

## **Effectiveness of Responsible Beverage Service: The Norwegian experiences**

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*This article summarizes the findings from three evaluation studies of the Responsible Beverage Service (RBS) program in Norway. Effect evaluations in these studies demonstrated no effectiveness in that the program failed to reach its objectives of reducing on-premise sales to intoxicated and to underaged patrons. Process evaluations found that the content of the Norwegian RBS program was limited and represented a “light” version and program implementation varied significantly. In one project the program was hardly implemented, in another project program participation was made a prerequisite for extended opening hours, whereby the coverage of the target group became very high. A significant challenge in this area would be to improve program content and ways of implementation.*

**KEY WORDS:** *Responsible Beverage Service, effectiveness, program content, implementation.*

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Reviews of the effectiveness of alcohol policy measures generally show that various types of control measures (e.g., taxation, limiting availability) are effective in curbing alcohol consumption and/or related harms, whereas education and persuasion strategies (e.g., school education, warning labels) are ineffective (Babor et al., 2003). Evidence of effectiveness seems, however, to little extent to be reflected in the actual policy; on the contrary, as noted by Room (2001), popular approaches are ineffective, whereas effective approaches are politically impossible. Yet, some exceptions to this should be noted: drunk driving countermeasures are widespread and effective (Babor et al., 2003), and it also seems that responsible beverage service programs are gaining increasing popularity and have shown promising results with respect to effectiveness in some studies, although from a very limited number of countries (Graham, 2000). We will in this article address recent experiences with Responsible Beverage Service programs in Norway and summarize the results from three evaluation studies that have only been reported in Norwegian.

Responsible Beverage Service (RBS) is a licensed premises intervention aiming at reducing alcohol related harms focusing on reducing the availability of alcohol to minors and prevent the service of alcoholic beverages to obviously intoxicated persons. Some studies have demonstrated favorable effects of a training program for servers and managers (e.g., Russ & Geller, 1987; Saltz, 1987), however, a number of studies on RBS interventions in licensed premises have not found evidence of effectiveness with respect to serving intoxicated or underaged persons (see Graham, 2000; Wallin, 2004; Ker & Chinnock, 2008 for reviews).

In Norway, the Responsible Beverage Service program has been adopted to Norwegian conditions on the initiative of Norwegian health authorities. The main goal of the Norwegian program is to prevent alcohol- and drug-related violence in and around licensed on-premise outlets, whereas the intermediate aims are to: prevent serving clearly intoxicated persons, prevent serving

minors, increase servers' competence in conflict management, make licensed premises prepare house policies defining how and to whom alcohol is sold, make local authorities prepare and follow up guidelines for responsible beverage service, and obtain good cooperation between the police and the hospitality industry. The Norwegian Responsible Beverage Service program comprises the following elements: education of servers and managers in the Norwegian Alcohol Act; in the consequences of alcohol and drug use; in the associations between use of alcohol and drugs and violence/accidents; and in conflict management. Being strongly supported by the Norwegian Health Directorate, this program has so far been implemented in a number of Norwegian municipalities/local communities and the effectiveness of the program as well as aspects of the program implementation have been subject to three evaluation studies, comprising both effect evaluation and process evaluation. The evaluation studies have so far only been reported in Norwegian reports (Buvik & Baklien, 2006; Lauritzen & Baklien, 2007; Baklien, Pape, Rossow & Storvoll, 2007). The present article summarizes the findings from these evaluation studies and discusses the results with respect to program content and implementation.

## Data & methods

Responsible Beverage Service was first introduced in Norway as a pilot project in one of the larger cities (Kristiansand) in 1997–1998 and thereafter implemented in another (relatively) large city, Bergen, in 2000–2003 (Holth & Bye, 2004). The data and methods applied to evaluate three RBS projects in recent years will be briefly summarized in the following. The design and methods for assessment of effect evaluation and program implementation are also presented in Table 1.

RBS in Trondheim is the third largest city in Norway, with 165,000 inhabitants. In 2004, local authorities agreed on a central recommendation to implement RBS, and the following data were collected for process evaluation purposes: documents (e.g., project

plans, meeting minutes, internal reports), participant observation, and interviews with central actors. Moreover, for the purpose of effect evaluation, surveys among hospitality industry staff on experiences and views were conducted before (in 2004) and after (in 2006) the intended implementation, police records on reported violent assaults for the period 2003-2005 were obtained, and, finally, test purchases were conducted in 2004 and 2006 applying decoys who appeared clearly intoxicated and decoys who were just above legal age to purchase alcohol (18 years) but who appeared younger (see Buvik & Baklien, 2006, for further details on both process and effect evaluation methods).

#### RBS in Bergen

Bergen is the second largest city in Norway (population size approximately 250,000 inhabitants). The local authorities decided that for the period 2004-2008 extended opening hours for on-premise alcohol sales could be granted for those licensed premises that had participated in RBS. This increased the hospitality industry's interest in RBS significantly and implied that by 2006 the vast majority of licensed premises in inner city Bergen had participated in RBS. As part of the effect evaluation test purchases were applied both in 2003 (prior to the extended provision of RBS training and linkage to extended opening hours) and in 2006, using decoys who appeared clearly intoxicated, and some of the test purchases were observed by the researchers. Moreover, the RBS training was observed by one of the researchers, and again various documents and interviews also provided data for the process evaluation (see Lauritzen & Baklien, 2007, for further details on both process and effect evaluation methods). The evaluation of RBS in Bergen was commissioned by the Norwegian Health Directorate and the evaluation was limited to assess possible impact on over-serving, whereas possible effects on violence rates were not stated as part of the evaluation.

#### RBS in a community action project

Out of six local communities that participated in a centrally initiated and governed community action project in 2005-2006, five communities chose RBS as one (of many) of the prevention programs that were implemented (Baklien, Pape, Rossow,

& Storvoll, 2007). School surveys targeting all junior and senior high school students in all six intervention communities as well as six control communities were conducted before (in 2004) and after (in 2006) the intervention, and net samples at each data collection wave comprised over 20,000 students (response rate 85%) (Pape, Rossow, & Storvoll, 2007). The students were asked how often they had succeeded in purchasing alcohol in pubs, bars, restaurants etc in the preceding 12 months, as well as how often they had been denied purchase in these outlets. They were also asked how often they had been involved in alcohol-related violence in the preceding year. It was assumed that a relative reduction in successful purchase attempts and a relative increase in purchase denials in favor of the intervention communities were indicative of effectiveness of RBS on reducing alcohol sales to minors. Data on violent assaults (and other alcohol-related harms) were also collected initially from emergency rooms and police records in the intervention and control communities, but power analyses showed that the number of observations were too few to detect even fairly significant relative reductions in harm rates (Baklien et al., 2007). The process evaluation rested on various documents, interviews with central actors and observational participation in project meetings (see Baklien et al., 2007 for further details on both process and effect evaluation methods). An overview of study designs and data collected in the three evaluation studies are presented in Table 1.

## Summary of results

**Effect evaluations** In Trondheim, actors who appeared clearly intoxicated visited all pubs and bars in the city center and were served in 74% of the events in 2004 (n=50) and in 82% of the events in 2006 (n=49). Consequently, the likelihood of being denied alcohol when appearing drunk was relatively small at both time points and slightly smaller after the intended intervention. This difference was, however, not statistically significant by Chi-square test. Moreover, eighteen-year-olds who appeared young for

TABLE 1

	<i>RBS in Trondheim</i>	<i>RBS in Bergen</i>	<i>RBS in community project</i>
<b>Design and data collected for assessment of effect evaluation and implementation by study</b>			
EFFECT EVALUATION DESIGN			
Pre and post observations only in intervention site	Yes	Yes	
Pre and post observations in both intervention and control site			Yes
MEASURES IN EFFECT EVALUATIONS			
Refusals to serve pseudo-intoxicated patrons in bars	Yes	Yes	No
Refusals to serve pseudo-underaged patrons in bars	Yes	Yes	No
Observations of server responses in bars	Yes	Yes	No
Self-reports of successful purchases on-premise, surveys among underaged	Yes	No	Yes
Self-reports of denied purchases on-premise, surveys among underaged	No	No	Yes
Police records reported violence	Yes	No	No*
MEASURES IN IMPLEMENTATION STUDIES			
Participating observations in projects groups etc.	Yes	No	No
Participating observations in training sessions etc	No	Yes	No
Documents, e.g. training sessions material, meeting minutes, etc.	Yes	Yes	Yes
* Data on violent assaults as reported in police records and in emergency rooms were collected initially, but data collection was not completed as power analyses showed that the numbers were too small to detect even fairly significant effects.			

their age also visited all pubs and bars in the city center and succeeded in purchasing alcohol in 38% of the events in 2004 (n=106) and in 49% of the events in 2006 (n=101). Again, the difference was not statistically significant by Chi-square test. Thus, the effect evaluation suggested that RBS had no effect on reducing serving of intoxicated persons or minors. Surveys among the servers and managers showed that both before and after the RBS training the vast majority of the respondents felt that: they knew the alcohol act; they knew when to deny serving; and that intoxicated patrons were mostly not served (Buvik & Baklien, 2006). Police records showed that the number of reported violent assaults remained at the same level during the observation period—both in the city center (less than 1% increase) as well as in the entire city (8% increase), the difference not being statistically significant by Chi-square test, and annual data on number of on-premise licenses showed an increase (> 20%) during the period 2000–2005 whereas the number of suspended on-premise licenses remained miniscule (0 – 3) during this period (Buvik & Baklien, 2006).

In Bergen, the actors who appeared clearly intoxicated succeeded in purchasing alcohol in 63% of the events in 2003 (n=32) (prior to the intervention) and in 84% of the events in 2006 (n=55) (after the intervention), the difference being statistically significant ( $p < 0.05$ ). The success rate increased with how late at night the event occurred; before midnight 74% of the events were successful, whereas 100% of the events after 2 a.m. were successful (Lauritzen & Baklien, 2007). Again, the effect evaluation indicated that there was no effect as intended of the intervention on serving clearly intoxicated patrons in bars and pubs.

Survey data from junior and senior high school students in five local communities that implemented RBS as part of a larger community action project (n=9,738) showed that the proportion of underaged students who reported to have been served alcohol in bars and restaurants decreased somewhat more in the intervention communities compared to the control communities

(n=9,689). The individual level data were aggregated to school and grade level (n=236), and the differences in changes from pre- to post-intervention between intervention and control communities were tested by F-test. The small differences in changes in the the average number of times the students reported to have been served decreased to the same (minor) extent in both intervention and control communities, and there was no statistically significant difference. Moreover, there was an increase in the extent to which the underaged students reported to have been denied alcohol in bars and restaurants, but there was no difference between intervention and control communities. In the analyses, age and gender composition and use of false IDs were controlled for (Baklien et al., 2007). Hence, the findings from this study also suggested that there was no effect of the RBS program on on-premise alcohol sales to minors.

The results further showed that past year prevalence of self-reported alcohol related violence increased among the adolescents during the observation period, but more so in the control communities (from 11% to 17%) than in the intervention communities (from 11% to 14%) (Baklien et al., 2007). No information of where the violent events took place was available for the entire observation period, but at baseline less than 6% of the reported events of violence victimization occurred in bars, pubs, etc., and most of the violence victimization events occurred at school, in private homes, or in “other places” (not previously published data). Hence, the data altogether seem to suggest that although we cannot dismiss the possibility that RBS might have contributed to a lesser increase in violence among adolescents, it would at best have had a very limited potential to reduce the overall amount of violence in this group. A summary of the effect evaluation results are presented in Table 2.

**Program content and implementation**

The program content and implementation of RBS in the three studies are summarized in Table 2. The process evaluations from these studies all showed that the content of the Norwegian version of the RBS program was fairly identical in the three evaluation studies. Moreover, the Norwegian version



TABLE 2

**Summary of effect evaluation results in three RBS evaluation studies in Norway**

	<i>RBS in Trondheim</i>		<i>RBS in Bergen</i>		<i>RBS in community project</i>	
	<i>Pre-intervention</i>	<i>Post-intervention</i>	<i>Pre-intervention</i>	<i>Post-intervention</i>	<i>Pre-intervention</i>	<i>Post-intervention</i>
Refusals to serve pseudo-intoxicated patrons in bars, proportion	26%	18% ns	37%	16%*		
Refusals to serve pseudo-underaged patrons in bars, proportion	62%	51% ns				
Self-reports of successful purchases on-premise, average events						
Intervention communities					1.7	1.5
Control communities					1.8	1.9 ns
Self-reports of denied purchases on-premise, average events						
Intervention communities					0.3	0.8
Control communities					0.2	0.7 ns
Police records reported violence, total number	245	247 ns				
Self-reports alcohol related violence, proportion						
Intervention communities					11%	14%
Control communities					11%	17%**
Levels of statistical significance:						
ns	not statistically significant					
*	p < .05					
**	p < .01					

became more limited than its Swedish counterpart (the STAD project) in several respects: Whereas the Swedish STAD program comprised a combination of elements including controls and sanctions (Wallin, 2004), the Norwegian RBS program has almost entirely focused on the education part of the program. Hence, servers and managers receive information about the Norwegian alcohol act and the fact that it is not allowed to serve minors and clearly intoxicated people, as well as information about the association between alcohol consumption and aggressive behavior. They are also trained in conflict management. Although the Norwegian RBS program aims at reducing sales to intoxicated patrons and minors, program participants are, however, not trained in how to evaluate whether patrons are minors or clearly intoxicated, nor are they trained in how to handle situations where denial of service is or could be an option. Whereas the Swedish STAD project participants had to pass a written exam in order to have their RBS program attendance approved, no such requirements have been made in the Norwegian RBS program. Thus, compared to the STAD project program the Norwegian RBS program can be regarded as a “light” version.

When considering the implementation of the RBS program in the various projects the experiences varied significantly. The evaluation of the RBS project in Trondheim showed that implementation of RBS, to a large extent, failed. Slightly over 10% of all licensed on-premise outlets participated in the RBS program. There appeared to be several explanations for why the RBS program only reached a very minor fraction of the target group. These comprised difficulties in cooperation between central and local level; difficulties in balancing the composition of industry representatives and other actors in the coordinating project group; and having the project sufficiently anchored at the political and administrative level. The main problem was, however, to recruit on-premise outlets to participate in the program. Poor recruitment to the RBS program could be explained by the following factors: few contact channels for recruitment; limited attractiveness of the program and

other agencies that already for some time had offered a somewhat similar program for bouncers (Buvik & Baklien, 2006). Although the RBS program was subsidised the on-premise outlets paid an own share of 500 NOK (appr 65-70 Euros) per participant. As many servers have only a short-time engagement and the turnover is high, the participation fee may have been considered high (Buvik & Baklien, 2006).

The experiences from Bergen were of another kind. Here, the vast majority of on-premise outlets in the inner city areas participated in RBS after this was made a prerequisite for extended opening hours, which again led to a tripled number of outlets that could serve alcohol until 3 a.m. The training comprised two evening sessions where the participants were informed about the alcohol act, the association between alcohol and violence, and how to manage conflict situations. Serving of intoxicated persons was hardly mentioned, nor serving of minors. The participants were generally very young and many did not pay much attention during the training sessions, e.g. they were doing other things or sleeping. It was also clear that foreign language participants did not understand much of what was said during the sessions. Nevertheless, having been present at both training sessions qualified for a certificate which again was linked to permission for extended opening hours, and this seemed to be a main motive for participation (Lauritzen & Baklien, 2007).

In the five communities that implemented RBS as part of a wider community prevention project a common experience among the communities was that a main motive for choosing RBS as a prevention program was that although neither had any previous experience with RBS, it seemed easy to implement: It was perceived as a “plug and play” program and for that reason seemed an attractive program (Baklien et al, 2007). For the on-premise outlets the RBS program was attractive due to the emphasis on conflict management and customer service in the local marketing of the program towards the hospitality industry and no fee for participation (as was the case

in, e.g., Trondheim and Bergen, although fees were subsidized). As was also the case in Trondheim and Bergen, the content of the RBS program was limited to training of servers and management and the main content of the sessions were information about the Norwegian alcohol act and conflict management. The smaller communities succeeded in reaching the majority of licensed premises with the RBS program, whereas in the larger communities (cities with many licensed premises) it took a longer time to establish the RBS program and the coverage was poorer (Baklien et al., 2007).

TABLE 3

**Content and implementation of RBS by study**

	<i>RBS in Trondheim</i>	<i>RBS in Bergen</i>	<i>RBS in community project</i>
Content and duration of training sessions	Almost identical. All are based on the same lectures and same video on conflict management, provided by the Health Directorate		
Coverage of target group	Very poor, very few had attended training sessions	Extremely good, due to prerequisite for extended opening hours	Varied, good in smaller communities, fairly poor in larger communities with many bars and pubs

**Discussion**

The three evaluation studies of RBS programs in Norway have thus found no effect of RBS on serving to intoxicated or under-aged persons. These findings are in line with those of a number of previous studies (Ker & Chinnock, 2006). Data from the process evaluation parts of the Norwegian evaluation studies suggest several kinds of explanations for why the program has failed in obtaining its main goals. In one community (Trondheim) RBS was hardly implemented and reached only a minor fraction of the target group. In the two other community studies the program was perceived as more attractive, although the foundations for attractiveness differed. In Bergen,

program participation was a prerequisite for extended opening hours, and therefore appeared strongly attractive to the bars and pubs and hence also reached the vast majority of the target group. In the five communities in the prevention project, perceived ease to implement and no fees made the program attractive to the local authorities, although not necessarily attractive to the hospitality industry, and hence the program coverage varied significantly between the communities.

In a qualitative assessment of training programs for alcohol servers and managers Toomey and co-workers (1998) rated national training programs with respect to content, behavioral change elements and communication methods, and suggested that programs that do not cover essential content areas, have few behavior change components, or have poor communication methods are unlikely to achieve the program goals. They found that among 22 national programs in the United States there was great variability across programs in terms of coverage of essential content areas, use of behavior change techniques and communication methods, and only a few programs received high scores (but were not outstanding) in all respects. A main feature of the Norwegian RBS program is that it almost exclusively focuses on the information and education part, and comprises only a few elements therein. The Norwegian RBS program has no behavior change components with respect to serving intoxicated and underaged patrons, and the communication methods appear to be suboptimal. The Norwegian RBS program therefore seems to be a “light” version of RBS.

From other prevention areas it is well known that lack of program fidelity represents one of the challenges in obtaining expected favorable program outcomes. For instance in school-based drug education programs it appears that even in the context of rigorous field trials where much effort is put into implementing the program as intended, the program often is not implemented in line with curriculum points and objectives (Dusenbury, Brannigan, Falco, & Hansen, 2003). With respect to RBS it seems that a “light” version of the program as devel-

oped in Norway may well be implemented as is and with fairly good fidelity. The question is however, whether the price of high fidelity to a “light” version program is absence of effectiveness.

When favorable effects of RBS have been reported in previous studies, it seems that the RBS program or project has typically comprised these additional elements. For instance, in the Swedish STAD project the RBS program was part of a multi-component community alcohol prevention program that comprised RBS training, policy development, and enforcement of existing alcohol regulations (Wallin, 2004). On-premise alcohol sales to young-looking decoys and to actors appearing clearly intoxicated decreased significantly after implementation of the project, in both intervention and control areas (Wallin & Andréasson, 2004; Wallin, Gripenberg, & Andréasson, 2002), and it was assumed that the observed changes in both intervention and control areas were due to the increased enforcement of alcohol regulations. Correspondingly, the United States Communities Mobilizing for Change on Alcohol project comprised community mobilization, changes in community policies, and increased enforcement, in addition to server training, and the evaluation studies reported favorable effects with respect to on-premise sales to underaged patrons (Wagenaar et al., 2000). The Norwegian RBS program, on the other hand, has been implemented in the absence of other project elements that seem likely to increase the potential of favorable effects, such as media advocacy and—probably most importantly—increased controls and sanctions.

In one of the communities (Bergen) it even seemed that the intervention had a paradoxical effect, i.e., there was a tendency that serving of intoxicated patrons increased. In this case we may, however, regard the intervention as a composite of two, possibly counteracting, elements: RBS program and extended opening hours. As the general level of intoxication among patrons increases with late night hours and the likelihood of serving intoxicated patrons increases with the general level of

intoxication among the patrons (Wallin, 2004; Lauritzen & Baklien, 2007), one may argue that even if there were a favorable effect of RBS per se, this may well have been countered by the effects of extended opening hours.

Norwegian alcohol policy comprises a broad spectrum of effective strategies such as high excise duties on alcohol, limited availability of alcohol (e.g., limited hours and days of sales, minimum legal age for purchase, and government monopoly of sales of wines and spirits), and drunk driving measures. Yet, with increasing purchase power and increasing number of on-premise outlets, the overall alcohol consumption in Norway has increased significantly over the past 15 years. There seems to be little political potential for further restrictions in availability or for higher excise duties, and thus there has been political demand for effective prevention strategies in other areas. It is within this context we may view the emphasis on implementation of RBS that has been conveyed by the Norwegian Directorate of Health over the past decade, and it is therefore noteworthy that the three evaluation studies of RBS in Norway have not found evidence of effectiveness. Beyond extending the literature on lack of observed effects of RBS the Norwegian experiences with RBS further point to several important aspects of program content and implementation. Among the future challenges in this area are development of program content, and ways of implementation that may increase the potential of preventing sales to intoxicated and underaged persons.

- References** Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., et al. (2003). *Alcohol: No ordinary commodity—Research and public policy*. Oxford: Oxford University Press.
- Baklien, B., Pape, H., Rossow, I. & Storvoll, E.E. (2007). *Regionprosjektet: Nyttig forebygging? Evalueringen av et pilotprosjekt om lokalbasert rusforebygging* [Regionprosjektet: Useful prevention? The evaluation of a pilot project on community based alcohol and drug prevention]. Report series # 6/2007. Oslo: Norwegian Institute for Alcohol and Drug Research.

- Buvik, K., & Baklien, B. (2006). *Skal det være noe mer før vi stenger?—Evaluering av Ansvarlig vertskap i Trondheim* [Anything more before we close? An evaluation of Responsible Beverage Service in Trondheim]. Report series # 4/2006. Oslo: Norwegian Institute for Alcohol and Drug Research.
- Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: Implications for drug abuse prevention in school settings. *Health Education Research*, 18, 237-256.
- Graham, K. (2000). Preventive interventions for on-premise drinking: A promising but underresearched area of prevention. *Contemporary Drug Problems*, 27, 593-668.
- Holth, P., & Bye, E.K. (2004). *Evaluering av Ansvarlig vertskap I Bergen 2000-2003*. [Evaluation of responsible Beverage Service in Bergen 2000-2003]. Report series # 1/2004. Oslo: Norwegian Institute for Alcohol and Drug Research.
- Ker, K., & Chinnock, P. (2008). *Interventions in the alcohol server setting for preventing injuries*. England: John Wiley & Sons.
- Lauritzen, H. C., & Baklien, B. (2007). *Overskjenking i Bergen: En oppfølgingsevaluering av Ansvarlig Vertskap i Bergen*. [Overserving in Bergen: A follow-up evaluation study of responsible Beverage Service in Bergen]. Report series # 5/2007. Oslo: Norwegian Institute for Alcohol and Drug Research.
- Pape, H., Rossow, I., & Storvoll, E. E. (2007). *Report of Study Methodology for the School Surveys 2004, 2005 and 2006 for evaluation of the Regional Project*. Oslo: Norwegian Institute for Alcohol and Drug Research. Retrieved February 1, 2009, from [http://www.sirus.no/files/pub/370/metoderapport\\_engelsk\\_regionprosj.pdf](http://www.sirus.no/files/pub/370/metoderapport_engelsk_regionprosj.pdf)
- Room, R. (2001). Preventing alcohol problems: Popular approaches are ineffective, effective approaches are politically impossible. In *De geest uit de fles .... National congres over een ontluikend alcoholmatingsbeleid*. Verslag. Woerden, Netherlands: NIGZ.
- Russ, N. W., & Geller, E. S. (1987). Training bar personnel to prevent drunk-driving: A field evaluation. *American Journal of Public Health*, 77, 952-954.
- Saltz, R. F. (1987). The roles of bars and restaurants in preventing alcohol impaired driving: An evaluation of server intervention. *Evaluation & Health Professions*, 10, 5-27.
- Toomey, T. L., Kilian, G. R., Gehan, J. P., Perry, C. L., Jones-Webb, R., & Wagenaar, A. C. (1998). Qualitative assessment of training programs for alcohol servers and establishment managers. *Public Health Reports*, 113, 162-169.



- Wagenaar, A. C., Murray, D. M., Gehan, J. P., Wolfson, M., Forster, J.L., Toomey, T .L. et al. (2000). Communities mobilizing for change on alcohol: Outcomes from a randomized community trial. *Journal of Studies on Alcohol*, 61, 85-94.
- Wallin, E. (2004). *Responsible Beverage Service: Effects of a community action project*. Thesis. Stockholm: University of Stockholm, Dept of Public Health Sciences.
- Wallin, E., & Andréasson, S. (2004). Can I have a beer, please? A study of alcohol service to young adults on licensed premises in Stockholm. *Prevention Science*, 5, 221-229.
- Wallin, E., Gripenberg, J., & Andréasson, S. (2002). Too drunk for a beer? A study of overserving in Stockholm. *Addiction*, 97, 901-907.

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