

# Alcohol and young people in Europe



## The Hague school of European Studies

Dorien Avontuur

Supervisor: Mr. Pieter Pijlman

Haagse Hogeschool, Den Haag,  
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3ES5 20050691

Internship provider: Quest for  
Quality, Amsterdam



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## Preface

With this paper, I present my final piece of work at HEBO. For the paper, I wanted to do something that would be useful both for me and for the organisation that provided me with an internship. This organisation is Quest for Quality (Q4Q), an Amsterdam-based company that works in the field of harm reduction related to alcohol and organises workshops, trainings, master classes and conferences both in the Netherlands and in other (European) countries. Thanks to their inspiration, expertise and help I was able to finish my internship and my thesis and therefore a word of thanks is definitely appropriate. Another thanks goes out to Mr. Pijlman, my supervisor at HEBO who guided me through the path of thesis-writing.

In the field of harm reduction related to alcohol, much information has been developed, discussed, discovered and introduced. The work area is therefore very large. In order to get an image of harm reduction initiatives, their effects and the outcomes of different projects related to reduce harm from the use and abuse of alcohol, I decided to investigate four European countries and the European Union as a whole, to see what has already been done, how big the problem is and what projects could change the harmful drinking patterns that especially young people seem to have developed.

After finishing the work I realised that alcohol abuse could be more dangerous to society than most people think. Doing the research, reading scientific articles and co-organising a conference that was all about young people and drinking opened my eyes to the harm reduction world and approach and changed my mind about alcohol. I hope that readers can get an insight into this world in order for them to better understand alcohol issues and to support possible interventions and new regulations that are created to reduce alcohol-related harm for all age groups and all populations.

Enjoy the reading!

Dorien Avontuur

Amsterdam, May 22, 2008

# Table of contents

I. Introduction .....	5
1.1 Why this subject is interesting.....	5
1.2 Initiatives and harm reduction.....	5
1.3 Central question.....	6
1.4 Contents of this paper.....	6
II. The European Union and alcohol policies.....	8
2.1 History and development.....	8
2.2 Interventions.....	9
2.3 The Task Force on Youth-Specific aspects of Alcohol.....	10
2.4 Future expectations.....	11
III. The countries.....	13
IV. Italy.....	14
4.1 Introduction and drinking culture.....	14
4.2 The role of the government.....	15
4.3 Laws and regulations.....	16
4.4 The role of the alcohol industry.....	17
4.5 Future expectations.....	17
V. The Netherlands.....	19
5.1 Introduction and drinking culture.....	19
5.2 Alcohol facts and young people.....	20
5.3 The role of the government.....	21
5.4 Laws and regulations.....	22
5.5 Future expectations.....	22
VI. Sweden.....	23
6.1 Introduction.....	23
6.2 The role of the government.....	23
6.3 Impact of the European Union in Sweden.....	24
6.4 Drinking culture.....	24
6.5 Laws and regulations.....	25
6.6 Future expectations.....	26
VII. The United Kingdom.....	27
7.1 Introduction and drinking culture.....	27
7.2 The role of the government.....	28
7.3 Laws and regulations.....	29
7.4 The role of the alcohol industry.....	30
7.5 Future expectations.....	30
VIII. The country comparison.....	32
8.1 Drinking cultures.....	32
8.2 Rules and regulations.....	32
8.3 Positive and negative harm reduction solutions.....	32

8.4 Possible solutions.....	33
IX. Country comparison table.....	34
X. Recommendations.....	35
10.1 Why interfere.....	35
10.2 An advisory report.....	36
XI. Conclusions.....	38
11.1 The European Commission.....	38
11.2 The countries.....	38
11.3 Possible future scenarios.....	39
11.4 Possible future research.....	40
XII. Bibliography.....	41
XIII. Appendix.....	45

# I. Introduction

## **1.1 Why this subject is interesting**

Throughout Europe, there is a growing concern about the increase of alcohol abuse among young people. In the last one or two decades, drinking habits and cultures have changed and new terms such as binge drinking and harm reduction are introduced in the alcohol field. Many experts that either work with alcohol abusers or are involved in the development of policies agree on the negative effect that alcohol has on the body of a young person in development and therefore alcohol and young people could be considered to be a 'hot item'.

The consumption of alcohol is not new in society; the beverage alcohol already existed tens of thousands years ago and never left throughout history. Even though many people know how to drink alcohol responsibly, the group of people that drinks harmfully and irresponsibly is growing, especially among young people. The irresponsible drinking of too much alcohol is "associated with a range of physical and social harms. These include both chronic health consequences (such as toxic effects on liver, heart and other organs) and acute outcomes (such as traffic crashes, injuries and alcohol poisoning)." (Stimson, Grant, Choquet & Garrison, 2007, p. 2)

## **1.2 Initiatives and harm reduction**

In order to diminish the harmful effects of alcohol, many initiatives have already been taken. The European Union has developed programs to coordinate possibilities of policy options within the alcohol field, international governments apply more regulations to control alcohol abuse (especially by young people) and conferences and informative meetings are organised by different organisations that work independently or together with their government. Also, the alcohol industry develops programs to carry out a responsible drinking message and special attention is being paid to high risk groups such as young people, pregnant women, heavy drinkers and people who tend to drink and drive.

One of the organisations working in the harm reduction field is Quest for Quality. Quest for Quality BV is an Amsterdam-based company specialised in training and consultancy in the field of alcohol and drugs. The company started by developing strategies for drug addicts and made a business out of sharing their knowledge with other companies or government-related organisations in both the

Netherlands and in other (European) countries by means of instruction courses, workshops and study travels. Since 2001, the company has been involved in the alcohol policy field and started to develop programs, informative sessions and conferences about alcohol and harm reduction.

The concept of harm reduction is important in the alcohol policy area. The idea behind harm reduction is that people should not be restrained to drink; but that the consequences of the (ab)use of alcohol should be reduced and people should be informed about the risks of drinking, especially at a young age. The start of alcohol education at a young age is very important, since youngsters start experimenting with alcohol when they are very young (varying from 12-16 years old) and most of them are not aware of the severe consequences of alcohol abuse. Scientists agree that alcohol can do a lot of harm to a young body, especially to the developing brain and organs such as kidneys and the liver. Too much alcohol at a young age, therefore, is harmful.

### **1.3 Central question**

Considering the dangers and risks of alcohol abuse among young people, what has already been done in European Countries to reduce alcohol-related harm and could it be possible for the European Union to extend current policies and develop ideas into an integrated policy?

### **1.4 Contents of this paper**

In this paper, four European countries with different drinking cultures will be investigated and compared and the European Union initiatives will be explained. After the comparison of the countries and the projects already running within the EU, recommendations for an integrated alcohol policy model will be presented in the hope that it might solve the increasing problems with young people and alcohol. The countries chosen for the comparison are Italy, the Netherlands, Sweden and the United Kingdom. These countries represent different drinking cultures and are therefore interesting to compare. Sub-questions that will be used for every country will include the drinking culture of the country, the role of the government concerning alcohol, the role of the alcohol industry (optional), the main laws, rules and regulations in the country and a suggestion of what the country could do to reduce alcohol-related harm.

In order to get a very brief idea of the differences in drinking habits, a table containing all countries and the most significant facts and numbers will be provided. These facts and data will be further elaborated on in the country chapters. Most of the information used in this research derives from publications published on the Internet in the form of a PDF file. Some books were consulted and Dutch newspapers were searched through every day for news concerning alcohol. The most important source concerning the investigation of the countries was a report by Esa Österberg and Thomas Karlsson called 'Alcohol Policies in EU member states and Norway: A collection of country reports'. The report provided a lot of useful information about all of the countries in this research.

The first part of this paper is an overview of the European Union and its relation towards alcohol policies, followed by a short introduction into the four countries. Then, the alcohol policies of the four countries are individually described, starting with Italy, followed by the Netherlands, Sweden and finally the United Kingdom. After this, a table with a comparison of the countries is presented, followed by recommendations towards the European Union based on the country research. Finally, the conclusions are presented and the report is closed by a bibliography and an appendix. In this appendix, one can find the mandate of the European Alcohol and Health Forum, a document from the Italian smoking, alcohol and drugs observation centre, Dutch newspaper articles, a document explaining the Swedish Systembolaget system and a newspaper item about alcohol and politics in the United Kingdom. This report is the final result of extended research and hopefully clarifies the problems and possible solutions concerning the use and abuse of alcohol, especially concerning young people.

## II. The European Union and alcohol policies

### **2.1 History and development**

In order to get an insight into alcohol policies provided by the European Union, it is important to briefly look at the history of the health policies. Alcohol policies are part of the general health policies and it is interesting to see how the European Commission created and developed policies within this field. A definition that one regularly finds linked to EU health policies is the subsidiarity principle, meaning that the European Union should only act when the actions of individual countries are insufficient. This subsidiarity principle was first introduced in the Maastricht treaty of 1992 and later incorporated in the treaty of Amsterdam in 1997. The principle

“Can be said to refer primarily to the relationships between state and non-state actors, rather than to the relationships between different territorial levels of government. In essence, the principle of subsidiarity stipulates a social order where any activities which can be satisfactorily performed by the individuals themselves or by the smaller (primary) communities to which they belong should *not* be transferred to larger and more comprehensive communities. And the state is conceived as the most comprehensive community. Thus the principle of subsidiarity circumscribes the role of individual self-responsibility versus the collective responsibilities of smaller or larger communities” (Kohl, J., Vahlpahl, T., 2005, p. 2).

Another interesting characteristic of the policy is that it can be considered to be an Open Method of Coordination policy [OMC]. The OMC is a fairly young principle of policy coordination within the European Union and is used in different policy fields, including the public health care field. (Kohl, J., Vahlpahl, T., 2005, p. 4)

“The basic structure of the OMC is to define goals at the level of the Council of the European Union, on a mandate by the European Council and following proposals of the Commission, which are to be pursued by the respective national governments within their own responsibility” (Kohl, J., Vahlpahl, T., 2005, p. 6).

Shortly, the method means that the European Union does not make a set of rules that should be implemented by all the member states, but provides guide lines and gives the member states the opportunity to learn from each other. National policies

are not overthrown by EU policies, but might need some adaptations in order to increase their sufficiency.

One of the main goals of the European Union is to protect European citizens and to defend their rights. The three fundamental rights that must be available for all citizens in the European Union - established by the treaty of Maastricht - are the rights to travel, work and live everywhere within the Union. The Maastricht treaty is only one of the many treaties established in the European Union to protect and guide its citizens and, according to the Public Health factsheet 4.10.3 of the European Parliament, it is the first official basis of European Union-based health regulations. The same document states that some policies regarding health issues were necessary with the introduction of freedom of movement, since this freedom also gave access to health care systems of all European Union countries and caused both health professionals and patients to move to other European countries. “The emergence of drug addiction, cancer, and AIDS (among others) as major health issues, coupled with the increasingly free movement of patients and health professionals within the EU, pushed public health ever further onto the EU agenda” (European Parliament, 2001, ¶ 5).

## **2.2 Interventions**

The Union is subdivided into bodies such as commissions, institutes, committees and councils. One of the divisions within the Union is the Public Health institute, which is a part of the Directorate-General for Health and Consumer Protection [DG SANCO] brought to life by the European Commission. The Public Health institute itself is divided in different subjects, one of them being the ‘European Alcohol and Health forum’ and within this forum, some task forces are installed. Each of these task forces focuses on specific parts of alcohol-related issues, for example alcohol and young people.

DG SANCO created, on behalf of the European Commission, a ‘Charter establishing the European Alcohol and Health Forum’ in June 2007. According to this document

“... harmful and hazardous alcohol consumption is a net cause of 7.4% of all ill-health and early death in the European Union (...) Hazardous alcohol consumption drives over 10% of EU female mortality and around 25% of male mortality in the 15-29 age group. The overall

objective of the Forum is to provide a common platform for all interested stakeholders at EU level that pledge to step up actions relevant to reducing alcohol-related harm” (European Commission, 2007, pp. 1-2).

The same charter also sets out the five priority themes provided by the European Commission:

“Protect young people, children and the unborn child; reduce injuries and death from alcohol-related road accidents; prevent alcohol-related harm among adults and reduce the negative impact on the workplace; inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption and on appropriate consumption patterns and develop and maintain a common evidence base at EU level” (European Commission, 2007, p.7).

These tasks will have to be carried out by the Member States, since the Commission has

“... no intention to substitute Community action to national policies, which have already been put in place in most of the Member States and relate to national competences in accordance with the principle of subsidiarity and Article 152 of the EC Treaty. In particular, the Commission does not intend as a consequence of this Communication to propose the development of harmonised legislation in the field of the prevention of alcohol-related harm” (Commission of the European Communities, 2006, p. 4).

Implementation of an EU-based integrated alcohol policy is not considered to be necessary yet. Member states are able to deal with alcohol-related problems themselves and, as mentioned earlier, the subsidiarity principle still prevents the European Union from intervening in the alcohol policies of its member states.

### **2.3 The Task Force on Youth-Specific aspects of Alcohol**

Within the Alcohol and Health Forum, the Task Force on Youth-Specific aspects of Alcohol has been established. This task force works on alcohol-related projects especially concerning young people. For this task force, the Alcohol and Health Forum also developed a document containing the mandate, rules of procedure and work plan of the Task Force. The task force will provide

“Strategies aimed at curbing under-age drinking; information and education programmes on the effect of harmful drinking and on responsible patterns of consumption; possible developments of efficient

common approaches throughout the Community to provide adequate consumer information; actions to better enforce age limits for selling and serving alcohol; interventions promoting effective behavioural change among children and adolescents; cooperation to promote responsibility in and prevent irresponsible commercial communication and sales” (European Alcohol and Health Forum, Task Force on Youth-Specific aspects of Alcohol, 2007, p. 1).

The main tools of this task force are meetings with all twenty-eight members. These members come from different countries and organisations and will meet in Brussels or Luxembourg to discuss possible solutions to problems occurring in places where young people drink. After the task force conducts enough meetings to get a general idea of the problem and possible outcomes, recommendations will be written and presented to the Alcohol and Health Forum and this forum then decides what should be done. Since the first and only meeting of the task force was in November 2007, results or recommendations are not yet available. The members of the task force did participate in a workshop where interventions coming from different countries with positive results were presented. This could help the members to shape ideas about recommendations in order to reduce alcohol-related harm for young children.

#### **2.4 Future expectations**

It is not probable that the European Union will develop a strategy to reduce alcohol-related harm that should be implemented by all member states in the near future. Even though the health department of the Union is growing and developing in many different fields, the European Commission decided that alcohol policies must be established and maintained by the member state governments themselves. With the establishment of the European Alcohol and Health Forum, the Commission does give the member states guidance towards better alcohol policies. With the Forum, stakeholders such as NGOs, producers of alcoholic beverages and governments are able to take a look at alcohol-related problems and possible solutions. Solutions might be campaigns to promote responsible drinking behaviour, restrictions on commercials for alcoholic beverages and the provision of information about the harm alcohol can cause.

Although the Commission does not want to take over the national alcohol policies, it does want countries to take action against the problems. As mentioned before, the alcohol policies could be considered to be an open method of

coordination policy. Member states should inform each other about progress made and the developed projects that were successful in their countries. The establishment of the European Alcohol and Health Forum is a step forward in the right direction and will most probably develop into a useful organisation.

Member states and their actions are important for the success of new and developing alcohol policies. A look into four countries and the regulations, projects and campaigns developed is interesting. In the next chapter, the alcohol facts of Italy, the Netherlands, Sweden and the United Kingdom are described in order to get an insight in alcohol use, problems and solutions in four European countries.

### III. The countries

Italy, the Netherlands, Sweden and the United Kingdom; four European countries with different historic backgrounds, different languages, different cultures and therefore also different drinking cultures. Every country in Europe has gone through a different development during history. And even though some countries did appear to have developed similarly, (e.g. the Scandinavian countries, the Mediterranean countries) every European country comes from a different background and wants to prevent their cultures from disappearing in one European melting pot.

This phenomenon of countries willing to create a European Union that is united politically and economically, but without the loss of European country cultures is also noticeable in the alcohol policies. Italy, the Netherlands, Sweden and the United Kingdom represent four different drinking cultures throughout Europe and might all claim that theirs is best. However, it is known and mentioned more often each year that the abuse of alcohol has become a problem in Europe and it does not look like it is a problem that will solve itself in the upcoming years.

For this reason, a comparison of four European countries, with four different attitudes towards drinking, drunkenness, drinking and driving, alcohol consumption by young people and the solutions each country is considering, the initiatives companies are taking and the effects it has on the drinking habits are worth considering. In the following chapter, every country will be researched by means of five questions about existing policies:

1. How could the drinking culture in [name of country] best be described?
2. What is the role of the government concerning alcohol use?
3. What is the role of the alcohol industry? (optional)
4. What are the main regulations concerning alcohol, driving and young people?
5. What could [name of country] do to reduce alcohol-related harm?

After the description of the role of every country, a comparison will be made about positive outcomes, negative outcomes and an explanation of what solution might work in all countries.

## IV. Italy

### 4.1 Introduction and drinking culture

Italy is a country that is considered to be part of the Mediterranean countries. It is located in the south of Europe, counts approximately 59 million inhabitants and has a large cultural heritage due to the Roman Empire that ruled over Europe more than 2000 years ago.

According to the Osservatorio permanente sui Giovani e l'Alcool, Italy is considered to be a Mediterranean country and therefore falls within the...

“Mediterranean culture: dominance of the social and ‘wine-centred’ model of consumption, systematic association with alcohol consumption in the sphere of common meals, consumption on equal terms between males and females and its initiation within the family, exercise of control on its abuse mediated by the category of moderation” (Osservatorio permanente sui Giovani e l'Alcool, 2007, pp. 97-98).

In Italy, alcohol is mainly consumed in the form of wine and during or right after the afternoon or evening meal. The country has a long history of wine drinking, although numbers vary through the years. For example, in the period of 1911-1915, Italians drank an average amount of 127 litres wine per year, in the period 1936-1940, this amount decreased to 84.2 litres and in 1995 it was 77 litres (Österberg & Karlsson, 2003, pp. 261-262). Although this amount decreased with 50 litres in eighty years, wine is still the most consumed alcoholic beverage in Italy.

This Mediterranean drinking culture has some consequences. On the one hand, people do not tend to get drunk and public drunkenness is considered to be an undesirable outcome of drinking, which reduces the alcohol-related harms such as traffic accidents and acute alcohol poisoning. However, this behaviour is changing in the Italian society and young people tend to binge drink<sup>1</sup> more often. The publication of the Osservatorio permanente sui Giovani e l'Alcool reports that “10.2% of young people between the ages of 13 and 24 years have had at least one experience of *binge drinking*” (2007, p. 98). Even though this number is low in comparison with other countries, it seems that the traditional Mediterranean drinking pattern is changing in Italy. On the other hand, a drinking pattern in which people drink daily

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<sup>1</sup> Binge drinking generally refers to the consumption of five alcoholic drinks or more on one occasion.

amounts that do not cause direct drunkenness have a higher chance of developing heart diseases and diseases such as liver cirrhosis, that causes heavy damage to the liver function.

#### **4.2 The role of the government**

The Italian government is not considered to be one of the most stable governments in Europe. Since the Second World War, 62 new parliaments have been installed to govern the country. This unstable position might result in a more difficult decision-making process. Despite the history of the country that is oriented towards drinking wine with meals, attitudes towards alcohol are changing. “More young people are recorded to abuse alcohol and there is a higher frequency of alcohol-related problems.” This statement derives from the press office of the Osservatorio su fumo, alcol e droga [Ossfad], the observation post for smoking, alcohol and drugs that is part of the Istituto Superiore di Sanità, the Ministry of Health (2003). The press release also reports that “moreover, the phenomenon causes the release of the ‘Mediterranean’ cultural model characterised by moderate consumption, narrowly linked to meals towards a model of ‘separate consumption’ and ‘binge drinking’.”

The same document also reports some other interesting facts; research into the amount of alcoholic beverages intake on television for example. The research showed that ‘an alcoholic drink is shown on the television screen every 13 minutes, - twice as much as the use of a cigarette - and is always consumed by someone with a nice and positive character.’ In Europe, one fourth of all deaths of people aged 15-29 can be attributable to alcohol and in Italy

“The situation is not less tragic: for the 170 thousand traffic accidents that occur annually on the Italian streets, 50 thousand are attributable to elevated levels of alcohol in the body. Meanwhile, young people are involved in almost half of the 6 thousand deaths caused by similar accidents.”

As a solution for this rising amount of alcohol abuse among young people...

“Ossfad presented a social campaign model in order to create awareness, to inform and to prevent the risks that come forward from alcohol abuse by youngsters. The initiative intends to be presented in Regions, Communities, Provinces and to all social workers working for the protection of the health by means of helpful communication tools

(posters, brochures, flyers, surveys, Internet sites) that are able to reach every location where young people can be found (schools, pubs, discotheques, concerts) trying to modify the dangerous lifestyles” (Istituto Superiore di Sanità, 2003).

Another press release by the Ministry of Health reports the increase of alcoholics in Italy.

“People entering alcohol-related service centres are mostly men, 3.5 for every woman. The average age, which corresponds with 44.5 years old, is decreasing in every category and in particular with the male newcomers (42.1 years old in 2005 vs. 44.0 years old in 2001). In 2005, 17% of the newcomers were less than 30 years old. In fact, there is a strong increase of newcomers between 20 and 29 years old, from 10% in 1996 to 15.7% in 2005” (Redazione Ministerosalute.it, 2007).

The document also comes up with some possible solutions, like targeted interventions that should help Italian people to gain knowledge about responsible use of alcohol in order to reduce harm.

#### **4.3 Laws and regulations**

In Italy, laws and regulations about alcohol have been put into place in 2001. The aim of these laws is “to prevent, to heal and to help alcohol-dependent people regain their place in society” (Parlamento Italiano, 2001). The law wants companies making advertisements for alcoholic beverages to auto-regulate legislation in order to protect -especially young- people from alcohol-related harm. This law does provide some regulations that the beverage alcohol industry should apply when making advertisements for their products. These regulations include that

“It is forbidden to show television commercials of alcoholic beverages when these are shown during a program aiming at minors, including 15 minutes before and after these programs and between 4 and 7 pm.; it is forbidden to place alcohol advertisements in places that are frequently visited by people younger than 18, in magazines aiming at minors and in cinemas where a film is shown that is targeting an audience of minors” (Parlamento Italiano, 2001).

It is also forbidden to sell alcoholic drinks from 10 pm to 6 am at a bar situated next to a highway. The legal drinking and purchasing age in Italy is 16 and the maximum

BAC (blood alcohol content) level when one wants to drive a motorised vehicle is 0.5‰.

#### **4.4 The role of the alcohol industry**

Throughout the world, the beverage alcohol industry is acknowledging that alcohol abuse might lead to serious problems. In Europe, the European Spirits Organisation [CEPS] produced, together with the European Forum for Responsible Drinking [EFRD] a guide in which spirits industry initiatives are summed up. Since only companies producing spirits are members of the CEPS, other alcohol-producing companies and their initiatives have not been included in this guide. Despite this absence, the guide provides strong initiatives which give the companies that joined the organisation a chance to carry out their corporate responsibility messages.

In the industry initiatives guide, the spirits industry initiatives in Italy are dominated by drink/ driving initiatives. Bacardi-Martini produced a film of 10 minutes to promote responsible drinking; the film was shown on 50 different places and reached over 20,000 high school students all over Italy. Initiatives to discourage drinking and driving at the same time include the use of big and smaller buses to bring young people to discotheques, a campaign to support the use of a so-called designated driver and a campaign called 'Don't Drink and Drive' which was brought to the public by means of leaflets, key rings, billboards, printed on taxis etc. Diageo Italy produced, together with the Italian Association of Barmen and the British Chamber of Commerce, a 'Barcode' manual to instruct people working at bars. The idea was received very well, 70% of outlet owners using the manual believed it to be a useful tool for barmen. Another booklet was produced by Martini Rossi; the aims of this production were to raise awareness in the fields of responsible drinking, alcohol and pregnancy, drinking while being under medication and drink-driving. (CEPS & EFRD, 2007, pp. 31, 32, 33)

#### **4.5 Future expectations**

As stated before, the drinking culture in Italy is changing. The Mediterranean lifestyle has been replaced by a lifestyle that tends to accept drinking outside of meals, with amounts than can cause someone to get drunk. What the country could do to decrease alcohol-related harm is to continue to spread the drink-responsible messages and to better control whether the laws and regulations regarding the use

of alcohol are maintained. Initiatives that discourage drinking and driving, such as the buses bringing people to and from discotheques, should be subsidised and innovative new initiatives should also be supported by the government.

Something that might be even more important for the Italian government to realise is the observance of the alcohol laws since these laws do exist in Italy, but are not always executed. Young people should learn that alcohol causes harm to their bodies and that they should not drink before they turn sixteen. By realising this, parents and people working with youngsters like teachers and social workers should also be informed about the risks in order for them to better control the lifestyle choices their children make.

## V. The Netherlands

### 5.1 Introduction and drinking culture

The Netherlands, sometimes also referred to as Holland, is a relatively small country located in the west of Europe. The country is inhabited by approximately 16.4 million inhabitants and therefore one of the most densely populated countries in the world. The nation is also one of the founding countries of the European Union, has an extensive history and experienced wealthy episodes during its existence.

“In the Netherlands the present alcohol legislation dates from the year 1881 when a law was enacted introducing the so-called maximum system for both off- and on-premise retail sales of distilled alcoholic beverages. This legislation required a municipal licence for retailing distilled alcoholic beverages, and the number of licences to be issued was dependent on the size of municipal population. The 1881 legislation was completely renewed for the first time in 1904 and later on both in 1931 and in 1964. After the last reform, the law was called the Alcohol Licensing and Catering Act. It came into force in 1967, and was amended in 1996 and recently in the year 2000. Other laws that could be seen as parts of alcohol control system are the Commodity Act, which regulates the quality of alcoholic beverages, and the Road Safety Act, which regulates the legal blood alcohol concentration (BAC) limit in traffic” (Österberg & Karlsson, 2003, p. 303).

The drinking culture in the Netherlands is dominated by beer consumption and the country houses several beer brewers. Because of the climate of the country - grapes are difficult to be grown in the Netherlands - wine is hardly produced and must all be imported.

“Drinking in the Netherlands is closely associated with hospitality and sociability, therefore, much more alcohol is consumed in the home than in licensed establishments. Nearly 70 per cent of the beer consumed is purchased for consumption off the premise. For wine the corresponding figure is about 70 per cent and for distilled spirits about 80 per cent. (...) In the Netherlands the national spirits drink is jenever, a beverage whose existence dates back to the sixteenth century. In the early 1980s it accounted for nearly 50 per cent of the consumption of distilled spirits” (Österberg & Karlsson, 2003, p. 302).

The drinking culture in the Netherlands is not defined by one word, like the Mediterranean culture in Italy, but consists of some characteristics. 52% of the

alcoholic beverages consumed by the Dutch in 1995 consisted of beer, expensive wines are increasingly popular and the historically national drink, jenever, is decreasing in popularity. (Österberg & Karlsson, 2003, p. 302) Dutch young people are familiar with alcohol; they usually start drinking between the ages of 11 and 14 and 52% of the Dutch 15 year-olds drink alcohol weekly. (Laar, M.W. van (red.), Cruts A.A.N. (red.), Verdurmen, J.E.E., Ooyen-Houben M.M.J. van (red.), Meijer R.F. (red.), 2007, pp. 133-134) The Dutch Trimbos Institute creates a report of drugs, smoking and alcohol every year, called the 'Drugsmonitor'. Much about the Dutch drinking habits is found in the alcohol section of the report and is written by M.W. van Laar et al. The report contains some interesting facts about the drinking behaviour of the Dutch, hospital admissions, preferred beverages, alcohol and young people, alcohol and traffic etc.

## **5.2 Alcohol facts and young people**

Most of the Dutch young people are familiar with drinking; 85% of the students of regular high schools have experience with alcohol and 47% of the 12 year-olds has already had one glass of alcohol. Boys reported to mostly drink beer and girls prefer Breezers, a pre-mix produced by Bacardi containing 5% alcohol. Binge drinking is a phenomenon that is increasing, also in the Netherlands. In 2005, 75% of students who had consumed alcohol in the past month reported that they had consumed five or more glasses on one occasion; in 2003 64% reported binge drinking. 50% of the young people who go out and drink between the ages of 13-17 confirmed that they already have a drink before they go out and 11% of young people of this age visit a so-called 'shed' every now and then. These 'sheds' are private-owned spaces - such as barns, attics or caravans - where young people gather to have a drink and a chat. The Netherlands houses approximately 1500 of these sheds and the average amount of alcoholic drinks consumed on one evening is five. (Laar, M.V. van, et al., 2007, pp. 133-136, 138)

Even though the Dutch tend to be named a country with people drinking a lot, figures seem to go into another direction. The 'Productschap Dranken, Commissie Gedistilleerd', a Dutch interest group for distilled spirits made a comparison of 15 countries and the amount of litres pure alcohol per capita consumed. In this list, Sweden closes the line with 4.9 litres, followed by Italy with 6.9 litres, the Netherlands can be found at the 11<sup>th</sup> place with 7.9 litres and the United Kingdom at the 6<sup>th</sup> place

with 9.6 litres. However, one should take into account that these numbers are based on sale figures and are not completely comparable. (Laar, M.V. van, et al., 2007, p. 141)

In the Netherlands 31,073 people were registered at addiction care centres in 2005, this is only 3% of all the problem drinkers and approximately 75% of this group are men. The Ministry of traffic estimated that approximately 2700 people were killed or had to be admitted in a hospital because of alcohol-related traffic incidents in 2005. This amount decreases with 100-200 people every year since 1996. (Laar, M.V. van, et al., 2007, pp. 143, 145, 151)

Compared to figures and facts of other countries, the Netherlands is not a country with enormous alcohol problems. Traffic accidents are decreasing, more initiatives are introduced every year and policy makers, together with entrepreneurs and the alcohol industry try to think of projects to support responsible drinking. Problems with young people do seem to occur in the media more often and according to some, binge drinking to the extreme - young people drinking themselves into a coma - is not an exception anymore.

### **5.3 The role of the government**

Because of all the attention given to alcohol-related problems in the Netherlands, many different parties are working on solutions to reduce harm, especially concerning young people. Minister Klink, on behalf of The Dutch ministry of health, welfare and sport together with minister Rouvoet, on behalf of the ministry of family and youth and minister ter Horst on behalf of the home office sent an advisory letter to the government concerning alcohol policies on November 20<sup>th</sup> 2007. The most important goal of the renewed alcohol policy angle is the prevention of harmful drinking patterns. The most important target group is young people, since one of the main principles of the ministry of health is to protect the health of the citizens and at the moment, alcohol causes many damages to the health situations of young people. (Klink, A., Rouvoet, A., Horst, G. ter, 2007, p. 4)

The same letter reports that the government wants to achieve four main focus points; kids should not start drinking before the age of 16, young people should drink less, less people should be physically or mentally dependant on alcohol and harmful consequences of alcohol in special situations should be reduced (within the family, at work, in traffic and during going out). The percentage of 12-15 year old kids using

alcohol should be reduced to 62% in 2011 (82% in 2003) and the percentage of adult problem drinkers should be reduced to 8% (9.6% in 2004). (Klink, A., et al., 2007, p. 4)

#### **5.4 Laws and regulations**

With this letter, the Dutch government proves that it is working on alcohol policies, the main goal being the reduction of alcohol-related harm. Even though the ministries wrote this letter to indicate that the problems have been acknowledged, the government decided to leave the alcohol-related laws and regulations unchanged. In the Netherlands, people are allowed to drink and buy alcohol with a maximum alcohol percentage of 15% from the age of 16. From the age of 18, people are allowed to buy and drink every alcoholic drink. When one wants to drive a motorised vehicle, the maximum BAC level is 0.5‰. The exceptions to this rule are the young drivers possessing a driving licence for five years or less; the maximum BAC level for this group is 0.2‰.

One of the main problems seems to be the alcohol beverage sale points that do not always require legal identity for young buyers. Young people that are by law not allowed to buy or drink alcohol still have easy access to alcoholic drinks and it seems that a great majority of young people make use of this lack of control. An important measure that must be taken by shop owners and bar or club owners is to sharpen the ID requirements. Together with the measures the government proposed in its advisory letter, young people should have more difficulties to have access to alcoholic beverages and the logical consequence will be that young people drink less and alcohol-related harm will be reduced.

#### **5.5 Future expectations**

For the Netherlands, the facts seem to give the impression that heavy drinking and harm related to alcohol are reducing. The government plays an important role in this harm reduction strategy and together with entrepreneurs, campaigns launched by the alcohol industry and initiatives by schools and other organisations, the Netherlands will most probably be able to control excessive alcohol abuse and reduce alcohol-related harm. Especially for the harm-sensitive group of young people between the ages of 14-24 this changing strategy will be of great importance.

## VI. Sweden

### 6.1 Introduction

Sweden is the largest of the Scandinavian countries located in the North of Europe and is the home of approximately 9 million people. The country joined the European Union in 1995, but does not belong to the so-called 'Euro countries', countries that pay with the European Euro. Because of its landscape, Sweden is one of the least densely populated countries in the world with an average of 20 people living on one square kilometre.

The situation concerning alcohol in Sweden is somewhat unique in Europe. Alcohol consumption was traditionally dominated by spirits since the beginning of the 19<sup>th</sup> century and the majority of alcohol producing companies used to be owned by the Swedish government that had a monopoly on liquor sales. The history of the Swedes is one in which alcohol has always played an important role. During the industrialisation in the 19<sup>th</sup> century, Swedish people used to drink very high quantities of alcoholic consumptions which caused the Swedes to behave problematic in such extremes that the government decided to take action. Since the government interference, liquor stores in Sweden have become "few and far between and had the look of hospital pharmacies. They closed by 6 on weekdays and never opened on weekends. Choice was limited and prices were higher" (Daley, S., 2001, ¶ 1-3). The idea behind this monopoly is that costumers cannot be seduced to buy more alcohol because of the marketing tools such as advertisements and bargain deals that entrepreneurs use in order to sell their products.

### 6.2 The role of the government

The Swedish system is called Systembolaget and is explained - in English - on a website. According to this website, the system was working excellent for the country, but the fact that Sweden joined the European Union was the start of a milder alcohol policy. The thought behind the Systembolaget is that a 'dangerous product' like alcohol should not be sold by entrepreneurs whose main goal is to make a profit. When the state has the monopoly on alcoholic beverages, the state is the only actor able to control prices. Therefore, liquor prices in Sweden are high compared to other

European countries and stores selling alcoholic beverages have limited opening hours. (Systembolaget (2007), ¶ 2-3)

“With Sweden’s entry into the European Union on January 1, 1995, a new Alcohol Act went into force. Monopoly control on production, import, export and wholesale, as exercised by Vin & Spirit, was abolished. The National Alcohol Board was set up for the supervision and control of producers and wholesalers, while Vin & Spirit continued to operate as a state controlled company competing with other importers and distributors, who were allowed to sell directly to restaurants and bars. The off-premise alcohol retail monopoly, Systembolaget, was however continued even after the Swedish EU membership” (Österberg & Karlsson, 2003, p. 390).

### **6.3 Impact of the European Union in Sweden**

Since Sweden joined the European Union, Swedes are able, because of freedom of movement of goods, to import alcoholic drinks from other European countries. At first, the government tried to prohibit this import, but the European court of Justice decided that this prohibition was a violation of the Maastricht treaty. Because of the high prices of alcoholic consumptions in Sweden, it is estimated that “approximately one third of the alcohol consumed is illegally produced” (Daley, S., 2001, ¶ 29).

The Swedish system is still changing, also due to the pressure of the European Union. On Monday march 31 2008, the news that the French company Pernod Ricard prepares to buy the state-owned Swedish Vin & Spirit, reached the Dutch news papers. An article in Algemeen Dagblad reports that the take-over will be completed in the summer months, that the company needs to be privatised and that the French company had to compete with the American company Fortune Brands and with Bacardi. (“Zweedse Absolut Vodka in Franse handen”, 2008, ¶ 1-2)

### **6.4 Drinking culture**

The drinking culture in Sweden could be considered to be a Scandinavian drinking culture, but does differ from its neighbouring countries. The Systembolaget system is one that occurs in few countries in Europe, but the attitude towards alcohol, the opinion about drunkenness and the problems forthcoming from alcohol abuse in Scandinavia are comparable. In the North of the Scandinavian countries, a fictive part of the land is referred to as ‘the Vodka belt’, indicating the preferred beverage of the Scandinavians. The Scandinavian drinking style could be considered to be the

opposite of the Mediterranean drinking culture. Whereas the Mediterranean people mostly prefer moderate amounts of wine during meals when it comes to alcoholic consumptions, Scandinavians prefer to drink spirits with a high alcohol percentage and if they drink, the drinking happens in the weekends or during holidays, often with the goal to get drunk. In countries such as Italy, the alcohol-related problems are mostly long-term effects of alcohol intake concerning people with alcohol-related diseases such as liver cirrhosis, cardiologic problems or different kinds of cancer. In countries where the drinking patterns consist of the intake of large amounts of alcoholic drinks on one occasion, 'binge drinking', problems such as traffic accidents, violence and aggression are more common and kill more people than alcohol-related diseases. (Daley, S., 2001, ¶ 16-17)

## **6.5 Laws and regulations**

Because of the strict alcohol policies maintained by the Swedish government, rules and regulations concerning alcohol belong to the strictest rules of the European Union countries. The legal drinking age in Sweden is not a matter of one age for every moment and every alcoholic beverage. The minimum age to drink any alcohol at all is 18, and counts within restaurants, bars, clubs and stores selling alcoholic beverages containing max. 3.5% alcohol. Alcoholic consumptions containing a higher alcohol percentage can only be bought in the Systembolaget stores from the age of 20 and many club owners maintain a higher minimum drinking age, varying from 20 to 23. The maximum BAC level for people who want to drive a motorised vehicle is 0.2‰.

Due to all the strict rules, regulations and restrictions concerning buying and drinking alcohol and alcohol advertisement, the alcohol consumption in Sweden is low compared to other European countries, even though history shows a higher alcohol intake per capita. The alcohol-related problems in Sweden became severe enough for the government to take action. After this interference by the government, the alcohol intake decreased.

“Until recently Sweden had been predominantly a spirits drinking country since the beginning of the nineteenth century. At the beginning of the nineteenth century consumption of hard liquor may have reached as high as 20 litres per person annually. (...) In the mid-1970s, the consumption of distilled spirits was about 3 litres of pure alcohol per

capita. It has since then fallen and in 2000 it was about 1 litre of pure alcohol per capita. (...) At the beginning of the 1960s the average consumption of beer in Sweden was about 37 litres per capita. It increased to about 60 litres per capita by the mid-1970s. Between 1976 and 1985 it fell to 45 litres per capita, but has since then increased again. In 2000 beer consumption was 56 litres per capita. (...) Wine consumption, starting from a low level, has had a constant upward trend. At the beginning of the 1960s wine consumption was about 4 litres per capita. By 2000 it had reached a figure of 15 litres per capita” (Österberg & Karlsson, 2003, pp. 385-386).

Sweden is a country with regulations belonging to the strictest in Europe and due to high prices, low availability and strict age and drink/ driving regulations, alcohol-related harm in Sweden is considerably low. The life expectancy is high, both traffic accidents and diseases coming forward from alcohol abuse such as liver cirrhosis are low and alcohol dependency does not occur widespread. The treatment for alcohol dependency in Sweden is dominated by so-called outpatient units. Approximately 800 people every year are involved in state-regulated compulsory and involuntarily treatment, because they did or attempted to do harm to themselves or others.

## **6.6 Future expectations**

The Swedish approach towards alcohol is the opposite of the harm reduction approach but tends to be effective in the country. In order to teach young people to use alcohol responsibly and to decrease the amount of illegally produced alcohol, the amount of information available could be increased and availability could be more extended. The Swedish government seems to be concerned about its citizens and attempts to reduce harm by maintaining strict rules and regulations. Because of a change in attitude and values, alcohol will most probably be more available to Swedes, but most probably the government will be able to protect and inform its citizens to use alcohol responsibly. The fact that the Swedish state-owned company Vin & Spirit is sold to a French company will most probably also have consequences. The effects of this change of owner will probably be visible within the next five years.

## VII. The United Kingdom

### 7.1 Introduction and drinking culture

The United Kingdom, officially named the United Kingdom of Great Britain and Northern Ireland, is located in the North Sea in the North West of Europe and consists of four countries and some islands: England, Scotland, Wales, Northern Ireland, the Channel Islands and the Isle of Man. The governmental structure of the UK is structured in a complicated manner, but most of the rules and regulations apply to all countries and are regulated from London, the capital city of England. The country is inhabited by approximately 60 million people and is part of the European Union since January 1 1973.

The drinking culture in the United Kingdom is associated with large amounts of alcohol intake and many problems occurring in the streets, bars and public spaces. According to Österberg and Karlsson, the preferred alcoholic beverage of the British people is beer and therefore the country has had a long history of producing and drinking beer, with varying preferences in types of beer such as lager, bitter, stout, mild and ale. Traditionally, beer is consumed in bars and pubs from large glasses, but this habit is changing as sales of packaged beer are increasing. Because of the British preference for beer, the country houses many breweries, producing both national and international beers. Consequently, the beer import is low, 9% of the beer consumed in the UK is imported.

“The consumption of alcohol has long been an important part of traditional culture in the UK. In the nineteenth century, the flourishing trade in alcohol was utilised by the government as a means to raise revenue through duties and taxes. It is therefore possible to make fairly reliable estimates of alcohol consumption for over 200 years through the financial records kept by Customs and Excise. (...) Between 1950 and 2000 total alcohol consumption per capita increased twofold from 3.9 litres to 8.4 litres. Alcohol consumption was stable in the 1950s but it increased quite strongly in the 1960s and 1970s. At the beginning of the 1960s the total annual alcohol consumption was about 4.5 litres and in the late 1970s it was about 7.5 litres. In the 1980s and 1990s the total alcohol consumption increased slightly reaching the figure of 8.4 litres per capita in the late 1990s” (Österberg & Karlsson, 2003, pp. 409-410).

Regarding the four countries investigated, the population of the United Kingdom has the highest amount of alcohol consumed per capita. In a report launched by the World Health Organisation, called Alcohol Consumption and Beverage Preferences, a list is published of "Total recorded alcohol per capita consumption (15+), in litres of pure alcohol", containing almost every country and the amount of alcohol consumed per capita for the population of 15 year old and older in 2004. At the highest positions one finds countries such as Iran, Kuwait and Saudi Arabia where this number is zero, because of the mainly Islamic population. The country that closes the list is Uganda with 19.47 litres - not fully reliable since it is an estimated number - and the second last place is for Luxembourg with 17.54 litres. In this list the order of the four investigated countries starts by the UK with 10.39 litres, The Netherlands with 9.74 litres, Italy with 9.14 litres and Sweden with 6.86 litres. (WHO, 2004, pp. 11-12)

Due to this high amount of alcohol intake in the United Kingdom, problems are likely to occur and do so regularly. These problems make alcohol use and abuse a subject that causes a lot of debates and political interference. Andrew McNeill of the Institute of Alcohol Studies wrote something about this for Eurocare, the European Alcohol Policy Alliance, in September 2007:

"Alcohol has been unusually high on the political and media agenda in the UK for some time and there are signs that attitudes and opinion have started to shift among policy makers and opinion formers. This apparent change in opinion is mainly a reaction to the increase in consumption and harm of recent years and the liberalising measures that have been part cause, part consequence of that increase."

## **7.2 The role of the government**

The liberalising measures that McNeill mentions concern a change in the alcohol law in 2005. Officially, this law is called the Licensing Act 2003, but the press mostly uses the term 'continental concept of 24-hour drinking'. For a long period of time, British pubs were not allowed to serve alcoholic drinks between certain hours. For example, in a pub one could drink from 9 to 11 p.m. and from 1 to 2 a.m. At 2 a.m., pubs were closed and everybody had to go home. The consequences of this regulation included that everybody entered the streets to go home at the same time because of limited opening hours, with violence and aggression as a result and that the population tended to drink large quantities of alcoholic beverages in the hours it was allowed, in

order to drink enough to get drunk in a short period of time. However, when this regulation was abolished, the Brits did not change their drinking behaviour and problems such as violence and accidents increased. In order to reduce these problems, several British governments have tried to reduce the harmful drinking patterns of its citizens by implementing different laws, rules and regulations. In the field of instructing - especially young - people about the dangers of drinking too much alcohol, the government plays an important role. British health professionals are studying the consequences of the Licensing Act 2003 and in a few years it will most probably be clear what the long term results are of this Act. During this evaluation, the government will try to educate the people about responsible drinking patterns.

### **7.3 Laws and regulations**

The legal drinking age in the United Kingdom is not a simple matter of one age limit applicable in all situations.

“According to Licensing Act 1964, children under 14 years old may not be present in the bar of licensed premises unless accompanied by a person over 18 years old, and only before 9 p.m., and the bar must possess a children’s certificate. Based on the Licensing Act 1964 and Deregulation and Contracting Out Act 1994, children aged 14 and over may be in a licensed bar during permitted hours at the licensee’s discretion. Those under 16 years may be present in a restaurant where alcohol is served with a meal and at the licensee’s discretion they may consume alcohol bought by an accompanying adult, parent or guardian. However, they may not purchase alcoholic beverages by themselves. The Licensing Act 1964 allows young adults aged 16 years and over to purchase beer, porter, cider or Perry with a meal in an eating area of licensed premises. In Scotland they can also buy wine. However, those under 18 years may not purchase or be supplied with or consume alcohol in a bar” (Österberg & Karlsson, 2003, pp.414-415).

Even though these rules appear to be clear and strict enough and policemen are licensed to bring under-aged drinkers back home to their parents, underage drinking is a well-known phenomenon. This acceptance of under-age drinking in combination with the high acceptance of public drunkenness - many people drink in order to get drunk, especially in the weekends and holidays or during festivities - makes the British population one that drinks a lot, especially when compared to other European countries. The maximum BAC level if one wants to drive a motorised vehicle is 0.8‰ and that makes it the highest in Europe. It is estimated by the UK Department of

Transport that “on average 3000 people are killed or seriously injured each year in drink drive collisions”. Therefore, drink drive campaigns, e.g. designated driver campaigns are heavily supported and promoted by the responsible departments and ministries.

#### **7.4 The role of the alcohol industry**

In the United Kingdom, the beverage alcohol industry plays a fairly important role in educating the public about responsible drinking and launched many initiatives to promote responsible drinking patterns. This industry interference works two-sided in the country. On the one hand, the industry puts lots of effort in responsible drinking campaigns and messages and supports initiatives coming from groups carrying out programs with their financial help. On the other hand, British people are surrounded by alcohol commercials and sponsorships that are supposed to be fairly influential, especially for young people. An example of this influence is the soccer culture in the UK. Many young British people enjoy the soccer games and championships between the professional soccer clubs such as Liverpool, Manchester United and Chelsea. While visiting Anfield, Old Trafford or Stamford Bridge, alcohol advertisement and beer advertisement in particular can be found everywhere. The t-shirts of Liverpool are sponsored by Carlsberg and the premier leagues are also often sponsored by beer producers and on top of this, alcoholic beverages belong to the most advertised products in the UK.

Advertisement rules in the United Kingdom are partially self-regulatory. This means that the industry itself has created a set of rules and regulations concerning matters such as advertisement content, place and timing of alcohol ads etc. It is called the British Code of Advertising Practice and came into force in 1995. Advertisements on television and radio are controlled by state-operated bodies and at the public channels, alcohol advertisements are not allowed. (Österberg & Karlsson, 2003, pp. 420-421)

#### **7.5 Future expectations**

The consequences of the drinking behaviour in the United Kingdom are significant. Binge drinking is rising, alcohol consumption is rising and problems seem to be rising as well, especially in the nightlife and during soccer games. The government is working hard on education and information programmes, especially concerning

young people. These programs, together with the industry and hospitality industry could mean a change in the drinking patterns of (young) British people.

## VIII. The country comparison

### **8.1 Drinking cultures**

After researching these four countries, it has become apparent that drinking cultures in Europe differ from each other. It appears that the strict Scandinavian and the Mediterranean countries where a glass of wine at the dinner table usually is the norm are each others opposites and countries such as the Netherlands and the United Kingdom are in between these two norms. On page 33, a comparison table can be studied in order to get an insight in concrete differences between the countries.

### **8.2 Rules and regulations**

Rules and regulations in the North of Europe vary strongly from those in the South and even though most of the countries are working on more laws in order to protect citizens from alcohol-related harm, this harm does seem to increase. The cultures of all of these countries have existed for many years and have all developed into what they are today; a collection of historical pride, habits and values. And even though cultures are often difficult to understand and even more difficult to change, a change in the drinking cultures of European countries does seem to be occurring. Binge drinking is on the rise in every country and the governments in all four countries are aware of alcohol, its dangers and the need of possible solutions. The European Union declared that it is not desired to create an integrated alcohol policy that should be applied in all countries but does provide focus groups and guidelines in order to guide European governments towards the creation of responsible alcohol policies.

### **8.3 Positive and negative harm reduction solutions**

In relation to harm reduction, all countries have both positive and negative points in their approach towards the maintenance and development of alcohol policies. For example, a positive development that is spreading around Europe is the designated driver campaign. This campaign aims at drink driving risks and encourages young people to decide on the person who will drive the rest home safely before the drinking begins. Negative points in policies also still exist, for example when it comes to the influence that family and peers have on young people. More studies appear

with the conclusion that this impact might even be bigger than what was already assumed, especially concerning alcohol use.

Positive points that came forward during the research include strict age and drink and drive restrictions that are sharply maintained in Sweden, the attention from the Italian government and involved ministries to create awareness campaigns, the active role of the alcohol industry in creating and financing harm reduction projects in the United Kingdom and the increasing healthy lifestyle promotion campaigns launched in the Netherlands. Negative points discovered during the research include the low knowledge the Italian population has about the rules and regulations concerning alcohol in their country, the high level of illegal produced and imported alcohol in Sweden, the easy access of alcohol for underage drinkers in the Netherlands and the risk of the population of the United Kingdom to spin out of control in their drinking habits.

#### **8.4 Possible solutions**

When comparing the negative and positive outcomes of the country policies, one could conclude that the creation of awareness about the risks of harmful drinking patterns is one of the most important policy tools. Heavily restricting the availability of alcohol, like the Swedes do, creates other problems and should not become the norm for alcohol policies. A better solution would be to support the drinking industry to support harm reduction campaigns and to educate people about the dangers of harmful drinking patterns - starting at a young age. However, this education should both be aimed at young people and at their surroundings, since these have a lot of influence on the development of a young individual. For example, what kind of example receives a young child about alcohol when its parents are used to drinking one or two glasses of wine with their meal every day and the bottle is always present at the dinner table?

When it comes to the four investigated countries and their approaches towards harm reduction, none of these countries make use of a policy that could and should be adopted by all European member states. However, when the policies of the countries are combined, this might lead to an integrated alcohol policy model that could be applied in all European member states, if necessary or possible with minor adjustments in order to fit in with the country's own standards. How and if this could be realised will be discussed in the next chapter.

## IX. Country comparison table

	Italy	NL	Sweden	UK
Total Population 2003	57,423,000	16,149,000	8,876,000	59,251,000
Life expectancy				
Male (2002)	76.8	76.0	78.0	75.8
Female	82.5	81.1	82.6	80.5
Max. BAC driving level <sup>2</sup>	0.05	0.05/0.02	0.02	0.08
Litres per year <sup>3</sup>	9.14	9.74	6.86	10.93
Abstainers total <sup>4</sup>	25%	15.8%	11.3%	12%
Annual alcohol-related deaths <sup>5</sup>	± 18000 <sup>6</sup>	± 1800	± 3840	± 8758
15 years olds drinking <sup>7</sup> (weekly)	37.1%	51.4%	20.1%	52%
Traffic casualties <sup>8</sup> (per 100,000)	11.76	6.59	5.84	5.62
Liver cirrhosis <sup>9</sup> (per 100,000)	10.73	4.44	3.97	7.36
Advertising rules	Voluntarily	Rules made by industry	Very restricted	Rules partially made by industry
Legal drinking age	16	16/ 18 <sup>10</sup>	18	18 (16)
Legal purchasing age	16	16/ 18	18/ 20	18 (16)

*Note: even though these numbers come from reliable sources, comparisons are only indications. Since different sources are used and therefore also different measure tactics, the data is not 100% comparable, just an indication.*

<sup>2</sup> % Of alcohol in blood

<sup>3</sup> Based on the WHO Global Status Report on Alcohol 2004

<sup>4</sup> NL: data 2001, age 15+, 3095 interviewees. It: data 2000, age 15+, 57,113 interviewees. Sw: data 2002, age 20-64, 4223 interviewees. UK: data 2000, age 16-74, 8580 interviewees.

<sup>5</sup> Estimations of different studies/ sources

<sup>6</sup> This number derives from 1990, most probably less today.

<sup>7</sup> 2001/2002 HBSC survey, drink at least weekly. Sample size It: 1229, NL: 1273, Sw: 1226, UK: 1773

<sup>8</sup> Based on WHO Global Status Report on Alcohol 2004. **Numbers may be incomplete and difficult to compare! Data of most recent year available**

<sup>9</sup> Based on WHO Global Status Report on Alcohol 2004. **Numbers may be incomplete and difficult to compare! Data of most recent year available**

<sup>10</sup> 16 is for alcoholic drinks containing max. 15% alcohol. 18 is for alcoholic beverages with an alcohol percentage of more than 15%.

## X. Recommendations

### 10.1 Why interfere

The effects of harmful drinking patterns in Europe are significant. Economically, employers, governments and individuals suffer from losses of productivity as a consequence of one drinking too much, costly hospital admissions of alcohol abusers in need of medical treatment, property damages, costs for court and police measures etc. Concerning health issues,

“Alcohol is responsible for 12% of male and 2% of female premature death and disability, after accounting for health benefits. This makes alcohol the third highest of twenty-six risk factors for ill-health in the EU, ahead of overweight/obesity and behind only tobacco and high blood pressure” (Anderson, P., Baumberg, B. (2006) p.195).

Considering this impact on the European community, the European Union is aware of the alcohol problems and is working on strategies to reduce alcohol-related harm. The European Commission already developed task forces and work groups and stimulated them to investigate possibilities of projects that could be introduced in the European community. Since these task forces and work groups have had a fairly short existence, the results are not ready to be measured yet and therefore, the necessity of their existence remains unclear for some more time to come.

Even though the European Commission declared in an official document that it does not intend to interfere with the alcohol policies of its member states, it is likely that this opinion will change in the coming years because of the alcohol-related problems that eventually affect all member states. Because of these problems, many authors have already investigated possible solutions for the European alcohol issue. First of all, these authors try to precisely define some of the terms one can find in the alcohol field, such as binge drinking, drunkenness and alcoholic beverages since these are interpreted in many ways in available literature. After these definitions are clarified, suggestions are made in order to optimise the interference of the European Commission into alcohol policies.

## 10.2 An advisory report

Peter Anderson and Ben Baumberg are two authors who worked together on a report that was presented on behalf of the Institute of Alcohol Studies located in the United Kingdom. In this report, alcohol policies are evaluated and the social and economic impacts of alcohol on European member states are described. When concluding their report, the authors also present recommendations addressed to the European Commission. For example, the suggestion that a “European database of laws and regulations and of effective policies and programmes at European, Member State and municipal level should be established and maintained” (Anderson, P., Baumberg, B. (2006) p. 405). Furthermore, studies that mostly all are still being executed should be repeated and extended in order to have an insight in the opinions and behaviours of young people experimenting with alcohol. Subjects for these studies include binge drinking, drunkenness, youth culture, attitudes towards alcohol etc.

Other suggestions provided by Anderson and Baumberg include

“Support for alcohol policy measures amongst civil and political society should be promoted through awareness-raising campaigns and initiatives; Regular reports on alcohol should be prepared and made accessible to a wide public audience; Health policy-makers and advisers should monitor the risks inherent in the process of trade liberalization and should ensure that health concerns are accounted for in trade negotiations at both the global and European levels; A maximum blood alcohol concentration limit of 0.5g/L should be introduced throughout Europe; countries with existing lower levels should not increase them; A lower limit of 0.2g/L should be introduced for young drivers and drivers of public service and heavy goods vehicles; countries with existing lower levels should not increase them; Media campaigns should be used to inform and raise awareness among citizens on implementation of policy initiatives” (Anderson, P., Baumberg, B. (2006) pp. 409-410, 412-413).

Although numerous, these recommendations are only a small selection of those provided by the authors. When studying these recommendations, one could conclude that the authors carefully investigated strong points in alcohol policies throughout Europe. These strong points could be implemented in all European member states in order to reduce alcohol-related harm. The maximum BAC level for driving a motorised vehicle recommendation makes a good example. Almost all EU countries maintain a maximum BAC level of 0.5‰. Exceptions include the United Kingdom, where this level is 0.8‰ and Sweden, where an alcohol blood content of 0.2‰ is the

max. The example of creating two maximum BAC levels by making a difference between experienced drivers participating in traffic and young inexperienced drivers could be based on the Dutch system. This recommendation could be carried out by the European Commission to reduce traffic accidents especially among young drivers since they tend to be involved in more accidents than older, more experienced drivers. The example of the maximum BAC level is only one of many regulations that are present in all countries, but applied in different ways. Therefore, a collection of basic laws and regulations that every country should include in their national alcohol policies can be realised.

Even though the integration of these laws would probably be a step forward in alcohol harm reduction, the most important factor that needs to be changed is culture. The drinking culture is changing and in the future it might become the responsibility of the European Union to interfere in national policies in order to protect its citizens and improve their health. More about this future possibility will be explained in the next chapter.

To conclude this chapter, some more recommendations by Anderson and Baumberg might be useful to consider. The first one because the Swedes will most probably be pleased if this measure makes it to the European level, the second one because this would affect the Dutch and Italian alcohol and age law, the third one because this will affect all researched countries and the fourth one because this one will most probably have a fairly big effect on the United Kingdom.

“Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of their current tax policies; The sales of alcoholic products to persons under the age set by domestic law, national law or eighteen years, whichever is the higher, should be prohibited and enforced; Article 15 of the Television Without Frontiers Directive should be strengthened in terms of both content and volume, and an analysis of its adherence across Member States should be commissioned; Where self-regulatory approaches adopted by the beverage alcohol industry or marketing industry are in place, they should be monitored by a body that is independent of the alcohol and marketing industries” (Anderson, P., Baumberg, B. (2006) pp. 415-417).

## XI. Conclusions

### **11.1 The European Commission**

After researching the European Union and four of its countries on alcohol policies it has become apparent that the last words have not yet been written or spoken about possible interference and solutions. Alcohol problems and policies are present on the political agendas of different countries as well as on the agenda of the European Union and most developments can be regarded as positive. The European Commission developed a strategy to reduce alcohol-related harm that is supposed to finish in 2012 and provides guidelines for its member states to help them in creating national policies for harm reduction.

The role of the Commission will be to inform and to guide member states. There is no intention yet of creating an alcohol policy model that should be applied in all countries, but there are some regulations that the Commission would like to see changed in some countries, for example, the maximum BAC level that might be equalised. Moreover, the Commission wants member states to learn from each other. The Alcohol and Health forum that was created by the Commission is a tool in which member states can present successful interventions and campaigns that were organised in their countries in order to support other countries to copy or implement the same strategy. From this principle, much could be done for the European Union and its member states in order to reduce alcohol-related harm. However, one element of great importance that should always be remembered is that drinking behaviour is part of a culture.

### **11.2 The countries**

The cultures within the European Union show many differences and usually, member states are protective of this culture and do not want the Union to interfere in their everyday life. Italy, for example, would not like to see the Union interfere in their habit of drinking one or a few glasses of wine at the dinner table and Sweden would probably not be pleased if, for example, taxes on alcohol are equalised throughout the Union. Therefore, a model with extended alcohol laws that should be applied in every country seems to be a future plan that most probably will not make it into the European Union. Individual countries are working on alcohol policies. Every

investigated country has installed at least one body in order to collect data about alcohol use, to inform people about healthy lifestyles and drinking patterns and to advise their government on possible future interventions.

These positive developments will cause the European Union to decide not to interfere in national alcohol policies and to remain an advisory body in this field. The Union will support its member states to continue working on their policies and their harm reduction strategy. Even though the Commission repeatedly reported that it does not want to create an integrated alcohol policy model applicable in all countries, it is most probable that it will advise its members to change some basic alcohol rules, introducing a relatively small model. These basic rules could include maximum Blood Alcohol Content level, minimum legal drinking age, advertisement rules, strategies to collect alcohol-related information and tax regulations. This last one might apply since the Union is already planning on equalising VAT taxes throughout Europe.

### 11.3 Possible future scenarios

The European Commission itself did create four options for the future alcohol policy field.

**“No change:** Policy decisions and initiatives will be left largely to Member States and stakeholders, while the EU continues to finance projects and networks, support research, facilitate exchange of best practice, and collect and disseminate information on alcohol consumption and harm, but does not coordinate activities across policy domains.

**Coordination of activities at EU level:** Similar to option one, but the EU would encourage stakeholders throughout the European Union to undertake similar activities (e.g. self regulation, common codes of conduct on commercial communication, exchange of best practice on interventions) and to hold Member States to their treaty obligations.

**A comprehensive strategy:** Application of a wide variety of policy instruments (legislation, self-regulation, information and education campaigns, exchange of best practice, stakeholder involvement) across all relevant policy domains (internal market, taxation, transport, education, research and consumer policy). The strategy would focus on drink driving, coordinated campaigns, protection of third parties, commercial communication, consumer information, and availability and prices.

**Purely regulatory:** Focus on the use of the policy instrument of regulation to achieve a decline in the harmful effects of alcohol use” (Horlings, E., Scoggins, A. (2006) pp. xiv-xv).

At the moment, two years after the report was written, it seems like the Union has adopted the second future scenario. It is not interfering in national alcohol policies, but does stimulate member states and other stakeholders to take action in the field. Whether the Union continues to handle the alcohol issues in this manner, only the future can tell.

#### **11.4 Possible future research**

This report was written about the European Union and four of its member states. The states chosen were different enough to make a comparison and to qualify different drinking cultures but consisted only of member states that joined the Union ten, thirty or fifty years ago. Another interesting added value for a future investigation in the same field would be to include one of the 'new member states' of the European Union; Poland, Slovenia or Hungary, for example. This would not only be interesting because of the fact that they recently joined the Union, but also because they most probably represent yet another drinking culture and other regulations concerning alcohol than the four countries investigated in this research. It would be good to investigate the drinking habits in these countries as well since the alcohol intake reported from these countries is higher than those of the countries investigated in this report and problems with alcohol users, abusers and young drinkers are considered to be high. With this in mind, a new and similar extended research might be interesting to conduct.

Interesting as well would be to investigate on which reasons and in which policy field the European Commission could intervene in national policies, if the commission would require this. Would there be a possibility or a situation whereby the subsidiarity principle is no longer in place in the alcohol field and when the possibility occurs, how would the Commission convince its member states that an intervention is absolutely necessary in order to maintain the public health situation in the European Union?

For all European member states the future on alcohol policies depends on outcomes of debates, working groups and targeted interventions and will most probably be ready for evaluation in the coming decade.

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# XIII. Appendix