Alcohol consumption per capita is running at a higher level in the WHO European Region than anywhere else in the world. In the European Union, alcohol is responsible for 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years, resulting in approximately 120 000 premature deaths per year. The majority of WHO Member States in Europe have adopted national strategies and plans for alcohol policy in order to reduce alcohol-related harm.

In 2012, the WHO Regional Office for Europe collected information on alcohol consumption, harm and the alcohol policy response as part of the Global Information System for Alcohol and Health. A selection of the results is presented in this report.
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Abbreviations

AAF alcohol-attributable fraction
ANDT alcohol, narcotics, doping and tobacco policy
BAC blood alcohol concentration
EC European Commission
EU European Union
EU27 countries belonging to the EU after January 2007
IBA alcohol identification and brief advice
ICD International Classification of Diseases
NHS National Health Service (United Kingdom)
NAP National Alcohol Programme (Switzerland)
SDR standardized death rate
TV television
Foreword

The third leading risk for burden of disease in Europe is alcohol use, and alcohol consumption is almost double the global average. The European Region was the first WHO region to adopt a policy instrument for Member States in 1992, and most recently, an action plan for the implementation of the global strategy to reduce the harmful use of alcohol in 2011.

An important task for the WHO Regional Office for Europe is to monitor the progress, impact and implementation of the action plan. In 2002, the Office established the European information system on alcohol and health, which is now part of a global information system. In Europe, the database includes a number of Europe-specific indicators, and since 2008 it has been developed in collaboration with the European Commission. The information collected is, therefore, used to monitor both the European Union’s (EU) alcohol strategy and WHO’s European action plan to reduce the harmful use of alcohol 2012–2020.

In developing the European information system on alcohol and health, the WHO Regional Office for Europe supports the WHO Health 2020 process and Member States by actively compiling, disseminating and granting easy access to alcohol-related information on consumption, harm and policy responses.

This report covers the EU member states, Croatia (which will join the EU on 1 July 2013), Iceland, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey (candidate countries), Norway and Switzerland.

The report is divided into three parts. Part 1 covers consumption and harm. Part 2 covers the policy response in the 10 action areas of the European action plan. Part 3 is a new way of presenting the major steps or milestones in the development of policy and action to reduce alcohol-related harm by country and year from 2006 to 2012. The policy developments are grouped according to the 10 action areas of the European action plan. It is our hope that the information provided can be used as a valuable source of information and that it will facilitate the process of introducing effective alcohol policies in Member States. Thanks to a grant from the Finnish Ministry of Social Affairs and Health, the Regional Office will develop an online database with alcohol policy timelines, planned to be updated annually and include all Member States in the Region.

This report will be followed by the next report in the series on the global status of alcohol and health, which will be published in 2014 and include country profiles for all WHO European Member States.

Zsuzsanna Jakab
WHO Regional Director for Europe
Introduction

The publication covers 35 Member States and includes all European Union (EU) member states, Croatia (which will join the EU on 1 July 2013), EU candidate countries (Iceland, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey), Norway and Switzerland. In Part 1 of this report, countries are grouped in four different geographical areas which are defined by drinking traditions and patterns (Fig. 1).

Fig. 1. Countries within four different geographic areas

In the EU in 2004, alcohol was responsible for 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years, resulting in approximately 120 000 premature deaths (1). The most recent data collected from Member States, based on recorded consumption in 2010 and presented in this report, show that adults (age 15+ years) in the EU (including in Croatia) drink 10.2 litres of pure alcohol per year (recorded consumption only). When Norway, Switzerland and the candidate countries are included, the figure is 9.4 litres of pure alcohol per capita.

In response to the high rates of morbidity and mortality due to alcohol, the WHO Regional Office for Europe has been spearheading efforts to curb alcohol-related harm for over 20 years. In 1992, WHO Member States endorsed the European Alcohol Action Plan 1992–1999, making the European Region the first region to develop an action plan to address the harmful use of alcohol (2). This document was updated in 2000 by the European Alcohol Action Plan 2000–2005 (3) and in 2006, by the Framework for alcohol policy in the WHO European Region (4). Strategy-level work continues to be a priority for Member States: in 2011, a new European action plan to reduce the harmful use of alcohol 2012–2020 was adopted by the WHO Regional Committee for Europe (5). The action plan reflects the most recent evidence concerning alcohol-related public health policies and includes a range of policy options to reduce the harmful use of alcohol. It is organized under 10 points for action, following those in the WHO Global strategy to reduce the harmful use of alcohol adopted in 2010 (6).

In the EU, recent action on alcohol policy has been guided by the European Commission (EC)’s Communication on an EU strategy to support member states in reducing alcohol-related harm (7), which emphasizes five priority themes: protecting young people, children and the unborn child; reducing injuries and deaths from alcohol-related road accidents; preventing alcohol-related harm among adults and reducing the negative impact on the workplace; informing, educating and raising awareness about the impact of harmful and hazardous alcohol consumption, and about appropriate consumption patterns; and developing and maintaining a common evidence base at EU level.
The monitoring of changes in alcohol consumption, harm to health and development of public health policy are priorities for both the EC and the Regional Office. Since 2007, the EC and the Regional Office have collaborated in gathering information on trends in these areas and by that adding value through partnerships (8).

In Part 1 of this report, the WHO health for all database is used as the source of alcohol-attributable mortality data. This is an important methodological development: the use of data on harm to health collected by WHO allows for regular updates of trends and encourages Member States to develop national systems for monitoring the health consequences of alcohol consumption and to contribute to the database.

Part 1 describes the trends in recorded per capita alcohol consumption over the period 1990–2010 by country, geographical area and for the EU as a whole. This section also presents comparable alcohol-attributable death rates for cancers, liver cirrhosis and injuries by country, geographical area and for the EU as a whole. It concludes that alcohol consumption has decreased in some geographical areas of Europe, and countries in these areas have lower rates of alcohol-attributable mortality. Overall levels of alcohol-attributable deaths are, however, still high in the EU, with the highest levels of harm in the central-eastern and eastern country group.

Part 2 presents the results of the EC/WHO survey on alcohol and health, carried out in 2012. All EU member states, acceding and candidate countries participated in the survey, and data were also collected from Norway and Switzerland. As reported by the national WHO focal points for alcohol policy, all but one country had a written national policy on alcohol or were in the process of developing such a policy. The policy areas where most countries reported positive developments were public awareness-raising, drink–driving policies and countermeasures, and monitoring and alcohol research. Most countries also reported strengthened action in controlling the availability of alcohol, one of the “best buy” interventions recommended by WHO. There have been fewer positive policy developments in recent years in the other two best buy interventions, namely increasing alcohol taxes and introducing bans on alcohol advertising. All EU countries now have a legal age limit for on- and off-premise sales of alcoholic beverages, with 18 years being the most common minimum age. All but two EU countries reported a maximum legal blood alcohol concentration (BAC) level of 0.5 g/litre or below for general population drivers.

Part 3 presents alcohol policy timelines for EU member states, acceding and candidate countries, Norway and Switzerland. These timelines are a summary of major steps or milestones in each country in the development of policy and action to reduce alcohol-related harm from 2006 to 2012. Activities are categorized according to the 10 action areas of the European action plan to reduce the harmful use of alcohol 2012–2020 (5).

References
TRENDS IN ALCOHOL CONSUMPTION
AND ALCOHOL-ATTRIBUTABLE MORTALITY
IN THE EU IN 2010

PART 1
Background

Alcohol consumption has been identified as a major risk factor for the burden of disease and for premature mortality globally, and as a substantial problem in the WHO European Region (1–3). A recent report indicated that in the EU, 1 in every 7 deaths in men and 1 in every 13 deaths in women in the group aged 15–64 years was due to alcohol consumption (3). Given this epidemiological situation, WHO has asked, in both its Global strategy to reduce the harmful use of alcohol and its European action plan to reduce the harmful use of alcohol 2012–2020, for measures to reduce the alcohol-attributable burden and for the continuous monitoring of alcohol consumption (4,5).

Alcohol is causally relevant for more than 200 International Classification of Diseases (ICD)-10 three digit codes, including more than 30 codes where alcohol is a necessary cause (that is, those that would completely disappear in the absence of alcohol) (2). In the EU, more than 90% of alcohol-attributable net deaths (the number of deaths after subtracting the beneficial effects of alcohol on ischaemic heart disease and ischaemic stroke (6,7) and on diabetes (8)) are due to three major causes: cancers, liver cirrhosis and injuries (9). The proportions of these causes compared to all alcohol-attributable net deaths in the EU were estimated to be 91.4% overall, 92.4% for men and 87.6% for women. Without taking into consideration the beneficial effects of alcohol, the proportions of alcohol-attributable deaths related to these three causes are still close to 80% (79.4%, 79.6% and 78.4%, respectively) of all alcohol-attributable deaths. Thus, the overwhelming majority of alcohol-attributable deaths are due to these three main causes (see (10) for a similar approach).

The separation of causes of death is important, as there are differences in the preventive measures which should be implemented in response to the distribution of causes of death. For cancers, overall tissue exposure to alcohol is important, with no lower threshold, such that even light drinking of one drink per day has been shown to be associated with an increased risk of cancer (11–14). Consequently, the main emphasis of preventive measures should be on an overall reduction in the volume of drinking. For liver cirrhosis, the risk curve is more exponentially shaped (15). From a prevention standpoint, measures should be aimed at an overall reduction of volume of consumption, with a special emphasis on chronic heavy drinkers (16). Finally, for injuries, BAC at the time of the injury is the determining variable (17–19), which implies that preventive measures should be aimed at risky single occasion drinking (20).

Objectives

Part 1 will contribute to the monitoring called for by WHO by providing two main elements, as follows:

- descriptions of the trends in recorded per capita alcohol consumption over the period 1990–2010 by country, geographical area and for the EU as a whole; and
- presentations of comparable alcohol-attributable death rates for major causes of death by country, geographical area and for the EU as a whole.

Country trends in recorded consumption and additional details on the alcohol-attributable death rates and alcohol-attributable fractions can be found in Annexes 1 and 2.

Underlying methods and data

A standard methodology for calculating alcohol-attributable mortality was used as developed for the comparative risk analyses in the WHO Global Burden of Disease 2010 study (1). Alcohol exposure was measured both as average volume of alcohol consumption (21) triangulated between surveys and adult per capita alcohol consumption data (22–24) and via heavy drinking occasions, the latter necessary to calculate alcohol-attributable injury and ischaemic heart disease. The underlying information was collected in the global survey on alcohol and health 2012, as distributed by WHO regional offices. This means that the underlying exposure data used in this publication are more recent than the data discussed in the above-mentioned publication (1).
For risk relations, the same meta-analyses were used as in the Global Burden of Disease 2010 study (general overview (11), cancer (14), liver cirrhosis (15), injury (19)). For outcomes, the Regional Office health for all database was used (25). This means that the entries for the countries that did not send in data to this database remain blank in the respective tables (Annex 2) and graphs (Figs. 4–6). All estimates were calculated for the population aged 15 years and older, and by sex and age. Using the health for all database as the source of alcohol-attributable mortality data is an important methodological development because it allows for regular updates of trends and encourages Member States to develop national systems for monitoring the health consequences of alcohol consumption and to contribute data to the database.

Estimates from the Global Burden of Disease 2010 study were not used for several reasons. First, the published estimates (1) contain inaccuracies in data pertaining to the alcohol-attributable burden of disease. Most notably, alcohol-attributable ischaemic heart disease was modelled incorrectly, resulting in an alcohol-attributable fraction of 33%, where what should have been observed was a beneficial relationship for light to moderate average drinking if there were no heavy drinking occasions (6,26,27). This error will be corrected in an erratum to The Lancet later in 2013. Second, alcohol use disorders did not include alcohol abuse or the harmful use of alcohol (28), which are the main components of these disorders (29,30). Third, while the first error on alcohol-attributable heart disease has been corrected on the web site of the Institute for Health Metrics and Evaluation in their country reports (31), country data are not yet available for scrutiny, as only graphic displays have been published without the underlying numbers. Finally, as previously mentioned, Lim and colleagues’ estimates (1) were based on earlier exposure data.

**Trends in consumption**

Fig. 2 provides an overview of recorded alcohol consumption in the countries belonging to the EU after January 2007 (EU27), Croatia, Norway and Switzerland between 1990 and 2010. On average, adult per capita alcohol consumption decreased overall in these countries by 12.4% in this period.

![Fig. 2. Trends (with 95% confidence intervals) in recorded adult per capita alcohol consumption in the EU27, plus Croatia, Norway and Switzerland, 1990–2010](image)

*The 95% confidence intervals are represented as shading.*

Fig. 3 illustrates alcohol consumption developments in four different geographical areas which are defined by drinking traditions and patterns (9) (see Box 1 for a list of the countries in each geographical area). The largest decline in consumption for the period 1990–2010 was observed in southern Europe (-28.2%), followed by the central-western and western country group (-12.5%). In the Nordic countries, consumption showed some decline and then increased, with 2010 levels of consumption slightly above the 1990 level (+1.6%). A similar trend to that of the Nordic countries, with a more pronounced upswing in consumption, is observed in the central-eastern and eastern country group (+7.3%). As indicated above, country-specific trends can be seen in Annex 1.
Fig. 3. Trends (with 95% confidence intervals*) in adult per capita alcohol consumption in the central-western and western country group, the central-eastern and eastern country group, the Nordic countries and southern Europe

Box 1. Countries within each geographical area

<table>
<thead>
<tr>
<th>Central-western and western country group</th>
<th>Nordic countries</th>
<th>Southern Europe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria, Belgium, France, Germany, Ireland, Luxembourg, Netherlands, Switzerland and the United Kingdom</td>
<td>Denmark, Finland, Norway and Sweden</td>
<td>Cyprus, Greece, Italy, Malta, Portugal and Spain</td>
</tr>
</tbody>
</table>

**Central-eastern and eastern country group**
Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia

Interpretation of consumption trends

There was a marked decrease in recorded adult per capita alcohol consumption in the EU as a whole between 1990 and 2010. Such a decrease would qualify as a significant reduction according to the indicators in the WHO draft action plan for the prevention and control of noncommunicable diseases 2013–2020 (32) (for the relationship between alcohol and noncommunicable diseases see Beaglehole et al. (33) and Room et al. (34). However, the draft action plan refers to alcohol consumption as the summation of recorded and unrecorded consumption, not just of recorded consumption. Comprehensive data on trends in unrecorded consumption are not available (for a definition and further information on unrecorded consumption see Lachenmeyer et al. 2007, 2009 and 2011 (35–37); for the level of unrecorded consumption in the EU see Shield et al. (3) and Rehm et al. (9). In fact, unrecorded alcohol consumption has only been integrated into the burden calculations of comparative risk analyses since 2000 (38). For the EU, the last published estimates of unrecorded consumption were part of the burden estimates from the 2004/2009 comparative risk analyses study (3). Unrecorded consumption data have been partially updated to 2010 as result of a special data collection effort by WHO, but the final numbers will only be available in the next global status report on alcohol and health, which is scheduled to appear early in 2014, as this process of data collection is continuing. It is important to note that, given current knowledge, there is no reason to assume that decreases in recorded consumption have been offset by increases in unrecorded consumption in the EU.
The decrease in the level of alcohol consumption in the EU from 1990 to 2010, which was mainly due to a reduction in consumption in southern European countries that started before 1990, has had a positive effect on public health (for interpretations see Shield et al. (3), Gual & Colom (39), Allamani et al. (40) and Pyörälä (41). The central-western and western country group also showed an overall decline in consumption, with the largest reduction in consumption in France. Many of the overviews previously mentioned included the decline in consumption in France in the estimates for southern or Mediterranean countries. An exception in this group of countries is the United Kingdom, where recorded per capita consumption of alcohol increased from 10.0 litres in 1990 to 11.2 litres in 2005. Although consumption then fell to 10.3 litres in 2010, there was an overall increase of 3% in per capita consumption of alcohol since 1990. In the central-eastern and eastern country group there was a steady increase in recorded consumption between 2000 and 2010, possibly at least partly at the expense of unrecorded consumption. In these geographical areas, levels of consumption continue to be high, coupled with detrimental drinking patterns and a high prevalence of intoxication (42). Finally, in the Nordic countries, there was an increase in consumption and unrecorded consumption between 2000 and 2010 (43).

Alcohol-attributable harm

Alcohol has been established as a major risk factor for premature mortality in the EU (3,44,45). Thus, the overall level of alcohol-attributable mortality in the EU is high, as measured by mortality due to the three most important alcohol-attributable causes of death, namely, cancers, liver cirrhosis and injuries.

Fig. 4 illustrates a clear west–east gradient. Alcohol-attributable mortality is highest in the central-eastern and eastern country group, with standardized death rates (SDRs) of more than 75 per 1000 in Hungary, Romania and the Baltic countries. A simple regression analysis indicates that the correlation between adult per capita consumption of alcohol and alcohol-attributable mortality is strong ($R^2 = 0.70$), and that the number of alcohol-attributable deaths increases exponentially as adult per capita consumption increases.

Fig. 4. Alcohol-attributable SDRs per 100 000 people
Observing the different geographical areas, the following picture emerges. The central-eastern and eastern country group exhibits the highest alcohol-attributable mortality for both men and women, but the differences are most pronounced in men and in younger age groups (Table 1). This confirms that the younger the age group, the more alcohol contributes to mortality. Indeed, alcohol has been identified as the most important cause of death in young adulthood (1,47).

Table 1. Differences in alcohol-attributable SDR\(^a\) by sex, age and geographical area, 2010

<table>
<thead>
<tr>
<th>GEOGRAPHICAL AREA</th>
<th>MEN AGED</th>
<th></th>
<th>WOMEN AGED</th>
<th></th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15–34 years</td>
<td>35–64 years</td>
<td>65 years and over</td>
<td>Total</td>
<td>15–34 years</td>
</tr>
<tr>
<td>Central-western and western country group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7.71</td>
</tr>
<tr>
<td>Central-eastern and eastern country group</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27.64</td>
</tr>
<tr>
<td>Nordic countries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.36</td>
</tr>
<tr>
<td>Southern Europe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9.35</td>
</tr>
<tr>
<td>EU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.53</td>
</tr>
<tr>
<td>EU, Croatia, Norway, Switzerland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14.34</td>
</tr>
</tbody>
</table>

\(^a\) Alcohol-attributable is defined here by the summing of alcohol-attributable deaths due to cancer, liver cirrhosis and injuries.

Figs. 5–7 show the alcohol-attributable burden by the major causes of death.

Fig. 5. Alcohol-attributable SDR for cancer per 100 000 people

![Map showing alcohol-attributable cancer deaths per 100 000 people across Europe.](image)
Fig. 6. Alcohol-attributable SDR for liver cirrhosis per 100 000 people

Alcohol-attributable liver cirrhosis deaths per 100 000 people

- 2–5.9
- 6–9.9
- 10–13.9
- 14–17.9
- 18–21.9
- 22–25.9
- 26–46

No data available

Fig. 7. Alcohol-attributable SDR for injury per 100 000 people

Alcohol-attributable injury deaths per 100 000 people

- 2–4.9
- 5–7.9
- 8–9.9
- 10–15.9
- 16–19.9
- 20–62

No data available
Figs. 4–7 are based on the following alcohol-attributable fractions (AAF) (Table 2).

### Table 2. AAF for the EU, Croatia, Norway and Switzerland by disease category, sex and age, 2010 (%)

<table>
<thead>
<tr>
<th>CONDITION</th>
<th>MEN AGED</th>
<th>WOMEN AGED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>15–34 years</td>
<td>35–64 years</td>
</tr>
<tr>
<td>Cancer</td>
<td>3.7</td>
<td>6.4</td>
</tr>
<tr>
<td>Cirrhosis of the liver</td>
<td>72.2</td>
<td>78.0</td>
</tr>
<tr>
<td>Injury</td>
<td>26.2</td>
<td>35.0</td>
</tr>
</tbody>
</table>

*a The AAFs for cancer refer to the proportion of alcohol-attributable cancers to all cancers. This means that the numerator is the sum of all alcohol-attributable cancer deaths (that is, the proportions of larynx, pharynx, oesophageal, liver, colon, rectal and female breast cancer caused by alcohol consumption), and the denominator is the sum of all cancer deaths.

The interpretation of the cause-specific disease rates in European countries can be summarized as follows.

- **Alcohol-attributable cancer** has the lowest variance between countries and geographical areas. This may reflect, in part, (i) the relatively low AAFs (see Table 2 for the proportions, which correspond very closely to the largest European cohort study (47)); (ii) the fact that cancer is the most linearly related to the overall level of consumption where differences in alcohol consumption between EU countries are not that pronounced (9); and (iii) the time lag between drinking and cancer outcomes. The alcohol-attributable cancer rates of 2010 reflect drinking levels between 10 and 20 years ago, even though there have been substantial reductions in per capita alcohol consumption in the meantime (48–51). For time series considerations, see Holmes et al. (52). Thus, cancer mortality rates do not reflect the previously mentioned decreases in consumption, nor do they reflect recent increases in drinking in the Nordic countries and in the central-eastern and eastern country group.

- For **liver cirrhosis**, there are huge differences between countries and, to a lesser degree, geographical areas. Although liver cirrhosis is mainly impacted by overall drinking levels (for global levels, see Rehm et al. (53); for Europe, see Zatonski et al. (54)), the risk curve has an exponential form, indicating an overly proportional impact of chronic heavy drinking (15). There may, however, be an additional impact due to the patterns of this heavy drinking, such as prolonged binges of 10 plus drinks combined with phases of relatively less heavy drinking having a more detrimental impact than regular heavy drinking at about the same level every day, even if the average drinking level is the same (55–57). This pattern of alcohol consumption was not modelled in the analyses undertaken for this report.

- **Alcohol-attributable injury mortality** shows the broadest variance between countries and geographical areas and as a result has the greatest impact on differences in overall alcohol-attributable deaths. Injury is strongly impacted by risky single occasion drinking (20), and there are huge differences between EU countries in this indicator (42,45,58).

### Drinking and harm to others

Alcohol consumption can result in harm to others than the drinker (59,60). While a substantial part of this harm affects factors other than health, there are health effects of others’ drinking, such as from drinking by a mother during pregnancy on the newborn, or from drink-driving or violence to others. Unfortunately, the methodology to quantify the adverse health consequences of drinking on others is not as developed as for the effects on the drinkers themselves. Only alcohol-attributable harm to others due to motor vehicle accidents and assaults was, therefore, estimated for this report.

In the EU, Croatia and Switzerland in 2010, 1.04 deaths per 100 000 people (0.56 deaths per 100 000 women and 1.55 deaths per 100 000 men) were caused by alcohol-attributable motor vehicle accidents and assaults. This burden of alcohol-attributable harm to others represents 9.9% of all alcohol-attributable injury deaths (30.2% of all alcohol-attributable injuries for women and 7.9% of all alcohol-attributable injuries for men), but is probably an underestimate (for more discussion see Shield et al. (3)). The burden of alcohol-attributable harm on others was greatest in the central-eastern and eastern country group, with 2.23 deaths per 100 000 people (1.20 deaths per 100 000 women and 3.36 deaths per 100 000 men).
Conclusions

Alcohol consumption has decreased in some areas of Europe over the past decades. Countries in these areas currently experience lower alcohol-attributable mortality, and trends in mortality clearly show the link between reduction in consumption and reduction in alcohol-attributable deaths (45). Nevertheless, overall levels of alcohol-attributable deaths are still high in Europe, especially in the central-eastern and eastern country group (Fig. 4), where alcohol consumption is on the increase. In principle, all alcohol-attributable deaths are avoidable (61), and there are clear indications that policy measures can be implemented which could decrease alcohol-attributable mortality markedly in a relatively short period of time. The most important of these measures would be increased taxation, decreased availability, bans on advertising and marketing, and an increase in treatment rates for people with alcohol problems (for effects of these interventions in Europe see Chisholm et al. (62), Lhachimi et al. (63) and Rehm et al. (64)).

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EUROPEAN SURVEY ON ALCOHOL AND HEALTH 2012

PART 2
Background

Part 2 presents the findings from the third jointly administered EC/WHO survey on alcohol and health.\(^1\) Data were collected during the period February–December 2012 and, unless otherwise noted, the responses reflect the policy situation in each country as at 31 December 2011. The survey was sent to the national WHO focal points for alcohol policy in each country, to be completed in consultation with various national experts.\(^2\) For the first time, the survey was administered using an online data entry system.

All EU member states, accession and candidate countries participated in the survey. Data were also collected from Norway and Switzerland, as the former is a member of the European Economic Area and both are represented on the EU Committee on National Alcohol Policy and Action. In most cases, the data reported below are for 30 countries, that is, EU member states, Croatia (becoming a member on 1 July 2013), Norway and Switzerland. Data for the five EU candidate countries\(^3\) are presented separately for certain indicators.

This section is structured according to the 10 action areas of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020 (1).

Leadership, awareness and commitment

Respondents were asked to rate whether action in various policy areas had been strengthened, weakened or remained unchanged over the past five years. The areas where the most countries reported positive developments were public awareness-raising (23 countries), drink–driving policies and countermeasures (22 countries), and monitoring and alcohol research (21 countries). Importantly, two thirds of the countries (20) reported strengthened action in controlling the availability of alcohol, one of the best buy interventions recommended by WHO to reduce harmful drinking and thereby the burden of noncommunicable diseases (2). The other two best buys (increasing alcohol taxes and introducing bans on alcohol advertising) have seen fewer positive policy developments in recent years, with the majority of countries reporting that policies to control the affordability of alcohol (17 countries) and policies to regulate the marketing of alcoholic beverages (19 countries) have been either weakened or remained unchanged. Other areas in which policies have mostly remained unchanged are harm reduction in drinking environments and measures targeting illegal/informal alcohol (Fig. 8).

All five candidate countries reported strengthened policies concerning the availability of alcohol and regulation of marketing, and four countries reported strengthened policies regarding the affordability of alcoholic beverages (Table 3).

At the end of 2011, 23 countries had a written national policy on alcohol, defined as an organized set of values, principles and objectives for reducing the burden attributable to alcohol in the population which is adopted at the national level.\(^4\) Of the seven countries without a written national or sub-national policy on alcohol, six were in the process of developing such a policy.

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1 Previous EC/WHO surveys on alcohol and health were conducted in 2008 and 2011.
2 In this section, “countries” or “respondents” refer to the responses submitted by the focal points.
3 Iceland, Montenegro, Serbia, the former Yugoslav Republic of Macedonia, Turkey.
4 In the United Kingdom, England & Wales, Scotland and Northern Ireland each have their own alcohol strategies.
Three of the five candidate countries have a written national policy on alcohol, and the two remaining countries reported that they were in the process of developing a policy at the time of the survey.

Table 4 provides country-specific information on the status of national alcohol policies and action plans, including the level of adoption, year of adoption as well as last and planned revisions.

All the countries with a written national alcohol policy indicated that the policy is multisectoral, with health, social affairs, transport/road safety, education, law enforcement, criminal justice and finance/taxation as the most commonly represented sectors (Table 5).

All but one country reported that they had carried out some form of national awareness-raising activities in the previous three years. The most commonly addressed topics were drink–driving (24 countries), alcohol and youth (21 countries) and alcohol and health (19 countries) (Fig. 9).

5 Lithuania.
Table 4. Country-specific data on the status of national alcohol policies

<table>
<thead>
<tr>
<th>Country</th>
<th>Written National Policy on Alcohol</th>
<th>Year of Adoption</th>
<th>Year of Last Revision</th>
<th>Highest Level of Adoption</th>
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</thead>
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<tr>
<td>Austria</td>
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<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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<td>Belgium</td>
<td>National</td>
<td>2008</td>
<td></td>
<td>Interministerial Conference on Health</td>
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<tr>
<td>Bulgaria</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Croatia</td>
<td>National</td>
<td>2010</td>
<td></td>
<td>Parliament</td>
</tr>
<tr>
<td>Cyprus</td>
<td>National</td>
<td>2004</td>
<td>2008</td>
<td>Government</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>National</td>
<td>2002 (Health 21) and 2010 (national antidrug policy strategy)</td>
<td>2010</td>
<td>Government</td>
</tr>
<tr>
<td>Denmark</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
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<td>Estonia</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<td>Finland</td>
<td>National</td>
<td>2003</td>
<td>2011</td>
<td>Government</td>
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<tr>
<td>France</td>
<td>National</td>
<td>2008</td>
<td></td>
<td>Mission for the Fight against Drugs and Drug Addiction</td>
</tr>
<tr>
<td>Germany</td>
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<td>2003</td>
<td>2012</td>
<td>Federal Government</td>
</tr>
<tr>
<td>Greece</td>
<td>National</td>
<td>2006</td>
<td>2008</td>
<td>Ministry of Health and Social Solidarity</td>
</tr>
<tr>
<td>Hungary</td>
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<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
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<td>1996</td>
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<td>Conference state-regions</td>
</tr>
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<td>National</td>
<td>2005</td>
<td>2012</td>
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<td>Government</td>
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<td>1998</td>
<td>2012</td>
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<td>1996</td>
<td>2011</td>
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<td>Government</td>
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<td>Slovakia</td>
<td>National</td>
<td>2006</td>
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<td>Government</td>
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<td>2008</td>
<td>Parliament</td>
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<td>Parliament</td>
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<td>National</td>
<td>2008</td>
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<td>Government</td>
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<td>United Kingdom</td>
<td>Sub-national</td>
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<td>Government</td>
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**Candidate Countries**

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<thead>
<tr>
<th>Country</th>
<th>Written National Policy on Alcohol</th>
<th>Year of Adoption</th>
<th>Year of Last Revision</th>
<th>Highest Level of Adoption</th>
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<td>Government</td>
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<td>Government</td>
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<td>N/A</td>
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<td>Last policy revision year</td>
<td>Actions on alcohol policy strategies</td>
<td>Further Information</td>
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<td>-------------------------------</td>
<td>--------------------------</td>
<td>-------------------------------------</td>
<td>---------------------</td>
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<td>Developing a written national policy</td>
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<td>Belgium</td>
<td>National 2008</td>
<td>Interministerial Conference on Health</td>
<td>No</td>
<td>Revising the adopted policy</td>
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</tr>
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<td>National 2010</td>
<td>Parliament</td>
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<td>Revising the adopted policy</td>
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<td>2008 Government</td>
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<td>National 2002</td>
<td>(Health 21) and 2010 national antidrug policy strategy</td>
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<td>2011 Government</td>
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<td>France</td>
<td>National 2008</td>
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<td>Ongoing revision of the national addiction plan</td>
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<td>Germany</td>
<td>National 2003</td>
<td>Federal Government</td>
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<td>Greece</td>
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<td>Parliament</td>
<td>Yes</td>
<td>No change</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>No</td>
<td>N/A</td>
<td>Developing a written national policy</td>
<td></td>
</tr>
<tr>
<td>Malta</td>
<td>No</td>
<td>N/A</td>
<td>Developing a written national policy</td>
<td></td>
</tr>
<tr>
<td>Netherlands</td>
<td>National 2007</td>
<td>Government</td>
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<td>No change</td>
</tr>
<tr>
<td>Norway</td>
<td>National 1998</td>
<td>2012 Government</td>
<td>No</td>
<td>No change</td>
</tr>
<tr>
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<td>National 1996</td>
<td>Government</td>
<td>Yes</td>
<td>No change</td>
</tr>
<tr>
<td>Portugal</td>
<td>National 2000</td>
<td>2010 Government</td>
<td>Yes</td>
<td>Revising the adopted policy</td>
</tr>
<tr>
<td>Romania</td>
<td>National 2005</td>
<td>2010 Government</td>
<td>Yes</td>
<td>Revising the adopted policy</td>
</tr>
<tr>
<td>Slovakia</td>
<td>National 2006</td>
<td>N/A</td>
<td>No</td>
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<td>2008 Parliament</td>
<td>Yes</td>
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<td>Sweden</td>
<td>National 2001</td>
<td>2011 Parliament</td>
<td>Yes</td>
<td>No change</td>
</tr>
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<td>Switzerland</td>
<td>National 2008</td>
<td>Government</td>
<td>No</td>
<td>Revising the adopted policy</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>Sub-national 2012</td>
<td>2012 Government</td>
<td>Yes</td>
<td>No change</td>
</tr>
</tbody>
</table>

**CANDIDATE COUNTRIES**

- The former Yugoslav Republic of Macedonia: Yes 2008 Government No Revising the adopted policy
- Iceland: Yes 2011 Government No Revising the adopted policy
- Montenegro: Yes 2012 Government Yes Implementation in progress
- Serbia: No N/A N/A N/A N/A Developing a written national policy
- Turkey: No N/A N/A N/A N/A Developing a written national policy

* Some policies cover England, England & Wales, Wales only, Northern Ireland only and Scotland only. Tax policies are United Kingdom-wide, crime and policing, alcohol licensing and pricing apply to England & Wales.
Table 5. Multisectoral policy on alcohol: involvement of different sectors during 2009–2011

<table>
<thead>
<tr>
<th>SECTORS</th>
<th>NO. OF COUNTRIES (N=22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>22</td>
</tr>
<tr>
<td>Social affairs</td>
<td>19</td>
</tr>
<tr>
<td>Transport/road safety</td>
<td>19</td>
</tr>
<tr>
<td>Education</td>
<td>19</td>
</tr>
<tr>
<td>Law enforcement</td>
<td>19</td>
</tr>
<tr>
<td>Criminal justice</td>
<td>18</td>
</tr>
<tr>
<td>Finance/taxation</td>
<td>18</td>
</tr>
<tr>
<td>Employment</td>
<td>14</td>
</tr>
<tr>
<td>Trade/industry</td>
<td>10</td>
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<tr>
<td>Agriculture</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>

Fig. 9. Number of countries carrying out national awareness-raising activities involving different sectors during 2009–2011

### Pricing policies

All 30 countries reported that excise duty is levied on beer and spirits. However, just over one third of the countries do not have an excise duty on wine. Only four countries reported that the level of excise duty is regularly adjusted for inflation.

Alcoholic beverages are subject to value added tax above 0% in all countries surveyed, with the rates varying from 8% to 27% (Table 6).

Table 6. Price and tax measures

<table>
<thead>
<tr>
<th>PRICE AND TAX MEASURES</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value added tax on alcoholic beverages of 8%</td>
<td>1</td>
</tr>
<tr>
<td>Value added tax on alcoholic beverages of 15–20%</td>
<td>14</td>
</tr>
<tr>
<td>Value added tax on alcoholic beverages of 21–25%</td>
<td>1</td>
</tr>
<tr>
<td>Value added tax on alcoholic beverages of 27%</td>
<td>14</td>
</tr>
<tr>
<td>Level of excise duty adjusted for inflation</td>
<td>4</td>
</tr>
<tr>
<td>Ban on below-cost selling</td>
<td>2</td>
</tr>
<tr>
<td>Ban on volume discounts</td>
<td>2</td>
</tr>
<tr>
<td>Additional levy on specific products</td>
<td>5</td>
</tr>
<tr>
<td>Requirement to offer non-alcoholic beverages at a lower price</td>
<td>3</td>
</tr>
<tr>
<td>Other price measures to discourage underage drinking or high-volume drinking</td>
<td>1</td>
</tr>
</tbody>
</table>

A few countries reported using price measures other than taxation. At the end of 2011, Germany and Sweden prohibited below-cost selling (selling for a price less than the production cost), and Finland and Sweden prohibited volume discounts (such as two-for-one offers) (Box 2). Five countries reported that they made an additional levy on specific products, such as alcopops and other ready-to-drink mixtures (Table 6). Estimates of the average retail prices of beer, wine and spirits are in Annex 3.
Box 2. Regulation of volume discounts in Finland

Before 2008, the pricing of alcoholic beverages was not specifically regulated in Finland. Competition in the beer market, which is outside the government monopoly, has been fierce. Due to price competition, it was common that one can of beer cost €1 but a 12-pack cost only €9. Before weekends and public holidays, big supermarkets had only one advertisement to attract customers: “Only today – a 12-pack of beer €7”. Restaurants also had special discounts; for example, during “happy hours”, one beer or cocktail would cost only half the normal price.

Volume discounts and happy hours were considered to promote excessive drinking. The constitution did not allow the government to walk over the pricing decisions of private shops, markets and restaurants. Restrictions on sales below cost were not feasible, as costs vary and can be manipulated. Some amendments were, however, possible. In 2008, a ban on volume discounts was introduced. It is now forbidden to offer several packages or servings of alcoholic beverages at a reduced joint price. Mass media advertising for short-term discount prices or happy hours was also banned: the price may only be advertised if it stays the same for at least two months. Both bans apply to shops, markets and restaurants.

After the ban on volume discounts, shops did not raise the price of 12-packs. Instead, they were forced by law to reduce the price of one can to equal the price of one can in the 12-pack. After the restriction on discount advertising, shops extended special prices to last two or three months. The introduction of these bans illustrates the pros and cons of market regulation. The reaction of producers and retailers to regulation of the pricing of multipacks led to the price of one beer being reduced by over 40%, allowing, for example, young people to buy more cans for the little money they have. The wildest discounts and loss leaders have practically disappeared but, in general, discount prices have now been extended to last two months.

The lesson is that the most rational way of regulating alcohol prices is taxation. The government has now raised alcohol excise duties four times in four years: all prices (both normal and discounted) have gone up, tax income has increased by €400 million and the total consumption of alcohol has decreased by 8%.

Source: Mr Ismo Tuominen, Department for Promotion of Welfare and Health, Ministry of Social Affairs and Health, Finland.

Box 3. Scotland passes legislation to introduce a minimum unit price for alcohol

In 2012, the Scottish Parliament passed legislation to set a minimum unit price for alcohol of 50p (€0.60). This sets a floor price below which a given quantity of pure alcohol cannot be sold (1 unit=10 ml or 8 gm). The government of the United Kingdom has since announced it also intends to introduce a minimum unit price for England & Wales. As the price of alcohol falls, so consumption rises and, consequently, so does alcohol-related harm. In the United Kingdom as a whole, both the affordability and availability of alcohol have increased in recent years, particularly driven by off-sales. In the United Kingdom (Scotland), alcohol consumption has risen by 10% since 1994; in 2011, 11.2 litres of pure alcohol were sold for every adult. This rise in consumption has been mirrored by an increase in alcohol-related harm. Since the 1980s, alcohol-related hospital admissions have quadrupled and alcohol-related deaths more than doubled, with chronic liver cirrhosis mortality rates some of the highest in western Europe. A minimum unit price is part of a Scottish strategy introduced in 2009 with over 40 measures at both population and individual level in line with those recommended by WHO as effective alcohol policy. Econometric modelling of a minimum unit price shows that consumption would fall more in heavy drinkers, as they tend to drink more cheap alcohol. It would have little impact on moderate drinkers. Emerging research findings on the minimum pricing systems in Canada show the first empirical evidence of the effectiveness of a minimum unit price. One study found that a 10% increase in minimum prices reduced overall consumption by an estimated 8.4%. The effects of minimum pricing are also seen at the level of overall consumption because heavy drinkers account for a large part of all alcohol consumed. Another study showed that a 10% increase in the average minimum price for all alcoholic beverages was associated with an estimated 32% reduction in deaths wholly attributable to alcohol. The minimum unit price effectively targets those individuals who will benefit most from a reduction in consumption.

Source: Dr Lesley Graham, Information Services Division, NHS National Services, Scotland.
Availability of alcohol

Only in some of the Nordic countries are there government-controlled monopoly arrangements for the retail sale of alcoholic beverages: in Finland and Norway these are for beverages above 4.7% alcohol by volume and in Sweden for beverages stronger than 3.5%. In most EU countries, retail sale and the production of alcohol is controlled by means of a licensing system (Table 7).

Table 7. Control of alcohol production and retailing (n=30 countries)

<table>
<thead>
<tr>
<th>CONTROLS</th>
<th>BEER</th>
<th>WINE</th>
<th>SPIRITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government monopoly on retail sales</td>
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<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Licensing for production</td>
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<td>19</td>
<td>22</td>
</tr>
<tr>
<td>Licensing for retail sales</td>
<td>19</td>
<td>18</td>
<td>19</td>
</tr>
</tbody>
</table>

As of February 2013, all EU countries have a legal age limit for on- and off-premise sales of alcoholic beverages. On-premise sales means sales in, for example, a café, pub, bar or restaurant, while off-premise sales means sales to be taken away from, for example, a shop or supermarket. The minimum age ranges from 16 to 20 years, with 18 years the most usual. All EU candidate countries reported a legal age of at least 18 years. Iceland has a minimum age of 20 years for on- and off-premise sales of all alcoholic beverages (Table 8 and Figs. 10, 11).

Respondents were asked to estimate the importance, based on expert opinion, of various measures in enhancing compliance with age limits. Enforcement by the police or other authorities was judged to have high importance in most countries. Server training, on the other hand, was judged to have low importance or does not happen in many countries (Table 9). Test purchasing as a method for monitoring and fostering compliance with age limits is a fairly recent addition to the portfolio of law enforcement methods. Box 4 gives information on Switzerland’s experience with using test purchasing.

Twenty-five countries (83%) reported restrictions on on-premise sales of alcohol to intoxicated persons. The majority of countries also restrict on- and off-premise sales at specific events. Between 43% and 57% of countries reported restrictions on locations of sales, depending on beverage type. Less than half of the countries (12) reported restrictions on hours of sale, and very few countries reported restrictions on days of sale or on density of outlets (Table 10).

Table 8. Minimum age limits for on- and off-premise sales for beer, wine and spirits

<table>
<thead>
<tr>
<th>COUNTRIES</th>
<th>ON-PREMISE SALES (SERVING)</th>
<th>OFF-PREMISE SALES (SELLING)</th>
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<td>WINE</td>
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<td>France</td>
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<td>18</td>
</tr>
<tr>
<td>COUNTRIES</td>
<td>ON-PREMISE SALES (SERVING)</td>
<td>OFF-PREMISE SALES (SELLING)</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td></td>
<td>BEER</td>
<td>WINE</td>
</tr>
<tr>
<td>Germany</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Greece</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Hungary</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Ireland</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Italy</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Latvia</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Lithuania</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Malta</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Netherlands</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Norway</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Poland</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Portugal</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Romania</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Slovakia</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Slovenia</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Spain</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Sweden</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Switzerland</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANDIDATE COUNTRIES</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The former Yugoslav Republic of Macedonia</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Iceland</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Montenegro</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Serbia</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Turkey</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

*a* Three out of nine states have 16 for all alcoholic beverages; 6 of 9 states have 16 years for beer and wine and 18 years for spirits and spirits-based mixed drinks.

*b* 16 years if <16.5% alcohol by volume.

*c* On 8 November 2012, the minimum legal age for selling alcohol was increased to 18 years. The law is applicable equally to on- and off-premise selling (Resolution No. 18512 of 4 February 2013).

*d* In 15 out 17 autonomous communities (regions), the age limit is 16 years.

*e* In Sweden, beer with alcohol content below 3.5% may be sold off-premise to those aged 18 years and older. Stronger beer may only be sold to those aged 20 years and older.

*f* In one canton (Ticino), the legal age limit is 18 years for all alcoholic beverages.

*g* In the United Kingdom (Scotland), the legal limit is 18 years except for beer, cider, wine and perry which can be served to 16–17-year-olds who are consuming a meal. In England, 18 years is the age limit for buying alcohol in any setting; 16- and 17-year-olds can drink beer, cider or wine with a meal at a table in a bar or restaurant if they are accompanied by a person aged 18 years or over.
Fig. 10. Minimum age limits for on-premise sale of beer, wine and spirits, by number of countries (n=30)

Fig. 11. Minimum age limits for off-premise sale of beer, wine and spirits, by number of countries (n=30)

Table 9. Importance of measures to enhance compliance with age limits, rating by number of countries (n=30)

<table>
<thead>
<tr>
<th>MEASURES</th>
<th>HIGH IMPORTANCE</th>
<th>MEDIUM IMPORTANCE</th>
<th>LOW IMPORTANCE</th>
<th>NOT USED AT ALL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enforcement by the police or other authorities</td>
<td>16</td>
<td>12</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Awareness campaigns directed at young people</td>
<td>11</td>
<td>8</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Monitoring through test purchasing</td>
<td>10</td>
<td>6</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Awareness campaigns directed at servers/sellers</td>
<td>8</td>
<td>9</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Server training on a voluntary basis</td>
<td>7</td>
<td>8</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Server training as a requirement of the licensing system</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>17</td>
</tr>
</tbody>
</table>
Mystery shopping or test purchasing is a method used to check whether sellers or servers of alcoholic beverages comply with legal age limits. Young people actually or seemingly below the minimum age attempt to buy alcoholic beverages and report whether or not proof of age was requested.

In 2008, the Federal Office of Public Health and the Swiss Alcohol Board developed a guide on mystery shopping for alcohol to foster standardization of practices and data, and to ensure that the procedure is legal and ethical (3–5). The guide is targeted at cantons, communes, nongovernmental organizations and companies and provides them with checklists, templates of agreements and model letters to participants and parents.

Cantons, cities/municipalities or companies generally mandate local nongovernmental organizations to hire and train adolescents (usually between the ages of 14 and 17 years) to visit supermarkets, restaurants, service station shops and so on and try to buy alcoholic beverages. This method has been applied and evaluated in Switzerland for over 10 years.

Test purchases were started in one canton in 2000. In 2011, test purchasing was regularly carried out in 25 out of the 26 cantons.

The annual number of test purchases rose from 85 in 2000 to 5518 in 2011 and the percentage of successful purchases dropped from 83.5% to 30.4%, respectively.

In 2000, only 3.5% of the mystery shoppers were asked to show their ID, whereas in 2010, almost 80% were asked their age or had to identify themselves.

Table 10. Restrictions on on- and off-premise alcohol sales (n=30 countries)

<table>
<thead>
<tr>
<th>RESTRICTIONS</th>
<th>ON-PREMISE SALES</th>
<th>OFF-PREMISE SALES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BEER</td>
<td>WINE</td>
</tr>
<tr>
<td>Restrictions on days</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Restrictions on locations</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Restrictions on density</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Restrictions on sales at specific events</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Restrictions on sales to intoxicated persons</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Restrictions on sales at petrol stations</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

The mean level of enforcement, as rated by the national focal points on a scale ranging from 0 (poorly enforced) to 10 (fully enforced) was approximately 6. Poorly enforced means that there is a monitoring system without a dedicated institution handling it systematically and no control visits take place, or no system at all, and no penalties or fines are applied. Fully enforced means that there is a dedicated government institution (or one requested by the government) handling a monitoring system with active control and monitoring through control visits on a frequent and regular basis to the premises, or a complaints system whereby individuals or institutions can complain through a defined channel and penalties or fines are applied (Table 11).

Table 11. Enforcement of sales restrictions, rating by number of countries (n=28)

<table>
<thead>
<tr>
<th>RESTRICTIONS</th>
<th>0–4</th>
<th>RATING 5–7</th>
<th>8–10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enforcement of existing on-premise sales restrictions</td>
<td>8</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Enforcement of existing off-premise sales restrictions</td>
<td>10</td>
<td>10</td>
<td>8</td>
</tr>
</tbody>
</table>
Restrictions on alcohol consumption in public places varied widely among countries. Twelve countries (40%) reported a total ban on alcohol consumption in health care establishments and educational buildings, while three or four countries reported no restrictions at all in these venues. A partial statutory restriction was the most common regulation reported for sporting events, leisure events (for example, concerts), in parks and streets and on public transport. A partial statutory restriction means that certain alcoholic beverages are forbidden or some offices/buildings/places are made alcohol-free. One third of countries reported that a voluntary restriction/self-regulation is in place for workplaces and places of religious worship. A voluntary agreement/self-regulation means that local governments and municipalities have their own regulations or that the alcoholic beverage industry follows its internal voluntary rules (Table 12).

Table 12. Restrictions on alcohol consumption in public places, number of countries (n=30)

<table>
<thead>
<tr>
<th>PUBLIC VENUES</th>
<th>BAN</th>
<th>PARTIAL STATUTORY RESTRICTION</th>
<th>VOLUNTARY/ SELF-REGULATED</th>
<th>NO RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care establishments</td>
<td>12</td>
<td>7</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Educational buildings</td>
<td>12</td>
<td>10</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Workplaces</td>
<td>10</td>
<td>7</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Government offices</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Public transport</td>
<td>6</td>
<td>13</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Parks, streets, etc.</td>
<td>4</td>
<td>14</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Sporting events</td>
<td>4</td>
<td>15</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Places of religious worship</td>
<td>3</td>
<td>4</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Leisure events</td>
<td>0</td>
<td>13</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>

Marketing of alcoholic beverages

In 27 countries (90%), legally binding restrictions on alcohol advertising are in place at the national level. Twenty-one countries (70%) have legally binding restrictions on alcohol product placement at the national level. Product placement means that economic operators sponsor television (TV) or film productions if their products are shown in these productions (Table 13).

Table 13. Restrictions on advertising and product placement

<table>
<thead>
<tr>
<th>RESTRICTIONS</th>
<th>NO. OF COUNTRIES (N=30)</th>
<th>NO. OF EU CANDIDATE COUNTRIES (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any national legally binding restrictions on alcohol advertising</td>
<td>27</td>
<td>5</td>
</tr>
<tr>
<td>Any national legally binding restrictions on alcohol product placement</td>
<td>21</td>
<td>5</td>
</tr>
</tbody>
</table>

* EU member states, Croatia, Norway and Switzerland.

The most common type of control on the marketing of alcoholic beverages is a partial statutory restriction (as opposed to bans) involving time/place and/or content (Tables 14, 15). TV and radio are more strictly regulated than other forms of media and, when bans are in place, they are more common for spirits than for wine or beer. Newer forms of media, such as the internet and social media, are less regulated, with approximately one third of countries reporting no restrictions (Table 14). Box 5 gives information on advertising restrictions in France, one of the countries with a total ban on alcohol advertising on TV.
Table 14. Countries with restrictions on advertising

<table>
<thead>
<tr>
<th>BEVERAGES/MEDIA</th>
<th>BAN</th>
<th>PARTIAL STATUTORY RESTRICTION: TIME/PLACE</th>
<th>PARTIAL STATUTORY RESTRICTION: CONTENT</th>
<th>VOLUNTARY/SELF-REGULATION</th>
<th>NO RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public service/national TV</td>
<td>4</td>
<td>16</td>
<td>11</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Commercial/private TV</td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>National radio</td>
<td>2</td>
<td>15</td>
<td>12</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Local radio</td>
<td>2</td>
<td>15</td>
<td>11</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Print media</td>
<td>2</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Billboards</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Points of sale</td>
<td>1</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Cinema</td>
<td>4</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Internet</td>
<td>1</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Social media</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td><strong>WINE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public service/national TV</td>
<td>6</td>
<td>16</td>
<td>11</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Commercial/private TV</td>
<td>5</td>
<td>16</td>
<td>12</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>National radio</td>
<td>4</td>
<td>15</td>
<td>12</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Local radio</td>
<td>4</td>
<td>15</td>
<td>11</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Print media</td>
<td>4</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Billboards</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Points of sale</td>
<td>2</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Cinema</td>
<td>6</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Internet</td>
<td>3</td>
<td>5</td>
<td>8</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>Social media</td>
<td>0</td>
<td>4</td>
<td>7</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td><strong>SPIRITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public service/national TV</td>
<td>12</td>
<td>14</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Commercial/private TV</td>
<td>11</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>National radio</td>
<td>9</td>
<td>15</td>
<td>10</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Local radio</td>
<td>9</td>
<td>16</td>
<td>9</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Print media</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Billboards</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Points of sale</td>
<td>4</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Cinema</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Internet</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Social media</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>10</td>
</tr>
</tbody>
</table>
Table 15. Countries with restrictions on product placement

<table>
<thead>
<tr>
<th>BEVERAGES/MEDIA</th>
<th>BAN</th>
<th>PARTIAL STATUTORY RESTRICITION: TIME/PLACE</th>
<th>PARTIAL STATUTORY RESTRICITION: CONTENT</th>
<th>VOLUNTARY/SELF-REGULATION</th>
<th>NO RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public service/national TV</td>
<td>4</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Commercial/private TV</td>
<td>4</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Films</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td><strong>WINE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public service/national TV</td>
<td>6</td>
<td>11</td>
<td>6</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Commercial/private TV</td>
<td>6</td>
<td>11</td>
<td>5</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Films</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td><strong>SPIRITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public service/national TV</td>
<td>8</td>
<td>10</td>
<td>5</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Commercial/private TV</td>
<td>8</td>
<td>10</td>
<td>4</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Films</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>15</td>
</tr>
</tbody>
</table>

Box 5. Alcohol advertising restrictions in France

France implemented important restrictions on advertising and sponsorship in favour of alcoholic beverages in accordance with the *Loi Evin* (*Evin Law*) of 1991 (6). A total ban exists on TV and on sponsorship of any kind. In broadcasting, advertising is forbidden between 17:00 hours and 00:00 hours, and on Wednesdays (when schools are closed) from 07:00 hours to 00:00 hours. Advertising is forbidden in the print media and on internet web sites dedicated to young people.

Advertising is still allowed on:

- billboards and convenience store brand premises;
- small posters or any item inside a specialized point of sale;
- catalogues or brochures sent by producers, importers, merchants, etc.;
- vehicles usually dedicated to the delivery of alcoholic beverages;
- promotional material for traditional feasts and fairs dedicated to local alcoholic beverages;
- promotional material for traditional museums, universities and courses on oenology;
- items specifically dedicated to the consumption of alcoholic beverages, marketed during the direct sale of alcoholic beverages by the producer or during tourist visits to the production site.

The content of advertisements is restricted to: the degree of alcohol, origin of the product (soil, characteristics), denomination, composition, details of the producer or sellers, development process, terms of sale, ways to consume the product and any objective reference to the characteristics of the product. The aim is to limit advertising to objective information about the product. A health warning message must be placed on every advertisement allowed.

Respect for the regulatory framework is assured by the advertising regulation authority and by surveillance of advertisements by nongovernmental organizations. Violations of the rules can be met with a fine of up to €75 000. The maximum fine can be increased to up to 50% of the budget for the illegal activity.

Source: Dr Pierre-Yves Bello, Bureau des pratiques addictives (MC2), Direction Générale de la Santé, Ministère du travail, de l’emploi et de la santé, Paris, France.
The mean level of enforcement for advertising and product placement restrictions, as rated by national focal points on a scale from 0 (not enforced) to 10 (fully enforced), is approximately 7. Fully enforced means that there is a dedicated government institution (or a body mandated by law or by the government) handling a monitoring system (active control and monitoring) or a complaints system (whereby individuals or institutions can complain through a defined channel) and fines or other penalties are applied. Poorly enforced means that there is a monitoring or complaints system without a dedicated institution handling it in a systematic way or no system at all and penalties and fines are not applied (Table 16).

Table 16. Level of enforcement of advertising restrictions (n=27) and product placement restrictions (n=21)

<table>
<thead>
<tr>
<th>RESTRICTIONS</th>
<th>0–4</th>
<th>5–7</th>
<th>8–10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing advertising restrictions</td>
<td>4</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>Existing product placement restrictions</td>
<td>4</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>

In half of the countries, national level legally binding restrictions on sponsorship in the alcoholic beverage industry are in place. Almost half implement restrictions on sales promotion by producers, retailers and owners of pubs/bars (Table 17). Controls in this area are usually partial statutory restrictions or voluntary restrictions/self-regulation. Total bans on sponsorship by the alcohol industry of sporting or youth events or on sales promotion are more common for spirits than for beer or wine (Table 18). The mean level of enforcement of restrictions on sponsorship and sales promotions, as rated by national focal points on a scale from 0 (not enforced) to 10 (fully enforced), is approximately 7.

Table 17. Restrictions on sponsorship and sales promotion

<table>
<thead>
<tr>
<th>RESTRICTIONS</th>
<th>NO. OF COUNTRIES (N=30)</th>
<th>NO. OF EU CANDIDATE COUNTRIES (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any national legally binding restrictions on sponsorship by the alcoholic</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>beverage industry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any national legally binding restrictions on sales promotion by producers,</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>retailers and owners of pubs and bars</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* EU member states, Croatia, Norway and Switzerland.
Table 18. Countries with restrictions on sponsorship and sales promotion

<table>
<thead>
<tr>
<th>BEVERAGES/AREAS RESTRICTED</th>
<th>BAN</th>
<th>PARTIAL STATUTORY RESTRICTION</th>
<th>VOLUNTARY/SELF-REGULATION</th>
<th>NO RESTRICTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry sponsorship of sporting events</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Industry sponsorship of youth events</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Sales promotion from producers</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Below cost sales promotions from retailers</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Free drinks sales promotions from owners of pubs and bars</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td><strong>WINE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry sponsorship of sporting events</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Industry sponsorship of youth events</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Sales promotion from producers</td>
<td>3</td>
<td>7</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Below cost sales promotions from retailers</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Free drinks sales promotions from owners of pubs and bars</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td><strong>SPIRITS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Industry sponsorship of sporting events</td>
<td>8</td>
<td>6</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Industry sponsorship of youth events</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Sales promotion from producers</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Below cost sales promotions by retailers</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Free drinks sales promotions by owners of pubs and bars</td>
<td>5</td>
<td>6</td>
<td>2</td>
<td>16</td>
</tr>
</tbody>
</table>

Respondents were asked to specify the ways in which infringements of marketing restrictions are detected. A complaints system (reported in 22 countries) was the most often cited method of detection for advertising, product placement, industry sponsorship, sales promotion and other violations of restrictions on marketing communication (Table 19). Active surveillance by governmental or nongovernmental organizations or other independent bodies was almost equally common, reported by 18 countries.

Table 19. Detection of infringements of marketing restrictions

<table>
<thead>
<tr>
<th>METHODS</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints system</td>
<td>22</td>
</tr>
<tr>
<td>Active surveillance by governmental or nongovernmental organizations or independent bodies</td>
<td>18</td>
</tr>
<tr>
<td>Case by case reporting</td>
<td>10</td>
</tr>
</tbody>
</table>

All five candidate countries have some form of national level legally binding restrictions on alcohol advertising, alcohol product placement, sponsorship by the alcoholic beverage industry, and sales promotion by producers, retailers and owners of pubs/bars (Tables 13, 16).

30
Community and workplace action

The survey question relating to community and workplace action focused on the existence of national level support and guidance for the prevention and reduction of alcohol-related harm in school and workplace settings or through community-based interventions.

In 22 countries (73%), there is a legal obligation to include alcohol prevention in the school curriculum, and just over half (16 countries) have national guidelines for the prevention and reduction of alcohol-related harm in school settings (Table 20).

Table 20. School-based alcohol education and policies

<table>
<thead>
<tr>
<th>ALCOHOL EDUCATION AND POLICIES</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal obligation for schools to carry out alcohol prevention as part of the school curriculum/health policies</td>
<td>22</td>
</tr>
<tr>
<td>National guidelines for the prevention and reduction of alcohol-related harm in school settings</td>
<td>16</td>
</tr>
</tbody>
</table>

Almost half (14 countries) have national guidelines for the prevention of and counselling for alcohol problems at workplaces, and in one third, testing for alcohol at workplaces is governed by legislation. In 12 countries, social partners representing employers and employees are involved at national level in action to prevent and address alcohol-related harm at workplaces (Table 21).

Table 21. Provision for workplace action on alcohol

<table>
<thead>
<tr>
<th>MEASURES TO ADDRESS ALCOHOL IN THE WORKPLACE</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>National guidelines for prevention of and counselling for alcohol problems at workplaces</td>
<td>14</td>
</tr>
<tr>
<td>Involvement of social partners representing employers and employees in action to prevent and address alcohol-related harm at workplaces</td>
<td>12</td>
</tr>
<tr>
<td>Legislation on alcohol testing at workplaces</td>
<td>10</td>
</tr>
</tbody>
</table>

Community-based intervention projects involving stakeholders are present in all but one country. The most commonly involved partners are nongovernmental organizations (28 countries) and local government bodies (26 countries). Involvement of economic operators, which in most cases means the alcoholic beverage industry, was reported by more than half (17) of the countries (Table 22).

Table 22. Stakeholder involvement in community action

<table>
<thead>
<tr>
<th>COMMUNITY ACTION</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based intervention projects involving stakeholders (total)</td>
<td>29</td>
</tr>
<tr>
<td>Community-based intervention projects involving:</td>
<td></td>
</tr>
<tr>
<td>– nongovernmental organizations</td>
<td>28</td>
</tr>
<tr>
<td>– local government bodies</td>
<td>26</td>
</tr>
<tr>
<td>– economic operators</td>
<td>17</td>
</tr>
<tr>
<td>Guidelines for implementing effective community-based interventions to reduce alcohol-related harm</td>
<td>13</td>
</tr>
<tr>
<td>National alcohol policy/action plan includes steps to involve young people in activities to reduce or prevent alcohol-related harm</td>
<td>17</td>
</tr>
</tbody>
</table>
National guidelines for implementing effective community-based interventions are available in 13 countries (43%). Other forms of national governmental support for community action, such as earmarked funds, training or technical tools, or specific programmes or policies, are available in more than one third or roughly half of the countries (Table 23).

Table 23. Governmental support for community action

<table>
<thead>
<tr>
<th>FORMS OF GOVERNMENT SUPPORT</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earmarked funds for community action</td>
<td>13</td>
</tr>
<tr>
<td>Provision of technical tools tailored to communities</td>
<td>13</td>
</tr>
<tr>
<td>Training programmes</td>
<td>14</td>
</tr>
<tr>
<td>Community programmes and policies for subgroups at particular risk</td>
<td>17</td>
</tr>
</tbody>
</table>

**Health services’ response**

The survey included a few questions addressing health services. Eighteen countries (60%) reported that they had clinical guidelines for brief interventions endorsed by at least one health care professional body.

**Drink–driving policies and countermeasures**

All but two EU countries (Malta and the United Kingdom) and all candidate countries reported a maximum legal BAC level of 0.5 g/litre or below for general population drivers. Four countries have legislated for a zero tolerance level (Table 24, Fig. 12).

Table 24. National maximum BAC levels (g/litre)

<table>
<thead>
<tr>
<th>COUNTRIES</th>
<th>GENERAL POPULATION</th>
<th>YOUNG/NOVICE DRIVERS</th>
<th>PROFESSIONAL/COMMERCIAL DRIVERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>0.5</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Belgium</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Croatia</td>
<td>0.5</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Cyprus</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Denmark</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Estonia</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Finland</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>France</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5 (0.2 for public transport drivers)</td>
</tr>
<tr>
<td>Germany</td>
<td>0.5</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Greece</td>
<td>0.5</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>COUNTRIES</td>
<td>GENERAL POPULATION</td>
<td>YOUNG/NOVICE DRIVERS</td>
<td>PROFESSIONAL/COMMERCIAL DRIVERS</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>--------------------</td>
<td>-----------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>Hungary</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Ireland</td>
<td>0.5</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Italy</td>
<td>0.5</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Latvia</td>
<td>0.5</td>
<td>0.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Lithuania</td>
<td>0.4</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>0.5</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Malta</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Netherlands</td>
<td>0.5</td>
<td>0.2</td>
<td>0.5</td>
</tr>
<tr>
<td>Norway</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Poland</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Portugal</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Romania</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Slovakia</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Slovenia</td>
<td>0.5</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Spain</td>
<td>0.5</td>
<td>0.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Sweden</td>
<td>0.2</td>
<td>0.2</td>
<td>0.2</td>
</tr>
<tr>
<td>Switzerland</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>0.8</td>
<td>0.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CANDIDATE COUNTRIES</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The former Yugoslav Republic of Macedonia</td>
<td>0.5</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Iceland</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Montenegro</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
<tr>
<td>Serbia</td>
<td>0.3</td>
<td>zero tolerance</td>
<td>zero tolerance</td>
</tr>
<tr>
<td>Turkey</td>
<td>0.5</td>
<td>0.5</td>
<td>zero tolerance</td>
</tr>
</tbody>
</table>

Fig. 12. Maximum legal BAC level for category of driver, by number of countries (n=30)

- In France, the maximum legal BAC level for public transport drivers is 0.2 g/litre.
All countries, including EU candidate countries, reported using breath testing as a usual method for measuring BAC. Blood or urine analysis is also commonly employed (Table 25). Random breath testing, meaning that any driver can be stopped by the police at any time to test his/her breath for alcohol consumption, is used by 26 countries (87%). Sobriety checkpoints (checkpoints or roadblocks established by the police on public roadways to control for drink–driving) are employed by 17 countries (57%) as a means to enforce maximum legal BAC (Table 26).

Table 25. Usual methods for measuring BAC

<table>
<thead>
<tr>
<th>METHODS</th>
<th>NO. OF COUNTRIES (N=30)</th>
<th>NO. OF EU CANDIDATE COUNTRIES (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breath testing</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Blood or urine analysis</td>
<td>24</td>
<td>4</td>
</tr>
<tr>
<td>Observational assessment</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>

* EU member states, Croatia, Norway and Switzerland.

Table 26. Measures to enforce maximum legal BAC

<table>
<thead>
<tr>
<th>MEASURES</th>
<th>NO. OF COUNTRIES (N=30)</th>
<th>NO. OF EU CANDIDATE COUNTRIES (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random breath testing</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>Sobriety checkpoints</td>
<td>17</td>
<td>2</td>
</tr>
</tbody>
</table>

* EU member states, Croatia, Norway and Switzerland.

A range of penalties were reported for offenders against drink–driving laws. All countries reported the use of fines. Suspension of driving licences (used by 27 countries) and imprisonment (used by 25 countries) were also common, followed by penalty points (Table 27). Recent additions to the portfolio of BAC limit enforcement include the use of breath alcohol ignition interlocks (“alcolocks”) and brief interventions for offenders. Only 11 countries reported using alcolocks; of these, 7 are still in a pilot phase.

Table 27. Penalties for drink–driving

<table>
<thead>
<tr>
<th>PENALTIES</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fines</td>
<td>30</td>
</tr>
<tr>
<td>Driving licence suspension</td>
<td>27</td>
</tr>
<tr>
<td>Imprisonment</td>
<td>25</td>
</tr>
<tr>
<td>Penalty points</td>
<td>18</td>
</tr>
<tr>
<td>Driving licence revoked</td>
<td>16</td>
</tr>
<tr>
<td>Short-term detention</td>
<td>15</td>
</tr>
<tr>
<td>Mandatory education and counselling</td>
<td>14</td>
</tr>
<tr>
<td>Vehicle impounded</td>
<td>13</td>
</tr>
<tr>
<td>Mandatory treatment</td>
<td>7</td>
</tr>
<tr>
<td>Community/public service</td>
<td>7</td>
</tr>
<tr>
<td>Ignition interlock</td>
<td>5</td>
</tr>
</tbody>
</table>
Reducing the public health impact of illicit alcohol and informally produced alcohol

The survey addressed legislation regarding unrecorded alcohol, that is, alcohol which is not taxed and is outside the usual system of government control, including home- or informally produced alcohol, smuggled alcohol, surrogate alcohol (not intended for human consumption), or alcohol obtained through cross-border shopping (which is recorded in a different jurisdiction). At the time of data collection, all but two countries reported that there is national legislation to prevent the illegal production or sale of home- or informally produced alcoholic beverages (Table 28).

Table 28. Legislation to prevent illegal production and sale of home or informally produced alcohol

<table>
<thead>
<tr>
<th>LEGISLATION</th>
<th>NO. OF COUNTRIES (N=30)</th>
<th>NO. OF EU CANDIDATE COUNTRIES (N=5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legislation to prevent the illegal production and/or sale of home- or informally produced alcoholic beverages</td>
<td>28(^b)</td>
<td>5</td>
</tr>
<tr>
<td>Legislation to prevent illegal production</td>
<td>26</td>
<td>5</td>
</tr>
<tr>
<td>Legislation to prevent illegal sales</td>
<td>27</td>
<td>5</td>
</tr>
</tbody>
</table>

\(^a\) EU member states, Croatia, Norway and Switzerland.  
\(^b\) In 2013, a new law on excise duties entered into force in Croatia. Small manufacturers (people who produce spirits for their own use and in an amount not exceeding 20 litres of pure alcohol per household per year) are not allowed to sell and must be entered in the register of excise duty payers.

Reducing the negative consequences of drinking and alcohol intoxication

Almost half of the countries (14) reported that systematic alcohol server training courses are organized on a regular basis (Table 29). Server training is a form of occupational training provided to people serving alcohol, such as bar, restaurant or catering staff, which promotes safety through the prevention of intoxication and compliance with age limits in the service of alcoholic beverages to customers. Such server training can be mandated by state or local laws, for example as a prerequisite for obtaining a licence to sell or serve alcoholic beverages (1). Server training can be organized, for example, by licensing bodies, by trade schools as part of their curriculum or by private bodies such as trade associations.

Table 29. Availability of systematic alcohol server training

<table>
<thead>
<tr>
<th>SYSTEMATIC ALCOHOL SERVER TRAINING</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic alcohol server training courses (total)</td>
<td>14</td>
</tr>
<tr>
<td>Courses organized by:</td>
<td></td>
</tr>
<tr>
<td>– the private sector</td>
<td>8</td>
</tr>
<tr>
<td>– other</td>
<td>7</td>
</tr>
<tr>
<td>– enforcement agencies</td>
<td>5</td>
</tr>
</tbody>
</table>

Only one country\(^6\) legally requires the presence of safety messages or health warnings on bottles, cans or other packaging containing alcoholic beverages to inform or remind consumers of the risks associated with the use of the product. An additional 11 countries are reported to use such messages on a voluntary basis. More than two thirds of the countries (22) have no legal requirement to include a health or safety message in alcohol advertisements (Table 30).

\(^6\) France.
Table 30. Health warnings and consumer information on alcoholic beverage packaging

<table>
<thead>
<tr>
<th>WARNINGS/INFORMATION</th>
<th>NO. OF COUNTRIES (N=30)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health warnings legally required on alcoholic beverages</td>
<td>1</td>
</tr>
<tr>
<td>Health warnings on alcoholic beverages introduced on a voluntary basis</td>
<td>11</td>
</tr>
<tr>
<td>Health warnings legally required on alcohol advertisements</td>
<td>8</td>
</tr>
<tr>
<td>National legal requirement to display consumer information about calories, additives and vitamins on the labels of alcohol containers</td>
<td>2</td>
</tr>
<tr>
<td>National legal requirement to display the number of standard alcoholic drinks on alcoholic beverage packaging</td>
<td>0</td>
</tr>
</tbody>
</table>

In the EU, alcoholic beverages are defined as beverages containing more than 1.2% pure alcohol by volume. Indicating the pure alcohol content in percentage by volume on the beverage packaging is obligatory (7). Twenty-two countries reported that a definition of a standard drink is used at national level (although no country is systematically using it), and there is wide variation in the definition, ranging from 8 g to 20 g of pure alcohol in a standard drink. Twenty-seven countries (90%) reported that their governments use a standard legal definition of an alcoholic beverage. Only two countries reported a national legal requirement to display consumer information about calories, additives and vitamins on the labels of alcohol containers (Table 30).

Monitoring and surveillance

Just over half of the countries reported the regular publication of a comprehensive report on the national alcohol situation. Among the most commonly covered topics are drinking among adults (15 countries), drink–driving and alcohol-related traffic accidents (14 countries) and underage drinking (13 countries). Regular reporting on the retail availability and affordability of alcohol, identified by WHO as areas where control measures targeted to alcoholic beverages have the most potential for contributing to a reduction in the burden from noncommunicable diseases (best buys), is less common (Fig. 13).

Fig. 13. Topics covered in regular published reports on alcohol situation, by number of countries (n=30)

7 Netherlands and Romania.
References


COUNTRY TIMELINES

PART 3
Background

At a meeting of the national WHO focal points for alcohol policy in 2011, WHO was requested to collect and disseminate information about relevant alcohol policy developments from Member States, together with available links for documents, legislation and web sites, so as to share practices among Member States. Such a tool could help Member States when they are revising, updating and drafting new policies on alcohol and could facilitate networking between them in the area of alcohol policy.

Part 3 presents alcohol policy timelines for EU member states, the accession and candidate countries, Norway and Switzerland. These timelines are a summary of the major steps taken or milestones reached in each country in the development of policy and action to reduce alcohol-related harm during the period 2006–2012.

The following activities are included in the timelines:

- new legislation/schemes for better enforcement of existing legislation;
- revision/launch of a new alcohol strategy/action plan;
- publication of major reports on alcohol;
- issuing of national guidelines on community action, prevention, screening and brief interventions or treatment;
- issuing or revision of health authorities’ guidelines for low-risk alcohol consumption;
- revisions of training on alcohol use (disorders) for health professionals;
- government funding for major alcohol research projects or nationwide action projects on the prevention and reduction of harm from alcohol;
- agreements with the industry to develop responsible business practice in the selling, serving or marketing of alcoholic beverages;
- nationwide information campaigns to reduce alcohol-related harm; and
- regular surveys on alcohol consumption and alcohol-related harm to health.

Countries’ participation in selected European surveys since 2006 are presented in Annex 4.

Activities are categorized according to the 10 action areas of the European Action Plan to Reduce the Harmful Use of Alcohol 2012–2020. These action areas are:

- leadership, awareness and commitment
- health services’ response
- community and workplace action
- drink–driving policies and countermeasures
- availability of alcohol
- marketing of alcoholic beverages
- pricing policies
- reducing the negative consequences of drinking and alcohol intoxication
- reducing the public health impact of illicit alcohol and informally produced alcohol and
- monitoring and surveillance.
<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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</table>
| 2006 | Summary. Gesetz mit dem das Salzburger Jugendgesetz geändert wird [Amendment to the Salzburger Youth Law] (regional law, idF LGBl Nr. 98/2006) (1) adding alcopops and illiquid alcoholic products to spirits in the legal text.  
Action area. Availability of alcohol |
| 2007 | Summary. Änderung des Führerscheingesetzes (14. FSG-Novelle) [Law on change of driver’s licence (FSG, 14th Amendment)] (2) (including, for example, alcohol limits for new classes of drivers’ licence) partly transposing driving licences into national law, according to directive 2006/126/EC of the European Parliament and of the Council of 20 December 2006 (to be fully implemented by 19 January 2013).  
Action area. Drink–driving policies and countermeasures  
Summary. Kommunikations kodex der österreichischen Brauwirtschaft [Communication code of the Austrian brewing industry] (3) stating that Austrian brewers agree without exception to the messages to drink beer responsibly and moderately. In addition to this code, there are legal restrictions as well as the self-regulation code of the Austrian self-regulatory body (Österreichischer Werberat). The communication code covers regulations to avoid misleading communication related to the issues of “alcohol and minors”, “abuse”, “alcohol and safety”, “alcohol and health” and “alcohol and performance enhancement”. |
| 2008 | Summary. Amendment to NÖ Jugendgesetzes [Lower Austrian Youth Law] (regional law, idF 4600-11/2008) (4) explicitly adding alcopops to other alcoholic beverages in the legal text. No relevant change since they were previously included as alcoholic beverages containing spirits.  
Action area. Availability of alcohol |
Action area. Drink–driving policies and countermeasures  
Summary. The code of conduct of the self-regulatory body (Österreichischer Werberat) prohibits the advertising of alcohol, tobacco, medicine, dietary and weight loss supplements and gambling products targeting minors (7). |
Action area. Availability of alcohol |
| 2011 | Summary. Kärntner Jugendschutzgesetz; Änderung [Amendment to the Kärntner Youth Law] (regional law, idF LGBl. Nr. 5/2011) (9) implementing a youth card and slight changes in curfew times and altered limits to distinguish between strong and normal alcoholic beverages (from “beverages containing more than 12 vol. % alcohol” to “spirits”).  
Action area. Availability of alcohol |
| 2012 | No activities reported |
Campaigns since 2006

- Pilot project on alclocks: alclocks were installed in lorries to test their manageability and acceptance in commuter traffic (10).
- 2009: Media campaign Alkohol am Steuer: Könnten Sie damit leben? [Drink–driving: Could you live with it?], which included TV, radio, print and social media advertising focusing on the impact of drink–driving (11).
- 2011: Campaign Echt Cool [Real Cool] launched by the Federal Ministry of Health to inform children aged from 6 to 10 years about the negative consequences of tobacco and alcohol use (12).

Regular surveys since 2006

- Österreichweite Repräsentativerhebung zu Substanzgebrauch [Austria-wide general population survey on substance use], 2008 (13).
- Gesundheitsbefragung [Health survey]: general health survey with changing key aspects, 2006 (14).

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References


<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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</table>
| 2006 | **Summary.** Creation of the Federal Addiction Fund to finance the development of methodologies for the treatment of alcohol and other drug-related problems.  
**Action area.** Leadership, awareness and commitment |
| 2006 | **Summary.** Report by the Superior Health Council entitled *Les jeunes et l’alcool* (Young people and alcohol) (1), which includes information on consumption, risk and protective factors, legislation and recommendations for future policies on alcohol.  
**Action area.** Monitoring and surveillance |
| 2007 | **Summary.** Launch of an online programme (financed by the Federal Addiction Fund) to help people with problematic alcohol consumption. Contains information, an auto-evaluation tool, online self-assistance and therapy.  
**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** Déclaration conjointe sur la politique future en matière [Joint declaration of the future policy on alcohol] (2). Declaration from the Public Health Interministerial Conference highlighting the need for an integrated policy on alcohol.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Vlaams actieplan tabak, alcohol en drugs 2009–2015 (Flemish action plan for tobacco, alcohol and drugs 2009–2015) (3,4). Approval of a new health target and action plan on alcohol, which includes various target groups.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Amendment to the Loi du 24 janvier 1977 relative à la protection de la santé des consommateurs en ce qui concerne les denrées alimentaires et les autres produits (Mon.8.IV.1977) [Law of 24 January 1977 on the protection of the health of consumers regarding foodstuffs and other products] (5). Modifications include a new ban on the off-premise sale of beer and wine to people aged under 16 years and stronger controls that are now the competence of the Ministry of Health (effective January 2010).  
**Action area.** Availability of alcohol |
| 2009 | **Summary.** A project on alcohol and pregnancy financed by the Federal Addiction Fund, which included the distribution of a brochure for professionals, the organization of a symposium and the development of guidelines entitled *Les risques de la consommation d’alcool avant et pendant la grossesse et durant l’allaitement* [The risks of consuming alcohol before and during pregnancy and during breastfeeding] (6), published by the Superior Health Council.  
**Action area.** Health services’ response |
| 2009 | **Summary.** Adoption of a new decree, which aims to re-enforce the provision of care for the benefits of people affected by addiction, including alcohol (Wallonia): Décret du 30 avril 2009 relatif à l’agrément en vue de l’octroi de subventions et à l’octroi de subventions aux réseaux et aux services d’aide et de soins spécialisés en assuétudes ainsi qu’à la reconnaissance en vue de l’octroi de subventions et à l’octroi de subventions à leurs fédérations [Decree of 30 April 2009 concerning the approval for grants and subsidies to networks and support services and specialized care in addictions as well as recognition of the grants and subsidies to their federations] (7).  
**Action area.** Health services’ response |
| 2009 | **Summary.** Publication of a law that gives judges the possibility to sentence offenders to an alcolock in cases of conviction for inebriation for an alcohol intoxication of at least 0.8 g/litre or for recidivism (La loi du 12 juillet 2009 modifiant la loi relative à la police de la circulation routière, coordonnée le 16 mars 1968, en ce qui concerne le recours à l’éthylotest antidémarrage [Law of 12 July 2009 amending the Law on traffic police, coordinated 16 March 1968, regarding the use of alcohol interlocks]). This law came into force on 1 October 2010.  
**Action area.** Drink–driving policies and countermeasures |
### 2010

**Summary.** Implementation of a project for withdrawal at home for people with alcohol dependency (financed by the Federal Addiction Fund).

**Action area.** Health services’ response

**Summary.** Implementation of an alcohol unit in a hospital to treat the most complex cases and train health professionals (financed by the Federal Addiction Fund).

**Action area.** Health services’ response

**Summary.** Approval of the Joint Declaration of the Interministerial Conference on Drugs *A global and integrated drugs policy for Belgium (8,9)*. This puts forward the importance of a policy that includes licit and illicit psychoactive substances in an integrated manner. The General Drugs Policy Cell has the mandate to support the implementation of this Declaration.

**Action area.** Leadership, awareness and commitment

### 2011

**Summary.** Project to develop a specific intervention on alcohol in hospital emergency departments (financed by the Federal Addiction Fund).

**Action area.** Health services’ response

**Summary.** Implementation of intensive case management (outreach) for patients with alcohol problems in three hospitals.

**Action area.** Health services’ response

**Summary.** Support for cities (in Flanders) in the development of a comprehensive local policy on the prevention of alcohol-related harm (linked to the European ECAT methodology to Empower the Community in response to Alcohol Threats) *(10)*.

**Action area.** Community and workplace action

### 2012

**Summary.** Training of pharmacists and creation of a folder for patients who combine drugs and alcohol (financed by the Federal Addiction Fund).

**Action area.** Health services’ response

**Summary.** Reform of the self-regulatory code on advertising and sponsorship on alcohol.

**Action area.** Marketing of alcoholic beverages

**Summary.** Amendment to Ministerial Decree of 30 October 2009, art. 49§1 d. Effective 1 January 2012, a licence for “ethyl alcohol and alcoholic beverages” is required for people trading in ethyl alcohol or alcoholic beverages already released for consumption and who do not have the status of authorized warehouse keepers, (temporary) registered destination, or registered sender.

**Action area.** Reducing the negative consequences of drinking and alcohol intoxication

**Summary.** Implementation of the Aide-Alcool web site in French *(11)* concerning alcohol problems, including information on the effects and consequences of alcohol consumption, auto-evaluation, self-assistance and on-line therapy. (Financed by the Federal Addiction Fund.)

**Action area.** Health services’ response
Campaigns since 2006

- 2007: National information campaign on alcohol and drugs
- 2009: National information campaign on alcohol and young people (15–35 years old)
- 2011/2012: National information campaign about the new legislation on the sale of alcohol to minors
- 2012 (Flanders): Campaign targeting pregnant women and their partners about health risks related to alcohol use during pregnancy; campaign targeting children and young people with parents suffering from alcohol abuse, advising children to contact appropriate services for support (by telephone, mail, chat, etc.) (12)
- 2006–2012 (Flanders): Alcohol. Bekijk het eens nuchter [Alcohol. Check it out sober] with the sub-campaigns Maak jezelf niets wijs [Don’t kid yourself], Hou kinderen alcoholvrij [Keep children alcohol free] (13), Als je ouders drinken … [If your parents drink …], Boodschap in een fles [Message in a bottle], Als je partner drinkt … [If your partner drinks …] (14), Feest! [Party!] (15), Gratis Drank [Free drink] and A Cool World (16).
- The ongoing bob campaign by the Institut Belge de Sécurité Routière, with the catchphrase Go for zero (17).
- Ongoing campaigns against drink–driving by Responsible Young Drivers (18).
- Univers Santé programme about alcohol in student life which includes the following activities (19,20,21):
  - a study on 550 students;
  - Un atout santé [An asset for health];
  - the Opération stadiers [Operation stewards] (reinventing the 24h vélos de Louvain-la-Neuve [24-hour bike ride of Louvain-la-Neuve], one of the largest Belgian student events with a lot of alcohol);
  - the campaigns Qu’est-ce que tu bois? [What are you drinking?] and Top Gars [Top Guy];
  - publication of the brochures L’alcool en milieu étudiant [Alcohol among students] and Alcool ou pas, comment réussir sa soirée? [Alcohol or not, how to have a successful evening?]?
  - information about risk reduction (Vas’y pro);
  - publication of Atout santé - N°16 – Assuétudes [Asset health – No. 16 – Addiction];
  - the quiz, alco-test.

Regular surveys since 2006

- Centres de Santé Scolaire Vigies survey in Hainaut: study of drinking issues among young students in Hainaut province.

Information provided through:

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References


### BULGARIA

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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</table>
| 2006 | **Summary.** From 1 January, enforcement of the ЗАКОН ЗА ЗДРАВЕТО [Health Act] (Article 53, Paragraph 3), which designates tax revenues (1% of the central government’s revenues from excise taxes on tobacco products and spirits) for national programmes to reduce smoking and alcohol abuse and prevent illegal drug use.  
**Action area.** Leadership, awareness and commitment |
| 2007 | **Summary.** Amendments to the Road Traffic Law.  
**Action area.** Drink–driving policies and countermeasures |
| 2008 | **Summary.** Regulations for the brewers’ self-regulation code and system regarding the marketing, advertisement and distribution of alcoholic beverages. Self-regulation rules to reduce the non-ethical advertising activities of the Association of Producers, Importers and Traders of Spirits.  
**Action area.** Marketing of alcoholic beverages |
| 2009 | **Summary.** Regulations to implement the law for public education.  
**Action area.** Community and workplace action |
| 2010 | **Summary.** Amendments to the Road Traffic Law.  
**Action area.** Drink–driving policies and countermeasures  
**Summary.** Amendments to the Radio and Television Act.  
**Action area.** Marketing of alcoholic beverages  
**Summary.** Amendments to Regulation N 34: introduction of training activities for psychiatrists in high school academic programmes about drug addiction treatment.  
**Action area.** Community and workplace action; health services’ response  
**Summary.** Updated written draft of a national programme to reduce alcohol abuse.  
**Action area.** Leadership, awareness and commitment |
| 2011 | **No activities reported** |
| 2012 | **Summary.** Amendments to Article 218 (Administrative Penalty Provisions) of the Health Act, which specify the punishments and fines for violations of the provisions of Articles 54, 55, 56 and 56a regarding restrictions on alcohol sales and alcohol advertising.  
**Action areas.** Availability of alcohol; marketing of alcoholic beverages |

**Campaigns since 2006**

- 2006: A long-term campaign carried out by the Ministry of Internal Affairs against road traffic accidents, including alcohol-related accidents.
- 2007: Various regional projects carried out by regional health inspectorates, including campaigns and informational, health education and media activities. Themes included *Merry and healthy without alcohol*, *Alcohol – disastrous for the family*, and *The harmful consequences of alcohol abuse*.
- 2008: Various regional projects carried out by regional health inspectorates, including campaigns and informational, health education and media activities. Themes included *Do we have a normal measure for alcohol? Alcohol – Use and abuse*, and *Think ..., before ...* (included round-table discussions, radio and TV transmissions, discussions, etc.).
• 2009:
  – Campaigns on *Walk when you drink* by the Union of Brewers and *Drink reasonably* by the Association of Producers, Importers and Traders of Spirits;
  – Various regional projects carried out by the regional health inspectorates, including campaigns and information, health education and media activities on the themes *Reasonable Measure and Alcohol and Tobacco – Stolen Health*.

• 2010: Various regional projects carried out by regional health inspectorates, including campaigns, consultations with individual citizens, and information, health education and media activities. Themes included *The reasons for alcohol abuse, Alcohol, alcohol consumption and alcoholism, I can be merry without alcohol and Pregnant women carry responsibility.*

**Regular surveys since 2006**

No regular surveys reported

Information provided through:

Vilia Velikova
Senior expert
Department of Public Health Prevention, Directorate of Public Health
Ministry of Health
### CROATIA

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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| 2006 | **Summary.** Adoption of the Croatian Action Plan for the prevention of alcohol abuse and disorders due to drinking by the Ministry of Health.  
**Action area.** Leadership, awareness and commitment |
| 2007 | No activities reported |
| 2008 | No activities reported |
| 2009 | No activities reported |
**Action area.** Leadership, awareness and commitment |
| 2011 | No activities reported |
| 2012 | **Summary.** The Croatian Alcohol Action Plan 2012–2016 was drafted and submitted to the Ministry of Health. An intersectoral working group was involved in the process.  
**Action area.** Leadership, awareness and commitment |

### Campaigns since 2006

No campaigns reported

### Regular surveys since 2006

No regular surveys reported

Information provided through:

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Croatian National Institute of Public Health  
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<table>
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<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2006</td>
<td>No activities reported</td>
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</tbody>
</table>
| 2007 | **Summary.** Amendments to the ΝΟΜΟΣ ΟΔΙΚΗΣ ΑΣΦΑΛΕΙΑΣ [Road Safety Law] regarding drink–driving measures, which are enforced by the Ministry of Communications and Works (1).  
**Action area.** Drink–driving policies and countermeasures |
**Action area.** Monitoring and surveillance |
| 2009 | No activities reported |
| 2010 | **Summary.** First draft of a *National Alcohol Strategy*. Previously, alcohol-related issues were addressed through the *National Drugs Strategy*.  
**Action area.** Leadership, awareness and commitment  
**Summary.** The Council of Road Safety (the Ministry of Communications and Works and the Road Traffic Department of the Ministry of Justice and Public Order) revised the maximum legal blood alcohol concentration (BAC) when driving a vehicle from 0.5 g/litre to 0.2 g/litre and breath test readings from 0.22 g/litre to .09 g/litre for novices, learners, professional drivers, cyclists and motorists. The revision has not yet been adopted by Parliament.  
**Action area.** Drink–driving policies and countermeasures |
| 2011 | **Summary.** Development and implementation of an alcohol-specific treatment demand indicators screening protocol (2).  
**Action area.** Health services’ response |
| 2012 | **Summary.** Development of the *Integrated National Strategy Drugs & Alcohol 2013–2020* by the Cyprus Anti-drugs Council, representing seven ministries as well as nongovernmental organizations and the alcohol industry. Topics include identifying high-risk groups, referral and treatment programmes, pregnancy, training for health care professionals, the Safer Nights Programme, legislation on the sale of alcohol and the minimum legal age, drink–driving measures, advertising and marketing measures, taxation, and monitoring and research activities.  
**Action area.** Leadership, awareness and commitment  
**Summary.** ΝΟΜΟΣ ΠΟΥ ΤΡΟΠΟΠΟΙΕΙ ΤΟΝ ΠΕΡΙ ΠΩΛΗΣΗς ΟΙΝΟΠΝΕΥΜΑΤΙΔΩΝ ΠΟΤΩΝ ΝΟΜΟ, Κεφ. 144 [Amendment to the Sale of Alcoholic Beverages Law, Cap. 144] (3) for the licensing and supply of alcoholic beverages.  
**Action area.** Availability of alcohol |

**Campaigns since 2006**
- National campaigns on drink–driving by the Ministry of Justice and Public Order (Department of Road Traffic) as well as by the Council of Road Safety and REACTION, Youth Organization for Road Safety (4).

**Regular surveys since 2006**
Information provided through:

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Ministry of Health
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References


## CZECH REPUBLIC

<table>
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<th>Year</th>
<th>Description</th>
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<tr>
<td>2006</td>
<td><strong>Summary.</strong> New legislation, 379/2005 Sb. o opatřeních k ochraně před škodami působenými tabákovými výrobky, alkoholem a jinými návykovými látkami a o změně souvisejících zákonů [Act No. 379/2005 Coll. on measures for protection against the harmful effects of tobacco products, alcohol and other addictive substances and on the amendment of related laws] (1). As regards alcohol, the legislation refers to:</td>
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<tr>
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<td>• conditions for the sale and serving of alcoholic beverages;</td>
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<td></td>
<td>• limitations on sales and imports;</td>
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<td></td>
<td>• prohibitions on the sale and serving of alcoholic beverages;</td>
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<td>• obligations of persons selling alcoholic beverages;</td>
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<td></td>
<td>• prohibition of entry for persons obviously under the influence of alcohol or other addictive substances;</td>
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<td>• examination for the presence of alcohol or other addictive substances;</td>
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<td>• treatment at the alcohol and toxicomania prevention detention station;</td>
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<td>• brief interventions/obligation to conduct them for health professionals;</td>
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<td></td>
<td>• enforcement.</td>
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<td><strong>Action areas.</strong> Availability of alcohol; reducing the negative consequences of drinking and alcohol intoxication; health services’ response</td>
</tr>
<tr>
<td>2007</td>
<td>No activities reported</td>
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<td>2008</td>
<td>No activities reported</td>
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<tr>
<td>2009</td>
<td><strong>Summary.</strong> 305/2009 Sb., kterým se mění zákon č. 379/2005 Sb., o opatřeních k ochraně před škodami působenými tabákovými výrobky, alkoholem a jinými návykovými látkami a o změně souvisejících zákonů, ve znění pozdějších předpisů [Act no. 305/2009 Coll., Amendment to Act no. 379/2005 Coll. on measures for protection against the harmful effects of tobacco products, alcohol and other addictive substances and on the amendment of related laws] (2). The Act focuses mainly on smoke-free measures. There were minor changes to alcohol measures, for example, increased penalties for the sale of alcohol to minors.</td>
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<tr>
<td></td>
<td><strong>Action area.</strong> Availability of alcohol</td>
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<tr>
<td>2010</td>
<td><strong>Summary.</strong> Launch of the National Drug Policy Strategy for the Period 2010 to 2018 (3).</td>
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<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Action area.</strong> Pricing policies</td>
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<td></td>
<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
</tr>
<tr>
<td>2012</td>
<td><strong>Summary.</strong> The Ministry of Health started the preparation of a draft national action plan to reduce the harmful use of alcohol.</td>
</tr>
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<td></td>
<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Summary.</strong> The Government took extraordinary measures as the death toll from methanol poisonings rose, including limited prohibition of spirits.</td>
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<td><strong>Action area.</strong> Reducing the public health impact of illicit alcohol and informally produced alcohol</td>
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<tr>
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<td><strong>Summary.</strong> As part of the WHO biennial collaborative agreement, a cross-sectional population study focused on alcohol consumption in the adult Czech population (aged 15 years and older) was conducted using SMART methods.</td>
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<td></td>
<td><strong>Action area.</strong> Monitoring and surveillance</td>
</tr>
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</table>
Campaigns since 2006

• 2008: National safe driving campaign Nemyslíš-zaplatíš! (If you do not think, you will pay!) launched as part of the prevention of drink-driving campaign.

Regular surveys since 2006

No regular surveys reported.

Information provided through:
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References


<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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</thead>
</table>
**Action area.** Health services’ response |
| 2007 | **Summary.** Guidelines for alcohol prevention in primary and secondary schools (2–8).  
**Action area.** Community and workplace action |
**Action area.** Monitoring and surveillance  
**Summary.** Guidelines for quality in alcohol treatment (10).  
**Action area.** Health services’ response  
**Summary.** Guidelines for alcohol policy and alcohol prevention in the workplace (11).  
**Action area.** Community and workplace action  
**Summary.** Education for health professionals about alcohol treatment.  
**Action area.** Health services’ response  
**Summary.** Public funding for an intervention project on alcohol prevention in 20% of municipalities (2008–2011) (12,13).  
**Action area.** Community and workplace action |
| 2009 | **Summary.** Guidelines for screening and brief intervention (14).  
**Action area.** Health services’ response  
**Summary.** Guidelines for alcohol treatment with partners and children in families with alcohol problems (15).  
**Action area.** Health services’ response  
**Summary.** Guidelines for responsible serving (16).  
**Action area.** Reducing the negative consequences of drinking and alcohol intoxication |
| 2010 | **Summary.** Revision of the health authorities’ low-risk drinking guidelines for alcohol consumption (17).  
**Action area.** Leadership, awareness and commitment  
**Summary.** Guidelines for approval of alcohol treatment institutions (18).  
**Action area.** Health services’ response  
**Summary.** Report on alcohol-related harm for municipalities (19).  
**Action area.** Monitoring and surveillance  
**Summary.** Guidelines for brief interventions by general practitioners (14).  
**Action area.** Health services’ response  
**Summary.** *Lov nr 707 af 25/06/2010* [Law no. 707 of 25/06/2010] amends the law prohibiting the sale of tobacco to persons under 18 years and the sale of alcohol to persons under 16 years (20). Effective 7 March 2011, the national legal minimum age for off-premise sales of alcohol stronger than 16.5% is raised to 18 years.  
**Action area.** Availability of alcohol |
Summary. Revision of the alcohol policy material for primary schools, high schools and parents (21–24).  
Action area. Community and workplace action

Summary. Increase in the duty on wine and beer.  
Action area. Pricing policies

Summary. Guidelines for municipal action on alcohol prevention (25).  
Action area. Community and workplace action

Campaigns since 2006

- Nationwide campaign to reduce alcohol-related harm (annually since 1990).

Regular surveys since 2006

No regular surveys reported

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References


### ESTONIA

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<thead>
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<th>Year</th>
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<tr>
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<td>No activities reported</td>
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<tr>
<td>2007</td>
<td>No activities reported</td>
</tr>
</tbody>
</table>
| 2008 | **Summary.** New advertising act prohibits advertising alcohol in an appealing manner and sets additional limits on advertising times and channels. Introduction of health warnings on advertisements.  
**Action area.** Marketing of alcoholic beverages; reducing the negative consequences of drinking and alcohol intoxication  
**Summary.** Total ban on off-premise alcohol sales from 22:00 to 10:00 hours.  
**Action area.** Availability of alcohol  
**Summary.** Increase in excise tax on all alcoholic beverages except wine (10% increase in January and 20% increase in July).  
**Action area.** Pricing policies |
| 2009 | **Summary.** Revision of the national definition of an alcohol unit (1 unit = 10 g of pure alcohol).  
**Action area.** Leadership, awareness and commitment  
**Summary.** Revision of the national guidelines on alcohol consumption risk limits.  
**Action area.** Leadership, awareness and commitment  
**Summary.** Launch of an informative web site that also includes an Alcohol Use Disorders Identification Test (AUDIT) and a personal alcohol consumption recording facility (1).  
**Action area.** Leadership, awareness and commitment  
**Summary.** Introduction of screening and brief intervention in primary care.  
**Action area.** Health services’ response |
| 2010 | **Summary.** Increase in excise tax on alcoholic beverages (10%).  
**Action area.** Pricing policies  
**Summary.** Initiation of brief intervention in primary care.  
**Action area.** Health services’ response  
**Summary.** Strengthening of advertising self-regulation by the beer and spirit industry and commercial TV to limit the exposure of underage people to alcohol advertising.  
**Action area.** Marketing of alcoholic beverages  
**Summary.** Publication of the Yearbook 2010 on the alcohol market, consumption and harm by the Estonian Institute of Economic Research and the National Institute for Health Development (Yearbooks also published in 2011 and 2012).  
**Action area.** Monitoring and surveillance |
<table>
<thead>
<tr>
<th>Year</th>
<th>Summary</th>
<th>Action area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Additional self-regulation on TV advertising to reduce the exposure of underage people to alcohol advertising.</td>
<td>Marketing of alcoholic beverages</td>
</tr>
<tr>
<td></td>
<td>Development of a new alcohol policy with the involvement of stakeholders (state institutions, health sector representatives, nongovernmental organizations, producers, retailers, etc.). Expected to be adopted in 2013.</td>
<td>Leadership, awareness and commitment</td>
</tr>
<tr>
<td>2012</td>
<td>Increase in excise tax on alcoholic beverages (10%).</td>
<td>Pricing policies</td>
</tr>
</tbody>
</table>

**Campaigns since 2006**

- **2006**: Drink–driving prevention campaign *(Designated driver)*.
- **2007**: Drink–driving prevention campaigns *(Drive sober! Designated driver, Crash-free night)*.
- **2008**: Drink–driving prevention campaigns *(Designated driver, Crash-free night)*.
- **2009**: First large-scale national awareness campaign on alcohol consumption and related harm and drink–driving prevention campaigns *(Drive sober! Designated driver, Crash-free night)*.
- **2010**: Campaign on alcohol-related health harms and drink–driving prevention campaigns *(Drive sober! Designated driver, Crash-free night)*.
- **2011**: Campaign on alcohol-related health harms, drink–driving prevention campaigns *(Drive sober! Designated driver, Crash-free night)*, and drunk–swimming prevention campaign.
- **2012**: Campaign on alcohol-related health harms, drink–driving prevention campaigns *(Drive sober! Designated driver, Crash-free night)*, and drunk–swimming prevention campaign.

**Regular surveys since 2006**

No regular surveys reported

Information provided through:

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Ministry of Social Affairs  
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**References**

## FINLAND

<table>
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<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2006</td>
<td>No activities reported</td>
</tr>
</tbody>
</table>
| 2007 | **Summary.** Governmental decision to continue the National Alcohol Programme 2004–2007 for the years 2008–2011 (1). Components of the substance abuse policy include a focus on early intervention in primary and occupational health care, increases in taxes on alcoholic beverages and a focus on protecting the rights of children through prenatal care for pregnant women and support for parents with alcohol problems. Terveyden ja Hyvinvoinnin Laitos [National Institute for Health and Welfare] coordinates actions at different levels and helps municipalities implement the programme.  
**Action area.** Leadership, awareness and commitment |
|      | **Summary.** No. 1143/1994 Alkoholilaki [The Alcohol Act], Section 33, Regulation of advertising (11.5.2007/588) (2):  
• bans advertisements on TV from 07:00 to 21:00 for mild alcoholic beverages and beverages containing at least 1.2% by volume of ethyl alcohol;  
• bans advertisements for mild alcoholic beverages and beverages containing at least 1.2% by volume of ethyl alcohol in cinemas in connection with films presented to people aged under 18 years;  
• bans quantity discounts; and  
• bans advertising “happy hours” and short-term discount sales.  
**Action area.** Marketing of alcoholic beverages; pricing policies |
|      | **Summary.** Ban on off-premise sales of alcoholic beverages from 21:00 to 09:00 hours (instead of to 07:00 hours) (3).  
**Action area.** Availability of alcohol |
| 2008 | **Summary.** Increase in excise duties on alcohol by 10% for mild beverages and by 15% for spirits.  
**Action area.** Pricing policies |
| 2009 | **Summary.** Increase in excise duties on alcohol by 10% (January).  
**Action area.** Pricing policies  
**Summary.** Increase in excise duties on alcohol by 10% (October).  
**Action area.** Pricing policies |
| 2010 | No activities reported |
| 2011 | **Summary.** Governmental decision to continue the National Alcohol Programme (4). Components of the substance abuse policy and services include: a focus on regulation of availability, pricing and health promotion; revision of the Temperance Work Act; establishment of a regional coordination model; reform of the Alcohol Act; review of alcohol taxation; prohibition of alcohol advertising targeting children and young people or attempting to associate alcohol with social and sexual success; increased monitoring and regulation of alcohol advertising; improvements in early intervention and the use of effective methods; and treatment for pregnant women.  
**Action area.** Leadership, awareness and commitment |
| 2012 | **Summary.** Increase in excise duties on alcohol by 15% for beer and by 10% for wine and spirits.  
**Action area.** Pricing policies |
Campaigns since 2006

- *I sällskap av barn* [In the company of children] campaign (by Alko Inc, National Institute for Health and Welfare, the A-Clinic Foundation and the Mannerheim League for Child Welfare) on the influence of adults’ alcohol consumption on children’s lives (5):
  - Lasinen lapsuus - Ääni lapselle [Fragile childhood – voice for a child] (7)

Regular surveys since 2006

Finnish Drinking Habits Survey, conducted every eight years since 1968, most recently in 2008 (8).

Information provided through:

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Ministerial Counsellor, Legal Affairs
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E-mail: ismo.tuominen@stm.fi

References


## FRANCE

<table>
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<th>Year</th>
<th>Description</th>
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| 2006 | **Summary.** Establishment of Etats généraux de l'alcool [General-States of alcohol], a national advisory group on alcohol.  
**Action area.** Leadership, awareness and commitment |
|      | **Summary.** Décret n° 2006-159 du 14 février 2006 portant création du Conseil de modération et de prévention [Decree No. 2006-159 of 14 February 2006 establishing the Council of Moderation and Prevention].  
**Action area.** Leadership, awareness and commitment |
The Plan included specific action to increase general practicioners’ capacity for screening and delivering brief advice and treatment for patients with problematic alcohol use.  
**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** Plan gouvernemental de lutte contre les drogues et les toxicomanies 2008–2011 [Governmental plan to combat drugs and addictions 2008–2011] (2). The plan aims at reducing the consumption of illicit drugsplan to combat and the excessive consumption of alcohol. Regarding alcohol, it includes preventive action, a regulatory framework and action on harm reduction and care.  
Prevention:  
• informing young people in schools about the danger of alcohol; and  
• preventing binge drinking among young people.  
Regulatory framework:  
• prohibiting the offer and sale of alcoholic beverages in public places to young people aged under 18 years;  
• prohibiting discounts on alcohol and “all you can drink” offers in in-premise establishments;  
• reminding local elected representatives about the regulatory framework of votive festivals (village festival celebrated for a saint);  
• banning alcohol on public roads around schools; and  
• simplifying and applying the regulations for on-premise sales.  
Harm reduction and care:  
• giving priority to the training of maternity teams within hospital liaison teams so that they can identify pregnant women who consume cannabis and alcohol.  
**Action area.** Leadership, awareness and commitment |
|      | **Summary.** Plan santé des jeunes [Young people’s health plan] (3). The measures related to alcohol include the following:  
• to change legislation to restrict sales of alcoholic beverages to people aged over 16 years  
• to develop young consumers’ outpatient services in addiction centres  
• to conduct a media campaign aiming at raising awareness of problems related to drunkenness.  
**Action area.** Leadership, awareness and commitment |
<table>
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<tr>
<th>Year</th>
<th>Summary</th>
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</table>
| 2009 | Summary. Loi Hôpital, Patients, Santé et Territoires [Law on Hospital, Patients, Health and Territories] (4). The law includes the following regulations (see Title 2, Articles 93–97):  
- a ban on the sale of refrigerated alcoholic beverages in petrol stations  
- a ban on the sale of alcohol to young people aged under 18 years  
- a ban on open bars. | Availability of alcohol; pricing policies |
| 2010 | Summary. Decree of 13 October 2009 requiring an alcolock on all buses transporting children from 1 January 2010 (5). | Drink–driving policies and countermeasures |
|      | Summary. Décret n° 2011-613 du 30 mai 2011 relatif aux fêtes et foires mentionnés par l’article L. 3322-9 du code de la santé publique [Decree No. 2011-613 of 30 May 2011 on fairs and festivals under the Article L. 3322-0 from the Code of public health] (8). The decree describes the conditions when alcohol can be offered free and with discounts at fairs and festivals. | Pricing policies |
|      | Summary. Loi n° 2011–267 du 14 mars 2011 d’orientation et de programmation pour la performance de la sécurité intérieure [Law No. 2011–267 of 14 March 2011 on the orientation and programming for the performance of internal security] (10). According to Article 71, people condemned for homicide or injury while driving drunk must have an alcolock on their car in order to drive. | Drink–driving policies and countermeasures |
Campaigns since 2006

• 2006
  – Television campaign *La boucle* [The loop] targeting excessive regular male drinkers. The main objective is to encourage every consumer to think about the question “5 millions de Français ont un problème avec l’alcool. Et si les autres c’était vous?” [“5 million French people have a problem with alcohol. And if the others were you?”].
  – A five-spot radio campaign aimed at defusing the most widespread misconceptions about the consumption of alcohol and reminding listeners of the consumption risk thresholds.
  – A press campaign targeting pregnant women recalling the risks associated with the consumption of alcohol during pregnancy and accompanying the creation of the pictogram. (A pictogram representing a pregnant woman with a drink in her hand and a crossed red line has appeared on all bottles of alcohol since October 2007.)
  – Brochure for the general public *Votre corps se souvient de tout* [Your body remembers everything].
  – Kit for health professionals and the general public *Ouvrons le dialogue* [Let’s start a dialogue].

• 2007: Press campaign targeting pregnant women and launch of the pictogram.
  – Reminder of the recommendation *Zéro alcool pendant votre grossesse* [Zero alcohol during your pregnancy].
  – *La consommation de boissons alcoolisées pendant la grossesse, même en faible quantité, peut avoir des conséquences graves sur la santé de l’enfant* [The consumption of alcoholic beverages during pregnancy, even in small quantities, can have serious consequences on the health of the child].

• 2008
  – Television campaign *Boire trop, des sensations trop extrêmes* [Drinking too much, too extreme sensations] targeting young people (aged 15–25 years) in order to limit repeated drunkenness.
  – Radio spots using the TV spot principle of the fake alcohol brand, *trop* [too much].
  – *Boire trop* web site created to provide more complete information on alcohol, how it acts on the body and the risks (12). The web site was promoted through a web banners campaign on the internet, including on community web sites.
  – Poster using the communication codes from alcohol brands to illustrate the risks of excessive consumption.
  – Information brochure *Alcool, plus d’info pour moins d’intox* [Alcohol, more information for less intoxication] providing simple, practical and playful information and tips.

• 2010
  – Replay of the TV campaign *La boucle* [The loop].
  – Launch of the Alcool Info Service web site (13), which aims to:
    – provide complete and scientifically validated information on alcohol and health for consumers and their families
    – allow everyone to evaluate his/her own alcohol consumption using the alcoholmeter and
    – make an individualized assistance programme accessible to everyone wishing to reduce his/her alcohol intake.

• 2011
  – Television campaign *Le compte à rebours* [Countdown] targeting regular drinkers. It encourages consumers to use the helpful tools and remote information, the Alcool Info Service web site and the *Écoute Alcool* [Listen Alcohol] hotline.
  – Display campaign on the web, directing people to the evaluation and follow-up tool, the alcoholmeter.
  – Booklet for young people *Alcool, vous en savez quoi?* [Alcohol, what do you know about it?]
Regular surveys since 2006

- Enquête sur la santé et la protection sociale (ESPS) [Health, Health Care and Insurance Survey] (14) (biannual).
- Baromètre santé [Health barometer] 2010 (17,18).

Information provided through:
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References


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<tbody>
<tr>
<td>2006</td>
<td>No activities reported</td>
</tr>
</tbody>
</table>
| 2007 | **Summary.** Test of a standardized scheme for short interventions for young people hospitalized due to acute alcohol intoxication (1).  
**Action area.** Health services’ response |
| 2007 | **Summary.** Health promotion in the workplace, including action to address alcohol issues, now a standard benefit of the statutory health insurance funds. Activities of the statutory health insurance funds have since increased.  
**Action area.** Community and workplace action |
| 2008 | **Summary.** Empfehlungen des wissenschaftlichen kuratoriums der DHS zu Grenzwerten für den Konsum alkoholischer Getränke [Recommendations of the Scientific Board of the DHS to limits for the consumption of alcoholic beverages] (2). Revision of the low-risk drinking guidelines to 12 g/day for women and 24 g/day for men.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Research project about influencing the factors and motivation for binge drinking among young people.  
**Action area.** Community and workplace action |
| 2010 | **Summary.** Development and integration of an alcohol counselling module in primary care clinics within the brief intervention programme for young cannabis consumers, Realize it (3).  
**Action area.** Health services’ response  
**Action area.** Health services’ response |
| 2011 | **Summary.** Informationstour – Alkohol? Kenn dein Limit [Information Tour – Alcohol? Know Your Limit] (5). Launch of a mobile exhibition on alcohol consumption and related harm to encourage adults to drink less (continues in 2012–2014).  
**Action area.** Leadership, awareness and commitment  
**Summary.** Empfehlungen für Eltern im Umgang mit dem Alkoholkonsum ihrer Kinder: wissenschaftlicher Kenntnisstand [Recommendations for parents dealing with their children and alcohol: scientific knowledge] (6). Guidelines for parents to reduce the alcohol consumption of their teenage children.  
**Action area.** Leadership, awareness and commitment  
**Summary.** National pilot projects to increase alcohol and tobacco counselling during pregnancy in communities, particularly for women at risk.  
**Action area.** Health services’ response |
Summary. Implementation of the drug and alcohol prevention programme *prev@work* (7) into vocational training (regional level).

**Action area.** Community and workplace action

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**Action area.** Community and workplace action

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### Campaigns since 2006

- **2009:**
  - National campaign about the *Youth Protection Act* (10).
  - Campaigns about binge drinking in several municipalities.

- **2010:** Campaign to increase counselling and information in pharmacies on alcohol, tobacco and drugs during pregnancy.

- **2012:**
  - National campaign to raise awareness and share good practice for better implementation of *Youth Protection Act* (10).

### Regular surveys since 2006

- Epidemiological Survey on Substance Abuse (every three years since 1980, latest wave 2012).

Information provided through:

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### References


<table>
<thead>
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<th>Year</th>
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</table>
| 2006 | **Summary.** New traffic code with stricter penalties for drivers found to be under the influence of alcohol.  
**Action area.** Drink–driving policies and countermeasures |
| 2007 | **No activities reported** |
| 2008 | **Summary.** Εθνικό Σχέδιο Δράσης για τον Περιορισμό των Βλαπτικών Συνεπειών του Αλκοόλ στην Υγεία 2008–2012 [Action Plan on the reduction of alcohol-related harm 2008–2012] (1). The main topics include the alcohol situation in Greece (relevant data, measures and strategies), strategic planning (aims, goals and expected results), actions/interventions, relevant projects (prevention, treatment, reintegration, cooperation between agencies, research, documentation and training), the implementation process and funding sources.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **No activities reported** |
| 2010 | **Summary.** Issuing of guidelines regarding the treatment demand indicator on alcohol and its implementation (which will allow for an estimation of the problematic use of alcohol in Greece).  
**Action area.** Monitoring and surveillance |
**Action area.** Monitoring and surveillance |
| 2012 | **Summary.** Η κατάσταση του προβλήματος των ναρκωτικών και των οινοπνευματωδών στην Ελλάδα. Ετήσια έκθεση 2012 [The status of the problem of drugs and alcohol in Greece. Annual report 2012]. Greek REITOX focal point report on the drug and alcohol situation in Greece.  
**Action area.** Monitoring and surveillance |

**Campaigns since 2006**

**Regular surveys since 2006**
No surveys reported

Information provided through:
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References


## HUNGARY

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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</table>
| 2006 | **Summary.** *Álkoholpolitika és stratégia 2006 [Alcohol policy and strategy 2006]*. Launch of a new alcohol policy (1).  
*Action area.* Leadership, awareness and commitment |
*Action area.* Health services’ response |
| 2008 | **Summary.** Preparation for the widespread implementation of screening and brief interventions for individuals with hazardous and harmful alcohol consumption in primary care settings.  
*Action area.* Health services’ response |
| 2009 | **Summary.** Revision of the alcohol policy and strategy (see 2006).  
*Action area.* Leadership, awareness and commitment |
| 2010 | **Summary.** Parliamentary Commission on Alcohol Issues (Health Committee of the National Assembly), addressing prevention, health care issues and taxation, including the regulation of public health-related taxation on certain products (for example, flavoured beer and other drinks such as alcopops are taxed on the basis of their sugar content).  
*Action area.* Leadership, awareness and commitment |
|      | **Summary.** Revision of training for health professionals to empower them to address harm from alcohol.  
*Action area.* Health services’ response |
### Summary
Preparation of national guidelines on screening and brief interventions, and preparation for the widespread implementation of screening and brief interventions for individuals with hazardous and harmful alcohol consumption in primary care settings. The project was established in the framework of the biannual collaborative agreement with WHO and implemented by the National Institute for Health Development, National Centre for Addictions. The project includes the following components:

- publication of available evidence on the implementation of early interventions and the collection of information on good practices in Hungary;
- building of evidence-based practice of early interventions into the official (binding) professional protocols (primary care and addiction care); and
- preparation of a consensus document involving a proposal for the amendment of financial regulations of the National Health Insurance Fund concerning early intervention.

### Action area
Health services’ response

### Summary
Report on the alcohol situation in Hungary and the characterization of tax policy for the Health Committee of the National Assembly.

### Action area
Monitoring and surveillance; pricing policies

#### 2011
**Summary.** Local legislation on alcohol availability in three cities.

**Action area.** Availability of alcohol

#### 2012
**Summary.** Evidence-based policy-making strengthened through the development of a national action plan on alcohol (in the framework of the biannual collaborative agreement with WHO, implemented by the National Institute for Health Development, National Centre for Addictions). The programme is continuing and the outputs include:

- publication of a report on data sources and an analysis of the situation as regards alcohol problems in Hungary;
- the compilation and electronic publishing of the best international alcohol policy documents;
- establishment of alcohol action plan capacity (dedicated experts) in the National Institute for Health Development, National Centre of Addiction; and
- establishment of functioning task forces to write a national alcohol action plan.

**Action area.** Leadership, awareness and commitment

### Summary
Health development capacity-building (Social Renewal Operational Programme), involving the establishment of integrated health promotion offices, which will be the institutional basis for disease prevention and health promotion activities. The objectives are to:

- establish a liaison between primary care, outpatient care units and organizations implementing health promotion programmes;
- coordinate and carry out subregional projects for the prevention of alcohol problems; and
- facilitate screening and brief interventions in primary health care for individuals with hazardous and harmful alcohol consumption.

**Action area.** Health services’ response

### Campaigns since 2006

- **2006:** *Keep a Clear Mind*, video spot organised by the National Police Headquarters.
- **2009:** *Do not say, “But…” – it’s up to you too.* TV and radio spots organized by Médiaunió.
- **2010:** *BB Angels* campaign, sobriety check-points in party settings, organized by the National Police Headquarters.
• 2011:
  – Campaign against drink–driving: posters raising awareness on buses in Vas County.
  – WANTED! Action for random breath testing of drivers – prevention of road traffic accidents, organized by Pest County Police Headquarters.

• 2012: TISPOL campaign *European Operation Speed* – action for breath testing of drivers on several occasions in multiple locations in Hungary.

**Regular surveys since 2006**

Országos lakossági adatfelvétel az addiktológiai problémákról (OLAAP) [National Survey on Addiction Problems in Hungary], 2007 (5).

Information provided through:

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E-mail: vandlik.ekaterina.00@oth.antsz.hu

**References**


### ICELAND

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>2006</td>
<td><strong>Summary.</strong> Harmonization of the opening hours of the monopoly retail stores in the capital area and extension of opening hours on Saturdays (from 11:00 to 18:00 hours) (1).&lt;br&gt;<strong>Action area.</strong> Availability of alcohol</td>
</tr>
<tr>
<td>2007</td>
<td><strong>No activities reported</strong></td>
</tr>
<tr>
<td>2008</td>
<td><strong>Summary.</strong> Lög nr. 136 11. desember 2008. Lög um breyting á lögum nr. 96/1995, um gjald af áfengi og tóbaki, með síðari breytingum [Law No. 136, 11 December 2008. Act amending the Act. 96/1995 on the tax on alcohol and tobacco (2)] including a 12.5% increase in taxes on all alcoholic beverages.&lt;br&gt;<strong>Action area.</strong> Pricing policies</td>
</tr>
<tr>
<td>2010</td>
<td><strong>Summary.</strong> Frumvæpur til laga um verslun með áfengi og tóbak [Bill on the trade of alcohol and tobacco (4)] defining a framework for the retail sale of alcohol with the aim of limiting and controlling access to alcohol to improve public health, reduce the harmful effects of alcohol, protect young people from alcohol consumption and limit the supply of undesirable products.&lt;br&gt;<strong>Action area.</strong> Availability of alcohol</td>
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<tr>
<td>2007</td>
<td><strong>Summary.</strong> Lög nr. 136 11. desember 2008. Lög um breyting á lögum nr. 96/1995, um gjald af áfengi og tóbaki, með síðari breytingum [Law No. 136, 11 December 2008. Act amending the Act. 96/1995 on the tax on alcohol and tobacco (2)] including a 12.5% increase in taxes on all alcoholic beverages.&lt;br&gt;<strong>Action area.</strong> Pricing policies</td>
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</tr>
<tr>
<td>2009</td>
<td><strong>Summary.</strong> Heilsa og líðan 2009 [Health and wellbeing 2009]. Follow-up study on health and wellbeing, including relating to alcohol and its consequences.&lt;br&gt;<strong>Action area.</strong> Monitoring and surveillance</td>
</tr>
<tr>
<td>2010</td>
<td><strong>Summary.</strong> Frumvæpur til laga um verslun með áfengi og tóbak [Bill on the trade of alcohol and tobacco (4)] defining a framework for the retail sale of alcohol with the aim of limiting and controlling access to alcohol to improve public health, reduce the harmful effects of alcohol, protect young people from alcohol consumption and limit the supply of undesirable products.&lt;br&gt;<strong>Action area.</strong> Availability of alcohol</td>
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<td>2007</td>
<td><strong>Summary.</strong> Lög nr. 136 11. desember 2008. Lög um breyting á lögum nr. 96/1995, um gjald af áfengi og tóbaki, með síðari breytingum [Law No. 136, 11 December 2008. Act amending the Act. 96/1995 on the tax on alcohol and tobacco (2)] including a 12.5% increase in taxes on all alcoholic beverages.&lt;br&gt;<strong>Action area.</strong> Pricing policies</td>
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<td><strong>Summary.</strong> Lög nr. 136 11. desember 2008. Lög um breyting á lögum nr. 96/1995, um gjald af áfengi og tóbaki, með síðari breytingum [Law No. 136, 11 December 2008. Act amending the Act. 96/1995 on the tax on alcohol and tobacco (2)] including a 12.5% increase in taxes on all alcoholic beverages.&lt;br&gt;<strong>Action area.</strong> Pricing policies</td>
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<tr>
<td>Year</td>
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<tr>
<td>2011</td>
<td><strong>Summary.</strong> Lög nr. 86, 23. júní 2011. Lög um verslun með áfengi og tóbak. [Act No. 86, 23 June 2011. Trade in Alcohol and Tobacco] (6). Comprehensive law defining a framework for the retail sale of alcohol with the aim of limiting and controlling access to alcohol to improve public health, reduce the harmful effects of alcohol, protect young people from alcohol consumption and limit the supply of undesirable products.</td>
</tr>
<tr>
<td></td>
<td><strong>Summary.</strong> Reglugerð um vöruval og sölu áfengis og skilmálar í viðskiptum við þrjá (Nr. 755/2011). [Regulation on Selection and Sale of Alcohol and Trade Terms with Suppliers (No. 755/2011)] (7). New regulation to define and explain the product choices of the monopoly. The Regulation describes the requirements for products, packaging and labelling of products and other matters. It also covers delivery terms, liability of suppliers, prices and terms of payment.</td>
</tr>
<tr>
<td></td>
<td><strong>Summary.</strong> Þskj. 136. Frumvarp til laga um breytingu á áfengislögum, nr. 75/1998, (skýrara bann við auglýsingum) [A bill to amend the law on alcohol, No. 75/1998, (clarified ban on advertising)]. Bill in front of parliament to strengthen the ban on alcohol advertisement by clearly differentiating alcoholic from non-alcoholic beverages, as well as by transferring surveillance activities to the Consumer Agency. The bill has not been passed and will be placed before parliament again in 2012.</td>
</tr>
<tr>
<td>2012</td>
<td><strong>Summary.</strong> The Government’s policy on alcohol was reviewed, and a working group was formed by the Ministry of Welfare to write a comprehensive policy on alcohol and other substances to form part of the National Health Plan 2020. A draft was presented to the Ministry in January 2013. The National Health Plan is under discussion in parliament 2012–2013.</td>
</tr>
</tbody>
</table>

### Campaigns since 2006
- Annual campaigns by the monopoly and other organizations about responsible drinking, age limits, drink–driving, and parents not buying alcohol for their teenage children (8).

### Regular surveys since 2006
- *Heilsa og líðan íslendinga* [Health and well-being in Iceland] (9) (2007, 2009); population health surveys that include questions on alcohol consumption and its consequences.

Information provided through:

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### References


### IRELAND

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<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2006</td>
<td>No activities reported</td>
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</tbody>
</table>
| 2007 | **Summary.** The Government approved the establishment of the Government Alcohol Advisory Group in December 2007 to examine the following aspects of the law governing the sale and consumption of alcohol and to report to the Minister with its assessment on the best way forward:  
- the increase in the number of supermarkets, convenience stores and petrol stations with off-licences and the manner and conditions of sale in such outlets, including below unit-cost selling and special promotions;  
- the increase in the number of licensed premises availing themselves of special exemption orders which permit longer opening hours; and  
- the use, adequacy and effectiveness of existing penalties, particularly those directed towards combating excessive and under-age alcohol consumption.  
The Group’s report was published in April 2008 (1), and its recommendations were given effect in the *Intoxicating Liquor Act 2008*.  
**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** The *Intoxicating Liquor Act 2008* (2):  
- reduces the hours for off-premise sales of alcoholic beverages;  
- restricts the times during which premises with theatre licences can sell alcohol to bring them into line with other licensed premises;  
- introduces a new requirement to obtain a certificate from the District Court in order to obtain a new wine retailer’s off-licence;  
- extends the grounds on which the District Court may refuse to grant a certificate for a new off-licence;  
- gives the Gardai (police) new powers to seize bottles and containers of alcohol in the possession, in a place other than a private dwelling, of persons under 18 years of age; and  
- makes provision for increased penalties and sanctions.  
**Action area.** Availability of alcohol; reducing the negative consequences of drinking and alcohol intoxication |
| 2009 | **Summary.** *A Code of Practice on the Display and Sale of Alcohol in Mixed Trading Premises*, which was agreed between the Departments of Justice and Health and the mixed trading sector, came into effect on 1 December 2008. A company, Responsible Retailing of Alcohol in Ireland Ltd (RRAI), was established and an Independent Chairperson was appointed in January 2009 to oversee implementation of the Code. The Independent Chairperson’s first compliance report was published in November 2009 (3).  
**Action area.** Availability of alcohol; marketing of alcoholic beverages |
| 2010 | **Summary.** Enactment of the *Road Traffic Act 2010* (4).  
- Reduction of the maximum legal BAC when driving a vehicle.  
- Mandatory testing of drivers at collision sites and in hospital following a road traffic collision.  
**Action area.** Drink–driving policies and countermeasures |
| 2011 | **Summary.** Enactment of the *Road Traffic Act 2011* (4).  
- Reduction of the maximum legal BAC when driving a vehicle.  
- Mandatory testing of drivers at collision sites and in hospital following a road traffic collision.  
The relevant provisions of the 2010 and 2011 Acts, which are interrelated, were commenced with effect from 28 October 2011 by Statutory Instruments Nos. 540, 541, 542, 543 and 544 of 2011.  
**Action area.** Drink–driving policies and countermeasures |
2012  Summary. Publication of the Steering Group Report on a National Substance Misuse Strategy (5). The report is a roadmap for the future direction of policy to deal with the use and misuse of alcohol. The report made a range of recommendations focusing on, inter alia, the supply, pricing, availability and marketing of alcohol, together with measures for the policy areas of prevention strategies, treatment, rehabilitation, alcohol and substance dependency research and information. The report also recommended measures on minimum unit pricing to target at-risk drinkers.

Action area. Leadership, awareness and commitment

Campaigns since 2006

- 2006: Here’s to your health. The objectives were to challenge the commonly held perception that having a few drinks is harmless and to communicate to people the negative effects that alcohol consumption has on their health and the wellbeing of those around them in the short and longer term. The target audience was adults aged 15 to 34 years. The elements of the campaign included TV advertising in December 2006 and a leaflet entitled Less is more.

- 2008–2010: Underage drinking – talk about it before it becomes a problem. The aim was to delay the age at which young people start to drink. The objectives were to reduce the number of young people aged under 18 years who consume alcohol; increase the number of 16-year-olds who have not consumed alcohol; encourage, empower and support the adult population so that they can do something and can influence young people in relation to alcohol consumption; and increase parental awareness of the risks of early (age) alcohol consumption. The target audience was parents and other adults who have regular contact with and the potential to influence children and teenagers. The elements of the campaign included TV, radio, outdoor and digital advertising, creation of the YourDrinking web site (6) and a booklet Straight talk – a guide for parents on teenage drinking.

- As advocacy measures, a number of reports were produced:
  - Alcohol Consumption in Ireland 1986–2006
  - Alcohol-Related Harm in Ireland
  - A Standard Drink in Ireland – What strength?
  - Conference report: Community Action on Alcohol.

Regular surveys since 2006

No regular surveys reported

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References

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<tr>
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<tbody>
<tr>
<td>2006</td>
<td><strong>Summary.</strong> Identificazione precoce dei bevitori a rischio in Assistenza Primaria in Italia: adattamento del questionario AUDIT e verifica dell’efficacia d’uso dello short-AUDIT test nel contesto nazionale [Early identification of at-risk drinkers in primary care in Italy: adaptation of the AUDIT questionnaire and verification of the effectiveness of short-AUDIT tests in the national context] (1).</td>
</tr>
<tr>
<td></td>
<td><strong>Action area.</strong> Health services’ response</td>
</tr>
<tr>
<td></td>
<td><strong>Summary.</strong> Intesa in materia di individuazione delle attività lavorative che comportano un elevato rischio di infortuni sul lavoro ovvero per la sicurezza, l’incolunmità o la salute dei terzi, ai fini del divieto di assunzione e di somministrazione di bevande alcoliche e superalcoliche, ai sensi dell’articolo 15 della legge 30 marzo 2001, n. 125. Intesa ai sensi dell’articolo 8, comma 6, della legge 5 giugno 2003, n. 131 [Agreement for the detection of jobs involving a high risk of accidents at work, or for the safety, security or the health of third parties, for the purposes of the ban on the consumption and supply of alcoholic beverages and spirits, under Article 15 of the Law of 30 March 2001, No. 125. Article 8, paragraph 6 of the Law of 5 June 2003, No. 131]. An agreement, established at the permanent conference for relations between the state, the regions, and the autonomous provinces of Bolzano and Tranto, on the identification of jobs with a high risk for accidents for the purpose of writing a decree regarding the ban on alcohol use (and its monitoring) in risky jobs.</td>
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<td><strong>Action area.</strong> Community and workplace action</td>
</tr>
<tr>
<td>2007</td>
<td><strong>Summary.</strong> Launch of the first Piano Nazionale Alcol e Salute [National Alcohol and Health Plan] (2). Includes a comprehensive national alcohol strategy, a set of policy measures and an action plan. The central coordinating entity for implementation is the Centre for Diseases Control, Ministry of Health.</td>
</tr>
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<td></td>
<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
</tr>
<tr>
<td></td>
<td><strong>Summary.</strong> Decreto-Legge 3 Agosto 2007, n. 117: Disposizioni urgenti modificative del codice della strada per incrementare i livelli di sicurezza nella circolazione [Decree-Law 3 August 2007, No. 117: Urgent provisions amending the highway code to increase safety levels in road traffic] (3), converted to law by Article 1 of Legge 2 ottobre 2007, n. 160 [Law 2 October 2007, No. 160]. Under this law, the first BAC limit is set at 0.5 g/litre. Fines and sanctions are increased for each BAC range. The law further requires premises owners to display tables containing a description of the symptoms related to the different levels of BAC and the number of alcoholic beverages which most probably result in a BAC over the maximum legal BAC for driving (0.5 g/litre). The law also requires that breathalyzers for voluntary BAC measurement by customers be available at the exit from the premises.</td>
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<td></td>
<td><strong>Action area.</strong> Drink–driving policies and countermeasures</td>
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<tr>
<td></td>
<td><strong>Action area.</strong> Health services’ response</td>
</tr>
<tr>
<td>2008</td>
<td><strong>Summary.</strong> Implementation of the National Alcohol and Health Plan, with projects aimed at monitoring alcohol-related problems, promoting prevention activities in the different regions, training in early identification and brief interventions in the workplace and in basic health care (projects continued in 2009).</td>
</tr>
<tr>
<td></td>
<td><strong>Action area.</strong> Leadership, awareness and commitment; health services’ response; community and workplace action</td>
</tr>
<tr>
<td>2009</td>
<td><strong>Summary.</strong> Revision of training for health professionals to empower them to address alcohol-related harm (experimental project, not an official national policy).</td>
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<td></td>
<td><strong>Action area.</strong> Health services’ response</td>
</tr>
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</table>
### 2010

Includes objectives to counter alcohol-related harm. According to this plan, the regions have to prepare prevention plans, including measures to reduce at-risk alcohol consumers (such as binge drinkers, drink–drivers, underage drinkers and those who drink at the workplace).

**Action area.** Leadership, awareness and commitment

Launch of the national health plan, into which alcohol is now integrated. The main topics include perception and awareness of the risk of alcohol; preventive activities and policies (particularly for the elderly, young people, women, pregnant women, the workplace and drink–driving); early identification and brief interventions in primary care and the workplace; availability, access, continuity and evaluation of health services for alcohol abuse; and monitoring and surveillance. (The definitive document has not yet been approved.)

**Action area.** Leadership, awareness and commitment

**Summary.** Legge 29 luglio 2010, n. 120, Disposizioni in materia di sicurezza stradale (10G0145) [Law 29 July, No. 120, Provisions of road safety (10G0145)] (7).
New law and enforcement of Decreto Legislativo 30 aprile 1992 n. 285, art. 186 [Law 30 April 1992, No. 285, art. 186] on the highway code. Includes the following components:
- defines the penalties for drink–driving according to BAC;
- prohibits off-premise sales of spirits on highways from 22:00 to 06:00 hours; bans the serving of spirits and prohibits the serving of wine and beer from 02:00 to 06:00 hours in these areas;
- increases the number of random breath tests in the streets; and
- establishes the BAC at 0.0 g/litre for drivers aged under 21 years, new drivers and professional drivers.

**Action area.** Drink–driving policies and countermeasures

**Summary.** Change in the excise tax law. Customs offices responsible for a territory are now in charge of verifying the amounts of non-end and end products subject to excise, in agreement with the new EU regulation (N.456/2009). The law establishes a fine for non-payment of excise tax and surreptitious manufacturing at a minimum of €7746.

**Action area.** Pricing policies

**Summary.** Epidemiologia e monitoraggio alcol-correlato in Italia. Valutazione dell’Osservatorio Nazionale Alcol-CNESPS sull’impatto dell’uso e abuso di alcol ai fini dell’implementazione delle attività del Piano Nazionale Alcol e Salute. Rapporto 2010 [Epidemiology and alcohol-related monitoring in Italy. Evaluation of the National Observatory on Alcohol-CNESPS on the impact of the use and abuse of alcohol in support of the implementation of the activities of the National Alcohol and Health Plan. Report 2010] (8).
Report on the consumption of alcohol and related harm.

**Action area.** Monitoring and surveillance

### 2011

**Summary.** Epidemiologia e monitoraggio alcol-correlato in Italia. Valutazione dell’Osservatorio Nazionale Alcol-CNESPS sull’impatto dell’uso e abuso di alcol ai fini dell’implementazione delle attività del Piano Nazionale Alcol e Salute. Rapporto 2011 [Epidemiology and alcohol-related monitoring in Italy. Evaluation of the National Observatory on Alcohol-CNESPS on the impact of the use and abuse of alcohol in support of the implementation of the activities of the National Alcohol and Health Plan. Report 2011] (9).

**Action area.** Monitoring and surveillance
Summary. Epidemiology and alcohol-related monitoring in Italy. Evaluation of the National Observatory on Alcohol-CNESPS on the impact of the use and abuse of alcohol in support of the implementation of the activities of the National Alcohol and Health Plan. Report 2012 (10).

Action area. Monitoring and surveillance

Summary. Initiation of the two-year project Alcohol in Italy and in the regions. Epidemiological assessment of health risks of alcohol supporting the National Plan for Prevention and the Implementation of the National Alcohol and Health Plan aimed at overcoming the problem of inconsistency in the current monitoring systems available at regional level.

Action area. Monitoring and surveillance

Summary. Legge 8 novembre 2012, n. 189 [Law 8 November 2012, No. 189] raising the minimum legal age for buying alcohol to 18 years. This law applies to purchases both on- and off-premises as selling has been made equivalent to serving by Risoluzione n. 18512 del 4 febbraio 2013 [Resolution No. 18512 of 4 February 2013] of the Ministero dello Sviluppo Economico [Ministry of Economic Development].

Action area. Availability of alcohol

Campaigns since 2006

- 2006: Campaign targeting young people (11).
- 2007: Non giocare con la vita, se guidi non bere [Do not play with life, if you drive do not drink] (12): campaign targeting young people, with a focus on drink-driving.
- 2009: Ragazzi vediamoci chiaro [Guys, let’s see clearly] (13): campaign targeting young people, with a focus on drink-driving.
- 2012: La vita è sempre una anche se hai bevuto [Life is one even if you have been drinking] (14): campaign targeting young people, with a focus on drink-driving.

Regular surveys since 2006

- Relazione sullo Stato Sanitario del Paese [Report on the health status of the country], includes a report on alcohol consumption and harm (annual) (15).
- Rilevazione attività nel settore dell’alcol dipendenza, relativa alle attività dei servizi e alle caratteristiche dell’utenza [Survey activities in the field of alcohol dependence related to health services and users’ characteristics], report by the Ministero del Lavoro, Salute e Politiche Sociali [Ministry of Labour, Health and Social Policy] on alcohol dependence and services (annual) (17).

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References


<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>2006</td>
<td>No activities reported</td>
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</tbody>
</table>
| 2007 | **Summary.** Grozījumi Krimināllikumā, 221.pants [Amendments to the Criminal Law, Article 221] (1) defining penalties for the sale, production, storage, movement and acquisition of illegal alcoholic beverages.  
**Action area.** Reducing the public health impact of illicit alcohol and informally produced alcohol |
| | **Summary.** Amendments to the Latvijas Administratīvo pārkāpumu kodekss, 170.1 pants, 170.2 pants, 170.3 pants [Latvian Administrative Violations Code, Article 170.1, Article 170.2, Article 170.3] (2) defining penalties for the illegal acquisition of alcoholic beverages and alcohol as well as the production, storage, transport, provision and marketing of illegal alcoholic beverages.  
**Action area.** Reducing the public health impact of illicit alcohol and informally produced alcohol |
| | **Summary.** Grozījumi Ceļu satiksmes likumā [Amendments to the Road Traffic Law] (3) setting the maximum legal BAC when driving a vehicle at 0.2 g/litre.  
**Action area.** Drink–driving policies and countermeasures |
**Action area.** Monitoring and surveillance |
| 2008 | **Summary.** Implementation of the education programme Garīgā veselība un atkarīgo pacientu aprūpe multidisciplinārā komandā [Mental health and dependent patient care multidisciplinary team] (5) for the period 2008–2011 within the European Social Fund’s Human resources and occupations action programme. Includes the training of primary care providers to screen and treat mental health disorders and addiction problems within a multidisciplinary team.  
**Action area.** Health services’ response |
| | **Summary.** Amendments to the Bērnu tiesību aizsardzības likums, 48.pants [Child Rights Protection Law, Article 48] (6) ensuring the mandatory medical treatment and social rehabilitation of children who have been caused mental or behavioural problems as a result of the use of alcoholic beverages.  
**Action area.** Health services’ response |
| | **Summary.** Amendments to the Latvijas Administratīvo pārkāpumu kodekss, 171.pants [Latvian Administrative Violations Code, Article 271] (7) defining penalties for the consumption of alcoholic beverage and alcohol intoxication in public places.  
**Action area.** Availability of alcohol |
| 2009 | **Summary.** Grozījumi Krimināllikumā, 221.pants, 221.2 pants, 221.3 pants, 221.4 pants, 221.5 pants [Amendments to the Criminal Law, Articles 221, 221.2, 221.3, 221.4, 221.5] (8) establishing harsher penalties for offences due to illegal storage, movement and distribution of alcoholic beverages and tobacco products.  
**Action area.** Reducing the public health impact of illicit alcohol and informally produced alcohol |
| | **Summary.** Amendments (1 February) to the law Par akcīzes nodokli [On excise duties] (9) increasing the excise tax on:  
• beer: 1.45 lats per percentage of absolute alcohol by volume, with a minimum of 4.00 lats/100 litres  
• wine and fermented beverages: 40 lats/100 litres and  
• other alcoholic beverages: 825 lats per 100 litres of absolute alcohol.  
**Action area.** Pricing policies |
<table>
<thead>
<tr>
<th>Summary</th>
<th>Amendments (1 July) to the law Par akcīzes nodokli [On excise duties] increasing the excise tax on:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• beer: 2.18 lats for each percentage of absolute alcohol, with a minimum of 4.00 lats/100 litres;</td>
<td></td>
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<tr>
<td>• wine and fermented beverages: 45 lats/100 litres;</td>
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<tr>
<td>• intermediate products:</td>
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<tr>
<td>− for those containing up to 15% of absolute alcohol by volume: 45 lats/100 litres</td>
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<tr>
<td>− for those containing 15–22% of absolute alcohol by volume: 70 lats/100 litres;</td>
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<td>• other alcoholic beverages: 890 lats per 100 litres of absolute alcohol.</td>
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</tbody>
</table>

**Action area.** Pricing policies

<table>
<thead>
<tr>
<th>Summary</th>
<th>Amendments (1 February) to the law Par akcīzes nodokli [On excise duties] increasing the excise tax on:</th>
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<tbody>
<tr>
<td>• wine and fermented beverages: 45 lats/100 litres</td>
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<tr>
<td>• alcoholic beverages containing up to 15% of absolute alcohol by volume: 45 lats/100 litres.</td>
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</table>

**Action area.** Pricing policies

<table>
<thead>
<tr>
<th>Summary</th>
<th>Amendments to the Alkoholisko dzērienu aprites likums, 3.pants [Handling of Alcoholic Beverages Law, Article 3] (10) easing the conditions to obtain a licence for warehousekeeping activity and receive relief for the registration of excise duty security.</th>
</tr>
</thead>
</table>

**Action area.** Availability of alcohol

<table>
<thead>
<tr>
<th>Summary</th>
<th>Adoption of the Elektronisko plašsaziņas līdzekļu likums [Electronic Media Law] (11), defining the restrictions regarding alcoholic beverage advertising and TV shop operation, as well as the conditions for alcohol product video and audiovisual message placement. The law allows advertisements of wine and beer on TV and radio and in TV shops, but prohibits advertisements for other alcoholic beverages.</th>
</tr>
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</table>

**Action area.** Marketing of alcoholic beverages

<table>
<thead>
<tr>
<th>Summary</th>
<th>Final stage of adoption of the Alcoholic beverage consumption reduction and alcohol addiction restriction action plan 2012–2014.</th>
</tr>
</thead>
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**Action area.** Leadership, awareness and commitment

<table>
<thead>
<tr>
<th>Summary</th>
<th>Amendment to the law Par akcīzes nodokli [On excise duties] (12) increasing the excise tax on other alcoholic beverages to 940 lats per 100 litres of absolute alcohol.</th>
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**Action area.** Pricing policies

<table>
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<tr>
<th>Summary</th>
<th>Adoption of the Alkoholisko dzērienu patēriņa mazināšanas un alkoholisma ierobežošanas rīcības plāns 2012.–2014 [Action plan for reduction of alcohol consumption and restriction of alcohol addiction for 2012–2014], a comprehensive action plan for the reduction of alcohol consumption, including prevention activities and health care service improvement.</th>
</tr>
</thead>
</table>

**Action area.** Leadership, awareness and commitment
Campaigns since 2006

- 2010: Izguli reibumu [Sleep off the intoxication], a campaign against drink–driving.
- 2011: Stūrē skaidrā! [Drive sober!], a campaign against drink–driving.
- 2012: No vadītāja līdz izvadītājam ir viena glāze. Nebrauc dzēris! [The grim reaper is just one shot away. Don’t drive drunk!], a campaign against drink–driving.

Since 2010, campaigns on alcohol abuse and traffic safety have been organized every June due to an increase in traffic accidents and drink–driving cases during the Latvian midsummer festival.

Regular surveys since 2006

- Atkarību izraisošo vielu lietošanas izplatība un sekas Latvijā [The prevalence and consequences of dependency inducing substances in Latvia]: annual report on the alcohol consumption and related harm in Latvia (15–19).

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References


<table>
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<th>Year</th>
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</table>
| 2006 | **Summary.** Amendment to the *Law on Alcohol Control* (1). New legislation on the expansion of municipalities’ rights. Municipal councils have the right to restrict and prohibit the trade in alcoholic beverages on holidays and mass event days, to restrict the selling time of alcoholic beverages, and to refuse to issue a licence for the alcohol retail trade. Moreover, municipalities shall draft, approve, fund and implement municipal alcohol control programmes.  
**Action area.** Availability of alcohol |
| 2007 | **Summary.** Amendment to the *Law on Alcohol Control* (1) prohibiting the sale of alcoholic beverages from 22:00 to 08:00 hours in retail establishments (with the exception of cases limited by municipal councils). The Government sets the regulations for licensing wholesale and retail trade (on-and off-premises) in alcohol products based on the *Law on Alcohol Control*, the Civil Code and the requirements of EU law.  
**Action area.** Availability of alcohol |
| 2008 | **Summary.** Implementation and funding (0.5 million LTL) of *Dėl 2008 metų blaivybės metų programos [Temperance Programme 2008 – year of sobriety]* (2).  
**Summary.** *Įsakymas: dėl neblaivumo darbe keliamos rizikos ir su ja susijusų nelaimingų atsitikimų darbe (avančių prevencijos priemonių įgyvendinimo sąlygose, įstaigose, organizacijose* [Order: Prevention of alcohol intoxication at the workplace and the related risk of work accidents by implementing measures in enterprises, institutions and organizations] (order No. V-181) (3). Recommendations on alcohol consumption prevention at the workplace adopted by the Ministry of Labour and Social Affairs.  
**Action area.** Leadership, awareness and commitment  
**Summary.** Amendment to the *Law on Alcohol Control* (1):  
• prohibiting alcohol advertising during TV and radio programmes broadcast from 06:00 to 23:00 hours  
• prohibiting the sale of alcohol on 1 September (first day of the school year).  
**Action area.** Availability of alcohol; marketing of alcoholic beverages  
**Summary.** Increase in the excise duty on alcohol, including cider.  
**Action area.** Pricing policies  
**Summary.** Abolition of tax relief for small breweries.  
**Action area.** Pricing policies  
**Summary.** Introduction of more severe enforcement measures for drink–driving: higher fines and confiscation of vehicle. Reduction of the maximum legal BAC when driving a vehicle to 0.4 g/litre for the general population, and to 0.2 g/litre for novice and professional drivers.  
**Action area.** Drink–driving policies and countermeasures |
| 2009 | **Summary.** Amendment to the *Law on Alcohol Control* (1):  
• adding an exception for catering establishments (prohibiting the sale of alcohol on 1 September, except for catering establishments);  
• prohibiting the sale of alcoholic beverages from 22:00 to 08:00 hours in retail outlets; and  
• prohibiting the consumption, storage and transport of alcohol products in open packaging in the passenger compartments of cars, with the exception of motor vehicles which have a fixed partition between the passenger and driver departments.  
**Action area.** Availability of alcohol; drink–driving policies and countermeasures |
2010  Summary. Amendment to the Law on Alcohol Control (1) giving the right to municipal councils, taking into consideration the location of trade in alcoholic beverages and the opinion of residents, societies, communities or representatives, to restrict the time during which the sale of alcoholic beverages is allowed or to adopt a reasoned decision not to issue a licence.

Action area. Availability of alcohol; community and workplace action

2011  Summary. Establishment of Drug, Tobacco and Alcohol Control Department, which is responsible for licensing and controlling activities related to the legal circulation of alcohol, tobacco and drugs and psychotropic substances precursors and organizing the implementation of drug prevention and control measures.

Action area. Leadership, awareness and commitment

Summary. Adoption of Alcohol and Tobacco Control 2012–2014. The main topics include: availability and marketing of alcohol products, training of health professionals, community-based interventions/projects, educational programmes as part of school curricula and monitoring.

Action area. Leadership, awareness and commitment


Action area. Health services’ response

Summary. Prohibition on the sale of alcoholic beverages in kiosks.

Action area. Availability of alcohol

Campaigns since 2006

- 2008: national campaigns on alcohol-related health harm and drink–driving.

Regular surveys since 2006

- Suaugusių Lietuvos Žmonių Gyvensenos Tyrimas [Health Behaviour among Lithuanian Adult Population] (biennial) (4).
- Statistics Department report on alcoholic beverages (annual) (5).

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References


2. Dėl 2008 metų blaivybės metų programos 1.2; 1.4; 1.6; 2.1; 2.2; 2.4; 2.6; 2.9; priemonių įgyvendinimo [The Temperance Programme 2008 – year of sobriety 1.2; 1.4; 1.6; 2.1; 2.2; 2.4; 2.6; 2.9; implementation of the measures]. Vilnius, Valstybinis psichikos sveikatos centras [State Mental Health Centre], 2009 (http://www.vpsc.lt/doc_files/programu_atak/blaivybes_metu_ataskaita_2008.doc, accessed 28 March 2013) (in Lithuanian).


## LUXEMBOURG

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
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| 2006 | Summary, Loi du 22 décembre 2006 portant interdiction de la vente de boissons alcooliques à des mineurs de moins de seize ans [Law of 22 December 2006 prohibiting the sale and serving of alcoholic beverages to minors aged under 16 years] (1).  
Action area. Availability of alcohol |
| 2007 | Summary, Recommendations for responsible business practice in the selling and serving sectors.  
Action area. Reducing the negative consequences of drinking and alcohol intoxication  
Summary, Change in legal BAC limits from 0.8 g/litre to 0.5 g/litre for drivers in the general population and to 0.2 g/litre for novice and professional drivers.  
Action area. Drink–driving policies and countermeasures |
| 2008 | No activities reported |
| 2009 | Summary, Integration of the tool “Alcohol prevention” in the interactive exhibition “Prevention of addictions” and in the toolkit for teachers (acting as moderators) in secondary schools. The tool aims to inform and prompt discussions about false perceptions regarding alcohol with students (2).  
Action area. Community and workplace action |
| 2010 | No activities reported |
| 2011 | No activities reported |
| 2012 | Summary, Plan National Alcool [National Alcohol Plan] (3). Draft of the first national alcohol plan. Strategies include awareness activities, the availability of alcohol in stores, minimum purchase age (18 years), pricing, control of legislation, advertising, screening and treatment.  
Action area. Leadership, awareness and commitment  
Summary, Evaluation report of the campaign Keen Alkohol ënner 16 Joer [No alcohol under 16 years]. Evaluation was carried out from 2009 to 2011.  
Action area. Monitoring and surveillance |

### Campaigns since 2006
- 2012 (preparation phase): No alcohol during pregnancy and breastfeeding.

### Regular surveys since 2006
No regular surveys reported

Information provided through:
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References


**MALTA**

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<th>Year</th>
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<tr>
<td>2006</td>
<td>No activities reported</td>
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</table>
| 2007 | **Summary.** ATT biex jemenda l-Kodiċi tal-Liġijiet tal-Pulizija, Kap. 10 [An Act to amend the Code of Police Laws, Chap. 10] (1) making it illegal to sell or supply alcoholic beverages in public places to people aged under 16 years and for people aged under 16 years to possess or consume alcohol in public places.  
  **Action area.** Availability of alcohol  
  **Summary.** Decrease in excise duties on alcoholic beverages (Amendment to the Excise Duty Act) (2,3).  
  **Action area.** Pricing policies |
| 2008 | No activities reported |
| 2009 | **Summary.** Amendment to the Code of Police Laws raising the national legal minimum age to drink or possess alcohol in public places from 16 to 17 years (4).  
  **Action area.** Availability of alcohol |
| 2010 | **Summary.** Amendment of Traffic Regulation Ordinance (5) raising the fine for driving under the influence of alcohol from €466 to €1200 for the first offence, and from €1200 to €2330 for subsequent offences. Failure to submit to a breathalyzer test is deemed to be an offence.  
  **Action area.** Drink–driving policies and countermeasures  
  **Summary.** Major operations by the police to control drink–driving on Christmas Eve and New Year’s Eve (6).  
  **Action area.** Drink–driving policies and countermeasures |
| 2011 | **Summary.** Trading Licences (Amendment) (No. 4) Regulations, 2011 (7) introducing restrictions on the purchase of alcoholic beverages in bakers/sweet shops in the late evening.  
  **Action area.** Availability of alcohol  
  **Summary.** During public musical concerts, people aged under 17 years must sit in a cordoned-off area where alcohol is not available (8).  
  **Action area.** Availability of alcohol |
| 2012 | No activities reported |

**Campaigns since 2006**

Regular campaigns in the summer (around mid-August) by an addictions agency and at Christmas time. Christmas campaigns focus on drink–driving and are coordinated between different entities (health, police, transport and nongovernmental organizations).

**Regular surveys since 2006**

No regular surveys reported

Information provided through:

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References


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<td>No activities reported</td>
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<td>2008</td>
<td>No activities reported</td>
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</table>
| 2009 | Summary. Introduction of the school subject *Zdravi stilovi života* [Healthy Lifestyles] (1), including substance abuse prevention, in elementary schools.  
   Action area. Community and workplace action |
| 2010 | No activities reported |
| 2011 | Summary. The Action Plan on Mental Health Improvement 2011–2014 was adopted, envisaging development of the Strategy on Alcohol as one of the priority areas in substance abuse.  
   Action area. Monitoring and surveillance |
   Action area. Leadership, awareness and commitment |

**Campaigns since 2006**

No campaigns reported

**Regular surveys since 2006**

No regular surveys reported

Information provided through:

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**References**


NETHERLANDS

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<th>Year</th>
<th>Description</th>
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| 2006 | **Summary.** Amendment to the Wegenverkeerswet 1994 [Road Traffic Act 1994] (1) lowering the BAC limit for novice drivers to 0.2 g/litre.  
**Action area.** Drink–driving policies and countermeasures |
| 2007 | **No activities reported** |
| 2008 | **Summary.** The Media Act 2008 banning alcohol advertising on TV and radio between 06:00 and 21:00 hours.  
**Action area.** Marketing of alcoholic beverages |
The project involves collaboration between the government, the alcohol industry, leisure industry and retailers/supermarkets.  
**Action area.** Availability of alcohol; marketing of alcoholic beverages |
| 2010 | **No activities reported** |
| 2011 | **Summary.** Introduction of alcohol ignition locks for serious drink–driving offenders.  
**Action area.** Drink–driving policies and countermeasures |
| 2012 | **Summary.** Wet van 24 mei 2012 tot wijziging van de Drank- en Horecawet [Law of 24 May 2012 Amending the Licensing and Catering Act] (3) (effective from 1 January 2013) laying down that:  
- young people under the age of 16 years can be fined if they have alcohol in their possession on the street, at railways stations, in shopping centres or in cafés;  
- monitoring of compliance with the Licensing and Catering Act will be transferred from the new Food and Consumer Product Safety Authority to local authorities;  
- supermarkets and other retailers that are caught selling alcohol to underage young people three times in one year can be completely forbidden to sell alcohol for a limited period by the local authorities;  
- local authorities will have powers to link age restrictions to opening hours;  
- local authorities may impose restrictions on happy hours and special offers on alcohol;  
- local authorities are to regulate sales of alcohol in sports club canteens and other such venues by local ordinance;  
- the licensing system is to be simplified; for example, the owner of a business only needs to notify the authorities when a new manager is taken on, rather than applying for a new licence.  
**Action area.** Availability of alcohol |

**Campaigns since 2006**

- 2005–2010: Mass media campaigns and education especially focused on parents, with the message to restrict the availability of alcohol at home and set strict rules for drinking at home (4).
Regular surveys since 2006

- National Health Survey (age 12 years and over) by Central Bureau of Statistics (annual) (8).
- Survey of parents’ attitudes towards alcohol, tobacco use and drugs education (2007).

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References


## NORWAY

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<td>2006</td>
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<td>No activities reported</td>
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<tr>
<td>2009</td>
<td>No activities reported</td>
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</tbody>
</table>
| 2010 | **Summary.** Increased focus on brief and early intervention by the authorities.  
      **Action area.** Health services’ response |
| 2011 | No activities reported |
| 2012 | **Summary.** Adoption of the alcohol and drug white paper.  
      **Action area.** Leadership, awareness and commitment |

### Campaigns since 2006

No campaigns reported

### Regular surveys since 2006

No regular surveys reported

Information provided through:

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<th>Year</th>
<th>Description</th>
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**Action area.** Leadership, awareness and commitment |
| 2007 | **Summary.** Sprawozdanie z realizacji Ustawy o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi w okresie 1 stycznia – 31 grudnia 2007 roku [Report on the implementation of the Act on Upbringing in Sobriety and Counteracting Alcoholism in the period 1 January – 31 December 2007] (2).  
**Action area.** Monitoring and surveillance |
| 2008 | **Summary.** Sprawozdanie z realizacji Ustawy o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi w okresie 1 stycznia – 31 grudnia 2008 r [Report on the implementation of the Act on Upbringing in Sobriety and Counteracting Alcoholism in the period 1 January – 31 December 2008] (3).  
**Action area.** Monitoring and surveillance |
| 2009 | **Summary.** Sprawozdanie z realizacji ustawy z dnia 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi w okresie 1 stycznia – 31 grudnia 2009 r. [Report on the implementation of the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism in the period 1 January – 31 December 2009] (5).  
**Action area.** Monitoring and surveillance |
| 2010 | **Summary.** Sprawozdanie z realizacji ustawy z dnia 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi w okresie 1 stycznia – 31 grudnia 2010 r. [Report on the implementation of the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism in the period 1 January – 31 December 2010].  
**Action area.** Monitoring and surveillance |
| 2011 | **Summary.** Narodowy Program Profilaktyki i Rozwiązywania Problemów Alkoholowych 2011–2015 [National Programme for Prevention and Solving Alcohol-Related Problems 2011–2015] (6) including research and educational activities, the training of health professionals, prevention and treatment activities and limitations on the availability of alcohol.  
**Action area.** Leadership, awareness and commitment  
**Summary.** Sprawozdanie z realizacji ustawy z dnia 26 października 1982 r. o wychowaniu w trzeźwości i przeciwdziałaniu alkoholizmowi w okresie 1 stycznia – 31 grudnia 2011 r. [Report on the implementation of the Act of 26 October 1982 on Upbringing in Sobriety and Counteracting Alcoholism in the period 1 January – 31 December 2011].  
**Action area.** Monitoring and surveillance |
| 2012 | No activities reported |
Campaigns since 2006

- 2009: National campaign Sprawdź, czy Twoje picie jest bezpieczne [Find out if your drinking is safe] (8).
- 2011: National campaign Change your life, we help you, to promote the Polish Nationwide Emergency Service for Victims of Domestic Violence, Niebieska Linia [Blue Line] (9).

Regular surveys from 2006

The State Agency for the Prevention of Alcohol-Related Problems monitors, by annual survey, the activities of local authorities in the prevention and solving of alcohol-related problems.

Information provided through:
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References


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<th>Year</th>
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| 2006 | **Summary.** Decreto-Lei n.º 212/2006 de 27 de Outubro (Lei orgânica do Ministério da Saúde) [Decree Law 212/2006 of 27 October (Organic Law of the Health Ministry)] reorganizing and restructuring the departments and agencies of the Health Ministry. Following a decision from the Minister of Health, the mission of the Instituto da Droga e da Toxicodependência [Institute on Drugs and Drug Addiction] was broadened to encompass all alcohol-related issues.  

**Action area.** Leadership, awareness and commitment |
| 2007 | **Summary.** Lei n.º 18/2007 de 17 de Maio [Law 18/2007 of 17 May] (1) adopting the regulation of supervision on driving under the influence of alcohol or psychotropic substances (on assessing the influence of alcohol on driver’s behaviour).  

**Action area.** Drink–driving policies and countermeasures |
| 2007 | **Summary.** Decreto-Lei n.º 221/2007 de 29 de Maio [Decree-Law 221/2007 of 29 May] (2) adopting the restructuring of the Institute on Drugs and Drug Addiction and recognizing its competences, including regarding alcohol.  

**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** Development and implementation of two nationwide training programmes for professionals in the drug field:  
- Programa de Intervenção Focalizada [Focalised Intervention Programme] (3) for individuals with potential drug misuse problems; and  
- Klotho (4), counselling early detection and referral of HIV-infected patients.  

**Action area.** Health services’ response |

**Action area.** Monitoring and surveillance |
| 2009 | **Summary.** Preparation of a referral and treatment network aimed at (i) coordinating and planning health care services referral and monitoring; (ii) reducing fragmentation and/or duplication of services; and (iii) developing system-wide patient treatment plans for early detection and brief interventions.  

**Action area.** Health services’ response |
| 2009 | **Summary.** National guidelines on alcohol prevention in the workplace, screening and brief interventions, as well as the treatment of alcohol-related disorders (in process).  

**Action area.** Community and workplace action |
| 2010 | **Summary.** National Universal Prevention Programme Eu e os Outros [Me and Others].  

**Action area.** Leadership, awareness and commitment |
| 2010 | **Summary.** Adoption of the Plano Nacional de Redução dos Problemas Ligados ao Álcool [National Action Plan for Alcohol-related Problems] (5) by the Conselho Interministerial para os Problemas da Droga, das Toxicodependências e do Uso Nocivo do Álcool [Inter-Ministerial Council for the Fight Against Drugs, Drug Addiction and the Harmful Use of Alcohol]. Includes objectives about unborn children, children and young people, drink–driving, the workplace, awareness and research.  

**Action area.** Leadership, awareness and commitment |
| 2010 | **Summary.** Decreto-Lei n.º 40/2010 de 28 de Abril [Decree-Law 40/2010 of 28 April] (6) reorganizing the coordination structures for drugs and drug addiction and extending their competences to the definition and implementation of policies related to alcohol.  

**Action area.** Leadership, awareness and commitment |
<table>
<thead>
<tr>
<th>Year</th>
<th>Summary</th>
<th>Action area</th>
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<tbody>
<tr>
<td>2011</td>
<td><strong>Summary.</strong> Decreto-Lei n.º 73/2010 de 21 de Junho [Decree-Law 73/2010 of 21 June] (7) updating the legislation on excise duty, harmonized in the EU, particularly on alcohol and alcoholic beverages. The changes made are intended to establish new constraints and control rules for small distilleries, which enjoy a special regime, regarding the denaturation of alcohol, either for therapeutic and sanitary purposes or for industrial purposes, during storage of wine products in bonded warehouses for production or storage (this legislation was revised in 2010, 2011 and 2012, see below).</td>
<td>Pricing policies; reducing the public health impact of illicit and informally produced alcohol</td>
</tr>
<tr>
<td></td>
<td><strong>Action area.</strong> Pricing policies</td>
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<tr>
<td></td>
<td><strong>Summary.</strong> Lei n.º 55-A/2010, de 31 de Dezembro [Law 55-A/2010 of 31 December], State Budget for 2011, increasing tax rates on alcoholic beverages.</td>
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<td></td>
<td><strong>Action area.</strong> Pricing policies</td>
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<tr>
<td></td>
<td><strong>Summary.</strong> Launch of the Fórum Álcool e Saúde [Alcohol and Health Forum] (8) providing a common platform for stakeholders to reduce alcohol-related harm, including regarding drink–drinking, educational activities, school programmes, the community approach, age limits for on- and off-premise sale and being served alcohol, training of health professionals, responsible commercial communication and sales.</td>
<td>Leadership, awareness and commitment</td>
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<td></td>
<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<tr>
<td></td>
<td><strong>Summary.</strong> Launch of the first phase of a web site on alcohol issues and policies.</td>
<td>Leadership, awareness and commitment</td>
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<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Summary.</strong> Deliberação n.º 890/2010 [Resolution no. 890/2010] (9) of 15 November 2010: Comissão Nacional de Protecção de Dados [National Commission for Data Protection] establishing the general conditions governing the processing of personal information about employees’ alcohol and drugs status.</td>
<td>Community and workplace action</td>
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<td><strong>Action area.</strong> Community and workplace action</td>
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<td></td>
<td><strong>2011</strong></td>
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<td><strong>Summary.</strong> Launch of the second phase of a web site on alcohol issues and policies (10).</td>
<td>Leadership, awareness and commitment</td>
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<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Summary.</strong> Decreto-Lei n.º 8/2011 de 11 de Abril [Decree-Law no. 8/2011 of 11 April] (11) making the first amendment to the Law on Television. This law aims to regulate the business of TV and its exercise, as well as the offer to the public of audiovisual services on demand, transposing into national law Directive n. 89/552/EEC of the Council of 3 October in the version amended by Directives 97/36/EC of the Parliament and of the Council of 30 June, and 2007/65/EC, of the Parliament and of the Council of 11 December (article no.º .41-a, n. 8 on the advertising of alcoholic beverages while viewing children’s programmes).</td>
<td>Marketing of alcoholic beverages</td>
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<td><strong>Action area.</strong> Marketing of alcoholic beverages</td>
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<td></td>
<td><strong>Summary.</strong> Decreto-Lei n.º 124/2011 de 29 de Dezembro [Decree-Law no. 124/2011 of 29 December] (12) closing the Institute on Drugs and Drug Addiction. All therapeutic, preventive and reintegration activities are now integrated under the National Health Services.</td>
<td>Leadership, awareness and commitment</td>
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<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Summary.</strong> Lei n.º 64-B/2011, de 30 de Dezembro [Law 64-B/2011 of 30 December] (13), the State Budget for 2012, increasing tax rates on alcoholic beverages.</td>
<td>Pricing policies</td>
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<td><strong>Action area.</strong> Pricing policies</td>
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<td><strong>Action area.</strong> Community and workplace action</td>
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<td>2012</td>
<td>Decreto-Lei n.º 17/2012 de 26 de Janeiro [Decree-Law no. 17/2012 of January 26] creating the Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências [Directorate General for Intervention on Addictive Behaviours and Dependencies], which is in charge of planning and monitoring programmes for the reduction of use of psychoactive substances, prevention of addictive behaviours and reduction of dependencies. The regional health administrations will be responsible for the implementation of interventions.</td>
<td>Leadership, awareness and commitment</td>
</tr>
<tr>
<td>2012</td>
<td>Lei n.º 14-A/2012, de 30 de Março [Law 14-A/2012 of 30 March] approving, among other things, amendments to the Excise Code, particularly Article 78, approved by Decree-Law n.º 73/2010 of 21 June on the rates of taxes on alcoholic beverages in Madeira (increasing the tax rate applicable to spirits imported for consumption in Madeira).</td>
<td>Pricing policies</td>
</tr>
<tr>
<td>2012</td>
<td>Legislation setting the national legal minimum age for off- and on-premises sales of alcoholic beverages at 16 instead of 18 years (not yet approved).</td>
<td>Availability of alcohol</td>
</tr>
<tr>
<td>2012</td>
<td>Legislation setting the maximum legal BAC for new drivers at 0.2 g/litre instead of 0.5 g/litre (not yet approved).</td>
<td>Drink–driving policies and countermeasures</td>
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<tr>
<td>2012</td>
<td>Preparation of a new self-regulation code for the advertisement of alcoholic beverages by the Instituto Civil da Autodisciplina da Comunicação Comercial [Civil Institute of Advertising Self-Regulation] (15) and the advertising industry (in process).</td>
<td>Marketing of alcoholic beverages</td>
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### Campaigns since 2006

- Campaigns under the Project EURIDICE – European Research and Intervention on Dependency and Diversity in Companies and Employment (16).

### Regular surveys since 2006

- Inquérito Nacional em Meio Escolar. Consumo de drogas e outras substâncias psicoactivas – uma abordagem integrada (National School Survey. Drugs and other psychoactive substance use – an integrated approach) 2006, 2011 (18). The 2006 and 2011 surveys include two studies, one on students from the third level of basic school (grades 7–9) and the other from secondary school (grades 10–12) with national and regional representative samples. The topics covered are related to the epidemiological characterization of alcohol, tobacco and drug use, as well as individual, family, school and community risk factors.

- Estudo sobre o Consumo de Álcool, Tabaco e Drogas (ECATD). Alunos de cada grupo etário dos 13 aos 18 anos [Study on Alcohol, Tobacco and Drugs. Students from each age group from 13 to 18 years] 2007, 2011 (19), carried out in representative samples, at national level, of each age group. The core questions of the ESPAD questionnaire are used, among others. Data from students aged 16 years are included in the ESPAD. The survey provides epidemiological characterization of alcohol, tobacco and drug use.
• *Inquérito Nacional ao Consumo de Substâncias Psicoactivas na População Geral – Portugal [National Health Inquiry on the Use of Psychoactive Substances – Portugal], 2007, 2012 (data collection) (19) includes data on alcohol consumption and defines the assessment of training programmes.

• *Inquérito Nacional de Saúde [National Health Inquiry] (19) under the responsibility of the Instituto Nacional de Saúde [National Institute of Health] and the Instituto Nacional de Estatística [National Statistics Institute], includes data on alcohol consumption.

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References


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<th>Year</th>
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| 2006 | **Summary.** Decizia Nr. 187 din 3 aprilie 2006 privind Codul de reglementare a conținutului audiovizual [Decision No. 187 of 3 April 2006 regarding the code of regulation of the audiovisual content] (1) (revised in 2011, see below). The regulations on advertising include the following:  
  - a ban on advertisements for spirits on national and private TV between 06:00 and 22:00 hours  
  - a ban on advertisements for spirits on national and private radios between 06:00 and 22:00 hours.  
**Action area.** Marketing of alcoholic beverages |
| 2007 | **Summary.** Codul Rutier Actualizat [Updated Highway Code] (2). New code for road safety that strengthens the penalties for drink–driving.  
**Action area.** Drink–driving policies and countermeasures |
| 2008 | **Summary.** HG nr. 1101/2008, hotarare privind aprobarea Programului de interes national de prevenire a consumului de tutun, alcool si droguri - 2009–2012 [Government decision No. 1101/2008, Approval of the national programme for the prevention of tobacco, alcohol and drugs consumption 2009–2012] (3). Aims: to develop professional services to prevent the illicit consumption of tobacco, alcohol and drugs by creating attitudes and behaviour in schoolchildren towards adopting a healthy lifestyle free of tobacco, alcohol and drugs, and educating children at early ages to avoid, or at least to delay, the start of tobacco, alcohol or drug consumption.  
**General objective:** to prevent alcohol consumption among schoolchildren aged 15–17 years by developing their individual and social skills.  
**Specific objectives:** (i) to create and develop integrated services to inform the school population about the risks related to alcohol consumption and about the advertising system for alcoholic drinks; (ii) to create and develop integrated services to prevent alcohol consumption by developing adolescents’ individual and social skills; and (iii) to refer excessive drinkers towards appropriate health care services.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **No activities reported** |
**Action area.** Leadership, awareness and commitment |
  - there is a total ban on advertising for spirits between 06:00 and 22:00 hours (Article 113);  
  - it is forbidden to use minors in alcohol advertising spots (Article 114);  
  - TV contests are prohibited from offering alcoholic beverages as prizes (Article 115);  
  - all advertising spots promoting spirits must end with the audio and visual message “Consumul excesiv de alcool dauneaza grav sanatati” ("Excessive alcohol consumption may severely harm your health") (Article 116).  
**Action area.** Marketing of alcoholic beverages |
| 2012 | **No activities reported** |
Campaigns since 2006

• 2009:
  – Local campaigns targeting young people implemented by the district health authorities under the National Health Programme for Health Promotion.
  – The AlcoHelp programme and AlcoHelp caravan, implemented by the nongovernmental organization Alianta pentru Lupta Impotriva Alcoolismului si Toxicomaniilor (ALIAT) [Alliance against Alcohol and Drug Addiction] (7), offered online support (counselling and intervention) to people with harmful alcohol consumption. The AlcoHelp caravan used Alliance specialists in addictions as well as volunteers to go into communities to raise population awareness of harmful alcohol consumption and increase accessibility to specialized services.

• 2011 and 2012: Awareness campaign organized by the Ministerul Sănătăţii [Ministry of Health] and the Institutul National de Sanatate Publica [National Institute of Public Health] in July, which is the national month for information on the effects of harmful alcohol consumption on health.

Regular surveys since 2006

No surveys reported

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References


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<th>Year</th>
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| 2006 | **Summary.** New legislation on alcohol manufacturing. Alcohol manufacturing is regulated by the following laws: Zakon o etanolu [Law on ethanol], Zakon o vinu [Law on wine], Zakon o pivu [Law on beer] and Zakon o rakiji i drugim alkoholnim pićima [Law on brandy and other alcoholic drinks] (1).  
**Action area.** Leadership, awareness and commitment |
| 2006 | **Summary.** Zakon o osnovama sistema obrazovanja i vaspitanja [Law on the essentials of the system of education] (2) obligating schools to carry out alcohol prevention.  
**Action area.** Community and workplace action |
| 2006 | **Summary.** New legislation to prevent drink–driving: Zakon o bezbednosti saobraćaja na putevima [Law on road traffic safety] (3).  
**Action area.** Drink–driving policies and countermeasures |
| 2006 | **Summary.** New legislation to control illegal/informal alcohol production. The control of illegal/informal alcohol production is regulated by the following laws: Zakon o etanolu [Law on ethanol], Zakon o vinu [Law on wine], Zakon o pivu [Law on beer], Zakon o rakiji i drugim alkoholnim pićima [Law on brandy and other alcoholic drinks] and Zakon o bezbednosti hrane [Food Safety Law] (1,4).  
**Action area.** Reducing the impact of illicit alcohol and informally produced alcohol |
| 2006 | **Summary.** New legislation on the marketing of alcoholic beverages.  
**Action area.** Marketing of alcoholic beverages |
| 2007 | **Summary.** Zakon o izmenama I dopunama Zakona o sprečavanju nasilja I nedoličnog ponašanja na sportskim priredbama [Amendments to the Law on Preventing Violence and Misconduct at Sports Events] (5) prohibiting the sale and consumption of alcohol in sport centres and within a 1 km radius.  
**Action area.** Availability of alcohol |
| 2008 | **Summary.** Establishment of a national committee for the prevention of alcohol abuse and dependence, which aims to develop a national strategy on alcohol.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Zakon o bezbednosti hrane [Food Safety Law] (4) making the agricultural inspection unit responsible for wine and alcohol safety, especially retail sales.  
**Action area.** Reducing the public health impact of illicit alcohol and informally produced alcohol |
| 2009 | **Summary.** Zakon o bezbednosti saobraćaja na putevima [Law on Road Traffic Safety] (3) defining the maximum legal BAC for driving a vehicle at 0.3 g/litre for general population drivers and at 0.0 g/litre for a range of professional drivers, novice drivers and users of other means of transport, including cyclists. The law also specifies the police procedures for handling suspected drink–driving cases as well as the fines for traffic violations committed under the influence of alcohol.  
**Action area.** Drink–driving policies and countermeasures |
| 2009 | **Summary.** Amendments to the Krivični zakonik [Criminal Code] (6) specifying that the obligatory treatments for people with alcohol dependence and drug users are delivered separately (one treatment for people with alcohol dependence and one for drug users) for any offender who has committed a crime because of alcohol addiction.  
**Action area.** Community and workplace action |
Summary. Zakon o osnovama sistema obrazovanja i vaspitanja [Law on the essentials of the system of education] (2) stipulating that students are prohibited from encouraging or assisting in the consumption of alcohol, offering alcohol or consuming alcohol. Adults are prohibited from offering alcohol to students or encouraging, allowing or hiding the consumption of alcohol by students at school. The law also prohibits school personnel from consuming alcohol at work or arriving at work intoxicated. Violators (students or staff) of the law are subject to disciplinary measures.

Action area. Community and workplace action; availability of alcohol

Summary. Zakon o izmenama i dopunama Zakona o sprečavanju nasilja I nedoličnog ponašanja na sportskim priredbama [Amendments to the Law on preventing violence and misconduct at sports events] (5) prohibiting attendees from smuggling, bringing in and consuming alcohol in sport centres. The Law also stipulates that security guards are to prevent intoxicated individuals from attending sporting events.

Action area. Availability of alcohol

Summary. Publication of Dijagnostičko-terapijske smernice za alkoholizam [Diagnostic and therapeutic guidelines for alcohol dependence] by the Institut za mentalno zdravlje [Institute of Mental Health].

Action area. Health services’ response

2010 Summary. Zakon o zaštiti potrošača [Law on consumer protection] (7) prohibits the selling, serving and giving of alcohol to young people aged under 18 years.

Action area. Availability of alcohol

2011 No activities reported

2012 No activities reported

Campaigns since 2006

Since 2008, the Traffic Police Directorate of the Ministry of the Interior, in collaboration with Apatin Brewery, has run a campaign at major public events called When I drink, I do not drive, with the aim of raising public awareness about the prevention of drink–driving. The Committee for Traffic Safety and the Office for Youth, in cooperation with the traffic police, are conducting a campaign entitled You’re either driving or drinking by means of billboards beside roads and on internet sites.

Regular surveys since 2006

No regular surveys reported

Information provided through:
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References


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<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td></td>
<td><strong>Summary.</strong> Zákon č. 280/2006 Z. z. o povinnej základnej kvalifikácii a pravidelnom výcviku niektorých vodičov [Act No. 280/2006 Coll. of Laws on compulsory basic qualification and regular training of some drivers] (2) establishing special training for some groups of drivers, such as truck drivers, including on the influence of alcohol.</td>
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<td><strong>Action area.</strong> Drink–driving policies and countermeasures</td>
</tr>
<tr>
<td></td>
<td><strong>Summary.</strong> Vyhláška Ministerstva spravodlivosti Slovenskej republiky č. 437/2006 Z. z., ktorou sa vydáva Poriadok výkonu väzby [437/2006 Coll. of Laws Ordinance of the Ministry of Justice on custody order] (3) establishing that when placing an accused person in a prison cell, it must be taken into account if the accused is dependent on alcohol.</td>
</tr>
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<td><strong>Action area.</strong> Health services’ response</td>
</tr>
<tr>
<td>2007</td>
<td><strong>Summary.</strong> Predpis č. 347/2007 Z. z. Oznámenie Ministerstva zahraničných vecí Slovenskej republiky o prijatí Medzinárodného dohovoru proti dopingu v športe [Act No. 347/2007 Coll. of Laws on adopting of international agreement against doping in sport] (4) establishing that alcohol (ethanol) is a forbidden substance in some sports.</td>
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<td><strong>Action area.</strong> Availability of alcohol</td>
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<td>2008</td>
<td><strong>Summary.</strong> Zákon č. 479/2008 Z. z. o organizovaní verejných telovýchovných podujatí, športových podujatí a turistických podujatí a o zmene a doplnení niektorých zákonov [Act No. 479/2008 Coll. of Laws on organizing of some public health educational events, sports events and tourist events] (5) confirming the right of an organizer not to allow entry for the person, as in the previous valid act and, in addition, emphatically forbidding participants to take part in the event when under the influence of alcohol.</td>
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<td><strong>Action area.</strong> Availability of alcohol</td>
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<td><strong>Action area.</strong> Availability of alcohol</td>
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<tr>
<td></td>
<td>• Minors up to the age of 15 years and teenagers aged up to 18 years cannot consume alcoholic beverages or other addictive substances, and they are obliged to undergo breath tests or examinations on testing devices for narcotic or psychotropic substances.</td>
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<td>• Minors up to the age of 15 years cannot remain unaccompanied by their legitimate representatives after 21:00 hours in public places where alcoholic beverages are served.</td>
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<td>• A provider holding permission or a licence for performance of independent health practice is also obliged, without delay, to notify the municipality on acceptance of the underage person aged up to 15 years and teenager aged up to 18 years who have consumed an alcoholic substance or other addictive substance.</td>
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<td><strong>Action area.</strong> Drink–driving policies and countermeasures</td>
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<tr>
<td></td>
<td><strong>Summary.</strong> Zákon č. 8/2009 Z.z. o cestnej premávke a o zmene a doplnení niektorých zákonov v znení neskorších predpisov [Act No. 8/2009 Coll. of Laws on road traffic] (7) replacing the previous legislation valid since 1961. In accordance with the current legal regulation, an absolute ban is imposed on driving under the influence of alcohol. A driver cannot use alcoholic beverages while driving or immediately before driving. After consuming alcohol, the driver cannot drive until all consumed alcohol is eliminated from the organism.</td>
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<td><strong>Action area.</strong> Drink–driving policies and countermeasures</td>
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</tbody>
</table>
2010 Summary. Zákon o začlenení Železničnej polície do Policajného zboru a o zmene a doplnení niektorých zákonov [Act on incorporation of the railway police into the police force and on change and amendment of some acts] (8) combining the railway police with the police force. Members of the railway police have the same authority as the members of the police force as regards control of alcohol consumption.

**Action area.** Leadership awareness and commitment

2011 Summary. Zákon č. 313/2011, ktorým sa mení a dopĺňa zákon č. 8/2009 Z. z. o cestnej premávke a o zmene a doplnení niektorých zákonov v znení neskorších predpisov a ktorým sa menia a dopĺňajú niektoré zákony [Act 313 from 13 September 2011 changing and amending act No. 8/2009 Coll. of Laws on road traffic and on change and amendment of some acts in wording of later regulations] (9) introducing a change to § 289 of the Penal Code, whereby the criminal offence “threat under influence of addicting substance” was extended to make driving under the influence a criminal offence (whereas before it had only been an infringement). Now the offender must also undergo an examination by a physician.

**Action area.** Drink–driving policies and countermeasures

Summary. Ordinance 9/2009 to § 91 sec. 8 of the Act No. 8/2009 Coll. of Laws on road traffic in the wording of later regulations (10).

**Action area.** Drink–driving policies and countermeasures

Summary. Zákon č. 530/2011 Z. z. o spotrebnej dani z alkoholických nápojov [Regulation No. 530/2011 Coll. of Laws Act on consumption tax from alcoholic beverages] (11) introducing the following changes.

- Definition change in terms of wine as an alcoholic beverage: for the purposes of definition, wine is still wine, sparkling wine, still fermented beverages and sparkling fermented beverages. The definition of wine is set in § 4 sec. 3 of the Act.
- Change in information about beer concentration: current information on beer concentration in degrees Plato changes for the real percentage of alcohol concentration in the final product. The real percentage of alcohol concentration in beer is expressed in 0.5%, and the real alcohol content is rounded off to one decimal point mathematically.
- The act deals in a totally new way with the taxation of individual kinds of alcoholic beverage. A united tariff rate of consumption tax for alcoholic beverages is set. The tariff rate of tax for individual kinds of alcoholic beverage (wine, intermediate products, spirits and beer) takes account of the alcohol content in the final product in such a way that the taxation of every kind of alcoholic beverage meets the basic principles of EU Council Directive 92/83/EEC on the harmonization of consumption taxes for ethanol and alcoholic beverages.
- § 6 sec. 1 of the Act sets the tariff rate of tax for alcoholic beverages at €1.080.
- The tariff rate of tax on spirits per hectolitre, is set as follows:
  a) basic rate: 100% of the rate stated in § 6 sec. 1 of the Act;  
  b) reduced rate: 50% of the rate stated in § 6 sec. 1 of the Act.
- The tariff rate of tax on wine per hectolitre:
  a) of still wine: conjunction of 0% from the rate stated in § 6 sec. 1 of the Act and of the coefficient 0.125;  
  b) of sparkling wine: conjunction of 59% from the rate stated in § 6 sec. 1 of the Act and of the coefficient 0.125;  
  c) of sparkling wine with an alcohol content of not more than 8.5% of the volume: conjunction of 59% from tariff rate stated in § 6 sec. 1 of the Act and of the coefficient 0.085;  
  d) of still fermented beverage: conjunction of 100% from tariff rate of tax stated in § 6 sec. 1 of the Act and of the coefficient 0.125;  
  e) of sparkling fermented beverages: conjunction of 100% from tariff rate of tax stated in § 6 sec. 1 of the Act and of the coefficient 0.125.
- The tariff rate of tax on an alcoholic beverage which is an intermediate product is set per hectolitre and computed as a conjunction of 60% of the rate stated in § 6 sec. 1 of the Act and of the coefficient 0.13.
- The tariff rate of tax on beer is set per hectolitre/percentage of volume of real alcohol content as follows:
  a) basic rate: conjunction of 7.907 % from tariff rate of tax stated in § 6 sec. 1 of the Act and of the coefficient 0.042;
  b) reduced rate on beer produced by small independent brewers: conjunction of 5.847% from the rate stated in § 6 sec. 1 of the Act and of the coefficient 0.042.
The Act takes into account the adoption of the new regulatory process, which is the Act No. 563/2009 Coll. of Laws on taxes management (tax order) and on change and amendment of some acts in wording of later regulations and the new competence act for the tax and customs administration, thus finalizing the first phase of the reform of the tax and customs administration.

§ 64 of the Act includes special provision on tax exemptions for small producers of fermented beverages.

According to § 60 sec. 2 of the Act, still and sparkling fermented beverages also attract the tax exemptions granted to small producers of fermented beverages according to § 64 sec. 1 of the Act for not more than 1000 litres in one financial year. These still and sparkling fermented beverages are destined for consumption by the small producers of fermented beverages, their households and relatives.

Action area. Pricing policies

2012 Summary. Methodical pokyn. Ministerstva zdravotníctva Slovenskej republiky na liečbu osoby intoxikovanej metanolom (Methodical directive of the Ministry of Health of the Slovak Republic for treatment of persons intoxicated by methanol) (12) setting out the procedure for health care provided to persons intoxicated by methanol.

Action area. Health services’ response

Summary. A new action plan for alcohol has been prepared, which is expected to be implemented in June 2013. It is based on the European action plan to reduce the harmful use of alcohol 2012–2020 and from the Global strategy to reduce the harmful use of alcohol (2010).

Action area. Leadership, awareness and commitment

Campaigns since 2006

2012: The Public Health Authority of the Slovak Republic, in cooperation with the Slovak Beer and Malt Association, organized a health and education campaign named the “Responsibility Day” as part of the International Day against Drug Abuse and Illicit Trafficking. The objectives of the campaign were to:

− prevent overconsumption of alcoholic beverages
− raise awareness about responsible consumption of alcoholic beverages, and
− raise awareness about the scope and nature of health issues caused by the harmful use of alcohol.

The campaign ran from 12:00 to 16:00 hours on 2 July 2012 in 36 cities. It was carried out by employees of health promotion departments from 36 regional public health authorities in cooperation with shopping centres, pharmacies, hospitals and health centres, municipal authorities, “Healthy City” offices and other institutions. Staff informed the general public about responsible consumption of alcoholic beverages, the health consequences of harmful use of alcohol and approximate time of alcohol degradation in the blood. Further activities were connected with administering liver tests, measuring blood pressure and completing a short questionnaire concerning alcohol consumption.

Regular surveys since 2006

A national school survey on tobacco, alcohol and other drugs is administered to schoolchildren in basic and middle schools and their teachers every four years. The coordinating institution is Výskumný Ústav Detskej Psychológie a Patopsychológie (Research Institute for Child Psychology and Pathopsychology). The cooperating institutions are Ústav Informácií a Prognóz Školstva (Institute of Information and Prognoses of Education) and Úrad Verejného Zdravotníctva Slovenskej Republiky (the Public Health Authority of the Slovak Republic).

Information provided through:
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<th>Year</th>
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| 2006 | **Summary.** Cooperation between the Ministry of Health, nongovernmental organizations and professional organizations for nationwide action projects on alcohol harm prevention and reduction (1–6).  
**Action area.** Leadership, awareness and commitment |
| 2006 | **Summary.** Development of an action plan.  
**Action area.** Leadership, awareness and commitment |
| 2007 | **Summary.** Adoption of the National Programme on Road Traffic Safety (2007–2011), which includes drink–driving countermeasures such as frequent and systematic random breath testing, supported by education and awareness-raising campaigns involving all stakeholders and implemented by the Ministry of Health (7–11).  
**Action area.** Drink–driving policies and countermeasures |
| 2007 | **Summary.** The Institute of Public Health of Slovenia is the leading partner of the EU Building Capacity Project 2007–2010 (12), which aims to implement a coordinated alcohol policy in Europe.  
**Action area.** Leadership, awareness and commitment |
| 2007 | **Summary.** Establishment of a cross-government council on alcohol policy, including representatives from all relevant sectors with the mandate to assure coordination of alcohol policy and action at the national level. Representatives of nongovernmental organizations were invited to participate in the council as equal members.  
**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** Adoption of the National plan on health care (2008–2013), which includes alcohol policy targets (13).  
**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** Co-funding and coordination of nationwide action projects by the Ministry of Health on alcohol harm prevention and reduction involving nongovernmental organizations and other non-profit organizations (3,5,14–16).  
**Action area.** Leadership, awareness and commitment |
| 2008 | **Summary.** Slovenian EU Council Presidency put alcohol policy high on the agenda and organized, within the Building Capacity Project, a high-level EU alcohol policy conference in Barcelona.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Specific focus on cultural and sports events and harmful and hazardous drinking, specifically those attracting young people where excessive drinking takes place (17,18).  
**Action area.** Leadership, awareness and commitment; availability of alcohol |
| 2009 | **Summary.** Development of a web site to stimulate hazardous and harmful drinkers to seek help from their general practitioners or to reduce drinking by themselves.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Co-funding and coordination of nationwide action projects by the Ministry of Health on alcohol harm prevention and reduction involving nongovernmental and other non-profit organizations (3,5,14–16,19).  
**Action area.** Leadership, awareness and commitment |
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<th>Year</th>
<th>Summary</th>
<th>Action area</th>
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<tbody>
<tr>
<td>2010</td>
<td>Development of the web site Mobilizacija skupnosti za odgovornejši odnos do alkohola (MOSA) [Mobilizing society for more responsible attitudes towards alcohol] (16) to encourage networking and the exchange of information and promotion of good practices and to create a critical mass of people for a more responsible attitude towards alcohol. Includes databases on alcohol issues in the country (research projects, prevention programmes, stakeholders, policies) and an interactive web portal.</td>
<td>Leadership, awareness and commitment</td>
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<td>Adoption of new traffic legislation introducing stricter sanctions for drink–driving, counselling and rehabilitation measures (20,21). Includes screening and brief interventions for hazardous and harmful drinking by a general practitioner. Certain drivers (depending on BAC and category of driver) who attend such interventions will be eligible, once every three years, for the deletion of some penalty points linked to drink–driving. Includes various mandatory rehabilitation programmes (educational and psychosocial workshops) for more severe drink–driving offenders, where participants are taught about traffic safety and the hazards of driving under the influence of alcohol or illicit drugs and are introduced to established addiction treatment programmes.</td>
<td>Drink–driving policies and countermeasures</td>
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<td>National training courses for all primary health care physicians on screening and brief interventions for hazardous and harmful drinking.</td>
<td>Health services’ response</td>
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<tr>
<td>2011</td>
<td>The President initiated action to limit the consumption of alcohol by young people at events marking the end of the school year. The efforts were coordinated by the Ministry of Health. Different stakeholders, including relevant inspectorates, nongovernmental organizations, police and organizers of the events contributed different activities (17).</td>
<td>Leadership, awareness and commitment; availability of alcohol</td>
</tr>
<tr>
<td>2012</td>
<td>Co-funding and coordination of nationwide action projects by the Ministry of Health on alcohol harm prevention and reduction involving nongovernmental and other non-profit organizations (3,5,14–16,19).</td>
<td>Leadership, awareness and commitment</td>
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<td>As part of the II National Alcohol Policy Conference, a conclusion was adopted that all regions should develop action plans for the region for the period 2013–2014 (27).</td>
<td>Leadership, awareness and commitment</td>
</tr>
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<td>Adoption of the National Programme on Road Traffic Safety (2012–2021).</td>
<td>Drink–driving policies and countermeasures</td>
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</table>
Campaigns since 2006

- 2008: Alkohol ubija – največkrat nedolžne [Alcohol kills – the most innocent], campaign against alcohol-related traffic accidents (28).
- 2012: campaigns against drink-driving (29).

Regular surveys since 2006

Countrywide Integrated Noncommunicable Diseases Intervention (CINDI), 2008 and 2012: ongoing national survey with a representative sample that examines trends in alcohol drinking in the general population.

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Ministry of Health
E-mail: Vesna-Kerstin.Petric@gov.si

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5. Sporočilo v steklenici [Message in a bottle] [web site]. Ljubljana, Projekt Sporočilo v steklenici – Katedra za družinsko medicino, Medicinska fakulteta, Univerza v Ljubljani [Project message in a bottle – Department of Family Medicine, Faculty of Medicine, University of Ljubljana], 2008 (http://www.nalijem.si/, accessed 31 March 2013) (in Slovenian).
8. Začenja se tretji del preventivne akcije “0,0 šofer” [The third part of the preventive action begins, “0.0 driver”] [web site]. Ljubljana, Ministrstvo za zdravje [Ministry of Health], 2010 (http://www.mz.gov.si/si/medijsko_sredisce/novica/browse/3/article/698/6152/9e4c5c3dc83eee26face8836336cd54b/?tx_ttnews%5Byear%5D=2010&tx_ttnews%5Bmonth%5D=06, accessed 31 March 2013) (in Slovenian).


15. 5X STOP je COOL [5X STOP is COOL] [web site]. Ljubljana, Zavod Varna pot [Safe Journey Institute], 2012 (http://www.varna-pot.si/si/342/5x_STOP_je_COOL.aspx, accessed 31 March 2013) (in Slovenian).


17. Na maturantsko četverko, na zabavo - takšno pravo, s trezo glavo! Poslanica ministra za zdravje ob dnevu “ulične maturantske četvorke” [Minister for Health addresses secondary school graduates: Join the street quadrille dance and have fun without alcohol] [web site]. Ljubljana, Ministrstvo za zdravje [Ministry of Health], 2010 (http://www.mz.gov.si/si/medijsko_sredisce/novica/browse/16/article/698/6044/46a42f5521ab4d420bb86769a349b6e0e/?tx_ttnews%5Byear%5D=2010, accessed 31 March 2013) (in Slovenian).


27. II. nacionalna konferenca o alkoholni politiki, Bled [Second national alcohol policy conference, Bled] [web site]. Ljubljana, Ministrstvo za zdravje [Ministry of Health], 2012 (http://www.mz.gov.si/si/medijsko_sredisce/novica/browse/1/article/698/6560/003cb65275f114540de2b03d466d18262234477?tx_ttnews%5Byear%5D=2012&tx_ttnews%5Bmonth%5D=11, accessed 31 March 2013) (in Slovenian).


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<th>Year</th>
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| 2006 | **Summary.** Ley de espectáculos públicos de Castilla y León, Ley 7/2006, de 2 octubre [Law on public shows and recreational activities in the autonomous community (region) of Castile and León, Law 7/2006 of October 2] (1) (subnational):  
  - forbidding the sale and consumption of alcohol during activities for 14–16-year-olds; and  
  - forbidding direct and indirect marketing of alcohol to people aged under 18 years, including the promise of gifts and discounts.  
  **Action area.** Availability of alcohol; marketing of alcoholic beverages |
|      | **Summary.** Orden ITC/3707/2006, de 22 de noviembre, por la que se regula el control metrológico del Estado de los instrumentos destinados a medir la concentración de alcohol en el aire espirado [Ordinance ITC/3707/2006 of 22 November, which regulates the state metrological control of tools for breath testing] (2).  
  **Action area.** Drink–driving policies and countermeasures |
  **Action area.** Leadership, awareness and commitment |
|      | **Summary.** Encuesta Nacional de Salud de España 2006 [National Health Survey 2006] (4) including data on alcohol consumption.  
  **Action area.** Monitoring and surveillance |
  **Action area.** Monitoring and surveillance |
|      | **Summary.** Qualitative study conducted by the Institute of Studies of Alcohol and Drugs about the perception and behaviour of regular users of public transportation as regards drink–driving and the use of alcolocks in buses.  
  **Action area.** Drink–driving policies and countermeasures |
|      | **Summary.** Catalogue of common services of primary care of the national health system, including includes alcohol interventions (6,7).  
  **Action area.** Health services’ response |
|      | **Summary.** Real Decreto 1631/2006, de 29 de diciembre, por el que se establecen las enseñanzas mínimas correspondientes a la educación secundaria obligatoria [Decree 1631/2006 of 29 December, establishing the minimum content of the secondary compulsory education] (8). The curriculum includes alcohol and health.  
  **Action area.** Community and workplace action |
|      | **Summary.** Accredited training subsidized by the Ministry of Health through the Plan Nacional Sobre Drogas [National Drug Plan] for professionals working with people with drug and alcohol problems (9).  
  **Action area.** Health services’ response |
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<th>Year</th>
<th>Summary</th>
<th>Action area</th>
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<tr>
<td>2007</td>
<td><strong>Summary.</strong> Ley 19/2007, de 11 de julio, contra la violencia, el racismo, la xenofobia y la intolerancia en el deporte [Law 19/2007 of 11 July against violence, racism, xenophobia and intolerance in sports] (10) prohibiting the presence, sale and consumption of alcohol during competitions and prohibiting those under the effects of alcohol from accessing the premises.</td>
<td>Availability of alcohol</td>
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<td><strong>Action area.</strong> Availability of alcohol</td>
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<td><strong>Summary.</strong> Orden ECI/2220/2007, de 12 de julio, por la que se establece el currículo y se regula la ordenación de la Educación secundaria obligatoria [Ordinance ECI/2220/2007 of 12 July, which establishes the curriculum and regulates the management of secondary compulsory education] (11), including teaching on alcohol and its effects on health.</td>
<td>Community and workplace action</td>
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<td><strong>Action area.</strong> Community and workplace action</td>
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<td><strong>Summary.</strong> Real Decreto 1467/2007, de 2 de noviembre, por el que se establece la estructura del bachillerato y se fijan sus enseñanzas mínimas [Decree 1467/2007 of 2 November, which establishes the structure of secondary schools and the minimal educational content] (12), including the analysis of negative social habits such as alcohol dependence.</td>
<td>Community and workplace action</td>
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<td><strong>Action area.</strong> Community and workplace action</td>
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<td><strong>Summary.</strong> Ley orgánica 15/2007, de 30 de noviembre, por la que se modifica la Ley Orgánica 10/1995, de 23 de noviembre, del Código Penal en material de seguridad vial [Law 15/2007 of 30 November, which modifies Law 10/1995 of 23 November on the Penal Code about road safety] (13). Drivers driving under the influence of alcohol (BAC &gt;1.2 g/litre or breath test &gt;0.60 mg) face a punishment of 3 to 6 months imprisonment or 30 to 90 days of community work.</td>
<td>Drink–driving policies and countermeasures</td>
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<td><strong>Action area.</strong> Drink–driving policies and countermeasures</td>
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<td><strong>Summary.</strong> Ley 3/2007 de prevención, asistencia e integración social de drogodependientes de castilla y León [Law 3/2007 on prevention, care and social integration of drug addicts in the autonomous community (region) of Castille and León] (14) regulating the marketing, promotion and sale of alcohol to minors and the location and distance between the places where alcohol is served and sold (subnational level).</td>
<td>Availability of alcohol; marketing of alcoholic beverages</td>
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<td><strong>Action area.</strong> Availability of alcohol; marketing of alcoholic beverages</td>
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<td><strong>Summary.</strong> Joint Committee, Chamber of Deputies/Senate to address the problem of drugs and alcohol (15).</td>
<td>Leadership, awareness and commitment</td>
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<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Summary.</strong> Comisión Clínica de la Delegación del Gobierno para el Plan Nacional Sobre Drogas: informe sobre alcohol [Clinical Committee of the Government Delegation for the National Drug Plan: report on alcohol] (16) including general concepts, information on metabolism, addiction and health-related harm as well as prevention and intervention activities.</td>
<td>Leadership, awareness and commitment</td>
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<tr>
<td></td>
<td><strong>Action area.</strong> Leadership, awareness and commitment</td>
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<td><strong>Summary.</strong> Publication of the report Prevención de los problemas derivados del alcohol: 1ª Conferencia de prevención y promoción de la salud en la práctica clínica en España [Prevention of alcohol problems: 1st Conference on health prevention and promotion in clinical practice in Spain] (17) including a description of the situation, policies and effective interventions.</td>
<td>Health services’ response</td>
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<td><strong>Action area.</strong> Health services’ response</td>
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<td></td>
<td><strong>Action area.</strong> Monitoring and surveillance</td>
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<td></td>
<td><strong>Summary.</strong> Accredited training subsidized by the Ministry of Health through the Plan Nacional Sobre Drogas [National Drug Plan] for professionals working with people with drug and alcohol problems (19).</td>
<td>Health services’ response</td>
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<td><strong>Action area.</strong> Health services’ response</td>
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<td>Year</td>
<td>Summary</td>
<td>Action area</td>
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<td>2008</td>
<td>Summary. Guía para las administraciones educativas y sanitarias: Criterios de calidad para el desarrollo de proyectos y actuaciones de promoción y educación para la salud en el sistema educativo [Guidelines for education and health authorities: quality criteria for the development of health promotion and education projects and activities in the school system] (22). The guide is intended for professionals (in the health and education areas) with the aim of facilitating the preparation of quality projects in the health promotion education field.</td>
<td>Leadership, awareness and commitment</td>
</tr>
<tr>
<td>2008</td>
<td>Summary. Ganar salud en la escuela: Guía para conseguirlo [Gain health at school: a guide to achieve it] (23). Diagnosis of the current situation of health promotion and education in schools in Spain, including progress, needs and challenges. The guide is intended as a useful tool to facilitate the development and implementation of quality projects in health promotion education in schools (includes alcohol).</td>
<td>Community and workplace action</td>
</tr>
<tr>
<td>2008</td>
<td>Summary. Ganar salud con la juventud: Nuevas Recomendaciones sobre Salud Sexual y Reproductiva, consumo de Alcohol y Salud Mental [Gain health with the youth. New recommendations on sexual and reproductive health, alcohol consumption and mental health] (24) containing recommendations to reduce alcohol consumption and its associated risks from the public health, education and health care sectors.</td>
<td>Leadership, awareness and commitment</td>
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<tr>
<td>Year</td>
<td>Summary</td>
<td>Action area</td>
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<td>2009</td>
<td>Ley 11/2009, de 6 de julio, de regulación administrativa de los espectáculos públicos y las actividades recreativas [Law 11/2009 of 6 July on public shows and recreational activities] (27) in the autonomous community (region) of Catalonia (subnational), prohibiting the sale and serving of alcoholic beverages to minors as well as promotion or advertising that directly and indirectly encourages the general population to drink alcohol.</td>
<td>Availability of alcohol; marketing of alcoholic beverages</td>
</tr>
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<td>Ley 18/2009, de 22 de octubre, de salud pública [Public Health Law 18/2009 of 22 October] (28) in the autonomous community (region) of Catalonia (subnational) prohibiting the promotion of alcohol in public buildings, such as promotion offers, contests and awards.</td>
<td>Marketing of alcoholic beverages</td>
</tr>
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<td>Encuesta Europea de Salud en España 2009 [European Health Survey in Spain 2009] (31) including data on alcohol consumption.</td>
<td>Monitoring and surveillance</td>
</tr>
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<td></td>
<td>Guía de buenas prácticas de FARE [Good practices guide by FARE] including best practices for intervening with people with alcohol problems (32).</td>
<td>Health services’ response</td>
</tr>
<tr>
<td></td>
<td>Cómo actuar ante el consumo de alcohol: guía de referencia para profesionales de atención primaria [Dealing with alcohol consumption: a reference guide for primary care professionals] (33), financed by the Ministerio de Sanidad/Sociedad Española de Medicina de Familia y Comunitaria [the Ministry of Health/Spanish Society of Family and Community Medicine].</td>
<td>Health services’ response</td>
</tr>
<tr>
<td></td>
<td>Accredited training subsidized by the Ministry of Health through the Plan Nacional Sobre Drogas [National Drug Plan] for professionals working with people with drug and alcohol problems (34).</td>
<td>Health services’ response</td>
</tr>
</tbody>
</table>
| 2010 | Ley 7/2010, de 31 de marzo, General de la Comunicación Audiovisual [Law 7/2010 of 31 March, General Audiovisual Communication] (35) stipulating regulations on TV advertisements for alcohol such that:  
• for beverages >20°, there is a total ban on TV advertisements;  
• for beverages <20°, there is a ban on TV advertisements between 06:00 and 20:30 hours, and a total ban on advertisements that target minors, encourage immoderate consumption or associate drinking with the improvement of physical performance, social success or health. | Marketing of alcoholic beverages |
<table>
<thead>
<tr>
<th>Summary</th>
<th>Law 11/2010, of 17 December, on the prevention of alcoholic beverage consumption by minors (37) in the autonomous community (region) of Galicia (subnational). Addresses preventive measures and areas of action (family, school, community and health care) and measures to reduce the demand, supply, marketing and sponsorship of alcohol and access to premises where alcohol is sold or supplied.</th>
</tr>
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<tbody>
<tr>
<td><strong>Action area.</strong></td>
<td>Marketing of alcoholic beverages; availability of alcohol; community and workplace action; health services’ response</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2011</th>
<th><strong>Summary.</strong> Signing of the MANIFIESTO, which is a collaborative agreement between the Ministry of Health and a broad range of stakeholders (such as nongovernmental organizations, scientific societies, producers, retailers, trade unions and parents’ associations) with the objective of reducing alcohol consumption in minors.</th>
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<tr>
<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<tr>
<th>Summary</th>
<th>Law 1/2011, of 3 February, of the third amendment of the law on prevention, assistance and insertion on issues of drug addiction (38) in País Vasco (the Basque Country).</th>
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<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<th>Summary</th>
<th>Law 7/2011, of 23 March, of public health in Extremadura (39).</th>
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<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<tr>
<th>Summary</th>
<th>Order SPI/1191/2011 of 6 May, which establishes the regulatory bases and calls for grants for the implementation of cooperative and voluntary social programmes to be funded from income taxes (40), including alcohol programmes.</th>
</tr>
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<td><strong>Action area.</strong></td>
<td>Community and workplace action</td>
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<tr>
<th>Summary</th>
<th>Law 33/2011, of 4 October, General de Salud Pública (41).</th>
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<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<th>Summary</th>
<th>Resolution of 30 November 2011 of the Presidency of the Higher Sports Council publishing the list of substances and methods prohibited in sport for 2012 (42), including alcohol.</th>
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<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<tr>
<th>Summary</th>
<th>Law 6/2011 of 28 December on fiscal and administrative measures (43) as amended by Art. 3 of Law 1/2008 of 26 June (Law 1/2008 of 26 June) regulating taxes and administrative measures related to addictions in the autonomous community (region) of Madrid.</th>
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<td><strong>Action area.</strong></td>
<td>Pricing policies</td>
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<th>Summary</th>
<th>Law 9/2011 of 29 December, of promotion of the economic activity that modifies the 15 of the Law 20/1985 of 25 July on the prevention and care in addictive substance-related issues in the autonomous community (region) of Catalonia (44) regulating the economic activities and modifying the 1985 law about substances that generate dependence, including alcohol, in Catalonia.</th>
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<tr>
<td><strong>Action area.</strong></td>
<td>Pricing policies</td>
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<tr>
<td>Year</td>
<td>Summary</td>
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<tr>
<td>2012</td>
<td>Signing of a collaborative agreement between the Ministry of Health and the hotel, restaurant and catering industry, with the aim of training professionals and introducing good practices to prevent harmful alcohol consumption in nightlife venues, especially in young people.</td>
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<td>Value-added tax on beer, wine and spirits raised from 18% to 21%.</td>
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<td>Orden San/9/2012, de 17 de febrero de 2012, por la que se establecen las bases y se convocan subvenciones a corporaciones locales, asociaciones o entidades legalmente reconocidas sin ánimo de lucro, para apoyar el desarrollo y la realización de programas de intervención en materia de drogodependencias para el año 2012 [Order San/9/2012 of 17 February, regulating the granting of subsidies to local corporations, associations or legally recognized non-profit organizations to support the development and implementation of intervention programmes on addiction detection] (46) in the autonomous community (region) of Cantabria.</td>
</tr>
<tr>
<td></td>
<td>Orden 3/2012, de 23 de mayo, de la consejería de salud y servicios sociales de La Rioja, por la que se aprueban las bases reguladoras para la concesión de subvenciones a las corporaciones locales para la realización de planes municipales sobre drogas y/o programas de prevención de drogas [Order 3/2012 of 23 May, establishing the regulatory basis to award subsidies to local entities for the development of council plans and/or programmes for the prevention of drug consumption, Health Council of the Principado de Asturias] (47) regulating the granting of subsidies to local prevention programmes.</td>
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<td></td>
<td>Ley 2/2012, de 12 de junio, de Dinamización de la Actividad Comercial en la Comunidad de Madrid [Law 2/2012 of 12 June, on the dynamism of business activity in Madrid Council area] (49) specifying the sanctions for alcohol consumption on public roads.</td>
</tr>
</tbody>
</table>
Campaigns since 2006

- 2006: Campaign for 13–18-year-olds, *El alcohol puede llevarte lejos* [Alcohol can lead you far away] (50).
- 2007:
  - Alcohol and minors: *El doble de ridículo* [Doubly ridiculous] (51).
  - Alcohol and minors: *El alcohol te destroza por partida doble* [Alcohol destroys you twice] (52).
  - Alcohol and minors, leaflet for parents: *No siempre son los hijos de los demás quienes se emborrachan los fines de semana* [It is not always other people’s children who get drunk at weekends] (53).

Regular surveys since 2006

- *Situación y tendencias de los problemas de drogas en España* [Situation and trends in the problem of drugs in Spain] (55) (biennial). Report by the Spanish Drug Observatory, including data on alcohol consumption, health-related harm and the demand for alcohol.
- *Encuesta Domiciliaria sobre Alcohol y Drogas en España* (EDADES) (56) (biennial). Includes data on alcohol consumption.
- *Plan Nacional sobre Drogas: Memoria* (56,57) (annual). Review of the surveys and interventions about drugs and alcohol during the previous year.
- *Barómetro Sanitario* [Health Barometer] (58) (annual). Includes a few questions on the perception of alcohol among minors.
- *Informe anual del Sistema Nacional de Salud* [Annual report of the National Health System] (59) (annual). Review of various health issues and programmes during the year.

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Ministerio de Salud, Política Social y Igualdad
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References


47. Resolución de 14 de mayo de 2012, de la Consejería de Sanidad, por la que se aprueban las bases reguladoras para la concesión de subvenciones a las entidades locales del Principado de Asturias, para el desarrollo de planes municipales sobre drogas y/o programas de prevención del consumo de drogas [Resolution of 14 May 2012 establishing the regulatory basis to award subsidies to local entities for the development of council plans and/or programmes for the prevention of drug consumption, Health Council of the Principado of Asturias]. Boletín Oficial del Principado de Asturias [Official Gazette of Principado de Asturias], 2012, 126:1–7 (https://sede.asturias.es/bopa/2012/06/04/2012-09379.pdf, accessed 31 March 2013) (in Spanish).


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<th>Year</th>
<th>Description</th>
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| 2006 | **Summary.** Launch of the *Nationella alkohol- och narkotikahandlingsplaner* [Alcohol and drugs national action plan] 2006–2010 (1). The Government allocates SKr 260 million every year for alcohol and drugs prevention, treatment and law enforcement. The main objective for alcohol is to reduce its medical and social harms. The intermediate objectives are that childhood and adolescence should be alcohol-free; the start of alcohol consumption should be postponed; more alcohol-free environments should be created; intoxicating drinking should decrease; no alcohol should be present in traffic, working life or during pregnancy; and illegal handling should be fought.  
**Action area.** Leadership, awareness and commitment |
| | **Summary.** Resources offered to councils to employ regional coordinators for the implementation of the *Ansvarsfull alkoholservering* [Responsible Beverage Service] (2) method (2006–2010), involving partnerships with the police.  
**Action area.** Reducing the negative consequences of drinking and alcohol intoxication |
| | **Summary.** Alkoholkommittén [National commission on alcohol] 2001–2007 with a long-term task to implement evidence-based prevention activities for alcohol and to increase awareness of alcohol and health in all sectors and at all levels.  
**Action area.** Leadership, awareness and commitment |
| | **Summary.** Report initiated by the government on the cost of the harmful use of alcohol to society (3,4).  
**Action area.** Monitoring and surveillance |
| | **Summary.** Final report on the *Alkolåsutredningen* [Alcolock investigation] (5), recommending the obligatory installation of alcolocks in drink–driving offenders’ cars.  
**Action area.** Drink–driving policies and countermeasures |
| | **Summary.** Parliamentary Commission (2006–2007) (dir.2007:127) to revise the Swedish *Alkohollagen* [Alcohol Act] (1994:1738) (6). A new alcohol, narcotics, doping and tobacco policy (ANDT) coordinating structure is defined as follows:  
- the ANDT secretariat, set up by the Socialdepartementet [Ministry of Health and Social Affairs]  
- the ANDT committee, the government’s advisory body on ANDT issues.  
**Action area.** Leadership, awareness and commitment |
**Action area.** Monitoring and surveillance |
| 2007 | **Summary.** Sveriges Bryggerier [Swedish Brewers Association] announces that the majority of its members will voluntarily place warning labels on beer containers (8).  
**Action area.** Reducing the negative consequences of drinking and alcohol intoxication |
| 2008 | **Summary.** Launch of the first yearly ANDT action plan in the new coordinating structure (9,10).  
**Action area.** Leadership, awareness and commitment |
| | **Summary.** Inquiry (S2008:04) by the government to review substance abuse and addiction care, including legislation and the allocation of responsibilities (11,12,13). No decisions or implementation have yet been taken in line with suggestions by the inquiry.  
**Action area.** Health services’ response |
| Summary. | Following the Rosengren case in the European Court (2006–2007, C-170/04) (14), the sale of alcoholic beverages over the internet for private import is allowed on condition that Swedish excise duties are paid. |
| Action area. | Availability of alcohol |

| Summary. | Monitoring by the authorities of the purchase of alcoholic beverages by minors through test purchasing is questioned by the ombudsman. (The government has conducted an internal investigation, and a Department letter was presented in 2012. A legislative council is in process.) |
| Action area. | Availability of alcohol |

| Summary. | Minor tax increase on beer and decrease on wine (15). |
| Action area. | Pricing policies |

| 2009 | Summary. | Swedish Presidency of the EU: alcohol is defined as a priority (16). Council conclusions adopted on the need to continue cooperation at EU level (support of a continued EU alcohol strategy). |
| Action area. | Leadership, awareness and commitment |

| Summary. | Three-year follow-up evaluation of the implementation of the national project on brief interventions in health care, *Regeringsuppdraget Riskbruksprojektet* [National Risk-Drinking Project] (17). |
| Action area. | Monitoring and surveillance |

| Summary. | Report *En ny alkohollag* [A new Alcohol Act] (18) (SOU 2009:22) by the Parliamentary Commission. Includes important suggestions concerning leadership, responsibilities and coordination (for example, municipal responsibility was strengthened regarding serving licences, and obligatory plans on supervision pursuant to the Alcohol Act are to be put in place, monitored and followed up). |
| Action area. | Leadership, awareness and commitment |

| Summary. | Regional ANDT coordinators financed by the government in place in all county administrations. |
| Action area. | Community and workplace action |

| Action area. | Monitoring and surveillance |

| Action area. | Monitoring and surveillance |

| Summary. | Folkhälsopolitisk rapport 2010 [Public health policy report 2010] (21) by the Statens Folkhälsoinstitut [National Institute of Public Health] showing improvements in the previous five years regarding mainly alcohol and tobacco. These are the areas in which relatively large resources were invested and where coordination has improved the most. |
| Action area. | Monitoring and surveillance |

| Action area. | Reducing the negative consequences of drinking and alcohol intoxication |
### Summary
Adoption of *En samlad strategi för alkohol-, narkotika-, dopnings- och tobakspolitiken* [A comprehensive strategy for alcohol-, narcotic drugs-, doping- and tobacco policy] 2011–2015 (22,23). The Government allocated SEK 260 million for the period 2011–2014 with the overall alcohol goal of reducing alcohol-related medical and social harm. There are seven main long-term ANDT goals:

- curtailing the supply of alcohol;
- protecting children against the harmful effects of alcohol;
- gradually reducing the number of children and young people who begin drinking alcohol too early;
- gradually reducing the number of people who become involved in harmful use, abuse or dependence on alcohol;
- improving access by people with abuse or addiction problems to good quality care and support;
- reducing the number of people who die or suffer injuries or damage to their health as a result of their own or others’ use of alcohol;
- promoting a public health-based, restrictive approach to alcohol in the EU and internationally.

### Action area
Leadership, awareness and commitment

#### 2011


### Action area
Leadership, awareness and commitment

**Summary.** The bill *En ny alkohollag* [A new Alcohol Act] (2009/10:125) (25,26) with new guidelines for municipalities on supervision and licensing came into force on 1 January 2011.

### Action area
Reducing the negative consequences of drinking and alcohol intoxication

**Summary.** Governmental commission examined surveillance of alcohol marketing, including digital marketing and marketing associated with the e-trade in alcohol. One of the reasons for the investigation was an exponential increase in alcohol advertising. Also to be investigated was how age checks can be secured at home for deliveries of e-purchases (reporting date: 1 April 2013).

### Action area
Marketing of alcoholic beverages

#### 2012

**Summary.** Suggestion by an internal investigation that test purchasing by the authorities, which was halted in 2008, should again become a tool for monitoring the sale of alcohol to minors, with the help of a change in *Alkohollagen* [The Alcohol Act] (27). A Department letter was presented in 2012. A legislative council is still in process.

### Action area
Availability of alcohol

**Summary.** Alkoholservering på särskilda boenden [Alcohol serving in special housing] (28). Minor change in *Alkohollagen* [The Alcohol Act] allowing alcoholic beverages to be served in sheltered housing facilities.

### Action area
Availability of alcohol

**Summary.** Scientific evaluation of the Responsible Beverage Service (Stockholm prevents Alcohol and Drug Problems (STAD) method, 2004–2010) presented in three different reports (29):

- Spridning och implementering av Ansvarsfull alkoholservering i landets kommuner (Rapport 48) [Dissemination and implementation of the Responsible Beverage Service in the municipalities (Report 48)], an evaluation of the nationwide implementation;
- Implementeringen av Ansvarsfull alkoholservering i sex kommuner (Rapport 49) [The implementation of the Responsible Beverage Service in six municipalities (Report 49)], a qualitative study; and
- Ansvarsfull alkoholservering – effekter på våldsbrottsligheten i landets kommuner (Rapport 50) [Responsible Beverage Service – effects on violent crime in the municipalities (Report 50)].

### Action area
Monitoring and surveillance
Campaigns since 2006

- 2006: **Tänk Om [Think again]**: nationwide campaign to motivate parents of 15–16-year-olds not to provide their children with alcohol and to apply restrictive attitudes towards underage drinking (carried out three times since 2006).

- Awareness-raising activities and action to increase cooperation between the police and those responsible for treatment.

Regular surveys since 2006

- School surveys of alcohol consumption and problems conducted by the Centralförbundet för alkohol- och narkotikaupplysning [Council for Information on Alcohol and Other Drugs] (30) annually since 1971.

- Monitoring of registered and unregistered alcohol consumption carried out by the Centrum för Socialvetenskaplig Alkohol- och Drogforskning [Centre for Social Research on Alcohol and Drugs] (31) monthly since 2000.

- Monitoring of alcohol consumption and harm by the Centrum för Socialvetenskaplig Alkohol- och Drogforskning [Centre for Social Research on Alcohol and Drugs] (annual).

- Population survey of public health, including questions on hazardous consumption of alcohol (32), conducted by Statens Folkhälsoinstitut [National Institute of Public Health] annually since 2004.

- Research since 2007 on, among other topics, data on consumption, border trade, drinking patterns, the elderly, the preventive effect of the Swedish alcohol retail monopoly, related harm, and the effectiveness of several widely-used community prevention measures.

- Establishment in 2011 of indicators for monitoring the effectiveness of the ANDT strategy.

Information provided through:

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Director
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Swedish Ministry of Health and Social Affairs
E-mail: maria.renstrom@regeringskansliet.se

References


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<th>Year</th>
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| 2006 | **Summary.** Verordnung des EDI über alkoholische Getränke/Ordonnance du DFI sur les boissons alcooliques/Ordinanza del DFI sulle bevande alcoliche [An ordinance on alcoholic beverages] (1–3). Alcoholic beverages must be labelled as such, and the alcohol content of beverages containing more than 1.2% alcohol by volume must be declared on the label.  
**Action area.** Reducing the negative consequences of drinking and alcohol intoxication |
| 2007 | **Summary.** Bundesgesetz über die Biersteuer/Loi fédérale sur l’imposition de la bière/Legge federale sull’imposizione della birra [Law on taxation of beer (4–6) establishing proportionately higher taxes on products with a higher alcohol concentration:  
- decrease in the tax on light beers (≤10.0 ° Plato) from 24.75 to 16.88 CHF/hectolitre  
- increase in the tax on strong beers (>14.1 ° Plato) from 24.75 to 33.76 CHF/hectolitre.  
**Action area.** Pricing policies |
| 2008 | **Summary.** Nationales Programm Alkohol/Programme national alcool/Programma nazionale Alcol [National Alcohol Programme] (NAP) (7–10). Adoption of the first national alcohol policy, the 2008–2012 NAP, by the Federal Council. The vision of the NAP is "Those who drink alcohol shall do it in a way that is not harmful to them and others." The NAP includes seven goals regarding children and teenagers, low-risk drinking, addiction, harm to others, social life, economy, awareness and the public and private sectors.  
**Action area.** Leadership, awareness and commitment |
| 2009 | **Summary.** Beginning of the complete revision of the Alkoholgesetz/Loi sur l’alcool/Legge sull’alcol [Alcohol Act] (11).  
**Action area.** Leadership, awareness and commitment |
| 2010 | **Summary.** Introduction of rules on cross-border TV broadcasting due to the participation of Switzerland in the EU Media programme: implementation of the revised Bundesgesetz über Radio und Fernsehen/Loi fédérale sur la radio et la télévision/Legge federale sulla radiotelevisione [Federal Radio and Television Law] (2006) (15–17) and the Radio- und Fernsehverordnung/Ordonnance sur la radio et la télévision/Ordinanza sulla radiotelevisione [Ordinance on radio and television] (2007) (18–20). All Swiss TV stations and foreign TV chains with Switzerland-specific advertisement windows are now allowed to run advertisements for beer and wine based on the following rules:  
- advertisements must not be directed at minors or connect minors to alcohol consumption in any way;  
- alcohol consumption must not be linked to physical effort/achievement;  
- alcoholic beverages must not be portrayed as having therapeutic, stimulating or soothing properties nor as a solution for personal problems;  
- the advertisements must not encourage excessive alcohol consumption nor portray abstinence or moderation in a negative light; and  
- alcoholic strength must not be emphasized.  
**Action area.** Marketing of alcoholic beverages |

**Summary.** Alkoholbedingte Kosten am Arbeitsplatz: Schlussbericht für das Bundesamt für Gesundheit BAG und die Schweizerische Unfallversicherungsanstalt [Alcohol-related costs in the workplace: final report for the Federal Office of Public Health and the Swiss National Accident Insurance Fund] (21). Report on alcohol-related costs in the workplace from a survey in which 1149 companies participated, concluding that 7.8% of workplace accidents are alcohol-related.  
**Action area.** Monitoring and surveillance |
2011

**Summary.** Launch of a new information web site on alcohol in the workplace (22).

**Action area.** Community and workplace action

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**Summary.** Evaluation of the NAP 2008–2012, which suggests extending the programme after 2012 (23–25).

**Action area.** Monitoring and surveillance

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**Summary.** Start of the new national addiction monitoring on substance abuse (see 2012 for additional information).

**Action area.** Monitoring and surveillance

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2012

**Summary.** Federal Council adopts a draft version of the revised Alkoholgesetz/Loi sur l’alcool/legge sull’alcol [Alcohol Act] and thereby transfers the dossier to parliament (26–28). The draft has been ready since January 2012 and awaiting discussion in the relevant parliamentary commissions. Estimated entry into force: 1 July 2015.

**Action area.** Leadership, awareness and commitment

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**Summary.** Decision of the Federal Council to extend the NAP for the period 2013–2016 (7–9).

**Action area.** Leadership, awareness and commitment

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**Summary.** Publication of first results of the new national addiction monitoring on substance abuse (29–31), including:

- annual report on alcohol
- report on weekend consumption by young people (aged 15–29 years)
- report on poly-substance use
- report on methodology.

**Action area.** Monitoring and surveillance

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**Campaigns since 2006**


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**Regular surveys since 2006**

- National health survey (including questions on alcohol) (quinquennial). Last results from 2007; results from 2012 to be published end of 2013/beginning of 2014.

- Since 2011, annual monitoring of alcohol through the new national addiction monitoring on substance abuse (first publication of results in October 2012).

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<tr>
<th>Year</th>
<th>Description</th>
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</table>
| 2006 | **Summary.** Publication of the report *Alcohol-related problems in the Republic of Macedonia.*  
*Action area.* Monitoring and surveillance |
| 2007 | **No activities reported** |
| 2008 | **Summary.** Adoption of [Strategy to reduce alcohol-related harm to the health of the population of the Republic of Macedonia for the period 2008–2012](1).  
*Action area.* Leadership, awareness and commitment |
| 2009 | **Summary.** Regulation regarding licences for shops to sell alcohol.  
*Action area.* Availability of alcohol  
**Summary.** Prohibition on the sale of alcoholic beverages in petrol stations, newspaper shops, markets and fast food shops close to schools.  
*Action area.* Availability of alcohol |
| 2010 | **Summary.** Agreement with the alcohol industry (self-regulation) to develop responsible practice on the selling, serving and marketing of alcoholic beverages to young people.  
*Action area.* Marketing of alcoholic beverages; availability of alcohol  
**Summary.** Preparation of a draft of an alcohol action plan for young people.  
*Action area.* Leadership, awareness and commitment  
**Summary.** Publication of a book and three leaflets about the reduction of alcohol-related harm for young people.  
*Action area.* Leadership, awareness and commitment |
<table>
<thead>
<tr>
<th>Year</th>
<th>Summary</th>
<th>Action area</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Publication of a book and two leaflets about the reduction of alcohol-related harm and home violence.</td>
<td>Leadership, awareness and commitment</td>
</tr>
<tr>
<td>2012</td>
<td>Preparation of draft material for the strategy to reduce alcohol-related harm 2013–2020.</td>
<td>Leadership, awareness and commitment</td>
</tr>
</tbody>
</table>

Summary. Continuous education for family doctors.  
Action area. Health services’ response

**Campaigns since 2006**

State and private TV, newspapers and school campaigns.

**Regular surveys since 2006**

No regular surveys reported.

Information provided through:  
Dr Pavlina Vaskova  
Assistant Manager  
Skopje Psychiatric Hospital  
E-mail: pavlina_alcohol@yahoo.com

**References**

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
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</table>
| 2006 | **Summary.** Implementation of a treatment policy for alcohol use disorders.  
**Action area.** Health services’ response |
|  | **Summary.** Karayolları trafik yönetmeliği (highway traffic regulations) (1) implementing zero tolerance for alcohol consumption among public transport drivers (for example, bus and taxi drivers), coach drivers and official car drivers. (Since 1997, non-professional drivers have been able to drive with a maximum legal BAC of 0.5 g/litre.)  
**Action area.** Drink–driving policies and countermeasures |
| 2007 | No activities reported |
| 2008 | No activities reported |
| 2009 | No activities reported |
**Action area.** Leadership, awareness and commitment |
| 2011 | **Summary.** Tütün Mamülleri ve Alkollü İçkilerin Satışına ve Sunumuna İlişkin Usul ve Esaslar Hakkında Yönetmelik [Regulation on Sales and Market Offering of Tobacco Products and Alcoholic Beverages] by the Tütün ve Alkol Piyasası Düzenleme Kurumu [Tobacco and Alcohol Market Regulatory Authority]. The objective of the by-law is the regulation of consumption, sales, presentation, advertisement, free gifts (promotions), etc. of alcoholic beverages.  
**Action area.** Marketing of alcoholic beverages  
**Summary.** Etil Alkol ve Metanolün Üretimi ile İç ve Dış Ticaretine İlişkin Usul ve Esaslar Hakkında Yönetmelik [Regulation on Production, domestic and external trade of ethyl alcohol and methanol] by the Tütün ve Alkol Piyasası Düzenleme Kurumu [Tobacco and Alcohol Market Regulatory Authority]. The objective of the by-law is to avoid deaths related to methanol (use of methanol in imitation alcoholic beverages). Denaturation of methanol becomes obligatory by this legislation.  
**Action area.** Reducing the public health impact of illicit alcohol and informally produced alcohol  
**Summary.** Publication of Dünya ve Türkiye’de alkol kontrolü politikaları [Alcohol control policies in the world and in Turkey] by the Tütün ve Alkol Piyasası Düzenleme Kurumu [Tobacco and Alcohol Market Regulatory Authority].  
**Action area.** Leadership, awareness and commitment |
| 2012 | **Summary.** Publication of Alkol kontrolü stratejileri [Alcohol control strategies] (2) by the Tütün ve Alkol Piyasası Düzenleme Kurumu [Tobacco and Alcohol Market Regulatory Authority].  
**Action area.** Leadership, awareness and commitment  
**Summary.** Changes in the excise taxes on beer, wine and spirits. The excise duty on alcoholic beverages will be increased twice a year according to the rate of the consumer price index. (In 2012, the excise duty for wine was 3.53 TL per litre; for beer, 0.63 TL per alcohol degree per litre; and for raki, 79.07 TL per litre.)  
**Action area.** Pricing policies |
Campaigns since 2006

2010–2012: A national campaign on drink–driving was implemented by the Emniyet Genel Müdürlüğü [General Directorate of Security]. The campaign included the publication and country-wide distribution of booklets and banners concerning the effects of alcohol and the translation and dissemination of the handbook *Drinking and driving, a road safety manual for decision-makers and practitioners* (3) to traffic control staff and to other relevant establishments.

Regular surveys since 2006

No regular surveys reported.

Information provided through:

Ministry of Health

References


### UNITED KINGDOM

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
</table>
| **2006** | **Summary.** Publication of *Models of care for alcohol misusers* (1), which provides best practice guidance for local health organizations and their partners in delivering a planned and integrated local treatment system for adult alcohol misusers.  
**Action area.** Health services’ response |
| | **Summary.** Funding of the Screening and Intervention Programme for Sensible Drinking (2) research (Trailblazer project) by the Department of Health. This programme aims to provide additional evidence, and support and improve the implementation of alcohol identification and the delivery of brief advice (IBA). It is testing educational and behavioural interventions to assist individuals to moderate their alcohol use to within lower-risk limits and avoid health and antisocial behavioural consequences.  
**Action area.** Health services’ response |
| | **Summary.** Publication of *Review of the effectiveness of treatment for alcohol problems* (3) by the National Treatment Agency for Substance Misuse. The review covers interventions ranging from simple advice and mutual aid to intensive specialist treatment.  
**Action area.** Health services’ response |
| **2007** | **Summary.** Launch of the Drinkaware Trust (4), an independent body covering the United Kingdom, supported by voluntary donations from the drinks industry, that aims to positively change public behaviour and the national drinking culture to help reduce alcohol-related harm. The Department of Health provided an interim chief executive and led negotiations with health and industry bodies.  
**Action area.** Leadership, awareness and commitment |
| | **Summary.** Voluntary agreement between the government and the alcohol industry to include health and unit information on most alcohol labels by the end of 2008 (5).  
**Action area.** Reducing the negative consequences of drinking |
| | **Summary.** Publication of the report *Safe. Sensible. Social: The next steps in the National Alcohol Strategy* (6), which reviews progress since the publication of the *Alcohol Harm Reduction Strategy for England* (2004) and outlines further national and local action to achieve long-term reductions in alcohol-related ill health and crime.  
**Action area.** Monitoring and surveillance |
| | **Summary.** Publication of the Chief Medical Officer for England’s report *Indications of public health in the English regions 8: Alcohol* (7), which contains 36 different indicators of alcohol-related harm, health and behaviour across all 9 English regions, with analysis of sub-regional inequalities where possible.  
**Action area.** Monitoring and surveillance |
| | **Summary.** Publication of the report *PSA delivery agreement 25: Reduce the harm caused by alcohol and drugs* (8), which set out the government’s plans for reducing alcohol-related harm, including action by the Department of Health and the National Health Service (NHS) to reduce alcohol-related hospital admissions.  
**Action area.** Leadership, awareness and commitment |
| | **Summary.** The new NHS Vital Signs Indicator (VSC26) ”Reducing the rate of rise in alcohol-related hospital admissions” was included in the National Indicator Set for Local Area Agreements (NIS39) and in the Home Office *PSA delivery agreement 25*.  
**Action area.** Monitoring and surveillance |
| | **Summary.** Publication of primary care trust local alcohol profiles for England. The profiles, made by the North West Public Health Observatory, include a range of health and social indicators relating to alcohol harm.  
**Action area.** Monitoring and surveillance |
**Summary.** Publication of the Blueprint Drug Education Research Programme report, a major research programme (2003–2005) between the Home Office, Department for Children, Schools and Families and the Department of Health. It was designed to pilot the effectiveness of an evidence-based substance misuse education programme in schools in England, including alcohol (9).

**Action area.** Community and workplace action

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<td></td>
<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2008</th>
<th>Summary.</th>
<th>Issue of alcohol information packs by the Ministry of Justice in criminal justice settings. The pack provides offender managers with clear guidance and tools to identify offenders with alcohol-related needs, deliver IBA and offer support and onward referral to those who may need more intensive intervention.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Action area.</strong></td>
<td>Community and workplace action</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2008</th>
<th>Summary.</th>
<th>Launch of the Hub of Commissioned Alcohol Projects and Policies (11), which aims to be a leading resource in sharing knowledge and practice across England by providing information on: (i) existing projects, (ii) how projects link to local and national strategies and meet government targets and indicators, and (iii) how initiatives were commissioned and received funding, why alcohol was prioritized as an issue in the area and what the outcomes have been.</th>
</tr>
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<tr>
<td></td>
<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<table>
<thead>
<tr>
<th>2008</th>
<th>Summary.</th>
<th>Publication of Evaluation of the impact of the Licensing Act 2003 (12). The Act brought together eight separate licensing regimes into one and, consequently, transferred the regulation of the sale of alcohol to licensing authorities, which are in virtually all cases the local authorities. The report concluded that licensing authorities and enforcement bodies used the new freedoms but they did not use sufficiently the considerable powers granted by the Act to tackle problems.</th>
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<tbody>
<tr>
<td></td>
<td><strong>Action area.</strong></td>
<td>Monitoring and surveillance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2008</th>
<th>Summary.</th>
<th>Establishment of the National Alcohol Treatment Monitoring System to provide local commissioners with detailed performance data on the provision of alcohol treatment in their areas.</th>
</tr>
</thead>
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<td></td>
<td><strong>Action area.</strong></td>
<td>Monitoring and surveillance</td>
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<thead>
<tr>
<th>2008</th>
<th>Summary.</th>
<th>Publication of the self-help booklet Units and you (13) by the Department of Health, which explains the units system as well as the effect of alcohol on health and on social, home and work life.</th>
</tr>
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<tbody>
<tr>
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<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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</tbody>
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<table>
<thead>
<tr>
<th>2008</th>
<th>Summary.</th>
<th>Launch of the Initiated Improvement Programme, comprising data, tools, guidance and practical support for primary care trusts and their partners in making an impact on alcohol-related harm. A related document provides the policy context and evidence of associated harm and presents good economic reasons for action, outlining practical steps and new national tools to support local delivery of alcohol interventions.</th>
</tr>
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<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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<table>
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<tr>
<th>2008</th>
<th>Summary.</th>
<th>Launch of the Youth Alcohol Action Plan (14) by the Department for Children, Schools and Families that sets out how the government will address the issues surrounding young people’s alcohol consumption.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Action area.</strong></td>
<td>Leadership, awareness and commitment</td>
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</tbody>
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<tr>
<th>2008</th>
<th>Summary.</th>
<th>A contract of £1.25 million for the delivery of the undergraduate medical curriculum in all English medical schools until 2011. It aimed to ensure that future doctors can recognize, assess and understand the management of alcohol misuse and its associated health and social problems, and to contribute to the prevention of related problems. In addition, a module specific to IBA will be developed.</th>
</tr>
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<td></td>
<td><strong>Action area.</strong></td>
<td>Health services’ response</td>
</tr>
</tbody>
</table>
### Summary
Publication of *The cost of alcohol harm to the NHS in England (15)* by the Department of Health, which implements the latest data on unit costs and estimated usage across a broad range of cost categories such as inpatient treatment, emergency ambulance and general practitioner consultation.

#### Action area
Monitoring and surveillance

### Summary
Publication of *Hospital admissions for alcohol-related harm: understanding the dataset, technical information and definition (16)* by the Department of Health. It describes the change in the way that alcohol-related hospital admissions are calculated using alcohol-attributable fractions, explains the difference between the new and the old methodologies and summarizes what the data indicate about alcohol-related harm and trends in increasing harm in England.

#### Action area
Monitoring and surveillance

### Summary
Launch of a component of the social marketing programme by the Department of Health. This is a pilot programme in the north-west of England aimed at enabling higher-risk drinkers to gain access to the self-help pathway developed by the Department of Health, by the use of direct marketing channels including door-drops, inserts and e-mails (17).

#### Action area
Leadership, awareness and commitment

### Summary
Launch of the *Alcohol Improvement Programme (2008–2011)* to help reduce alcohol-related hospital admissions across the NHS. It includes the widespread introduction of IBA, local amplification of national campaigns and efforts to address any shortfalls identified in specialist treatment.

#### Action area
Health services’ response; leadership, awareness and commitment

### Summary
Allocation of £2.7 m central Department of Health funding for regional public health groups to establish regional alcohol managers/offices. These offices provide linkage between partners from the government, assure local delivery and performance monitoring, and provide regional and local advocacy and championing.

#### Action area
Leadership, awareness and commitment; monitoring and surveillance

### Summary
Selection of 20 early implementation primary care trusts selected from among the primary care trusts that face the highest challenge to “go further a little bit faster” in implementing improvements to reduce alcohol-related admissions. They are supported by alcohol national support team visits and a programme of health care collaboratives and learning.

#### Action area
Health services’ response

### Summary
Launch of the *Alcohol Learning Centre (19)*, which provides online support and resources to commissioners, service managers and practitioners with a responsibility for, or an interest in, the prevention and treatment of alcohol misuse or alcohol-related ill health.

#### Action area
Leadership, awareness and commitment
| Summary. | The Alcohol Improvement Support Team (20) provides learning sets and health care partners to facilitate active resolution and shared problem-solving in primary care trusts. |
| Action area. | Health services’ response |

| 2009 | Summary. | Launch of an e-learning course on IBA in primary care settings: a free, interactive, self-contained on-line training module taking 60 to 80 minutes to complete and aimed at providing primary care professionals with the skills and knowledge to deliver IBA to patients (21). |
| Action area. | Health services’ response |

| Action area. | Leadership, awareness and commitment |

| Summary. | Department of Health telephone and web-based counselling to help people change their drinking habits to within lower-risk limits. |
| Action area. | Health services’ response |

| Summary. | Pilots on the use of offender health trainers in delivering IBA launched in south-east and eastern England as well as a series of train-the-trainer events, priming trainers to deliver IBA training in local areas. |
| Action area. | Health services’ response |

| Summary. | Launch of a social marketing toolkit by the Department of Health. |
| Action area. | Leadership, awareness and commitment |

| Summary. | Development of a standard training pack and workbook for IBA training. |
| Action area. | Health services’ response |

| Summary. | Publication of Signs for improvement – commissioning interventions to reduce alcohol-related harm (23), developed by the Department of Health and designed to direct commissioners, in areas where tackling alcohol harm is an identified priority, to the resources and guidance which will assist them in commissioning interventions to reduce alcohol-related harm in their local communities. |
| Action area. | Leadership, awareness and commitment |

| Summary. | Development of a certificate for a course in the management of alcohol problems in primary care by the Royal College of General Practitioners, with support from the Department of Health, which provides continuing personal or professional development for general practitioners and practice nurses. |
| Action area. | Health services’ response |

| Summary. | Publication of Guidance on the consumption of alcohol by children and young people (24) by the Chief Medical Officer for England. It concludes that an alcohol-free childhood is the healthiest and best option, and that if children drink alcohol, it should not be until at least the age of 15 years. |
| Action area. | Leadership, awareness and commitment |

| Summary. | Review of the undergraduate curriculum by the Nursing and Midwifery Council to ensure appropriate coverage of alcohol in core skills sets for pre-qualifying nurse training. |
| Action area. | Health services’ response |

| Summary. | Publication of Alcohol care pathways guidance to support local areas in implementing effective and efficient care pathways between providers. |
| Action area. | Health services’ response |

<p>| Summary. | Development of NHS Foundation Programme training resources (2009–2010) for post-graduate doctors to ensure appropriate coverage of alcohol. |
| Action area. | Health services’ response |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Summary</th>
<th>Action area</th>
</tr>
</thead>
</table>
| 2010 | **Summary.** Publication of *Safe. Sensible. Social. Selling alcohol responsibly: government response to the consultation on the code of practice for alcohol retailers.* The report sets out the next steps for the work on the mandatory Code of Practice. More than 7000 consultation responses were received.  
**Action area.** Availability of alcohol | |
|      | **Summary.** Publication of *Statistics from the National Alcohol Treatment Monitoring System (NATMS) 1st April 2008 – 31st March 2009* (25), which provides the results of the first opportunity to analyse a full year of alcohol treatment data.  
**Action area.** Monitoring and surveillance | |
|      | **Summary.** Parliament passed regulations to introduce conditions outlined in the mandatory Code of Practice in March. In April, the first of the Code’s mandatory regulations went into effect: a ban on irresponsible promotions in on-premises, such as “all you can drink for £10” offers, “women drink for free” deals, speed drinking competitions and the “dentists chair” drinking game, and a requirement for all premises to offer free tap water. In October, the Code’s remaining conditions came into effect: all those who sell alcohol must have an age verification policy in place requiring them to check the identification of anyone who looks under 18 years and on-trade premises must make available small measures of beers, wine and spirits to customers.  
**Action area.** Pricing policies; availability of alcohol | |
|      | **Summary.** Implementation of an e-learning module on IBA in community pharmacy settings.  
**Action area.** Health services’ response | |
|      | **Summary.** Increase in the duty on cider by 10% above inflation (announced in March), with further increases on high-strength cider in September.  
**Action area.** Pricing policies | |
**Action area.** Leadership, awareness and commitment | |
|      | **Summary.** Publication of the Screening and Intervention Programme for Sensible Drinking 12-month final report (accident and emergency setting).  
**Action area.** Monitoring and surveillance | |
|      | **Summary.** Publication of the Screening and Intervention Programme for Sensible Drinking research report (general practitioner and criminal justice setting).  
**Action area.** Monitoring and surveillance | |
| 2011 | **Summary.** In Northern Ireland, publication of the alcohol policy entitled *New strategic direction for alcohol and drugs. Phase 2. 2011–2016* (27).  
**Action area.** Leadership, awareness and commitment | |
| 2012 | **Summary.** Publication of *The Government’s alcohol strategy* (28).  
**Action area.** Leadership, awareness and commitment | |
Campaigns since 2006

- 2006: The Department of Health launched a social marketing programme to ensure that people know the consequences of drinking. The programme was jointly funded by the Department of Health and the Home Office. There were two strands to the “Know Your Limits” campaign: one to raise awareness of the importance of lower-risk drinking, and one to make sure people know about units to help them choose how much to drink. The Department of Health set up a web site to provide advice on the warning signs of alcohol misuse and how to handle employees who appear to have a problem with alcohol.

- 2008:
  - *Know your limits* campaign by the Department of Health, including TV, radio and print advertising, the Drinkcheck website, Drinkline telephone advice, and guidance and information sent to all general practices.
  - *Alcohol: how much is too much?* campaign launched by Drinkaware to raise awareness of the amount of alcohol that people consume in the home.

- 2009:
  - *What’s Britain drinking this Christmas?* campaign launched by Drinkaware to raise awareness of units, unit guidelines and the effects of alcohol on health and wellbeing.
  - Launch of the *Campaign for smarter drinking* by the alcohol industry to tackle binge drinking among young adults.
  - Announcement by Drinkaware that it will incorporate the *Campaign for Smarter Drinking* and thus target all three of the Government’s three key priority groups: those aged under 18 years, 18–24-year-old binge drinkers, and increasing and higher-risk drinkers.

- 2010:
  - *Drink less, be more* campaign launched by Drinkaware to tap into the national desire to lose weight, get fit and feel better after the festive season.
  - *Why let drink decide?* campaign launched by the Department for Children, Schools and Families to raise awareness among young people of the potential consequences of drinking alcohol while encouraging adults to discuss alcohol with their children.
  - *Alcohol effects* campaign launched by the Department of Health to highlight the unseen damage that can be caused by regularly drinking more than the NHS advises. The *Alcohol effects* campaign is backed by three leading health charities: the British Heart Foundation, Cancer Research UK and the Stroke Association. As part of the campaign, the Department of Health updated the self-help booklet *Units and you* and launched further guidance for social marketers working with primary care trusts to develop their alcohol social marketing activity.

- Two major drink-drive campaigns run by the Department for Transport “THINK!” programme every year, in summer and at Christmas, using a variety of media including TV, cinema, radio, posters in public house washrooms, outdoor advertising and partnership marketing campaigns. The campaigns aim to:
  - increase awareness of the personal consequences of a drink–driving conviction
  - encourage the belief that one or two drinks are too many before driving
  - reinforce and build the social stigma around drink–driving.

Regular surveys since 2006

No regular surveys reported.

Information provided through:

Ms Jean Nicol
Alcohol Policy Manager
Health Improvement and Protection
Department of Health
E-mail: jean.nicol@dh.gsi.gov.uk
References


ADULT PER CAPITA CONSUMPTION
OF RECORDED ALCOHOL BY COUNTRY
IN EUROPE FROM 1990 TO 2010

ANNEX 1
Fig. 1.1. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in the western country group

![Western Countries Alcohol Consumption Graph](image1)

Fig. 1.2. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in the central-western country group

![Central-Western Countries Alcohol Consumption Graph](image2)

Fig. 1.3. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in the south-eastern country group

![South-Eastern Countries Alcohol Consumption Graph](image3)
Fig. 1.4. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in the Baltic countries

Fig. 1.5. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in the central-eastern country group

Fig. 1.6. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in the Nordic countries
Fig. 1.7. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in southern Europe

Fig. 1.8. Adult per capita consumption of recorded alcohol by country from 1990 to 2010 in Croatia, Iceland, the former Yugoslav Republic of Macedonia and Turkey

\* Data for the former Yugoslav Republic of Macedonia in 1990 and 1991 were not available.
ALCOHOL-ATTRIBUTABLE STANDARDIZED MORTALITY RATES (PER 100 000 PEOPLE) FOR LIVER CIRRHOSIS, CANCER AND INJURY, EUROPE, 2010

ANNEX 2
<table>
<thead>
<tr>
<th>COUNTRY GROUP</th>
<th>MEN</th>
<th>WOMEN</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td></td>
<td>Aged 15–34 years</td>
<td>Aged 35–64 years</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>Aged 65 years and older</td>
<td>Aged 15–34 years</td>
<td>Aged 35–64 years</td>
</tr>
<tr>
<td><strong>CANCER</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central-western and western country group</td>
<td>0.27</td>
<td>11.65</td>
<td>37.56</td>
</tr>
<tr>
<td>Central-eastern and eastern country group</td>
<td>0.60</td>
<td>21.61</td>
<td>50.69</td>
</tr>
<tr>
<td>Nordic countries</td>
<td>0.13</td>
<td>6.27</td>
<td>25.16</td>
</tr>
<tr>
<td>Southern Europe</td>
<td>0.42</td>
<td>11.34</td>
<td>34.03</td>
</tr>
<tr>
<td>EU</td>
<td>0.40</td>
<td>14.16</td>
<td>39.30</td>
</tr>
<tr>
<td>EU, Croatia, Norway, Switzerland</td>
<td>0.39</td>
<td>14.01</td>
<td>39.21</td>
</tr>
<tr>
<td><strong>LIVER CIRRHOSIS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central-western and western country group</td>
<td>1.50</td>
<td>19.14</td>
<td>28.87</td>
</tr>
<tr>
<td>Central-eastern and eastern country group</td>
<td>4.36</td>
<td>50.91</td>
<td>76.02</td>
</tr>
<tr>
<td>Nordic countries</td>
<td>0.72</td>
<td>16.14</td>
<td>20.65</td>
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<tr>
<td>Southern Europe</td>
<td>1.10</td>
<td>14.84</td>
<td>28.30</td>
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<tr>
<td>EU</td>
<td>2.33</td>
<td>27.25</td>
<td>39.25</td>
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<td>EU, Croatia, Norway, Switzerland</td>
<td>2.27</td>
<td>26.82</td>
<td>39.10</td>
</tr>
<tr>
<td><strong>INJURY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central-western and western country group</td>
<td>5.94</td>
<td>10.74</td>
<td>13.44</td>
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<tr>
<td>Central-eastern and eastern country group</td>
<td>22.68</td>
<td>56.72</td>
<td>48.14</td>
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<tr>
<td>Nordic countries</td>
<td>8.52</td>
<td>17.50</td>
<td>16.15</td>
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<td>Southern Europe</td>
<td>7.83</td>
<td>14.00</td>
<td>11.95</td>
</tr>
<tr>
<td>EU</td>
<td>11.80</td>
<td>24.36</td>
<td>20.98</td>
</tr>
<tr>
<td>EU, Croatia, Norway, Switzerland</td>
<td>11.67</td>
<td>24.14</td>
<td>21.49</td>
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</table>
ESTIMATIONS OF AVERAGE RETAIL PRICES OF ALCOHOLIC BEVERAGES

ANNEX 3
Respondents were asked to give an estimate of the average retail price for various alcoholic beverages. The figures below represent the focal points’ best estimates of the average price (in €) for 50 cl beer, 75 cl table wine, 70 cl local spirits and 70 cl imported spirits. Since, in most cases, the figures provided by the focal points are based on estimates and not official statistics, they are presented here only to illustrate the wide variation in retail prices among countries (Figs. 3.1–3.4 and Table 3.1).

Fig. 3.1. Retail price in € for 50 cl beer (n=26)

Fig. 3.2. Retail price in € for 75 cl table wine (n=26)
Fig. 3.3. Retail price in € for 70 cl spirits (local brand) (n=24)

Fig. 3.4. Retail price in € for 70 cl spirits (imported brand) (n=24)
Table 3.1. Retail prices for alcoholic beverages in candidate countries

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>50 CL BEER (€)</th>
<th>75 CL TABLE WINE (€)</th>
<th>70 CL LOCAL SPIRITS (€)</th>
<th>70 CL IMPORTED SPIRITS (€)</th>
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SELECTED EUROPEAN SURVEYS
SINCE 2006

ANNEX 4
Table 4.1. The European School Survey Project on Alcohol and Other Drugs (ESPAD)

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Source: European School Survey Project on Alcohol and Other Drugs (ESPAD) (7).

Table 4.2. European Health Interview Survey (EHIS) wave 1 (2006–2009)

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Source: EUROSTAT (2).

Table 4.3. Health Behaviour in School-Aged Children (HBSC) study

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**CANDIDATE COUNTRIES**

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* Data on substance abuse not collected. Source: University of St Andrews (3).

Table 4.4. Global or European Survey on Alcohol and Health

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168
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**Candidate Countries**

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Source: WHO (4).
References


The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States
Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
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Luxembourg
Malta
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Montenegro
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Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
Saint Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

Status Report on Alcohol and Health in 35 European Countries 2013

Alcohol consumption per capita is running at a higher level in the WHO European Region than anywhere else in the world. In the European Union, alcohol is responsible for 1 in 7 male deaths and 1 in 13 female deaths in the group aged 15–64 years, resulting in approximately 120 000 premature deaths per year. The majority of WHO Member States in Europe have adopted national strategies and plans for alcohol policy in order to reduce alcohol-related harm.

In 2012, the WHO Regional Office for Europe collected information on alcohol consumption, harm and the alcohol policy response as part of the Global Information System for Alcohol and Health. A selection of the results is presented in this report.