 1. Time span of the published studies



Approximately two-thirds of the studies are articles from scientific journals. Some 40 articles are published in *Addiction*, which makes it the largest single source for studies. Roughly one fifth of the studies are public investigations, publications by governmental organizations, reports by national research institutes and the like. About 15% are either books or chapters from books. The remaining few per cent are papers presented at meetings or other grey literature.

All the identified studies were classified into five different subcategories: overall reviews, studies on alcohol policy, studies on economic availability, studies on physical availability and studies on consumption and related consequences or harms. The broad category “alcohol policy” is the largest subcategory with 30% of the studies including studies on price elasticity, studies on demand, studies on challenges for alcohol policy brought along by Europeanization in the Nordic countries, as well as descriptive studies on what kind of policies countries have implemented.

Studies on the physical availability make up 25% of the studies. Here we find, for example, studies dealing with alcohol monopolies and licensing on retail sales of alcohol as well as a few studies looking at rationing or ban of selling alcohol. The third largest category consists of studies on consumption and related harms with 24% of the cases. In this category we find studies on alcohol-related harm, brought along by changes in alcohol availability as well as large sample studies. The following category of studies dealing with economic availability stood for about 15% of the studies. Also some studies on border trade belong to this category. The last 6% of the studies were overall reviews.

In the WHO EURO publication “Alcohol in the European Union”, countries are divided into four groups based on their drinking habits (Shield et al., 2012). We have applied this division with the exception that here Nordic countries consist of Nordic alcohol monopoly countries; that is,

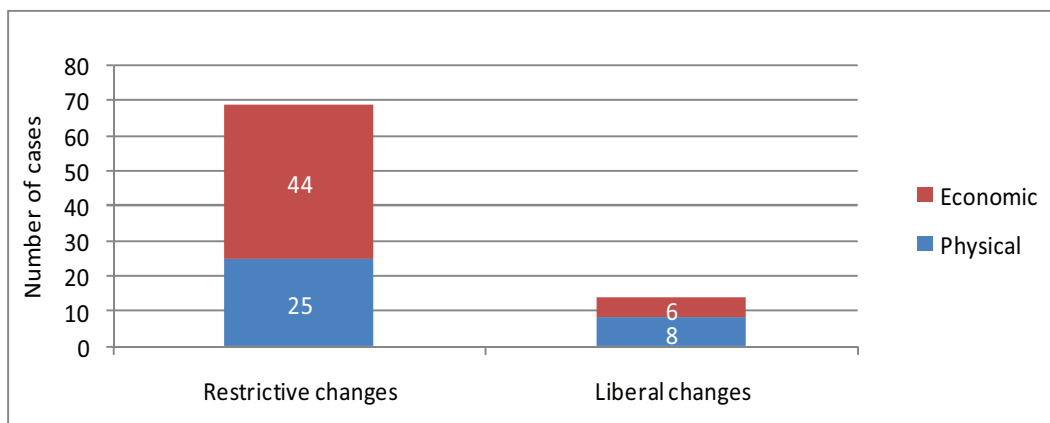
Finland, Iceland, Norway and Sweden only. Denmark has been moved to the central European group, consisting of Austria, Belgium, Denmark, France, Germany, Ireland, Luxembourg, the Netherlands, Switzerland and the United Kingdom. The South European countries include Cyprus, Greece, Italy, Malta, Portugal and Spain. The fourth group, Eastern European countries, includes Belarus, Bulgaria, Croatia, Czech Republic, Estonia, the Former Yugoslavian Republic of Macedonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, Russia, Slovakia, Slovenia, Turkey and Ukraine.

The number of studies found within each group, and also the type of studies identified, varies between the different groups of European countries. The Nordic monopoly countries are dominated by studies on physical availability, partly explained by the state alcohol monopolies that have been closely studied and monitored over the years. The central European countries in turn have a remarkably large share of studies on economic availability, whereas the southern European studies spring from only two categories: consumption and consequences, and alcohol policies. Eastern Europe is dominated by the same two categories as southern Europe.

In summary of the first part of this AMPHORA research, based on already studied cases: Much of the literature we found on alcohol availability comes from the English-speaking world and the Nordic countries. Many of the studies do not exclusively deal with availability measures only but several aspects of alcohol control and consumption. The number of studies published on economic and physical availability has peaked in the last decade (figure 1). This means that the collected evidence on effectiveness of certain policy measures has become strong and comprehensive enough to tell us what works and what does not work when it comes to reducing alcohol consumption and related harms. The accumulated knowledge base tells us that restrictions on the physical and economic availability on alcohol have a significant effect on alcohol consumption and related harms.

By then looking at unstudied cases from the last few years, we have the possibility to add new evidence to this knowledge base and to discuss and re-evaluate the evidence base regarding the impacts of economic and physical availability of alcohol in a range of European countries. It has to be admitted that it is hard to identify all relevant and unstudied changes that have occurred in Europe regarding the availability of alcohol during the last few years because of language barriers. Even though information and news is accessible online and through the WHO Global Information System on Alcohol and Health Database, the wealth of languages spoken in Europe proved to be an obstacle to overcome.

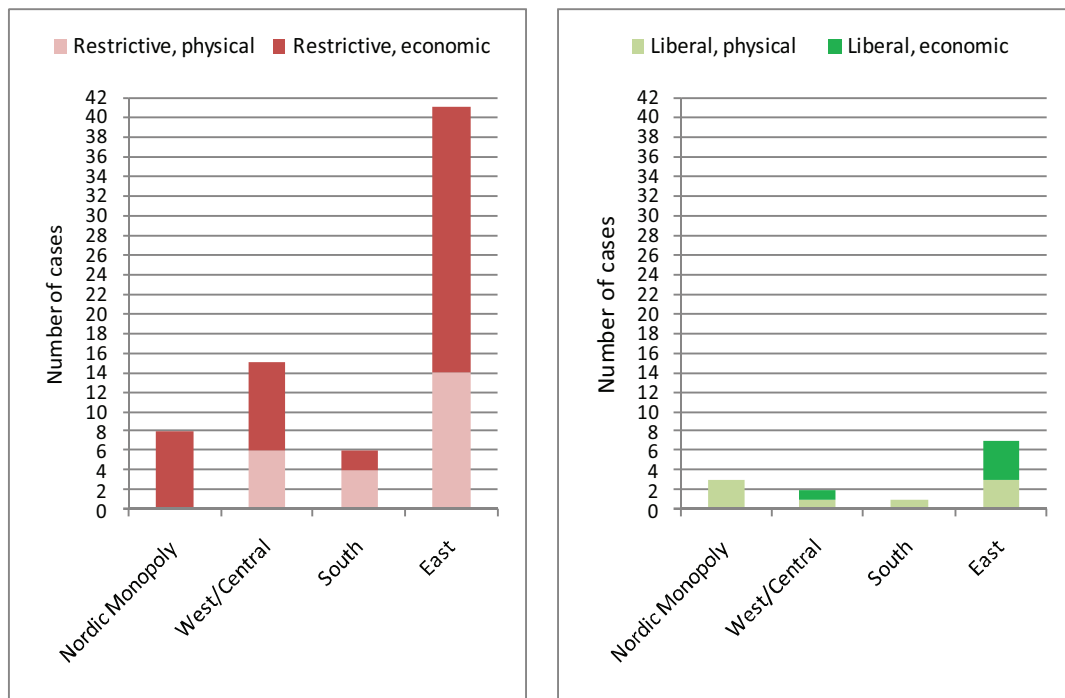
Figure 2. Recent unstudied cases in Europe

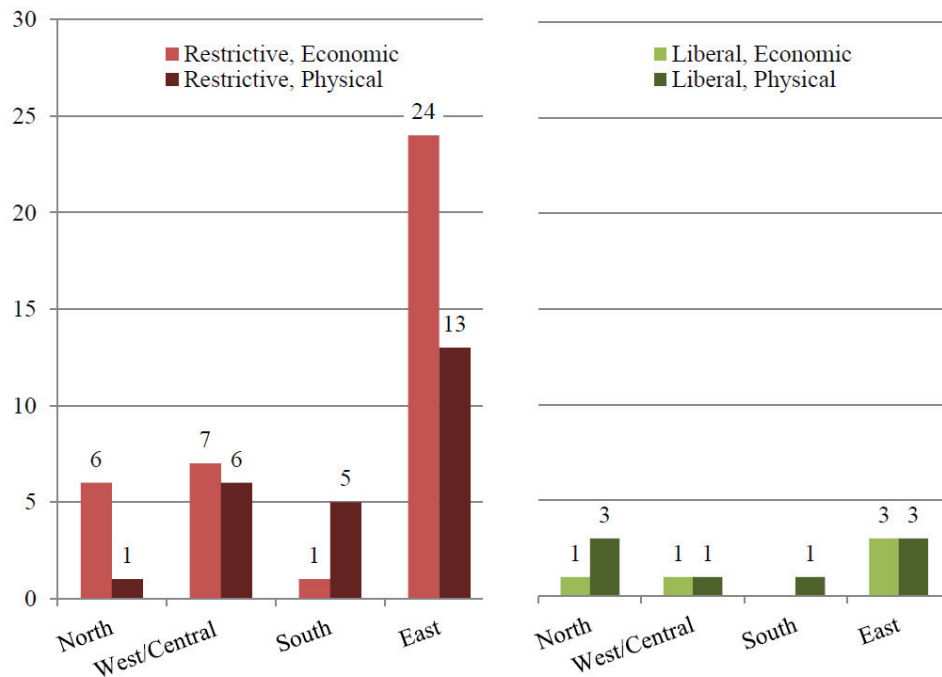


During this second phase, 76 cases of unstudied changes on alcohol availability were identified. Most of the changes have occurred on the national level, but also a few larger regional or local level changes have been included. The vast majority of the recent changes have been restrictive in nature (Figure 2).

These recent changes are not equally spread all over Europe (Figure 3). An overwhelming majority of the changes have occurred in Eastern Europe. Most of the unstudied cases we found from Eastern Europe are from non-EU countries, where high levels of alcohol consumption and related harm, combined with the absence or low level of formal regulation in many cases gives room for implementing stricter alcohol policies, for example raising alcohol excise duties in Moldova and Ukraine and slapping minimum prices on vodka in Russia. Because of the significant share of the unstudied cases has happened in the eastern parts of Europe we feel it is worth taking a closer look on these counties. Therefore, we are working to publish a separate monograph with recent experiences from Eastern Europe as a part of the AMPHORA project’s work.

Figure 3. Unstudied cases from different parts of Europe





The Nordic alcohol monopoly countries, on the other hand, have been forced to liberalise their strict alcohol policies during the past decades (e.g., Uglund, 2002). Despite this, the unstudied cases showed that the monopoly countries have altered the tax levels several times during the last few years.

The central European countries, with Denmark and the UK as frontrunners, have made many restrictive changes, such as raising the age-limits and excise duties on alcohol, banning multi-buy deals and are planning to introduce minimum pricing for alcoholic beverages.

Southern European countries have traditionally had relatively low formal alcohol control and have mostly relied on informal, social control of alcohol consumption, (Allamani & Prina 2007) but even for this area we find recent examples of restrictive measures - though, for example in Greece, raising alcohol taxes reflects the economic recession in Europe and served as a fiscal instrument rather than as a public health measure.

What does this mean?

The data identified and analysed suggests that restricting physical and economic availability on alcohol is one of the most effective tools battling against alcohol-related harm. The first part of the study showed that there is a vast amount of research on this subject and that it has culminated during the last decade. The second part of the study showed that during the past decade or so, alcohol policy in Europe has taken a restrictive turn in many countries. Especially the economic availability of alcohol has been restricted in several countries in Europe (Österberg & Karlsson, 2013), which indicates that raising alcohol excise duties is not only an effective public health measure, but also serves fiscal interests in the form of increased state revenues.

In the beginning of the 21st century we can clearly detect a restrictive trend regarding alcohol policy in Europe. In order to register and classify changes in alcohol availability in a more structured way in the future, we could for example use the alcohol policy scale developed within the AMPHORA project as an instrument. The scale is a refined enough tool for detecting changes in physical and economic availability, and if it were used with regular intervals it would be an efficient and convenient way to detect alcohol policy changes either towards more liberal or stricter policies. We would also be able to see how much the policies are changing, and compare policy scores concerning availability for different countries.

Take home messages

1. The strong knowledge base tells us that restricting the physical and economic availability on alcohol has a significant effect on alcohol consumption and related harms, and is, therefore, one of the most effective tools against alcohol-related harm.
2. Raising alcohol excise duties is not only an effective public health measure, but also serves fiscal interests in the form of increased state revenues.
3. Many European countries have implemented stricter alcohol policies during the last few years.
4. The knowledge of the effectiveness and cost-effectiveness of different alcohol availability measures is pretty good but there is a lack of evidence on how to implement these effective alcohol measures to in order to decrease alcohol-related economic and social harms and to improve public health.
5. The alcohol policy scale constructed in the AMPHORA project could in the future be used in order to monitor changes in economic and physical availability of alcohol.

Conflict of Interest Statement

Thomas Karlsson and Mikaela Lindeman have no conflicts of interest to declare. In the last 5 years, Esa Österberg has received honoraria from Lundbeck.

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