World Health Organization

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Nordic alcohol monopolies

Understanding their role in a comprehensive alcohol policy and public health significance

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Abstract

This report explores the role of Nordic alcohol monopolies in Europe. Operating in Finland, Iceland, Norway, Sweden and the Faroe Islands, these State-owned entities prioritize public health and minimize alcohol-related harm as integral components of national alcohol strategies. Exclusively authorized to sell most alcoholic beverages, they operate under government oversight. Unlike other retail outlets, they are not driven by profit or sales, focusing primarily on public health and welfare. The monopolies align with WHO evidence-based recommendations for reducing alcohol consumption and harm, which include high alcohol taxes, limited availability and restricted marketing. They implement these strategies by controlling the number of stores, limiting operating hours, enforcing age limits, banning promotional pricing, and eliminating advertising and sales promotions, including online. Additionally, they educate the public about alcohol-related harm and ensure responsible sales practices. Historically, these monopolies have contributed to a shift in northern Europe from irregular, heavy drinking to more moderate consumption, resulting in lower alcohol consumption and harm compared to other European countries. Evidence consistently shows that privatization of alcohol sales increases consumption, while monopolization decreases it. Despite recent policy changes threatening their effectiveness, the Nordic alcohol monopolies remain crucial to national alcohol strategies, safeguarding public health and reducing alcohol-related harms.

Keywords

ALCOHOL DRINKING
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Abbreviations

ABV	alcohol by volume
APC	alcohol per capita consumption
ÁTVR	State Alcohol and Tobacco Company of Iceland
DALY	disability-adjusted life year
EEA	European Economic Area
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
HED	heavy episodic drinking
MLDA	minimum legal drinking age
SDG	Sustainable Development Goal

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Executive summary

Alcohol consumption is one of the most important preventable risk factors for premature mortality and morbidity. Alcohol is causally linked to over 200 diseases, injuries and health conditions, and results in 2.6 million deaths per year globally. Despite efforts, Europe has the highest alcohol per capita consumption (APC) globally and therefore requires effective policies to address public health challenges, reduce health-care costs, and protect vulnerable populations that are disproportionately affected by harms caused by alcohol.

The most effective strategies endorsed by the public health community and WHO to reduce alcohol consumption and alcohol-related harms (WHO's so-called "best buys") include increasing excise taxes, imposing stringent advertising bans and regulating alcohol availability through restrictions on retail outlets.

The Nordic countries of Finland, Iceland, Norway and Sweden, together with the Faroe Islands (a self-governing territory of the Kingdom of Denmark), have historically implemented alcohol policies to protect public health that include State-owned retail monopolies, which have an exclusive right to sell alcoholic beverages but are not driven by profit. The monopoly-based alcohol policy systems were established in response to the engagement of civil society to reduce alcohol-attributable harms experienced in this part of Europe, as an alternative to alcohol prohibition. Over time, these systems have developed and evolved in dialogue with the public and against a backdrop of careful monitoring of consumption, harm and drinking patterns. Today, the State-owned retail monopolies are fully integrated into national public health strategies and are guided by considerations of health, well-being and sustainability. Their primary function is to manage the sale and distribution of alcoholic beverages in alignment with national policies and strategies in a changing world. With a clear mandate to reduce alcohol-related health and social harms, they are central to the comprehensive alcohol strategies of their respective countries (often as part of an overall public health policy), contributing to their implementation through various legal rules and activities. In combination with high alcohol taxes and pricing policy, restricted days and hours of sale, strict enforcement of age limits and age verification checks for alcohol purchase, marketing restrictions, blood alcohol testing for drivers, evidence-based prevention programmes and well-functioning social and health-care systems, the establishment of these monopolies has contributed to relatively low alcohol consumption and reduced alcohol-related health and social harm in the Nordic countries – a part of Europe known historically for detrimental drinking patterns and high levels of associated harm. Achieving this has required public support for alcohol policy, based on an assurance that the retail monopolies prioritize public health and welfare as their primary consideration.

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Unlike grocery stores and other retail outlets, where alcohol sales are frequently influenced by marketing strategies and profit-driven motivations, 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:

- They **limit the availability of alcohol**, by restricting the number of sales outlets in any given area, limiting 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 the 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. 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. The monopolies enjoy high levels of public support, both because they offer specialized stores with a wide variety of products and good service, and because the restrictions they impose are recognized as benefiting the community and preventing harm to individuals.

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The establishment of monopoly-based alcohol policy systems seems to have paid off. Today, the Nordic countries with retail alcohol monopolies have lower APC compared to the European Union (EU) average, in terms of overall consumption and consumption among young people. They also generally have lower rates of alcohol-attributable harm (measured by disability-adjusted life years and deaths caused by alcohol) than most EU countries. In Iceland, Norway and Sweden the rates of deaths and disabilities attributable to alcohol are among the lowest in Europe, while in Finland (where monopoly coverage is far lower) the rates are closer to the EU average.

Empirical evidence clearly demonstrates that alcohol monopolies have a significant impact on consumption and associated harms. Studies consistently show that privatizing retail alcohol sales leads to substantial increases in both sales and per capita consumption of privatized beverages, while monopolization is associated with decreases in per capita consumption. Strong evidence indicates that privatization is closely linked to an increase in excessive alcohol consumption.

The Nordic monopolies are fully compliant with EU law provided that they treat all products equally and avoid discrimination against imported goods. Although both the legal basis of the monopolies and the public support they enjoy are stable, recent policy developments in the Nordic countries have introduced initiatives that permit alcohol sales outside the monopolies, thereby undermining their position and increasing the availability of alcohol. These initiatives include, for example, allowing online and farm-gate sales and expanding the range of products available in grocery stores. While some proposed changes, such as farm sales, do not pose significant threats to public health because of the small volume of sales involved, others – such as raising the alcohol by volume limit for alcohol products sold in grocery stores or facilitating easy access to online purchases and home delivery – could greatly affect availability and likely lead to substantial sales volumes outside the monopolies, thereby increasing alcohol consumption

and bringing significant health consequences. The primary concern, however, is that these changes could undermine the legal basis of the monopolies as entities with exclusive rights to sell alcoholic beverages. There are serious concerns that the coherent and comprehensive Nordic alcohol policy systems are at risk of being dismantled (Finland, where there has been a series of changes in alcohol policy over the past years, stands as a warning in this respect).

Historical examples, analyses of empirical data and scenario modelling consistently demonstrate that privatizing alcohol sales and reducing the monopolies' market share lead to increases in alcohol consumption and alcohol-related harm. Historical instances of partial privatization of beer sales in Sweden and Finland, for instance, resulted in significant increases in overall consumption, particularly among young people. Recent studies have also predicted that dismantling retail monopolies would lead to heightened consumption levels, exacerbating health and social harms and imposing substantial costs on society.

Acknowledging that alcohol is not an ordinary commodity because of its significant health, social and economic impacts on individuals and society as a whole, the monopolies implement rigorous regulatory measures aimed at mitigating the harms associated with its consumption. Today, the 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.

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1. Background and objectives of the report

Over the last several decades, every comparative risk factor assessment has listed alcohol use among the leading causes of disease burden *(1–3)*. There is an established causal link between alcohol use and more than 200 diseases and injuries, including at least seven types of cancers *(4)*. Alcohol consumption causes about 2.6 million deaths globally; it affects not only individual drinkers but also those around them, their families and communities, and society as a whole *(5,6)*.

The impact of alcohol consumption varies between individuals based on their socioeconomic status, with poorer drinkers and their families experiencing greater harm than wealthier drinkers within a society. This "harm per litre" finding is observed consistently across various consequences of drinking, including chronic diseases such as liver cirrhosis, injuries to both drinkers and those around them, and susceptibility to infectious diseases. Alcohol consumption raises the risk of contracting or spreading infections such as tuberculosis and HIV, particularly among disadvantaged populations. Additionally, heavy drinking or alcohol use disorders can hinder access to preventive services and treatment compliance, posing further risks to those already affected *(7)*.

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Since 2010, the baseline year set for measuring progress towards various global targets such as the Sustainable Development Goals and the noncommunicable disease targets, there has been little to no progress in reducing alcohol consumption and related harms in Europe. Although overall alcohol consumption is going down in the WHO European Region and seems to be progressing towards the target, this reduction is largely driven by a decline in drinking in several populous countries, such as the Russian Federation, Türkiye and Ukraine. However, in European Union (EU) countries, there has been no significant change in alcohol per capita consumption (APC) since 2010 *(6)*.

Effective alcohol policy is essential to address the significant public health challenges posed by alcohol, including higher rates of chronic diseases, accidents and social problems. Furthermore, the economic burden resulting from health-care costs and lost productivity, and the need to protect vulnerable populations, underscore the importance of comprehensive and effective alcohol regulation *(8,9)*. There are several guiding documents produced by intergovernmental agencies on effective strategies to reduce alcohol consumption and related harms; the most important of these are listed in Box 1. The most cost-effective strategies to reduce alcohol-related harm (the so-called WHO "best buys") include raising excise taxes on alcoholic beverages, implementing strict bans or comprehensive restrictions on alcohol advertising across various media platforms, and enforcing restrictions on the physical availability of retailed alcohol (via reduced hours of sale) *(10–12)*.

Box 1. Key international guiding documents related to alcohol policy

The United Nations **Sustainable Development Goals** (SDGs) aim to provide targets and guidance on how to reach a more equitable and sustainable future for all people by 2030. Many of the health-related and other targets of the SDGs are connected with alcohol use, and there is a specific target for substance abuse *(13,14)*.

The WHO **Global strategy to reduce the harmful use of alcohol** (2010) *(15)* and the **European action plan to reduce the harmful use of alcohol 2012–2020** *(16)* were among the first documents guiding WHO Member States on the most effective ways to reduce harm caused by alcohol.

In 2022 the WHO **Global alcohol action plan 2022–2030** was adopted *(17)*, as well as the WHO Regional Office for Europe's **European framework for action on alcohol, 2022–2025** *(18)*. Both documents reiterate the most effective ways to reduce alcohol-attributable harm.

In 2006 the European Commission adopted its **EU alcohol strategy to support Member States in reducing alcohol-related harm** *(19)*. While the Commission's strategy expired in 2012, in 2022 **Europe's beating cancer plan** was adopted, which picked up the issue of reducing harm from alcohol *(20)*.

The WHO **Global action plan for the prevention and control of noncommunicable diseases 2013–2030** includes Appendix 3, which provides policy options and cost-effective interventions (the so-called WHO "best buys") for achieving global targets related to noncommunicable diseases. Updated periodically, it aims to support Member States in implementing effective strategies tailored to national contexts, including on how to reduce alcohol-related harm *(12)*.

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Nordic alcohol monopolies, often referred to as State-owned monopoly companies or alcohol retail monopolies, are State-controlled systems for the sale and distribution of alcoholic beverages in the Nordic countries of Finland, Iceland, Norway, Sweden and the Faroe Islands (a self-governing territory of the Kingdom of Denmark). This report concentrates on the State-controlled retail monopolies, as they control availability and target consumers, for example by setting the operating hours of stores, establishing age restrictions and comprehensive age verification checks, banning promotional activities in stores, and implementing transparent pricing schemes, which traditionally include a high share of alcohol tax. Most importantly, the primary objective of the Nordic retail monopolies is not to generate profit through alcohol sales but to sell alcohol in a way that is likely to reduce the negative social and health consequences of alcohol consumption.

The principal purposes of the report are:

- to present the Nordic retail monopoly systems that aim to restrict availability of alcoholic beverages and to sell them without maximizing profit in the Nordic countries – Finland, Iceland, Norway and Sweden – and the Faroe Islands, a self-governing territory of the Kingdom of Denmark;
- to examine whether the monopolies have been effective in reducing the health and social burden to individuals and society due to alcohol consumption in a region of Europe that is known to have drinking patterns that results in high rates of acute alcohol-related harm;
- to consider the historical context and examine how contemporary alcohol retail monopolies have been able to adjust to EU regulations;
- to assess whether the monopolies have secured public support for their restrictive alcohol policies, balancing principles of control and freedom while addressing the sometimes conflicting interests of public health and consumers; and
- to discuss the current challenges facing some of the Nordic monopolies and to consider the latest evidence on what would happen to public health if these monopolies were dismantled today.

2. Historical background of the alcohol monopolies in the Nordic countries

2.1 Monopolies historically as a source of State revenue

Government monopolization of desirable, yet problematic habit-forming commodities has a long and extensive history. The motivations for such monopolies have varied, with revenue generation being a major motive, particularly before the widespread adoption of modern taxation methods such as income tax and general sales taxes in the 20th century. Before the late 19th century, the primary motivation for these monopolies was to generate direct State revenue. Monopolies on products such as opium, tobacco, gambling and alcohol were often primary sources of State finances. They have been described as the "glue of empires" for European empires of the 18th and 19th centuries *(21,22)*. Thus, the tobacco monopoly established in Venice in 1659 became a model copied elsewhere *(23)*. Still in today's China, the domestic cigarette market is a State monopoly, accounting for one third of all cigarette sales globally *(24)*.

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The *kabaks* – the State-controlled taverns or drinking establishments of the period of the Tsardom and, later, the Russian Empire – were an example of a monopolization of alcohol sales as a major source of State revenue. Then, in 1914, Tsar Nicholas II implemented a nationwide prohibition on the sale of alcoholic beverages, which was initially intended as a temporary wartime policy to improve public order and productivity during the First World War and to free up resources for the war effort. However, while the prohibition had limited impact on social order and public health, it led to increases in illegal production and consumption of homemade alcohol and a substantial loss of government revenue *(25)*. The prohibition remained in effect after the Bolshevik revolution in 1917 but was eventually replaced by a State monopoly on alcohol production and distribution. This transition was not immediate, as the early years of Soviet rule were marked by civil war and economic chaos, delaying the establishment of a structured State monopoly *(26,27)*. It was only in 1923 that the Soviet government introduced the State monopoly on alcohol production and sales, known as "Gostorg". This move was part of the New Economic Policy, which aimed to revive the Soviet economy by reintroducing limited market mechanisms and private enterprise, while maintaining State control over key industries, including alcohol. The State monopoly on alcohol became a significant source of revenue for the Soviet government and remained in place throughout the entire history of the Soviet Union *(28)*.

2.2 Alcohol monopolies as an alternative to prohibition

The origins of the Nordic State-owned alcohol monopolies can be traced back to the need for labour and social order brought about by industrialization and urbanization. By the late 19th century the focus of social issues had shifted primarily to industrial workers, and ideas advocating restrictive alcohol policies and moral condemnation of workers' drinking began to emerge in public discussions in the Nordic countries. It became evident that crime was closely linked to poverty and heavy drinking of alcohol, and neither the prison system nor minimal State intervention was effective in addressing these social problems *(29)*. During the 19th century the production and distribution of alcoholic beverages increased significantly as part of the Industrial Revolution. This expansion led to the rise of temperance movements across Europe, North America, Africa, Asia and the Middle East, which sought to address the problems caused by alcohol consumption for drinkers and those around them. Often, these movements intersected with broader social reform efforts and were aligned with various social causes, including social justice, liberal self-determination, democratic socialism, labour rights, women's rights and indigenous rights *(30)*.

At least partially influenced by the global temperance movement, various countries adopted prohibition or very restrictive alcohol policies at the beginning of the 20th century. However, the experiences of different countries varied widely, reflecting different social, economic and political contexts.

At the beginning of the 20th century, all the Nordic countries faced widespread issues related to alcohol consumption, including violence, crime and significant health problems. These challenges were exacerbated by a longstanding tradition of heavy episodic drinking, often centred around distilled spirits such as vodka and aquavit *(31)*. In response to these issues and the global temperance movement, alcohol prohibition was introduced in Finland, Iceland and Norway, while Sweden implemented alcohol rationing and Denmark focused on higher taxes and stricter controls on distilled spirits *(27,32)*. Prohibition led to a rise in illegal production and smuggling, economic difficulties and social unrest, ultimately proving ineffective and unfeasible. The negative consequences of prohibition in these countries led to its repeal and the establishment of State-controlled alcohol monopolies, which evolved over time into the modern Nordic alcohol monopolies as they are known today *(31)*. Their emergence occurred alongside broader 20th-century developments in social engineering and policies, such as those supporting parental participation in the workforce, maintaining population health, and advancing social security and education.

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An alternative to prohibition in Sweden was the so-called Gothenburg system, which developed in the late 19th century. This system, involving public ownership and control of alcohol sales, aimed to reduce social harm, with profits reinvested in community services. It emphasized public health and social responsibility and influenced the development of Nordic alcohol monopolies. While other countries pursued prohibition in the early decades of the 20th century, Sweden adopted the Gothenburg system as a more balanced approach, which influenced other countries and regions, including Australia, Canada and many American states, and laid the groundwork for State alcohol monopolies, including those recommended by a Rockefeller-financed report in the United States of America *(33)*. Originally, the Gothenburg system was managed by local governments and focused on on-premises drinking establishments. Such systems can still be found in some parts of the world, including regional Australia, some towns in Wisconsin in the United States, and southern Africa *(34)*.

Today, however, the primary focus of State-owned retail monopolies in Nordic countries, Canada and certain American states is off-premises sales of higher-strength alcoholic beverages. In Norway and most Canadian provinces, State monopolies extend to wholesale and imported products, enhancing control at the retail level. Sweden and Finland had to dismantle their import/export and wholesale monopolies as a condition for joining the EU.

2.3 The specific mandate and function of Nordic alcohol monopolies today

Today, government alcohol monopoly remains one of the three options for governance of alcohol markets, the other two being complete prohibition and government licensing and regulation *(10)*. Globally, there are still several types of alcohol monopolies: monopolies with an exclusive right to produce alcoholic beverages; monopolies with an exclusive right to import and export alcoholic beverages; wholesale monopolies with an exclusive right to sell to stores and restaurants; and retail monopolies, which may enjoy an exclusive right to serve alcoholic beverages on-premises or to sell containers of alcoholic beverages for customers to consume elsewhere.

The Nordic alcohol monopolies are State-owned retail monopolies of the latter kind: enterprises reporting to the responsible ministry with an exclusive right to sell alcoholic beverages in containers to consumers for consumption elsewhere *(22)*.

To be effective in reducing harm, retail monopolies must have public health and welfare aims as their primary consideration *(10,35,36)*. Nordic alcohol monopolies differ from other existing alcohol monopolies in their emphasis on public health and social responsibility, prioritizing harm reduction over profit. They are integral parts of the broader alcohol control strategies of their countries, designed to limit the harmful health and social effects of alcohol *(37)*. Their operational principles are grounded in a broad international and scientific consensus that strategies aimed at reducing overall alcohol consumption in the population mitigate alcohol-related harm *(38)*. The monopolies are central to the Nordic countries' alcohol policy systems, which – alongside high taxes and prices, strictly enforced age limits, restrictions on marketing, blood alcohol testing for drivers, and well-functioning social and health-care systems – have contributed to relatively low APC and reduced alcohol-related health and social harm in a region traditionally known for harmful drinking patterns and alcohol's high contribution to mortality *(31)*.

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2.4 Key features of alcohol retail monopolies and their integration into comprehensive alcohol control strategies in the Nordic countries

Focusing on public health-motivated monopolization of alcohol retail sales in general, a government monopoly has several features that facilitate the implementation of comprehensive strategies to reduce alcohol-related harms *(39,40)*:

- it restricts physical availability of alcoholic products by limiting the number of sales outlets per area, thus effectively controlling outlets density;
- it controls temporal availability by regulating hours and days of sale (in a competitive market, extending hours of sale is often used as a competitive tactic; in all countries with retail monopolies, the operating hours of monopoly stores are shorter than those of grocery stores);
- it permits responsible service of alcohol, including strict enforcement of minimum purchasing age legislation and refusal of service to customers who appear to be intoxicated;

- it allows a comprehensive and transparent pricing scheme in which no product is sold below a particular price to be implemented across all monopoly stores;[1]
- it allows an effective ban on all forms of sales promotion and discounts; and
- it eliminates advertising and other promotional activities that are conducted in stores by private interests in a competitive market.[2]

These features of alcohol retail monopolization largely address the three cost-effective strategies, or "best buys", identified by WHO for limiting alcohol-related problems: restricting availability of retailed alcohol, banning or restricting marketing, and ensuring sufficiently high prices through excise taxation *(43)*.

Although alcohol taxes are collected separately by government tax authorities, the monopolies set retail prices that include these taxes and communicate the different price components openly to the public and the suppliers *(44–47)*. In the Nordic countries high alcohol taxes and State-controlled monopolies work together as part of a comprehensive strategy to reduce alcohol-related harm. For instance, Nordic countries with alcohol monopolies have a higher proportion of alcohol taxes in their final retail prices (so-called tax shares) compared to other European countries, including Denmark, where taxes make up a smaller share of the price. This results in relatively lower alcohol affordability in the Nordic countries, especially given their economic wealth, compared to countries in central and southern Europe *(48)*.

Moreover, there are specific features of the Nordic alcohol monopolies that partially distinguish them from other existing alcohol retail monopolies and contribute to the reduction of alcohol-related harms:

- **Disinterested management** (as it has been termed in discussions of alcohol monopolies): the sales volume of a government store is not a consideration in the salary of those managing it, so they do not have an incentive to increase sales.
- **Extensive staff training:** staff at monopoly stores receive extensive and specialized training in providing neutral information about products and, for example, offering guidance on pairing alcoholic beverages with meals. They are also trained in responsible alcohol sales practices, such as strict age verification procedures and refusal of service to intoxicated individuals (such regulations are typically less likely to be enforced by staff in privately owned stores).
- **A strong public health focus and explicit harm reduction objectives:** alcohol monopolies have a strong track record of prioritizing strategies to mitigate harm from alcohol; they often support research and conduct controlled trials to assess policy interventions aimed at reducing health and social impacts.
- **Integration with existing alcohol policy frameworks:** monopolies align closely with the broader welfare architecture of their governments and integrate well with existing alcohol policy frameworks.

As an additional means of contributing to the reduction of alcohol-related harm, the Nordic monopolies supplement the efforts of public health authorities by collecting and disseminating health information on both the short-term and the long-term effects of alcohol, as well as by conducting independent research on how well alcohol policies, such as age verification procedures, are enforced *(49)*. The aim is to ensure that the information provided by the monopolies is based on the latest independent research findings

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1 For example, leading studies on the effects of minimum pricing on reducing alcohol consumption were carried out in Canadian provinces where the monopoly had adopted such a rule before the term "minimum unit price" had been invented *(41)*.

2 This is often substantial; for instance, nearly half of alcohol advertising in traditional Australian media comes from retailers of alcoholic beverages *(42)*.

and not on limited scattered studies. For example, Systembolaget, the retail monopoly in Sweden, allocates 10 million Swedish krona (approximately €1 million) annually to various research projects through an independent alcohol research council. This council issues open calls for funding based on traditional scientific criteria and provides support to medical and social science alcohol research *(35)*. In Norway and Finland the monopolies cooperate with several State authorities and nongovernmental organizations and support the work of impartial and independent researchers *(36,37)*. One key advantage of this cooperation is that it allows public health-based monopolies to employ knowledgeable staff who are well informed both about the various alcoholic beverages and about the monopoly's objectives, national regulations and health impacts. Furthermore, the monopolies have allocated funds to spread information on the most effective ways to reduce alcohol-related health and social harms, with research results disseminated to governments, local communities and the health-care system. The Nordic alcohol monopolies have had a particularly strong role in funding and facilitating independent research on ways of reducing alcohol problems.

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3. Nordic alcohol retail monopolies today

3.1 The monopolies at a glance

In the Nordic context, State-owned alcohol retail monopolies currently exist in Finland, Iceland, Norway, Sweden and the Faroe Islands, which are a self-governing territory of the Kingdom of Denmark. All of these Nordic monopolies have been established to mitigate the health and societal harm caused by alcohol and are focused on limiting alcohol availability, rather than generating State income. This approach not only reflects a societal responsibility towards public health but also aligns with broader public policy objectives to safeguard community well-being. Although the systems differ at both regulatory and policy levels, they are similar in structure, and there is a clear consensus on the role and overall goal of the Nordic approach. Nevertheless, each country maintains its own national alcohol policies and legislation.

Fig. 1 shows some key information on each of the monopolies in the Nordic countries.

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

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[a] Data are based on national sources *(50)*.

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 (EEA) 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

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[a] Data are based on national sources *(51)*.

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

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[a] Data are based on national sources *(52)*.

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

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[a] Data are based on national sources *(53)*.

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

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[a] Data are based on national sources *(54,55)*.

As Fig. 1 shows, the extent to which the alcohol market is covered by monopolies varies significantly across the Nordic countries. In Sweden 83% of registered alcohol sales occur in monopoly stores, while the figure is 68% in Iceland and drops to just 50% in Norway. Although data for the Faroe Islands are not available, Finland appears to have the lowest coverage of registered alcohol sales among these countries, with only 39% occurring in monopoly outlets.

This variation in coverage is influenced by factors such as geography and opportunities for cross-border shopping, as well as by legislation regulating the sale of alcoholic beverages outside monopoly systems (including online sales) and the alcohol by volume (ABV) thresholds established in each country for alcoholic beverages that are allowed to be sold outside monopoly stores. For instance, in Iceland grocery stores can only sell alcoholic beverages with an ABV of 2.25% or lower, while Vínbúðin, the monopoly retail store, sells all alcoholic beverages exceeding this threshold. In the Faroe Islands, Rúsdrekkasøla Landsins has the exclusive right to import and sell all alcoholic beverages with an ABV above 2.8%. In Sweden non-monopoly stores are permitted to sell beverages with an ABV of 3.5% or lower, while Systembolaget, the monopoly, handles sales of products with higher alcohol content. In Norway grocery stores can sell alcohol with an ABV of 4.7% or lower, while the monopoly, Vinmonopolet, retains the exclusive right to sell beverages exceeding this limit. Finland has clearly the highest ABV thresholds for beverages that can be sold outside the monopoly: grocery stores can sell beverages with an ABV of 5.5% or lower, while the monopoly, Alko, is authorized to sell any alcoholic beverages above that threshold. This change occurred relatively recently, in 2018, when the ABV limit was raised from 4.7%, allowing full-strength beer and premixed beverages made from spirits to be sold outside the monopoly. Moreover, since June 2024 the sale of fermented alcoholic beverages below 8% ABV has also been permitted outside monopoly stores.

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Opening hours for retail monopoly stores vary across countries, with Finland currently having the longest operating hours compared to others. All Nordic countries generally shorten their monopoly store hours on Saturdays, and all stores are closed on Sundays to ensure community safety and address social concerns related to alcohol consumption.

3.2 How do Nordic monopoly stores differ from other alcohol retailers?

The Nordic monopoly stores offer a carefully designed, and in many ways quite unique, shopping experience, informed not only by public health considerations but also by behavioural science. The stores are service-minded and stay in continuous dialogue with the public and consumers. They offer great customer service through well-trained and educated staff, adhere to strict regulatory standards, and fulfil the public health mandate entrusted to them by their respective governments. For example, much attention is paid to store layout, its social architecture and atmosphere. The monopoly stores are typically designed with a clear social architecture to streamline the shopping process, without trying to keep the customer in the store as long as possible. Customers can easily navigate the stores, quickly find what they need, and proceed to the checkout. The checkout areas are prominently displayed and intentionally free of products to minimize impulse purchases, particularly while customers are queueing. Unlike typical grocery stores, monopoly stores do not play music, which can influence consumers' purchasing decisions. The quiet atmosphere is intended to help customers make thoughtful, informed choices without external influences.

Rigorous staff training is one of the key features of the monopolies, ensuring that personnel can provide product advice while also performing competent identity checks and assessment of intoxication at

checkouts. The customer-centric, yet public health-oriented policies are another standout feature. In some countries customers can return their unopened beverages if they keep the receipts, and online orders can be cancelled and returned within a certain period. These and other features encourage customers to make better-informed choices and to change their behaviour with a view to reducing alcohol consumption. For example, the "second thoughts trolley" in the larger Systembolaget stores in Sweden is a small but significant feature of its social architecture. Located near the checkout counter and often marked by a sign asking customers whether they really need all their selected products, it allows shoppers to place items they have decided against buying in the box. This concept is intended to provide customers with a last-minute opportunity to reconsider their purchases before finalizing their transaction. It encourages thoughtful decision-making and reduces impulse buys. Items placed in the second thoughts trolley are then returned to the shelves by staff, ensuring that products are not wasted and are available for other customers.

In contrast to grocery stores and other shops, where alcohol sales are generally driven by marketing tactics and profit motives, the Nordic retail monopolies offer a structured and thoughtful environment for purchasing alcohol that is not guided by profit-making. Based on public health considerations, their approach seeks to strike a balance between customer service and responsible management of alcohol sales, with the aim of minimizing harm and promoting informed consumption. In their contact with the retail monopolies, customers are provided with knowledge of alcoholic beverages, their origins, ingredients, and other considerations and information in a setting that does not pressure them into making a purchase.

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4. Do monopolies make a difference? Alcohol consumption and harm in the EU and the Nordic monopoly countries

This section aims to compare alcohol consumption and harm in the Nordic alcohol monopoly countries and in the EU, drawing on the comprehensive data compiled in the WHO Global Information System on Alcohol and Health *(56)*. These data are systematically collected and validated by WHO Member States and were recently summarized in the 2024 WHO *Global status report on alcohol and health and treatment of substance use disorders (6)*.

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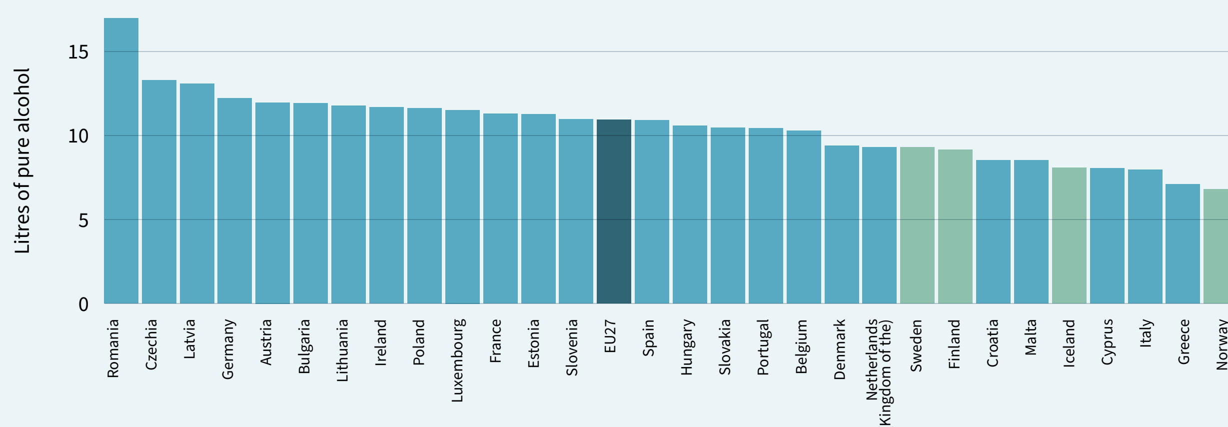
4.1 Alcohol per capita consumption

Alcohol per capita consumption (APC) refers to the average amount of alcohol consumed by each person within a specific population over a defined period, usually a calendar year. It encompasses all types of alcoholic beverages, including beer, wine and spirits, and is measured in litres of pure alcohol (ethanol) per person aged 15 years and over. APC is widely recognized as a good indicator for assessing alcohol exposure in a population, and it is more widely available compared to other measures of alcohol use. APC is also considered a good indicator for estimating alcohol-attributable harm *(38)*.

The EU27 is the global region with the highest APC worldwide.[3] In 2019 the average total APC among adults (15+ years) in the EU27 was 11.0 litres of pure alcohol, twice the world average. The Nordic countries that have retail monopolies are well below the EU27 average, with a lower APC than most EU countries (Fig. 2).

3 The 27 countries that comprise the EU27 are Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands (Kingdom of the), Poland, Portugal, Romania, Slovakia, Slovenia, Spain and Sweden.

Fig. 2. Total APC of the total adult population (15+ years) in the EU27 countries, Iceland and Norway, 2019[a]



[a] APC is measured in litres of pure alcohol. Data are derived from the WHO Global Information System on Alcohol and Health *(56)*; WHO's global estimates are produced by collecting and standardizing data from multiple sources and using statistical models to fill gaps.

4.2 Heavy episodic drinking

Heavy episodic drinking (HED) is another relevant measure of alcohol use, defined by WHO as consuming at least 60 g of pure alcohol on one or more occasions in the previous 30 days. This corresponds to consuming about six 350 ml bottles of beer (Europe's most consumed alcoholic beverage) on each such occasion. HED is a drinking pattern of particular public health relevance, as it is associated with immediate risks such as alcohol poisoning and injuries. Historically, the pattern of drinking in Nordic cultures resembled the patterns in eastern Europe, with HED as a dominant pattern and distilled spirits accounting for a large proportion of beverages consumed *(57)*.

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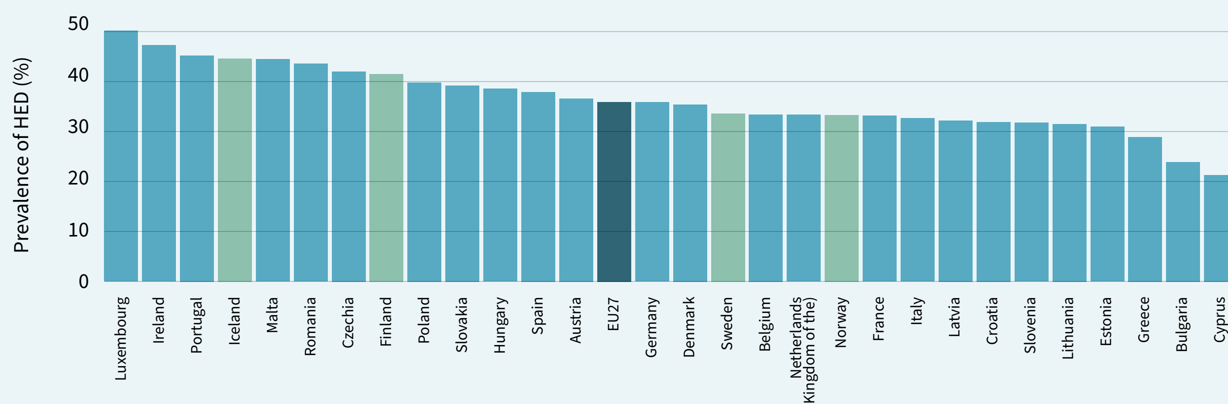
The prevalence of HED among the adult population (15+ years) (Fig. 3) and among young people (15–19 years) (Fig. 4) varies significantly both across the EU27 and among the Nordic countries with retail monopolies. Iceland and Finland exhibit higher prevalence than the EU27 average, whereas Sweden and Norway show lower prevalence rates.

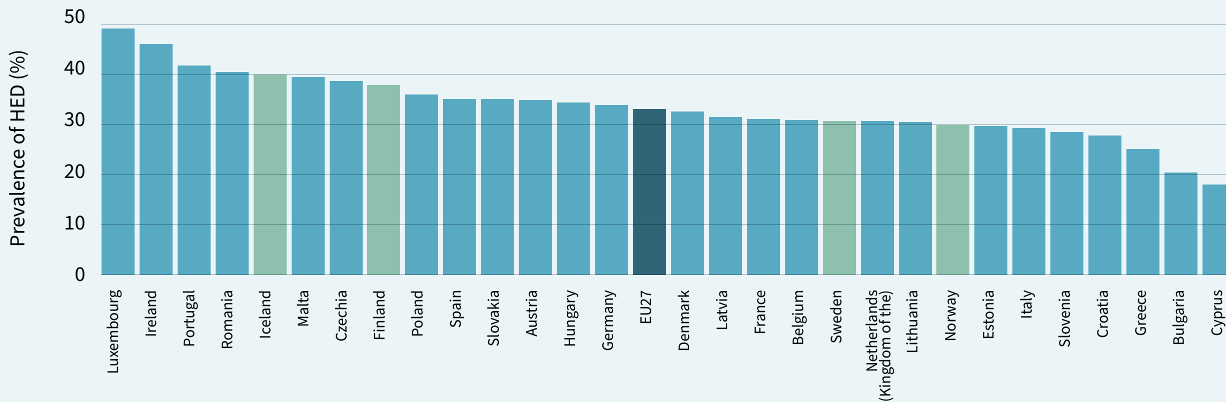
Fig. 3. Prevalence of (age-standardized) HED among the adult population (15+ years) in the EU27 countries, Iceland and Norway, 2019[a]



[a] HED is defined as consuming at least 60 g of pure alcohol (5–6 standard glasses) on one or more occasions in the previous 30 days. Data are age-standardized for the total adult population (15+ years).

Source: WHO Global Information System on Alcohol and Health *(56)*.

Fig. 4. Prevalence of HED among young people aged 15–19 years in the EU27 countries, Iceland and Norway, 2019[a]



[a] HED is defined as consuming at least 60 g of pure alcohol (5–6 standard glasses) on one or more occasions in the previous 30 days.
Source: WHO Global Information System on Alcohol and Health *(56)*.

4.3 Alcohol-attributable disability-adjusted life years

Disability-adjusted life years (DALYs) are a measure of overall disease burden, expressed as the number of years lost due to ill health, disability or early death. In the context of alcohol harm, DALYs are used to quantify the impact of alcohol-related conditions and injuries on population health. They combine the years of life lost due to premature mortality and the years lived with disability due to alcohol-related diseases, injuries and conditions. DALYs provide a comprehensive assessment of the health impacts of alcohol use, allowing comparisons across different countries.

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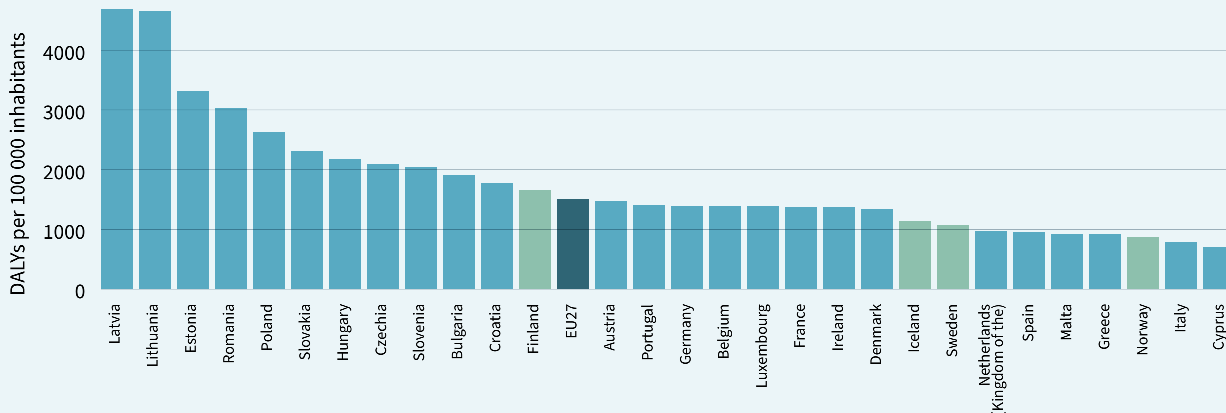
Analysing the rates of alcohol-attributable DALYs across the EU27 countries, Iceland and Norway, the monopoly countries – except Finland – also stand out in this respect (Fig. 5). The age-standardized DALY rates are substantially lower in the Nordic monopoly countries compared to the EU27, with the exception of Finland, where alcohol is more broadly available because of the longer opening hours of monopoly stores compared to other Nordic monopoly countries and the fact that grocery stores are permitted to sell a larger range of beverages with higher ABV.

Fig. 5. Rate of (age-standardized) DALYs per 100 000 inhabitants in the EU27 countries, Iceland and Norway, 2019

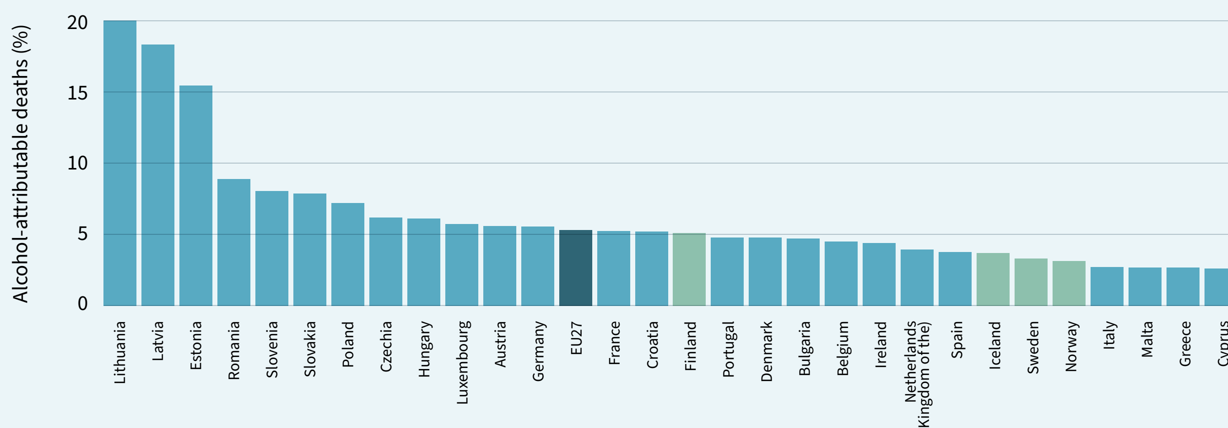


Source: WHO Global Information System on Alcohol and Health *(56)*.

4.4 Alcohol-attributable deaths

A comparison of alcohol-attributable deaths among the EU27 countries, Iceland and Finland shows a similar pattern to that of DALYs, with the Nordic monopoly countries positioned at the lower end of the scale (Fig. 6).

Fig. 6. Proportion of alcohol-attributable deaths among all deaths in the EU27 countries, Iceland and Norway, 2019



Source: WHO Global Information System on Alcohol and Health *(56)*.

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4.5 Changes in patterns of alcohol consumption and alcohol-attributable harm

One of the most detailed comparative monitoring studies in alcohol epidemiology across the EU was carried out within the Joint Action on Reducing Alcohol-related Harm project *(59)*. The result of this very first Standard European Alcohol Survey, which was carried out in 19 European countries in 2015–2016, showed that drinking cultures have remained quite varied across the EU. Some countries have a traditional drinking pattern of high quantities on one occasion; in others, drinking on a daily basis is common; and in yet others, it is characteristic to drink beer frequently and in large quantities.

The Nordic countries traditionally belonged to the northern/eastern HED culture, which is characterized by occasional but intense episodes in which large quantities of alcohol, typically spirits, are consumed in a short period, such episodes often being socially accepted as part of celebrations and social activities *(60–62)*. However, drinking patterns in many of these countries have shifted over time from traditional spirits consumption to resemble cultures marked by beer- and wine-drinking (see, for instance, Kraus et al. *(60)*).

Overall, the Nordic alcohol retail monopolies have played a crucial role in shaping drinking patterns in their respective countries by regulating availability, eliminating sales promotions and point-of-sale marketing, supporting the implementation of high alcohol taxes as part of comprehensive alcohol frameworks, and supporting public health initiatives. On the one hand, the monopolies have shaped drinking habits by offering a wide range of alcoholic products in their stores and thereby diversifying beverage preferences in traditionally spirits-drinking countries. On the other hand, they have played a key role in communicating the various harms to the public caused by alcohol and promoting more controlled and moderate alcohol consumption.

As of 2024, various drinking patterns were prevalent in different Nordic countries, as shown in Fig. 7 *(63)*.

Fig. 7. Various clusters of drinking patterns across the EU27, Iceland and Norway, based on APC, beverage preference and drinking status indicators, 2024

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- Countries with high beer and low spirits consumption in central-western Europe
- Countries with high lifetime abstainers and high spirits consumption in eastern Europe
- Countries with high beer consumption and HED among current drinkers in eastern Europe
- Countries with high spirits and "other" beverages consumption in eastern Europe
- Countries with high current drinkers and HED
- Wine-drinking countries
- Data not available

Source: based on Correia et al. *(63)*.

One example of these shifting drinking patterns is seen in the developments in Finland and Sweden. Finland, where the monopoly's share of registered consumption was only 39% in 2022 *(64)*, is categorized in the same consumption pattern group as Iceland and Ireland, which are characterized by a high number of people in the population who consume alcohol as well as by a high prevalence of HED. In contrast, Sweden, where the monopoly's share was 70.3% in 2022, now belongs in the same group as countries such as France and Italy *(63)*, which are characterized by wine drinking. The above-mentioned differences in HED prevalence between the Nordic countries further contribute to the differences in the identified consumption pattern groups.

A closer examination of all the above-mentioned indicators, as well as total mortality rates over time, may provide some further insights into the public health implications for the Nordic monopolies. As shown in Fig. 8, in the first two decades of the 21st century total and recorded APC in all Nordic countries with alcohol monopolies remained lower than the EU27 average (though individual trends varied). Drinking levels were highest in Denmark, the only Nordic country without a monopoly (excluding its self-governing territory, the Faroe Islands). Finland follows, with its APC increasing after 2000, then decreasing, and finally stagnating at a level similar to that of Denmark and Sweden. Sweden demonstrated quite stable trends over time, with a substantial proportion of unrecorded alcohol in its total APC, mostly coming from cross-border shopping in Denmark and Germany. Iceland and Norway showed lower total APC levels than the other countries, although Iceland's level has increased in recent years. In terms of HED, Finland and Iceland have historically demonstrated a higher HED prevalence compared to the EU and other Nordic countries, with a declining trend in Finland and a rising trend in Iceland. Denmark, Norway and Sweden showed lower HED prevalence, with slight fluctuations but generally stable or decreasing trends.

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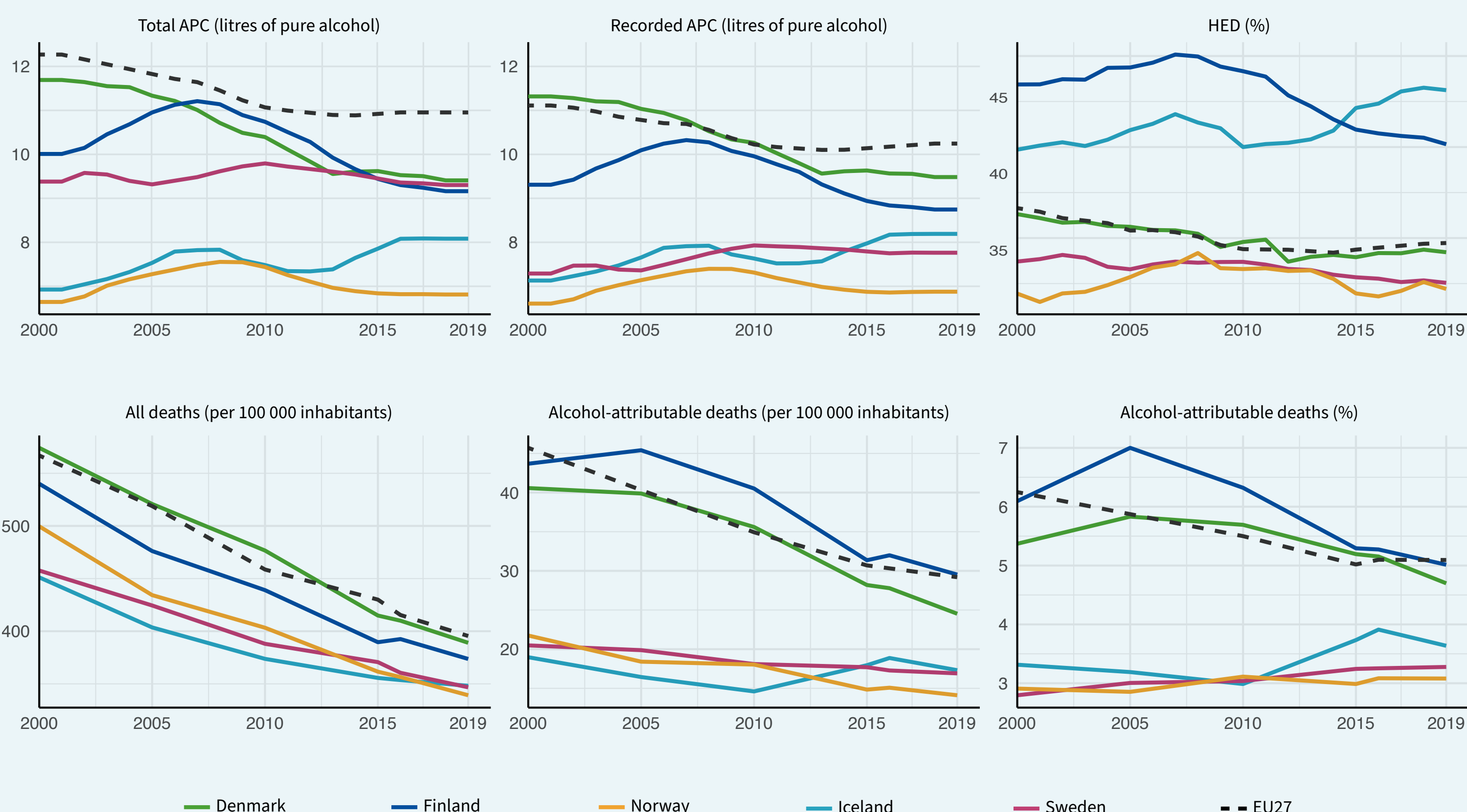
Fig. 8. Various indicators of alcohol consumption and harm in the Nordic countries with alcohol monopolies, Denmark and other EU27 countries, 2000–2019



Source: Global Information System on Alcohol and Health *(56)*; Correia et al. *(63)*.

There was a consistent decline in overall and alcohol-attributable death rates in the EU and all Nordic countries, with the exception of Iceland, where alcohol-attributable deaths increased after 2010. Denmark showed the highest overall death rate, as well as the second-highest alcohol-attributable death rate and second-highest proportion of all deaths attributable to alcohol as compared to the other Nordic countries. Overall, Finland was the country with the highest alcohol-attributable death rate and overall contribution of alcohol to its mortality, which was at a level similar to the EU average. Although the gap in alcohol-attributable burden between these two countries and the other Nordics had been closing over time, the two countries still stood out from the others, which may be partly explained by their APC levels and prevalence of HED being at or above the EU average. Although data on these indicators are only available for the years 2000–2019, the trends suggest that, despite some fluctuations, Nordic monopoly countries have maintained alcohol consumption and alcohol-attributable disease burdens below the EU average. Finland is a notable exception, where HED combined with high alcohol consumption contributes to high alcohol-attributable mortality rates. The more recent data indicate that, while total APC in the EU remained stable in the decade after 2010, all Nordic countries, except Iceland (where consumption was among the lowest in Europe), reduced their total APC over the same period.

4.6 How do monopolies make a difference?

There is consistent evidence that the structure of the retail alcohol distribution system significantly affects alcohol sales, with government monopolies on off-premises retail sales influencing alcohol consumption and related harms *(65,66)*.

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The most comprehensive analysis of the impact of monopolization versus privatization on alcohol consumption is a systematic review of 12 distinct privatization events across North America and Europe *(35)*. The review found strong evidence that privatizing retail alcohol sales leads to increased alcohol consumption, including what the authors classify as excessive consumption. Across 17 studies, privatization was associated with a median 44.4% increase in sales in locations that privatized retail alcohol sales and a slight decline in sales of non-privatized beverages. One study also showed that remonopolization of alcohol sales in Sweden reduced alcohol-related harms, highlighting the potential for policy to influence consumption patterns and associated outcomes *(68)*. The review also developed an analytical framework for assessing the impact of privatizing alcohol sales; privatization often increases the density of alcohol outlets, extends selling hours and days, and broadens the range of available products and brands, making alcohol more accessible and appealing, particularly to high-risk drinkers. While overall prices may rise, privatized systems frequently offer low-cost options that attract heavy drinkers. Additionally, increased competition among outlets tends to amplify alcohol advertising and promotion and may weaken enforcement of sales regulations, such as minimum drinking age laws. These factors collectively enhance demand and access, potentially driving increased alcohol consumption and related harms *(35)*. The findings thus suggest that the Nordic monopolies' strict regulation of alcohol availability and elimination of promotion and marketing at sales outlets, including online stores, are key features that contribute to reduced alcohol consumption at the population level in their respective countries.

There are at least two well-documented real-world examples from the Nordic countries illustrating that increases in alcohol consumption, at both individual and population levels, correlate with periods when the retail monopolies were relatively weak in terms of status and coverage, as revealed in survey data and alcohol sales figures.

One of the most comprehensive studies documenting this relationship examines the impact on different population groups of changes introduced by Finland's 1969 Alcohol Act, which significantly transformed the country's alcohol consumption landscape. The Act allowed the sale of medium-strength beer (up to 4.7% ABV) in grocery stores and cafés, and also lifted the ban on Alko stores in rural areas, which led to a notable increase in the number of licensed establishments, with fully licensed restaurants growing by 46% and Alko retail stores by 22%. Consequently, overall alcohol consumption increased by 46%, with medium-strength beer consumption rising by 242% and total beer consumption by 125%. Consumption of light beer, on the other hand, dropped by 50%, reflecting a shift in drinking preferences. This increase was observed across all demographic groups, regardless of age, gender, education or urban/rural status. However, the largest increases were observed in those who initially had higher consumption levels; among women, especially those aged 15–29 years; and among residents of rural areas *(67)*.

Sweden serves as a notable example of how changes in alcohol availability outside monopoly stores can influence consumption levels in both directions. A time-series analysis examined alcohol sales data in relation to policy changes affecting the alcohol monopolies' range of coverage of beer. In 1965, just a few years before Finland, the sale of medium-strength beer (up to 4.7% ABV) was permitted in grocery stores. In the period 1965–1977, alcohol sales increased by 15% compared to the preceding years (1961–1965). However, unlike Finland, Sweden reversed this policy in 1977 after observing these increases. Subsequently, in the three years following the withdrawal of medium-strength beer from grocery stores, sales decreased by 15% compared to the 1965–1977 period *(68,69)*.

Additionally, as already explained, Nordic monopolies have played a key role in shifting drinking patterns away from heavy, irregular consumption of spirits separate from meals. This shift has been influenced by the introduction of a wider variety of alcoholic beverages in monopoly stores, offering customers more options than regular stores. Additionally, the obligation of monopoly staff to provide neutral information on the different beverages encourages customers to consume alcohol with food, further shaping drinking patterns. Clear regulations on opening hours, strict age verification procedures, and refusal of service to intoxicated individuals also contribute to shaping long-term drinking behaviours and social norms. The monopolies have contributed to relatively low levels of consumption in a region historically known for alcohol-related problems, where prohibition was at one point introduced in response to alcohol harm.

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5. Protecting young people – fundamental for the monopolies

5.1 Lower prevalence of alcohol use among young people in Nordic countries with monopolies

Alcohol use is the leading global risk factor for the burden of disease among people aged 10–24 years *(2)*. Early onset of alcohol use/early initiation of drinking is associated with a heightened risk of alcohol and other substance use disorders, as well as related issues such as violence, injuries and social problems *(70,71)*. Heavy alcohol consumption during adolescence impairs cognitive development and tends to continue into adulthood, and it is linked with alcohol-related issues such as dependence, premature mortality and reduced work performance *(72,73)*. Delaying the onset of alcohol use and preventing or reducing experiences of intoxication in adolescents could substantially decrease the risk of various alcohol-related harms later in life.

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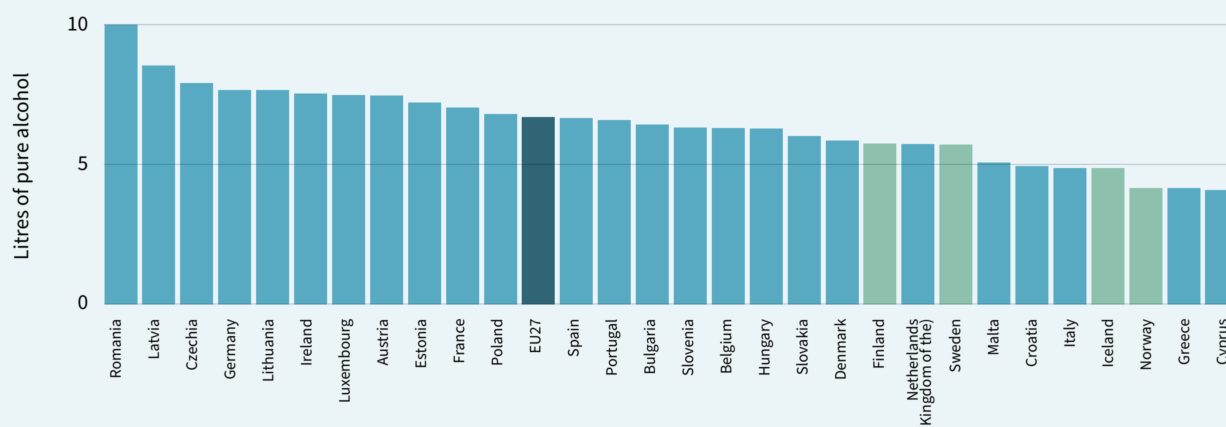
For example, a recent national cohort study from Finland indicates that raising the minimum legal drinking age (MLDA) not only benefits adolescents and young adults but also reduces alcohol-related health problems in later life *(74)*. It reveals a clear association between exposure to a lower MLDA during youth and decreased alcohol-related morbidity and mortality later on; the trend is also associated with reduced socioeconomic health disparities and is particularly marked among those with lower educational attainment. These findings underscore the importance of MLDA policies and their enforcement in preventing long-term alcohol harm and suggest that interventions targeting late adolescence could significantly impact public health outcomes.

The Nordic monopolies have given high priority to reducing young people's drinking. In monopoly stores in Norway and Sweden, all customers who look below 25 years of age are obliged to show an official identity document to prove that they are above the purchase age limit, while in Finland the instruction is to do this if the customer looks below 30 years. To check how the monopolies enforce their age limits, so-called mystery shopper surveys using young-looking test customers are carried out once or twice a year. These studies showed that in 2022 the rate of identity checks was 97% at Systembolaget in Sweden *(75)*, 97% at Alko in Finland *(76)* and 96% at Vinmonopolet in Norway *(77)*. In Norway, in 2022, 15 278 customers attempting to buy alcohol were turned away because they could not show a valid proof of identity or were under the legal purchasing age. Overall, the compliance rate is much higher than in countries without retail monopolies, such as Slovenia (12%), Netherlands (Kingdom of the) (28%) and Lithuania (55%), according to the most recent data *(78,79)*. Moreover, store employees are not allowed to sell to people who they suspect are buying alcohol for minors.

Young people's drinking often, but not always, mirrors the drinking behaviour of the total population in the country. For example, prevalence rates of current drinking are higher in the EU27 (77%) and the WHO European Region (62%) as compared to the global average (44%) and other regions, which is also reflected in the high level of drinking among young people in the EU27 *(56)*. According to global WHO data, alcohol consumption among 15–19-year-olds in Nordic countries with monopolies is lower than the EU27 average, as it is among adults (Fig. 9).

Fig. 9. **Total APC among 15–19-year-olds in the EU27 countries, Iceland and Norway, 2019**[a]



[a] APC is measured in litres of pure alcohol.
Source: WHO Global Information System on Alcohol and Health *(56)*.

These estimates are partly based on pan-European survey projects, such as the European School Survey Project on Alcohol and Other Drugs (ESPAD), which is a collaborative research project that aims to collect comparable data on substance use among 15–16-year-old students across Europe. The latest ESPAD data from 2019 show that fewer 15–16-year-olds in Nordic alcohol monopoly countries reported that they had tried alcohol in their lifetime: Iceland (37%), Norway (53%), Sweden (58%) and Finland (69%), compared to an ESPAD average lifetime prevalence of 79% across Europe, which includes Denmark, the only Nordic country without a retail monopoly, at 92% (Fig. 10) *(80)*. However, the Faroe Islands, a self-governing territory of the Kingdom of Denmark, were an exception to this pattern, reporting a lifetime prevalence of 80%.

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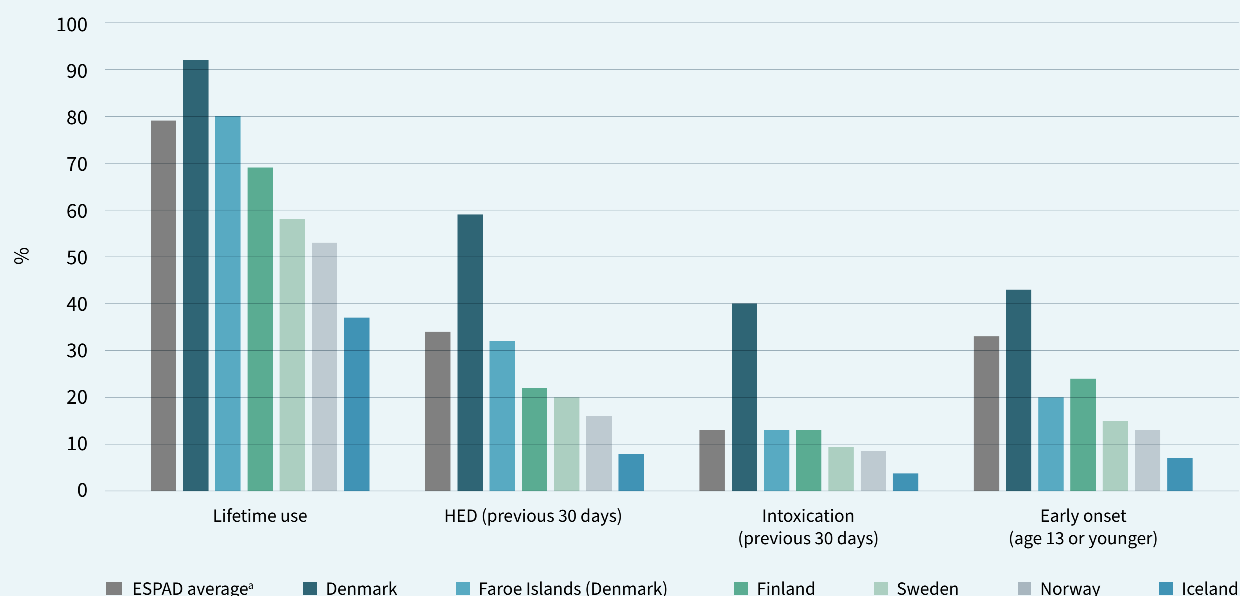
Fig. 10. **Prevalence of key alcohol indicators among 15–16-year-olds in Nordic countries, 2019**



[a] The ESPAD average is derived from the following: Austria, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Faroe Islands, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Kosovo[1], Latvia, Lithuania, Malta, Monaco, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Portugal, Romania, Serbia, Slovakia, Slovenia, Spain, Sweden and Ukraine.
Source: based on ESPAD 2019 data *(80)*.

[1] In accordance with United Nations Security Council Resolution 1244 (1999).

Furthermore, ESPAD results showed that prevalence of HED in the previous 30 days was generally lower in the Nordic monopoly countries/territories – Iceland (8%), Norway (16%), Sweden (20%), Finland (22%) and Faroe Islands (32%) – than the ESPAD average of 34% and lower than Denmark at 59%, the highest reported prevalence of all countries *(80)*. Similarly, 15–16-year-olds from Nordic countries with monopolies generally experienced lower levels of alcohol intoxication in the previous 30 days: Iceland (3.8%), Norway (8.6%) and Sweden (9.4%) reported lower intoxication prevalence compared to the ESPAD average of 13%. Finland and the Faroe Islands both reported 13%, whereas Denmark reported the highest prevalence in the entire sample, with 40% of their 15–16-year-olds getting intoxicated with alcohol at least once in the previous 30 days *(80)*.

As mentioned above, one key indicator of drinking among young people that is indicative of future behaviour is the age of onset of alcohol use. An average of 33% of the young people in the ESPAD study reported that they had used alcohol at the age of 13 or earlier. In the Nordic alcohol monopoly countries/territories, the reported percentages were lower: 7.1% in Iceland, 13% in Norway, 15% in Sweden, 20% in the Faroe Islands and 24% in Finland. Denmark again reported the highest prevalence of the entire sample, with 43% of the young people surveyed reporting that they had consumed alcohol at the age of 13 or earlier *(80,81)*.

5.2 The role of Nordic monopolies in raising awareness of alcohol's harm

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The Nordic monopolies are also actively raising awareness of the harms caused by alcohol among parents and supporting the distribution of information to consumers about the impact on children of adults' alcohol consumption and intoxication at events such as parties and family dinners. For example, the brochure *Teenagers and alcohol* is distributed for free to all parents/guardians in Sweden and Norway, and in Norway Vinmonopolet distributes information to parents on how to "say no" to teenagers who ask them to provide alcohol *(82)*. The brochures give information about alcohol and ideas for parents on how to talk about alcohol with teenagers, and additionally Vinmonopolet has a dedicated campaign targeting young adults under the age of 25 to raise awareness of their responsibility not to buy alcohol for minors and providing tips on how to refuse such requests *(82)*. Several studies have found that alcohol-related attitudes and norms among parents have been changed by such efforts *(83,84)*. Disapproval of underage drinking has become more common in the Nordic countries, and one factor mentioned behind the decline in underage drinking is a change in parents' attitudes. For example, disapproval of drinking alcohol in the presence of children was 91% in Norway, 86% in Sweden and 85% in Finland, compared to only 69% in Denmark. Similarly, disapproval of occasionally providing alcohol to individuals under the age of 18 was substantially higher in Sweden (69%), Norway (68%) and Finland (41%) than in Denmark, where only 19% considered it to be wrong *(81)*. As mentioned in section 2.4, one of the key features of the Nordic alcohol monopolies is their active role in funding and disseminating research to inform policy and educate the public about alcohol-related issues. For example, Sweden's Systembolaget has its own Alcohol Research Council that funds various studies related to alcohol consumption and its effects on young people, including a longitudinal study among adolescents and various studies on treatment interventions aimed at adolescents *(85–87)*, and in Finland Alko donates money to the Finnish Foundation for Alcohol Studies for it to fund independent alcohol research *(88)*.

6. Strong public support for the Nordic alcohol monopolies

Policy measures that restrict market freedom, such as State-owned monopolies focused on public health, are more likely to persist if they enjoy high legitimacy and public support. This can be achieved if the institutions concerned demonstrate that they operate on evidence-based principles and function in a social contract with citizens who understand that the institutions are well intentioned and have their interests at heart. Recent studies in the Nordic countries indicate that a majority of the population have confidence in the ability of the Nordic monopolies to reduce alcohol consumption and mitigate related health and social harms *(89)*.

This has not always been the case, however. In the early 1990s Sweden, Finland and Norway negotiated membership of the EEA; Sweden and Finland (but not Norway) then proceeded to negotiate membership of the EU, which they joined in 1995. Membership of the EEA and the EU resulted in new trade liberalization requirements that decreased public support for the Nordic alcohol monopolies. Moreover, in the 1980s and 1990s retail monopoly stores in the Nordic countries were designed to create separation between customers and beverages in a way that did not meet consumers' interests. For example, customers had to queue to get to the sales desk and then ask for the products they wanted. Self-service alcohol shops were rare and the monopolies were considered to be outdated by the majority of citizens. This led to increased policy discussions, research and surveys on potential changes in the Nordic monopoly countries. The new situation – both EEA and EU membership and the rise of a new generation of customers with specific interests and needs – therefore required change. The outcome of negotiations between the European Commission's task force and the internal working groups at the respective government offices led to a decision to adapt alcohol retail monopolies in alignment with EU law and address emerging challenges. It was found necessary to establish a better balance between retaining restrictions on sales to minimize alcohol-related problems and, at the same time, meeting customers' demands for consumer guidance, service and health information. Achieving this balance, while still focusing on public health, had an impact on public opinion.

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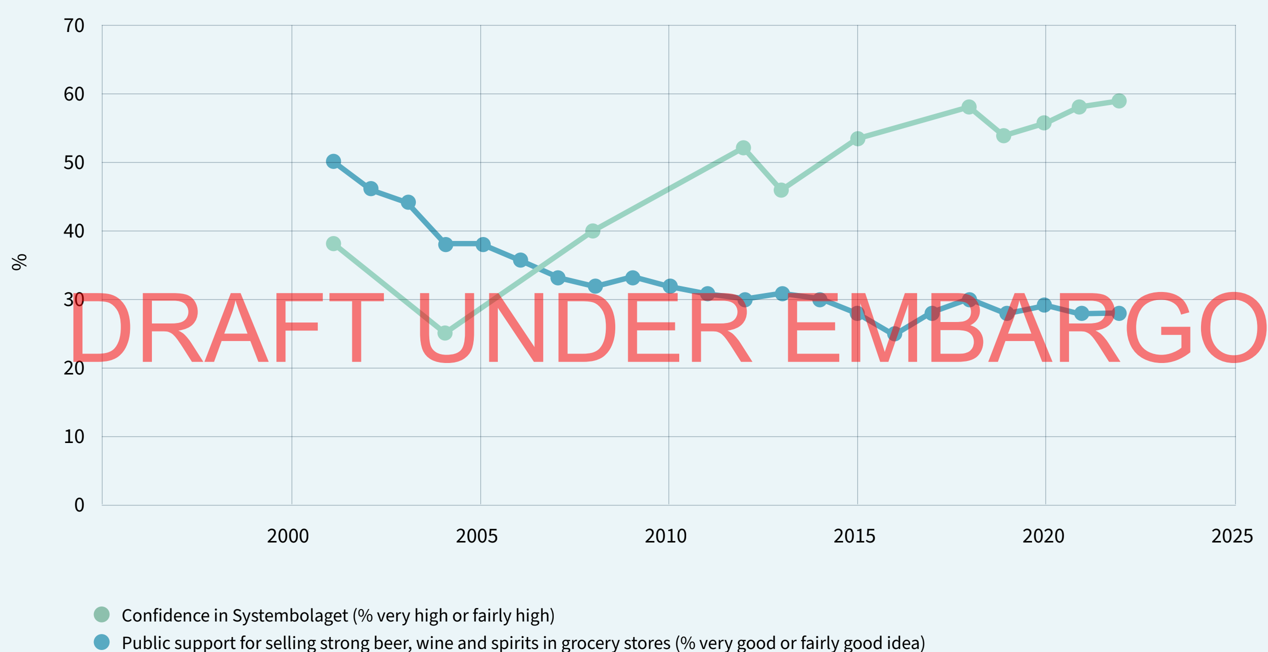
A key factor underlying the current customer confidence and satisfaction rates in the monopoly countries is that the monopolies still have a clear focus on their motivating rationales – namely, to contribute to reducing the harm, both social and health-related, caused by alcohol consumption, especially by protecting young people. After joining the EEA/EU, the Nordic countries managed to retain their retail monopolies and high alcohol excise taxes, thereby excluding a major part of the commercial, profit-maximizing element. For example, they continued to sell alcohol without promotional deals or incentive systems and to apply strict selling rules and age controls *(90,91)*.

One example of this evolving balance is seen in the developments that took place in Sweden. The guiding vision of Sweden's Systembolaget became "a society in which everyone can enjoy alcoholic drinks with consideration about health and without harming either themselves or others" *(89)*. Public confidence in Systembolaget increased steadily during the 2000s, from a relatively low level in 2004, when only 24% had very or fairly high confidence in the company, to the situation in 2022, when as many as 58% had a high level of confidence and only 5% had fairly or very little confidence *(89)*. By contrast, when respondents were asked whether they favoured alcoholic beverages being sold in grocery stores, the results showed a significant shift: while 50% responded positively in 2001, indicating that allowing such sales was a very good or fairly good idea, this percentage had decreased to 28% by 2022 (Fig. 11).

Fig. 11. Changing confidence in Systembolaget and public support for allowing sales in grocery stores, 2001–2022



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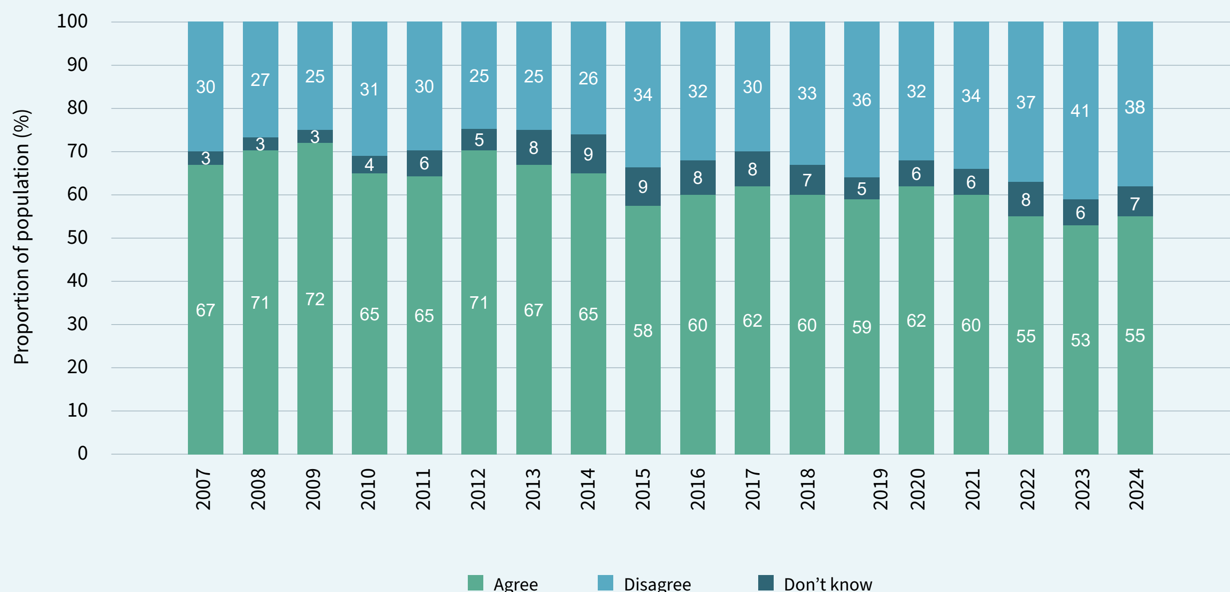
Source: Karlsson et al. *(89)*.

A similar development can be seen in Norway. In 2023 some 60% of respondents agreed that Vinmonopolet should retain exclusive rights to off-premises retail sales of wine and spirits, while 87% held a positive view of the company. Furthermore, Vinmonopolet continues to appear in national rankings among the top companies in Norway in terms of reputation *(92)*.

In Finland support for the alcohol monopoly and national alcohol policy has been tracked in an opinion poll of people's views on the matter *(93)*. In 2024, 55% of the Finnish population stated that the retail alcohol monopoly Alko is "a good way" to reduce alcohol-related harm. Even though the proportion has decreased in recent years, there is still ongoing support for the monopoly's public health mission (Fig. 12).

Fig. 12. **Development in support for Finnish retail monopoly Alko as a good way to reduce alcohol-related harm in Finland, 2007–2024**



Source: Karlsson (2024) *(93)*.

According to the same poll, support for the sale of wine in grocery stores is also declining. In 2022, 54% of participants stated that they supported the proposal to sell wine in grocery stores, but this figure had declined to 44% by 2024 *(93)*.

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As already mentioned, in order to meet customers' needs and comply with EU regulations, the monopolies have a special responsibility to offer good service and adhere to trade rules *(94)*. They provide the same service and beverage choices across all regions of their respective countries, ensuring strict compliance with trade regulations and offering a range of alcoholic beverages in a nondiscriminatory manner, without regard to producer or country of origin. While not all stores carry every item, nearly all alcoholic beverages can be ordered from any monopoly store or agent in the country at no additional cost. For example, Systembolaget has approximately 900 suppliers and 28 000 items in its range, including wine, beer, spirits and cider *(95)*.

A recent development aimed at aligning customer interests and sustainability considerations is the Nordic retail monopolies' focus on reducing not only alcohol's negative impact on public health but also its environmental and climate impact. The entire life cycle of the product and its impact on individuals, society and the environment is considered, even before it is consumed, including factors such as working conditions in the cultivation of raw materials and the production of beverages, and the effects of pesticides and fertilizers on soil viability. The significant climate impact associated with packaging, manufacturing and shipment is also a key focus. As some of the world's largest purchasers of alcoholic beverages, the Nordic monopolies are in a unique position to influence sustainability across the supply chain, including areas such as working conditions, biodiversity and water supply. Collaboratively, the monopolies are actively working to mitigate the environmental impact of alcohol production and transport, with efforts to reduce carbon dioxide emissions. In Sweden's Systembolaget retail shops, for example, alcohol products are labelled with information about their environmental and climate impact, guiding customers towards products that meet stringent sustainability criteria and reflect the company's strong commitment to environmental considerations and social responsibility (Fig. 13) *(96–98)*.

Fig. 13. Label giving information on production and packaging from a Systembolaget store in Sweden[a]

[a] The green label reads (from top): **Environmentally certified** – cultivation and production; **Social responsibility** – cultivation and production; **Lower climate impact** – packaging.

Source: Systembolaget *(99)*.

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In summary, the reasons for retaining and increasing public support for monopolies include the growing trend to accommodate customers' needs and wishes and to make their visits pleasant experiences, while at the same time having a clear public health mission and objective. The first goal is achieved through, for example, self-service options, a wide variety of products that far exceed those typically available in grocery stores, and the availability of informed and trained personnel who offer purchase advice. The second objective is achieved by employing highly trained staff who are motivated to fulfil the mission of the monopoly stores. These employees are trained in responsible sales practices, such as denying service to intoxicated and underage customers, and providing comprehensive information to both customers and the general population about the harms associated with alcohol *(94)*.

7. Are the Nordic alcohol monopolies still relevant to reducing harm today?

7.1 Nordic monopolies in the context of the EEA Agreement and EU membership

In the EU both public health and alcohol policy are matters of national competence, but – in accordance with the principle of primacy – any national laws and regulations must be compatible with EU law. In particular, a State monopoly of a commercial character needs to ensure that no discrimination exists between providers in different EU Member States, in line with Article 37 of the Treaty on the Functioning of the European Union regarding the conditions under which goods are procured and marketed *(100)*. When Finland, Iceland, Norway and Sweden became members of the EEA in 1994, and with Finland and Sweden joining the EU in 1995, the Nordic retail alcohol monopolies were permitted to continue because their aim was to protect public health. Their methods of product selection, retail sales network, and marketing did not disadvantage imported goods from other Member States "in law or in fact" and were not considered disproportionate *(37)*. On the other hand, the import, export and wholesale monopolies were considered by the European Commission to distort competition and free trade and hence to conflict with the EU's primary objective of creating a single market. Thus, despite considerations of health within the Nordic States, these monopolies had to be abolished.

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In addition, the Nordic monopolies fall under EU competition rules and cannot abuse their dominant position (Article 102 of the Treaty on the Functioning of the European Union) *(100)*. To date, the retail alcohol monopolies have taken the necessary actions to ensure that their systems of product selection give equal treatment to national products and products produced in other countries.

There are growing challenges facing the Nordic monopolies, despite the strong public support they enjoy and their strong performance. While the current policy discourse in some Nordic countries is not focused mainly on abolishing the monopolies per se, there are policy initiatives to open up sales through other channels, thereby undermining their rationale and current roles and functions. These initiatives include, for example, in Sweden, the introduction of farm-gate sales (meaning that alcohol producers could sell their products at the site of production) and permitting Internet sales through providers other than Systembolaget. In Finland the policy changes permit the sale of alcoholic beverages up to 8% ABV and spirits-based premixed drinks up to 5.5% ABV in grocery stores, with initial proposals suggesting a higher limit of up to 15% ABV for wines *(101–104)*.

One reason why the policy discourse has not been focused on abolishing the monopolies is the strong public support. However, there are substantial concerns that the proposed changes would lower the

proportion of alcoholic beverages sold through the monopoly stores, potentially leading to indirect discrimination against imported products, which is forbidden in Article 37 regarding monopolies in the Treaty on the Functioning of the European Union *(100)*.

For example, in Sweden the overall remit of the government inquiry into farm-gate sales of alcoholic beverages is to investigate whether and how such sales could be introduced while retaining the monopoly in the country *(101)*. The suggestion from the inquiry (still pending a final decision) is to allow very limited sales (below 0.7 litres of spirits, 3 litres of fermented drinks and 3 litres of strong beer per customer). Only small-scale and independent producers would be allowed to sell alcoholic drinks at the site of production as part of organized visits to the farm.

In June 2024 the Swedish Government outlined a plan to allow farm sales of alcoholic beverages in Sweden while maintaining Systembolaget's retail monopoly *(102)*. The proposal is in alignment with the recent inquiry, and further restrictions have been added to the sales requirements. The proposal includes all alcoholic beverages – beer, cider, wine and spirits. Winemakers must grow their own grapes to be considered for farm sales, and sales must take place at a point directly adjacent to the manufacturing site or place of cultivation. Only small-scale and artisanal production will be involved: up to 75 000 litres of spirits, 400 000 litres of fermented beverages up to 10% ABV, and 200 000 litres of fermented beverages of more than 10% ABV. All purchases must be preceded by a paid lecture or tour of the manufacturing site. A referral to the Council on Legislation was decided in July 2024, at the same time as it was notified to the European Commission. The Government's view is that this limited proposal protects the retail monopoly and is deemed compatible with EU law and the aim of protecting public health.

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Apart from the possibility that farm-gate sales will be permitted in Sweden, a new court case on Internet sales presents a significant challenge to Systembolaget's monopoly on alcohol sales. In 2019 Systembolaget brought a legal action against a Danish online retailer and its Swedish parent company to halt their alcohol sales to Swedish consumers. Despite initially winning in a lower court, Systembolaget's injunction was overturned by the Swedish Supreme Court in July 2023. The court ruled that the Danish company's e-commerce sales, facilitated through a Swedish parent company, did not violate Swedish alcohol laws as they involved private importation, not retail trade in Sweden. Aligned with previous case law from the Court of Justice of the European Union, this ruling marks a precedent allowing cross-border Internet sales of alcohol into Sweden *(103)*.

There are more far-reaching policy developments in Finland which are challenging the position of the Finnish alcohol retail monopoly. The current government programme for the period 2023–2027 contains several proposals concerning alcohol in a section entitled "Opening up markets and increasing competition" that would further decrease the proportion of alcohol sold through the monopoly *(104)*. These include extending retail sales licences to include fermented beverages with a maximum of 8% ABV, exploring the feasibility of allowing sales of wines up to 15% ABV in such stores, and permitting farm sales directly to consumers from production sites and online for small wineries, craft breweries and small distilleries *(105)*. By February 2024 the Government had already notified the European Commission of the proposed change to allow sales of fermented alcoholic beverages up to 8% ABV in grocery stores, and – despite the Commission's concerns that this measure might lead to discrimination against imported products – the proposal was passed in spring 2024 (Box 2) *(106,107)*. Since June 2024 new Finnish regulations have permitted the sale of fermented alcoholic beverages up to 8% ABV in food outlets such as supermarkets, kiosks and petrol stations. Moreover, the Finnish Government will introduce another proposal to authorize home delivery of alcohol *(107)*.

Box 2. Finland's proposal to extend sales of fermented beverages up to 8% ABV and the EU's response

The proposed Finnish law to extend sales of fermented beverages up to 8% ABV to grocery stores was notified to the European Commission's Technical Regulation Information System in early 2024. This is an online database and notification system designed to facilitate the exchange of information on technical regulations and standards among EU Member States; it plays a crucial role in enhancing regulatory cooperation and ensuring that technical regulations across the EU are compatible with the principles of free movement of goods, services and persons.

On 10 October 2023 the Commission had provided feedback on the proposal, requesting further details from Finland regarding the public health justification for the differential distribution and treatment of equally strong alcoholic products made through fermentation or distillation. It further requested scientific evidence to substantiate the assumption that products made from distilled spirits with 5.5–8% ABV would be more appealing to underage girls than fermentation-based beverages with an equivalent ABV. It also asked for an assessment of the effects of the measure on competition between producers of alcoholic beverages. On 20 October 2023 the Finnish authorities replied to the request, still asserting that one of the main arguments for allowing only fermented alcoholic beverages to be sold in grocery stores was the protection of young people, especially girls. In its reply of 15 December 2023, the Commission emphasized the need for solid evidence of health risks and stated that national authorities were required to prove that the marketing of specific products posed a serious and real risk to public health. An important remark from the Commission emphasized that protection of young females' health could not be cited if the true intent of a measure was to safeguard the domestic market. In conclusion, the Commission invited the Finnish authorities to assess the potential competitive impacts of their proposed legislation and to ensure that it did not indirectly discriminate against imported products.

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Irrespective of whether or not there is sufficient evidence of differential public health impacts resulting from beverages produced in different ways, the process in Finland illustrates the European Commission's stance that countries cannot use public health justifications to defend their proposed measures without the support of robust international scientific research – particularly where there are suspicions that the primary motive is to protect national economic interests.

It is worth noting that alcohol legislation in Finland had already been amended in 2018 to allow alcoholic beverages up to 5.5% ABV (and including for the first time premixed beverages made from spirits) to be sold in grocery stores, raising the upper limit from the previous 4.7% ABV *(108)*. The Alcohol Act adopted in 2018 led to a significant increase in the number of retail outlets for 4.8–5.5% ABV beers as well as for mixed beverages up to 5.5% ABV *(108)*. In 2017 such beverages were sold in around 350 Alko shops, but by the end of 2018 there were 5904 alcohol retail trade licences in mainland Finland, and the number had climbed to 6024 by 2019. This has led to a decrease in the Finnish alcohol monopoly's share of recorded alcohol consumption, which today is substantially lower than the shares held by the monopolies in other Nordic countries (see Fig. 1) *(64)*. It should also be noted that the recent decision to increase this limit yet again and allow sales of fermented beverages up to 8% ABV was made amid substantial scepticism in the general population. In a survey conducted in early 2024 by the Institute for Health and Welfare in Finland, the majority of respondents (57%) considered the country's current alcohol policy restrictions to be appropriate; by contrast, 26% expressed a preference for liberalizing current policies – the lowest level of support for such a view recorded in surveys conducted regularly since 2015 *(93)*.

By 2024 both Finland and Sweden had experienced changes in government, and these new governments have either reorganized (in the Swedish case) or are considering reorganizing (in the Finnish case) the oversight of their respective alcohol monopoly such that it would be moved away from the health ministry. Since 1 January 2023 Systembolaget has been overseen by the Ministry of Finance *(109)*. In Finland the

Government has included in its programme that the feasibility of transferring oversight of Alko from the Ministry of Health to the Ministry of Trade will be explored *(104)*. The Swedish Government has stated that the shift to the Ministry of Finance does not represent a shift in Sweden's restrictive alcohol policy, as alcohol policy is still within the Ministry of Health and the protection of the retail monopoly remains an essential part of Swedish alcohol policy. In Finland the new government has affirmed that the monopoly's primary goal remains to protect public health, but it is uncertain what the possible switch of the ministry responsible for oversight would entail *(104)*. How these two contrasting declarations will play out in practice remains unclear, however. Notably, in 2024 only 10% of the population of Finland expressed a desire for strong alcoholic beverages to be available in grocery stores *(93)*.

Similar relaxations in alcohol sales legislation have taken place in Iceland, undermining the role of the State Alcohol and Tobacco Company of Iceland (ÁTVR) and its alcohol retail store chain Vínbúðin. For instance, new legislation passed in June 2022 permitted national breweries to sell their products directly to customers from the following month *(110)*. There has also been legal uncertainty surrounding online alcohol sales, allowing some retailers (like their counterparts in Sweden) to exploit legislative loopholes by operating through foreign-based companies to legally sell craft beer and wine online to Icelandic consumers. Legal challenges were initiated by ÁTVR against one retailer, but the district court dismissed the case, citing insufficient evidence of harm caused to ÁTVR's operations by online sales *(111)*.

As of 2024, Iceland's alcohol policy and monopoly are managed jointly by the finance and health ministries. ÁTVR, responsible for alcohol and tobacco sales and excise tax collection, reports to the Ministry of Finance and Economic Affairs. Governed by Act No. 86/2011, the alcohol monopoly aims to mitigate the adverse impacts of alcohol consumption. Meanwhile, alcohol prevention and broader policy initiatives fall under the purview of the Ministry of Health *(112,113)*.

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In July 2016 the Norwegian Government implemented a regulation allowing "farm sales" – the direct sale by producers of certain beverages up to 22% ABV. This regulation specifically applies to products that fall outside the scope of the EEA agreement and do not contain added spirits or are mixed with other alcoholic beverages. The authority to grant sales licences rests with the municipality where the sales occur, and licences can only be issued if specific conditions are met. These conditions include that production must take place at the point of sale, the sale should contribute to the overall character and offerings of the location, at least one third of the ingredients used must be self-produced, and total annual sales cannot exceed 15 000 litres *(114)*.

There have been no recent developments in the alcohol retail monopoly in the Faroe Islands, which remain under the Ministry of Health.

7.2 Potential impact on alcohol consumption and public health if Nordic monopolies were dismantled today

Ongoing policy developments in Finland, Iceland and Sweden highlight the significant risk – already partly realized – of a gradual erosion of the fundamental functions of the Nordic alcohol retail monopolies. This erosion arises as profit-seeking retailers are permitted to enter national markets and sell a substantial portion of products, operating outside the overarching welfare considerations that govern the monopolies. The gradual erosion of the monopolies' exclusive rights to alcohol sales could ultimately lead to their complete collapse.

As more concessions allowing sales of alcoholic beverages outside the monopolies are made, their coverage rates will decline against a backdrop of increasing alcohol availability, resulting in greater consumption and associated harms at the population level, with specific concerns for younger age groups. Maintaining the monopolies' specialized stores, which offer a wide selection of products, employ knowledgeable staff and provide high levels of customer service, will become increasingly unsustainable if more alcohol can be purchased outside these entities. Allowing a broad range of alcohol products to be sold externally undermines the purpose of the Nordic monopolies as public health-oriented organizations and defeats their fundamental objectives. Furthermore, as more exceptions that favour domestic producers who can sell directly to consumers through farm sales and other arrangements are made, it becomes increasingly difficult to justify the existence of a monopoly with exclusive rights, thereby undermining its legal foundation.

In this context, proclaiming the public health significance of the monopoly systems will become increasingly challenging, as their reach and effectiveness will only diminish along with their public health impact.

The challenges outlined above and their implications underscore the critical need to ground decisions in established research and evidence. Previous studies of real-world changes to retail monopolies have consistently found that shifting from a monopoly system to one based on private licences is associated with a substantial increase in per capita sales of privatized beverages *(35)*. Moreover, these studies have shown that allowing alcohol sales in grocery stores fosters heightened competition, leading to increased promotional activities (such as "buy three for the price of two"), less stringent regulations, and greater availability of alcoholic beverages due to expanded opening hours and greater outlet density *(22,35,115)*. International research has consistently demonstrated that such developments are very likely to increase alcohol consumption and hence extend the scope of alcohol-related social and health problems *(116–120)*.

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In addition to findings from international research, historical examples from Finland and Sweden provide further insight into potential outcomes if a larger proportion of alcoholic beverages were to be sold outside monopoly stores in the Nordic countries. Two significant real-world privatization events that took place in these countries illustrate how allowing alcohol sales in grocery stores has historically resulted in increased consumption and associated problems.

As mentioned in Chapter 4, one such example occurred in Sweden between 1965 and 1977. Medium-strength beer (up to 4.5% ABV, called *mellanöl* in Swedish) was allowed to be sold in grocery stores, replacing the previous limit of 3.5% ABV. The assumption at the time was that this would decrease alcohol-related problems *(68)*. However, extensive marketing efforts by brewers, occupying 75% of available poster space, led to a rapid increase in consumption. As a result, alcohol consumption rose very quickly, and reports from both local communities and the public revealed problems of increased underage drinking and drunkenness. The minimum purchasing age was 16 years and not enforced in most grocery stores, and reports from schools and youth clubs documented HED among 10–15-year-olds. During this period, consumption of medium-strength beer in Sweden increased from 1.2 litres per capita to 2.58 litres – a 130% increase. The documented increase in problems among young people led to the abolition of private sales in 1977, so that Systembolaget regained the exclusive right to sell beverages of more than 3.5% ABV *(68,69)*.

Another important move towards privatization occurred in Finland in 1969, when retailers were permitted to sell alcoholic beverages below 4.7% ABV. In the two years following this change, APC in Finland surged by nearly 50% *(67)*.

Today, there are new and emerging movements advocating privatization, particularly championed by parties that have adopted neoliberal ideas. This has underscored the need for innovative research to assess the potential impacts on health and society. There are two leading studies that have modelled the economic, health and social impacts of partial or complete dismantling of the Nordic monopolies.

One notable study from Sweden, published in 2018, employed advanced modelling techniques to forecast health outcomes under different scenarios following the potential abolition of Systembolaget *(36)*. The scenarios considered included (1) replacing Systembolaget with privately owned liquor stores or (2) allowing alcohol sales in grocery stores. The analysis projected the effects of privatization on factors such as pricing, outlet density, trading hours, advertising and marketing, drawing on Swedish expert insights and existing literature, and then assessed the effect of these changes on APC and related harms as based on research literature. The researchers concluded that, if the alcohol monopoly in Sweden were abolished:

- replacing government stores with privately owned liquor stores (Scenario 1) would lead to a 20% increase in APC, a 47% increase in alcohol-attributable deaths, and a 29% increase in hospitalizations; or
- replacing government stores with private grocery stores (Scenario 2) would lead to a 31.2% increase in APC, a 76% increase in alcohol-attributable deaths, and a 42% increase in hospitalizations.

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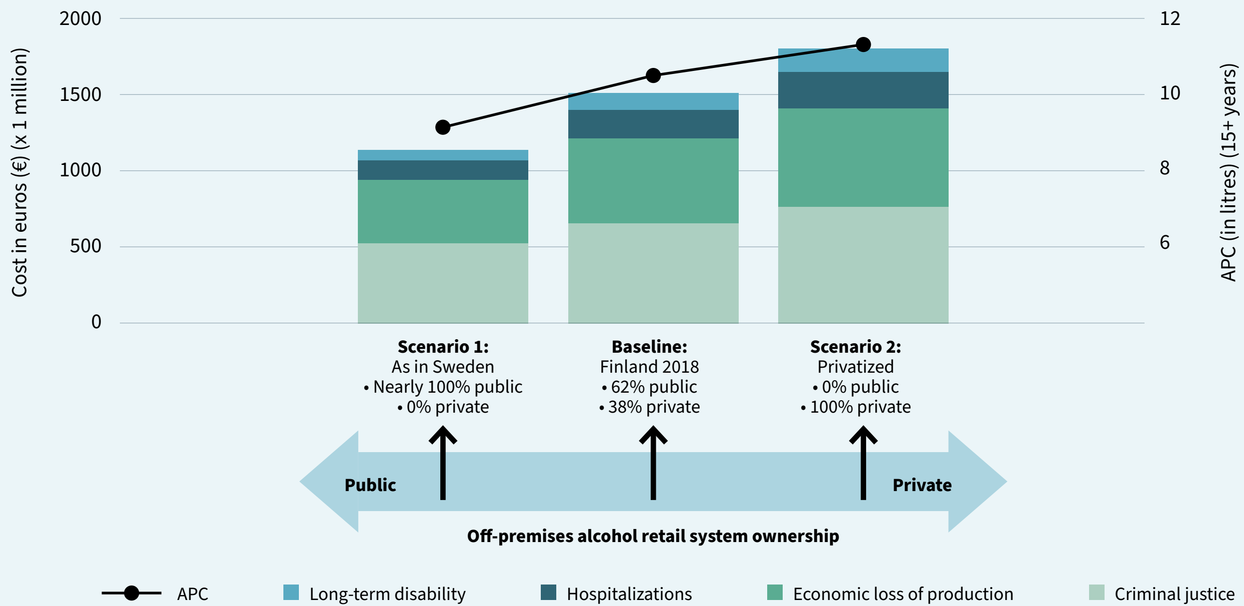
The study estimated that dismantling the retail monopoly and replacing it with private grocery stores (Scenario 2) would lead to significant increases in alcohol-related issues: 29 000 more cases of assault per year, 8000 additional cases of drink–driving, and 1000 more alcohol-related deaths.

The most recent study estimating the economic, health and social impacts of changes to a State-governed Nordic monopoly, published in 2023, examined the implications of different alcohol retail ownership models in Finland *(121)*. It found that, in 2018, alcohol use was estimated to be responsible for €1.51 billion in social costs, 3846 deaths and 270 652 criminal justice events. Two alternative scenarios were modelled: (1) increased public ownership of the alcohol retail system and regulation in which only low-strength alcoholic beverages could be sold outside the monopoly (a situation similar to neighbouring Sweden); and (2) full privatization of the alcohol retail system.

The modelling results indicated that, in the public ownership scenario, alcohol use would decline by 15.8% and social costs by €384.3 million. Full privatization was associated with a 9.0% increase in alcohol use and a €289.7 million rise in social costs. The findings suggest that greater public ownership of the alcohol retail system would lead to significant decreases in alcohol-related deaths, disabilities, crimes and social costs, whereas full privatization would lead to increased harm and costs (for an overview, see Fig. 14).

Fig. 14. Predicted economic, health and social impacts of public versus private ownership of alcohol retail stores in Finland, 2018



Source: based on Sherk et al. *(121)*.

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Conclusions

The Nordic countries of Finland, Iceland, Norway and Sweden have for many years implemented public health-based alcohol policies recommended by WHO. Together with the Faroe Islands (a self-governing nation with extensive autonomous powers within the Kingdom of Denmark), these nations maintain modern retail alcohol monopolies designed to minimize alcohol-related issues, while also prioritizing customer service and adapting to contemporary challenges, including environmental and sustainability concerns.

As public health policies, the monopoly systems are of significant interest globally because they have the potential to address competing or conflicting interests related to alcohol consumption and public health.

Governed by strict regulations to eliminate private profit motives, the Nordic alcohol retail monopolies have played a crucial role in maintaining low levels of alcohol consumption and related harms in a region historically marked by heavy episodic drinking of distilled spirits and high alcohol-attributable disease burdens. The monopolies have diversified drinking patterns in the Nordic countries and contributed to reducing alcohol harms in various ways. As an integral part of national alcohol strategies, they play a direct or indirect role in implementing cost-effective measures to reduce alcohol consumption and related harms, such as taxation and pricing and restrictions on availability and marketing. While monopolies do not set alcohol excise taxes or determine age limits or hours of sale, they are integrated into the broader alcohol strategies of their countries that impose high alcohol excise taxes and impose strict availability and advertising regulations. These retail monopolies are a cornerstone of the Nordic countries' comprehensive alcohol policies, which are grounded in broad international consensus on effective alcohol control.

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Today, in the Nordic monopoly countries, APC and related metrics are below the EU average, and indicators of alcohol consumption among young people also show lower prevalence compared to other European countries. While these Nordic countries generally exhibit lower alcohol consumption and alcohol-attributable disease burdens than the EU average, Finland is an exception because of its high prevalence of heavy episodic drinking and high levels of alcohol consumption, which contribute to higher alcohol-attributable mortality. Finland also stands out for having the lowest monopoly coverage, with most alcohol consumed outside monopoly stores. This coverage is expected to decline further in the future as the role of the alcohol monopoly has been reduced in recent years.

To effectively reduce harm, alcohol retail monopolies must prioritize public health and welfare, maintain exclusive control over a significant portion of alcohol sales, and operate within a comprehensive alcohol policy framework. The experience of public health-focused retail monopolies in the Nordic countries demonstrates their relevance in today's society: they are widely accepted by consumers and the general public, comply with EU law and, importantly, contribute to lower overall alcohol consumption and reduce harms.

The Nordic alcohol monopolies approach alcohol as more than just a regular commodity, recognizing its profound impact on public health and social well-being. In line with the principles outlined in the seminal work *Alcohol: no ordinary commodity (10)* and acknowledged by WHO, these monopolies recognize that alcohol consumption carries substantial health risks and societal costs and therefore demands robust regulatory measures beyond those applied to typical consumer goods. By maintaining control over alcohol sales, the Nordic alcohol monopolies view their role not merely as retailers but as integral parts of broader national alcohol strategies, ensuring that alcohol is managed responsibly within society.

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World Health Organization
Regional Office for Europe
UN City, Marmorvej 51,
DK-2100, Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00
Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.who.int/europe

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