



DRAFT UNDER EMBARGO

Nordic alcohol monopolies

Executive summary

Abstract

The Nordic alcohol retail monopolies are State-owned enterprises in Finland, Iceland, Norway, Sweden, and the Faroe Islands (a self-governing territory of the Kingdom of Denmark), exclusively authorized to handle the retail sale of alcoholic beverages, with the exception of certain lower-alcohol products. Integrated into the national alcohol strategies of their respective countries, these monopolies prioritize considerations of health and well-being, aiming to minimize alcohol-related harm in the supply and consumption of alcoholic beverages. Unlike other retail outlets, they operate without a profit motive, focusing primarily on public health and welfare. The technical report on which this executive summary is based outlines the core principles of the Nordic alcohol monopolies, explains their role within comprehensive alcohol policy approaches, examines their significance for public health in Europe, and discusses key challenges these monopolies face in the current context.

Keywords

ALCOHOL DRINKING
PREVENTION AND CONTROL
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Nordic alcohol monopolies

Executive summary

State-owned retail monopolies that sell alcohol with the aim not to make profits but to mitigate alcohol-related harms

Alcohol consumption is a major preventable risk factor for premature mortality and morbidity, causally linked to over 200 health conditions, including liver diseases, cancers, cardiovascular diseases, tuberculosis, HIV/AIDS, road injuries, violence and suicides (1). Alcohol consumption results in 2.6 million deaths per year globally (2). Despite efforts, Europe has the highest alcohol per capita consumption (APC) globally, and alcohol causes around 240 000 deaths in the European Union (EU) each year, mostly because of its contribution to cardiovascular diseases, cancers and digestive diseases (2,3). This highlights the need for effective policies to address the above-mentioned public health challenges, to reduce health and economic burdens that are caused by alcohol, and to protect vulnerable populations that are disproportionately affected by alcohol's harms.

The most effective and cost-effective strategies endorsed by the public health community to reduce alcohol consumption and related harms include increasing excise taxes, imposing comprehensive advertising bans, and regulating alcohol availability through restrictions on retail outlets (4,5). These are the three WHO-recommended “best buys” for alcohol policy (5,6).

The Nordic countries of Finland, Iceland, Norway and Sweden, as well as the Faroe Islands (a self-governing entity within the Kingdom of Denmark), have historically implemented alcohol policies that include State-owned retail monopolies, which have an exclusive right to sell alcoholic beverages but are not driven by profit. These monopoly-based alcohol policy systems were established to reduce alcohol-attributable harms experienced in this part of Europe, as an alternative or successor to prohibition (7,8). Over time, they have evolved and developed in dialogue with the public and against the backdrop of careful monitoring of consumption, harm and drinking patterns (9).

Today, the Nordic alcohol monopolies are State-owned retail entities operating under the supervision of their respective ministries and are fully integrated into national alcohol strategies. Established to mitigate the health and societal harm caused by alcohol, these monopolies prioritize limiting alcohol availability over generating State revenue, thereby reflecting a commitment to public health and aligning with broader policy goals to protect community well-being. While regulatory and policy details, as well as the share of consumption and sales held by each monopoly, differ from country to country, the overall structure and objective of the Nordic approach are shared and remain consistent across the various national systems; for an overview of these systems, see Fig. 1.

Fig. 1.

Key indicators on alcohol retail monopolies in the Nordic countries



Finland

5 584 264

Population, 2023

APC in litres (15+ years)^a

8.7 total

7.4 registered, 1.2 unregistered (2023)

State retail monopoly

Alko, with exclusive right to sell any alcoholic beverages above 8% ABV and spirits-based premixed drinks above 5.5% ABV

Number of stores/outlets

372 stores

126 pickup points (2023)

Purchasing age

18 years, alcoholic beverages under 22% ABV

20 years, alcoholic beverages 22% ABV and above

General opening hours

Monday–Thursday: 09:00–21.00 or 9:00–18:00, depending on the location of the store

Friday: 09:00–21:00

Saturday: 09:00–18:00

All stores are closed on Sundays.

Exceptions: limited hours or closed stores on holidays.

Online sales

Yes.

Home delivery

No. (Delivery to Alko pickup points only)

Farm sales allowed

Yes. Allowed for berry wines, craft beer and malt-based beverages up to 12% ABV.

Share of consumption/sales held by the monopoly

39.0% of recorded consumption

33.5% of total consumption (2022)

Ownership and responsibility

Ministry of Social Affairs and Health

^a Data are based on national sources (10).



Norway

5 519 594

Population, 2023



APC in litres (15+ years)^a	7.3 total 6.7 registered, 0.6 unregistered (2022)
State retail monopoly	Vinmonopolet, with exclusive right to sell alcohol above 4.7% ABV
Number of stores/outlets	348 stores (2023)
Purchasing age	18 years, alcoholic beverages under 22% ABV 20 years, alcoholic beverages 22% ABV and above
General opening hours	Monday–Friday: 10:00–18:00 Saturday: 10:00–16:00 All stores are closed on Sundays, Christmas Eve, 1 May and 17 May, and on public holidays. Exceptions: some stores have shorter opening hours.
Online sales	Yes.
Home delivery	Yes.
Farm sales allowed	Yes. Allowed for products not covered by the European Economic Area agreement and with up to 22% ABV, provided they are produced on-site, use at least one third self-produced ingredients, exclude added alcohol, and do not exceed a 15 000-litre annual sales limit.
Share of consumption/sales held by the monopoly	49.7% of all registered sales (2022)
Ownership and responsibility	Ministry of Health and Care

^a Data are based on national sources (11).



Sweden

10 536 632

Population, 2023

APC in litres (15+ years)^a

8.6 total

7.4 registered, 1.2 unregistered (2023, preliminary data)

State monopoly

Systembolaget, with exclusive right to sell alcohol beverages above 3.5% ABV

Number of stores/outlets

452 stores

467 agents (2023)

Purchasing age

20 years

General opening hours

Monday–Friday: 10:00–20:00

Saturday: 10:00–15:00

All stores are closed on Sundays.

Exceptions: limited hours or closed stores on holidays.

Online sales

Yes.

Home delivery

Yes.

Farm sales allowed

Yes. Starting from 2025, allowed for all products of small-scale producers who make a maximum of 75 000 litres of spirits, 400 000 litres of fermented drinks up to 10% ABV or up to 200 000 litres of fermented drinks over 10% ABV. Sales allowed only between 10:00 and 20:00 to visitors who have paid for a guided tour or lecture, with an individual purchase limit of 3 litres of wine, beer or cider, and 700 ml of spirits.

Share of consumption/sales held by the monopoly

83.3% of registered sales

70.3% of total consumption (2022)

Ownership and responsibility

Ministry of Finance

^a Data are based on national sources (12).



Iceland

393 600

Population, 2023

APC in litres (15+ years)^a **7.7** registered consumption (2023)

State monopoly Vínbúðin as the retail store of the Alcohol and Tobacco Company of Iceland (ÁTVR), with the exclusive right to sell alcohol with an ABV exceeding 2.25%. ÁTVR holds exclusive rights to sell alcoholic beverages and tobacco. Since 2022 breweries have been allowed to sell their products directly to customers. Exclusive rights to online sales remain a legally disputed area.

Number of stores/outlets **50** stores
7 delivery points

Purchasing age **20** years

General opening hours Monday–Thursday: 11:00–18:00
Friday: 11:00–19:00
Saturday: 11:00–18:00
All stores are closed on Sundays.

Online sales **Yes.** Exclusive rights of the monopoly to online sales remain a legally disputed area.

Home delivery **Yes.**

Farm sales allowed **Yes.** For breweries only.

Share of consumption/sales held by the monopoly **68.0%** of registered sales (2023)

Ownership and responsibility Ministry of Finance and Economic Affairs

^a Data are based on national sources (13).



Faroe Islands

(autonomous territory of the Kingdom of Denmark)

53 270

Population, 2023

APC in litres^a

6.5 total (2022)

APC in litres (15+ years) cannot be determined

State monopoly

Rúsdrekkasøla Landsins, with exclusive right to sell all alcoholic beverages including tax-free above 2.8% ABV

Number of stores

6 stores

Purchasing age

18 years

General opening hours

Differ across the six existing stores, with generally shorter hours on Fridays and Saturdays. All stores are closed on Sundays.

Online sales

Yes.

Home delivery

Yes.

Farm sales allowed

No.

Share of consumption/sales held by the monopoly

No available data

Ownership and responsibility

Ministry of Health

^a Data are based on national sources (14,15).

Nordic monopolies are part of an integrated policy approach to reduce alcohol consumption

Unlike grocery stores and other retail outlets, where alcohol sales are frequently driven by marketing strategies and profit motives, the Nordic retail monopolies provide a structured and socially conscious environment for purchasing alcohol that prioritizes public health over profit. They work through various mechanisms, which are aligned with the WHO “best buys” described above:

- They **limit the availability of alcohol**, by restricting the number of sales outlets in any given area, limiting the hours and days of sale, and enforcing national age limits.
- They are **integrated into national alcohol strategies that impose high alcohol excise taxes and they eliminate promotional pricing strategies** in their retail stores. Although alcohol taxes are collected by government tax authorities, the monopolies set retail prices according to a transparent pricing scheme and eliminate sales promotions and other pricing strategies in their stores.
- They **restrict marketing**, eliminating advertising and other forms of promotion and sales maximization at points of sale, including on their websites and other communication channels.

In addition to managing alcohol sales in a responsible way, a significant aspect of Nordic monopolies’ responsibilities includes educating the public about alcohol-related harms and protecting young people, notably through strict age controls in their stores. Moreover, the monopolies distribute information to parents/guardians about the impact of alcohol on children and promote responsible behaviour through various campaigns. Their efforts include raising awareness about underage drinking, offering guidance to adults on discussing alcohol with children and teenagers, and funding research to inform policy (16–18). These initiatives have led to more pronounced disapproval of underage drinking and more informed attitudes towards alcohol in Nordic countries that have monopolies, particularly in contrast to Denmark, the only Nordic country without a monopoly, which has Europe’s highest indicators of alcohol consumption among young people (17,19,20).

Nordic alcohol monopolies also participate in public health campaigns, allocate significant funds to research through independent councils, and cooperate with State authorities, nongovernmental organizations and independent researchers. This collaboration enhances their ability to employ knowledgeable staff and effectively spread information on successful alcohol policies. Their strong role in funding and facilitating independent research has been crucial in addressing alcohol-related problems. Moreover, the monopolies play a crucial role in facilitating research, including their involvement in experimental designs for implementing alcohol policy changes, which in turn allows for more robust evaluations of these policy changes.

Lower APC and alcohol-related harms in Nordic monopoly countries than in the EU: the consequence of comprehensive policy

The establishment of monopoly-based alcohol policy systems seems to have paid off, as they have become a central feature in the Nordic countries' alcohol policy systems. The combination of State-owned monopolies, high taxes and prices, restrictions on marketing, strictly enforced age limits and blood alcohol testing for drivers, and well-functioning social and health-care systems has contributed to producing a relatively low level of APC and alcohol-related health and social harm in a region traditionally known for harmful drinking patterns and high alcohol-related mortality.

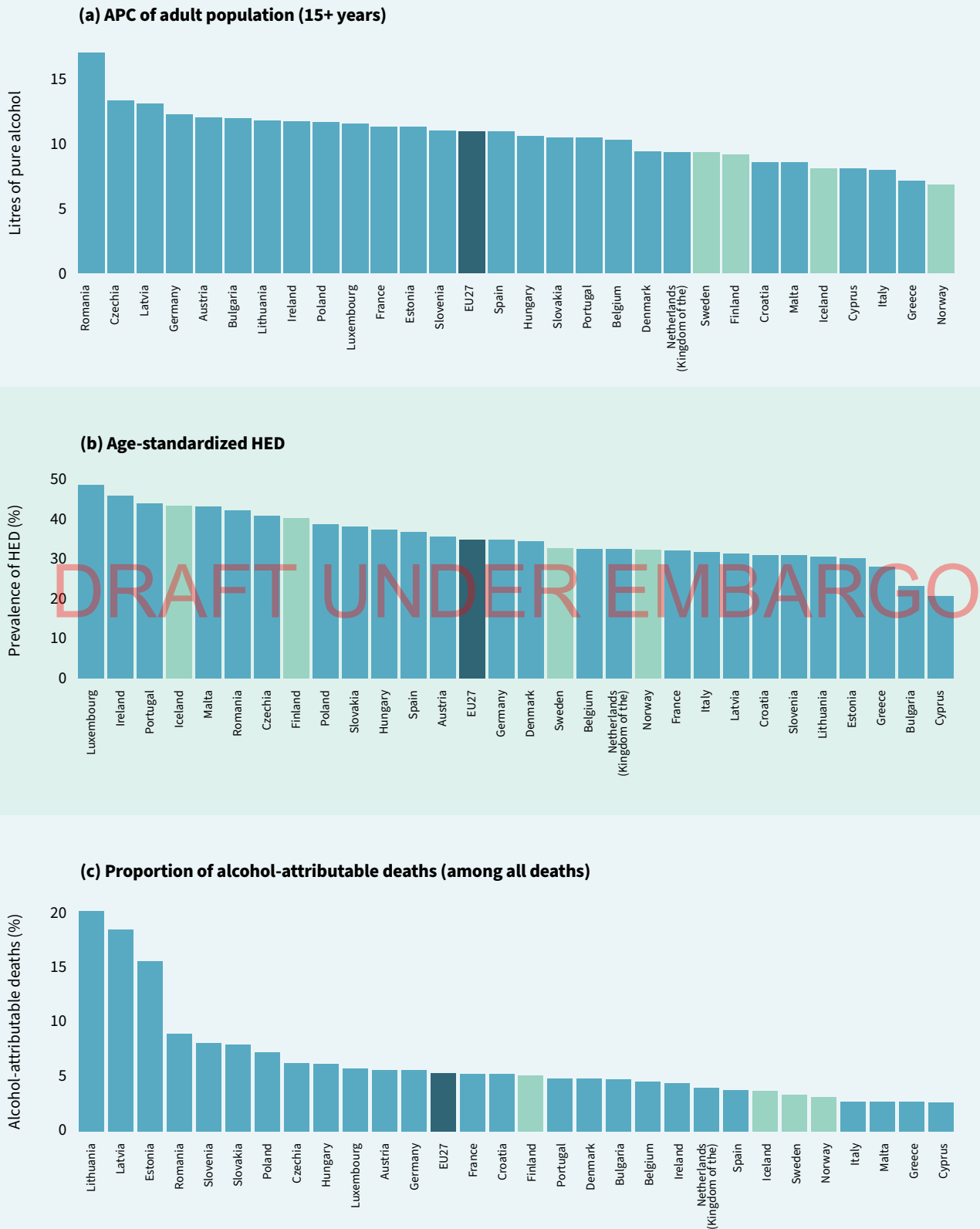
Nordic countries have traditionally displayed northern/eastern drinking patterns, which are characterized by a high prevalence of heavy episodic drinking (HED) – a drinking pattern of particular public health concern because of its association with immediate risks such as alcohol poisoning and injuries – a strong preference for spirits, acceptance of public inebriation, and frequent drinking outside mealtimes (8). However, drinking patterns have shifted over time, and the Nordic alcohol monopolies have significantly influenced this shift. The monopolies have diversified beverage options and altered preferences in their respective countries by offering a wide range of alcoholic products in their stores (a much wider selection than would have been available if it had been determined commercially). This has supported a shift away from spirits towards beverages with lower ABV – a change that is unlikely to have occurred if market forces alone had determined the available choices. Additionally, alcohol monopolies have been essential in regulating alcohol availability, supporting public health initiatives, raising public awareness about the risks associated with alcohol consumption, and encouraging more informed and socially conscious drinking behaviours (8,21).

Nordic countries with retail alcohol monopolies have a lower APC compared to the EU average in terms of consumption of all groups, including young people (19,20). They also have generally lower rates of alcohol-attributable harm (measured as disability-adjusted life years and deaths caused by alcohol) than most EU countries. In Iceland, Norway and Sweden the rates are among the lowest in Europe, while in Finland the percentages of deaths and disabilities attributable to alcohol are closer to the EU average (20). This can be partly explained by pronounced differences in the prevalence of HED, with rates above the EU average in Iceland and Finland, while in Sweden and Norway they are below the average (Fig. 2)

The noticeable difference in alcohol-attributable harms between Finland and the other Nordic monopoly countries can be partly attributed to Finland's more liberal alcohol policies, which have progressively relaxed over time. For example, in 1969 the monopoly's exclusive right to sell alcoholic beverages was narrowed when grocery stores were permitted to sell beer up to 4.7% ABV. This limit was raised to 5.5% ABV and extended to pre-mixed drinks in 2018, and most recently, in 2024, to 8% ABV for fermented beverages (22–24). Additionally, in 1995 the definition of “grocery store” was expanded to include kiosks and petrol stations, thereby further increasing alcohol availability (22). Since the 1990s the number of Finland's monopoly stores has increased by 50% and their operating hours have been extended by about 50% (25,26), making them currently the longest in the Nordic region (see Fig. above).

Fig. 2.

(a) APC of the total adult population (15+ years);^a (b) prevalence of (age-standardized) HED;^b and (c) percentage of alcohol-attributable deaths among all deaths, in the EU27, Iceland and Norway, 2019



^a APC is measured in litres of pure alcohol. ^b HED is defined as consuming at least 60 g of pure alcohol (5–6 standard drinks) at least once in the previous month.

Source: Global Information System on Alcohol and Health (WHO's global estimates are produced by collecting and standardizing data from multiple sources and using statistical models to fill gaps) (20).

Despite strong public support, comprehensive monopoly systems are under threat of collapse, with potentially devastating public health consequences

The Nordic alcohol monopolies enjoy strong public support and a high level of trust, both because they provide a good service from the customer's point of view and because the restrictions are understood to serve the community and prevent harm to oneself and others. For example, in Sweden public trust in Systembolaget rose from 24% in 2004 to 58% in 2022, while public support for alcohol sales in grocery stores saw a comparable decline (27). Similarly, Vinmonopolet in Norway enjoys a strong reputation, with 87% of respondents having a positive view and 60% supporting its exclusive rights to off-premises sales (28). In Finland 55% of the population supports Alko's role in reducing alcohol harm, reflecting consistent backing for its public health mission (29). At the same time, the monopolies are responding to consumer interests and needs by focusing on sustainability and addressing environmental impacts throughout the alcohol production and supply chain (30–32). For example, Swedish alcohol products will soon feature labels detailing their environmental impact, helping consumers make informed choices (33).

However – in spite of this public support – recent policy developments have introduced initiatives to permit or expand alcohol sales outside the monopolies. As mentioned above, Finland has recently allowed the sale of fermented alcoholic beverages below 8% ABV and distilled beverages below 5.5% ABV outside monopoly stores, and at the same time there is an ongoing legislative reform on home deliveries of alcoholic beverages (34). Sweden, meanwhile, is in the process of allowing farm sales of alcoholic beverages, and a new court case is challenging the monopoly's exclusive right to online sales (35,36). In a similar vein, recent changes in Iceland's legislation have reduced the role of its State monopoly by permitting national breweries to sell directly to customers (37). Further changes have not otherwise been made to the legislation. In spite of this, online sales of alcohol have increased significantly in recent years. The online sale of alcohol has been reported to the police, who have yet to decide whether charges will be filed against online retailers (38).

These legislative changes threaten to undermine the longstanding harm reduction role of monopolies in their respective countries and pose significant public health risks resulting from the potential increase in alcohol availability. There is concern that the comprehensive Nordic alcohol monopoly systems are at risk of being dismantled. Historical data and scenario modelling consistently show that privatizing alcohol sales and reducing the monopolies' market share would lead to higher alcohol consumption and greater related harms in the Nordic countries. For example, partial privatization of beer sales in Sweden and Finland has historically resulted in increased overall consumption, especially among young people (39,40). Recent studies project that dismantling retail monopolies would further escalate consumption levels, exacerbating health and social issues and imposing substantial societal costs (41).

Recognizing that alcohol is not an ordinary commodity because of its substantial health, social and economic impacts, the Nordic alcohol monopolies implement stringent regulatory measures to mitigate its harms. The distinct treatment of alcohol highlights its unique status and reflects society's concern about the harms it may cause, symbolizing a commitment to protect public health and mitigate alcohol-related risks. Today, Nordic alcohol monopolies are recognized as modern, efficient and adaptable instruments of alcohol policy. They serve as fundamental and necessary components of comprehensive public health strategies aimed at minimizing alcohol-related harm within their respective countries.

References¹

1. Rehm J, Gmel GES, Gmel G, Hasan OSM, Imtiaz S, Popova S et al. The relationship between different dimensions of alcohol use and the burden of disease: an update. *Addiction*. 2017;112(6):968–1001 (<https://doi.org/10.1111/add.13757>).
2. Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/377960>). Licence: CC BY-NC-SA 3.0 IGO.
3. Alcohol, health and policy response in the WHO European Region in 2019. Copenhagen: WHO Regional Officer for Europe; 2024 (<https://www.who.int/europe/publications/m/item/alcohol-health-and-policy-response-in-the-who-european-region-in-2019>).
4. Babor TF, Casswell S, Graham K, Huckle T, Livingston M, Österberg E et al. Alcohol: no ordinary commodity: research and public policy, third edition. Oxford: Oxford University Press; 2023 (<https://doi.org/10.1093/oso/9780192844484.002.0003>).
5. Chisholm D, Moro D, Bertram M, Pretorius C, Gmel G, Shield K et al. Are the “best buys” for alcohol control still valid? An update on the comparative cost-effectiveness of alcohol control strategies at the global level. *J Stud Alcohol Drugs*. 2018;79(4):514–22.
6. Technical annex (version dated 26 December 2022): updated appendix 3 of the WHO global NCD action plan 2013–2030. Geneva: World Health Organization; 2022 (<https://cdn.who.int/media/docs/default-source/ncds/mnd/2022-app3-technical-annex-v26jan2023.pdf>).
7. Schrad ML. Smashing the liquor machine: a global history of prohibition. New York (NY): Oxford University Press; 2021.
8. Room R. The evolution of alcohol monopolies and their relevance for public health. *Contemp Drug Probl*. 1993;20:169–197.
9. Room R. The monopoly option: obsolescent or a “best buy” in alcohol and other drug control? *Soc Hist Alcohol Drugs*. 2020;34(2):215–32 (<https://doi.org/10.1086/707513>).
10. Alkoholijuomien kulutus 2023 [Alcoholic beverage consumption 2023] [website]. Finnish Institute for Health and Welfare; 2023 (<https://thl.fi/tilastot-ja-data/tilastot-aiheittain/paihteet-ja-riippuvuudet/alkoholi/alkoholijuomien-kulutus>) (in Finnish).
11. Alkoholomsetningen i Norge [Alcohol turnover in Norway] [website]. Norwegian Institute of Public Health; 2023 (<https://www.fhi.no/le/alkohol/alkoholinorge/omsetning-og-bruk/alkoholomsetningen-inorge/?term=>) (in Norwegian).
12. Trollidal B. Alkoholkonsumtionen i Sverige 2001–2022 [Alcohol consumption in Sweden 2001–2022]. CAN Rapport 221. Stockholm: Centralförbundet för alkohol- och narkotikaupplysning (CAN); 2023 (<https://www.can.se/app/uploads/2023/10/can-rapport-221-alkoholkonsumtionen-i-sverige-2001-2022.pdf>) (in Swedish).
13. Consumption of alcoholic beverages 1980–2023. Statistics Iceland; 2023 (https://px.hagstofa.is/pxen/pxweb/en/Samfelag/Samfelag__heilbrigdismal__lifsvenjur_heilsa__1_afengiogyreyk/HEI07202.px/).

1 All references were accessed 24 October 2024.

14. Rúsdrekkasøla Landsins [National alcoholic beverage retailing monopoly of the Faroe Islands] [website]. Rúsdrekkasøla Landsins; 2024 (<https://rusan.fo/>).
15. Alcohol [website]. Hagstova Føroya (Statistics Faroe Islands); 2024 (<https://hagstova.fo/en/society/health/alcohol>).
16. Vær grei, si nei [Be fair, say no] [website]. Vinmonopolet; 2024 (<https://www.vinmonopolet.no/content/om-oss/samfunnsoppdrag/kampanjer/vaer-grei-si-nei>) (in Norwegian).
17. Dryckeskultur så in i Norden: så ser vi på alkohol i Sverige, Norge, Finland och Danmark [Drinking culture in the Nordic countries: how we view alcohol in Sweden, Norway, Finland and Denmark]. Stockholm: IQ; 2022 (<https://www.iq.se/app/uploads/Rapport-alkoholindex-2021-webbtill.pdf>) (in Swedish).
18. Sjödin L, Karlsson P, Raninen J. Psychosocial correlates of drinking transitions: a longitudinal study among adolescents in Sweden. *Drug Alcohol Rev.* 2024;43(3):643–53 (<https://doi.org/10.1111/dar.13632>).
19. ESPAD Group. ESPAD report 2019: results from the European School Survey Project on Alcohol and Other Drugs. EMCDDA Joint Publications. Luxembourg: Publications Office of the European Union; 2020 (<http://www.espad.org/espada-report-2019>).
20. Global information system on alcohol and health [online database]. Global Health Observatory. Geneva: World Health Organization; n.d. (<https://www.who.int/data/gho/data/themes/global-information-system-on-alcohol-and-health>).
21. Correia D, Manthey J, Neufeld M, Ferreira-Borges C, Olsen A, Shield K et al. Classifying national drinking patterns in Europe between 2000 and 2019: a clustering approach using comparable exposure data. *Addiction.* 2024;119(9):1543–53 (<https://doi.org/10.1111/add.16567>).
22. Karlsson T, Mäkelä P, Tigerstedt C, Keskimäki I. The road to the Alcohol Act 2018 in Finland: a conflict between public health objectives and neoliberal goals. *Health Policy.* 2020;124(1):1–6 (<https://doi.org/10.1016/j.healthpol.2019.10.009>).
23. Mäkelä P, Österberg E. Weakening of one more alcohol control pillar: a review of the effects of the alcohol tax cuts in Finland in 2004. *Addiction.* 2009;104(4):554–63 (<https://doi.org/10.1111/j.1360-0443.2009.02517.x>).
24. Hallituksen esitys laiksi alkoholilain muuttamisesta, alkoholin kotiinkuljetus [The government's proposal to amend the alcohol law, home delivery of alcohol]. Finland; 2023 (STM101:00/2023; <https://stm.fi/en/project?tunnus=STM101:00/2023>) (in Finnish).
25. Lindeman M, Karlsson T, Österberg E. Public opinions, alcohol consumption and policy changes in Finland, 1993–2013. *Nordisk Alkohol Nark.* 2013;30(6):507–24 (<https://doi.org/10.2478/nsad-2013-0048>).
26. Karlsson T, editor. Alcohol in Finland in the early 2000s: consumption, harm and policy. Helsinki: National Institute for Health and Welfare; 2009 (<https://www.julkari.fi/bitstream/handle/10024/79838/79ae3ac8-34d2-4df5-b576-648e0cacfa55.pdf>).
27. Karlsson D, Holmberg S, Weibull L. Svenska folket tycker om Systembolaget [Swedish people like Systembolaget]. In: Andersson U, Öhberg P, Carlander A, Martinsson J, Theorin N, editors. *Ovisshetens tid [The age of uncertainty]*. Gothenburg: University of Gothenburg; 2023 (<https://www.gu.se/sites/default/files/2023-05/Svenska%20folket%20tycker%20om%20Systembolaget%20-%20F%C3%B6rhandspublicering.pdf>) (in Swedish).

28. Vipps på topp i Traction Norge [Vipps at the top in Traction Norway] [news release]. Apeland; 20 March 2024 (<https://www.apeland.no/vipps-pa-topp-i-omdommemalingen-traction-norge/>).
29. Karlsson T. Alkoholipoliittiset mielipiteet 2023: puolet väestöstä nykyisen alkoholipolitiikan kannalla [Alcohol policy opinions 2023: half the population is in favour of the current alcohol policy]. Helsinki: Suomen Virallinen Tilasto (SVT); 2023 (<https://www.julkari.fi/bitstream/handle/10024/146262/Alkoholipoliittiset%20mielipiteet%202023.pdf>) (in Finnish).
30. Våra hållbarhetsmål: så gör vi skillnad [Our sustainability goals: that's how we make a difference]. Stockholm: Systembolaget; 2023 (<https://www.omsystembolaget.se/hallbarhet/mal-och-uppfoljning/>). (in Swedish)
31. Klima og miljø [Climate and environment] [website]. Vinmonopolet; 2023 (<https://www.vinmonopolet.no/content/om-oss/barekraft/klima-og-miljo>) (in Norwegian).
32. Produktens hållbarhet [Sustainability of the product] [website]. Alko; 2024 (<https://www.alko.fi/sv/ansvarsfullt/produktens-hallbarhet>) (in Swedish).
33. Hållbarhet på Systembolaget [Sustainability at Systembolaget] [website]. Systembolaget; 2024 (<https://www.omsystembolaget.se/hallbarhet/>) (in Swedish).
34. A strong and committed Finland: the Government's vision. Helsinki: Government of Finland; 2023 (<https://valtioneuvosto.fi/en/governments/government-programme#/>).
35. Regeringen presenterar förslag om gårdsförsäljning av alkoholdrycker [The government presents proposals on farm sales of alcoholic beverages] [press release]. Government of Sweden; 5 June 2024 (<https://www.regeringen.se/pressmeddelanden/2024/06/regeringen-presenterar-forslag-om-gardsforsaljning-av-alkoholdrycker/>).
36. Vinhandeln på internet [The wine trade on the Internet]. Swedish Supreme Court; 2022 (Mål: T 4709-22; <https://www.domstol.se/hogsta-domstolen/avgoranden/2022/122171>) (in Swedish).
37. License to sell alcohol at the place of production [website]. island.is; 2024 (<https://island.is/en/alcohol-license/license-to-sell-alcohol-at-the-place-of-production>).
38. Tómas R. Health minister calls for action on online alcohol sales. Iceland Review. 12 June 2024 (<https://www.icelandreview.com/news/politics/health-minister-calls-for-action-on-online-alcohol-sales/>).
39. Health minister calls for action on online alcohol sales [news report]. Iceland Review. 12 June 2024 ([https://www.icelandreview.com/news/politics/health-minister-calls-for-action-on-online-alcohol\[1\]sales/](https://www.icelandreview.com/news/politics/health-minister-calls-for-action-on-online-alcohol[1]sales/)).
40. Mäkelä P. Who started to drink more? A reanalysis of the change resulting from a new alcohol law in Finland in 1969. Helsinki: Nordic Council for Alcohol and Drug Research; 2002 (<https://www.julkari.fi/handle/10024/91417>).
41. Sherk A, Stockwell T, Sorge J, Churchill S, Angus C, Chikritzhs T et al. The public-private decision for alcohol retail systems: examining the economic, health, and social impacts of alternative systems in Finland. Nordisk Alkohol Nark. 2023;40(3):218-32 (<https://doi.org/10.1177/14550725231160335>).

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