

STAKEHOLDERS' INTERESTS IDENTIFIED THROUGH THEIR VIEWS ON THE ALCOHOL POLICY MEASURES IN SLOVENIA

INTERESI AKTERJEV ALKOHOLNE POLITIKE SKOZI NJIHOVO MNENJE O UKREPIH ALKOHOLNE POLITIKE V SLOVENIJI

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Abstract

Aims: The purpose of the study was to determine how the stakeholders involved in alcohol policy in Slovenia view the importance and impact of alcohol policy measures in alcohol-related harm reduction, and to identify their interests.

Methods: The questionnaire comprising 25 statements across nine alcohol policy domains was sent to 320 stakeholders involved in alcohol policy in Slovenia. They were divided into the following four main groups: governmental organisations, public health organisations, non-governmental organisations and alcohol industry. The data collected were analysed using the SPSS programme. Differences between the groups concerning their views on individual alcohol policy interventions were measured using the ANOVA and t-test.

Results: Factor analysis of stakeholders' views identified three main alcohol policy platforms: education, regulation and pricing. All the participating stakeholders emphasized education, communication, training and raising public awareness as the most important activities that had the greatest impact on the reduction of alcohol-related harm. Governmental and non-governmental organisations and public health institutions assigned significantly higher scores to the impact of regulatory alcohol policy measures and to the importance of regulatory policies on reducing alcohol-related harm than the alcohol industry. The alcohol industry perceived the pricing measures taken to reduce harm done by alcohol as having a significantly lower impact and lesser importance than did the group of other stakeholders.

Conclusions: Like similar studies of attitudes towards alcohol policy in Europe, our research showed that different stakeholders are guided by different interests in relation to particular alcohol policy measures; however, these differences were lesser than those identified at the EU level. In spite of stakeholders' different interests and views concerning particular alcohol strategies and alcohol policy in general, we have identified common grounds for them to work together to prepare better and more effective measures of alcohol-related harm prevention in Slovenia.

Key words: interests, alcohol policy, stakeholders, alcohol policy measures

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Izvleček

Namen dela: Z raziskavo smo želeli ugotoviti, kakšno mnenje o vplivu in pomembnosti posameznih ukrepov alkoholne politike pri zmanjševanju škodljivih posledic zaradi alkohola imajo različni akterji alkoholne politike v Sloveniji, in prepoznati njihove interese.

Osnovne metode: Izvedli smo kvantitativno raziskavo, in sicer z vprašalnikom, ki je vseboval 25 trditev v okviru 9 področij alkoholne politike. Vprašalnik smo poslali 320 akterjem alkoholne politike v Sloveniji, razdeljenim v 4 glavne skupine: vladne organizacije, javnozdravstvene organizacije, nevladne organizacije ter alkoholna industrija. Zbrane podatke smo obdelali s programom SPSS. Razlike v pogledih na posamezno področje alkoholne politike

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med različnimi akterji smo ugotavljali s testom ANOVA in t-testom.

Glavni izsledki: Faktorska analiza mnenj posameznih akterjev alkoholne politike v Sloveniji je razkrila tri glavne dejavnike: izobraževanje in ozaveščanje, regulacijske ukrepe in cenovne ukrepe. Vsi akterji so kot najpomembnejše ukrepe in ukrepe z največjim učinkom izpostavili ukrepe, povezane z izobraževanjem, komuniciranjem in ozaveščanjem. Ukrepe s področja regulative alkoholna industrija zaznava kot občutno manj pomembne in z manjšim vplivom na zmanjševanje škodljivih posledic alkohola kot ostali akterji. Enako je z oceno ukrepov s področja cenovne politike.

Poglavitni sklepi: Tako kot podobna raziskava o razumevanju alkoholne politike na evropski ravni tudi z našo ugotavljam, da posamezne akterje alkoholne politike vodijo različni interesi v povezavi s posameznimi ukrepi alkoholne politike, vendar pa v Sloveniji te razlike niso tako izrazite kot na evropski ravni. Čeprav imajo akterji različne poglede in interese glede alkoholne politike in njenih posameznih ukrepov, smo z raziskavo prepoznali tista področja, na katerih lahko akterji sodelujejo pri pripravi boljših in učinkovitejših ukrepov alkoholne politike za preventivo škodljivih učinkov alkohola v Sloveniji.

Ključne besede: interesi, alkoholna politika, akterji, ukrepi alkoholne politike

1 Introduction

Alcohol, smoking and overweight are key lifestyle-related health determinants in the European Union (EU). Harmful consumption of alcohol causes serious health and social problems, which are affecting an increasingly large number of people. From a policy perspective, tobacco and alcohol have a lot in common. Both are related to excise taxes and limited age access. An important difference between the two is that smoking is discouraged outright, whereas for alcohol only excessive consumption is discouraged. (1) Drinking is affected by social norms governing alcohol use. Social norms are the established standards of conduct, i.e. of anticipated, culturally desirable and socially acceptable behaviour. (2) They state what is normal and thus create pressure to conform and behave in a particular way. In most cases, this pressure is internal and reflects what we think others will expect of us in particular situations. (3, 4) Drinking alcohol at all important social events, from birth celebration to mourning the death, (5) is a norm in Slovenia. Some subgroups accept and encourage even binge drinking. (6) Regarding the relation to alcohol consumption a range of different drinking cultures have been identified around the world: abstinent (Muslims), ceremonial (Jews), ambivalent (Great Britain, the USA), permissive (Spain, Italy) and hyper-permissive (France). In general, Slovenia has the characteristics of hyper-permissive cultures, with some characteristics of ambivalent cultures. (7)

The total estimated tangible cost of alcohol consumed in the EU in 2003 was €125bn (€79bn-€220bn), equivalent to 1.3% GDP. (3) Some studies indicate even higher numbers, one of them stating that the economic burden due to harmful use of alcohol

is estimated to be 2% to 3 % of GDP. (8) These figures call for the implementation of more effective measures and interventions in the area of alcohol consumption.

Public policies that regard the relationship between alcohol, health, and social welfare are alcohol policies. (3, 9) The goal of alcohol policy is to protect public health from harmful influences of alcohol on the national or international levels. (10) It refers to a set of jurisdiction and social measures taken to minimize health and social harms of alcohol consumption. These measures may be conducted in any governmental or societal sector and may include strategies that are not directly related to alcohol consumption, but, for instance, promote healthier alternatives to drinking.

National alcohol policy should be made up of a set of individual policies, strategies, and implementing actions. (11, 12) Alcohol policies can be grouped into five categories as follows: (i) policies that reduce drinking and driving; (ii) policies that support education, communication, training and raising of public awareness; (iii) policies that regulate the alcohol market; (iv) policies that support the reduction of harm in drinking and surrounding environments; and (v) policies that support interventions for individuals. (3)

In the developed countries there is a common trend to deregulate the majority of fields, except those where products or activities are potentially harmful to health. In these areas, the governments are oriented towards increased regulation. The need for regulation is particularly explicit in the fields in which potential danger to one's health involves also harm to the others, like in drunk driving. (13) Any regulation, including those on alcohol use, is subject to negotiations among various interest groups. Even the governments have an ambivalent attitude towards the alcohol issue. The

governments have a legal and moral obligation to protect citizens from harmful consequences of alcohol consumption, but also to provide for a sustainable income to the governmental budget through taxes on alcohol consumption. The alcohol industry is an important economic player as it contributes significantly to the national budget through taxes on alcohol. (14) The alcoholic beverages industry plays an important economic role in many European countries, yet the well-documented costs of inappropriate alcohol use are very high, both for the individual and for the society. (3, 15) Policy perception of alcohol as an economic commodity can weaken health concerns related to alcohol production and consumption, and undermine the evidence of substantial health impact. (3) Taken together, the positive and the negative impacts of alcohol lead to ambivalent public opinion about the alcohol issue and to ambivalent attitudes towards alcohol in the governmental policy. (16)

Because of the competing interests the process of developing the policy and procedures can be as important as the implementation of this policy itself. (15) Formulating alcohol policy must be a challenge for the whole population and a task performed by a society as a whole. (17) Kolšek et al. stated that tobacco- and alcohol-related issues should be addressed by a comprehensive community-based approach with the participation of primary health centre teams and policymakers. (18) Governments, alcohol industry, health lobbies and others should take part in the development of alcohol policy. In Slovenia, the Ministry of Health preserved its role in defining public health priorities. (19) This process should involve other stakeholders, such as health consumers non-governmental organizations (NGOs), self-help groups, small producers and vendors of alcoholic beverages, hospitality industry, schools, employers groups, syndicates and media. (20, 21, 22)

Some scholars argue that attaining benefits is the primary motive of the individual's actions. (23) Pursuing own interests leads to interest-driven behaviour towards other participants that are important to achieving our goals. Interest-driven behaviour is characteristic of individuals as well as of associations, communities and societies, and may have a decisive influence within these. (24) Interest-group activities are interactions through which individuals and private groups not holding government authority seek to influence policy. (25) Some interest groups are more powerful than others in the sense that they are more successful in influencing the outcomes of policy debates. A rough calculation of the political power of an interest group –

and thus of one's political influence as a group member – is derived from its size. (26) The bigger the group the more dominant its position in the society. In addition, interest groups may further be differentiated according to their primary interest, i.e. economic or private versus public interest. While the difference between the two is sometimes rhetorical – after all, almost every group believes it is acting, directly or indirectly, in the broader public interest – there is also a more technical way to distinguish between the two. Public interest groups are those groups that are supposed to act for public good rather than on behalf of the organization's and its members' direct interest. (26, 27) Nevertheless, all entities, either economic or public, are driven by particular positions and interests.

In the realm of alcohol policies, the alcohol industry is considered a private interest group with profit as its main interest; public health organisations and non-governmental organisations are regarded as public interest groups. The government, as a specific stakeholder, pursues larger public benefits – health of the citizens on one side, and employment and government revenues, on the other – but also has the power to enforce its interests. A conflict of interests in the areas of protection of economic profits, free market (non)regulation, freedom of choice, health protection, to name just a few, constantly arises between different government levels, as well as between departments, the market and the individual. (1) Because of the involvement of different stakeholders in the process of alcohol policy development, opposing interests are anticipated: one group wants to decrease and another to increase the consumption of alcohol. (28) It is also suggested that the alcohol industry influences the design of alcohol policy, particularly as concerns price increases, reduced access to alcohol and control of marketing communications, particularly advertising. (29, 30, 31) The alcohol industry, however, is not the only culprit supporting less effective policies; strong support for weak or ineffective interventions, and opposition to effective alcohol policies can be detected in the governmental body and among members of the general public. (32) Many policy makers therefore seem to be reluctant to risk political unpopularity through aggressive alcohol control measures. (21)

The aim of our study was to determine the attitudes that different stakeholders in alcohol policy in Slovenia hold towards the impact and importance of policy in reducing alcohol-related harm. The stakeholders' opinions on the current alcohol policy differ because they address the alcohol issue in different ways. Through their opinions stakeholders express their

perspectives on the problem, its causes, evidence and solutions, and thus articulate their interests. "Interests are the underlying concerns, needs, desires, or fears behind a negotiator's position, which motivate the negotiator to take that position." (33) In the process of designing and implementing alcohol policies it is crucial to identify different positions of the main stakeholders on the issue in order to assure a constructive dialogue among them.

We believe that the identified opinions will expose different stakeholders' positions and articulate interests of the government and particular interest group in relation to the alcohol issue. Differences among the key stakeholders and the anticipated difficulties in their collaboration, but also some common grounds for developing and implementing alcohol policy will thus be identified.

The study was designed with regard to the research on understanding alcohol policy in Europe conducted by Anderson and Baumberg. (3, 34) The same research framework was chosen for two reasons:

- the research model and the questionnaire have already been tested
- the data of our study can be compared with the results reported for Europe.

2 Method

2.1 Participants and procedure

This study makes part of the research project entitled "Stakeholders' understanding of alcohol policy in Slovenia", which is part of the wider project MOSA ("Mobilisation of the society for more responsible use of alcohol"), coordinated by the Faculty of Social Sciences, University of Ljubljana, and supported by the Ministry of Health of the Republic of Slovenia.

A database of all stakeholders in alcohol policy in Slovenia, prepared within the project MOSA, was used for the study. This database includes 320 entities. The stakeholders were divided into the following four main groups:

- governmental organisations (GOs) (33 entities),
- public health organisations (PHOs) (103 entities),
- non-governmental organisations (NGOs) (132 entities) and
- alcohol and related industry (AI) (52 entities).

Because of a relatively small number of stakeholders in the database, all of them were included in the research. Fieldwork was carried out in November and December 2008, and a standardised questionnaire was used as the field method. The questionnaire was sent by mail

together with a return envelope and an accompanying note stating that the responses would be treated confidentially and that the report of the results would not reveal identity of the respondents.

The completion rate was 54.1 %; 173 questionnaires received were used in this analysis. The highest response rate was recorded for non-governmental organisations – 61.4 %, followed by public health organisations (professionals) – 54.4 %, and governmental organisations – 48.5 %. The response rate was lowest in the group of alcohol and related industries – 38.5 %.

2.2 Measures

The questionnaire design was similar to that of the questionnaire prepared by Anderson and Baumberg in the study "Stakeholders' views of alcohol policy". (34). The respondents of their survey were European stakeholders in alcohol policy. Our questionnaire was adapted to local circumstances and took into consideration the Slovene Act Restricting the Use of Alcohol. (35) The final questionnaire comprised the following 25 items across nine alcohol policy domains: drinking and driving; education, communication, training and raising public awareness; packaging and labelling of alcohol products; price and tax measures to reduce harm done by alcohol; illicit trade in alcoholic products; sales to minors; alcohol advertising, promotion and sponsorship; reducing harm in drinking and surrounding environments; and interventions and assistance for family members of people with alcohol dependence. The respondents were asked to indicate their opinion of the impact of each item in Table 2 on reducing alcohol-related harm, using a 10 point scale from 1, "no impact", to 10, "very high impact". Next, they were asked to express their opinion of the importance of implementing the particular policy measure on a scale of 1, "not at all important" to 10, "very important". They were asked to express their views of the policy impact and its importance separately, because differences in their opinions regarding the same policy measure were anticipated. So, the education policy measure can be considered as having a low policy impact, but is nevertheless regarded as very important for the implementation. The questionnaire included some basic demographic variables and two self-evaluation questions about the participants' knowledge of alcohol policy and the Act Restricting the Use of Alcohol in Slovenia. The respondents rated their knowledge on a scale of 0, "not at all familiar" to 10, "excellent knowledge".

The following hypotheses were tested:

- alcohol industry will view the measures taken in the area of education as having a higher impact on reducing the harm done by alcohol than will governmental and non-governmental organisations and public health institutions (H1)
- alcohol industry will score the importance of imposing measures in the field of education to reduce alcohol-related harm higher than governmental and non-governmental organisations and public health institutions (H2)
- governmental and non-governmental organisations and public health institutions will score the impact of regulatory measures of alcohol policy on alcohol harm reduction higher than alcohol industry (H3).
- governmental and non-governmental organisations and public health institutions will rate the importance of regulatory measures of alcohol policy to lower alcohol harm higher than alcohol industry (H4).

These hypotheses were based on the present knowledge of stakeholders' views of alcohol policies, especially on the results of the above mentioned study by Anderson and Baumberg conducted at the European scale. (34)

2.3 Data analysis

The data were analysed using SPSS. Means and standard errors of the mean were calculated for the items (impact and importance) for each of the four stakeholder groups (i.e. governmental organisations, public health organisations, non-governmental organisations and alcohol and related industries). Analysis of variance (SPSS version 13) was used to test for significant differences between the means of the four groups. The level of significance was at <0.05.

Factor analysis was done with the SPSS version 13 (varimax rotation, and eigenvalue >1.0). The 25 items were reduced by factor analysis to three groups of similar items for the alcohol policy impact and for the alcohol policy importance in reducing the harm done by alcohol. Examination of question contents, rotated component matrix and eigenvalues suggested that the analysis should be restricted to three factors. Factor 1 has largely to do with the educational approaches; factor 2 with regulations, and factor 3 with the pricing of alcohol. Responses to the items within each factor were summed and then divided by the number of items within the factor. Differences in the opinions on particular alcohol measures between the groups were measured using ANOVA and t-test.

3 Results

The average age of the respondents was 44.7 years; 63 % of them were women and 37 % were men; 79.9 % had university degree or higher. The stakeholders self-evaluated their knowledge of alcohol policy and of the Act Restricting the Use of Alcohol in Slovenia. The participants rated their knowledge on a scale of 0 – “not familiar” to 10 – “excellent knowledge”. The average score for the knowledge of alcohol policy and for the Act Restricting the Use of Alcohol in Slovenia was 6.1 and 6.0, respectively. The self-evaluated knowledge of alcohol policy was rated highly by the alcohol and related industry and lowest by the non-governmental organisations. All stakeholders share very similar perceptions of their knowledge of the Act Restricting the Use of Alcohol in Slovenia.

Table 1 presents the respondents' opinions of the policy impact on and importance in reducing alcohol harm on a scale ranging from 1 (“no impact or not important at all”) to 10 (“very high impact and very important”) for each of the nine alcohol policy domains. For better clarity, the results were grouped into nine domains and are not presented separately for each of the 25 measures.

Differences were found between the views expressed by alcohol and related industries and those of the other three groups (governmental organisations, public health organisations, non-governmental organisations), which were likely to share similar opinions. In the domains “education, communication, training and public awareness” and “interventions and assistance for family members of people with alcohol dependence” all four groups held similar opinions.

The perceived impact of the policy measure in the domain “Interventions and assistance for family members of people with alcohol dependence” was on average rated highest by all participants. All participants rated highest the importance of policy measures in the domains “sales to minors”, “interventions and assistance for family members of people with alcohol dependence” and “education, communication, training and public awareness”.

Table 1. *Opinions of the policy impact and importance in reducing the harm done by alcohol. Group means of the results on a scale of 1 (no impact or not important at all) to 10 (very high impact and very important) for each of nine alcohol policy domains.*

Tabela 1. *Mnenja o učinkih in pomembnosti ukrepov za zmanjševanje škode, ki jo povzroča alkohol. Srednje vrednosti skupin na lestvici od 1 (nima vpliva ali sploh ni pomemben) do 10 (zelo velik učinek in zelo pomemben) za vsako of devetih področij alkoholne politike.*

Alcohol policy domains Področja alkoholne politike		GOs ^a	PHOs ^b	NGOs ^c	AI ^d	Average
		Vladne organizacije	Javno-zdravstvene organizacije	Nevladne organizacije	Alkoholna industrija	Poprečje
DRINKING AND DRIVING PITJE IN VOŽNJA	Impact učinek	7.33	7.81	7.83	5.76	7.54
	Importance pomembnost	7.93	8.44	8.34	6.1	8.07
EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS IZOBRAŽEVANJE, KOMUNICIRANJE, USPOSABLJANJE IN OZAVEŠČANJE JAVNOSTI	impact	7.79	7.76	7.79	7.65	7.76
	importance	8.38	8.63	8.81	7.65	8.58
PACKAGING AND LABELLING OF ALCOHOL PRODUCTS EMBALAŽA IN OZNAČEVANJE ALKOHOLNIH PIJAČ	impact	6.11	6.2	6.03	4.82	5.95
	importance	6.81	7.33	6.95	5.08	6.84
PRICE AND TAX MEASURES TO REDUCE THE HARM DONE BY ALCOHOL CENOVNI IN DAVČNI UKREPI ZA ZMANJŠEVANJE ŠKODE ZARADI UŽ IVANJA ALKOHOLA	impact	6.4	6.58	5.98	4.95	6.09
	importance	6.54	7.17	6.53	5.38	6.6
ILLICIT TRADE IN ALCOHOLIC PRODUCTS NELEGALNO TRGOVANJE Z ALKOHOLNIMI PIJAČAMI	impact	5.06	5.41	5.63	6.6	5.62
	importance	5.56	6.09	6.42	6.9	6.29
SALES TO MINORS PRODAJA MLADOLETNIKOM	impact	8.75	8.18	8.04	7.65	8.11
	importance	9.13	9.29	9.27	8.28	9.15
ALCOHOL ADVERTISING, PROMOTION AND SPONSORSHIP OGLAŠEVANJE, PROMOCIJA IN SPONZORIRANJE	impact	6.84	7.25	6.9	4.19	6.69
	importance	7.16	8.3	8.23	4.69	7.74
REDUCING HARM IN DRINKING AND SURROUNDING ENVIRONMENTS ZMANJŠEVANJE ŠKODE V PIVSKIH OKOLJIH UIN OKOLICI	impact	7.38	7.52	7.42	6.9	7.39
	importance	8.13	8.47	8.48	7.7	8.35
INTERVENTIONS AND ASSISTANCE FOR FAMILY MEMBERS OF PEOPLE WITH ALCOHOL DEPENDENCE UKREPI IN POMOČ DRUŽINSKIM ČLANOM ODVISNIKOV OD ALKOHOLA	impact	8.38	8.3	8.51	7.98	8.37
	importance	8.28	9.14	9.28	8.2	9.02

^a GOs - governmental organisations

^b PHOs - public health organisations (professionals)

^c NGOs - non-governmental organisations

^d AI - alcohol industry

Since the number of variables for each measure was relatively high (50 variables, represented by the score of impact and importance for 25 items), factor analysis was used to explain the connections between them using a lower number of factors representing common extensions. Based on the theory and factor analysis three factors were obtained; factor 1, has

largely to do with the educational approaches; factor 2 with regulations, and factor 3 with the pricing of alcohol. The results of factor analysis are presented in Table 2, with numbers in the corresponding factor's column indicating the factor loadings for each item. The 25 items were grouped into nine alcohol policy domains.

Table 2. *The results of the factor analysis for each of the 25 items concerning impact and importance of the measure of alcohol policy.^a*

Tabela 2. *Rezultati faktorske analize glede učinkov in pomembnosti vsakega od 25 ukrepov alkoholne politike.*

	Factor 1 Education Faktor 1 Izobraževanje		Factor 2 Regulation Faktor 2 Zakonska določila		Factor 3 Pricing Faktor 3 Cena	
	impact	importance	impact	importance	impact	importance
DRINKING AND DRIVING PITJE IN VOŽNJA						
1. A maximum blood alcohol concentration limit of 0.5 g/L (0.24 mg/L in exhaled air) Najvišja dovoljena raven koncentracije alkohola v krvi – 0.5 g/L (0.24 mg/L v izdihanem zraku)			0.29	0.30		
2. A maximum blood alcohol concentration limit of 0.0 g/L (0.0 mg/L in exhaled air) for all drivers Najvišja dovoljena raven koncentracije alkohola v krvi – 0.0 g/L (0.0 mg/L v izdihanem zraku) za voznike			0.60	0.53		
3. Random breath testing and punishment for drink driving Naključni preizkusi z alkotesti in kaznovanje zaradi vožnje pod vplivom alkohola	0.24	0.26				
4. Designated driver campaigns Akcije za treznega dežurnega voznika	0.37	0.40				
EDUCATION, COMMUNICATION, TRAINING AND PUBLIC AWARENESS IZOBRAŽEVANJE, KOMUNICIRANJE, USPOSABLJANJE IN OZAVEŠČANJE JAVNOSTI						
5. Education programmes in schools, colleges and universities Izobraževalni programi v šolah, višješolskih ustanovah in na univerzah	0.49	0.60				
6. Education campaigns on health risks of alcohol consumption Izobraževalne akcije o nevarnosti pitja alkohola za zdravje	0.50	0.54				
7. Education campaigns on hazardous and harmful alcohol consumption Izobraževalne akcije o tveganem in škodljivem uživanju alkohola	0.49	0.65				
PACKAGING AND LABELLING OF ALCOHOL PRODUCTS EMBALAŽA IN OZNAČEVANJE ALKOHOLNIH PIJAČ						
8. Alcohol products should not promote erroneous impressions about their characteristics or health effects Oznake na alkoholnih pijačah ne smejo vsebovati zavajajočih podatkov o njihovih značilnostih ali vplivih na zdravje	0.46	0.42				
9. Alcohol products should carry safety and health warnings Na alkoholnih pijačah morajo biti opozorila o varnosti in vplivih na zdravje	0.44	0.43				
10. Alcohol products should contain information on alcohol concentration, alcohol content, calorific value and ingredients that might lead to allergies Na alkoholnih pijačah mora biti označena koncentracija alkohola, vsebnost alkohola, kalorična vrednost in sestavine, ki lahko povzročijo alergije	0.39	0.48				
PRICE AND TAX MEASURES TO REDUCE HARM DONE BY ALCOHOL CENOVNI IN DAVČNI UKREPI ZA ZMANJŠEVANJE ŠKODE ZARADI UŽIVANJA ALKOHOLA						
11. The price of alcohol should be increased in line with inflation Cene alkoholnih pijač se morajo zviševati sorazmerno z Inflacijo.					0.72	0.53
12. Taxes should be proportional to the alcoholic content of alcoholic beverages with no threshold Davki morajo biti sorazmerni z vsebnostjo alkohola v alkoholnih pijačah, brez praga					0.81	0.70
13. Higher alcohol concentration beverages, such as spirits, should be taxed at a disproportional higher level Pijače z visoko koncentracijo alkohola, npr. žganje, morajo iti obdavčene po ustrezno višji stopnji					0.81	0.70

ILLCIT TRADE IN ALCOHOLIC PRODUCTS NELEGALNO TRGOVANJE Z ALKOHOLNIMI PIJAČAMI						
14. Alcohol products should be marked to enable monitoring of their trade and legal status Označbe na alkoholnih pijačah morajo omogočiti nadzor trgovanja z njimi in njihov trgovski status	0.38	0.41				
SALES TO MINORS PRODAJA MLADOLETNIKOM						
15. The sales of alcohol products to persons under the age set by law, should be prohibited Prodajo alkoholnih pijač osebam mlajšim, kot to določa zakon, je treba prepovedati	0.36	0.45				
16. Penalties against sellers and distributors to ensure compliance with relevant measures should be implemented Uvesti je treba kazenske ukrepe proti prodajalcem in distributerjem, da bi tako zagotovili ravnanje v skladu z ukrepi	0.23	0.31				
ALCOHOL ADVERTISING, PROMOTION AND SPONSORSHIP OGLAŠEVANJE, PROMOCIJA IN SPONZORIRANJE ALKOHOLNIH PIJAČ						
17. All forms of alcohol advertising, promotion and sponsorship that promote an alcohol product to minors should be prohibited Prepovedati je treba vse vrste oglaševanja, promocije in sponzoriranja ponudbe alkoholnih pijač mladostnim osebam			0.63	0.70		
18. Appropriate health warnings or safety messages should accompany all alcohol advertising, promotion and sponsorship Oglaševanje, promocija in sponzoriranje alkoholnih pijač morajo vedno vključevati tudi opozorila glede varnosti in vplivov alkohola na zdravje			0.48	0.49		
19. The use of direct or indirect sale promotions that encourage the purchase of alcohol products should be prohibited Prepovedati je treba neposredne ali posredne oglaševalske akcije, ki spodbujajo prodajo alkoholnih pijač			0.77	0.81		
20. All alcohol advertising, promotion and sponsorship should be restricted to information about the product only Oglaševanje, promocijo in sponzoriranje alkoholnih pijač je treba omejiti le na informacijo o izdelku			0.56	0.52		
21. All forms of alcohol advertising should be prohibited Prepovedati je treba vse oblike oglaševanja alkoholnih pijač.			0.83	0.84		
REDUCING HARM IN DRINKING AND SURROUNDING ENVIRONMENTS ZMANJŠEVANJE ŠKODE V PIVSKIH OKOLJIH IN OKOLICI						
22. Alcohol sales should be prohibited to intoxicated persons Prepovedati je treba prodajo alkoholnih pijač vinjenim osebam	0.37	0.44				
23. The hospitality industry and servers of alcohol should be trained to reduce the harm done by alcohol intoxication Zaposlene v gostinstvu je treba poučiti, kako zmanjšati škodo zaradi opijanja.	0.59	0.67				
INTERVENTIONS AND ASSISTANCE FOR FAMILY MEMBERS OF PEOPLE WITH ALCOHOL DEPENDENCE UKREPI IN POMOČ DRUŽINSKIM ČLANOM OSEB ODVISNIH OD ALKOHOLA						
24. Programmes for counselling family members of people with harmful alcohol consumption should be widely implemented Pospešiti je treba izvajanje programov svetovanja družinskim članom tveganih pivcev	0.55	0.66				
25. Education of health and social workers for the identification of family violence connected to alcohol Izobraževanje zdravstvenih in socialnih delavcev za prepoznavanje nasilja v družini, povezanega z alkoholom	0.65	0.75				

^a The numbers in the table are the factor loadings for each item (the numbers are located in the corresponding factor's column). The 25 items are grouped into nine alcohol policy domains.

Table 3 presents the results for three factors (mean and standard error of estimation) for stakeholders' views on the impact and importance of policies concerning reduction of alcohol-related harm using a scale of 1 (no impact or not important at all) to 10 (very high impact and very important).

The results of factor analysis for Factor 1 (education) showed that there was no significant difference between different stakeholders in Slovenia as concerns their opinions on the impact of alcohol policy measures in the field of education ($p=0.525$). Governmental and

non-governmental organisations and public health institutions were found to score the importance of educational measures higher than alcohol and related industries ($p=0.005$).

Governmental and non-governmental organisations and public health institutions (professionals) perceived the regulatory measures (Factor 2 – regulation) as of higher impact ($p<0.001$) and importance ($p<0.001$) than alcohol and related industries.

As for the Factor 3 (pricing), the results revealed no significant difference in scores of the impact of pricing

measures of alcohol policy on the reduction of alcohol-related harm between the four groups of stakeholders. ($p = 0.079$). However, alcohol and related industries perceive the importance of pricing as significantly lower than the other three groups of stakeholders ($p = 0.029$).

The results show that alcohol and related industries gave the lowest score to all three factors and that all

the stakeholders' groups perceived the impact and the importance of pricing measures in alcohol policy as the lowest. There follow the regulatory and the educational measures of alcohol policy, which were perceived as of the highest impact and importance.

Table 3. Results for three factors (mean and standard error of estimation) for opinions of the policy impact and of the policy importance in reducing the harm done by alcohol on a scale of 1 (no impact or not important at all) to 10 (very high impact and very important).

Tabela 3. Rezultati za tri faktorje (srednja vrednost in standardna napaka ocene) za mnenja o učinku in pomembnosti alkoholne politike pri zmanjševanju škode zaradi uživanja alkohola na lestvici od 1 (brez učinka ali povsem nepomembno) do 10 (zelo velik učinek in zelo pomembno).

	Impact učinek					Importance pomembnost				
	GOs ^a	PHOs ^b	NGOs ^c	AI ^d	ANOVA ^e	GOs ^a	PHOs ^b	NGOs ^c	AI ^d	ANOVA ^e
Factor 1 Education Faktor 1 Izobraževanje	7.50 (0.35)	7.46 (0.18)	7.43 (0.16)	6.95 (0.33)	0.525	7.96 (0.36)	8.35 (0.14)	8.31 (0.15)	7.25 (0.31)	0.005
Factor 2 Regulation Faktor 2 Zakonska določila	6.74 (0.59)	7.26 (0.22)	7.06 (0.20)	4.13 (0.42)	0.000	7.19 (0.50)	8.24 (0.18)	8.22 (0.17)	4.67 (0.39)	0.000
Factor 3 Pricing Faktor 3 Cena	6.40 (0.69)	6.58 (0.28)	5.98 (0.29)	4.95 (0.54)	0.079	6.54 (0.58)	7.17 (0.24)	6.53 (0.29)	5.38 (0.46)	0.029

^a GOs - governmental organisations (GOs)

^b PHOs - public health organisations (professionals) (PHOs)

^c NGOs - non-governmental organisations (NGOs)

^d AI - alcohol industry (AI)

^e ANOVA - p value.

In order to confirm the four hypotheses tested, t-tests were used for the comparison of alcohol and related industries and all other stakeholders (governmental and non-governmental organisations and public health institutions).

The hypothesis 1 (H1), stating that the alcohol industry will score the impact of measures in the field of education on reducing alcohol-related harm higher than governmental and non-governmental organisations and public health institutions was not confirmed; the difference between the two groups was not significant (sig. 2-tailed 0.165).

The hypothesis 2 (H2) stating that the importance of alcohol policy measures in the area of education taken to reduce alcohol-related harm will be rated higher by the alcohol industry than by governmental and non-governmental organisations and public health institutions, was refused: alcohol and related industries scored the importance of education significantly lower than did other stakeholders (sig. 2-tailed 0.004).

The results supported the hypothesis 3 (H3) that governmental and non-governmental organisations and public health institutions will score the impact of regulatory measures of alcohol policy on reducing the

harm done by alcohol higher than alcohol industry, and the hypothesis 4 (H4) stating that governmental and non-governmental organisations and public health institutions will rate the importance of regulatory alcohol policy measures in lowering alcohol-related harm higher than the alcohol industry (sig. 2-tailed 0.000 for both hypotheses).

As regards the Factor 3, the t-test demonstrates that the scores of the impact (sig. 2-tailed 0.035) and importance (sig. 2-tailed 0.009) of pricing measures in reducing alcohol harm perceived by alcohol and related industries were significantly lower than those perceived by other stakeholders.

4 Discussion

The overall response rate is relatively high (54.1 %) compared to the response rate of 20%-40% for investigations by mail reported in the literature (36) The only potential shortcoming of the methodology used is the response rate of alcohol and related industries (38.5 %) that is somewhat lower in comparison to the other groups.

All stakeholders assign the greatest importance to the measures related to education, communication, training and raising public awareness. Interestingly, in contrast to the results of other EU studies, the governmental organizations, non-governmental organizations and public health institutions placed the impact and importance of alcohol policy measures in education significantly higher than did their counterpart organizations at the EU level. Furthermore, the research at the EU level showed that the alcohol industry rated the importance and impact of alcohol policy measures in education higher than did other stakeholder groups. In Slovenia, the situation is different: the alcohol industry rates the importance and impact of alcohol policy measures taken in education slightly lower than other groups of stakeholders.

It is interesting that all the participating stakeholders placed greatest emphasis on alcohol policy measures related to education, communication, training and raising public awareness, since the evidence shows a rather limited impact of education activities per se in limiting harmful consequences of alcohol usage. It is true that the provision of information and education is the key factor in raising public awareness and imparting knowledge. The information clutter and competing messages distributed by various communicators who often have completely different motives for communicating about alcohol-related issues are

characteristic of our environment. The messages about alcohol are often contradictory. Furthermore, social norms in our society still support drinking and easy access to alcohol. Such a climate does not support sustained changes in drinking behaviour. (12)

Why do all stakeholders in Slovenia assign such a great importance to the education measures? It may be that the participating governmental organizations are not familiar with the measures and activities that have proved effective. Furthermore, governments have a tradition of developing and implementing prevention programmes. In Slovenia, national and especially community-based preventive measures are focused on school-based educational programmes. We have no exact evidence of the impact of such programmes on drinking behaviour. International research showed that despite some examples of beneficial impact of school-based education, systematic reviews and meta-analyses demonstrated that the majority of well-evaluated studies showed no impact on behaviour even in the short-term. (3) The question arises whether education in general has not been successful or just inappropriate educational approaches have been used. Neither is it clear what the situation would be if there was no education on the alcohol issue at all. We think that education programmes have a place in alcohol policy provided that they are carefully combined with other measures. Such comprehensive policy have reportedly produced some effect on drinking behaviour (30). Also, the established high governmental perception of the importance of taking education measures might be related to the annual social advertising campaigns dedicated to the drinking and driving issue. These campaigns tend to be well accepted by the public in Slovenia, and may therefore be perceived as successful by the government. Public health organizations are another important stakeholder group stressing the importance of education measures in the alcohol policy. Their interest is to keep their significant role in the transfer of knowledge in schools.

Alcohol and related industries probably perceive the importance of measures related to education higher than the importance of other alcohol policy measures, because these measures affect them the least. Education is probably perceived in the light of free choice of a consumer and lesser market regulation. Furthermore, alcohol and related industries support such campaigns as "responsible drinking" or "no drinking and driving". Such campaigns soften the role that the alcohol industry plays in alcohol abuse in the society by transferring the responsibility for alcohol abuse on an individual.

As expected, the alcohol and related industry gave much less weight to the regulatory measures, which, according to some research, constitute an effective way of reducing harm done by alcohol. (12) In Slovenia, the main regulatory measure is a partial ban on alcohol advertising, taxation and decreased accessibility to alcohol. These measures have a direct impact on alcohol sales and alcohol-related profits of the alcohol and related industry. It is expected, therefore that the alcohol and related industry would be very interested in influencing regulatory measures and that perceptions revealed in our research show their interest in loosening the regulations or at least maintaining their status quo.

Governmental and non-governmental organisations and public health institutions give little weight to the pricing of alcohol beverages, despite the evidence that when the income and the price of other goods are held constant, a rise in alcohol prices leads to less alcohol consumption and less alcohol-related harm (and vice versa). (12) This may also be due to insufficient knowledge of the evidence base on effective alcohol policies. Another possible reason is that tax increase is a very unpopular issue for the government, especially in Slovenia where prices and excise duties for alcohol beverages are rather low in comparison to other European countries. In the past decade, Slovenia has woven a dense network of links between the alcohol industry and the media and other influential institutions that act as a strong lobbying platform for sustaining a rather untouchable status of the alcohol industry in Slovenia. This happens despite the fact that increasing alcohol taxes not only reduces alcohol consumption and the related harm, but also increases government revenue.

The views on pricing policy expressed by alcohol and related industries did not differ markedly from the opinion of other stakeholders, which is a challenging result of this study. However, if we look at the measures covered by the Factor 3, only the first intervention ("the price of alcohol should be increased in line with inflation") is connected with general alcohol pricing policy. The other two measures, i.e. "taxes should be proportional to the alcoholic content of alcoholic beverages with no threshold" and "beverages with higher alcohol concentration, such as spirits, should be taxed at a disproportionately higher level" are aimed at increasing the taxes for alcoholic drinks with higher alcohol content. Since the majority of stakeholders in the alcohol arena in Slovenia are involved in the wine industry, they are affected by these measures to a much lesser degree than the producers of spirits.

On the whole, the four groups of stakeholders score higher the measures that are less effective according to the evidence base for effective alcohol policies. Moreover, they score lower the measures that have proved more effective. These results suggest that stakeholders of alcohol policy in Slovenia share a rather poor knowledge of alcohol policy, especially of the evidence-based alcohol policy. We would suggest that greater emphasis be placed on informing and educating stakeholders on alcohol harm reduction evidence.

There are some differences between our findings and those at the European level reported by Anderson and Baumberg. (3, 34) The main difference is that factor analysis gave different factors. In the European investigation the pricing measures fell under regulations. One possible explanation is that Slovenian stakeholders give less emphasis to the price. In Slovenia pricing is regulated only through excise duties regulation, which is a lower level of legislation (not adopted by the parliament), which means that pricing is not a very high priority of our alcohol policy at the moment. In many other European countries the pricing is an important alcohol policy measure. European stakeholders gave less emphasis to education measures compared to the stakeholders in Slovenia. The reason for this difference may be that governmental organisations and public health and non-governmental organisations are less informed and not sufficiently connected. Overall, the European study revealed much greater differences between the opinions on alcohol policy measures held by alcohol and related industries and those expressed by other stakeholders. The alcohol policy stakeholders in Europe seem to be more direct in expressing and exercising their interests, even when expressing their opinions on the impact and importance of particular alcohol policy measures. Another explanation could be that in Slovenia drinking alcohol makes an integral part of the national culture, and that many families are directly or indirectly involved in wine, beer or spirits production (themselves or as relatives of the producers or employees in the alcohol industry).

Despite the fact that stakeholders have clearly different interests and that they mostly hold different views on the impact and importance of particular alcohol policy measures, there are some areas of alcohol policy, such as education and training, in which different stakeholders could join forces and work together. However, we should bear in mind different motives behind the high ranking of education and perceiving it as an important and effective measure. Furthermore,

evidence from the foreign research warns us that these measures are not very effective if not combined with other approaches, and that investing in these measures should be proportional to investments in other policies. Alcohol and related industries have recently expressed willingness to take responsibility for training staff in bars, restaurants, pubs, night clubs and discos to adopt more responsible service practice.

As stated by Anderson and Baumberg in the report "Alcohol in Europe", alcohol is not an ordinary commodity. It causes external costs and involves harm to others, and therefore requires more strict regulation. (3, 12) Policies that regulate the environment in which alcohol is marketed (economic and physical availability and commercial communications) are very effective in reducing alcohol-related harm. (12) In the light of this evidence stakeholders in alcohol and related industries will have to accept the fact that regulation is necessary. They will need to take part in the implementation of these regulations in the areas that relate to them, such as sales of alcohol to underaged or drunk individuals. There is a need for advocacy at this level, as well as for the translation of scientific findings to stakeholders, who seem to lack knowledge of alcohol policy and of evidence that supports particular alcohol policy interventions.

5 Conclusions

The aim of our research was to study stakeholders' views on the impact and importance of alcohol policy in reducing alcohol-related harm. These opinions reflect interests of different interest groups and the government related to the issue of alcohol. In our opinion, acquiring information about different opinions on alcohol policy measures is the first and the very fundamental step in the process of developing an effective national alcohol policy. In order to develop and implement effective alcohol policies it is essential to identify common grounds and possible difficulties in negotiations.

The study was based on the research on alcohol policy in Europe by Anderson and Baumberg. (3, 34) Our results show, similarly to their observations, that stakeholders are motivated by different interests in relation to particular alcohol policy measures. (3, 12) Stakeholders participating in our study, however, were more similar in their statements (and interests) than stakeholder groups at the EU level. (3, 34)

Alcohol policy is influenced by all stakeholders. They all play an important part in formulating and implementing

alcohol policies, acting either as individuals or as members of stakeholder coalitions. The government, however, is the stakeholder that possesses legitimate power, and we think that the adopted alcohol policy should reflect interests of the government.

Our research has identified many common grounds where different stakeholders can work together to formulate more effective alcohol harm prevention policies. Education was found to be one of the platforms characterized by smallest differences in opinions and we suggest that at the start the stakeholders' efforts should be focused on this particular area. Collaboration in this field may yield good results in the process of policy management, as well as in building better relations among different stakeholders and in implementing specific, already existing alcohol policies and programmes, such as restricted access to alcohol for those under the drinking age and for drunk individuals. This is in tune with the WHO recommendations, which underline the importance of training programmes in responsible service practice for all those involved in the alcohol sales chain. The principal aim is to ensure responsibility in adhering to the legislation, reducing hazardous drinking and restricting alcohol availability for those under the drinking age. (11)

Since our study revealed the most discordant views in the area of alcohol regulations, we assume that stakeholders in Slovenia will have greatest difficulties in negotiating regulative alcohol policies. As expected, the greatest difference in interests between the alcohol industry and other stakeholder groups was established in the area of alcohol regulation.

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