Note: much of this report was published under the heading "Nordic alcohol policies and the welfare state" as pp. 141-152 in: Lundborg, O., Yngwe, M.Å., Stjärne, M.K., Björk, L. & Fritzell, J. (2008) *The Nordic Experience: Welfare States and Public Health (NEWS).* Stockholm: Centre for Health Equity Studies (CHESS), Stockholm University & Karolinska Institute.

Nordic alcohol policies and the welfare state

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31 August, 2006

The World Health Organization's studies of the Global Burden of Disease (Ezzati et al., 2002; Rehm et al., 2004) have recently underlined the substantial extent of alcohol problems in much of the world. In developed countries, alcohol ranked fourth in a comparison of risk factors for public health and safety. Considering patterns of drinking around the world, alcohol consumption is generally higher than elsewhere in European lands and in countries with a population largely of European descent. This in part reflects that in most of these countries, the society is relatively affluent, drinking is deeply enculturated, and a majority of adults are alcohol consumers. Accordingly, alcohol is a particularly significant contributor to the burden of disease and disability in these countries.

TWO CENTURIES OF WAVES OF ALCOHOL: SERIOUS PROBLEMS AND STRONG RESPONSES

In many developed countries, alcohol consumption today is considerably greater than it was 70 years ago. But in a longer historical perspective, alcohol consumption levels in the 1930s were the trough of a wave in what have been called the "long waves of alcohol consumption" (Mäkelä et al., 1981) in the modern era. The relatively low consumption levels in northern and northwestern Europe were the outcome of a struggle throughout the preceding century over the place of alcohol in society.

While alcoholic beverages have been consumed in many human societies for millennia, their preparation was traditionally mostly on a relatively small scale, and often for immediate consumption. This changed with the shift of distilled spirits from

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[1] Prepared for a project led by Johan Fritzell and Olle Lundberg, "The Nordic Experience: Welfare States and Public Health", conducted in connection with the WHO Commission on the Social Determinants of Health. In 2022, Robin Room is a professor at the Centre for Alcohol Policy Research, La Trobe University, Bundoora, Victoria, Australia (R.Room@latrobe.edu.au) and at the Center for Social Research on Alcohol & Drugs, Stockholm University, Stockholm, Sweden; in 2006, his Australian professorial appointment was at the School of Population and Global Health, University of Melbourne. Christoffer Tigerstedt is a Professor of Alcohol, Drugs and Addiction at the National Research and Development Centre for Welfare and Health (STAKES), Helsinki, Finland (christoffer.tigerstedt@stakes.fi). We thank colleagues, and particularly Hildigunnur Ólafsdóttir and Olle Lundberg, for comments.

medicine to recreational use around the 1600s and the industrialization of spirits and beer production in the early stages of the industrial revolution. In the 1700s and early 1800s, while wine maintained its traditional hold in southern Europe, a flood of spirits washed over much of northern and eastern Europe, and such outposts as north America. The scenes of endemic drunkenness among both rich and poor in 18th century London (Coffey, 1966) were repeated in many other lands – for instance, Norway, Poland or the U.S. in the 1820s (Hauge, 1978; Zieliński, 1994; Rorabaugh, 1979). The commercialization of alcohol production and sale, and its relatively free availability, combined with an improving economy and drinking patterns which emphasized intoxication, had serious consequences. As an observer in England, Sydney Smith, remarked after the enactment of an almost free market in beer in 1830, "Everybody is drunk. Those who are not singing are sprawling. The Sovereign People is in a beastly state." (Russell, 2004)

In many of the countries most affected by these waves of heavy consumption, there was an eventual strong social response, in the form of temperance movements. These movements generally had an elite component, and in some places, and particularly in southern and eastern Europe, alcohol problems remained largely an elite concern (e.g., Mitchell, 1986; Morgan, 1989; Bennett, 1992). In the Nordic and English-speaking countries, the temperance movement became a mass movement with broad popularity. Spreading often in conjunction with Protestant religious revivalism, the movement intersected with many of the major "progressive" movements of the era: for the abolition of slavery, for the rights of women, and for the rights of workers (Room, 1985b). In the Nordic countries other than Denmark, particularly, temperance became strongly intermeshed with the strong worker's movements, and in Finland, Norway and Iceland also with the project of nation-building (Johansson, 2000).

The political high-point of temperance movements came around 1910-1920. In Finland, Norway and Iceland, as well as in the U.S., Canada and Russia, the result was a period of national prohibition of all alcoholic beverages, although there was a quick retreat to prohibition mainly of spirits in Norway, Iceland, and parts of Canada. In Sweden, the alternative solution of a strict control system was adopted in 1912, and on this basis a referendum on prohibition was narrowly defeated in 1922. As the other countries which had adopted prohibition retreated from it, versions of the same alternative, a more or less strict alcohol control regime, were put in its place (Room, 1985a; 2004). The existence of a distinctive Nordic approach to alcohol control thus dates from about a century ago.

NORDIC ALCOHOL CONTROL BEFORE 1955

The alcohol control systems operating in Finland, Sweden, Norway and Iceland after the early 1930s shared some main features, although each had its own peculiarities (Olsson et al., 2002; Tigerstedt et al., 2006).

- Disinterestedness. The state took a commanding role for itself in the alcohol market. Private interests were minimized in off-premise retail sales (other than of relatively low-strength beer), in importing and wholesaling, and in the production of spirits. On-premise retail sales were heavily regulated.
- Restricting economic availability. Alcoholic beverages were made relatively expensive, with a high implicit or explicit tax.

- Restricting physical availability. The number of sales outlets for alcohol were limited, particularly for strong alcoholic beverages for off-premise consumption. Opening hours and days for retail sales were also restricted.
- Less availability for stronger beverages. Through taxes and other dimensions of availability, weaker beverages were given preference over stronger beverages. Taxes on spirits, in particular, were much greater per unit of alcohol. Different classes of beer, defined in terms of alcoholic strength, were treated quite differently in terms of taxation and how widely they were sold. (The exception to this was Iceland, where beer remained prohibited, in line with an early version of a "stepping-stone theory", until 1989 – Ólafsdóttir & Leifman, 2002.)

The features mentioned so far are still recognizable in the Nordic alcohol control systems today. The state monopoly of the market has been considerably weakened by adherence by the Nordic countries to the European Union or associated trade agreements, so that only the off-premise retail sales monopolies remain. The taxes have been somewhat lowered, but the differentially high tax on spirits remains in Iceland, Norway and Sweden, and still to a lesser extent in Finland after a major tax reduction in 2004.

The alcohol control systems in the 1930s-1950s also had other features which dropped away 40 or 50 years ago.

- Individualized sales controls. Included in the retail monopoly systems were individualized controls of the alcohol consumer. The Swedish system included a ration-book, issued to the head of the family, which set a maximum purchase limit each month on spirits (Frånberg, 1987). In Finland a similar function was performed by the "buyer surveillance" system, which sent inspectors out on home visits to large purchasers (Järvinen, 1991). In Norway individualized sales controls were in force during the Second World War (Hamran & Myrvang, 1998). These control systems were abandoned in the 1940s and 1950s.
- Alcohol-specific social controls. A system of lay community Temperance Boards in Finland, Norway, Sweden and Iceland exercised individual social control over problematic drinkers, offering both advice and coercion (Rosenqvist & Takala, 1987; Christie, 1965). A comparative study of alcohol control remarked in 1931 that, while "the excessive drinker" is left in countries like Britain "to the arm of the police, the Swedish system concentrates upon the social problem of the excessive drinker. By the permit-book it restricts him as a physician might restrict him and, finally, through the Temperance Boards, takes him sternly in charge." (Catlin, 1931:232). The functions of the Temperance Boards were handed over to the general welfare system in the 1960s (the 1980s in Iceland).

Concerning alcohol policy, Denmark is the exception among Nordic countries. Alcohol controls were instituted in Denmark, but with a much narrower range of measures, particularly focused on taxation. During World War I, a very high tax on spirits was imposed, while beer taxes were raised much less. The result was that Denmark switched from a spirits-drinking to a beer-drinking culture more or less overnight: spirits dropped from 75% of alcohol consumption to 12% (Bruun et al., 1975).

Eriksen (1993) has shown that the way for this shift had already been prepared ideologically in Danish drinking culture.

These days Nordic alcohol policies are usually considered to be part of the Nordic welfare state. It has been noted, however, that the main lines of Nordic alcohol control were laid down prior to the rise of the welfare state. Those who set about building the welfare state in the 1930s and 1940s paid rather little attention to alcohol issues. For instance, the Myrdals, key figures in the debate on building the Swedish welfare state, do not mention alcohol in their major works on it (Tigerstedt, 2001). This is probably because alcohol policy – or, as it used to be, temperance policy – stood out as a political field of its own already at the very beginning of the 1900s. Thus battles, frontlines, interest groups and dogmas, peculiar precisely to this field, came into the world. In addition the Swedish alcohol policy field actually separated alcoholism treatment from the domain of its previous umbrella, i.e., poor relief, whose reorganization and development was one of the main tasks of the Swedish welfare state (Stenius 1999). As a result alcohol policy never really became part of the general welfare state debate, but rather stayed at its margins (Tigerstedt, 2001).

In Finland alcohol legislation and its extreme variant, the Prohibition Act (1919-1932), on the one hand, and social security legislation, on the other, were largely perceived as competing enterprises. In the late 1910s, when Finland became independent, social security lagged behind Nordic standards. In these circumstances the idea of "public temperance", manifested in the Prohibition Act, tended to replace the idea of a welfare state: temperance would do away with social problems in general, it was supposed (Haatanen 1992). Thus, in ideal terms policing alcohol during the Prohibition Act should work as a substitute for social and welfare policy, probably as pre-welfare policy. We know it did not. What we also know is that the Prohibition Act was succeeded by the establishment of a very powerful, separate institution – the alcohol monopoly – with far-reaching rights to control the drinking of individuals and populations. The monopoly's status of a state within the state contributed to keeping Finnish alcohol policies at the margins of the development of mainstream welfare policy.

SOCIAL CLASS AND THE OLD NORDIC ALCOHOL CONTROL SYSTEMS

While the social class location of heavy drinking varies by time and place, there is a strong tendency for there to be more social and health harm to be associated with the drinking of poor people, and particularly of poor marginalized people, than of the affluent (Room, 2004). Differences in drinking patterns may account for some of the discrepancy, but much of it is accounted for by class differences in access to resources and to social capital, including the power to define what is out of bounds. A rich man's son like George W. Bush can escape long-term consequences of the drinking of his hellraising years; a poor man's son may not so easily do so.

Controls on the availability of alcohol also have more effects on poor than on affluent drinkers. This is obvious in the case of alcohol taxes, but also applies to other general restrictions on availability. The earlier Nordic systems clearly added to these disparities a differential emphasis on regulating the drinking of the poor. The individualized controls of the Nordic systems of the 1930s and 1940s tended to direct their control efforts down and not up the class structure (Frånberg, 1987). The regulation

of on-premise drinking, too, was above all directed at working-class drinking places (Koskikallio, 1985).

In fact, the view that the liquor question *(alkoholfrågan)* was first and foremost a working-class (family) problem was largely accepted in Sweden both by the temperance movement and by those in favor of the rationing book.

On the other hand, it can with some justice be argued that the strength of Nordic temperance movements, and political support for the eventual alcohol control structures in response to the temperance impulse, depended on the support of workers' movements. Johansson (2000) notes that "the Nordic temperance movement and its demands for restrictions and prohibition were closely aligned with the political radicalism of the labour movement. The social democratic parties in Finland, Norway and Sweden provided a backbone for temperance political aims". Temperance was one expression, for instance, of the ideal of *skötsamhet* (conscientiousness) held by the Swedish worker's movement. Consequently, the open and legal discrimination in terms of class, and also gender, was very seldom questioned, not even by workers or women themselves.

While one explanation of why Denmark has been an exception with regard to alcohol policy has been in terms of differences in the orientation of Lutheranism in Denmark (Eriksen, 1990), another has noted that the Danish labour movement was less radical than in other Nordic countries, and in relation to this that "Danish social democrats never adopted a cohesive position backing the temperance movement" (Johansson, 2000).

In general, we may conclude that the affiliation between alcohol policy and the welfare state is obvious but not straightforward. Generally speaking Nordic alcohol control policy has shared many basic features with the welfare state ideology and the so-called Scandinavian Model (Mäkelä & Tigerstedt, 1993). They are related not only through a strong orientation towards non-market based policies, but also by a (paternalistic) universalistic strategy, as restrictions have tended to cover the entire population. From this point of view, the implementation of tight regulations has been intended to protect socially and economically deprived people, who run a greater risk of suffering from alcohol-related harms. Built into this has been the idea of avoiding stigmatizing socially and economically marginalised people and placing blame on individual drinkers (Mäkelä & Tigerstedt, 1993). Nevertheless, the ideology of constraint which the system embodied also affected the behaviour of middle-class people.

DIFFERENTIAL EFFECTS BY SOCIAL CLASS OF DISMANTLING THE OLD CONTROL SYSTEMS

The differential effects by social class of the old Nordic alcohol control systems may be studied by examining what happened at moments when they were dismantled – the end of alcohol rationing in 1955 in Sweden, and the liberation of 4.7% beer to the grocery stores in 1969 in Finland. At both of these moments, there was a very substantial increase in alcohol consumption in the population as a whole – by 25% in Sweden during the two first years, by 46% in Finland during the first year (Mäkelä et al., 2002). In 1969, the median increase in consumption in Finland was about the same in percentage terms among those with more and those with less education. However, since the more educated started from a base of drinking over 5 times as much as the less educated, the rise in consumption in absolute terms was much greater among the more educated (Mäkelä,

2002). The immediate effect of liberalization was thus greater in absolute terms for higher-status than for lower-status Finns. A more recent change, the introduction of full-strength beer in Iceland in March 1989, also had a greater stimulating effect on consumption among the better educated. The change coincided with an economic recession, and the net result was a decrease in reported consumption for lower-education men and women, and an increase for higher-educated women and middle-educated (high-school graduate) men (Ólafsdóttir & Leifman, 2002).

However, in terms of adverse social and health consequences, it seems to have been the most marginalized heavy drinkers who were most held in check by the old control systems. Leif Lenke (1985) has made a highly interesting attempt to compare the distribution of drinking during and after the Swedish rationing system. His conclusion is lucid: the distribution of alcohol consumption during the rationing system was clearly more evenly spread than without such purchase restrictions. The system, he argues, "had substantial effects on the level of alcohol-related harm", because heavy drinkers were prevented from accounting for as big a share of aggregate consumption as they did either before or after the system was in force (Lenke, 1985: 330, 336). This implies that although the rationing system in public debate was primarily perceived as a form of individual control, it nevertheless had noticeable effects on the distribution of alcohol consumption on the population level (Bruun & Frånberg, 1985: 344).

Accordingly, Lenke holds that it is most likely that "the potential heavy drinkers were responsible for the consumption increase" following immediately after the abolition of the rationing system in 1955. This thesis, in turn, is supported by trends in alcohol-related harm, i.e. in the immediate rise in the number of cases of delirium tremens, cirrhosis mortality, and repeated drunkenness and alcohol-involved criminal offenses (Lenke, 1985:330-333; Norström, 1987; Mäkelä et al., 2002).

In Finland also, after 1968, the statistics on alcohol-related problems tended to rise more than proportionately to the rise in consumption. After 1968 in Finland, deaths from alcohol-specific causes rose by 58%, and arrests for drunkenness went up by 160% (Mäkelä et al., 2002). Analyses of more recent Swedish and Finnish data have shown (Mäkelä, 1999; Norström & Romelsjö, 1998) that such consequences are much more prevalent among the poorer and more marginalized, and studies of more recent changes in Nordic alcohol controls have often found a stronger effect among more marginalized drinkers (Mäkelä et al., 2002; Room et al., 2002b). It is thus very likely that the loosening of the earlier Nordic model had a greater effect on the health of the poor than of the more affluent.

In their earlier forms, then, Nordic alcohol policies seem to have been differentially effective in holding down rates of alcohol problems among the poor. The measures they included were either directly primarily at the poor or bore more heavily on the poor; their fiscal aspects amounted to a regressive taxation. By the same token, Nordic alcohol policies of half a century ago were effective in reducing health inequalities.

NORDIC ALCOHOL CONTROLS IN RECENT DECADES: THE TOTAL CONSUMPTION MODEL

The retreat from the individualized controls of the earlier Nordic model was accompanied by the emergence of a new ideology for Nordic alcohol control: what

became known in Sweden as the "total consumption approach" (Tigerstedt, 2000). In an era when drinking habits were increasingly viewed as a private rather than a public matter, there was growing unease about the intervention in individual lives of "buyer surveillance" and other such systems, and a lively awareness among social scientists of the potential adverse effects of singling out and labelling individuals. The total consumption approach deflected attention instead to patterns in the whole population, and emphasized control measures such as taxes or hours of sale which were general rather than individualized in their application. The approach emerged in Finland as the untoward effects of the liberalization of 1969 became clear (Tigerstedt, 2000). Its most influential early expression in a wider international context was an international collaborative report led by Kettil Bruun of Finland (Bruun et al., 1975). In the succeeding years, it became influential also in other Nordic countries, becoming indeed a kind of official orthodoxy in Sweden.

The total consumption model emphasizes the importance of affecting the overall consumption of alcohol in a population. Rates of alcohol-related problems are seen as rising and falling in step with changes in the overall consumption. In recent years, there has been an emphasis also on patterns as well as levels of drinking (Norström & Skog, 2001). But this has not been seen as changing the immediate policy significance of the model, since it is pointed out that patterns of drinking in a particular population change only slowly (Simpura, 2001).

Against the total consumption model has been ranged a kind of counter-ideology, expressed more in terms of hopes and personal experiences than in terms of a research-based argument. This is what Olsson (1990) has termed the "dream of a better society", where Nordic drinking cultures will transmute into a (somewhat mythologized) "continental", southern European drinking pattern. Another label for the same phenomenon is the "theory of the forbidden fruit". The general line of argument in this vein has been that high rates of alcohol problems in Nordic societies are a result of the alcohol control policies, and would diminish if the controls were relaxed.

In recent years, the arguments for relaxing Nordic alcohol control structure have changed and taken on a tone more of bending to *force majeure*, in terms of changes forced by membership in the European Union or (for Norway and Iceland) the European Economic Area (Sutton, 1998). The most conspicuous responses to the new market context emerging within the EU are the Danish 45% and the Finnish 44% reductions in excise duties on spirits, implemented in October 2003 and March 2004 respectively. In Sweden an official investigation recommended a 40% drop in Swedish spirits taxes in 2005 to counter the effects of EU rules allowing cross-border importation of large amounts by travellers from Denmark or Germany (Härstedt, 2005), though the recommendation has not been implemented. Several scholarly studies (e.,g., Sulkunen et al., 2000; Holder et al, 1998; Karlsson et al. 2005) have described the step-by-step weakening of Nordic controls in the years after 1994.

In recent years, a third line of argument has emerged against the total consumption model, from an entirely different direction. From the first, arguments for the model flew the banner of public health (Bruun et al., 1975). This was a natural choice in the modern era, in view of the serious health and injury damage associated with alcohol, and the emphasis of public health on patterns and interventions in whole populations. But, it is argued, a public health framing pointed attention to the health

effects of alcohol on the drinker him- or herself, while the most politically powerful arguments for strong alcohol policies have always been in terms of so-called social harms, i.e. the effects of drinking on family members, friends, strangers etc. (Hauge, 1999). In this perspective, the total consumption model is seen as having contributed to the weakening rather than the buttressing of restrictive alcohol policies.

Despite all, some basic assumptions and structures of control remain in place in the Nordic countries. In a comparative perspective it is still meaningful to talk of a "Nordic model" of alcohol control, in terms of a generally high level of public and political concern about alcohol problems, of active state intervention in the alcohol market, both in terms of monopolization of retail sales and of controls over other aspects, and of alcohol tax rates still generally higher than elsewhere in Europe. Thus Finland, Norway and Sweden still ranked highest in a scale of the extent of alcohol controls in 15 western European countries in 2000, as they had in 1950 (Karlsson & Österberg, 2001). In some respects, there have even been some signs of movement by Denmark towards a general Nordic concern, for instance in the joint Nordic approach to strengthening alcohol policies in the European union and public health action on alcohol through the World Health Organization (Nordic Council, 2004), and in the introduction of age limits in retail sales of packaged alcohol.

NORDIC ALCOHOL POLICIES TODAY, IN A BROAD PERSPECTIVE

In the period around 1900, dealing holistically with alcohol problems in a society was a live political topic, a subject for political scientists and for committee reports in all of the countries with strong temperance traditions. In English-speaking countries, this concern disappeared after the early 1930s. Only in the Nordic countries north of the Baltic, where temperance concerns retained their deep roots in the society, did the subject remain alive. When the term "alcohol policy" emerged in English as a signal of revived interest in the 1970s and after, it was adopted from Nordic discussions (Room, 1999; Karlsson & Tigerstedt, 2004).

An unusual feature of Nordic alcohol policy, in international terms, has been the relatively close connection between evaluative research and the policy discussions. To a certain extent, this is a reflection of the general commitment of Nordic societies to utilitarian rather than symbolic policymaking (Room, 2005c). It also reflects the specific situation in Finland, which led the way in social alcohol research in the last half-century, with social alcohol research organized as a department of the same institution, the Finnish alcohol monopoly, which was the executive agency for alcohol policy (Olsson et al., 2002). The Finnish tradition of a centre for alcohol policy research became a model for Norway and eventually for Sweden.

"Alcohol policy", however, is often thought of only in partial terms, to refer to control of the alcohol market and activities directed at prevention. There is no doubt that the Nordic states exercise less control over alcohol availability now than at any time in the last 90 years. The level of taxation has been reduced (less in Norway and Iceland than elsewhere), and the effects of the remaining taxes have been diluted by increased affluence. Alcohol is available at more hours of the day and on more days of the week, in part because of the growth of on-premise consumption, as well as changes in the conditions of off-premise sales.

Nevertheless, as noted, a distinctive tradition of Nordic alcohol policy may be said to survive in the area of alcohol controls. Differences in taxes and availability by strength of beverage, for instance, remain quite strong. Sweden has a highly differentiated system of grades of beer according to alcohol strength, each with its own provisions on availability and taxation, and elements of such systems of differentiation also survive in Norway and Finland. At the most general level, in terms of the long sweep of the 20th century, we can say that each Nordic country (including Denmark) sooner or later succeeded in a conscious policy aim of switching the dominant alcoholic beverage from spirits to a weaker beverage. Unfortunately, there is no good evaluation of whether this was in the end a gain for public health or safety. Though it may have had some good effects, the hope that the switch would somehow tame Nordic drinking styles is far from being realized.

Drinking-driving countermeasures, though often discussed separately from alcohol controls, is another area in which a distinctive Nordic tradition may be identified. Nordic countries pioneered "per se" laws, which outlaw driving at above a stated blood alcohol level, and have been in forefront of lowering permissible blood-alcohol levels and of enforcement of the limits. The laws have had broad social acceptance and compliance. Since car ownership spread rather late to poorer people, drinking-driving is an unusual area of criminal law in that it has applied particularly to the middle-class and the well-integrated. To this extent, by reducing middle-class casualties it may initially have increased health disparities by social class, although class differences in driving are now muted.

Lastly, and least discussed in usual discussions of Nordic alcohol policy, is the arena of the social handling of alcohol problems. This arena has some distinctive features in Nordic societies. The lead social institution in the treatment and other handling of alcohol problems in all the Nordic societies – including Denmark – is the social services establishment. In Norway, Sweden, Iceland and Finland, this is partly because the social services inherited the tasks of the old Temperance Boards. But the tendency to regard alcohol problems as fundamentally problems of social welfare actually precedes the Temperance Board era; a century ago, Swedish doctors readily recognized that there were medical consequences of drinking, but regarded alcohol problems as fundamentally a social rather than a medical issue (Nycander, 1996; Rosenqvist, 1986). This disposition set Nordic societies apart from elsewhere in Europe (Baumohl & Room, 1987), and continues to do so. Despite strong currents of medicalization from the English-, German- and Romance language-speaking worlds, it remains true today that two-thirds of Swedish alcohol treatment is provided in the social services system (Room et al., 2003).

Another aspect of the social response to problematic drinking is the handling of public intoxication. As in many other countries, public drunkenness had been criminalized in the course of the 19th century, backed up by Vagrancy Acts that put poor drunkards into work camps (Christie, 1960), and these measures became a major tool for disciplining the poor. Also in line with international trends, public drunkenness was generally decriminalized and the work camps abolished or transformed in the 1960s and 1970s, but the handling of those found drunk in public places was often left in the hands of the police. When public drunkenness was decriminalized in Finland in 1969, along with the changes increasing the availability of alcohol, the number of cases taken into

custody rose steeply. Since the late 1980s, the number of cases in Finland has decreased, but mainly because the police decided to raise the threshold for action on drunkards. Despite this, the number of people taken into custody is still remarkably high in Finland (100,000 per year in a population of 5 million inhabitants, about four times the Swedish per-capita rate, and over 20 times the rates in Norway and Denmark – Edin & Lagerquist, 2005:207). However, in Finland the question of the division of labour between social agencies, health agencies and the police is still unresolved, and what is usually offered to people who are passed out or found drunk in public spaces is even now a simple concrete floor. In this particular respect the label of the "cruel welfare state", suggested as late as 1987 (Sulkunen & Rahkonen, 1987), is still valid.

Compared with elsewhere, Nordic countries spend quite a lot on alcohol treatment and counseling (Takala et al., 1992). It appears that in all the Nordic countries, excepting Iceland (Ólafsdóttir, 1995), the primary clientele of alcohol treatment, whether in the health or social services systems, is poor and relatively marginalized. A recent study of those entering alcohol treatment in Stockholm county, for instance, found a generally quite marginalized population – 29% in unstable living situations, 76% outside the workforce, and 77% with previous alcohol treatment less than 12 months before (Storbjörk & Room, 2006). This view is supported by a nation-wide mapping of Finnish "alcohol and drug clients" using general social welfare services (Nuorvala et al., 2004). Among those in their best working years (aged 35-49 years), 44% were unemployed. Only 17% were employed, while as many as 30 % were retired.

In the Nordic countries other than Iceland, alcohol treatment does not seem to be primarily directed at ordinary respectable people who drink a lot. Rather, alcohol treatment is part of the ultimate level of safety nets in the welfare society, used primarily by the already marginalized. In this sense, it presumably decreases health inequalities by providing help for the serious health problems of the marginalized heavy drinkers (Mäkelä, 1999). However, it may be asked whether, in the circumstances, alcohol treatment can also be seen as a marker and instrument of marginalization and stigmatization (Room, 2005b).

In Finland, where it has perhaps been best studied, alcohol is a major factor in explaining present-day health differences by socio-economic status. In the early 1990s, alcohol-related mortality accounted for one quarter of the differences in life expectancy among males between upper non-manual workers and manual workers. The corresponding share among women was one tenth. Regarding accidents and violent behaviour leading to death, alcohol discriminates strongly between social groups. Later differences in life expectancy have tended to increase, alcohol-related mortality being one of the key determining variables (Mäkelä, 1999). It has been remarked concerning future developments in socio-economic health differences that much will depend expressly on future drinking patterns in different social groups (Lahelma & Koskinen, 2002:36).

THE TRANSFERABILITY OF THE NORDIC EXPERENCE WITH ALCOHOL

As is implicit above, the main lines of Nordic alcohol policies were set in a particular era on the base of specific national experiences. The question thus arises of how transferable elsewhere are the Nordic models for alcohol policy.

Some elements of the original Nordic settlement seem unlikely to return in developed societies. The idea of individualized rationing of alcoholic beverages is

considered a political non-starter in such societies, even though it is probably the most effective way of specifically targeting control at the heaviest drinkers. On the other hand, against all expectations, measures from a century ago such as individualized bans on tavern patronage, through mechanisms such as Pubwatch and Anti-Social Banning Orders (National Pubwatch, 2000; Fletcher, 2005), have made a new appearance in the United Kingdom. The concern of the second half of the 20th century with shifting drinking (including heavy drinking) to the sphere of privacy seems to be fading.

For the later Nordic settlement, encompassed by the "total consumption model", there are more signs of current uptake. Certainly the English-speaking world and other cultures with a temperance tradition have rediscovered the promise of alcohol controls, in part through intellectual influence from Nordic traditions. There is a strong contrast in the U.S., for instance, between the public health approach of the 1960s, concerned only with providing treatment for alcoholics (Cross, 1968), and that of the 1980s and since (e.g., Moore and Gerstein, 1981; see Room, 1984). Government reports on alcohol from English-speaking countries nowadays regularly frame alcohol issues in conceptual terms which would be familiar in a Nordic context (e.g., DCPC, 2006).

The most fertile field for potential application of Nordic experience, however, is in the developing world. The more successfully developing parts of the world are today going through an industrialization-driven spurt of development not unlike the Nordic experience in the late 19th century. Recorded alcohol consumption is rising rapidly in Asia, and alcohol is estimated to be the most important contributor to the burden of death and disability in middle-income countries (Ezzati et al., 2002). Drinking patterns in much of the developing world also match or exceed Nordic customs in terms of the predominance of binge drinking among drinkers (Room et al., 2002a). The result is a heavy predominance of traffic, violence-related and other injuries in the alcohol problems of the developing world, along with family and other social problems (Obot & Room, 2005).

The circumstances are thus there in much of the developing world for versions of the popular involvements against drinking problems which emerged in the Nordic countries more than a century ago. And certainly sporadic examples of such movements can be found in many places – in the Highland Chiapas in Mexico (Eber, 2001), on the island of Chuuk in the Pacific (Marshall & Marshall, 1990), in Andra Pradesh in India (Room et al., 2002a, pp. 213-215), in South Africa under apartheid (La Hausse, 1988). Like the early temperance movements in the 19th century, these movements have often had dramatic effects at a local level, but the effects have tended to be temporary. The kind of institutionalized response to temperance agitation which eventually produced the Nordic alcohol control structures (Room, 2004) has not yet emerged. Sporadic attempts in the 1980s by the Nordic alcohol monopolies to diffuse Nordic-style alcohol control institutions to developing countries (e.g., Kortteinen, 1989) were not successful.

A substantial impediment to the emergence of such systems has been the triumph of free-market ideologies which, through mechanisms such as structural adjustment regimes imposed by international fiscal agencies, have actually forced the dismantling of existing alcohol control systems in parts of the developing world (e.g., Jernigan, 1999:170). A related impediment is the current and emergent international trade system. Until recently, at least, alcohol has usually been treated as an ordinary commodity like any other in trade agreements and the adjudication of trade disputes. The Nordic

countries have been most aware of these trends in the specific context of the European Union (Tigerstedt et al., 2006). As mentioned, accession to the EU and its associated trade agreements forced substantial changes in the Nordic alcohol control structures, and the abrasion of the controls has since continued. There are some signs, however, of a change in climate in the EU on this, in part reflecting Nordic-driven initiatives during the last few years (see Council recommendation 2001/458/EC, Council Conclusion 2001/C 175/01; Norström, 2002; Nordic Council, 2004). Southern European countries have moved somewhat closer to Nordic positions, particularly on such dimensions as drinking driving controls, and the adoption of an EU alcohol strategy is expected (Spangenberg, 2006).

However, the most important areas for the conflict between trade liberalization and alcohol control policies are outside Europe. The multinational alcohol industry has been relatively successful in using global or regional trade agreements to weaken national alcohol controls, and there are fears that new agreements on services and investment might foreclose future tightening of alcohol policy (Grieshaber-Otto & Schacter, 2002). Here, too, there are some signs of a countermovement. The Pacific Island Countries Trade Agreement (PICTA), for instance, exempts alcohol along with tobacco from its provisions for two years, and there are moves to extend the exemption (Secretariat…, 2005a).

In the context of the developing world, the range of what is politically conceivable is wider than in Europe. In Islamic countries, for instance Iraq, the impulse to prohibit alcohol has gained new strength, in part as a reaction against Western influences. Outside the Moslem world, local prohibitions are common as a response to serious local alcohol problems (Room et al., 2002a:193-200, 211-213). At least one Pacific island has an alcohol rationing scheme (Atifa; see Tavite, 2005). State monopolies of alcohol sales have long been a feature of parts of India (Room et al., 2002a:194). The methods of limiting the harms from alcohol consumption used now or in the past in the Nordic countries are thus potentially feasible in many parts of the developing world.

What is presently lacking are mechanisms to facilitate the transfer of knowledge and expertise about the measures and practice of effective alcohol policy, whether following Nordic or other models. The problem is not so much at the level of the formal research literature on policy impacts, but more at the level of practical initiatives and enforcement (Valverde, 2003) – how to maintain effective control and surveillance over alcohol distribution; how to organize and enforce a licensing system for alcohol sales in taverns, how to discourage service to the already intoxicated, and so on (see Room et al., 2002a:226). The World Health Organization, as the only international agency with a continuing interest in alcohol problems (Room, 2005), has had neither the resources nor the expertise to deal with transfer of expertise on such issues. Some mechanism to accomplish this is needed if the Nordic experience in managing and limiting alcohol problems is to serve as a practical model.

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