

# Rapid appraisal on alcohol consumption, drinking behaviour and related problems in Copenhagen

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# 1. Introduction

Throughout the world a great variety of drinking cultures exist. Research on drinking cultures often distinguishes between “wet” and “dry” alcohol cultures. In wet cultures, alcohol is an integrated part of daily life. Alcohol is often consumed during meals and it is easily accessible. In these cultures abstinence rates are low. In dry cultures, alcohol is not as common in daily life and access to alcohol is restricted. Abstinence is more common, but when drinking occurs it tends to have a clear focus on drunkenness. According to this distinction, Danish alcohol culture may be designated as a “wet” alcohol culture (Elmeland & Villumensen 2003). Certain scholars argue, however, that Denmark of today is a blend of the negative aspects of wet and dry alcohol culture: Danes drink very often, in large quantities and often with a clear focus on intoxication. Alcohol costs the Danish welfare state a considerable amount of money due to alcohol related harms (accidents, fights, nuisance, etc.) and illnesses (short-term as e.g. alcoholic poisoning or long-term as e.g. cirrhosis of the liver), as is also the case in many other European countries. Public health policies including both prevention and treatment initiatives try to combat these harms caused by alcohol. In recent years there has been an increased focus on young people and their use of substances, including alcohol.

The present report focuses on alcohol harm reduction among youth in Copenhagen and in particular, the problems related to alcohol consumption and youth as perceived by different stakeholders. The report is the result of a rapid appraisal on alcohol, harm reduction, and youth in Copenhagen. The report forms part of a larger project initiated by IHRA (International Harm Reduction Association) on Alcohol and Harm Reduction in European Cities (for further information see [www.ihra.net](http://www.ihra.net)).

It has been an aim to present as many opinions on the matter as possible, in order to outline some of the areas that stakeholders find important and are concerned about. In order to do so the report is based on research, public monitoring systems, laws and regulations, reports from public bodies and private organisations, news papers, web-pages, and statements from key-persons representing: the trade business, door men, drinking venues and their owners, the public health Department in Copenhagen Municipality, out reach workers, preventive workers, the police, the SSP co-operation (School, Social service and Police), and of course young people. The list of references includes all written material from books, articles, and reports to laws, regulations and web-pages. Appendix 1 is a list of the key-persons that have contributed to this report. It should be underlined that the report has a problem-oriented focus on alcohol consumption, habits and culture and how these problems are or could be dealt.

Research and survey results not only portray the overall situation in both Denmark and Copenhagen alcohol and youth, but also to contextualise current opinions, statements and media focus on the subject. Laws and regulations are presented to inform about the legal basis. Reports, both public and private, have been used to portray the situation in Copenhagen. Newspapers have been used to present particular media debates on the subject. Finally, key-persons have assisted with both their knowledge on particular subjects as well as their opinion on the situation.

It should be noted, that Denmark is in the process of changing the country's administrative structure. With the implementation of the structural reform (coming into force in January 2007) the 14 counties will be dissolved and replaced by 5 regions, whilst the 275 municipalities will be converted into 98 larger municipalities. The structural reform has a particular bearing on treatment of substance abuse, and preventive work. In the report we present the situation as it stands at the moment, since it is unclear what consequences of the reform will have on this area. In regard to Copenhagen Municipality it will expand with the structural reform and include more areas than the Municipality does today.

In chapter two the statistics on alcohol consumption among Danish youth are presented, covering Denmark and Copenhagen in particular. Chapter three outlines the different social and health risks related to alcohol consumption and focuses in particular on the negative consequences of alcohol consumption, as experienced by Danish youth. Chapter four is a presentation of alcohol policy in Denmark, including laws and regulations and alcohol political action plans. Chapter five is a presentation and discussion of Danish youth alcohol culture. Chapter six informs about the city, nightlife in the city, and nuisance related to nightlife. Chapter seven presents different perceptions of high risk drinking locations in Copenhagen. Some of these perceptions are contextualised with research results. Finally, Chapter eight presents how prevention is organised in Copenhagen as well as the different types of prevention initiatives that are present in Copenhagen. Appendix Two is an addition to Chapter eight where a list of the different prevention initiatives are listed according to what organisation runs them. Appendix Three is a description of prevention and treatment offered to problem drinkers in Copenhagen.

## 2. Alcohol consumption in the youth (aged 11 – 30 years)

Danish youth are the European champions in alcohol consumption. This statement is often advanced by the Danish media, and with good reason. Alcohol consumption among young Danes has increased since the 1970s and it is today an inseparable part of youth culture (Due et al. 1999). As the statistics show below, young Danes begin drinking at a very early age and they drink larger quantities and more frequently compared to young people in other European countries. It is, however, not only among Danish youth that the alcohol consumption rate is high. Alcohol consumption is an integrated part of Danish culture (Elmeland 1996). In the general population alcohol consumption has on the whole been unchanged the past 20 years (Sundhedsstyrelsen 2004). Here, like Danish youth, the amount of alcohol consumed is high in relation to the Nordic countries and in comparison to other European countries Danish consumption is also at the high end. Data for this Chapter is based on:

- *Health habits and lifestyle among 11 to 15 years old in 2004* (Da. 11-15 åriges livsstil og sundhedsvaner 2004) (Sundhedsstyrelsen 2006). Since 1997 The National Board of Health has annually conducted a national survey relating to health habits and lifestyle among 11 to 15 year olds. The number of survey respondents was 946 in 1997 and it has since increased to 3.330 in 2004.
- *Copenhagen Health Profile* (Da. Sundhedsprofil for unge i København 2005) (Christensen et al. 2005): The Copenhagen Health Profile is a survey conducted among 2195 pupils in the municipality of Copenhagen. Questionnaires were distributed in 2005 to pupils from 7<sup>th</sup> grade (13-14 years), 9<sup>th</sup> grade (15-16 years) and 2<sup>nd</sup> form of high school (17-19 years).
- *ESPAD-survey* (Hibell et al. 2004): The European School Survey Project on Alcohol and Drugs (ESPAD) is a coordinated set of school surveys based on a questionnaire with about 300 questions covering usage of tobacco, alcohol and illegal drugs. The target group is persons who turn 16 during the year of data collection. ESPAD surveys were conducted in 1995, 1999 and 2003.
- *MULD-surveys* (Ringgaard & Nielsen 2005): Monitoring young people's life style and everyday life (Da: Monitorering af unges livsstil og dagligdag) is a national survey based on a questionnaire relating to health, lifestyle and everyday life. The survey is handed out to 3000 youths from all over the country every year. The target group is the 16 to 20 year olds.
- *Statistics 2003: Alcohol, Drugs and Tobacco* (Sundhedsstyrelsen 2004). A report from the National Board of Health where figures from different surveys are compiled on alcohol, drugs and tobacco use, including figures from the National Institute of Public Health.
- An inter-net based survey initiated by the National Board of Health conducted among the 15 – 30 years old. The results are available on the web-page [www.sst.dk](http://www.sst.dk).

## Onset of drinking in Denmark

Attitudes towards drinking are liberal in Denmark: “In Danish society, drinking – also frequent drinking of rather high quantities of alcohol – is a taken-for-granted part of grown-up life, while abstinence is almost regarded as unnatural” (Demant & Järvinen, forthcoming). Drinking among young people is also widely accepted. It is regarded as a “natural try-out of adult behaviour” (Andersen et al. 2003:1509). Many parents provide their children with alcohol, even before the children are 16 years old (Jørgensen et al. 2006). The results of this liberal attitude can be seen in the statistics. Danish youth have an early onset of drinking compared to young people in most other countries (Andersen 2003:1506). In the year 2002, the young people in Denmark experienced a state of drunkenness in the average age of 13½ years (Christensen et al. 2005:36). The figures in Table 1 and 2 illustrate that a vast proportion of the 11 to 15 year olds have tried to drink alcohol.

Table 1: Boys who have consumed at least one unit of alcohol on one occasion

Boys	2002	2004
11 years	26%	26%
12	28%	36%
13	45%	52%
14	77%	77%
15	87%	89%

(Source: Sundhedsstyrelsen 2006:17)

Table 2: Girls who have consumed at least one unit of alcohol on one occasion

Girls	2002	2004
11 years	9%	12%
12	16%	19%
13	39%	38%
14	73%	71%
15	87%	89%

(Source: Sundhedsstyrelsen 2006:17)

As illustrated in the Tables below, Danish children experience drunkenness at an early age. However, things have changed for the better! Since 1997 drunkenness has become less common among Danish children between 11 and 14 years.

Table 3: Boys who have experienced drunkenness.

Boys	1997	2004
11	15 %	6%
12	21 %	11 %
13	40 %	26 %
14	66 %	49 %
15	79 %	73 %

(Source: Sundhedsstyrelsen 2006a:18)



Table 4: Girls who have experienced drunkenness.

Girls	1997	2004
11	7 %	2 %
12	12 %	6 %
13	23 %	13 %
14	71 %	41 %
15	82 %	73 %

(Source: Sundhedsstyrelsen 2006a:18)

It appears from the figures in Table 3 and 4 that the proportion of 11 to 14 year old boys and girls who have experienced drunkenness has declined in the period 1997 to 2004. Almost no changes can be seen among the 15 year olds. In spite of the recent years with a decline drinking among the youngest, the young still begin drinking and experience states of drunkenness at an earlier age than youths in most other European countries (Hibell et al. 2004).

Andersen et al. (2003) have studied changes in drinking behaviour among Danish adolescents. They stress that drinking among young teenagers should be taken very seriously. It is by no means a trivial matter whether children begin drinking when they are 14 or 16 years old. High alcohol consumption at an early age is not just a passing phenomenon. It is a behaviour that may continue into adulthood. It leaves the adolescents at increased risk of being long-term, large-scale alcohol consumers. Andersen et al. write: "A special concern is that drunkenness among males at age 15 was strongly predictive of later weekly alcohol consumption and of consumption exceeding 21 drinks last weekend. Drunkenness represents a risk-behaviour among males at age 15 and is not a passing phenomenon among immature teenagers. This behaviour can increase the risk of being large-scale consumers for many years" (2003:1509). Andersen et al. further recommend that: "Health promotion strategies must aim at postponing the onset of drinking for young people" (ibid:2003:1510).

### **Drinking within in the last 30 days among the 11 to 15 year old**

Danish youth between the ages between 11 and 15 years drink frequently and large quantities. This can for example be seen from studies focussing on how many youth have consumed alcohol in the past 30 days as well as how many youth have engaged in binge-drinking (defined here as drinking more than 5 units of alcohol in one day). Table 5 and 6 show the percentage of 11 to 15 year olds who have consumed alcohol during the last 30 days. As can be seen from the tables, there has been a significant decrease from 1997 to 2004 in the number of youths who have consumed alcohol within the last 30 days.

Tabel 5: Boys who have consumed alcohol at least once within the last 30 days.

Boys	1997	2004
11	32 %	9 %
12	32 %	12 %
13	48 %	24 %
14	67 %	47 %
15	76 %	70 %

(Source: Sundhedsstyrelsen 2006a:19)

Tabel 6: Girls who have consumed alcohol at least once within the last 30 days.

Girls	1997	2004
11	15 %	1 %
12	24 %	6 %
13	38 %	17 %
14	62 %	46 %
15	83 %	70 %

(Source: Sundhedsstyrelsen 2006a:19)

Table 7 and 8 show how many young people in the ages between 11 and 15 years who have engaged in binge-drinking (five or more units in a row) during the last 30 days.

Tabel 7: Boys who have consumed five or more units in one day during the last 30 days.

Boys	1997	2004
11	17 %	3 %
12	12 %	5 %
13	27 %	14 %
14	68 %	34 %
15	72 %	57 %

(Source: Sundhedsstyrelsen 2006a: 20)

Tabel 8: Girls who have consumed five or more units in one day during the last 30 days.

Girls	1997	2004
11	10 %	0 %
12	0 %	2 %
13	16 %	8 %
14	47 %	32 %
15	67 %	56 %

(Source: Sundhedsstyrelsen 2006a:21)

The number of youths who have engaged in binge drinking has significantly decreased between 1997 and 2004. There are many possible explanations for these recent improvements in children's drinking habits. Most likely the change from "extremely bad drinking habits to bad drinking habits" is related to a law implemented in 1998 that prohibited minors below 15 years buying alcohol (raised to 16 years of age in 2004). It is also possible that Danish parents have become less liberal regarding their children's alcohol use, which in line with recent research can have a positive impact on drinking habits among youth (Gundelach & Järvinen 2006).

### Consumption of RTD-drinks

RTD (ready to drink) drinks are a relatively new type of product of bottled alcoholic beverages. In Denmark, RTD drinks tend to be premixed spirits (not beer) including vodka (e.g. Smirnoff Ice) or rum (e.g. Bacardi Breezer). These drinks are also known as "alcohol soft

drinks” (Da: alkoholsodavand) and “alko-pops”. RTD drinks have been criticised for resembling soft drinks too much. RTD drinks were launched on the Danish market in 1997 and have become very popular among youth, as can be seen in Table 9 and 10.

Table 9: Boys who have consumed RTD drinks during the last 30 days.

Boys	1997	2004
11 years	3 %	3 %
12	4 %	5 %
13	11 %	13%
14	23 %	29 %
15	18 %	46 %

(Source: Sundhedsstyrelsen 2006a:22)

Table 10: Girls who have consumed RTD drinks during the last 30 days.

Girls	1997	2004
11 years	0 %	0 %
12	0 %	3 %
13	3 %	12 %
14	19 %	36 %
15	16 %	53 %

(Source: Sundhedsstyrelsen 2006a:22)

The consumption of RTD drinks has increased markedly from 1997 to 2004. Figures from the Copenhagen Health Profile shows that youth who are between 13 and 16 years are the ones who are most likely to drink RTD drinks. The age group around 17 and 19 years prefer beer.<sup>1</sup>

Table 11: What alcohol beverage do you drink most often?

Boys	Beer	RTD drinks	Wine	Spirits
7 <sup>th</sup> grade (13 – 14 years)	36%	45%	2%	12%
9 <sup>th</sup> grade (15 – 16 years)	51%	27%	2%	16%
2 <sup>nd</sup> form (17 – 19 years)	83%	2%	4%	11%

(Source: Christensen et al. 2005:39)

Table 12: What alcoholic beverage do you drink most often?

Girls	Beer	RTD drinks	Wine	Spirits
7 <sup>th</sup> grade (13 – 14 years)	28%	55%	10%	4%
9 <sup>th</sup> grade (15 – 16 years)	33%	39%	21%	3%
2 <sup>nd</sup> form (17 – 19 years)	60%	4%	22%	11%

(Source: Christensen et al. 2005:39)

<sup>1</sup> The percentages in Table 11 – 12 are translated from a diagram to numbers.

From these figures it is relevant to acknowledge the criticism surrounding RTD's : that the producers of RTD drinks target their products at children and young people. Obviously RTD drinks mainly appeal to the youngest, underage consumers. The taste for RTD drinks diminishes with age and is replaced by an increasing penchant for beer. Wine is a favourite among a considerable proportion of the girls, but less popular among boys.

### **Copenhagen: alcohol consumption by youth 13 and 19 year olds**

The Copenhagen Health Profile operates with different classifications than the National Board of Health (school classes in stead of age). Therefore, the figures are not strictly comparable. They do indicate, however, that drinking patterns among the young in Copenhagen corresponds more or less to the drinking patterns in the rest of Denmark. However, pupils in 9<sup>th</sup> grade drink slightly less in Copenhagen than the rest of the country (see Table 13).

Table 13:

Alcohol	7th grade (13 – 14 years)	9th grade (15 – 16 years)	2 <sup>nd</sup> form (17 – 19 years)
Have consumed at least one unit	47%	71%	92%
Have tried to be drunk	24%	55%	84%
Have been drunk one or more times during the last month	12%	41%	75%
Proportion of pupils with a Muslim background who have tried to drink one unit	9%	24%	25%
Proportion of students who have tried to consume one unit in 1990/91	67%	82%	95%
Proportion of students who have tries to consume one unit in 1999/00	57%	79%	95%
Proportion of students who have tried to consume one unit in 2004/05	47%	71%	92%

(Source: Christensen et al. 2005:5)

The figures show that youth with a Muslim background drink significantly less than the average youth. Furthermore there has been a decrease between 1990 and 2004 in the proportion of 7<sup>th</sup> and 9<sup>th</sup> graders who have tried to drink alcohol. Thus, the consumption pattern among the youngest has improved both in Copenhagen and the rest of Denmark. Similar improvements cannot be seen among students in high schools.

The Health Profile also show, that Copenhagen youth drink most on Friday and Saturday, and very little on other days of the week. In 9<sup>th</sup> grade and 2<sup>nd</sup> form there is a polarisation between one large group of youths who don't drink at all and another smaller group with a relatively high consumption of alcohol (6 units or more on a single night in the previous week). A small group of 7<sup>th</sup> graders (4%) and 9<sup>th</sup> graders (11%) report that they have consumed alcohol at discotheques, cafés and other such places where alcohol consumption is supposed to be forbidden for people under 18 years of age (Christensen et al. 2005:37) (see also Chapter 7 on serving to minors).

## **Alcohol consumption by 16 year olds compared with the rest of Europe**

ESPAD surveys (1995, 1999, 2003) show that Denmark is one of the countries with the largest and most frequent alcohol consumption among young people. The following data is based on the 2003 survey in which youth in 35 different countries are portrayed.

In two thirds of the ESPAD countries 90 % or more of the students have drunk alcohol at least once in their lifetime. Denmark is at the top of the scale with 96 % of students having consumed alcohol. At the other end of the scale is Turkey with 45 % of the students with this behaviour. The number of youths who have consumed alcohol more than 40 times in their lifetime is highest in Denmark (50 %) and lowest in Turkey (7 %). Greenland, Iceland, Norway and Portugal are also low on the list (13-15 %) (Hibell et al. 2004:133).

The percentage of students that report drinking 20 times or more in the last year illustrates a more recent alcohol use. The highest numbers are found in Denmark and Austria (41-42%), the Netherlands (37%) and Ireland (35%) and lowest in Turkey (5%), Iceland and Portugal (9-10%). In almost all the countries included in the ESPAD study frequent drinking within the last year is a typical male behaviour (except from Ireland where girls have drunk more frequently in the past year than boys). Denmark is also at the top when it comes to alcohol consumption in the past 30 days. The number of students who have been drinking alcohol in the last 30 days is highest in Austria, Denmark and Isle of Man (79-80%). The numbers are lowest in Turkey (20%) and Iceland (37%). Danes are also highest on the list when it comes to the consumption of beer, spirits and RTD drinks, but lower on the list with regards to wine drinking. In Denmark, 44% of the students report beer consumption 3 times or more during the last 30 days. In contrast, only 9% of the Danish students report wine consumption 3 times or more during the last 30 days (Hibell et al. 2004:137-140).

A vast majority of Danish students (85 %) report that they have experienced drunkenness in their lifetime. This percentage is lower in all the other countries in the ESPAD study, with Turkey (21 %) and Portugal (32 %) at the bottom of the scale. Denmark is also at the very top (36 %) when it comes to the number of students who have experienced drunkenness 20 times or more in their lifetime. This number is considerably lower for instance in Turkey (1 %), Cyprus (2 %) and France (3 %). The number of students who have been drunk in the last 30 days is also highest in Denmark (61 %). Number two on the list is Ireland (53 %) and again we find Turkey (8 %) at the bottom of the scale. Not surprisingly, the number of students who have been drunk 3 times or more during the last 30 days is highest in Denmark and so is the number of students who, during the last 30 days, have consumed five or more drinks in a row (Hibell et al. 2004:151-154).

As can be seen, the young in Denmark drink more, more often and with a clearer goal of drunkenness compared to youth in the 35 other countries included in the ESPAD study.

## **Alcohol consumption: youth between 16 and 20 years**

This section is based on the MULD survey which focuses on 16 to 20 year olds. Almost all men (93%) and women (94%) in this age group have tried to drink alcohol. The MULD-survey asks young people how much they have been drinking during the last week. The figures confirm the general picture painted on the previous pages that: Danish youth drink a lot. Table 14 and 15 show how much alcohol young men and women have consumed during the last week.

Table 14: Alcohol consumption among young men during the last week

Men	16 years	17 years	18 years	19 years	20 years	16-20 years
Have consumed 0 units	45%	35%	21%	19%	15%	27%
Have consumed 0-7 units	23%	19%	19%	24%	25%	22%
Have consumed 7-14 units	17%	22%	21%	18%	14%	18%
Have consumed 14-21 units	8%	11%	16%	17%	14%	13%
Have consumed more than 21 units	7,3%	12%	24%	22%	33%	19%

(Source: Ringgaard & Nielsen 2005:26).

Table 15: Alcohol consumption among young women during the last week

Women	16 years	17 years	18 years	19 years	20 years	16-20 years
Have consumed 0 units	47%	33%	30%	32%	25%	34%
Have consumed 0-7 units	25%	36%	32%	31%	30%	31%
Have consumed 7-14 units	17%	24%	26%	24%	26%	23%
Have consumed 14-21 units	6,9%	4,7%	7,3%	7,6%	14%	8,1%
Have consumed more than 21 units	3,6%	2,4%	4,9%	4,8%	4,5%	4,0%

(Source: Ringgaard & Nielsen 2005:26).

The National Board of Health recommends a maximum of 21 units of alcohol per week for men and a maximum of 14 units for women per week (see Chapter 4). The figures above illustrate that a significant proportion of young men (19 %) transgress the recommendations. The figures also show that young men and women drink more with the advance of age. At the age of 16 years 45 % of boys and 47 % of girls have not consumed alcohol during the last week – at the age of 20 years these percentages have decreased so that only 15 % of the men and 25 % of the women report that they have abstained from drinking during the last week. Large scale drinking increases most notably among young men.

### **Alcohol consumption: the 16 to 24 year old and the 23 – 30 year old.**

Surveys from The National Institute of Public Health in 1997 and 2000 include Danes' alcohol consumption the past week. The categories are age intervals: 16 – 24 year old, 25 – 44 years, 45 – 66 years, 67 + years, and all. Here we only present the figures for the 16 – 24 years old as well as for all Danes. In Table 16 and 17 the consumption patterns for the age group 16 – 24 years old are presented.<sup>2</sup>

<sup>2</sup> The percentages in Table 16 – 17 are translated from a diagram to numbers.

Table 16: Men: Alcohol consumption in the past week among 16 – 24 years old.

Units of alcohol consumed pr. week.	1994 in %	2000 in %
0	17	17
1 – 7	24	24
8 – 14	29	20
15 – 21	13	18
22 – 35	15	18
36 +	2	3

(Source: Sundhedsstyrelsen 2004:13)

Table 17: Women: Alcohol consumption in the past week among 16 – 24 years old.

Units of alcohol consumed pr. week.	1994 in %	2000 in %
0	26	30
1 – 7	44	40
8 – 14	20	16
15 – 21	8	10
22 – 35	2	4
36 +	0	0

(Source: Sundhedsstyrelsen 2004:14)

The figures show that alcohol consumption of more than the recommended maximum of 21 units of alcohol pr. week for men and 14 units of alcohol pr. week for women have increased among both men and women from 1994 to 2000. The data for groups of men and women are presented in Table 18 and 19.

Table 18: Men: Alcohol consumption the past week.

Units of alcohol consumed pr. week.	1994 in %	2000 in %
0	14	15
1 – 7	34	33
8 – 14	24	23
15 – 21	14	14
22 – 35	10	10
36 +	4	5

(Source: Sundhedsstyrelsen 2004:13)

Table 19: Women: Alcohol consumption the past week.

Units of alcohol consumed pr. week.	1994 in %	2000 in %
0	29	29
1 – 7	47	45

8 – 14	18	19
15 – 21	4	5
22 – 35	2	2
36 +	0	0

(Source: Sundhedsstyrelsen 2004:14)

The figures in the age group between 16 – 24 years old are higher than the group all men/women when it comes to drinking more than 21 units of alcohol pr week.<sup>3</sup>

In an internet based questionnaire young people between 15 and 22 years and 23 – 30 years old were asked among other things about their alcohol consumption patterns in the past week as well as if they had experienced a hangover within the past 30 days. Only the results from the 23 – 30 years old are presented here, since data for the other age group has been covered in previous surveys.<sup>4</sup>

Table 20: Men: Alcohol consumption the past week 23 – 30 years old.

Units of alcohol consumed	%
0	20
1 – 9	43
10 – 21	26
22 +	11

(Source: www.sst.dk)

Table 21: Women: Alcohol consumption the past week 23 – 30 years old.

Units of alcohol consumed	%
0	44
1 – 7	40
8 – 14	7
15 +	9

(Source: www.sst.dk)

The number of alcohol units in the tables are different for men and women since the recommended maximum is 21 units for men and 14 for women. The figures show that 9 % of women and 11 % of men in the age group drink more than the recommended maximum of alcohol units pr week.

## Summary

Young Danes begin drinking at a very early age and they drink larger quantities and more frequently than young people in most other European countries. The percentages of young people drinking more than the recommended maximum of 21 units of alcohol for men pr week and 14 units for women pr week reaches a peak at 20 years. The statistics also reveal that 9 % of all women and 15 % of all men drink more than the recommended maximum

<sup>3</sup> Similar figures are present in Kjølner & Rasmussen (eds.) (2002).

<sup>4</sup> The percentages in Table 20 – 21 are translated from a diagram to numbers.



(see also Chapter 3). These figures were 9 % of all women in the age group 23 – 30 and 11 % of men in the same age group. Here, the percentage of young men who drink more than the recommended maximum is lower compared men in general. In summary the following conclusion can be drawn:

- Danish youth drink more, more often and with a clearer goal of drunkenness than youth from most other countries.
- Alcohol consumption has decreased in recent years among the 11 – 14 years old, but the consumption is still high.
- Consumption of RTD drinks is highest among the youngest (11 – 16 years old).
- The age group between 16 and 24 years has the highest percentages of people who exceed the recommended maximum of units of alcohol pr week.

In general, the statistics support that decreasing the alcohol consumption should be viewed as an important goal in harm reducing initiatives among youth. Given that “a person has more modes of action and greater ability to control her/his drinking habits in adulthood, if drinking has not been a part of one’s life-style in early adolescence” (Pitkänen et al. 2005:660), initiatives that encourage a later onset of drinking should be a focus of interventions. In Chapter 8 and Appendix Two are described initiatives that have this focus. However, the statistics show that further delay of onset of drinking would be welcomed.

Initiatives that focus on the relationship between alcohol and youth culture are also of importance, since quite a large percentage of 16 to 24 year olds exceed the recommended maximum units of alcohol pr week. Since it is the young men in particular (e.g. 33 % of young 20 year old, 19 % of the 16 – 20 year old, or 21 % of the 16 – 24 year old) initiatives that focus on alcohol and male youth culture could be valuable.

Lastly, initiatives that focus on consumption of RTD drinks among the youngest age group (11 – 16 years) could be of importance. The statistics show that in particular minors consume this kind of alcohol and that the taste for these types of drinks decreases when people are more than 16 years. Thus one should consider how can RTD drinks be marketed so that they have less appeal to minors?

### 3. Social and health risks related to alcohol consumption

Alcohol consumption is related to different forms of health risks and social problems. Different kinds of research have shown that there is a relationship between alcohol consumption and different kinds of physical and mental illnesses (e.g. cirrhosis of the liver, pancreatitis, alcoholic poisoning, alcoholism, alcohol psychosis, etc.). Health risks also include injuries from traffic accidents, fights, falling, etc. Social problems are related to marginalization and ostracisation due to violation of norms, morality as well as legislation pertaining to states of drunkenness.

First different definitions of consumption ranging from moderate consumption to alcoholism are introduced. Thereafter we focus on social and health risks experienced by the age group 15 – 30 years that have either a moderate or a large-scale consumption habit. We present figures on alcohol related death, drink-driving, casualties in emergency sections where alcohol is included, and alcohol related confinements. These sections are based on research and survey results, data from The National Hospital Discharge Register and The Cause of Death Register compiled by Juel et al (2006) (the registers are run by the National Board of Health), statistical material compiled by the National Board of Health (Sundhedsstyrelsen 2004), and statistics from the Police's Year Tables. The age group where treatment for alcohol related illnesses are highest is among the 35 – 64 years old which covers admission to hospital, ambulant treatment in hospitals, and contacts with GP's (Juel et al 2006). For more general information on the treatment of alcohol problems see Chapter 8 and Appendix Two.

The last part of the Chapter focuses on social and health problems as they are experienced by young people. The national data are based on the earlier mentioned MULD survey made by The Danish Cancer Society and The National Board of Health, an internet based survey initiated by the National Board of Health, and the research project "Alcohol and Youth" (Gundelach & Järvinen 2006). The local data comes from a research project called "The Ringsted Project" conducted in the town Ringsted on Zealand. The project is a one of kind in Denmark and thus there is no comparable data from Copenhagen. Despite this, the results, are worthy of discussion.

#### **Different types of consumption – from moderate to dependency**

There exists no universal definitions in either Denmark or internationally that describe moderate consumption, large-scale consumption, harmful consumption, and alcohol dependency (Juel et al 2006). The following definitions used in Denmark are taken from Juel et al (2006).

- *Moderate consumption* in Denmark is related to the recommended maximum units of alcohol consumed pr. week pr. person. The numbers are 21 for men and 14 for women and that no more than 5 units of alcohol are consumed per day (see also Chapter 4).
- *Large-scale consumption* is when a person drinks more than the recommended maximum unit pr. week and/or if a person's drinking pattern is to drink more than 5 units of alcohol per Day. A large-scale consumption is a risk to a person's physical

and mental health, and may also impact on the ability to function. However, this is not a matter of massive problems or dependency. According to Kjølner & Rasmussen (2002) 15 % of the adult male population and 9 % of the adult female population drink more than the recommended maximum of alcohol unit pr. day. It is about 500.000 Danes.

- *Harmful consumption* of alcohol is difficult to differentiate from a large-scale consumption. The term is based on ICD10 and is defined as a consumption that already has given a person physical or mental injuries, but the person is not yet dependent.
- *Alcohol dependency* is based on DSM IV and is defined as a person that within the past year has experienced three or more of the following reactions: craving, loss of control, physical withdrawal symptoms, developing tolerance to alcohol to that larger number of units is needed, continuous drinking even though one knows it is harmful to do so, loss of interest in other activities or spending a lot of time obtaining alcohol.

It is estimated that about 200.000 persons suffer from alcohol dependency in Denmark. The remaining 300,000 are number of large-scale consumers.

### **What and how much is consumed?**

In 2003 figures show that 47.4 % of the Danes' consumption of alcohol was beer, 38,7 % was wine, and 13,9 % was liquor (Juel et al 2006:51). The amount of alcohol consumed in 2002 was on average 9.5 litres (pure alcohol per capita) per year. The alcohol consumption is based on the adjusted rate of taxed alcohol sale. It does not include illicit distilling, personally imported alcohol (e.g. from a holiday) or smuggled alcohol. Figures from the Danish Board of Health show that in 2003 every citizen from 15 years and up on average drinks 11.5 litres (pure alcohol) per year. In 1996 the average was 12.5 litres per year. There has hence been a slight decrease in alcohol consumption in Denmark. In comparison to other European countries Denmark is still placed in the top (Sundhedsstyrelsen 2004).

### **Alcohol related deaths**

In 2000 4.6 % of all deaths in Denmark were related to alcohol (due to cirrhosis of the liver and pancreatitis, but in particular due to alcoholic poisoning, alcoholism and alcohol psychosis). In the beginning of 1960 the number was 2 % of all deaths (Juel et al 2006:23-24). Alcohol related traffic death has decreased by 50 % since 1986. In 2003 105 alcohol-related traffic deaths were registered (ibid: 27). However, alcohol was involved in 24 % of all traffic deaths (Sundhedsstyrelsen 2004).

Figures presenting how many *young* people are involved in or causing traffic deaths is available from The Road Directorate (Da: Vejdirektoratet) ([www.vejdirektoratet.dk](http://www.vejdirektoratet.dk)). The figures from the years 2003 – 2005 reveal that a total of 91 people were killed in road accidents in which intoxicated young persons (13 to 26 years) were involved.

### **Alcohol: drink-driving and traffic accidents**

The number of drink-drivers recorded by the police has decreased since 1986 from 220.000 in 1986 to 151.000 in 2003. However, the lowest numbers were in 1994 – 1997 with about

125.000 – 130.000 registrations pr. year (Sundhedsstyrelsen 2004:27). According to one of our key-persons, a representative of the Danish Road Safety Council<sup>5</sup> (Da. Rådet for Større Færdselssikkerhed), the age group between 18 – 24 years are the age group where most drink-drivers are present. The figures are not, however, significant and drink driving is a general problem in the age group between 18 – 50 years (e-mail correspondence 29<sup>th</sup> August 2006). In 2003 the total of alcohol related traffic accidents with personal injuries was 1.578, a substantial decrease from 2.278 in 1986 (ibid). These figures from 2003 make up about 1/6 of all traffic accidents with personal injuries from that year (ibid:62).

When it comes to young people involved in traffic accidents with personal injury the figures are significant. It is the 18 – 20 years that are involved in most traffic accidents (ibid). Young people, and especially young men, are also notorious for their unsafe driving. Getting a car insurance, if you are male and below 25 years of age, is extremely expensive in Denmark. Between 2003 – 2005 intoxicated young people between 13 – 26 years were involved in 546 traffic accidents with severe personal injuries and 747 incidents with moderate personal injuries.

The Road Safety Council divides young people between 16 – 24 years into three different categories: persons that know and observe traffic rules and are cautious. Drink driving is unacceptable to them, but they are now and then passengers in a drink-drivers' car. 87 % of the group belongs to this category. The second category is characterised by persons that takes chances and disregard being cautious. Drink driving is unacceptable to this group, but they do it anyway now and then. 10 % belong to this group. The last category is characterised by persons that run very high risks, drive reckless and make their own rules. Drink driving is also unacceptable to this group, but they do it anyway now and then with 3 % belonging to this category. The representative from The Road Safety Council states, that the main problem is that young people are unsure of how much they are allowed to drink, at what point they are drunk, how long it takes to get sober, and find themselves in situations where they see no alternatives to driving. To get a lift from a drink-driver is a calculated risk that some of the young choose to take (e-mail correspondence 29<sup>th</sup> of August 2006). There are the following general challenges regarding young people and drink-driving: 1) They do not know how much they can drink and still drive; and 2) They do not know how fast alcohol is metabolised.

### **Alcohol related casualties in emergency departments**

Injuries as a result of alcohol consumption are often treated in emergency departments. Each year about 10.000 attendances in emergency departments are alcohol related (Juel et al 2006). Typically double so many men as women are treated for alcohol related injuries. There were twice as many attendances for men as compared with women. However, in the age group 15 – 24 years old there was an overrepresentation of women. There was no significant age group effect among men.

No studies have been made on emergency departments in Copenhagen, but a study conducted by Elmeland & Villumsen (2003) in two emergency departments in the provinces

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<sup>5</sup> The Danish Road Safety Council is a private association of authorities and organisations in Denmark. The number of member organisations is currently 42. The Council has existed since 1935 and works to increase public road safety by means of campaigns, consulting and the fabrication instruction materials.

revealed most injuries involve youth on a night out. Their study shows that emergency departments receive most patients with alcohol related injuries on Friday, Saturday and Sunday nights in the hours around midnight and until 6 o'clock in the morning. Most of these patients are young people between 20 and 34 years of age, with an overrepresentation of men (Elmeland & Villumsen 2003:46). The consumption pattern among youth characterised by weekday abstinence and weekend immoderation is also reflected in the figures on alcohol related injuries in emergency departments. Importantly, Elmeland & Villumsen's study shows that one out of four alcohol related injuries in the emergency departments occur in a restaurant or café. They therefore recommend a greater focus on more responsible serving policies in order to reduce binge drinking and hence the number of alcohol related injuries.

### **Alcohol related confinements**

The police confine people where their alcohol consumption is either a direct or indirect reason for their confinement. The number of alcohol related confinements have decreased by 67 % between 1986 (about 32.000 confinements) and 2003 (about 10.500 confinements) (Juel et al 2006:28). In 2004, a total of 2.387 people under the influence of alcohol were confined in Copenhagen (Politiets Årstabel 2004:18). An additional 133 people under influence of alcohol were either driven home, or to a hospital by the police (ibid). The figures do not differentiate between age groups, so it is not possible to see how many young people are present in these statistics. However, based on the data contained in the next section, it is reasonable to conclude that only small numbers of youth under the influence of alcohol are involved

### **Risk behaviour among youth.**

Social and health problems, as experienced by young people, are in different surveys characterised by: conflicts, violence, problems with parents, problems in school, negative sexual experiences, etc.

Both the ESPAD study and a newly published study by Gundelach & Järvinen (2006) show that the number of young Danes, who report negative consequences of alcohol consumption is relatively high. Gundelach & Järvinen (2006) show that of the 15-16 year olds who participated in the survey and who had tried alcohol at all, 53 % had been sick and vomited from drinking, 43 % had felt that they had lost control, 30 % claim that they had sexual relations with someone and regretted it, 15 % reported that they had been injured severely because of alcohol and 10 % reported at they had fought (2006:22). According to the ESPAD study youth in Denmark tend to believe that drinking leads to positive states (of relaxation, fun etc.) rather than negative states (hangovers, trouble with police etc.). This is quite remarkable since the youth in Denmark – along with the Isle of Man – are the ones who experience most alcohol related problems (e.g. hangovers, fights, quarrelling) out of all the 35 ESPAD countries (Hibell et al. 2004:160-163).

In an internet based survey conducted by the National Board of Health among 15 to 30 year olds measured the negative consequences of drinking (www.sst.dk). Table 22 and 23

show the percentages of youths who have experienced various problems in relation to drinking in their entire lifetime.<sup>6</sup>

Table 22: Experienced consequences of alcohol consumption at least once in a lifetime.

Men	15-22 year olds	23-30 year olds
Destroy things or clothes	39%	44%
Quarrelling	33%	36%
Unprotected sex	19%	32%
Lost money or other	15%	32%
Problems with friends	24%	30%
Reduced working capacity at work/school	21%	28%
Fighting	20%	25%
Driven a motorbike/car	14%	23%
Been at emergency room	9%	22%
Problems with parents	19%	18%
Accidents/mischance	9%	17%
Problems with police	10%	10%
Subject to theft/robbery	3%	7%

(Source: www.sst.dk)

Table 23: Experienced consequences of alcohol consumption at least once in a lifetime.

Women	15-22 year olds	23-30 year olds
Quarreling	32%	51%
Unprotected sex	22%	41%
Problems with friends	29%	28%
Reduced working capacity at work/school	21%	28%
Destroy things or clothes	32%	27%
Problems with parents	23%	22%
Lost money or other	21%	21%
Fighting	10%	12%
Been at emergency room	3%	7%
Driven motorbike/car	5%	6%
Victim of theft or robbery	10%	5%
Accidents/mishaps	4%	4%
Problems with police	2%	3%

(Source: www.sst.dk).

Quarrelling and unprotected sex are relatively common problems both for boys and girls. Fighting on the other hand is more common among boys (20-25%) than girls (10-12%).

<sup>6</sup> The percentages in Table 22 – 23 are translated from a diagram to numbers.

Hospitalization because of drinking is rare for girls and young men, but for men in the ages between 23 and 30 years, 22 % have been hospitalized one time or more due to alcohol. Whilst the data from the Ringsted project are not from a national perspective, it is noteworthy since the study provides detailed information of the problems encountered due to alcohol within a 12 month timeframe, as shown in Table 24.

Table 24: How many of the 11 to 24 year olds in Ringsted have had negative experiences in relation to alcohol during the last 12 months (survey conducted in 2002).

	All In %	Boys In %	Girls In %	Percentage among youth who get drunk at least once a month
Vomiting	33	35	32	52
Done something that they regret later	33	33	32	55
Driven a bike while drunk	23	29	17	40
Quarrelling	21	24	19	38
Amnesia	20	22	18	42
Lose money or clothes	17	16	17	29
Gotten clothes or objects destroyed	15	17	13	27
Problems with partner	15	14	16	23
Gotten teased	10	10	10	15
Problems with friends	10	9	10	16
Driven a moped while drunk	8	13	4	17
Gotten into fights	9	13	4	16
Committed vandalism	7	10	4	13
Had problems with parents	7	9	6	12
Had problems with police	4	7	1	9
Had problems with teachers	3	3	2	5
Experienced an accident	3	5	2	6
Subject to robbery	3	4	2	5
Hospitalized/stomach pumped out	1	1	1	2
Experienced at least one of the problems mentioned	63	68	60	88
Experienced at least 5 of the problems mentioned	19	23	16	42

(Source: Balvig et al. 2005:132).

The Ringsted Project data show, that it is common for young people in Denmark to experience problems in relation to alcohol consumption. Boys experience slightly more problems than girls, especially when it comes to acting-out behaviour such as vandalism, fighting, quarrels, and problems with the police. Young men are also more likely to engage in risky behaviour such as driving a bike or moped whilst being drunk. Not surprisingly the young

men are involved in more accidents than the young women. The data also show that the young people who get drunk at least once a month are more exposed to alcohol related risks than those youth who drink less frequently (Balvig 2005:133).

Balvig et al. (2005:134-135) have also questioned the young in Ringsted about their sexual behaviour in relation to drinking. Among the 16 – 24 year old 7 % have had intercourse with someone even though they did not want to, 13 % have had intercourse without using contraceptives. Among those, who get drunk more than once a month, 12 % have had intercourse with someone even though they did not want to and 26 % have had intercourse without using contraceptives

The MULD survey is the only study that asks respondents how often they have experienced problems in relation to drinking. Different types of problems are listed such as the category of “dangerous or illegal problems” which includes fighting, involvement in accidents/mischance, driven a motorbike/car while drunk, problems with police, been to hospital or emergency room, and consumption of drugs that would not have been consumed in a sober state. Table 25 and 26 show that the average number of experienced dangerous or illegal problems increases with the number of units consumed.

Table 25: Average number of experiences with dangerous or illegal problems as a result of alcohol consumption in relation to number of units consumed last time drunk.

Boys	Average number of experienced problems
1-6 units	0,4
6-11 units	0,9
11-16 units	2,1
More than 16 units	2,5
Don't remember	1,6

(Source: Ringgaarden & Nielsen 2005:29).

Table 26: Average number of experiences with dangerous or illegal problems as a result of alcohol consumption in relation to number of units consumed last time drunk.

Girls	Average number of experienced problems
1-6 units	0,4
6-11 units	0,6
11-16 units	1,0
More than 16 units	2,0
Don't remember	0,6

(Source: Ringgaarden & Nielsen 2005:29).

Boys who consumed 16 or more units the last time they were drunk have on average experienced 6 times as many dangerous or illegal problems than boys who have consumed 1 to 6 units – i.e. heavy drinking multiply the risk of experiencing severe problems. This finding is also true for girls. Girls who have consumed 16 or more units the last time they were drunk have on average experienced 5 times as many dangerous or illegal problems than girls who



have consumed 1 to 6 units, the last time they were drunk. Tables 25 and 26 also show that boys experience more severe problems than girls.

## **Summary**

Heavy alcohol consumption can be associated with long-term health consequences such as different forms of alcohol related illnesses. However, these long-term consequences are in general not a problem in the age group between 11 – 30 years. What is relevant for this age group is their experiences of negative consequences due to alcohol consumption. Different surveys show that the experience of negative consequences due to alcohol consumption is quite widespread among Danish youth. Of particular importance is:

- Danish youth tend to focus on the positive effects of alcohol (relaxation, fun, etc.) and down play negative experiences.
- A large proportion of Danish youth have experienced problems in relation to drinking alcohol.
- Quarrelling and unprotected sex are common negative experiences among the 23 – 30 years old.
- The amount of negative experiences is proportional to the amount of alcohol units consumed.
- One out of four alcohol related injuries treated in emergency departments occur in restaurants or cafés.

The data show the importance of reminding the young of the negative consequences of alcohol use. It is important to talk with youth in a nuanced manner both with a focus on the joys and sorrows of drinking. It is also important to highlight Elmeland & Villumsen's (2003) suggestion to focus on responsible serving practices in order to avoid alcohol related injuries. To create safer drinking settings is an important task now and in the future.

## 4. Alcohol policy in Denmark

Alcohol policy can in a broad sense be seen as strategies for how a society wants to deal with alcohol and related problems. Traditionally Danish alcohol policy has been built on a tax and regulation policy combined with treatment and prevention. There are still taxes on alcohol, but in 1991/1992 they were lowered on wine and alcohol and in 2002 tax on liquor was reduced by 45 %. Today Denmark cannot be characterised as a country with high taxes on alcohol. Treatment and prevention are discussed in Chapter 8 and Appendix Three. Here we will focus on the laws that regulate the sale and serving of alcohol as well drinking alcohol and driving. Data for these sections are relevant Acts (which are available on [www.retsinfo.dk](http://www.retsinfo.dk)), reports from the National Board on Health, research, web-pages, and interviews with key-persons. The chapter will then discuss the sections related to alcohol in the *Governments Public Health Program 1999 – 2008* (Da: Regeringens Folkesundhedsprogram 1999 – 2008), which is as close as one gets to a national alcohol action plan. Consumption recommendations from the National Board of Health will also be discussed. Lastly, we present a summary of the content of the local alcohol political action plan formed by the Municipality of Copenhagen in the beginning of 2006. These sections are based on reports from the National Board of Health, research, and municipal records.

### Existing laws and regulations

Contrary to the other Nordic countries, which Denmark often is compared to, there exists no inclusive body of laws related to alcohol in Denmark. Laws and regulations related to alcohol are part of other bodies of law, related to different Ministries. Therefore, it is more difficult to get an overview of the laws and regulation, than in our neighbouring Nordic countries (Thorsen 1993, Karlsson & Österberg 2002). For a historical overview of the changes in laws and regulations in relation to alcohol in Denmark see Thorsen (1993). In general, however, it can be said that the law regulating sale, serving and marketing of alcohol has been tightened in the past years, although there has also been a number of more liberal changes.

### Marketing of alcohol

Sale and marketing of alcohol must be done in accordance with the *Act on Marketing*. This Act is not only valid for the sale and distribution of alcohol, but for any product or commodity at all. The Act prescribes the framework within which marketing in general must be held including general conduct in marketing and consumer protection. Some of the more important points in the act include:

- No misleading, incorrect, or unreasonable insufficient declarations can be used (An example could be the marketing of RTD drinks which have been criticized for being marketed too much like a soft drink and not like alcohol (see also Chapter 5).
- Hidden commercials are illegal. To the contrary all commercials must be explicit and easy to read/understand as a commercial for the consumer.

- Marketing addressed to children and young people must in particular take into consideration, that children and young people are less critical and easier to influence. In this context it is important to notice that marketing targeted children and young people cannot encourage to the use of substances, including alcohol.

In 2002 the prohibition on broadcasting alcohol commercials in television and radio was dissolved. It made commonsense to liberalise these laws, since Danes were already exposed to TV alcohol commercials on cable TV.

Besides the Act on Marketing a voluntary arrangement between several trade, private organisations and public authorities was implemented in 2000.<sup>7</sup> This is called *Code of Practice for Marketing Alcoholic Beverages* (Da: Regelsæt for markedsføring af alkoholholdige drikkevarer) (see [www.bryggeriforeningen.dk](http://www.bryggeriforeningen.dk)). The code of practice can be seen as an elaboration of the Act on Marketing with more detailed instructions about how to market alcoholic beverages with more than 2.8 percent alcohol content. Again it is in particular marketing in relation to children and young people that the code of practice will avoid. Examples could be that marketing cannot:

- Take place in high schools or other institutions where most of the users are children and young people.
- Take place in any form of media targeted to children or young people.
- Use role models that especially appeal to children or young people.

Violation of the code of practice cannot as such be punished. The Committee of Application, (Da: håndhævelsesudvalget) which consist of representatives from several of the organisations that established the code and is headed by an independent lawyer, can take up cases that are reported as violations of the code of practice. Their way of sanctioning is by making the violation public. Over the past three years the Committee of Application has received about 20 complaints annually which are listed in the annual reports published by the Committee. Many of the complaints are related to either hidden messages in advertising for RTD drinks or advertising directed towards children or young people (for further information see Håndhævelsesudvalgets Årsberetning 2003, 2004, 2005). This way of organising self-regulation among the industry, the businesses and public bodies is not without its critics (e.g. Alkoholpolitisk Landsråd 2005), and the fact that sanctioning is not part of this self-regulation system causes concern.

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<sup>7</sup> Code of Practice for Marketing Alcoholic Beverages is launched after negotiations between Ministry of Economic and Business Affairs and among others The National Society of Abstinence (Da: Afholdsselskabernes Landsforbund), Danish Brewers' Association (Da: Bryggeriforeningen), Danish Trade and Service (Da: Dansk Handel & Service), The Association of Danish Advertising Agencies (Da: Danske Reklamebureauers Brancheforening), The Federation of Danish Trade Associations (Da: De Samvirkende Købmandsforeninger i Danmark), The Danish Distillers' Association (Da: Foreningen af Danske Spiritusfabrikanter), Consumers' Advisory Council (Da: Forbrugerrådet), The Danish Co-operative Union (Da: Fællesforeningen af Danske Brugsforeninger), HORESTA – The Danish nationwide employer and industry organisation of the Hotel, Restaurant and Tourism Industry, The Danish Road Safety Council (Da: Rådet for større Færdselssikkerhed), Ministry of Health (Da: Sundhedsministeriet), The Veterinary Department (Da: Veterinær- og Fødevarerdirektoratet), and The Danish Wine and Liquor Organisation (Da: Vin og Spiritus Organisationen i Danmark).

## Serving alcohol

The laws related to serving alcohol are integrated in the *Act on Catering- and Hotel Trade etc.* (Da: Lov om restaurations- og hotelvirksomhed m.v.). This act includes regulations about alcohol licenses, minimum age, nuisance, etc.

In order to serve alcohol one needs a licence to do so. Licences are administered by a municipal License Board (Da: bevillingsnævn), who reports directly to the municipal council. Members of the board are the chief constable and up to 6 other members, usually including representatives from the municipal council. A license is given for an eight year period, but can be restricted for different reasons or discontinued if laws in relation to serving alcohol are violated. A license outlines the permitted opening hours for the vending place. It is also possible to get a temporary license, as for example Friday bars at educational institutions have (see Chapter 7). Only persons over 25 years can get a license, or 23 years if they are educated within catering and hotel trade. In relation to a municipality's License Board there may also be drawn up a so called "vending place plan" (Da: Restaurationsplan). This type plan includes the municipality's policy on giving licenses as well as what they tolerate as "acceptable" in relation to keeping up a license. For example a "drinking venue plan" can have a regulation that aggressive marketing, like happy hours with double or triple up for the same price is not acceptable (Sundhedsstyrelsen 2005a).

The *Act on Catering- and Hotel Trade etc.* can also regulate doormen and bouncers. A doorman needs an authorisation that is given by the chief constable of police. The authorisation can be used all over the country and is only given to persons who among other things are: over 18 years, not sentenced for a criminal offence where there is a suspicion of misuse of the role as door man, and fulfil the demand for education, which at the time is 14 days of training. This part of the law was implemented in 2004 (Law no. 366 of May 19<sup>th</sup> 2004). A representative of HORESTA explains that the training must include: communication skills, conflict management, personal security, rules of law, first aid, and the practical management of large crowds of people. The content of the course is negotiated between the Ministry of Education and the two sides of industry, labour and management (E-mail communication the 18<sup>th</sup> of May 2006, see also Sundhedsstyrelsen 2005a). The reporting of several violent situations between doormen/bouncers and guests formed the basis of the demand for training and authorisation for doormen.

It is also in the *Act on Catering- and Hotel Trade etc.* that the prohibition to serve to persons below 18 years of age is stated. It is also prohibited to use staff under the age of 18 years in places where alcohol is served, also when they do not serve alcohol such as the cloakroom. It is also prohibited to serve to persons who with additional consumption of alcohol could be of danger to themselves or danger or nuisance to others. This is for example when persons are already in a state of intoxication and wish to continue to drink.

The issue of nuisance is also dealt with in the *Act on Catering- and Hotel Trade*. It is prohibited to display noisy, violent, offensive or similar behaviour in restaurants, hotels and other serving places.

Not observing the different parts of Act on Catering- and Hotel Trade are punished with fines and with prison sentences up to 4 months if the violation is repeated or under aggravating circumstances.

## Sale of alcohol

*Act on Retail Sale from Shops etc.* regulates opening hours for shops, stores, kiosks, etc. in Denmark. In relation to sale of alcohols it is important to note that:

- Opening hours are restricted for shops, including larger supermarkets, from Saturday 5 pm to Monday morning 6 am. Opening is not allowed on Sundays and Public holidays (Christmas, Easter, etc). In December and 6 other Sundays (that are not Holidays) shops and supermarkets can apply to be open between 10 am and 5 pm.
- Sale of special products (e.g. bread, news papers, flowers, etc.) can be sold on Sundays, if they also are sold from the shop on ordinary days.
- Special situated shops (e.g. shops at airports, amusement parks, trains stations, etc.) are not included. These shops get special licenses.
- Smaller convenience stores (with a turnover including VAT below 27 million DKK/approx. 3.8 million euros) are not restricted by the rules of opening hours. These smaller groceries are for example kiosks and smaller supermarkets. It is here legal to sell alcohol day and night.
- Lastly in 2005 it became legal for any kind of hotel and restaurant to sell alcohol as retail, even though they do not have a license to serve alcohol.

In 1998 the first law on selling alcohol to minors below 15 years of age in retail sale was enforced. Prior to this any one could buy alcohol in retail shops. In 2004 the legal age limit to purchase alcohol was raised to 16 years of age with the passing of the *Act on Prohibition against Sale of Tobacco and Alcohol to persons under 16 years*. Violation of the law results in a fine which is proportional to the severity of the violation. In relation to this Act it is possible for Municipalities to issue an ID-card to young people over 16 years, in order for retail owners to check young people's age. These ID-cards, however, are very rarely issued (Sundhedsstyrelsen 2005a).

## Drinking and driving

The Road Traffic Act (Da: Færdselsloven Act no. 1079 of November 14<sup>th</sup> 2005) regulates drinking and driving. One can drive a motor vehicle with a BAC level below 0.05 per cent. Above this level a driver will be fined in a police traffic control. However, if the BAC level is above 0.2 per cent or the driver has been caught drink-driving several times, he or she can be punished with a prison sentence of up to 1 year. These penalties apply only to drink-driving offences. If a driver also has violated other traffic regulations (e.g. speed limits) is involved in an accident or causes harm to another person, the punishment will be determined according to the severity of these offences (see also Karlson & Österberg 2002). Besides a fine or a prison sentence, a person can have his/her driving license suspended. A person who gets either a suspended or an unreservedly suspension of his driving license due to drink-driving, is required to complete a course in good alcohol and driving habits consisting of 4 X 2 ½ hours training, before he/she is eligible to re-take his drive-test to obtain a license.

In about 30 % of all traffic accidents, alcohol is involved. Alcohol is also involved in 59 % of all traffic deaths (Sundhedsstyrelsen 2005b). The Road Traffic Act does not explicitly forbid drink driving on a bicycle, a form of transport frequently used by young Danes.<sup>8</sup>

## **The Government's Public Health Programme**

What one could call a Danish alcohol action plan, is included in the *Governments Public Health Program* (Da: Regeringens Folkesundhedsprogram), which covers policy on health problems in general (the report is available on the webpage: [www.folkesundhed.dk](http://www.folkesundhed.dk)). In this section we will only focus on issues in the report directly related to alcohol. In general the report is structured as set of recommendations about how to prevent public health problems. It is first and foremost a prevention policy on how to avoid public health issues. For example there are the overall goals for prevention strategies to include the work place, the local community, the primary schools, and the health care system. It does not, however, enforce any guidelines on how the Municipalities or the Counties should do this. The programme makes recommendations, but it is not part of an economic development plan on how to increase public health.

The political goal in relation to alcohol and risk reduction is: to reduce the number of large-scale consumers, to reduce the consumption among young people, and to eliminate alcohol consumption amongst children. In order to reach these goals the program make a range of recommendations which include: that Municipalities draw up alcohol political action plans; that workplaces draw up a policy on alcohol; the development of new methods to identify and reduce unhealthy consumption of alcohol; the training and education of professionals working in the field; the better co-ordination of initiatives; the better quality control in treatment and early intervention programmes; the compulsory education in alcohol and traffic when serving a period of suspension of one's driving license; the drawing up of an alcohol policy in educational institutions; the enforcement of restrictive rules in alcohol commercials and advertising; the use of warning texts on alcohol; that the laws on serving alcohol are enforced; the maintenance of high alcohol taxes; and the reduction of availability of alcohol.

The *Governments Public Health Program* was made about 8 years ago and some of the recommendations have already come to fruition. The following paragraph is just a brief overview on some of them. A pilot on drawing up alcohol political action plans was implemented in 5 Danish cities and the Danish Board of Health published in 2000 a handbook on how to draw up these action plans. In relation to alcohol policies in work places, a study from the Danish Board of Health shows that 89 % of all work places, both public and private, have an alcohol policy (44 % have a written policy, and in 45 % have a policy that is implicit to employees) that limits alcohol use within normal work hours, whilst 80 % of all work places prohibit alcohol use within work hours. In 2002 the respective percentages were 72 % and 53 % (Sundhedsstyrelsen 2006b). Despite these policies, a standard and regular/daily alcohol test for employees such as bus drivers, ferry drivers, etc. does not ex-

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<sup>8</sup> It's worth noting that the problems of drunken driving are less severe in Copenhagen compared with the rest of Denmark. One can imagine that this is due to the relatively well-functioning public transportations in Copenhagen by night. Drunken persons are probably less inclined to drive by car when they have alternative options such as a train or bus (see Chapter 6).

ist. Alcohol policies in educational institutions are beginning to be implemented in many places (Beck & Reesen 2004). More restrictive rules for alcohol commercials and advertising have been implemented in relation to children and young people (see above). Also the *Code of Practice for Marketing Alcoholic Beverages* founded in a co-operation between public and private organisations and bodies can be seen as a way to establish more restrictive rules for marketing alcohol. Education for persons with suspended driving license due to alcohol has also become compulsory.

One aspect of the Programme that has not been implemented is the maintenance of taxes. In 2004 taxes on liquor was eased and liquor became cheaper in Denmark. This development is also reflected in the patterns of liquor consumption which has risen within the general population.

### **Consumption recommendations**

The Danish Board on Health has for many years recommended a maximum level of alcohol consumption to men and women of: 21 units per week for men; 14 units per week for women; with a recommended limit of 5 units per day. One unit is the equivalent to 12 grams of alcohol. These limits are not applicable to children, pregnant women or people with particular illnesses. This recommendation was evaluated in 2005 with a conclusion to continue with these recommended maximum levels (Sundhedsstyrelsen 2005b). Other organisations have been stricter in their recommendations. For example The Danish Cancer Society (Da: Kræftens Bekæmpelse) recommends a maximum of 2 units of alcohol per day for males, and one unit per day for females. The evaluation discusses why the public authorities prefer to set maximum limits instead of recommended levels of consumption. Even though the maximum level of consumption only is valid for the general population, and not particular groups (e.g. pregnant, people with particular illnesses, etc.), and is hence only a rule of thumb to individuals like a recommended consumption would be, it underlines that a larger consumption than the maximum level is definitely a health risk. The report is based on recent research and of importance here could be to mention results that show that drinking smaller numbers of units regularly (e.g. 1-2 units every day 5 – 6 times a week) is more health than drinking larger number of units periodically (e.g. 5-6 units 1 – 2 times a week). It is hence not only how many units that are consumed pr. week, but also how they are consumed (www.sst.dk, Sundhedsstyrelsen 2005b).

### **Copenhagen's alcohol political action plan.**

In the beginning of 2006 Copenhagen Municipality passed an alcohol political action plan. It consisted of both political views on alcohol as well as a budget with concrete initiatives. The budget plan is, however, according to one of our key-persons more flexible than it appears in writing.

Overall the plan is to increase public health and decrease harms related to alcohol. The primary goal is to decrease the citizens' alcohol consumption considerably. The goal is based on WHO (2004) that states a causal relation between alcohol problems and alcohol consumption. The action plan will operate on three different levels: 1) prevention, 2) early discovery/early intervention for groups or individuals at risk, and 3) co-ordinated and holistic treatment of alcohol problems and dependency. These three levels are divided into more

concrete goals related to children and youth, adults and seniors, treatment and after care, and the co-ordination of interventions. Important aspects are: to raise the age of debut among youth, to create good alcohol habits among young people under 25 years, to decrease availability of alcohol by the means of the License system and serving practices in vending places, and to involve the work place actively (Københavns Kommune 2005:8).

Not all subsidiary goals correspond with a concrete initiative. For example the plan does not come up with initiatives related to how to raise the age when young people make their debut with alcohol. But, it does contain 4 different initiatives to inform about good alcohol habits, including: lectures in the oldest classes in primary school given by an SSP (School, Social service and Police) worker or young people using “youth-to-youth” methods; the preparation of prevention material to high school students; and initiatives that target marginalized young people, including treatment facilities. In order to limit the availability of alcohol Copenhagen municipality will decrease the number of alcohol licenses. They are currently working on a “vending place plan”, in which a strategy for how to decrease licenses is worked out. In relation to other major cities in Denmark, Copenhagen has the highest ratio of licenses compared to the number of citizens with one license per. 309 citizens in 2004 (Københavns Kommune 2005:12). This initiative is also based on the WHO report on alcohol policy (2004). One of the conclusions is that there is a causal relation between numbers of vending places and alcohol problems. It is not only the goal to decrease vending places, but also to geographically spread them out in order to avoid “hot spots”, i.e. places with a high concentration of drinking venues. The experience with “hot spots” is that they create harsh competition between the places and result in “happy hour” offers or “drink as much as you can for 20 euros”, etc., practices which increase alcohol consumption.

## Summary

Larimer et al (1998) highlight the following strategies as harm reduction policies: minimum legal drinking age, drink-driving laws, server liability laws, restrictions on liquor sales and outlets, taxation and price increases, and local control and community intervention. Danish laws and regulation include most of these strategies. The issue seems not to make even stricter laws related to alcohol, but rather to enforce the laws that already exist.

- How can the laws and regulations be most efficiently observed?

An exception is the laws on marketing where different opinions are raised to tighten the present self-regulation into state interventions in order to be able to sanction violations of marketing ethics as violation of laws.

In relation to alcohol political action plans it is one thing to state for example that the age of debut for using alcohol should be raised. It is another to actually raise the debut age and implement initiatives that support this decision. Hence the main question is:

- How can alcohol political action plans be put into practice?



## 5. Alcohol culture among youth

This Chapter describes some of the basic features of the alcohol culture found amongst Danish youth. It draws both on young peoples' perception of alcohol use as well as a professionals' standpoint. The Chapter is mainly based on recent research conducted by different Danish research groups and interviews with key-persons. Two major research projects are worthy of mentioning. The first is the Ringsted Project, which is a major research project based in the town Ringsted. It is a local project including both qualitative data, and survey data with more than 4500 young people. References to this project are Balvig et al (2002, 2005), Tutenges (2004, 2005). The second project is a national research project called "Young People and Alcohol" based on a survey with 2000 15 year olds, a survey of these young people's parents, and 28 focus group interviews with young people. References to this research project are Gundelach & Järvinen (2006), Demant & Järvinen (in press).

### Drinking is a social act

Youth primarily drink on Thursday, Friday and Saturday nights in relation to some sort of festivity. If drinking occurs at other times it is usually in relation to special events such as a birthday or a football game. The young almost never drink in solitude. As Douglas points out, "drinking is essentially a social act" (1987:4). A person who consumes intoxicants on his or her own is met with suspicion and even aversion. Such a person is quickly stigmatised with derogatory terms such as "alcoholic" or "soak". The youth prefer to use intoxicants together with their friends. Therefore, alcohol is generally consumed in groups, in relatively large doses and on a limited number of days a month. An everyday consumption is rare (Tutenges 2004).<sup>9</sup>

Different age groups do meet in bars and discotheques, but the interaction across age groups is limited. Parents and other adults rarely interfere directly in the nightlife activities of the young. The young keep to themselves and this means that the attitudes, norms and rules pertaining to drinking to a wide extent are forged *within* the peer groups. Knowledge about intoxicants is also obtained from friends rather than adult authorities (Sørensen 2003).

### Different stages in drinking sessions

Drinking among youth often follows three phases: 1) warming up, 2) the party, and 3) the after party (Tutenges 2004, Balvig et al. 2002). *Warming up* is a preparatory phase that creates a transition from soberness to some degree of intoxication. "It is like a zone of acclimatization where people try to get rid of the stress, seriousness and rationality of daily life and set their minds and bodies on partying" (Tutenges 2004:44). Often the warming up takes place in a private home at dinnertime or in a bar. The warming up usually takes place amongst close friends and of the same gender. Drinking and also heavy drinking is often a central part of this phase. A night out may never progress to phase two or three. *The party* often takes place in crowded locations with loud dance music such as discotheques, clubs or

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<sup>9</sup> This contrasts the drinking patterns in southern Europe. In France for instance it is more accepted to drink small doses of alcohol alone and on an everyday basis.

at private parties. An intensive atmosphere is important in this phase. Groups often intermingle and sexual advances may occur. *The after party* is in general a phase where people gradually and without much ado revert to a normal state of mind. This phase may occur in private homes, and involve drinking coffee and eating while chatting or just staying together. Among some groups, the after party is given more importance, for instance, going to a location with subdued music early in the morning after the intensity of the discotheque or club. This environment can facilitate a gentle return back to normal life.

### **Drinking symbolizes maturity**

Among Danish youth it is prestigious to drink alcohol. Drinkers and heavy drinkers are often popular among peers whereas abstainers tend to be considered as somewhat boring, uninteresting and immature. “To drink – and not least to get drunk – is a substantial sign both to the surroundings and to oneself that you are part of the popular people, one of those who have fun” (Balvig et al. 2005:136-137). Not only the young, but also many parents consider drinking alcohol as part of coming of age (Demant & Järvinen, in press). Hence drinking alcohol is both among young people as well as among parents considered a symbol of maturity.

Other scholars expand on the relationship between alcohol and maturity, drinking and the process of growing up. Sande (2000) for example writes that young people’s use of intoxicants may be interpreted as a “ritual of transition” which has the social function of marking a shift from childhood to adulthood. Sande (2000) notes that the youth use intoxicants to deal with the many insecurities of adolescence and they use intoxicants to destroy their former identity as children. They intentionally display their state of intoxication in public places in order to communicate that they have become adults (Sande 2001). The last day for students in high school is a good example of this. On this day many young people from the high schools party in the streets of Copenhagen singing, screaming and reeling around in an obvious state of drunkenness. The young make an effort to be heard and seen by exhibiting their own drunkenness. They demonstrate in an almost histrionic manner that they are autonomous and self-determined beings who are capable of going against the norms and rules that have been imposed upon them during their childhood.

### **Drinking and risk behaviour**

On nights out it is important for the young to “lift the mood” and “get things going” (Bostrup & Kausholt 1998). Alcohol helps them with this. Alcohol is, so to speak, an intensification device allowing the young to let go of their relatively composed and self-controlled daytime selves and enter a more carefree and cheerful state of mind. When drunk, the young are more unrestrained, extroverted and boisterous than normal. Risk behaviour and accidents may occur. The intriguing question to examine is why they do it and what their rationale is. Many young people like the thrill and adventure of taking risks (Sørensen 2005). It’s no coincidence that the young in Denmark are presently called the “wild youth” and “generation fucked up” (Albæk & Hylleberg 2005). Drunken youth can sometimes seem unrestrained and self-destructive. However, as Ege points out: “[Youth] run risks, but calculated risks. The risks are not necessarily an expression of stupidity or rebellion. They are attempts to achieve ordinary, conventional goals. And the young are certainly not interested in hurt-

ing themselves either in the short term or long term” (Ege in Balvig et al 2005:20). Their rationale is rather: “to have fun together, entertain each other and hereby achieve social identity, communion, recognition and social status” (Balvig et al. 2005:24).

The young prefer to lose control in a safe context. They like chaos and perturbation in small and harmless doses. In other words, *the controlled loss of control* is a central goal during nights out. Youth occasionally “medicate” themselves with intoxicants, and they hereby organize and execute their own control loss purposely and after due deliberation. On the other hand, the *uncontrolled loss of control* is considered utterly unpleasant. The youth detest nights out where someone is injured severely, hurt emotionally, bitterly humiliated or reduced to a powerless object (Tutenges 2004). Therefore, preventive workers and youth basically share common ground. Both have a keen interest in reducing the truly harmful aspects of drinking. A safer nightlife is a common goal, even though the means might be different (Jørgensen 2005:93; Sørensen 2003:147; Christensen 2004).

### **Risk estimations**

Danish health authorities and young drinkers have different ways of estimating the risks pertaining to alcohol. Whereas health authorities mainly focus on *health* risks and base their knowledge on science, the young tend to focus on *social* risks and gather much of their knowledge from friends and personal experiences (Jørgensen et al forthcoming, Sørensen 2003). Jørgensen and colleagues have asked Danish teenagers if they were worried that something bad could happen because of their alcohol use. The response from youth was firstly a concern about doing things that would harm social relations: “The boys worried especially about getting into fights with their friends or cheating on their girlfriends, whereas the girls were concerned that they might do something to embarrass themselves or their friends. Girls as well as boys were concerned about their alcohol use leading to conflict with their parents. Another particular risk that received great attention was “gate crashing”, i.e. a group of peers attempting to participate in a private party in spite of not being invited” (Jørgensen et al. forthcoming). A preventive worker confirmed these findings:

When girls mention bad nights out, it’s very typical of them to describe situations where the social cohesion is threatened. They talk about incidences where people quarrel someone walks away in anger or situations where someone scores the boyfriend of somebody else. Friendship and unity is extremely important for them. It takes more for the boys before a night out is regarded as a bad one. For them things go wrong when there is fighting, mishaps, car or bicycle accidents, quarrelling and also conflicts with parents (Interviewed August 10).

### **Risk communication**

Health authorities and youth also verbalised risks in a contrasting manner. Sørensen has analysed some of the material that the National Board of Health sends out to the young, and even though it is information about drugs, her observations are still applicable to information about alcohol. She notes that the information tends to be couched in abstract, scientific language. Focus is on problems not joys. Recommendations are often presented as objective facts, rather than debatable points of views (Sørensen 2003:130-133, 150-152). This mode

of communication is obviously very unlike the way young people speak about intoxicants. As mentioned, the young focus on the joys of drinking, and they speak about drunkenness with much enthusiasm and humour. Many researchers and social workers emphasise the importance of forming preventive messages that are more in accordance with young peoples' own experiences and modes of communicating (Jørgensen et al. forthcoming; Sørensen 2004; Balvig 2005).

### **Strategies of harm reduction employed by youth**

Young people have a keen interest in protecting their own health and that of their friends and family (Christensen 2004). They use different strategies to do so as Jørgensen et al. (in press) underlines:

- *Self-monitoring.* The young pay attention to their own level of drunkenness. This is not an incessant self-awareness, but rather a brief and recurrent self-examination often taking place between drinks. If the level of drunkenness is alarmingly high, the young may stop drinking. However, excessively drunken individuals sometimes continue drinking in spite of their own bodily warning signals.
- *Drinking in the company of well-known and trusted peers.* Youth prefer to drink together with friends. Good company is vital – not only because it helps creating the right kind of party mood, but also because it is a means of providing safety.
- *Supervising and intervening in peer drinking.* The young feel responsible for the well-being of their friends and look out for each other. They often intervene if someone gets excessively drunk for instance by taking their drinks or putting them to bed.
- *Using personal experiences in the planning of future drinking occasions.* The young learn from past mistakes. A person who is known to cause trouble may, for instance, not be invited to a party. The young discuss with each other how to avoid trouble and make plans accordingly.

An important point for Jørgensen et al (in press) is that young people should be involved in promoting their own health and that their knowledge could be used in future prevention strategies.

### **Social exaggeration**

Many young people in Denmark believe that their peers consume more alcohol than they do in reality (Balvig et al 2005). This exaggeration of drinking tends to create a self-fulfilling prophecy. The more young people believe heavy drinking occurs, the more heavily they tend to drink in order to conform. There are many possible reasons for this generalized misconception. One reason is no doubt the media. Stories about the decadent youth sell well in Denmark. As a result, the media often focus on the self-destructive aspects of contemporary youth culture (see for instance Schmidt Møller et al. 2004). Another reason is that the intake of unhealthy substances is prestigious and a symbol of maturity, as discussed above, and, therefore, there is a tendency to exaggerate their own noxiousness. Drinking stories with detailed depictions of drunkenness and grotesque behaviour are very popular among the young. All this may leave the impression that heavy drinking is the norm, when it is not ac-

tually the case, according to both statistical material and the results from the Ringsted Project (Balvig et al. 2005). Hence an important task for preventive workers is, to deal with this form of exaggeration.

### **The role of parents**

Data from the Ringsted Project show, that most young Danes have their first experiences of alcohol and drunkenness together with friends (Balvig et al. 2005:135-136). Even though there is a saying in Denmark that children should learn to drink at home, this is according to research results a gross misconception. The results from the Ringsted Project show that parents have little control over their children's alcohol consumption: "The majority of pupils have no arrangement with their parents as to how much they may drink at parties, whereas one fifth of the pupils almost always have such an arrangement. Only one fourth of pupils have arguments with parents about alcohol" (Balvig et al. 2005:136). Many people working with children and youth are frustrated about the lack of engagement and involvement of Danish parents. An outreach social worker from Vesterbro says:

Way too many parents are unable to impose rules on their teenagers. The young themselves are not able to overview the consequences of their own drinking. Many parents are terribly scared of becoming unpopular among their own children, and as a result they find it difficult to put forth limits and restrictions. So we have to go into a dialogue with the parents (Interviewed June 13)

In a recent publication Järvinen & Østergaard (2006) analyses the relationship between rules made by parents on drinking alcohol and drinking habits among young 15 year olds. Rules made by parents are primarily on how late their children can stay out at night and how many units of alcohol they may drink. Parents' rules can in a rough manner be divided into strict rules (e.g. home before midnight and not allowed to drink) and more easy rules (e.g. home before 2 am and allowed to drink 3 – 4 units). Results from the survey show that rules on how long young people can stay out have an influence on how often young people drink 5 units of alcohol or more, since 75 % of young people who must be home before mid-night have not been binge-drinking at all. Another result is that almost 75 % of the young people that were forbidden to drink had never been binge drinking. Children of parents who make relative strict rules have less experience with binge drinking than children of parents with relatively more easy rules. Järvinen & Østergaard conclude, that it is possible for parents to influence their children's alcohol habits. However, in focus group interviews the young dissociate themselves from parents control over their alcohol consumption. They see it as the parents lack confidence in them. They perceive parents with easy rules as parents who have confidence in their children. Data from the focus group interviews, however, also tend to show that all young people "cheat" their parents when it comes to alcohol and parties, by not telling them everything. Järvinen & Østergaard argue that there is a "conflict" between the results from the survey (that parents can influence their children's alcohol habits) and the "collective truth" constructed in the focus groups (that no rules is a sign of confidence) (Gundelach & Järvinen 2006:148-150).

## **Binge drinking**

There is no consensus on the definition of the term “binge drinking”. Some definitions are based on objective measurements of frequency and quantity (for example more than 5 units of alcohol pr. day), whilst others rest on subjective experiences of degrees of drunkenness (Measham 2004:316). Whether the term is used in a more broad sense: as drinking sessions with a clear focus on drunkenness often taking place in groups over an evening and night or similar time span, or as for example drinking more than 5 units of alcohol per day, it is clear that Danish youth often engage in binge drinking. The trend towards binge drinking must be understood within the context of the night time economy which promotes consumer excess and drunkenness, according to Measham (2004). As we saw in Chapter 4 it is also of concern to public authorities that “hot spots”, where many drinking places are located in the same area, are avoided in city planning. “Hot spots” often make the competition between drinking venues harsh, which results in different kinds of promotions like “double up”, “triple up”, “or drink as much as you can for 20 euros”. We will discuss this at length in Chapter 8, but for now we would like to bring attention to the fact that the night time industry also facilitates binge drinking among youth.

## **Alcohol and football**

Football is among Denmark’s most popular sports. Both playing on the field and watching from the stands are popular activities. Alcohol has traditionally occupied a central place in the football culture.

Denmark established its first professional football team (Brøndby) in 1987, and in 1991 the Superliga was founded. To run a professional football business requires an attractive sponsor-concept – which means, that it became important to create an overwhelming atmosphere at the stadiums, and fans and supporters were seen as an integral part of this atmosphere. Today a football match in the Superliga is a media event, and it is watched by different groups of people from the stand. There are the spectators, the fans and the supporters. The supporters are organized in clubs and they will watch every match, “their” football team is playing. There are also different kinds of supporters: Ultras, casuals and hooligans, and they create different kinds of problems. In the recent years a lot of attention has been drawn to the supporters’ consumption of alcohol in connection with football matches, most often in combination with violence. The supporters usually drink alcohol before, during and after the match, which means, that the problems they might cause, not only are located to the stadiums but also to the surroundings. Alcohol is a central part of the supporter culture, and in a Swedish study on supporter culture (Tryggvesson, 2005), the supporters claim, that alcohol in general helps them to achieve a moment of joy and relaxation and a sense of collectiveness.

It is the football club who has the license to serve/sell alcohol (mostly only beer is served) at the stadium, and to avoid accidents, only plastic tankards are used – not bottles. It is also the football club who is responsible for the security at the stadiums and they hire their own private security force and inspectors for every match in the Superliga. It is the police who are responsible for the security outside the stadium, and both the police from the police district, where the match is played, and the police from the police district, where the guest-players come from, take part in the security work. The police and the football clubs

co-operate closely and continuously in regard to match security, and once a year delegates from all the football clubs in the Superliga and the relevant police districts meet to evaluate and further develop the security precautions implemented in relation to football matches.

## Summary

This chapter has outlined some basic features of the alcohol culture predominating amongst Danish youth. The following features can be taken into consideration when preparing harm reduction initiatives targeted young people:

- *Alcohol and youth culture.* Two aspects of Danish youth culture should be emphasized: drinking is understood as a social act where the young people bond and that this social act is perceived as a sign of maturity; and, young people believe that their peers drink more than they actually do, both in order to act as “mature” but also because telling drinking stories is a way of bonding, especially amongst male youth. Harm reducing interventions could take a standpoint in these insights.
- *The role of parents.* Research show that many young people do not have any arrangements with their parents concerning alcohol. Research, however, also shows that parents can influence their children’s alcohol use, so that binge drinking is decreased. This can be done through rules on e.g. when to come home and how much (if at all) the young person can drink. However, there is a conflict between parents “controlling” their children and parents having “confidence” in their children. Rules are perceived by the youth as control. Interventions that focus on the co-operation between parents and children in relation to alcohol as well as among parents (for example to pupils in the same school class) could be developed to address this dilemma of “control” and “confidence”.
- *Risk behaviour.* Research show that young people have different forms of harm reduction strategies. They calculate their risks (Jørgensen et al. forthcoming). Harm reducing interventions towards youth could take these insights into consideration.
- *Risk communication.* Research show, that young people often perceive and calculate risks when taking substances differently than authorities that inform about risk and substances. Young people have experience with substances and calculate from these or their friends’ experiences. For young people it is not a matter of taking substances or not, but how to take them and in what quantities. Preventive messages should be comprehensible and relevant for the young.
- *Binge-drinking.* Talking about binge drinking is relatively new in Denmark. Interventions that focus on the reduction of binge drinking could take a stand in the young people, but they can also take a standpoint in relation to special offers of and serving practices in the drinking locations and involve these organisations as stakeholders.

## 6. Copenhagen: Demography, Infrastructure and Nuisance in Public Space

Denmark is a country with 5.4 million citizens. Copenhagen is the capital and largest city in Denmark. It lies on the islands of Zealand and Amager. The city constitutes an autonomous municipality called Copenhagen municipality with 501.664 inhabitants (in the year 2004) living in an area of 88 square kilometres. Greater Copenhagen has 1.086.762 inhabitants (in the year 2004) and it includes a wide array of adjoining municipalities. This report focuses on the municipality of Copenhagen.

Copenhagen municipality is composed by different quarters, most notably Nørrebro, Vesterbro, Østerbro and City. The following paragraph provides a brief description of characteristic aspects of each of the different areas. Nørrebro is characterised by being an old working class quarter, now housing many of the immigrants from different Middle Eastern and African countries. It is also an area where many students live. Vesterbro is like Nørrebro an old working class quarter. It is close to the Central Station and this quarter is known for its drug scene as well as the different kinds of harm reduction initiatives (shelters, drop-in centres, needle exchange, street level nursing, etc.) that operate in the area. Vesterbro in particular – but also to some extent Nørrebro – has undergone a large-scale urban renewal in the past 5 –10 years and parts of these areas have become very trendy and therefore also very expensive place to live. Many of the old “Vesterbroians”, who also belong to the lower social classes, have moved to other parts of Copenhagen, whilst many of the cheap student apartments have been turned into larger, more expensive apartments with the recent urban developments. Østerbro is the old bourgeois quarter and to a large extent still is. City is the area with the main shopping centres, many offices, restaurants and bars and discos (for more information [www.denmark.dk](http://www.denmark.dk)).

### Demography<sup>10</sup>

Only important demographic figures for the purpose of this appraisal are presented in this section. Copenhagen is a student city with lots of different educational institutions, including several different universities. The percentage of young people between 20 and 34 years living in Copenhagen is also quite high compared to national figures: 34.9 % living in Copenhagen versus 19 % living in the rest of the country.

More than 11 % of Copenhagen’s citizens are from other countries. In national figures about 4 % of all citizens are foreigners. Figures do not show the differences between the different quarters in Copenhagen, but Nørrebro houses many foreigners and the figures here is more likely to be 25 %. Where as figures for Østerbro are likely to be quite lower.

Nørrebro is also the most densely populated quarter with 179 citizens per hectar. In Vesterbro there 94 inhabitants per hectar, Østerbro 66 inhabitants per hectar and in City is 57 inhabitants per hectar.

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<sup>10</sup> The following description is based on figures from Copenhagen Municipality’s homepage [www.sk.kk.dk](http://www.sk.kk.dk)).



## **Copenhagen by night**

The areas around Nørrebrogade, Istedgade and inner city are areas in Copenhagen with a lively nightlife, due to a high density of drinking locations. Nightlife in Copenhagen is especially buzzing in the early evenings and nights on Thursday, Friday and Saturday and most drinking is done inside drinking locations. However, nightlife is different in summer- and wintertime in Denmark. In summer time the streets and squares in Copenhagen are busier than in winter time. For example the area around Tivoli and the main shopping Street can become crowded with people and is buzzing with life in summer time. The beaches around Copenhagen might also be occupied by young people partying into the night. On warm summer nights, young people may drink and party on the beach, in parks, public squares, etc.

During the 1970's nightlife in Copenhagen started to diversify. The number of bars and discotheques began to increase and different subcultures started to have their own venues. Today, customers can choose between a vast plethora of locations with different opening hours and styles of decoration, music, and intoxicants. There are traditional Danish public houses (Da: værtshuse), Irish or English pubs, cafés serving beer, wine, coffees and food, exclusive wine bars or beer bars, Friday bars at educational institutions, discotheques, concert halls etc. A person with a penchant for dark surroundings, sinister sounds and spectacular costumes may, for instance, go to "The Black Cat", housing a crowd of so called Goths. People preferring to dance barefooted with moderate drinkers may go to the dance club "Samsara". The ones who like to drink cheap beer in an old fashion public-house may go to "Funchs Vinstue". Concerts are played at Christiania's "Loppen" and "Den grå hal", at Vesterbro's "Vega" or Nørrebro's "Rust". Some people are regulars visiting the same venues weekend after weekend. Others with a bent for the unfamiliar, shop around among the various venues offered by the nightlife industry.

The "warming up" part of the drinking session described in Chapter 5 takes place for example at cafés, bars, themed pubs, old-fashioned taverns, etc. Many places often sell cheap drinks in the afternoon between 4 and 8 p.m. and music is played at a volume allowing for conversation. In these places people can sit down, chat and drinking becomes a central aspect of the interaction. Discotheques, clubs and music scenes usually feature a dance area and loud music played by a DJ or live musicians. These places are where the party is going on. Seating is usually sparse allowing more people to access the discotheque, club or music scene.

## **Night-time transportation**

Copenhagen nightlife attracts youth from all over Zealand and southern Sweden. The many people who seek to the centre of Copenhagen on Thursday, Friday and Saturday nights often use the inner city transportation services. Trains are running from early morning to late night and night buses are active all week long. The metro is available from 5 o'clock in the morning till midnight, and on Thursdays, Fridays, and Saturdays it runs non-stop all through the night. However, many also choose to go by foot, take a taxi, their car or a bicycle.

In a recent documentary on one of the national TV channels (TV2) young people were portrayed as being ill-mannered and that they were creating a lot of trouble in night-life, especially in Copenhagen. In our interviews with representatives from different organisa-

tions that organise transportation in Copenhagen, it does not seem that problems are related to alcohol, but to youth culture and the fact that youth often go around in groups. An employee at HUR (Da: Hovedstadens Udviklingsråd) the body that organises bus driving in Copenhagen estimates that young people are the ones causing most trouble in public transportation, but not because of drunkenness. In his opinion drunkenness as such does not create problems in the transportation system (Interviewed August 24). Another employee at HUR has the impression that drunken young people in big groups sometimes make a lot of noise, but when asked to calm down they generally conform. In his view, alcohol does not make the young unruly or aggressive, just a bit noisy and sometimes obstinate (Interviewed August 24). One of our key-persons interviewed from the Crime Prevention Department in Copenhagen Police says that in relation to police work, young people can be of nuisance to inhabitants in the areas where discotheques, bars and cafés are situated when they are on nights out, but they do not in general create problems (Interviewed September 6).

### **Nuisance: noise and litter**

Nuisance in form of noise and litter is a problem and can cause irritation to many citizens, especially those living in areas where nightlife in bars, cafés and discotheques are situated. Problems such as these are often discussed in the local Copenhagen newspapers. An example from the newspaper *City Avisen* is when the recent opening of the nightclub “Oil” led to loud music and presence of boisterous people at night in an otherwise quiet neighbourhood (Nielsen August 30<sup>th</sup> 2006). People living in the vicinity made a petition against the new club and a local priest said to the newspaper that many citizens were thinking about moving away from the allegedly noisy area (Nielsen 2006). A key-person from the Crime Prevention Department in Copenhagen Police stressed that it is especially in front of discotheques that noise is a problem or when youth party at home with open windows (Interviewed September 6<sup>th</sup>). As discussed in Chapter 4, Copenhagen Municipality is actually planning to decrease drinking venues by issuing fewer licenses, and also spread location of venues with licenses in order to avoid “hot spots”, i.e. places where the concentration of drinking venues is high.

Litter is also a problem in Copenhagen especially in weekends and in summertime. Copenhagen Municipality has put up lots of bins and pissoirs in order to keep the city clean. The city also has a cleaning service with a particular effort on Friday, Saturday and Sunday mornings. In spite of this effort, citizens have complained about why the municipality does not clean up in the city and literally wash the pavements, squares, etc. in order to make it look more tidy and to remove the stench from urine and litter of broken beer bottles. ([www.cityavisen.dk](http://www.cityavisen.dk)). The mayor in responses to requests has suggested that citizens should be “educated” to clean up after themselves instead of wanting more services (ibid). A key-person interviewed from the City Administration and responsible for dealing with these complex problems (Da: Vej og Park) stated that they run campaigns especially targeted young people in order to change behaviour in night life and especially focus on how to avoid urine and broken glass in the streets (Interviewed September 6).

## Drinking in public

The youth mainly drink in drinking locations, rather than in the public. A social worker on Vesterbro for example says: “I don’t see kids on the street drinking. Perhaps in the summer-time a group may buy a crate of beer and drink it in a park. But otherwise, it is not outside that they get drunk (Interviewed June 13). A member of The Night Owls who has walked the streets of Nørrebro for many years stated: “The ones who are drunk on the street scene are around 45 to 50 years old. Drunken young people in the street are generally on the move from one place to another. They don’t hang out in order to drink like the alcoholics” (Interviewed June 16). However, young emigrants seem to be an exception. Key-persons from the Night Owl also report that they occasionally observe young emigrants drinking outside in the open after dark. The young gather in groups, and they are renowned for their moderate drinking.<sup>11</sup>

Around ten young emigrants and a few Danes are assembled on the side of the street. Some of them sit at a bench and others are standing. They drink from white plastic cups. At a distance they look reserved, but as we approach they look more forthcoming. They have been here for several hours, I’m told. I would guess they are in the early twenties. One of them approaches. He greets us and gives one of the night Owls a big hug. They talk and joke for about 10 minutes. The young man is obviously drunk. His friends call for him and the night Owl distributes some condoms and candy to the youngsters. The young emigrants drink bacardi, whisky and vodka, which is quite typical for the young emigrants on Nørrebro, one of the night Owls explains. They have the bottles of alcohol staked aside in a bag. It sounds pretty serious with all this hard liquor, but most of them actually look rather sober (Field notes when following the Night Owls)

Minors who attend “alcohol free parties” (e.g. Central Park Østerbro) are, according to a key-person from the Crime Prevention Department in Copenhagen Police seen drinking in parks or other public places in order to get drunk before they enter the “alcohol free” party (Interviewed September 6). Minors are also seen very drunk in the streets and a key-person from the Crime Prevention Council says that when they contact the parents they often do not know that their children are out drinking.

## Summary

Copenhagen is a city with a high percentage of young people. It has the most drinking venues per capita and certain areas are busy and buzzing with life on Thursday, Friday, and Saturday nights. The problems related to public space are particularly concerned with different kinds of nuisance such as:

- Noise and disquiet around drinking venues (e.g. the queuing in front of discos).
- Litter in form of broken glass, waste paper, etc.

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<sup>11</sup> Statistical figures confirm that young emigrants drink less than their ethnically Danish peers (Sundhedsprofilen 2005).

- Stenches from urine, vomit, etc.
- The behaviour of the so-called “generation fucked up” which supposedly has little respect for authorities when gathered in groups.

One aspect that has not been discussed in this chapter in relation to public space is peoples’ – and especially young peoples’ – perception of safety on nights out. It has not been possible to obtain reliable data on this subject.

## **7. Serving and selling of alcohol: problems and risks.**

In this chapter different problems and risks related to drinking alcohol whether done at home or in different kinds of drinking locations are discussed from a variety of perspectives by different key-persons. Data contained in this chapter is mainly from our interviews with key-persons, but their perceptions are placed in context with relevant literature when possible. We will especially draw on a report by Beck & Reesen (2004) on alcohol policy in Danish High Schools and a report from Jørgensen et al (2006) that evaluate the new law that prohibits alcohol sale to youth under the age of 16 years. We focus on the perceptions that present a problematic view or a concern about risk. The main problem highlighted by almost all key-persons is the serving and selling to minors.

### **Drinking places in the city: problems and risks**

High risk drinking places are in literature characterized by sales minded bartenders, cheap drink promotions, advanced advertising, sale of bottled drinks to increase serving speed, and/or discount on multiple purchases of alcohol products to increase the sale of alcohol (Bellis & Hughes 2005; Measham 2004; Tutenges 2003). In the following two different types of key-persons' perceptions of drinking venues' where these marketing strategies are presented. A representative of HORESTA says:

The high risk locations are those lacking customers. You see that in Copenhagen. When they begin hosting parties for the young it's because they are unable to attract the customer. The locations with constant cut-rate prices and double-up on alcohol, that's where the problems occur (Interviewed June 13).

These market strategies are well known to young people. They know where to find cheap drinking locations. An 18 years old woman says:

The information about the cheap bars was handed down in my high school from the old to the young. It's widely known where to find these places. We often go to one of these bars. Of course it's a lousy place with recurrent fighting and all. But the beer is cheap, really cheap. We have gone to this bar for years. They don't care whether you are 16 or 20 years – as long as you pay (Interviewed August 3).

The presented perceptions of high-risk drinking locations above are mainly related to small drinking venues. Another perception is when larger places or chains of discotheques use advertising to both get in contact with young people as well as promote a positive image of being drunk. For example, Denmark's largest chain of discotheques is notorious for the slogan: "As long as we are drunk, we are alive". In response to that a preventive worker states:

It would be a huge step forward, if discotheques stopped serving alcohol to customers who are excessively drunk. How do they act when a really drunken cus-

tomers comes up to the bar desk? Do they deny serving him? Or would they rather score his money because now he is so drunk that he is ready to pay rounds to the entire discotheque? I fear that people have to be really, really intoxicated and annoying before they are refused to buy drinks in a discotheque or a bar (Interviewed August 10).

Denmark largest discotheque chain has been accused of promoting cheap drinks via SMS to children and young people (Schmidt 2005, Håndhævelsesudvalgets Årsberetning 2005:15), for turning their personnel into brain washed vendors (Kragh & Rothenborg 1996a), for using highly efficient, cutting-edge sales techniques in order to increase customers' alcohol purchase (Tutenges 2003), and for, in a variety of ways, prompting youth to excessive drinking (see Kragh & Rothenborg 1996a, 1996b; Tutenges 2003, 2004; Balvig et al. 2005:106-108). It is therefore important to underline that high risk drinking locations cannot be characterized by its size, but by the way alcohol is served and sold in these places.

High-risk drinking locations are also characterised by serving alcohol to minors, as a recent testing made by the national newspaper "Jyllands-Posten" (JP) revealed. JP tested the alertness and law-abidingness of café workers in inner city Århus, the second biggest city in Denmark. Two minors were sent out to order alcohol and they were able to obtain drinks in 7 out of 14 cafés (Worm & Broberg 2006). Massive media critique ensued, but when JP sent out two minors one week later, and 10 out of 14 cafés served them alcohol (Lauridsen 2006). Of course, this way of testing is ethically questionable, and the test results may be misleading. An Århus café owner also attacked JP in a reader's letter and argued that in general there is no problem with serving to minors in Århus (Rieper 2006). However, JP managed to show that alcohol serving to minors is an explosive topic in Denmark, and the chief constable of police in Århus has doubled the fine for serving alcohol to minors.

In Copenhagen we have heard many different and contrasting opinions concerning alcohol sale to minors. An outreach worker from Vesterbro is pessimistic when asked if he knew about venues serving alcohol to minors: "I think basically that minors can manage to buy drinks everywhere" (Interviewed June 13). A social worker from Nørrebro figures that underage drinking takes place in private homes more than bars and discotheques:

The big problem is not drinking venues, but rather private parties. So much focus has been on drinking venues in the last years, and now only few of them serve to minors. Of course you will always find places, I mean even girls in the age of 13-14 years can sometimes look like they are more than 18 years. And you cannot criticise a bouncer or a bartender for not see through that. If they wanted to avoid mistakes they should ask everybody. That takes time and then they would lose money (Interviewed June 8).

A representative from The License Board in Copenhagen:

We don't have serious problems with serving to minors in Copenhagen. Venues lose their liquor licence if they serve to minors. They know that. If the police come for a visit and they see minors drinking, then the venue is in for it and

they're fined. If this happens several times then the venue will not get their licence renewed or the licence gets confiscated. Of course, the police pass judgments on each specific case whether, for instance, the minors look much older than they actually are (interviewed August 3).

In relation to this it is important to notice, that the majority of cases brought to the Committee of Application are related to selling, marketing, and serving of youth or minors (see Håndhævelsesudvalgets Årsrapport 2005, 2004, 2003). Here people like the Consumers' Advisory Council or Abstinence Organisations complain about using SMS services in marketing that cannot differentiate between youth and minors, marketing RTD drinks too much as soft drinks, or vending places being aggressive in their marketing.

### **Retail: problems and risks**

When discussing the problems pertaining to alcohol serving, the focus tends to be on traditional vending locations such as bars and discotheques. These locations and their serving and selling techniques are subject to constant debate and critique as shown above. However, as a representative of HORESTA made clear in an interview, the focus ought to be widened. We must not forget about the supermarkets and many kiosks where alcohol is being sold in increasing quantities.

The police tell us that the sale of Barcadi Breezers has gone up in kiosks like Seven Eleven. It is not the traditional supermarket that is the problem. It is the kiosks. Getting caught serving alcohol to minors in vending locations like a bar will give you a bad mark. And these marks are now public in a License Database. If kiosk owners get caught in selling to minors they get fined 500 or 1000 DKK. And in a kiosk you can be a minor and still work there, which is not the case in a restaurant or a bar (Interviewed July 13).

This critique of kiosks finds support in a recent investigation made by a group of journalists from the national newspaper B.T. The journalists sent out a 13 year old girl and a 15 year old boy to 10 different kiosks and supermarkets in Copenhagen. The girl and the boy both attempted to buy liquor and they succeeded 19 out of 20 times. The journalists conclude: "Since 2004 one has to be 16 to buy alcohol legally in supermarkets and kiosks. Before it was 15 years. The legal tightening has proven no effect" (Petersen & Krefeld June 19 2006). Like JP, the testing by B.T. caused a stir in Danish media. Other newspapers as well as television news broadcasted the findings. In contrast to the media stir, however, is findings from an in-depth evaluation of the law on alcohol and tobacco sale, which concludes:

In general, the evaluation shows that the purchase of alcohol among 15 year olds has decreased after the coming into force of the new age limit, whereas the consumption of alcohol among 13 to 16 year olds has been more or less unchanging (Jørgensen et al. 2006:17).

One reason given in the report for this apparent paradox is that parents have become more willing to supply alcohol to their children. After the new law:

One fourth of 15 years old boys have been given alcohol by their parents during the last 30 days, and one third of the girls have been given alcohol. This indicates that parents, by giving alcohol to their children, to some extent have compensated for the new age limits' constraint of the young people's possibility of buying alcohol (Jørgensen et al. 2006:17-18).

Testing by newspapers on selling and serving to minors can cause a stir in media although placing the reliability of these results is questionable when placed in context with other sources of knowledge and information. This does not mean that selling and serving to minors is not taking place, merely that it is it is easy to get the publics' attention on this matter.

### **Private homes: problems and risks**

Private homes are an important drinking location for minors. Many parents agree that their teenagers drink at home together with their peers or when having a party and set up only a few rules about drinking. Hence private homes are attractive as drinking locations also because they allow for intake of cheap alcohol bought in retail. It is especially the youngest that tend to drink in private homes. A social worker from Vesterbro explains:

As for minors under 15 years of age, I would say that they do the drinking of alcohol at home. Here it is typically a group of boys and girls who want to get it going. They bring together peers that they already know (Interviewed June 13).

That parents let their teenagers drink at home is related to the saying that it is better young people drink in safe and supervised surroundings than in the city. However, as discussed above, many parents do not have rules and agreements with their teenagers about drinking alcohol.

Private home parties is not only held by minors at their parents homes, but many birthdays, graduations, New Year evenings and other big celebrations are held at the homes of young people. These might be apartments shared by 3 or 4 young people, student dormitories, etc. One much talked about problem at such private parties is "gatecrashers" – uninvited people who force their way into a party. These uninvited guests may never have even met the one of the people hosting the party and they are notorious for showing little respect for furniture or the other guests. The media often bring stories about teenage parties that ended in fighting and chaos because of gatecrashers. The spread of cell phones has most certainly fuelled the gatecrasher problem in Copenhagen. Today, rumours of parties can spread all over town within seconds. The gatecrasher problem is of much concern both for adults and youth (see Jørgensen et al. forthcoming).

### **Educational institutions: problems and risks**

In Denmark, educational institutions (high schools, teachers' college, universities, etc.) are by no means free of alcohol. In many of these institutions the students have themselves arranged Thursday or Friday Cafés where alcohol is consumed, usually organised by a student organisation. Study tours and introductory week or trips (called "rusuge" or "rustur") are also often associated with drinking alcohol. However, certain high schools have alcohol-free



introductory trips and, quite interestingly, students fully accept this system as shown by Beck & Resen (2004). Teachers occasionally participate in the festivities, such as Christmas or Summer Parties celebrating the end of a school. A preventive worker from Frederiksberg is critical towards this liberal alcohol policy:

It's problematic that high schools need to appear attractive to the young by hosting good parties. Alcohol is served in the afternoon at Thursday or Friday bars. I mean, couldn't we change this entire concept (Interviewed August 10).

It should be highlighted, that bars and parties at educational institutions must obtain an "occasional license" by the Municipal License Board in order to be legally run. If no license has been obtained the police can close a bar or a party. The director of a chain of discotheques highlights some problems that may arise when educational institutions host parties:

In discotheques we have a wide array of requirements that we have to live up to. Demands we have to fulfil before we can serve alcohol. The same requirements do not exist in the educational institutions. Take for instance security. In our places, we have certified security staff taking care of the situations that may arise with people who are either too drunk or too loaded on drugs. You don't have that in the educational institutions. Furthermore, these establishments rarely or never have the required emergency exits to deal with all those people. That's really critical and, by the way, these practices really distort the competition with the discotheques (Interviewed August 3).

A representative of HORESTA echoes this criticism and claims that excessive drinking in Denmark tends to take place in areas without the kind of surveillance and control that can be found in most discotheques. "Where do the young get really drunk? Down in the boat club and in the local high school!" (Interviewed June 13).

Beck & Reesen (2004) have studied party culture in Danish high schools on the basis of a survey made in four high schools. The results show that students in class with hangovers or alcohol in their blood is a problem, especially on Friday mornings. Educational institutions are becoming increasingly aware of this problem. The majority of students are actually against alcohol use taking place during school hours, and they wouldn't mind if high schools had a more strict alcohol policy. The problem seems to be, that small groups of students develop their own alternative drinking norms, and both teachers and the high school management have a tendency not to take any action against such groups (ibid: 77). What could be viewed as a *laissez-faire* kind of attitude in certain educational institutions could also, according to Beck & Reesen, be explained with the fact that many teachers in Danish high schools are between 50 and 60 years old. They were young in the 1960s and 1970s when the anti-authoritarian rebellion and the fight against authorities was taking place. They are not interested in providing too many constraints on the student (ibid:108).

## Different perceptions on alcohol and violence

Several of our key-persons as well as a number of published studies see a causal relation between alcohol and violence, in the form of aggression, fighting, verbal abuse, sexual abuse, etc. One of our key-persons, a representative of a security business, puts it this way: “When people drink they lose their self-restraints. They act like primitives, morality is peeled off and out comes the Neanderthal who is lurking beneath the surface (Interviewed August 1). The law demanding a 2 weeks course for doormen was also a result of too many cases where doormen get into fighting (see Chapter 4). Another key-person, a doorman agrees: “Most of the people who cause trouble are drunk. People who are too drunk should not be admitted inside a drinking venue. Drunken people cannot control themselves (Interviewed August 1). Also from a social worker’s perspective the same perception was supported. An outreach social worker from Nørrebro says:

What worries me most about alcohol is the violence. Alcohol is a catalyst of violence. And it becomes worse and worse. More and more use it as a mean of getting aggression out. They get drunk and then someone gets beaten up. It is a risky environment to be involved in, the alcohol environment (Interviewed June 8).

Also many young people themselves see alcohol has having degrading and brutalizing effects. Young people between 16 and 24 years use words about them selves when drunk as “stupid”, “retarded”, and “loosing control of your rational thinking and ability to hold back”, according Tutenges (2004). Young men do get into fights and violent situations when they are out in the nightlife (Jørgensen et al., in press).

On the other hand, the director of a chain of discotheques does not see alcohol, but drugs, as the cause of problems in nightlife (Interviewed August 3). And an employee at a security service has the impression that troublemakers are mainly people who consume both alcohol and drugs: “The people who cause us most problems are the ones mixing alcohol and drugs, people who pour down their drugs with two bottles of vodka” (Interviewed August 1). Many drug users themselves, however, see not drugs but alcohol as the cause of problems and violence (Sørensen 2004).

According to one of our key-informants from the Crime Prevention Department in Copenhagen Police it is especially a small group of young second generation immigrants that are involved in violent situations, for example in front of discotheques (i.e. when they are refused admittance), in public squares, and on the main shopping street. The second generations immigrants are seldom drunk, they might have been drinking moderately, but the ones they get into fights with are often drunken young Danes (Interviewed September 6).

## Summary

This chapter has outlined some of the different perceptions of problems and risks related to drinking alcohol such as drinking venues, at home, in educational institutions, etc. Some of the problems and risks are perceived to relate to selling and serving practices, for example:

- Selling and serving to minors
- Serving to excessively drunken people

- Cheap alcohol promotions like double-up, triple-up or “drink as much as you can”
- Marketing by drinking venues that promotes positive images of being drunk.

All these issues should be seen in relation to the alcohol laws and regulations as described in Chapter 4, and how these laws and regulations can be implemented in practice. The problems and risks focused on here are related to manpower policy in the drinking venues as well as marketing ethics. Harm reducing interventions relating to this area of problems and risks must involve the owners of the drinking venues. One form of intervention could be focusing on responsible serving practices. In general courses in responsible serving practices are not implemented in Denmark. Courses like this could be developed in co-operation between the public authorities (e.g. the License Board), the drinking venues, and the trade organisation. Interventions in relation to lower cheap alcohol promotions and inappropriate, but not illegal, slogans could be based on a co-operation between public authorities (e.g. the License Board), the drinking venues, and the trade organisation.

Another area, which is perceived as an area of problems and risks, is the low involvement of parents in their teenagers’ alcohol consumption. In Chapter 5 research results showed that parent involvement has an influence on teenagers’ drinking habits. Interventions that focus on involving parents more in their teenagers’ alcohol habits are needed.

As the statistics showed in Chapter 3, young people were only seldom involved in violent situations, and that the more people consume, the more often they get into violent situations. Whether it is drugs or alcohol that causes the problem is unclear. However, a reduction of binge drinking in general could lead to a reduction in violent situations.

## 8. Prevention initiatives towards youth in Copenhagen

A lot of alcohol preventive initiatives are implemented or available in Copenhagen targeting young people. Contrary to the treatment system, where only a few initiatives recently have been launched. The prevention initiatives can be targeted more broadly towards young people, or to specific age groups such as being more specifically to young people between 11 – 15 years of age or already marginalized groups.

First is outlined the most important public bodies that carry out preventive work in Copenhagen or produce preventive material targeting young people that is available in Copenhagen. The findings are mainly based on interviews with key-persons. Then different types of prevention initiatives are presented including: educational material, lectures, outreach work, engaging drinking venues, and guidance and therapy. The different categories are used to appraise what kind of prevention initiatives exist in Copenhagen. Specific examples are used to illustrate what these categories entail and how they are developed. In Appendix 2 we present a list of all – that are known to us – prevention initiatives present in Copenhagen, both public and private. Finally the treatment services for youth below 25 years of age are introduced. This section is based on a research project carried out by Centre for Alcohol and Drug Research (Vind & Finke 2006).

### The organisation of preventive work in Copenhagen.

In Copenhagen Municipality preventive work is organised in different bodies:

- *Social Centres*: The eight social centres in Copenhagen organise and offer preventive initiatives like outreach work targeting children and young people. Besides socially marginalized children and young people the social centres also covers areas like homelessness, drug addiction, seniors, housing, home care, etc. ([www.kk.dk](http://www.kk.dk))
- *Public Health Copenhagen* (Da: Folkesundhed København). Public Health Copenhagen is part of Copenhagen Municipality's Health Service (Da: Københavns Kommunes Sundhedsforvaltning). Its task is to improve health conditions of Copenhagen citizens in general. They run projects targeting different groups (children and youth, adults, seniors) in order to promote exercise, healthy food, non smoking, moderate drinking, etc. (<http://www2.kk.dk/folkesundhed/pegasus.nsf/url/forside>)
- *SSP (School, Social Service, and Police)*: The SSP is a co-operation between different sectors within the municipal structure. SSP task is to prevent crime among children and young people. There are 15 SSP committees in Copenhagen where 270 SSP workers are employed to initiate crime prevention work. The experiences from the individual SSP workers are gathered in Copenhagen's information and experience centre (Da: Københavns videns- og erfaringscenter). ([www.ssp.kk.dk](http://www.ssp.kk.dk))
- *Crime Preventive Department Copenhagen Police* (Da: Københavns politis kriminalpræventive afdeling). The department's job is to focus on crime prevention.

On a national level the National Board of Health distribute prevention policies and initiatives related to alcohol consumption.

- *National Board of Health* (Da: Sundhedsstyrelsen). The body has a lot of different tasks related to health issues. In relation to alcohol, one is to monitor treatment of alcohol related illnesses, initiate national surveys on alcohol related issues, gather information on different issues related to alcohol, inform about alcohol political issues ([www.sst.dk](http://www.sst.dk)).

Another national organisation that informs and works within prevention is the Danish Crime Prevention Council.

- *The Danish Crime Prevention Council* (Da: Det Kriminalpræventive Råd). The council was formed in 1971 as a reaction against the drastic increase of crime that took place during the 1960s. About 40 different private and public organisations are the behind the council, which aim is to prevent crime ([www.crimprev.dk](http://www.crimprev.dk)).

There are also several private organisations that work with prevention and young people. Some of them work directly to inform about alcohol and produce prevention material like GODA (Eng. Association of Sensible Alcohol Attitudes). Others like The Night Owls (Da: Natteravnene) target more widely and their aim is to promote a secure nightlife for young people. Others like The Danish Road Safety Council (Da: Rådet for Større Færdselssikkerhed) specifically target drink driving.

## Different kinds of prevention initiatives

The following section is a presentation of different types of prevention initiatives categorised as educational material, lectures, out reach work, engaging drinking venues, and guidance and therapy. The categories are used in the summary to appraise what kind of prevention projects is present in Copenhagen. For a detailed description of ongoing alcohol preventive projects in Copenhagen, see Appendix 2.

### Education material

A multitude of education material about alcohol is produced every year, ranging from radio, television and cinema spots to books, folders and homepages. Some of the material is targeting the adult population most notably parents and educators, but most of the material is aimed at children and young people. Many types of material are, for instance, sent out to Danish primary schools where alcohol and drug prevention is obligatory. Teachers use the material in class in order to inform and discuss alcohol use.

Alcohol education via the internet is an emergent type of prevention. One example is the publicly financed [www.netstof.dk](http://www.netstof.dk) featuring an extensive lexicon about intoxicants, a chat-room where youths can discuss their experiences with intoxicants, and a forum where youths can address personal questions via email with professional adults such as a police officer and a psychologist. Most internet sites that inform about intoxicants focus on illegal drugs rather than alcohol in spite of the fact that alcohol is the cause of far more physical and mental harm than illegal drugs. However, one of the key persons from Frederiksberg Municipality explained in an interview that internet sites such as [www.netstof.dk](http://www.netstof.dk) will put

more focus on alcohol in the future (Interviewed August 10). Contemporary youth often employ the internet when they search for information.<sup>12</sup>

An example of another type of education material is the campaign “Drop it”. This multifaceted campaign is carried out by the Danish Road Safety Council and it consists of: three movie segments portraying the chaos in the seconds after a car accident, radio segments with the soundtrack from the movie segments, posters, an internet site ([www.dropdet.nu](http://www.dropdet.nu)), and local campaigns in the entire country. The intervention is supposed to provoke nationwide reflection and debate about irresponsible driving including drink driving.

The quality of contemporary education material is variable. Some of the material is inspired by old fashion prevention techniques such as “scaremongering” – a debatable mode of prevention that puts all emphasis on the dangers of intoxication in order to scare people away from alcohol and drug use. Other materials are less normative and may for instance explain the biological effects and side effects of alcohol and drugs. Many alcohol and drug specialists have emphasised the importance of providing the population with valid and easily accessible information about alcohol. Bad education material can be counterproductive and may serve to worsen rather than reduce alcohol problems.

## Lectures

Educators specialised in intoxicants give lectures both to youths and adults. Some lecturers (e.g. former abusers) give personal accounts about their use of intoxicants in order to point out some of the pitfalls that alcohol and drugs may lead to. Other lectures (e.g. SSP workers or policemen) explain about the physical side effects of intoxicants and they may show samples of different illegal substances. Teachers are often free to decide which lecturers they want to invite to their classes and therefore the focus of the lectures can be variable.

Certain lectures are aimed at parents. An example of this is the project “*A Teenager in the family*”, a project carried out in a co-operation between Public Health Copenhagen and the SSP. SSP instructors arrange meetings, primarily for parents, where they teach about intoxicants, risk behaviour and the world of teenagers. The instructors also present methods to improve the interaction between parents as a group and between parents and children.

Lectures may also be aimed at professionals such as educators, police and bartenders in order to provide them with efficient tools to minimise the harms associated with alcohol and drug use. It is not easy to handle alcohol and drug problems in youth, and it is crucial that professional adults who, in their everyday work, meet young drinkers have skills to do so.

Communication between generations can be difficult, and it has been advocated by some that young people themselves should conduct preventive work among other youths. An example of this kind of “peer education” is the program called “*Intoxicant guides: young to younger*” which is organised by Public Health Copenhagen. Part of this project is to send out trained students into schools to inform and raise discussions about intoxicants. The intention is that youths are more open when speaking with educators their own age.

The basis for good lectures about intoxicants and the risks of alcohol use cannot only be good intentions and common sense. It demands training to get through to the young with effective alcohol preventive messages.

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<sup>12</sup> [www.netstof.dk](http://www.netstof.dk) had no less than 30.000 visits from 12.000 different computers in January 2006 (Tutenges 2006a).

## **Outreach work**

A number of public and private organisations have employees who seek out youths in order to prevent them from committing crimes, take drugs or drink excessively. One such organisation is the police. Police officers often encounter drunken youths in the streets of Copenhagen. Interaction may take place, for instance, if the young cause trouble or if they are under age. Sometimes the police contact the parents of under age drinkers in order to warn them and encourage them to take more responsibility for the well-being of their children.

The Night Owls (Da: Natteravnene) is an example of a private organisation that conducts outreach work. The organisation is based on the work of volunteers who are willing to spend nights outside in the streets in order to ensure security and peace of mind. Local teams wearing yellow jackets walk around at night and hand out condoms, candy and advice to people who are interested. The Night Owls are primarily concerned about the safety of children and young people.

Outreach workers have the possibility of getting into contact with youths who have little or no contact with professional adults. An important task for outreach workers is to initiate a relationship with troubled young people, obtain their trust and eventually refer the young to other agents such as psychologists or youth clubs. Outreach workers may also conduct effective alcohol preventive work even during brief encounters out in the field. A simple technique such as “the motivational conversation” is for instance effective when it comes to reducing risk behaviour among youth.

## **Engaging drinking venues**

Laws and regulations in relation to alcohol include the prohibition to serve alcohol to minors and to persons who with additional serving of alcohol could be of danger to themselves or danger or nuisance to others. Public Health Copenhagen has launched the project: *Regulating the physical availability of alcohol*. It seeks to regulate the availability of alcohol for instance by encouraging those responsible for serving and by locating drinking venues and retail shops that serve alcohol to minors. The project is more a mapping out of the problems than a regular intervention. Developments of these kinds of project can be highly effective. However, it requires a close cooperation between public institutions, nightlife patrons and bartenders. It also requires that alcohol sellers take more responsibility for their behaviour – i.e. they must refrain from serving alcohol to minors and excessively drunken persons, as well as stop promoting excessive drinking.

## **Guidance and therapy**

Youths who need help with alcohol related problems can get guidance and eventually therapy from a number of different public and private institutions. One institution in Copenhagen is the Alcohol Unit, a subdivision of one of the major hospitals in Copenhagen, Hvidovre Hospital. The aim of the Alcohol Unit is to provide help for children who grow up in families with alcohol abuse. The children are offered support and group therapy. Therapists also seek to influence alcohol-abusing parents in a way so that their children will suffer less. Youths can also obtain advice and guidance via telephone services such as “The Blue Line” (Da: Den blå linje) and “The Alco Line” (Da: alkolinjen). These privately organised telephone services offer anonymous counselling both to alcohol abusers themselves and to

friends and relatives of abusers. The internet hosts several sites that offer anonymous guidance to people with alcohol problems. An example is [www.netstof.dk](http://www.netstof.dk) which hosts a correspondence column where youths via email can ask questions about intoxicants.

It is well known that youth who come from families with alcohol abuse are at increased risk of being problem drinkers themselves. It is therefore important to offer guidance and treatment both to young people with personal drinking problems and to young people coming from families with drinking problems.

### **Treatment of young people under 25 years for substance abuse<sup>13</sup>**

In Denmark, youth with substance abuse problems are legally divided into 2 groups: those under 18 years and those over 18 years old. This division is also reflected in the way the services are structured. It is a municipal responsibility to offer treatment for substance abuse to young people under 18 years. The counties, on the other hand, are responsible for treatment of substance abuse for above 18 years. Youth between 18 to 25 years are according to the law referred to adult services. However, the majority of both outpatient and residential treatment services to adults were not suited to youth, who in order to treat their substance abuse problem required more than counselling. In 2005, according to the law it was necessary to establish special outpatient services for those youth that required a comprehensive intervention. In a few places, such as Copenhagen, initiatives like these were at that time already implemented. By 2006, outpatient services for youth were established in all Danish counties and large cities.

In contrast to adult services, where services are equally divided into either alcohol or drug services, services for youth cover all forms of substance abuse. Often there is a specific focus on drug abuse since it is this group and not those with alcohol abuse that seek services. Youth can access services by directly referring themselves to a particular treatment service. Alternatively many youth come into contact with services because social workers, teachers or parents suspect the child may have a drug problem.

#### **Out-patient treatment for young people under 25 in Copenhagen**

Youth with substance abuse problems that do not require residential treatment but are more suited to outpatient (drug free) treatment offers can access help from four different outpatient services in Copenhagen

- *U-turn*: a treatment service that accepts all youth under the age of 25 year and can treat up to 36 clients at a given time. In 2005 roughly 50 youth under 18 and 50 youth aged between 18 and 25 were treated.
- *The Drug Navigators*: is an independent department under Copenhagen Municipality's treatment services for drug abusers, and accepts all youth under the age of 25. The Drug Navigators has a capacity for 55 clients and in 2005 treated 36 youth under 18 years of age and 101 youth between the ages of 18 and 25. Concurrently the municipality's adult services treated 3 youth under 18 and 39 youth aged between 18 and 25 years of age.

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<sup>13</sup> The following section is based on a report by Vind & Finke (2006).



- *Drug advice* (Da.: Stofrådgivningen) is a private initiative. Drug Advice primarily treats youth that refer themselves directly to the service. Drug Advice hasn't a fixed capacity but in 2005 treated 22 youth under 18 and 57 youth aged between 18 and 25.

Consequently in 2005, 120 youth under the age of 18 years and 280 youth aged between 18 and 25 received outpatient treatment. Over and above this total, was there an unknown number of youth under 18 years that received residential treatment. Outpatient treatment services often take place in the institutions. Both Copenhagen Municipality and Copenhagen County work in close collaboration with outreach workers and SPP workers who continuously bring youth into contact with treatment services.

It is typical for treatment services for youth, not only in Copenhagen but also in the rest of Denmark, to take a holistic approach, where one examines and treats not only the substance abuse problem but also concurrently addresses other problems such as mental health, housing, social contact and education. Treatment providers often take the role of case manager, and seek to ensure that treatment services are co-ordinated with other relevant parties (e.g. municipal case worker). It is also characteristic in all treatment services that one focuses on the relationship between the youth and the treatment provider. Extensive experience shows that youth quickly dropout of treatment if this relationship is not established. Treatment providers carry out treatment taking the clients perspective, wishes and understanding of the situation into consideration. They spend a long time talking with the youth about other themes than substance abuse and avoid making direct demands that the individual should reduce or cease his/her substance abuse when the issue of abuse is initially discussed. Service providers are also conscious not to stigmatise the youth by overly focusing on substance abuse. Rather they examine substance abuse within the context of youth culture and make themselves available to youth in providing support and advice to a common problem amongst youth (Vind & Finke 2006).

## Summary

Several issues can be raised when it comes to alcohol prevention. In the following section issues are raised in relation to the different categories of prevention work. An appraisal of how the categories are present in preventive work in Copenhagen is also included

*Educational material.* A lot of the preventive projects listed in Appendix Two concern educational material or contain educational material. In relation to educational material it is important to underline:

- Most internet based education about intoxicants focus on drugs rather than alcohol in spite of the fact that alcohol causes more harm than drugs.
- Alcohol preventive messages should be couched in a language that the young can understand and relate to young peoples' perception and communication of risks (see also Chapter 5). Bad alcohol prevention can be counterproductive and may serve to maximise rather than minimise alcohol problems.
- Much (and perhaps too much?) preventive work is in the form of written material.

*Lectures.* Many of the preventive projects listed in Appendix Two offer lectures to school classes, parents, or professionals. In relation to this it is important to notice that:

- Relatively few lectures are aimed at professionals and parents.
- A focus on what the lectures contain and if young people can relate to that kind of information.

*Outreach work.* Only a few projects listed in Appendix Two engage in outreach work. This kind of preventive work is expensive (if not performed by volunteers). In relation to outreach work it is important to highlight:

- Outreach work gives access to marginalized youths who, otherwise, tend not to talk with adults about alcohol. It is crucial that outreach workers are taught how to deal with youths with alcohol and drug problems.
- Qualifications such as knowledge about youth culture, communication strategies, and establishment of relationships with youth is important. Constructive relations as an important strategy for keeping young people engaged in treatment are also stressed by counsellors in the treatment sector.

*Engaging drinking venues.* Only one project out of all the prevention projects listed in Appendix Two engage the drinking venues. Therefore, it is important to highlight:

- More preventive work performed at the drinking venues should be encouraged, such as responsible serving practices (see also Chapter 3 and 4). In general there are too few prevention strategies that focus on and co-operate with alcohol sellers in order to address the issues of serving alcohol to minors or excessively drunken persons, and avoiding the promotion of excessive drinking.

In general it can be said that most of the preventive projects are aimed at young people. A few projects focus on parents and professionals. In relation to parents, more preventive work could be done (see also Chapter 5). In relation to professionals, more education or further training is important, in order to reach the young with comprehensive messages about substances. Scare campaigns and overly scientific approaches do not work, since the young people have their own experiences with substances and tend to rely on them.

## Conclusion and Perspectives

In the following we try to piece together the information gathered in the report focusing on what we think are the main areas where new interventions would be welcomed as well as how current interventions could be enhanced. We do not here present the conclusions from each Chapter. For that we refer to the Summary section at the end of each Chapter. However, it should be noted that:

- Danish youth have a very early onset of drinking, they drink a lot compared to youth in other European countries
- Binge drinking increases the problems experienced in relation to drinking.

Nearly all the major issues in the report also focus on a decrease in consumption, a later onset of drinking, and a reduction of binge drinking.

### Different levels of interventions

Harm reduction interventions in the field of alcohol can be aimed at different stakeholders in the field on a structural, community, and/or an individual level.

The *structural level* is for example the laws and regulations related to alcohol as we saw in Chapter 4. According to Larimer et al's (1998) definition Denmark can be characterised as having an alcohol harm reduction policy. The different key persons mainly not call for new or stricter laws and regulations. Rather they advocate that the current laws and regulations are enforced. Alcohol policy is not only structured by laws and regulations, but also by view on and access to treatment and prevention. Denmark does not have a separate national policy on alcohol. Such a plan is included in the Government's Public Health Programme. A local alcohol political action plan has been formulated in Copenhagen.

The *community level* can be characterised by the way prevention initiatives are organised in the municipality (SSP co-operation, municipal prevention and out reach workers, compulsory teaching in primary school about alcohol use, etc.), what kind of different (private) organisations that participate in community prevention work, as well as the role of parents as a group. We have seen in Chapter 8 and 9 that different stakeholders are either absent or not very visible in community prevention work and that for example a more active and visible role from parents have a positive effect on young peoples drinking habits. It has also been underlined that the efficacy of community prevention work relies on both the skills of the professionals as well as an understanding of youth culture.

The *individual level* is mainly understood here as the youth, but not only as individuals also as youth culture, i.e. the norms and values that characterise social settings where young people drink together.

The *different stakeholders* includes: the alcohol industry, trade organisations, drinking venue owners, politicians and policy makers, outreach workers, preventive workers, the police, the SSP co-operation (School, Social service and Police), parents, and young people.

In the following we take as a point of departure the laws and regulations present in Denmark as well as the way alcohol prevention is publicly organised. Ideas for new interventions as well as enhancement of current interventions are framed by how the structural and organisational situation is in Copenhagen at present. We follow the differentiation between structural, community and individual level and point at what different stakeholders could be involved in the interventions.

## **Laws and regulations**

The *structural level* refers to the laws and regulations concerning marketing, selling, and serving of alcohol as well as different forms of alcohol political action plans.

In relation to laws and regulations three issues have been underlined in the report that we will emphasize here: One is to avoid aggressive marketing of alcohol; the other is to enhance responsible serving practices in drinking venues; and the third is to avoid minors buying alcohol in retail stores. All three issues are mainly aimed at preventing minors from buying alcohol, serving to excessively drunk people, avoid binge drinking, and avoid drinking being portrayed as something “cool”. In the Chapters of the report different kinds of interventions have been suggested in order to target these three issues:

- *Courses in responsible serving practices.* In general courses in responsible serving practices are not implemented in Denmark. Courses like that could for example be developed in co-operation between the public authorities (e.g. the License Board), the drinking venues, and the trade organisations. The content of the course could be debated and developed in co-operation between the mentioned stakeholders. HORESTA are currently working on a training programme in responsible serving. Inspiration can also be obtained on a Nordic level where responsible serving practices has come on the agenda. NAD (Nordic Council on Alcohol and Drug) organises a seminar on the topic in the beginning of 2007 where experiences can be exchanged.
- *Request for use of id-cards.* The report shows that minors’ consumption of alcohol has not decreased since the minimum age was raised from 15 to 16 years. One of the explanations given for this lack of significant changes in the statistics was that parents buy alcohol for their children. However, selling to minors is of huge concern to many stakeholders and one intervention could be to require young people to use id-cards (issued by the municipality) when buying alcohol to explore whether this would have an effect or not. The intervention form must include at least public authorities and retail shops.
- *Reduce aggressive marketing of alcohol I.* The reduction of aggressive marketing refers here to both a reduction of cheap alcohol promotions and inappropriate, but not

illegal, slogans used by drinking venues where alcohol consumption is portrayed as “cool”. We are aware that interventions in this area also intervene with the profit of drinking venues and maybe also their financial survival. The importance of interventions in this area is, however, to reduce binge drinking. Copenhagen municipality plans to reduce the number of drinking venues in Copenhagen and spread them in order to avoid “hot spots”. Both many drinking venues as well as hot spots are well known to create a hard competition between drinking venues. Interventions could include a co-operation between public authorities, drinking venues, the trade organisation and youth in order to reduce binge drinking. This is probably one of the intervention forms that requires other forms of interventions as well, for example courses in responsible serving practices or interventions focusing on youth culture and drinking habits (see below).

- *Reduce aggressive marketing of alcohol II.* Reduction of aggressive marketing of alcohol also applies to the industry and the marketing of their products. The industry must subject their marketing to the Danish laws and regulations on marketing, including special regulations when it comes to children and young people. Many industries also have their own marketing ethics. However, the statistics show that consumption of RTD drinks is popular among the youngest (11 – 16 years), that the taste for these decreases when people turn 18, and that since the RTD drinks were launched in the late 1990s consumption of these products among minors have increased. Also there has been a lot of critique of the way RTD drinks has been marketed. A harm reducing intervention would be for the industry to market these products so that they appeal less to minors.<sup>14</sup>

## Community level interventions

The *community level* includes prevention initiatives organised in the municipality, different (private as well as other public) organisations that participate in community prevention work, as well as the role of parents as a group. In relation to this level, three issues have been underlined in the report that we will emphasize here: One is to involve parents more in prevention work; another is to train professionals in the field about youth culture and alcohol; a third is to focus more on alcohol and less on drugs, for example on internet-sites. These issues are all related to avoidance of binge drinking, underage drinking, as well as to take seriously that Danish youth tend to focus on the positive effects of alcohol (relaxation, fun, etc.) and down play negative experiences even though problems in relation to drinking alcohol is widespread.

- *Engaging parents.* Research shows that many young people do not have any arrangements with their parents concerning alcohol. Research, however, also shows

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<sup>14</sup> Some stakeholders have pointed out that the present self-regulation by the Committee of Application (Da. Håndhævelsesudvalget) lacks the authority to sanction violations of marketing ethics as violation of laws. However, we have as with the laws and regulations taken this way of organising marketing ethics as a point of departure for suggesting interventions.

that parents can influence their children's alcohol use so that binge drinking is decreased. This can be done through rules on e.g. when to come home and how much (if at all) the young can drink. Different kinds of interventions could involve parents more. One kind could be to make "contracts between parents" in order for all children in the same class, for example, to have to obey to the same rules when they attend parties, whether they are private or public. These "contracts" are developing in different areas and an intervention like this could hence draw on other parents' experiences. Alcohol policies in schools are developing in Denmark and parents could also take a more active part in developing these policies. In general, however, initiatives where parents are involved could with advantage be made in co-operation with – of course – their children as well as professionals like teachers, municipal preventive workers, etc. An important point to make is that these contracts take – as a point of departure - children and young peoples' life world and takes their perspectives into account (see also below).

- *Training of professionals.* In Chapter 8 we saw that different kinds of professionals are involved in alcohol prevention work, in both public and private organisations. They perform prevention as out reach work as well as lectures on alcohol consumption and related problems to school classes. The efficacy of prevention is, however, related to whether the professionals are able to create a constructive relationship with young people as well as form comprehensible alcohol preventive messages. In order to get in touch with young people and catch their attention it is important that professionals understand young peoples' life world and the norms and values related to their consumption of alcohol. Also to take into account – what research shows – that young people have different forms of harm reducing strategies and they calculate their risks. Development of training programmes for professionals must be seen as an enhancement of current interventions since most professionals already have experiences. It was not possible as part of the report to investigate what kind of training is already offered to preventive workers in Copenhagen and it might be that enhancement of training would be wise to do in co-operation with an external partner e.g. CVU (Centre for more Advances Studies). However, developing this kind of training should be based both on new research (in order to differentiate knowledge about youth and alcohol from personal impressions or media focused problems), on knowledge of different methods (e.g. conflict solution, motivational interviewing), and last but not least the experiences that SSP workers, municipal preventive workers, police, and private organisations already have in the field.
- *More focus on alcohol.* Young people use the internet a lot, also when it comes to seeking information about drugs and alcohol. The internet-sites aimed at youth and substances described in Appendix Two all focus more on drugs than on alcohol. A better internet-site on alcohol aimed at young people would be welcomed. One of the characteristics of Danish youth is that they down play negative experiences even though research shows that problems in relation to drinking alcohol are widespread. An internet-site could both display some of the research results on alcohol and youth

that are available in language understood by young people, a chat room, etc. Information couched in a language of morality or scare-mongering or too scientific approaches do not work, since the young people have their own experiences with substances and rely on them. Such an initiative could very well enhance an already existing internet-site.

### **Individual level interventions**

The *individual level* is mainly understood here as the youth. In relation to this level, several issues have been underlined in the report that we will emphasize here: One is that young people rely on their own experiences with substances; that most prevention projects are written material; that gender is underplayed in prevention material; that young people both calculate risks and have their own harm reducing strategies; and that young people exaggerate how much alcohol they as well as their peers consume.

There are already a lot of projects offering prevention to youth. The experience is that even though prevention initiatives targeting youth have been part of Danish alcohol policy for many years, the effects are not overwhelming. Statistics still show that Danish youth drink a lot and that the age of onset of drinking is rather low. Taking a point of departure in what role alcohol is actually playing in youth culture and what kind of perceptions are widespread in youth culture related to alcohol seem to be important for future prevention intervention. In general can be said about the different suggestions for interventions that young people should be involved in the development of new interventions.

- *Young people's own experiences with substances.* Research shows that prevention materials modelled as scare campaigns, as recommendations for abstinence, and/or couched in a scientific language (for example how substances influences bio-chemic processes in the body) do not work, since young people have their own experiences with substances and rely on these experiences. An intervention could be to develop prevention material taking into account young peoples own experiences with alcohol, linking this also to the next issue:
- *Other prevention strategies than written material.* In Appendix Two a large bulk of the prevention projects rely on written material. If more written alcohol prevention material is produced it should be in a language that young people use and understand. However, prevention material using other kinds of media (internet, video, games, etc.) or involving young people in other ways than sitting in a classroom listening and discussing alcohol issues and problems should be welcomed.
- *Gendered interventions.* It seems like most of the prevention projects focus on age groups and they are developed to be used in school classes. Research show that alcohol consumption and youth culture are gendered, that consuming alcohol means different things to boys and girls. Prevention or harm reducing interventions that take gender into account are hence also welcomed.

- *“Exaggeration”*. Young people exaggerate how much they drink. They have the impression that their peers drink more than they actually do. A prevention project taking a point of departure in this “common misrepresentation” is being set up by Centre for Social Bearing (Da: Videncenter for Social Pejling). This centre will allegedly commence its activities on the 1<sup>st</sup> of November 2006. Behind it are The Faculty of Law at Copenhagen University and Tryg Fonden, a private insurance company. The aim is to develop, gather and disseminate knowledge about a method called Social Bearing (Da: Social Pejling), which is supposed to minimize risk behaviour. The method corresponds more or less to what Anglophones call “Social Norms Marketing” or “Social Norms Approach” and in Denmark it has been tested and advocated in the Ringsted Project. For more information see: [www.socialspejling.dk](http://www.socialspejling.dk) Focusing on this aspect is hence being developed in Copenhagen by another organisation.
- *Reducing risks*. Many young people experience different kinds of problems related to drinking alcohol. The statistics also show that binge drinking causes more problems than moderate drinking. One way of reducing risks is hence to reduce binge drinking. There is also a “common misrepresentation” among youth since they tend to focus on the positive effects of alcohol (relaxation, fun, etc.) and down play negative experiences while yet the experience of problems in relation to drinking alcohol is widespread. We think that more interventions that focus on risk reduction are welcomed. Alcohol preventive messages should relate to young peoples’ own perception and communication of risks. Bad alcohol prevention can be counterproductive and may serve to maximise rather than minimise alcohol problems. Research shows that young people often perceive and calculate risks differently than authorities. Young people rely on their own and their friends’ experiences. Information about substances is often very scientific (for example based on bio-chemic insights or on the long term harms that substances can cause). For young people it is not a matter of taking substances or not, but how to take them and in what quantities. Even though young people are more concerned about social risks than health risks, they also have a keen interest in protecting their own health and that of their friends and family. The young take care of themselves and each other when drinking by self-monitoring their level of drunkenness, by drinking together with peers, by supervising and intervening in peer drinking, and by using personal experiences in the planning of future drinking occasions. Interventions that focus on risk reduction should be developed on young people’s own perceptions of risks.



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Act on Catering- and Hotel Trade etc. (Da: Lov om restaurations- og hotelvirksomhed m.v. LBK Nr. 786 of 09/08/2005).

Law on Retail Sale from Shops etc. (Da: Lov om detailsalg fra butikker m.v. Act no. 606 of June 24th 2005).

Act on Prohibition against Sale of Tobacco and Alcohol to persons under 16 years (Da: Lov om forbud mod salg af tobak og alkohol til personer under 16 år Act no. 213 of March 31st 2004).

## Webpages

[www.brugerforeningen.dk](http://www.brugerforeningen.dk) (Danish Drug Users Union)

[www.bryggeriforeningen.dk](http://www.bryggeriforeningen.dk) (Danish Brewers' Association)

[www.crimprev.dk](http://www.crimprev.dk) (The Danish Crime Prevention Council)

[www.danris.dk](http://www.danris.dk) (Danish Registration and Information System)

[www.folkesundhed.dk](http://www.folkesundhed.dk) (Institute of Public Health)

[www.gadejuristen.dk](http://www.gadejuristen.dk) (The Street Level Lawyer)

[www.kk.dk](http://www.kk.dk) (Copenhagen Municipality)

[www.lap.dk](http://www.lap.dk) (Union for current and former users of the psychiatric system)

[www.maendeneshjem.dk](http://www.maendeneshjem.dk) (Men's home, drop-in centre)

[www.nad.fi](http://www.nad.fi) (Nordic Council for Alcohol and Drug Research)

[www.natteravnene.dk](http://www.natteravnene.dk) (The Night Owls)

[www.police.dk](http://www.police.dk) (The Danish Police)

[www.redcross.dk](http://www.redcross.dk) (Danish Red Cross)

[www.rfsf.dk](http://www.rfsf.dk) (The Danish Road Safety Council)

[www.ringstedprojektet.dk](http://www.ringstedprojektet.dk) (The Ringsted Project)

[www.sanduvalg.dk](http://www.sanduvalg.dk) (*Union of local committees in Denmark*, Da. S.A.N.D. Sammenslutningen af nærudvalg i Danmark)

[www.sind.dk](http://www.sind.dk) (The National Society SIND)

[www.ssp.kk.dk](http://www.ssp.kk.dk) (SSP Copenhagen – school, social service & police cooperation)

[www.sst.dk](http://www.sst.dk) (National board of Health)

[www.svid.dk](http://www.svid.dk) (Union for users of drop-in centres in Denmark)

[www.udsatte.dk](http://www.udsatte.dk) (The Council for Socially Marginalised People)

[www.vejdirektoratet.dk](http://www.vejdirektoratet.dk) (The Road Directorate)



## Appendix 1: List of key-persons

A total of 24 persons have contributed to this report with substantial information. These key persons have been questioned via email exchanges, in face-to-face interviews and/or in telephone interviews. Only key-persons who have contributed with opinions and relevant information are listed. Most interviews were tape-recorded and central statements were subsequently transcribed. Several key persons have been questioned more than once.

*Alkoholenheden HS* (The Alcohol Unit at The Capital's Hospital Union): a representative was interviewed on the telephone on June 22 2006.

*Bevillingsnævnet* (The license Board in Copenhagen): a representative was interviewed on the telephone on August 3 2006.

*CEJ-security* (A private security company): a representative was interviewed on the telephone on August 1 2006.

*Chain of discotheques*: a representative was interviewed on the telephone on August 3 2006.

*Copenhagen Police* the license department: a police officer was interviewed over the telephone on June 13 2006.

*Copenhagen police* Crime preventive department: two representatives were interviewed on the telephone on September 6 2006.

*Crime Preventive Council*: a representative was interviewed on the telephone on September 6 2006.

*Danish Security Service*, a private security service (Da: Dansk Service Vagt): a representative was interviewed on the telephone on August 1 2006.

*Door mens's Union* (Da: Dørmændenes landsklub): a representative was interviewed on the telephone on August 1 2006.

*GODA* (Eng: Association of Sensible Alcohol Attitudes): a representative has contributed with information in several email exchanges.

*HORESTA* (the Danish nationwide employer and industry organisation of the Hotel, Restaurant and Tourism Industry): a representative from HORESTA was interviewed in a face-to-face interview on June 13 2006. The representative has also contributed with substantial information to the report via numerous email exchanges and telephone conversations.

*HUR* (Da: Hovedstadens Udviklingsråd, Eng: The Capital's Development Council): two representatives were interviewed on the telephone on September 24 2006.

*Night Owls*, private organisation organising volunteer out reach work: one representative from the Night Owls was interviewed on the telephone on June 8 2006. Fieldwork observations and informal interviews was conducted with two Night Owls on June 16 2006.

*Outreach team*, Copenhagen Municipality (Da: Gade Team): a representative was interviewed on the telephone on August 3 2006.

*Outreach worker* on Vesterbro, Copenhagen Municipality: interviewed on the telephone on June 13 2006.

*Public Health Copenhagen*, Copenhagen Municipality: two representatives have been interviewed on the telephone respectively on June 28 and September 13 2006. One of them has also contributed with information in several email exchanges.

*Preventive worker, Frederiksberg Municipality*: a preventive worker from Frederiksberg Municipality was interviewed in a face-to-face interview on August 10. The preventive worker has also contributed with substantial information to the report via email exchanges and telephone conversations.

*Road and Park, Copenhagen Municipality* (Da: Vej og Park): a representative was interviewed on the telephone on September 6 2006.

*SSP Copenhagen* (School, Social Service, Police co-operation): a representative was interviewed on the telephone on September 6 2006.

*Teenager*: an 18-year old woman was interviewed in a face-to-face interview on August 3 2006.

## Appendix 2: Description of prevention initiatives in Copenhagen.

The Appendix presents in short the different prevention initiatives in Copenhagen. It includes both prevention initiatives that are available on a national level as well as local projects. The list of initiatives is organised in relation to what organisation or body has developed, implemented as well as distributes the initiative. Ongoing initiatives are presented as well as a few future projects that are planned. It has not been possible to appraise: how many use the initiatives, the quality of the initiatives (as perceived by users of them), as well as the effect of them.

### Public Health Copenhagen (Da: Folkesundhed København)

Public Health Copenhagen is part of Copenhagen Municipality's Health Service (Da: Københavns Kommunes Sundhedsforvaltning). Its task is to improve health conditions of Copenhagen citizens in general. They run projects targeting different groups (children, youth, adults, seniors) in order to promote exercise, healthy food, non smoking, moderate drinking, etc. The projects targeting youth and alcohol consumption are:

- *A Teenager in the family.* The initiative is based on meetings primarily for parents. At the meetings instructors lecture about intoxicants and risk behaviour, and they present methods to improve interaction between parents as well as between parents and children. This project is carried out in a co-operation between Public Health Copenhagen and SSP-Copenhagen.
- *Intoxicant guides: young to younger.* The initiative is based on peer-education. Trained students offer sessions in schools classes (from 7<sup>th</sup> to 10<sup>th</sup> grade as well as in technical and production schools) where they inform and raise discussions about intoxicants. Another part of the initiative is to arrange discussion sessions with parents where also an SSP-instructor is present. The aim is to pave the way for parents and children have a common ground to talk about intoxicants.
- *Health, well-being and lifestyle in technical schools and production schools.* The project seeks to improve the general health condition of students in technical schools and production schools. Various tools are employed such as lectures, courses with students focusing on health and intoxicants, campaigns informing about health topics and more.
- *Well-being and alcohol culture in high school.* The project seeks to change the liberal alcohol culture in high schools. Approximately 60 % of Danish youth in the ages from 16 to 19 finishes high school. The tools used are dialogue, events, activities and formulation of new alcohol policies.
- *Tackling – using life-skill training.* In Copenhagen 8 schools participate in a trial implemented by the Danish Board of Health using the American concept “life-skill

training”. Life-skill training is a substance abuse prevention program aiming to reduce the harms of alcohol and drug use by targeting social and psychological factors that promote the initiation of substance use and other risky behaviour. The program provides youths with the confidence and skills necessary to handle challenging situations. The trial is on-going and is being evaluated by the National Institute of Public Health. If results are positive Copenhagen Municipality intend to implement the system in all public schools.

- *Regulating the physical availability of alcohol.* This project tries to locate bars and discos serving under age, and it also focuses on retailers selling alcohol for people under 16. At the same time the project will try to work with the license system in order to influence the licensees’ responsibility on this subject.

The initiatives are mainly lectures targeting young people, but also parents. For more information see: [www.folkesundhed.kk.dk](http://www.folkesundhed.kk.dk).

### **SSP Copenhagen (School, Social Services, and Police Co-operation).**

SSP co-operation is part of all municipalities in Denmark. It is a public organisation engaged primarily in crime prevention in Copenhagen.

- *A Teenager in the family.* The project is carried out in a co-operation between Public Health Copenhagen and SSP Copenhagen (see above).
- *Outreach work.* Outreach workers seek out marginalized young people in order to establish relationships with them and improve their lives in general. Alcohol and drug abuse in youth is a problem that the outreach workers sometimes deal with.
- *Ad hoc preventive campaigns.* If quarters in Copenhagen face specific problems with alcohol or drug use, SSP may launch ad hoc preventive campaigns in the area (such as the campaign “Gi’ den gas uden hash!”). Currently SSP Copenhagen does not have any ad hoc campaigns that target alcohol problems per se.
- *Alcohol free parties.* SSP occasionally assist in organizing alcohol free parties for youth in Copenhagen.

The initiatives covers both education material and out reach work. For further information see [www.ssp.kk.dk](http://www.ssp.kk.dk).

### **Crime Preventive Department Copenhagen Police (Da: Københavns politis kriminalpræventive afdeling).**

Initiatives that the police department is involved in are:

- *Lectures.* Lectures by police officers on crime, alcohol and drug use is offered to all primary and lower-secondary schools of Copenhagen.

- *Contact to parents.* Police officers who observe drunken youth under 18 years in the nightlife may pay a visit later on to the parents in order to inform them about the problems pertaining to underage drinking.
- *Inclusive Nightlife.* A campaign that aims to reduce discrimination (primarily against ethnic minorities) in Copenhagen nightlife. Different types of textual material informing about discrimination and encouraging people to report to the police if they are discriminated on nights (for instance by being excluded from a discotheque because of the colour of their skin) has been distributed widely. The project is carried out in a co-operation between Copenhagen Police, the Municipality of Copenhagen and The Danish Crime Prevention Council.

The initiatives are either lectures or education/campaign material. For further information see [www.police.dk](http://www.police.dk)

### **National Board of Health (Da: Sundhedsstyrelsen)**

The National Board of Health consist of different departments and centres that has a lot of different tasks, including documentation, monitoring, public health, prevention, etc. In regard to prevention The National Board of Health seek to transform Danish people's attitudes towards alcohol, drugs, food, etc. through different forms of campaigns, education material, lectures, etc.

- *Week 40.* Every year in the 40<sup>th</sup> week of the year, the National Board of Health launches a national campaign that aims to reduce alcohol related harms. The campaign consists of written information, publicities in television and movie halls and more. One of the central messages in the 2005 campaign was that “young people less than 16 years should not drink alcohol at all”. See also [www.uge40.dk](http://www.uge40.dk).
- *Max 5.* The national campaign aims at reducing binge drinking and is targeted the 15 to 30 year olds. Two central messages are “Drink less – for the sake of your own health” and “Drink a maximum of 5 drinks on one night”. The campaign conveys its messages via the radio, television and magazines. See [www.maxfem.dk](http://www.maxfem.dk).
- *Children in families with alcohol problems.* This project aims to provide better help for children growing up in families with alcohol problems. Relevant education is offered, for instance, to people working with children so that they know how to deal with children in families with alcohol problems.
- *Children, Young People and Alcohol – a tool box about alcohol.* This project aims at postponing young people's alcohol debut as well as the amount of alcohol consumed. It consists of different kinds of material (texts, plays, dvd), which is both aimed at youth, parents and children. The project draws attention to alcohol problems and how to form alcohol policies in schools.

- *Party culture and intoxicants.* The project seeks to introduce alcohol policies in gymnasiums and other youth educations. Teachers, parents and students collaborate and formulate policies that are commonly agreed upon.

The initiatives are mainly education material targeting youth, but also to a degree professionals and parents. For further information see [www.sst.dk](http://www.sst.dk).

### **The Danish Crime Prevention Council (Da: Det Kriminalpræventive Råd)**

The council was formed in 1971 as a reaction against the drastic increase of crime that took place during the 1960s. About 40 different private and public organisations are behind the council. The aim is to prevent crime. Initiatives related to alcohol and youth are:

- *Education material.* The preventive council gathers knowledge about crime prevention and occasionally publishes material about alcohol. An example is the publication “All the others do it!” which builds on the social norms approach (see below) and aims to reduce the use of cigarettes, alcohol and drugs among youth.
- *Young in Nightlife – safer drinking locations for young people.* The report is from 2002 and makes suggestions to the municipality, police, and the drinking locations about how to improve safety in nightlife for young people.
- *Financial support to preventive work.* The preventive council occasionally gives financial support to preventive campaigns that target the use of alcohol among youth.

The Crime Prevention Council also offers courses for the 11 – 15 years old in conflict solution in order to prevent quarrelling and fights among youth. For further information see [www.crimprev.dk](http://www.crimprev.dk).

### **The Danish Road Safety Council**

The Danish Road Safety Council is a private association of authorities and national organisations in Denmark. The number of member organisations is currently 42. The Council has existed since 1935. The Council works to increase public road safety by means of campaigns, consulting, and the fabrication information materials. Their initiatives targeting youth and alcohol are:

- *Team player – how to be a responsible driver.* It consists of lectures addressing young drivers and is intended to combat drink driving in motor-driven vehicles. The project is organized in cooperation with GODA.
- *Drop it.* The initiative is education material to inform about the consequences of hazardous driving – including drink-driving. The material consists of three short films portraying the chaos in the seconds after a car accident, radio spots with the

soundtrack of aforementioned films, posters, an internet site ([www.dropdet.nu](http://www.dropdet.nu)), and local campaigns in the entire country.

- *Parental network*. The project consist primarily of a web-page with information, advice, discussions etc. about youth in traffic to parents. ([www.foraeldrenetvaerk.dk](http://www.foraeldrenetvaerk.dk))

The initiatives are all education material, two targeting youth and one targeting parents. For more information see: [www.rfsf.dk](http://www.rfsf.dk).

### **GODA – Association of Sensible Alcohol Attitudes (Da: Foreningen Gode Alkoholholdninger).**

GODA was founded in 1993 by The Danish Brewers' Association, The Danish Distillers' Association, and The Wine and Spirits Organisation in Denmark. GODA's proclaimed goals are to promote a sensible alcohol culture and to reduce alcohol abuse and alcohol harms. GODA's primary focus are: 1) Young people and alcohol, 2) parenting and alcohol, 3) road safety and alcohol, 4) research and alcohol. Initiatives are:

- Education material including *Drink with Style, Youth and Party Culture, Rules of the Game, Alcohol Game Play, Facts about Alcohol* and [www.goda.dk](http://www.goda.dk). The initiatives are intended to inform and raise discussions about alcohol. The education material includes magazines, booklets, compendiums and a website. They are addressed to parents, people working with youth and average young people in primary school and secondary school.
- *Freezing point*. Education material aiming to reduce excessive drinking among youth. It is based on the method motivational interviewing. The target group is young people in secondary school and more than 200 preventive workers and teachers are educated to use the programme.
- *Alcohol Policies at Educational Institutions, Alcohol Policies at Youth Clubs*. These initiatives aim at the implementation of alcohol policies in educational establishments and youth clubs. Seminars are held where the foundations of a viable alcohol policy is debated and defined.
- *Parents with Teenagers* and *Parent – teacher meetings in lower secondary school*. These initiatives are intended to stimulate and improve parental involvement in relation to their teen-agers alcohol consumption. Contracts are formed between parents and children, and networks are established with the involvement of both parents and teachers.
- *Team player – how to be a responsible driver*. See above – the project is organized in cooperation with Danish Road Safety Council

The initiatives are primarily education material targeting youth, but also parents. For more information see [www.goda.dk](http://www.goda.dk).

### **The Night Owls (Da: Natteravnene)**

The Night Owls is a private organisation aiming to ensure security and peace of mind in Denmark by night. The organisation is based on voluntary work, especially by parents to teen-agers. It has branches all over Denmark. Its aim is primarily to make nightlife safer for young people.

- *Out reach work.* Local teams wearing their characteristic yellow jackets walk the streets at night and hand out condoms, candy, and advice to people who are interested. The Night Owls are primarily concerned about children and young people who are outside at night.

For more information see [www.natteravnene.dk](http://www.natteravnene.dk).

### **Center for Social Bearing (Da: Videncenter for Social Pejling).**

This centre will allegedly commence its activities on the 1<sup>st</sup> of November 2006. Behind it are The Faculty of Law at Copenhagen University and Tryg Fonden, a private insurance company. The aim is to develop, gather and disseminate knowledge about a method called Social Bearing (Da: Social Pejling), which is supposed to minimize risk behaviour. The method corresponds more or less to what Anglophones call the “Social Norms Marketing” or “Social Norms Approach” and in Denmark it has been tested and advocated in the Ringsted Project (see Balvig et al. 2005). For more information see: [www.socialspejling.dk](http://www.socialspejling.dk)

### **Blue Cross (Da: Blå Kors)**

Blue Cross is a private foundation based in the temperance movement. Initiatives related to young people and alcohol are:

- *The Blue Line.* Alcohol abusers and relatives and friends of alcohol abusers can use the telephone service “The Blue Line” to obtain help. The telephone line is open all days from six o’clock in the evening until midnight. All counselling is given in full anonymity.
- *TUBA.* The project, initiated in 1997, offers treatment to young people who are growing up or have grown up in families with alcohol problems. The young themselves do not necessarily have problems with excessive drinking, but they may suffer from different traumas due to their upbringing. The young are offered advice, individual therapy, group therapy, family talks, education and more (see [www.tubadanmark.dk](http://www.tubadanmark.dk)).

### **The Alcohol Units (Da: Alkoholenhederne i H:S)**

This public institution is a subdivision of Hvidovre Hospital. The aim is to provide more help for children who grow up in families with alcohol abuse. Therapists are educated so



that they give attention not only to adult abusers, but also to the children of abusers. Children are offered individual or group therapy.

### **The Alco Line (Da: Alkolinjen).**

The Alco Line is a private foundation working to inform about the harms of alcohol consumption and alcohol abuse. It is based in religious organisations.

- *Phone counselling about alcohol abuse.* Only few children and young people make use of this telephone service (see [www.alkolinjen.dk](http://www.alkolinjen.dk)).

### **Different kinds of web-pages informing about alcohol and drugs:**

[www.netstof.dk](http://www.netstof.dk): this publicly financed web-page informs about alcohol and drugs. It consists of an extensive encyclopaedia about intoxicants, a chat-room where youths can exchange their experiences with intoxicants, and a correspondence column where questions can be addressed to professional adults (e.g. a police officer, a psychologist and more).

[www.drugbuster.dk](http://www.drugbuster.dk): this publicly financed web-page informs about drugs, alcohol and intoxication. The web-page includes information targeted at youths and also parents.

[www.psychedelia.dk](http://www.psychedelia.dk): This internet forum is led by a private organisation of “drug enthusiasts”. Debates and information about intoxicants are presented. Focus is on illegal drugs rather than alcohol. And the emphasis is almost exclusively on the positive sides of intoxication.

## **Appendix 3: Intervention and treatment initiatives towards problem drinkers in Copenhagen**

Denmark has a long tradition for different kinds of harm reduction interventions towards problematic drinking or alcoholics. Especially drop-in centres and shelters has since the late 19<sup>th</sup> century been present in larger cities in Denmark mostly run by private, religious organisations (e.g. Haberman & Ibsen 1996). Since the welfare state began to develop in the 1950s and 1960s the interventions have become more diverse. Today most of these interventions form part of the welfare state, they are a public service task, and financed by the municipality, the county or the state. But, many of them are contracted by private organisations (Hansen 1997, Klausen 1996, Rasmussen & Koch-Nielsen 1996). Treatment of alcoholism has developed in two directions – as medical treatment with antabuse and as inpatient, non-medical treatment. The following contains first a description of harm reduction strategies in Copenhagen towards problematic drinking, and then a description of how treatment of alcoholism is organised in Denmark as well as Copenhagen towards adult alcoholics. The latter part also includes a discussion of homepages and anonymous phone services.

### **Harm reduction interventions in Copenhagen**

Many of the harm reduction interventions in Copenhagen are not only for alcoholics, but for what in Danish social policy is called “the most socially marginalized people”, including alcoholics, drug users, homeless, mentally ill, etc. Realising that many “socially marginalized people” often deal with more than one of the above mentioned problems, Danish social policy aim at integrating and coordinating interventions according to that. Fabricius et al (2005) reports for example on how the interventions towards homeless are organised in different parts of Denmark. The Council for Socially Marginalized People was set up in 2002 by the Ministry of Social Affairs as an independent body that act both as a mouth piece for socially marginalized people as well as adviser for the government on issues concerning this group. The council consists of 8-12 members and among other things publishes an annual report with recommendations and experiences related to interventions towards socially marginalized people (see [www.udsatte.dk](http://www.udsatte.dk)). In the following the different kinds of harm reduction interventions are discussed, including: Shelters, drop-in centres, street level nursing, public places for alcoholics, support contact person scheme, and street level lawyers.

### **Hostels and shelters**

The hostels in Copenhagen have during the past ten years developed into institutions that offer a variety of different services. One of them is *Mændenes Hjem* (Men’s Home). This hostel is situated at the heart of the Vesterbro drug scene. *Mændenes Hjem* has room for 43 men for temporary stays, more permanent housing possibilities for 8 mentally ill drug users, and 15 single rooms for middle-aged drug- or alcohol users. Apart from housing men, *Mændenes Hjem* welcomes not only their own residents, but also non-residents of both sexes to make use of their nursing clinic, their volunteer doctors, their drop-in night centre as well as a service to assist users in a variety of ways, for example referrals to treatment institutions. Syringes, needles and condoms are available in the hostel as well as a meal, a

bath, clothes and a washing machine. *Mændenes Hjem* also performs outreach services in the near surroundings ([www.maendeneshjem.dk](http://www.maendeneshjem.dk)).

The other hostels in Copenhagen provide similar services as *Mændenes Hjem*. In general the hostels and shelters offer care and support for a shorter or longer period of time. In addition, the idea is that residents should be guided and trained in preparation for a more independent life in their own home, special flat share or special kind of housing for people who have difficulties in adjusting to conditions in the ordinary housing market. The Municipality of Copenhagen has at its disposal 17 services for the homeless, covering 719 day-and-night services. The services are targeted different groups, some very specialised as for example “women with children in crisis”, others have a more broad target group as for example “adults with exceptional social, psychiatric and/or substance abuse problems”. Approximately half of the day-and-night services are contracted by religious organisations, the other half is run by the public, however a few are run by private foundations without religious affiliations (Kommunalt støttede hjemløsetilbud i København 2003). Whichever status of affiliation, though, far most social work with marginalized groups in Denmark is financed by public means (Larsen 2002:160).

In 2000 new grounds were broken when the first project of a special kind of permanent, alternative housing (Da.: Skæve Huse) saw the light of day. This kind of housing includes houseboats, ordinary houses that have been rebuilt, on-site huts and isolated single- or double wooden houses. The target group is described as people who are homeless and socially and mentally weak people. The idea is that here this group of people can be given the possibility to live on their own terms without too much interference from the established system. Still, there is a professional caretaker attached to each alternative housing, but his or her role is to offer support and practical assistance rather than demanding residents to change or develop in any specific directions. Today there are 42 of these special kinds of alternative housing in The Municipality of Copenhagen, but according to The Council for Socially Marginalized People this does not at all meet the demands (Rindholt 2006).

### **Day centres and drop-in centres**

Day centres and drop-in centres have since the mid-1990s been a common tool of social work with marginalized people (Larsen 2002:151). The target groups of the drop-in centres vary a great deal, and so do the expectations and demands from the staff towards the users. In some places, users can come and stay as long or short as they want to, drink coffee, talk to staff if they like to. It is up to the user how much contact, socialising, and also help he or she wants from the staff. In other places users are expected to involve them selves in activities of the centre. From a long-term perspective the idea is with both kinds of centres that users should get a more stabile life and become more integrated into society (Kommunalt støttede hjemløsetilbud i København 2003, Grytnes 2004). In Copenhagen there is about 30 - 40 day centres and drop-in centres for socially marginalized people.

One example which people with severe alcohol problems also use is *De Hjemløses Hus* (Eng. The House of the Homeless). It is the kind of day centre that focuses on user-activities and user-influence. It is situated at Nørrebro in a hot spot area for marginalized people. In *De Hjemløses Hus* the users themselves carry out the work together with volunteers and employees. The place is run by the Copenhagen branch of The Red Cross in close corpora-

tion with several other organisations, most noteworthy the user organisation SAND (see below). Within the premises of *De Hjemløses Hus* one finds a hair saloon, a dentist, a radio station, a workshop and a production unit for the newspaper *Hus Forbi*, which constitutes a key media of issues related to socially marginalized people. Homeless are selling the newspaper in the street and make a little earning from that. *De Hjemløses Hus* does not offer a place to sleep, the opening hours being workdays from 9 am to 5 pm. ([www.redcross.dk](http://www.redcross.dk)).

### **Outreach work**

In the spring of 2004 the Municipality of Copenhagen established an outreach program organised with outreach workers employed at the local, social service centres of the city. The outreach worker's job is to seek out marginalized people in the streets and offer his or her assistance. This program had been under preparation for some years in the form of long political debates, negotiations and a pilot project. Along with these public outreach services private or semi-private initiatives also play an important role in outreach work and the importance of private initiatives and volunteer work is emphasised in the present government's social policy. *Projekt Udenfor* (Eng. Project Outside) for example is a private organisation that runs a meals-on-wheels project, *The Mobile Café*, in Copenhagen for homeless and other marginalized people. The Mobile Café is the only project of its kind in Denmark. It is staffed by volunteers (Siiger 2005).

Another kind of outreach work is street level nursing. In 1998 a nurse offered her services right in the core of the drug scene at Vesterbro close to the hostel *Mændenes Hjem*. The project was a pilot run by the Municipality of Copenhagen in corporation with *Maria Kirke* (Eng. Maria Church), and financed by a private foundation. Soon after this followed *Sygepleje på Hjul* (Eng. Nursing on Wheels) run by Project Outside, providing outreach health services from a car (Siiger 2004). None of these two projects exist today. Nowadays drop-in health services for marginalized people are provided at nursing clinics situated at the three biggest hostels in Copenhagen. The clinics receive regular consultations by doctors working voluntarily. Furthermore, the Municipality of Copenhagen in 2005 established a health team (Da. Sundhedsteam) consisting of four nurses and a doctor. This team cooperates closely with the municipal outreach workers at the local, social service centres.

### **Hot spots for alcoholics**

A walk around Copenhagen, passing a square, a park or a local train station, will almost inevitably take one pass probably the most visible and noisy group of marginalized people: the homeless alcoholics. Often they are gathered around a bench with their dogs, occupied with drinking beers, smoking cigarettes, talking eagerly. Still, these groups are not too common in the central areas of town anymore, most likely because they have been driven away by urban renewals and exclusion orders from the police.

In the non-touristy, socially deprived urban areas, the alcoholics are more likely to be left in peace by the police. The Municipality has here also built sheds where homeless, substance abusers, and alcoholics can be and without being removed by the police. As places to meet with friends and keep warm during cold weather the alcoholics in fact appreciate the sheds. However, feelings are mixed: the sheds also provoke dislike, since they are places of stigmatisation: it is visible to everybody, that this is a place for bums (Larsen 2002).

Homeless, substance abusers, and alcoholics are removed from particular areas in Copenhagen by the police. In Vesterbro it is particular drug users that get exclusion orders from the police (Frantzen 2003). However, socially marginalized people in general hanging out on benches, in subway stations, in the streets, etc. are also removed. The policy of removing socially marginalized people is at first glance a totally different approach than the care and support offered by the various kinds of outreach workers. In that sense, the streets in the City of Copenhagen can be considered a battlefield of different rationalities of governance. When looking at things from an overall perspective, however, the policy of removing marginalized people away from the inner city, combined with shelters and other social services in deprived areas, has the underlying logic, that there are places where marginalized people can be and there are places where they can't be. Interventions are about carrying that policy into effect.

### **Street level lawyers**

In 1999 a private organisation was established in order to offer information on legal rights to drug users. The organisation is today called *Gadejuristen* (Eng. Street Level Law). It operates in Copenhagen and it is the only of its kind in Denmark. The organisation offers both different kinds of services, including distribution of information material to drug users and lectures and education on subjects like legislation on drugs and drug users rights, safe injection rooms, harm reduction, substitution treatment with heroin, etc. ([www.gadejuristen.dk](http://www.gadejuristen.dk)).

### **User organisations for socially marginalized people**

There are several organisations that are set up by socially marginalized people and/or professionals that work in the field. These organisations work to improve e.g. homeless or drugs users general life conditions as well as they lobby to improve the social interventions offered to these groups. All organisations also work to diminish discrimination, marginalization and ostracism of these people. The following is a list of the most important organisations.

- *Danish Drug Users Union* (Da. BrugerForeningen for Aktive Stofbrugere). Established in 1993 and work for active drug users' conditions, mainly heroine users conditions in society (see [www.brugerforeningen.dk](http://www.brugerforeningen.dk), Anker 2006, Asmussen 2003, Jepsen 2004)
- *The National Society for present and former mentally ill* (Da. Landsforeningen af nuværende og tidligere psykiatri brugere). Established in 1999 and work to improve mentally ill's life conditions as well as treatment opportunities (see [www.lap.dk](http://www.lap.dk)).
- *Union of local committees in Denmark* (Da. S.A.N.D. Sammenslutningen af nærudvalg i Danmark). Established in 2001 as a user organisation for homeless in Denmark (see [www.sanduvalg.dk](http://www.sanduvalg.dk)).
- *The National Society SIND* (Da: Landsforeningen SIND). Established in 1960 under the name The National Society for Mentally ill's Wellbeing (see [www.sind.dk](http://www.sind.dk)).

- *Union of Users of Drop-in Centres in Denmark* (Da: SVID – Sammenslutningen af værestedsbrugere i Danmark). Established in 2003 to improve user participation in drop-in centres in Denmark (see [www.svid.dk](http://www.svid.dk)).

No user organisation is present only for problematic drinkers or alcoholics. However, many alcoholics are also homeless or use drop-in centres and hence the target group of several of the organisations mentioned.

## **Treatment of alcohol dependency in Denmark<sup>15</sup>**

Within the field of substance abuse treatment there is a strong division between alcohol treatment on the one hand and drug treatment on the other hand. A similar division can be found between outpatient/day-treatment and in-patient/residential treatment. Treatment of both drug and alcohol abusers has been viewed as a specialist field, in the same way that psychiatry and somatic medicine is considered specialist fields.

With the implementation of the Danish structural reform (coming into force January 2007) the 14 counties will be dissolved and replaced by 5 regions, while the 275 municipalities will be converted into 99 larger municipalities. These 98 municipalities will now be responsible for the treatment of substance dependency. The treatment of substance users will, however, still be considered a specialist field. In the following residential and out-patient alcohol treatment is discussed.

### **Out-patient alcohol treatment/antabuse treatment**

Most alcohol treatment in Denmark is out-patient treatment with antabuse combined with some form of psycho-social interventions. In every county in Denmark there is an out-patient alcohol treatment institution, often with several divisions. In 2004 there were about 70 out-patient alcohol treatment institutions in Denmark. Most of the treatment is organised as prescription of antabuse combined with individual counselling and/or group therapy. A few places also offer day-treatment where clients spend for example 4 –5 hours in treatment facilities a day. Antabuse treatment can also be prescribed by the GP, for example if clients only want antabuse and no psycho-social intervention. Antabuse can also be prescribed by hospitals, for example if persons with alcohol dependency are registered in a hospital.

### **Residential/in-patient treatment.**

In Denmark, private enterprise plays a significant role in substance abuse treatment. There are about 55 private residential treatment centres, which are approved for drug and alcohol dependency referrals from the public sector. These centres could all be defined as private foundations. In addition there are about 10-15 residential drug and alcohol treatment centres owned by the counties. All residential treatment is drug free treatment, except for slow withdrawal with different kinds of medicament.

Residential drug and alcohol treatment are regulated in different ways. The approved residential institutions that treat drug dependents are obliged to send in treatment data to the

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<sup>15</sup> This section is based on a report by Pedersen et al. (2004).

registration system, DanRIS (Danish Registration and Information System) ([www.danris.dk](http://www.danris.dk)). The residential alcohol treatment centres that admit clients referred from the counties are obliged to report data about treatment to NAB (National Alcohol Treatment Register). Table 27 shows the current number of residential centres in Denmark and how many clients there are admitted to these centres per year.

Table 27. Residential treatment in Denmark.

Residential drug treatment 40-45 centres	Between 14-1800 drug abusers are treated in residential facilities each year Almost all the clients are refer to treatment by the counties (from 2007 the municipalities). The counties pay all the expenses in connection with the treatment
Residential alcohol treatment 20-25 centres	800-1000 clients are referred to treatment by the counties each year. The counties pay all the expenses in connection with the treatment  More than 500 alcohol dependent clients (probably much higher) are paying all the expenses by them selves (or their workplace pay). The public authorities are not involved in the treatment of this group.

The about 60-70 residential treatment centres in Denmark could roughly be divides into the following four categories of programmes.

Table 28. Different programmes

	Minnesota Therapeutic			
	12-step	Communities	Religious	Other*
Drug centres	20%	30%	10%	40%
Alcohol centres	45%	0%	10%	45%

\* Very often social educational or defined by the methods the use (e.g. cognitive psychotherapy or systemic psychotherapy)

It is necessary to differentiate between two main groups of clients admitted to residential alcohol treatment:

- Clients referred to residential alcohol treatment by the counties. All the expenses for the treatment of this group are paid by the public system (counties/ municipalities)
- Clients admitted to residential alcohol treatment on one's own initiative. This group pays all expenses to the treatment by them selves (or the expenses are paid by their workplace).

The first group is characterised by severe alcohol, somatic and psychological problems. They are very often unemployed and often living alone. The second group consist of clients

with a good education, often employed and often with a supportive social network (family, colleagues, etc.). The outcome of the treatment is much better for the second group. They more often complete the treatment and they are almost twice as often abstinent six months after treatment.

It is statutory that some form of psychosocial support must be implemented within 14 days after the substance user has asked for treatment (the so called *treatment guarantee*). Medical treatment is, however, not part of the treatment guarantee. In principle, Danish clients have the right to choose where they will be treated. In the real world, the problem is significantly more complicated. One has the right to choose between 'corresponding services', but the word 'corresponding' is used in many ways and there are discussions as to whether the term is appropriate. Generally speaking, the term is interpreted to mean that a client cannot choose residential treatment if outpatient treatment is considered more appropriate. Out-patient treatment is also cheaper than residential treatment.

### **Web-pages and anonymous phone services**

There exists a lot of different web-pages that inform about alcohol and alcoholism. It is in that sense easy to get information on the subject. Some are private and some are public. Public run pages are for example The Crime Prevention Council's (Da. Det Kriminalpræventive Råd) web-page on alcohol and violence ([www.alkovold.dk](http://www.alkovold.dk)). The web-page [www.alcohol.dk](http://www.alcohol.dk) is part of a chat-room and on-line counselling service provided by the private organisation Landsorganisationen for Familieklubber i Danmark working to help families with alcohol problems. Also the different medical web-pages as for example [www.netdokter.dk](http://www.netdokter.dk) provide information on alcohol and alcoholism.

Anonymous phone services are also run by both private and public organisations. Private organisations as for example Alcoholics Anonymous and On Children's Terms (Da. Børns Vilkår) have phone services. *Alko-linien* (Eng. The Alco line) is run by several organisations, mainly religious organisations. Anonymous phone services are an integrated part of treatment services in most counties.