Changes in Danish public attitudes and norms regarding alcohol consumption and alcohol policy, 1985–2011

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ABSTRACT
AIMS – To describe and explain changes in public opinions regarding alcohol consumption and policy in Denmark in recent decades. Since the late 1990s Danish alcohol policy has become more restrictive, and alcohol consumption has decreased. METHODS AND DATA – Five national surveys and one Nordic survey (1985, 1989, 1994, 1997/98, 2002 and 2011) were reviewed, and the data regarding attitudes towards alcohol consumption and alcohol political questions were identified and compared. RESULTS – Although Danes perceive the total alcohol consumption to be rather high, there is no support for a more restrictive alcohol policy. CONCLUSIONS – There is no clear direction regarding the development of attitudes toward different alcohol political questions over time. There is no support for the regulation of alcohol price or availability. Danes seem to view alcohol consumption as a private issue that requires self-control and self-discipline more than political intervention. KEYWORDS – alcohol policy, attitudes, changes in public opinions.

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Introduction
Among the Nordic countries Denmark has since the 1950s been the one to consume most alcohol. The consumption peaked in 1983 with a per capita (older than 14 years) consumption of 12.3 litres pure alcohol. It has since decreased, amounting to 11.3 litres per capita in 2010 (Christensen et al., 2012). Danish alcohol policy is considered liberal and has never been a popular issue on the political agenda, nor has it been a particular prominent question in the public debate (Thorsen, 1993; Karlsson & Österberg, 2002). During parliamentary and other political debates it has been a common argument that the cornerstone of the liberal, relatively restriction-free Danish alcohol policy should be education, information and taxation policy (Ibid). So, Danish political steps to address the issue of alcohol consumption have focused rather one-sidedly on regulating demand through influencing Danish attitudes and opinions on the harms that alcohol may cause. Despite this belief in the impact of attitudes and opinions as regulating factors on an individual’s alcohol consumption, very little research has been done to detect if education and information have had the desired effect (Elmeland & Villumsen, 2007).

The aim of this article is to examine Danish attitudes towards alcohol consumption and alcohol political questions from the 1980s to 2011 to determine whether
attitudes and norms have changed over time and, if so, in which direction. The data comes from national surveys in 1985, 1989, 1994, 1997/98, 2002 and 2011. We will also discuss which factors may influence the norms and attitudes and whether there is public support today for more restrictive alcohol political measures.

International alcohol research has shown an increasing interest in public opinions on alcohol policy issues for the last two decades (Storvoll et al., 2013; Tobin et al., 2011). The research has uncovered remarkable differences in trends and tendencies across different countries during the period around and after the millennium. In Norway and Finland there has been increased support for restrictive alcohol policy measures, while in Australia and North America support for such measures in the same period has decreased (Storvoll et al., 2013; Wilkinson et al., 2009; Österberg, 2007). Storvoll et al. (2013) points at two factors influencing people’s support for restrictive alcohol policy measures: 1) A belief that these measures really would affect both their own and others’ drinking. 2) The perception of alcohol-related harms and the concern about such harms (see also Slater et al., 2009). In light of this, it makes sense to also look at Danish politicians’ perceptions of alcohol-related harms in a historical perspective.

Danish politicians never really adopted the temperance movement’s statement that use of alcohol causes misuse and that it was therefore important to control and restrict the supply of alcohol. They instead took the position that misuse of alcohol could be combated and controlled without any effect on the “normal” alcohol consumption on the individual level. In this respect, alcohol use and alcohol misuse were regarded as two totally different phenomena (Hansen & Andersen, 1985). The Finnish alcohol researcher Kettil Bruun commented early on this Danish political position: in a report on alcohol in the Nordic countries he draws the conclusion that Denmark handled and viewed the alcohol political question totally differently from the other Nordic countries (Bruun, 1973).

It has been argued that Danish attitudes towards alcohol focus on the need for individual self-control and responsibility in drinking (Karlsson & Österberg, 2002; Elmeland & Villumsen, 2007). This means that alcohol consumption is viewed more as a moral question than as a political issue. In recent years, Danish alcohol policy has, however, moved in a more restrictive direction (Karlsson & Österberg, 2002), which may have affected the attitudes and opinions on alcohol political questions so that they are now more positive about restrictive alcohol political measures. For the purposes of this article, we have found it important to focus specifically on changes and trends in the Danish attitudes on general alcohol consumption and on perceptions of harms caused by intoxicated persons; and in the attitudes towards misuse of alcohol and extraordinary/specific arrangements aimed at alcohol abusers and beliefs about what causes a problematic use of alcohol. We will also examine attitudes towards different alcohol political questions regarding support for restrictions. But first we shall view the development of Danish alcohol policies, as major changes have taken place since the late 1990s in particular and till today.
Changes in Danish alcohol policy

Danish politicians used to view alcohol consumption and alcohol abuse as two rather different phenomena. Political steps addressing the issue of alcohol consumption focused rather one-sidedly on regulating consumer demand through public education and information. As early as 1907, The Sobriety Commission Report stated that the best method for increasing public moderation on drinking was to educate the Danish population about alcohol and its harmful consequences. Since the passing of the Primary Education Act in 1937, education that focuses on alcohol and its adverse health effects has been obligatory in Danish public schools (Thorsen, 1993). At the same time, alcohol abusers had to be disciplined. During the 1930s and 1940s the prevention of alcohol problems was seen in terms of imposing disciplinary measures or punishing the heavy drinkers in order to keep them away from the bottle. They were sent to labour camps, and people known to be addicted could have their civil rights (such as the right to vote) withdrawn by the authorities (Thorsen, 1993; Karlsson & Österberg, 2002).

An analysis of the socioeconomic consequences of alcohol consumption was conducted in 1986. It showed that alcohol consumption in general was a weighty item in the Danish national budget. It seemed obvious that more restrictive and preventive initiatives related to alcohol use were necessary. In 1989, the responsibility for monitoring and co-ordinating the alcohol and drug fields was transferred from the Alcohol and Drug Council to the Danish Health and Medicine Authority, who in 1990 introduced low-risk drinking guidelines (14 standard drinks² for women and 21 for men per week). These have been re-introduced yearly in the national alcohol campaign conducted by the Danish Health and Medicine Authority. A supplementary recommendation was added to the drinking guidelines in 2005, according to which people should not drink more than 5 standard drinks per session/day. In 2010, the guidelines were supplemented with very low-risk guidelines: 7 standard drinks for women and 14 for men per week.

Until 1976 there was no fixed BAC³ limit in Denmark, but drivers would be punished if they had been drinking so much that they could not drive safely. In 1976 it was decided that driving with a BAC above 0.08 per cent was prohibited. In 1998 the BAC limit was lowered to 0.05 per cent (Karlsson & Österberg, 2002, p. 136).

From 1970 to 1998, there was no age limit on selling of alcohol beverages in Danish shops. An age limit of 15 years for purchasing alcohol was set 1998. This was raised to 16 in 2004, and in March 2011, the age limit was pushed to 18 years for purchasing spirits and liqueur (with an alcohol volume of 16.5% or more).

Denmark launched its first Public Health Programme in 1999, introducing prevention of alcohol-related harm and other lifestyle diseases, such as unhealthy diets, lack of exercise and smoking (Ministry of Health, 1999). The Public Health Programme of 2002, entitled “Lifelong Health” (Danish Government, 2002), explicitly stated the following: “The number of heavy users of alcohol has to be reduced significantly. Alcohol consumption among young people should be reduced and alcohol consumption among children and adolescents should be eliminated” (Ibid.,
The strategies proposed by the government to achieving these goals included providing information about drinking guidelines and adverse health effects associated with alcohol use. Consistent with a traditional Danish liberal political approach to alcohol, the following statements were also included: “It is vital that individual autonomy is respected. The government should not control our lives” (Ibid., p. 4). In fact, Danish alcohol policy has rarely attempted to control the availability of alcohol, and while the policy is moving in a more restrictive direction, information and education still seemed to be the preferred prevention tools.

Simultaneously, political steps have been taken in the opposite direction. In 2002, a ban on alcohol commercials on TV was repealed. In 2003, the spirits tax was lowered by 45%, and a ban on the retail sale of alcohol after 8pm was lifted in 2005.

In Denmark – maybe more than in other Nordic countries – the alcohol policy mirrors the conflicting political considerations taken in the alcohol field. Alcohol consumption provides income through taxes, employment and the industry, but it also causes health and social problems and therefore heavy expenses. A report from 1985 (Hansen & Andersen, 1985) made this claim: “In the design of alcohol policy, the state is likely to be caught in this crossfire of commercial, occupational, tax financial and health-related considerations as well as considerations to international trade” (Ibid., 20). There is no indication that there has been less pressure from the industry since 1985 – quite the contrary (Babor & Robaina, 2013). So, the educational focus on the public attitudes and opinions, and initiatives on especially vulnerable groups of consumers may represent a field of intervention which satisfies both the politicians and the industry.

**Data and methods**

Our point of departure was to investigate changes in attitudes and norms regarding alcohol consumption and policy in Denmark. For this end, we reviewed surveys from the previous 30 years. We identified only six surveys that included questions about attitudes and norms: five national surveys and one Nordic. All six surveys were carried out at research institutions. A closer examination revealed furthermore that questions about attitudes only accounted for a very small part of these surveys and that none of the questions was consistently posed across all of the surveys. The 6 surveys were from cross-sectional studies with representative or weighted samples from the Danish population. The analysis in this article is based on a comparison of analysis of single questions. Ours is thus a secondary analysis of existing survey data.

The survey data came from the following studies:

Hansen, E. J., & Andersen, D. (1985) “Alcohol consumption and alcohol policy”
Survey conducted in: 1985
Method: Omnibus survey
Sample size: 1.301 respondents (aged 20–69)
Response rate: Unknown.
The survey sample was weighted.

Sabroe, K.-E., & Rasmussen, O. (1995) “The Danes’ alcohol consumer consciousness”
Survey conducted in: 1989
Method: Telephone interviews
Sample size: 2,001 respondents (aged 15–89)
Response rate: Unknown.
The survey sample was representative.

Laursen, L., & Sabroe, K.-E. (1996)
“Alcohol consumption and alcohol policy”
Survey conducted in: 1994
Method: Mailed questionnaire
Sample size: 1,388 respondents (aged 18–69)
Response rate: 69.5 %.
The survey sample was representative.

Mäkelä, P., Fonager, K., Hibell, B., Nordlund S., Sabroe, S., & Simpura, J. (1999)
“Drinking habits in the Nordic countries”
Survey conducted in: 1997/98
Method: Telephone interviews
Sample size (Danish): 2,439 respondents (aged 19–71)
Response rate: 75.3 %.
The survey sample was weighted.

Laursen, L., Sabroe, K.-E., & Sabroe, S. (2004)
“Alcohol consumption and alcohol policy”
Survey conducted in: 2002
Method: Mailed questionnaire
Sample size: 1,760 respondents (aged 18–70)
Response rate: 56.4 %.
The survey sample was representative.

Bloomfield, K, Elmeland, K., & Villumsen, S. (2013)
“Alcohol consumption – attitudes and lifestyle”
Survey conducted in: 2011
Method: Web and telephone interviews
Sample size: 5,133 respondents (aged 15–79)
Response rate: 64.1 %.
The survey sample was weighted.

In the 2011 survey, questions about consumption of alcohol and other drugs were given to the whole sample. The sample was then split into two sub-samples – where the first sub-sample were asked questions about experienced alcohol-related harms to others and the second sub-sample were asked questions about reasons to drink and opinions on alcohol political questions. The measurements here derive from the second sub-sample.

Measures
Opinions of current alcohol consumption were measured by asking for the respondents’ views on alcohol consumption of Danish youth and adult Danes in general. The questions posed in four of the surveys were not quite identical. In the 1985 survey, the question pertained to youth younger than 20, whereas the other surveys referred to youth younger than 18. The surveys from 1985 and 2011 had questions concerning Danes and the youth in general, whereas the questions in the 1994 and 2002 surveys pertained to the youth and adults whom the respondents knew. With different questions come different response categories. In the surveys from 1985 and 1994 the categories were “the right amount”, “a little too much” and “too much”, while the categories of 2002 were “not much”, “the right amount”, “a little too much” and “way too much”. In 2011 the categories were “way too high”, “a little too high”, “normal for that age group”, “too low” and “way too low”. In the analysis the answers used are those in the categories which indicates that the respondent think that the consumption is higher than “the right amount”/“normal for that age group”.

Attitudes toward alcohol availability in different places/areas were measured
by asking the respondents to what extent they agreed/disagreed on a ban on drinking alcohol in the workplace and in public places. The 1989 survey asked if the respondents found that access to alcohol in the workplace should be “without limitations”, “with some limitations” or “no access at all”. The answer categories used in the analysis are “no access at all” from 1989 and “agree” plus “very much agree” on a ban on alcohol in the workplace from the 1994, 2002 and 2011 surveys. The question of a ban on drinking alcohol in public places is the same in all four surveys. In the 1994 survey, the question was expanded with an “exception of public venues”. The response categories from the 1985 survey differ from the rest. In 1985 they used a yes/no option, while the other surveys had “very much agree”, “agree”, “disagree”, “very much disagree” and “don’t know”. In the analysis of this question, “very much agree” and “agree” are combined with “yes” from the 1985 survey.

The attitudes toward alcohol abusers were measured by asking the respondents to what extent they agreed/disagreed with three statements concerning actions against alcohol abusers. Some of the questions are not quite identical in the three surveys. The response categories are not quite identical in the three surveys. The answer categories differ in the statement concerning compulsory treatment: the 1994 survey used a yes/no option, and in 2002 and 2011 they had an agreement scale. In our analysis of the question, we have combined “very much agree” and “agree” with “yes” from the 1994 survey. The question in the 1994 survey “Children of alcohol abusers should forcibly be removed from the mother/parents” is slightly different from the 2002 and 2011 statement of “it should be possible...”. The response options used in 1994 were “yes, as a main rule”, “yes, in some cases” and “no/never” whereas the agreement scale was used in both 2002 and 2011. In the analysis of the question, “very much agree” and “agree” are combined with “yes, as a main rule” from the 1994 survey.

The notion of what causes a problematic use of alcohol was measured by asking the respondents to what degree the subject in the eight statements can cause a problematic use of alcohol. The response categories were “to a high degree”, “to some degree”, “to a small degree”, “not at all” and “don’t know”. The answer categories used in the analysis are “to a high degree” and “to some degree”. This measurement only contains data from the 2011 survey.

The level of support for restrictions on availability and price was measured by asking the respondents to what extent they agreed/disagreed with different restrictions in four statements. The response categories were “very much agree”, “agree”, “disagree”, “very much agree” and “don’t know”. The answer categories used in the analysis are “very much agree” and “agree”. This measurement only contains data from the 2011 survey.

**Statistical analysis**

To evaluate patterns of change in attitudes toward alcohol consumption and political questions, different surveys were compared and an overall chi-square test was calculated. Post hoc tests were carried out where overall significant differences were found. SPSS (Release 19.0) and Excel were used as statistical tools.
Table 1. Proportion of respondents who find that the young and adults drink too much in Denmark, 1985 n=1542, 1994 n= 1360-74, 2002 n=1751-52 and 2011 n=2225 (unweighted n).

|                          | 1985 | 1994 | 2002 | 2011 |
|--------------------------|------|------|------|------|
| **Danish youth drink too much** | %    | CI   | p-value |
|                          | 30.0 | (27.7-32.3) | <0.0001 |
|                          | 36.8 | (34.2-39.3) |          |
|                          | 47.6 | (45.3-50.0) |          |
|                          | 81.2 | (79.6-82.8) |          |
| **Adult Danes drink too much** | 17.1 | (15.2-18.9) | <0.0001 |
|                          | 12.2 | (10.4-13.9) |          |
|                          | 6.1  | (4.9-7.2)   |          |
|                          | 60.9 | (58.9-62.9) |          |

Notes: 1 The wording was: 1985 “Do you find that the majority of the youth (younger than 20) in general drinks the right amount, a little too much or way too much?”. 1994 “Do you find that the young people (younger than 18) you know drink the right amount, a little too much or too much?”. 2002 “How do you think that most young people (younger than 18) you know handle alcohol?”. 2011 “Do you in general find the Danish youth's alcohol consumption to be...?”

2 The wording was: 1985 “Do you find that the majority of the adult population in general drinks the right amount, a little too much or way too much?”. 1994 “Do you find that most of your acquaintances are drinking the right amount, a little too much or too much?”. 2002 “How do you think most of your acquaintances handle alcohol?”. 2011 “Do you in general find the adult Danish population’s alcohol consumption to be...?”

Results and discussion

In our analysis, we focused on: 1) Changes in attitudes towards general consumption and changes in experienced harms caused by intoxicated persons. 2) Changes in attitudes towards alcohol misuse and alcohol abusers and current opinion on causes for developing a misuse. 3) Changes in attitudes towards availability of alcohol and current support for more restrictive alcohol political measures.

As we are interested in identifying changes and trends, we have only used comparable questions identified in 3 or more surveys. However, in highlighting current attitudes to opinions on which factors influence developing misuse of alcohol and current support for more restrictive alcohol political measures, we have been forced to use only 2011 data, as this is where these questions were asked for the first time in a survey.

Changes in attitudes towards alcohol consumption and experienced harms

In the national surveys conducted in 1985, 1994, 2002 and 2011 questions were posed to both adolescents and the adult population on their opinions on alcohol consumption (table 1).

In 1985 and in 2011, questions about adolescent and adult drinking habits were formulated as applying to these populations in general, while the questions asked in 1994 and 2002 pertained to adolescents and adults whom the respondents knew (acquaintances). This difference in the questions yields interesting results. There is a continuous increase in the number of respondents who think that adolescents drink too much. But while there are significantly many more respondents in 2011 than in 1985 who think that the adult population drinks too much, in 2002 many fewer respondents than in 1994 think that their adult acquaintances drink too much.
Table 2. Proportion of respondents who reported experiencing one or more specific type of harm or inconvenience in the past 12 months. 1997/98 n=2439, 2002 n=1711-32 and 2011 n=4435 (unweighted n).

| Event                                                      | 1997/98 | 2002  | 2011  | %       | CI          | p-value  |
|------------------------------------------------------------|---------|-------|-------|---------|-------------|----------|
| Harassed by intoxicated people in a public place           | 20.5    | 33.9  | 26.7  | (18.9-22.1) | (31.7-36.1) | <0.0001  |
| Harassed by intoxicated people in a private setting        | 10.0    | 23.9  | 13.8  | (8.8-11.2)  | (21.9-25.9) | <0.0001  |
| Physical harm caused by an intoxicated person             | 1.5     | 4.0   | 2.5   | (1.0-2.0)   | (3.1-4.9)  | <0.0001  |
| Insulted by an intoxicated person                         | 20.5    | 25.0  | 22.0  | (18.9-22.1) | (23.0-27.1) | <0.01    |
| Kept awake at night by drunken noises                     | 23.0    | 32.1  | 27.7  | (21.3-24.7) | (29.9-34.3) | <0.0001  |
| Clothes or other belongings ruined by an intoxicated person | 2.5     | 5.8   | 4.7   | (1.9-3.1)   | (4.7-6.9)  | <0.0001  |
| Been afraid of intoxicated people on the street          | 12.0    | 14.8  | 13.9  | (10.7-13.3) | (13.2-16.5) | <0.05    |

It is hard to explain this trend, as the overall consumption of alcohol in Denmark was about the same in 1994 as in 2002. One explanation (besides the methodical) could be that the first ESPAD report was published in 1997 (Hibell et al., 1997), leading to headlines as well as to a heated debate in the Danish media. Key findings included the early onset of alcohol consumption and high-risk behaviour of Danish adolescents consuming large quantities of alcohol. There was a shift, then, in the collective concern of alcohol use in general, from the adult population’s use to that of adolescents (Elmeland & Tutenges, 2013).

In the 2002 and 2011 national surveys, respondents answered questions regarding the harms and inconveniences that had occurred at least once over the past year from other people’s drinking. The response categories were as follows: “no”, “yes, once or twice” and “yes, several times”. The same questions were posed in 1997/98 in the Nordic survey (Mäkelä et al., 1999) (Table 2).

From 1997/98 to 2002, a large increase was evident in the reported number of experienced inconveniences, but from 2002 to 2011, this number decreased slightly. The experienced harms are significantly more prevalent in 2011 than in 1997/98.

The peak of experienced inconveniences in 2002 is difficult to explain. One explanation (besides the methodical) could be Denmark was in the throes of a moral panic in 2000–2002 (Cohen, 1972; Hall, 1978) because of reports on the use of ecstasy. The media portrayed young people being almost constantly intoxicated by ecstasy and, as such, a danger both to themselves and other people (Politimesterforeningen,
This may well have affected Danish views on intoxicated people in general.

**Changes in attitudes towards alcohol abusers and misuse**

The measures here relate to opinions on compulsory treatment of alcohol abusers and who should pay for the treatment of the illnesses that this population may experience due to their over-consumption of alcohol (Table 3). Such issues have occasionally been discussed by the Danish media (Elmeland & Villumsen, 2007).

In the 1994, 2002 and 2011 national surveys, the following questions were presented regarding alcohol abusers: should abusers pay for their own treatment, should compulsory treatment be possible and should it be possible to remove children from the care of parents who abuse alcohol?

Compared to 1994, significantly fewer respondents in 2011 agreed that alcohol abusers should be made to pay for their own treatment. This may indicate that the respondents now view alcohol abusers more as an equal group of Danish society in general, entitled to the same health services as anybody else. But the question regarding the possibility of compulsory treatment shows an opposite trend: significantly more respondents from 1994 to 2011 agree on compulsory treatment as a possibility for alcohol abusers. This, then, would imply that Danes still view alcohol abusers as a special group, who have lost self-discipline and self-control and need experts to take over. The gap between support for removing children from alcohol-abusing parents from 1994 to 2002 might be due to the different wording of the question asked (see Table 3). There is no fluctuation of opinion on the question from 2002 to 2011.

To investigate whether alcohol abuse is seen primarily as a problem of demand or supply, the 2011 survey included a question about beliefs about problem drinking (table 4).

In general, Danes clearly thought in

| Table 3. Proportion of respondents who agreed with the following statements regarding alcohol abusers. 1994 n= 1374-88, 2002 n=1724-35 and 2011 n=2225 (unweighted n). |
|---------------------------------------------------------------|
| **People should pay for their own treatment**  | 1994 | 26.3 | (24.0-28.6) | <0.0001 |  |
|  for illnesses due to extent of and long-lasting alcohol consumption | 2002 | 29.8 | (27.6-31.9) |  |  |
|  | 2011 | 22.1 | (20.4-23.8) |  |  |
| **Generally, compulsory treatment for alcohol abusers should be available**  | 1994 | 39.4 | (36.8-42.0) | <0.0001 |  |
|  | 2002 | 53.0 | (50.7-55.4) |  |  |
|  | 2011 | 51.3 | (49.2-53.3) |  |  |
| **Generally, it should be possible to forcibly remove children from alcohol-abusing parents**  | 1994 | 7.0 | (5.7-8.3) | <0.0001 |  |
|  | 2002 | 79.4 | (77.5-81.3) |  |  |
|  | 2011 | 79.3 | (77.6-80.9) |  |  |

Notes: 1 The wording was: 1994 “People should pay for their own treatment for illnesses due to alcohol consumption”, 2002 & 2011 “People should pay for their own treatment for illnesses due to extent of and long-lasting alcohol consumption”. 2 The wording was: 1994 “Children of alcohol abusers should be forcibly removed from the mother/parents”. 2002 “It should be possible to forcibly remove children from alcohol-abusing parents”. 2011 “Generally, it should be possible to forcibly remove children from alcohol-abusing parents”. 2002. This may well have affected Danish views on intoxicated people in general.
Table 5. Proportion of respondents who agreed with the following statements. 1985 n=1542, 1989 n= 1891, 1994 n=1374-88, 2002 n=1739-44 and 2011 n=2225 (unweighted n).

| Statement                                                                 | 1989 | 1994 | 2002 | 2011 | CI       | p-value |
|----------------------------------------------------------------------------|------|------|------|------|----------|---------|
| It should be prohibited to drink alcohol in the workplace                  | 42.5 | 70.7 | 73.3 | 76.2 | (40.2-44.8)| <0.0001 |
| It should be prohibited to drink alcohol in public places, pedestrian streets, etc. | 51.0 | 69.0 | 51.1 | 30.2 | (48.5-53.5) | <0.0001 |

Notes: 1. The wording was: 1989 “Access to alcohol in the workplace should be without limitations, with some limitations or no access at all?” 1994 “A ban against drinking alcohol in the workplace should be implemented?” 2002 & 2011 “It should be prohibited to drink alcohol in the workplace”.

2. The wording was: 1985 “It should be prohibited to drink alcohol in streets, squares, parks or similar public places?” 1994 “It should be prohibited to drink alcohol in public places, pedestrian streets, etc., except at public venues?” 2002 & 2011 “It should be prohibited to drink alcohol in public places, pedestrian streets, etc.”

2011 that individual and social conditions – rather than collective, alcohol political actions and measures – were more likely to contribute to problematic alcohol consumption. And even though most Danes are aware that alcohol is not an ordinary commodity, but a drug which creates dependency, they primarily view alcohol-related problems as special issues connected to the consumers themselves. Alcohol-related problems do not in their opinion stem from a lack of restrictions on the general supply of alcohol. Easy availability and inexpensive alcohol do not appear to be regarded as especially influential factors.

Changes in attitudes towards alcohol availability and current support for a more restrictive policy

Before the 1980s a large amount of the total alcohol consumption was consumed at workplaces (Sabroe & Rasmussen, 1995). At the same time, public drinking in streets, squares, etc. was considered a very visible problem by the general public and authorities of the Danish municipalities (Elmeland, 2005).

In the 1989, 1994, 2002 and 2011 national surveys, a question was posed on whether drinking alcohol should be prohibited in the workplace (table 5).

The 1985, 1994, 2002 and 2011 national surveys included an alcohol political statement about a ban on public drinking in pedestrian streets and other public places (table 5).

The proportion of respondents who agreed with a ban on drinking alcohol in the workplace increased significantly from 42.5% in 1989 to 76.2% in 2011. This dra-
Table 6. Proportion of respondents who agreed with the following statements. %, 2011 n=2225 (unweighted n).

| Statement                                                                 | Percentage |
|---------------------------------------------------------------------------|------------|
| Alcohol sales should be limited to special stores approved by the state   | 18.4       |
| It should be prohibited to sell and drink alcohol at sport events         | 34.4       |
| The number of public houses, cafés, restaurants and discotheques should be reduced | 6.1        |
| The tax on alcohol should be increased                                   | 36.3       |

In order to highlight support for a more restrictive alcohol policy today, we have chosen to bring in data from the 2011 survey where the respondents were presented different alcohol political statements (table 6).

The least support was given for the statement regarding a reduction in the number of public venues (restaurants, cafés, etc). Support for increased alcohol taxation was the highest, but even so, the statement was only endorsed by about a third of the population. Less than one fifth of the population approved of limited access to buying alcohol. Slightly more support was given for a ban on selling and drinking alcohol at sport events. Even if a report on Danish views on alcohol policy implies that the Danish people are more likely to support a restrictive alcohol policy than the Danish politicians (MandagMorgen & Trygfonden, 2009), the 2011 figures do not show particularly widespread support for more restrictive alcohol political measures in Denmark.

Conclusion
In this study we have compared individual questions from six different surveys. The survey data were collected differently (mailed questionnaire, telephone interviews, web-based questionnaire, etc.), which may have affected the results. The questions were also put slight differently and the answer categories were not en-
tirely identical, which we have detailed in the paragraph on methods. The results of our analysis should therefore be treated with caution. We have, however, found it important to shed light over the changes in time in Danish attitudes and opinions on alcohol consumption and different alcohol political questions. This is all the more important as attitudes and opinions held by politicians are regarded as major regulating factors in terms of the total alcohol consumption. So, while one could argue that our end justifies the means, we have found the current questions fairly evaluated.

The relationship between the public view on consumption and experienced harms on the one hand and the attitudes towards more restrictive alcohol political measures on the other is not straightforward. According to the surveys, more and more Danes estimate that overall consumption of alcohol is too high and the perception of harms caused by intoxicated people have grown. At the same time, there is no overall support for restrictions which might combat this – which seems somewhat paradoxical.

One explanation could be that the historical lack of alcohol political interventions in Denmark has led to an understanding of alcohol problems as part of the private rather than the collective sphere. Drinking alcohol is thought to follow social rules and implicit norms, not health political recommendations. Drinking problems are associated with breaking these informal rules, not with heavy alcohol consumption (Elmeland, 2011). Uncontrolled (excessive) alcohol consumption is stigmatized, for self-control and self-discipline are important virtues (also) in the alcohol field. The early political position of treating general alcohol consumption and the misuse of alcohol as two quite different phenomena may be reflected in the current Danish alcohol culture. There appear to be two types of alcohol consumption: self-controlled “normal” consumption, which does not require any intervention at all, or uncontrolled (mis)use, which makes treatment and other interventions necessary (Ibid).

So, even if there are changes in the Danish attitudes and opinions on alcohol consumption and alcohol political questions this does not seem to have a big impact either on the consumption in general or on support for more restrictive alcohol political questions. The Danish politicians should perhaps take a closer look at the success story in the Danish alcohol field – removing drinking from the Danish workplace. This alcohol policy led to a heavy decrease in consumption AND a really strong support for a ban on alcohol at all workplaces. Here actions taken had an effect on the consumption and then on the attitudes – and not the other way around.

Declaration of Interest None

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NOTES

1 The Danish treatment system has come a long way since then – but that is another story.
2 A standard drink in Denmark has 12 grams of alcohol.
3 Blood alcohol concentration
4 We have used only the Danish data
5 We had access to a database to obtain the 2002 and 2011 data.
6 Telephone hotlines were established. The police kept an eye on discotheques and bars, and parent corps were established. The then existing counties ran campaigns, etc.
7 The teams were named APPA (Alkohol Politik På Arbejdspladsen, alcohol policy in the workplace)

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