Balance of power between societal changes and alcohol policy

AMPHORA
Alcohol Public Health Research Alliance

Antoni Gual and Peter Anderson
Allaman Allamani and Fabio Voller

Alcohol Policy in Europe: Evidence from AMPHORA

Edited by Peter Anderson, Fleur Braddick, Jillian Reynolds and Antoni Gual

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13-06-2012
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Alcohol Policy in Europe: Evidence from AMPHORA

This publication gives an overview of the findings of each study carried out under the AMPHORA project, with chapters written by the scientists responsible for the research:
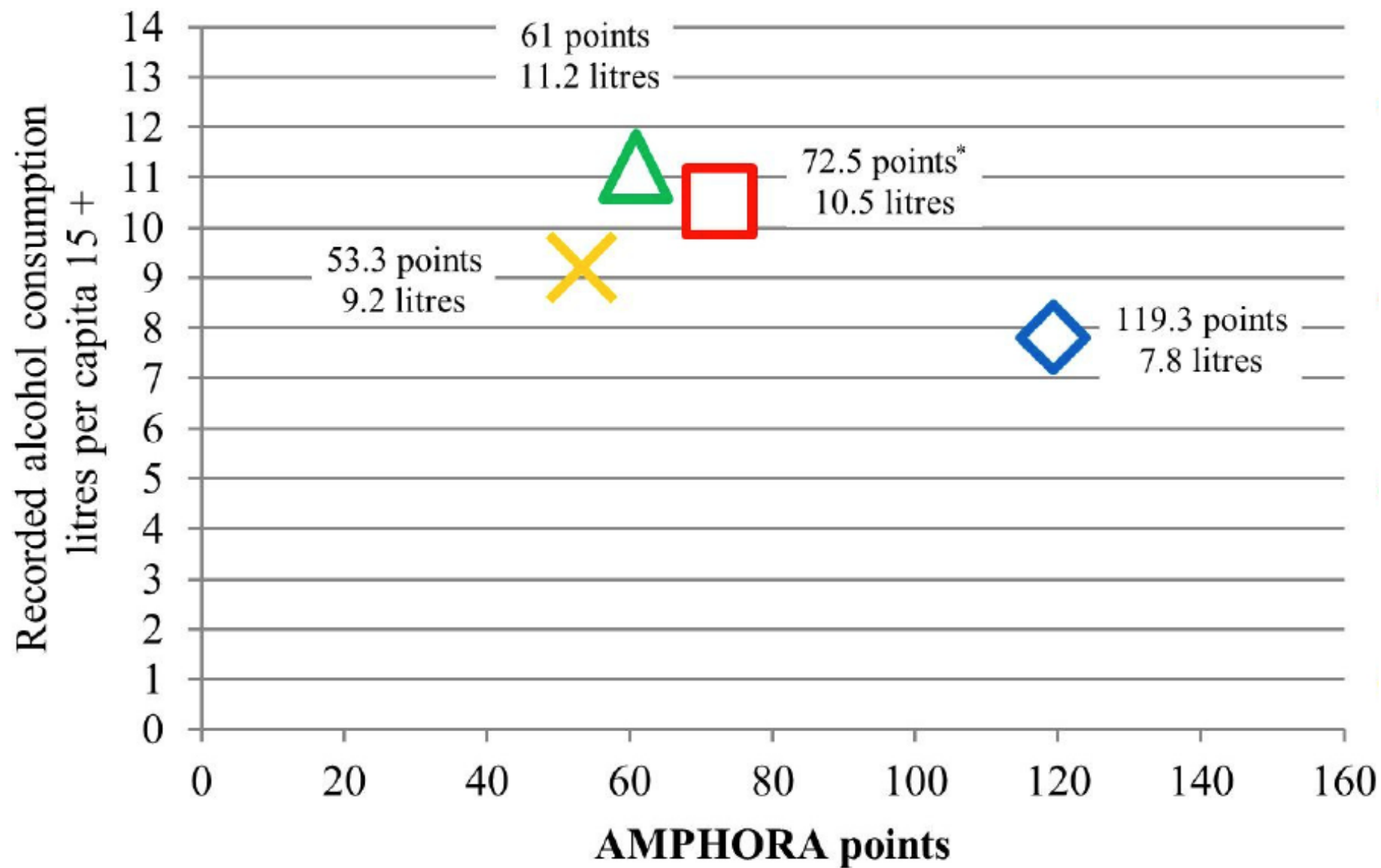
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1. EU drinkers consume more than 600 times the exposure level set by the European Food Standards Authority for genotoxic carcinogens, of which ethanol is one.

2. Countries with more strict and comprehensive alcohol policies generally have lower levels of alcohol consumption.

3. Online alcohol marketing increases the likelihood that 14 year olds drink alcohol.

4. The proportion of people who need treatment for their heavy drinking who get it ranges from 1 in 25 to 1 in 4.

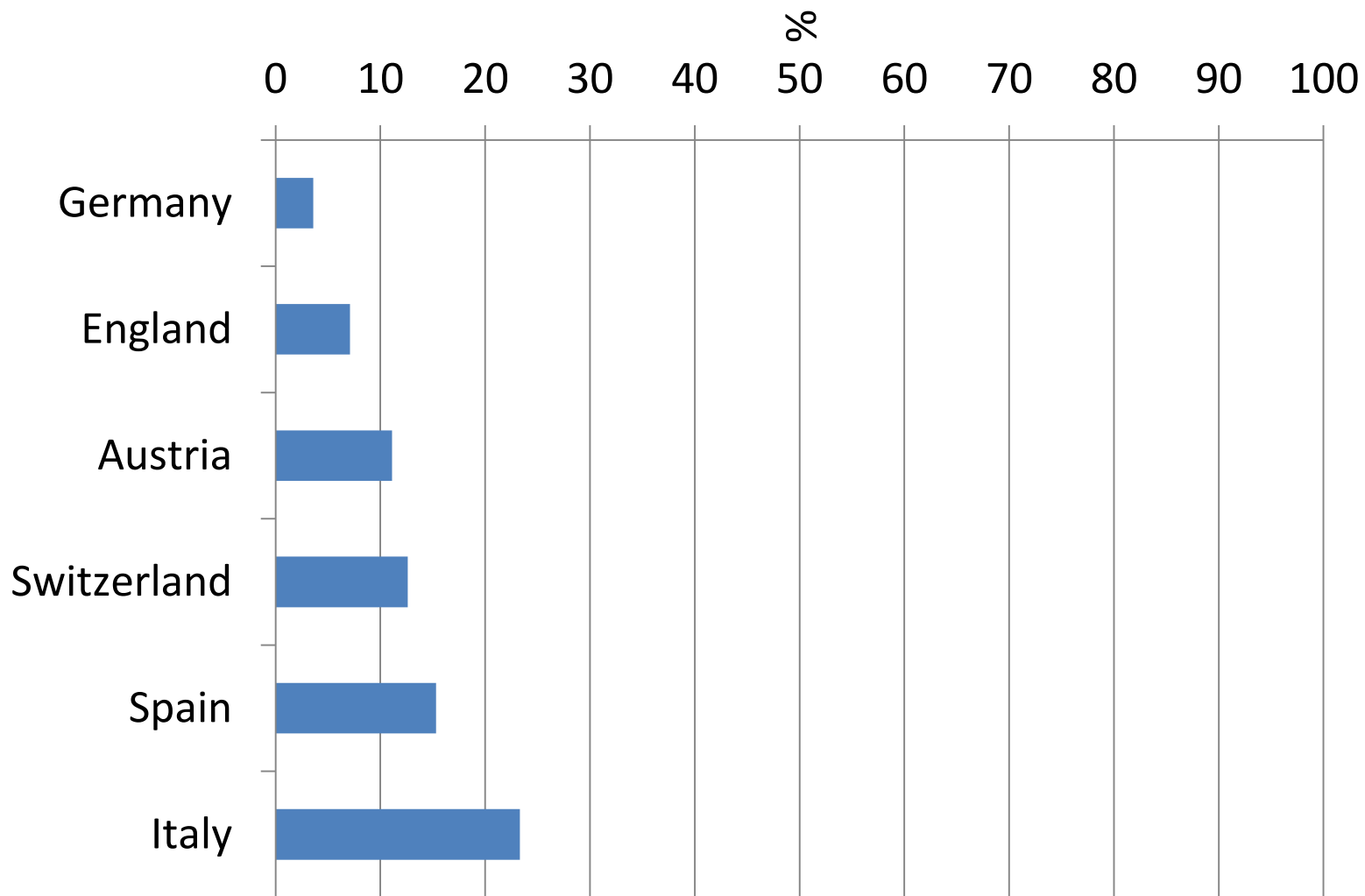5. Young people are often already drunk by the time they go out.

The toxic threshold of alcohol for human cancer is about 50g alcohol (5 drinks a day). [This is based on animal studies in which 10% develop cancer from the equivalent dose].

Using European Food Standards Authority guidelines on exposure to carcinogens in food and drinks, exposure should be no more than one thousandth the toxic dose, which works out at 50mg ethanol a day, about 20g alcohol (2 drinks) a year.

EU adults who drink alcohol consume on average about 30g (3 drinks) a day, 600 times more than the exposure level set by the European Food Standards Authority guidelines.

Figure showing a scatter plot of Recorded alcohol consumption (litres per capita 15 +) against AMPHORA points. Data points:
- Green triangle: 61 points, 11.2 litres
- Red square: 72.5 points*, 10.5 litres
- Yellow X: 53.3 points, 9.2 litres
- Blue diamond: 119.3 points, 7.8 litres

In a study of 6,651 14 year old students from Germany, Italy, the Netherlands and Poland, for every doubling of exposure to digital alcohol marketing at baseline, 14 months later, students were 20% more likely to have used alcohol during the previous 30 days.

Per cent of adults who would benefit from treatment for sustained heavy alcohol use who actually receive treatment

Percentage of young people who were already drunk by the time they arrived at the drinking venue in 4 European cities
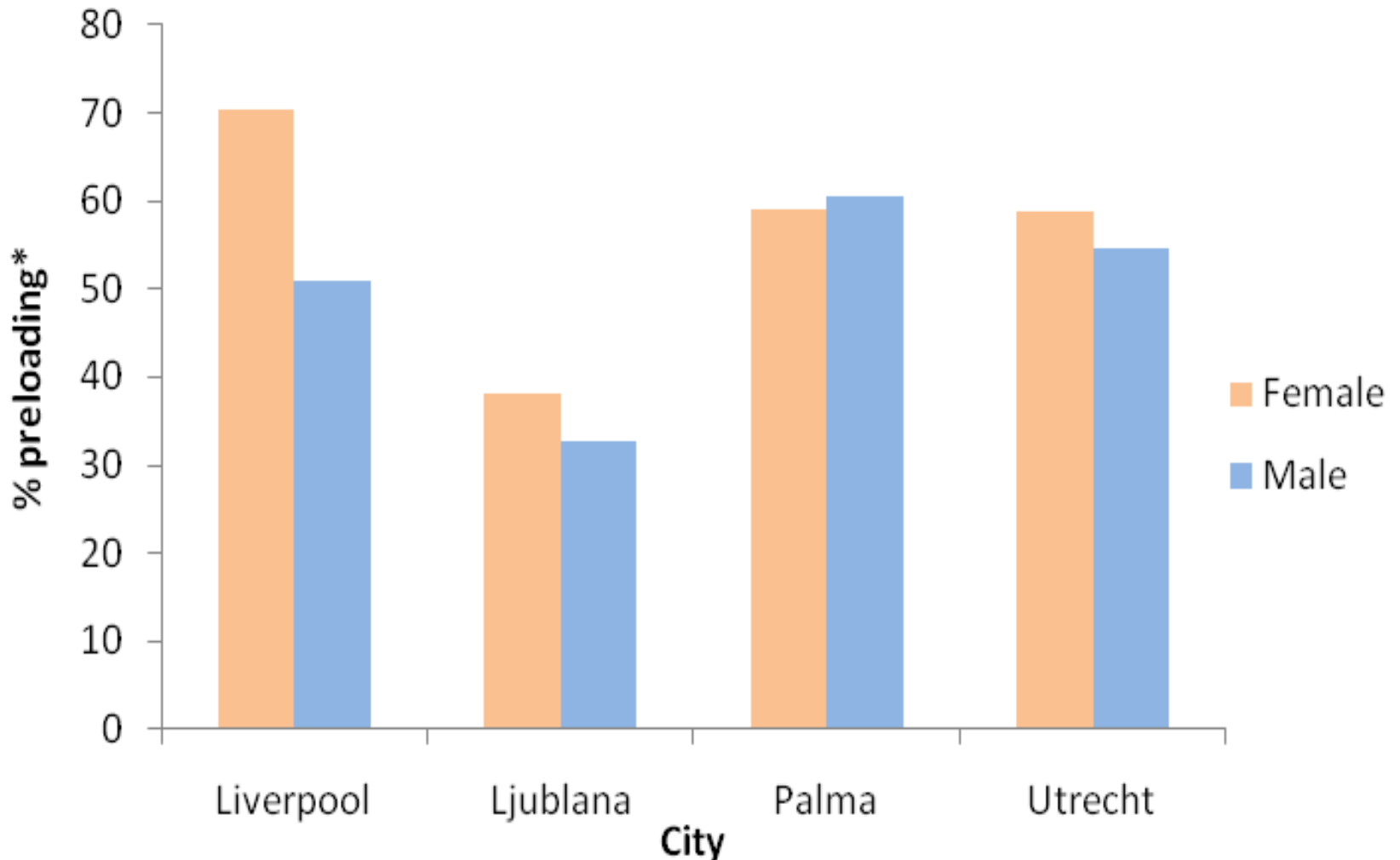
Balance of power between societal changes and alcohol policy

Using data over the time period 1960–2008, the potential impact of socio-demographic changes and planned alcohol policies on alcohol consumption and deaths from liver disease and road transport accidents was studied in 12 countries: Austria, Finland, France, Hungary, Italy, Netherlands, Norway, Poland, Spain, Sweden, Switzerland, and the United Kingdom.

37 types of social, cultural, economic, demographic, political, health and religious factors were collected.

7 factors with good data sets were used in the analyses:
- ✓ Income
- ✓ price of alcoholic beverages
- ✓ proportion of total population that were males over the age of 65 years
- ✓ proportion of population living in urban areas
- ✓ proportion of women who had completed tertiary education
- ✓ proportion of women employed
- ✓ average maternal age at all childbirths.

Of these, only two had a consistent relationship with alcohol consumption:

- ✓ proportion of population living in urban areas
- ✓ average maternal age at all childbirths.

The policy measures studied included a mixture of administrative and regulatory measures related to availability, advertising, drink driving, and prevention and treatment responses. Alcohol taxes were not included, as the price of alcohol was included as a socio-demographic factor.
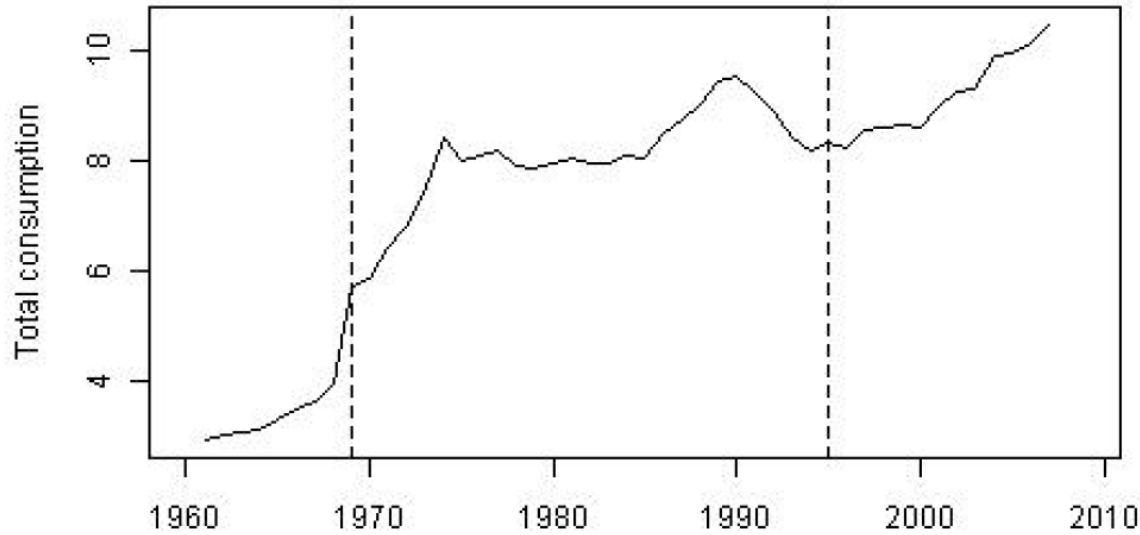
Regression coefficients for urbanization, adjusted for time trend, income, proportion of males >65 years of age, and prices of beer & wine on alcohol consumption.
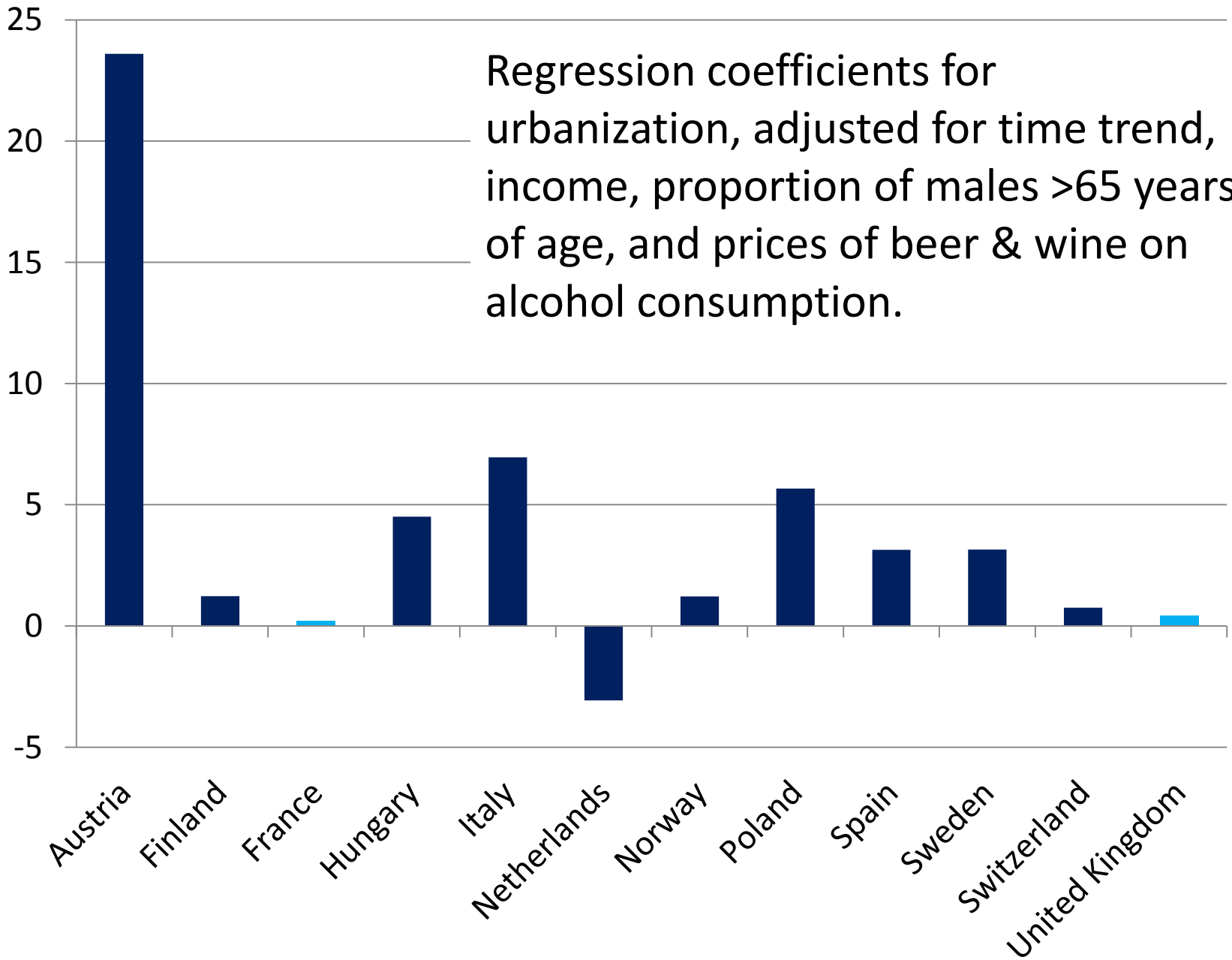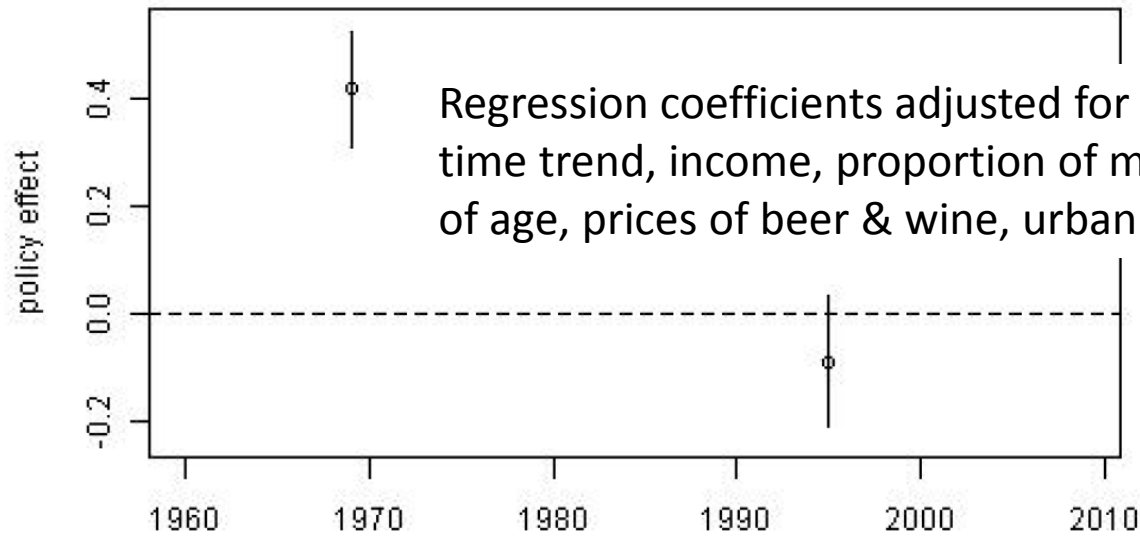
Adjusted regression coefficients for maternal age at childbirth on alcohol consumption
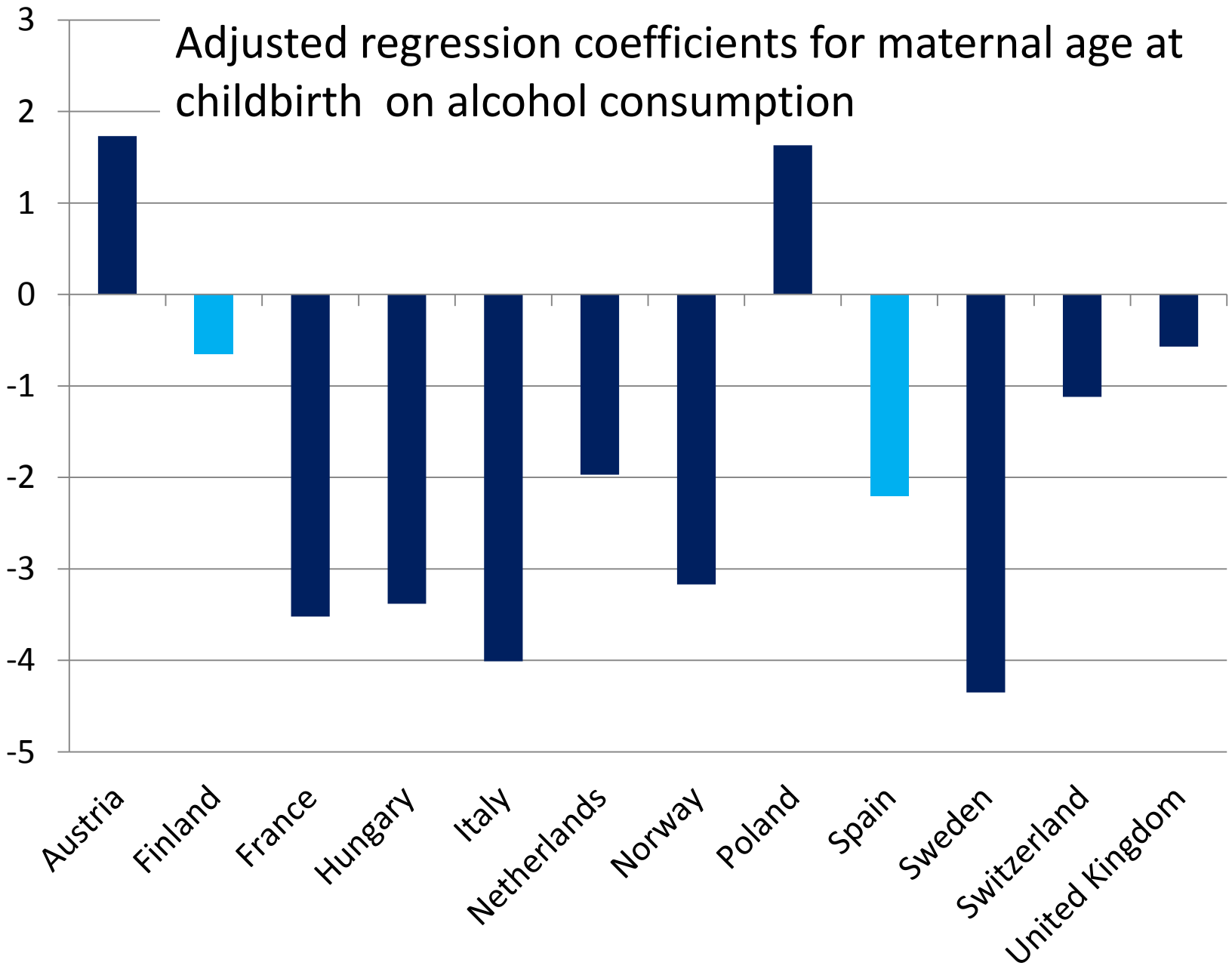
Alcohol consumption changes in Finland

1. Beer can be sold in grocery stores
2. Finland joined European Union

Regression coefficients adjusted for the adjusted for time trend, income, proportion of males >65 years of age, prices of beer & wine, urbanization.

Alcohol consumption changes in France
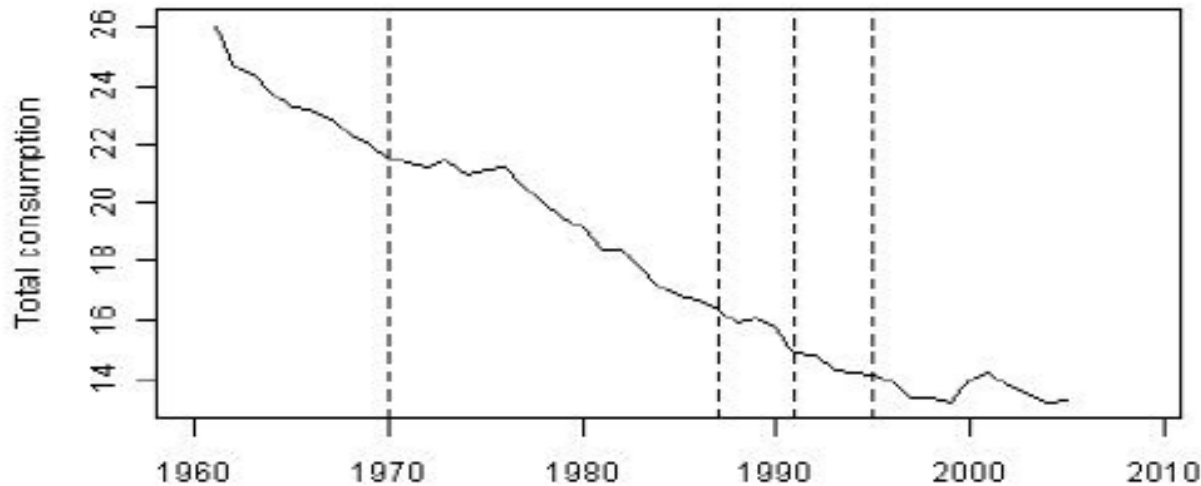
1. BAC 0.8 g/l introduced
2. Advertising ban on TV
3. Minimum purchase age 16
4. BAC reduced to 0.5 g/l

Regression coefficients adjusted for the adjusted for time trend, income, proportion of males >65 years of age, prices of beer & wine, maternal age at childbirth.
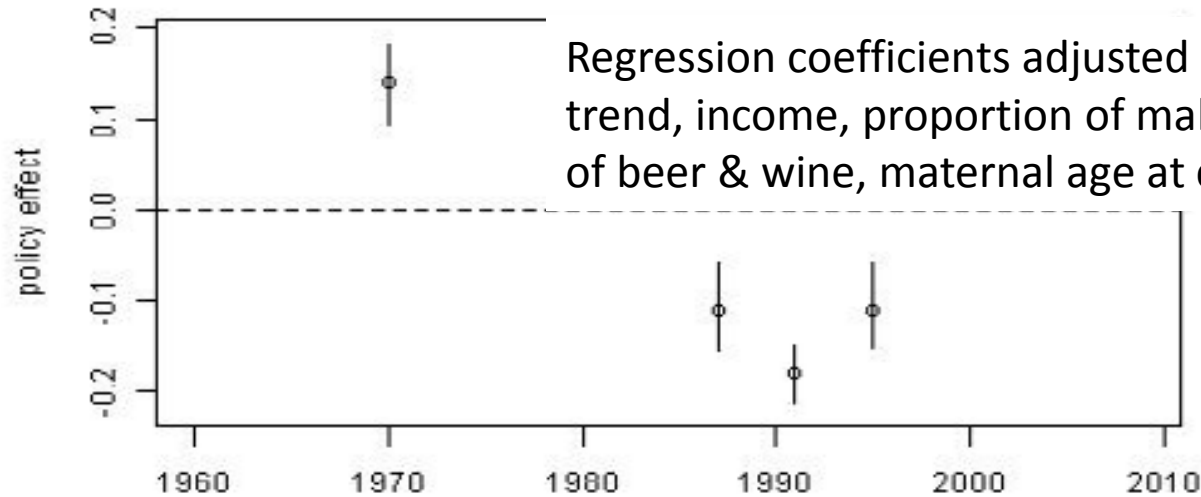
Unplanned variables and policy measures.
Correlation coefficients with alcohol consumption.
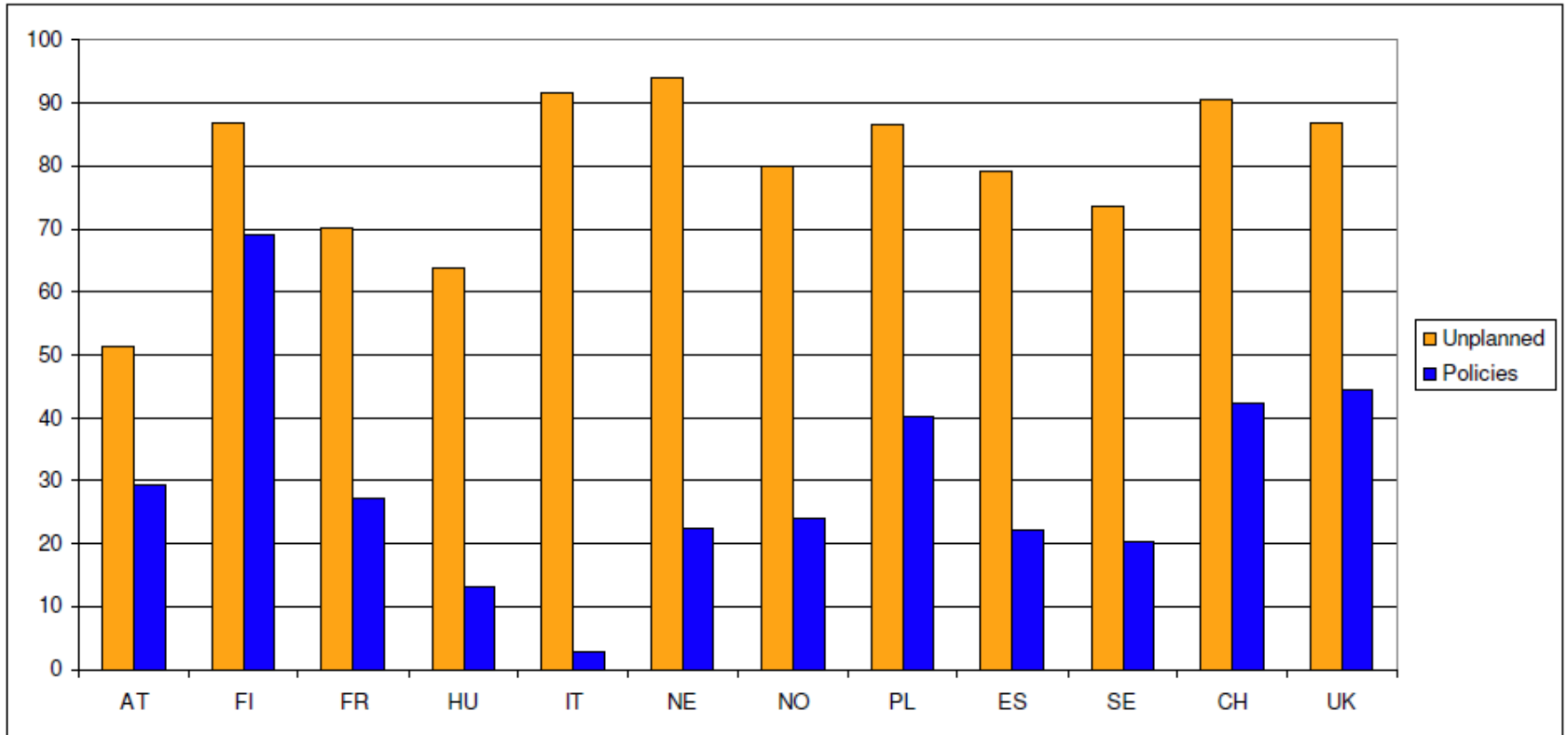
Unplanned variables and policy measures.
Correlation coefficients with liver cirrhosis deaths.
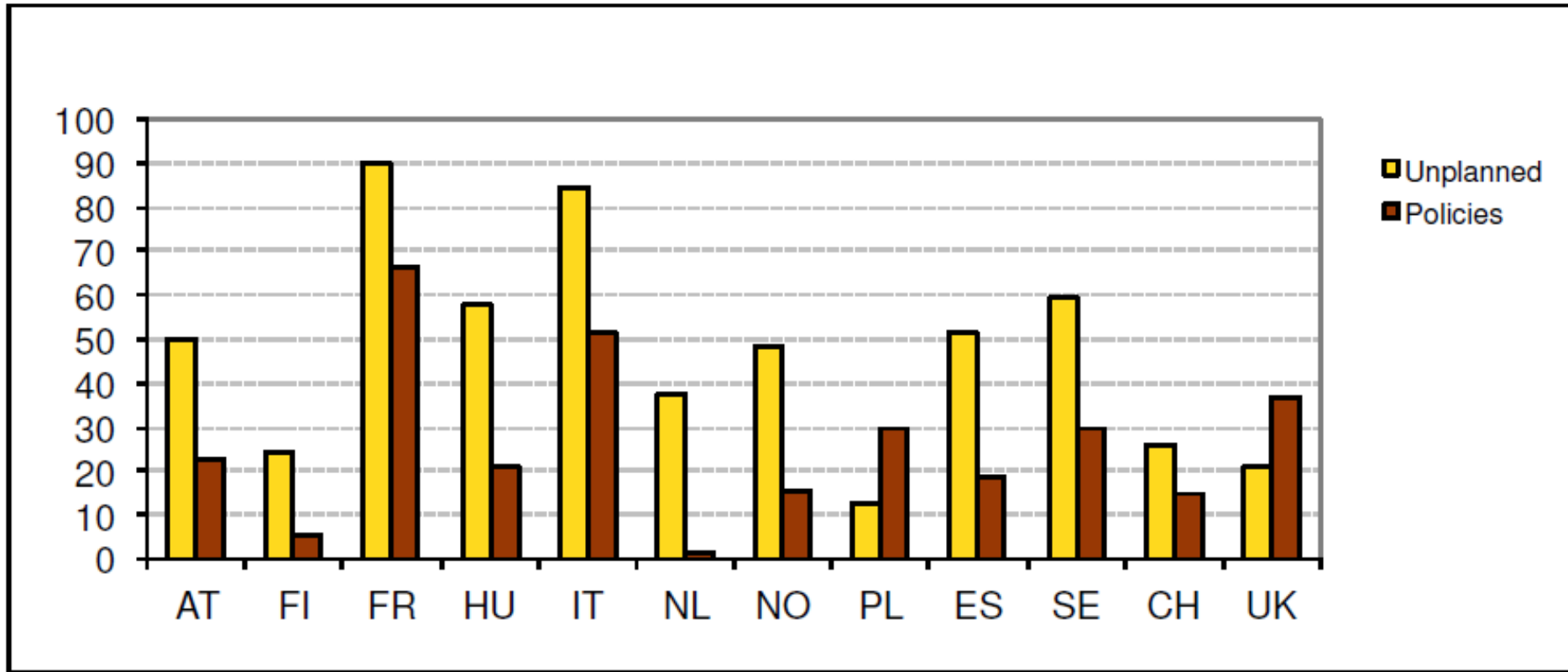
Limitations of the analysis

The study relies on correlations, often with insufficient number of data points to be certain of the findings.

A probability level for significance of 0.1, rather than the traditional 0.05 was used.

Conclusions

Socio-demographic factors, conceptualized in this study as changes in rates of urbanization (increasing consumption) and changes in mean maternal age at all childbirths (decreasing consumption) impact on alcohol consumption over time and across Europe.

However, when controlling for such socio-demographic changes, planned policies matter. Restricting the availability and advertising of alcohol, increasing the minimum purchase age, and lowering the legal blood alcohol concentration for driving, the policy measures studied here, can all reduce alcohol consumption.