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Nordisk alkohol- & narkotikatidskrift

Vol. 23, 2006 (English Supplement), Helsinki

Nordisk alkohol- & narkotikatidskrift is published by STAKES, the National Research and Development Centre for Welfare and Health (Finland), in co-operation with the Nordic Council for Alcohol and Drug research (NAD). The Journal is supported by the National Institute for Alcohol and Drug Research (SIRUS), (Norway), the Norwegian Wine Monopoly (Vinmonopolet), the Swedish Ministry of Health and Social Affairs, Alkoholpolitisk Kontaktudvalg, the Ministry of Health (Denmark), and Alko Inc. (Finland).

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Graphic design
Anders Carpelan

Subscription price: 26 EUR (200–250 DKK, NOK or SEK) 6 issues.
Free copies of the English Supplement may be ordered from the editorial office, nat@stakes.fi

ISSN 1455-0725 EKENÄS TRYCKERI AB, Ekenäs 2006
Youth and social integration

THE ANNUAL SYMPOSIUM OF THE KETTIL BRUUN SOCIETY for Social and Epidemiological Research on Alcohol met in Maastricht, the Netherlands, on 29 May–2 June. A good fourth of the papers dealt with young people’s drinking and drug use, mapping it, understanding the meaning of it in different youth groups and analysing how it is shaped by peers, parents, situations and settings. This focus on the youth is no coincidence and can be detected also in this issue of Nordic Studies on Alcohol and Drugs.

For the last decade or so, the European School Survey Project on Alcohol and Other Drugs ESPAD has enabled us to follow the development of drinking and drug use patterns among young teenagers in an increasing number of countries. The school studies have documented a relatively high level of drinking and a growing gender equality in drinking patterns not least among Nordic youngsters.

A more recent finding in more than one Nordic country is a possible tendency of polarization within the youth group. Thoroddur Bjarnason’s article on the development of Icelandic adolescents’ drinking in 1995–2003 shows that a gradually smaller majority of the 15–16-year-olds reported having consumed alcohol during the last 30 days. On the other hand, alcohol consumption had increased among those that actually did use alcohol. “Adolescents in this group are increasingly similar to each other in their drinking patterns and their patterns are increasingly similar to those found in the population of adult alcohol consumers.” A concentration of potentially problematic drinking in a socio-economic sub-group of young persons can be interpreted as a sign of eroding relative social equality in the Nordic societies.

The media and public debate have voiced particular worries in many European countries over the more and more visible patterns of binge drinking and the related risks for the young drinkers. Even more alarms have been raised over the nuisance or sometimes even danger they pose. In Finland, a May Day party with several different youth groups ended in violent confrontations between the police and some youngsters after a demonstration against the precarious conditions for young employees on the labour market. This link between partying drinking and political protest was something new. Fortunately, social panic was avoided. Following numerous public discussions, which also included youth researchers, and based on police reports, it was deemed unnecessary, as propose by some, to install extra security measures for Finland’s impending EU presidency.

Two of the articles in this issue raise the question if the youth’s binge drinking can be analysed as a consequence of the segregation of youth from the adult
world. Alicia Rodriguez-Martos presents a picture of the Spanish youth phenomenon of *botellón*, which combines the northern-European style of drinking to intoxication with the Mediterranean open-air fiesta. The culmination so far was the *macro-botellón* in March this year, involving twenty Spanish cities and tens of thousands of young persons gathered in public spaces to drink and socialise.

According to Rodriguez-Martos, the *botellón* can be regarded as a product of the new social situation: middle-class youth has a prolonged adolescence with emotional and material dependency on parents, and while there is no real lack of money, there is no secure position on the labour market, either. Free time is plentiful and there may be a need to structure a life that has a weak future-orientation by ritually separating night and day, and the working week from the weekend. Also, there is no or little parental control or limitations. From a Spanish horizon, Rodriguez-Martos explains the latter with an authoritarian hangover after the Franco period. The parents of today’s youngsters have regarded all kinds of parental rules and limitations as oppressive. The *botellón* shows, she says, that it is time for parents to step back in, not only to set a good example but also to reinstall limits for young people.

Dag Leonardsen presents us with a Japanese example. What can we learn about the regulation of drinking by looking at a country where alcohol is freely available, but where the culture seems to prevent a high alcohol consumption among young people? Leonardsen argues that it may be questionable to strive for the inner control of the Japanese – it is too much in conflict with the Western concept of individual freedom. But what about external control? Senior-junior relations, the role of parent and child, of master and disciple, of man and woman? All these relations regulate the behaviour of a Japanese young person. “Where Japanese youth is embedded in structural and normative networks that contribute to moderate alcohol consumption, Western youth is ‘set free’ … With an extended period of youth, with improved private economy, and with a radical institutionalised age-segmentation, one should not be surprised that drinking among youth in the West has become a public worry … The more the adult world withdraws from the life worlds of the youngsters, the more we weaken the social control that is based on visibility and close relations”, says Leonardsen, with a reference to Nils Christie. And he concludes that this perspective has consequences both for adult drinking habits and how we organise social life. “When the principle of integration regarding sex and ethnicity gradually has been accepted, why should we be pursuing the opposite principles regarding age?”

For someone who was young in the 1960s, the picture is somewhat confusing. Maybe, if the adult world could offer young people a more secure position on the labour market many problems, including those related to binge drinking, would become less burning? A proper challenge.

*We regret not being able to present the Nordic alcohol statistics in this issue. This is because of technical problems, which we hope will be resolved as soon as possible. The statistics should be available on our website not later than early autumn.*
Ethical control of social research

Rules of research ethics and their interpretation

A researcher has three basic responsibilities: to produce accurate knowledge about the world, to promote scientific openness and to respect the rights of research subjects. These responsibilities may come into conflict with each other. For such conflicts to be resolved, they first need to be acknowledged.

While the rights of research subjects must not be violated, neither should the protection of research subjects distort research results nor lead to breaches of the principle of scientific openness.

The exact content of a norm is generated through interpretation. It is important to prevent the formation of a monopoly on interpretation. Competing points of view should be allowed to participate in the interpretation process. Accordingly, it is important that both the Data Protection Ombudsman and the lawyers of the Union of Journalists in Finland participate in the interpretation of legislation on privacy protection. Similarly, it is important that any guidelines on research ethics be

This is a revised version of an article published in Finnish in Yhteiskuntapolitiikka 4/2005.

ABSTRACT

K. Mäkelä. Ethical control of social research

The rights of research subjects must not be violated, but the protection of research subjects should not distort research results or lead to breaches of scientific openness.

At least four reasons can be offered for being cautious in applying medical guidelines as such within other disciplines.

1. Interventions studied in typical medical research are much more invasive than typical social research.
2. The impact of medical and social research on research subjects involves quite different causal chains.
3. The relationship between research subjects and a sociologist carrying out a study of social power resembles the relationship between a journalist and a minister more closely than that of a doctor and a patient.
4. There are important differences between research processes in medicine and social sciences, particularly in qualitative studies. In social research, research designs are more open-ended.

Detailed information does not always improve the position of research participants. In social research, a few sentences often suffice to describe what the research is about.

Researchers must not harm their research subjects, but they need not benefit them.
interpreted from the perspective of both research subjects and researchers.

An interpretation that Annikka Suoninen received in 1999 from the Office of the Data Protection Ombudsman states that parents need to be contacted for consent if under-18s are asked for information that concerns persons other than themselves (personal communication, 24 March 2005). For this reason, no information about the educational achievements of the respondents' parents, for instance, was asked in Suoninen’s doctoral study (Luukka et al. 2001; Suoninen 2004). It is obvious that the interpretation drastically narrows the scope of sociological research. Equally obvious is that the interpretation can be opposed by a counter interpretation.

The above is but a single example. Generally speaking, we have reason for concern in that an extremely strict interpretation of the Personal Data Act and an unfounded extension of the legislation on medical research to cover social research will seriously hamper social research without actually improving the position of research subjects.

It may seem premature to worry about the way these interpretations will develop since ethics committees almost exclusively consist of researchers. However, it is likely that particularly in their roles as committee members, both researchers and legal experts want to make sure that the interpretation will not violate the rights of research subjects. Moreover, experiences in North America suggest that ethics committees tighten their grip over time (Adler & Adler 2002, 35; Anthony 2005). To counterbalance such trends, it would be desirable for at least some committee members to commit themselves to representing the interests of scientific openness and the freedom of research.

I will focus on the principle of informed consent on the one hand, and the prohibition against harm to research subjects and related data protection principles on the other. Other questions concerning the relationship between the researcher and research subjects are not considered here, such as what kind of attitude the researcher should have towards drug use among young research participants or towards racist violence, and under what conditions the researcher should take a stand in conflicts between research participants. Although it is these types of problems that are the most trou-
blesome in fieldwork, they fall beyond the scope of administrative ethical control.

To provide a background, I will first discuss recent changes in research ethics priorities and differences between the biomedical and social research process.

A change in research ethics priorities
When the Norwegian Research Council considered research ethics 25 years ago, it only recognised two types of problems (Hovedkomiteen 1981). Mengele cases, named after the doctor responsible for the cruel concentration camp experiments, were concerned with norms related to the acquisition of data and the protection of research subjects, while Manhattan cases, named after the atom bomb project, were concerned with the researcher’s responsibility for the application of research findings. In the late 1990s, however, a shift occurred in priorities, with attention being increasingly paid to the occurrences of scientific dishonesty, which could be called Piltdown cases after the forged fossil skull excavated in 1912.

At first sight, Piltdown cases would not appear to represent a great problem. If scientific discourse is thought of as a self-adjusting process, any errors will obviously be rectified over time irrespective of whether they are intentional or unintentional and whether or not they are morally reprehensible.

What is peculiar in discussions in recent years is that Piltdown cases are not dealt with as internal problems of the scientific community, but rather as stains that blemish the public relations of scientific institutions.

In justifying its guidelines for good scientific practice in research, the prestigious European Science Foundation describes how the public has lost trust in science and how efforts are necessary to improve the public relations of science (European Science Foundation 2000, 1–2, 4–6, 14). It is hard to believe that the advertising or alcohol industry, for example, would ever formulate their codes of professional ethics equally defensively.

Large-scale scientific dishonesty has been reported for at least 200 years, and nothing suggests an increase in cases of dishonesty in relation to the number of researchers. The analysis of the situation may be erroneous in other respects as well: If the distrust of science has increased, this cannot be attributed to cases of scientific dishonesty but to a general loss of faith in social progress, as well as ecological concerns and the fears raised by the new opportunities offered by biotechnology.

The report of the Swedish research ethics committee also voices concern about public trust in research institutions (Kommittén om forskningsetik 1999, 6, 8, 14), and similar concerns have occasionally been raised in Finland. “Confidence in science and research can only be maintained if the research community and all its members are committed to ethically sustainable procedures and practices.” (Hallamaa & Lötjönen 2002, 375).

It is good if the public has confidence in science but what is even more important is that the findings of scientific research hold true. Fortunately, there are also intrinsic reasons for developing ways of dealing with violations of good scientific practice.
Social research and biomedical research

The situation becomes problematic when public relations concerns of biomedical research result in formulations that aim to be universally applicable but fail to allow for the special features of research in behavioural and human sciences. The code of conduct of the European Science Foundation states that science should “extend ... our understanding of the physical, biological and social worlds”, but the code’s perspective is narrowly that of natural sciences. Accordingly, scientific activities “include theoretical studies, experimental work and surveys” (European Science Foundation 2000, 4). Where are historical and anthropological studies supposed to fit in? The report of the Swedish parliamentary research ethics committee, in turn, speaks generally about experiments on humans yet only refers to clinical trials in medicine (Kommittén om forskningsetik 1999, 8–9).

The Swedish Research Council states on its website that the guidelines of medical ethics should be extended to other disciplines as they are the most advanced (CODEX 2005, 2). Finnish interpretations also tend to extend the applicability of legislation on medical research to social research (Koskela 2004). However, at least four good reasons can be offered for being cautious in applying medical rules as such within other disciplines.

First, interventions studied in typical medical research violate the integrity of human beings much more profoundly than typical social research. Therefore patients participating in medical research need more detailed information on the research design and methods than survey respondents. In randomised placebo-controlled experiments, for example, it is important to know how likely it is that the patient will not receive effective treatment (Valtakunnallinen terveydenhuollon eettinen neuvottelukunta 2001, 6).

Second, the impact of medical and social research on research subjects follows very different causal chains. The impact of most medical interventions is largely independent of the patient’s will formation while that of social research is mostly realised through the processes of consciousness. Additionally, the research report and resultant publicity often have a greater influence on the research subjects’ lives than the data collection itself.

Third, the relationship between research subjects and a sociologist carrying out a study of social power resembles the relationship between a journalist and a minister more closely than that of a doctor and a patient. The doctor is not allowed to act against the patient’s will and interests, whereas the journalist may have a moral responsibility to disclose information that the minister wants to conceal.

Fourth, there are often considerable differences between research processes in medicine and social sciences. This applies particularly to qualitative social research and especially to participant observation and research based on documentary sources. In social research, research designs are more open-ended. It is certainly a good thing that researchers are made to write their study plans as accurately as possible. Ethnographers, however, are never able to describe in advance the goals and methods of their fieldwork as precisely as researchers engaging in clinical medicine research.
It is not at all certain that social research needs to be regulated by legislation. By contrast, it is useful to study the codes of professional ethics of the associations of behavioural scientists in different countries (Association of Social Anthropologists of the UK and the Commonwealth 1999; British Sociological Association 2002; American Anthropological Association 1998; American Sociological Association 1999), as well as the guidelines drafted by the Swedish, Norwegian and Canadian research committees in collaboration with social scientists and humanists (Humanistisk-samhällsvetenskapliga forskningsrådet 1990; Den nasjonale forskningsetiske komité for samfunnsvitenskap og humaniora 2003; Medical Research Council etc. 1998).

The voluntary basis of research participation

The first principle of research on humans is that it must not be conducted covertly or against the research subjects’ will. It depends on the interpretation of the rule as to how detailed the information to be provided about the research should be, who should be asked for consent and what exceptions are acceptable.

The formal requirements concerning consent vary. In Finland, the Medical Research Act principally requires a written consent. According to the ethical code of conduct of the American Anthropological Association, it is the quality of the consent, not the format, that is relevant (American Anthropological Association 1998, 3). Various groups, including prostitutes, drug users and professional criminals, may be very willing to participate while they are unwilling to sign a written consent (van den Hoonard 2002, 10).

Pirjo H. Mäkelä points out that a written consent in medicine research actually protects the researcher, research institution and research funding body from potential lawsuits (Mäkelä 2002, 22). The text is often so verbose and difficult that research subjects are unable to understand it. Mäkelä also asks whether it is morally right to neglect research on a disease because the increasing need for resources makes the research economically unfeasible. Clinical medicine studies have become increasingly expensive whereas little if any real improvement has taken place in the safety of research subjects. The high research costs are also reflected in the prices of pharmaceuticals.

Surprisingly detailed instructions are sometimes also found in codes for social sciences. The guidelines of the UNESCO programme MOST stipulate that research participants should be informed of the context, purpose, nature, methods, procedures and sponsors of the research (UNESCO, no printing year). One peculiar requirement stipulates that the principal researcher’s ethical principles should be made clear to all members of the research group to allow informed collaboration.

The principles confirmed by the Swedish Scientific Council for Humanities and Social Sciences stipulate that research subjects should be informed of all such aspects of the research that can reasonably

Ethical control of social research
be considered to affect their willingness to participate. It is specifically mentioned that the information to be provided can vary in its degree of detail (Humanistisk-samhällsvetenskapliga forskningsrådet 1990, 7).

It is mistaken to believe that the more detailed information about the research is given to the research participants, the better their position. In social research, in most cases, it will suffice to describe with a few sentences what the research is about.

While conducting an international study on the AA movement, we attended several dozen open meetings and interviewed scores of AA members (Mäkelä et al. 1996). We told the interviewees that we were researchers and wanted to learn how AA functions, but with the best will in the world, we would not have been able to give a description as detailed as those required in medicine research.

Many guidelines state specifically that the requirement of informed consent is not without exceptions. According to the American Sociological Association, informed consent is not always necessary if the research involves no more than minimal risk for research participants and the research could not practically be carried out if informed consent were to be required. Furthermore, if the research material is collected in public places or from public documents or archives, there is no need to obtain consent from research subjects (American Sociological Association 1999, 12).

The principles confirmed by the Scientific Council for Humanities and Social Sciences in Sweden stipulate that the requirement of advance information can be disregarded in research based on participant observation, in certain types of psychological experiments and in other research where advance information would endanger the objectives of the research. Furthermore, it may suffice to obtain the consent of the representatives of research subjects if the questions are not concerned with matters of a private nature or otherwise sensitive matters. The list of potential representatives is rather long: school management, teachers, employers, trade unions. (Humanistisk-samhällsvetenskapliga forskningsrådet 1990, 7–9.)

In analysing the exercise of power, social scientists cannot follow the principle of informed consent in all respects. The guidelines of the Union of Journalists in Finland underline that information should be obtained transparently, but exceptional procedures can be used if no other way exists to throw light on issues of societal importance (Suomen Journalistisliitto 2005, 1). The same principle should apply to social research.

However, certain currents in social science look to go beyond informed consent. The American Anthropological Association set up a task force to assess the moral acceptability of certain studies conducted among the Yanomami. The task force requires that anthropologists should go over from consent-based to collaborative research. Within this frame, the researcher is not even allowed to decide on research problems, let alone the publication of results (American Anthropological Association 2002, I, 46; see also Christians 2000).

In Finland, no views as extreme as this have been presented, at least not equally visibly, but some people have emphasised that the research relationship is an ex-
change relationship. When one speaks of reciprocity, one is easily led to believe that the researcher somehow needs to benefit the research participants since they allow themselves to be subjected to research (Hoikkala 1998, 87–88). In a similar fashion, qualitative researchers often argue that the researcher’s work in the field is of greater importance to the subjects than the academic results. This is no doubt the case, but what conclusions can be drawn from it? The questionnaires that people respond to in surveys are also more important for them than a table or statistical model generated by the researcher. Research is not done for the research subjects but in order to increase knowledge, that is, for the sake of science.

Quite a few youth researchers in Finland have adopted the point of view of a youth worker, which makes it more difficult for them to take the role of a dispassionate, outside researcher. The same is true of so called critical youth research, as its point of view is also that of youth policy, though in a reverse manner. The situation is further complicated by the fact that research subjects often come from vulnerable groups of people with multiple problems. As a result, we have relatively few adequate sociological descriptions of different youth groups.

There is nothing reproachable in some researchers’ wanting to help their research subjects already during the research process, but we have no reason to set this as an ideal. Researchers have no need to apologise for doing their work. They must not harm their research subjects, but they need not benefit them either.

The confidentiality of the research relationship should not be overemphasised. No such promises should be made to research subjects that narrow the scope of scientific openness. For example, it is necessary that the opponent should be able to examine the primary data of a doctoral dissertation. It is also important to make sure that research assistants will be able to process data. Furthermore, research subjects should be told how the data are to be archived and how the use of the data is to be supervised. Any promises made to research subjects must be kept but unnecessary and unwise promises should not be given.

One problem associated with the scope of consent is that of the use of the data in further research. The guidelines of the Office of the Data Protection Ombudsman in Finland stipulate that if the intention is to use the data subsequently in further research, an explicit informed consent should be specifically obtained from the person concerned (what data are going to be used by whom for what purpose) (Tietosuojavaltuutetun toimisto 2001, 11; see also Kleemola 2000 and Koskela 2004). This has been interpreted to imply that any further use of data must be very precisely specified. It is not easy to understand how this guideline derives from the Personal Data Act and why an attempt is made to limit research subjects’ right to decide on the use of data that concern them. For example, why should research subjects not be allowed to authorise a medical research unit that they regard as responsible to use their tissue samples in any research approved by the scientific body supervising the unit?

It is often impossible to know in advance what kind of scientific use a dataset may have in 20 years. Many survey datasets
have been useful in examining the effects of lifestyle on morbidity and mortality although they had originally been collected for completely different purposes (Poikolainen 1983, Poikolainen & Simpura 1983). In 1958, for his doctoral thesis in sociology, Kettil Bruun tape-recorded conversations taking place in small groups of people drinking alcohol in a private room of a restaurant (Bruun 1959). Thirty years later the recordings were used in a seminal research project in linguistics led by Auli Hakulinen on practices in Finnish conversation (Hakulinen 1989), and a further ten years later in Anna-Liisa Lehessaari’s doctoral thesis in phonetics concerning the effect of alcohol on prosody (Lehessaari 1997).

**Prohibition against harm to research subjects**

The second principle in research ethics is the prohibition against harm to research subjects. A distinction here needs to be made between individuals participating in the research and the target group of the research.

The causal chains set in motion by medical and behavioural research differ. If a person is given medication, both short- and long-term effects may occur, but the effects are different from those of a study of suburban life, for example. In social research, the protection of research subjects against harm at the individual level is principally an issue of data protection.

Research benefits and data-protection risks need to be weighed against each other. Drawing on data from different registers, Päivi Partanen estimates the number of hard drug users in Finland. The results will be published in the form of statistical summaries, ensuring the anonymity of individual research subjects. At the first stage of data processing, the personal identifiers of the register data will be encrypted and the original identifiers destroyed. After the data from the different registers have been combined, the encrypted identifiers will also be destroyed (Alho & Partanen 2004).

The STAKES Ethics Committee decided in April 2004 that the collection of data on municipality of domicile was not permitted but such data should be replaced with data on region and the degree of urbanisation. The decision was made on the grounds that in certain cases it would have been possible to identify the person concerned by combining municipality data with other data. The decision was possibly derived from certain interpretations of the Personal Data Act. I will here discuss the decision from the perspective of common sense and that of data protection.

The researcher should have a right to collect data with an accuracy that is too high to allow the data to be published. The decision of the Ethics Committee prevents the researcher from grouping municipalities in different ways depending on the aims of the analysis. Optimal groupings are found by trial and error. Moreover, we cannot know today what the optimal grouping will be for the analysis of time trends after a few years as drug use patterns are difficult to anticipate.

Compared with research benefits, the data protection risks of municipality data are non-existent. First, the researcher is bound by professional secrecy. Second, combined data could only be linked to the person concerned with great difficulty. Third, it is difficult to imagine anyone having interest in doing so. Fourth, the same...
end result could be achieved by combining other data collected in the project.

The strict interpretation of the Personal Data Act and the extension of legislation on medical research to social research both reflect the State’s desire to protect research subjects from the researcher. Equally important would be to protect the research subject from the State.

Russel Ogden, a post-graduate student at Simon Fraser University, Canada, collected data for his thesis by interviewing people who had assisted AIDS patients in suicide. In 1994, he was subpoenaed to give evidence at an inquest. Ogden refused to divulge confidential information. Although there is no statutory protection in Canada of information obtained by university researchers from their research subjects, the Vancouver Coroner cited certain distantly analogous precedents in support of the decision that Ogden’s communications were privileged (Lowman & Palys 2000).

Ogden sued the central administration of his university for failing to support his struggle for academic freedom. The court did not order the university to pay Ogden’s court costs, but the judge criticised the university for its “surprising lack of courage” and “hollow and timid” approach although the fact that Ogden had been summoned as a witness endangered the freedom of academic research (Lowman & Palys 2000).

In 1995, the Research Ethics Review Committee of the same university started to require that consent forms should include a restriction stating that it might become necessary for the researcher to hand over research data to a court of law. The aim was obviously to ensure that the university would avoid any legal expenses caused by potential suits. Two years later the criminologists John Lowman and Ted Palys told the committee that they would refuse to limit the confidentiality of research data and that they would defy any court order to appear as a witness. The committee subsequently refused to approve two projects by Lowman and Palys. After two levels of appeal, the committee’s decision was overruled, and it was affirmed that Lowman and Palys had a right to use an unrestricted confidentiality clause (Lowman & Palys 2000).

Zinger et al. (2001) studied the psychological effects of solitary confinement. The consent form specifically stated that the interviewers were obliged to inform the prison management of any information concerning the interviewed prisoner’s safety or that of the prison (Zinger 1999). Such topics included suicide plans, plans of escape, injury to others or threats to the general security of the prison. The question arises as to whether it is possible to study the effects of solitary confinement if respondents know that any suicidal or aggressive intentions will be reported to the prison management (Palys & Lowman 2001).

Nothing similar has occurred in Finland. However, it is an obvious shortcoming that datasets in behavioural sciences have no legal protection. Not even in the context of a house search do the police have access to medical patient records, whereas the police in the same situation have free access to social research data although the confidentiality of the information would have been guaranteed by the researcher. This is a serious disadvantage as many studies collect information on illegal activities.

In the 1980s, Pekka Hakkarainen...
collected unstructured interviews of drug users (Hakkarainen 1987). The research assistant who conducted the interviews was put on trial and was subsequently sentenced to imprisonment for a drug offence. When the research assistant’s home was searched, the police took possession of interview tapes and other confidential research material. Fortunately, the drug police were aware of the wider implications of the matter and returned the material un-copied promising that the information it contained would not be used in police work.

Medical interventions usually have no harmful effects at the group level, possibly with the exception of a vaccination programme that may run out of control and cause an epidemic. In social sciences, by contrast, group-level effects often need to be taken into account.

It may be reasonable to require that medicine research should have no harmful effects. With regard to the group level at least, in social science attention should only be paid to the unfair consequences of research. If a criminological study of fraudulent bankruptcies does not violate privacy protection standards with regard to the research subjects but helps future police work, it is appropriate although it may harm the offenders.

The concern felt about research subjects at the group level should not lead to rose-tinted reporting. Tapani Valkonen presented occupational mortality data to trade union officials (personal communication, 20 March 2005). He noted that the highest mortality rates were found among restaurant waiting staff and that this could perhaps partly be explained by alcohol-related deaths. The representative of the Hotel and Restaurant Workers’ Union vehemently required that this kind of information should not be published as it would defame the profession’s reputation. Nevertheless, cause-of-death data broken down by occupational group are regularly published in Finland (Sauli 1979).

A somewhat more difficult question is what kind of information can be published with regard to ethnic minorities. The researcher’s primary responsibility is to produce reliable information about the reality of their situation. What research subjects themselves are ready to publish cannot be taken as a criterion. It is of course problematic if research will strengthen the rejection of ethnic minorities, but glossing over the facts is hardly of any use. Similar information spreads anyway in the form of rumours and common knowledge, and it should be possible to write about negative phenomena without sentimentality and nevertheless without malice.

With small groups of research subjects, it is, on the whole, difficult to make a distinction between individual-level data protection problems and group-level effects. In the 1960s and ‘70s, many Finnish studies based on documentary sources and participant observation explicitly named their target institutions: the Yläne Reform School (Bruun 1965), the Lapinjärvi Institution for Alcoholics (Säilä 1967, Säilä & Mäkelä 1967), and the Helsinki Youth Clinic (Sirén 1977). The descriptions were true but not flattering. Although the staff and residents were not mentioned by name, the descriptions were so detailed that individual staff members could sometimes be identified based on their professional title or other pieces of information. Both these studies and the debate they
provoked caused considerable distress to those involved in control work.

It is hard to know where to draw the boundary. Research subjects should not unnecessarily be made identifiable. However, a journalist who reports on a business enterprise, government agency or care institution is free to communicate his or her observations. Why should a researcher not have the same right?

The problem is particularly acute in many evaluation studies. Projects to be evaluated often involve only a few actors, so that they can easily be identified. Why then would the researcher set out to reveal all their foolish and bad deeds? On the other hand, what is the point with evaluations if concern for the participants leads to whitewashing? The situation is further complicated by the fact that evaluation researchers tend to have short work contracts, and the following work opportunity may depend on the initiator of the project to be evaluated sitting in the steering group.

Data collection, preservation and archiving

Qualitative research is more difficult to plan in advance than quantitative research (Mäkelä 1990). During fieldwork stage the researcher may face moral choices that are much more significant than the rituals of written consent and that no research ethics committee is able to foresee, let alone address such issues in advance. However, in one area the planning and pre-review of qualitative research can be developed in a way that improves both the privacy protections of research subjects and scientific openness. The area is the planning of data collection, storing and archiving.

The Economic and Social Research Council of Great Britain requires that all datasets collected in any project it funds should be made available in electronic format for archiving (Economic and Social Research Council 2005). This also applies to qualitative data. The Council will withhold the final payment until all datasets have been deposited for archiving in the format required by the archiving unit maintained by the Council. Datasets must be deposited in a format that allows other researchers to use them. The council provides adequate funding for the preparation of data for archiving. At the time of data deposit, the depositor can specify the degree of confidentiality of the data and the conditions under which the data can be made available to other researchers.

The system was strongly criticised in lobby discussions at the annual conference of the British Sociological Association in March 2005 (Sinikka Aapola’s personal communication, 8 April 2005). Two types of reasons can be suggested. Some researchers may want to safeguard the confidentiality of the personal research relationship. In practice, however, a second reason may carry more weight: It is laborious to collect the data in a format suitable for archiving.

Not even experienced researchers always know in advance what kind of material they are going to collect, that is, what the unit of observation will be. Will it be a conversation, a meeting, a situation, an arrest, a game turn, their combination or some other level of analysis? In addition, the researcher will make observations that cannot be fitted in the framework of pre-specified units and for which a free-form fieldwork diary needs to be kept.
Good reasons exist for being cautious in applying medical research guidelines as such within other disciplines.

An excessively strict interpretation of the Personal Data Act and the extension of the legislation on medical research to social research can hamper social research without actually improving the position of research subjects.

The legal protection of the confidentiality of social researchers’ sources needs to be improved.

Translation: Leena Saarela

Conclusions

We need to carry out studies of the background and effects of the new priorities in research ethics in the 1990s.

We need jurisprudential analysis to find out how the principles of the freedom of research and scientific openness can best be defended in the interpretation of existing legislation and in decision-making on research ethics.

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Tietosuoja ja tieteellinen tutkimus henkilötietolain kannalta (Data protection and scientific research from the perspective of}
Ethical control of social research


UNESCO (No printing year): Ethical guidelines for international comparative social science research in the framework of MOST. [Ref. 29.1.2005. Online: http://www.unesco.org/most/ethical.htm]


Mäkelä’s paper raises the spectre of increasing systems of ethical control which may be inappropriately applied across research disciplines and which may challenge research freedom and creativity to the point where concern to manage ‘risk’ outweighs scientific considerations. The issues discussed by Mäkelä are especially pertinent in thinking about alcohol and drugs research which lies at the interface between medicine/health and social sciences. It would be surprising if anyone contradicted the contention that we need multi-disciplinary and multi-method research to understand the behaviours, problems and responses associated with substance use and problem use. It would also be surprising if anyone contested the need for ethical controls and guidance to protect the rights of research subjects who are generally regarded as a ‘vulnerable’ group of people. However, as Mäkelä argues, systems of ethical control have increased and spread enormously over the past ten to fifteen years and it is timely to look at how and why such systems have developed and the impact they may have on research and the production of knowledge.

As long ago as 1964, the World Medical Association adopted the Declaration of Helsinki’s ‘Ethical Principles for Medical Research Involving Human Subjects’, resulting, in the UK as elsewhere, in increasingly sophisticated codes of ethical control in medical research. In 1991, Research Ethics Committees (RECs) were formally established but continued to operate autonomously in the UK. This developed into a more co-ordinated group of Multi-Centre Research Ethics Committees (MREC system) in 1997 and in 2000 led to the establishment of the Central Office for Research Ethics Committees (COREC) with the objective of fostering common application processes and standard operating procedures for all National Health Service research ethics committees. Suggestions for a ‘system’ of standard operating procedures for UK RECs, proposed in 2004, included the appointment of national research ethics advisers located in COREC, local co-ordinators, senior co-ordinators, managers and local research ethics advisers “to promote the complete

I am indebted to discussions with colleagues on the project ‘Ethical Codes and Ethical Controls in the Social Sciences’ – Louise Ryan, Veena Meetoo, Rosemary Sales, Eleonore Kofman and Susanne Macgregor.
service to support the committees”. It was recognised that the system would require paid officers and trained members (www.corec.org.uk).

In the social sciences, we find a less well co-ordinated system of ethical codes and regulations. It may be too soon to reach any conclusion regarding the extension of medical approaches to cover all social research and whether such an extension is warranted or not; but the signs are that social science is going down the same route towards a more standardised system of ethical control. Taking effect from January 2006, a new Research Ethics Framework for social science research from the Economic and Social Research Council (ESRC) states that a framework specific to social science is necessary because other ethical frameworks for research on human beings, such as biomedical research, may not be appropriate (www.esrc.ac.uk). Similarly, a voluntary code of practice from the Respect project (supported by the European Commission) notes the absence of rigorous research governance procedures in the social sciences and the variations in the quality of research practice throughout Europe (www.respectproject.org/code). Reasons given for the development of new codes include the growth of research activity and, in particular, growth of cross-disciplinary and cross-national research requiring ethical guidance which transcends that provided by professional and national bodies. As the Respect project noted, a common code may be a “pre-requisite for the development of a European market in socio-economic research in which research can be commissioned and partnerships entered into on the basis of clear mutual understandings and relationships”. The global research market is likely to raise even greater ethical dilemmas around issues of partnership, collaboration, risk and benefit to researched populations, the protection of human rights and the application of ethical controls, especially where research funding and researchers from ‘developed’ countries seek to work with organisations in ‘developing’ countries.

At least in the UK, the move towards greater standardisation of codes and procedures of ethical control could be seen as indicative of wider social trends towards the emergence of new and more diverse systems of control over aspects of everyday life and individual behaviour. We might also see it as yet another manifestation of the growth of the ‘risk society’ where risk – to the researcher and the research institution as well as to the research participants – must be identified and managed. It seems clear, too, that we are witnessing the emergence of a new profession or ethics ‘industry’. Although still in its infancy, there is already a hierarchically structured system of control with a tightening grip over the research endeavour which may pose a challenge to professional and other scientific organisations currently supporting codes of ethics and research regulation appropriate to disciplines within the health and social sciences. I raise these questions as issues for thought rather than because I have any answers. While there has been considerable discussion around the content of ethical codes, such broader sociological questions, regarding the emergence and growth of ethics ‘activity’, have received much less attention.

However, there is an emerging debate on the possible effects of ethical control systems on research activity. Despite the
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Trend of rationale underpinning the development of new codes of practice, Mäkelä’s paper aptly captures disquiet in the social science community regarding what is seen as a failure to take account of crucial differences between medical and social science research in the nature of research interventions, individual and group level impact, research processes and the relationship between researchers and the researched. We should not assume that there is consensus in the medical/health arena on the drift towards a ‘tightening grip’ on ethical control systems – yet another issue for further exploration! But among social scientists, the rumbles of concern over the effects on post-graduate research, the influence of a ‘medical model’ on social science endeavour and the possible erosion of research freedom and creativity are growing louder. As mentioned at the start, this is a debate which strikes at the heart of drug and alcohol research and which deserves much wider and more in-depth consideration if we wish to put paid to the spectre of a “formation of a monopoly of interpretation” and a possible imbalance between the protection of human rights and the production of research based knowledge.

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Klaus Mäkelä’s essay on ethical control of social research provides welcome insights into a growing problem in social science in general and in addiction research in particular. It strikes the right balance between the needs of society to investigate social phenomena and the rights of research participants who need to be protected from trivial or unethical data collection. Although it is written with respect to pending legislation in Finland on privacy protection, the themes of the essay resonate well with a number of issues that I have encountered over the years as a career alcohol scientist.

A case in point is Mäkelä’s example of the requirement to obtain informed consent from parents if their children are surveyed about sensitive issues or information about the parents. This requirement is already being exceeded in many parts of the USA and Europe where survey researchers are increasingly being asked to seek parental permission in advance just to invite their children to participate in a drug or alcohol survey. The result is that parents who forget to give active consent or who refuse to allow their children to participate can sometimes bias the sampling frame so much that the sample is unrepresentative and inferences cannot be made to the broader population of children. The irony is that teachers, young adults, and school administrators have been conducting school surveys for over 40 years without active or passive parental consent. I am not aware of any instance where these surveys have caused harm to the participants or the parents, yet we are now being faced with more aggressive Institutional Review Boards that have decided to change the rules in the absence of any apparent need to protect the research participants beyond what has already been done (e.g., voluntary participation, supervision of survey administration by persons other than the teacher, etc.).

Another issue that resonates with social researchers is the growing tendency to include long lists of medical caveats in the explanation of risks to research participants. This has created problems in research that deals with minimal interventions with medical patients whose behavioral risk profiles include the use of tobacco, alcohol and illegal drugs. In recent years these caveats have been so extensive that the process of informing, warning and consenting a research participant can take more time than the actual intervention under study, thereby compromising the researcher’s ability to learn about the impact of minimal interventions in

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When the tail wags the dog
routine clinical settings. Typically, control groups show significant responsiveness to the behaviors under study, and one possibility is that the consent process is sensitizing them to the expectations of the researchers.

Regarding the data protection risks of municipality data, we often received requests from school administrators for the release of school-specific information in state-wide surveys (where schools had been selected randomly) so that school administrators could use it in their anti-drug and alcohol campaigns. In this instance, our Institutional Review Boards have been helpful in explaining why it would be inappropriate to release data at the level of the school and the classroom, and school administrators have respected this limitation.

An important question, only hinted at in Mäkelä’s article, is what role social and behavioral scientists should play in the evolution of ethical policies governing social research. First, it should be recognized that international research, to the extent that it is funded by the US National Institutes of Health, has to conform to the often more rigorous biomedical policies championed by the US government. Nevertheless, national governments and local ethical authorities are relatively autonomous with respect to the rules they set, so it is possible to influence ethical policies, especially if concerted action is supported by professional organizations, which may carry greater authority than individual investigators. Thus advocacy at the local and national levels could focus on clarifying the procedural dilemmas created by overly stringent ethical controls, perhaps by disaggregating the different types of research that require special consideration (e.g., qualitative investigation, field research, survey studies, etc.).

There can be no substitute for time spent working on committees appointed either by professional organizations or ethical review committees. Another contribution that could be made by social scientists is the collection and publication of data showing first that these higher bioethical standards do not really protect research participants any more than less stringent precautions, and that their implementation can create barriers to the progress of social and behavioral science.

As Mäkelä’s article makes clear, there is a need to make trade-offs that balance the interests of research participants against the needs of social science. The most important message in these examples is that in the course of strengthening ethical controls it becomes necessary for social scientists to take an active role in the process. Only then can we prevent the tail from wagging the dog.

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Phyllis Lalandard

Confidentiality on the edge: Reflections on an article by Klaus Mäkelä

Mäkelä’s article is interesting and its argumentation well set out, and as such inspires reflection and debate on a theme that has not received very much attention in social-sciences-oriented alcohol and drug research in the Nordic countries. As far as ethics rules are concerned, there is always much scope for interpretation, which sometimes leaves the researcher surrounded by a sense of uncertainty. But perhaps this uncertainty is a good thing. Perhaps it provides an opportunity for well thought-out decisions that are based on the three key principles identified by Mäkelä: producing reliable knowledge, maintaining scientific openness and showing respect for the research subjects. Below, I shall pick up on this discussion about principles and responsibilities from the vantage-point of the ethnographic research I have conducted in drug environments. I will be proposing an addition to the principle of respecting the informant’s rights, not only as an ethical issue but also as a strategic choice in terms of gaining the informant’s respect and preparing the ground for other researchers. Respect is a reciprocal process, and by showing respect for our informants we also increase our prospects of recruiting more informants. In this sense we also increase our prospects of gaining reliable information.

In my study of young heroin addicts (Lalandar 2003) in the medium-sized Swedish town of Norrköping, I interviewed 24 young heroin addicts whose mean age was 22 years. I made a large number of observations in the secret infrastructure of this town where heroin was used and sold. I was new to this kind of research and had absolutely no idea of what I was in for. I had also no practical experience of the care of drug addicts, which on the other hand was good because that meant I would not be liable to approach and look at drug addicts as “weak” and dependent on care. As far as I was concerned, these were young people who deserved to be approached as rational human beings. The ethical rule that I followed in my work was to protect my informants and to deal with what they told me or showed me in such a way that that could not be used against them. However, this rule had not yet become deeply engrained in me. I was aware of it and I commented on it in my research application where I guaranteed the anonymity of my informants. But by the time I was starting my research I was no longer sure I had observed this rule, at least in all instances. In an interview with a newspaper that was done before I had made contact with my research subjects, I was asked where I drew the line with respect to informing the authorities. I answered then that it would...
certainly be difficult for me to remain si-
lent if I witnessed a serious drug offence. I was fortunate that it was only after six months or so out in the field that I learned about serious drug crime, because that is how long it took for me to assimilate the rule. This possibly had something to do with the fact that I had gradually soaked up the criminal ideology of “not grassing”. My point, however, is that the principle of confidentiality, when put into practice out in the field, is extremely complicated and its application will often vary depending on the situations that one is confronted with. Therefore I agree with most that Mäkelä says in his article.

My mentor and partner in this project was Bengt Svensson. He conducted a similar study (see Svensson 1996) a few years before mine in Norrköping and he had built up a know-how he could share with me when I talked to him about problematic situations I had had. We constantly discussed the kinds of issues that Mäkelä raises in his article. On one occasion, at an early stage of my study, I interviewed a young woman called Jenny who was very badly hooked on heroin and whose veins were so badly damaged that she could no longer inject but smoked heroin on tin-foil (which is known as “chasing the dragon”). We were sitting in a small outbuilding next to her parents’ house some way outside of Norrköping. She was extremely restless and anxious because she was having problems with her heroin supply and did not have enough money to buy more. At the end of the interview she asked me if I could give her a lift into town. “Of course,” I said, “no problem”. “Great,” she replied, “I’ll just pick up a few things, you go ahead to the car.” She seemed very tense and on the edge. I sat down in the car and waited. She appeared a couple of minutes later carrying two plastic bags. I could see they were full of technical equipments, but didn’t give much more thought to it. We drove into town and parted ways. A few days later I received a phonecall from Jenny’s stepfather who was living with her mother. I had said hello to him before our interview and he managed to track me down. I was totally unprepared for what he had to say: Did you see that Jenny had a stereo with her in your car? She has stolen it from us. His tone was offensive. But the notion I had was to protect my informants so I lied; I said I had seen nothing.

My main concern upon hearing from Jenny’s father, however, was if any mistake on my part might have affected my future prospects of gaining the confidence of other informants. In a sense I was thinking strategically; I didn’t want to burn any bridges. I was confused and all sorts of thoughts crammed into my mind. If I told the truth about what I had seen, would Jenny’s father go to the police and want to call me as a witness? He upped his offensive tone and threatened me with the police. At that point I admitted I had seen two plastic bags full of what to me appeared as electronics, but that I certainly was unaware of questions of ownership. He left the matter at that. I met with Jenny on one more occasion. She told me she had gone to the pawnbrokers with the stereo and used the money to buy heroin. I never saw her since, no doubt because our relationship had been affected by what had happened with the stereo, but also because her life in general was in chaos. Fortunately what I had said to her father had no bearing on my contacts with other informants. Jenny
was a heavily addicted woman and as such had only a lowly status in the subculture and was not very closely involved in its social networks either.

On another occasion I interviewed a young heroin addict called Salle at his home, where he lived with his parents. Salle had been injecting heavily for the past year and it was beginning to show. He had to use extremely thin needles in order to get the heroin into his veins around the knuckles. Despite his young age Salle was a “middleman”, delivering 5-gramme packets of heroin to the street dealers.1

During our interviews we were constantly interrupted by his ringing mobile; this was clearly a large network. At the exact moment I was going to leave, Salle’s parents came in through the door. His father cast a dubious eye over me and asked who I was and what I was doing there. What was I to say? I replied that I couldn’t say who I was. If I had revealed the purpose of my research, I would at once have given Salle away as a heroin addict. I debated with myself whether or not to tell him my name. If I did then Salle’s father could easily have found out about me and the research I was doing through Google, for example – this was more or less my reasoning.

Again, I was being pulled in opposite directions. Salle was standing there, watching the situation unfold. It all felt like a test. Would I pass it? Salle’s father then made the clever move of coming straight up to me, extending his hand and introducing himself in a pretentiously friendly voice: “Bosse Andersson, I work at the local council’s administrative unit (fictitious).” This all happened in a matter of seconds, with thoughts bouncing back and forth in my head and with personal thoughts and introspections about Salle’s father mixing with considerations of ethnographic strategy and ethical principles. Instinctively, I extended my hand and said “Philip Lalander, youth culture researcher”. He seemed to be content with that. “Phew!” I wanted out. The conflicts that were going on within myself were threatening to burst out. I could sympathise with the father and understood that he suspected I was dealing drugs, that I was one of those people who had led his son into the drug habit. I have children of my own and if you know that your son or daughter is doing drugs, you will obviously want to know about any “dubious” characters who turn up in your home. Salle’s father and mother knew with lesser or greater certainty that their son was doing drugs, but they probably did not know the extent of the problem. Salle was later to become one of the key informants in my project and he provided huge amounts of material for me.

I have been in several similar situations that have involved conflicts of consciousness and on these occasions I have drawn on the principle of confidentiality. That, however, is not a particularly clear principle, nor does it set out specific lines of action. It provides a general guideline. I personally think it’s useful, but I also think that young researchers who intend to engage in this kind of research should have the opportunity to familiarise themselves in advance with the kind of scenarios with which they may be confronted out in the field. I was unprepared. Had I not had the opportunity to talk things over with Bengt Svensson, it is possible that my own inner conflicts would have taken the better of me and I would have called it a
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day. Bengt provided a psychological outlet for my thoughts and frustrations, and at the same time provided useful advice on the strength of his own experiences. I also remember consulting drug researcher Ted Goldberg, who had conducted a similar study in Stockholm and who gave me good advice on whether or not to talk to the authorities if I learned about major drug-related crimes, for instance. The sense of inner conflicts becomes even more intense when one has grown up in a society that has always portrayed drug crime as a profoundly evil monster. With the help of sound advice and the accumulation of more experience, the principle of confidentiality became increasingly crystallised. I also tried to anticipate different kinds of situations and think out in advance how I would react. If, for example, I were summoned to court to stand as a witness, I would decline to do so and in general refuse to speak. If I were to get caught up in a police raid, I would never disclose what I had seen in the room where the raid took place, no matter what. It was the same kind of mental practice runs that slalom skiers do before they set out on the course, trying to reduce the risks they may encounter. The difference is that the slalom course is marked out in advance. In real-life ethnography you can never fully anticipate where the sticks will be. It is extremely important that the researcher who sets out to explore closed, criminal environments has a clear, concrete understanding of the principle of confidentiality. This principle also ties in closely with the principle of gaining reliable knowledge since a feeling of security and trust among the research subjects makes them give more reliable knowledge.

The point I am hoping to make above, in keeping with my interpretation of Mäkelä’s intentions in his article, is that it is difficult to have clear and specific rules and that the main thing instead is for the researcher to show an awareness of the three key principles identified by Mäkelä. Furthermore, what I want to maintain is that these principles should be grounded in research and practical experience. Bengt Svensson’s experiences were invaluable to me, and in the future I can perhaps pass on the knowledge I have accumulated to someone who wants to do something similar. Another point that needs to be raised on the basis of the examples above is that the principle of confidentiality is also conducive to continued access, so in this sense it is not just an ethical issue but also a strategic one. When I said I was a youth culture researcher, Salle did not become identified as a heroin addict but as a youth, a less problematic category than heroin addict. I passed the test without having to lie. Salle’s position in the heroin culture was so strong and so prominent that my job would have been much harder had I revealed that I was in the process of writing a book about heroin. In this sense I would argue that in this kind of research, the rule of confidentiality can sometimes be more important than the principle of scientific openness. However, the principle of openness, in the end, is also in essence about the production of reliable knowledge. I am, on the other hand, somewhat dubious about the question of allowing other researchers access to archived research data. The greater the number of people who have access to a dataset, the greater also the risks. This is how I see it. Certainly the first requirement before this kind of mate-
rial is made more readily accessible is to make sure it is genuinely and fully anonymous. At the same time other researchers must be allowed to criticise the knowledge extracted from that data. From this point of view it is important that the requirement of anonymity does not preclude the opportunity to criticise the interpretations offered or the knowledge produced.

The research examples I have quoted above are intended to provide a more nuanced picture of the principle of respect for informants. There is no question that in the practice of research, this is a complex principle indeed.

To conclude, I would like to call into question a small portion of Mäkelä’s work that is set out in the following sentences:

A somewhat more difficult question is what kind of information can be published with regard to ethnic minorities. The researcher’s primary responsibility is to produce reliable information about reality. What research subjects themselves are ready to publish cannot be taken as a criterion. It is of course problematic if research will strengthen the rejection of ethnic minorities but glossing over the facts is hardly of any use. Similar information spreads anyway in the form of rumours and common knowledge ...

To me, Mäkelä is placing too much weight here on the researcher’s responsibility for the production of reliable knowledge. Science becomes something sacred. I am currently in the process of writing about young Chileans with a troubled background and have therefore had to give much thought to the question of how to present and write about what I have learned without further adding to their stigmatisation. It is important that not only social scientists but experts in other fields reflect on the question of how what they write relates to dominant ideologies and that this can add to inequalities and differentials. Science is more than “rumours” and “common knowledge”. When scientists say something, there is a real risk that people believe what they say. Rumours become verified. I think that ethnic groups who have problems should be written about, but the way in which one writes about them can be varied with a view to providing a better description. I am sure Mäkelä agrees. For example, it is often problematic that too much weight is placed on ethnic factors when the true issue is class, or possibly the interplay between class and ethnic factors. Here it is perhaps particularly important to defend the principle of scientific openness and to make sure that other researchers have the opportunity to call the results into question. Finally, it is important for researchers to know how journalists work and not to give them the chance to offer their black-and-white descriptions of reality, to write in terms of good and bad, immigrants and Swedes, etc.

With the exception of the last point I think that Mäkelä’s article is well-written, intelligent and an important contribution to the discussion about research, particularly research that is conducted in environments characterised by illegality.

Translation: David Kivinen

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NOTE
1) Street dealer is not in fact a fair and accurate description in that most of the trading takes place within the confines of apartments.

REFERENCES
Teenagers’ “use” of non-existent drugs

A study of false positives

Introduction
That respondents understate how much alcohol they drink, or give false negative responses to questions about illegal drug use, are well-known threats to the validity of self-reported data on substance use (see for example Harrison & Hughes 1997; Mäkelä 1971; Perنان 1974; Popham & Schmidt 1981; Single & Wortley 1994; Sloan et al. 2004). In line with the theory of social desirability (Edwards 1953; Zerbe & Paulhus 1987), the tendency to under-report substance use has been interpreted as an expression of a wish to be seen in a favourable light — both in one’s own eyes and in other people’s eyes. However, as we will soon explain, over-reporting of drug use has also been observed: Some respondents claim to have experiences with drugs that they have not used, and thus give false positive answers. In contrast to under-reporting, over-reporting has been given little attention by researchers in the field, but this article is devoted solely to the issue.

The survey “Young in Norway 2002” was carried out by Norwegian Social Research (NOVA), mainly funded by the Research Council of Norway. Work with this article was funded by the Research Council of Norway, Programme for Health and Society. We wish to thank our dear colleague Ingiborg Rossow at the Norwegian Institute for Alcohol and Drug Research for wise and helpful comments.

ABSTRACT
H. Pape & E.E. Storvoll.
Teenagers’ “use” of non-existent drugs. A study of false positives

AIMS
We have analyzed teenagers’ self-reported experiences with a fictitious drug, and explored whether observed characteristics of individuals who report use of real, illegal substances change when overreporters are excluded from the analyses.

METHODS & DATA
Data stemmed from a school-based, nationwide survey of 13–19-year-olds in Norway (N = 11928, response rate: 92%).

RESULTS
Two percent reported that they had been offered the non-existent drug “zetacyllin”, whereas 0.5% allegedly had used it. “Zetacyllin users” appeared to be heavy users of existing substances, and therefore rates of GHB-, heroin-, LSD- and cocaine use dropped markedly when they were excluded from the sample. Correlates of such real drug use also changed when analyses without “zetacyllin users” were performed: The statistical effect of gender (i.e. being male) vanished, whereas the impact of age increased. The pattern of correlates with respect to indicators of socio-economic background also changed, but in different directions.

CONCLUSIONS
False positives may seriously distort the validity of survey-data on rare phenomena such as hard drug use.
Due to this kind of response error, rates of uncommon behaviors may be inflated and observed correlates may deviate from the true pattern of correlates.

KEYWORDS: Self-report, drug use, validity, over-reporting, false positives, adolescents, survey research, general population.

Indications that some individuals over-report their use of drugs are to be found in studies that have compared self-reported information with biological markers of drug intake (Akenci et al. 2001; Harrison 1995; Rutherford et al. 1999; Wislar & Fendrich 2000). Urine analyses have often been used for this purpose, and data have typically been collected from selected groups with a high consumption of drugs. However, biochemical tests are also not free from measurement errors (Brener et al. 2003; Cone 1997; Schwartz 1998). In addition, such tests can usually only detect recent drug intake, and not drug use from weeks or months previously. Moreover, for ethical, practical and economic reasons, this method cannot be used to validate survey data on drug use from large samples of the general population. In such studies, over-reporting has been assessed by asking about use of non-existent drugs, such as “nariam” or “adrenochromes” (wagon weels). These kinds of questions have been included in several studies of adolescents, and the prevalence of false positive answers has generally been about one per cent (Barnard & Forsyth 1998; Oetting & Beauvais 1990; Single et al. 1975; Poulin et al. 1993; Whitehead & Smart 1972).

Studies with questions about fictitious drugs have almost exclusively focused on over-reported use of drugs. However, Barnard & Forsyth (1998) also investigated false positives in other drug-related areas. About one per cent of the teenagers in their study reported that they had been offered a fictitious drug, and about the same proportion reported that they had been present when others had used it. Considerably more, almost one in four, claimed that they knew about the drug. The respondents in the survey “Young in Norway 2002” were also asked different questions about a non-existent drug, and in this article we present the analyses of these data.

But is over-reporting anything for researchers in the field of drugs to worry about? Is it not primarily under-reporting that deteriorates the validity of survey data on behaviours that are illegal or unacceptable – as the theory of social desirability seems to suggest? Or do false positives also represent great challenges? Before we present the findings from our own study, we will address these questions.
False positives – a large or a small problem?

Referring to the low prevalence of false positives, both in their own survey and in other similar studies, Single et al. (1975, 432) maintain that “over-reporting is not a major problem in measuring drug use”. A similar point of view is to be found in a review article by Swadi (1990) about the validity of self-reports in surveys of adolescent substance use. Petzel et al. (1973) also claim that false positives are not a big problem, despite the fact that as many as 4 per cent of teenagers in their study claimed to have used a fictitious drug. However, rates of use of various real drugs became only marginally lower when these false positives were removed from the sample. Based on these results, it was concluded that researchers do not need to worry about over-reporting when analysing data from large surveys on drug use. On the other hand, Petzel et al. have pointed out that false positives can cause problems in other contexts, for example if one assesses a sample of clients with the purpose of organizing measures for them, or offering them treatment. Such a setting may also promote over-reporting because individuals may gain advantages by appearing to be more dependent on drugs than they really are (Midanik 1982; Richter & Johnson 2001).

Our impression is that many researchers have not been aware of the fact that false positives can seriously deteriorate the validity of self-reported information on drug use, data from large surveys of the normal population included. Whether over-reporting in such studies is of concern or not depends mainly on which research questions are to be studied. If the aim is to obtain reliable prevalence estimates, all response errors can cause problems. Skog (1992) has pointed out that over-reporting in some contexts can have a greater effect than under-reporting. This is very likely to be the case when the true prevalence is low: As a general rule, the fewer people there are who have used a specific drug, the higher the number of false positives. Consequently, the prevalence of rare forms of drug use (or other types of uncommon behaviours) from studies of the normal population will almost always be too high unless over-reporting has been counterbalanced by biased attrition.

The logic behind Skog’s assertions is as follows: If the vast majority of the respondents have not used a specific drug, then many of them have, by definition, the possibility to lie about using drugs that they have not used. A low proportion of response errors among these non-users (i.e. false positives) can have a significant effect, precisely because this group is so large. Even if the proportion of response errors among those who have actually used the drug (i.e. false negatives) is much greater, this will have less effect, because the group is so small. In other words, in such cases the number of response errors from non-users and users of the actual drug will be different: False positives will be in the majority and hence, cause the observed prevalence to be artificially high. In the case of more commonly used substances, the situation will be different: Over- and under-reporting may then counteract each other, or under-reporting may be greater. Thus, in the same data set, there may be rates that are close to the true prevalence, as well as rates that are too high and too low.

Teenagers’ “use” of non-existent drugs
Response patterns that are inconsistent across time can be due to both false positives and false negatives. Skog (1992) has pursued this theme by analysing such inconsistencies in a longitudinal study of adolescents. In the first survey (t1), 2.5 per cent of the respondents answered that they had used hard drugs at least once in their lives. In the second survey (t2), almost half (49%) of these respondents denied that they had used such drugs. Thus, the results indicated that the true prevalence at t1 was somewhere between 1.3 per cent (if 49% of the respondents in the observed user group at t1 had given a false positive response) and 5.0 per cent (if 49% of the “true” drug users had given a false negative response). However, other validation studies, in which self-reported data have been matched with external criteria for illegal drug use (i.e. biological tests, register data), indicate that much less than 49 per cent of the users give false negative responses. On the basis of such documentation, Skog estimated that the true prevalence of hard drug use at t1 was considerably lower than the observed prevalence—probably around 1.4–1.6 per cent.

Skog (1992) does not just provide an illustration that over-reporting can produce too high prevalence rates, his analyses also demonstrate that a substantial proportion of those who report uncommon behaviours may in fact be false positives. This probably applied to about 40 per cent of the respondents who reported hard drug use in his study. If one carries out further analyses of data with such great measurement errors, for example to reveal correlates of uncommon behaviours, it is obvious that the results may be misleading. If measures are implemented, based on the results of such research, one runs the risk of not reaching the intended target group.

Limitations and unanswered questions
There are few scientific publications about self-reported use of fictitious drugs, and in most cases, researchers have only reported the proportion of false positives without pursuing the matter further. Previous research has thus provided little knowledge about the characteristics of respondents who claim to have used drugs that do not exist – apart from that they often report use of real drugs as well (Single et al. 1975; Poulin et al. 1993). However, Poulin et al. (1993) found indications that these respondents also gave erroneous information in other contexts, and they therefore excluded them from all further analyses. Whether this influenced the results, for example the relationship between socio-demographic factors and drug use, was not described. As far as we know, no-one else has explored whether, and if so how, the characteristics of adolescents who report use of real drugs are affected when such false positives are removed from the analyses. Why some individuals report use of fictitious drugs is another unanswered question. The phenomenon is often regarded as random response errors from respondents with extensive use of drugs (for example, see Single et al. 1975; Swadi 1990), but other explanations may clearly also be valid.

Aims and research questions
The basis for this article is that false positives can represent a serious threat to the validity of self-reported data on uncommon types of drug use, and that the phenomenon is well worth studying closer.
Therefore, we analysed data on availability and use of *zetacyllin*, a non-existent drug, from the survey “Young in Norway 2002”. The following questions were addressed:

- How is claimed experience with the fictitious drug *zetacyllin* related to adolescents’ reported use of real drugs?
- To what extent are observed rates of reported use of real drugs reduced when “users” of the fictitious drug are excluded from the analyses?
- Do the observed characteristics of adolescents who report use of real drugs change, when “zetacyllin users” are excluded from the analyses?

We have chosen to examine the last research question by carrying out analyses of some variables that are often used when describing the prevalence of drug use in the population, i.e. gender, age and indicators of socio-economic background.

By addressing the above questions empirically, the study also challenges the assumption that respondents who report use of fictitious drugs are mainly individuals with substantial drug experience, who have randomly answered one question incorrectly.

**Methods and material**

“Young in Norway 2002” is a large, national survey of 13–19-year-olds. The target sample included 12 923 pupils from 73 different schools. The sampling procedure was designed to obtain a sample that was as representative as possible of the Norwegian population of adolescents attending school. Anonymous questionnaires, with questions on several different topics, were distributed in the classrooms and filled out under the supervision of a teacher. The net sample comprised 11 928 adolescents (response rate: 92%). The original data file included additional 17 respondents, but they were deleted because of many obviously non-serious answers – among other things about substance use. The response rate was slightly higher for lower secondary school pupils (94 per cent) than for upper secondary school pupils (91 per cent). Detailed descriptions of the procedures, the sample, attrition and measurement instruments can be found in a separate report (Rossow & Bø 2003).

There were two different versions of the questionnaire, one for lower secondary school pupils and one for upper secondary school pupils. Since different codes were printed on the two types of questionnaire, we could identify which type of school the adolescents went to without asking them. This measure can be regarded as a dichotomous age variable: More than nine out of ten (92.7%) lower secondary school pupils were 13–15 years old, while almost all the upper secondary school pupils (99.8 per cent) were 16–19 years old. Self-reported data on age were also collected, with response alternatives corresponding to the age distribution in the two types of school. Consequently, we can be reasonably sure that this age variable does not have serious errors.

False positives were identified by asking the respondents if they had ever offered, and if they had ever used, the fictitious drug *zetacyllin* (“cinnamon”). These questions appeared in a large section with identical questions about cannabis (hash/marihuana), amphetamine (“speed”), ecstasy (“E”), cocaine, LSD, GHB and heroin. The following variables were also used, all of them with the last twelve months as the temporal point of reference: use of canna-
Teenagers’ “use” of non-existent drugs

Results

Table 1 shows how the adolescents responded to questions about their own experiences with different drugs. Use of the fictitious drug zetacyllin was reported by less than one per cent (0.5%)—as was use of GHB (0.6%), heroin (0.8%) and LSD (0.8%). With regard to the availability of different drugs, zetacyllin stood out as a drug that few had been offered: Two per cent had allegedly been given such an offer, while the proportions for the other drugs ranged from nearly four per cent (GHB) to over 30 per cent (cannabis). Table 1 also shows that the rates of non-response were almost identical for all the hard, illegal drugs. In that respect, it thus seems that the respondents dealt with the questions about zetacyllin use in the same way as for the questions about GHB, heroin, LSD, cocaine, ecstasy and amphetamine.

Respondents who failed to answer the questions about zetacyllin use, have, by definition, not given false positive responses. They were therefore placed in the same category as those who answered “no” to the questions about this fictitious drug. Respondents who did not answer the questions about the real drugs were, on the other hand, excluded from further analyses.

As shown in Table 2, the “zetacyllin users” appeared to be experienced drug users and to have a “wet” lifestyle. For example, nearly all of these over-reporters (95%) answered that they had also used real, illegal drugs. Furthermore, over half of them (57%) reported that they had been intoxicated with alcohol more than ten times during the last year, and three out of four had experienced problems associated with drinking. The corresponding rates
among the “non-users” of zetacyllin were much lower. Respondents who claimed to have been offered the drug were also markedly different from those who did not, but not so much as those who reported use of it.

Below, we have concentrated on reported use of drugs, rather than on reported drug offers. First, we examined to what degree “use of zetacyllin” coincided with reported use of real drugs. The results showed that 50 per cent of GHB users, 40 per cent of heroin users, 35 per cent of LSD users, 19 per cent of cocaine users, 13 per cent of amphetamine users, 11 per cent of ecstasy users and 3 per cent of cannabis users answered that they had used the fictitious drug. When we excluded “zetacyllin users” from the analyses, the observed rates of real drug use were accordingly lower. These changes are presented graphically in Figure 1, but only for the drugs that less than 2 per cent reported to have used. It stands to reason that only small

Table 2. Reported experience with real drugs according to reported use and offer of the fictitious drug zetacyllin. Percentages.

<table>
<thead>
<tr>
<th>Reported experience with real drugs¹</th>
<th>“Used” zetacyllin</th>
<th>“Offered” zetacyllin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Ever used drugs²</td>
<td>11145</td>
<td></td>
</tr>
<tr>
<td>Used cannabis during the last year</td>
<td>13</td>
<td>95</td>
</tr>
<tr>
<td>Used hard drugs during the last year</td>
<td>11</td>
<td>79</td>
</tr>
<tr>
<td>Been drunk 10 times or more during the last year</td>
<td>4</td>
<td>72</td>
</tr>
<tr>
<td>Alcohol-related problems during the last year</td>
<td>24</td>
<td>57</td>
</tr>
</tbody>
</table>

¹ All these variables were significantly correlated with reported use of, and reported offer of, zetacyllin (p<0.001)

² Cannabis, amphetamine, ecstasy, cocaine, LSD, heroin and/or GHB
changes in the rates of more commonly used drugs were observed (ecstasy: from 2.2% to 1.9%, amphetamine: from 2.7% to 2.5%, cannabis: from 12.9% to 12.6%).

We wished to find out whether the characteristics of adolescents with drug experience changed when the “zetacyllin users” were excluded from the analyses. Various socio-demographic variables were used to investigate this issue. On the basis of the results presented above, we limited our focus to the less commonly used drugs (GHB, heroin, LSD and cocaine). Table 3 shows how gender and level of education/age were related to reported use of these drugs, and to “use” of zetacyllin.

![Figure 1. Observed rates of drug use in analyses with and without “users” of the fictitious drug zetacyllin (Z). Percentages.](image)

Table 3. Gender distribution and distribution of respondents according to educational level in the total sample, among “users” of the fictitious drug zetacyllin (Z) and among respondents who reported use of different real drugs. Analyses with and without “zetacyllin users” (+Z versus -Z). Percentages and p-values from χ²-tests in which users and non-users of the different drugs were compared.

<table>
<thead>
<tr>
<th>Total sample</th>
<th>Z</th>
<th>GHB</th>
<th>Heroin</th>
<th>LSD</th>
<th>Cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>51</td>
<td>16</td>
<td>32</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>Boys</td>
<td>49</td>
<td>84</td>
<td>68</td>
<td>53</td>
<td>45</td>
</tr>
<tr>
<td>p (users versus non-users)</td>
<td>-</td>
<td>***</td>
<td>** ns</td>
<td>*** ns</td>
<td>** ns</td>
</tr>
<tr>
<td>Lower secondary school</td>
<td>51</td>
<td>56</td>
<td>42</td>
<td>32</td>
<td>55</td>
</tr>
<tr>
<td>Upper secondary school</td>
<td>49</td>
<td>44</td>
<td>58</td>
<td>68</td>
<td>45</td>
</tr>
<tr>
<td>p (users versus non-users)</td>
<td>-</td>
<td>ns</td>
<td>ns λ</td>
<td>ns ns</td>
<td>*** ***</td>
</tr>
<tr>
<td>N</td>
<td>11 289</td>
<td>52</td>
<td>69</td>
<td>36</td>
<td>86</td>
</tr>
</tbody>
</table>

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</thead>
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</tr>
<tr>
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<td>53</td>
<td>45</td>
</tr>
<tr>
<td>p (users versus non-users)</td>
<td>-</td>
<td>***</td>
<td>** ns</td>
<td>*** ns</td>
<td>** ns</td>
</tr>
<tr>
<td>Lower secondary school</td>
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<td>56</td>
<td>42</td>
<td>32</td>
<td>55</td>
</tr>
<tr>
<td>Upper secondary school</td>
<td>49</td>
<td>44</td>
<td>58</td>
<td>68</td>
<td>45</td>
</tr>
<tr>
<td>p (users versus non-users)</td>
<td>-</td>
<td>ns</td>
<td>ns λ</td>
<td>ns ns</td>
<td>*** ***</td>
</tr>
<tr>
<td>N</td>
<td>11 289</td>
<td>52</td>
<td>69</td>
<td>36</td>
<td>86</td>
</tr>
</tbody>
</table>

*** p<0.001   ** p<0.01   * p<0.05

1 The gender distributions of the non-users for the different drugs are not shown in the table, but they were consistently the same as for the total sample (51 % were girls).

2 Nearly all the pupils in lower secondary school (92.7 %) were 13–15 years old.

3 Virtually all the pupils in upper secondary school (99.8 %) were 16–19 years old.

4 Among non-users of the different drugs, the distribution for the different levels of education was consistently the same as in the total population (49 % were lower secondary school pupils).
Boys were strongly over-represented among “zetacyllin users”. A similar gender distribution, but not so uneven, was also observed for those who reported use of real, illegal drugs – but only in the analyses that included all the respondents. When the false positives were excluded, there were no longer any significant relationships between gender and drug use. Table 3 also shows that “users” of zetacyllin, like the respondents in the rest of the sample, were approximately equally distributed between lower secondary schools (13–15-year-olds) and upper secondary schools (16–19-year-olds). The same was the case for those who reported use of heroin—both in the analyses with and without “zetacyllin users”. However, in the analyses of GHB use, the results varied: There were more users of the drug at upper secondary school than at lower secondary school, but only after we had excluded the false positives. All the analyses of LSD and cocaine use detected positive correlations between the respondents’ level of education/age. When we excluded the “zetacyllin users”, these patterns became slightly clearer.

In line with reported results, the self-reported information on age (measured as a continuous variable) was unrelated to “zetacyllin use” (r= -0.01). There was also no such correlation with reported heroin use. All the other prevalences (including use of ecstasy, amphetamine and cannabis) increased by age. Thus, in the analyses of the types of drug use that to the greatest extent coincided with “zetacyllin use”, the age effect was more prominent when we excluded respondents who claimed to have used this fictitious drug.

Previous analyses of data from “Young in Norway 2002” revealed higher rates of illegal drug use among adolescents with lower social background than higher social background (Pape & Storvoll 2006). We investigated whether this relationship altered when “zetacyllin users” were excluded from the sample. Even though the questions about self-assessed family economy and the number of books in the home can be regarded as sensitive, the proportion of non-response was low (3.3% for both questions). A higher proportion (8.4%) had skipped the question about mother’s level of education. We also found that gender and/or age correlated with these measures of socio-economic background, and since “zetacyllin users” had a slightly different gender and age profile than the respondents who reported use of real drugs (see Table 3), we controlled for these variables in the statistical analyses.

The results are presented in Table 4.

Weak family economy was related to use of GHB, heroin, LSD and cocaine, but not to reported use of zetacyllin. When “users” of this fictitious drug were excluded, the proportion of adolescents from homes with a weak family economy increased for all user groups. Similarly, the odds ratios for all forms of drug use were slightly higher. On the other hand, having a mother with low education correlated with “zetacyllin use”, but not with use of heroin, LSD or cocaine. After the false positives were excluded, mother’s educational level also had no statistically significant effect on use of GHB. Table 4 shows that a markedly higher proportion of “zetacyllin users” reported that they came from a home with few books. This indicator of low cultural capital had relatively less statistical effect on use of real drugs – particularly after the
respondents who claimed to have used zetacyllin had been removed from the analyses.

**Discussion**

In agreement with other studies of adolescents’ self-reported use of non-existent drugs (Barnea et al. 1987; Barnard & Forsyth 1998; Oetting & Beauvais 1990; Single et al. 1975; Poulin et al. 1993; Whitehead & Smart 1972), we detected a low prevalence of false positive responses: Half a per cent claimed that they had used the fictitious drug “zetacyllin”, while two per cent claimed to have been offered the drug.

Both “use of” and “having been offered” zetacyllin correlated with reported use of real illegal drugs. For example, nearly all “zetacyllin users” (95%) answered that they had used such drugs, compared with 13 per cent of adolescents in the rest of the sample. Conversely, many of those who reported hard drug use – up to 50 per cent – also claimed to have used zetacyllin. The observed rates of such drug use were thus a good deal lower when we excluded “zetacyllin users” from the analyses.

Others have also revealed high correlations between reported use of actual and fictitious drugs (Single et al. 1975; Poulin et al. 1993). Such findings have been interpreted as follows: Because of their substantial experiences with drugs, some respondents probably believe that they have tried “everything”. Therefore, they cross off all the drugs that are listed in the questionnaire, both those with familiar and those with unfamiliar names. This interpretation is based on the assumption that “users” of fictitious drugs answer truthfully when asked about use of real drugs. However, whether this is the case or not, is highly uncertain. It may well be that some respondents give many false responses, and lie about their experiences with a broad range of drugs – including

### Table 4. Socio-economic variables related to reported use of different drugs. Logistic regression analyses with and without “zetacyllin users” (+Z versus -Z). Adjusted percentages and odds ratios (OR). (The percentage distributions in the total sample are given in brackets).

<table>
<thead>
<tr>
<th>Variable</th>
<th>GHB</th>
<th>Heroin</th>
<th>LSD</th>
<th>Cocaine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor family economy (7)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted percentages</td>
<td>10</td>
<td>31</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>Adjusted OR</td>
<td>1.4 ns</td>
<td>3.7***</td>
<td>4.9***</td>
<td>3.8***</td>
</tr>
<tr>
<td>Mother with low education (12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted percentages</td>
<td>36</td>
<td>23</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Adjusted OR</td>
<td>4.0***</td>
<td>3.2***</td>
<td>2.2 ns</td>
<td>1.3 ns</td>
</tr>
<tr>
<td>A home with few books (6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusted percentages</td>
<td>27</td>
<td>17</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Adjusted OR</td>
<td>6.4***</td>
<td>5.2***</td>
<td>3.5*</td>
<td>4.7***</td>
</tr>
</tbody>
</table>

* *** p<0.001  ** p<0.01  * p<0.05
use of heroin, LSD or cocaine. Among the false positives, the proportion who came from a home with few books was markedly higher, while this proportion was only moderately higher among users of heroin, LSD and cocaine. Therefore, when we excluded “zetacyllin users” from the analyses, the effect of weak family economy on all types of low-prevalent hard drug use became slightly stronger, while the effect of the other two socio-economic indicators (i.e. having a mother with low education and coming from a home with few books) got weaker or vanished completely. To what extent the adolescents answered the questions on socio-economic background truthfully, and whether the validity of this information varied for different types of reported experience with drugs are questions that remain unanswered.

Interpretations and implications
If reported use of zetacyllin was mainly about random response errors from extensive users of drugs, the “users” of this fictitious drug should have been indistinguishable from those who reported consumption of real drugs. But this was not the case – neither in relation to age and gender distribution, nor with respect to different measures of socio-economic background. However, to what extent respondents who only reported use of real drugs, and not zetacyllin, had actually used the different drugs, is unknown. It is also uncertain which findings are closest to reality – those that we obtained from the analyses of the whole sample, or those observed in analyses without the “zetacyllin users”. Thus we cannot give any clear advice to researchers about whether they ought to exclude respondents who claim...
to have used fictitious drugs from their analyses. Poulin et al. (1993) have argued that such decisions should be warranted empirically, based on indications that “fictitious drug users” also give false information in other contexts. From their point of view, untruthful answers to one single question are not enough. Also, false positives, by their very nature, do not necessarily cause serious problems – how serious such response errors are, is in the first instance dependent on what one wishes to investigate.

The arguments outlined above lead to the following important question: To what extent is it justifiable to analyse phenomena with a low prevalence in studies based on self-reported data? Where is the limit for being able to assume that over-reporting is no longer a problem of any significance? Are observed prevalences under two per cent, which we concentrated on, by definition “dangerously” low? Should the prevalence be at least 3–4 per cent, or perhaps well over 5 per cent, before one can say that one is on the safe side? These are also questions that cannot easily be answered. Our study included only adolescents and we focused exclusively on over-reporting in connection with questions about illegal drugs. In other age groups, and with other topics, the results would probably have been different. Moreover, the prevalence of false positives also varied in our own material: As described, the percentage who claimed to have been offered zetacylellin was four times higher than the percentage who reported use of the drug (2% and 0.5% respectively).

Generally, there are obviously many reasons why respondents give false information. With respect to this, Swadi (1990) has distinguished between intentional and unintentional response errors. Intentional over-reporting of drug use can, for example, stem from a wish to give a negative impression of oneself. “Faking bad” is the term that has been used in this context (Babor et al. 1990). Such a misleading self-presentation may be an expression of opposition – both against the prevailing norms and values of (adult) society, and against researchers’ social status and power over knowledge. In addition, with school-based surveys, deliberate sabotage can be an element of some adolescents’ antagonistic attitude to the school system and its demands for conformity (Willis 1977). Counteractive power and a desire for opposition appear to be central key words in this respect. It is also probable that not only under-reporting, but also over-reporting of drug use, in some cases, can be explained on the basis of Edward’s (1953) theory of social desirability. Even though many people are strongly opposed to drugs, this does not apply to everyone. In some groups, the opposite may be the case, implying that flaunting “advanced” experience with drugs and fearless flirting with dangerous substances may bestow status. In relation to this, Barnea et al. (1987: 891) have stated that “certain respondents may exaggerate their use of substances as a result of […] their desire to conform to the presumed norms of their peers”. Evidently, response errors that have to do with a wish to live up to the assumed norms of others can include elements of self-deception, and thus be motivated more or less unconsciously.

The reasons for over-reporting drug use probably vary with age, and in all likelihood, the explanations outlined above...
apply mainly to adolescents. For adults, it is probable that the phenomenon relatively more often has to do with non-intentional response errors. In other words, in older age groups we assume that false positive answers about use of drugs more often reflect random inaccuracies (including “slip of the pen”), misunderstandings, reading errors or forgetfulness. Also, there is reason to believe that over-reporting of behaviors that deviate from prevailing social norms, such as illegal substance use, is more prevalent in studies of adolescents than in studies of adults.

In line with our findings, Skog (1992) also found indications that low prevalence drug use is over-reported. He concluded that “therefore, one needs to be very cautious when survey results on uncommon drugs are interpreted” (457). We fully support this conclusion. However, many researchers seem to believe that “more is better” – not because low drug use rates may coincide with a high proportion of false positives, but because high rates indicate a limited extent of under-reporting (Leigh 2000; Midanik 1982; 1988). Moreover, in cases where external validation criteria have given lower consumption levels that those given by respondents, researchers have tended to regard the criteria measure as unreliable. That such discrepancies can be due to false positives, has often been ignored. Similarly, many publications on the validity of self-reported drug use have failed to discuss measurement errors caused by over-reporting (for example, see Harrison & Hughes’ anthology from 1997).

There are also many examples where firm conclusions about risk factors and correlates of rare types of drug use (or other uncommon behaviors) have been drawn on the basis of general population surveys. At best, it has only been mentioned briefly in passing that the results may be unreliable because of false positives.

Our study indicates that researchers should consider carefully whether it is defensible to analyse survey data in order to obtain knowledge about rare behaviors. Evidently, false positives may seriously distort the validity of such data, implying that rates may be inflated and observed correlates may deviate from the true pattern of correlates. In many cases, other methodological approaches than survey research are probably more appropriate when the aim is to study rare phenomena. In our view, a combination of different research strategies is the best alternative – including this particular context.
NOTES

1) In this connection, Skog (1992) refers to Hauge & Nordli (1983), and to Martin et al. (1988). More recent studies, in which self-reported drug use has been linked with external validation criteria, also indicate that much less than half of users give false negative responses (Darke 1998, Harrel 1997).

2) More girls than boys reported that their family had poor economy (8% versus 6%, p<0.0001) and that their mother had a low level of education (13% versus 11%, p<0.0001), while more boys than girls reported that they came from a home with few books (7% versus 5%, p<0.0001). Also, the proportion who reported weak family economy and a mother with a low level of education increased with increasing age (p<0.0001 in both cases).

3) We used stepwise logistic regression for calculating adjusted percentages. Step 1 was bivariate, and included only drug use as independent variable (and the relevant measure of socio-economic background as dependent variable). In step 2, gender and/or age were included in the model. The adjusted proportions (p) were then calculated according to the following equation: p=exp(L)/(1+exp(L)), where L refers to the logit for a given group. The proportion in the reference group (in our case, respondents who had not used a given drug) corresponds to the logit for the constant in Model 1. The logit for the other groups was calculated by adding the regression coefficient in Model 2 to the constant in Model 1 (see also Pape & Rossow 2004, pp. 410–411).

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Do we believe the answers we get from large surveys about the prevalence of drug use in the population? Empirically, the literature dealing with this has traditionally focused on the biases that lead us to underestimate the level of drug use. For instance, heavy drug users may not respond to the survey and even if they do they may be reluctant to admit the extent of their drug use. However, as Pape and Storvoll points out, there are also mechanisms that work in the opposite direction, leading us to overestimate the prevalence of drug use. For instance, people may claim to have used a drug when they in fact have done no such thing (false positives).

Some may argue that only a small percentage of the respondents will give false answers in this way, so in aggregate the problem is of minor importance. Building on previous research, by Ole-Jørgen Skog (1992) and others, Pape and Storvoll rightly argues against this. While it is true that only a small percentage give answers that are obviously false, the prevalence for some drugs is so small that even a small group of “liars” in the population is enough to affect the results significantly. For instance, Pape and Storvoll show that in a sample of more than 10,000 youths in Norway, about 0.5% gave demonstrably wrong answers since they claimed to have used a drug which is not a drug at all (zetacyllin). This may not sound like a large problem, but it turns out that the zetacyllin users make up half of the 0.6% of youths claiming to have used GHB. If all the individuals claiming to have used zetacyllin were excluded as unreliable respondents, the prevalence of GHB use in the population would drop to 0.3%. This illustrates the potential importance of this mechanism. Unless it is accounted for, we may think that drug use is twice as common as it really is.

Although it is interesting to have more data on how false positives of this type may cause problems, the general issue has been known in the literature for some time. Pape and Storvoll recognize this, and they manage to give the old insight a new and interesting twist. In addition to demonstrating the relationship between claimed zetacyllin use and the use of other drugs, and how the prevalence of other drugs is reduced when the zetacyllin users are excluded from the analysis, they also examine “whether the characteristics of adolescents with drug experience changed when
“zetacyllin users’ were excluded from the analysis.” This is a novel contribution to the literature.

Somewhat surprisingly it turns out that after the exclusion of zetacyllin users, gender was a less important predictor for the use of other drugs. Also the importance of social background as measured by the number of books in the home turned out to be weaker than previously thought, while weak family economy became more important.

There are, of course, many different issues that can be mentioned in response to these results. I shall focus on one, the method of contrasting the results before and after excluding zetacyllin users. This method is used both when investigating the potential importance of false positives for the prevalence of other drugs and the change in characteristics.

The basic question is this: What do we learn from contrasting the results before and after excluding zetacyllin users? At the one extreme one could argue that the results after excluding zetacyllin users equal the results closest to the truth. On this interpretation the zetacyllin users represent respondents who cannot be trusted to give correct answers on any question. They may, for instance, be intentionally sabotaging the survey. In this case, the contrast between the two analyses is very useful because it reveals the difference between a spurious and genuine relationship.

At the other extreme, one might argue that those claiming to have used zetacyllin in general are those who have also tried other drugs. This could be because heavy drug users simply tick off most of the items listed in the survey, as Pape and Storvoll note. It could also be because this group contains many people who enjoy the small act of rebellion of giving wrong answers just for the fun of it. In this case eliminating the “false positives” will make the final analysis worse. We would be throwing out those individuals who are most likely to engage in drug use. The analysis would then underestimate the prevalence of other drugs and produce misleading conclusions about the variables associated with drug use.

The interesting question is where we are between these two points. Pape and Storvoll are rightly cautious about making sweeping conclusions on this issue, but it should be noted that the method of contrasting the results before and after is most interesting only if one believes that those eliminated really are false positives. Further progress in this area would lie not in simply documenting the problem, but in trying to assess which of the various mechanisms are strong and whether it is most likely that current prevalence estimates err on the side of caution or exaggeration. This surely requires some ingenious thinking, but there are examples where similar mechanisms have been tested. For instance, Davies (1997) reports how drug users gave different answers depending on whether they were interviewed by a well-dressed interviewer or not. When answering well-dressed interviewers, drug users typically gave answers indicating heavy drug use, while they – on average – reported significantly lower use to a more ruggedly dressed person. Inconsistencies of these kinds indicate unreliable results. Other examples of a clever use of data are comparisons of sales and reports of alcohol consumption on small islands such as Svalbard (Høyer et al, 1995). The field of
drug use is virtually crying out for somebody to invent some equally clever ways of measuring the empirical importance of some of the many mechanisms that are mentioned as possible reasons for over- and underestimation in Pape and Storvoll's article.

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Polarization in alcohol consumption among Icelandic adolescents, 1995–2003

Introduction

On March 1, 1989 the sale of beer was legalized in Iceland after a 74-year-long ban. All types of alcohol had been prohibited in Iceland in 1915, but the sale of wine was permitted again as early as 1922 (Olafsdottir 1999). When prohibition was formally lifted in 1935, beer stronger than 2.25% was not legalized. One of the main reasons for continued beer prohibition was a concern among legislators over the negative effects legalized beer would have on youth alcohol consumption (Gunnlaugsson & Galliher 1986).

The legalisation of beer in 1989 produced a 23% spike in national alcohol sales between 1988 and 1989, but by 1993 alcohol sales had reduced to the same level as in 1988 (Olafsdottir 1999). The legalisation of beer did however transform Icelandic alcohol culture, which was previously dominated by distilled spirits, and beer quickly became the most prevalent type of alcohol consumed by all sociodemographic groups in Icelandic society (Olafsdottir & Gudmundsdottir & Asmundsson, 1997).

It is not entirely clear to what extent the

This research was in part made possible by Icelandic Research Council Grant #50670021

ABSTRACT


AIMS

Alcohol use among Icelandic adolescents has declined substantially in the last decade. This paper evaluates the source of this decline by examining changes in the frequency and quantity of adolescent alcohol consumption in the period 1995–2003.

DATA AND METHODS

The total population of 10th grade (15–16-year-olds) students in Iceland was surveyed in 1995, 1999 and 2003 as part of the European School Survey Project on Alcohol and Other Drugs (ESPAD).

RESULTS

The total volume of alcohol consumed by 15–16-year-old students declined by 15% between 1995 and 2003. This decline can be traced to an increasing number of abstainers. Among adolescent alcohol consumers drinking was more frequent and the total volume of alcohol they consumed increased by 19% between 1995 and 2003.

CONCLUSION

Declining alcohol use among Icelandic adolescents is due to fewer alcohol consumers and cannot be traced to less consumption by active drinkers. Adolescents who consume alcohol regularly have increased their consumption in this period.

KEYWORDS

Frequency, quantity, declining alcohol use, Iceland
fears of legislators in 1935 regarding the effect of beer on youth alcohol consumption have come true. It appears that adolescent alcohol use increased in the short run following the legalization of beer in 1989 (Olafsdottir 1999), but the lack of standardized time-series data does not allow the long-term effects to be fully determined. Regular standardized nationally representative surveys of alcohol and drug use in the adolescent population conducted since the early 1990s in fact suggest a gradual decline in adolescent alcohol use in recent years.

According to the results of the European School Survey Project on Alcohol and Other Drugs (ESPAD), the frequency of alcohol use among 15–16-year-old students in Iceland decreased steadily from 1995 to 2003. In the other 22 countries that have participated in all three rounds of the ESPAD survey (1995, 1999 and 2003) the level of alcohol use has generally remained stable or increased in the eight-year period. On average, the frequency of alcohol consumption increased in these countries between 1995 and 2003 (Hibell et al. 1997; 2000; 2004). As a result of these two contrary trends, the prevalence of 30-day alcohol consumption in Iceland fell from 12th place among these 23 countries in 1995 to 23rd place in 1999 and 2003. Iceland also slipped from the 4th highest prevalence of adolescents having been drunk in the past 30 days in 1995 to 8th place in 1999 and 15th place in 2004. Similar results were observed for other measures of frequency of alcohol use (see Hibell et al. 1997; 2000; 2004).

The absolute decline in the frequency of adolescent alcohol use as well as the relative decline compared to other countries has been hailed as evidence of the success of an integrated prevention approach in a period of increasing alcohol use in the general population (Lydheilsustod 2004). However, the idea has also been raised that these changes may be a direct result of the introduction of beer in 1989 and the gradual transformation and civilization of Icelandic alcohol culture through the growing prevalence of beer and wine and decreasing popularity of distilled spirits.

In what follows, these contradictory and somewhat paradoxical accounts of the nature of declining adolescent alcohol use in Iceland are examined through detailed analysis of consumption patterns of beer, wine and spirits according to the 1995, 1999 and 2003 Icelandic ESPAD survey data.

Methods and data

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has become the major source of information on the consumption of alcohol, tobacco, and illicit drugs among European adolescents. The first wave of the ESPAD survey in 1995 included representative samples of adolescents in 26 European countries (Hibell et al. 1997). The second wave was conducted in 1999 and covered 30 European countries (Hibell et al. 2000). The third wave took place in 2003 and included adolescents in 35 European countries (Hibell et al. 2004).

Iceland has taken part in all three waves of the ESPAD project. In each wave, the ESPAD questionnaire has been administered to all 10th grade students (15–16-year-olds) in Iceland present in class on the day of administration. The Icelandic ESPAD data are thus not based on a sample in the
conventional sense, but rather a population survey of most students in the target age group in each year. The response rates in the three Icelandic ESPAD surveys were between 81 and 89% of the more than 4000 students in 10th grade each year (for details see Bjarnason & Jonsson 2004).

The ESPAD items used in the current analysis are the 30-day frequency of drinking beer, wine and distilled spirits, and the quantity of each beverage consumed on the last drinking occasion. The product of these two measures is used to estimate average consumption of each beverage per month. It should be noted that while 30-day use cannot be considered an accurate measure of the drinking patterns of a given individual, it can be considered an unbiased measure of the current drinking patterns of a given group or cohort. In other words, regardless of past or future behaviours, the frequency of drinking in a 30-day time frame is taken to be the current situation in this particular cohort at the given point in time.

The 30-day frequency measures were truncated at 6 times or more in the past 30 days in order to reduce the effect of students that report extreme frequencies of alcohol consumption. The results presented are thus somewhat more conservative than if the full frequency range had been employed. It eliminates the effects of outliers, including those who find it humorous to report extremely high frequencies. At the same time, it may of course underestimate the ‘true’ frequency of use at all time points. It should however be noted that the frequency measures are identically coded in each of the three years and trends should not be adversely affected by this procedure.

The purpose of this research is to compare the alcohol consumption of three specific cohorts of 10th grade students. The vast majority of these students are included in the data and no inferences are made for any greater population. Neither confidence intervals nor significance tests are therefore calculated for the figures presented.

Results
As Table 1 shows, the proportion of 10th grade students who drink alcohol has diminished in the period under investigation. About two in three students (65%) had consumed beer, wine or distilled spirits in the last 30 days prior to the 1995 ESPAD survey. This held true for just over half the students (52%) in 1999 and just under half the students (47%) in 2003. This decline is evident in the prevalence of consumption.

Table 1. 30-day prevalence of alcoholic beverage consumption, 10th grade students in Iceland

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1999</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All students</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer once or more</td>
<td>51.8</td>
<td>46.3</td>
<td>42.6</td>
</tr>
<tr>
<td>Wine once or more</td>
<td>31.2</td>
<td>18.8</td>
<td>18.5</td>
</tr>
<tr>
<td>Spirits once or more</td>
<td>48.7</td>
<td>36.8</td>
<td>31.3</td>
</tr>
<tr>
<td>Any above once or more</td>
<td>65.4</td>
<td>52.0</td>
<td>47.3</td>
</tr>
<tr>
<td>Beer three times or more</td>
<td>16.2</td>
<td>17.2</td>
<td>18.8</td>
</tr>
<tr>
<td>Wine three times or more</td>
<td>5.3</td>
<td>4.3</td>
<td>5.5</td>
</tr>
<tr>
<td>Spirits three times or more</td>
<td>17.3</td>
<td>13.4</td>
<td>13.2</td>
</tr>
<tr>
<td>Any above three times or more</td>
<td>30.6</td>
<td>24.6</td>
<td>24.8</td>
</tr>
<tr>
<td><strong>Last 30-day consumers only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer three times or more</td>
<td>24.8</td>
<td>33.2</td>
<td>40.3</td>
</tr>
<tr>
<td>Wine three times or more</td>
<td>8.3</td>
<td>8.6</td>
<td>11.7</td>
</tr>
<tr>
<td>Spirits three times or more</td>
<td>26.5</td>
<td>25.5</td>
<td>27.9</td>
</tr>
<tr>
<td>Any above three times or more</td>
<td>48.4</td>
<td>48.5</td>
<td>53.3</td>
</tr>
</tbody>
</table>

Polarization in alcohol consumption among Icelandic adolescents, 1995–2003
of all three types of alcoholic beverages. The proportion that had consumed beer in the past 30 days declined from 52% in 1995 to 43% in 2003. The corresponding figures for wine declined from 31% in 1995 to 19% in 2003 and the prevalence of distilled spirits consumption declined from 49% in 1995 to 31% in 2003.

The group of students that consumed some type of beverage regularly (three times or more in the past 30 days) also declined from 31% in 1995 to 25% in 1999 and 2003. The group of regular consumers of distilled spirits declined from 17% to 13% while the proportion of wine consumers remained unchanged. In contrast, the number of regular beer consumers increased from 16% to 19%. The decreasing number of regular alcohol consumers can therefore be attributed to a decrease in the consumption of distilled spirits and an increase in mixed consumption of various beverages.

When the analysis is restricted to those students who have consumed alcohol in the past 30 days a somewhat different picture emerges. In this group the proportion of regular alcohol consumers (three times or more in the past 30 days) has increased from 48% to 53%. There has been a slight increase in the consumption of wine and distilled spirits in this group, but the regular consumption of beer has grown rapidly. In this group the percentage of regular beer drinkers was 25% in 1995, 33% in 1999 and had reached 40% in 2003.

Table 2 shows the average 30-day frequency of alcoholic beverage consumption among 10th grade students in Iceland.

<table>
<thead>
<tr>
<th></th>
<th>1995</th>
<th>1999</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All students</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>1.44</td>
<td>1.40</td>
<td>1.50</td>
</tr>
<tr>
<td>Wine</td>
<td>0.66</td>
<td>0.46</td>
<td>0.51</td>
</tr>
<tr>
<td>Spirits</td>
<td>1.43</td>
<td>1.09</td>
<td>1.07</td>
</tr>
<tr>
<td><strong>Last 30-day consumers only</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beer</td>
<td>2.20</td>
<td>2.69</td>
<td>3.20</td>
</tr>
<tr>
<td>Wine</td>
<td>1.03</td>
<td>0.91</td>
<td>1.10</td>
</tr>
<tr>
<td>Spirits</td>
<td>2.14</td>
<td>2.05</td>
<td>2.26</td>
</tr>
</tbody>
</table>

and distilled spirits consumption has declined. In contrast, the frequency of alcohol use has risen markedly among those who have consumed any type of beverage in the past 30 days. The consumption of wine and spirits among current alcohol consumers has increased somewhat and the frequency of beer consumption has increased considerably. Current alcohol consumers on average drank beer 2.2 times in the past 30 days in 1995, 2.7 times in 1999 and 3.2 times in 2003. There is thus some evidence of polarization in alcohol consumption among Icelandic 10th grade students. The number of alcohol consumers has decreased steadily, but those who do consume alcohol appear to drink more frequently. The frequency of beer consumption accounts for most of the increase in frequency among current alcohol consumers.

Table 3 shows changes in the quantity of alcohol consumption per occasion in the period 1995–2003. Among those who had consumed any type of alcohol in the past 30 days the average beer consumption increased from 0.66 litres in 1995 to 0.90 litres in 1999 and 0.93 litres in 2003. This is equivalent to an increase from an average
The average consumption of wine per occasion did however decline from approximately 1/10 of a wine bottle per current drinker in 1996 to approximately 1/20 of a wine bottle in 2003. The consumption of distilled spirits similarly decreased from 2–3 drinks on average per occasion in 1995 to 1–2 drinks in 2003. Recalculating these quantities into pure alcohol shows that total alcohol consumption per occasion declined somewhat in the period 1995–2003. In 1995 the average consumption was 9.3 cl of pure alcohol per occasion, and 8.2 cl per occasion in 2003. This is equivalent to a 12% reduction in the quantity of alcohol consumed per occasion for the whole population of 10th grade students.

The total consumption of alcohol in this age group can be estimated by the product of the frequency consumption in the past 30 days and the quantity consumed on the last occasion. This yields very imprecise point estimates of total consumption on the individual level, but produces an unbiased estimate of total consumption in the population of over 4000 students in each year. Table 4 shows that 10th grade students on average drank just under two large beers (95 cl) per month in 1995, but almost three large beers (139 cl) per month in 2003. Their monthly consumption of distilled spirits however declined from about 3–4 drinks per month in 1995 to 1–2 drinks per month in 2003.

Among current alcohol consumers the monthly consumption of beer increased from about three large beers (146 cl) per month in 1995 to about six large beers (297 cl) in 2003. In contrast, their consumption of distilled spirits declined from about five drinks (26 cl) in 1995 to just over three drinks (17 cl) per month in 2003. The total consumption of wine per student remained very low throughout the period under investigation.

The estimated quantity of alcohol consumption among 10th grade students can be put into perspective by comparison with official alcohol sales statistics for the country as a whole. Recalculating the self-reported figures into litres of alcohol per year and taking into account the number of students in each cohort (see Table 5) shows that the estimated annual beer consumption
of the cohort of 10th grade students has increased from 51 thousand litres in 1995 to almost 70 thousand litres in 2003. According to the State Alcohol and Tobacco Monopoly of Iceland (ATVR, 2005) the total sale of beer in 2003 was 11.4 million litres. The estimated consumption of 10th grade students is thus 0.61% of the total alcohol sales in that year.

In contrast, the estimated cohort consumption of wine declined from less than three thousand litres in 1995 to under one thousand litres in 2003. That corresponds to 0.04% of the 2.5 million litres of wine sold by the State Monopoly in 2003. Finally, the annual consumption of distilled spirits by 10th grade students is estimated to have reduced from more than nine thousand litres in 1995 to about four thousand litres in 2003. That corresponds to 0.49% of the 0.8 million litres of distilled spirits sold by the State Monopoly in 2003.

### Discussion

Adolescent alcohol use is associated with various physical, psychological and social problems. Adolescent alcohol use is for instance a rather efficient predictor of accidents (Bonomo et al. 2001), violent victimization (Bernburg & Thorlindsson 1999; Ullman et al. 1999) and suicide attempts (Bjarnason & Thorlindsson 1994; Rossow & Wichstrom 1994). Alcohol use is thus associated with the three major causes of death among Western youth; violence, suicide and vehicular accidents (Cohen & Potter 1999). Adolescent alcohol use also increases the risk of various problems in later life, such as physiological damage (Hansell et al. 1999), alcoholism (Hawkins et al. 1997; Pedersen & Skrondal 1998) and illicit drug use (Kandel & Yamaguchi 1993; Pacula 1998).

The prevention of adolescent alcohol use is therefore a major concern for parents, politicians and professional youth workers alike. While the adolescents themselves are the main beneficiaries of successful alcohol prevention measures, they may be more inclined to view such measures as adult interference in their lives, ultimately rooted in a failure to accept adolescents as full participants in society. The apparent success of Icelandic prevention policy seems to be primarily due to a decrease in the number of regular adolescent alcohol users, leading to an estimated 15% decline in the total volume of alcohol consumed by 15–16-year-old students in Iceland. Among those who do drink, however, the frequency of alcohol consumption has increased in the period 1995–2003 and their total consumption of alcohol is estimated to have increased by 19% in this period.

It thus seems that these prevention policies have in part been successful in polarizing Icelandic youth culture. On one hand, fewer adolescents can be considered current alcohol consumers, on the other hand, fewer adolescents can be considered current alcohol consumers, on the other
hand the group that does currently drink, has become smaller and perhaps more hard-core. Adolescents in this group are increasingly more similar to each other in their drinking patterns and their patterns are increasingly similar to those found in the population of adult alcohol consumers. At-risk adolescents who belong to the group of current alcohol consumers therefore seem to have experienced negative consequences of this process of polarization.

Icelandic alcohol culture has been profoundly transformed in the years following the legalization of beer. In the first fourteen years adolescent alcohol use has declined, but this change is due to the dwindling of current drinkers. Those who do drink, however, consume about 70 000 litres of beer annually, which is some 0.6% of all alcohol sales by the state monopoly. The legal age for purchasing and drinking alcohol in Iceland is 20 years, but young people clearly establish regular drinking patterns at a much earlier age. Assuming that alcohol consumption does not decline from the age of 15–20, it can be conservatively estimated that at least 3% (5 cohorts * 0.6%) of the proceeds of the state monopoly alcohol stores comes from alcohol sales to underage youth.

Icelandic prevention policies have emphasized close co-operation between parents, teachers, youth clubs, police and other adult guardians of adolescents. Declining alcohol use among adolescents has been taken as evidence of the success of this integrated strategy. However, one might wonder how nearly 140 000 half-litre cans of beer find their way into the hands of approximately 2000 alcohol consumers in the 15–16 year old age group each year. Reducing the availability and demand for alcohol among adolescents who have established regular drinking patterns is clearly one of the major challenges facing future adolescent alcohol prevention efforts.

REFERENCES


Polarization in alcohol consumption among Icelandic adolescents, 1995–2003


Drinking among Japanese youth - a paradox for theories of alcohol availability?

Introduction
There is broad consensus that alcohol is a causal factor in a wide variety of social and health problems (WHO 2004; Babor et al. 2003; Abbott 2000; Österberg & Karlsson 2002). Accordingly, responsible governments all over the world have engaged in discussing how to reduce the total amount of alcohol consumption (Room, 2005), not least among the younger generation (WHO 2001).

Principally, two strategies are available: reducing the demand, and/or reducing the supply. In an age of neo-liberalism and an increasingly borderless world the climate for public regulation of alcohol availability (i.e. the supply side) seems poor (Room 2005). Consequently, lots of money has been spent on information campaigns to warn against the risks from alcohol. The effects of such campaigns have been disputed (Babor et al. 2003; Edwards et al. 1996; Fekjaer, 1988) and questions have been raised as to the seriousness of such strategies (Österberg & Karlsson 2002, 451). For governments that are hard-pressed to show that they take alcohol problems seriously, it has been easy to allude to educa-
confirming this perspective. It is neither possible, nor desirable, to transplant collectivistic Japanese values into Western countries. However, we can ask what might be the Western functional equivalent to Japanese group control. Counteracting the increasing age-based segmentation in Western societies is perhaps the most potent answer to this question.

**Keywords**

Japan, youth, alcohol availability, cross-cultural comparison.

...tional programmes in their endeavour to show vigour and responsibility. However, the forces running in the opposite direction to moderation are often stronger, and the message has a tendency to reach those who need it the least. In other words, moderation based upon manipulating the demand side also seems to face serious challenges.

In this somewhat pessimistic situation I would like to add a cross-cultural perspective to the discussion that should be of some interest. In Japan alcohol is openly available and yet the total per capita consumption is modest. During the last 20 years consumption in Japan has fluctuated between 5.8 (lowest figure, 1981) and 7.3 (highest figure, 1988) litres of pure alcohol. In 2000 the total consumption was 6.3 (WHO Alcohol Database). In Norway, regarded as a low-consuming society, the comparable figures were 4.7 (lowest, 1993) and 5.9 (highest, 1980), with a registered consumption in 2000 of 5.0. Continental countries like Italy and France have experienced an essential reduction of per capita alcohol consumption from 17.7 and 19.7 respectively in 1980 to 9.2 and 13.3 in 2000 (Holder et al. 1998). If we take as our starting point the fact that Japan pursues an alcohol policy that is at least as liberal as the one found in Italy and France (see WHO 2004), it appears as somewhat surprising that Japanese per capita consumption has been only 1–1.4 litres above Norway (which has very strict regulations).

I will first comment on this seemingly paradoxical low total alcohol consumption in Japan. I think a combination of a gender/age-segregated structure of consumption together with the so-called “flushing gene syndrome” goes a long way to explain the peculiar Japanese drinking pattern. However, what I really find paradoxical and what I really want to analyse in this article is why Japanese youth don’t drink more alcohol. Even though gender and flushing gene syndrome apply to youth as well as adults, I think some specific cultural variables have to be paid attention to. To put it very simply in Japan, alcohol (beer, wine, and even whisky) can be bought by anyone (including youths) from vending machines around the country. This is probably unique to Japan, and at the World Health Organisation’s meeting on alcohol-related problems in Tokyo in 1991 the message was unanimous: alcohol consumption among young people should be reduced and all street vending machines that sell alcoholic beverages...
should be cleared (Meiko 1995).

However, less than ten per cent of junior high school students (1/4 of senior high school students) answered in a survey (1996) that they had obtained alcohol from vending machines (Suzuki et al. 2000). Alcohol is easily available but surprisingly little utilised; what kind of restrictions are in operation in this situation? I have serious doubt that the figures referred to above would have been the same in my own country (Norway) if vending machines for alcoholic beverages were so easily available.

My interest then, is twofold: a) What are the main reasons for Japanese youth seemingly being more “galvanised” against alcohol temptations than for example Norwegian youth? b) What lessons can be drawn from the case of Japan?

I find cross-cultural perspectives to be a valuable source of information when discussing alcohol-related questions. As Room (1988, 31) has argued, “too often, in alcohol studies as in other fields, ‘cultural differences’ have been regarded as outside the frame of explanation”. He continues by saying that, “a fuller understanding of cross-cultural variations in drinking practices and problems will give us new tools in the prevention and treatment of alcohol problems”. My intention in this article is not to bring new empirical data regarding drinking patterns among Japanese youth today. What I do, however, is ask what, in my opinion, are important questions emerging from the available statistics/surveys and a general knowledge of Japanese society. Or to put it this way: In my recent book on crime in Japan (Leonardsen 2004) I explored cultural explanations with regard to the paradoxical declining crime trends in Japan after the Second World War. In much the same way, I now look for cultural explanations to peculiar drinking habits among Japanese youth. Is it possible that “culture” may neutralise structural determinants on drinking, like low prices, opening hours, or general availability? If so, to what extent is it general cultural values, and to what extent is it specific values related to alcohol consumption that have the most decisive impact on drinking patterns? Finally, this of course begs the question of lessons to be drawn from the Japanese case.

First, let me briefly comment on the general picture regarding total alcohol consumption in Japan.

**Drinking in Japan – a gender-segregated pattern**

If we look at the aggregate level of alcohol consumption, two elements can explain the surprisingly low total per capita consumption: a more gendered/age specific structure of consumption than in Western countries and the “the flushing gene syndrome”.

Gender differences in drinking are in general more profound in Japan than in the West (Suwaki, 1985). This is especially true if we look at the older generations. Kuryiama et al. (1989, referred in WHO Database) show that it is not the <25 group who consume the most but rather male drinkers aged 30–59. To a larger extent than in Western countries, alcohol consumption in Japan is first and foremost linked to the tradition (among men) of winding up a long day’s work by drinking together with colleagues. If the per capita consumption of alcohol is small in Japan, this does not apply to men aged 30–59, and in all age groups we find that men drink more often,
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and especially larger amounts of alcohol, than women do. A high degree of gendered segmentation of drinking is one important intake in the explanation of the low per capita consumption in Japan.

In the drinking zones in the big cities (the so-called sakariba) women have traditionally been close to non-existent (Hendry 1994) and traditionally there have been cultural restraints on women drinking (Suwaki 1985). The positive consequence of this situation is of course that the number of female alcoholics and the incidence of foetal alcohol syndrome are extremely low in Japan (even though the ‘kitchen drinker phenomenon’ is well known). According to Tsunoda et al. (1992) some 80% of Japanese women have until the early 1990s been defined as abstainers or light drinkers, but the situation is changing rapidly. A national survey from 1992 (WHO Statistics, alcohol database, Yamamuro) reported that the number of female drinkers had increased from 18% to 53% during the last 10 years (with male drinkers up from 76% to 85%), but this is still much more gendered than we find in many Western countries.

My assertion, that Japan is a low consuming society regarding alcohol, should accordingly be modified because of very moderate female drinking. This means that it is patriarchal structures in the Japanese society that contribute to the low per capita consumption in Japan. To the extent that the liberation of women in Japan continues (see Leonardsen 2004) one should expect – ceteris paribus – that total consumption of alcohol will increase. As one often finds in politics: Some negative effects often accompany a good thing. The strategically interesting question in this situation would be to ask how a “feminisation” of drinking patterns might be brought about in Japan.

Another answer to the low total consumption is “genetic” and is known in the literature as the “flushing syndrome” (Shinfuku 1999; Makimoto 1998, Higuchi et al. 1996; Nagoshi 1994; Ogata & Tsunoda 1988; Clark 1988, Suwaki 1985). It is well known that about half (numbers vary in different reports) of the Japanese exhibit marked facial flushing and other autonomic symptoms when consuming even small amounts of alcohol. Empirical research indicates that this type of genetic explanation has an independent effect in the direction of reducing alcohol consumption among Japanese people. Among Japanese citizens living in the diaspora it has been argued that “the presence of an inactive ALDH2 gene may protect Asians, at least partially, against heavy drinking” (Makimoto 1998, 274). Studies undertaken in Japan have concluded in much the same direction (Higuchi et al. 1996; Nagoshi et al. 1994) even though the independent effect should not be exaggerated. Ogata and Tsunoda (1988: 179) found that although flushers reported drinking less frequently than nonflushers, “over three-quarters (78 per cent) of the males and nearly half (47 per cent) of the females who experienced flushing indicated they were able to continue drinking despite having this response to alcohol ingestion”. They found little relationship between flushing and the reasons given for not drinking. The debate on the effect of genetic inheritance of a low aldehyde dehydrogenase among Asian people is far from conclusive, but this perspective has definitely to be included in a comprehensive analysis of
Japanese drinking patterns.

Gender and genes – two dimensions not too easy to manipulate for an operative alcohol policy – represent two important explanations in understanding why the total alcohol consumption in Japan has been relatively low for so many years. Before I turn to my main subject – the role of cultural values in explaining drinking patterns – let me first document in more detail my assertion about Japan as a very liberal country regarding alcohol policy.

Japan – high tolerance for male drinking and a very liberal alcohol policy

Japan has been described as a “drinkers’ heaven” (Meiko 1995), and a traditional Japanese proverb says that alcohol is the ‘lubricating oil for society’. This is hardly unique to Japan, but to a larger extent than in most other countries, in this society alcohol functions to allow a letting off of steam after working exceptionally long hours. Since the need for this safety valve is probably extraordinarily high in Japan the acceptance for “let-out” drinking is common. There are very few obstacles for those (men) who care for a drink.

Compared to a typical individualistic Western culture Japan is a collectivist one (Triandis 1994; 1995). In this country the influence of the group is omnipresent. To follow the multitude and act like them has been a basic rule of conduct in Japan for more than a thousand years. As Dale (1986, 105) has so strongly underlined, in Japan there is a “censorious pressure to conform taciturnly to [public] roles and conventions”. When such a maxim is coupled to a general broad acceptance of drinking as well as for drunkenness (Suwaki 1985; Hendry 1994; Kitano et al. 1992), there are few informal social norms that moderate drinking. On the contrary, consumption of alcohol is on many occasions almost obligatory. Hendry (1994) argues that drinking is often regarded as more or less compulsory and (referring to Dalby) that it is even impolite to be sober when others are not (do as the multitude!). If a foreign visitor becomes inebriated when drinking with her/his hosts, this seems to be a delight to them because such behaviour might be interpreted as a compliment (Seward, referred in Hendry, 1994). According to Meiko (1995, 141) 86% of respondents in a 1992 survey among (mostly) members of university varsity teams said “they had been ordered to guzzle alcohol and that they were obliged to obey because the order came from their seniors”. Japan is a society based not only on group bonding, but on vertical relations as well. Senior–junior principles are in operation in most situations and this means that juniors should be wary not to oppose older people. According to Shinji Shimizu at the National Institute for Mental Health, “in a society that places weight on conformity, the pressure behind forced drinking is particularly strong” (La Movida 2001, 1).

One should also be aware that, in Japan, alcohol has been used as a part of wedding and funeral ceremonies for centuries, and on such occasions, even children are allowed to consume alcohol (Sargent 1967; Tsunoda et al. 1992). To drink for the gods has been regarded as a chief act of worship, and drunkenness and religion has historically been inseparably connected (Hendry 1994). The absence of moral condemnation regarding drinking alcohol, together with a strong group pressure...
and verticality principles, are factors that in themselves indicate extensive alcohol consumption in Japan.

The short version of Japanese drinking policy could be described as low prices and easy availability. Desapriya (2000, 5) describes the liberal Japanese alcohol policy in this way: “Availability of alcohol is virtually unlimited with easy access, especially for adolescents and the price is very low due to a strong Japanese currency. Thus Japan must be the country with the easiest access to alcoholic drinks”. No doubt, the Japanese government has put a low priority on controlling or limiting alcohol consumption (in sharp contrast to narcotics). Anyone (i.e. also teenagers) can get their drinks (beer, wine, even whisky) from one of 200 000 vending machines around the country (which is probably unique to Japan). Convenience stores, often open 24 hours a day, display alcoholic beverages together with soft drinks and peanuts. Even though the law prohibits minors below 20 years of age from drinking alcohol, no law requires owners of bars, restaurants or convenience stores to check IDs. It appears that the law now seems to exist only in dusty law books. This means that in reality, there are no formal or practical impediments that stop teenagers from drinking. Furthermore, the Japanese government has been very lenient (compared to many Western countries) concerning alcohol advertisements (WHO 2004). Meiko (1995), referring to a 1990 survey, reports that 9% of the commercials on five Tokyo-based TV stations were for alcoholic beverages (whisky, sake, beer and a special Japanese liquor called shô- chu). There are no supervisory bodies or laws that regulate liquor commercials in Japan, and this means that young people are strongly exposed to drinking pressure.

A decade ago a liberal alcohol policy became even more liberalised. Alcohol-related regulations were relaxed in 1994 (Desapriya, 2000) to increase the availability of alcohol, and in 2003 the government deregulated the alcohol retailing industry. This means that shoppers are now able to get their alcoholic beverages from pizza delivery outlets, from florists, from drugstores and from DIY centres (The Asahi Shimbun, 05.03.2003).

In short, it seems that economic interests have got the upper hand in Japanese alcohol policy. As Desapriya (2000, 5) sees it, “we must admit that in Japan the economy has basically been given political priority over other areas and health and welfare policies have rather followed economic ones”. Even though Japan is often described as the typical “Nanny State” (MacGregor 1996) this is not true regarding alcohol policy. Public health and welfare arguments have to an astonishing degree been wiped out when confronted with a culture of male drinkers who enjoy their daily sake or beer after work (beer accounts for over 75% of alcohol consumption, Japanzone, 16.02.2004) and an industry eagerly pressing on to increase their profits. In general, Japanese people don’t regard alcohol as a drug and they deny that alcoholism is a big problem (Milne 2003).

It should be added that the Japanese government has taken some action to moderate the consumption of young drinkers. In 1992 the Ministry of Education, Science and Culture ordered schools to educate about problems related to drinking. Furthermore, alcohol is no longer an exonerating factor in connection with
committed crimes, and drunken drivers are now severely penalised. However, these preventive measures should be contrasted with the easing of restrictions on alcohol sales implemented recently and they should be contrasted with the introduction of a new low price beer in response to decreasing sales (cf. the ailing Japanese economy. See Euromonitor, February 2003; Ono 1998).

From this presentation I conclude that Japan has adopted a paradoxical position with respect to alcohol. The liberalist US has far more restrictions on alcohol than the (otherwise) paternalistic and control-oriented Japanese society (WHO 2004), but consumption of alcohol (15 years and older) is nevertheless lower in Japan. I would not exaggerate the difference between European countries and Japan regarding alcohol leniency (in some regards Japan is more lenient, in some regards it is the other way around) but alcohol consumption is nevertheless remarkably low in Japan. Japanese citizens (children and teenagers included) have in many regards been more exposed (advertising), and have had easier access to alcohol (vending machines) than citizens in many (but not all) European countries.

Having commented on the low general alcohol consumption in Japan and the liberal attitudes to drinking let me now examine cross-cultural survey data regarding alcohol consumption among youth.

Alcohol consumption among Japanese and Western youth

During the 1990s media, popular reports and researchers have presented information about binge drinking among Japanese youth. Meiko’s (1995) article on Intoxicat-ed Youth is illustrative of this tradition of worried voices (Shinfuku 1999; Desapriya 2000). He refers to a survey from 1990–92 of 14 000 high school students across the nation, revealing that 80% of the respondents drank regularly, with 25% of the boys and 11% of the girls experiencing blackouts more than once a week because of extensive drinking. What seems to be the most troubling is that “indulging is no longer an illicit pleasure saved for special occasions. Nowadays, teenagers feel about as much guilt about consuming alcohol as they do about drinking soda. And for some, the intake of both beverages occurs with equal frequency” (op. cit., 140). Also Levy (2001: 1) argues that in Japan there is an “increased popularity of drinking to the extreme, especially among younger generations”. Does this mean that my postulated paradox regarding young drinkers carries no empirical proofs?

To approach an answer to this question one has to be precise. Consumption of alcohol varies enormously between the age of 12 and the age of 18, it varies between the sexes, and the same amount of consumption can hide widely different drinking patterns. We do not have the data that permits exact answers to all of these queries, so first of all I have to underline the exploratory character of my presentation. Also, let me give a short remark as regards outdated data. My intention in this article is not to give an up-to-date description of drinking patterns in Japan vs. Western countries. Rather, I want to ask, at a given point of time (mid-nineties), what kind of control mechanisms stopped Japanese youth from exploiting to a larger extent the “windows of opportunity” that exist in their surroundings.
A survey undertaken in 1996 by Suzuki et al. (2000) gives us the most recent and extensive overview regarding adolescent drinking in Japan. 72,396 high school students (15–18-year-olds) and 42,183 junior high school students (12–15-year-olds) in randomly selected schools all over Japan completed a questionnaire investigating adolescents’ drinking habits (frequencies, quantities consumed, drinking occasions, methods of obtaining alcohol and alcohol-related problems). The study also included a comparison of drinking frequencies among students between 1978 and 1996.

This is the summary of the report: “60% of junior high school students and 70% of high school students reported having drinking experiences, 5% of junior high school students and 10% of senior high school students drank one or more times per week. Many of the junior high school students usually drank with their families and consumed small amounts, but many senior high school students drank on various occasions and consumed larger amounts. These Japanese high school students reported being offered alcohol frequently by their parents, found it easy to buy alcohol beverages, and believed that they had the right to determine whether to drink. Japanese adolescents’ drinking has increased over the past 20 years, whereas drinking by U.S. adolescents has decreased” (Suzuki et al. 2000, 377).

The report concluded that one needed a system for monitoring and potentially modifying adolescent drinking behaviour since Japanese policies aimed at reducing consumption had been inadequate.

Compared to earlier surveys it is interesting to notice that for male senior high school students the frequency of drinking (at least once per week) actually had gone down in the course of the last 20 years, while female drinking had “increased dramatically between 1978 and 1990” (op. cit., 380). However, since 1990 the frequency of drinking also decreased for females (13.6% reported drinking once or more per week in the early 1990s in contrast to only 6.3% in 1996). In total, male and female senior high school students did not seem to drink more frequently in 1996 than they did in 1978 (while both sexes reached a peak in consumption in 1991–1992).

More recent reports about binge drinking among Japanese youth do not necessarily mean that total adolescent alcohol consumption is up (which popular reports often indicate). The referred survey by Suzuki et al. registered heavy drinking also in 1996. At that time 23% of male and 13% of female high school students reported experiences with vomiting induced by alcohol, 16% of males and 13% of females reported blackouts, while 1% reported that the police had arrested them, due to having drunk too much alcohol.

If we focus on the age dimension it is not surprising to find that junior high school students (12–15-year-olds) drink less than the seniors, but the difference is surprisingly small (only 16% fewer of the juniors reported having lifetime drinking experience). The reason is most probably that alcohol is an embedded part of Japanese culture (Shinfuku 1999). As already mentioned alcohol has been used as a part of different ceremonies and religious rituals for centuries and children are allowed to drink at an early age in these ceremonies. According to Tsunoda et al. (1992, 374) “this partly explains the relatively permissive drinking attitudes among Japanese
when spending time with small children”. In the survey conducted by Suzuki et al. (2000) the relatively high percentage of younger students (12–15 year-olds) who reported having some drinking experience had been drinking on ceremonial occasions (55.4%). A total of 38.9% of the junior high school students had consumed alcohol at dinner with the family (almost no differences between the sexes). When asked where they had obtained alcoholic beverages (except from their own family) 25.8% of this group answered “convenience stores”/“liquor shops”, 9.6% had obtained it from vending machines and 6% from pubs or karaoke rooms (approximately the same figures for both sexes). The comparable figures for the senior high school students were respectively 78.8%, 24.6% and 27.3%. Data in a study by Wada et al. (1998) indicate that by the age of 12 more than 75% of Japanese adolescents have tried alcohol.

When breaking down the aggregate figures of total consumption it is important to notice that “permissiveness” and “early start” regarding alcohol in Japan has to be interpreted in its correct cultural framework. Even though the intoxicating effect of alcohol might be the same no matter what the occasion is, it is important to notice that familial and ceremonial settings are the initiating arenas when it comes to alcohol for most children in Japan. Buying drinks from vending machines is only slightly more important for the junior high school students’ access to alcohol than the liquor shops (where Japanese law prohibits minors from buying).

With these data regarding adolescent drinking in Japan as a background, let me now return to the comparative perspective and ask if Japanese youth should be described as “heavy drinkers” compared to their peers in Western countries? Has high exposure and easy access to alcohol led to a correspondingly high level of consumption compared to the situation in Western countries? Suzuki et al. (op. cit.) restrict their comparison to the USA. Their conclusion is that Japanese adolescents drink slightly less than their American fellow drinkers do. This conclusion is confirmed by Nagoshi et al. (1994, 671), who argue that, “the US students began regular alcohol use at a significantly earlier age, currently drank more alcohol, had higher alcohol expectancies for emotional responses, and endorsed more celebratory reasons for drinking than their Japanese counterparts”.

How should we describe Japanese adolescent drinking patterns compared to European countries? In 1993 the WHO undertook a broad survey among 15-year-olds in different European countries. Even though these data are not directly comparable with the available Japanese surveys (differing ages and not the same year) it seems that Japanese youth abstain from alcohol to a larger extent than their European counterparts. A rough estimate from the survey made by Suzuki et al. (op. cit.) indicates that some 34–35% of Japanese 15-year-olds never drink (data from 1996), while in France, Denmark and Norway these figures vary between 10 and 20%. The gender differences are somewhat bigger in Japan than in Europe. In Japan some 5–6% of the 15-year-olds drink once or more a week, while in France and Denmark the comparable figures are essentially higher (ca. 23%/37% respectively). When it comes to the question of having
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been drunk the data do not allow for a direct comparison. In the European study the respondents were asked if they had been drunk at least twice, while in Japan the report speaks about “drunkenness”. The criterion for what is meant by “drunkenness” is purely subjective and consequently liable to cultural interpretations. However, a very careful reading of the data confirms the general impression that even heavy drinking seems to be a bigger problem among adolescents in some European countries than in Japan (mid-90s).

If this empirical presentation stands the measure of truth it deserves due attention within alcohol research. As is often underlined in methodology textbooks, it is the so-called deviant cases that should catch our attention (Riley, 1963). Japan is certainly not the only case where availability and consumption do not go hand in hand. As pointed out already by Bruun et al. (1975), when discussing the sphere of elasticity values, alcohol research should pay attention to social, cultural and economic circumstances in different countries and periods. However, being an urbanised and modernised capitalistic country, Japanese culture does represent an interesting case to our understanding of alcohol consumption. In the following I will restrict myself to a few tentative explanations of the moderate consumption among Japanese youth.

A cultural perspective on moderate alcohol consumption among Japanese youth

Before I look at arguments that might point in the direction of limiting drinking among Japanese youth, let me start with the opposite perspective. Japanese youth (and adults) should in some regard be expected to drink more than European youth (and adults) because they are known to live under stronger pressure. A common way to characterise Japan is to describe it as a “pressure cooker of a society” (Kerr 2001; McGregor 1996; McCormack 1996; Henshall 1999). Suwaki and Bjorksten (referred in Greberman & Wada 1994, 733) have hypothesised that “addiction behaviors may be closely related to Japan’s achievement-oriented society in which children are pressured to attain academic success”.

It is well known that the Japanese school system is more demanding than what is usual in Western countries. In so far as we talk about the years before students start at college/university, they face very demanding expectations. Even though the well-publicised ‘examination hell’ in the Japanese school system only applies to half of Japanese youth, “the ideology of educational credentialism pervades most of Japanese society and spreads an examination culture across considerable sections of Japan’s schools’ (Sugimoto 1997, 111). It might be that the level of stress and the extensive application of detailed regulations in schools are mirrored in polls showing that only 44% of Japanese people below 20 years were happy (Levy 2001).

We should also add that “functional equivalents” to alcohol (especially narcotic and to a lesser extent volatile solvents) are far less widespread than in Western countries (see e.g. Wada & Fukui 1993). In 1999, only 996 juveniles were taken into police custody for abusing stimulant drugs (National police agency 2000, 39). In other words, the difference between Western countries and Japan regarding the total consumption of stimulants is increasing.
when we include stimulants other than alcohol. All these observations culminate to making Japan an even bigger “alcohol paradox” than already suggested.

To approach an understanding of the relatively moderate alcohol consumption among Japanese youth one has to extend the perspective to a broader cultural presentation of Japanese society. A brief rendition of this should include the following arguments:

Japan is a society based on strict regulation of how different groups and individuals behave in relation to each other. As already mentioned, gender and age are very important markers. Social norms regarding hierarchical and gender relations are deeply embedded in the culture and even though things have been changing (see eg, Miyanaga 1991), norms still have a strong impact in modern Japan. Compared to Western countries Japan has preserved traditional values regarding gender as well as age relations.

The old senior–junior (sempai – kohai) principle, the ‘parent role–child role’ relationship (oyabun – kobun), and the organising principle of iemoto (a vertically organised group consisting of a master of some art or skill and his disciples, see Hsu 1975) are built into society and are still in operation as important regulators of social behaviour. This means that young people most of the time find themselves in situations of loyalty and respect towards adults, such that they have to comply to their expectations. To a large extent this principle also applies to women. Both at home and at work, women are subordinated to men, and there are strict norms dictating acceptable and unacceptable behaviour (Sugimoto 1997; Henshall 1999; Hendry 1994). It is probably these general norms, inculcating carefulness, defensiveness and alertness that explain the strong self-control in regard to drinking – even though alcohol is omnipresent in society. As long as people are expected to act in accordance with the common norm, as long as “obedience” and “subordination” to the public eye (seken) is to be heeded, and as long as it is essential not to bring shame on primary groups to which you belong, people don’t easily engage in ‘out-of-control’ situations. However, as I referred to above, on some occasions, this obedience to seniors will have an alcohol triggering effect. If a sempai is invited to drink then there is a strong expectation that their kohais will join in.

We can conclude that adolescents in Japan live in a far more regulated community (regarding social norms) than is usual in Western societies. From early childhood everybody is taught where he/she belongs and everybody is instructed in the basic proverb that “a nail that sticks out will be hammered down”. Confronted with the potential temptation of seeking out a vending machine offering whisky, the average Japanese youth is already inoculated with strong guiding principles for handling this (and corresponding) situation(s). Commercials for alcohol on TV and the availability of alcoholic beverages on every corner will for the great majority of Japanese youth not affect a deeper, imbedded respect for general rules of behaviour. If Japanese adolescents are served alcohol at home (which as we have seen is not very rare) most of these youngsters will probably know that it is their parents that are in control of the consumption. For young Japanese people to buy alcohol in a society where the formal rules say that the minimum age is 20
Japan has been explained by the expression “each citizen is policing her/himself” (Clifford 1976), this is also how we can explain moderate alcohol consumption among Japanese youth. A strong super-ego (psychological explanation) and a strong group pressure (a sociological explanation) go a long way to understanding our postulated paradox.

Is there a lesson to be learnt from Japan?

Western governments have for many years experimented with a variety of approaches to preventing crime. Young (1999) comments that most of these strategies have had an implicit perspective on crime being seen as something extraneous to society. Crime policy is too often about “cosmetics” and there is a strong tendency to regard crime as an isolated phenomenon that can be dealt with without any profound changes in society at large. I share Young’s point of view. Root causes of crime are deeply embedded in social, economic and cultural processes and “solutions” should be found within the sphere of value conflicts and politics rather than within social engineering projects. Much the same perspective could be advocated regarding consumption of alcohol. Babor (referred in WHO 2004, 3) touches upon this when he argues that, “there seems to be a fundamental incompatibility between the economic and political values of free trade, unfettered marketing, and open access to alcoholic beverages, on the one hand, and the public health values of demand reduction, harm reduction and primary prevention on the other hand”.

However, in this article I seemingly question this general perspective. On the
previous pages I have asked if Japanese youth to a large extent abstain from extensive drinking in spite of open access and in spite of, at least with a Western perspective, the open value conflict between moderation and availability. The interesting question then is whether Japan represents a case where “culture” appears to have an independent effect on drinking habits among youth and where an expected high-level consumption of alcohol fails to appear because of socio-cultural impacts. While awaiting further studies on this interesting topic, I would like to offer some tentative remarks.

If we focus on the demand side, Japanese citizens, like citizens everywhere, are regulated by two sets of mechanisms: an outer and an inner control. As members of a society we are all embedded in social relations and social obligations, social institutions and social norms that under normal conditions make us navigate in a respectful and trustful way. An outer, informal social control contributes to keeping us in line most of the time. Furthermore, via the socialisation process individuals are equipped with navigating principles that create predictability among people and reasonably harmonious patterns of behaviour. How people (under normal conditions) deal with alcohol will depend on the total composition and structure of this outer and inner control.

To the extent that moderate drinking among Japanese youth first and foremost is mirroring the structure of inner control in this culture, Japan should be considered problematic as a “model” for Western countries. If the description of Japanese teens as shiji machi sedai (“a generation awaiting instruction”) is hitting the nail on the head (Levy 2001) then the conformity of Japanese youth may be too high a price to pay for limited drinking. The stress on consensus is omnipresent in this culture and the result is a nation where the individual self to a large extent is forsaken in the name of kaisha – group consciousness (Nakane 1970). The cultivation of harmony and stability as primary values comes at the price of individual freedom and deliberative values. Furthermore, to the extent that young people face the temptations of guzzling alcohol from vending machines or convenience stores this is first of all reflecting basic values buried in religious and cultural traditions that are implanted from early childhood (for an elaboration, see Leonardsen 2004; 2002). These values (self-control, other-directedness, cautiousness, empathy, harmony with the group, reciprocity) might be interpreted as contrary to Western values. In short, this has to do with the difference between a collectivistic and an individualistic culture. It goes without saying that we are talking about topics way outside the sphere of an operative alcohol policy.

To the extent that moderate drinking among Japanese youth is mirroring the structure of outer control, are there any lessons in this regard to be learnt from Japan? Drinking, especially among youth, should be analysed in a contextual perspective. Consumption of alcohol (different from smoking!) is a social action that usually takes place in settings involving other people. In most Western countries these “others” are synonymous with other youths. As already mentioned, Japanese individuals are always embedded in hierarchical structured group relations, and it is the well-functioning of the group that decides the
individual dispositions. In some contexts, as we have seen, this may actually trigger alcohol consumption, in other contexts (especially related to the hierarchical senior/junior relationships) it will most probably reduce consumption. Of course, there is no way, practical or in principle, that Western countries could or should copy the Japanese model in this field. However, there may still be interesting perspectives to distillate from the collectivistic Japanese culture. My argument goes like this:

If we accept that alcohol consumption among youth is a group phenomenon and if we focus on the outer control to regulating drinking patterns among youth, it should be important for typical individualistic cultures to counteract the extreme degree of segmentation between young people and adults. Where Japanese youth are embedded in structural and normative networks that contribute to moderate alcohol consumption, Western youth are “set free” (Ziehe & Stubenrauch 1992). In Western countries (a too rough characterisation, I admit, so the concept is used as an ideal type) drinking among youth often takes place in splendid isolation from adult society. Private youth parties – practically non-existent in Japan – have become an arena where adult society has more and more abdicated. Restaurants and pubs have in much the same way turned into “specialised” youth arenas where the older generation in reality has no admittance. With an extended period of youth, with improved private economy, and with a radical institutionalised age-segmentation, one should not be surprised that drinking among youth in the West has become a public worry.

If a supply-based regulation of alcohol consumption is hard to attain in a world celebrating free individuals, free competition and free markets (which actually are political choices), we have to become more creative regarding the demand side. In this case I would suggest that the (Japanese) principle of group control should be taken as our starting point. As sociological and criminological theories tell us, it is the informal control that is embedded in our interconnected life worlds that is the most efficient type of control. The more we separate the younger and the older generations, the more we create a fertile soil for subcultures. The more the adult world withdraws from the life worlds of the youngsters, the more we weaken the social control that is based on visibility and close relations (Christie 1975). “Shame” is a social mechanism with ambiguous qualities but I do think that the embarrassment related to exhilarated alcohol consumption is surprisingly low. This is certainly also the case in Japan. However, in this country other (controversial) social control mechanisms are in operation in the lives of the younger generation.

Of course, these perspectives have huge implications in at least two fields for Western cultures: one regards adult drinking habits, and one regards principles of organising social life. Adult drinking habits, of course, have to do with attitudes and values. There is possibly a potential for further adult education in this field. However (regarding the second point), the informal control operating between people who know each other operates in both directions. Adults’ presence among youths has the same controlling effect as youths’ presence among adults. This means that we have to counteract segregation between
young and old in modern society. When the principle of integration regarding sex and ethnicity gradually has been accepted, why should we be pursuing the opposite principles regarding age?

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Drinking among Japanese youth – a paradox for theories of alcohol availability?


Taking control by loosing control?

Patterns of heroin addiction in Estonia

Introduction
Similarly to other countries in Eastern and Central Europe, Estonia has a relatively brief experience of problems related to the use of illicit substances (Lagerspetz & Moskalewicz 2002). In the previously “Real Socialist” countries in general, the increase in drug use among youth (witnessed by Western countries since the 1970s) did not take place until the 1990s. Along with democratisation, economic liberalization and the opening up to Western cultural influences experienced within the region, several factors evolved that were conducive to this increase. Economic restructuring lead to an initial economic crisis and to unemployment on a previously unknown scale; changes in prevailing ideologies and value orientations lead to what will be discussed below as anomie; the international free traffic of people, goods and information also made Eastern and Central Europe a producer, importer and a transit route for illicit drugs; at the same time, it introduced drugs as closely related to international youth subcultures. In Estonia as well as in other countries, a dual drug scene has recently emerged. One can distinguish between a recreational scene influenced by an international club-culture, and a marginal scene largely connected with
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loss of control over their lives, but is rather an escape route from mainstream society. Heroin users do not become addicted to the drug alone but to the whole way of life centred on it.

KEY WORDS
Estonia, heroin, marginal community, addiction, post-Communism, minority

criminal activities (ibid., 180 f.; Allaste & Lagerspetz 2002; 2005; Sieroslawski & Zielinski 2001). This paper focuses on opiate users in Estonia. They are considered the most problematic drug users, and are in Estonia definitively participants of the latter, marginal scene.

Although heroin use is mostly connected with “social exclusion” and “the underclass” (MacDonald & Marsh 2002), it has also in the Western world been claimed to have recently “once again achieved a trendy status in some social circles”; this is related to a tendency to glamorise the “outsiders” (Duterte et al. 2003). It is also claimed that users provide their lives with meaning by identifying themselves with media celebrities or with characters of American movies, that associate drug use with a postmodernist “life for the now concept” (Lalander 2003). Despite the global character of media images, this perception is not valid in all countries. It is in sharp contrast with the situation in Estonia, as evidenced both by treatment statistics and ethnographic fieldwork. Importantly, the subcultures of the fashionable party scene include a strong rejection of heroin and intravenous drug use in general, and participants breaking that taboo rapidly become isolated from their previous social circles (Allaste 2004).¹ Heroin use in Estonia spreads only among youth who can be described as marginalized in more than one way. Of course, other forms of marginalization do not necessarily lead to problematic drug use but here, the availability of drugs, the subcultural norms, and the (in)ability of the community to function as an actor of norm control play a crucial role (Allaste & Lagerspetz 2005). The Estonian drug scene is to a large extent segregated along ethnic lines, a majority of opiate users are, in fact, Russian-speaking. This is not connected to national or cultural origins but rather to the position of the Russian minority in Estonian society. At least some obvious explanatory factors are social and regional rather than cultural – Russian-speaking people often live in marginalized communities either in disadvantaged ghettos in the capital, or in the problem-driven North Eastern part of Estonia.

This article attempts to show how and why these socially disadvantaged young people are initiated into drug use in the first place, how addiction develops, and what kinds of strategies there are for living with heroin. We will show that
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A lack of civil society structures that exercise social support and social control and the marginal position of problematic drug users contribute to the developing and maintaining of addiction. It should be stressed, however, that we do not consider these factors as sufficient reasons for addiction to develop; they do not explain why a certain person becomes addicted and another person does not. Rather, they might explain why the activities of most problematic young drug users display certain features and not others; i.e., why one becomes addicted in a specific way. We will point at similar accounts of the relationship between problem drug use, social exclusion and marginalization from previous research, and suggest some particular social characteristics influencing problematic drug use in Estonia.

As central parts of this effort we apply the concept of “addictive mind” (Seeburger 1993), and the idea of addiction as an interactive connection between the person, his or her experience and the social context in which drugs are being used (Peele & Brodsky 1991). We have also referred to Robert K. Merton’s (1938/1996) classical treatment of “retreatism” as an answer to anomie situations. While the latter, macro level explanation treats the heroin users’ subculture from the perspective of wider society, theories of addiction focus on the micro level, offering a way of making intelligible the way users lead their everyday lives. Even if their lives could not be any more unglamorous, marginalized heroin users, too, may be seen as seeking a meaning for their lives. We do not want to depict the marginalized, mostly Russian-speaking heroin users in Estonia as helpless victims of circumstances. Rather, we wish to reveal the logic that makes the development of heroin addiction a subjectively adequate coping strategy with the social, economic and cultural marginalization that many people have experienced during the Post-Communist transformation in Central and Eastern Europe.

**Literature review – illicit drug use in marginalized communities**

Problematic drug use in marginalized communities has been a topic of research at least since the 1960s. Feldman (1968) discussed the change of personal values that tended to accompany the process of becoming a heroin addict in American ghettos. Prevailing norms of the macho ghetto culture required young men to be adventurous and defy danger, and they were initially introduced into heroin use as a part of this pattern. After a period of heroin use their values changed. Users withdrew from the aggressive macho culture, rather seeking to be crafty and clever, and to learn new strategies for leading a life with heroin (Feldman 1968). Preble and Casey (1969) interpreted the emergence of drug subcultures as an unconscious alternative to long-term unemployment. Heroin users became like “the compulsively hardworking business executive whose ostensible goal is the acquisition of money, but whose real satisfaction is in meeting the inordinate challenge he creates for himself (ibid. pp. 22)”. Being an addict gave their lives a meaning, which they were not able to find in the normal course of living (ibid.). More recent research on drug use and trafficking in New York, East Harlem (Bourgois 1996) also explains the involvement in drug trafficking by means of a lack of realistic
opportunities to receive legal jobs. Poor Puerto Ricans were socialized into street culture already at a very early age. The first crimes – typically burglaries – were carried out in the early teens while any other means of gaining money for the usual teenagers’ consumption such as clothes, music, etc. was missing. In established society, the young, uneducated Puerto Ricans were only able to get the dirtiest, most low-paid and most boring jobs. Instead, they sought for respect within the street culture and became drug dealers and users.

Parker and his colleagues (1988) have investigated extensive heroin outbreaks in Great Britain during the 1980s. At that time, the most serious problems with heroin were concentrated in neighbourhoods characterised by chronic unemployment, housing decay and other forms of social exclusion. Multi-focused analyses offered detailed evidence of a correlation between the prevalence of heroin misuse and social deprivation. Most users were uneducated, unemployed, living in poor neighbourhoods and with a record of delinquent antecedents even prior to heroin use. As a result of heroin use, social bonds with friends weakened and relations became only contacts useful to consuming drugs (Parker et al. 1988). In a similar manner, Pearson (1987) found that areas with a high concentration of heroin use frequently exhibited very high rates of unemployment, single-parent families, limited mobility and other indicators of social disadvantage. The British “heroin epidemic” coincided with a period of economic recession and de-industrialization – social changes that devastated many lower socio-economic areas. Multiple deprivation and drug use, on the other side, contributes to a downward spiral of the social and economic reputation of the area (ibid.).

A second heroin outbreak in Great Britain included also relatively conformist, “bonded” young users, aged 15 to 17, from if not affluent, then certainly not poor neighbourhoods and backgrounds. The new spread of heroin during the 1990s was explained by a lack of knowledge about the substance, the dearth of health education campaign and the availability of cheap, smokeable heroin (Parker 2000). MacDonald and Marsh (2002) have criticised what they see as a tendency to treat drug use as a homogeneous phenomenon when discussing socially excluded areas, while recreational drug use becomes discussed in other contexts. On the basis of their research they claim that abstainers and recreational users live next door to problem users in the same neighbourhoods. Although people belonging to all these categories may reside in a place that faces all the objective conditions of social exclusion in extremis, they possess markedly different orientations to illicit drug use. In the sample studied, heroin use was a central part of the biographies of a minority only (MacDonald & Marsh 2002).

**Heroin use and marginalized communities in Estonia**

In Estonia, the main types of opiates available are the poppy liquid and heroin, among which the synthetic heroin known as “the white chinaman” has recently made its entrance. The former is a drug made by the consumers themselves at home from poppy straw and small amounts of industrial chemicals. Injecting of this substance has since the 1970s been reported in Poland and in several parts of the former Soviet
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Union (Lagerspetz & Moskalewicz 2002, 179). Heroin, in turn, is a relatively new drug on the Estonian market, and became widespread only at the end of the 1990s. The new drug replaced poppy liquid on the market in 1997-1998 – a development that took place in the three Baltic countries of Estonia, Latvia and Lithuania at around the same time.

According to the latest study (Uusküla et al. 2005), the estimated number of injecting drug users is 13 800. This equates to a prevalence of 2.4% among the population aged 15-44. The prevalence is highest in the capital area (4.2%), followed by the Ida-Virumaa county in North Eastern Estonia (3.4%), while the prevalence is low in other regions (0.4%). In 2000, the estimated number of heroin users was 7000, including approximately 5000 permanent users (Leetma & Rikmann 2002). According to the Monitoring First Drug Treatment Demand database, a few years ago a typical patient in treatment in the late nineties was a 20-25-year-old Russian-speaking male from Tallinn or the Ida-Virumaa region who had had a few years of experience injecting opiates. The first illegal drug used was either cannabis or an opiate/poppy mixture (Kariis et al. 1999). A majority of patients in drug treatment centres are Russian speakers (80.3% in 1999; 82.3% in 2000; 81.6% in 2001). The drugs used most often are the opiates: 80% of the persons receiving treatment are heroin users, while 9% use the home made liquid.

Problematic drug users tend to originate from the poorest and most socially excluded neighbourhoods and areas. With regard to unemployment, social exclusion and deprivation, the Ida-Virumaa region next to the Russian border is the most problematic in Estonia. A majority of the population in this region are first or second generation immigrants; only 4% are ethnic Estonians. At present, the area suffers from such specific problems as industrial decay, mass unemployment and linguistic isolation of the Russian-speaking inhabitants from the country’s predominantly Estonian-language-based political and cultural life. In Tallinn, the share of ethnic Estonians and Russians varies considerably between city districts. The suburbs where Russian speakers form a majority also tend to be worst off with regard to services, infrastructure and employment figures (Lagerspetz & Joons 2006, 191–195).

The connection between problematic drug use and social exclusion is in many ways similar to the situation in other countries discussed above. In addition to structural poverty and limited opportunities, which cause an existential anxiety and low expectations for the future, it can also be argued that predominantly Russian-speaking marginalized communities suffer from cultural trauma (Sztompka 2004) caused by major transformations in post-communist society. Ethnic Estonians and Russians have different relations to the shift in prevailing ideologies and value orientations that triggered the Central and Eastern European revolutions in 1988–1992 and led to Estonia’s independence in 1991. Whereas Estonians were often initiators and/or benevolent witnesses to those changes, they were by many Russians perceived as imposed from outside and as threatening their identity and habitual ways of life. The nationalism and Western-orientation characteristics of the new value system were incompatible with the ideas around which the Soviet society...
was built – including the Russians’ view of themselves as the leading nation of an imperial power.

The marginalized communities are socially excluded not only with respect to economy, but to culture also. The circumstances mentioned above have resulted in a development of a parallel community, with rules and norms different from those of the majority society. Excluded communities have maintained the values of the Soviet past, which makes successful coping with new conditions even harder. For many, the result is passivity, which has also been handed over for the new generation (even if the young people themselves have but vague memories of the Soviet past). Nevertheless, they feel strangers in the Estonian nation state; they have developed a strong feeling of inferiority – a sentiment to which they themselves frequently refer in discussions as “the aliens’ syndrome” (Allaste 2001), and which certainly can be seen as an instance of the “cultural trauma” discussed by Sztompka and others (Alexander et al. 2004).

Methods and data

The empirical data to be discussed below is mainly based on sixteen open-ended interviews conducted during June and July of 2002 and March and April of 2003. In addition, background information was gathered through participant observation. The first author conducted eight interviews in Ida-Virumaa, with a research assistant in Tallinn and in the Ida-Virumaa conducting the remaining eight. The regions were selected for the study because of the known high prevalence of heroin use within them. Informants were contacted through people they knew and trusted – in the first case through personal contacts, and in the latter through the staff at needle exchange points and rehabilitation centres. Interviewees were aged 16–29 years; four of them were females and twelve males. Among the interviewees, thirteen were Russian speakers, while three informants were ethnic Estonians. The latter had however grown up in the Ida-Virumaa marginalized community. There was no visible difference in social conditions between them and the other informants.

The interviews lasted 0.5–2 hours. During the interviews, which were conducted outside rehabilitation settings, the researcher offered the informants beer and cigarettes. Sharing of cigarettes and drinks helped to loosen communication barriers and open up conversation. As soon as the informants overcame their initial reluctance to speak, they were open to talk and happy to be offered an opportunity to talk about an important and often painful topic. As one of them put it:

Male 23b:\1
I won’t tell my mother the stuff that I’m telling you. Here I will get everything off of my chest just to feel better.

As Paul Downes (2003) has pointed out, there is no cultural hostility between academic interviewers and marginalized interviewees in Estonia, since social class divisions have not yet been firmly established within the society. The interviews were more similar to ordinary, symmetric conversations than to situations where one of the parties (the interviewer) holds a dominant position. The researcher also gave answers about her/himself, whenever such questions were asked. Interviews by
the research assistant were conducted in the more formal environment of rehabilitation centres.

Our aim was, on the one hand, to find connections between social environment, social background and drug user culture. On the other, we wanted to explore the process through which drug use becomes meaningful in the eyes of users. The questions we asked from the interviewees were concerned, first, with the meanings attached to drugs by themselves and also to their peers; second, questions were concerned with the social context in which drug use took place; third, with the ways drug use was connected to other activities; and finally, with the process of becoming a drug addict.

All interviews were recorded and transcribed. Transcribed interviews were analysed and coded with the help of qualitative data analysis methods and the computer-based program Atlas-Ti. The data was coded first according to the specific themes covered by the interviews, and later according to textual structures and sub-themes identified during the analysis. We analysed texts from the perspective of defining one’s relationship with others in ways such as willing, obligation, ability and competence. In semiotic theory, they are referred to as pragmatic modalities and considered a necessary element in any individual’s self-representation as a subject (Sulkunen & Törrönen 1997). Coded interviews were analyzed and sorted according to the modalities they expressed. The following presentation of our results is based on an analysis of all interviews. We use quotations to illustrate our arguments, rather than for documentation.

Introduction to drug use

Svensson et al. (1998, 39–75, esp. 45) discuss two models of becoming a drug user – the youth culture model and the marginalization model. The first of these models describes a situation where young people start to use drugs in the context of club culture and perceive it as a part of a trendy lifestyle. However, the second, or the marginalization model, has more relevance to the present study. For the people we describe, a marginalization process had already begun before they started their drug use; the substances were visibly present in the community and their use was understood as a way of relaxing, escaping or even solving the problems posed by everyday life. These young people did not belong to any youth culture with its specific music and lifestyle. In contrast to recreational drug users, their circles were not formed on the basis of shared interest in music or other things, but mostly on the basis of territory or, in some cases, school. Initiation to drug use mostly took place among a circle of friends in the neighbourhood. Curiosity and boredom were mentioned as the main reasons for experimenting with drugs – there was simply “nothing else to do”.

Male 23b: We were just hanging out and we had nothing to do. (2) After a while we got bored of doing nothing and so we thought, how about (2) drinking something or trying out something. At first we started to smoke. /.../ Then to drink. I couldn’t drink any beer back then because it was so bitter. We switched to vodka right away. /.../ We then started to sniff glue. The older
guys also told us that that’s (1) a kind of normal thing to do. So we decided to give it a try. /…/ Well, after that we started to think that (2) we could try something else too. /…/ We started to smoke pot.

Q: How old were you at the time?

I started to smoke [pot] at the same time I started to smoke cigarettes. I was about 12 or 13.

The 12–14-year-old teenagers, who have their own circles, were also acquainted with the older guys who hung around in same places. When the inexperienced teenagers showed an interest in illicit drugs, their older acquaintances usually could either help them in contacting a dealer or even offer them some drugs themselves. First-time use often took place in the same environment and in the company of childhood acquaintances.

Male 17: There (on the block) is nobody but criminals now. Wrong place, wrong company. /…/ There were places on the block where we used to gather to drink beer and just have a chat. Someone older, they sometimes brought pot for smoking. /…/ Before all that we used to play football on the block. When we got older, we started to drink beer. When I was about 14, I started to smoke when I was 14 years old. When we smoked pot we didn’t want the usual cigarettes. But when we switched to amphetamine, we got a better kick out of it by smoking as well.

Cultural deprivation and limited opportunities for the future lead young people to find new ways of living. Instead of studies and career planning, the informants preferred to look for action. Lalander (2003) describes the formation of a subculture where values are created in contrast to the formal institutions – young people look for situations where something unexpected can happen and where a feeling of control and self-reliance can be experienced. The young people discussed in this paper (similarly to the heroin users in Northern Sweden described by Lalander) were concentrated on seeking pleasure and action within their subculture, and valued neither their health nor education as resources necessary in a more distant future. Although the choice to take drugs is made in a situation with very limited opportunities, it clearly is an expression of will. The object of desire is action; the new drug users loathed being bored and were ready for anything in order to avoid it. Drugs were the means that were easily available, and experimenting with them was a social activity among others.

After smoking cannabis for a certain period and experimenting with or using amphetamine, the informants had experimented with heroin and other opiates. When they described these experiments, the element of being willing was even more strongly discernible. They had heard about these drugs from their older friends and took the opportunity when offered help in getting them.

Male 23b: I then happened to have a bit of money, (2) and a guy walked up to me and said: Hey, how about chipping in – come on, we ran a bit short,
but with you we could buy some stuff. I guess I had dreamed about doing that for a long time already. (2) I (4) then tried it out. I remember getting a shot in that stairwell.

Sometimes opiates were offered in a group for free the first time, but in many cases somebody not very close to the informant proposed taking drugs together because he needed somebody to share the cost of the drug. One informant described his mental state at the time of his first experiments as very depressed, while his girlfriend had recently left him. He himself was not actively looking for opiates, but decided to co-operate with not-so-close acquaintances who needed his participation. Introduction to heroin occasionally took place through the dealer from whom the users had previously purchased other drugs. Such was often the case between 1997–1998, when heroin had only been introduced to the Estonian market and the price was very low. Here, the person who provided the substance played an active role: the informants were looking for drugs in general, but not for heroin in particular.

Importantly, other sources of information on drugs (such as school and the media) had lost their reliability. One reason was that when trying other drugs such as cannabis, ecstasy and amphetamines, the users had not experienced the immediate awkward effects that they had been warned about by the official information. Consider, e.g., the following quotation:

Male 19b: Well, I got into the same gang with a good friend of mine who injected heroin. /.../ I knew at the time that amphetamine and ecstasy wouldn’t do you a thing [they are not harmful]. I decided to try some heroin. /.../ We injected some – I liked it. /.../ After that I started to hang out with them more often, to spend more time with them. So we also started to use the stuff more often. /.../ I thought also that heroin wouldn’t get you so badly hooked. It turned out I was wrong about that.

On the other hand, there were no positive images either that would have made heroin “cool”, glamorous, or associated with media celebrities, as was perhaps the case with Western youth experimenting with heroin (Duterte et al. 2003; Lalander 2003). Instead, young people experimented with heroin merely because it was available and the norm to avoid it was missing. Although subjectivity gained through experimenting with drugs is empty from the standpoint of established society, it was for the experimenters themselves part of an effort to construct meaningful lives.

Switching from one drug to another is often associated with a change of circles. Some informants were looking for a new circle because they had an interest in the drugs they knew its members were taking; others had started using the new drug along with it having been introduced in their own circle. The informants also mentioned friends who had only tried heroin once or twice, not having gone further with their experimenting. However, no one reported of regular, albeit recreational and controlled use of opiates, either in the North East or in other parts of Estonia. People who start to use opiates periodically are usually addicted to them rather quickly.
Some informants reported having had their first experiences with opiates during holidays spent in Russia. This seems to bear witness to a practice of cultural diffusion between Russia and Estonia, in which people belonging to the Russian-speaking minority of Estonia act as middle-men.

The high prevalence of heroin use has led Hilary Pilkington (2006) to the conclusion that the substance has by now become an “everyday phenomenon” in Russia. In a similar way, opiates have become a part of everyday life in Russian-speaking communities in Estonia. The latter does not mean that heroin use is generally accepted, but rather that heroin use is not dreadful; that living next door to a heroin user is not uncommon.

Getting addicted

Heroin users were connected with each other through fluid networks. People used to hang around and form temporary circles with the chief aim of purchasing and consuming drugs. Participants in these temporary circles describe themselves and their fellows as egotistic people interested only in drugs and without much mutual solidarity.

Q: These people, were they good friends of yours? Were they important to you?

Male23b: Important? I don’t think so. I wasn’t important. They also weren’t important to me. /.../ friendship as such disappeared completely. /.../

Even with those who were your childhood friends. If they are doing the same thing, then there is not such a thing as friendship. You can cheat and everything. The most important thing is to get heroin.

While experimenting with drugs, the object of the informants’ desire was sociability and action. Later on, the drug as such became the object. Whereas recreational drug users are tied to each other by common interests, such as taste of music, lifestyle or drug use during spare time (e.g. Calafat et al. 2001; Allaste & Lagerspetz 2002), the circles of heroin users quickly adopted drug consumption as their central common activity.

Male 23a: Then you check out those guys there – those exactly like yourself. You could have a normal conversation. The main talk was about where did we get the best stuff from; how I “had a go, got a good kick out of it”. That was the kind of chat we had.

Although drug use had started as a group-centred activity, it soon became the first priority for the addicted persons. The company was no more of equal importance: other people were treated merely as instrumental. Sociality lost its meaning, other people were necessary mostly as helpers for providing drugs. As both resources and mutual trust were very limited, personal relations became tense.

Male 26: You mustn’t think about like he is your friend. He’s no friend. /.../
This is the thing with him... if you have money, you do yourself and him. He says that he will do you too. Afterwards you see that he is already with someone else. You feel like shit, you cannot do anything. You know that he has to bring it to you. He just doesn’t show up. I honestly tell you, they are no friends. A drug addict can’t be a
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friend with another drug addict, not ever. After a month or two they will fight over the drug.

Addiction meant abandoning everything else, including relationships and friends. The influence of heroin was described as similar to the pleasure from sexuality; the “relationship with heroin” was preferred to relationships with other people. Informants described themselves as rather asexual during the period of addiction.

Male 23b: For a while there was one [girl], but that didn’t last for long. How can you have a relationship with two things or people at the same time? With heroin and someone else as well? You have got to choose one of them.

(2) Heroin is the kind of stuff that after trying it you will realize that there is nothing better in the whole world. Nothing is better than that.

Male 19b: Later they [the girls] found out about it and left us because of that. Like, if I don’t say goodbye to the drugs, she will say goodbye to me. We had to choose between them and drugs. We chose the drugs, of course.

After abandoning all relations, a person turns himself or herself completely over to the addiction (Seeburger 1993, 14). Both one’s lifestyle and drug use receive their meaning through the notion of addiction. At the same time, it gives the drug users an opportunity to perceive of themselves as victims. Our informants felt an “obligation” to take heroin, and it was often perceived of as destructive; however, they were convinced of having no escape.

In contrast to recreational users or, to some extent, heroin users in a welfare society (Lalander 2003), opiate users in Estonia seem to become addicted very quickly. The latter was admitted by the interviewees and confirmed by people working with heroin users. After their first experiments with heroin or poppy liquid, our informants reported having used the respective substance more and more often – once a week, twice a week, every second day, and even every day or a couple of times a day. At the same time, heroin users in Norrköping, Sweden, tried to maintain control over their drug-use while making efforts to convince themselves that they are active creators of their lives. Although they eventually admitted being addicted and lost their ideals, the time required for this process was a fairly long one (ibid.).

The heroin using Russian-speaking youth in Estonia were to some extent marginalized already before they became acquainted with the substance. They were not interested in the limited opportunities offered to them by mainstream society, and reconciled themselves easily with the notion of being addicted. As put by one informant, the drug use helped to alleviate the burden of an “inner emptiness, which he was unable to fill”. Addiction became the meaning of life.

Living with heroin

Among other things, being addicted means focusing on a constant need for drugs, and learning how to live with it. After investigating heroin users in a slum neighbourhood, Feldman (1968) pointed out that the social system in which drug addicts must survive is far more complicated than they first imagine. Buchmann and Young (2000) further argue that far from being lazy, prob-
Drug users work surprisingly hard in order to get their daily supplies of drugs. They must study how to secure and defend themselves physically, at the same time providing the necessary resources. Accordingly, the addicts develop a number of new competences. Heroin users who had not lost their connections with the established society entirely organised their time schedule around the “next shot”.

Male 17: Let’s say that an examination or test is soon to come and it is necessary to study. I know that I’ll feel bad tonight if I don’t have a shot, but it is necessary to study in the evening, since the test is tomorrow. I just have a shot earlier. I’ll do it in the morning and don’t go to school. By the evening I’ll be OK. I sit and learn.

Some users were able to maintain their jobs in order to earn money for drug supply; the obligation to take heroin was the first priority and living was organised around that obligation.

Female 26: I developed a system. A very strict daily schedule of a kind. I wasn’t interested in much, actually. Not in my friends, not in my baby. I woke up in the morning and took the dose that I prepared last night. I went to work, did my job. In the evening I looked for the drugs

Avoiding problems

Avoiding problems included strategies for staying away from the police. Since in Estonia drug use is defined as a strong social problem, heroin users learn how to hide the signs that indicate their drug use (e.g., by not injecting in their veins or other easily visible parts of their body). Heroin users are also able to postpone the drug intake in order to avoid places where problems with the police can easily occur.

Epidemics such as HIV and hepatitis have received extensive public attention in Estonia since the outbreak of the HIV epidemic in Autumn 2000. The North Eastern region was especially severely hit. Heroin users are by now aware of the possible risks to their health and the means for protecting themselves.

Male 17: Yes, every one of us has his own syringe. /.../ About a year and half ago there was an AIDS epidemic in Narva. I think that even every 10-year old child knows this.

The drug itself also influences consumption practices. After changing to heroin from home made poppy liquid, the danger of transmitting the HIV-virus has somewhat decreased.

Male 29: Yes, however, when you boil poppy, there is one pot... With heroin it is now like this – you pour your own powder and add water. At the time everybody was taking the poppy from the communal pot. That way you got sick.

However, there is no reason to believe that all injectors are protected; e.g., some people still use the poppy liquid. Informants also mentioned that in desperate situations people do not care about the dangers and will be sharing a needle. Informants who claimed to be very careful still trust their friends and share a needle with them.
Criminal activities
Informants were living partly outside the rules of established society. It should be pointed out, however, that even non-addicts living in the same deprived and marginalized communities as the addicts themselves considered certain kinds of deviant behaviour normal (Allaste & Lager-Spetz 2005). For example, stealing was not uncommon and people who had left their property “too easily” available were expected to blame themselves. Expressions such as “I only take what is [left] in the wrong place”, “why not take something if it is not looked after” were widely used by the informants. Often, criminal activities had begun at a very early age, before starting the drug use.

Q: By then you were already stealing [at the age of 12–13]?

Male 23b: Metal and stuff. We sure picked up things that were left lying about. /…/ Why not, if you have a good chance for snatching it? /…/ But generally we didn’t hang around, trying to find something to steal – there was none of that.

Didn’t you fear when you were little that you would get caught and there would be trouble?

Come on, under the age of 15, of course not. I just knew at the time that I couldn’t be legally punished.

Wasn’t it a shame that everybody would know that you were a thief?

Around here, in this bunch, it doesn’t really happen. Everybody here is the same. People take it as an everyday thing if one is stealing. Most of us here know what it feels like to be short of cash.

Criminal activities and drug use tended to develop together progressively. Drug users needed money to finance their habit, and criminality became a part of their lifestyle. The need for supply made crimes more desperate and violent. However, many users were able to develop more refined ways of raising money illegally. A majority made money by stealing, robbing or cheating. Most of the addicts had developed their own “fields of expertise” just as non-addict criminals do:

Male 23b: /…/ For example, some specialize in stealing cars, robbery, robbing taxi drivers, that kind of thing. (1) Some do burglary and so on. /…/ You go to a person and offer him a TV. He says well, I’ll buy it, for eight hundred or so. /…/ You say hey, I have it in pawn, let’s take a taxi and get it. Give me 400–500 crowns in advance, I’ll go to the man, you will wait in front of the house, I’ll get the TV out of pawn, bring the TV, and then you will hand over the rest of the money, like that. Many people have been trapped this way /…/. Then you take a taxi to a house where there are two exits, like, (1) on both sides of the house, you enter from one side and exit through the other. You just walk away. That’s it; He’ll wait and pay for the taxi.
Taking control by loosing control?

The marginalized communities, in which the addicts lived, contributed to illegal activities with its norms shaped by widespread unemployment and poverty. Boundaries between accepted and unaccepted did not coincide with those between lawful and unlawful behaviour. Cheating people was easy, since a lot of people used unofficial, semi- or fully criminal ways of getting along. Some informants made money in casinos, by robbing winners, and the security guards did not interfere, since they were busy with their own criminal activities. Useful knowledge to make stealing easier was distributed within the circles of drug users.

Male 17: It’s very easy to steal from shops here in Narva. Like from that “Astri” with all its cameras and beeping things. Many goods simply haven’t got any of those beeping things on them. As for cameras... in Narva there is a map going round that shows which places are or aren’t under video surveillance. There are simply places [in shops] that cameras don’t show at all.

Earning money by robbing, stealing or cheating people was completely accepted and considered much more honourable than selling drugs. Relations within the subculture became tense because of the lack of resources, which was accompanied by hostility towards dealers who had the power and resources the addicts did not have. According to the informants, the reputation of dealers is very low in criminal subcultures. It is related to their self-perception as victims – the dealers are perceived of as people who make profit by destroying their lives. At the same time, the informants helped the dealers in their business by spreading contact information and by not reporting their activities to the police. The community’s reaction in relation to opiate users was described as very hostile. As a majority of the population were acquainted with problems such as unemployment, poverty and cultural isolation, their contempt was profound and full of anger towards opiate users who were trying to escape society by means that endanger others.

Weak civil society and lack of harm reduction agencies

The emergence of an oppositional subculture can also be interpreted as a reaction to anomie and disorganization (cf. Kurbin & Weitzer 2003) ultimately brought about by the post-socialist transformation process. One factor that makes escaping that subculture hard or impossible is the weakness of civil society in Estonia. The country’s economic and political transformation process has, on the one hand, been successful at the macro level. On the other, society’s social capital has been eroded by a definition of large population groups as immigrants by the Citizenship Act of 1992, by structural unemployment, which has hit the previous industrial regions the hardest, and also the relative failure of the governmental minority integration programme to address legal and socio-economic issues (Minority Protection... 2002). The alienation felt by the young drug users in Tallinn and North-Eastern Estonia is not merely a subjectively experienced state of mind. It reflects the reality of a population group not reached by solidarity, neither as informal local and personal networks...
offering support nor in the institutionalised forms of rehabilitation or other social security measures. A large proportion of the problematic heroin users we studied were not Estonian citizens, many of them were stateless. True, Estonian legislation does not differ with respect to the basic legal, economic and social rights enjoyed by legal residents with different citizenship statuses (Lagerspetz & Joons 2006, 187). However, lack of citizenship is statistically connected to a weaker position on the labour market (Asari 2002) and most probably even to one’s sense of belonging to the host society.

Buchmann and Young have pointed out several phases needed for drug addicts to integrate back into the society. In order to escape social exclusion, the addict has, first, to go through several phases – from a chaotic phase in which he or she has no real desire to get rid of drugs, through an ambivalent one during which some sense of motivation can be discerned, to a phase of action, and finally to a phase of control, when the person becomes stable and able to control his/her drug use. Only after that, reorientation and reintegration can start – processes which themselves may last for several years. It is essential for the former drug user to quickly establish new routines and relationships not centred upon illicit drug taking (Buchmann & Young 2000).

For a majority of problematic drug users in Estonia, the switch to new kinds of routines and to a “normal” life is hard or impossible. The heroin users interviewed had made several attempts to quit drug use, but had failed. Although treatment and rehabilitation in Estonia have shown some signs of improvement during recent years, the access and quality of harm reduction agencies is still far from satisfactory. Drug addicts lack belief in the system of treatment and rehabilitation.

Male 29: I don’t know. I think that it’s impossible to cure a person the way the doctors describe. Like in commercials. I think that if a person is doing drugs, he doesn’t care about all this. If he wants to use it, he will do that. Even when in prison. If he wants to quit, he will do it by himself.

Daily routines of problematic drug users in Estonia differ from those in Western countries, especially in the Nordic welfare states. In the latter, they are often involved in harm reduction systems and visit frequently low threshold centres, treatment centres etc. In Estonia, rapid detoxification treatment is almost the only service available; both professionals and drug users agree that it is not efficient enough. After treatment, a majority of ex-addicts return to their old environments and start to use drugs again (Kurbatova 2005). The introduction of a more complete system of harm reduction has been slowed by resistance from local officials and the local population in places where treatment or rehabilitation centres have been planned for former addicts (Allaste 2005). Public opinion tends to blame drug addicts themselves for their problems and is critical of their rehabilitation at the State’s (“the tax payers”) expense (Kurbatova 2005). The fact that a majority of problematic drug users are Russian speakers and that many of them are either foreign citizens or stateless has contributed to the emergence of a commonsense view of drug addiction (and to some extent, even AIDS) as “somebody
Taking control by losing control?

else’s” problem. It has probably reduced the Estonian Parliament and Government’s political will to develop the rehabilitation system and to allocate resources to it (Lagerspetz 2002).

In conclusion: Patterns of addiction
In this article, we have discussed young problematic opiate users living in marginalised environments in Estonia. Relying on open-ended interviews with opiate users, we have focused on relationships between addiction and the cultural context of drug use. It should maybe be stressed again that despite general economic and social deprivation of the communities in question, most young people in them manage to live without drugs – clearly, we are talking about a small and specific group of people. As examples of extreme cases, their experiences can nevertheless be illustrative of circumstances that are shared by much larger segments of population.

The present study in many ways resembles the studies in drug use in marginalised communities quoted previously (e.g., Feldam 1968; Preble & Casey 1969, Bourgois 1996; Parker et al. 1988; Pearson 1987; MacDonald & Marsh 2002). The initiation into opiate use was not associated with glamorous images of celebrities or “cool” lifestyles. The wish to experiment with drugs was commonly explained by boredom; excessive opiate use was, in turn, explained by addiction and a felt to be a necessity. The relatively short time that is needed for addiction to develop results from the absence of glamorous—or any other—meanings for drug use except that of the state of intoxication itself, from a lack of interest in anything besides the drug, and from the absence of meaningful roles other than that of being a drug user. However, the informants were able to establish and maintain new competences for living with heroin and addiction. One can speculate that addiction did not lead to a complete loss of their lives. Rather, it was an escape route from the society that had already marginalised them before they became addicts; a society that fails to offer problematic drug users any realistic opportunities for reintegration into the mainstream society.

In contrast to Western European countries, drug policies and the drug user rehabilitation system are still at an embryonic stage in Estonia. This is due both to the relative novelty of the problem, to the magnitude of other aspects of state-building, and to a relative lack of political interest. As we indicated above, the latter can be partly due to the ethnic minority and/or immigrant status of a majority of drug addicts. The minority status has also direct consequences with regard to the opiate users’ prospects of finding (or not finding) their way back to the mainstream society. Finally, it is not difficult to see a connection between the generally weak position of a whole population group and the heightened probability of marginalisation of its individual members. The vulnerability of Estonia’s post-Soviet ethnic minority groups is not due only to economic and political factors, but also to cultural and psychological ones.

As argued by Sztompka (2004, 162 ff.), such rapid processes as the intensification of cultural contacts, spatial mobility, deep institutional change and a change of prevailing ideas and beliefs in society create a condition that can be called cultural
trauma. This has clearly been the case in the Central and Eastern European post-Communist countries, including Estonia. In Sztompka’s interpretation, the condition of cultural trauma closely resembles anomie as discussed by Robert K. Merton (1938/1996). In his classical study of deviant behaviour, Merton made a distinction between culturally defined goals on the one hand, and the institutionally prescribed means of striving toward these goals on the other. Discussing delinquency, he diagnosed a situation where norms had been successfully introduced that provided members of society with goals for their action (e.g. norms requiring individual economic success), at the same time the social structure failed to provide many members with legitimate means for achieving those very goals. Merton distinguished five strategies for how individuals can handle the situation where there is a large discrepancy between goals and means – conformity, innovation, ritualism, retreatism, and rebellion. Sztompka (2004, 184–189), in turn, applies this division of strategies for a description of ways in which members of post-Communist societies attempt to cope with their new problematic situation. Even if many criminal activities discussed by Sztompka seem to fall within the category of “innovation”, this was not the case in the communities we studied. Neither the heroin users, nor a majority of people in the wider marginalised communities cherished any illusions about being able to live up to the norms of economic success. The way of life of the heroin users – and also of many ordinary people not using drugs though leading their lives in the same environments – can rather be interpreted as retreatism.

Young people ‘choose’ to live outside the mainstream society rather than accept the secondary, maybe humiliating, status that it accords to them.

The illicit drug use of young people discussed in this article took its start in a situation where they possessed very limited opportunities to express their subjectivity. In the beginning, experimenting with different drugs was an expression of will, and drugs were a means of getting involved in action. The absence of other meaningful roles than that of a drug user quickly transformed the voluntarily chosen activity into an obligation. The drug users became addicted to heroin. This did, however, provide them with a new social role and identity: that of an addict. The message of health information at school and in the media was understood as describing addiction to heroin as a fate, from which one could not escape if one had once become addicted. Accordingly, our interviewees tended to perceive themselves as victims. In the life of an addict, “all questions of meaning, goal, and direction have been answered. All matters of priorities have been settled. All tensions have been resolved” (Seeburger 1993, 11). Living with heroin, however, required specific knowledge and the users found themselves forced to develop new abilities. The sheer process of getting by in everyday life filled their lives with events. They had created for themselves “an inordinate challenge” (Preble & Casey 1969, 21), the meeting of which gave structure and meaning for all their activities.

When addiction is perceived as an interactive connection between the person, his or her experience, and the social context in which drugs are used (Peele & Brodsky 1991), it can be argued that heroin users...
do not become addicted to the drug only but to the whole way of life that centres around it. Our interviewees described the situation of a hard heroin user as a system/cycle, in which a person becomes “stuck”. It is not only the heroin itself that one is addicted to, but to the identity, social role, and clear structure of meaning to one’s everyday activities provided by addiction. The heroin users have become part of a subculture from which it is very difficult to escape. Although the strategy chosen, retreatism, was passive from the standpoint of mainstream society, living with addiction made the drug users we studied active subjects from the point of view of the users themselves. The alternative offered by mainstream society was to live in its lowest position with little hope for a better future.

NOTES
1) Here, we use the concept of subculture to depict a larger group consisting of smaller, overlapping groups, which interact with one another through a large number of interlocking social connections. The term “subculture” serves as a construct covering the community occurring within interlocking groups and knowledge and behaviours shared in these groups (Fine & Kleinman 1979; quoted by Moore 1994). We refer to small groups as ‘circles’ – the concept raised from empirical material – i.e. groups of people who actually spend much time together. Circles tend to have a temporary nature. A person may hold multiple memberships in several circles and change them often.

2) In Estonian statistics, citizenship status, ethnicity and mother tongue are treated as separate categories. Thus, the number of Russian citizens resident in Estonia during the last census (Statistical Office 2000) was 86,000, while 351,000 persons claimed Russian ethnicity. However, 407,000 people reported Russian as their mother tongue. In this article, we refer to this group as “Russian speakers”; it thus includes, besides ethnic Russians, also persons whose self-reported ethnicity is other than Russian.

3) Among the sixteen interviews, thirteen were conducted in Russian and have been translated by the researchers. Pauses longer than one second have been indicated by a number in parentheses, showing their duration in full seconds. The interviewees are referred to in this article by an indication of their sex and age. In the case of two or more interviewees of the same sex and age (as in this case), they are specified by letters a, b, etc. The interviewers did not ask the names of informants. After doing the transcriptions, all tapes were erased.

4) A ‘circle’ (Allaste 2004) is a small group, isolated from the larger whole by vague boundaries. People who belong to the same ‘circle’ actually spend a lot of time together. A person may hold multiple memberships in several ‘circles’. ‘Circles’ form a subculture – shared knowledge, attitudes and behavioural norms of the larger network that is made up of smaller overlapping ‘circles’ interacting with one another through a large number of interlocking social connections.

5) According to Goffman (1967), action describes situations that, first, can result in problematic consequences; second, are unpredictable; and third, are not experienced as guided by others.
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Alcohol poisonings in Sweden 1987–2004

Introduction
Alcohol poisoning constitutes one of the most severe consequences of binge drinking with an elevated risk of running into accidents and social conflicts and, in the worst case, death due to the high alcohol blood concentration (Poikolainen et al. 2002). In many cases, the drinker ends up in such a bad shape that hospital treatment becomes necessary. In Sweden, some 13 000 hospitalisations with explicit mention of an alcohol poisoning took place in 2004, a daily average of 36 cases. The aim of this paper is to examine recent trends in the annual number of such hospitalisations among men and women in various age groups and to elucidate trends and patterns concerning what days of the year they are most likely to happen.

Considering the high prevalence of this severe form of alcohol harm, surprisingly few studies have looked deeper into this area. Some attention has been paid to trends in the whole population (Ramstedt 2005) or in younger age groups (e.g. Socialstyrelsen 2005) and the weekly variations for the whole population in the early 1990s (Leifman 1998). However, no study has focused more broadly on

ABSTRACT

BACKGROUND
Hospitalisations with explicit mention of alcohol poisoning are common in Sweden with around 13 000 recorded cases for 2004. Despite the extent and seriousness of this alcohol-related consequence surprisingly few studies have used hospitalisation data in analysing alcohol poisonings. This paper examines trends in alcohol poisonings in Sweden during the period 1987–2004, a period characterised by one of the fastest increases in alcohol consumption in modern times.

AIMS
Two main questions are addressed: 1. To what extent have trends in alcohol poisonings changed and do they differ between men and women in different age groups? 2. To what extent do alcohol poisonings display a temporal pattern?

DATA
The data consists of all hospitalisations with alcohol poisoning as the main or contributory diagnosis during 1987–2004, which meant a total of 205 483 hospitalisations involving 145 020 individuals.

RESULTS
Hospitalisations with an alcohol poisoning diagnosis have increased since the late 1990s for both men and women and include all age groups except for those aged 30–49 (men and
recent trends in different age groups or the degree to which alcohol poisonings increase during the weekend and during festivities characterised by binge drinking.

These questions may be particularly interesting to examine over the last 15 years as this period parallels one of the most rapid increases in Swedish alcohol consumption in modern times and a considerable extended availability of alcohol. Some even argue that Sweden has gone through a rapid change in drinking culture from “dry” to “wet” (Leifman & Gustafson 2003).

After Sweden joined the EU in 1995, alcohol became gradually more accessible particularly through higher travellers’ allowances and a more market-oriented retail monopoly (Systembolaget). In effect, per capita alcohol consumption went up from 8 litres in 1996 to 10.4 litres in 2004, after a fairly stable drinking level since the mid-1980s (Trolldal et al. 2005). According to previous experiences of rising overall drinking in Sweden (e.g. Norström 2002), this rise would most likely lead to an increase in alcohol-related harm in general. However, as alcohol-related mortality has not increased as expected, the question has been raised whether the consumption rise mainly relates to moderate drinking, based in part on the fact that consumption of spirits has not increased (e.g. Socialstyrelsen 2005, 312). It is also worth noting that evidence from other countries, e.g. Finland, shows that higher spirits consumption along with no increase in the intake of wine and beer is associated with more deaths from alcohol poisoning (Poikolainen 2002). If wine and beer consumption is also less connected with alcohol poisonings in Sweden, we would not expect to find a significant rise in hospitalisations due to alcohol poisoning following the rapid rise in alcohol use among the population.

The second question to be addressed is to what extent alcohol poisonings happen more often on weekends and during festivities characterised by binge drinking and whether any change has occurred in this respect. Considering that around 60% the total alcohol intake in Sweden is consumed over Friday, Saturday and Sunday (Kühlhorn et al. 1999), alcohol poisonings are more likely to happen on the weekend. A lower weekend concentration of alcohol poisonings would be conceivable if the increased drinking to a larger degree takes place during ordinary weekdays and not on the
weekend. However, as earlier restrictions in weekend availability have been weakened with the opening of the retail monopoly on Saturday, and also the general increase in unrecorded alcohol, it is also plausible that drinking has become even more concentrated at the weekend.

There is no published data on how much more alcohol is consumed during heavy drinking festivities in Sweden. Still, it is obvious that the Midsummer celebration is connected with drunkenness and related problems in Sweden (e.g. Björ et al. 1993) as are other festivities like the New Year. In addition, there are certain days when particularly adolescents celebrate by drinking large amounts of alcohol, such as on the eve of May Day (Valborg, 30th April) and on the eve of Lucia day (12th December). In the analyses of these festivities, special attention will therefore be paid to adolescents. According to Finnish research, significant peaks in mortality from alcohol poisonings were found on Midsummer and May Day but also on Christmas and New Year (Mäkelä et al. 2005; Poikolainen et al. 2002). We expect to find a similar pattern in Sweden. However, predicting to what extent any change has happened with respect to the number of alcohol poisonings on these days is more difficult. Do Swedes keep these old traditions of binge drinking or are they abandoned as the drinking culture becomes more “wet”?

Data and method
The data consists of all hospitalisations with an alcohol poisoning as the main or contributory cause during 1987–2004, which meant a total of 205 483 hospitalisations caused by 145 020 individuals. This data is recorded in the Swedish Hospital Discharge Register and covers all public, in-patient care in Sweden, including information on e.g. the main and contributory diagnoses, gender, age and date of arrival at the hospital. For more detailed information about this register, see http://www.sos.se/epc/english/ParEng.htm.

The selection of ICD-codes (9th and 10th revision) assumed to measure a hospitalisation related to alcohol poisoning was guided by the criteria set up by the Swedish Board of Health and Welfare. Thus, in ICD-9 the “Toxic effect of alcohol” (980) and “Alcohol abuse” (305.A) classifications were used and in ICD-10, also the “Acute intoxication” (F100), “Harmful use” (F101) and “Toxic effect of alcohol” classifications (T51). In order to evaluate whether a significant change in alcohol poisonings occurred during the study period, a linear trend was applied to the data and tested for statistical significance. We also used chi-square tests in order to determine whether observed weekly variations in alcohol poisonings were statistically significant.

Results
Alcohol poisoning trends during 1987–2004
Alcohol poisonings among women were higher in 2004 than in 1987. From having been fairly stable at around 90 cases per 100 000 women aged 15 and above between 1987 and 1998, the number increased to 126 cases in 2004, see Figure 1. The development is different in various age groups with the youngest group aged 10–19 showing the most consistent rise (annual average increase = 7 cases per 100 000) during the whole period, resulting in a three times higher rate in 2004 compared with 1987.
A major upward trend was also found in older age groups, particularly among those aged 50–74 years, where alcohol poisonings almost doubled between 1987 and 2004, whereas a weaker upward trend was found among women aged 75 and over. All these positive trends are statistically significant (p < 0.05). A reverse trend was seen in the age group 30–49 years, where alcohol poisonings instead declined significantly (p < 0.05), from 175 per 100 000 in 1987 to 130 in 2004. Finally, women aged 20–29 did not experience any significant change during this period (p=0.17).

The data for recent years show that alcohol poisonings are more common in the age group 10–19 years (188 per 100 000 in 2004) than in any of the older age groups. This is a different picture than in the earlier years of the study period when particularly women aged 30–49 years had much higher rates of alcohol poisonings than other age groups.

The results for men are only to some extent similar to the findings for women. The overall trend is positive and statistically significant (p < 0.05), with the rise starting in 1999 (Figure 2), while a significantly declining trend is also found in the age group 30–49 years. In contrast to women, the most striking increase is not found in the age group 10–19 years (annual increase = 4.5 cases per 100 000) but among men aged 50–74 years (annual increase = 11.5). Further, there is a declining long-term trend also in the age group 20–29 years.

Some present age-specific differences between men and women are also revealed. Male alcohol poisonings are most common in middle-aged groups, with those aged 50–74 having the highest rates, followed by men aged 30–49, whereas for women the age group 10–19 has the highest rates.
Weekday variations in alcohol poisonings

We now turn to the issue of how alcohol poisonings vary across weekdays and to what extent the pattern has changed during the study period. For both men and women alcohol poisonings occur more often on weekend days with Saturday being highest followed by Fridays and Sundays (Table 1). On average for 1987–2004, 46 per cent of alcohol poisonings among men occurred during these three days and the corresponding observed proportion for women was 50 (expected proportion = 43%). The concentration at weekends is however much stronger in younger age groups; fully 75 per cent in the age group 10–19 years and around 55 per cent for those aged 20–29 years. For the older age groups (30+) the weekend proportion is close to 40 per cent, implying that there is no increase in alcohol poisoning during weekends. In fact, there are even fewer alcohol poisonings on Saturdays and Sundays than for ordinary weekdays in these age groups.

The average weekly pattern of alcohol poisonings among men and women during 1987–2004 shows only a weak match with the daily distribution in alcohol consumption according to data on daily variations collected in 1996 (see Kühlhorn et al. 1999). In fact, a close relationship is only found for younger age groups as a result of their weekend peak in alcohol poisonings (Figure 3 and 4).

Has there been any change in the extent of alcohol poisonings happening on weekends in relation to ordinary weekdays? With the exception of young women and men, where a stable rate of 70–80 per cent occurs on weekends, there are positive trends in all other age groups between 1987 and 2004 (all statistically significant, p < 0.05). The largest increase for both men and women is found in the age group 20–29 with an increase from 43 to 64% among women and from 47 to 66% among men, whereas only minor increases are found in other age groups.
Table 1. Distribution of alcohol poisonings during the week (%) among men and women in different age groups, average 1987–2004.

| Day  | Women | | | | | | Women | | | | | |
|------|-------|------|------|------|------|------|------|-------|------|------|------|------|------|------|
|      | All 10–19 | 20–29 | 30–49 | 50–74 | 75+ | All 10–19 | 20–29 | 30–49 | 50–74 | 75+ |
| Monday | 12.7 | 6.1 | 11.5 | 14.7 | 15.0 | 14.8 | 13.3 | 5.8 | 11.0 | 14.5 | 14.5 | 14.2 |
| Tuesday | 12.4 | 5.6 | 10.3 | 14.6 | 15.1 | 14.2 | 13.7 | 5.4 | 11.0 | 15.0 | 15.1 | 14.4 |
| Wednesday | 12.3 | 5.6 | 10.6 | 14.2 | 14.7 | 15.4 | 13.3 | 5.8 | 11.0 | 14.5 | 14.6 | 16.2 |
| Thursday | 12.7 | 7.5 | 11.7 | 14.4 | 14.4 | 15.2 | 13.8 | 7.8 | 11.9 | 15.0 | 14.6 | 15.8 |
| Friday | 15.5 | 19.8 | 12.5 | 14.8 | 14.8 | 17.3 | 15.6 | 21.1 | 14.0 | 14.9 | 15.8 | 16.0 |
| Saturday | 18.7 | 33.9 | 22.0 | 14.0 | 13.7 | 12.5 | 16.4 | 34.4 | 20.9 | 13.8 | 13.5 | 12.7 |
| Sunday | 15.7 | 21.4 | 21.5 | 13.3 | 12.3 | 10.7 | 13.8 | 19.7 | 20.0 | 12.3 | 11.9 | 11.1 |
| Weekend (%) | 49.9 | 75.1 | 56.0 | 42.2 | 40.8 | 40.5 | 45.8 | 75.2 | 54.9 | 41.0 | 41.2 | 39.4 |

* All weekly distributions are statistically significant (p<0.0001) according to $\chi^2$ tests (d.f.=6)

Figure 3. Weekday distribution of alcohol consumption (whole population, 1996) and alcohol poisonings (women in various age groups, average 1987–2004).

Figure 4. Weekday distribution of alcohol consumption (whole population, 1996) and alcohol poisonings (men in various age groups, average 1987–2004).
Alcohol poisonings during festivities

In addition to the weekend, there are several Swedish festivities associated with high alcohol consumption. Figure 7–8 presents a ranking of the most important days with respect to the average number of alcohol poisonings during 1987–2004 in total and for the age group 10–19 years.

New Year’s Day has the highest number of alcohol poisonings among women with 28 cases, followed by May Day and Eve of May Day (22 each) and Midsummer Day (18 cases). Within the range of 11–13
Alcohol poisonings among young women are particularly high on the Eve of May Day and May Day when they stand for around 60 per cent of all cases (on average this age group represents 18.7% of all female alcohol poisonings). The fraction is highest on Saturdays, Lucia Day and Eve, Midsummer Eve and Fridays whereas the number on Eastern Day and Eve, New Year’s Eve, Mondays and Christmas Day vary between 8 and 10. Christmas Eve is the lowest with 5 cases.

Figure 7. Fifteen selected days ranked from highest to lowest with respect to average number of alcohol poisonings during 1987–2004 among women.

Figure 8. Fifteen selected days ranked from highest to lowest with respect to average number of alcohol poisonings during 1987–2004 among men.
also fairly high on New Year’s Day (46%), New Year’s Eve (44%), Lucia Day (43%), Lucia Eve (36%) and Saturdays (34%). Alcohol poisonings rarely happen however on Mondays and Christmas Eve in this young age group (for older age groups, with the exception of Midsummer and New Year where minor peaks are seen, there are considerably smaller differences across the different days for both men and women. Data not shown).

If we include the eve as well as the following day for the major festivities, it appears that Eve of May Day/May Day are associated with the most female alcohol poisonings, with typically more than 40 women hospitalised for an alcohol poisoning during these two days. Corresponding figures for New Year’s Eve/Day and Midsummer Eve/Day are 37 and 29.5 cases respectively. However, Lucia is not different from an ordinary Friday/Saturday (23 cases each) and Christmas and Eastern had no more connected alcohol poisonings than an ordinary Friday/Saturday.

A similar picture emerges for male alcohol poisonings, with the highest number of hospitalisations found on New Year’s Day (45 cases), Eve of May Day and Midsummer Day (38), May Day (37) and Midsummer Eve (28). Small differences are found between Saturdays, Lucia Day and Eve, Midsummer Eve, Fridays, Eastern, New Year's Eve, Mondays and Christmas Day, all of which fit within the range of 20–25 cases. Christmas Eve is the lowest with 15 cases. Regarding the age group 10–19 years, their proportion is generally lower than for women of the same age, suggesting larger age differences in binge drinking among women than among men. For instance, 31% of male alcohol poisonings during New Year happened in this group compared with 46% for female alcohol poisonings.

Collapsing the two days for these festivities shows that the highest number of male hospitalizations occurs on Eve of May Day /May Day (73), New Year’s Eve/Day (69) and Midsummer Eve and Day (66). Lucia and Eastern do not differ from an ordinary weekend and Christmas shows lower rates of alcohol poisonings, even lower than a regular weekday.

Trends for the major festivities are presented in Figures 9–10. Alcohol poisonings happening on New Year increased between 1987 and 2004 among both men and women as well as among those aged 10–19. All trends were statically significant (10–19 years, p < 0.01; All p<0.05). The highest rate for all age groups is found in 2000, possibly related to more excessive celebration of a new millennium. A rising number of alcohol poisonings occurs also on Midsummer with positive trends among men and women (p < 0.001) and girls aged 10–19 (p = 0.03) but not among boys aged 10–19 (p < 0.4).

An increasing trend in alcohol poisonings is also found on May Day, though trends for the younger age groups were of borderline significance (p<0.10). Alcohol poisonings on Lucia have not changed significantly during the period in any age group (data not shown).

**Discussion**

Hospitalisations with an alcohol poisoning diagnosis have increased in Sweden between 1987 and 2004 for both men and women with the rise starting after 1998 during a period of increased population consumption of wine and beer. This sug-
gests that a higher frequency of alcohol poisonings was connected with the rising per capita alcohol consumption despite the fact that spirits consumption did not increase. Still, trend comparisons are fragile evidence for causality, and it would be important to carry out a more systematic analysis of Swedish time series data. It is worth noting that a time series analysis conducted in Finland found that only spirits consumption (and not beer and wine) was related to fatal alcohol poisonings (Poikolainen et al. 2002).

Alcohol poisonings did not go up in all age groups; men and women aged 30–49 had significant declining rates as well as men in the age group 20–29 years. Further, the most marked rise was found among women aged 10–19 and in the age group 50–74 years among men and women.
These findings suggest that the link between trends in population drinking and alcohol poisonings in various age groups is complex and that per capita alcohol consumption is not useful for explaining the development in all age groups.

It is possible that different trends in various age groups to some degree are related to cohort effects as was recently suggested in a study of overall alcohol-related mortality in Sweden (Socialstyrelsen 2005). The rising trend for those aged 50–74 would then be due to an increasing representation of a cohort growing up during the liberal medium strength beer era of the 1960s and 1970s. Similarly, the decline among those aged 30–49 might be related to an increasing representation of persons from the cohort being young in a more restrictive era of the late 1970s and 1980s. However, it also suggests that the present high harm rates in younger age groups should be regarded as a problem also from a longer perspective.

We cannot exclude that the increase in hospitalisations among young women is to some extent caused by more attention being given to binge drinking among young women e.g. from the police or social workers, although no data was found to confirm this idea. Available data rather supports that we observe an actual increase. Survey findings of students and military conscripts show that the prevalence of intoxication drinking increased up to around the year 2000 and then has remained stable, which corresponds rather well with the development of alcohol poisonings in the age group 10–19 years (CAN 2005). In addition, there has been a shift in beverage preferences among young people towards stronger beverages; from weaker beer to strong beer as well as higher proportion of spirits. This change in beverage choice could easily be associated with higher risks of drinking too much too fast.

Longer time series for binge drinking among older age groups are lacking but some data suggests that a rise occurred in similar age groups as studied here, both between 1996 and 2002 (Leifman & Gustafson 2003) and between 1998 and 2004 (SOU 2005:25). Obviously, this supports some of the findings, such as the increase in the age group 50–74 years, but not others, such as the decline in alcohol poisonings found in the group aged 30–49.

That alcohol poisonings tend to happen more often on the weekend than during ordinary weekdays was expected, not least because of how the working week is usually organised in Sweden. On average, half of female alcohol poisonings and 46% among men happened on the weekend, which is similar to what has been found for fatal alcohol poisonings in Finland (Mäkelä et al. 2005), Russia (Pridemore 2004) and Lithuania (Chenet et al. 2001). However, age-specific analyses revealed distinct age differences concerning the weekend pattern with a peak only found in ages below 30 years. This suggests that weekend binge drinking is an important factor behind alcohol poisonings in younger age groups, whereas among older people other factors are important. One possible explanation is that alcohol poisoning in older age groups is more often related to a longer period of heavy drinking among marginalised heavy drinkers.

There was no evidence of a reduction in the concentration of alcohol poisonings at weekends. Quite the reverse, alcohol poisonings tended to happen more often on
Alcohol poisonings peaked as expected on festivities like Midsummer, New Year and May Day in particular among the youngest, though not on Eastern and Christmas, possibly because these days are family celebrations rather than “party celebrations”. No results were found that suggested a decline in alcohol poisonings during these festivities, in fact, alcohol poisonings have even increased on Midsummer, New Year and May Day. Thus, culturally determined binge drinking is still part of the Swedish drinking culture and leads to subsequent temporal patterns of alcohol-related harm.

One possible objection to the findings is that there are alternative ways of presenting hospitalisation data, for instance to include the number of individuals or only the main diagnoses instead of all hospitalisations with main and contributory diagnoses. It turned out that the presentation of the data did not change the results for women, whereas among men an increasing trend was only found when contributory causes are included (data for all men and women not reported here). This could mean that alcohol poisonings among men are to an increasing extent occurring along with other complications or that there is an increasing tendency, for some reason, among physicians to record alcohol poisoning as a contributory cause. To study different ways of presenting hospitalisation data would therefore be an interesting topic for further study. Another important analysis would be to include a different set of diagnoses than suggested by the National Board of Health and Welfare, for instance only diagnoses where intoxication is explicitly mentioned like 980 (ICD-9) and T51 (ICD-10). Preliminary analyses showed that using only diagnoses 980, F100 or T51 yields a higher weekend fraction (average 62%) than 305A and F101 (average 44%) (data not shown).

Knowing roughly when alcohol poisonings are most likely to happen in various groups could be useful information for policy-makers. For instance, the timing of campaigns aimed at informing about risks related to binge drinking could draw on this information as well as the selection of target groups for such campaigns. It is also worth considering that alcohol poisonings belong to an acute form of alcohol harm that is regarded as more quickly preventable than long term chronic problems from drinking (e.g. Rehm et al. 2004).
REFERENCES


Price elasticities of alcoholic beverages in Finland in 1995–2004

There is a long-standing tradition of econometric analysis within the field of Finnish alcohol research, but this tradition now seems to be eroding. However, it is important that we continue to study the economic factors that impact the demand for alcohol because it is known that demand is highly sensitive to price fluctuations. It is also known that alcohol consumption causes considerable costs to society. Alcoholic beverages account for only a small proportion of total private consumption, but the revenue from alcohol tax is proportionately high. Tax rates can be used to determine the right price level for alcoholic beverages and at the same time to control the adverse effects of alcohol consumption as well as alcohol tax revenue. The right price level, in today’s EU Finland, also means retaining the tax base within Finland. In order to get the price level right it is necessary to apply the tools of economics. Econometric models have proved an effective means. This article follows up on an earlier one by Thor Norström (in NAT 2005) which described the price elasticity of alcohol in Sweden in 1984–2003. The present article uses time series analysis to study the long-run price and expenditure elasticities for alcoholic beverages in Finland in 1995–2004.
wine has the highest price elasticity at 1.41, while the figure for liquor is 0.83 and for beer 0.40. The expenditure elasticity for liquor is the highest at 1.57. As for consumption on licensed premises, liquor showed by far the highest elasticity at 2.34. The corresponding figures for wine and beer were 1.02 and 0.24, respectively. In licensed consumption, too, liquor showed by far the highest expenditure elasticity at 2.67.

CONCLUSIONS

The results of this study lend support to the view that changes in price elasticities happen very slowly. In spite of the momentous changes to Finnish alcohol control policy in 2004, the results reported are very similar to the elasticities in earlier studies. There have been no radical changes in the associations described by demand functions between alcohol prices and consumption levels. In the light of the time series available, the changes of 2004 have not perhaps been quite as significant as some commentators have suggested. The biggest changes have happened in consumption on licensed premises.

Finland made major changes to its alcohol control policy in 2004. Taxes on alcohol were lowered on average by 33% and virtually all restrictions had to be lifted on the import of alcohol for private consumption. The tax issue resurfaced with the debate in autumn 2005 and spring 2006 on plans to increase taxes on spirits. However, on March 2nd 2006 the government took the decision to leave taxes on alcoholic beverages unchanged, although it did come forward with a set of legislative measures to restrict the advertising of alcohol and to prohibit discounts for volume sales of beer. Price elasticities allow us to see what impacts an increase in taxes on spirits would have had. Similarly, price elasticities provide answers to the questions of how demand for beer will be affected if the new restrictions on beer sales lead to higher beer prices and how this will impact the relative consumption of beer and other alcoholic beverages.

Consumption is explained by economic factors

The demand model applied in this study is A. Deaton’s and J. Muellbauer’s (1980) An Almost Ideal Demand System, or the AIDS model. The dependent variable is expenditure on commodities as a proportion of total private consumption. It can be expressed as follows:

\[ w_{it} = \frac{P_{it} A_{it}}{FP_t} \]

where \( P_{it} \) is the price index for alcoholic beverage category \( i \), \( A_{it} \) is the consumption of 100 per cent alcohol in that beverage category, \( FP_t \) is current-price total consumption expenditure minus current-price consumption of consumer durables. The difference between total private consumption and consumption of consumer durables indicates the potential amount of money that the consumer can spend on non-durables such as alcoholic beverages, for example.

The model explains the consumption of alcoholic beverages as a proportion of total private consumption in terms of the ratio of the price index for each beverage category to general price trends; the difference between total private consumption and consumption of consumer durables; earlier alcohol consumption; dummy variables; and time trends. The independent variables describing the demand for beverages can be expressed as follows:
\[ w_i = \alpha_i + \sum_{j} \gamma_j \log \left( \frac{p_j}{p_i} \right) + \beta \log \left( \frac{CF_j}{V_i} \right) \]
\[ + \delta_i \left( \frac{A_{i,t}}{V_{i,t}} \right) + \sum_{n} \phi_n D_n + \theta t + \epsilon_i \]

where \( p_j \) is the price index for beverage category \( j \), \( p_i \) is the price index for total private consumption, \( CF_i \) is fixed-price total private consumption minus consumption of consumer durables, \( V_i \) is the number of population aged 15 or over, \( A_{i,t} \) is the delayed consumption of 100 per cent alcohol in the beverage category, \( D_n \) is a dummy variable, \( t \) is a time index and \( \epsilon_i \) is a remainder term. Dummy variables are used to adjust for external shocks that cannot be explained within the model; an example of such external changes is provided by revisions of alcohol tax legislation. The dummy variables are listed in Appendix Tables 1–4 in connection with the model parameters.

For the purposes of time series analysis it is important that the models are based on stationary time series. This avoids possible spurious correlations between variables. The requirement of stationarity is achieved by building models for the first differences of the variables. Data variance decreases significantly in connection with differentiation. Against this background the correlation coefficients (\( R^2 \)) for the models presented in Tables 1–4 can be regarded as good. The results of the Durbin-Watson tests are also reported in connection with the parameters shown in the Appendices. According to the test the autocorrelation is zero when the test parameter has the value 2. The results of the Durbin-Watson tests are also reported in connection with the parameters shown in the Appendices. According to the test the autocorrelation is zero when the test parameter has the value 2. The results of the Durbin-Watson tests are also reported in connection with the parameters shown in the Appendices. According to the test the autocorrelation is zero when the test parameter has the value 2.

### Consumption habits are liable to change

For the purposes of econometric analysis it would be convenient if consumption habits in the population remained unchanged year on year. Consumption would be simply explained by prices and incomes, as suggested by Nobel Laureates G. Stigler and G. Becker (1977). However, we know that consumption habits are liable to change. These changes are described by the linear time trend attached to econometric models. Appendix Tables 1–4 show the estimated parameters for all the present models. In all models the constants for spirits and beer receive a negative value, whereas for wines the constant is positive. A negative constant indicates that there are factors that are independent of incomes and expenditures and reduce the consumption of both spirits and beer. A positive constant is indicative of an opposite trend. In Finland the tendency has been for wine and beer consumption to
The use of a time trend also involves technical considerations. Time trends are used to correct the bias that results from the generalisation of household-level demand equations to consumption habits at the population level (Blundell et al. 1993). Furthermore, Deaton and Muellbauer (1980) showed that the time trend helps to bridge the gap between the hypothesis and the data when it is assumed that the consumer seeks to maximise the conventional static benefit function.

**Dependence shows up in the models**

Alcohol is a commodity the consumption of which involves an element of dependence. The theory of rational addiction by G. Becker and K. Murphy (1988) says that in the case of addictive commodities, current consumption is influenced by earlier consumption. The benefit gained from the consumption of alcoholic beverages depends upon earlier consumption. So for purposes of assessing alcohol consumption, we need to acknowledge that there exists a component of consumption that is independent of incomes and expenditures and that is explained by the consumer’s addiction. A variable describing delayed alcohol consumption is attached to the model in order to explain this part of consumption. Earlier consumption is used as a stock variable, which describes the degree of dependence. Dependence, here, refers not just to physical addiction, but also to addiction to the habit. The variable attached to the model is not accumulative with respect to earlier consumption, but it is valid only for one period at a time.

Several empirical studies make use of a delayed variable (Leppänen 1999; Leppänen & Österberg 2002; Becker & Grossman & Murphy 1994; Chaloupka 1991). In all the models and all the beverage categories in this study, the delayed variable has a positive, statistically significant coefficient (Appendix Tables 1–4). Earlier consumption increases current consumption.

**Finland has high-quality datasets**

There is a long-standing tradition of econometric alcohol research in Finland, and consequently we also have access to long time series and high-quality research data. Work to compile price indices for alcoholic beverages was started in the 1960s by Aarni Nyberg on the basis of methods developed by Leo Törnqvist (1939). Currently the task of producing price indices for alcohol is the responsibility of the National Research and Development Centre for Welfare and Health (Stakes). Stakes has also provided the alcohol data for the present study. Statistics on private consumption, general price trends and population numbers are provided by Statistics Finland. These datasets are used to produce four models. Models for overall consumption are produced separately for different channels of distribution and different types of beverage. Alcoholic beverages are collapsed into three categories: spirits, which comprises hard liquor and other strong beverages as well as strong wines; wines, which comprises ordinary wines and ciders; and beer, which includes medium-strength beer, strong beer and long drinks.
Price elasticities of alcoholic beverages

The time series used in this study covers the period from 1964 to 2004. The long-run price and expenditure elasticities for alcohol demand drawn from the model parameters are presented as means for the past ten years, i.e. 1995–2004. The elasticities are not constants, but are dependent on the expenditure share w. If the parameters in Appendix Tables 1–4 do not obtain statistically significant values, then nor do the elasticities.

Price elasticity describes the impact of a one per cent change in prices on alcohol demand within a beverage category or distribution channel, while other factors remain constant. Expenditure elasticity, then, describes the impact on alcohol demand of a one per cent change in total private consumption expenditure. Expenditure elasticities allow for a distinction to be made between luxury commodities and necessity commodities: when the elasticity is greater than one, the commodity is described as a luxury commodity; and when it is lower than one, the commodity is described as a necessity commodity. Cross elasticity indicates whether the beverage categories or distribution channels are mutually substitutive or complementary.

In Table 1, for example, the price elasticity for retail consumption is negative and has an eigenvalue of 0.70. When retail prices go up by one per cent, the demand for retail consumption drops by 0.7 per cent. The expenditure elasticity for retail consumption is 1.59. When incomes go up by one per cent, retail consumption increases by 1.59 per cent. The cross elasticity of retail consumption relative to consumption on licensed premises is 0.33. A positive cross elasticity means that retail consumption and consumption on licensed premises are mutually substitutive. When prices for retail consumption go up, consumption on licensed premises increases by 0.33 per cent. When prices go up, retail consumption decreases more than consumption on licensed premises. When incomes increase, consumption on licensed premises increases more than retail consumption. Table 1 allows us to assess the sensitivity of total retail consumption or total consumption on licensed premises to price changes.

Table 2 shows the price and expenditure elasticities for different beverage categories. In retail consumption the prices of wines show the greatest elasticity, beers in turn the least elasticity. Expenditure elasticity is lowest for wines. Cross elasticity is

Table 1. Elasticities of retail consumption and consumption on licensed premises

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<th>Price elasticities</th>
<th>Expenditure elasticities</th>
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<tr>
<td></td>
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<td>consumption on licensed premises</td>
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Table 2. Elasticities of retail consumption

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<tr>
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<th>Expenditure elasticities</th>
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<tbody>
<tr>
<td>spirits</td>
<td>−0.83</td>
<td>0.29</td>
</tr>
<tr>
<td>wines</td>
<td>0.50</td>
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</tr>
<tr>
<td>beer</td>
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greatest between spirits and wines, which are mutually substitutive. For instance, changes in prices for spirits cause the biggest changes in the consumption of wine.

Table 3 shows the price and expenditure elasticities for consumption on licensed premises. In this case spirits show by far the highest elasticities. Beers show the lowest price elasticity. In consumption on licensed premises spirits also have a very high expenditure elasticity. The lowest value is recorded for beer. In consumption on licensed premises the cross elasticity between spirits and beer is positive and by far the highest of all cross elasticities. The modelling of consumption on licensed premises is less straightforward than for retail consumption. In the models for consumption on licensed premises long drinks and strong wines, for example, present considerable difficulties for modelling.

Table 3. Elasticities of consumption on licensed premises

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<tr>
<td></td>
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<td>wines</td>
</tr>
<tr>
<td>spirits</td>
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<td>wines</td>
<td>0.30</td>
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<td>beer</td>
<td>0.61</td>
<td>-0.04</td>
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Table 4 shows the price elasticities for total consumption (retail consumption + consumption on licensed premises) in different beverage categories. The model for total consumption closely resembles the model for retail consumption because it consists largely of retail consumption. The situation is the same for elasticity values. Compared to retail consumption, cross elasticities between beer and spirits have higher values.

Impacts of the changes in 2004

The impacts of the changes introduced in 2004 – i.e. the tax cuts and the lifting of all restrictions on alcohol imports for private consumption – may appear in two different ways. The changes to private alcohol imports may be directly reflected in price elasticities. Changes in the level of consumption, on the other hand, are seen within the model through the coefficients of price variables. A dummy variable for 2004 was constructed to describe the statistical significance of the combined effects of these two changes. Statistically significant values were only recorded for retail consumption in the model for total consumption. This is an interesting result in that the dummy variable for 2004 did not show statistically significant values in any other model. On the other hand the time series for changes after 2004 is very short, so any changes in the coefficients of price variables cannot yet be detected. However at this stage it would seem that the policy changes in 2004 have not perhaps had quite as profound an effect as some commentators have suggested.

Table 4 shows the price elasticities for retail consumption reported in different studies. Different methods produce
somewhat different estimates of price elasticities. However, all studies consistently give the highest price elasticity value to wine and the lowest to beer. Furthermore, the values for all beverage categories are just above or below one. The elasticity values in this study come close to the figures recorded in earlier studies – which is only to be expected in that elasticity values change very slowly.

The results of the 2006 study (Vihmo 2006) are compared for retail consumption, consumption on licensed premises and total consumption with the studies by Kalervo Leppänen (1999) and Leppänen and Esa Österberg (2002) because all three studies have used the same methods. It is also known that these three studies give systematically higher values than models based on microdata (Suoniemi 1977). It is necessary to bear in mind that the elasticity values are presented as means for the past ten years. Figures 1–3 indicate the year when each study was completed. The elasticities from the study by Leppänen in 1999 are based on the means for 1988–1997, the elasticities from the study by Leppänen & Österberg in 2002 are means for 1991–2000.

Figure 1 shows the price elasticities for retail consumption from all three studies in a time series. A long term analysis allows us to detect deviations from the “trend” in elasticity values. When the changes in the price elasticities of retail consumption in this study are compared with the study by Leppänen & Österberg in 2002, we find that the price elasticity for spirits has decreased most. From 1999 to 2002, the price elasticity of beer increased, from the study in 2002 to 2006 it decreased. In other words, the trend in the price elasticity for beer has been reversed. In absolute terms, however, the differences are very small. In any case the price elasticity of beer is approximating a level where price no longer has very much impact on demand. Between 1999

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<tbody>
<tr>
<td>spirits</td>
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<td>beer</td>
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<td>-0.20</td>
<td>-0.51</td>
<td>-0.65</td>
<td>-0.53</td>
</tr>
</tbody>
</table>

*The results reported by Leppänen (1994) are a summary of the elasticities calculated by Saimi Tähtelä using transfer function noise models.

Figure 1. Price elasticities of retail consumption

Sources: Leppänen 1999; Leppänen & Österberg 2002; Vihmo 2006. Figures 2 and 3 are based on the same sources.
and 2006, the sharpest absolute decrease in price elasticities is recorded for wine. As was pointed out earlier, the consumption of wine has increased as a result of changes in consumption habits.

Table 6 shows the price elasticities for consumption on licensed premises reported in different studies. The figures vary quite widely. However, all studies give the highest price elasticity to spirits and the lowest to beer.

The price elasticity of spirits decreased between the studies in 1999 and 2002, but then increased very sharply between the studies in 1999 and 2006. It is thought that this is due to the tax cuts introduced. The retail consumption of spirits is now cheaper than before. For this reason there are increasing pressures on prices of spirits sold on licensed premises. The price elasticity for beer is low and has decreased since the study in 2002. The lowered prices in retail consumption may have affected the price elasticities of consumption on licensed premises. All in all the price elasticities of consumption on licensed premises have increased the most.

Table 7 and Figure 3 show the elasticities of total consumption by distribution channels. The price elasticities for retail consumption were exactly the same in the studies in 1999 and 2002. The current results show a lower elasticity for retail consumption than the study in 2002. The

### Table 6. Price elasticities of consumption on licensed premises according to different studies

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<tr>
<th></th>
<th>Leppänen &amp; Österberg</th>
<th>Leppänen Salo</th>
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<tbody>
<tr>
<td>2006</td>
<td>2002</td>
<td>1999</td>
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<tr>
<td>spirits</td>
<td>–2.34</td>
<td>–1.49</td>
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<tr>
<td>wines</td>
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<tr>
<td>beer</td>
<td>–0.24</td>
<td>–0.33</td>
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### Figure 2. Price elasticities of consumption on licensed premises

#### Table 7. Price elasticities of total consumption by distribution channel according to different studies

<table>
<thead>
<tr>
<th></th>
<th>Vihmo</th>
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<td>2006</td>
<td>2002</td>
<td>1999</td>
<td></td>
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<tr>
<td>retail</td>
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<td>restaurant</td>
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<td>–0.72</td>
<td>–0.64</td>
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### Figure 3. Elasticities of total consumption by distribution channel
trend for the elasticity of consumption on licensed premises has been reversed between 1999 and 2006. On the other hand it seems that the elasticities for both distribution channels are moving in the same direction, i.e. they are on the decline. The lower the level of price elasticities, the less the impact of prices on the demand for alcohol.

Tables 8 and 9 show the expenditure elasticities for retail consumption and consumption on licensed premises. Again, the results from different studies for expenditure elasticities are somewhat different. Furthermore, the elasticities for all beverage categories are just above or below one. This means that in some studies all types of beverages appear as necessity commodities and in some studies they appear as luxury commodities. By far the highest expenditure elasticity is recorded for the category of spirits. As consumer incomes rise, the consumption of spirits increases most, both in retail consumption and in consumption on licensed premises.

Nordic price elasticities?
NAT has recently published Thor Norström’s (2005) estimates of alcohol price elasticities for retail sales in Sweden in 1984–2003. In that study the price elasticity of spirits was -1.0, the figure for wines was -0.6 and for beers -0.8. What inferences can be drawn from the similarities and differences between the Finnish and Swedish price elasticities?

Leppänen, Sullström and Suoniemi (2001) showed in their study “The consumption of alcohol in fourteen European countries that price elasticities and consumption habits differ between countries with alcohol monopolies, non-monopoly countries, and wine-producing countries. Two features that all monopoly countries shared in common were their high level of alcohol prices and high price elasticities. In Finland and Sweden the retail sale of alcohol is organised through a monopoly system. This system together with restrictions on private imports have made it possible to maintain high alcohol prices. In this sense there are similarities between the two countries in terms of alcohol consumption and consumer behaviour. However, there is no point in further comparing

### Table 8. Expenditure elasticities of retail consumption according to different studies

<table>
<thead>
<tr>
<th></th>
<th>Vihmo</th>
<th>Leppänen &amp; Österberg</th>
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<td>beer</td>
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<td>1.34</td>
<td>0.97</td>
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### Table 9. Expenditure elasticities of consumption on licensed premises according to different studies

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<th>Nyberg</th>
<th>Salo</th>
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<td>beer</td>
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<td>1.41</td>
<td>0.96</td>
<td>1.15</td>
<td>0.96</td>
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</table>
the results of the studies on Swedish and Finnish price elasticities. Comparisons can be made between studies using different techniques within Finland, but in the case of Finnish and Swedish studies there are more differences than similarities. The studies have been conducted in different ways. Norström’s study is based on the Box-Jenkins (1976) model, whereas the present study uses the AIDS model. Furthermore, the models are estimated from time series of different lengths.

In spite of these differences there is however one point that deserves separate mention. That is, the elasticities for different beverage categories are rank-ordered in the same way in all Finnish studies regardless of the methods they use. The elasticities are the highest for wines and the lowest for beers. According to the Swedish results by Norström, the highest elasticities are found for spirits, the second highest for beers and the lowest for wines. What is the reason for these differences? Is this because the sale of beer in Sweden is organised in a different way than in Finland? Or do we draw the inference that wines have “swapped places” compared to the Finnish order of price elasticities? Or does the explanation lie quite simply in prices or consumption habits? It is impossible to say.

**Beer prices on the increase**

Price elasticity estimates and consumption prognoses based on econometric models provide an important tool for informed decision-making on alcohol control policy. Forecasts of total consumption are essential for purposes of predicting the development of alcohol-related harm and the annual revenue from alcohol taxes. It is also necessary to have a clear picture of how changes made to alcohol control policy impact the demand for alcoholic beverages.

There has been some debate in Finland since last autumn about the possibility of raising taxes on spirits. The main option has been an annual increase of five percentage points in alcohol taxes on spirits. Economic theory has it that when prices go up, demand tends to decrease. The question is, to what extent does this happen? It is estimated that around two-thirds of a five percentage point increase in taxes would carry over into prices, i.e. prices of spirits would go up by around 3.3%. On the basis of the price elasticities estimated in this study, the retail demand for spirits would drop by around 2.8%. According to the calculated cross elasticities the increase in spirits prices would also have an effect on the demand for wines, which would increase by 1.7%. Beer consumption, according to the cross elasticities calculated here, would not significantly increase. It is also necessary to notice that retail consumption and consumption on licensed premises are connected to each other as shown in Table 1. When retail prices go up, consumption on licensed premises goes up. If the price of spirits in retail outlets rises, it is estimated that the demand for spirits on licensed premises will increase. The models used in this study do not allow us to give any exact predictions.

Another option that has been raised is to put up taxes on spirits by 10 percentage points. In this scenario retail consumption of spirits would drop by an estimated 5.5 per cent, while the consumption of wine would increase by 3.3 per cent. Again, there would be no significant change in
On the March 2nd 2006 the Finnish government decided against proposing an increase in taxes on spirits, and the matter will no longer be discussed during this government’s term of office. The government did, however, decide to submit a bill that would restrict the advertising of alcohol and prohibit discounts for volume sales of beer, i.e. selling larger packs at relatively lower prices than individual cans or bottles in retail outlets. If the bill is passed, beer retail prices will very likely increase. At this stage there are no estimates of how much beer prices would go up and at what stage. The new legislation would probably take effect from the beginning of 2007.

The lowest price elasticity figure in all Finnish studies as well as in many studies from Anglo-Saxon countries has systematically been recorded for beer. In other words, price changes have the least impact on beer consumption. The price elasticity calculated for beer in this study is the lowest ever since the study by Nyberg in 1967: the present figure is -0.40. This means that a one percentage point increase in the retail price of beer would lower the retail demand for beer by 0.40 per cent. In other words the price of beer does impact its demand, but it is fair to say that the price elasticity of beer is very low. Due to the low price elasticity of beer, rising beer prices do not have very much impact on demand.

We need to remember, however, that beer in this case refers above all to medium-strength beer. The volume of medium-strength beer consumption is extremely high. Let us consider the impacts of a five per cent price hike. That would mean an estimated decrease of two per cent in the demand for beer, which in turn would translate into 8.5 million litres of beer. That is the equivalent of roughly one per cent of the total consumption of absolute alcohol.

The cross elasticities of beer can be interpreted as follows: Changes in the price of beer would not seem to have any significant impact on the consumption of spirits or wines. It also seems that this relationship works the other way round: changes in the price of spirits or wines would not seem to have any significant impact on the demand for beer.

### References


Blundell, R. & Pashardes, P. & Weber, G.
Price elasticities of alcoholic beverages in Finland in 1995–2004


### APPENDIX 1. Parameters of retail consumption and consumption on licensed premises

<table>
<thead>
<tr>
<th>Variable</th>
<th>Retail consumption</th>
<th>Consumption on licensed premises</th>
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R² (system) 0.677

D69 is one in 1969
D72 is one in 1972
D85 is one in 1985
D95 is one in 1995
D04 is one in 2004

### APPENDIX 2. Parameters of retail consumption

<table>
<thead>
<tr>
<th>Variable</th>
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<th>Beers</th>
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R² (system) 0.759

DUM69 is one in 1964–1969
D69 is one in 1969
D72 is one in 1972
D85 is one in 1985
D95 is one in 1995
### APPENDIX 3. Parameters of consumption on licensed premises

<table>
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D68 is one in 1964–1968  
D69 is one in 1964–1969  
D95 is one in 1995  
D04 is one in 2004

### APPENDIX 4. Parameters of total consumption

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DUM69 is one in 1964–1969  
D69 is one in 1969  
D72 is one in 1972  
D85 is one in 1985  
D95 is one in 1995
Today alcohol policy is seen as being mainly aimed at restricting the negative effects of alcohol consumption on health and society. But if we take a look at regulatory activity in a historical perspective, we will see that it has been motivated by a number of quite different concerns. If we were to sketch an outline of developments in alcohol policy in Norway we find at least seven more or less distinct phases (Hauge 1998). At different times alcohol has, respectively, been regarded as primarily a ritual constituent, a marketable product, a sinful substance from a religious point of view, a needless extravagance, an important nutrient and economic resource, a cause of social problems, and as a public health concern. And alcohol policy has been devised on the basis of the view in vogue at any given time.

The ritual use of beer
The earliest description of alcohol use in the Nordic countries stems from the book Germania by the Roman orator and public official Tacitus (1901–1902) around the year 100. The Germania Tacitus gives an account of the lands north of the Rhine – which trace the borders of the Roman empire – and he gives as the name of the people inhabiting the Scandinavian peninsular as the Suiones. The eating habits of the Germans were both simple and modest – “with wild fruits, some game or thick milk, without preparation and without trimmings they satisfy their hunger”. But drinking to the Suiones was quite a different matter – whether the drink in question happened to be their own brew or the wine of the Romans. “They do not display the same degree of reserve when it comes to slaking their thirst. If one capitulates and
gives them as much as they desire, drink will conquer them more easily than arms and might” (Tacitus 1901–1902, 134).

According to the chronicler, the custom was that after the Germans had risen from their beds and performed their morning ablutions, they went off to work. However – he adds – they departed:

... just as frequently to a feast, and always armed. Sitting and drinking day and night brings shame on no one. Often, as may be expected of an inebriated company, quarrels erupt, though they end rarely as such; more often with killings and injuries. But both the reconciliation of enemies, connections by marriage between different families and clans, and the selection of chief-tains, and lastly also war and peace, are matters frequently discussed at the feasts, all with the view that no other opportunity exists in which the mind is more accessible for tempered reflection or more easily may be inspired to ascend to the heights of great thoughts. (Tacitus 1901–02, 133–134)

Notwithstanding the circumstance that Tacitus is not regarded by posterity as the most reliable source, the feasting custom is something we find corroborated in the oldest extant Norwegian laws, i.e., the Norwegian Landscape Laws from about the year 1000. The feast (‘gilde’ or ‘gjestebud’) were an occasion at which important decisions were hammered out. In a society where the art of writing was restricted to a small minority, and decisions and agreements between people made by word of mouth rather than in writing, there was a need for witnesses who could verify the conditions of the agreement so as to avoid doubt and divergence as to its contents. And one of the possibilities of finding such witnesses in attendance was precisely at a feast – as much as in the time of Tacitus as of the Landscape Laws. But at such feasts beer was drunk. The provisions found in the Landscape Laws regulating the manner by which contracts were to be entered into as well as the handling and consumption of beer are therefore quite interrelated.

The Gulating Law, which is the most ancient of the Landscape Laws and the one that is preserved most intact, ascertains that the most important type of contract at the time – the transfer of land – had to be entered into in the company of a large gathering of men as could be found at “in a church, in the beer house, and on a fully manned ship”. Giving up one’s child to thralldom to honour a debt also had to take place “at a public assembly (ting) or in a beer house or at a church event”. And many other important agreements were ratified at feasts or in beer houses – whether they revolved around the adoption of an illegitimate child, a marriage, or the freeing of thralls. In the legislation those present are often referred to as ‘drinking company’ or ‘beer house witnesses’.

That the place where the feast was held – the banquet hall or beer house as it was called – was deemed equal in status to the church and the ting should not surprise us. They were all places where people came together and could act as witnesses. The beer houses and festive get-togethers of the time with their beer drinking had important social and ritual functions. In some cases there was also a religious function. The Gulating Law requires farmers to join forces and brew beer to be drunk commu-
nally on All Saints eve and at Christmas, and the beer had to be blessed “in gratitude to Christ and Saint Mary for a good year and peace.”

There is little doubt that drunkenness was more the rule than the exception at feasts of this kind, although their ritual nature probably hindered the worst excesses. But it did happen that tiffs erupted into fighting and blood-letting. The Landscape Laws have provisions regulating this aspect, too. The ritual nature of the assembly meant that such cases could be tried without delay in the self-same beer house, with the fine double the normal amount.

The ritual consumption of beer appears to have gradually come to an end as history progressed into the Late Middle Ages. This is the impression given by the laws of Magnus Lagabøter (Magnus the Law Maker), which took the place of the Landscape Laws at the end of the 1200s. It is true that Magnus Lagabøter’s Land Law – which regulated rural life – contains references to feasts, but they seem to have lost their ritualistic character. ‘Feast’ is employed more or less synonymously with a get-together where drinking was frequent, and there are no specific provisions for statutory feasts.

**Alcohol as a commodity**

The legislation we see expressed in the oldest laws and up to the end of the thirteenth century were based on the practice of common law that had been evolving over countless years. But as the nation-state began to take form, the regent, together with the nobility, claimed a say in matters of legislation.

From the point of view of the monarch, maintaining and strengthening the unity of the nation was a mission of prime importance. What the king was interested in legislating was mainly those areas of life that had an impact on the country and the monarchy. The new laws which were issued from the end of the High Middle Ages and on into the Late Middle Ages differed considerably from earlier legislation in that they were largely aimed at regulating trade, commerce and transport, public administration, and the reckoning of customs duties, land rent, and other taxes and tariffs.

This applied in the area of alcohol legislation, too. While the purpose of the oldest laws had been largely to regulate the ritual use of alcohol, from the end of the thirteenth century a totally new purpose emerged. The aim now was to ensure the flow of revenue to the public coffers in the shape of taxes and duties and to safeguard trade for the country’s inhabitants.

Given this general rationale the first task was to regulate the foreign trade which, at the time, was mostly in the hands of foreigners. From the thirteenth century commercial activity in northern Europe was dominated by the city of Lübeck at the head of other north-German merchant communities. This Hanseatic League managed the import and export of goods and owned the ships which transported them. The League was in many ways something of a mini-state of its own, and with the considerable economic assets over which it disposed, it was in a position to exert pressure on national authorities. Conflicts between king and League were part and parcel of the everyday administration of Norway, too, and numerous laws were promulgated to curb the commercial sweep of the League.
In a law on excise duties for foreigners issued in 1316, the Germans were accused of importing only useless articles into the country. Among these useless articles beer received a special mention. As a countermeasure a prohibition against the export of fish and butter to those other than parties importing useful goods was put in place. According to another law from the same year foreigners entering the country carrying goods with them had to place the goods in a warehouse on land within eight days, and sell them within half a month. The goods could only be merchandised in large quantities: wine in full barrels, and beer (bjor) – by which the strong German brew was known – in huge vats containing more than 1,000 litres. Laws were also passed forbidding foreigners who spent the winter in the country from doing trade in the winter months.

In addition to running the foreign trade, the League wanted to have a hand in the domestic trade, too. But the Norsemen put their foot down: a law of 1282 outlawed the brewing of beer by non-Norwegians, and the general permission to sell and serve beer in small quantities enjoyed by foreigners up to then was also revoked: mead-making and the retailing and serving of both domestic and imported alcoholic beverages were to be the preserve of the natives of Norway. In a 1377 Law setting out the privileges of the Hanseatics, they were banned not only from manufacturing beer for sale but even for own use – beer would henceforth have to be bought from the citizens of the country.

But the commercial activities of Norsemen themselves would also have to be regulated if the king was to enjoy any of the revenues he considered his due, and extensive legislation was worked out to attend to this area of taxation. In Bergen – which was Norway’s only town of any appreciable size – a law was enacted in 1282 which denied people living in “attics and shacks” the right to sell or serve beer. This trade was restricted to the master of a house – that is, the person who owned or rented a town house – if he possessed the equipment necessary for brewing. The sale of wine, German beer and other imported alcoholic drinks was usually limited to people licensed to run a tavern in the cellars of the town hall or other public buildings in return for which they took upon themselves the upkeep of the building.

Out in the countryside buying and selling was forbidden. If the farmers wanted to sell their produce they had to transport it down to the nearest market town (kjøpstad) and sell it there. However, one consequence of the ongoing expansion of central government was that more and more state representatives travelled about in the country. In addition to this, people from many other countries came to Norway on pilgrimages to the famed Nidaros cathedral in Trondheim. These travellers – whether they were the ombudsmen of the king, pilgrims, or others – needed food and shelter on their way. To ensure travellers a modicum of conveniences, an ordinance was issued towards the end of the 1200s that farms bordering public highways should make available places at intervals of a half and a whole day’s journey where travellers could obtain food, drink, and lodging. To avoid such places turning into watering holes for the local farming population, a ban prohibiting the local population from drinking there was enforced. But the farmers were nonetheless allowed to buy ale,
mead and wine from such places, on condi-
tion that they took it with them and con-
sumed it at home.

A common thread running through Me-
dieval legislation – both that referring to
ritual practices which continued into the
High Middle Ages, and the laws regulat-
ing trade and commerce during the Late
Middle Ages – is that the consumption
of alcohol and drunk behaviour was not
perceived as a problem. One example of
this can be seen in Magnus Law Maker’s
Town Law where rules are set out instruct-
ing watchmen how to conduct themselves
vis-à-vis people under the influence: they
were to be shown the way home, and tak-
ing anything from them was considered to
be common theft. The fact that provisions
such as these were deemed necessary
at all may well indicate that people the
worse for drink might not have been such
an uncommon sight in the streets. But at
the same time it suggests that drunken-
ness was not considered to be particularly
reprehensible. The provisions in the law
were enacted not primarily to control peo-
ple who were incapable of taking care of
themselves, but to protect them.

Alcohol use as sacrilege
That the consumption of alcohol was not
viewed as a particularly disconcerting
social problem in the Middle Ages must
be put down to a number of factors. One
important explanation, however, is prob-
ably that the Catholic Church and the
clergy had functioned as effective regula-
tors of people’s lives and conduct. With
the Reformation in 1536, the autonomy of
the Church was done away with – the re-
formed Church came under the authority
of the king. The morality of the people came
within the province of secular legislation.
And the need for such legislation seemed
to be on the increase. The Reformation not
only implied a shift to Lutheranism – it
was itself an aspect of greater changes af-
fecting society as a whole which brought
with them enhanced social and geographi-
cal mobility and fresh cultural influences.

One effect of these developments was
that uninhibited alcohol consumption
seems to have become more and more
usual within all social strata, and the con-
sequences of such consumption grew cor-
respondingly. A review of murder cases
adjudicated by the courts in 1571 shows
that in Bergen, for instance – which at the
time had a population of 6000 – five mur-
ders were committed involving people
from higher social strata, and such cases
were probably far more frequent among
the lower strata (Sandnes 1990). These
killings most often represented the cul-
mination of altercations between fellow
drinkers who resorted to knives or other
weapons to seal their arguments.

Inordinate drinking seemed to spread
into all social classes – from the monarch,
his retinue, the nobility, and downwards.
According to the Danish historian Troels-
Lund, a French guest attending an aristo-
cratic wedding recounted:

Over the three days of the wedding
ceremony the guests drank unceas-
ingly. A core of 20–30 people keep
things going while those who are
drunk sleep off the effects for an hour
or two, after which they start up again,
renewed. The prince was drunk five
or six times, and the governor, too; on
Tuesday, when I last saw him, he was
still drunk. .... We Frenchmen looked
on this at the time as something new and not particularly appealing. But after having travelled among the peoples of the North for two years, it no longer surprised us. (Troels-Lund 1940, 510)

As among the gentle classes, so also among the common people. In an account of the situation prevailing among farmers in the county of Telemark, we can read:

When they hold feasts and one of the guests does not get drunk, they say that God has placed a curse on the person, about whom it is said: God have mercy on those who disregard His gifts. If the guests at a feast do not get drunk, the host wanders inconsolably around as if his farm was ravaged by fire. (Ibid., 187)

In convivial company, therefore, inebriation seems to have been considered a most natural thing, about which no fuss was called for. But in connection with things pertaining to religion – such as during church services and other occasions such as christenings, weddings, and funerals – the situation was quite the reverse. And the king, in his capacity as the head of the Church and responsible for maintaining religious rectitude in the land, did what he could by enacting innumerable laws to regulate the religious conduct of his subjects.

To prevent people from going for a drink rather than attending church, the selling and serving of alcohol while church services were ongoing was banned. In the Church Ordinance from 1607, it was also forbidden to sell beer near the parsonage. This prohibition was probably not too soon in its enactment: the vicarages were generally situated close to the churches, and during the weekends and on other holy days people tended to arrive from far and wide and assemble on the church green prior to the actual service. Some of them who had far to travel often came the day before. When they came together with neighbours and acquaintances and were free of their daily duties, the temptation to drink if anything drinkable was in the vicinity would undoubtedly arise.

But there were other religious occasions which could be debased by the consumption of alcohol. In a law dating from 1586 regulations were set out that, with regard to weddings among the noble classes, the bride and groom should be in the church by eleven at the latest because “one has observed that the service has been delayed to twelve o’clock and even one o’clock with the consequence that people come to church in a drunken and reckless state, causing offence and the wrath of God Almighty.”

Wakes presented another opportunity to throw moderation to the wind. In pre-Reformation times it was the custom to bury the dead after a night’s wake, with prayers and hymn singing as important ingredients. But following the Reformation, old traditions took over again. Food and drink became vital components of a wake, which could continue for days on end. A foreign traveller said that “When somebody dies, they do not wail, nor do they lament, but pray, eat, drink, and dance around the corpse” (Troels-Lund 1941, 479). In an attempt to put a stop to such things, the Church Ordinance of 1607 banned wakes of several nights’ duration “at which there is nothing but feasting, drunkenness, play
and madness as among heathens, who never heed the Christian concern with death." Drunkenness was also prohibited for those in charge of conveying the corpse to the church because “from time to time they drop the body or let it fall badly.” In a later provision in 1624, the ban against wake drinking was reiterated, with the addition this time of a ban against serving alcohol to people in funeral processions until the deceased was buried because “this heathen drunkenness in honour of the departed must be eliminated without a trace.”

We may assume therefore that the old customs were probably difficult to stamp out. We have, at least, the story told by the famous playwright and philosopher Ludvig Holberg from his childhood in Bergen at the end of the 1600s:

Neither food nor drink was denied at wakes, but everything was offered in abundance to please the invited friends, so that it was with considerably greater pleasure and satisfaction that one attended wakes than weddings nowadays. I recall the joy it gave me and others during my childhood when we heard that one of our neighbours' children had died; for what ensued would be many good and plentiful days (Troels-Lund 1941, 481)

Alcohol policy under mercantilism
With the new economic system – mercantilism – which prevailed in Norway throughout the 1600s, a new era was introduced. According to the tenets of mercantilism, a country’s wealth consisted of the reserves it could amass, especially in the form of precious metals. This could be achieved by enhancing self-reliance by limiting imports on the one hand and by increasing as far as possible the domestic production of necessary goods and articles on the other, while at the same time supporting the export sector whose activities channelled wealth back to the country.

The consumption of alcohol was at odds in many ways with the economic policy countries were attempting to put into action. The first task was to prevent the import of alcoholic products since this involved the use of foreign exchange. But also the use of domestically produced alcohol was economically damaging because it meant that corn – which was an important foodstuff in its own right and which, additionally, could be exported – went to waste. On top of this, excessive drinking reduced the working capacity of the farmers. Many economic considerations weighed heavily therefore on the side of limiting alcohol consumption.

One type of intervention was the enactment of what was known as Luxury Laws. Alcohol was not one of the primary targets of these laws – it was only part of what was considered to be a range of gratuitous squandering and waste of the country’s resources that the laws were aimed at reducing. A provision of 1643 can serve as an example of the Luxury Laws. The heading of one of its chapters reads: “On weddings, confinement [i.e. as in childbirth], funerals and other useless expenditure”. To prevent such useless expenditure regulations were set out stipulating the number of pieces of jewellery a bride from the nobility could adorn herself with (it was limited to three); it was forbidden to sew pearls, gold and silver on to the wedding gown, and to drape velvet over the nup-
tial bed. The wedding celebrations should not last longer than two days; it was forbidden to serve anything but a light meal, and nothing at all to the servants. For all other social classes an even stricter regime was enacted with regard to wedding celebrations. When it came to marking other important occasions such as baptisms and funerals, the opportunity to indulge oneself was even more curtailed.

Restrictions were introduced governing the consumption of alcohol also in other connections. A law of 1618 banned taverns and the selling of alcohol in rural areas, and it was forbidden to hold feasts more than three times a year because “ordinary men are not only kept from their work and business, but are also given the chance to squander their fortunes, which causes the same type of disorderliness and damage as the taverns.”

The mercantilist regulation of alcohol reached an apogee in an ordinance in 1757 by which a general ban on the distilling of liquor was enacted. But the ordinance went much further than this. In reality it represents Norway’s first general alcohol legislation. It introduced a licensing system for sale and serving of alcohol in the rural districts, and enforced a ban on the import of liquor apart from Denmark, the duchies of Schleswig-Holstein and Danish West India. Checks were also introduced on the use of alcohol for festive purposes in rural Norway. It was forbidden to serve, bring, or drink anything other than beer at “any form of organised social events or occasions such as weddings, confinements, funerals or other gatherings”.

Liberalism and alcohol
Towards the end of the eighteenth century mercantilism gave way to the economic liberalism of the Enlightenment. Legislation on luxuries and import restrictions were lifted and trade and commerce were deregulated. In Norway what is known as physiocracy prevailed. Physiocrats saw the chief source of a country’s wealth in the land. Given this line of thinking it was important to strengthen the farming sector, and an element in these efforts was the deregulation of the distillery trade. Conventional thinking considered distilled products to be an important foodstuff as well as a sensible use of grain and potatoes. Furthermore, the leftovers from the distilling process could be put to good use as animal feed, thus ensuring that nothing was wasted. The deregulation of the distillery trade would therefore benefit the farmers and the need to import liquor from abroad would be rendered unnecessary – and liquor could even perhaps become a key export item. In addition, the use of liquor was accompanied by a number of positive features: not only was it a remedy for all sorts of diseases and illnesses, it was also an effective way of keeping warm in the winter months.

In 1816 all land owners and users gained the right to distil liquor, while citizens in towns were permitted to distil liquor if the stills held no less than 200 litres. The outcome was that many farmers as well as townspeople began to work their own distilleries, and the sector grew to become the country’s most important industrial activity. The reason lay not least in the fact that the potato – which had been introduced in the late eighteenth century – was a good and cheap raw material.
The right to sell liquor was also liberalised. The farmers were allowed to sell freely of their own production, and any person involved in buying and selling now had the opportunity to include liquor among their wares. The serving of liquor could be done by anybody who ran a tavern or guesthouse. And since serving free liquor was not regulated in law, it was common practice for shop owners to offer their customers a glass or two, both to entice them into the shop and to boost their satisfaction with their purchases. Liquor was used for almost all and every situation as we can read:

New customs came into being. Day workers and servants demanded a contractual right to a certain number of drinks in addition to food, and the master of the house generally concurred, since it worked out cheaper than wage increments and kept the boys in a good frame of mind. In the proper farming households daily drinks also found a place. They were given different sobriquets. There was the “morning snifter” for breakfast; “appetite whetter” for lunch; a noggin for the afternoon meal; and a “bedtime glass” for the evening meal. In addition, it was popular to keep a bottle by the bedside for a nighttime nip or two. (Keilhau 1929, 50)

The liberalisation of the production and sale of liquor led to a strong increase in consumption. Despite the lack of trustworthy statistics, the consumption of liquor in Norway has been calculated to be about 7 litres pure alcohol per capita in 1833. This represents something in the region of a fivefold increase from the beginning of the century at which time consumption was about 1.5 litres.

**Alcohol as a social problem**

The drinking and drunkenness that grew in the wake of liberalisation – not least among the lower social classes in rural areas and the emerging group of workers created by the industrial revolution – were considered as the prime cause of crime, poverty and abuse of women and children among the working classes. Opposition to the evil influence of the bottle or the “liquor” devil – as it was called – grew steadily in strength. From the end of the 1830s, a more organised opposition emerged in the form of the temperance societies. A wide range of the personalities of the day – in the area of government, politics, and culture – were active in the movement, a quality which increased its impact in the debate on alcohol and regulation. The way was open for the introduction of measures against alcohol.

The first attempts to place restrictions on the distillation of liquor came through the introduction of a number of taxes. These taxes cut into the profits derived from distilling, and more and more small distillers found it not worth their while to continue. In 1848 the free right to distil liquor was in reality abrogated by a law which required all stills to hold at least 200 litres. New provisions were also enacted which limited the opportunity to sell the produce. By 1845, selling liquor required a licence and taxes were imposed on the sales which led to the disappearance of many of the smaller outlets, not least in rural areas.

Together with this restrictive approach, a parallel reduction in the consumption of alcohol occurred. The decline was prob-
ably just as much due to changes in attitudes to drinking as to the actual legal restrictions. We can see an example of this change of feeling from an account of the state of affairs in Trondheim:

Before, drink was considered a necessity on a par with corn and salt; now there were many who saw it as a “devouring tumour” and the “curse of thousands”. When the Haugean [a follower of the religious revivalist Hans Nielsen Hauge] Erich Willum founded his distillery in 1815 nobody considered his making a living from distilling alcohol as the least bit offensive, although he was a Christian of the Pietistic vein. When H. Moe in the 1840s constructed a new distillery, a good many were disturbed: “In my neighbourhood, distiller Moe has spent his sinful money on the building of an expansive, beautiful house”, wrote the Rev. Fredrik Storm to his friend Headmaster Bugge in 1840, “and distiller Lysholm has built an exceedingly big, new hell”. (Mykland 1955, 283)

Up to the mid-1800s it was only liquor that was considered harmful. From the middle of the century, however, the factory-processed, under-fermented Bavarian beer came onto the market. In contrast to the over-fermented ale of earlier times, Bavarian beer was both stronger and longer lasting. Reports came in from various parts of the country that this new type of beer was resulting in misuse. The misuse of wine was also a growing problem. Wine – in contrast to liquor – could be served and sold freely, and after the regulation of the liquor trade, a number of wines with higher alcohol content became available. These fortified or “spirit wines” could be freely bought and sold simply because they were ordinary wines in the sight of current legislation.

In the fight against the consumption not only of liquor but also of beer and wine, the temperance movement was superseded by the total abstinence movement, teetotalism, which grew to become a very strong factor indeed. Unlike the temperance movement, whose members had been found especially among the upper classes, teetotalism won popularity among people in general, especially among devoted Christians. Within the emerging labour movement also, sobriety was viewed as a precondition for the improvement of their lot, and drink as something which mangled the workers to poverty and misery.

Thanks to pressure from the abstinence movement, from the 1850s and 1860s, the sale of beer and wine required a license. Such licenses were issued by the local council. At the same time taxes were raised. Following the Swedish system – known as the “Gothenburg system” – municipal alcohol monopolies were introduced to attend to the sale of liquor. In the beginning this was a voluntary measure, but was made compulsory from 1894. The underlying reason was the hope of removing the profit motive from the sale of alcohol, and to ensure that any surplus went to good causes in the municipality. In the 1870s a law was passed permitting municipal monopolies also for the sale of beer and wine.

The abstinence movement demanded that the sale of liquor be restricted to market towns, and this was enacted in 1894. It was also demanded that the community
as a whole should have the last word by means of a referendum as to whether they wanted the sale of liquor to take place in their community, rather than leaving the decision to the local council, which also found its way into the legislation in 1894. The outcome of the referendums that followed was that more and more communities said no to the sale of liquor within their borders.

This policy of partial prohibition was replaced in 1917 by a total ban on the sale of liquor and fortified wines. As regards liquor, prohibition lasted until 1926, when it found its way back on to the shelves of the outlets. However, a new state wine (and liquor) monopoly was gradually taking over the municipal monopolies, and from 1939 the state monopoly was the sole dealer in liquor and wine in Norway.

Alcohol as a health problem
Throughout the nineteenth century and the first half of the twentieth, it was the social costs of drink that motivated alcohol policy and legislation. That the misuse of alcohol correlated with a range of evils such as criminality, family problems, and poverty was obvious for all to see, and this state of affairs seemed to find corroboration in a number of studies.

After the Second World War, however, this view started to change. The damage caused by alcohol was no longer first and foremost seen as social problems inflicted upon others, but health problems for the users themselves. And these health problems were not problems connected with alcohol abuse only, it affected all drinkers. Considerations for the health of the nation demanded that total alcohol consumption be reduced – everybody would have to drink less. This resulted in 1980 in a recommendation by the General Assembly of WHO-Europe that countries should make efforts to reduce their total consumption of alcohol by 25 per cent by the year 2000.

The introduction of the public health perspective has engendered a radical change in the types of reasons motivating alcohol policy. While the purpose of alcohol policy was to prevent harm caused from drinking which primarily affected third parties, the key goal arising from the public health perspective is to prevent the negative health effects of alcohol on the users themselves. But this means that the content of alcohol policy needs to be changed. Given a paternalistically inclined alcohol policy which aims at protecting the individual for him or herself, it is not the restrictive measures which are of prime importance. Instead measures which aim at increasing awareness of the health risks associated with drinking and incentives to get drinkers to reduce consumption or abstain altogether have become the key policy instruments. And in line with this, many of the erstwhile measures that aimed at reducing accessibility of alcohol are now seen as unnecessary and illegitimate – and have therefore gradually been undermined or discontinued. (Hauge 1999)
REFERENCES


What is this?
The “botellón” (= big bottle) is the outdoors gathering of masses of youths (400 or more) for drinking, chatting and sometimes listening to music from their car radios for around 4 hours (mostly till 3 a.m.). This new leisure style, which started in the nineties, is called by youths mostly at weekends. Participants take care of their own supplies. Its diffusion and impact differs depending on the regions and even cities of Spain. In areas where the botellón is common, the event is organized weekly and most of those attending it do so for one or two days (mainly Friday and Saturday). The botellón means mostly drinking (half of the participants drink always and around two thirds regularly when attending the botellón), often leading to drunkenness, although some of the botellón goers say that they don’t drink. In any case, the more frequently youths go to the botellón, the more often they drink and the more often they get drunk (Navarrete 2004). This is not surprising, taking into account the drink supplies calculated per participant: 3 litres of beer or 3 litres of calimocho (wine + coke) per person, or 1 litre of spirits + 2 litres of soft-drinks to be mixed and drunk by 2–3 people. Taking other drugs, mainly cannabis, is also common among them.

Altogether, the botellón imports the Northern European style of drinking to intoxication and includes it in the Mediterranean open air “fiesta-life” (Calafat el al. 2005).

The predisposing ground for the botellón can maybe be traced back to the late seventies, when after the long Franco dictatorship, within an explosion of freedom, cultural and leisure events developed, and also the night became a new space to conquer and be used at pleasure. Parallel to it, the eighties also saw the development of the litrona culture...
The Spanish “botellón”, a particular way of bingeing

(1 litre bottle of beer), which consisted of youths gathering to drink beer together from a big bottle passed from mouth to mouth, often before going to a rock concert, or just as a focal point of their chatting. The litrona wasn’t, nevertheless, as massive, prolonged and problematic as the botellón.

What is the prevalence?
Altogether only a minority of young Spaniards (around 10%) regularly engage in the botellón, and around a quarter of them have attended it sometimes, in cities where it has become traditional (Calafat et al. 2005). Anyway, the prevalence of the botellón differs depending on the checked source: According to the Institute of Youth (Aguinaga et al. 2005), 6% of 15- to 29-year-olds practise botellón at the weekends, and overall almost half of the minors do so too, in areas where this practice has been established. According to a study carried out in the region of Galicia, 40% of the 14- to 24-year-olds have attended this event sometimes, and so do 36% of those between 12 and 18 (EDIS 2002). In Extremadura, one of the hot spots of the botellón, 77% of the participants attend it regularly (Baigorri & Fernández & GIESyT 2003). To be highlighted is also the fact that those who attend the botellón mostly do it every weekend (80%), and that they do it mainly for one (36.8%) or two (35.45%) days, although 7.9% participate in it the 3 the days of the weekend (Navarrete 2004).

Who are the participants and what are their reasons?
The botellón goers are mainly socially integrated youths, living in middle class homes and attending high-school or university, who practise the botellón as just a fashionable, cheap leisure. Both genders take part, although males are more represented than females. Adolescents are regular attendees, which is in itself a matter of concern.

The reasons given by the participants for attending the botellón include drinking cheaply, avoiding the limitations and controls concerning opening-times and age in premises, chatting and taking other drugs. Some of them quote that the noise in discos prevents pleasurable chatting. A main claim is their right to use the public space, which they consider theirs.

According to a survey of usual participants between 14 and 17 (Navarrete 2004), their main motive to participate is to have fun (47.9%), to drink more and cheaper (8.2%), and “because their friends do it” (7.5%). Most of them see alcohol as a source of pleasure and agree to drink to “get high”, but don’t like, and try to avoid, full drunkenness. Anyway, 46% recognise to have felt the compulsion to continue drinking after the first drinks. They believe that drinking increases fun (25.3%), makes one more talkative (23.5%) and more sociable (19.1%). Only a quarter of the surveyed has never had a problem related to the botellón, and most of the reported problems are fights and arguments with other youths, and family troubles.

Youths claim their right to drink cheaply and to use the public space. Concerning prices, there is no doubt about the fact that drinks are much more expensive in bars than in retail shops (1 beer can cost €0.25 in the shop and €3–5 at an in-premise; for whisky the difference in price would be €1 versus €5–8), but youths are not so interested in saving money as in getting more...
for the same amount of euros (Calafat et al. 2005). As far as their claim on using the public space, minors justify it by the fact that they are not allowed to enter discos and musical bars; some youth unions claim that there is a lack of leisure alternatives.

Many youths accept drinking as part of our culture. Actually, they imitate social rituals and associations drinking=fiesta, although brought out of proportion, intensively repeated and performed at younger ages and with the participation of girls, which was unusual in their parents’ generation. This behaviour is reinforced by some models and expectations derived from publicity messages linking alcohol with maturity, fun, and sexual and social success.

In any case, the botellón can’t be considered as a claim against the consumption society and a leisure style dominated by the leadership of the leisure industry. On the contrary, as Calafat et al. (2005) have recently pointed out, it’s rather a claim to have this consumption leisure expanded and adapted to their own circumstances, cheaper and with less limitations related to age, opening hours, etc.

The botellón can’t be understood either as a counter-cultural movement (Calafat et al. 2005). Nor can it be considered as similar to the vindication movements of the sixties and seventies. Although some sociologists have proposed this type of analysis, it’s difficult to sustain this point of view taking into account that participants belong mainly to middle class families, and that they don’t propose anything in particular, but abuse the environment and their own health. Moreover, those youths can be better considered as having too much money and too much time for leisure. Their protracted adolescence, as a by-product of the difficulties in entering the labour market, doesn’t mean a lack of money and comfort, but a late independence from the protective family and a delay in taking on responsibilities. Nevertheless we can speak of a botellón subculture, integrating a special social behaviour of youths: drinking as a common space for the group, weekly and compulsively repeated. Altogether the botellón would be for its participants a ritual for social integration framed within a series of dualities: working days versus weekends, working/studying versus having fun, and not drinking versus drinking (Domínguez et al. 2001). And another duality: day versus night. Moreover, the botellón is a cheap way of spending the long night: “drinking the night away”. The night has become the youths’ space and alcohol has become the axis of their fiesta.

Is the botellón preventable? Some notes for reflection
Worth mentioning is the adolescents’ opinion on the best strategies for reducing alcohol consumption: 15% suggest increasing alcohol prices, 15.5% increasing the control by the parents, and 14.3% enforcing the law on age limits for sales. Their opinion fits the evidence-based best strategies. Nevertheless, those strategies (all aimed at reducing alcohol availability) are also their main given reasons for drinking in public spaces.

The former government had drafted a national law on alcohol in 2002, which wasn’t approved. A prohibition of drinking in open spaces was nevertheless approved in some regions, and a model of bylaw was...
The Spanish “botellón”, a particular way of bingeing

proposed to all the municipalities, which were free to follow it or not. In Madrid, a regional law has forbidden drinking in open spaces since 2002, and offenders are fined and offered a prevention course as an alternative measure. Barcelona has never had a tradition of botellón, although binges and open scenes drinking happen coinciding with some summer festivities. A bylaw on social behaviour, approved in December 2005 forbids the botellón. In Andalusia, both authorities and citizens have mostly understood the botellón as a public disorder problem (actually the event is noisy and sometimes includes anti-social behaviours such as dropping rubbish and peeing on the streets). Consequently, a proposal to move the weekly botellón to an open place on the outskirts of the city has been discussed in order to prevent the nuisance to the neighbours, and even a name has been suggested for this area: “botellódromo” (big-bottle-track)!

Under the sponsorship of the National Plan of Drugs, several evening, alternative healthy leisure programs have been offered to youngsters in Spanish cities in the current decade. Anyway, the appealing power of leisure alternatives depends also on the personal values scale and chosen life-style. For those believing that they have to be high on something to amuse themselves, no alternative leisure will be attractive enough, and alcohol will always be cheaper and socially better accepted than getting high on other drugs, which anyway often go well together.

The botellón has survived, sometimes moving to other places, sometimes authorized (in Andalusia and Extremadura) under certain circumstances. Be it as it may, the botellón is alive and kicking, with the risk of expanding in an explosive way just as the result of capricious calls.

The recent event of a macro-botellón (March 2006) in around 20 cities shocked the public opinion and overwhelmed the local and central governments. More than 20 cities were called for a botellón on March 17th (Madrid, Barcelona, Valencia, Seville, Granada, Huelva, Jaén, Almería, Málaga, Ciudad Real, Oviedo, Vitoria, Murcia, A Coruña, Pontevedra, Valladolid, León, Salamanca, Segovia, Zaragoza and Teruel). The origin of it: a massive botellón held in Seville some weeks before, with 5,000 participating students, which meant a challenge for the neighbouring city of Granada: “We won’t be less.” They called for a bigger botellón, and soon a lot of cities in Spain did so too. The call was spread via mobile phones and internet. Media echo amplified the calling effect. Although some youths were opposed to this absurd challenge which gives a painful image of our youths being mobilized for such a “great cause” as drinking, the participants were proud to engage in the event, trying to break the record of Seville, and were claiming their rights to drink and to use the public space. The botellón call had an uneven follow-up. In Granada (Andalusia), where more than 20,000 youths took part, it was not only authorized, but transformed into a spring festivity with the contribution of the municipality spending €9,000 in adapting the space (moreover, a beer brand sponsored the event). In this city, the event was considered as “successful” by the media, the citizens and the local authorities because there was no public disorder, and the experience has served to increase the popular and even institutional support to create special
*botellón* areas. The 50 cases of acute intoxication brought to the hospital were maybe a “minor problem”. As a matter of fact, the mayor of the city had decided to prepare an open area “in order to make the freedom of having fun compatible with the peace of citizens”. Participants interviewed for TV were happily claiming their right for drinking and having fun. The inebriated look of many of them confirmed the danger of these peculiar happenings.

In Madrid, the presence of the police and the rainy weather frustrated the event. In Barcelona, 350 police agents were in charge of frustrating the event: they had to forbid the entrance of minors to the “chosen area”; they checked rucksacks and seized the alcoholic beverages; they also asked the nearby off-premises not to sell alcohol after 8 p.m. The result: only 300–500 people approached the area and 49 bottles and 325 beer cans were seized. No minors seemed to be hanging around. There was no *botellón*, but a group of a hundred violent youths (apparently the same type of vandals who often appear in any type of demonstration and could be called “antisystem”) suddenly started to throw bottles and stones and to attack the police agents, they burnt rubbish containers and destroyed other urban furniture, and even shop windows. The damage to urban furniture alone was estimated at €60,000. Fifty-four people were arrested, most of them between 18 and 21, and 69 were injured (37 of them policemen); there were around 300 calls to emergency services and 158 people were in need of medical care, mainly because of injuries. The operation had been successful in preventing the *botellón*, but for the city, especially for the affected neighbourhood, it was a big disaster. For some analysts, in Barcelona the *botellón* meant a challenge to the new and controversial bylaw on social behaviour, and an opportunity to provoke and defy the norms and altogether the municipal policy.

The *botellón* itself and the recent events around it mean a great cause of concern to the government, to parents and to the whole society. How could we break this trend of socializing around a bottle? As it looks, the *botellón* hasn’t weakened but become more rooted and expanded, even with new calls for mega-happenings ahead.

A huge effort in education (educating in values, information, role modelling, decision making, etc.) but also in regulating alcohol availability has to be done, although increasing prices and age limits – evidence-based measures to prevent alcohol-related harm – are, according to youngsters, some of the reasons to attend this mega-drinking parties.

Fortunately, health authorities as well as health and media professionals are warning against permitting our minors to risk themselves and ruin their development drinking at the weekends, often to drunkenness. Although there is no doubt that the *botellón* means a public nuisance and measures to preserve the social behaviour are warranted, the health aspects can’t be downplayed. The current government is again working on a specific draft law on alcohol, which should increase the legal age for selling and serving alcohol to 18 years (it is still 16 in 4 regions) and limit opening hours. Moreover, the Health Ministry and the Spanish Federation of Municipalities and Provinces have stated the need for all municipalities to have a bylaw forbidding the outdoor consumption of alcohol.
by minors, after realising that the prohibition of selling is circumvented by older peers buying for the youngest and that, up to now, the prohibition of drinking in public space is uneven (in some municipalities it’s forbidden, in others it isn’t, and in some there are partial restrictions). But no law will substitute the model, education and limits posed by parents, as the health minister has recently reminded us. Have our parents given up on their own controls and responsibilities? After a long dictatorship, tolerance became an absolute asset, while restrictions and controls had a bad image. Parents wanted to be their children’s friends and hoped that schools and institutions would educate them (Comas 1994). But it’s time to take the reins again. Limits can’t be mistaken from authoritarian repression; they are needed to go forwards. Our society should also question the expanded use of night as leisure-time, to the detriment of healthier daytime activities.

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During the 1990s, Afghanistan established itself as the world’s largest source of illicit opium and its derivative, heroin. By the end of the 1990s, Afghanistan provided about 70 per cent of global illicit opium. Today, it accounts for almost 90 per cent. In 1994 the estimated area under opium cultivation was 71,000 hectares. Ten years later it had increased to 131,000 hectares. The most recent opium survey for Afghanistan, published by the United Nations Office on Drugs and Crime (UNODC) in November 2005 indicates a decrease by 21 per cent to 104,000 hectares – equivalent to 2.3 per cent of the total land used for agriculture. This represents the first reduction in many years and reverses the trend of previous years when opium poppy cultivation expanded into new provinces each year. However, favourable weather conditions and low rates of plant disease resulted in a much higher yield than in the previous year. As a result, the total potential opium production decreased only marginally.

According to the Senlis Council, an international drug policy think-tank, traditional drug policy responses based on a combination of eradication, alternative livelihood and interdiction have failed to contain the illegal opium threat. Therefore Afghanistan should terminate its opium eradication programme and turn to producing legal opium for medicinal purposes. At the same time, the Senlis Council argues that opium produced for medicine in Afghanistan would meet the needs of developing countries for pain-relief medicines.

Would this be a solution for the poor farmers of the war-shattered Afghanistan? And would it mean that many
people, particularly in developing countries, who are now living in chronic pain or dying in pain, would get access to adequate pain relief?

There is a global system for the control of narcotic drugs, limiting the production and use for medical and scientific purposes. The 1961 United Nations Single Convention on Narcotic Drugs sets out two main provisions for the cultivation of opium poppy: (a) if a party (i.e. a state) intends to initiate the production of opium it shall take account of the prevailing world need for opium, and (b) it shall not permit the production if it may result in illicit trafficking in opium. Afghanistan is party to the 1961 Convention and is therefore bound by its provisions. The Karzai Government prohibited the cultivation of opium poppy in 2002.

Let us take a look at the two conditions that allow for opium production. Is there a need for more opium for the production of medicine? And would Afghanistan be able to fulfill the second condition, to prevent illicit trafficking?

The international drug control system has been put in place not only to prevent the abuse of and trafficking in narcotic drugs, but also to ensure that there is an adequate supply of narcotic drugs for medicinal and scientific purposes. The International Narcotics Control Board (INCB) examines on a regular basis issues affecting the demand for and supply of opiates used for medicinal and scientific purposes with the aim of maintaining a balance between demand and supply.

In 2003, developing countries – which represent about 80 per cent of the world’s population – accounted for only about 6 per cent of global consumption of morphine. The Board has on numerous occasions highlighted the fact that many people, especially in developing countries, do not have access to effective pain relief, and has encouraged governments to take steps to increase the medical use of opiates in order to meet their real needs for the treatment of pain.

Why do people in developing countries not have access to effective pain relief treatment? Is it because of an undersupply of opium and, if so, can this undersupply be alleviated by making the illicit opium poppy production in Afghanistan licit?

A look at the supply side indicates that there is no shortage of opiate raw materials for medicinal and scientific purposes. According to the INCB Narcotic Drugs report, the total worldwide production of opiate raw materials has exceeded the demand for them for the past five years. Furthermore, the stocks of opiate raw materials have continuously increased over the same period of time and now amounts to double the amount consumed annually. This is a result of increases in total area cultivated as well as technological advances. However, it is expected that in the near future, global production of opiate raw materials will be only slightly higher than the level of global demand, thanks to the fact that producing countries have taken action to reduce production to reflect the global demand for those raw materials – in line with the provisions of the 1961 Single Convention.

The current level of legal production of morphine is approximately 350–450 tons. For comparison, the level of potential illicit opium production in Afghanistan is 4100 tons, which is equivalent to at least 500 tons of morphine according to the
Legal opium production in Afghanistan – no solution

UNODC, maybe even more. Thus, Afghanistan alone would be able to produce as much as “the prevailing world need for opium” were it licensed to produce opium for medicinal and scientific purposes.

What about the second condition in the 1961 UN Convention: not to permit the production if it may result in illicit trafficking in opium? Currently, only India produces opium for international trade and medicine. Diversion is a big problem in the country, although not openly admitted by the government. Other countries such as Turkey, abandoned the production of opium because of frequent diversion of opium to illicit channels. Nowadays, the limited number of producers of opiate raw materials (e.g. Australia, France, Spain) produce poppy straw instead of opium. Poppy straw is an intermediate product different from opium which is not as likely as opium to give rise to an abuse problem.

Would Afghanistan under present conditions be able to establish a licensing system with adequate control? After more than two decades of conflict, military activities, refugee movements, collapse of national, provincial and local forms of governance, lack of management and institutional capacity, Afghanistan is facing enormous challenges for the future. The rule of law has to a large extent been displaced by the ‘rule of the gun’. Proceeds from drug trafficking are used by warlords and others in power at local and regional levels to fund their activities and maintain their independence from the central government. It is simply not feasible that opium licensing would result in reinforced law enforcement and justice capacity building efforts, as suggested by the Senlis Coun-

cil. It would be the wrong way round! The rule of law must first be established.

Afghanistan is one of the poorest countries in the world with up to 700 children under the age of five dying every day due to mostly preventable causes. Agriculture will continue to play a significant role in its development and the profitability of the agricultural sector will depend on investments in roads, water, power and health care. A study authored by the Afghan Government in 2004 with assistance from the Asian Development Bank, the International Monetary Fund, UNDP and the World Bank, concluded that Afghanistan would need US $27.5 billion in external funds over the coming seven years in order to move forward with the reconstruction and to avoid regressing into chaos and lawlessness.

It is far too early to expect a lasting decrease in illegal opium cultivation and production in Afghanistan. Over 80 per cent of Afghanistan’s population relies directly on the natural resource base to meet its daily needs. It is true that farmers are dissatisfied with the level of development assistance. The country needs financial and expert support from outside to build the infrastructure necessary for agricultural development. It needs investment in education and primary health care. It needs assistance to establish the rule of law. It does not need confusing messages that opium licensing would be a viable alternative to alternative livelihood and eradication.

Finally, let us turn to the issue of insufficient and inadequate pain treatment. No information exists to suggest that the supply of opiates for medical use is insuf-
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So far, the pharmaceutical industry has been able to respond to the increase in demand – especially for morphine and certain other narcotic drugs – that has occurred since the mid-1980s, largely as a result of efforts by governments, the WHO and health professionals to improve relief of pain due to cancer. Still, many, many people do not have access to the medicines they need, especially among low-income and disadvantaged populations. For example, based on WHO estimates, more than half of the population in the poorest parts of Africa and Asia lack access to essential drugs.

The lack of access to medicines that are safe, effective and of good quality is a complex issue. Many governments reduce their health budgets because of inadequate resources, while at the same time the needs are increasing. More than 50 million people die throughout the world each year. The majority – four fifths – of these deaths are in developing countries. Huge investment is needed to ensure that when advanced treatment is no longer effective, or when it is inaccessible for any reason, people can have access to symptomatic treatment and pain relief. The obstacles are political, financial and a lack of understanding and training in the adequate treatment of pain. These are the factors that need attention. Licensing opium poppy cultivation in Afghanistan is not the solution.

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Legal opium production in Afghanistan – worth taken seriously

The contribution by Christina Gynnå Oguz critically reviews the Senlis Council’s proposal to use the Afghan opium harvest for legal morphine production, as is the case in some other countries. This proposal intends to turn the present huge illicit heroin production from Afghan sources into a licit market, with all positive political and economic implications this may have, and at the same time increase the morphine available for pain control which is seriously deficient in developing countries in particular.

The criticism focuses on two issues: the assessment of morphine needs for pain control, and the feasibility of adequate controls to prevent the diversion of opiates into illegal channels.

Assessment of morphine needs for pain control
Mrs. Oguz relies on the data provided by the International Narcotic Control Board INCB, quoting that “there is no shortage of opiate raw materials for medicinal and scientific purposes” because “the total worldwide production of opiate raw materials has exceeded the demand for them for the past five years”.

This is, however, misleading. Mrs. Oguz correctly mentions the repeated INCB’s statement that “many people, especially in developing countries, do not have access to effective pain relief”. How can we square this? It simply means that consumption figures do not adequately reflect the need, while the demand figures presented by the INCB are based on consumption figures compiled by member states. It means that needs assessment has to start from calculating needs especially on the basis of numbers of patients receiving surgery and in need of acute pain control, and on the basis of the number of terminal cancer patients who need chronic pain control. Such figures are available from a number of countries, whose needs clearly exceed the effective consumption figures. The feasibility study of the Senlis Council provides these calculations made by experts. For seven major countries (USA, Japan, Germany, UK, France, Italy and Spain) the figures for acute and chronic pain control are calculated at 873.7 tons, while the effectively consumed amount is 436.2 tons of morphine. An estimation is made for the worldwide need of 9,720 tons, while the consumption amounts to 666.0 tons. The consequence is clear: consumption is far below what is needed, and an additional production could in fact relieve serious pain in millions of patients worldwide. We would need more than the consumption figures provided by INCB to question this conclusion.
It goes without saying that increased availability also means affordability. An additional production of morphine must provide good quality at low prices for people in low resource countries to be able to use it. At present, the highly regulated and inflexible market structures keep the prices high. With high prices, the proportion of health spending on pharmaceuticals in developing countries will continue to be low.

Feasibility of adequate controls to prevent diversion of opiates into illegal channels

Mrs Oguz rightly mentions the difficult Afghan situation and the huge problems of the future to be tackled with. In fact, the ‘rule of the gun’ still prevails against the rule of law. But it is the illicit production of heroin which enables warlords to have their armed forces and which makes central government vulnerable. Is eradication of poppy growing the solution? The Afghan government is opposed to herbicide spraying, and with good reasons, as the Colombian experience demonstrates. Otherwise, enforcing eradication in all these remote areas would need more resources – human and financial – than the government can realistically afford. Not to speak of the farmers’ plight.

On behalf of the WHO, I was personally studying the poverty-stricken population in one of the most remote provinces, when the then government tried to restrict poppy growing in the 1970s. Crop substitution is no viable answer in a country without infrastructure – especially roads and transportation – to bring products to the market. This may be built up, but it will take many years, and the problem of heroin production needs to be addressed now.

The Feasibility Study has reviewed in detail the legal, security, economic and political aspects at national and international level, in view of a scientific study on licensing Afghan morphine production. It is worthwhile looking at this review before declaring that such a study is “no solution”. This document is to be found on the homepage of the Senlis Council (www.senliscouncil.net).

Conclusion

The Afghan situation cannot wait. The impact on the neighbouring countries in Central Asia and on Eastern Europe is alarming, all the more as the increase of heroin injecting is followed by an increase in HIV/Aids. The extensive research made and presented in the Feasibility Study by a range of international experts has not been contradicted scientifically. The conclusion: there is no good reason why a scientific pilot study of licensing in one of the better controllable provinces should not take place. If it works, it may be expanded. No acceptable and feasible alternative has been proposed so far.

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The proposal given by Senlis council on the legalization of poppy growing in Afghanistan is not applicable for the time being for various reasons.

In addition to the arguments given in the article by Mrs Gynnå Oguz, I would summarize the main reasons why the Afghanistain government rejects the proposal in the following way:

1) Control Mechanism: taking into account the existing conditions in Afghanistan there is no control mechanism to enforce the buying of opium from the farmers for medical purposes at a value of 20 USD per kilogram (which is the regional market price, for example in India), when the smugglers in Afghanistan buy it for about 100-120 USD per kilogram.

2) A small percentage of the farmers in Afghanistan grow poppies and if the government gives permission for some of them to grow it, others would also ask for the same possibility. It is not possible at the moment for the government to be partial and choose who should have this permission.

3) Even if the government gave license to some farmers there would still be a lot of opium diverted for producing heroin. The need for medicine is small compared to the production of opium in Afghanistan.

These, and other reasons of somewhat smaller significance, lie behind the fact that the Ministry of Counternarcotics, Government of Afghanistan, has rejected the idea of legalising opium production in Afghanistan for the time being.

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We agree, Professor Uchtenhagen and I, that the actual need for adequate pain control exceeds the demand for opiates for medical purposes. But we do not agree on the solution to the problem.

I do not believe that shortage of opiate raw materials for medicinal and scientific purposes can explain why so many people lack access to adequate pain management with opioid analgesics. In fact, the stocks of opiate raw materials amount to double the amount consumed annually. To increase these stocks further would not take care of the problem but would rather create additional problems, such as diversion to illicit channels.

There are many barriers to adequate pain management with opioid analgesics, such as knowledge deficits as well as attitudinal and economic barriers. We need to deal with these barriers. Over the last twenty years the demand for morphine and certain other narcotic drugs has increased thanks to efforts by WHO, health professionals and governments to improve relief of pain. So far, the pharmaceutical industry has not had any problems in responding to the increase in demand. The costs of the medicines are of course another barrier – and a battle to fight with the industry.

Opiates are not just any commodity. There is a strong addictive potential and there is always the risk of diversion. Hence, the need for a functioning control system, nationally as well as internationally. As the Counternarcotics Minister Mr. Quaderi rightly points out, the legalisation of poppy cultivation is not a viable solution for Afghanistan in the present situation. The risk for diversion is too great, so is the risk for creating further incentives to non-poppy farmers to start cultivating opium poppy.

I have just come back from a mission to Afghanistan. Poppy cultivation fields are spread among fields of wheat. It is a very difficult and time consuming task to eradicate mechanically. There are also security issues. Of course the country needs more resources! The roads are in bad shape. The irrigation system has been partly destroyed. I talked to irrigation experts who told me that only 30 per cent of the water in Afghanistan is being used by the country itself. But most of all, it is a human resource issue; the education level among the general population is low and people are traumatized by war and exile in refugee camps. I spoke to so many men and women who became addicted to opium or heroin while in refugee camps in Iran or Pakistan or who have become dependent on benzodiazepins in a futile effort to manage their anxiety.

There is no quick fix to the problem of illicit poppy cultivation in Afghanistan. The international community must be prepared to support the country for many, many years to come.

Christina Gynnå Oguz's answer

There is no quick fix

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An important ethnography of Norwegian outcasts or outsiders

Geir Moshuus
Young immigrants of heroin: An ethnography of Oslo’s street worlds, Institute of Anthropology 2005, University of Oslo, 290 p.

In September of last year, Jonathan Friedman, Professor of Social Anthropology at the University of Lund, and myself were appointed to act as opponents to the thesis reviewed herein. I can say straightforwardly that this was a job we both very much enjoyed. Moshuus’s text is well written and very interesting. It offers insights that can only be gained with a good ethnography; it is both detailed and dramatic, but it also includes some important strands of theorising. All the time, though, the main focus is on the ethnography.

The public examination of the thesis was held in Oslo, the city that provides the scene for Moshuus’s ethnography of people who for various reasons have dropped out of the mainstream social community of wage employment, careers and stable and decent housing. When I was in Oslo in the early 2000s, I saw for myself these marginalised drug abusers outside the Central Railway Station, at a place called Platen that is named after Stockholm’s Sergel Square with the nick name Plattan. Today, they hang out along Skippergaten, not far from the railway station, serving as a poignant reminder that not all is well with the Norwegian welfare system. If you look at them it is clear that not all of them are from Nordic shores; you can tell from the colour of their hair and their facial features that they have a foreign background. It is of these people that Moshuus talks about in his thesis. He is not interested to discuss how much drugs they use, or how often they have been in contact with the authorities or what kind of prison sentences they have served, but rather to find out how they live and survive and what thoughts they have in their current social situation.

Two women and a prison chaplain

The main scene for Moshuus’s observations between March and September 1999 was neither Platen nor Skippergaten, but a building he calls Olagate, a wooden house in downtown Oslo that since has been pulled down. This was a meeting place for drug users and drug dealers. In the text of the thesis it is often this house that provides the backdrop for Moshuus’s descriptions, but it was not here that he got to know the six informants that appear as his main characters. Olagate is best described as a “Norwegian” place where feelings of distrust are cultivated against foreigners. Interestingly, it was two women who dominated the drug economy that was administered from within Olagate: Sol, a 45-year-old woman and her daughter Vera, who was in her twenties, both of whom were injecting heroin addicts. In my capacity as opponent I made the point that both of these women should have been presented as key informants, first because their life histories were so interesting and secondly because the author quite apparently learned so much from them. At Olagate, and especially through these two women, Moshuus learned a great deal about the social networks that revolve around drugs. One particularly interesting chapter deals with the making of distinctions and drawing of boundary lines between “friends” and “family” in Sol’s and Vera’s home: “friends” were not allowed beyond the living room, whereas “family” had access to the bedroom, which was where the heroin was kept. The foreigners who used drugs were not welcome in these environments.

Moshuus got to know six men of immigrant background through a prison chaplain
who had close contact with many such men. The informants were aged between 16 and 37 years and they came originally from the Middle East and South Asia. It is interesting to read about how he gained access and how he was declined access to their worlds. For example, he describes how through the prison chaplain he became acquainted with a 20-year-old man by the name of Ira, who had an Asian background and who was currently charged with the sale of heroin: “In such cases the police never issue leaves. Apparently someone did not read Ira’s papers close enough and gave him the permit to follow me out on the street. I had only been following him around for two hours when he disappeared.” (Moshuus 2005: 59.) The anthropologist-researcher could not content himself with interviews within the confines of the prison, but wanted to follow this informant in his everyday environments. On another occasion Moshuus followed one of his subjects during a leave that had been arranged by the prison chaplain; in this case the researcher became involved in a case of cheque forgery, as a driver. However, the researcher takes his involvement as a way of gaining access; he needs to get his hands dirty. The ethical consequences would have needed more discussion. I can understand Moshuus’s thinking. I’ve been involved in similar activities myself (see Lalander 2003), but I certainly think he should have made clearer his ethical stance. At the same time I feel that descriptions of events where the researcher does get his hands dirty are an important part of the ethnographic process where the researcher is confronted with various ethical dilemmas, because it is often these that are at the centre of these kinds of studies.

“Authoring back”

Immigrants of Heroin is above all about how people deal with the fact that they are relegated to the lowest rungs in the social hierarchy of a consumer society where resources are unequally distributed. Moshuus’s main source of inspiration in interpreting his encounters with the informants is In Search of Respect: Selling Crack in El Barrio (1996) by American anthropologist Philippe Bourgois. Bourgois’ book is about second generation Puerto Ricans who live in the poorest parts of Harlem, New York, and who are involved in building up the 1980s American crack economy. Bourgois offers his readers in-depth descriptions and personal portraits of what actually goes on out in the street corners and in people’s apartments. This is ethnography at its very best. According to Bourgois we should not understand the crack economy simply in terms of a way of earning money, but also and importantly as a way of earning value and respectability in a social structure where one occupies the very lowest rungs. In the words of Russian linguist and philosopher Mikhail Bakhtin, it is about “authoring back”, about conveying through various everyday activities an image of oneself that carries value and respect. It is through this human ontology that Moshuus interprets his informants’ portrayals of themselves. No one wants to be an outcast, a fragment of a human being who has no friends and no value. It is against this negative identity that an outsider identity is created where people carry their vulnerable and stigmatised position in society as immigrants and drug abusers with respect and dignity.

Moshuus provides further analysis of how his informants use Gangsta Rap to give a profile to their authoring back. He offers an interesting discussion of how one of his informants makes sense of his own life through the dispute that took place between the legendary rappers Tupac and Biggie. It all has a sense of being very innovative, believable and exciting.

There is obviously much more in Moshuus’s thesis than I have covered in this brief review. Indeed the question is, what is missing from his work. The identities that Moshuus extracts from his analyses are first and foremost what are known as “street selves”, i.e. those aspects of identity that have to do with surviving “street life”. Otherwise, we learn very little about these people’s lives.
Moshuus is aware of this and says it was difficult to be there when they met their parents or when they were in situations outside the drugs or crime scene. There is also no discussion of masculinity, even though this is quite clearly a type of outsider identity in the construction of which gender is prominent. However, the empirical that is there and the analyses that are offered are enough to make this a strong piece of work. There are points of objection, but you have that in every text. Moshuus’s text is ethnographically credible and is certainly worth reading.

Against pathologisation

The conditions and circumstances that mainstream society and those in power are so appalled about and that they want to fight at all costs are grounded in entirely rational, human and social processes. Moshuus sets out in his thesis to unravel the human and the rational. Drug addicts and drug dealers are not all that different from us “normal” members of society, and if our social circumstances had been different we might well have become addicts ourselves. In this sense I consider this book an important contribution against the current trend in drug research to pathologise drug abuse on the basis of an illness and psychological perspective. In general the subject of immigrants and drugs in the Nordic countries has received only little attention. From this point of view Moshuus’s text is highly important and deserves to be read by a wide audience. I also feel that the book should be translated from English into Norwegian because that would make it more readily accessible to a larger number of Norwegian readers.

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Systembolagens råd för alkoholforskning

Ansökningsår 2006


Administrationen sköts av Centralförbundet för alkohol- och narkotikaupplysning (CAN). Ansökningsblanketter och anvisningar kan laddas ner från CANs hemsida www.can.se/sra eller rekvireras från SRA, CAN, Box 70412, 107 25 Stockholm, telefon 08-412 46 00.

Fullständiga ansökningshandlingar skall insändas i ett original och 12 kopior, samtliga sorterade, till ovanstående adress (ansökan tas inte emot per fax eller e-post). Besöksadressen är Klara Norra Kyrkogata 34, Stockholm.

Ansökan skall vara rådet tillhanda senast den 15 september 2006.

Ni som tidigare erhållit anslag och vill söka fortsättningsanslag för projektet skall till sedvanlig ansökan bifoga rapport om hur arbetet fortskrivits, s k årsrapport, samt vetenskaplig och ekonomisk redovisning. Samtliga blanketter kan laddas ner från CANs hemsida.

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