



The unique alcohol culture in Denmark - a small description of alcohol culture and the initiatives to combart the alcohol intake.

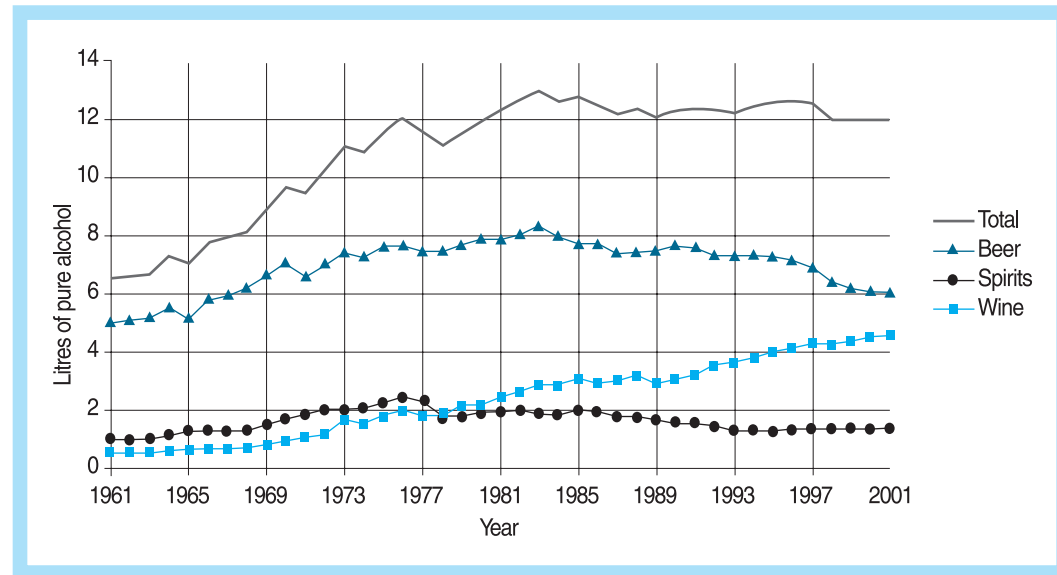
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Introduction

Denmark has traditionally been a beer drinking nation. This has, however, not always been the case. Before the 20th century Danes drank a lot of spirits so they could endure their hardship and the cold winters. In 1917, Denmark introduced heavy taxation on distilled spirits to change people's drinking habits, converting the Danes within six months at the end of World War I from spirit to beer drinkers. The alcohol consumption dropped remarkable, from 10 to 4 litres of pure alcohol per population (aged 15+) in 1920.

Following the period after the taxation to the 1950s, the Danes' alcohol consumption has been steady. First in the mid-1950s the alcohol consumption started to rise. At the end of the 1970s Danes consumed three times more alcohol than in the 1950s, making it 12 litres of pure alcohol per population (aged 15+). This number has just fallen slightly to the present consumption rate of 11 litres of pure alcohol per population (aged 15+)¹⁾.

1) This number is subjected to some degree of uncertainties given that the statistics are based on annual sale of alcohol. Many Swedish and Norwegian people commute to Denmark, buying large quantities of alcohol since alcohol sale is more restrict and expensive in their home countries than Denmark. Adding up to the uncertainties is the fact that Danes likewise commute to Germany, buying large quantities of alcohol as the price of alcohol is approx. 15% cheaper in Germany compared with Danish prices.



Sources: FAO(Food and Agriculture Organization of the United Nations), World Drink Trends 2003.

In overall, Denmark has the highest number of alcohol consumption per population in the Nordic countries (Sweden, Norway and Finland) altogether²⁾. Regarding alcohol-related death, in the 1960s alcohol was linked to 2.1% of all deaths in Denmark. The recent numbers indicate that approx. 5% of all deaths are now associated with alcohol³⁾

Alcohol culture

Given Denmark's principles of free choice and voluntary agreements, which are deeply rooted in Danish politics, Denmark has relied mostly on a high tax policy to limit consumption, particularly of spirits. The other Nordic countries have throughout most of the 20th century carried out alcohol policies with high taxes and the restriction of availability as central components. This has created a different alcohol culture in Denmark than in the other Nordic countries.

A society's alcohol consumption is generally regulated of certain norms and cultures which

indicate how you behave and interact with alcohol. A 'dry' drinking-culture is characterized as a culture where many occasions give the motivation to drink and a broad acceptance of alcohol and drunkenness whereas a 'wet' drinking-culture gives fewer possibilities to drink alcohol and a lower acceptance of being intoxicated of alcohol

Societies with generally positive beliefs and expectancies about alcohol, variously defined as 'wet', 'Mediterranean' or 'integrated' drinking-cultures, experience significantly fewer alcohol-related problems. Society with negative or inconsistent beliefs and expectancies, mainly defined in as 'dry', 'Nordic' or 'ambivalent' drinking-cultures, are associated with higher levels of alcohol-related problems.

In view of the fact that alcohol intake is a private matter in Denmark - hence, not a responsibility of the state - and consuming large amount of alcohol is normal, it has given rise to a dry culture. However, in the last two decades wine has increasingly become popular and together with a more positive attitude of drinking alcohol in connection with foods and socializing, the Danish alcohol culture has developed into a combination of a wet and dry culture. The outcome is a unique alcohol culture where many drink too much

In addition to this unique culture, alcohol is also seen as acceptable for adolescents. In Denmark 60% of all adolescents reported having had their first alcoholic whole drink before age 15; the majority reporting a debut at around the age of 12 years⁴⁾. Statistically, Denmark ranges among the countries that have the earliest alcohol debut and the highest mean weekly/monthly alcohol consumption in adolescence in Europe⁵⁾.

The first initiative

A few years after the British Department of Health and Social Security in 1987 started their campaigns on recommended sensible drinking units, the Danish National Board of Health imitated the concept and used it for a Danish campaign. The main objective was to disseminate knowledge that it was desirable for men not to consume more than 21 and women no more than 14 units⁶⁾ per

2) OECD Health Data 2006.

3) The Danish National Health of Board, 2003.

4) The Danish National Health of Board, 2004.

5) ESPAD(European School Survey Project on Alcohol and Other Drugs), 2003.



week. In spite of disagreement among health experts on the scientific background for the recommended drinking units, they stayed unchanged throughout the 1990s in Denmark.

The campaign was devoted to create public attention each year in week 40, starting from 1990. To make awareness of the campaign, information of the recommended drinking units was given through a variety of channels - this included all sorts of media, health professions, school teachers and even police officers. Since the campaign is still ongoing today, it now includes the internet as an information source and options such as counselling and anonymous testing of drinking habits.

The campaign itself is almost structured after the commercial AIDA principle - Attention, Information (not Interest), Desire and Action. The campaign tries to attract 'attention' and gives 'information' about the consequences of a high alcohol intake. On the other hand, the campaign does not always give a feeling of 'desire' but rather a state of recognition. In line with this, 'action' should be understood as you convert your desire/recognition into a healthy behaviour: to drink less alcohol. So the underlying philosophy behind the campaign is that in order to change behaviour you need knowledge to work on your attitudes and on social and cultural norms as well.

An overall aim with the campaign has been to attract awareness and debates about alcohol problems. One success criteria has been increased knowledge of the recommended drinking units. According to the latest figures more than 65% of the population can specify the units for both genders⁷⁾. This indicates that the recommended drinking units are known and used as a behavioural step in accordance with the recommendations in a large part of the Danish population. However, there are still many who do not comply with the recommendations - it is far from basic knowledge to a complete change in behaviour.

The focus on the recommended drinking units has maintained a perception in the population that alcohol is not harmless and people have a social responsibility on those who drink too much. When the campaign started in 1990, it was met with scepticism and people thought it was silly. Today it is different. Alcohol and alcohol problems are taken more serious and the media wants to know the central message of the year's campaign, several months before it is launched in week 40 each year.

6) One unit corresponds to 12 g alcohol or 15 ml pure alcohol. The reason for this is a historical distinctive feature of the Danish preference for beer. Since a traditional Danish beer contains approx 12 g of alcohol (330 ml, 4.6% Alc/Vol), it was decided that one unit corresponds to 12 g alcohol.

7) The Danish National Board of Health, 2005

Revision

In 2005 a group of Danish alcohol specialists reviewed the recommended drinking units from 1990. More recent evidence was selected to critically re-evaluate the 21/14 recommendations. One Danish study which consisted of numerous qualitative focus group interviews with people who just drank above the limit of recommended units showed that the majority view the recommended drinking units as an indication of a healthy consumption. They are of the opinion that only the consumption which is over the limit of recommended units is related to effects of ill-health. However, this is not the case since the 21/14 units have always been the maximum 'safely limit' on the amount of alcohol consumed per week.

Some of the other studies showed that certain individuals can obtain beneficial health effects by drinking alcohol but this effect is especially noticeable by a lower consumption than the outlined recommended drinking units. Furthermore, the beneficial health effects only included adult persons - particularly people with a high risk of coronary heart diseases.

On the basis of these and other findings, the group decided to reword the recommended drinking units to maximum limit, stating that:

- Men should maximum consume 21 units per week.
- Women should maximum consume 14 units per week.

In addition, the group determined to supplement the message of binge drinking - the consumption of five or more drinks on a single occasion - should be avoided for both men and women regardless of age.

Taking these three messages into consideration, however, not everybody is applicable to follow them. The exception is the following people who:

- are under 18 years of age
- are pregnant
- are breast-feeding
- have a illness that deteriorates by alcohol intake

- take medicine which interacts with alcohol
- drink with loss of control

Finally, the group made a report where they state the main conclusions for their insight on revising the recommendations. The main conclusions are:

- Over-consumption of alcohol increases the risk of many physical diseases and is also associated with many psychiatric disorders, psychosocial and economic problems, crime, suicides, accidents, violence and murder.
- Apparently there is an over-frequency of coronary heart disease among people who do not drink alcohol (abstinent).
- The risk of breast cancer increases by alcohol intake and it seems like there is no lower threshold for intake of alcohol.
- A light and moderate consumption is associated with a lower mortality rate.
- The beneficial effect of alcohol is most likely obtained by a consumption rate at about one unit daily.
- The threshold to avoid higher morbidity and mortality is around 21 units for men and 14 units for women weekly.
- Binge drinking increases the risk of morbidity and mortality.

Other initiatives

Creating other campaigns, not only focusing on the maximum drinking units, is also the responsibility of the Danish National Board of Health. One of its recent campaigns is concentrating on youth and their drinking pattern. Under the slogan “MAX 5” it is pointing out that binge-drinking can be hazardous if you drink too much and have a loss of memory.

Besides creating national campaigns, the Danish National Board of Health is also engaged in:

- Initiatives towards certain setting, e.g. workplaces.

- Initiatives towards certain target groups, e.g. educational materials for middle and high schools and to parents as well.
- Initiatives towards professions, e.g. social and health employees who work with pregnant and families with abuse.
- Initiatives towards municipalities in formulating alcohol policies and action plans.

As earlier noted, the week 40-campaign has created an awareness in the general public. This has launched other initiatives, e.g. voluntary alcohol policies in the workplaces, alcohol projects in the school and partnerships between NGOs and municipalities. There has to be a broad and joint effort if the Danes’ alcohol consumption should be brought down. It is especially important that the professions who meet people with alcohol-related problems perceive it as their duty to tackle the problem. If a doctor or nurse treats a physical injury which is caused by abuse of alcohol without referring to an alcohol abuse therapy programme, they are sending a clear message that alcohol is not a central problem and hence it is a private matter. If this attitude is changed it will not only help the people who have a problem now but also create an attention that alcohol is a stimulant which should be used prudently.

The Danish National Board of Health has encouraged and made material which is aimed directly towards the heavy alcohol consumer and the professions’ role in this context. These initiatives have contributed to the fact that the staffs in the health sector have increasingly perceived alcohol as a problem with which they have a natural responsibility to interfere with.

The Danish State has also initiated a range of efforts, including a ban on selling alcohol to youth under the age of 16 years, reduction of legal blood alcohol limit for driving and voluntary deals regarding alcohol advertisement. However, given the state’s resistance to do any drastic measures to restrict alcohol or intervene with Danes’ alcohol habits due to traditions in Danish policies, the process of each new initiative takes a considerable amount of time when debated in the parliament; after lengthy debates there will either be a resolution bill which again will be forcefully discussed before a decision is made or no resolution bill which most likely is the case. It is difficult to predict when a gradual transition will occur in Danish political principles, changing the perception of politician’s opposition to touch the sensitive issue of the unique and sad alcohol culture in Denmark.

Final remarks

International studies show that increasing taxes and duties on alcohol is one of the most effective instruments to regulate the sale and consumption intake of alcohol. Since we are living in a global world today, however, it will be of no use if only taxation was to be implemented⁸⁾. Other initiatives such as restricting the accessibilities of alcohol, educational information, development of non-alcoholic environments, and prevention and treatment of heavy alcohol consumers, should be brought into play if a reduction of the total alcohol consumption is feasible.

Acknowledgement

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8) In the case of Denmark, many Danes would simply commute to Germany and engage in extreme cross-border shopping of alcohol beverages.