
Global Status Report: Alcohol Policy



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Foreword

I am pleased to present this timely publication on *Global Status Report: Alcohol Policy*. The report is a first attempt by WHO to provide a comprehensive overview highlighting the current state of alcohol policies world-wide.

This report is part of the continuous work coming out of the WHO Global Alcohol Database, the world's largest single source of information on alcohol which was initiated in 1996. Earlier reports from the database are the *Global Status Report on Alcohol* (1999) and the *Global Status Report on Alcohol and Young People* (2001). The report presents in a comprehensive way the current status of alcohol policies in much of the world and provides an objective first baseline on which to monitor and build relevant alcohol policies globally.

The growing recognition that alcohol consumption is a significant contributor to the global burden of disease means that alcohol requires greater attention by the public health community than it is receiving at present. Appropriate policy responses are needed to address the various health and social problems associated with use of and dependence on alcohol. This global report on alcohol policy will serve as a resource for Member States that are seeking ways to formulate and implement evidence-based and cost-effective measures to reduce the burden associated with alcohol consumption that are culturally and legally appropriate.

With growing awareness of alcohol consumption as one of the major risk factors to public health, countries and communities should search for policies that protect and promote health, prevent harm and address the many social problems associated with alcohol use. Ideally, scientific evidence should inform both policymaking and public debate. One of the issues to debate is the extent to which successful public health measures are transferable between different cultures, and the different situations in developed and developing countries.

I am grateful to the many professionals and officials in countries and WHO offices who contributed to this report. I am confident that the report will help countries to influence both levels of alcohol consumption and drinking patterns, and consequently reduce alcohol-related harm.

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Assistant Director-General
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Introduction

The World Health Organization (WHO) estimates that there are about 2 billion people worldwide consuming alcoholic beverages and 76.3 million with diagnosed alcohol use disorders. From a public health perspective, the global burden related to alcohol consumption, both in terms of morbidity and mortality, is considerable in most parts of the world. Globally, alcohol consumption causes 3.2% of deaths (1.8 million) and 4.0% of the Disability-Adjusted Life Years lost (58.3 million). Overall, there are causal relationships between alcohol consumption and more than 60 types of disease and injury. Alcohol consumption is the leading risk factor for disease burden in low mortality developing countries, and the third largest risk factor in developed countries (for more data please refer to WHO, 2002). In Europe alone, alcohol consumption was responsible for over 55 000 deaths among young people aged 15 to 29 years in 1999 (Rehm & Gmel, 2002). Besides the numerous chronic and acute health effects, alcohol consumption is also associated with widespread social, mental and emotional consequences. These are reflected, for example, as absenteeism or abuse in workplaces and in relationships.

On a population level, alcohol-related harm is not confined to the relatively small number of heavy drinkers or people diagnosed with alcohol use disorders. Even non-drinkers can become victims of alcohol-related aggression, for example. Light and moderate drinkers, i.e. the majority of the population in many countries, who occasionally drink at high risk levels, while being individually responsible for fewer harms than heavy drinkers, are collectively responsible, due to their greater numbers, for the largest share of alcohol's burden on society. To alleviate this burden of alcohol consumption, many countries have, across time, employed a great diversity of strategies. Alcohol policy, i.e. measures by government to control supply and demand, minimize alcohol-related harm and promote public health, is among the most important strategies. At the same time there are other factors influencing consumption and harm, such as level of production, political liberalization, marketing, and demographics, which are mostly outside of government control. In short, alcohol control measures affect alcohol consumption levels and drinking habits, which in turn have an effect on alcohol-related social and health problems. Research evidence shows that it is possible to develop and implement comprehensive and effective alcohol policies. In the past twenty years, considerable progress has been made in the scientific understanding of the relationship between alcohol policies, alcohol consumption and alcohol-related harm. Ideally, this cumulative research evidence should provide a scientific basis for public debate and governmental policymaking in search of policies that protect health, prevent disability and address the social problems associated with alcohol consumption.

This report presents data collected from Member countries to strengthen the WHO Global Alcohol Database in the field of alcohol policy with data which are as comparable as possible. The report includes two parts:

- Global overview of each alcohol policy area
- Country profiles on alcohol policy

This report is intended to inform WHO Member States of the status of existing alcohol policies and to provide them with a baseline for monitoring the situation. It is hopefully also useful as an advocacy tool for identifying existing gaps and raising awareness about the need for alcohol policies.

Alcohol policy: background and definition

When perusing the alcohol literature, one tends to find a lack of overall consistency or coherence in the usage of the term alcohol policy (sometimes called alcohol control policy). It is worth noting that the term alcohol policy is, in itself, quite complex and one would be hard-pressed to find a universal definition or common agreement that would encompass the many facets and uses of the term. However, with the advent of modern medicine and the rise of the global Temperance Movement in the nineteenth century, alcohol policy began to be viewed as a potential instrument for improving public health. The term ‘alcohol policy’ in itself had its roots in the Nordic countries and has progressively spread in use and importance since the 1960s. Looking at the history of alcohol policy, it would be unwise to simply view alcohol policies from the narrow perspective of prohibition – one should not forget that a great part of policy formation during the past century has been incremental, deliberate, and accepting of adults drinking in moderation (Babor et al., 2003). More recently, there has been a growing interest in the scientific study of alcohol policy as a useful ally in combating the ill-effects of alcohol-related problems, and decision-makers are now better equipped to make informed policy choices in light of the current scientific evidence on alcohol policy.

The publication of a seminal monograph entitled *Alcohol Control Policies in Public Health Perspective* (Bruun et al., 1975) highlighted the fact that alcohol problems could be prevented and that national governments and international agencies and organizations should take a firm role in shaping effective and rational alcohol policies. Here, Bruun and his colleagues defined alcohol control policies as all relevant strategies initiated by the state to influence alcoholic beverage availability, excluding the following: attitude change, health education and informal social control. In the monograph *Alcohol Policy and the Public Good* (Edwards et al., 1994), Edwards and his colleagues took a more inclusive view of alcohol policy, seeing it as a public health response dictated in part by national and historical influences. As a result, alcohol policy, in this case, included policy responses such as alcohol taxation, legislative restrictions on alcoholic beverage availability, age restrictions on alcoholic beverage purchasing, alcohol education and media information campaigns, measures affecting drinking within specific contexts and measures targeted at specific alcohol-related problems like drink driving.

Alcohol policy then could be roughly defined as being measures put in place to control the supply and/or affect the demand for alcoholic beverages in a population, including education and treatment programs, alcohol control and harm-reduction strategies (Babor, 2002). The implementation of public policies seeking to address the links between alcohol consumption, health and social welfare would thus be considered as alcohol policies, bearing in mind the main purpose of alcohol policies in the first place: to serve the interests of public health and social well-being through their impact on health and social determinants, such as drinking patterns, the drinking environment, and the health services available to treat problem drinkers (Babor et al., 2003). This definition is thus born out of a recognition of the fact that alcohol-related problems are the result of a complex interplay between individual use of alcoholic beverages and the surrounding cultural, economic, physical environment, political and social contexts.

Godfrey & Maynard (1995) have classified the wide range of policy options available to reduce the public health burden of alcohol consumption into three main groups: population-based policies, problem-directed policies and direct interventions. The first group, or population-based policies, are policies aimed at altering levels of alcohol consumption among the population. They include policies on taxation, advertising, availability controls including

prohibition, rationing and state monopolies, promotion of beverages with low or no alcohol content, regulation of density of outlets, hours and days of sale, drinking locations, and minimum drinking age, health promotion campaigns and school-based education. Such strategies are usually seen as relatively 'blunt' instruments, because, rather than being directed at only those people with drinking problems, they affect all drinkers. However, it is worth noting that, except for school-based education and health promotion campaigns, these are generally the policies where effectiveness has been most clearly demonstrated.

The second group of policies are those aimed at specific alcohol-related problems such as drink driving (e.g. promoting widespread random breath testing) or alcohol-related offences. These policies are more focused and, hence, are less likely to affect the non-problem drinker. However, there is a risk that focusing on achieving reductions in one problem only might, in turn, cause others to go unnoticed and maybe even worsen in magnitude (Godfrey & Maynard, 1995).

The third group of policies involves interventions directed at individual drinkers. These include brief interventions, treatment and rehabilitation programs. Except for brief interventions, many such 'treatments' are administered only to those individuals with the most severe problems. Successful interventions have potentially a major impact in improving the individual's quality of life, but would have to encompass a sizable population of this particular group in order to have a noticeable impact on the macro level of problems (Godfrey & Maynard, 1995).

Whereas, in the past, efforts focused more on population-based policies aimed at reducing the overall per capita consumption of alcoholic beverages, there has now been a general international trend away from attempts to merely reduce alcoholic beverage consumption in the general population and towards efforts to address harmful drinking in certain groups or particular settings (Sewel, 2002). In many countries, and increasingly on a global basis, economic and commercial interests and their political ability to influence policy also play an important role. According to Babor, in his review of international collaborative alcohol research (2002), there seems to be a fundamental incompatibility between the economic and political values of free trade, unfettered marketing, and open access to alcoholic beverages, on the one hand, and the public health values of demand reduction, harm reduction and primary prevention on the other hand. In fact, it should be recognized that alcohol policy as a concept may not even exist in the official terminology in many countries. Often, alcohol is largely defined within agricultural and industrial policy and, more rarely as health and social policy (adapted from Holder et al., 1998).

With the wealth of scientific evidence currently available, decision-makers are now better placed to make informed public policy choices. The following basic conclusions can be drawn from a review of the research (Klingemann, Holder & Gutzwiller, 1993, Holder & Edwards, 1995, Babor, 2002, Ludbrook et al., 2002):

- alcohol problems are highly correlated with per capita consumption and reductions in per capita consumption produce decreases in alcohol problems;
- the greatest amount of evidence with regard to public policy has been accumulated on the price-sensitivity of alcoholic beverage sales, suggesting that alcoholic beverage demand is responsive to price movements, so that as price increases, demand declines and vice versa;

- heavy drinkers have been shown to be affected by policy measures, including price, availability and alcohol regulation;
- alcohol policies that affect drinking patterns by limiting access and discouraging drinking under the legal purchasing age are likely to reduce the harm linked to specific drinking patterns;
- individual approaches to prevention (e.g. school-based prevention programs) are shown to have a much smaller effect on drinking patterns and problems than do population-based approaches that affect the drinking environment and the availability of alcoholic beverages;
- legislative interventions to reduce permitted blood alcohol levels for drivers, to raise the legal drinking age and to control outlet density have been effective in lowering alcohol-related problems.

It has also been found that alcohol policy is rarely dictated by scientific evidence, despite major advances in the understanding of drinking patterns, alcohol-related problems, and policy interventions. Though a gap exists between the research and subsequent translation into policy action, it is worth noting that research can provide policy-makers with concrete evidence as to which policies are most likely to achieve their desired goals. Whether alcohol policies result from science alone or some combination of other factors, it is important that their outcome be subjected to scientific scrutiny. It is only by doing so that one can determine where policies are successful in attaining a desired outcome and deserving of replication, where modifications may be needed to improve the success of a policy, or where policies should be discarded (National Institute on Alcohol Abuse and Alcoholism (NIAAA), 1993).

The existence of a wide range of alcohol policies is clear. And it is evident from research that measures are available that can significantly reduce alcohol-related problems and the resulting harm. These policies are enforced and combined differently in different countries to meet the needs of that particular country. However, there is clearly no single policy measure that is able to combat and reduce all alcohol problems. Rather, it is more effective to incorporate a range of measures in a comprehensive alcohol strategy. It is the policy 'mix' or finding the right balance that is the key in reducing the overall public health burden of alcohol consumption. The goal of a comprehensive, effective and sustainable alcohol policy can only be attained by ensuring the active and committed involvement of all relevant stakeholders. Alcohol strategies need a high degree of public awareness and support in order to be implemented successfully. Without sufficient popular support, enforcement and maintenance of any restriction is jeopardized, and resistance and circumvention are likely to develop. Many types of restrictions will, however, bring improvements in public health if there is a tradition of public support (Edwards et al., 1994).

A policy mix which makes use of taxation and control of physical access, supports drink driving countermeasures, and, which invests broadly in treatment of alcohol use disorders and particularly in primary care, advertising restrictions and public awareness campaigns, is, based on all the research evidence, likely to achieve success in reducing the level of alcohol consumption problems (Edwards et al., 1994). Thus, in order to be effective, a comprehensive alcohol policy must not only incorporate measures to educate the public about the dangers of hazardous and harmful use of alcohol, or interventions that focus primarily on treating or punishing those who may be putting at risk their own or others' health and safety, but also

must put in place regulatory and other environmental supports that promote the health of the population as a whole.

WHO Global Alcohol Database

In 1996 WHO started developing the world's largest single source that documents global patterns of alcoholic beverage use, health consequences, and national policy responses, by country. This monitoring system and database enable WHO to disseminate data and information on trends in alcohol consumption, trade, production and alcohol-related mortality, including details of policy responses in countries. The system allows WHO to provide a state-of-the-art assessment of the trends in and health consequences of alcohol use worldwide, and to respond to requests from Member States regarding comparative data and the status of alcohol consumption and alcohol problems within their borders, regionally and globally.

The database brings together a large amount of information on the alcohol and health situation in individual countries and, wherever possible, includes trends in alcoholic beverage use and related mortality since 1961. WHO has also collected information on alcoholic beverage production, trade, consumption, and health effects, as well as on national alcohol measures, policies and programmes. In addition to large international databases maintained by other international governmental organizations, more than 1300 published sources have been identified and consulted.

Based on the global alcohol database, this report is the third in a series of information products. The earlier publications include the Global Status Report on Alcohol (WHO, 1999) and Global Status Report: Alcohol and Young People (Jernigan, 2001).

Part of the database can be accessed on the WHO website (www.who.int/alcohol), where data for example on per capita consumption, drinking patterns and local beverages is shown.

Despite efforts made by WHO to obtain and validate data and information, many gaps in and uncertainties about the actual alcohol policy situation in WHO Member States remain. WHO therefore encourages comments and additional information from readers of this report, in order to improve the reliability of its global epidemiological surveillance and thereby increase the usefulness of this information in supporting efforts to reduce alcohol related problems worldwide. Any information, comments or suggestions may be sent to: World Health Organization, Management of Substance Abuse, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland.

Data sources and methods

In 1967, the expert committee on mental health recommended that WHO should promote interdisciplinary investigations and international exchange of information on alcohol consumption, problems, treatment and control (WHO Expert Committee on Mental Health, 1967). Consequently, a number of exercises to collect information in this field were made over the years. In 1974, WHO published a report on “Problems and Programmes Related to Alcohol and Drug Dependence in 33 Countries” (Moser, 1974). In 1980, a larger study was published jointly by WHO and Addiction Research Foundation involving 80 countries: “Prevention of Alcohol-Related Problems: An International Review of Preventive Measures, Policies and Programmes” (Moser, 1980). The next major effort was the publication of the Global Status Report on Alcohol in 1999 (WHO, 1999). On a regional level, the European Region of WHO has published several studies about existing alcohol policies in connection, for example with ministerial conferences on alcohol (Moser, 1992, Harkin et al., 1995, Rehn, Room & Edwards, 2001). Other actors have also produced overviews or funded research of differing magnitude, e.g. the European Commission in 1998 (Oberlé, Craplet & Therre, 1998) and in 2002 (Österberg & Karlsson, 2002). Also, some alcoholic beverage companies and market research firms have undertaken studies relating to alcohol consumption and policies (e.g. Brewers of Canada: International Survey - Alcoholic Beverage Taxation and Control Policies, and Productschap voor Gedistilleerde Dranken: World Drink Trends).

The data on alcohol policies for the Global Alcohol Database and for this report were collected from WHO Member States by means of a questionnaire. The World Health Organization designed a four-page questionnaire to capture data related to the main areas of alcohol policy. Within the confines of keeping the questionnaire short, the questionnaire came to include questions mainly on price and taxation, restrictions on availability, drink driving and advertising (see copy of questionnaire in Annex 1). The choice of policies to be included was based partly on earlier data collection experiences, and partly on research evidence on effectiveness of different policies. In developing the questionnaire, comments on the draft were solicited from WHO Regional Offices and a group of focal points. Besides English, the questionnaire was translated into French, Russian and Spanish.

The data collected were intended to reflect the status of alcohol policies as of 1 May 2002. Between July and September 2002, the WHO Regional Offices in four of the six regions - the African Region (AFR), the Region of the Americas (AMR), the European Region (EUR) and the Western Pacific Region (WPR), sent out the questionnaire either to the official WHO Representatives in the countries or to other contact people working in the field of alcohol. In the European Region the official counterparts network of the EAAP (European Alcohol Action Plan) was consulted. In total, the Regional Offices sent the questionnaire to 161 countries. In the remaining 32 countries in the Eastern Mediterranean (EMR) and South-East Asian (SEAR) Regions, an effort was made to directly locate country experts and send them the questionnaire. In total, the questionnaire was sent out to 175 countries (in many of the EMR countries no focal points could be located) and a reply was received from 118 countries (a response rate of 67%). Most of the focal points are individuals working in their respective Ministries of Health. A list of the focal points is attached as Annex 2.

The regional distribution of the responses received appear in Table 1, which shows the coverage of the survey per WHO Region and as a percentage of the population reached. The overall global coverage was good, including countries with roughly 86 percent of the world's population.

Table 1: Geographic coverage of the survey data

WHO Region	Replies/total number of countries	% population covered
AFR	27 / 46	70
AMR	25 / 35	99
EMR	3 / 21	29
EUR	43 / 52	94
SEAR	5 / 11	86
WPR	15 / 27	98
Total	117* / 192	86

* the 118th country in the report is French Polynesia, a French overseas territory, which is not a Member State of WHO, but whose data are presented under the Western Pacific Region.

Note: The data for India and Nigeria refer to certain regions only, United Kingdom refers to England and Wales, for Uruguay and Venezuela the data represent their respective capital cities, United States of America is represented by the state of California and Canada by the province of Ontario.

During data entry into Global Alcohol Database, basic validation of the data took place and also elimination of apparent errors and conflicting information. An attempt was made to check for the accuracy of the data by returning the individual country profiles to those focal points or WHO Representatives who could be reached by electronic means. The Regional Offices were also consulted about the data regarding their respective Member States. This report includes country data received by the beginning of April 2003. Not all the information collected in the questionnaires is presented in this report, e.g. some of the types of media in the advertising section and the geographical distribution of Random Breath Testing were not included. The full set of data and data for countries received later are available upon request from the Database and will be displayed on the web at www.who.int/alcohol.

Obviously there are some shortcomings related to the report, to the sources of data and the methodology. Among the limitations of the report the following five main issues have been identified:

- Coverage of data
- Cross-sectionality of data
- Federalism and regional data
- Reliability of data
- Limited ability to measure policy enforcement

The coverage of the data which the report is based on were somewhat limited, both geographically and policy-wise. Not all countries were reached by the survey, and the length of the questionnaire did not allow for all possible areas of alcohol policy to be included. Many important policy areas that do warrant attention could not be included: prevention or education efforts and campaigns in schools or mass media, community projects, brief interventions, treatment or health promotion in general, research and funding, accurate product information, i.e. alcohol content/concentration printed on beverages, responsible server training, codes of practice of self-regulation on marketing, packaging etc., server or product liability, vending machines, unlicensed outlets, penalties or sanctions for irresponsible serving of alcoholic beverages (e.g. to under-age or intoxicated people), and regulating alcopops or designer drinks. The lack of space and the generality of the

questionnaire also excluded the possibility of examining details which are important for effective policy implementation.

The data are cross-sectional, only looking at currently existing alcohol policies. As it does not include any longitudinal data, at least at this stage, it is not possible to draw any conclusions about the direction of possible changes in alcohol policies over time.

Another limitation is the difficulty to analyse federal states or regional data in the realm of this report. Countries with large differences between regions or states should ideally be treated separately. Unfortunately, this was not possible, due to lack of availability and coverage of regional data and focal points, and the complexity of analysing multiple data sets per country.

Some general caution should be exercised in interpreting all data, as the reliability could be brought into question. In most cases, the data rely heavily and exclusively on the focal points. It should be recognized that besides basic validation of inconsistencies the data have not been checked against the actual alcohol legislation in the countries.

Having laws and regulations is only one part of alcohol policies; enforcing those laws effectively is a prerequisite for a comprehensive alcohol policy. The question of enforcement is thus crucial (also for the whole legal system), while unfortunately the data are often scarce and the methods of monitoring enforcement often underdeveloped. In this survey, two of the alcohol policy areas, sales restrictions and advertising, included a question on the level of enforcement. However, both enforcement questions were subjective estimates of the focal points measured on a simple rating scale.

Regional overviews of data availability

In analysing the data, besides individual countries, the official WHO Regions already mentioned above are used. For a complete list of countries that are included in this report, please refer to Table 2. The definite article (the) following the country names is generally not used in the report.

Table 2: List of countries included in the report

WHO Region	Country	WHO Region	Country	WHO Region	Country
AFR	Algeria		Honduras		Luxembourg
	Benin		Jamaica		Malta
	Cape Verde		Mexico		Netherlands (the)
	Central African Rep. (the)		Nicaragua		Norway
	Comoros (the)		Panama		Poland
	Congo (the)		Paraguay		Portugal
	Equatorial Guinea		Peru		Republic of Moldova (the)
	Eritrea		Suriname		Romania
	Ethiopia		Trinidad and Tobago		Russian Federation (the)
	Gabon		the United States		Slovakia
	Gambia (the)		Uruguay		Slovenia
	Ghana		Venezuela		Spain
	Guinea				Sweden
	Guinea-Bissau	EMR	Egypt		Switzerland
	Kenya		Isl. Rep. of Iran		TFYR Macedonia
	Malawi		Jordan		Turkey
	Mauritius				Turkmenistan
	Mozambique	EUR	Armenia		Ukraine
	Namibia		Austria		the United Kingdom
	Niger (the)		Azerbaijan		
	Nigeria		Belarus	SEAR	India
	Seychelles		Bosnia and Herzegovina		Indonesia
	South Africa		Bulgaria		Nepal
	Togo		Croatia		Sri Lanka
	Uganda		Czech Republic (the)		Thailand
	UR Tanzania (the)		Denmark		
	Zambia		Estonia	WPR	Australia
AMR	Argentina		Finland		Cambodia
	Belize		France		China
	Bolivia		Georgia		French Polynesia
	Brazil		Germany		Japan
	Canada		Greece		Lao PDR (the)
	Chile		Hungary		Malaysia
	Colombia		Iceland		Micronesia (Fed. St.)
	Costa Rica		Ireland		Mongolia
	Dominican Republic (the)		Israel		New Zealand
	Ecuador		Italy		Palau
	El Salvador		Kazakhstan		Philippines (the)
	Guatemala		Kyrgyzstan		Republic of Korea (the)
	Guyana		Latvia		Singapore
			Lithuania		Viet Nam

1. Africa (AFR)

The African Region of WHO consists of 46 countries on the African continent and nearby islands, from which 27 replies were received. The data for Nigeria are valid only for the southern part of the country, as the northern part has a predominantly Muslim population and has a total prohibition on alcoholic beverages. For the tables in this report, the names of Central African Republic and United Republic of Tanzania will be abbreviated to Central African Rep. and UR Tanzania respectively. In addition, Republic of the Congo (also referred to as Congo-Brazzaville) will be abbreviated to Congo.

2. The Americas (AMR)

The Region of the Americas consists of 35 countries on the American continent and island states in the Caribbean, from which 25 replies were received. For Venezuela and Uruguay the data received are valid for the region around their respective capital cities, Caracas and Montevideo. No information could be obtained to verify whether the alcohol policy situation differs for the other parts of these two countries. In federal countries, such as Canada and United States of America, most decisions on alcohol policy are taken at subnational level, and they might have as many alcohol policies as there are states, regions or provinces. In the case of data for the United States of America, the APIS – Alcohol Policy Information System, tracks alcohol policies at state and federal level and provides summaries and text of all alcohol-related bills and regulations enacted or adopted since 2002 (<http://alcoholpolicy.niaaa.nih.gov/>). In Canada, the Alcohol Policy Network (Ontario Public Health Association) also keeps an index of current alcohol-related bills and legislation (<http://www.apolnet.org/>). For this exercise, the most populous region in both countries was chosen as representing them nationally. In the United States of America, it is the state of California with almost 35 million people (about 13% of total population), and in Canada the province of Ontario with about 12 million people (one third of the Canadian population). For the purposes of this report, the names of United States of America and the Bolivarian Republic of Venezuela will be abbreviated to United States and Venezuela respectively.

3. The Eastern Mediterranean Region (EMR)

The Eastern Mediterranean Region is made up of 21 countries on the Arab peninsula, eastern Mediterranean and North Africa. The majority of these countries have predominantly Muslim populations and have total prohibitions on alcoholic beverages. In countries with total prohibition most of the survey questions are not applicable. The countries reached were Egypt, the Islamic Republic of Iran and Jordan. In the sections on policy measures, the three countries will not be dealt with as representing the Eastern Mediterranean Region, due to the small number of countries. For the tables of this report, the name Islamic Republic of Iran will be abbreviated to Isl. Rep. of Iran.

4. Europe (EUR)

The European Region covers 52 countries from Western Europe to the Russian Federation and the Central Asian Republics, and replies were received from 43 countries. The data for the United Kingdom of Great Britain and Northern Ireland refer to England and Wales. For the purposes of this report, the names the Former Yugoslav Republic of Macedonia and the United Kingdom of Great Britain and Northern Ireland will be abbreviated to TFYR Macedonia and United Kingdom respectively.

5. South-East Asia (SEAR)

The WHO South-East Asia Region refers to the Indian subcontinent and the neighbouring countries. Out of the eleven countries in SEAR, replies were received from five. India is a federal state with large differences between the different states. The data in this study are from the southern parts of India and is not representative of the entire country. Because of the small number of countries in SEAR the data have been combined with the Western Pacific countries for the regional analysis of the data.

6. Western Pacific (WPR)

The Western Pacific Region includes 27 countries from Australia and New Zealand in the south to China, Japan and Republic of Korea in the north, from which 15 replies were received. French Polynesia is a French overseas territory (territoire d'outre-mer) and, as such, part of France. It is not a WHO Member State, but in this case the data are presented under the Western Pacific Region, where it is geographically located. For the tables of this report, the names of the following two countries: Lao People's Democratic Republic and the Federated States of Micronesia will be abbreviated to Lao PDR and Micronesia (Fed. St.) respectively.

Areas of alcohol policy

The following part of the report presents the data collected from the questionnaires separately for each alcohol policy area. The areas covered are definition of alcoholic beverage, restrictions on availability, drink driving, price and taxation, advertising and sponsorship, and alcohol-free environments. Except for the first area, definition of alcoholic beverage, which was included as a background indicator, the different policy area overviews also include short descriptions of their effectiveness as expressed in the research literature. For easy reference the full set of data per country is presented within each corresponding section. In many cases, the results are summarized by WHO Region, with the exception of SEAR and WPR which have been combined into one, due to the low number of countries available for analysis. EMR, having data for only three countries, is not presented as a separate region. The data presented reflect the status of alcohol policies as of 1 May 2002.

1. Definition of an alcoholic beverage

An integral part of the legislation on alcohol is the definition of an alcoholic beverage, as that definition sets the limit for when the laws apply and to what beverages they apply. The definition is usually not considered as an area of alcohol policy, but it can potentially have important repercussions. The consequence of a limit that is set very high is that some beverages with lower alcohol content are not subject to any regulation. For example, the limit of alcohol by volume could be set at such a level that beer is not considered an alcoholic beverage, leaving it outside of any sales or advertising restrictions. Beverages just below the legal limit are also not subject to an alcohol-specific tax, which, justifiably, can be used for promoting beverages with lower alcohol content.

Despite the legal limit, it is still possible to circumvent legislation in different ways. The example of Sweden can illustrate one of the ways the legal limit can be exploited in advertising. Most alcohol advertising in Sweden is banned, but it is allowed to advertise for beer with low levels of alcohol (up to 2.2% alcohol by volume), i.e. under the legal limit. The brand name and the appearance of the different strengths of beer are identical, ensuring that the consumer makes the right association, and thus the advertising ban is partly circumvented.

The questionnaire asked for the definition of an alcoholic beverage, i.e. how much alcohol by volume must a beverage contain to be considered as “alcoholic”. In this section the number of missing answers was quite high (20), including some where, apparently, the question was misunderstood. Only seven countries stated that they do not have a definition of an alcoholic beverage: Comoros, Jamaica, Lao People’s Democratic Republic, Philippines, Peru, Slovakia and United Republic of Tanzania. A further ten countries, Algeria, Honduras, Jordan, TFYR Macedonia, Niger, Nigeria, Romania, Uganda, Venezuela and Zambia, have, instead of an alcohol by volume limit, a different definition of an alcoholic beverage. In Zambia, for example, the definition states that any drink that can intoxicate is considered an alcoholic beverage.

The definitions ranged from 0.1 to 12.0% alcohol by volume, with the mean being 1.95% (median 1.2%, SD=1.93). For this report the limit for a high definition of alcohol was set at 4.5% alcohol by volume and above, because this would leave a considerable part of average barley beer outside the definition, as well as some home brewed beverages such as sorghum beer (on average 3.5% alcohol by volume) and unbottled palm wine (3%).

Table 3 shows that, from the responding countries, a clear majority (85%) have a legal definition that is below 4.5%. Countries with higher limits are Hungary (5%), Eritrea (5%), Belarus (6%), Suriname (6%), Dominican Republic (9%), and Nicaragua (12%). Ukraine presents an interesting case: the definition of alcohol is set at 3% alcohol by volume, but beer is legally not considered an alcoholic beverage. Regionally, no major differences are found, the means vary from 1.7% in SEAR/WPR, 1.6% in EUR to 2.4% in AFR and 2.5% in AMR. Table 4 presents the data for each country separately.

Table 3: Legal definition of an alcoholic beverage

	Alcohol by volume	% of responding countries (n =88)
Low	0.1 – 2%	62.5
Middle	2.1 – 4.49%	22.7
High	4.5% >	6.8
No alc. /vol. definition	-----	8.0

Table 4: Definition of alcoholic beverage, by country

WHO Region	Country	Definition (in % alcohol by volume)	WHO Region	Country	Definition (in % alcohol by volume)
AFR	Algeria	N.A	EMR	Guyana	.
	Benin	4		Honduras	N.A
	Cape Verde	0.5		Jamaica	NO
	Central African Rep.	.		Mexico	2
	Comoros	NO		Nicaragua	12
	Congo	4		Panama	3.8
	Equatorial Guinea	.		Paraguay	1
	Eritrea	5		Peru	NO
	Ethiopia	.		Suriname	6
	Gabon	4.2		Trinidad and Tobago	.
	Gambia	2.5		United States	0.5
	Ghana	1		Uruguay	0.5
	Guinea	.		Venezuela	N.A
	Guinea-Bissau	0.5	EUR	Egypt	1
	Kenya	.		Isl. Rep. of Iran	1
	Malawi	.		Jordan	N.A
	Mauritius	2.5	EUR	Armenia	1
	Mozambique	.		Austria	0.5
	Namibia	3		Azerbaijan	1
	Niger	N.A		Belarus	6
	Nigeria	N.A		Bosnia and Herzegovina	2
	Seychelles	1		Bulgaria	.
	South Africa	1		Croatia	2
	Togo	.		Czech Republic	0.75
	Uganda	N.A		Denmark	2.2
	UR Tanzania	NO		Estonia	0.5
	Zambia	N.A		Finland	2.8
AMR	Argentina	0.5		France	1.2
	Belize	3.5		Georgia	2.5
	Bolivia	2		Germany	1.2
	Brazil	0.5		Greece	.
	Canada	0.5		Hungary	5
	Chile	1		Iceland	2.25
	Colombia	0.5		Ireland	0.5
	Costa Rica	0.5		Israel	2
	Dominican Republic	9		Italy	0.1
	Ecuador	2		Kazakhstan	.
	El Salvador	2		Kyrgyzstan	.
	Guatemala	0.5		Latvia	1.2

WHO Region	Country	Definition (in % alcohol by volume)	WHO Region	Country	Definition (in % alcohol by volume)
	Lithuania	1	SEAR	India	.
	Luxembourg	1.01		Indonesia	1
	Malta	2		Nepal	4
	Netherlands	0.5		Sri Lanka	.
	Norway	2.51		Thailand	.
	Poland	0.5	WPR	Australia	1.15
	Portugal	0.5		Cambodia	2.6
	Republic of Moldova	3.8		China	2
	Romania	N.A		French Polynesia	2
	Russian Federation	1.5		Lao PDR	NO
	Slovakia	NO		Malaysia	.
	Slovenia	1.2		Micronesia (Fed. St.)	2.5
	Spain	1.2		Mongolia	2.5
	Sweden	2.25		New Zealand	1.15
	Switzerland	0.5		Palau	0.5
	TFYR Macedonia	N.A		Philippines	NO
	Turkey	0.5		Republic of Korea	1
	Turkmenistan	.		Singapore	0.5
	Ukraine	3		Viet Nam	.
	United Kingdom	0.5			

Note: For this and subsequent tables and country profiles in this report, dots (.) indicate missing data, and N.A means not applicable, in this case the definition is not in per cent alcohol by volume. NO means that there is no legal definition.

2. Restrictions on the availability of alcoholic beverages

Restricting availability means putting obstacles and regulations on how easy it is to obtain alcoholic beverages, or when, where and to whom it is sold and served. Restricting the availability of alcoholic beverages thus includes a variety of measures from sales monopolies to sales restrictions and age limits, all measures that are generally considered to be quite effective. The availability can be restricted by either physical or economic means. This section covers the physical availability, while the economic availability is examined under the section on price and taxation. Generally, in most countries, there is some form of legislation that deals with the production and sale of alcoholic beverages, as they are usually regarded as a special commodity. The rationale behind these regulations varies from quality control of products and public health considerations to elimination of the private-profit interest and religious considerations, all of which can provide support for stringent restrictions (Österberg & Simpura, 1999).

The data were collected by asking a number of questions about the level of state control on the sale and production of alcoholic beverages, and restrictions on off-premise retail sale, including level of enforcement and the legal age limits for buying alcoholic beverages, both on-premise and off-premise. Off-premise retail sale refers to the selling of alcoholic beverages for consumption elsewhere and not on the site of sale. Off-premise sale takes place, for example, in state monopoly stores, wine shops, supermarkets, and petrol stations or kiosks, depending on the regulations of the country. On-premise retail sale refers to the selling of alcoholic beverages for consumption at the site of the sale, generally in pubs, bars, cafes or restaurants.

2.1 State monopolies and licensing systems

One of the choices available to governments in relation to alcoholic beverages is to decide on the level of control over the sale and production of alcoholic beverages. Governments can elect full control (state monopoly), partial control (licensing system) or no control (which could entail that anybody is allowed to sell or serve alcoholic beverages). A retail state monopoly usually means that a body run by the state is the main or only body allowed to sell alcoholic beverages off premises. A retail monopoly reduces both physical and economic availability by reducing private-profit opportunity and marketing and promotion efforts, and by lowering incentives and motivation for private entrepreneurship, which in turn eliminate price competition and enable high retail prices (Holder et al., 1998). Often a system of state monopoly stores also means a smaller number of outlets and limited hours of sale.

A licensing system entails that anyone who wants to sell or produce alcoholic beverages has to apply for a licence granted by the municipality, local government or the state, usually paying a fee. The report is thus referring to a specific system of licences to sell alcoholic beverages, and not to general licences to conduct a business, for instance. The alcohol sales licence can be conditioned, for example, on the seller having no criminal record, on the suitability of the premises for sale or on an absence of nuisance for the neighbourhood. The licence can be suspended or removed in case any of the conditions or the alcohol sales regulations are breached.

Traditionally, the state monopoly approach has been characteristic of the Nordic countries, (except Denmark), Canada, parts of the United States, and some of the central and eastern European countries and the former Soviet Union. Recent political developments, however, have led to changes that have deregulated the market and opened up availability in some of these countries (Rehn, Room & Edwards, 2001). Existing evidence is fairly strong that off-premise state monopolies limit both alcohol consumption and related problems, and that abolishing monopolies can increase alcohol consumption (Babor et al., 2003).

The questionnaire asked about the level of state control both on the production and retail sale of alcoholic beverages. However, this analysis concentrates on the retail sale restrictions and not production, as the former is assumed to have a much greater impact on the availability of alcoholic beverages for the average consumer.

In summary, from Table 5 it can be seen that 15% of countries indicate having a state monopoly on the sale of beer, wine or spirits. Table 6 shows the countries that have state monopolies on the retail sale of alcoholic beverages. The data shown are for off-premise sales of alcoholic beverages. Generally, countries that monopolize or license off-premise sales also license on-premise sales (in restaurants, taverns, etc.).

Table 5: Existing state monopolies and licensing systems on off-premise retail sale in responding countries (in % by WHO region)

WHO Region	Monopolies*	Licences**	No restrictions
AFR	13.6 (n=3)	81.8 (n=18)	4.5 (n=1)
AMR	8.0 (n=2)	88.0 (n=22)	4.0 (n=1)
EUR	19.0 (n=8)	57.1 (n=24)	23.8 (n=10)
SEAR/WPR	15.0 (n=3)	80.0 (n=16)	5.0 (n=1)
Total	14.7 (n=16)	73.4 (n=80)	11.9 (n=13)

* for at least one beverage

** for at least one beverage and not any monopoly

Table 6: Countries with state monopolies on off-premise retail sale of alcoholic beverages

Countries with state monopolies on all alcoholic beverages

Bosnia and Herzegovina	Malawi
Cambodia	Mauritius
Canada ¹	Mongolia
French Polynesia	Sweden
Iceland	

Countries with beverage-specific state monopolies

Beer	Spirits	Wine and spirits
Gambia	Colombia	Finland
TFYR Macedonia	Turkey	Kyrgyzstan
		Norway

Apart from the monopolies, some 73% of the responding countries require a licence for the sale of at least one alcoholic beverage. Generally, this system applies for the sale of all three categories of beverages (69 countries), the exceptions being that two countries require a licence for the sale of beer and wine, five for the sale of wine and spirits, two countries for the sale of spirits, one country for beer and spirits, and one country for the sale of beer only. Table 7 shows the countries that require licences for the sale of alcoholic beverages.

¹ In Canada, Ontario's retail monopoly (LCBO) sells spirits, wine (which is also sold in winery stores), and beer. Most beer, however, is sold by a monopoly run by the breweries jointly under a provincial licence.

Table 7: Countries with no state monopolies that require licences for off-premise sale of alcoholic beverages

Countries that require licences for sale of all alcoholic beverages		
AFR	Guatemala	Luxembourg
Algeria	Guyana	Malta
Cape Verde	Honduras	Poland
Central African Rep.	Mexico	Portugal
Comoros	Nicaragua	Romania
Congo	Panama	Russian Federation
Eritrea	Paraguay	Spain
Ghana	Peru	Turkmenistan
Mozambique	Suriname	United Kingdom
Namibia	Trinidad and Tobago	
Niger	United States	SEAR
Nigeria	Uruguay	India
Seychelles	Venezuela	Indonesia
South Africa		Sri Lanka
UR Tanzania	EUR	Thailand
Zambia	Armenia	
	Azerbaijan	WPR
AMR	Belarus	Australia
Argentina	Bulgaria	China
Belize	Denmark	Japan
Bolivia	France	Micronesia (Fed. St.)
Chile	Hungary	New Zealand
Costa Rica	Ireland	Palau
Dominican Republic	Israel	Philippines
Ecuador	Italy	Republic of Korea
El Salvador	Lithuania	Singapore
Countries that require beverage-specific licences		
Beer and wine	Wine and spirits	
Gabon	Jamaica	
Guinea-Bissau	Latvia	
Nepal	Malaysia	
	Republic of Moldova	
Beer and spirits	Ukraine	
Nepal		
	Spirits	
Beer	Netherlands	
Benin	Viet Nam	

Finally, in the remaining 12% of countries, there are no specific restrictions on the off-premise sale of alcoholic beverages. All but three countries (Brazil, Ethiopia and Lao People's Democratic Republic) of this group belong to the European Region: Austria, Croatia, Czech

Republic, Estonia, Georgia, Germany, Greece, Slovakia, Slovenia, and Switzerland. One explanation is that these countries may have general sales restrictions that cover all goods, that are not alcohol-specific. This happens to be the case in Austria, for example, which requires a licence for retail sale of consumer goods, which is not specific to the sale of alcoholic beverages. From a public health perspective, alcohol should be considered a special commodity (Babor et al., 2003) that should be controlled by specific regulations. However, the strictness of these general sales restrictions may vary to a great degree from one country to another.

Regionally, countries in the Americas almost exclusively have licensing systems, while retail monopolies are virtually unknown south of the United States. Both AFR and SEAR/WPR have also a large majority of countries where licences are required, while more than 10% in both regions also have state monopolies. EUR is the region with the largest variation – on one hand, 19% have a state monopoly, while on the other, 24% have no restrictions in place.

Although not analysed further in the report, Table 8 shows the countries that have state monopolies on the production of alcoholic beverages. Production monopolies are often mainly intended to assure that taxes are collected effectively, rather than having any great public health purpose.

Table 8: Countries with state monopolies on the production of alcoholic beverages

All beverages	
Bosnia and Herzegovina	
Cambodia	Wine
Malawi	Ethiopia
Mauritius	
Mongolia	Beer
Micronesia (Fed. St.)	Gambia
	Lao PDR
	TFYR Macedonia
Spirits	Seychelles
Azerbaijan	
Colombia	Beer and wine
Costa Rica	Cape Verde
El Salvador	
Lithuania	Wine and spirits
Luxembourg	Kyrgyzstan
Norway	Turkmenistan
Slovakia	
Switzerland	
Turkey	

Conclusions

Off-premise state monopolies are quite effective in curbing alcohol consumption and related harm, as illustrated by the fact that several time-series analyses noted an increase in alcohol consumption as monopolies were abandoned in favour of private retail outlets (Wagenaar & Holder, 1995, Her et al., 1999). However, one can assume that differences exist in the practical implications of choosing a retail monopoly or a licensing system, depending, for

example, on the number of stores or outlets where alcoholic beverages can be bought, or on the level of difficulty to obtain a retail licence or the cost of a licence. From a public health perspective, particularly for a licensing system, a key issue is effective enforcement of laws around retail sale of alcoholic beverages. A breach of a state monopoly would probably be rather obvious, but for a licensing system to be effective a comprehensive and continuous check of licences in retail outlets is necessary.

Overall, one could suggest several components to a comprehensive licensing system, such as the requirement of a substantial fee to be paid (which could be used to fund treatment, prevention or policy activities), that licences are not granted automatically, that licences are effectively enforced, that sanctions can be used for violations such as selling alcoholic beverages to underage or clearly intoxicated people, and also that the licensing system is used for limiting the density of licensed outlets. In cases where monopolies are not politically viable, such a comprehensive licensing system could be effective in minimizing alcohol-related harms, as part of an alcohol policy mix. However, in countries where much of the alcohol consumption is unrecorded, homebrewed or smuggled, neither a monopoly nor a licensing system alone would be likely to raise the level of government control.

In conclusion, state retail monopolies are presently rather uncommon, while a large majority of countries require a licence for the retail sale of alcoholic beverages. Only a handful of countries, almost exclusively in Europe, have neither a monopoly nor a licensing system. In at least some of these countries, the retail sale of alcoholic beverages is governed by general sales restrictions that apply to all consumer goods. The complete set of country data on the control of retail sale and the production of alcoholic beverages can be found in Table 9.

Table 9: Control of off-premise retail sale and production, by country

WHO REGION	COUNTRY	MONOPOLY ON PRODUCTION OF			MONOPOLY ON OFF-PREMISE SALE OF			LICENCE FOR PRODUCTION OF			LICENCE FOR OFF-PREMISE SALE OF		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
AFR	Algeria	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Benin	.	.	.	.	.	.	YES	NO	NO	YES	NO	NO
	Cape Verde	YES	YES	.	.	.	.	.	.	.	YES	YES	YES
	Central African Rep.	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Comoros	NO	NO	NO	NO	NO	NO	N.A	N.A	N.A	YES	YES	YES
	Congo	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Equatorial Guinea	.	.	.	.	.	.	.	.	.	.	.	.
	Eritrea	NO	.	NO	NO	.	NO	YES	YES	YES	YES	YES	YES
	Ethiopia	NO	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Gabon	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO
	Gambia	YES	.	.	YES	.	.	YES	YES	YES	YES	YES	YES
	Ghana	.	.	.	.	.	.	YES	YES	YES	YES	YES	YES
	Guinea	NO	NO	NO	NO	NO	NO	.	.	.	.	.	.
	Guinea-Bissau	NO	.	.	NO	NO	NO	YES	.	.	YES	YES	.
	Kenya	.	.	.	.	.	.	.	.	.	.	.	.
	Malawi	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Mauritius	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Mozambique	.	NO	NO	.	NO	NO	YES	YES	YES	YES	YES	YES
	Namibia	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Niger	NO	NO	NO	NO	NO	NO	YES	.	.	YES	YES	YES
	Nigeria	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Seychelles	YES	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	South Africa	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Togo	.	.	.	.	.	.	.	.	.	.	.	.
	Uganda	NO	NO	NO	NO	NO	NO	.	.	.	.	.	.
	UR Tanzania	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Zambia	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
AMR	Argentina	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Belize	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Bolivia	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Brazil	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Canada	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES	NO
	Chile	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Colombia	NO	NO	YES	NO	NO	YES	YES	YES	NO	YES	YES	NO
	Costa Rica	NO	NO	YES	NO	NO	NO	YES	YES	NO	YES	YES	YES
	Dominican Republic	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Ecuador	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	El Salvador	NO	NO	YES	NO	NO	NO	YES	YES	.	YES	YES	YES
	Guatemala	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Guyana	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES

[illegible]

WHO REGION	COUNTRY	MONOPOLY ON PRODUCTION OF			MONOPOLY ON OFF-PREMISE SALE OF			LICENCE FOR PRODUCTION OF			LICENCE FOR OFF-PREMISE SALE OF		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
SEAR	Norway	NO	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES
	Poland	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Portugal	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Republic of Moldova	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	YES
	Romania	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Russian Federation	.	.	.	.	.	.	YES	YES	YES	YES	YES	YES
	Slovakia	NO	NO	YES	NO	NO	NO	YES	NO	YES	NO	NO	NO
	Slovenia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Spain	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Sweden	NO	NO	NO	YES	YES	YES	YES	YES	YES	.	.	.
	Switzerland	NO	NO	YES	NO	NO	NO	NO	NO	YES	NO	NO	NO
	TFYR Macedonia	YES	NO	NO	YES	NO	NO	YES	YES	YES	YES	YES	YES
	Turkey	NO	NO	YES	NO	NO	YES	YES	YES	YES	YES	YES	YES
	Turkmenistan	NO	YES	YES	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Ukraine	.	NO	NO	.	NO	NO	.	YES	YES	.	YES	YES
	United Kingdom	NO	NO	NO	NO	NO	NO	.	.	.	YES	YES	YES
	India	.	.	.	.	.	.	YES	YES	YES	YES	YES	YES
	Indonesia	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Nepal	.	.	.	.	.	.	YES	.	YES	YES	.	YES
	Sri Lanka	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Thailand	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
WPR	Australia	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Cambodia	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
	China	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	French Polynesia	NO	NO	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES
	Japan	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Lao PDR	YES	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO
	Malaysia	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	YES
	Micronesia (Fed. St.)	YES	YES	YES	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Mongolia	YES	YES	YES	YES	YES	YES	.	.	.	.	.	.
	New Zealand	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Palau	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Philippines	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Republic of Korea	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Singapore	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES
	Viet Nam	.	.	.	.	.	.	YES	YES	YES	NO	NO	YES

2.2 Restrictions on off-premise retail sale

There are many ways in which countries may seek to restrict the sale of alcoholic beverages, besides monopolies and licensing. The most prominent are restrictions on hours, days and places of sale, and the density and location of outlets. Studies of changes in hours or days of sale have often demonstrated increased drinking or increased rates of alcohol-related harm with increased number of hours or days of sale and vice versa (Chikritzhs & Stockwell, 2002). Babor and colleagues note that reductions in the hours and days of sale, and number of outlets are associated with a reduction in alcohol consumption and related problems (Babor et al., 2003).

The specific details of restrictions on the sale of alcoholic beverages are sometimes decisions taken at the municipal level, such as in the Netherlands, thus rendering comparisons at the national level impossible. Hours of sale can vary across the days of the week and can also include banning the sale of alcoholic beverages at certain places during specific hours. For example, France and Germany ban alcoholic beverage sales at highway petrol stations between 10 p.m. and 6 a.m. (Rehn, Room & Edwards, 2001). Frequently, a restriction on days of sale means that it is not allowed to sell alcoholic beverages off the premises on Saturdays and/or Sundays. Density of outlets is often limited by controlling the number of retail outlets in a specific area, e.g. allowing only a certain number of outlets for a certain number of inhabitants. Restrictions on the place of sale include a multitude of options, from regulating factors like the size or location of the outlet, to where and how the beverages must be shelved. In general, restrictions on places of sale probably refer mostly to the kind of store in which off-premise sales are allowed, e.g. whether in kiosks, supermarkets or only in specific liquor stores. Some restrictions on location, e.g. not close by a school or religious place of worship may also be included.

Table 10 summarizes the findings on existing restrictions on off-premise retail sale for the responding countries, broken down by beverage type. As the table illustrates, the majority of countries have set restrictions regarding the place of sale of beer (56%), wine (60%) and spirits (61%), whereas restrictions on hours of sale (around 45%) and days of sale (around 26%) are less common. Especially restricting the density of outlets as a measure is rather rare (16 to 22% of countries). Beverage-specific differences are small, but spirits sales are somewhat more restricted.

Table 10: Restrictions on off-premise retail sale

Restrictions on:	Beer %	(n/N)	Wine %	(n/N)	Spirits %	(n/N)
Density of outlets	16.4	(18/110)	20.0	(21/105)	22.0	(24/109)
Places of sale	55.5	(61/110)	59.8	(64/107)	60.9	(67/110)
Days of sale	25.5	(28/110)	27.1	(29/107)	27.5	(30/109)
Hours of sale	44.6	(50/112)	47.3	(52/110)	46.8	(52/110)

To explore whether there is a tendency for the sales restrictions to be clustered in a limited number of countries with many restrictions, the restrictions for each country were summed. One point was attributed for each type of sales restriction and each type of beverage, giving 12 points maximum (see Table 11). From the 115 countries included, the exercise shows that, overall, the restrictions indeed tend to group under a fairly small number of countries. 28 countries or 24% have all or nearly all (9 to 12 points) of the sales restrictions in place, while another 19 (or 17%) have about half of the restrictions (4 to 8 points). At the other end of the spectrum, 68 countries or 59% have few or no restrictions (0 to 3 points) in place. Table 11

shows the complete country data for off-premise sales restrictions for the different beverages and the reported level of enforcement.

Regional differences in sales restrictions on off-premise retail sale are shown in Figure 1. Since sales restrictions vary only slightly when it comes to beverage types, the results are presented for beer only. The AMR shows the highest overall frequency of sales restrictions, except in the case of limiting the density of outlets. This is followed by SEAR/WPR, while EUR and AFR have generally fewer countries with different sales restrictions. For example, restrictions on the days of sale exist in close to the majority of countries in AMR (48%), while it is quite uncommon (12%) in AFR.

Table 11: Off-premise sales restrictions and level of enforcement, by country

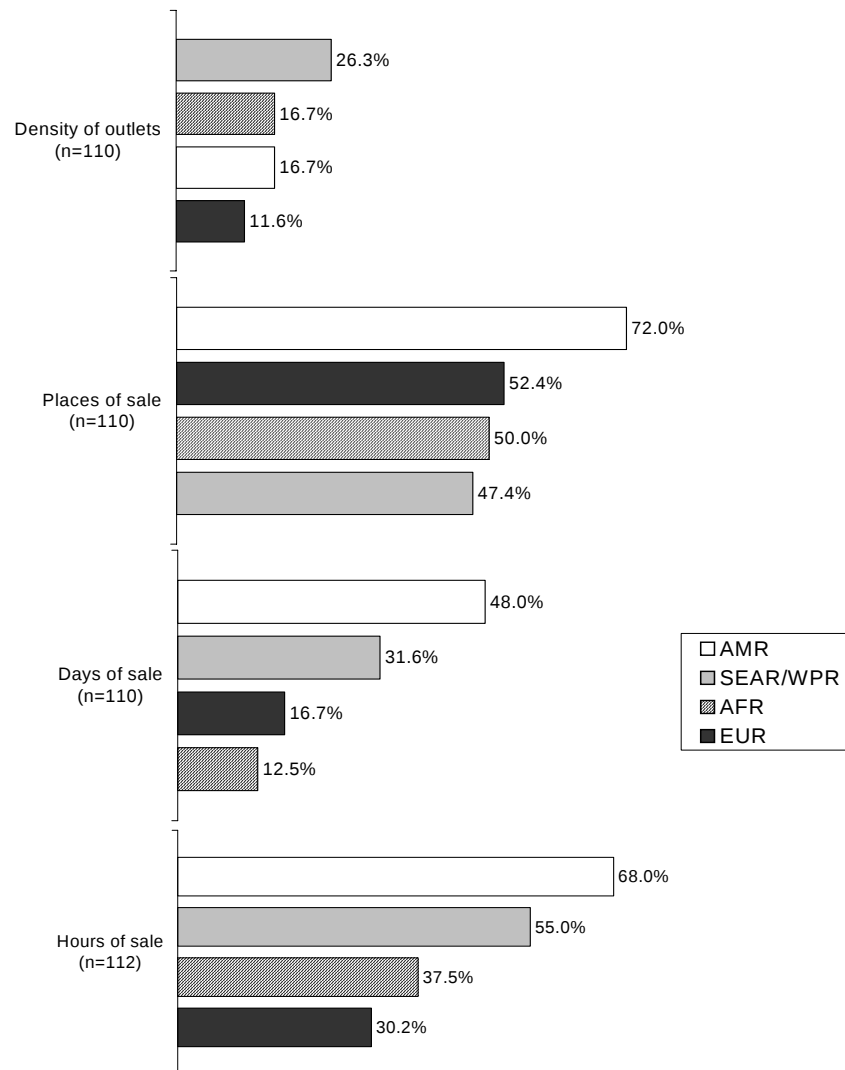
WHO REGION	COUNTRY	HOURS OF SALE			DAYS OF SALE			PLACES OF SALE			DENSITY OF OUTLETS			SUM OF SALES RESTRICTIONS	LEVEL OF ENFORCEMENT
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS		
AFR	Algeria	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	FULLY
	Benin	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	NOT
	Cape Verde	NO	NO	NO	NO	.	NO	NO	.	NO	NO	.	NO	.	N.A
	Central African Rep.	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	RARELY
	Comoros	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Congo	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	RARELY
	Equatorial Guinea	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Eritrea	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Ethiopia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Gabon	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Gambia	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	Ghana	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	Guinea	NO	.	.	NO	.	.	NO	.	.	NO	.	.	.	.
	Guinea-Bissau	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Kenya	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Malawi	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	3	NOT
	Mauritius	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Mozambique	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Namibia	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	RARELY
	Niger	YES	YES	YES	NO	NO	NO	YES	.	YES	YES	.	YES	.	PARTIALLY
	Nigeria	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	RARELY
	Seychelles	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	South Africa	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Togo	.	.	.	.	.	.	.	.	.	.	.	.	.	.
	Uganda	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	UR Tanzania	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Zambia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
AMR	Argentina	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Belize	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	6	RARELY
	Bolivia	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	3	RARELY
	Brazil	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Canada	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	YES	NO	7	FULLY
	Chile	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	PARTIALLY
	Colombia	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	PARTIALLY
	Costa Rica	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	FULLY
	Dominican Republic	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Ecuador	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	PARTIALLY
	El Salvador	YES	YES	YES	NO	NO	NO	YES	YES	YES	.	.	.	.	FULLY
	Guatemala	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	.
	Guyana	YES	YES	YES	NO	NO	YES	NO	NO	YES	NO	NO	YES	6	PARTIALLY

WHO REGION	COUNTRY	HOURS OF SALE			DAYS OF SALE			PLACES OF SALE			DENSITY OF OUTLETS			SUM OF SALES RESTRICTIONS	LEVEL OF ENFORCEMENT
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS		
EMR	Honduras	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	PARTIALLY
	Jamaica	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	2	RARELY
	Mexico	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	PARTIALLY
	Nicaragua	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	NOT
	Panama	NO	NO	NO	YES	YES	YES	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Paraguay	NO	NO	NO	YES	YES	YES	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Peru	NO	NO	NO	YES	YES	YES	NO	NO	NO	NO	NO	NO	3	PARTIALLY
	Suriname	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	RARELY
	Trinidad and Tobago	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	PARTIALLY
	United States	YES	YES	YES	NO	NO	NO	YES	YES	YES	YES	YES	YES	9	PARTIALLY
	Uruguay	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	3	PARTIALLY
	Venezuela	YES	YES	YES	YES	YES	YES	YES	YES	YES	.	.	YES	.	.
EUR	Egypt	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Isl. Rep. of Iran	.	.	.	.	.	.	.	.	.	.	.	.	.	N.A
	Jordan	NO	NO	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	9	PARTIALLY
	Armenia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Austria	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Azerbaijan	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Belarus	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES	YES	YES	6	FULLY
	Bosnia and Herzegovina	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Bulgaria	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Croatia	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	Czech Republic	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Denmark	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	3	FULLY
	Estonia	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Finland	YES	YES	YES	NO	YES	YES	YES	YES	YES	NO	YES	YES	10	FULLY
	France	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	.
	Georgia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Germany	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Greece	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Hungary	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	Iceland	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	FULLY
	Ireland	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Israel	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Italy	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Kazakhstan	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	.
	Kyrgyzstan	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Latvia	NO	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	5	FULLY
	Lithuania	NO	NO	NO	NO	NO	NO	NO	NO	YES	NO	NO	NO	1	FULLY
	Luxembourg	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Malta	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Netherlands	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	FULLY

WHO REGION	COUNTRY	HOURS OF SALE			DAYS OF SALE			PLACES OF SALE			DENSITY OF OUTLETS			SUM OF SALES RESTRICTIONS	LEVEL OF ENFORCEMENT
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS		
SEAR	Norway	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	11	FULLY
	Poland	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	YES	YES	5	FULLY
	Portugal	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Republic of Moldova	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	2	PARTIALLY
	Romania	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	NOT
	Russian Federation	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	PARTIALLY
	Slovakia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Slovenia	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	3	NOT
	Spain	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	PARTIALLY
	Sweden	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	FULLY
	Switzerland	YES	YES	YES	YES	YES	YES	NO	NO	NO	NO	NO	NO	6	FULLY
	TFYR Macedonia	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	3	FULLY
	Turkey	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	FULLY
	Turkmenistan	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	Ukraine	NO	NO	NO	NO	NO	NO	NO	YES	YES	NO	NO	NO	2	FULLY
	United Kingdom	YES	YES	YES	.	.	.	.	.	.	NO	NO	NO	.	PARTIALLY
	India	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	PARTIALLY
	Indonesia	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	12	RARELY
	Nepal	NO	.	NO	NO	.	NO	NO	.	NO	NO	.	NO	.	N.A
	Sri Lanka	YES	YES	YES	YES	YES	YES	NO	NO	NO	YES	YES	YES	9	PARTIALLY
	Thailand	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	RARELY
WPR	Australia	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	FULLY
	Cambodia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	China	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	French Polynesia	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	NO	NO	9	FULLY
	Japan	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	3	NOT
	Lao PDR	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Malaysia	NO	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	2	PARTIALLY
	Micronesia (Fed. St.)	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	NO	3	NOT
	Mongolia	YES	YES	YES	.	.	.	YES	YES	YES	.	.	.	.	RARELY
	New Zealand	YES	YES	YES	NO	NO	NO	YES	YES	YES	YES	YES	YES	9	PARTIALLY
	Palau	YES	YES	YES	NO	NO	NO	YES	YES	YES	NO	NO	NO	6	PARTIALLY
	Philippines	NO	NO	NO	NO	NO	NO	YES	YES	YES	NO	NO	NO	3	RARELY
	Republic of Korea	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	0	N.A
	Singapore	YES	YES	YES	NO	NO	NO	NO	NO	NO	NO	NO	.	.	.
	Viet Nam	NO	NO	NO	NO	NO	NO	.	YES	YES	NO	.	YES	.	PARTIALLY

Note: N.A – not applicable, no sales restrictions to enforce.

Figure 1: *Regional differences in restrictions on off-premise retail sale of beer, % of countries with restrictions*



For restrictions such as those on sale, the level of enforcement of any existing regulation is crucial and was therefore included in the questionnaire. Great caution should be taken when interpreting the enforcement results, as the measure is subjective, based entirely on the perception of the focal points. Focal points were asked to rate the enforcement level of existing sales restrictions as fully, partially, rarely or not enforced.

Looking only at countries with existing sales restrictions (see Table 12), over 65% of the responding countries consider their restrictions fully or partially enforced, while the remaining countries estimate their restrictions either as rarely enforced (23%) or not enforced at all (10%). Regarding the WHO Regions, there are notable differences in the estimated level of enforcement of sales restrictions. The AMR and EUR show a rather high proportion of countries with full or partial enforcement (77% and 82% respectively), while in SEAR/WPR half of the responding countries indicate a high level of enforcement, and in the AFR only 28%.

Table 12: Level of enforcement of off-premise sales restrictions in countries with existing restrictions (in % by WHO region)

	Total (n=78)	AFR (n=14)	AMR (n=22)	EUR (n=28)	SEAR/WPR (n=14)
Fully enforced	25.6	7.1	13.6	50.0	14.3
Partially enforced	41.0	21.4	63.6	32.1	42.9
Rarely enforced	23.1	50.0	18.2	10.7	28.6
Not enforced	10.3	21.4	4.5	7.1	14.3

To explore the possible link between the frequency of sales restrictions and level of enforcement, the correlation between the sum on the 12 point scale developed earlier and the level of enforcement was calculated. Between the two variables exists a significant association ($r=0.36$, $p<0.01$). This means that, there is a tendency for the level of enforcement to be greater where there are more restrictions. In other words, focal points in countries with many sales restrictions in place tend to consider the enforcement of these restrictions as high, while those in countries with few restrictions indicate a low level of enforcement.

Conclusions

Restricting the days, times, density and places of sales limits the possibilities of consumers to buy and consume alcoholic beverages and may reduce both overall and heavy consumption. Curbing the number of alcoholic beverage outlets and regulating their location (for example, near schools, religious place of worship or workplaces) have demonstrated that geographical density does have a significant effect on alcoholic beverage sales (Edwards et al., 1994). Although it is still not known how the density of alcoholic beverage outlets affects individual drinkers, it does appear that physical availability impacts on consumption through its influence on perceived availability and on the total costs of obtaining alcoholic beverages, e.g. travel time (Toomey & Wagenaar, 1999). Research has also shown that the geographical placement of outlets and concentration of outlets in certain areas is associated with increased rates of alcohol-related problems, e.g. violence and drink driving (Lipton & Gruenewald, 2002). Earlier, different kinds of sales restrictions were quite common in many countries, but there has been a tendency lately to loosen these restrictions (Drummond, 2000). The different types of sales restrictions, whether national or local in scope, should be regarded as an integral part of a comprehensive alcohol policy, and have the potential to decrease harm by effectively targeting certain population groups or specific alcohol-related problems.

Sales restrictions are not effective unless they are enforced. The link between the two variables, sales restrictions and enforcement was indicated by the statistically significant association. Overall, according to the present data, 48 countries have many of the sales restrictions, i.e. half or more of the attributes measured compared to 66 countries that have either few or no restrictions. However, among all the countries that do have restrictions of some kind, 35% regard their enforcement as either being carried out rarely or not at all. In other words, it seems that the situation leaves room for much improvement through governmental or local action.

2.3 Age requirements for purchase and consumption of alcoholic beverages

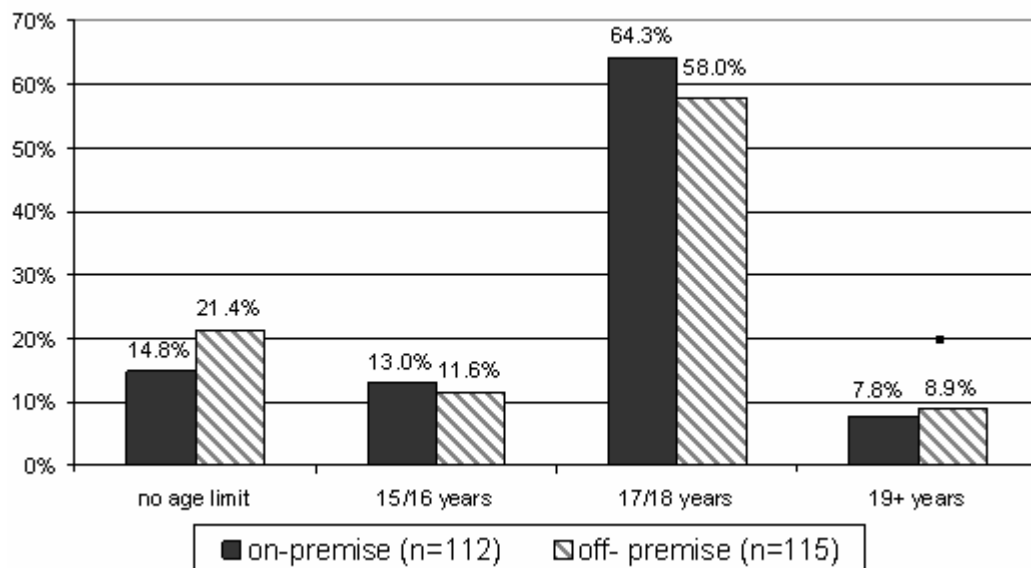
Setting minimum legal age limits is a measure targeted at barring young people, who are regarded as particularly vulnerable, from having easy access to alcoholic beverages. The age of onset of drinking alcoholic beverages has been found to be important regarding short term

as well as long term effects on health. For example, results from a national survey in the United States show that respondents who begin drinking in their teenage years are more likely to experience alcohol-related unintentional injuries (such as motor vehicle injuries, falls, burns, and drownings) than those who begin drinking at a later age (Hingson et al., 2000). Furthermore, an early onset of regular alcohol consumption has been found to be a significant predictor of lifetime alcohol-related problems (Chou & Pickering, 1992, Kraus et al., 2000), at least for some Western countries.

Changing the age limits can have an important effect on youth drinking. One of the few studies from outside North America shows that introducing an age limit of 15 years for off-premise sales in Denmark in 1995 reduced alcohol consumption among youth both under and over the legal age limit (Møller, 2002). A more recent follow-up, however, demonstrates that the effect could not be sustained and has disappeared over time (Lars Møller, personal communication, 14 May 2003).

In the present survey, a question was asked about the legal age for drinking or buying alcoholic beverages on and off the premises for each beverage separately. Overall, the age limits for buying alcoholic beverages varied from 15 to 21 years. Figure 2 demonstrates the legal age limits for the purchase of beer both on- and off-premise. Beer was chosen due to the fact that it is usually fairly cheap, readily available and probably frequently drunk by young people in most societies. This is particularly true for Europe and North America, where the emerging drinking pattern for young people is an increase in beer consumption (and a wide range of other relatively low-alcohol products like alcopops) and a decrease in wine and distilled spirits consumption (Gabhainn & François, 2000). Also, there are no large differences between age restrictions for the different beverages in most countries.

Figure 2: Age requirement for the on-premise and off-premise purchase of beer



By far, 17/18 years is the most common age limit for on-premise as well as off-premise purchase of beer (in 64% and 58% of the countries respectively). There are about as many countries with no age limit on the purchase of beer on-premise as there are with a low age restriction of 15/16 years (15% vs. 13%), while when it comes to off-premise purchase of beer, the number of countries with no age restriction is higher (21% and 12% respectively). Looking at Table 13, countries with no age restrictions on the on-premise and off-premise

purchase of beer are: Armenia, Benin, Cambodia, China, Comoros, Congo, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea-Bissau, Kazakhstan, Kyrgyzstan, Nepal and Togo. Another seven countries have age limits for on-premise sales, but not off-premise sales: Bosnia and Herzegovina, Croatia, Greece, Israel, Lao People's Democratic Republic, Luxembourg and Malta. Republic of Moldova has age limits for buying wine and spirits, but not beer. Malaysia has no age limit for buying beer off the premises.

A small number of countries (on-premise 8% and off-premise 9%) limit their sale of beer to people aged 19 or older. The high age limits for beer can be found in Canada (19), Nicaragua (19), Republic of Korea (19), Iceland (20), Sweden (20 for strong beer off-premise, 18 otherwise), Japan (20), Indonesia (21), the Federated States of Micronesia (21), Palau (21) and the United States (21).

When it comes to the different beverages, the differences are rather small. Egypt has an age limit of 21 for wine and spirits. Austria, Germany, the Netherlands and Switzerland, for example, have an age limit of 18 for spirits, versus 16 for beer and wine. In Denmark, the age limit for off-premise sale is 15 for all beverages and 18 years for on-premise sale. In Finland and Norway, the off-premise age limit is 18 for beer and wine and 20 for spirits, while it is 20 for all beverages in the Swedish monopoly stores (see Table 13 for complete data).

Table 13: Age limit for purchasing alcoholic beverages, on- and off-premise, by country

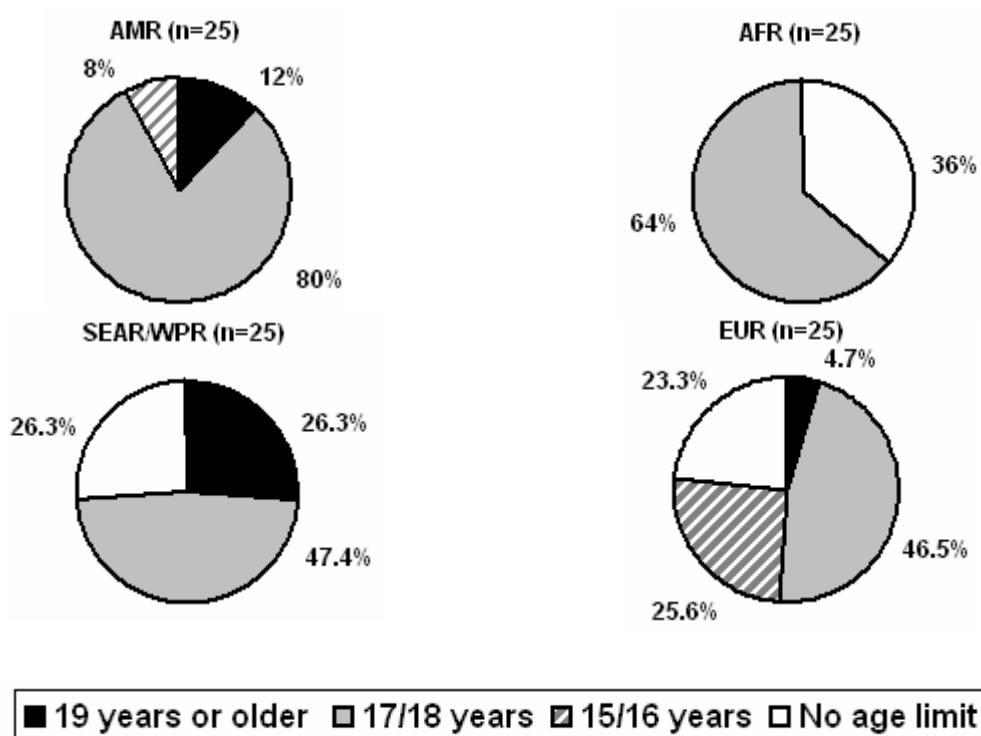
WHO REGION	COUNTRY	ON-PREMISE			OFF-PREMISE		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
AFR	Algeria	18	18	18	18	18	18
	Benin	NO	NO	NO	NO	NO	NO
	Cape Verde	18	18	18	18	18	18
	Central African Rep.	18	18	18	18	18	18
	Comoros	NO	NO	NO	NO	NO	NO
	Congo	NO	NO	NO	NO	NO	NO
	Equatorial Guinea	NO	NO	NO	NO	NO	NO
	Eritrea	18	18	18	18	18	18
	Ethiopia	18	18	18	18	18	18
	Gabon	NO	NO	NO	NO	NO	NO
	Gambia	NO	NO	NO	NO	NO	NO
	Ghana	NO	NO	NO	NO	NO	NO
	Guinea	.	.	.	.	.	.
	Guinea-Bissau	NO	NO	NO	NO	NO	NO
	Kenya	.	.	.	.	.	.
	Malawi	18	18	18	18	18	18
	Mauritius	18	18	18	18	18	18
	Mozambique	18	18	18	18	18	18
	Namibia	18	18	18	18	18	18
	Niger	18	18	18	18	18	18
	Nigeria	18	18	18	18	18	18
	Seychelles	18	18	18	18	18	18
	South Africa	18	18	18	18	18	18
	Togo	NO	NO	NO	NO	NO	NO
	Uganda	18	18	18	18	18	18
	UR Tanzania	18	18	18	18	18	18
	Zambia	18	18	18	18	18	18
AMR	Argentina	18	18	18	18	18	18
	Belize	18	18	18	18	18	18
	Bolivia	18	18	18	18	18	18
	Brazil	18	18	18	18	18	18
	Canada	19	19	19	19	19	19
	Chile	18	18	18	18	18	18
	Colombia	18	18	18	18	18	18
	Costa Rica	18	18	18	18	18	18
	Dominican Republic	18	18	18	18	18	18
	Ecuador	18	18	18	18	18	18

WHO REGION	COUNTRY	ON-PREMISE			OFF-PREMISE		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
EMR	El Salvador	18	18	18	18	18	18
	Guatemala	18	18	18	18	18	18
	Guyana	18	18	18	18	18	18
	Honduras	18	18	18	18	18	18
	Jamaica	16	16	16	16	16	16
	Mexico	18	18	18	18	18	18
	Nicaragua	19	19	19	19	19	19
	Panama	18	18	18	18	18	18
	Paraguay	18	18	18	18	18	18
	Peru	18	18	18	18	18	18
	Suriname	16	16	16	16	16	16
	Trinidad and Tobago	18	18	18	18	18	18
	United States	21	21	21	21	21	21
	Uruguay	18	18	18	18	18	18
	Venezuela	18	18	18	18	18	18
EUR	Egypt	18	21	21	18	.	.
	Isl. Rep. of Iran	NO	NO	NO	NO	NO	NO
EUR	Jordan	18	18	18	18	18	18
	Armenia	NO	NO	NO	NO	NO	NO
	Austria	16	16	18	16	16	18
	Azerbaijan	18	18	18	18	18	18
	Belarus	18	18	18	18	18	18
	Bosnia and Herzegovina	16	16	16	NO	NO	NO
	Bulgaria	18	18	18	18	18	18
	Croatia	18	18	18	NO	NO	NO
	Czech Republic	18	18	18	18	18	18
	Denmark	18	18	18	15	15	15
	Estonia	18	18	18	18	18	18
	Finland	18	18	18	18	18	20
	France	16	16	16	16	16	16
	Georgia	16	16	16	16	16	16
	Germany	16	16	18	16	16	18
	Greece	17	17	17	NO	NO	NO
	Hungary	18	18	18	18	18	18
	Iceland	20	20	20	20	20	20
	Ireland	18	18	18	18	18	18
	Israel	18	18	18	NO	NO	NO
	Italy	16	16	16	16	16	16
	Kazakhstan	NO	NO	NO	NO	NO	NO
	Kyrgyzstan	NO	NO	NO	NO	NO	NO
	Latvia	18	18	18	18	18	18
	Lithuania	18	18	18	18	18	18
	Luxembourg	16	16	16	NO	NO	NO
	Malta	16	16	16	NO	NO	NO
	Netherlands	16	16	18	16	16	18
	Norway	18	18	20	18	18	20
	Poland	18	18	18	18	18	18
	Portugal	16	16	16	16	16	16
	Republic of Moldova	NO	18	18	NO	18	18
	Romania	18	18	18	18	18	18
	Russian Federation	18	18	18	18	18	18
	Slovakia	18	18	18	18	18	18
	Slovenia	15	15	15	15	15	15
	Spain	16	16	16	16	16	16
	Sweden	18	18	18	20	20	20
	Switzerland	16	16	18	16	16	18
	TFYR Macedonia	18	18	18	18	18	18
	Turkey	18	18	18	18	18	18
	Turkmenistan	18	18	18	18	18	18
	Ukraine	18	18	18	18	18	18
	United Kingdom	18	18	18	18	18	18
SEAR	India	18	18	18	18	18	18
	Indonesia	21	21	21	21	21	21
	Nepal	NO	NO	NO	NO	NO	NO
	Sri Lanka	18	18	18	18	18	18
	Thailand	18	18	18	18	18	18
WPR	Australia	18	18	18	18	18	18
	Cambodia	NO	NO	NO	NO	NO	NO

WHO REGION	COUNTRY	ON-PREMISE			OFF-PREMISE		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
	China	NO	NO	NO	NO	NO	NO
	French Polynesia	18	18	18	18	18	18
	Japan	20	20	20	20	20	20
	Lao PDR	18	18	18	NO	NO	NO
	Malaysia	18	18	18	NO	18	18
	Micronesia (Fed. St.)	21	21	21	21	21	21
	Mongolia	18	18	18	18	18	18
	New Zealand	18	18	18	18	18	18
	Palau	21	21	21	21	21	21
	Philippines	18	18	18	18	18	18
	Republic of Korea	19	19	19	19	19	19
	Singapore	18	18	18	18	18	18
	Viet Nam	.	.	.	.	.	.

Looking at regional differences, the present report concentrated on the off-premise sale of beer. It could be argued that, for young people, the off-premise sale is more important, because it is generally cheaper and consumption can take place without any oversight of bar or restaurant staff, in the realm of private parties, for example. Figure 3 demonstrates the regional differences in age limits. In the AMR countries, 80% have an age limit of 17/18 and a few 19+ and 15/16. In AFR two thirds have an age limit of 17/18, while one third have no age limits. The SEAR/WPR countries are distributed in between approximately half of the countries in the 17/18 group and the remainder equally between 19 and above and no age limits. In Europe, the countries are roughly divided between one half having 17/18 (a few 19 and above), and the other half equally between 16 and younger, and having no age restrictions.

Figure 3: Legal age limit for the off-premise sale of beer, by WHO Region



Conclusions

There is fairly strong empirical support for laws that raise the drinking age requirements, as they reduce alcohol consumption and problems among young people (Grube & Nygaard, 2001). However, potential benefits from drinking age laws are maximized if the laws are enforced through frequent and consistent checking by sales assistants and bar staff for the age of customers, both off- and on-premise. Evidence exists that even a moderate increase in enforcement can significantly reduce the sale of alcoholic beverages to under-age youth (Wagenaar, Murray & Toomey, 2000). However, questions around the enforcement of the existing age limits could not be addressed in this survey.

It is recognized that having a legal age limit for buying alcoholic beverages does not necessarily mean that young people under the limit cannot purchase or consume alcoholic beverages. Furthermore, it can be assumed that the private selling (or giving) of alcoholic beverages by parents or older friends to those under-aged exists to some degree in many countries, often as part of the local culture and norms. In summary, a large majority of the responding countries have age requirements for the sale of alcoholic beverages, mostly 17/18 years. Having an age limit of 16 years or younger is almost exclusively an European phenomenon. No age limit on the off-premise purchase of beer, and therefore legal access for children and adolescents, is generally found in some countries in Western and Central Africa, and in Eastern and South-eastern Europe, as well as in three Asian countries. In some cultures, however, access for children may be effectively limited by custom or social control, without a need for legal restrictions.

3. Drink driving legislation

The aim of drink-driving legislation is to reduce the number of accidents, injuries and fatalities that result from driving while being intoxicated. In many cases, this harm-minimization approach also covers legislation for boating and civil aviation, and even bicycling in some countries. Earlier general laws against driving while intoxicated or impaired have now been supplemented in most countries with much more effective laws forbidding driving while above a specified blood alcohol concentration (BAC). The legal blood alcohol concentration level in a country is usually based on the evidence of risk, public safety and what is perceived as publicly convenient and acceptable. Testing for the intoxication of drivers is either done randomly or only after justified suspicion, for example after an accident or in cases of erratic driving. The means used for testing is either a breathalyser, blood or urine sampling, or using behavioural and psychomotor tests such as the Standardized Field Sobriety Test Battery used in the United States. The effectiveness of any drink-driving law is primarily determined by the degree of certainty of detection and the quickness of punishment. A successful drink driving strategy would ideally require highly visible, frequent and random road checks, which include breath testing and blood sampling (Rehn, Room & Edwards, 2001).

Comprehensive drink driving legislation could also include provisions for areas such as the legal interpretation of a refusal to take a test, the penalties (fine, suspension of licence, or imprisonment) and treatment or education programmes for habitual drink driving offenders, or offenders who have significantly exceeded the legal BAC.

In this survey, two questions were asked about drink driving. The existence and legal limit of the Blood Alcohol Concentration (BAC or the amount of alcohol in the bloodstream) when

driving a car (not including graduated licensing or lower limits for young/new or professional drivers that exist in some countries e.g. Austria, Italy, New Zealand, Russian Federation and Spain). Also the existence and frequency of Random Breath Testing (RBT) was asked with the intention to measure the enforcement of a BAC level. In the literature Random Breath Testing refers to an enforcement strategy where drivers passing a testing location are stopped at random by the police and asked to take a breath test, even if there is no prior suspicion of their drinking or involvement in any accident. The places and times for the testing vary and a refusal to take the test amounts to the same as a positive result. Occasional roadblocks where all drivers are tested would not qualify as true RBT. Caution is warranted in interpreting the presented data, as positive responses may be describing a level of enforcement short of true RBT. The research evidence is quite strong that highly visible, non-selective testing can have a sustained and significant effect in reducing drink driving and the associated crashes, injuries and deaths (Babor et al., 2003). In Australia one study found that RBT was twice as effective as selective checkpoints (Henstridge, Homel & Mackay, 1997). The detailed country data are found in Table 14. In this report the BAC is expressed in per mille (‰) and refers to the amount of ethanol in grammes in each litre of blood (0.5 per mille equals 50 mg% and 0.05%).

Table 14: Maximum Blood Alcohol Concentration (BAC) levels and use of Random Breath Testing (RBT), by country

WHO REGION	COUNTRY	MAXIMUM BAC LEVEL PER MILLE	USE OF RBT
AFR	Algeria	0.1	NO
	Benin	0.5	OFTEN
	Cape Verde	0.8	SOMETIMES
	Central African Rep.	0.8	NO
	Comoros	NO	NO
	Congo	NO	NO
	Equatorial Guinea	0.0	NO
	Eritrea	0.0	OFTEN
	Ethiopia	NO	NO
	Gabon	.	NO
	Gambia	0.0	NO
	Ghana	0.8	RARELY
	Guinea	0.0	NO
	Guinea-Bissau	0.5	NO
	Kenya	0.8	NO
	Malawi	0.0	RARELY
	Mauritius	0.5	OFTEN
	Mozambique	.	.
	Namibia	0.5	SOMETIMES
	Niger	0.8	NO
	Nigeria	0.0	NO
	Seychelles	0.8	RARELY
	South Africa	0.5	RARELY
	Togo	NO	NO
	Uganda	0.8	NO
	UR Tanzania	0.5	RARELY
	Zambia	0.8	NO
AMR	Argentina	0.5	SOMETIMES
	Belize	0.8	NO
	Bolivia	0.7	RARELY
	Brazil	0.6	NO
	Canada	0.8	SOMETIMES
	Chile	0.49	SOMETIMES
	Colombia	0.0	OFTEN
	Costa Rica	0.49	SOMETIMES
	Dominican Republic	NO	NO
	Ecuador	0.7	RARELY
	El Salvador	0.5	OFTEN
	Guatemala	0.8	SOMETIMES
	Guyana	0.1	NO
	Honduras	0.7	NO

WHO REGION	COUNTRY	MAXIMUM BAC LEVEL PER MILLE	USE OF RBT
	Jamaica	0.35	SOMETIMES
	Mexico	0.8	SOMETIMES
	Nicaragua	0.8	RARELY
	Panama	0.0	NO
	Paraguay	0.8	SOMETIMES
	Peru	0.5	SOMETIMES
	Suriname	0.8	NO
	Trinidad and Tobago	.	NO
	United States	0.8	NO
	Uruguay	0.8	RARELY
EMR	Venezuela	0.5	SOMETIMES
	Egypt	.	NO
	Isl. Rep. of Iran	0.0	NO
EUR	Jordan	0.0	NO
	Armenia	0.0	OFTEN
	Austria	0.5	RARELY
	Azerbaijan	0.0	RARELY
	Belarus	0.5	SOMETIMES
	Bosnia and Herzegovina	0.5	SOMETIMES
	Bulgaria	0.5	SOMETIMES
	Croatia	0.5	OFTEN
	Czech Republic	0.0	SOMETIMES
	Denmark	0.5	NO
	Estonia	0.2	OFTEN
	Finland	0.5	OFTEN
	France	0.5	OFTEN
	Georgia	0.3	OFTEN
	Germany	0.5	NO
	Greece	0.5	OFTEN
	Hungary	0.0	SOMETIMES
	Iceland	0.5	SOMETIMES
	Ireland	0.8	NO
	Israel	0.5	NO
	Italy	0.5	SOMETIMES
	Kazakhstan	.	OFTEN
	Kyrgyzstan	0.5	SOMETIMES
	Latvia	0.49	OFTEN
	Lithuania	0.4	OFTEN
	Luxembourg	0.8	SOMETIMES
	Malta	0.8	NO
	Netherlands	0.5	OFTEN
	Norway	0.2	OFTEN
	Poland	0.2	OFTEN
	Portugal	0.5	SOMETIMES
	Republic of Moldova	0.3	SOMETIMES
	Romania	0.0	RARELY
	Russian Federation	0.0	RARELY
	Slovakia	0.0	SOMETIMES
	Slovenia	0.5	SOMETIMES
	Spain	0.5	OFTEN
	Sweden	0.2	OFTEN
	Switzerland	0.8	NO
	TFYR Macedonia	0.5	SOMETIMES
	Turkey	0.5	SOMETIMES
	Turkmenistan	0.33	SOMETIMES
	Ukraine	NO	SOMETIMES
SEAR	United Kingdom	0.8	NO
	India	0.3	RARELY
	Indonesia	.	NO
WPR	Nepal	0.0	RARELY
	Sri Lanka	0.6	SOMETIMES
	Thailand	0.5	RARELY
	Australia	0.5	OFTEN
	Cambodia	0.5	NO
	China	NO	NO
	French Polynesia	0.5	OFTEN
	Japan	0.3	SOMETIMES
	Lao PDR	NO	NO
	Malaysia	0.8	SOMETIMES
	Micronesia (Fed. St.)	0.5	NO
	Mongolia	0.2	OFTEN
	New Zealand	0.8	SOMETIMES
	Palau	0.1	NO

WHO REGION	COUNTRY	MAXIMUM BAC LEVEL PER MILLE	USE OF RBT
	Philippines	0.5	NO
	Republic of Korea	0.52	OFTEN
	Singapore	0.8	NO
	Viet Nam	.	RARELY

With the exception of the three EMR countries, Table 15 summarizes the results on the legal BAC level by grouping the surveyed countries into the categories “low” (0.0 to 0.3 per mille), “middle” (0.4 to 0.6 per mille) and “high BAC limit” (higher than 0.6 per mille), as well as “no BAC limit”. There are seven countries reached by the survey without legislation and definition of a BAC level; China, Comoros, Dominican Republic, Ethiopia, Lao People’s Democratic Republic, Congo and Togo. In addition, in Ukraine the maximum level of alcohol blood concentration is not defined in the legislation, but based on the response of the focal point, it is assumed to be 0.0 per mille.

Table 15: Distribution of the maximum legal BAC when driving a car

WHO Region	n	Low BAC level (0.0-0.3‰)	Middle (0.4-0.6‰)	High (>0.6‰)	No BAC
AFR	(n=25)	28%	24%	32%	16%
AMR	(n=24)	17%	29%	50%	4%
EUR	(n=42)	33%	52%	12%	2%
SEAR/WPR	(n=18)	28%	44%	17%	11%
Total	(n=109)	28%	39%	26%	7%

In total, nearly 30% of the responding countries indicate having a low legal level of BAC when driving a car (see Table 15). In almost 40% of the countries, the legal level is around 0.5 per mille and, for the rest (more than 25%), the BAC level is greater than 0.6 per mille. Countries without a BAC can be mainly found in SEAR/WPR and AFR, while one can observe a higher percentage of “high BAC level” countries in AFR and AMR compared to EUR and SEAR/WPR. It should be remembered, especially for SEAR/WPR, that the percentages relate to a small number of countries.

Any BAC level needs effective enforcement. Table 16 presents the frequency of use of RBT in the different regions.

Table 16: The frequency of use of RBT for countries with a legal BAC level, by WHO Region

WHO Region	n	Often	Sometimes	Rarely	No
AFR	(n=21)	14%	10%	24%	52%
AMR	(n=23)	9%	44%	17%	30%
EUR	(n=41)	34%	39%	10%	17%
SEAR/WPR	(n=16)	25%	25%	19%	31%
Total	(n=101)	23%	32%	16%	30%

Looking only at countries with an existing BAC level, in total close to a quarter of them indicate frequent use of RBT. Of the remaining, RBT is used sometimes (32%), rarely (16%) or not at all (30%). In other words, close to one third of the countries that have a BAC limit do not perform RBT as a measure of enforcing the drink driving law. In the African Region, more than half of the countries (52%) have no RBT, and only in 24% of the countries it is performed either often or sometimes. In the other regions, the percentage of countries with relatively frequent use of RBT is higher (from 73% of EUR to 52% in AMR and 50% of SEAR/WPR) than in the African Region.

Within the area of drink driving, one could ask if a relationship exists between the level of BAC and the existence and frequency of RBT. It would be expected that countries which set a stricter level of BAC would take the position that drink driving is a serious offence and, in turn, more frequent RBT checks would be performed in order to detect errant drivers. The result shows a significant association (one way ANOVA, $F=8.785$, $p<0.001$). The data are presented in Table 17, which shows that there is a statistically significant difference between the high BAC level group and the average frequency of RBT. Countries with a high BAC level (greater than 0.6 per mille) are indicated to have RBT less often than countries with lower maximum legal BAC. However, there is no difference in the frequency of RBT between countries with low and middle BAC level.

Table 17: The average use of RBT of drivers, for countries with low, middle and high maximum legal BAC

	Maximum legal BAC	n	Frequency of RBT	
	Per mille		Mean	sd
low	0.0 – 0.3	30	2.43	(1.19)
middle	0.4 – 0.6	43	2.14	(1.08)
high	> 0.6	28	3.21	(0.88)
Total		101	2.52	(1.14)

Note: Frequency of RBT is measured on a scale as follows: 1=often; 2=sometimes, 3=rarely; 4=no.

In Figure 4, the countries are classified into four categories: those with high maximum BAC level per mille (defined as $>0.6\%$) and who perform RBT often or sometimes, those with low maximum BAC level per mille (defined as 0.6% or lower) and who perform RBT often or sometimes, those with high BAC level per mille and rarely or never perform RBT, and those with low BAC level per mille and rarely or never perform RBT.

Figure 4: Countries categorized by maximum BAC level and use of RBT

HIGHER (higher than 0.6‰)	Canada		Belize	Niger
	Cape Verde		Bolivia	Seychelles
	Guatemala		Brazil	Singapore
	Luxembourg		Central African Rep.	Suriname
	Malaysia		Ecuador	Switzerland
	Mexico		Ghana	Uganda
	New Zealand		Honduras	United Kingdom
	Paraguay		Ireland	United States
	Sri Lanka		Kenya	Uruguay
			Malta	Zambia
		Nicaragua		
LOWER (0.6‰ or lower)	Argentina	Jamaica	Algeria	Israel
	Armenia	Japan	Austria	Jordan
	Australia	Kyrgyzstan	Azerbaijan	Malawi
	Belarus	Latvia	Cambodia	Micronesia (Fed. St.)
	Benin	Lithuania	Denmark	Nepal
	Bosnia & Herzegovina	TFYR Macedonia	Equatorial Guinea	Palau
	Bulgaria	Republic of Moldova	Gambia	Panama
	Chile	Mongolia	Germany	Philippines
	Colombia	Namibia	Guinea	Romania
	Costa Rica	Netherlands	Guinea-Bissau	Russian Federation
	Croatia	Norway	Guyana	South Africa
	Czech Republic	Peru	India	UR Tanzania
	El Salvador	Poland	Isl. Rep. of Iran	Thailand
	Eritrea	Portugal		
	Estonia	Republic of Korea		
	Finland	Slovakia		
	France	Slovenia		
	French Polynesia	Spain		
	Georgia	Sweden		
	Greece	Turkey		
	Hungary	Turkmenistan		
	Iceland	Venezuela		
	Italy			

OFTEN/SOMETIMES	RARELY/NO
Use of random breath testing	

Note: Only countries with data available for both variables are included.

Conclusions

There is evidence to support the conclusion that a fairly low BAC limit, visible and frequent enforcement, suspension of driving licence in case of an offence and certainty of punishment together form a successful drink driving legislation (Babor et al., 2003). A comprehensive

approach is most likely to produce positive results in the long term reduction of both the number of cases of drink driving and alcohol-related traffic accidents.

Overall, drink driving legislation is quite widespread, with almost all countries having a defined, legal BAC limit for driving a car, although in more than 25% of the countries that limit is fairly high, above 0.6 per mille. However, when it comes to RBT, 45% of countries either do not perform it at all or perform it rarely. The results of the study found that countries with a higher legal BAC perform RBT checks less frequently. In the effective enforcement of any drink driving legislation, frequent and random breath testing should ideally play a vital part.

4. Price and taxation

Alcoholic beverages are commercial products and, as such, subject to the same economic principles as other consumer products. Retail prices of alcoholic beverages are composed of the wholesale price plus profit and other costs. In addition, taxes specific to alcoholic beverages are often added. One of the factors explaining price differences is the rate of alcohol taxes. Production costs per litre of pure alcohol are higher for making wine and beer than distilled spirits. That is one of the reasons for the usually higher tax on spirits. Another reason is that, in some countries, the official policy of the pricing system is to steer people towards a particular type of low-alcohol or non-alcoholic beverage, in order to substantially reduce risky or high blood alcohol levels, i.e. discourage spirits drinking and encourage beverages with lower alcohol content (Holder et al., 1998). One example can be found in Switzerland, which has a special tax on spirits. Overall, the evidence, although not conclusive at this stage, suggests that furthering beverages of lower alcohol content can be an effective strategy to reduce the level of alcohol consumed and the associated harm (Babor et al., 2003).

In many countries, alcohol is an important source for raising government revenue and, therefore, an established target of taxation. In the former Soviet Union, for example, excise taxes on alcoholic beverages and state profits (derived from the alcohol and wine industry and imports) accounted for between 12% and 14% of all state revenue for more than 60 years (National Research Council, 1997). Laws around taxation are also fairly easy to adopt and to enforce, especially in countries with good government control of the market. Many countries lose substantial amounts of tax revenue because of difficulties in controlling the production, import and sale of alcoholic beverages. Ineffective enforcement of a taxation policy generates large black markets for illegally produced or smuggled alcohol products, which evade all taxation.

The effect of price changes on alcohol consumption has been extensively investigated in Australia, New Zealand, Europe and North America. The robust finding is that if alcoholic beverage prices go up, consumption goes down, and if prices go down, consumption goes up (Edwards et al., 1994). Some data supporting this come also from developing societies (e.g. Mauritius in Room et al., 2002). Taxation and pricing, therefore, can be an effective public health instrument for reducing overall alcohol consumption and alcohol-related harm. Only quite rarely, however, are the precise objectives of alcohol control explicitly stated in the laws embodying such policies (Österberg & Simpura, 1999). The real price (and not just the nominal price) of alcoholic beverages needs to rise, at or beyond the rate of inflation, if pricing is to be used as a strategy to contain alcohol consumption (Rehn, Room & Edwards, 2001). The nominal price is the absolute or current price reflecting the effects of general price inflation, while real price is measured in terms of purchasing power and not affected by

general price inflation. One of the restraining influences in tax and price policy stems from inflation control. In contrast to general sales taxes which are set on a percentage basis, alcohol tax, in most countries, is based on fixed excise duties that have to be adjusted by separate and politically visible decisions. Thus, usually, excise tax levels are not frequently adjusted, even if inflation automatically reduces their value.

In general, the price and taxation section was the area where the survey respondents of the present study had the most difficulty in providing data, especially when asked to express the level of taxation as a percentage of the retail price of alcoholic beverages. The quality of the data is almost entirely dependent on the focal points, although some basic cross-checking was done to eliminate and minimize mistakes or misunderstandings.

4.1 Price of alcoholic beverages

Two questions were asked about the price of alcoholic beverages: the average price of beer, wine, spirits, a soft drink and any existing local beverage, plus what has been the general price development of alcoholic beverages during the last five years. In this section, caution is needed when analysing the price data. Price data on alcoholic beverages are sensitive to a number of possible problems, such as exchange rates and inflation rates, the definition of an “average” beverage (e.g. an average table wine), time and place of the purchase. Price levels are also strongly influenced by different drinking habits and beverage preferences in different countries.

There is no further information on the precise beverages that the prices refer to, but it is assumed that, in the majority of the countries, an average beer, wine and spirit is either an industrially produced local version of an international beverage or a branded international beverage. The question on other local beverages was intended to capture some home or locally made brews or traditional beverages that are industrially produced.

The price data are for off-premise sales, i.e. in shops or supermarkets, not in restaurants or bars, where prices and the ratio between beverages probably are higher and different. The average quantities of the beverages and price in local currency were asked. The quantities of the beverages were standardized (beer 500 ml, wine 750 ml, spirits 750 ml, other beverages either 500 ml, if the strength of a beer, and 750 ml, if strength of wine or spirits), and the prices recalculated accordingly.

The “value” of money is different in different parts of the world. For example, with one US dollar you can hardly buy anything in the United States, but you can eat a good meal in other parts of the world. Consequently, a simple conversion of the local prices into one currency is not a good basis for comparisons. Exchange rates are of limited use also because they are volatile and reflect many influences, including capital movements and trade flows. Therefore, with the price data, three different sets of analysis were performed. Firstly, the price of beer in local currency was compared to that of a soft drink of the same size, developing what is called the beer-cola ratio. Beer was chosen as it has the lowest alcohol content of the standard alcoholic beverages and, therefore, is most likely to be the competing alternative for a soft drink in the mind of the consumer. Secondly, to increase their comparability, all prices were standardized to the per capita gross domestic product, again in local currencies. This was done to get the “relative” costs of an alcoholic beverage in each country. Data for the current price Gross Domestic Product (GDP) for each country were taken from the International Monetary Fund (IMF) World Economic Outlook (WEO) Database (2002). The definition of GDP is the

total output of goods and services for final use produced by an economy, by both residents and non-residents, regardless of the allocation to domestic and foreign claims. It does not include deductions for depreciation of physical capital or depletion and degradation of natural resources (United Nations, 2001). Thirdly, the prices of local alcoholic beverages were compared with average alcoholic beverages. From the list of local beverages it seems that a number of them are home or locally made and possibly unrecorded in the national statistics, and therefore it is of interest to compare their prices to the industrially produced beverages. Also, for demonstration purposes all the prices of the different beverages were simply converted into US\$ at 31 October 2002 rates and are shown in Table 18.

Table 18: Prices of alcoholic beverages in US\$, beer-cola ratio and reported five year trend in alcohol beverage prices, by country

WHO REGION	COUNTRY	BEER 500 ml	WINE 750 ml	SPIRITS 750 ml	BEER-COLA RATIO	TREND IN PRICE
AFR	Algeria	1.91	2.36	23.51	10.13	STABLE
	Benin	0.37	0.80	9.35	1.16	INCREASE
	Cape Verde	.	.	.	1.78	DECREASE
	Central African Rep.	0.50	1.95	.	1.02	INCREASE
	Comoros	1.81	2.23	23.83	1.71	STABLE
	Congo	0.58	1.82	.	1.25	STABLE
	Equatorial Guinea	0.67	0.88	.	0.88	.
	Eritrea	0.48	1.60	1.60	1.51	INCREASE
	Ethiopia	0.52	.	.	.	STABLE
	Gabon	0.56	2.51	.	1.26	STABLE
	Gambia	0.47	2.63	0.17	2.50	INCREASE
	Ghana	0.39	4.08	1.16	1.60	INCREASE
	Guinea	0.51	.	.	2.00	INCREASE
	Guinea-Bissau	0.31	0.48	5.58	1.11	INCREASE
	Kenya	.	.	.	.	.
	Malawi	0.32	.	6.62	0.94	INCREASE
	Mauritius	0.51	0.94	2.03	1.28	INCREASE
	Mozambique	.	.	.	.	.
	Namibia	0.46	0.84	2.21	1.88	INCREASE
	Niger	0.58	1.82	.	.	INCREASE
	Nigeria	0.63	1.89	2.27	2.33	INCREASE
	Seychelles	2.62	12.39	9.34	3.68	INCREASE
	South Africa	0.38	0.94	4.87	.	DECREASE
	Togo	0.54	1.07	1.25	1.29	INCREASE
	Uganda	0.66	8.27	0.83	1.45	STABLE
	UR Tanzania	0.67	2.69	.	1.82	STABLE
	Zambia	0.70	.	.	1.35	INCREASE
AMR	Argentina	0.65	0.31	4.08	3.29	INCREASE
	Belize	1.47	9.75	.	2.00	STABLE
	Bolivia	1.04	2.52	2.52	5.07	STABLE
	Brazil	0.35	1.25	2.21	2.26	STABLE
	Canada	0.89	3.91	13.89	3.02	STABLE
	Chile	0.40	0.96	1.96	1.49	INCREASE
	Colombia	0.50	1.47	4.15	2.82	INCREASE
	Costa Rica	1.08	1.57	4.70	0.80	INCREASE
	Dominican Republic	.	.	.	.	.
	Ecuador	0.33	0.50	1.90	1.06	INCREASE
	El Salvador	.	.	.	.	INCREASE
	Guatemala	1.37	1.71	4.78	5.25	INCREASE
	Guyana	1.34	1.68	1.93	3.00	STABLE
	Honduras	0.87	1.89	1.60	2.60	DECREASE
	Jamaica	0.93	1.90	.	1.31	INCREASE
	Mexico	0.81	4.47	12.47	2.13	INCREASE
	Nicaragua	0.69	6.11	5.48	2.70	INCREASE
	Panama	0.60	.	3.69	1.50	STABLE
	Paraguay	0.28	0.48	1.19	0.70	INCREASE
	Peru	1.06	3.34	2.23	4.22	INCREASE
	Suriname	0.77	4.14	2.66	2.05	INCREASE

WHO REGION	COUNTRY	BEER 500 ml	WINE 750 ml	SPIRITS 750 ml	BEER-COLA RATIO	TREND IN PRICE
EMR	Trinidad and Tobago	1.05	2.10	6.63	1.55	INCREASE
	United States	0.74	2.99	.	1.00	DECREASE
	Uruguay	0.63	0.73	3.56	1.20	DECREASE
	Venezuela	0.38	1.50	2.67	0.87	INCREASE
	Egypt	0.65	.	.	.	INCREASE
EUR	Isl. Rep. of Iran	4.16	.	9.45	22.00	STABLE
	Jordan	1.03	4.58	5.29	1.46	STABLE
	Armenia	0.43	2.21	3.87	1.43	STABLE
	Austria	0.66	3.03	6.49	1.34	STABLE
	Azerbaijan	0.61	1.02	1.84	3.00	STABLE
	Belarus	0.27	1.61	2.09	0.78	INCREASE
	Bosnia and Herzegovina	0.76	1.49	6.35	1.35	STABLE
	Bulgaria	0.21	1.20	1.91	0.91	DECREASE
	Croatia	0.53	1.99	4.49	0.80	STABLE
	Czech Republic	0.22	1.18	3.39	0.93	DECREASE
	Denmark	1.01	3.98	18.46	0.89	DECREASE
	Estonia	0.56	3.75	5.15	1.13	INCREASE
	Finland	1.85	4.92	21.20	2.19	DECREASE
	France	0.66	2.25	11.61	1.81	STABLE
	Georgia	0.28	0.35	0.69	1.20	INCREASE
	Germany	0.79	2.95	5.32	1.60	STABLE
	Greece	.	.	.	.	.
	Hungary	0.41	1.63	6.52	0.67	DECREASE
	Iceland	2.27	15.86	29.73	1.43	DECREASE
	Ireland	2.07	8.93	13.81	1.75	DECREASE
	Israel	1.05	4.19	4.19	2.78	STABLE
	Italy	1.64	2.95	15.25	3.88	INCREASE
	Kazakhstan	0.97	1.46	1.46	3.00	DECREASE
	Kyrgyzstan	0.22	1.63	1.63	1.00	DECREASE
	Latvia	0.56	2.22	6.20	1.89	STABLE
	Lithuania	0.42	2.72	4.90	3.75	DECREASE
	Luxembourg	0.89	6.87	7.78	2.25	INCREASE
	Malta	0.95	1.19	.	1.33	STABLE
	Netherlands	0.59	4.53	8.47	1.50	INCREASE
	Norway	2.53	9.99	37.25	3.47	DECREASE
	Poland	0.50	1.86	8.18	1.00	DECREASE
	Portugal	0.52	1.48	4.92	0.87	INCREASE
	Republic of Moldova	0.33	1.95	1.41	.	INCREASE
	Romania	0.30	1.50	1.13	0.67	STABLE
	Russian Federation	0.47	2.34	2.81	1.58	INCREASE
	Slovakia	0.47	2.54	5.33	1.00	INCREASE
	Slovenia	0.64	1.38	5.36	1.41	DECREASE
	Spain	0.67	0.76	9.10	2.00	DECREASE
	Sweden	1.29	3.90	22.95	2.05	DECREASE
	Switzerland	1.06	5.29	8.93	2.29	DECREASE
	TFYR Macedonia	0.80	1.72	6.88	1.10	INCREASE
	Turkey	.	.	.	.	.
	Turkmenistan	1.92	2.30	5.18	1.25	DECREASE
	Ukraine	0.28	1.01	1.97	3.00	STABLE
SEAR	United Kingdom	2.61	5.51	18.93	.	DECREASE
	India	0.68	6.21	2.48	1.32	STABLE
	Indonesia	0.80	0.94	5.30	1.53	INCREASE
	Nepal	0.69	.	0.19	.	INCREASE
	Sri Lanka	0.37	7.80	2.51	1.37	DECREASE
WPR	Thailand	0.64	9.83	4.13	2.78	INCREASE
	Australia	1.29	5.59	13.98	0.61	STABLE
	Cambodia	1.58	11.70	0.52	2.67	INCREASE
	China	0.60	2.42	2.42	1.25	INCREASE
	French Polynesia	1.60	3.98	.	1.23	INCREASE
	Japan	2.02	.	12.90	1.54	DECREASE
	Lao PDR	0.51	6.60	0.85	1.79	INCREASE
	Malaysia	1.31	7.83	3.92	0.67	INCREASE
	Micronesia (Fed. St.)	.	.	.	.	DECREASE
	Mongolia	0.45	4.03	.	0.66	STABLE
	New Zealand	1.22	5.55	11.10	1.47	STABLE
	Palau	1.40	15.00	14.25	2.00	DECREASE
	Philippines	0.46	2.95	1.27	1.59	STABLE

WHO REGION	COUNTRY	BEER 500 ml	WINE 750 ml	SPIRITS 750 ml	BEER-COLA RATIO	TREND IN PRICE
	Republic of Korea	1.50	1.90	42.50	3.00	DECREASE
	Singapore	.	.	.	.	.
	Viet Nam	0.46	0.75	1.13	1.40	STABLE

Note: Conversion from local currencies at 31 October 2002 rates.

4.1.1. Price of beer vs. soft drink (beer-cola ratio)

The beer-cola ratio simply expresses the number of soft drinks that one can get for the price of one beer, and it is derived by dividing the price of a beer in local currency with the price of a similarly sized soft drink (500 ml). From an alcohol policy perspective ideally the ratio should be higher than one, meaning that a soft drink is cheaper than a beer of the same size.

The countries range from Australia with the lowest beer-cola ratio (.61) to Guatemala with the highest (5.2; see Table 18 for beer-cola ratios for all countries). The Islamic Republic of Iran represents a special case with a beer-cola ratio of 22, because the beer is sold in the illegal market, thus bringing up the price considerably. The Islamic Republic of Iran has not been included in the mean calculations that follow. Algeria also has a very high beer-cola ratio of 10. From a total of 103 countries, in 16 countries beer is cheaper than a soft drink, i.e. the ratio is below one (Australia, Belarus, Bulgaria, Costa Rica, Croatia, Czech Republic, Denmark, Equatorial Guinea, Hungary, Malawi, Malaysia, Mongolia, Paraguay, Portugal, Romania and Venezuela). With the exception of six countries (Bolivia, Guatemala, Italy, Lithuania, Peru and Seychelles) where the ratio is relatively high, i.e. the soft drink is much cheaper than a beer, all other countries are between 1 and 3, meaning that one can get between one and three soft drinks for the price of one beer.

The mean of the beer-cola ratio across all countries (n=103) is 2.1, i.e. two soft drinks for the price of one beer. Regionally the means vary from AFR (2.0), AMR (2.3), EUR (1.7) to SEAR/WPR (1.6). The highest mean in AMR can either reflect the fact that soft drinks are inexpensive or that beer is expensive.

The rationale for looking at the price of beer and a soft drink is that one aspect of pricing policy of alcoholic beverages by governments can be to encourage the consumption of non-alcoholic drinks. If, indeed, the aim is to promote non-alcoholic drinks or less consumption of alcoholic beverages, it follows that a soft drink should be cheaper than beer. It should be noted that the prices referred to here are off-premise prices. To look at the possible incentive to buy a soft drink instead of a beer, it would be useful to also have the on-premise prices.

4.1.2. Relative price of alcoholic beverages

The relative prices for the three beverage categories are shown in Table 19. A relative price means a price ratio between two goods as, for example, in this case the ratio of the price of alcoholic beverages to the price of GDP per capita. The price has been derived by dividing the price in local currency by the GDP per capita in local currency. The aim of the relative price is to show how cheap or expensive alcoholic beverages are for the people living in the country. For an easier overview, all the figures were multiplied by 10 000. Countries have been arranged from the least to the most expensive within each beverage category. Besides illustrating the order of the countries for the different beverages, one can also look at differences in price between the beverages. For example, in Argentina, beer is fairly

expensive – relative price 3.17 – while wine is quite cheap – 1.52. In other words one gets more than two bottles of wine for the price of one 500 ml beer. One would also get more than 13 bottles of wine for the price of one bottle of spirits, as the data show that spirits is expensive in Argentina, with a relative price of 20.

Table 19: *Relative price of alcoholic beverages, by beverage type and country*

BEER (500 ml)			WINE (750 ml)			SPIRITS (750 ml)		
	Country			Country			Country	
1	Luxembourg	0.19	1	Spain	0.46	1	Luxembourg	1.65
2	United States	0.21	2	United States	0.85	2	United States	1.82
3	Netherlands	0.22	3	France	0.95	3	Germany	2.15
4	Austria	0.26	4	Austria	1.19	4	Switzerland	2.36
5	France	0.28	5	Germany	1.19	5	Austria	2.54
6	Switzerland	0.28	6	Denmark	1.20	6	Israel	2.71
7	Denmark	0.30	7	Malta	1.23	7	Netherlands	3.22
8	Germany	0.32	8	Portugal	1.27	8	Japan	4.06
9	Czech Republic	0.33	9	Switzerland	1.40	9	Portugal	4.23
10	Canada	0.37	10	Slovenia	1.40	10	Ireland	4.64
11	Spain	0.41	11	Italy	1.42	11	France	4.90
12	Portugal	0.45	12	Luxembourg	1.46	12	Czech Republic	5.12
13	Sweden	0.49	13	Sweden	1.48	13	Chile	5.28
14	Norway	0.57	14	Argentina	1.52	14	Slovenia	5.47
15	Japan	0.64	15	Canada	1.62	15	Spain	5.53
16	Australia	0.64	16	Netherlands	1.72	16	Denmark	5.55
17	Slovenia	0.65	17	Czech Republic	1.78	17	Mauritius	5.74
18	Hungary	0.67	18	Finland	1.89	18	Canada	5.75
19	Israel	0.68	19	Equatorial Guinea	1.92	19	New Zealand	6.62
20	Ireland	0.70	20	Republic of Korea	2.03	20	Australia	7.01
21	Finland	0.71	21	United Kingdom	2.12	21	United Kingdom	7.27
22	New Zealand	0.73	22	Norway	2.24	22	Romania	7.28
23	Iceland	0.76	23	Chile	2.60	23	Italy	7.34
24	Italy	0.79	24	Uruguay	2.61	24	Gambia	7.93
25	Malta	0.99	25	Mauritius	2.67	25	Finland	8.13
26	United Kingdom	1.00	26	Hungary	2.68	26	Norway	8.35
27	Croatia	1.04	27	Israel	2.71	27	Sweden	8.72
28	Poland	1.07	28	Australia	2.80	28	Croatia	8.80
29	Chile	1.08	29	Ireland	3.00	29	Nepal	9.02
30	Slovakia	1.09	30	New Zealand	3.31	30	Brazil	9.42
31	Lithuania	1.16	31	Trinidad and Tobago	3.32	31	Iceland	9.97
32	Bulgaria	1.17	32	Croatia	3.91	32	Kazakhstan	10.20
33	Gabon	1.18	33	Poland	4.02	33	Venezuela	10.21
34	Estonia	1.34	34	Costa Rica	4.40	34	Trinidad and Tobago	10.48
35	Mauritius	1.44	35	Iceland	5.32	35	Malaysia	10.67
36	Equatorial Guinea	1.46	36	Gabon	5.32	36	Hungary	10.70
37	Venezuela	1.47	37	Brazil	5.35	37	Panama	10.73
38	Mexico	1.47	38	Venezuela	5.73	38	Bulgaria	10.85
39	Brazil	1.51	39	Slovakia	5.84	39	Peru	11.62
40	Republic of Korea	1.61	40	Georgia	5.87	40	Georgia	11.74
41	Trinidad and Tobago	1.66	41	Paraguay	5.97	41	Estonia	12.26
42	Latvia	1.70	42	Namibia	6.03	42	Slovakia	12.26
43	Panama	1.74	43	Latvia	6.69	43	Uruguay	12.69
44	Romania	1.94	44	Bulgaria	6.85	44	Seychelles	12.78
45	Uruguay	2.26	45	Lithuania	7.39	45	Costa Rica	13.17
46	Russian Federation	2.41	46	Jamaica	7.88	46	Lithuania	13.33
47	Belarus	2.79	47	Mexico	8.11	47	Philippines	13.78
48	Colombia	2.94	48	Colombia	8.72	48	Russian Federation	14.45
49	Costa Rica	3.02	49	Estonia	8.92	49	Paraguay	14.93
50	Argentina	3.17	50	TFYR Macedonia	9.33	50	Namibia	15.97
51	Namibia	3.34	51	Romania	9.71	51	Poland	17.67
52	Thailand	3.43	52	Guatemala	10.03	52	Suriname	18.45
53	Paraguay	3.48	53	Kazakhstan	10.20	53	Latvia	18.67
54	Malaysia	3.56	54	Indonesia	11.68	54	Honduras	18.73
55	Seychelles	3.58	55	Russian Federation	12.05	55	Cambodia	19.80
56	Ukraine	3.65	56	Bosnia/Herzegovina	12.27	56	Argentina	20.01
57	Jamaica	3.84	57	Ukraine	13.13	57	Guyana	20.24
58	Yugoslavia	4.35	58	Algeria	13.76	58	Belarus	21.77
59	Belize	4.64	59	Azerbaijan	14.92	59	Thailand	22.21
60	Georgia	4.70	60	Belarus	16.74	60	Lao PDR	22.47
61	Philippines	5.02	61	Seychelles	16.94	61	Mexico	22.63
62	Sri Lanka	5.09	62	Peru	17.43	62	Colombia	24.57
63	Suriname	5.33	63	Guyana	17.60	63	Ukraine	25.54
64	Egypt	5.36	64	Congo	17.78	64	China	26.52
65	Peru	5.52	65	Benin	19.56	65	Azerbaijan	26.86
66	Congo	5.71	66	Viet Nam	19.87	66	Bolivia	27.40
67	Jordan	6.05	67	Malaysia	21.33	67	Guatemala	28.04
68	Bosnia/Herzegovina	6.22	68	Honduras	22.16	68	Viet Nam	29.81
69	China	6.63	69	China	26.52	69	Jordan	31.06
70	Kyrgyzstan	6.75	70	Jordan	26.92	70	Uganda	33.54

BEER (500 ml)			WINE (750 ml)			SPIRITS (750 ml)		
	Country			Country			Country	
71	Kazakhstan	6.80	71	Guinea-Bissau	27.17	71	Sri Lanka	34.05
72	Guatemala	8.01	72	Bolivia	27.40	72	TFYR Macedonia	37.31
73	Armenia	8.07	73	Suriname	28.70	73	Togo	40.21
74	Azerbaijan	8.95	74	Belize	30.79	74	Republic of Moldova	40.43
75	Benin	9.17	75	Philippines	32.16	75	Republic of Korea	45.52
76	Republic of Moldova	9.33	76	Togo	34.18	76	Ghana	47.62
77	Indonesia	9.98	77	Armenia	41.51	77	Kyrgyzstan	50.61
78	Honduras	10.14	78	Kyrgyzstan	50.61	78	Bosnia/Herzegovina	52.16
79	Mongolia	10.65	79	Thailand	52.89	79	India	55.62
80	Algeria	11.13	80	Comoros	54.22	80	Indonesia	65.86
81	Bolivia	11.25	81	Republic of Moldova	55.98	81	Armenia	72.63
82	Viet Nam	12.06	82	Central African Rep.	67.36	82	Isl. Rep. of Iran	73.52
83	Lao PDR	13.45	83	Nigeria	70.06	83	Nigeria	84.07
84	Guyana	14.08	84	Niger	93.13	84	Nicaragua	120.22
85	Guinea	14.61	85	Mongolia	95.89	85	Eritrea	125.93
86	Nicaragua	15.22	86	Sri Lanka	105.98	86	Algeria	137.26
87	India	15.34	87	UR Tanzania	110.62	87	Benin	229.16
88	Ghana	15.87	88	Gambia	123.98	88	Guinea-Bissau	314.46
89	Togo	17.26	89	Eritrea	125.93	89	Malawi	437.66
90	Central African Rep.	17.29	90	Nicaragua	133.92	90	Comoros	578.37
91	Guinea-Bissau	17.47	91	India	139.05			
92	Malawi	20.84	92	Ghana	167.40			
93	Gambia	22.02	93	Lao PDR	174.79			
94	Zambia	22.42	94	Uganda	335.37			
95	Nigeria	23.34	95	Cambodia	445.39			
96	Uganda	26.83						
97	UR Tanzania	27.39						
98	Niger	29.49						
99	Isl. Rep. of Iran	32.35						
100	Nepal	32.47						
101	Eritrea	38.06						
102	Comoros	43.82						
103	Ethiopia	56.64						
104	Cambodia	59.99						

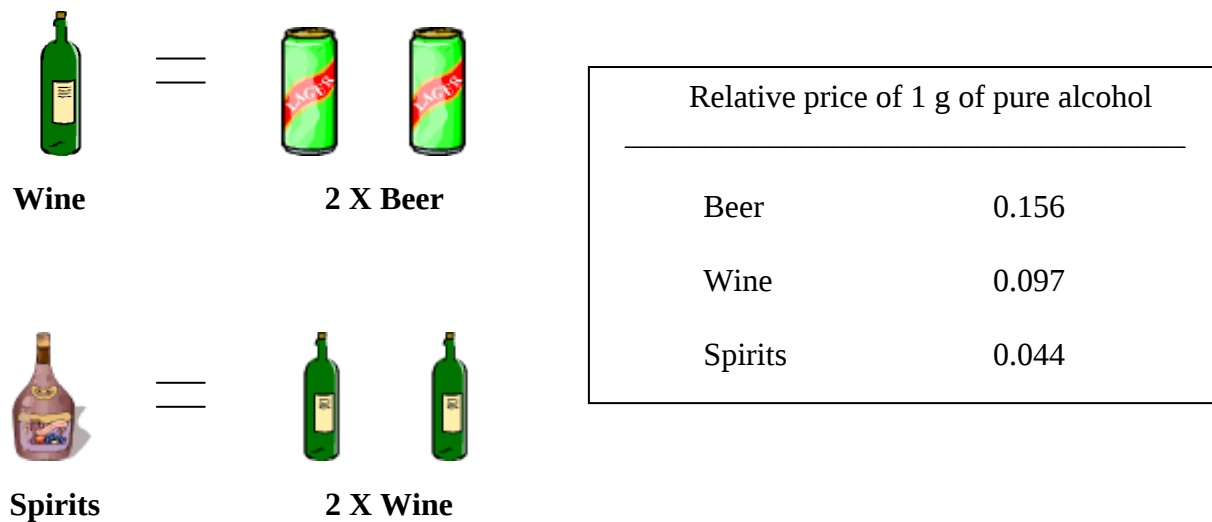
Note: The bolding of countries indicates that the beverage category highlighted is the most consumed in that country. This was determined by referring to the WHO Global Alcohol Database and exploring for each country which alcoholic beverage type of the three mentioned had the highest total adult per capita (in litres of pure alcohol).

Other interesting country examples showing large differences between the relative prices of different beverages are: Republic of Korea with cheap wine compared to very expensive spirits, Uruguay where wine and beer cost about the same while spirits is rather expensive, Bolivia, China, Israel and Kazakhstan where wine and spirits cost the same, and Cambodia and Gambia where beer and wine are very expensive, while spirits are cheap.

Overall there is great variation in the relative prices: for beer it varies between 0.19 to 59.99 (mean 8.1), for wine between 0.46 and 445.39 (mean 33.0) and spirits between 1.65 to 578.37 (mean 39.2). It may be surprising that the means for wine and spirits are relatively close to each other. However, looking at the median values, which might be more informative due to the large standard deviations, 3.5 for beer, 8.7 for wine and 13.2 for spirits are shown. This means that, on average, a bottle of wine would cost roughly the same as two bottles of beer (500 ml each), while a bottle of spirits would cost roughly the same as two bottles of wine (see illustration in Figure 5).

Measuring roughly the actual amount of pure alcohol in each type of beverage comes to the following: 500 ml of beer (at 4.5% alc/vol) equal to about 22.5 g of pure alcohol, 750 ml of wine (at 12% alc/vol) equal to about 90 g of pure alcohol and 750 ml of spirits (at 40% alc/vol) equal to about 300 g of pure alcohol. Price-wise, in a global setting, this would mean that, at the median price for each beverage, one obtains the best value, i.e. the largest amount of pure alcohol for a given amount of money, when purchasing spirits, followed by wine and, lastly, beer.

Figure 5: Median values of the relative cost of alcoholic beverages worldwide



In general, the relative price seems closely related to economic development. For beer, for example, among the 25 countries with the lowest beer prices, all the developed countries of Western Europe, North America, Oceania and Japan, are found. In Eastern Europe, beer in the Czech Republic, Hungary and Slovenia appears to be fairly inexpensive, as demonstrated by the fact that these countries also fall within the same group. For wine one can find Argentina, Chile, Italy, Portugal, and Uruguay, big wine-producing countries, and more surprisingly Equatorial Guinea, Mauritius, and Republic of Korea, among the cheapest 25 countries. For spirits, there are two African countries – Gambia and Mauritius, at the cheaper end of the scale.

At the other end of the scale, one finds mostly African countries, especially for beer, but also some Asian countries such as Cambodia, India and Nepal. Also expensive are Armenia, the Islamic Republic of Iran (where alcoholic beverages are only sold illegally), Nicaragua and Republic of Moldova. It should be noted that these comparisons are for commercially produced western-style beverages. In some parts of the world, these are luxury products accounting for only a small part of alcohol consumption – for instance, according to estimates, less than 15% in east Africa (Willis, 2002).

Looking at Table 19 again, where the country name is highlighted in bold this indicates the alcoholic beverage of choice, i.e. the most consumed beverage in that country. It is evident that the majority of countries are beer-drinking countries (47 in total), followed by spirits (28) and wine (18).

In all of the beer-drinking countries, beer is also the cheapest beverage among the three (with the only exception of Gambia where spirits is cheaper than beer). Wine is the preferred beverage in the main wine-producing countries like Argentina, Chile, France, Italy, Portugal, and Spain, while big beer-producing countries like Australia, Denmark, Germany, Ireland, the Netherlands, Norway and Sweden have beer as their beverage of choice. The preferred beverage often seems to be the cheapest. However, the data also show some countries to drink what is perceived to be the traditional beverage of choice, even where it is not the cheapest alcoholic beverage. When looking at the case of spirits, one can argue that tradition and historical factors, rather than price, influence the choice of drink. Of the 28 spirits-drinking

countries, 18 do so despite spirits being the most expensive beverage (mostly countries from Asia, Eastern Europe and the former Soviet Union). In eight of the spirit-drinking countries is a bottle of spirits cheaper than a bottle of wine. Again, this can be explained by the fact that most of these countries are from SEAR/WPR (India, Lao People's Democratic Republic, Philippines, Sri Lanka and Thailand) where wine is still unpopular and the western-style spirits must compete with traditional local distilled drinks. In that case the price quoted for the western-style spirits is not representative for the often consumed locally distilled spirits.

When looking at the regional means in Table 20, it should be remembered that these are very rough generalizations and that there are large differences within the regions. Overall, EUR is clearly the region where all alcoholic beverages are relatively the cheapest, followed by AMR. AFR is significantly more expensive, except for wine, where SEAR/WPR is the most expensive. In most countries of SEAR/WPR, wine is not the beverage of choice, and in some cases hardly even available, thus bringing the prices up. This is also reflected in the fact that it is the only region where spirits are, on average, much cheaper than wine. This could also be the case with beer in Africa, since it is likely that the average beer prices used here are for bottled, factory made beer and not homebrewed. Especially in Africa, a large percentage of the beer consumed is home made and considerably cheaper.

Table 20: Regional means of the relative prices of alcoholic beverages

	Beer (500 ml)	Wine (750 ml)	Spirits (750 ml)
AFR	18.7	68.1	147.9
AMR	4.7	16.5	20.3
EUR	2.1	8.4	14.7
SEAR/WPR	11.3	81.0	24.9
Means for all countries	8.1 (n=104)	33.0 (n=95)	39.2 (n=90)

For the small n in EMR the means are 14.6 for beer, 26.9 for wine and 52.3 for spirits.

A question was included to determinate whether the price of alcoholic beverages, as compared to the level of salaries, has increased, decreased or remained stable during the last five years. However, it was decided that the trend data on the real prices were not reliable, as it would require a great deal of economic expertise to judge any price development in a national economy which is influenced by inflation rates, changes in salaries, buying power etc. For that reason the trend data have not been analysed. It is included for all countries in Table 18, but should be taken with caution.

4.1.3. Price of local beverages

A separate category in the price question was on local beverages. The aim of the question was to get data on special local alcoholic beverages, especially home or locally made beverages that do not fit in the general beer, wine and spirits categories. Some of the prices of these beverages are shown below, in Table 21. It should be noted that not all local beverages below are home made or industrially produced versions of traditional beverages. A comparison was made between the price of the local beverage and that of an average beverage closest to its alcoholic strength. The table shows that, among the beers and similar beverages, out of eight countries, the local beverage is considerably cheaper than the average beer in seven countries. For example, palm wine in Nigeria and sorghum beer in Malawi cost less than half of an average beer of the same size.

Table 21: Price of local alcoholic beverages in US\$

	Country	Beverage name	Alcohol volume %	Price in US\$	Price of average beer/wine/spirits
Beer and similar (500 ml)	Argentina	-	7	0.25	0.65 (beer)
	Bolivia	Chicha	5-7	0.48	1.04 (beer)
	Congo	Maize beer	5	0.76	0.58 (beer)
	Malawi	Chibuku/sorghum beer	4	0.16	0.32 (beer)
	Namibia	Homebrew	3	0.10	0.46 (beer)
	Nigeria	Palm wine	5-7	0.25	0.63 (beer)
	Seychelles	Lapire	> 8	2.22	2.62 (beer)
	Uganda	Maruba	6	0.14	0.66 (beer)
Spirits and similar (750 ml)	Benin	Sodabi	65-75	1.14	9.35 (spirits)
	Bosnia and Herzegovina	Slivovica	50	3.73	6.35 (spirits)
	Brazil	Pinga	39	0.69	2.21 (spirits)
	Cambodia	Drug spirit	21	0.29	0.52 (spirits)
	Chile	Pisco	35	2.46	1.96 (spirits)
	China	Paddywine	35-45	0.72	2.42 (spirits)
	Colombia	Rum	28.5	5.31	4.15 (spirits)
	Croatia	Slivovica	40	4.49	4.49 (spirits)
	Guinea-Bissau	Aguardente	30-40	1.12	5.58 (spirits)
	Iceland	Tindavodka	37.5	26.76	29.73 (spirits)
	India	Arrack	33.3	1.55	2.48 (spirits)
	Isl. Rep. of Iran	Home made Arak	30-40	1.89	9.45 (spirits)
	Jordan	Arak	40	4.76	5.29 (spirits)
	Mongolia	Archi	38	4.03	-
	Palau	Moonshine	80	3.20	14.25 (spirits)
	Peru	Pisco Quebranta	40	1.39	2.23 (spirits)
	Republic of Korea	Soju	22	1.60	42.50 (spirits)
	Russian Federation	Samogon	50	0.94	2.81 (spirits)
	Slovakia	Slivovica (plums)	50	3.56	5.33 (spirits)
	Sri Lanka	Kassipu	30-40	0.52	2.51 (spirits)
	Suriname	Borgoe	38	3.66	2.66 (spirits)
	Thailand	Clear Liquor	28	2.46	4.13 (spirits)
	Uruguay	Cana	38	2.04	3.56 (spirits)
Wine and similar (750 ml)	China	Ricewine	12-18	0.36	2.42 (wine)
	Japan	Sake	15	6.09	1.31 (wine)

Note: Conversion from local currencies at 31 October 2002 rates.

Looking at beverages that have roughly the strength of wine, there are only two countries. Rice wine in China is both cheaper and stronger than the average wine. In Japan, however, sake is more expensive than wine. The majority of the data are for beverages of the strength of distilled beverages. From the 23 countries, in 18 the local spirits is cheaper than the average spirits (for Mongolia the spirits price is missing), for example slivovica in Slovakia and Bosnia and Herzegovina, paddywine in China, arrack in India, Jordan, and the Islamic Republic of Iran, pinga in Brazil, samogon in Russian Federation, and kassippu in Sri Lanka. However, pisco in Chile, as well as rum in Colombia and Suriname (called borgoe), are high quality beverages that are more expensive than the average spirits.

Even with the limited data from this survey, it seems that there is ground for the expectation that at least some home or locally made beverages are cheaper than mass or factory produced "brand" beverages. In some cases the price difference is quite significant. Although more expensive, there is indication that industrially produced beverages, particularly lager-style beer, are gaining popularity in many developing countries, due perhaps to issues of prestige attached to international brands and increasing marketing efforts by multinational alcohol beverage companies. This may carry some health benefits in terms of higher purity of beverages (Room et al., 2002). The health consequences of impurities and adulterants in

alcoholic beverages are relatively more important in developing countries than in developed countries (Saxena, 1995). Traditionally produced forms of alcoholic beverages, such as pulque in Mexico and ogogoro in Nigeria, are often poorly monitored for quality and strength. In some instances, producers of alcoholic beverages may have included poisons in an attempt to add “kick” to the beverage or to save on production costs. Some contain dangerous constituents that may include heavy metals such as lead and arsenic (Room et al., 2002), and some may be deliberately fortified with potentially harmful additives. In India, in particular, there have been numerous reports of substantial number of drinkers being poisoned by methanol and other contaminants in illicit alcoholic beverages (Room et al., 2002).

It would seem that there may be health benefits from replacing cottage-produced with industrially-produced alcohol in terms of the purity of the product. However, these benefits should also be empirically verified, since they can easily be overstated (Room et al., 2002). On the other hand, it could be speculated that traditionally produced alcoholic beverages may potentially carry the benefits of having a lower alcohol content, providing local employment opportunities and preserving values of the local culture (which may or may not promote lower levels of alcohol consumption). However, in many developing countries, emphasis seems to be shifting away from local to industrially produced alcoholic beverages.

4.2 Taxation

As mentioned earlier, the price of alcoholic beverages depends, among other things, on the countries' taxation levels. Since taxation systems and the basis on which they are calculated vary for different countries, a comparison of tax rates is a complex exercise. In the questionnaire the respondents were asked three questions related to taxation. Firstly, about the existence of a general sales tax or Value Added Tax on alcoholic beverages and its percentage. Secondly, they were asked to provide details about a possible alcohol-specific tax or excise tax as a percentage of the retail price, for beer, wine and spirits separately. Thirdly, they answered a question on the use of duty-paid, excise or tax stamps on alcoholic beverage containers or bottles. This section had the highest number of missing values, indicating the inherent difficulty of these questions. Also, these figures have not been validated through other sources, leaving open the question of the reliability of the data. Concerning the different tax systems, e.g. different tax rates for domestic and imported alcoholic beverages, for the purpose of country comparability, tax data in formats other than as an excise tax percentage of retail price were excluded from the analysis.

Regarding the general sales tax or VAT (Value Added Tax), not surprisingly, more than 90% of the responding countries (n=112) indicate its existence. The five countries without sales tax are: Belize, Costa Rica, Eritrea, Gambia, and Lao People's Democratic Republic. Ranging from 3% to 40%, the countries show very different percentages of a general sales tax (for the country specific rates see Table 23). The average tax rate among the 94 countries that indicated their percentage is 16.6% (SD: 6.3). Regionally, EUR showed a slightly higher average than the other regions with 19.2% (compared to SEAR/WPR 12.7%, AFR 16% and AMR 15.1%). Since the question in this survey asked about the VAT on alcoholic beverages only, nothing can be said about rates of VAT on other consumer products in the countries.

Be it for the purpose of public health or raising government revenue, or both, in contrast to the general sales tax or VAT, the alcohol-specific tax is a policy measure obviously focusing on alcoholic beverages. In this survey, about 60 countries provided data on the percentages of the

excise tax on beer, wine and spirits. This means that, for close to half of the countries, the data are missing.

Table 22 summarizes the results, while the country data are presented in Table 23. The tax percentages were broken down into the three groups of low, middle and high levels of tax. One country, Jordan, distinguishes itself from the rest with an alcohol excise tax of 200% on all three beverages.

Table 22: Frequency of low, middle and high alcohol-specific tax on beer, wine and spirits (% of retail price)

Alcohol-specific tax		Beer (n=65)	Wine (n=60)
Low	(<10%)	23.1	28.3
Middle	(10-29%)	52.3	43.3
High	(>30%)	24.6	28.3

Alcohol- specific tax		Spirits (n=60)
Low	(<30%)	36.7
Middle	(30-49%)	33.3
High	(>50%)	30.0

Concerning an alcohol-specific beer tax, the majority of the countries have taxes between 10% and 29% of the retail price, i.e. the middle tax group. The overall mean is 23.6% with a standard variation of 26.1. Countries with the highest taxes on beer include Iceland (64%), Ghana (50%), Philippines (48%), Japan (46.50%), Guinea-Bissau, Mauritius, Nigeria and Nepal (40%). In three countries the beer tax is below 5% of the retail price: Latvia (4.4%), Russian Federation (4%) and Guinea (2%). Regarding the average tax rate for beer in the different regions, SEAR/WPR has the highest mean tax rate (26.8%), followed by AFR (24.3%), AMR (18.3%), and EUR (17.7%). It should be noted that these taxes are often only effectively collected on industrially-produced beverages.

When it comes to the alcohol-specific tax on wine, the overall average is lower than for beer ($\bar{X}=22.7$, $SD=28.1$). However, as can be seen from the standard variation, there is a wide range in the tax rates (from 0% to 60%). A European phenomenon is the absence of tax on wine in some European countries (Austria, Croatia, Czech Republic, Germany, Greece, Italy, Luxembourg, TFYR Macedonia, Malta, Slovenia, Spain, and Switzerland). These countries include not only traditional wine producing countries like Spain and Italy, but also generally beer producing countries like the Czech Republic and Germany. Other countries with a low tax on wine include Kyrgyzstan (2%), Russian Federation (3%), France (3.1%), and Bosnia and Herzegovina (3.3%). The countries with the highest tax rates on wine are Equatorial Guinea, Hungary and Nigeria (40%), French Polynesia (41%), Philippines (44%), Dominican Republic (45.5%), Benin (46%), Niger and Ukraine (50%), Iceland (58%), and Central African Republic (60%). Overall, the responding countries in AFR, AMR and SEAR/WPR have about the same mean tax rate on wine (29.8%, 23.8% and 24.7% respectively) compared to a lower level in EUR (13.5%).

One could very well speculate that low taxes on wine are a means of protecting the domestic agricultural industry in wine-producing countries like Italy and Spain. However, as the results show, low taxes on wine are also imposed in countries such as the Czech Republic and Germany, where wine is not the main beverage.

Regarding the tax on spirits, the countries were classified in categories with cut-off points other than that for beer and wine (see Table 22), taking into consideration the general higher

tax level on spirits. More than 60% of the responding countries have a tax on spirits which is 30% or greater. Overall, the average tax on spirits is 41.2%, with a standard deviation of 27.8. Eritrea and Paraguay (10%) are the countries with the lowest tax, while Uruguay and Ukraine (85%), French Polynesia (63%) and Mauritius (62.5%), followed by the traditional high-tax countries of Sweden (67.1%), Finland (67%), and Iceland (80%), have the highest taxes on spirits. Regionally AMR (36.1%), EUR (40.6%), SEAR/WPR (36.7%) and AFR (38.2%) all have close to the same level of mean tax rate on spirits.

Table 23: Sales taxes on alcoholic beverages, excise taxes on beer, wine and spirits, and use of excise stamps on beverage containers, by country

WHO REGION	COUNTRY	SALES TAX/VAT	% SALES TAX/VAT	TAX AS % OF RETAIL PRICE			EXCISE STAMPS
				BEER	WINE	SPIRITS	
AFR	Algeria	YES	17.00	.	.	.	NO
	Benin	YES	18.00	20.00	46.00	46.00	NO
	Cape Verde	YES	.	5.00	.	.	YES
	Central African Rep.	YES	18.00	20.00	60.00	60.00	NO
	Comoros	YES	.	.	.	.	.
	Congo	YES	18.00	.	.	.	NO
	Equatorial Guinea	.	.	25.00	40.00	50.00	.
	Eritrea	NO	.	22.00	6.70	10.00	NO
	Ethiopia	YES	15.00	.	.	.	NO
	Gabon	YES	18.00	.	.	.	NO
	Gambia	NO	.	.	.	.	NO
	Ghana	YES	12.50	50.00	25.00	25.00	NO
	Guinea	YES	18.00	2.00	.	.	NO
	Guinea-Bissau	YES	15.00	40.00	22.00	40.00	YES
	Kenya	.	.	.	.	.	.
	Malawi	YES	20.00	.	.	.	.
	Mauritius	YES	15.00	40.30	11.90	62.50	NO
	Mozambique	.	.	.	.	.	.
	Namibia	YES	.	15.00	30.00	30.00	YES
	Niger	YES	19.00	25.00	50.00	50.00	YES
	Nigeria	YES	5.00	40.00	40.00	40.00	NO
	Seychelles	YES	12.00	18.00	18.00	18.00	NO
	South Africa	YES	14.00	18.40	7.90	26.30	NO
	Togo	YES	18.00	.	.	.	NO
	Uganda	YES	.	.	.	.	NO
	UR Tanzania	YES	20.00	.	.	.	NO
	Zambia	YES	.	.	.	.	NO
AMR	Argentina	YES	.	8.00	20.00	20.00	NO
	Belize	NO	.	.	.	.	NO
	Bolivia	YES	13.00	15.00	15.00	15.00	YES
	Brazil	YES	25.00	.	.	.	.
	Canada	YES	19.00	.	.	.	NO
	Chile	YES	18.00	15.00	15.00	47.00	NO
	Colombia	YES	35.00	8.00	20.00	40.00	YES
	Costa Rica	NO	.	13.00	.	.	NO
	Dominican Republic	YES	.	30.00	45.50	58.50	YES
	Ecuador	YES	12.00	30.90	26.78	26.78	YES
	El Salvador	YES	13.00	20.00	.	20.00	NO
	Guatemala	YES	12.00	5.30	22.80	18.40	YES
	Guyana	YES	.	.	.	.	NO
	Honduras	YES	15.00	.	.	.	YES
	Jamaica	YES	15.00	.	.	.	YES
	Mexico	YES	.	25.00	30.00	60.00	YES
	Nicaragua	YES	15.00	36.00	38.00	38.00	NO
	Panama	YES	10.00	.	.	.	YES
	Paraguay	YES	10.00	8.00	10.00	10.00	YES
	Peru	YES	20.00	15.30	20.00	30.00	YES
	Suriname	YES	5.00	.	.	.	NO
	Trinidad and Tobago	YES	15.00	.	.	.	NO
	United States	YES	8.00	.	.	.	NO
	Uruguay	YES	23.00	27.00	23.00	85.00	YES

WHO REGION	COUNTRY	SALES TAX/VAT	% SALES TAX/VAT	TAX AS % OF RETAIL PRICE			EXCISE STAMPS
				BEER	WINE	SPIRITS	
EMR	Venezuela	YES	14.50	.	.	.	YES
	Egypt	YES	.	.	.	.	YES
	Isl. Rep. of Iran	NO	.	.	.	.	NO
EUR	Jordan	YES	13.00	200.00	200.00	200.00	NO
	Armenia	YES	20.00	20.00	20.00	20.00	YES
	Austria	YES	20.00	.	0.00	.	NO
	Azerbaijan	YES	18.00	15.00	25.00	50.00	NO
	Belarus	YES	20.00	.	.	.	YES
	Bosnia and Herzegovina	YES	20.00	13.00	3.30	22.35	YES
	Bulgaria	YES	20.00	5.80	9.40	27.70	YES
	Croatia	YES	22.00	25.00	0.00	53.00	YES
	Czech Republic	YES	5.00	.	0.00	.	NO
	Denmark	YES	25.00	34.20	17.60	41.50	YES
	Estonia	YES	18.00	13.60	13.00	52.00	NO
	Finland	YES	22.00	38.00	36.00	67.00	NO
	France	YES	16.90	8.80	3.10	33.20	YES
	Georgia	YES	.	.	.	.	YES
	Germany	YES	16.00	6.60	0.00	13.78	NO
	Greece	YES	18.00	.	0.00	.	YES
	Hungary	YES	30.00	20.00	40.00	27.00	YES
	Iceland	YES	24.50	64.00	58.00	80.00	NO
	Ireland	YES	21.00	20.40	22.50	41.30	NO
	Israel	YES	18.00	.	.	.	YES
	Italy	YES	20.00	11.00	0.00	20.00	YES
	Kazakhstan	.	.	.	.	.	.
	Kyrgyzstan	YES	20.00	11.00	2.00	15.00	YES
	Latvia	YES	18.00	4.40	16.90	44.20	YES
	Lithuania	YES	18.00	.	.	.	YES
	Luxembourg	YES	15.00	.	0.00	.	NO
	Malta	YES	15.00	.	0.00	.	YES
	Netherlands	YES	19.00	20.00	9.40	45.80	NO
	Norway	YES	24.00	.	.	.	NO
	Poland	YES	22.00	22.00	14.00	57.00	YES
	Portugal	YES	17.00	.	.	.	YES
	Republic of Moldova	YES	20.00	.	.	.	YES
	Romania	YES	19.00	.	.	.	YES
	Russian Federation	YES	20.00	4.00	3.00	35.00	YES
	Slovakia	YES	23.00	7.50	25.00	35.00	YES
	Slovenia	YES	.	.	.	.	NO
	Spain	YES	16.00	6.18	0.00	22.25	YES
	Sweden	YES	25.00	25.90	33.80	67.10	NO
	Switzerland	YES	7.50	.	0.00	.	NO
	TFYR Macedonia	YES	19.00	15.00	0.00	21.00	YES
	Turkey	YES	18.00	.	.	.	.
	Turkmenistan	YES	20.00	10.00	15.00	40.00	NO
	Ukraine	YES	20.00	20.00	50.00	85.00	YES
	United Kingdom	YES	17.50	.	.	.	NO
SEAR	India	.	.	12.10	.	40.60	YES
	Indonesia	YES	10.00	.	.	.	YES
	Nepal	YES	25.00	40.00	.	40.00	YES
	Sri Lanka	YES	20.00	.	.	.	.
	Thailand	YES	7.00	.	.	.	YES
WPR	Australia	YES	10.00	24.00	25.00	50.00	NO
	Cambodia	YES	14.00	8.00	13.00	17.00	YES
	China	YES	17.00	8.00	10.00	25.00	NO
	French Polynesia	YES	16.00	38.00	41.00	63.00	NO
	Japan	YES	5.00	46.50	.	22.80	NO
	Lao PDR	NO	.	50.00	.	.	NO
	Malaysia	.	.	.	.	.	NO
	Micronesia (Fed. St.)	YES	3.00	.	.	.	NO
	Mongolia	YES	40.00	.	.	.	NO
	New Zealand	YES	12.50	10.00	15.00	38.00	NO
	Palau	YES	4.00	10.00	.	.	NO
	Philippines	YES	10.00	48.00	44.00	33.00	NO
	Republic of Korea	YES	10.00	.	.	.	NO
	Singapore	YES	3.00	.	.	.	NO
	Viet Nam	YES	10.00	.	.	.	YES

Finally, the third question concerned the use of duty-paid, excise or tax stamps on alcoholic beverage containers or bottles. Many countries introduce them to ensure the collection of taxes and to counteract smuggling. The results show that, overall, in nearly half (47.5%) of the responding 101 countries, duty paid or excise stamps are used at least on some alcoholic beverages (see country data in Table 23). Regional differences were seen for the African Region, where only 20% of the responding countries indicate the use of tax stamps, compared to EUR (61%), AMR (59%) and SEAR/WPR (31%).

The notion that a high alcohol tax does not necessarily mean a high relative price of alcoholic beverages is obvious when comparing taxation to price. When correlating the relative prices to the taxation rates, no significant correlation was found. In other words, high taxes on alcoholic beverages exist in countries where prices are already high but also in countries where prices are low. Similarly, low tax rates can be found in countries where prices are low and in countries where prices are high. Examples of countries with relatively low prices but high taxes are Finland, Iceland, Ireland, Australia and Sweden. Countries with relatively low prices and low taxes are Bulgaria, Italy, France, and Germany. The high price countries where low taxes are imposed include Cambodia, China, Bolivia and Guatemala, whereas taxes are high in Nicaragua, Guinea-Bissau, Nigeria and Ukraine. As an illustration, Figures 6 and 7 show the countries grouped according to the relative price of 500 ml beer and 750 ml spirits and level of tax as a percentage of retail price in that particular country.

Figure 6: Countries categorized by relative price of beer and excise tax

Relative price of 500 ml beer	HIGH (> median)	Azerbaijan	Guatemala	Armenia	Nepal
		Bolivia	Guinea	Benin	Nicaragua
		Bosnia & Herzegovina	India	Central African Rep.	Niger
		Cambodia	Kyrgyzstan	Eritrea	Nigeria
		China		Ghana	Peru
				Guinea-Bissau	Philippines
				Jordan	Seychelles
				Lao PDR	Ukraine
LOW (< median)		Argentina	Italy	Australia	Japan
		Bulgaria	Latvia	Croatia	Mauritius
		Chile	Namibia	Denmark	Mexico
		Costa Rica	New Zealand	Equatorial Guinea	Netherlands
		Colombia	Paraguay	Finland	Poland
		Estonia	Russian Federation	Hungary	Sweden
		France	Slovakia	Iceland	Uruguay
		Germany	Spain	Ireland	
LOW (<15%)		HIGH (>15%)			
Excise tax as % of retail price					

Note: Only countries with data available for both variables are included.

Figure 7: Countries categorized by relative price of spirits and excise tax

HIGH (> median)	Argentina	Ghana	Azerbaijan	Latvia
	Armenia	Guatemala	Benin	Mexico
	Bolivia	Kyrgyzstan	Colombia	Nigeria
	Bosnia & Herzegovina	Namibia	Guinea-Bissau	Nicaragua
	Cambodia	Paraguay	Jordan	Poland
	China	Philippines	India	Ukraine
	Eritrea	Russian Federation		
Relative price of 750 ml spirits				
	Bulgaria	Seychelles	Australia	Ireland
	France	Slovakia	Chile	Mauritius
	Germany	Spain	Croatia	Nepal
	Hungary		Denmark	Netherlands
	Italy		Estonia	New Zealand
	Japan		Finland	Sweden
LOW (< median)	Peru		Iceland	Uruguay
Excise tax as % of retail price				
LOW (<35%)		HIGH (>35%)		

Note: Only countries with data available for both variables are included

Conclusions

In conclusion, extensive studies conducted in many developed and some developing countries demonstrate that increases in taxes and prices are related to reductions in alcohol consumption and harm (Babor et al., 2003). Despite the robust findings, the real price of alcoholic beverages has decreased in some countries, partly because the tax has not increased at par with inflation rates. Ideally taxes on alcoholic beverages should be placed high on a list of possible policy measures as they are effective, cost-effective, easy to implement, and can generate government revenue and reduce both consumption and harm.

The feasibility of taxation as an effective measure depends on the level of government control over the market. The positive effects of increased taxation in some countries need to be weighed against a potential increase in smuggling or illegal production of alcoholic beverages. In trying to curb smuggling or illegal production of alcoholic beverages, 50% of the countries in this present study label their bottles with tax stamps. Ideally, countries should implement a tax and price level which is high enough to reduce consumption and harm while not being so high as to increase illegal production, smuggling and cross-border trade. Part of the complexity of setting taxation levels is the pressure arising from large differences in prices between neighbouring countries, leading to a significant level of cross-border trafficking.

For the price and taxation section, one could perhaps question the use of the GDP per capita as a standardizing measure. However, for the present data and countries, it seems like the most valid basis. Overall, large differences could be seen in the relative prices, differences that are not as prominent when looking at simple conversions of the currencies. For example, the prices for beer vary from 0.2 to 2.6 US\$ (not including the Islamic Republic of Iran). The relative prices increase the range and make clearer that alcoholic beverages are relatively less expensive in developed countries. For example, related to national wealth, one beer in EUR costs the local consumer the same as nine beers in AFR.

When noting the high prices in developing countries one should take into consideration the local or home made beverages which can be significantly cheaper than the “industrial” beverages. In countries where a large proportion of the available alcoholic beverages is locally or cottage produced, governments should, to the largest possible extent, try to include those beverages in their tax and pricing policy, ensuring higher tax returns while keeping consumption and harm at lowest possible levels. With economic development, an increase in alcohol consumption is expected in many developing countries, partly due to the simple fact that, as the buying power increases, the real prices will decrease, unless government action is taken.

Large differences exist in tax rates between countries, from negligible taxes to a high of 200%. Contrary to the rather low monetary prices, there are many developing countries which, on average, have quite high tax rates. On a worldwide scale, the rates of alcohol taxation seem unrelated to price. This finding does not necessarily indicate that taxes are not used as a measure to increase prices, but it seems that developed countries especially do not currently use taxation to its full potential as a public health measure.

5. Advertising and sponsorship

Alcohol advertising has the potential of portraying drinking as socially desirable, of promoting pro-alcohol attitudes, of recruiting new drinkers and of increasing drinking among current drinkers. Alcohol advertising emphasizes the desirable aspects of drinking, ignores the risk of alcohol consumption to the individual and to public health, and can undermine prevention objectives (Harkin & et al., 1995). The overall research evidence suggests that advertising has a small but contributory impact on drinking behaviour (Edwards et al., 1994). Restricting and controlling alcohol advertising as a policy measure is relevant and appropriate for a comprehensive alcohol policy, although the overall impact of advertising on alcohol consumption or alcohol-related harm may be limited and long-term (Rehn, Room & Edwards, 2001).

This section covers the restrictions on alcohol advertising in different media, as well as, the requirement of health warnings on the advertisement or the alcoholic beverage containers, regulations of alcohol beverage industry sponsorship, and the level of enforcement of existing advertising and sponsorship restrictions. In the questionnaire the media included were: national television, cable television, national radio, local radio, printed magazines and newspapers, billboards, points of sale and cinema. This report examines four of those media: national television, national radio, print media and billboards. The types of advertising restrictions vary from complete bans and partial legal restrictions to voluntary advertising agreements or no restrictions. Partial legal restrictions include exposure restricted by hours, by type of programme or magazine (e.g. children's programmes on television), by saturation limits, and by place of the advertisement. Voluntary agreements are internal codes of conduct or regulations that the alcohol beverage industry follows, and which are not in themselves legally binding.

Firstly, the overall existence of alcohol advertising was examined. It exists in almost all countries (92%) except for some of the countries with predominantly Muslim populations (Algeria, Egypt, Eritrea, Jordan and the Islamic Republic of Iran), Equatorial Guinea, some parts of India and Nigeria, and Iceland and Norway, where all types of alcohol advertising are banned.

Table 24 shows an overview of the advertising restrictions for the four selected media and the different beverage categories (India and the Islamic Republic of Iran were not included in the table). Overall, only a minority of countries have complete bans on alcohol advertising. Some 23% to 31% of the responding countries, depending on the media and the beverage, implement some partial restrictions. Another 13% to 16% of countries rely on voluntary agreements. A significant number of countries have no restrictions on advertising (between 28% and 57%), especially in print media and on billboards. Advertising on television and radio are more restricted than in print media and on billboards, with legal restrictions, total or partial ranging from 44% (beer on national radio) to 60% (spirits on national television). Beer advertising is significantly less controlled than advertising for wine, and especially that for spirits.

Table 24: Restrictions on advertising in selected media, by beverage type

			Total bans %	Partial restrictions %	Voluntary agreements %	No restrictions %
National TV	Beer	(n=113)	15.9	28.3	13.3	42.5
	Wine	(n=111)	22.5	31.5	13.5	32.4
	Spirits	(n=112)	28.6	31.3	12.5	27.7
National radio	Beer	(n=111)	16.2	24.3	15.3	44.1
	Wine	(n=110)	20.9	29.1	15.5	34.5
	Spirits	(n=111)	27.9	27.9	13.5	30.6
Print media	Beer	(n=113)	3.5	24.8	15.0	56.6
	Wine	(n=111)	8.1	24.3	16.2	51.4
	Spirits	(n=111)	10.8	23.4	15.3	50.5
Billboards	Beer	(n=111)	9.0	22.5	12.6	55.9
	Wine	(n=109)	12.8	22.9	13.8	50.5
	Spirits	(n=109)	13.8	23.9	12.8	49.5

To illustrate regional differences, the category of countries with bans or partial legal restrictions on beer advertising was chosen, due to the fact that advertising of beer is probably quite prominent in many countries. Voluntary agreements were not included. As Figure 8 illustrates, first of all, television in general is significantly more restricted than print media. Secondly, the African Region, is for each media, the region with the lowest percentage of countries with restrictions (bans or partial legal), followed by SEAR/WPR, and EUR. AMR is the region where the countries have the most restrictions. Table 25 shows the countries with no restrictions (not even voluntary agreements) on television, radio, print media, or billboards.

Figure 8: Regional distribution of countries with bans or partial legal restrictions on beer advertising in selected media

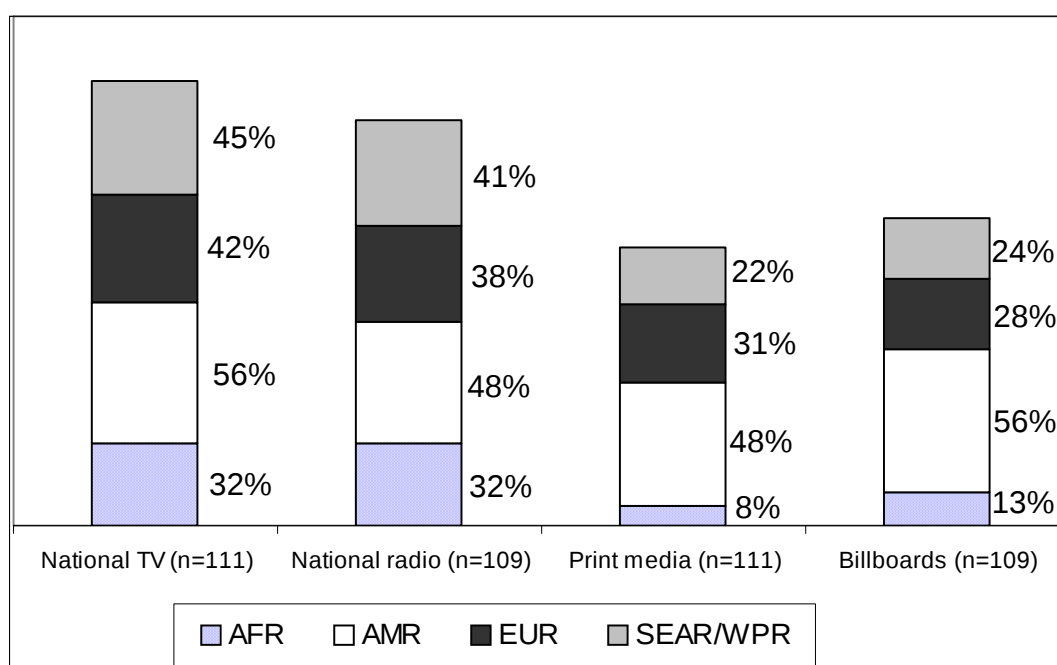


Table 25: Countries with no restrictions on beer advertising on television, radio, print media or billboards

AFR	EUR
Benin	Armenia
Comoros	Belarus
Congo	Bosnia and Herzegovina
Ethiopia	Bulgaria
Guinea-Bissau	Croatia
Kenya	Georgia
Malawi	Greece
Niger	Latvia
South Africa	TFYR Macedonia
UR Tanzania	Republic of Moldova
Togo	Romania
Uganda	Russian Federation
Zambia	Slovakia
AMR	SEAR
Brazil	Thailand
Canada	
El Salvador	WPR
Guyana	Cambodia
Jamaica	China
Peru	Palau
Suriname	Republic of Korea
Trinidad and Tobago	
Uruguay	

The present report did not look at advertising codes or codes of content, i.e. regulations on the advertisement itself. These codes are either laid down by governments, or perhaps more frequently by the alcohol industry through internal guidelines. The codes often cover areas such as the age of the people portrayed in the advertisement, showing drinking while using machinery, and suggestions about linking alcohol consumption with social, sexual or sport success. For example the European Union has placed restrictions on the advertising of alcoholic beverages on television. Council Directive (89/552/EEC 3 October 1989) “on the coordination of certain provisions laid down by law, regulation or administrative action in member countries concerning the pursuit of television broadcasting activities” restricts the content of alcohol beverage advertisements on television. The directive states:

“Television advertising for alcohol beverages shall comply with the following criteria: it may not be aimed specifically at minors or, in particular, depict minors consuming these beverages; it shall not link the consumption of alcohol to enhanced physical performance or driving; it shall not create the impression that the consumption of alcohol contributes towards social or sexual success; it shall not claim that alcohol has therapeutic qualities or that it is a stimulant, a sedative or a means of resolving personal conflicts; it shall not encourage immoderate consumption of alcohol or present abstinence or moderation in a negative light; it shall not place emphasis on high alcoholic content as being a positive quality of the beverage.”

However, there is little enforcement of this directive, and the European Union common market rules have, in fact, been used to weaken national advertising restrictions.

5.1. Restrictions on sponsorships

An important part of alcohol marketing and promotion are sponsorships by the alcohol beverage industry. The variety of sponsorships covers sports events such as football, motor sports, basketball and also concerts and other cultural events, many of which are directly targeted at young people. If these sponsored events are televised, they may in fact amount to the same effect as direct alcohol advertising on television.

Few countries restrict alcohol industry sponsorship of sport or youth events, with only about 24% of countries having any statutory controls. A majority of countries have no restrictions (on sport events: 68%, youth: 61%), as illustrated for beer by Table 26. The only countries with complete bans on both kinds of sponsorships are: Algeria, Costa Rica, Eritrea, Guatemala, Indonesia, India (southern states), the Islamic Republic of Iran, Mauritius, Nepal, Norway and the Russian Federation. In addition sports sponsorship is banned in Jordan, in Croatia and Turkey for the wine and spirits industries and in Bosnia and Herzegovina, Finland, Gambia, Poland and Switzerland for spirits. Youth event sponsorship bans exist in Bosnia and Herzegovina, France, Panama, Venezuela, and Switzerland, for wine and spirits in Croatia and Turkey, and for spirits in Finland and Poland.

Table 26: Restrictions on alcohol beverage industry sponsorship of sports and youth events, for beer

	Ban %	Partial restrictions %	Voluntary agreements %	No restrictions %
Sponsorship of youth events (n=107)	13	11	15	61
Sponsorship of sport events (n=107)	8	16	8	68

Regionally, AMR is the region with the highest number of countries with restrictions (mainly partial restrictions) on beer industry sponsorship of sports events (42%). In the other regions restrictions are less common (EUR: 20%, AFR: 21%, SEAR/WPR: 17%). Regarding the beer industry sponsorship of youth events, the restriction rates are almost identical to those mentioned above for each region.

In AMR, AFR and SEAR/WPR there are no significant differences between restrictions on alcohol industry sponsorship of sport and youth events for the different beverages. Only in EUR, compared to beer, more countries restrict sponsorship of events by wine producers and even more by spirits companies.

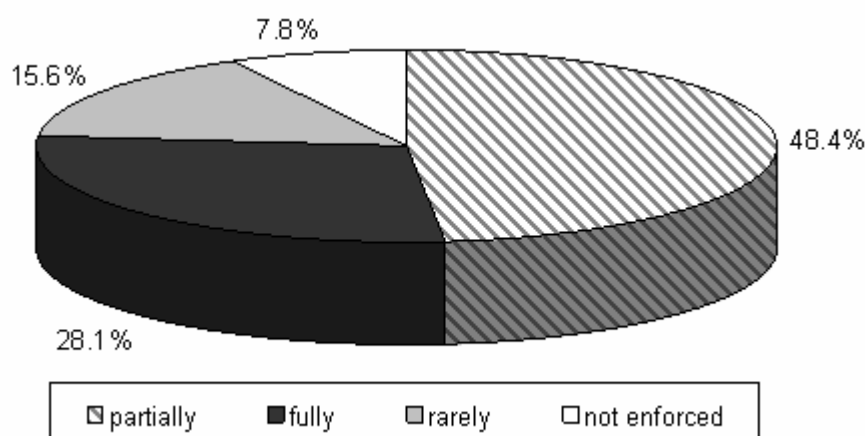
5.2. Enforcement of advertising and sponsorship restrictions

An important aspect of advertising restrictions is effective enforcement. This would include the existence of independent grievance panels or consumer boards and the possibility of sanctioning advertisers for breaking the rules of law. Caution should be exercised when interpreting the enforcement question, as the measure is subjective, based on the perception of the focal point. Focal points were asked to rate the enforcement level of existing advertising and sponsorship restrictions as fully, partially, rarely or not enforced.

Of all responding countries, 36% have nothing to enforce legally, because they either have no restrictions or they only have voluntary agreements. As Figure 9 shows, from countries with statutory controls (ban or partial restrictions), 28% indicate full enforcement, 48% partial enforcement, 16% rare and 8% no enforcement.

Regionally, the countries estimating rare or no enforcement of their advertising and sponsorship laws can be mainly found in SEAR/WPR (39%) and AFR (30%), while EUR (19%) and AMR (13%) seem to have fewer countries with low levels of enforcement.

Figure 9: Level of enforcement of existing advertising and sponsorship restrictions, bans and partial legal restrictions (n=64)



There is a significant correlation ($r=0.49$, $p<0.01$) between advertising and sponsorship restrictions and enforcement. The more frequent and more strict the advertising restrictions the higher the level of perceived enforcement. In other words, focal points in countries with many stringent restrictions are more likely to regard them as being well enforced, than those in countries with fewer and less strict policies.

5.3. Health warnings

Research regarding warning labels on bottles is rather ambiguous at this stage, with most of the evidence (primarily from the United States, Canada and Australia) suggesting no change in the perception of risk among people who have taken note of the label, and only few studies suggesting behaviour change that could be attributed to the label (Edwards et al., 1994). Some studies show that warning labels do raise levels of awareness. However, the impact of the current warning labels on perceptions of risk and drinking habits is modest, partly due to poor label designs and weak wording (Toomey & Wagenaar, 1999). Nonetheless, two questions on health warnings were included in the questionnaire.

In countries where alcohol advertising is allowed ($n=106$), 33% require a health warning of some sort on the advertisement. Overall, the requirement of health warnings applies in particular to countries of AMR, where over half of the countries covered by this survey have them (56%), while in the other WHO Regions the frequency of health warnings on the advertisements is lower (AFR: 27%, EUR: 22%, SEAR/WPR: 33%). Precisions on the requirements set for the health warnings (the text, size, rotation, etc.) were not asked.

Finally, a question was asked about the requirement of printing health warnings on beverage bottles or containers. However, this question was omitted from the Spanish translation of the questionnaire (used in most AMR countries), thus rendering it impossible to form general conclusions. From the countries where the questions were included (n=94), only few countries (16%) indicate having health warnings on bottles or containers, i.e. Armenia, Benin, Brazil, Cape Verde, India, Indonesia, Malawi, Mexico, Mongolia, Philippines, Republic of Korea, Russian Federation, Spain, Thailand and the United States.

Table 27 shows the complete country data for restrictions on advertising of alcoholic beverages in four different types of media and Table 28 shows the complete country data for restrictions on sponsorship of sports and youth events, including health warnings on advertisements and estimated level of enforcement.

Conclusions

While much of the research on the impact of alcohol advertising is not conclusive, increasing evidence can be found that exposure shapes positive perceptions of drinking and can increase heavier drinking. Therefore, it seems that restrictions on advertising and sponsorship should be part of a comprehensive alcohol policy, especially when it is targeted at young people.

On alcohol advertising, a considerable proportion of countries have no restrictions, especially in print media and billboards (around 50%). Broadcast media is somewhat more restricted and also spirits advertising in general is more restricted than that for wine and beer. Overall, total bans are fairly rare, while about 15% of countries rely on voluntary agreements. Although content restrictions were not examined within the context of the survey, those kind of restrictions appear difficult to implement and enforce effectively because of their rather ambiguous and mostly voluntary nature.

The role of different types of sponsorships is becoming increasingly important as the alcohol beverage industry in many countries is moving away from traditional advertising in broadcast media. However, at present only a minority of countries have statutory controls on sponsorship of youth and sport events (about 24%). Although not covered by the questionnaire, alcohol marketing on the internet seems to be on the increase, often targeting younger people. As a media the internet is one of the most difficult to restrict, as it is to a large degree outside the control of national governments.

For the enforcement of regulations, only a third of countries (29%) that have legal restrictions on advertising consider those laws fully enforced, and 23% regard their laws as either being rarely or not enforced at all. The correlation between the restrictions and enforcement shows that the countries which indicate their laws as fully enforced are also more likely to have many and strict restrictions.

27: *Restrictions on advertising of alcoholic beverages in four media, by country*

[illegible]

WHO REGION	COUNTRY	NATIONAL TV			NATIONAL RADIO			PRINTMEDIA			BILLBOARDS		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
EMR	Guatemala	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Guyana	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Honduras	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Jamaica	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Mexico	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Nicaragua	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Panama	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Paraguay	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Peru	NO	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO
	Suriname	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Trinidad and Tobago	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	United States	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	PARTIAL	PARTIAL	PARTIAL
	Uruguay	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Venezuela	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Egypt	BAN	BAN	BAN	BAN	BAN	BAN	NO	PARTIAL	BAN	BAN	BAN	BAN
	Isl. Rep. of Iran	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Jordan	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	BAN	BAN	BAN
EUR	Armenia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Austria	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Azerbaijan	NO	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL	.	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL
	Belarus	NO	PARTIAL	PARTIAL	NO	BAN	BAN	NO	BAN	BAN	NO	BAN	BAN
	Bosnia and Herzegovina	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Bulgaria	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Croatia	NO	BAN	BAN	NO	BAN	BAN	NO	BAN	BAN	NO	BAN	BAN
	Czech Republic	NO	NO	NO	NO	NO	NO	NO	NO	NO	PARTIAL	PARTIAL	PARTIAL
	Denmark	BAN	BAN	BAN	BAN	BAN	BAN	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Estonia	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO
	Finland	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN
	France	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO
	Georgia	NO	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL	NO	.	.	NO	NO	NO
	Germany	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Greece	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Hungary	VOLUNT	BAN	VOLUNT	VOLUNT	PARTIAL	BAN	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Iceland	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	BAN	BAN	BAN
	Ireland	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Israel	PARTIAL	PARTIAL	PARTIAL	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Italy	PARTIAL	VOLUNT	PARTIAL	PARTIAL	VOLUNT	PARTIAL	PARTIAL	VOLUNT	PARTIAL	PARTIAL	VOLUNT	PARTIAL
	Kazakhstan	NO	PARTIAL	PARTIAL	.	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO
	Kyrgyzstan	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Latvia	NO	NO	BAN	NO	NO	BAN	NO	NO	NO	NO	NO	NO
	Lithuania	NO	NO	PARTIAL	NO	NO	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	PARTIAL
	Luxembourg	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	NO	NO	NO

WHO REGION	COUNTRY	NATIONAL TV			NATIONAL RADIO			PRINTMEDIA			BILLBOARDS		
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS	BEER	WINE	SPIRITS
SEAR	Malta	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO
	Netherlands	PARTIAL	PARTIAL	PARTIAL	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Norway	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Poland	PARTIAL	BAN	BAN	PARTIAL	BAN	BAN	PARTIAL	BAN	BAN	PARTIAL	BAN	BAN
	Portugal	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO
	Republic of Moldova	NO	.	.	NO	.	.	NO	.	.	NO	.	.
	Romania	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Russian Federation	NO	BAN	BAN	NO	BAN	BAN	NO	NO	PARTIAL	NO	PARTIAL	PARTIAL
	Slovakia	NO	BAN	BAN	NO	PARTIAL	PARTIAL	NO	.	.	NO	.	.
	Slovenia	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN	BAN	BAN	BAN
	Spain	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Sweden	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL	BAN	BAN	BAN	BAN	BAN
	Switzerland	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	TFYR Macedonia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Turkey	BAN	BAN	BAN	BAN	BAN	BAN	NO	BAN	BAN	PARTIAL	BAN	BAN
	Turkmenistan	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Ukraine	NO	BAN	BAN	NO	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL
	United Kingdom	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	India	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Indonesia	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Nepal	BAN	BAN	BAN	BAN	BAN	BAN	NO	NO	NO	NO	NO	NO
	Sri Lanka	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	NO	NO	NO
	Thailand	NO	NO	PARTIAL	NO	NO	NO	NO	NO	NO	NO	NO	NO
WPR	Australia	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Cambodia	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	China	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	French Polynesia	BAN	BAN	BAN	BAN	BAN	BAN	NO	NO	NO	NO	NO	NO
	Japan	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO
	Lao PDR	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO
	Malaysia	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Micronesia (Fed. St.)	NO	NO	NO	.	.	.	NO	NO	NO	PARTIAL	PARTIAL	PARTIAL
	Mongolia	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN	.	.	.
	New Zealand	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Palau	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO
	Philippines	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Republic of Korea	NO	.	BAN	NO	.	BAN	NO	NO	NO	NO	NO	NO
	Singapore	.	.	.	.	.	.	.	.	.	.	.	.
	Viet Nam	NO	PARTIAL	BAN	NO	PARTIAL	BAN	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT

Note: VOLUNT – voluntary agreements; PARTIAL – partial legal restrictions.

Table 28: Restrictions on sponsorships, health warnings and enforcement of advertising and sponsorship restrictions, by country

WHO REGION	COUNTRY	SPORTS EVENTS			YOUTH EVENTS			HEALTH WARNING ON ADVERTISEMENT	ENFORCEMENT OF ADVERTISING AND SPONSORSHIP RESTRICTIONS
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS		
AFR	Algeria	BAN	BAN	BAN	BAN	BAN	BAN	.	FULLY
	Benin	NO	NO	NO	NO	NO	NO	YES	N.A
	Cape Verde	.	.	.	.	.	.	YES	PARTIALLY
	Central African Rep.	VOLUNT	VOLUNT	.	.	.	.	NO	RARELY
	Comoros	NO	NO	NO	NO	NO	NO	NO	N.A
	Congo	NO	NO	NO	NO	NO	NO	NO	N.A
	Equatorial Guinea	.	.	.	.	.	.	NO	.
	Eritrea	BAN	BAN	BAN	BAN	BAN	BAN	NO	FULLY
	Ethiopia	NO	NO	.	NO	NO	.	.	.
	Gabon	PARTIAL	.	.	VOLUNT	.	.	YES	PARTIALLY
	Gambia	NO	NO	BAN	VOLUNT	.	.	YES	RARELY
	Ghana	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	N.A
	Guinea	NO	NO	NO	NO	NO	NO	NO	N.A
	Guinea-Bissau	NO	NO	NO	NO	NO	NO	NO	N.A
	Kenya	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT	NO	N.A
	Malawi	NO	NO	NO	NO	NO	NO	YES	N.A
	Mauritius	BAN	BAN	BAN	BAN	BAN	BAN	YES	FULLY
	Mozambique	.	.	.	.	.	.	NO	.
	Namibia	NO	NO	NO	NO	NO	NO	NO	N.A
	Niger	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NOT
	Nigeria	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Seychelles	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	South Africa	NO	NO	NO	NO	NO	NO	NO	N.A
	Togo	NO	NO	NO	NO	NO	NO	.	N.A
	Uganda	NO	NO	NO	NO	NO	NO	NO	N.A
	UR Tanzania	NO	NO	NO	NO	NO	NO	NO	N.A
	Zambia	NO	NO	NO	NO	NO	NO	NO	N.A
AMR	Argentina	PARTIAL	PARTIAL	PARTIAL	VOLUNT	VOLUNT	VOLUNT	YES	PARTIALLY
	Belize	NO	NO	NO	PARTIAL	PARTIAL	PARTIAL	YES	NOT
	Bolivia	PARTIAL	PARTIAL	PARTIAL	VOLUNT	VOLUNT	VOLUNT	NO	PARTIALLY
	Brazil	NO	NO	VOLUNT	NO	NO	NO	NO	PARTIALLY
	Canada	NO	NO	NO	PARTIAL	PARTIAL	PARTIAL	NO	.
	Chile	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Colombia	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	YES	FULLY
	Costa Rica	BAN	BAN	BAN	BAN	BAN	BAN	YES	.
	Dominican Republic	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	YES	PARTIALLY
	Ecuador	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	YES	PARTIALLY
	El Salvador	NO	NO	NO	NO	NO	NO	YES	.

WHO REGION	COUNTRY	SPORTS EVENTS			YOUTH EVENTS			HEALTH WARNING ON ADVERTISEMENT	ENFORCEMENT OF ADVERTISING AND SPONSORSHIP RESTRICTIONS
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS		
EMR	Guatemala	BAN	BAN	BAN	BAN	BAN	BAN	YES	PARTIALLY
	Guyana	NO	NO	NO	NO	NO	NO	NO	N.A
	Honduras	NO	NO	NO	NO	NO	NO	YES	PARTIALLY
	Jamaica	NO	NO	NO	NO	NO	NO	NO	N.A
	Mexico	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	YES	PARTIALLY
	Nicaragua	.	.	.	.	.	.	YES	.
	Panama	NO	NO	NO	BAN	BAN	BAN	YES	PARTIALLY
	Paraguay	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	YES	PARTIALLY
	Peru	NO	NO	NO	NO	NO	NO	NO	FULLY
	Suriname	NO	NO	NO	NO	NO	NO	NO	N.A
	Trinidad and Tobago	NO	NO	NO	NO	NO	NO	NO	N.A
	United States	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT	NO	RARELY
	Uruguay	NO	NO	NO	NO	NO	NO	NO	N.A
	Venezuela	PARTIAL	PARTIAL	PARTIAL	BAN	BAN	BAN	YES	.
	Egypt	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A	.
	Isl. Rep. of Iran	BAN	BAN	BAN	BAN	BAN	BAN	N.A	FULLY
	Jordan	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	.	FULLY
EUR	Armenia	NO	NO	NO	NO	NO	NO	YES	N.A
	Austria	NO	NO	NO	NO	NO	NO	NO	N.A
	Azerbaijan	NO	NO	NO	NO	NO	NO	YES	FULLY
	Belarus	NO	NO	NO	NO	NO	NO	NO	.
	Bosnia and Herzegovina	PARTIAL	PARTIAL	BAN	BAN	BAN	BAN	NO	PARTIALLY
	Bulgaria	NO	NO	NO	NO	NO	NO	NO	N.A
	Croatia	PARTIAL	BAN	BAN	PARTIAL	BAN	BAN	NO	PARTIALLY
	Czech Republic	NO	NO	NO	NO	NO	NO	NO	RARELY
	Denmark	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	PARTIALLY
	Estonia	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Finland	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN	NO	FULLY
	France	PARTIAL	PARTIAL	PARTIAL	BAN	BAN	BAN	YES	.
	Georgia	NO	.	.	NO	.	.	NO	.
	Germany	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	N.A
	Greece	NO	NO	NO	NO	NO	NO	NO	N.A
	Hungary	NO	PARTIAL	PARTIAL	NO	VOLUNT	VOLUNT	NO	PARTIALLY
	Iceland	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	PARTIALLY
	Ireland	NO	NO	NO	NO	NO	NO	NO	N.A
	Israel	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Italy	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	PARTIALLY
	Kazakhstan	.	.	PARTIAL	NO	.	PARTIAL	YES	.
	Kyrgyzstan	NO	NO	NO	NO	NO	NO	NO	.
	Latvia	NO	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL	YES	FULLY
	Lithuania	NO	NO	NO	NO	NO	NO	YES	FULLY
	Luxembourg	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT	NO	N.A

WHO REGION	COUNTRY	SPORTS EVENTS			YOUTH EVENTS			HEALTH WARNING ON ADVERTISEMENT	ENFORCEMENT OF ADVERTISING AND SPONSORSHIP RESTRICTIONS
		BEER	WINE	SPIRITS	BEER	WINE	SPIRITS		
SEAR	Malta	NO	NO	NO	NO	NO	NO	NO	FULLY
	Netherlands	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	RARELY
	Norway	BAN	BAN	BAN	BAN	BAN	BAN	N.A	FULLY
	Poland	PARTIAL	PARTIAL	BAN	PARTIAL	PARTIAL	BAN	NO	FULLY
	Portugal	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	YES	RARELY
	Republic of Moldova	.	.	.	.	.	.	NO	.
	Romania	NO	NO	NO	NO	NO	NO	NO	N.A
	Russian Federation	BAN	BAN	BAN	BAN	BAN	BAN	NO	PARTIALLY
	Slovakia	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT	NO	RARELY
	Slovenia	NO	VOLUNT	VOLUNT	NO	VOLUNT	VOLUNT	YES	PARTIALLY
	Spain	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Sweden	NO	NO	NO	NO	NO	NO	NO	FULLY
	Switzerland	NO	NO	BAN	BAN	BAN	BAN	NO	FULLY
	TFYR Macedonia	NO	NO	NO	NO	NO	NO	NO	N.A
	Turkey	NO	BAN	BAN	NO	BAN	BAN	NO	FULLY
	Turkmenistan	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	N.A
	Ukraine	NO	NO	NO	NO	NO	NO	YES	NOT
	United Kingdom	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT	NO	N.A
	India	BAN	BAN	BAN	BAN	BAN	BAN	YES	PARTIALLY
	Indonesia	BAN	BAN	BAN	BAN	BAN	BAN	YES	PARTIALLY
	Nepal	BAN	BAN	BAN	BAN	BAN	BAN	NO	FULLY
	Sri Lanka	NO	NO	NO	NO	NO	NO	NO	N.A
	Thailand	NO	NO	NO	NO	NO	NO	YES	RARELY
WPR	Australia	NO	NO	NO	NO	NO	NO	NO	N.A
	Cambodia	NO	NO	NO	NO	NO	NO	YES	N.A
	China	NO	NO	NO	NO	NO	NO	NO	N.A
	French Polynesia	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Japan	NO	NO	NO	NO	NO	NO	YES	N.A
	Lao PDR	NO	NO	NO	NO	NO	NO	NO	NOT
	Malaysia	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	FULLY
	Micronesia (Fed. St.)	NO	NO	NO	NO	NO	NO	NO	RARELY
	Mongolia	NO	NO	NO	NO	NO	NO	YES	NOT
	New Zealand	NO	NO	NO	NO	NO	NO	NO	PARTIALLY
	Palau	NO	NO	NO	NO	NO	NO	NO	N.A
	Philippines	NO	NO	NO	PARTIAL	PARTIAL	PARTIAL	YES	RARELY
	Republic of Korea	NO	NO	NO	NO	NO	NO	NO	FULLY
	Singapore	.	.	.	.	.	.	.	.
	Viet Nam	NO	VOLUNT	PARTIAL	NO	VOLUNT	PARTIAL	NO	PARTIALLY

Note: VOLUNT – voluntary agreements; PARTIAL – partial legal restrictions, N.A – not applicable, no legal advertising restrictions to enforce.

6. Alcohol-free environments

The two overall aims of restricting alcohol consumption in different settings are to ensure a safe public environment for leisure-time and sporting events, and to minimize or avoid injuries and loss of productivity in offices and workplaces. The designation of specific environments as alcohol-free can thus be viewed from the perspective of physical safety and social order. In the public sphere, the threat of aggressiveness and disorderly behaviour, and of physical or mental harm, has led to a variety of interventions aimed at drunk people in public areas (Rehn, Room & Edwards, 2001). The research evidence for this field of preventive action is scattered but accumulating, and one of the areas identified is the potential of local government regulations to prevent alcohol-related harm in public places (Conway & Hill, 1999).

Work-related accidents and absenteeism put significant financial burden on societies. The development of formal or informal comprehensive workplace health programmes, which include alcohol and other drug use, can contribute to a healthier and more productive workforce. Research done in Austria showed that 68% of workplaces had a negative attitude towards alcohol consumption, enforcing total abstinence during working hours (compared to 24% with a neutral attitude and 8% with positive) and that the people who worked there drank less alcohol than those in the more “alcohol-friendly” workplaces (Federal Ministry of Labour, 1999).

Most countries have restrictions on alcohol consumption in different environments. These regulations are targeted either at the general population or at specific target groups. The restrictions on alcohol consumption in the different environments vary from complete bans or partial restrictions to voluntary or local agreements and no restrictions. Partial restrictions can mean that drinking only certain beverages is banned, some offices/buildings/places are alcohol-free, but not all, or that certain target groups are banned from drinking or from drinking at certain times and places. Voluntary or local agreements mean that local governments and municipalities have their own regulations that can vary between areas and cities or that the restrictions are in the form of recommendations or guidelines, and thus voluntary to follow. The public settings considered were: health care establishments, educational buildings, government offices, public transport, parks and streets, sporting events, leisure events (such as concerts), and workplaces. The questionnaire asked about the extent to which alcohol consumption in these different public environments is restricted. Table 29 shows the total number of countries as a percentage of all responding countries with total bans, partial restrictions, voluntary and local agreements, or no restrictions for each public domain.

Table 29: Restrictions on drinking in public domains

	n	Ban %	Partial restrictions %	Local or voluntary %	No restrictions %
Educational buildings	(n=112)	58.3	13.9	20.0	7.8
Health care establishments	(n=112)	54.8	13.0	22.6	9.6
Government offices	(n=112)	47.8	16.5	23.5	12.2
Workplaces	(n=112)	47.0	15.7	27.0	10.4
Public transport	(n=110)	45.1	19.5	13.3	22.1
Sporting events	(n=111)	26.3	26.3	22.8	23.7
Parks, streets etc.	(n=112)	24.3	15.7	18.3	41.7
Leisure events (e.g. concerts)	(n=111)	15.8	21.9	19.3	43.0

From Table 29 it is clear that alcohol consumption in settings such as health care, educational buildings, and workplaces is more controlled than leisure time drinking, i.e. drinking that takes place in the open air in parks and streets, and during sports events or concerts. For alcohol consumption in educational and health care buildings the majority of countries have a complete ban, and less than 10% have no restrictions. Drinking “in the open” is banned in about 25% of countries and during concerts and leisure time events only in 15%, while more than 40% of countries in both cases have no restrictions. Local or voluntary agreements exist in between 13% and 27% of the countries. No beverage-specific data were available, so some of the restrictions may only apply to certain beverages. Countries may also restrict alcohol consumption in additional settings, such as football stadiums during “risky” matches and in the vicinity of schools, religious places of worship, and treatment institutions.

To illustrate regional differences one public domain was chosen – drinking in parks and streets – for closer examination (see Table 30). Drinking is banned in close to the majority of AMR but in less than 10% of EUR. On the other hand, 50% of EUR has partial or voluntary restrictions. AMR has the least number of countries with no restrictions (about 30%) and SEAR/WPR and AFR the highest (about 50%).

Table 30: Restrictions on alcohol consumption in parks and streets

WHO Region	n	Ban %	Partial restrictions %	Local or voluntary %	No restrictions %
AFR	(n=26)	23.1	19.2	11.5	46.2
AMR	(n=25)	48.0	8.0	12.0	32.0
EUR	(n=42)	9.5	19.0	31.0	40.5
SEAR/WPR	(n=19)	21.1	15.8	10.5	52.6

Overall, for all the public domains, EUR relies heavily on voluntary restrictions. Of the total eight areas included, in four of the domains SEAR/WPR is the least restricted, while EUR is the least restricted on health care and government offices, and AFR on education and leisure time activities.

Conclusions

Restricting alcohol consumption in public domains could potentially reduce some forms of alcohol-related harm at workplaces, and public and leisure time environments. Some trials have been done on restricting alcohol consumption at football stadiums for example, but to date, it is not known if any controlled evaluation of the effectiveness of general restrictions on alcohol consumption in different settings actually exist. In general, alcohol consumption in official settings is in most countries strictly controlled, with around 50% of them having total bans. There is much less control on drinking out in parks and streets and during sport and leisure time events. The overall message of restricting drinking in different domains is to emphasize alcohol as a special commodity which does not mix well with certain environments and occupations, or with workplaces. For this message to be credible, it is important that police or security staff enforce the existing laws, and that there is support by the local communities for such controls.

Table 31 shows the complete country data for restrictions on alcohol consumption in different public domains.

Table 31: Restrictions on alcohol consumption in different public domains, by country

WHO REGION	COUNTRY	HEALTH CARE ESTABLISHMENTS	EDUCATIONAL BUILDINGS	GOVERNMENT OFFICES	PUBLIC TRANSPORT	PARKS, STREETS, ETC.	SPORTING EVENTS	LEISURE EVENTS (CONCERTS, ETC.)	WORKPLACES
AFR	Algeria	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Benin	BAN	BAN	BAN	BAN	NO	BAN	NO	BAN
	Cape Verde	BAN	BAN	BAN	BAN	NO	BAN	NO	BAN
	Central African Rep.	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	NO	BAN
	Comoros	NO	NO	NO	NO	NO	NO	NO	NO
	Congo	BAN	BAN	PARTIAL	BAN	PARTIAL	PARTIAL	VOLUNT	BAN
	Equatorial Guinea	BAN	BAN	BAN	.	NO	.	NO	VOLUNT
	Eritrea	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Ethiopia	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	NO	.
	Gabon	BAN	BAN	BAN	NO	NO	VOLUNT	NO	VOLUNT
	Gambia	BAN	BAN	BAN	BAN	BAN	BAN	VOLUNT	BAN
	Ghana	PARTIAL	PARTIAL	PARTIAL	VOLUNT	VOLUNT	PARTIAL	PARTIAL	PARTIAL
	Guinea	BAN	BAN	VOLUNT	PARTIAL	NO	BAN	BAN	VOLUNT
	Guinea-Bissau	NO	NO	NO	NO	NO	NO	NO	NO
	Kenya	.	.	.	.	.	.	.	.
	Malawi	BAN	BAN	BAN	PARTIAL	PARTIAL	BAN	NO	BAN
	Mauritius	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Mozambique	BAN	BAN	BAN	VOLUNT	NO	VOLUNT	NO	BAN
	Namibia	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Niger	BAN	BAN	BAN	.	BAN	VOLUNT	PARTIAL	BAN
	Nigeria	PARTIAL	PARTIAL	PARTIAL	NO	NO	BAN	NO	BAN
	Seychelles	BAN	BAN	BAN	BAN	BAN	BAN	BAN	PARTIAL
	South Africa	NO	NO	NO	NO	VOLUNT	NO	NO	VOLUNT
	Togo	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Uganda	BAN	BAN	BAN	NO	NO	NO	NO	PARTIAL
	UR Tanzania	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	NO	BAN
	Zambia	BAN	BAN	BAN	PARTIAL	NO	PARTIAL	NO	BAN
AMR	Argentina	NO	BAN	NO	NO	BAN	BAN	BAN	NO
	Belize	BAN	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	BAN
	Bolivia	BAN	BAN	BAN	BAN	NO	NO	PARTIAL	BAN
	Brazil	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	NO	NO
	Canada	VOLUNT	PARTIAL	PARTIAL	BAN	BAN	PARTIAL	PARTIAL	VOLUNT
	Chile	BAN	BAN	BAN	BAN	BAN	BAN	.	VOLUNT
	Colombia	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Costa Rica	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Dominican Republic	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	VOLUNT
	Ecuador	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	El Salvador	BAN	BAN	BAN	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Guatemala	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Guyana	BAN	BAN	BAN	PARTIAL	BAN	VOLUNT	VOLUNT	PARTIAL
	Honduras	BAN	BAN	BAN	BAN	PARTIAL	VOLUNT	VOLUNT	BAN
	Jamaica	VOLUNT	VOLUNT	VOLUNT	NO	NO	.	NO	VOLUNT

WHO REGION	COUNTRY	HEALTH CARE ESTABLISHMENTS	EDUCATIONAL BUILDINGS	GOVERNMENT OFFICES	PUBLIC TRANSPORT	PARKS, STREETS, ETC.	SPORTING EVENTS	LEISURE EVENTS (CONCERTS, ETC.)	WORKPLACES
EMR	Mexico	BAN	BAN	BAN	BAN	VOLUNT	VOLUNT	VOLUNT	BAN
	Nicaragua	BAN	BAN	BAN	BAN	NO	NO	PARTIAL	PARTIAL
	Panama	BAN	BAN	BAN	BAN	BAN	NO	NO	BAN
	Paraguay	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Peru	VOLUNT	BAN	VOLUNT	NO	VOLUNT	NO	NO	VOLUNT
	Suriname	NO	NO	NO	NO	NO	NO	NO	NO
	Trinidad and Tobago	PARTIAL	BAN	PARTIAL	PARTIAL	NO	PARTIAL	PARTIAL	PARTIAL
	United States	VOLUNT	PARTIAL	VOLUNT	PARTIAL	PARTIAL	VOLUNT	PARTIAL	PARTIAL
	Uruguay	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	VOLUNT
	Venezuela	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
EUR	Egypt	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Isl. Rep. of Iran	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Jordan	BAN	BAN	BAN	VOLUNT	NO	VOLUNT	NO	VOLUNT
	Armenia	VOLUNT	VOLUNT	VOLUNT	NO	NO	VOLUNT	VOLUNT	VOLUNT
	Austria	NO	PARTIAL	NO	NO	VOLUNT	VOLUNT	NO	VOLUNT
	Azerbaijan	BAN	BAN	BAN	BAN	PARTIAL	BAN	PARTIAL	BAN
	Belarus	BAN	BAN	BAN	BAN	PARTIAL	BAN	PARTIAL	BAN
	Bosnia and Herzegovina	BAN	BAN	VOLUNT	BAN	NO	PARTIAL	NO	BAN
	Bulgaria	BAN	BAN	PARTIAL	BAN	NO	PARTIAL	VOLUNT	PARTIAL
	Croatia	BAN	BAN	BAN	BAN	NO	PARTIAL	PARTIAL	BAN
	Czech Republic	PARTIAL	PARTIAL	NO	PARTIAL	NO	PARTIAL	NO	BAN
	Denmark	VOLUNT	VOLUNT	VOLUNT	PARTIAL	PARTIAL	PARTIAL	NO	VOLUNT
	Estonia	NO	NO	NO	BAN	BAN	NO	NO	NO
	Finland	VOLUNT	VOLUNT	VOLUNT	PARTIAL	PARTIAL	PARTIAL	PARTIAL	VOLUNT
	France	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	PARTIAL	VOLUNT	PARTIAL
	Georgia	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	VOLUNT	VOLUNT	PARTIAL
	Germany	BAN	BAN	VOLUNT	PARTIAL	NO	PARTIAL	NO	PARTIAL
	Greece	NO	NO	NO	PARTIAL	NO	PARTIAL	NO	NO
	Hungary	BAN	BAN	PARTIAL	BAN	VOLUNT	NO	NO	BAN
	Iceland	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Ireland	VOLUNT	VOLUNT	VOLUNT	PARTIAL	VOLUNT	PARTIAL	PARTIAL	VOLUNT
	Israel	NO	NO	NO	NO	NO	NO	NO	NO
	Italy	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Kazakhstan	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Kyrgyzstan	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	VOLUNT	NO	BAN
	Latvia	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	BAN
	Lithuania	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	BAN
	Luxembourg	VOLUNT	VOLUNT	NO	NO	NO	VOLUNT	VOLUNT	VOLUNT
	Malta	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	VOLUNT
	Netherlands	NO	PARTIAL	VOLUNT	NO	VOLUNT	PARTIAL	NO	VOLUNT
	Norway	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL	PARTIAL
	Poland	BAN	BAN	BAN	BAN	BAN	BAN	VOLUNT	BAN
	Portugal	PARTIAL	PARTIAL	PARTIAL	NO	NO	VOLUNT	NO	PARTIAL
	Republic of Moldova	BAN	BAN	BAN	BAN	.	PARTIAL	PARTIAL	BAN

WHO REGION	COUNTRY	HEALTH CARE ESTABLISHMENTS	EDUCATIONAL BUILDINGS	GOVERNMENT OFFICES	PUBLIC TRANSPORT	PARKS, STREETS, ETC.	SPORTING EVENTS	LEISURE EVENTS (CONCERTS, ETC.)	WORKPLACES
SEAR	Romania	BAN	BAN	BAN	BAN	VOLUNT	BAN	.	BAN
	Russian Federation	BAN	BAN	PARTIAL	BAN	BAN	BAN	PARTIAL	BAN
	Slovakia	BAN	BAN	BAN	BAN	VOLUNT	PARTIAL	VOLUNT	BAN
	Slovenia	PARTIAL	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	PARTIAL
	Spain	VOLUNT	VOLUNT	VOLUNT	VOLUNT	VOLUNT	BAN	VOLUNT	VOLUNT
	Sweden	PARTIAL	NO	NO	PARTIAL	VOLUNT	PARTIAL	PARTIAL	VOLUNT
	Switzerland	PARTIAL	PARTIAL	PARTIAL	NO	NO	NO	NO	NO
	TFYR Macedonia	BAN	BAN	PARTIAL	BAN	NO	NO	PARTIAL	BAN
	Turkey	BAN	BAN	BAN	BAN	VOLUNT	BAN	NO	BAN
	Turkmenistan	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Ukraine	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	PARTIAL	VOLUNT	BAN
	United Kingdom	VOLUNT	VOLUNT	VOLUNT	PARTIAL	VOLUNT	PARTIAL	VOLUNT	PARTIAL
	India	BAN	BAN	BAN	BAN	BAN	VOLUNT	VOLUNT	BAN
	Indonesia	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	Nepal	BAN	BAN	BAN	NO	NO	VOLUNT	NO	BAN
	Sri Lanka	BAN	BAN	BAN	BAN	PARTIAL	NO	NO	NO
WPR	Thailand	VOLUNT	VOLUNT	VOLUNT	NO	NO	NO	NO	VOLUNT
	Australia	PARTIAL	BAN	BAN	BAN	PARTIAL	VOLUNT	PARTIAL	PARTIAL
	Cambodia	BAN	BAN	BAN	VOLUNT	NO	NO	NO	BAN
	China	VOLUNT	VOLUNT	VOLUNT	NO	NO	VOLUNT	NO	VOLUNT
	French Polynesia	VOLUNT	VOLUNT	VOLUNT	BAN	BAN	.	BAN	BAN
	Japan	VOLUNT	VOLUNT	NO	NO	NO	NO	NO	VOLUNT
	Lao PDR	BAN	BAN	BAN	BAN	NO	NO	PARTIAL	BAN
	Malaysia	.	.	.	.	NO	NO	NO	NO
	Micronesia (Fed. St.)	BAN	BAN	BAN	NO	NO	NO	NO	BAN
	Mongolia	BAN	BAN	BAN	BAN	BAN	BAN	BAN	BAN
	New Zealand	PARTIAL	PARTIAL	PARTIAL	BAN	VOLUNT	PARTIAL	PARTIAL	VOLUNT
	Palau	BAN	BAN	BAN	BAN	PARTIAL	PARTIAL	PARTIAL	BAN
	Philippines	BAN	BAN	BAN	BAN	VOLUNT	VOLUNT	VOLUNT	VOLUNT
	Republic of Korea	NO	NO	NO	NO	NO	VOLUNT	NO	NO
	Singapore	.	.	.	.	.	.	.	.
	Viet Nam	VOLUNT	VOLUNT	VOLUNT	VOLUNT	NO	VOLUNT	NO	VOLUNT

Note: VOLUNT – voluntary or local agreements; PARTIAL –partial restrictions.

Discussion

This report provides a snapshot of the state of national level alcohol policies in countries, and shows the great variation that exists today. Not surprisingly, a small number of countries have comprehensive policies, as measured by the questionnaire, some have almost none of the measures included and the majority of countries lie somewhere in between. Currently, a clear gap exists between research and action, where there is much convincing evidence for some rarely utilized policies. Recent alcohol policy research can provide decision-makers with a shopping-list of the most effective strategies and show which measures a comprehensive policy would include. Regardless of what particular policies or laws are adopted and implemented, they need to be effectively enforced, also for the sake of the general legal climate. However, it should be recognized that, in some areas of alcohol policy, it is becoming increasingly difficult to enforce national legislation as international trade and services agreements (such as GATS, the General Agreement on Trade in Services) impinge on the possibilities to influence, among others, the taxation, trade, retail sale and advertising of alcoholic beverages (Grieshaber-Otto, Sinclair & Schacter, 2000).

In the preceding chapters, different aspects (e.g. legal age and BAC limits, control of production and sale, or pricing of alcoholic beverages) of alcohol control policies were treated separately. It became clear that each of the measures were present, to a differing degree, in different countries or regions in the world. It can be argued, however, that the potential impact of alcohol policies on alcohol consumption and related consequences depends less on single aspects but more on the joint impact of several aspects (Norström, 2002). This is even more important as different aspects of alcohol policy may not necessarily go in the same direction. For example, as a result of market globalization and increasing world trade agreements, it may become increasingly difficult to implement and enforce control measures directed towards supply reduction in many countries. Therefore, control measures directed towards demand reduction or the reduction of alcohol-related harm may become more crucial.

To broaden the perspective of the discussion and to give a general overview it would be useful to develop a scientific way to measure and to evaluate overall policy comprehensiveness. Comprehensiveness in this respect would mean the level of coverage of alcohol legislation, i.e. if the national laws regarding alcohol have provisions for most of the main policy areas or only a few. An exercise of this kind could combine or scale the separate measures into one variable, which would complement country analysis and provide an alternative model for interpretation.

When considering the policy measures separately, besides being a data gathering tool, the alcohol policy questionnaire could also function as a starting point for developing a minimum set of policies covering some of the most essential areas. The particular mix of the most effective policies is different for each country, but would probably include some or all of the following measures (not exhaustive list):

- Definition of an alcoholic beverage (measurable in alcohol by volume) at an alcohol content level low enough to include most of the alcoholic beverages consumed in the country.
- Some government control over the retail sale, either through a state monopoly or a comprehensive alcohol licensing system (including for example regular checks, sanctions, a licensing fee).

- Sales restrictions by time and place, especially useful when utilized to target problem or high risk areas and times (restricting days and hours of sale, certain locations or density of retail outlets).
- A culturally appropriate age limit that is effectively enforced.
- A blood alcohol concentration level low enough to deter people from drinking and driving, and effective enforcement of that limit, ideally through frequent and visible random breath testing (and as punishment for drink driving offenders, revoking of the driving privileges has been shown to be the most effective).
- Furthering lower or non-alcoholic beverage consumption, by making soft drinks cheaper than the cheapest alcoholic drink.
- Taxation (and accordingly price level) is an effective measure and should be high enough to keep levels of harm as low as possible, while not encouraging an increase in illegal home production and smuggling. Real prices should also be increased, as a minimum at par with inflation, and in countries where smuggling and tax evasion is an issue, duty-paid stamps might be useful.
- Controlling time, place and media for advertising and sponsorship efforts is relevant as part of a comprehensive policy, and not only on the level of the content of the advertisement (which is difficult to uphold). Especially marketing and promotion targeted at and appealing to young people should be controlled. In some cases, the use of health warnings either on advertisements or on the containers could be warranted.
- Restricting drinking in public places promotes physical safety and social order, and can be utilized to send the message that alcohol consumption does not mix well with certain environments and occupations.

In addition, a comprehensive alcohol policy should include provisions for brief interventions and different types of treatment. Brief interventions are aimed at identifying people drinking at risk levels that indicate possible problems in the future, with the aim to change their pattern and level of drinking. For people with more severe problems, or people who are alcohol dependent, effective treatment modalities are also available. The areas of brief interventions and treatment were not included in the questionnaire, and consequently in this report.

Also, no single measure will alone curtail alcohol consumption and related harm, but a mix of culturally appropriate policies is needed. The final decision, about which policies should be implemented in individual countries, depends on the particular situation in that country. The introduction or implementation of alcohol policies does require, among other things, political will, financial resources, expertise, and public awareness and support. In cases where the non-existence of policies is a matter of lack of resources (financial in particular), it should be considered that passing legislation does not in itself require substantial resources, and that a start can be made with a minimum level of enforcement which could then gradually be expanded over time. Research shows that there are also some especially cost-effective measures, e.g. some cost-effectiveness studies indicate that drink driving legislation is the most cost-effective measure for many countries, i.e. the most gain is achieved per unit of finances invested.

However, it cannot be assumed that the cultural, social, political and economic situations are anything alike in different countries. There is no one model or policy mix that can be recommended which would fit all countries, just as no model can simply be taken from one country and imposed on another. The situation especially in developing countries, might differ considerably, e.g. with regard to beverage types, drinking patterns, and legal systems. A

clear research bias towards developed countries obscures to what extent and under what circumstances policies are transferable to developing countries. The importance of alcohol policies in the developing countries is likely to increase in the future, as with increasing development both alcohol consumption and harm tends to rise. For an overview of alcohol related issues pertinent to the developing countries please refer to the work of Room et al. (2002).

A further research direction that would be recommended includes a repetition of the survey in a few years time, providing longitudinal data for monitoring these areas systematically. This would give the opportunity of slightly changing or improving some of the questions, e.g. a higher degree of precision could be achieved for the price question. The data in this report were not correlated with levels of alcohol consumption and/or alcohol-related harm, due to the fact that the data are cross-sectional. On the other hand, with longitudinal data it would be possible to examine to what degree significant changes in alcohol policy impact consumption or harm levels.

More situational analysis, examples of model legislation and case-studies of policy implementation and effectiveness under different circumstances would be useful. Emphasis should be put on enforcement of policies, e.g. by developing guidelines on the practical implementation of alcohol policies that are adapted to the differing social, cultural, economic and religious situation of countries. Also there should be more research into federal countries and countries with local level regulations, e.g. community level restrictions. At the national level, countries might not have many laws and regulations, but there could be effective and comprehensive local restrictions in many of the policy areas, such as on retail outlets and outdoor advertising. Also, this report has focused on alcohol policies at the public or governmental level, but it should be remembered that other places such as alcohol outlets, media, schools, and workplaces, can also implement policies affecting drinking among both youth and the general population. These institutional policies range from formal written policies to informal practices or standards. An example would be sports stadiums restricting or banning alcohol advertising, sales or consumption in different ways (Toomey & Wagenaar, 1999).

Although each country needs to develop and implement its own alcohol policy, there are lessons to be learned from the past and from efforts other countries have made. Therefore, promoting local and regional efforts at developing alcohol policies should be supported, both through NGOs and other fora. An example of an attempt by WHO at establishing a regional alcohol policy framework is the European Alcohol Action Plan (EAAP), which explicitly promotes the development of alcohol policies by stating that well balanced alcohol policies have clear public health benefits (Rehn, Room & Edwards, 2001).

To be effective, alcohol policy should include regulatory and other environmental supports that promote the health of the population as a whole. But it should not be forgotten that efforts to improve access to employment, health care, education, housing, recreation and political decision-making have all been shown to reduce alcohol-related problems (Alcohol Policy Network, 2003).

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ANNEX 1. GLOBAL QUESTIONNAIRE: ALCOHOL CONTROL POLICIES

What is the **definition of an alcoholic beverage** in your country, expressed as the minimum volume %? Please fill in: _____ % (e.g. 2,5%, means that a beverage containing 2,5% alcohol or more by volume is an alcoholic beverage) If the above is **not** applicable please provide other definition:

Price of alcoholic beverages

Off-license, i.e. when purchased in an average shop, or supermarket, NOT on-premise in a restaurant or bar	Usual quantity (e.g. 1 litre, 0.5 litres)	Price (local currency)
Average locally produced or most consumed beer		
Average and most consumed table wine		
Average locally produced or most consumed spirits		
If it exists, other special or different local alcoholic beverage, name: _____ and _____ % alc. vol.		
Average non-alcoholic soft drink (e.g. coca-cola, lemonade)		

During the last five years, has the price of alcoholic beverages in general, as compared to the level of salaries, increased, decreased or remained stable? Please tick the appropriate box below.

Increased	Decreased	Been stable

Taxation of alcoholic beverages

Do you have a general sales tax or VAT (Value Added Tax) on alcoholic beverages? Please circle.

YES NO If yes, what is the percentage of the tax? _____ % (usually between 7%-20%)

Please add information on the level of alcohol tax for beer, wine and spirits separately into the table below, as percentage of the retail or selling price if at all possible.

Alcohol specific tax, e.g. excise tax (if possible as % of retail price) on beer (approx. 4,5% alcohol by volume.)	
Alcohol specific tax, e.g. excise tax (if possible as % of retail price) on wine (approx. 12% alcohol by volume.)	
Alcohol specific tax, e.g. excise tax (if possible as % of retail price) on spirits (approx. 40% alcohol by volume.)	

Do you use duty-paid, excise or tax stamps or labels on alcoholic beverage containers/bottles? Please circle.

YES NO

Restrictions on consumption and availability

What are the legal age limits for buying alcohol both on-premise and off-licence for beer, wine and spirits ?

Age limit for buying alcoholic beverages		
	On-premise, drinking on the spot (cafes, pubs, restaurants)	Off-licence, take-away (stores, shops, supermarkets)
Beer	years	years
Wine	years	years
Spirits	years	years

Please provide information on the extent to which different public environments are alcohol-free by ticking the appropriate box for each domain.

Restrictions on alcohol consumption in different public domains				
	Drinking legally forbidden	Drinking partially restricted	Local or voluntary agreements exist	No restrictions on alcohol consumption
Health care establishments				
Educational buildings				
Government offices				
Public transport				
Parks, streets etc				
Sporting events				
Leisure events (concerts etc)				
Workplaces				

(Note: partially restricted can mean that certain beverages are forbidden or some offices/buildings/places are alcohol-free, but not all, it does not refer to general age or sales restrictions. Restricted by voluntary or local agreement means that local governments and municipalities have their own regulations or the alcohol beverage industry follow their internal voluntary rules.)

Please provide information on the level of state control on production and sale of beer, wine and spirits by ticking the appropriate boxes.

State monopoly (full state control)						
	Beer		Wine		Spirits	
Production	yes	no	yes	no	yes	no
Retail sale	yes	no	yes	no	yes	no
License is required (partial state control)						
	Beer		Wine		Spirits	
Production	yes	no	yes	no	yes	no
Retail sale	yes	no	yes	no	yes	no

Please provide information on existing restrictions for the off-licence (supermarkets, shops, kiosks, retail stores etc.) sale of beer, wine and spirits by ticking the appropriate box.

Sales restrictions on alcohol						
	Beer		Wine		Spirits	
Hours of sale are restricted	yes	no	yes	no	yes	no
Days of sale are restricted	yes	no	yes	no	yes	no
Places of sale are restricted	yes	no	yes	no	yes	no
Density of outlets is restricted	yes	no	yes	no	yes	no

What is the level of enforcement of existing sales restrictions ?

Fully enforced	Partially enforced	Rarely enforced	Not enforced

Please provide information on how the selling or serving of alcohol is regulated by ticking the appropriate box regarding on-premise and off-licence (take-away) sales.

Selling or serving of alcohol in retail outlets	On-premise (bars, cafés, pubs, restaurants)	Off-licence (shops, kiosks, retail stores, supermarkets)
All retail outlets are allowed to sell/serve alcoholic beverages		
A license is required, but all applicants get one		
A license is required, some applicants do not get one		
Alcohol is only sold/served in specific/regulated premises		

Drink driving legislation

What is the maximum legal **blood alcohol concentration** (BAC) when driving a car?

Please fill in: _____ mg% (e.g. 50mg% = 0.5 ‰ = 0.05 g%)

Or please tick here if the limit is ZERO, no alcohol is permitted in the blood: _____

Please provide information on the use and/or frequency of **RANDOM** roadside breath testing (RBT) of drivers with a portable breathalyzer (without justified suspicion, without any connection to accidents) by ticking one of the four options below.

RBT often performed	RBT sometimes done	RBT rarely performed	No RBT

If RBT is used, how would you geographically describe its use?

RBT is evenly carried out in different regions and between rural and urban areas	RBT is unevenly performed, some regions or areas being more tested than others	RBT is mostly performed in urban, highly populated areas

Alcohol advertising and health warnings

Is alcohol advertising allowed and does it exist in some form? Please circle.

YES

NO

Are health warnings legally required on the advertisement? Please circle.

YES

NO

Are health warnings of any kind legally required on the containers/bottles of alcoholic beverages? Please circle.

YES NO

Please provide information on the extent to which alcohol advertising is regulated in different media by filling in **B** (BEER), **W** (WINE) and **S** (SPIRITS) for each type of media below.

Restrictions on advertising and sponsorship				
	Complete legal ban	Partial legal restriction	Voluntary agreement	No restrictions
EXAMPLE National TV	<i>S (spirits)</i>	<i>W (wine)</i>		<i>B (beer)</i>
National TV				
Cable TV				
National radio				
Local radio (e.g. FM local programs)				
Printed newspapers/magazines				
Bill boards				
Points of sale				
Cinema				

(Note: partial restriction can mean that the restriction applies during a certain time of day or to some programmes/magazines/films. Voluntary agreement is the alcohol beverage industry following their internal voluntary rules)

Alcohol sponsorship and promotion

Please provide information on regulations of alcoholic beverage industry sponsorship and sales promotion by filling in **B** (BEER), **W** (WINE) and **S** (SPIRITS) in the table below.

Restrictions on sponsorship and sales promotion				
	Complete legal ban	Partial legal restriction	Voluntary agreement	No restrictions
EXAMPLE sports sponsorship		<i>S (spirits)</i>	<i>W (wine)</i>	<i>B (beer)</i>
Alcohol industry sponsorship of sporting events				
Alcohol industry sponsorship of youth events e.g. concerts				
Sales promotion in the form of serving FREE alcohol (complying with existing age and other sales restrictions)				
Sales promotion in the form of sales below cost e.g. two for one, happy hour (complying with existing age and other sales restrictions)				

(Note: partial restriction can mean that the restriction applies during some events or in certain cases, but not all. Voluntary agreement is the alcohol beverage industry following their internal voluntary rules)

What is the level of enforcement of existing advertising and sponsorship restrictions indicated in the **two previous questions**?

Fully enforced	Partially enforced	Rarely enforced	Not enforced

ANNEX 2: LIST OF FOCAL POINTS FOR THE ALCOHOL POLICY QUESTIONNAIRE

Country	Institute	Name
Algeria	Direction de la Prévention du Ministère de la santé, de la Population et de la réforme hospitalière	A. Guesmi
Argentina	Concep de Gencias, Tecnologia	H. Miguez
Armenia	Ministry of Health	Karine Simonjan
Australia	National Drug Research Institute	Tim Stockwell
Austria	Ludwig Boltzmann-Institute	Alfred Uhl
Azerbaijan	Ministry of Health	Nuraddin Abdullayev
Belarus	Ministry of Health	Vladimir Maximtschuk
Belize	Ministry of Health – National Drug Council	Kimani Avila
Benin	Ministère de l'Industrie, du Commerce et de la Promotion de l'Emploi	Romain L. Idjidina
Bolivia	Fisioclinica: Centro de Fisioterapia y Rehabilitación	M.R. Molina de la Rosa
Bosnia and Herzegovina	Institute for alcoholism and substance abuse and Ministry of Health of F. Bosnia and Herzegovina	Nermana Mehic-Basara
Brazil	UNIFESP-Federal University of São Paulo	Ilana Pinsky
Bulgaria	National Center for Addictions – Ministry of Health	Georgi Vasilev
Cambodia	Ministry of Commerce	Suth Dara
Canada	Centre for Addiction and Mental Health	Norman Giesbrecht
Cape Verde	Ministère de la Justice et Administration interne	Ana C. Andrade
Central African Republic	Service du Commerce, de l'Industrie et de l'Artisanat	J. Komekan
Chile	Escuela de Salud Pública, Universidad de Chile	Luz A. Valenzuela Werth
China	Mental Health Institute – 2 nd Xiangya Hospital, Southern Central University	Hao Wei
Colombia	OPS	Martha L. Castro
Comoros	Ministère de la santé	El Badaoui Mohamed Fakih
Republic of Congo (Brazzaville)	Ministère de la santé	Patrice Otilibili
Costa Rica	Instituto sobre alcoholismo y farmacodependencia	Oficina de Investigación
Croatia	Croatian National Institute of Public Health	Vlasta H. Zerjavic
Czech Republic	Dept. of Addiction Treatment for Males	Karel Nespor
Denmark	National Board of Health	Morten Wiberg

Country	Institute	Name
Dominican Republic	Universidad Acción por el Arte y la Cultura (UNAPEC)	C. Rodríguez Guzmán
Ecuador	Ministerio de Salud Pública	S. del Pilar Carranco Madrid and Wilson Rojas
Egypt	Faculty of Medicine – Alexandria University	Amira Seif El Din
El Salvador	Medico General Unidad Antidopaje del Vice-Ministerio de Transporte	Rudy O. Morales
Equatorial Guinea	Ministère de la Santé et Bien-être Social	A.M. Oyono Ondo
Eritrea	Dept. Pharmaceutical Services	Zekarias Tesfamariam
Estonia	Ministry of Social Affairs	Mari Järvelaid
Ethiopia	Drug Administration and Control Authority	Haileselassie Bihon
Finland	Ministry of Social Affairs and Health	Kari Paaso
France	Ministère de la santé, de la famille et des personnes handicapées, Observatoire Français des Drogues et des Toxicomanies	Dominique Martin and Christophe Palle
French Polynesia	Ministère de la Santé	Marie-F. Brugiroux
Gabon	Centre National de santé Mentale	F. Mbumgu Mabiala
Gambia	Mental Health Service	Bakary Sonko
Georgia	Scientific Research Institute of Narcology	-
Germany	Federal Ministry of Health	Michaela Schreiber
Ghana	WHO Country Office	Joyce Addo-Atuah
Greece	Reitox Focal Point, University Mental Health Research Institute (UMHRI)	Katerina Kontogeorgiou
Guatemala	Ministerio de Salud Publica y Asistencia Social	Mirna Alicia Garcia
Guinea	Brasserie-Limonaderie	Jean-Paul Puijanne
Guinea – Bissau	Ministère Economie et Finance	Antonio Vaz
Guyana	Guyana Revenue Authority	Ean Nickram and Penelope Harris
Honduras	Instituto Hondureño para la Prevención del Alcoholismo. Drogadicción y Farmacodependencia IHADFA	M. G. Ramos Suazo
Hungary	National Addictological Institute	Eleonora Sineger
Iceland	The Alcohol and Drug Abuse Prevention Council	Thorgerdur Ragnarsdottir
India	National Institute of Mental Health and Neurosciences	Vivek Benegal
Indonesia	Ministry of Health	Idris Yusmansyah

Country	Institute	Name
the Islamic Republic of Iran	National Research Center for Medical Sciences, Ministry of Health	Afarin R. Movaghar
Ireland	Department of Health and Children	Ann Hope
Israel	Ministry of Health	Jorge Gleser
Italy	Istituto Superiore de Sanità – Osservatorio Fumo, Alcol e Droga, University of Florence	Emanuele Scafato Valentino Patussi Gloriana Batoli Rosaria Russo Piergiorgi Zuccaro
Jamaica	Ministry of Health, National Council on Drug Abuse	Michelle Henry
Japan	National Women's University of Nara	Shinji Shimizu
Jordan	Ministry of Health	Mahmud Shareif
Kazakhstan	Ministry of Health	Aigul Tastanova
Kenya	Ministry of Health	David Musau Kiima
Kyrgyzstan	Ministry of Health	T. Asanov
Lao People's Democratic Republic	WHO-Vientiane	Dean Shuey and Soulivong Phoubandith
Latvia	Center of Drug Abuse Prevention and Treatment	Astrida Stirna
Lithuania	Ministry of Health	Gelena Kriveliene
Luxembourg	Ministère de la Santé, Direction de la Santé, Service de Médecine Préventive	Yolande Wagener
Malawi	Ministry of Health and Population	Immaculate Chamangwana
Malaysia	Consumers Association of Penang	Mary Assunta and Mohammed A. A. Hamid
Malta	Sedqa, National Agency Against Drugs and Alcohol Abuse	Sina Bugeja
Mauritius	Ministry of Health and Quality of Life	Purmessur J. Ram T.
Mexico	Consejo nacional contra las adicciones	Guido Belsasso
the Federated States of Micronesia	Department of Health, Education and Social Affairs	K.D. Walliby
Mongolia	Center of Mental Health and Narcology	Erdenebayar Luusandorj
Mozambique	Ministry of Health	Paula Mogne
Namibia	Substance Abuse, Health and Social Services	Rene Adams
Nepal	Western Regional Hospital – Pokhara	Kapil Dev Upadhyaya
Netherlands	Ministry of Health, Welfare & Sport	Sandra van Ginneken
New Zealand	Alcohol Advisory Council of New Zealand	M. MacAvoy

Country	Institute	Name
Nicaragua	Consultor	Jairo Eduardo Meléndez Noguera
Niger	Ministère de la Santé Publique et de la Lutte contre les Endémies	Almoustapha Garba
Nigeria	WHO	Ogori Taylor
Norway	Norwegian Ministry of Social Affairs	Dag Rekve
Palau	Ministry of Health	Annabel Lyman
Panama	-	Anayansi Franco de Rodríguez
Paraguay	Facultad de Ciencias Medicas – Instituto de Prevision Social	Victor San Martin
Peru	Universidad Cientifica del Sur	Hugo Cordova Canales
Philippines	Health Action Information Network	Joyce P. Valbuena
Poland	The State Agency for Prevention of Alcohol Related Problems	Jerzy Mellibruda
Portugal	Centro Regional de Alcologia do Sul – Ministry of Health	Ana Vieira da Silva
Republic of Korea	Ministry of Health & Welfare, Health Policy Division	Son Il Yong
Republic of Moldova	Public Health Office of Narcology	Feodor Grigore Vasiliev
Romania	Policlinica St. Pantelimon	Floyd Frantz
Russian Federation	National Research Center on Addictions	Vadim Pelipas
Seychelles	Ministry of Employment and Social Affairs	Benjamin Vel
Singapore	Customs & Excise Department Ministry of Finance	Teng Mui Mui
Slovakia	Governmental Office of the Slovak Rep.	Alojz Nociar
Slovenia	Institute of Public Health	Janja Sesok
South Africa	Medical Research Council	Charles Parry
Spain	Ministry of Health and Consumer Affairs	Teresa Robledo de Dios
Sri Lanka	Alcohol and Drug Information Centre (ADIC)	Pamodinee Wijayanayake
Suriname	PAHO (WHO) Suriname	Rinia Chiragally and P. Ritoe
Sweden	National Institute of Public Health	Sven Andréasson
Switzerland	Swiss Institute for the Prevention of Alcohol and other Drug Problems	Matthias Meyer
Thailand	Medical Institute of Accident and Disaster	Tairjing Siripanich

Country	Institute	Name
The Former Yugoslav Republic of Macedonia	Mental Hospital Skopje	Pavlina Vaskova
Togo	Ministère de l'Economie, des Finances et des Privations	K.A. Eguida
Trinidad and Tobago	Office of the Prime Minister	Clarence Leach
Turkey	General Directorate of Primary Health Care	Sevim Tezel Aydin
Turkmenistan	UNICEF - Turkmenistan	Nina Kerimi
Uganda	Ministry of Health	Sheila Mdyamabamgi
Ukraine	Ministry of Health	Anatoliy Viyevsky
United Kingdom	Institute of Alcohol Studies	Andrew McNeill
United Republic of Tanzania	Ministry of Health	Joseph Mbatia
Uruguay	Intendencia Municipal de Montevideo	Adriana B. Marquizo
United States - California	Pacific Institute for Research and Evaluation	James F. Mosher
United States - Colorado	Dept. of Revenue, Liquor Enforcement Division	David C. Reitz
United States - New Hampshire	Bureau of Enforcement – NH Liquor Comm.	Aidan J. Moore
United States - Texas	Texas Alcoholic Beverage Commission	Roy R. Hale
United States - Washington	Washington State Liquor Control Board	Rick Phillips
the Bolivarian Republic of Venezuela	-	Noelia Macho de Sequera
Viet Nam	NIMM	Tran Viet Nemi
Zambia	Central Board of Health	John Mayeya and Ashbie Mweemba