

Stakeholders' views of alcohol policy

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A report for the European Commission

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This document has been written by Peter Anderson and Ben Baumberg on behalf of the Institute of Alcohol studies, England.

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¹ http://europa.eu.int/comm/health/ph_programme/howtoapply/call_096299_2003.htm

SUMMARY

Method A questionnaire survey was completed by stakeholders (country counterparts of the European Commission's Alcohol and Health Working Group (mostly government officials), country and European non-governmental organizations that have a remit on alcohol policy, and representative bodies of the beverage alcohol industry, who are stakeholders of the European Commission's Alcohol and Health Working group). The questionnaire ascertained views of the impact and importance of a range of alcohol policy measures, implementation estimates of the WHO European Alcohol Action Plan (2000-2005) and of the 2001 Council Recommendation on the drinking of alcohol by young people, and perceived advances and barriers for alcohol policy at the country and European levels.

Impact and importance of alcohol policy measures Representatives of the alcohol industry (AIs) tended to hold different views than representatives of governmental (GOs) and non-governmental organizations (NGOs), who were more similar in their views. The AIs viewed regulatory measures as of low impact and policy importance (with a mean score for policy impact of 1.4 (on a range from 0, no impact, to 10, very high impact) and for policy importance of 1.6) in strong contrast to both NGOs (with a score for policy impact of 7.4 and policy importance of 8.2) and GOs (with a score for policy impact of 7.3 and policy importance of 8.2). AIs were more favourable to educational measures (with a score for policy impact of 8.7 and policy importance of 8.7) than either NGOs (with a score for policy impact of 4.8 and policy importance of 6.3) or GOs (with a score for policy impact of 6.0 and policy importance of 6.7). All three groups were similar and positive in their views of the impact and importance of implementation measures and of interventions for hazardous and harmful alcohol consumption.

Implementation estimates In general, AIs were more positive in their views of successful implementation of both the WHO European Alcohol Action Plan and the Council Recommendation on the drinking of alcohol by young people (mean score 6.1 and 5.9 respectively on an 11 point scale from 0 (not at all) to 10 (fully)) than GOs (mean score 5.0 and 4.6 respectively) who were more favourable than NGOs (mean score 3.7 and 3.3 respectively), but this was largely due to the AIs giving very high implementation scores for items that were their responsibility.

Advances and barriers The strongest theme among GOs and NGOs was the importance of **coordination** – this was what they cited most often as a recent advance, and was also often cited as an advance (or change to get the advance) needed to implement new policies to reduce alcohol-related harm. Where national strategies did not exist they were desired, and where they did there were suggestions that there should be an independent body to coordinate or monitor the action plan. Coordination was also mentioned at a European level, in particular the need for a written strategy to help implement new policies (the moves towards which were also commonly cited as a key recent advance), although new structures (especially a research centre) and general coordination were also mentioned. NGOs sometimes commented on the improved coordination of NGOs at a European level from Eurocare and the BtG project, although some NGOs and GOs thought there should be more support for (and advocacy from) NGOs.

Often linked to this were suggestions about **research**, which was mentioned regarding both national and European levels by all groups – although generally in different ways. NGOs tended to cite the need for research on alcohol-related harm (e.g. economic costs, harm to others), while GOs tended to emphasise research on effective prevention methods. However, both groups mentioned both areas, as well as a desire for a European coordinating centre for research. AIs noted the need for research on effective policy (similar to the GOs), but stressed the need to consider *“evidence from all across the EU”*

and learn from other countries before carrying out “*potentially/ultimately harmful policies.*” The problems from current research emerged as a strong theme only for AIs – whether it is the limited number of countries it has been carried out in, the focus on definitions of problems rather than their solution, or the ambivalent evidence on policies.

The strongest theme among AIs was **stakeholder involvement**, i.e. their own participation in the policy process. This was seen in all responses on both a national and EU level, including for recent advances (where ‘recognition of partnership’ was often mentioned) and barriers to policy (the remaining ‘stigmatisation’ of AIs). In contrast, GOs and particularly NGOs saw **industry lobbying** as a major barrier to effective policy to reduce alcohol-related harm, due to both the prioritisation of economic over health interests and attempts to direct policy towards particular policy measures. This was particularly strongly felt at a European level, where **industry lobbying** was the dominant barrier as seen by both GOs and NGOs (and there were even occasional comments that there should be a clear differentiation between commercial and health stakeholders). Similarly, the tendency of politicians to prioritise **trade over health** was only sometimes seen as a problem on a national level by GOs and NGOs, but was a common answer on the European level (although a lack of **political will** was a frequent answer as a national barrier, especially by NGOs).

The theme of Stakeholder Involvement was so dominant for AIs that it ‘flowed over’ into many other themes. For example, the occasional mentions by AIs of a need for a European monitoring centre on alcohol always went on to say that this would involve “*gathering scientists, NGOs, industry, etc.*” Similarly, SIA and GO/NGO opinions on key recent advances at a European level often referred to the same event, but in all cases the aspect of this that was cited as a key advance by the AIs was the recognition of the “*intrinsic value of cooperation between authorities and industry*” (here referring to the Council Recommendation on Young People 2001).

This is similarly true when looking at recent policy advances on **drink-driving** and **marketing**. GOs and particularly NGOs tended to mention strengthening of the law (e.g. watersheds for advertising, lowered BACs), while AIs cited their own self-regulatory marketing codes more than any other answer, as well as occasionally mentioning their own **designated driver** schemes. **Designated driver** schemes were never mentioned as a key recent advance by GOs/NGOs, while statutory marketing regulations were never mentioned by AIs. Several other policy areas were occasionally mentioned by GOs/NGOs but not AIs, including **taxation** (especially alcopop taxes), **stricter licensing/availability**, and restrictions on the **places** alcohol can be sold. In contrast, **primary prevention in young people** was mentioned on a European level by AIs far more than any other group, although several NGOs did mention this as a key advance to support implementation of policies on a national level.

Similarly, opinions on ‘educating the public’ vary between groups of respondents. NGOs and GOs cited **public attitudes** and **public awareness** (the first mainly as a barrier especially by GOs, the second as a key in advancing implementation especially by NGOs), but these were never mentioned by AIs. All groups however sometimes mentioned the prevailing **drinking culture**, either in terms of a culture of ‘drinking to get drunk’ or as a ‘way of life’ that is resistant to change. **Media campaigns** were often mentioned by all groups – but AIs cited drink-driving campaigns (often their own) and their own campaigns on ‘moderate drinking’, while NGOs mentioned other campaigns (e.g. “*youth and alcohol*”). Finally, AIs frequently mentioned the approach to policymaking as a problem, in particular the difference between reducing “*use and misuse*” as a goal for policy. This often referred to the ‘total consumption theory’ or ‘Scandinavian countries’, and commented that these had failed to solve the ‘real problem’ of ‘patterns of harmful drinking, especially among young people. Equally common was a comment that policies should be **culturally**

sensitive, which was often combined with comments on learning from best practice elsewhere (either explicitly or implicitly referring to southern Europe), which should be fitted to each culture's situation. This was linked to the principle of subsidiarity, implicitly suggesting that "*the diversity of economies, societies, cultures, traditions and beverages across the enlarged Europe*" make European-level legislation inappropriate (and possibly illegal). Finally, only AIs mentioned the need to account for the **health benefits** of alcohol in formulating policy.

INTRODUCTION

The Institute of Alcohol Studies and Dr. Peter Anderson, Consultant in Public Health, have been contracted to prepare a policy report (Alcohol in Europe) for the European Commission on the health and social consequences of the inappropriate use of alcoholic drinks in the Member States of the European Union, as well as in the Applicant Countries, EEA Countries and Switzerland. The policy report is to summarize the available information on alcohol and describe options for action at the country and European levels.

One part of the project was to undertake a survey and to prepare a report on stakeholders' views on their positions and needs in relation to alcohol policy, their perceptions of the barriers and facilitators to the development and implementation of evidence based policy, their understanding of existing recommendations and actions in alcohol policy, and their assessment of achievement in implementing European recommendations, resolutions and action plans.

Stakeholders include the country counterparts of the European Commission's Alcohol and Health Working Group (mostly government officials), country and European non-governmental organizations that have a remit on alcohol policy, and representative bodies of the beverage alcohol industry, who are stakeholders of the European Commission's Alcohol and Health Working group.

METHOD

Questionnaire

A questionnaire (annex 1) was devised with five parts. Part 1 comprised 35 items across 12 alcohol policy domains (see Table 1), which had been identified from the reviews of literature for the above mentioned report, Alcohol in Europe. For each item, respondents were asked to indicate their view of the impact of the policy measure in reducing the harm done by alcohol (for example, their view of the impact that the policy measure would have in reducing years of ill-health and premature death arising from alcohol) from 0, no impact, to 10, very high impact, and their view of the importance of implementing the policy measure from 0, not at all to 10, very. The two headings policy impact and policy importance were chosen, since it was considered that there might be some policy items (for example education), which respondents might consider as having low policy impact, but, nevertheless, be important to implement.

Part 2 comprised 19 items across 10 domains, which were the recommendations of the WHO European Alcohol Action Plan for the years 2000 to 2005. For each item, the respondents were invited to estimate the extent to which the item had been undertaken in their country since the year 2000 on a ten-point scale ranging from 0, not at all, to 10, fully.

Part 3 comprised 14 items, which were the recommendations of the 2001 Council Recommendation on the drinking of alcohol by young people. For each item, the respondents were invited to estimate the extent to which the item had been undertaken in their country since the year 2001, on a ten-point scale ranging from 0, not at all, to 10, fully.

Part 4 invited respondents to complete the following four questions at the country level:

1. List up to five key recent advances in your country related to policies and programmes to reduce the harm done by alcohol
2. List up to five key barriers/obstacles/issues that stand in the way of achieving, in your country, action on policies and programmes to reduce the harm done by alcohol

3. List, in descending order of importance, up to five key advances that are needed to support implementation of policies and programmes to reduce the harm done by alcohol in your country
4. List, in descending order of importance, up to five key changes that are needed in your country, to achieve the advances above.

Part 5 invited respondents to complete the following four questions for the European Union:

1. List up to five key recent advances in the European Union related to policies and programmes to reduce the harm done by alcohol
2. List up to five key barriers/obstacles/issues that stand in the way of achieving, in the European Union, action on policies and programmes to reduce the harm done by alcohol
3. List, in descending order of importance, up to five key advances that are needed to support implementation of policies and programmes to reduce the harm done by alcohol in the European Union
4. List, in descending order of importance, up to five key changes that are needed in the European Union, to achieve the advances above.

Sample frame

The sample frame comprised the country counterparts of the European Commission's Alcohol and Health Working Group (mostly government officials) (**GOs**) (n23), representatives of country and European non-governmental organizations that were members of the Alcohol Policy Network of the Bridging the Gap project (co-financed by the European Commission) (**NGOs**) (n22) and representatives of the beverage alcohol industry, who were stakeholders of the European Commission's Alcohol and Health Working group (**AIs**) (n30). [Other abbreviations are also used for sub-groups within the qualitative analysis; see below]

Administration of questionnaire

The questionnaire was sent by e-mail, with an accompanying note stating that the responses would be treated confidentially, and that the report of the results would not name any individuals. Two reminders were sent to non-respondents. Individuals representing country organizations were asked to complete the whole questionnaire, and individuals representing European organizations only parts 1 and 5.

Analysis

Quantitative data The quantitative data (parts 1 to 3) were entered into a SPSS data file and checked. Means and standard errors of the mean were calculated for the items in parts 1 to 3 for each of the three stakeholder groups, (counterparts of the European Commission's Alcohol and Health Working Group (**GOs**), **NGOs**, and the alcohol and related industries (**AI**)). Analysis of variance (SPSS version 11 ANOVA) was used to test for significant differences between the means of the three groups. In view of the large number of statistical tests carried out, a significance level of <0.01 was taken. The 35 items in part 1 were reduced by factor analysis to three groups of similar items. The factor analysis was undertaken with SPSS version 11 (varimax rotation, and eigenvalue >1.0). Examination of the rotated component matrix and the scree plot, suggested the analysis should be restricted to three factors. Factor 1 is largely to do with regulations; factor 2 largely to do with educational approaches, and factor 3 to do with implementation of the law, as well as interventions for heavy drinkers. Responses to the items within each factor were summed, and then divided by the number of items within the factor.

Qualitative data The qualitative data (parts 4 and 5) were entered into an Excel spreadsheet and checked. Alcohol industry respondents (as a whole abbreviated to **SIAs**) were further sub-divided into alcohol industry organizations and a broad group mainly

comprising social aspects organizations (**SAOs**) but also included advertising trade associations. The individual responses were coded thematically into a long list of sixty two codes, grouped under eight main themes (see Annex to stakeholder report Excel spread sheet):

- | | |
|-----------------------------------|-------------------------------------|
| 1. Availability | 32. Industry marketing |
| 2. Brief interventions | 33. Information |
| 3. Community | 34. Media |
| 4. Complex causality | 35. Medical approach |
| 5. Coordination | 36. Other countries |
| 6. Crime and disorder laws | 37. Other media campaign |
| 7. Cultural sensitivity | 38. Other policies |
| 8. Definition not solution | 39. Other public health issues |
| 9. Designated driver | 40. Places |
| 10. Drink drive media campaign | 41. Policy aim/Ledermann |
| 11. Drink driving enforcement | 42. Political other |
| 12. Drink-driving laws | 43. Political will |
| 13. Drinking culture | 44. Prevention/NGOs |
| 14. Drinking guidelines | 45. Public attitudes |
| 15. Enforcement - general | 46. Public awareness |
| 16. EU common agricultural policy | 47. Research/Data |
| 17. EU drink driving | 48. Server training |
| 18. EU lead | 49. Social Aspect organizations |
| 19. EU on young people | 50. Stakeholder involvement |
| 20. EU other | 51. Statutory marketing code |
| 21. EU public health programme | 52. Symbolic decisions |
| 22. EU tax / smuggling | 53. Targeted policies |
| 23. EU trade - cases | 54. Tax/price |
| 24. EU trade - proposals | 55. Trade/economic interests |
| 25. Finance | 56. Treatment |
| 26. Focus on spirits | 57. Underage |
| 27. Government other | 58. Voluntary marketing code |
| 28. Health benefits | 59. WHO action plan/Charter |
| 29. Health professionals | 60. WHO other |
| 30. Ideology | 61. Young people enforcement |
| 31. Industry general | 62. Young people primary prevention |

In the spreadsheet, the numbers in pink at the top are the number of different organizations that mention the code (except for the very top line, which is the number of different mentions in total), split by type of organization underneath. The relevant text can be identified by clicking on the auto-filter buttons on the code names, scrolling down to the bottom and selecting 'Select Non-Blanks', which will then bring up the actual text for all the comments matching that code. The working names for codes are in ***bold italics*** in the results section (see below). Any item mentioned less than five times in total has been ignored (unless it reached a sizeable share of one of the subgroups). 'Common' means that about 1 in 3 of the responses were obtained from that item in any one group. This then goes through 'sometimes' to 'occasional' (which is generally 2-4 responses). For the industry organizations and Social Aspects Organisations, many of the results were absolutely identical (generally 3-4 organizations did these independently, the brewer organizations did these together, and the other organizations did theirs together). Any biasing effect of these responses has been avoided by considering the responses from different types of organization separately.

RESULTS

Response

Results were received from 16 (70%) of the country counterparts of the European Commission's Alcohol and Health Working Group, 18 (82%) representatives of country and European non-governmental organizations that were members of the Alcohol Policy Network of the Bridging the Gap project and 30 (100%) representatives of the beverage alcohol industry, who were stakeholders of the European Commission's Alcohol and Health Working group.

Quantitative analysis

Table 1 summarizes the results for the three stakeholder groups on their opinions of the impact and importance of the specified policy measures. There are notable differences between the alcohol industry and the other two groups (GOs and NGOs), who were more likely to share similar views, with the exceptions of the domains 'sales to minors', 'reducing harm in drinking and surrounding environments', and 'interventions for hazardous and harmful alcohol consumption', where all three groups held similar views. In general, NGOs and GOs scored higher for the policy importance of items in the education domain than for their policy impact (paired samples t-test comparing mean score for the six education items between policy impact and policy importance, NGOs, $t=3.4$, $p=0.003$, GOs, $t=3.0$, $p=0.01$). This was not the case for AIs ($t=1.0$, $p=0.3$).

All the industry groups without exception gave long answers to the individual items, going through their view of each policy measure in turn. Most of these are accounted for by the scoring mechanism, but additional comments include:

- "Alcohol related harm anyway has to be tackled through education and not by limiting access to alcohol".
- "There is no doubt that although consumers should receive accurate and consistent information on alcoholic beverages in order to make informed choices, when talking about warning labels, referring to allergens, alcohol content, and consumer information, warning labels are ineffective".
- "There is no evidence to suggest that a maximum BAC of 0.5g/L would have the effect of reducing drink drive morbidity/mortality. In fact, the EC itself observed in October 2003 that those member states which do not have a BAC of 0.5g/L i.e. Sweden (0.2g) and the UK (0.8g) have the best record in this respect".
- "Some of the statements would appear to belie a prohibitionist stance e.g. "The use of direct or indirect promotions that encourage the purchase of alcohol products should be prohibited"".
- "We have not answered those questions relating to taxation, cross border issues and treatment because such areas lie outside our remit and areas of expertise".
- "Ban of cross border activities is in contradiction with the key principles of a Common Market (Country of Origin principle). Please, respect the European Treaties and Common Market rules and rely also on Self Regulation as done by the Industry. Give the chance to Self Regulation... it works more effectively than regulations which are not implemented".

The items that loaded in each of the three factors are listed in Table 2. Table 3 summarizes the results for the three factors. The alcohol industry was negative in its view of the measures collected within factor 1 (regulation), with a score for policy impact of 1.4 and policy importance of 1.6 in strong contrast to both NGOs (with a score for policy impact of 7.4 and policy importance of 8.2) and GOs (with a score for policy impact of 7.3 and policy importance of 8.2). The alcohol industry was more favourable to factor 2 (education) (with a score for policy impact of 8.7 and policy importance of 8.7) than either NGOs (with a score for policy impact of 4.8 and policy importance of 6.3) or GOs (with a score for policy impact of 6.0 and policy importance of 6.7). All three stakeholder groups

share similar views on factor 3 (implementation and interventions for heavy drinkers), scoring high for their policy impact and policy importance. For all three factors, there were no statistical differences between the scores for NGOs and GOs (results not shown). However, for all three factors there were statistical differences between the scores for AIs when compared individually with NGOs ($p < 0.001$ for all comparisons) and with GOs ($p < 0.001$ for all comparisons), with the exception of policy importance for factor 3, when there were no statistically significant differences (results not shown).

Another way of describing the differences between the three groups is to calculate the number of standard deviations the mean scores for the three factors deviate from the median score of the 11 item scale. Table 4 shows that for factor 1 (regulations), the AI deviates nearly two times more than NGOs and GOs from the median. For Factor 2 (education), the AI deviates between 4 and 5 times more than NGOs and GOs from the median. The size of the deviation is similar (but in the complete opposite direction) for the policy importance of factor 1 (regulations), and similar and in the same direction for factor 3 (implementation and interventions).

Table 5 describes the estimates for the implementation of the WHO European Alcohol Action Plan. In general, the alcohol industry was more favourable to successful implementation than GOs who were more favourable than NGOs. Unsurprisingly, the alcohol industry was particularly favourable about its own role (e.g. items 12 to 14); this was not the case for NGOs (e.g. items 1-3) and government officials (e.g. items 18 and 19). When items 10, and 12 to 14 were removed from the analysis, the differences in the overall scores between NGOs, GOs and the alcohol industry were much reduced (ANOVA; $p = 0.007$). Similar findings are summarized in Table 6 for the implementation of the EU Council Recommendation on the drinking of alcohol by young people. This time, when items 11 to 14 were removed from the analysis, there were no differences in the overall scores between NGOs, government officials and the alcohol industry.

Table 1 Views of the policy impact and of the policy importance in reducing the harm done by alcohol on a scale ranging from 0 (no impact or not important at all) to 10 (very high impact and very important).

	Policy impact				Policy importance			
	NGO ¹	GO ²	AI ³	Anova ⁴	NGO ¹	GO ²	AI ³	Anova ⁴
DRINKING AND DRIVING								
DD1. A maximum blood alcohol concentration limit of 0.5 g/L throughout Europe	8.1	8.1	0.9	0.000	9.1	9.1	0.9	0.000
DD2. Unrestricted powers to breath test throughout Europe	8.6	8.6	8.8	0.862	9.3	8.8	8.7	0.234
DD3. Common penalties for drinking and driving throughout Europe	7.1	7.4	3.1	0.000	7.7	7.2	3.3	0.000
DD4. Designated driver campaigns throughout Europe	4.4	5.8	9.0	0.000	4.5	5.9	9.0	0.000
EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS								
ED1. Education campaigns to promote public awareness of alcohol policy issues	5.3	5.8	8.3	0.000	7.2	7.0	8.3	0.025
ED2. Education programmes in schools, colleges and universities	4.4	5.9	9.6	0.000	6.1	6.8	9.7	0.000
ED3. Education campaigns on the intoxicating, addictiveness and health risks of alcohol	4.7	5.4	8.6	0.000	6.1	6.2	8.5	0.000
ED4. Education campaigns on the benefits of reducing hazardous and harmful alcohol consumption	4.4	6.0	9.7	0.000	6.0	6.5	9.7	0.000
ED5. Public access to information on the alcohol industry as relevant to the implementation of alcohol policy	4.6	5.4	7.6	0.000	6.3	5.8	7.5	0.043
ED6. Education on the harm done by alcohol and what can be done to reduce it to all who work in alcohol production, sales and supply	4.3	5.3	8.7	0.000	5.6	6.5	8.7	0.000
PACKAGING AND LABELLING OF ALCOHOL PRODUCTS								
LA1. Alcohol products should not promote erroneous impressions about their characteristics or health effects	6.8	6.4	9.7	0.000	8.2	7.3	9.7	0.000
LA2. Alcohol products should not promote direct or indirect appeal to minors	7.7	7.3	9.5	0.000	9.1	8.3	9.5	0.009
LA3. Alcohol products should carry safety and health warnings determined by ministries of health	5.0	5.3	0.9	0.000	7.3	6.4	0.9	0.000
LA4. Alcohol products should contain information on alcohol concentration, alcohol content, calorific value and ingredients that might lead to allergies	5.3	6.3	8.1	0.000	7.0	7.7	8.0	0.332
PRICE AND TAX MEASURES TO REDUCE THE HARM DONE BY ALCOHOL								
TA1. The price of alcohol should be increased in line with inflation	8.4	8.4	0.6	0.000	9.2	9.0	0.4	0.000
TA2. Taxes should be proportional to	7.3	6.9	3.3	0.000	7.8	7.3	3.1	0.000

the alcoholic content of alcoholic beverages with no threshold								
TA3. Higher alcohol concentration beverages, such as spirits, should be taxed at a disproportional higher level	6.1	8.2	0.3	0.000	6.2	8.8	0.2	0.000
TA4. Taxes should be increased throughout Europe up to a minimum level	8.1	8.3	0.2	0.000	8.3	8.9	0.04	0.000
ILLICIT TRADE IN ALCOHOLIC PRODUCTS								
TR1. Alcohol products should be marked to enable monitoring of their trade and legal status	5.6	6.8	0.4	0.000	7.0	7.8	0.8	0.000
TRAVELLERS ALLOWANCES WITHIN THE EUROPEAN UNION								
AL1. Until such time as alcohol taxes are harmonized throughout Europe, personal travellers' allowances should be reduced to about one seventh of the current limit, the equivalent of 40 bottles of wine	5.8	6.2	0.7	0.000	7.3	7.1	0.2	0.000
RESTRICTIONS ON THE AVAILABILITY OF ALCOHOL								
AV1. Impact assessments on health and the social environment should be undertaken when opening new or changing existing retail on or off premise outlets for alcohol	7.3	7.0	3.3	0.000	8.0	7.2	5.7	0.031
SALES TO MINORS								
SA1. The sales of alcohol products to persons under the age set by domestic law, should be prohibited	8.9	8.7	9.8	0.035	9.4	9.0	9.8	0.272
SA2. Penalties against sellers and distributors to ensure compliance with relevant measures should be implemented	8.9	9.1	9.3	0.722	9.4	9.6	9.2	0.567
ALCOHOL ADVERTISING, PROMOTION AND SPONSORSHIP								
AA1. All forms of alcohol advertising, promotion and sponsorship that promote an alcohol product to minors should be prohibited	8.5	8.1	2.5	0.000	9.7	9.3	7.6	0.001
AA2. Appropriate health warnings or safety messages should accompany all alcohol advertising, promotion and sponsorship	6.3	6.5	1.4	0.000	7.8	8.0	1.6	0.001
AA3. The use of direct or indirect sale promotions that encourage the purchase of alcohol products should be prohibited	7.3	7.4	1.0	0.000	8.3	8.5	0.5	0.000
AA4. Article 15 of the Television Without Frontiers Directive should be enforced in all Member States under statutory control	7.5	7.1	0.5	0.000	8.9	8.3	0.9	0.000
AA5. All alcohol advertising, promotion and sponsorship should be restricted to information about the product only	7.6	6.8	0.2	0.000	8.7	7.9	0.2	0.000
AA6. Countries which have a ban on certain forms of alcohol	7.1	7.4	0.2	0.000	8.9	8.4	0.3	0.000

advertising, promotion and sponsorship have the right to ban such cross-border activities entering their territory								
REDUCING HARM IN DRINKING AND SURROUNDING ENVIRONMENTS								
SE1. Municipal planning and licensing regulations should ensure that all people are free from the harm done by alcohol intoxication	7.7	7.8	7.7	0.986	8.7	8.5	3.7	0.000
SE2. Alcohol sales should be prohibited to minors and intoxicated persons	8.5	9.3	9.7	0.003	9.5	9.7	9.8	0.318
SE3. Alcohol sales and licensing laws should be policed and enforced	8.3	8.4	9.6	0.001	9.1	9.1	9.6	0.185
SE4. The hospitality industry and servers of alcohol should be trained to reduce the harm done by alcohol intoxication	5.3	6.9	9.0	0.000	7.6	7.9	9.1	0.013
INTERVENTIONS FOR HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION AND ALCOHOL DEPENDENCE								
IN1. Interventions to reduce hazardous and harmful alcohol consumption should be widely implemented	8.6	8.6	9.6	0.027	8.9	9.2	9.6	0.128
INTERVENTIONS AND ASSISTANCE FOR FAMILY MEMBERS OF PEOPLE WITH ALCOHOL DEPENDENCE								
IN2. Programmes for counselling family members of people with harmful alcohol consumption should be widely implemented	7.9	8.1	9.7	0.002	8.6	8.8	9.7	0.019

¹Non-governmental organization

²Governmental organization

³Alcohol industry

⁴Anova, p value.

Table 2 Factor analysis (The numbers in the brackets are the factor loadings for each item; the first number the loading for policy impact, and the second number the loading for policy implementation).

FACTOR 1	FACTOR 2	FACTOR 3
DRINKING AND DRIVING		
DD1. A maximum blood alcohol concentration limit of 0.5 g/L throughout Europe (0.85; 0.90)		
		DD2. Unrestricted powers to breath test throughout Europe (0.64; 0.69)
DD3. Common penalties for drinking and driving throughout Europe (0.80; 0.85)		
	DD4. Designated driver campaigns throughout Europe (0.83; 0.86)	
EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS		
	ED1. Education campaigns to promote public awareness of alcohol policy issues (0.64; 0.44)	
	ED2. Education programmes in schools, colleges and universities (0.75; 0.69)	
	ED3. Education campaigns on the intoxicating, addictiveness and health risks of alcohol (0.80; 0.59)	
	ED4. Education campaigns on the benefits of reducing hazardous and harmful alcohol consumption 0.68; 0.56)	
	ED5. Public access to information on the alcohol industry as relevant to the implementation of alcohol policy (0.57; 0.30)	
	ED6. Education on the harm done by alcohol and what can be done to reduce it to all who work in alcohol production, sales and supply (0.82; 0.79)	
PACKAGING AND LABELLING OF ALCOHOL PRODUCTS		
		LA1. Alcohol products should not promote erroneous impressions about their characteristics or health effects (0.34; 0.60)
		LA2. Alcohol products should not promote direct or indirect appeal to minors (0.19; 0.44)
LA3. Alcohol products should carry safety and health warnings determined by ministries of health (0.74; 0.78)		
	LA4. Alcohol products should	

	contain information on alcohol concentration, alcohol content, calorific value and ingredients that might lead to allergies (0.51; 0.28)	
PRICE AND TAX MEASURES TO REDUCE THE HARM DONE BY ALCOHOL		
TA1. The price of alcohol should be increased in line with inflation (0.84; 0.86)		
TA2. Taxes should be proportional to the alcoholic content of alcoholic beverages with no threshold (0.82; 0.85)		
TA3. Higher alcohol concentration beverages, such as spirits, should be taxed at a disproportional higher level (0.78; 0.78)		
TA4. Taxes should be increased throughout Europe up to a minimum level (0.85; 0.87)		
ILLICIT TRADE IN ALCOHOLIC PRODUCTS		
TR1. Alcohol products should be marked to enable monitoring of their trade and legal status (0.84; 0.84)		
TRAVELLERS ALLOWANCES WITHIN THE EUROPEAN UNION		
AL1. Until such time as alcohol taxes are harmonized throughout Europe, personal travellers' allowances should be reduced to about one seventh of the current limit, the equivalent of 40 bottles of wine (0.79; 0.81)		
RESTRICTIONS ON THE AVAILABILITY OF ALCOHOL		
AV1. Impact assessments on health and the social environment should be undertaken when opening new or changing existing retail on or off premise outlets for alcohol (0.76; 0.59)		
SALES TO MINORS		
		SA1. The sales of alcohol products to persons under the age set by domestic law, should be prohibited (0.52; 0.55)
		SA2. Penalties against sellers and distributors to ensure compliance with relevant measures should be implemented (0.81; 0.79)
ALCOHOL ADVERTISING, PROMOTION AND SPONSORSHIP		
AA1. All forms of alcohol advertising, promotion and sponsorship that promote an alcohol product to minors should be prohibited (0.89; 0.55)		

AA2. Appropriate health warnings or safety messages should accompany all alcohol advertising, promotion and sponsorship (0.87; 0.87)		
AA3. The use of direct or indirect sale promotions that encourage the purchase of alcohol products should be prohibited (0.89; 0.88)		
AA4. Article 15 of the Television Without Frontiers Directive should be enforced in all Member States under statutory control (0.90; 0.89)		
AA5. All alcohol advertising, promotion and sponsorship should be restricted to information about the product only (0.87; 0.86)		
AA6. Countries which have a ban on certain forms of alcohol advertising, promotion and sponsorship have the right to ban such cross-border activities entering their territory (0.89; 0.85)		
REDUCING HARM IN DRINKING AND SURROUNDING ENVIRONMENTS		
RH1. Municipal planning and licensing regulations should ensure that all people are free from the harm done by alcohol intoxication (0.01; 0.74)		
		RH2. Alcohol sales should be prohibited to minors and intoxicated persons (0.71; 0.80)
		RH3. Alcohol sales and licensing laws should be policed and enforced (0.74; 0.83)
	RH4. The hospitality industry and servers of alcohol should be trained to reduce the harm done by alcohol intoxication (0.67; 0.27)	
INTERVENTIONS FOR HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION AND ALCOHOL DEPENDENCE		
		IN1. Interventions to reduce hazardous and harmful alcohol consumption should be widely implemented (0.70; 0.76)
INTERVENTIONS AND ASSISTANCE FOR FAMILY MEMBERS OF PEOPLE WITH ALCOHOL DEPENDENCE		
		IN2. Programmes for counselling family members of people with harmful alcohol consumption should be widely implemented (0.63; 0.74)

Table 3 Results for three factors (mean (standard error of the mean)) for views of the policy impact and of the policy importance in reducing the harm done by alcohol on a scale ranging from 0 (no impact or not important at all) to 10 (very high impact and very important).

	Policy impact				Policy importance			
	NGO ¹	GO ²	AI ³	Anova ⁴	NGO ¹	GO ²	AI ³	Anova ⁴
Factor 1 (regulations)	7.4 (0.31)	7.3 (0.30)	1.4 (0.31)	0.000	8.2 (0.93)	8.2 (0.72)	1.6 (1.0)	0.000
Factor 2 (education)	4.8 (0.31)	6.0 (0.48)	8.7 (0.23)	0.000	6.3 (0.28)	6.7 (0.46)	8.7 (0.23)	0.000
Factor 3 (implementation and interventions)	8.3 (0.28)	8.3 (0.21)	9.5 (0.21)	0.000	9.1 (0.18)	8.8 (0.18)	9.5 (0.20)	0.072

¹Non-governmental organization

²Governmental organization

³Alcohol industry

⁴Anova, p value.

Table 4 Results for three factors. Number of standard deviations away from median of scale.

	Policy impact			Policy importance		
	NGO ¹	GO ²	AI ³	NGO ¹	GO ²	AI ³
Factor 1 (regulations)	1.73	1.64	-3.2	3.0	3.9	-3.9
Factor 2 (education)	-0.5	0.3	2.7	0.7	0.7	2.7
Factor 3 (implementation and interventions)	2.5	3.5	3.6	4.5	4.7	4.0

¹Non-governmental organization

²Governmental organization

³Alcohol industry

Table 5 Since the year 2000, to what extent on a ten-point scale (ranging from 0, not at all, to 10, fully) do you estimate that the following activities have been undertaken in your country? (WHO European Alcohol Action Plan, 2000-2005)

	NGO ¹	GO ²	AI ³	Anova ⁴
Information and education				
1. Developed public awareness of the harm that can be done by alcohol and the consequences on the health and wellbeing of individuals, families and communities	5.2	6.3	7.0	0.053
2. Created support for public health policies that are in line with the WHO's European Alcohol Action Plan	4.4	6.2	5.5	0.104
3. Provided children and young people with effective skills to make healthy choices and to be confident in their ability to withstand the pressures of under-age drinking	4.1	5.2	6.1	0.022
Public, private and working environments				
4. Reduced the occurrence of alcohol-related problems in public places, especially those associated with leisure time activities and sporting events	3.1	4.4	6.5	0.000
5. Reduced the risk of alcohol-related family harm and ensured a safe home environment for children	3.0	4.6	6.1	0.000
6. Reduced the harm that can be done by alcohol in the workplace, in particular accidents and violence	4.3	5.1	6.3	0.059
Drink-driving				
7. Sought a substantial reduction in the number of alcohol related accidents, fatalities and injuries resulting from driving after consuming alcohol	5.4	5.5	9.5	0.000
Availability of alcohol products				
8. Had a taxation policy that contributes to reducing the harm that can be done by alcohol	3.3	5.5	2.1	0.01
9. Reduced the level of under-age drinking, especially among the very young	3.5	4.1	4.9	0.30
Promotion of alcohol products				
10. Adopted measures to protect children and young people from exposure to alcohol promotion	3.7	4.8	8.8	0.000
Treatment				
11. Ensured accessible and effective treatment to people whose alcohol consumption falls within the range from hazardous or harmful to alcohol dependence	5.0	6.9	7.5	0.003
Responsibilities of the alcoholic beverage industry and hospitality sector				
12. Reduced alcohol-related problems within the drinking environment	2.4	3.9	7.4	0.000
13. Reduced the number of intoxicated persons leaving licensed premises and subsequently involved in assaults, violence and alcohol-related traffic accidents	2.4	3.0	7.1	0.000
14. Implemented appropriate measures to restrict young people's access to alcohol	2.9	4.3	8.3	0.000
Society's capacity to respond to alcohol-related harm				
15. Stepped up community actions aimed at reducing alcohol-related problems in local communities (such as traffic accidents involving alcohol use and underage sales) through the provision of more responsible beverage service and the increased adoption of local laws	3.8	4.5	7.7	0.000

16. Heightened awareness and increased competence among all government sectors that can have an impact on an effective alcohol policy	3.8	5.3	6.9	0.000
Nongovernmental organizations				
17. Supported nongovernmental organizations and self-help movements that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol	4.8	5.5	7.2	0.001
Formulation, implementation and monitoring of policy				
18. Implemented a comprehensive broad-based alcohol policy	3.5	5.1	5.7	0.069
19. Implemented a system for reporting on alcohol consumption and for monitoring and evaluating the implementation of alcohol policy and the harm that can be done by alcohol	3.3	5.1	4.8	0.145
Total	3.7	5.0	6.1	0.000

¹Non-governmental organization

²Governmental organization

³Alcohol industry

⁴Anova, p value.

Some industry representatives noted that their interpretations of the questions are the degree to which the situation has changed since 2000, rather than their evaluation of the overall situation. There was some uncertainty over whether they were being asked as to the level of activity, or its effect in reducing harm.

Table 6 Since the year 2001, to what extent on a ten-point scale (ranging from 0, not at all, to 10, fully) do you estimate that the following activities have been undertaken in your country? (2001 Council Recommendation)

	NGO ¹	GO ²	AI ³	Anova ⁴
1. Promotion of research into all the different aspects of problems associated with alcohol consumption by young people	4.9	5.9	5.6	0.501
2. Development, implementation and evaluation of comprehensive health promotion policies and programmes targeted at children, adolescents, their parents, teachers and carers that include alcohol	4.4	5.8	5.0	0.364
3. Dissemination of evidence based information on the factors which motivate young people to start drinking	3.4	5.4	4.2	0.132
4. Encouragement of a multisectoral approach to educating young people about alcohol	3.7	5.7	5.3	0.044
5. Support for raising awareness of the effects of alcohol drinking, in particular on children and adolescents, and of the consequences for the individual and the society	3.7	5.9	6.0	0.007
6. Involvement of young people involved in youth alcohol related policies and actions	3.2	3.9	4.5	0.346
7. Production and dissemination of advisory materials for parents to help them discuss alcohol issues with their children	3.5	5.1	4.7	0.218
8. Specific initiatives addressed to young people on the dangers of drink-driving	4.6	5.5	6.6	0.105
9. Action taken against the illegal sale of alcohol to under-age consumers	3.6	4.9	6.2	0.012
10. Make available specific approaches on early detection and consequent interventions aimed at preventing young people becoming alcohol-dependent	2.5	3.5	3.9	0.210
11. Effective mechanisms to ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents	2.4	3.1	9.1	0.000
12. Effective mechanisms to ensure that alcoholic beverages are not designed or promoted to appeal to children and adolescents	2.5	3.9	9.2	0.000
13. Delivery of specific training for servers and sales persons with regard to the protection of children and adolescents	1.7	3.7	6.2	0.000
14. Commitment of representative producer and trade organisations of alcoholic beverages to observe the principles described in points 11 to 13 above	1.6	2.5	8.7	0.000
Total	3.3	4.6	5.9	0.000

¹Non-governmental organization

²Governmental organization

³Alcohol industry

⁴Anova, p value.

For question 11, a number of industry organizations noted that beers are never knowingly targeted at children or adolescents.

Qualitative analysis

1. Country Policy Advances

Administrative and Research The strongest theme among NGOs and particularly GOs was the **coordination** of alcohol policy, mainly in the form of national action plans/strategies. The establishment of a coordinating/advising group on alcohol was also quite common. This theme was only mentioned by SIAs on two occasions, in both cases emphasising the opportunity for the industry to take part within the context of a number of stakeholders. GOs occasionally mentioned the increased organization of **NGOs** in civil society, **funding** for either prevention, NGOs or research.

Drink-Driving Another strong theme was **dink-driving laws**, with a number of respondents noting stricter rules on drink-driving in their country (including blood alcohol concentration (BAC) recommendations, increased penalties, temporary licences for young drivers). This was the most common theme for NGOs, was also relatively common for GOs, and was occasionally mentioned by industry trade bodies. Less strong were **designated driver campaigns**, which were sometimes mentioned by SIAs (more often than drink-driving laws). These came from a small number of countries, presumably where the campaigns have been strongest.

Alcohol Control Equally strong as drink-driving laws was **marketing laws**, again mentioned by GOs and particularly NGOs (though not by any SIAs). These tended to be eclectic changes – from the implementation of the Television Without Frontiers directive (TWF), tougher penalties for breaches, regional bye-laws, daytime bans in cinemas and on-going work in preparation for future legislation. Related to this is the code **marketing self-regulation**, which was as common as the previous code but was dominated by the citation of self-regulatory schemes from industry trade bodies for whom this was the most common code. In some cases this was the continued action of a long-standing body (“*Rules of conduct for advertising of alcoholic beverages being controlled by the [country] Advertising Council (in force since 1976)*”), while in others it was new action within a previous framework (“*Introduction of an independent review..., and the introduction of a pre-vetting scheme that reduces such products now appearing on the market*”). Self-regulatory codes were also occasionally mentioned as a recent policy advance by NGOs (but never by GOs). The most common of the general alcohol control policies were restrictions on **underage drinking**, mentioned near-exclusively by GOs and especially NGOs (one SAO mention). Also relatively common was **taxation**, which was only mentioned by GOs and NGOs and referred to tax rises, new taxes on alcopops, or the defeat of campaigns to lower taxes. Slightly less common but still occasional were: new restrictions on the **places** alcohol can be sold (e.g. hospitals, petrol stations; not mentioned by SIAs); other restrictions on **availability** (mainly licensing, although occasional SIAs mentioned the end of fixed hours and the privatization of the state spirits monopoly); and **local/regional initiatives** (occasionally mentioned by SIAs in the context of their own activities on a regional level).

Education and Prevention **Media** campaigns were mentioned frequently, although again there was a difference between types of respondent in the types of campaign they mentioned. **Drink-driving campaigns** were mainly mentioned by SIAs, often referring to their own campaigns (or their part in official campaigns), e.g. “*The Governments commitment to high profile drink drive advertising backed up by industry initiatives for many years. (The Brewing industry has been campaigning against drinking and driving in [country] for over 40 years)*” and “[*Country’s*] Road Safety Organisation (part of Ministry of Transport) has realised two campaigns against alcohol behind the wheel together with the spirits and beer industry.” Occasional GOs also referred to their own drink driving (DD)

media campaigns. Other **public education media campaigns** were mentioned much more often by NGOs (e.g. *“First national TV Campaign on youth and alcohol”*). They were also mentioned by SIAs (who again mainly referred to their own campaigns, e.g. *“Campaigns and educational material since 1978 on the subject of responsible or moderate consumption”*) and at roughly the same levels as DD campaigns for GOs. SIAs further occasionally mentioned campaign materials at the **point-of-sale**.

Industry-only Codes This is explained by one of the strongest themes for SIAs, **stakeholder involvement**. A large number of SIAs mentioned some form of partnership or involvement of the industry as a key recent advance, either in the form of a consultation/advisory process or in particular campaigns. However, no GO or NGO mentioned this at all. It is often the partnership itself referred to here, rather than any particular use of the partnership, e.g. *“The recognition of partnership in the [named] campaign...between public transport authorities, the industry and other stakeholders as being an key element in tackling drink driving”* and *“Establishment of the [Advisory Board on Alcohol] which includes representatives of producers, policy makers, health organizations, NGOs, and centres of studies on alcohol related matters.”* The existence themselves of **SAOs** themselves was occasionally mentioned by SAOs and industry trade bodies, as was **server training** and **research** on drink-driving or ‘moderate consumption’.

Other NGOs and trade organizations also occasionally mentioned **treatment** and **drink-driving enforcement**. NGOs and GOs occasionally mentioned **brief interventions**.

2. Country Policy Barriers

Public Debate Both NGOs and especially GOs (for whom this was the dominant code) often mentioned **public attitudes** as a particular problem, either as ‘indifference’ or a ‘liberal’ attitude. Only one SIA mentioned this (expressed as simply ‘tradition’) as a problem. **Public awareness** was also occasionally mentioned (again, not by SIAs). **Drinking culture** was sometimes mentioned by all groups, either in the form of a permissive attitude as part of a way of life (often southern countries), or a culture of *‘drinking to get drunk’*. The **media** were also sometimes mentioned – generally by NGOs as uninterested, unhelpful or actively forming alliances with the industry, but also by one GO and one trade body (as not checking their figures with the industry before publication).

Politics and Lobbying A lack of **political will** was quite often mentioned by GOs and especially NGOs, as was the prioritisation of **trade over economic interests**. Both of these are obviously part of the political scene, e.g. *“There is a strong alcohol-lobby in the conservative parties”* and *“Majority of politicians are right wing liberals who believe alcohol industry is more important than public health.”* This is partially linked to the **lobbying of the alcohol industry**, which was often cited by GOs and especially NGOs (for whom this was the dominant theme) as a barrier. This ranged from *“Drink industry promotes inefficient but popular education programs and criticizes alcohol policy measures”* to *“Strong pressure, due to culture and tradition, of the alcohol industry, in particular the wine industry.”*

Administrative and Research **Coordination** was again sometimes mentioned as a problem (mainly by NGOs, who often mentioned it). The actual area that needed coordinating varied – sometimes this was for policy as a whole within government or a national plan, while others (2 NGOs) noted the need for the coordination of research. Both GOs and NGOs also occasionally noted the need for **NGOs** to coordinate amongst themselves better, and GOs also noted that NGOs should get a broader base in civil society (cf. their strong feeling on ‘public attitudes’ above).

A need for more **research** was also mentioned occasionally (by all bodies), as well as six SIAs producing identical responses that *“For every piece of evidence advocating one policy, there is a wealth of evidence that would seem to advocate an opposite policy, or at least put into doubt the conclusions.”* Even more common – and again exclusively among SIAs – was the feeling that research focused on the **definition not the solution**, nearly always using the phrase *“A lot of the existing research focuses on the definition of the problems rather than the solutions to these problems”*. **Finance** was often mentioned as a problem by GOs, and sometimes also by NGOs. Sometimes this was the *“diffusion of resources... for too many other social problems,”* while in other cases it was the lack of specific, sustainable funding.

Education and Prevention A need for greater **education and other primary prevention** in young people was sometimes identified among SIAs (and one NGO).

Industry-only Codes The need for greater **stakeholder involvement** was (again) the dominant response among SIAs (a mixture of individual and copied responses). The most copied form of this was *“Brewers are too often stigmatised by some stakeholders for the simple reason that they produce beer.”* The differentiation between targeting **“use/misuse”** was also common, mainly with the copied form *“Certain policies are inspired by the total consumption theory and have therefore failed to solve the real problem, i.e. patterns of harmful drinking.”* Relatively common among SIAs was the need to **learn from elsewhere**, without exception in the form *“Not enough attention has been paid to learning the lessons of best practise from those countries where there is much less of a problem with alcohol misuse.”*

3. Country Implementation Advances

Public Debate The most common advance needed to implement policy according to NGOs is greater **public awareness**, so that people understand the harm done by alcohol (or occasionally that people understand effective policies). This was also occasional in GOs, but was not mentioned by SIAs.

Politics and Lobbying To a much lesser extent, **political will** was also mentioned occasionally (mainly by NGOs).

Administrative and Research **Research** was the single-most frequently cited overall area for advances, but this meant different things to different groups. NGOs often cited the need for a formal coordinated centre/system for research or advocacy-relevant data (e.g. costs and benefits, harm to others), while GOs tended to ask for more research on *“prevention methods that work.”* SIAs (as well as occasional others) asked for more research in general, usually copying the phrase *“An evidence base needs to be established that includes evidence from all across the EU, covers a wide range of research on the problem of misuse, and looks into the impact of different strategies.”* Also common among NGOs and GOs (as well as in one SAO) was a desire for greater **coordination**, including action plans with clear goals, a coordinating body with responsibility and long-term funding, and generally the greater exchange of information between people in this area. Coordination was also mentioned in the context of ‘learning from other countries’ by SIAs (see below). As before, **finance** was also common among GOs and NGOs, occasionally suggesting the use of hypothecated taxes (e.g. *“To increase taxes and prices of alcohol drinks and use the income to fund education & prevention bodies (GOs and NGOs)”*).

Alcohol Control Taxation was sometimes referred to and was the control policy most commonly mentioned (though not by SIAs, who did not refer to it other than one mention that it did not work). These generally called for higher taxes, but the introduction of a tax on wine was occasionally mentioned explicitly (*“increasing taxes, in particular on wine, which today bears no taxes”*). **Advertising laws** were often suggested by NGOs and occasionally by GOs, sometimes in the form of bans of some form, and on other occasions some form of regulation (especially marketing to young people). One trade body noted that *“historically, hypertaxation and communication bans have failed and that they may lead to simple cross-border/duty free purchasing in the best case, perverse reaction effects in the worse.”* Increased controls on **underage** drinking were sometimes discussed by all groups (e.g. ID card, lowered age). Reductions in **availability** and **local/community action** were also mentioned by occasional NGOs/GOs. Greater **enforcement** in general was sometimes mentioned, usually by GOs and NGOs.

Education and Prevention Both NGOs and in particular SIAs (for whom this was the joint most-dominant code) noted the importance of **education and primary prevention**. This tended to be similar between all groups, although SIAs were the only ones to explicitly stress ‘parental guidance’. All groups (though more SAOs than trade bodies) sometimes mentioned **brief interventions**, e.g. SAO *“An increased importance to a broad-based primary prevention that can limit the number of possible alcohol addicted.”* GOs and NGOs (plus one trade body) sometimes mentioned **treatment** improvements, such as capacity-building.

Industry-only Codes Greater **stakeholder involvement** was the joint-most common code for SIAs. It was also mentioned by one NGO and two GOs, but generally with a different meaning (consumers associations for NGO, and separate social responsibility scheme for one GO). For SIAs, about half the comments were independent, but the copied comment in the other half was *“An effective consultation process must be in place, where all stakeholders are on a level playing field, and the role of the [brewing and] alcoholic beverages industry is acknowledged, with regard to finding the solutions to alcohol misuse”*. **Learning from other countries** was also common among SIAs, at the same time as stressing the need to do this in a **culturally sensitive** way (the latter also being mentioned by one GO). In nearly all cases this was also combined with coordination (above) involving the phrase *“A framework should be established in order to facilitate the sharing of best practise both within the country and from campaigns and schemes in other European countries, so they can be adapted as appropriate to suit the national or regional cultures.”* **Health benefits** were mentioned as necessary for policy, in 6 of 7 cases in the form *“Any strategy proposals must take into account the significant potential benefits of moderate [beer] consumption, to health and to society.”*

Other GOs and SIAs occasionally mentioned **media campaigns**.

4. Country Implementation Challenges

Public Debate All types of bodies sometimes stated that **public attitudes** need to change to achieve the advances in implementation, with NGOs/GOs occasionally also stating there needs to be improvements in **public awareness**.

Politics and Lobbying GOs and NGOs (but never SIAs) sometimes reported that there needs to be improvements in **political will**.

Administrative and Research Both GOs and NGOs (but never SIAs) often said that there needs to be more **coordination**, often in the form of an independent body to either monitor or implement a national plan, or to create a national plan where none exists. For example,

“A National Programme Alcohol, that describes aims, target groups and needed research. This Programme must be accepted by the Parliament.” Even more common (although again not for SIAs) was the need to get more involvement in policy from **NGOs** and civil society. Sometimes this was within a single organisation (e.g. *“Our national Institute [named] should have a strong political department”*), but more often it referred to greater coordination and numbers involved in advocacy (*“Creation and development of advocacy coalition/network on alcohol problems”*). Unsurprisingly, it was common among NGOs/GOs to say there was a need for more **finance** for projects, with occasional suggestions that *“Ear-marked taxation on alcohol products and advertising [should be] dedicated to alcohol-prevention or tax-income from alcohol products directed back to prevention.”* The single most common theme **in all groups** was to do with **research**, although as before this meant different things for different groups. For NGOs this nearly always meant a greater knowledge of costs and consequences of alcohol (e.g. *“more research, in general: make the consequences of alcohol as visible as possible and communicate these facts etc.”*). GOs emphasised the need for research into evidence-based policy as well as the harm done by alcohol. SIAs did occasionally mention the need for more general research (that should be ‘*accepted by all parties*’ (one trade body) and not done by ‘*renowned anti-alcohol institutes*’ (another trade body). However, they mainly copied the phrase *“Need to fully consider all the evidence before engaging into potentially/ultimately harmful policies.”*

Alcohol Control **Health benefits** again mentioned only by SIAs, with all five mentions stating *“Need to fully take account of the existing as well as potential benefits of moderate beer consumption as forming part of healthy lifestyles.”*

Education and Prevention **Education and primary prevention** were very occasionally mentioned by NGOs and GOs (one each), but were frequent for SIAs, generally using the phrase *“Need to fully consider education including parental guidance as being at the heart of the equation.”* Training and incentives for **health professionals** or greater use of **brief interventions** were sometimes mentioned by all groups.

Industry-only Codes **Stakeholder involvement** was again common for SIAs (it was also more common than before for GOs and NGOs, though in all but one case this referred to non-industry stakeholders such as families, teachers and carers). Generally the industry copied a variant on previous comments, *“Need to recognise the brewing/alcoholic beverages industry as being part of the solution to the problems caused by inappropriate consumption.”* Other SIA comments mentioned the need to get as many people as possible involved in the policy process, and advocated the use of partnerships. Occasional SIAs mentioned **learning from other countries**, in the form *“Need to learn from best practice both within the country and from campaigns and schemes in other European countries, and then adapt them as appropriate to suit the national or regional cultures.”*

Other **Local/community action** was again mentioned occasionally by GOs and NGOs.

5. EU Policy Advances

EU Action The **development of an EU strategy** following the Council Conclusions 2001 was often mentioned by GOs and NGOs, although not mentioned at all by SIAs. The EU/WHO work on **alcohol and young people** - i.e. the conference, Stockholm Declaration, Council Recommendation and recent (2004) re-affirmation – were the most common response for both GOs and NGOs, although the SIAs only mentioned it in the context of stressing the value of cooperation (see also below) – *“Recommendation of 5 June 2001 on alcohol and young people recognising the intrinsic value of cooperation between authorities and industry in seeking ways to reduce alcohol-related harm among*

young people and the recognition of self-regulation to police advertising.” Various aspects of the **public health programme** were occasionally mentioned by GOs and NGOs, including alcohol’s inclusion as a key health determinant, the executive agency agreed in December 2004, the new draft programme, and (partly related) the Alcohol and Health Working Group in DG Sanco (only one mention). The **case law** on trade was occasionally mentioned by NGOs (and a GO) in the context of affirming the Loi Evin, with **other proposals** also very occasionally mentioned (e.g. health claims). Also occasionally mentioned were the perceived expanded **EU health competencies** expressed in Maastricht and (more common) the Constitutional Treaty.

WHO Action The WHO **Charter and EAAPs** were sometimes mentioned by NGOs and GOs, all of whom came from different countries in southern Europe (including Hungary). **Other WHO work** mentioned including publications and the work on mental health, but nothing was mentioned more than once.

Administrative and Research The second most common theme amongst NGOs (after the work on young people), and also mentioned by one GO, was to do with the coordinated European action of **NGOs** through Eurocare, the BtG project and the BtG Warsaw conference. For example, *“The EURO CARE creation and its increasing and functioning efficiency in the last fourteen years with some of its outstanding projects and publications”*.

Industry-only Codes The degree of unanimity from SIAs is greater under European comments than it is under national ones. Seventeen of 19 SIA comments on **other public health issues** copied the phrase *“A clear differentiation between tobacco use and alcohol abuse as stated by Commissioner Byrne during his mandate (1999-2004) and Commissioner Kyprianou at the beginning of his mandate (2004).”* [The others rephrased the same comment]. A similar number of SIA comments on **cultural sensitivity** used the following wording: *“To recognise cultural, social and economic differences between Member States (Council Conclusions on a Strategy to Reduce Alcohol Related Harm of 5 June 2001).”* By far the most common comments were to do with the development **stakeholder involvement**, reaching an average of over two comments per SIA respondents (which is easily greater than for any theme in any area). These were generally formed from three repeated comments:

1. *“To recognise the intrinsic value of cooperation between authorities and industry in seeking ways to reduce the problems caused by alcohol consumption by young people, in particular children and adolescents (Council Recommendation of 5 June 2001)”*
2. *“The partnership between the Commission (DG Transport) and the industry in developing European campaigns to help reduce the harm caused by drinking and driving throughout Europe (since 2001)”*
3. *“To recognise the need to pursue public/private partnerships in tackling road safety Council Conclusions on Road Safety (10 December 2004).”*

The Road Safety Charter and other DD work (e.g. **designated driver** campaigns) were also occasionally mentioned. Incidentally, two NGOs also mentioned stakeholder involvement here – one citing the January 2005 Luxembourg stakeholders’ workshop, the other referring to *“the ‘open’ debates in the EU context between the NGO’s and the industry.”*

6. EU Policy Barriers

Politics and Lobbying The most frequent answer among both GOs and NGOs was that **industry lobbying** gets in the way, e.g. *“the public affairs activities of the alcohol producers and the hospitality sector.”* Many respondents did not feel a need to elaborate, and just put *“Influence of alcoholic beverage companies”* or similar. A common response

among GOs and NGOs (but never SIAs) was that there needs to be change to the prioritisation of **trade over health**. Much of this referred to the structure of the EU, e.g. *“Economic interests are given political priority over health as (a) no base if doesn't improve market; (b) improving the market can be bad for health”* and *“Weakness of Health and Consumer Protection DG in relation to other DG's.”* One GO commented, *“the different forces within the EU institutions can sometimes be more of a challenge than the 25 countries.”* **Other political factors** were also sometimes mentioned by GOs and NGOs, generally referring to the national interests of certain Member States acting against an effective alcohol policy.

Administrative and Research Coordination was mentioned once more, although NGOs and GOs only sometimes mentioned it (i.e. less than in some earlier sections). These generally referred to the lack of a *“clear and concrete EU policy”*, the lack of equivalent for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), or simply the insufficient cooperation between international institutions (WHO, Pompidou Group) as well as between countries. GOs and NGOs also occasionally mentioned the need for more **leadership and support** from the EU. While GOs and NGOs very occasionally mentioned the need for coordinated **research** and monitoring, the SIAs generally unanimously repeated a previous comment that *“For every piece of evidence advocating one policy, there is a wealth of evidence that would seem to advocate an opposite policy, or at least seriously puts into doubts the conclusions.”* SIAs also mentioned the **definition not solution** issue, using the phrase *“Although a lot of research already exists, it is not carried out in all countries, creating an imbalance. The existing research focuses on the definition of the problems rather than the solutions to these problems.”*

EU action NGOs in particular (plus occasional GOs) spoke about the difficulty in treating alcohol as an ‘ordinary commodity’, subject to both EU and international **trade rules**. A lack of emphasis of health issues (including health impact assessment) in **other EU policies** was also very occasionally mentioned by NGOs/GOs. Occasional GOs also mentioned the lack of **funds** and manpower within DG SANCO.

Industry-only Codes In contrast to the occasional NGOs that mentioned the industry as a **stakeholder** as a barrier, the SIAs argued in the opposite direction that *“Despite recent Commission efforts toward considering the partnership approach, producers of alcoholic beverages are too often stigmatised by other stakeholders for the simple reason they produce alcoholic beverages”* Only SIAs mentioned the **“use/misuse”** issue, stating in parallel to previous comments that *“Certain countries, particularly in Scandinavia, advocate policies inspired by the total consumption theory although these have failed to solve the real problem, i.e. patterns of harmful drinking, particularly amongst young people.”* Finally, the SIAs generally spoke about **learning from other countries** using the phrase *“Not enough attention has been paid so far to the Southern European cultures which should serve as a reference for other parts of Europe where harmful patterns continue to characterise the drinking culture.”*

7. EU Implementation Advances

Politics and Lobbying GOs sometimes mentioned the need for a greater **political will** to act, e.g. *“Policymakers committed to public health advice on alcohol risks over other stakeholders.”* A need for **evidence-based policymaking** was very occasionally mentioned by GOs and NGOs, but was sometimes (i.e. more often) mentioned by SIAs using the phrase *“Need to fully consider all the evidence before engaging into potentially/ultimately harmful policies.”*

Administrative and Research The most common theme for both NGOs and GOs (although many did not answer this section) was linked to **coordination** of activities on a European level. The most common suggestion was for a written strategy, e.g. “A Common Alcohol Policy agreed by all European countries” (NGO) and “A real strategy challenges for a real change and binds all DG’s - not only SANCO. Must be more than apology for economic freedoms.” Other comments included structures (cf. ‘research’ below) and co-ordination across sectors and countries. No SAOs or trade bodies mentioned this, although one advertising body did suggest a network to help exchange best practice. A similar need for an **EU lead** was very occasionally mentioned by all groups. The most common theme overall was **research**. NGOs and GOs sometimes mentioned this in the context of improved monitoring and European comparisons, although occasionally this was advocacy-focused (“Recognising that the EU’s main raison d’être is economic, there should be a full assessment of the external cost of alcohol in all member states of the EU”) or asked for new structures (e.g. a European Alcohol Observatory). This was pretty much the same as the SIAs suggestion – “An evidence base needs to be established that includes evidence from all across the EU, covers a wide range of research on the problem of misuse, and looks into the impact of different strategies.” Other SIA comments generally referred to the exchange of best practice in prevention activities, although very occasionally they referred to the need for a better understanding of the contribution of alcohol to traffic accidents. Improved support for and advocacy by **NGOs** was also sometimes mentioned by GOs and NGOs, e.g. “All-European efforts to improve control and support of policies by NGOs and voluntary organisations.”

Alcohol Control Calls for **advertising laws** of some form were sometimes mentioned by both GOs and NGOs, referring to anything from bans on TV adverts to the inclusion of watersheds in the Television Without Frontiers Directive to banning marketing from other countries using Article 30. **Taxation** was also sometimes mentioned by GOs and NGOs, referring either to high taxes or tax harmonization (always explicitly stressed as upwards harmonization rather than downwards, e.g. “There should be a maximally high minimum alcohol taxation level in every country (not a zero-line policy)”).

Education and Prevention **Education and primary prevention** was only mentioned in the context of Advances at the EU Level by SIAs, generally with the phrase “An increased role for education, including parental guidance, needs to be acknowledged when implementing strategies to tackle misuse.”

EU Action SIAs often mentioned the need to respect **subsidiarity** and/or proportionality (also linked to ‘cultural sensitivity’ below), generally using the phrase “The principles of subsidiarity and proportionality at European level need to be established, taking account of the diversity of economies, societies, cultures, traditions and beverages across the enlarged Europe.” The only relevant comment by others was the very occasional GO saying there needs to be a *greater* harmonization of regulations.

Industry-only Codes SIAs often made a comment on the **health benefits** of alcohol, in every case using the phrase “Need to fully consider the existing as well as potential benefits of moderate alcohol consumption as forming part of healthy lifestyles.” The joint-most common theme among SIAs was **stakeholder involvement**, using one of two standard phrases: “Need to recognise the producers of alcoholic beverages as being part of the solution to the problems caused by inappropriate consumption” or “An effective consultation process must be in place, where all stakeholders are on a level playing field, and the role of the brewing and alcoholic beverages industry is acknowledged, with regard to finding the solutions to alcohol misuse.” There were a few other SIA comments making identical points using words like ‘partnership, as earlier. The only comment by a non-SIA is one NGO comment saying that the EU should realise it is more effective to work with ‘prevention stakeholders’ than the ‘alcohol industry’. The other most common SIA theme

was **cultural sensitivity**, using both the phrase under ‘subsidiarity’ above and “Need to fully consider the utter importance of the diversity of economies, societies, cultures and traditions across the enlarged Europe.” The only mention of this by others was one NGO saying that there needs to be a mechanism to overcome cultural differences.

8. EU Implementation Changes

Most of the SIA responses are identical to those from the previous section (EU Implementation Advances). Only SIA responses that are different are considered here. The numbers of GO and NGO responses here were also lower – the definitions of ‘sometimes’, ‘often’ etc. have been revised accordingly (hence ‘often’ is less responses here than for previous questions).

Public Debate GOs and NGOs occasionally mentioned the need for **greater public awareness**.

Politics and Lobbying **Political will** was occasionally mentioned by both GOs and NGOs, e.g. “*putting alcohol high on the agenda of EU and relevant international organizations.*”

Administrative and Research The most common theme for both GOs and NGOs was **coordination** yet again, sometimes (but not always) made by the same organizations as for EU Implementation Advances. Although this mentioned action plans and information exchange as before, it was more common to mention cooperation and coordination in general terms than for ‘advances’, e.g. “*A coordinated range of Community activities in all relevant policy areas should be ensured.*” The only **new** SIA mentions of research were very occasional suggestions for “*the creation at EU level of a Collaboration Center,*” which, fitting with the ‘stakeholder involvement’ overriding theme, would consist of “*gathering scientists, NGOs, industry, etc.*” The most common theme for NGOs (and sometimes said by GOs) was to do with the work of **NGOs**, either through advocacy or the more general mobilisation of civil society. Common among GOs (and occasional among NGOs) was the need for greater **finance**, either within DG SANCO or funding support from the EU for other projects. Sometimes mentioned by all groups was the need for more **research**, especially the coordination of European research by a single centre. SIAs mentioned the industry-involved collaboration centre (as above) as well as the development of the European Community database on road accidents resulting in death or injury (CARE) for data on alcohol.

EU Action Both GOs and NGOs sometimes mentioned the need for an **EU lead**, e.g. “*Production of concrete actions by the EU Commission such as awareness campaigns and/or the support to early detection of alcohol abuse by health Professionals*” and “*a statement of the new Commissioner on alcohol policy.*” Following on from the SIA comments above, NGOs here occasionally mentioned that it “*should be impossible for subsidiarity to be used to oppose measures necessary to protect public health*” or that there should be a greater use of the precautionary principle. However, only one NGO made each comment.

Industry-only Codes Both GOs and SIAs occasionally mentioned **stakeholder involvement** – but in diametrically opposite directions. The occasional GO view was that there should be less consultation with non-health interests – “*discriminating between health partners and stakeholders*” – while SIAs mentioned the involvement of industry in the proposed collaborating centres as well as stressing involvement more generally.

CONCLUSIONS

Alcohol policy stakeholders for the European Commission's alcohol and health work (country counterparts of the European Commission's Alcohol and Health Working Group (mostly government officials), country and European non-governmental organizations that have a remit on alcohol policy, and representative bodies of the beverage alcohol industry) completed a questionnaire which ascertained views of the impact and importance of a range of alcohol policy measures, implementation estimates of the WHO European Alcohol Action Plan (2000-2005) and of the 2001 Council Recommendation on the drinking of alcohol by young people, and perceived advances and barriers for alcohol policy at the country and European levels.

For all three groups, a high response rate was achieved (70% GOs, 82% NGOs, and 100% AIs).

A striking finding of the results is the similarity in views between the GOs and NGOs, and the very differing views of the AIs. When considering the impact and importance of alcohol policy measures, AIs scored very low for regulatory measures (including those dealing with BAC levels for drinking and driving, taxation, health warning labelling, availability and advertising), whereas both GOs and NGOs regarded these policy measures as having high impact and being of high importance. In contrast, AIs scored very high for all educational approaches, whereas both GOs and NGOs were more moderate in their view of the impact and importance (scoring higher for importance than impact). For both these two areas, the AIs were at the opposite end compared to both GOs or NGOs. In contrast, all three groups were similar in their positive views of the impact and importance of measures that were to do with implementation and to do with interventions for hazardous and harmful alcohol consumption.

AIs gave a higher score for implementation estimates of both the WHO European Alcohol Action Plan and the 2001 Council Recommendation on the drinking of alcohol by young people than GOs who gave a higher estimate than NGOs. However, this was largely explained by the positive estimates that the AIs gave for those items for which they were responsible.

With regard to perceived advances and barriers, again there were discordant views between the AIs and both the GOs and NGOs, who were more similar in their perceptions. The strongest theme among GOs and NGOs was the importance of coordination in implementing action plans and strategies at country and European levels. Research was another common topic, this time mentioned by all three groups, although in different ways. NGOs stressed the need for research on alcohol-related harm, GOs the need for research on effective prevention methods (both mentioning the need for a European coordinating centre for research), and AIs the need to consider "evidence from all across the EU" and to learn from other countries before carrying out "potentially/ultimately harmful policies."

The strongest theme among AIs was stakeholder involvement, i.e. their own participation in the policy process. This was in contrast to the views of GOs and NGOs who both saw industry lobbying as a major barrier to effective policy to reduce alcohol-related harm, due to both the prioritisation of economic over health interests, and attempts to direct policy towards particular measures at both country and European levels.

The theme of Stakeholder Involvement was so dominant for AIs that it 'flowed over' into many other themes. For example, when looking at recent policy advances on drink-driving and marketing, GOs and NGOs mentioned strengthening of the law, while AIs cited their own self-regulatory marketing codes and their own designated driver schemes. AIs frequently mentioned the approach to policymaking as a problem, in particular the

difference between reducing “use and misuse” as a goal for policy. Equally common was a comment by AIs that policies should be culturally sensitive, which was often combined with comments on learning from best practice elsewhere (either explicitly or implicitly referring to southern Europe), which should be fitted to each culture’s situation. This was linked to the principle of subsidiarity, with AIs implicitly suggesting that “the diversity of economies, societies, cultures, traditions and beverages across the enlarged Europe” make European-level legislation inappropriate (and possibly illegal). Finally, only AIs mentioned the need to account for the health benefits of alcohol in formulating policy.

In conclusion, where representatives of the alcohol industry regard themselves as having an equal place at the policy table, they bring to the policy table markedly different views than government officials and non-governmental organizations, proposing educational measures, for which the scientific evidence for impact is rather wanting, and opposing regulatory measures, for which the scientific evidence for impact is rather strong. In contrast, government officials and non-governmental organizations view industry lobbying as a major barrier to effective alcohol policy. The areas where all stakeholders share similar views is the impact and importance of implementation and adherence to the law, as well as the importance and impact of implementing interventions for hazardous and harmful alcohol consumption. Perhaps it is in these areas of agreement that stakeholder working can work.

Annex 1

Alcohol in Europe Questionnaire

The Institute of Alcohol Studies and Dr. Peter Anderson, Consultant in Public Health, have been contracted to prepare a policy report for the European Commission on the health and social consequences of the inappropriate use of alcoholic drinks in the Member States of the European Union, as well as in the Applicant Countries, EEA Countries and Switzerland. The policy report will summarize the available information on alcohol at the country and European levels (economic factors, health and social problems, health promotion, prevention and treatment, alcohol policies) and describe options for action at the country and European levels.

One part of the project is to undertake a survey and prepare a report on stakeholders' views on their positions and needs in relation to alcohol policy, their perceptions of the barriers and facilitators to the development and implementation of evidence based policy, their understanding of existing recommendations and actions in alcohol policy, and their assessment of achievement in implementing European recommendations, resolutions and action plans.

Stakeholders include:

- Country counterparts of the European Commission's Alcohol and Health Working Group;
- Country non-governmental organizations that have a remit on alcohol policy;
- European non-governmental organizations, including Eurocare; and
- Representative bodies of the beverage alcohol industry, including the stakeholders of the European Commission's Alcohol and Health Working group.

A short stakeholders' report will be prepared analyzing the reported views and opinions by the different categories of stakeholders, without attributing any one specific comment to a named individual, organization or country.

Completion of the questionnaire

The questions are only asking for your opinion and do not require any data or obtaining any data. It takes between 45 and 90 minutes to complete the questionnaire. We would be very grateful to receive your reply. Your individual answers will remain completely confidential and will not be released to anyone other than Peter Anderson and Ben Baumberg who are working on the project. Only aggregated responses will be summarized in the report.

It is preferable that you complete the tool electronically as a word document. Within the tool, there are check boxes. Just place the cursor in the check box that you want to mark and left click the mouse. If you want to correct the check box, just left click the mouse again. For text boxes, just place the cursor in the text box and type. (Pressing the tab key moves you from box to box). You can also cut text from other documents and paste them into the text boxes. There are no limits to the size of the text boxes.

If you have any queries, please contact Peter Anderson by e-mail.

Please return the completed questionnaire as soon as possible and certainly by 17th December 2004 Preferably by e-mail to: PDAnderson@compuserve.com

ALCOHOL IN EUROPE QUESTIONNAIRE

PART I

To be completed by all respondents

Personal details of respondent

Name:

Organization and position:

Telephone:

Email:

Country:

PART II

Only to be completed by those working in a country or for a country-based organization

If not working in a country or for a country based organization, please go to part IV on page 8.

Since the year 2000, to what extent on a ten-point scale do you estimate that the following activities have been undertaken in your country?

	Not at all	Fully
Information and education		
20. Developed public awareness of the harm that can be done by alcohol and the consequences on the health and wellbeing of individuals, families and communities	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
21. Created support for public health policies that are in line with the WHO's European Alcohol Action Plan	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
22. Provided children and young people with effective skills to make healthy choices and to be confident in their ability to withstand the pressures of under-age drinking	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Public, private and working environments		
23. Reduced the occurrence of alcohol-related problems in public places, especially those associated with leisure time activities and sporting events	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
24. Reduced the risk of alcohol-related family harm and ensured a safe home environment for children	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
25. Reduced the harm that can be done by alcohol in the workplace, in particular accidents and violence	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Drink-driving		
26. Sought a substantial reduction in the number of alcohol related accidents, fatalities and injuries resulting from driving after consuming alcohol	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

	Not at all											Fully									
Availability of alcohol products																					
27. Had a taxation policy that contributes to reducing the harm that can be done by alcohol	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Reduced the level of under-age drinking, especially among the very young	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promotion of alcohol products																					
29. Adopted measures to protect children and young people from exposure to alcohol promotion	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment																					
30. Ensured accessible and effective treatment to people whose alcohol consumption falls within the range from hazardous or harmful to alcohol dependence	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibilities of the alcoholic beverage industry and hospitality sector																					
31. Reduced alcohol-related problems within the drinking environment	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Reduced the number of intoxicated persons leaving licensed premises and subsequently involved in assaults, violence and alcohol-related traffic accidents	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Implemented appropriate measures to restrict young people's access to alcohol	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society's capacity to respond to alcohol-related harm																					
34. Stepped up community actions aimed at reducing alcohol-related problems in local communities (such as traffic accidents involving alcohol use and underage sales) through the provision of more responsible beverage service and the increased adoption of local laws	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Heightened awareness and increased competence among all government sectors that can have an impact on an effective alcohol policy	0	1	2	3	4	5	6	7	8	9	10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Fully									
Nongovernmental organizations											
36. Supported nongovernmental organizations and self-help movements that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
Formulation, implementation and monitoring of policy											
37. Implemented a comprehensive broad-based alcohol policy	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
38. Implemented a system for reporting on alcohol consumption and for monitoring and evaluating the implementation of alcohol policy and the harm that can be done by alcohol	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Please add any extra comments here

PART III

Only to be completed by those working in a country or for a country-based organization

If not working in a country or for a country based organization, please go to part IV on page 8.

Since the year 2001, to what extent on a ten-point scale do you estimate that the following activities have been undertaken in your country?

	Not at all	Fully
15. Promotion of research into all the different aspects of problems associated with alcohol consumption by young people	0 <input type="checkbox"/>	10 <input type="checkbox"/>
16. Development, implementation and evaluation of comprehensive health promotion policies and programmes targeted at children, adolescents, their parents, teachers and carers that include alcohol	0 <input type="checkbox"/>	10 <input type="checkbox"/>
17. Dissemination of evidence based information on the factors which motivate young people to start drinking	0 <input type="checkbox"/>	10 <input type="checkbox"/>
18. Encouragement of a multisectoral approach to educating young people about alcohol	0 <input type="checkbox"/>	10 <input type="checkbox"/>
19. Support for raising awareness of the effects of alcohol drinking, in particular on children and adolescents, and of the consequences for the individual and the society	0 <input type="checkbox"/>	10 <input type="checkbox"/>
20. Involvement of young people involved in youth alcohol related policies and actions	0 <input type="checkbox"/>	10 <input type="checkbox"/>
21. Production and dissemination of advisory materials for parents to help them discuss alcohol issues with their children	0 <input type="checkbox"/>	10 <input type="checkbox"/>
22. Specific initiatives addressed to young people on the dangers of drink-driving	0 <input type="checkbox"/>	10 <input type="checkbox"/>
23. Action taken against the illegal sale of alcohol to under-age consumers	0 <input type="checkbox"/>	10 <input type="checkbox"/>
24. Make available specific approaches on early detection and consequent interventions aimed at preventing young people becoming alcohol-dependent	0 <input type="checkbox"/>	10 <input type="checkbox"/>

	Not at all											Fully
25. Effective mechanisms to ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents	0	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Effective mechanisms to ensure that alcoholic beverages are not designed or promoted to appeal to children and adolescents	0	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Delivery of specific training for servers and sales persons with regard to the protection of children and adolescents	0	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Commitment of representative producer and trade organisations of alcoholic beverages to observe the principles described in points 11 to 13 above	0	1	2	3	4	5	6	7	8	9	10	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any extra comments here

PART IV

To be completed by all respondents

In the table below, are listed a series of alcohol policy measures. For each, policy measure, please indicate on a ten point scale your view:

Of the impact of the policy measure in reducing harm done by alcohol (for example, your view of the impact that the policy measure would have in reducing years of ill-health and premature death arising from alcohol) from 0, no impact, to 10, very high impact

Of the importance of implementing the policy measure from 0, not at all to 10, very.

	Impact in reducing harm done by alcohol	Importance of implementing policy measure
	No impact	Very high
		Not at all
		Very
DRINKING AND DRIVING		
A maximum blood alcohol concentration limit of 0.5 g/L throughout Europe	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Unrestricted powers to breath test throughout Europe	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Common penalties for drinking and driving throughout Europe	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Designated driver campaigns throughout Europe	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS		
Education campaigns to promote public awareness of alcohol policy issues	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Education programmes in schools, colleges and universities	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Education campaigns on the intoxicating, addictiveness and health risks of alcohol	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Education campaigns on the benefits of reducing hazardous and harmful alcohol consumption	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Public access to information on the alcohol industry as relevant to the implementation of alcohol policy	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □
Education on the harm done by alcohol and what can be done to reduce it to all who work in alcohol production, sales and supply	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □	0 1 2 3 4 5 6 7 8 9 10 □ □ □ □ □ □ □ □ □ □ □

	Impact in reducing harm done by alcohol	Importance of implementing policy measure
	No impact Very high	Not at all Very
PACKAGING AND LABELLING OF ALCOHOL PRODUCTS		
Alcohol products should not promote erroneous impressions about their characteristics or health effects	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alcohol products should not promote direct or indirect appeal to minors	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alcohol products should carry safety and health warnings determined by ministries of health	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Alcohol products should contain information on alcohol concentration, alcohol content, calorific value and ingredients that might lead to allergies	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PRICE AND TAX MEASURES TO REDUCE THE HARM DONE BY ALCOHOL		
The price of alcohol should be increased in line with inflation	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Taxes should be proportional to the alcoholic content of alcoholic beverages with no threshold	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Higher alcohol concentration beverages, such as spirits, should be taxed at a disproportional higher level	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Taxes should be increased throughout Europe up to a minimum level	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Impact in reducing harm done by alcohol		Importance of implementing policy measure	
	No impact	Very high	Not at all	Very
ILLICIT TRADE IN ALCOHOLIC PRODUCTS				
Alcohol products should be marked to enable monitoring of their trade and legal status	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
TRAVELLERS ALLOWANCES WITHIN THE EUROPEAN UNION				
Until such time as alcohol taxes are harmonized throughout Europe, personal travellers' allowances should be reduced to about one seventh of the current limit, the equivalent of 40 bottles of wine	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
RESTRICTIONS ON THE AVAILABILITY OF ALCOHOL				
Impact assessments on health and the social environment should be undertaken when opening new or changing existing retail on or off premise outlets for alcohol	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SALES TO MINORS				
The sales of alcohol products to persons under the age set by domestic law, should be prohibited	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Penalties against sellers and distributors to ensure compliance with relevant measures should be implemented	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

	Impact in reducing harm done by alcohol	Importance of implementing policy measure
	No impact Very high	Not at all Very
ALCOHOL ADVERTISING, PROMOTION AND SPONSORSHIP		
All forms of alcohol advertising, promotion and sponsorship that promote an alcohol product to minors should be prohibited	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Appropriate health warnings or safety messages should accompany all alcohol advertising, promotion and sponsorship	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
The use of direct or indirect sale promotions that encourage the purchase of alcohol products should be prohibited	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Article 15 of the Television Without Frontiers Directive should be enforced in all Member States under statutory control	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
All alcohol advertising, promotion and sponsorship should be restricted to information about the product only	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Countries which have a ban on certain forms of alcohol advertising, promotion and sponsorship have the right to ban such cross-border activities entering their territory	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

	Impact in reducing harm done by alcohol		Importance of implementing policy measure	
	No impact	Very high	Not at all	Very
REDUCING HARM IN DRINKING AND SURROUNDING ENVIRONMENTS				
Municipal planning and licensing regulations should ensure that all people are free from the harm done by alcohol intoxication	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Alcohol sales should be prohibited to minors and intoxicated persons	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Alcohol sales and licensing laws should be policed and enforced	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
The hospitality industry and servers of alcohol should be trained to reduce the harm done by alcohol intoxication	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
INTERVENTIONS FOR HAZARDOUS AND HARMFUL ALCOHOL CONSUMPTION AND ALCOHOL DEPENDENCE				
Interventions to reduce hazardous and harmful alcohol consumption should be widely implemented	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
INTERVENTIONS AND ASSISTANCE FOR FAMILY MEMBERS OF PEOPLE WITH ALCOHOL DEPENDENCE				
Programmes for counselling family members of people with harmful alcohol consumption should be widely implemented	0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		0 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Please add any extra comments here

PART V

Only to be completed by those working in a country or for a country-based organization

If not working in a country or for a country based organization, please go to part VI on page 17.

List up to five key recent advances **in your country** related to policies and programmes to reduce the harm done by alcohol with their date:

List up to five key barriers/obstacles/issues that stand in the way of achieving, **in your country**, action on policies and programmes to reduce the harm done by alcohol

List, in descending order of importance, up to five key advances that are needed to support implementation of policies and programmes to reduce the harm done by alcohol **in your country**:

List, in descending order of importance, up to five key changes that are needed **in your country**, to achieve the advances above:

PART VI

To be completed by all respondents

List up to five key recent advances **in the European Union** related to policies and programmes to reduce the harm done by alcohol with their date:

List up to five key barriers/obstacles/issues that stand in the way of achieving, **in the European Union**, action on policies and programmes to reduce the harm done by alcohol

List, in descending order of importance, up to five key advances that are needed to support implementation of policies and programmes to reduce the harm done by alcohol **in the European Union**:

List, in descending order of importance, up to five key changes that are needed **in the European Union**, to achieve the advances above: