DRINKING RE-CONSIDERED

AN ANALYSIS OF PROBLEMATIZATION OF ALCOHOL CONSUMPTION IN CONTEMPORARY DANISH ALCOHOL POLICY

Master’s Thesis by Sabine Jepsen

PRIMARY SUPERVISOR
Katja Lindskov Jacobsen
Assistant Professor, Ph.D. at Risk & Disaster Management
Metropolitan University College, Copenhagen, Denmark

SECONDARY SUPERVISOR
Mitchell Dean
Professor at the Department of Management, Politics and Philosophy
Copenhagen Business School, Frederiksberg, Denmark

Master of Science in International Business & Politics
Department of Business and Politics
Copenhagen Business School
August 29, 2014

Pages | 79
Characters | 181.556
Drinking re-considered: An analysis of the problematization of alcohol consumption in contemporary Danish alcohol policy

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Abstract

The objective of this Master's Thesis is to explore if an analysis of the problematization of alcohol use in Danish contemporary alcohol policy delivers insights into the efficiency of the efforts in place targeting it. Combining three interrelated aspects – problematization, policy aspirations and techniques of governance – the analysis shed light on which significant elements are overlooked attempting to reduce alcohol use and thereby affecting the efficiency of the efforts.

Michel Foucault provides the premise for the analysis through his ideas on power/knowledge, biopolitics, governmentality and problematization, which Carol Bacchi operationalizes through the critical method to policy analysis 'What's the Problem Represented to be?' (WPR). The study is based upon the major Danish health policies in place to deal with alcohol as well as supporting qualitative empirical data. To undertake the analysis the context is established through a situational analysis; the problematization in the Danish alcohol policies is scrutinized and reflected upon through the WPR approach; and predominant techniques of governance are identified and the fit with the policy aspirations examined. Through a social constructivist position and deductive approach to research the empirical data is interpreted and discussed to highlight implications within this social phenomenon to understand how come Danish contemporary alcohol policies have not been able to reduce the number of people having a harmful alcohol consumption level more.

This Thesis argues that there is a partial misfit between the applied techniques of governance and the aspirations of Danish alcohol policies. This is mainly due to a predominant focus at the demand side of alcohol use, where issues concerning the power and influence of the supply side are disregarded, and the producers profit from the liberal policies in place and the lack of restrictions. The most significant findings in this research are the disagreement of who carries the responsibility of alcohol use; the legitimizing effect categories have on the Danish alcohol culture and on the conducts of producers; as well as the lack of adaption to how youth is targeted through new media.

Actors that wish to understand which overlooked elements in policies that affect efficiency can gain alternative insights through this research, but topics for future research on the efficiency of effort aiming at reducing alcohol consumption endure and are elaborated upon towards the end of this Thesis.
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## Abbreviations

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<td>DHMA</td>
<td>The Danish Health and Medicines Authority</td>
</tr>
<tr>
<td>DKK</td>
<td>Danish Kroner</td>
</tr>
<tr>
<td>EU</td>
<td>The European Union</td>
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<tr>
<td>GSR</td>
<td>Global Status Report on alcohol and health 2014</td>
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<tr>
<td>HD</td>
<td>The Health of the Danes – The National Health Profile 2013</td>
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<tr>
<td>HLE</td>
<td>Healthier Lives for Everyone – National Goals for the Health of the Danes the next 10 years</td>
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<tr>
<td>ICAP</td>
<td>International Center for Alcohol Policies</td>
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<td>K</td>
<td>The Conservative Folk Party</td>
</tr>
<tr>
<td>KA</td>
<td>Knowledge Archaeology</td>
</tr>
<tr>
<td>KRAM</td>
<td>Diet, Smoking, Alcohol and Exercise</td>
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<tr>
<td>LA</td>
<td>Liberal Alliance</td>
</tr>
<tr>
<td>MoH</td>
<td>The Danish Ministry of Health and Prevention</td>
</tr>
<tr>
<td>NIMRAR</td>
<td>The National Institute of Municipalities and Regions Analysis and Research</td>
</tr>
<tr>
<td>NIPH</td>
<td>The National Institute for Public Health</td>
</tr>
<tr>
<td>O</td>
<td>The Danish People's Party</td>
</tr>
<tr>
<td>OECD</td>
<td>The Organization for Economic Co-operation and Development</td>
</tr>
<tr>
<td>PPA</td>
<td>Prevention Package on Alcohol</td>
</tr>
<tr>
<td>RV</td>
<td>The Danish Social-Liberal Party</td>
</tr>
<tr>
<td>S</td>
<td>The Danish Social Democrats</td>
</tr>
<tr>
<td>SF</td>
<td>The Danish Socialist Folk Party</td>
</tr>
<tr>
<td>SDH</td>
<td>Social Determinants of Health</td>
</tr>
<tr>
<td>WHO</td>
<td>The World Health Organization</td>
</tr>
<tr>
<td>UN</td>
<td>The United Nations</td>
</tr>
<tr>
<td>V</td>
<td>The Liberal Party of Denmark</td>
</tr>
<tr>
<td>WPR</td>
<td>'What is the 'problem' represented to be?'</td>
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Chapter 1 Introduction

According to the Organization for Economic Co-operation and Development (OECD) report 'Health at a Glance 2013' (OECD 2013) alcohol consumption is associated with a vast number of health risks and social consequences. As a major cause in the significant number of cancer cases, liver cirrhosis, and a contributor to “death and disability through accidents and injuries, assault, violence, homicide and suicide” (OECD 2013, 56) alcohol consumption accounts for 5.1 per cent of the global burden from diseases, and it influences the lives of the user’s friends, family and community considerably too (WHO 2014b, vii). A steady decrease in consumption levels across OECD countries has been evident during the past two decades, but the pattern also reveals an increase in consumption in northern Europe in Iceland (+40%), Norway (+32%), Sweden (+15.6%), and Finland (+3.2%) since 1990 (OECD 2013, 57). Even though Denmark does not follow the latter trend, it is still among the nations with the highest yearly alcohol consumption level. With 10.6 liters of pure alcohol a year per capita (OECD average 9.4) consumption has decreased by 9 per cent since 1990 (ibid.). However, taking a closer look at the alcohol consumption pattern of Danish youth reveals that Denmark is the OECD country with the highest amount (55.5%) of 15-year-olds that has been drunk at least twice in their life ahead of Estonia (45%), UK (41.15%) and Finland (40.5%) (ibid., 47), and when it comes to the age of alcohol debut the Danes also rank first in the EU (Sundhedsstyrelsen 2011c, 11). To this other studies indicate a change in the age-profile shifting to the younger population compared to traditional risk-related consumer products such as tobacco, and alcohol are considered as one of the major avoidable risk factors to health in general (Rehm et al. 2009; Johansen, Rasmussen, and Madsen 2006; Jernigan 2001; Smith and Foxcroft 2009). The World Health Organization (WHO) points out that especially age is a significant health factor as early initiation of alcohol use has high associations with alcohol dependence or abuse later on (WHO 2014b, 7). Additional data also indicate prevalence in heavy episode drinking (i.e. binge drinking) reaching 29.5 per cent of total Danish population in 2013 (Sundhedsstyrelsen 2014d, 71). Jernigan (2001) supports this in his study on alcohol and

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1 Iceland is up from 5.2 to 7.3 litres, Norway from 5 to 6.6 litres, Sweden from 6.4 to 7.4 litres and Finland from 9.5 to 9.8 litres

2 Author’s calculations on weighted average on boys and girls on Denmark, Estonia, UK and Finland based on OECD report “Health at a Glance 2013” numbers (OECD 2013)

3 Heavy episode drinking is defined as 5+ drinks on one occasion (6+ in WHO definition)
young people, revealing that alcohol exceeds the global burden of tobacco largely due to the deadly and disabling consequences when alcohol is consumed in the younger years (Jernigan 2001, ii). Accordingly, a deeper exploration of the (in)effectiveness of Danish alcohol policy efforts aimed at decreasing the Danish alcohol consumption level is commenced.

1.1 Problem Area

Although research shows profound limitations to the human capabilities most people believe that they are capable of making rational and sound decisions (Thaler and Sunstein 2008, 19-20; Kadvany and Fischhoff 2011, 111; Bazerman and Moore 2013, 3-4); meanwhile they are expected to take on responsibility for their own lives by society too (Forebyggelseskommissionen 2009; Mandag Morgen and TrygFonden 2012, 9). Taking a closer look at statistics reveal little decrease in alcohol use though, and this is in spite of on-going campaigning about risk associated with alcohol use by the Danish Health and Medicines Authority (DHMA) since 1990 (Sundhedsstyrelsen 2013b). Campaigns that fostered a general misunderstanding of the risk among the Danes and required the DHMA to officially clarify the meaning of the national recommendations on drinks per week in 2010 (Sundhedsstyrelsen 2010b). Moreover, the Danish politicians increasingly face more pressure to decrease the alcohol consumption level of the population when comparative statistics gain attention in the international community (Berlingske Nyhedsbureau 2013; Bacchi 2009, 156). Here, especially the heavy consumption level among the youth and the normalization of binge drinking gain attention in the discussion on what becomes socially acceptable (ibid.: Møller 2012a, 499) – and this is in spite of the previous 10 years' efforts in Denmark mainly focusing on the youth (Sundhedsstyrelsen 2014c). Hence, it is intriguing to explore further what might explain why the consumption level remains steady in the Danish context.

To gain an deeper understanding of the governmental and societal techniques governing behavioral patterns, also means understanding the objectives behind health policies, health promotion and preventive programs informing consumers about health risks associated with alcohol use as well as the mechanisms introduced to influence this behavior. To do this, the politics of life and how society is governed need increased attention, and accordingly French philosopher Michel Foucault (1926-1984) delivers valuable ideas conceptualizing this for studying this phenomenon, and together they form the underlying understanding of the dy-
namics of rule in society this Thesis build upon. To operationalize this, the critical policy analysis approach 'What is the 'problem' represented to be?' (WPR) is applied (Bacchi 2010b, 63), and together they facilitate the uncovering underlying element influencing the policies and problematizations embedded within.

1.2 Problem Formulation and Research Question

Having this setting in mind, the aim of this Thesis is to reflect upon the current Danish practices of problematizing the alcohol consumption patterns of the Danish population, and investigates how the Danish alcohol consumption pattern has been addressed through techniques of governance in recent years. Through selected theoretical and methodological frameworks the Thesis investigates *how an analysis of three related aspects of the contemporary Danish alcohol policy – problematization, policy aspiration and techniques of governance – may help shed light on the (in)effectiveness of efforts aimed at decreasing the Danish alcohol consumption level.*

To guide the study and assist in answering the research question the following sub-questions serve to navigate the three parts of the analysis:

Q1 *How is alcohol positioned in the Danish society in 2014?*
Q2 *How is alcohol consumption problematized in the major Danish policies set up to deal with this?*
Q3 *Through which techniques of governance have alcohol consumption been addressed and controlled, and does it fit the aspirations of the major Danish contemporary alcohol policies?*

1.3 Relevance of Research

With the WHO identifying alcohol as the cause of 3.3 million deaths and considering it as the third largest risk factor for “*premature mortality, disability and loss of health*” (WHO 2014a) as well as the European Union (EU) considering it as “*the second largest lifestyle related cause of disease in Europe*” it is intriguing that harmful drinking still prevails in social settings across developed nations (OECD 2013; WHO 2014b, vii). Alcohol consumption has a firm foothold in many social constructions of celebration and gatherings, and this construct is also a base point for many commercials, sport events and entertainment (Greenberg et al. 2009, 302; Smith and
Moreover, the Disability-Adjusted Life Year (DALY)\(^5\) index quantifies the burden of diseases from mortality and morbidity, and it shows that alcohol use disorders result in 0.1 % more of total DALYs in 2012 than in 2000 on a global scale as well as remain the 6\(^{th}\) leading cause of DALY (WHO 2013).

Along with increasing evidence of risks associated with alcohol and the skewed exposure to these risks, health promotion and health policies have emerged (WHO 1981; Sundhedsstyrelsen 2000; Jernigan et al. 2000, 491; SIF 2007). Alcohol policy has a wide field of touch points beyond alcohol itself, and evidently social and economic policies within this array will always be connected (Bacchi 2009, 90). Political developments within states, regional collaborations such as EU as well as globally in the UN (WHO 2010, 55; WHO 1981, 8; WHO 2014b), show alcohol is associated with many different parts of everyday life and is connected to many other areas involving risk such as traffic safety, violence, and family abuse (SIF 2007, 201).

Further, it is noteworthy how liberal alcoholic products such as beer, wine, liquor and alcopops are regulated in Denmark (see appendix A and B) compared to other products carrying risk such as tobacco. With the EU Tobacco Product Directive 2014/40/EU commercial constraints, product ingredient restrictions, product design interventions etc. across the Member States are to be implemented to harmonize legislation (EUR-Lex 2014). Moreover, the tendency globally is increasingly stricter techniques of governance to minimize the alcohol consumption level and tackle the consequences thereof (ICAP 2011). Hence, it is considered relevant to investigate the contemporary Danish alcohol policy – and to ascertain if an analysis of three related aspects of contemporary policy deliver new and valuable insights into the (in)efficiency of the efforts applied in Denmark and explain why the consumption level develops as it does.

1.4 Pre-understanding
As noted by Fuglsang & Olsen (2009) an author cannot be considered completely objective, and it is acknowledged that the values and interests of the author affect the domain of invest-

\(^5\) “DALY is for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences” (WHO 2014)
gation (Fuglsang and Olsen 2009, 318). Hence, the pre-understanding of field of research becomes of significant importance to the way it is shaped and analyzed.

Further, as described by Gadamer, understanding is affected by context and history (ibid., 321). Thus, the study this Thesis undertakes is biased by the author’s preconceived opinions; presuppositions; experiences; values; as well as historical and cultural context shaping the author through life (ibid). Gadamer’s notion of understanding constitutes pre-understanding and prejudice, and thus the foregoing understanding of the topic together with the influence from prejudices have an impact on the author’s ability to interpret and it effects how the matter is understood (ibid., 322). Consequently, it is perceived as key to inform the reader that the author of this Thesis is employed at one of the four major global tobacco companies\(^6\). It is acknowledged that this relation biases the data of choice as well as the interpretation when it comes to research on alcohol. Contrarily it is considered as a focal starting point of the research conducted. Hence, the comprehensive background knowledge within the tobacco industry it recognized as an advantage for the purpose of this Thesis.

The initial case leading to this area of investigation was the implementation of plain packs of tobacco products in Australia (KPMG 2013, 18). Here, a regulatory intervention was implemented depriving the producers their trademarks and intellectual property rights because all tobacco products must comply with state-regulated design measure (standardized olive-green color, health-warnings, size and font) on packaging without having the evidence of impact on tobacco consumption backing it (Australian Government ComLaw 2011). This led to legal proceedings when British American Tobacco, Philip Morris International, and Japan Tobacco International sued the Australian government, which was won by the latter (The Sydney Morning Herald 2013). Since, KPMG launched a report revealing it did not have the presumed effect (KPMG 2013). This initiated an increased attention by the author to why alcohol is controlled differently than tobacco where the limits of intervention is 'pushed' taking all related health risk and consequences of both into consideration. Unfortunately, the scope of a Thesis limits what is possible to uncover and thus such speculations are left for future research.

\(^6\) Philip Morris International, British American Tobacco, Japan Tobacco International and Imperial (British American Tobacco 2014)
1.5 Definitions
The following definitions as well as Foucauldian ideas presented in the next chapter act as central terms throughout this Thesis.

**Binge drinking / Heavy episode drinking** is defined as consumption of more than 5 (6+ in WHO connections) drinks on one occasion (Sundhedsstyrelsen 2012d, 5; WHO 2014b, 4).

**Discourse** is central term for Foucault and denotes a constructed of meaning and significance of social reality through the use of language, and defines a fixed boundary of meaning and action (Fuglsang and Olsen 2009, 566).

**Low-risk consumption level** is the definition set by the DHMA of 7/14 alcoholic drinks a week for women and men respectively with little risk of ill health (Regeringen 2014, 14).

**High-risk consumption level** is the definition set by the DHMA of 14/21 alcoholic drinks a week for women and men respectively, which is associated with increased risks of getting sick due to alcohol consumption (Regeringen 2014, 14).

**Techniques of governance** are concerned with the diverse mechanisms and instruments deployed to govern the population (Dean 2010, 269). This involve practical forms of notation, collection, dividing and storing information, often assembled as a part of systems and ways to construct the space in which the population can navigate and thereby a moral and political shaping of conduct takes place (ibid., 270).

1.6 Thesis Structure
The chapters are structured in a manner that provides logical consistency and cohesion throughout the Thesis.

**Chapter 1 – Introduction** serves as an introductory section where the stage is set. It elaborates on the problem area and delimitation to the study; highlights the problem formulation and research questions guiding the study; explains the relevance of the research; outlines the pre-understanding of the area of interest as well as relevant definitions for the study conducted.
Chapter 2 – Theory elaborates on the theories applied to study the phenomenon and the phenomenon in question. It accounts for the relation between the chosen theories as well as the rationale behind those choices and reflect upon them.

Chapter 3 – Methodology outlines the philosophy of science and research design of the Thesis, and the choices are justified and accounted for. Further, the chapter reflects of the limitation to the method of choice and on the phenomenon under investigation. Here, the empirical data of choice are described and justified, and different methods ensuring the credibility, transferability, dependability and confirmability of the study is explained and argued for.

Chapter 4 – Analysis comprises the analysis of the case at hand. The section is divided into three parts: part I sets the context in which the phenomenon takes place; part II analyze what the 'problem' is represented to be in the major Danish policies set up to deal with alcohol use; and part III reviews what the policies aspirations are and the techniques of governance introduced to deal with the conduct of conduct.

Chapter 5 – Discussion reflects on the analysis by evaluating and discussing the findings, the theoretical and methodological consequences thereupon as well as considers the weaknesses and strengths of the study.

Finally, Chapter 6 – Conclusion concludes on the findings from the analysis and discussion and future research and implications are suggested.

***
Chapter 2 Theory

To analyze the three related aspects of the contemporary Danish alcohol policy – problematization, policy aspiration and techniques of governance - this Thesis draws on Foucauldian thinking. This is mainly due to Michel Foucault's interest in the relationship between power and knowledge and how societal institutions use it for social control (Foucault 1978, 141). Especially his research and ideas that enable the framing of what can be thought and said in a given period by investigating what is excluded and marginalized from that; his idea of language and how things are represented in reality; as well as his believe that history changes in an abrupt and unpredictable manner and not as coherent development set the stage for the analysis (Den Store Danske 2013).

To operationalize the selected ideas presented in this chapter, Australian researcher Carol Bacchi (Bacchi 2009) developed one of the more practical versions of these ideas in a critical policy analysis approach that investigates what the policy represents the 'problem' to be? For the purpose of this Thesis, the WPR approach is applied to investigate problematization in policies and it provides a methodology to systematically investigate the taken-for-granted assumptions embedded within proposals and policies by scrutinizing (problematizing) the representations of 'problems' (Bacchi 2009, xv). Hence, the analysis uncovers the implicit 'problems' within the policy by making them explicit and thereby question the 'problem' in order to challenge the 'problem'solving authority (Bacchi 2009, x, 46). This reveals unnoticed aspects that provide an explanation to why the consumption level remains high despite years of efforts targeting it. Here the idea of 'policy' as being a good thing that fixes things and problematization of social phenomena get under investigation too (Bacchi 2009, iv-x). This enables the researcher to rethink the way 'problems' are conceptualized in policy-making and challenge the underlying assumption that governments 'solve' problem through application of selected Foucauldian concepts (Bacchi 2009, 5, 10, 30, 36-37, 155, 160; Bacchi 2010a, 1). The following sections account for the Foucauldian concepts individually to provide the understanding of the ideas underpinning the analysis as well as of Bacchi's WPR framework.

2.1 The Foucauldian Premise

As Michel Foucault's work is broad (Foucault 2001; Dreyfus and Rabinow 1982; Foucault 2011; Foucault 1998; Foucault 2000; Foucault 1997b) and does not comprise a coherent and
complete position it should be considered more of a toolbox where one can make use of what appears to be helpful (Motion and Leitch 2007, 263). The basic ideas this Thesis draws upon all take government and rule of society into account and contribute with important perspectives to this analysis of policy. With the focus on population and the use of social and economic policies to ensure security and order, the analysis rests on the notion of political economy meaning that government has to work through the economy to ensure the population is governed effectively (Bacchi 2009, 27). That is, as the economy is seen as something separate from the state and largely self-managing, the government needs to know about the activities of the population to govern it effectively (ibid.) This has led to generation of knowledge through the massive production of numbers and statistics (number of deaths, birth rates, diabetes incident rates etc.) during the previous centuries to monitor the population (which is recognized as singular entity) and where single individuals are considered less important than the sum of the population (ibid.). Consequently, the population as a whole is measured and regulated by the use of comparative indicators.

With the objectives of alcohol policy and the government of the conduct (and self-governance) of the population (treated as one entity (Bacchi 2009, 27)) at the center of the analysis, the combination of the four concepts biopolitics, governmentality, knowledge/power and problematisation set the premise for analyzing how the biopolitical concern of harmful alcohol use is addressed by scrutinizing the economic and social policies; what specific knowledges create the particular representation of the 'problem'; what mentality of government it relies upon; and which techniques of governance are in place to encourage a specific type of behavior among the population (Foucault 2001; Foucault 2008; Foucault 2011; Foucault 1978).
Figure 1: The Foucauldian Premise

<table>
<thead>
<tr>
<th>THE PREMISE</th>
<th>Underpinning concepts for the analysis of problematisation of alcohol consumption in Denmark</th>
</tr>
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<tbody>
<tr>
<td>BIOPOLITICS</td>
<td>Political concerns about conditions affecting life, the associated consequences for the population, and the establishment of norms to guide behaviour through interventions and regulation to enable self-governance</td>
</tr>
<tr>
<td>GOVERNMENTALITY</td>
<td>Which techniques are applied through social and economic policy as well as specific pieces of knowledge to contruct the population's field of actions to shape and direct rational human conduct and facilitate self-conduct through problematisation of certain behaviour, and what is the government rationalities behind the choices</td>
</tr>
<tr>
<td>POWER/KNOWLEDGE</td>
<td>The power and knowledge is mutually entwined and both influences who determine what is recognised as the 'reality' and 'truth'</td>
</tr>
<tr>
<td>PROBLEMATIZATION</td>
<td>How did something change into a problem, and become an answer to a concrete situation, and why is this social phenomenon targeted by social regulation</td>
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</table>

Source: Author's attribution

Figure 1 illustrates the role the individual concept play in this Thesis. The act together as 'building blocks' to construct the foundation and relations in society underpinning the analysis of how alcohol use is ruled in Denmark. This section walks through each one and explains how they each relate to the analysis of alcohol use. As the WPR approach partly builds the framework upon Foucault early work on knowledge archaeology and genealogy, the two concepts are briefly touched upon at the end of this section.

**Biopolitics**

In the Danish settings contemporary health promotion approach draws on central biopolitical concerns, where the rationality of government is based upon the health, welfare and life of the population (Dean 2010, 30). Concerned with the positive power of life (contrasted by the negative during sovereign power structures governing over life and death) this form of politics is concerned with the administration of life and lifestyle i.e. the politics of life (Bacchi 2009, 37).

Here, different elements of lifestyle (e.g. smoking, diet and exercise) led by the population can impact e.g. mortality and birth rates, the level of health and productivity in general (Foucault
In other words, the state aims for the healthiest population that does not overburden the public services, and through series of “interventions and regulatory controls” (Foucault 1978, 139) the state attempts to manage the behavior of the population (ibid., 140). Consequently, the alcohol consumption patterns and the related risks get covered in the biopolitical agendas (Regeringen 2014) as seen with the case study at hand. The aim is to get norms of desirable behavior in place, so people become political subjects regulating themselves (Bacchi 2009, 28). This form of governance is highly associated with liberal and neoliberal modes of rule (Bacchi 2009, 113), and in this Thesis the concept of biopolitics serves as an explanatory element that provides the reader with a better understanding of the rationale in mind of the governor i.e. the Danish state when applying specific techniques of governance.

**Governmentality**

To capture the idea about how society is ruled Foucault’s notion of governmentality is applied. The concept is divided into two different perspectives that act to explain the ways in which a population is ruled as well as the way we reason (Dean 2010, 24). For the purpose of this study, governmentality provides the underlying assumptions about the dynamics in society when it comes to how self-governance and conduct-of-conduct (i.e. the conduct of self-conduct) are established in society, as well as provide the understanding of what influences the governor’s decision making process.

The first perspective is concerned with the rule of populations and is linked to related forms of power such as disciplinary power, where the individual is targeted and laws and other techniques of surveillance and normalization processes produces calculable and useful individuals (Bacchi 2009, 26-27). Governmentality takes this a step further and operates on the population level through the means of social and economic policies (ibid.). The work of governmentality scholar Mitchell Dean is incorporated to get a more comprehensive understanding of the thoughts behind the concept. It is concerned with how the population and individuals are directed by structuring the possible field of actions and the courses of action it also attempts to shape freedom – or the perception thereof (Dean 2010, 21). Therefore, it involves the efforts to shape and direct rational human conduct and is linked together with moral and the use of specific forms of knowledge on what is good, appropriate and responsible conduct of the individual and groups (Dean 2010, 18-19). To this, it shapes the way through which the individual questions own conduct and where certain types of behavior are being problematized (Dean 2010, 19, 24). Without direct confrontation, the actions of the population are being directed by different techniques of governance in place to ensure the intend behaviour.
and through the establishment of “norms of conduct by which behavior can be judged” (Dean 2010, 17) self-guidance and self-regulation takes place. Thereby, the subject gets **responsibilised** and the responsibility is moved from the disciplinary power to free individuals who increasingly take on the responsibility of their own life (Rose and Miller 2010, 289). These considerations are useful for the analysis of the problematization of alcohol and the role of the individual in the policies.

The second perspective is concerned with the mentalities of rule i.e. the rationalities behind the different ways of thinking and responding to problems by drawing on knowledge and expertise to end at a conclusion (Dean 2010, 24). Many elements are embedded in practices of governing in e.g. languages and other technical instruments which are taken for granted when considering these situations (ibid., 25), and different mentalities rely on different fields of sciences (such as economics, medicine or psychology) and might include rational as well as irrational components (myths) (ibid.). In other words, the way government of nations is exercised is founded in the knowledge and emotions connected to the field.

Hence, this Thesis applies the notions of **governmentality** as a central underlying concept to capture the dynamics in and construction of the social world. Thereby it offer a clarification on the perception on how power and government of conduct of the population is exercised, and contribute with useful concepts in the analysis of the problematization of alcohol contemporary Danish health policies.

**Power/Knowledge**

With Foucault’s outspoken interest in how the power exercised by authorities, and how they influence the way reality is recognized through communication and strategic use of the language to establish 'knowledge' (Thurén 2007, 177) in mind, the exploration of how alcohol consumption is problematized and what the 'problem' is represented to be are constructed. Here, the role of the experts and other contributors should be considered too (Bacchi 2009). Hence, Foucault believes that there is a fundamental relation between **power** and **knowledge**, where the person telling the truth also carry the power of being able to speak about truth and express in the way deemed fit (Foucault 1997a, 111). With the changes through history the way the population live their lives became of political interest and thereby “into the order of knowledge and power and into a sphere of political techniques” (Foucault 1978, 142). That is, those who are in power also influences what is considered 'true' and how it impacts the subject (i.e. the individual under rule) on how to think, behave and act (Caldwell 2007, 774).
Power is recognized to be everywhere and is not a constant, but a floating element that moves in and out of the ‘entire social body’ due to mechanisms and power relations at play (ibid., 775). This power is not an element to be found isolated in state, between classes or other forms of power (Thurén 2007, 177), but it is something “exercised through heterogeneous discourses and practices” (Bacchi 2009, 158). In other words, the way we speak, write or in other ways signal a message either add to or work against a specific perception of how the world exists. Foucault states, “it is in discourse that power and knowledge are joined together” (Foucault 1978, 100), and therefore to gain more insights into the power/knowledge relation the study explores the sources and framing of knowledges underpinning the messages of the health policies. The concept of power is for the WPR approach directed from the Foucauldian thinking as a positive force rather than a negative preventing people in doing specific things (Bacchi 2009, 37). It follows the perception that “power shapes our conception of ourselves and of the world at the very deepest levels” (ibid., 38) and hence the perception of the social world is shaped through the knowledges recognized as being ‘true’.

Problematization

Attempting to analyze the process of problematizing i.e. “how and why certain things (behavior, phenomena, process) become a problem” (Foucault 2001, 171) Foucault tries to look into why a social phenomenon at a given moment is targeted by social regulation. Examining what elements are relevant for a given problematization become of fundamental interest to this study as it is based on the idea of an underlying relationship between the things that get problematized and the process thereof, and that the given “problematization is an “answer” to a concrete situation which is real” (Foucault 2001, 172). As Foucault underlines, the problematization is not a result or consequence of a "historic context or situation, but an answer given by [certain] individuals” (ibid.). Thus, a problematization can always be considered a form of creation, where creation is thought as the result of certain happenings in the social world and as something that cannot be inferred with, and therefore only something which can be understood as a consequence of, and answer to, a concrete situation and aspect of the world (Foucault 2001, 173). Hence, an analysis of a given problematization can be considered as the history of an answer – that is, looking into how an answer to a certain situation came about and what relation there is between reality and ‘truth’ (ibid.). Foucault questions “who is able to tell the truth, about what, with what consequences, and with what relation to power” (Foucault 2001, 170) which acts as a fundamental perspective for this Thesis by questioning how conducts and norms in society leads to problematization i.e. when something changes into a problem (Dean 2010). This is supported by the WPR approach that “makes the case that every
By its nature, constitutes a problematization [and] it is fair to say that, in effect, we are governed through problematizations rather than through policies" (Bacchi 2009, 31). Hence, it is not assumed "that some set of 'difficulties' sparks a 'response'" (Bacchi 2009, 31) from the governments, and focusing at the problematization of an issue is the most direct route to the thinking within policies and thereby enable the uncovering of the grounding premises and embedded assumptions leading to the specific representation of a 'problem' (Bacchi 2010b, 63).

Knowledge Archaeology
The WPR approach rests on Foucault's thoughts on knowledge archaeology (KA) to establish an understanding of the origin of the current problem representation, and why that came into existence instead of another (Andersen 2003, 97; Bacchi 2009, 40). KA is concerned with how regularities and dispersions of statements facilitate discursive formations (Andersen 2003, 97). With statements being the smallest unit in a discourse, it establishes phenomenon through enunciation (ibid., 11). In connection to this analysis, the construction of the archive of alcohol control discourse to see the discursive formations as well as transformations are established through the use of documents (ibid., 13). As 'themes' change over time (ibid.), this KA exercise enables the uncovering of presuppositions and assumptions that lie behind the 'problem' representation by asking why it is shaped the way it is (Bacchi 2009, 5).

Genealogy
Genealogy is closely connected to the KA concept, it seeks to trace the development of people and society through history to discover (dis)continuities (Andersen 2003, 17). It aims at uncovering minor shifts through history and the interpreter attempts to see the things from a distance to avoid going in depth with details (Dreyfus and Rabinow 1982, 106-107). Foucault considers the task at hand for a genealogist is to deconstruct the set 'truths' as well as "doctrines of development and progress" (Dreyfus and Rabinow 1982, 108-109). It is believed there is no such thing as one subject (individual or group) changing history, but that they appear in a battle in a space and play their role – and only in that space (ibid.). The space can be seen as a result of practices through time and is a place where they operate (ibid.). This genealogy exercise enables the uncovering of how different discursive formations and discursive strategies are shaped and transformed (Andersen 2003, 97), and assists in the uncovering of silenced elements in the policies (Bacchi 2009, 14).
2.2 The WPR Approach

To operationalize the Foucauldian ideas the WPR approach contributes with a practical framework, and by working at another level than traditional policy analysis tools it identifies how the 'problems' are spoken about and which knowledges they are established and shaped in specific ways (Bacchi 2010a, 2). When analyzing policy through this approach the target is to understand the exact representation of the 'problem' and work beyond the common expectation that government react and try to solve 'problems' by rethinking government policy (Bacchi 2010a, 2). Hence, the rethinking this expectation meaning that it is assumed that the government creates a 'problem' by imposing specific impressions about what it is, and then reacts to it. Bacchi introduced the WPR approach in 1999 (Bacchi 2009, vi) to address how insights into the ways Western policy interventions could be obtained. Central to the theory is role of government and Bacchi regards policy as a product of specific historical, national and international contexts (Bacchi 2009, ix). It is the sources of policy and how it operates that is explored, and the aim is "understand how governing takes place, and with what implications for those so governed" (Bacchi 2009, ix). Public policy is used to ascribe government programs (ibid.), and in this Thesis the different empirical data comprising the public alcohol policy. This is under scrutiny to gain better understanding of how we are governed through problematizations and not policies, as well as of the consequences these problematizations have for those who are governed and thereby reflect on the efficiency of the rule that takes place.

The WPR approach has its foundation in Foucauldian thinking as already introduced, but it also rest on two key premises: that we are governed through problematization; and problematization ought to be studied rather than 'problems' (Bacchi 2009, xiii). Trough this method this Thesis seeks to scrutinize alcohol policies to detect these problematizations and subsequently examine the effects thereof, and as a result problematize the problematization (ibid.). The approach encourages a skeptical attitude towards any claims to 'knowledge' in the different findings, and aims to disrupt any taken-for-granted 'givens' (Bacchi 2009, 20). Applying the method there is four guidelines needed to ensure a proper application: text selection, complexity, context, and nesting (ibid.). Hence, the texts can be widely selected keeping in mind the selection in itself is an interpretative exercise, and one should remember to acknowledge contesting positions in the field as policies often comprise tensions and contradictions (ibid.). It becomes extremely important to have a comprehensive understanding of the context at play, and it is important to include the embedded (nested) historically and contemporary policies surrounding an issue (Bacchi 2009, 20-21). Here it should be noted, that the exercise of un-
understanding the context never is a simple descriptive task, but interpretative in nature as reflections themselves are interpretations (Bacchi 2009, 21). This immediate importance of context of the text selected (Bacchi 2009, 20) calls for a breakdown of the context to provide an in-depth understanding of the field of research and serves to explain how alcohol is governed in Denmark in 2014. Analysis part I systematically outline the context consumption pattern in question, the related consequences articulated in the Danish context, the complexity and web of policies behind how it is attempted to govern, how the issue of alcohol consumption fit in to the wider debate, and which key agents are in play in this matter.

The analysis treats politicians’ statements with care (ibid., 55) as there is no interest in rhetorical persuasive statements and the analysis does not serve at the level of political argumentation. Instead the focus is on “the deep-seated conceptual premises that make such comments possible” (Bacchi 2009, 55) and thereby attempt to uncover the premises of the policies, which might not be obvious for the politicians in the first place (Bacchi 2010b, 63).

To carry out the analysis, the WPR approach is guided by six questions that should be answered to get an answer into what the ‘problem’ is represented to be (Bacchi 2009, 2):

Table 1: The 6 Guiding Questions of the WPR Approach

<table>
<thead>
<tr>
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<th>THE WPR APPROACH</th>
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<tbody>
<tr>
<td>1</td>
<td>What’s the problem represented to be in a specific policy?</td>
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<tr>
<td>2</td>
<td>What presupposition or assumptions underlie this representation of the ‘problem’?</td>
</tr>
<tr>
<td>3</td>
<td>How has this representation of the ‘problem’ come about?</td>
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<tr>
<td>4</td>
<td>What is left unpromblematic in this problem representation? Where are the silences? Can the ‘problem’ be thought about differently?</td>
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<tr>
<td>5</td>
<td>What effects are produced by this representation of the problem?</td>
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<tr>
<td>6</td>
<td>How/where has this representation of the ‘problem’ been produced, disseminated and defended? How could it be questioned, disrupted and replaced?</td>
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To get an in-depth understanding of what each question intends to uncover, the following section elaborates on them individually.

1. **What's the problem represented to be in a specific policy?** (Bacchi 2009, 2-4)

The first question seeks to clarify what the 'problem' addressed really is represented to be through the identification of proposed change(s). By working backwards from the policies to identify the underlying implicit 'problems' and making them explicit, the approach reveals what the intentions in the policy really is. Thus, the goal is to identify all implied problems in the proposals. This might uncover contradictory positions in related proposals. One alternative way to get insights is to follow the funding streams.

2. **What presupposition or assumptions underlie this representation of the 'problem'?** (Bacchi 2009, 5-10)

The second question intends to increase the understanding of what underpins the identified problem representation established in question 1. Thus, the analysis should identify the underlying assumptions such as taken-for-granted knowledge embedded within the problem representation. This KA exercise investigates the binaries that might distort the understanding of an issue; identify key concepts and words (e.g. the good life) and determine which meaning is given to them; and finally categories at play grouping (e.g. people categories) and measuring within a policy to understand why the 'problem' representation is shaped as it is.

3. **How has this representation of the 'problem' come about?** (Bacchi 2009, 10-12)

The third question aim at highlighting the specific conditions that allows “a particular problem representation to take shape and to assume dominance” (Bacchi 2009, 11). Reflection on specific developments and decisions, as well as recognizing that over time and space competing 'problem' representation exist and that things could have developed differently, are essential to understand how the 'problem' representation has come about. Foucault's thoughts on genealogy enable a tracking of the roots and development through history to understand how a 'problem' took on a certain shape. Related to creation of people categories from question 2, are the different techniques allowing the categories to take shape through statistics and non-discursive practices counting and surveying peo-
ple. As Rose states, “to govern it is necessary to know” (Rose 2000, 209 in Bacchi 2009, 11) and Hacking is concerned with the particular kind of knowledge the statistics create (Hacking 1986, 222 in Bacchi 2009, 11). Therefore, we should be asking ourselves about the statistics origin, preference of specifics over others, who is include/excluded, and how do they affect the specific policy under investigation?

4. **What is left unproblematic in this problem representation? Where are the silences? Can the 'problem' be thought about differently?** (Bacchi 2009, 12-14)

The fourth question, offers a way to reflect and better understand silenced perspectives in the 'problem' representations. Hence, looking into the limits in the underlying representations and address what fails to be problematized. Here, it should be discussed what issues and perspectives have been overlooked. Supported by KA and discursive traditions mentioned in question 2, the different tensions and inadequacies in the way the 'problem' is represented are identified. Cross-cultural comparisons can serve to underline certain representation tendencies which are reflected in specific institutional and cultural factors, and thereby assist in identifying the things that are silenced when the representation take shape.

5. **What effects are produced by this representation of the problem?** (Bacchi 2009, 15-18)

The fifth question aims to identify the effect of specific 'problem' representations to be able to critically assess them. This includes looking into three interconnected overlapping effects: 1) *discursive effects* providing a frame and limiting the ability think and say differently about the issue; 2) *subjectification effects* that provides different positions a person can assume and recognize the social world from, and which often put people in opposition to one another (what Foucault calls 'dividing practices') resulting in stigmatizing targeted minorities useful for governmental purposes and encouraging desired behavior among the majority; and lastly 3) *lived effects* looking into the material impact of the representation at hand such as access to welfare being determined by one's location within welfare categories.

The following sub-questions should be asked in relation to question 5: What is likely to change with this representation of the 'problem'?; What is likely to stay the same?; Who is
likely to benefit from this representation of the 'problem'?; Who is likely to be harmed from this representation of the 'problem'?; and, How does the attribution of responsibility for the 'problem' affect those so targeted and the perceptions of the rest of the community about who is to 'blame'?

6. How/where has this representation of the 'problem' been produced, disseminated and defended? How could it be questioned, disrupted and replaced? (Bacchi 2009, 19)

The final and sixth question look into the means that results in the dominance of some representations over others, and how such can be challenged if deemed harmful. Here, the practices and processes used to reach the targeted groups or classes should be investigated to understand how they achieve legitimacy. Further, the question of possible resistance should be addressed. As Foucault accurately addresses: "What individuals, what groups or classes have access to a particular kind of discourse? How is the relationship institutionalized between the discourses, speakers and its destined audience?" (Foucault 1991, 60 in Bacchi 2009, 19). Hence, it is important to acknowledge that discourses are tricky in nature, and that they can be plural, complex and to times inconsistent in character.

The WPR approach can be applied in various forms either systematically or as a part of an integrated analysis applying the questions where the analysis clearly marks their use (Bacchi 2009, 155) Hence, the questions need not to be followed in chronological order as some analyses might have a bigger interest in specific questions than others, and not all questions must be addressed to do the analysis, but all questions should be kept in mind (Bacchi 2009, 101). As this analysis serves to answer specific questions beyond the problematization itself, it has been deemed appropriate to follow the step-by-step set-up of the six questions to improve the transparency and general overview of the analysis.

2.3 Reflections on Theory

With the aim of this Thesis in mind, Bacchi's WPR approach offers an alternative operationalization of Foucauldian thinking on how society is ruled and contributes with a method to investigate the underlying rationale and mentality of analysis and thereby get to another level than analyses examining at policy outcomes. The Foucauldian premise serves as the 'building blocks' the analysis builds upon, and together they act to explain the conceptual logics behind
the analysis. The theoretical choices have consequences for the research strategy as well as epistemological and ontological considerations supporting it that must be taken into considerations. Applying this combination of theories means the analysis is highly influenced by the interpretation of data, and thereby solely provides insights into the (in)efficiency of the efforts aiming at reducing alcohol consumption level.

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Chapter 3 Methodology

Prior to the analysis the methodological framework must be explained to account for how the research strategy is designed. As the WPR approach contributes with the method to investigate contemporary alcohol policy in this analysis, this section mainly serves to outline the philosophy of science to illuminate the underlying assumptions about knowledge perception and knowledge creation. Here, the choice of theory has consequences for the outcome of the analysis as it provides the framework within which this social phenomenon is to be understood and how the findings are interpreted (Bryman 2012, 20). The research strategic decisions are explained to account for the model of choice and the construction of the analysis. The thoughts behind how the analysis is operationalized, the consequences thereof and how it is connected to the empirical data are explaining the choice made when structuring the study. To ensure the quality of qualitative research the findings of this Thesis are subject to a number of criteria.

3.1 Philosophy of Science

To study the phenomenon of alcohol consumption problematization in alcohol policy in Denmark, the perception of the nature of social reality and how it should be examined must be established (Bryman 2012, 19). For the purpose of this analysis the combination of Foucault's position in the poststructuralist (a position he on several occasions rejected though (Andersen 2003, 2)) and social constructivist thinking (Fuglsang and Olsen 2009, 358) and Bacchi's WPR approach drawing on social construction theory and post structuralism (Bacchi 2009, 264) act as the departure point for the position in this Thesis. Traditional methodology is concerned with the process of producing knowledge and the domain of knowledge (Fuglsang and Olsen 2009, 29), but with the adoption of a social constructivist position means breaking with these usual epistemological and ontological considerations.

The social constructivist thinking breaks with realism, which presumes that reality is an objective element, and does not take things for granted but attempts to deconstruct the taken-for-granted 'givens'. Wenneberg (2000) divides social constructivism into four positions; i) the critical perspective; ii) social theory; iii) epistemology; and iv) ontology (Wenneberg 2000, 17-19). The critical perspective (i) deconstructs the natural, obvious and typical to uncover the natural phenomenon and consequently constructs a void. Through social theory (ii)
this void is addressed through a perception that society is an expression of a human construct. This is however a divided position either assuming that social is constructed by materiality or that 'the social' is self-constructed. The epistemological (iii) position assumes all knowledge is socially constructed. Here the position is divided by focus on knowledge about the social world or the physical world. The ontological (iv) position recognizes the world as socially constructed, and also here the divide is between the assumptions about the social or the physical world. Hence, the relation between the observer and reality is based on the assumption that the reality is produced while observing it (Andersen 2009, 29).

Conducting a study as this, founded on Foucault and the WPR approach as the theoretical framework, this Thesis draws on the iv) ontological position assuming the physical or social reality both are social constructs that rely on the claim that 'reality' decisively is shaped by our recognition thereof (Andersen 2009, 29-30; Wenneberg 2000, 119-120). The ontological constructivism has two positions within its sphere – a radical and less radical position: The radical assumes no reality is recognized before social constructions enable it to, and the less radical built on the idea of the existence of a proto-reality where reality consists of a shapeless mass, which takes shape through the recognition of it through division and differentiations to construct it (ibid.). For the purpose of this analysis, the less radical position presuming that reality is influenced and shaped through our recognition thereof. As the social constructivist points out, societal phenomenon changes through historical and societal processes and as they are created by people also means they are changeable by them (Fuglsang and Olsen 2009, 349). Having the starting point in a perspective of change processes, the social constructivist recognizes societal phenomenon as historically and socially constructed and consequently also historical changeable (ibid.) People construct the societal phenomenon and hence they can and will change through the actions of people over time. In the investigation of a phenomenon or alike, there will always be a subject (people) recognizing it and an object (the phenomenon or alike) to be recognized (ibid.). To recognize anything in this world, concepts are needed and they are embedded in language. Hence, the language carries an important role in producing the recognition of the phenomenon. This is mainly founded in the belief that all knowledge is discursively created, which ontologically speaking means everything is discursively constructed (Fuglsang and Olsen 2009, 397).

As the WPR approach turns around traditional policy analysis by not looking at the outcomes, it interrogates the premises for that policy (Bacchi 2010b, 63). The social constructionist position means the WPR approach recognizes "governments as active in the creation or production
of policy 'problems'” (Bacchi 2009, 33). Here, it should be noted that the WPR approach takes a turn in social construction theory as it makes the case that among the various possible constructions of a 'problem' the governments play a privileged role as their versions are founded and formed by legislation etc. used to govern (ibid.). The poststructuralist position is underlined by perceiving that 'problems' are shaped in "the simple act of making policy” (Bacchi 2009, 34) and "no concept or category is accepted as value-free and uncontested" (Bacchi 2009, 32). To this, the WPR approach relies heavily upon interpretative traditions where statistics merely serve to render the probability of the efforts by the state and not to render the truthfulness.

Thus, the task at hand for this Thesis is to replicate and reconstruct these motives, intentions and feelings to get a comprehensive understanding of the rationale behind the policies and the choices and actions when addressing the issues of alcohol consumption through problematizing the Danish alcohol consumption patterns. As Carol Bacchi highlights, the role of the researcher and the power/knowledge nexus should be kept in mind, and the mere production of research in this Thesis contribute to the process of governing and subjectification (Bacchi 2009, 249). Hence, the findings are highly influenced by the interpreter too. By adopting the ontological social constructivist position, the analysis is founded on the presumption that social reality and physical reality rely on the recognition thereof through the use of discursive constructions to 'frame' the reality.

### 3.2 Research Strategy

Alcohol use in Denmark is studied as an empirical case study, where the investigation departs from the health policies in place to the address this social phenomenon. The classical case study is adopted as it is critical towards presumptions and examine if the applicability of prevailing customs and practices (Andersen 2009, 119). Here the study focuses on techniques of governance as a social phenomenon where drinkers, non-drinkers, politicians, agents, business community etc. all are situated in a space where a struggle takes place. To construct this space, a number of different literatures, policies, proposals, laws and public statements are reviewed as well as supporting statistical data are studied. The construction of the present context of the phenomenon is established through a situational analysis to give a comprehensive understanding of the complexity of the policy arena in which the policy operates. As the case study traditionally focuses on a phenomenon that has not yet been up for scrutiny and is located in unique settings (ibid.) it has been regarded as the best fit for this Thesis.
Qualitative studies of processes can benefit from chronological classification (Andersen 2009, 206), which is carried out by the genealogy exercise tracing the origin and development of the representation of the problematization of alcohol use (see section 4.2.3). Here it is useful to identify crucial periods, events or decisive aspects during the process (ibid.). With the interpretative nature of the WPR approach in mind, the deductive research design takes departure in single case and attempt to shed light upon the phenomenon through application of different theoretical concepts (Andersen 2009, 35). Research data is often connected to either test a theory or due to concerns about a social problem, and in this Thesis the latter serves as the starting point (ibid.).

**Figure 2: The Research Strategy**

![Diagram of research strategy]

*Source: author's attribution*

The strategy is the result of a series of choices when it comes to determine what to observe by whom and from which standpoint (Andersen 1999, 14). The strategy of analysis is as such based upon a variety of trade-offs, and some choices have some consequences while others have different consequences (ibid.).

### 3.3 Empirical Data

For the purpose of this analysis, the empirical data is based upon qualitative secondary sources such as political policy proposals, related government reports, media statements, ministerial announcements and other independent reports. Thus, documents serve a major role for the outcome of this analysis as the sole provide of empirical data. However, quantitative data enable the author to support the probability of certain social constructions. The qualitative analysis and interpretation is a demanding task for the analyzer as the empirical data consist of massive amounts of documents etc., which rarely present itself in a structured manner (Andersen 2009, 198). Conceptual formations, categories, data collection are closely connected to the analysis and interpretation and therefore the exercise. Most often all phases are carried out by the same person(s), it is extremely time-consuming and demands an excellent overview of all data collected (ibid., 198-199). As the Danish setting does not provide a
full national strategy for analysis (WHO 2014b, 207) the practical texts and the supporting documents collectively comprise an overall picture of the efforts in place to deal with this. To explore what the ‘problem’ is represented to be, the following practical texts are used:

- The 2012 DHMA Prevention Package on Alcohol7 (PPA) (Sundhedsstyrelsen 2012d)

The Prevention Package on Alcohol
Published by the DHMA in 2012, the PPA is a part of a number of strategies on prevention issued (Sundhedsstyrelsen 2012c, 5). All packages have inequality in health as a central theme and aim at sustaining health promotion and illness prevention as a primary objective in the municipalities (ibid.). Through recommendations to the municipalities the DHMA intend to strengthen the public health efforts through high quality municipal prevention and health promotional initiatives (ibid., 6). The PPA was introduced with the purpose to support the local municipalities in the reaching the following overall goals in Denmark (Sundhedsstyrelsen 2012d, 4):

- Reduce the alcohol consumption level among citizens in the low-risk group;
- Postpone the alcohol debut; and
- Reduce underage drinking.

A detailed presentation of the proposals from the PPA is available in appendix C.

Healthier Lives for All – National Goals for the Danes’ Health in the next 10 years
The Social Democrats (S), The Danish Socialist Folk Party (SF) and The Danish Social-Liberal Party (RV) presented the HLE strategy in January 2014 (Regeringen 2014, 1). With the vision to get a healthier alcohol culture that make people want to drink less on one occasion, and where saying ‘no’ to alcohol is acceptable, as well as giving the youth the opportunity and the aspiration not to get drunk, drink in moderation or not to drink at all (ibid., 14) overall objectives are set: i) to reduce the number of Danes with a harmful level of alcohol use; and ii) to postponing the debut for alcohol use among children by building partnerships across the pub-

7 Forebyggelsespakke - Alkohol
8 Sundere liv for alle – Nationale mål for danskernes sundhed de næste 10 år
lic, the private sector and civil society (Regeringen 2014, 14). To support this, the following targets are set: i) the share of Danes, who drink more than the recommended 14/21⁹ drinks a week should be reduced by one-third, which is equivalent to 169,000 people; and ii) the share of Danish 15 year-olds, who has been drunk before they turn 15 of age, should be reduced by one-third equivalent to 10,700 children (ibid.).

Through local alcohol policies and prohibition in workplaces, schools, youth clubs, sport clubs etc. the supply of alcohol should be reduced in the weekdays (ibid., 15). The cooperation between schools and parents is considered essential to establish the conditions to focus at activities and social gatherings without alcohol in the center, and to reduce the pressure on youth to drink alcohol (ibid.). Further, more cooperation between the youth educational institutions on alcohol policies can bring cultural change and reduce the availability for those attending the schools (ibid.). The best effects occur when simultaneously targeting these elements at different levels (ibid.), and the HLE introduces a 'partnership strategy' that aim at getting more involvement across the different actors in society through collaboration between voluntary organizations, municipalities, workplaces, private companies, industry organizations etc. on achieving the national targets for the Danish health over the next 10 years (ibid., 22). Anyone who has the courage to take on the responsibility and contribute in achieving the goals to ensure more years of life for Danes can potentially become a partner in HLE, and DKK 120 mill. has been allocated for establishment of partnerships that the Ministry of Health and Prevention (MoH¹⁰) is responsible for (ibid., 22-23.).

The HLE strategy does not propose any concrete ideas to resolve these issues and cooperation aspects. It has references to the PPA and directs the attention to the prevention efforts through partnership efforts that are still to be defined (ibid., 20).

A detailed presentation of the proposals from the PPA is available in appendix D.

**The Selection of Texts**

In the previous decade the number of proposals targeting health and alcohol has been plentiful, but at the same time they are all centered on the same two elements: prevention and

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⁹ 14/21 is the definition set by the DHMA for the number alcoholic drinks a week for women and men respectively, which is associated with increased risks of getting sick due to alcohol consumption (Regeringen 2014, 14).

¹⁰ Ministeriet for Sundhed og Forebyggelse (MSF)
treatment (a complete overview since 1984 is available in section 4.1.3). To get an understanding of how alcohol is represented as a 'problem' today the HLE and PPA are deemed sufficient, and the extensive number of supporting texts have allowed the author to get a comprehensive understanding of the aims of the alcohol polices in contemporary Danish politics. Secondary data on alcohol studies are selected on the basis of cohort studies and systematic reviews as widely as possible to ensure high level of quality of evidence to ensuring independent high-quality evidence for health care decision-making (The Cochrane Collaboration 2014). As illustrated by Figure 3 below the quality of evidence in natural sciences is based upon systematic reviews, cohort studies etc.

**Source:** (Yale University School of Medicine 2005)

As many of the sources are based upon political proposals, programs or funding earmarked for certain research, it should be kept in mind that they *might* contribute with too biased content and simply have too many considerations to take into account. Election promises, donors of campaigns and other vested interests might influence the priorities and how the proposals are constructed. Other reports such as WHO and OECD, and independent research from international resources are included to contrast the data from sources with strong associations affecting the priorities. To ensure the prevalence of a constructed 'problem' representation, a broad variety of sources supporting this are included.
3.4 Quality of Qualitative Research

With reliability and validity being known as traditional criteria to assess the quality of quantitative social research, the qualitative research methodology demands a little change to deliver value (Bryman 2011, 394-395). Here, Guba and Lincoln propose an alternative to these traditional criteria: trustworthiness and authenticity. They built upon the argument that the social world can be recognized from possibly several accounts, and hence nothing can be considered the inevitable 'truth' and thereby they reject the traditional presumption of one absolute reality (Bryman 2011, 394-395).

Trustworthiness

This criterion is made up by the following four criteria - credibility, transferability, dependability, and confirmability (Bryman 2011, 395-398):

Credibility is concerned with the acceptability of the research findings by others as well as ensures it is carried out based upon good practice and verifies whether the understood social world is correctly assessed (ibid.). This can be assessed through respondent validation or triangulation, but neither is applied as the Thesis builds upon a Foucauldian premise that questions who are to decide in 'truth' perceptions and what the consequences thereof is as well as the relation to knowledge and power (Foucault 2001, 170). Hence, the text contributors can only (dis)agree with the interpretation and explain what the meant if they feel the analysis got it wrong. Hence, many different angles are important to get at 'collective truth' - so it is not one specific group that decides the truth.

Transferability refers to the concern with the findings and the contextual uniqueness and significant aspects of the social world being studied. Here, Guba and Lincoln draw on what Geertz (Gertz (1973a) in Bryman 2011, 398) points out as thick description – that is, detailed accounts for the arena of interest, and thereby create a database of reference for others to make judgment of the transferability. This is ensured through situational analysis and the application of knowledge genealogy.

Dependability has references to reliability in quantitative research. This involves keeping track of all phases in the research process through records on the problem formulation, selections of research material, data analysis decisions etc. in an easy accessible manner (ibid.). This would enable peers to access the extent to which the process of research is followed
properly. However, this method has not become a pervasive approach to validation due to the demanding effort for the auditors as well as the extremely large datasets qualitative research generate (ibid.). Hence, this approach is deemed to extensive for the quality control of the study

**Confirmability** considers the researcher’s ability to not let personal values and theoretical inclinations affect the research and findings. Complete objectivity is recognized as impossible in social research, but it should be apparent that the researcher has acted in *good faith*. To ensure confirmability, the findings are supported by a wide array of official documents; studies; media clippings etc., so personal values do not interfere with the results and the credibility of the sources. It is addressed by looking into the sources’ sources as well as any sponsors of any material to detect efforts from e.g. lobbying efforts. Here the credibility to Danish political institutions becomes significantly interesting as a large amount of the empirical data is based upon institutional produced documents. Svensson (2011) concludes that the democratic legitimacy in general is closely connected to the level of satisfaction of the political authorities, and closer connected than the relationship between democratic practices and principles (Svensson 2011, 162). This means that the democratic legitimacy does not get threatened when the trust in the politicians lowers (ibid., 163). Despite this perspective, recent polls show the trust in the politicians have not been as low as it is today since 1973, and is argued that it is closely linked to perceived skewedness in the representation in Danish democracy (Seidelin 2014). However, the trust in societal institutions and the legitimacy of democracy in general is in Denmark broadly founded and between 1999 and 2008 the legitimacy has strengthened (Svensson 2011, 178).

**Authenticity**

This criterion is made up by a set of criteria concerned with the wider political impact of the research: *fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity* (Bryman 2012, 396-398).

**Fairness** considers whether the study fairly represent the viewpoints among members in the social settings. **Ontological authenticity** is concerned with the findings ability to help the members of the social setting to get a better understanding of the social construction they are a part of. **Educative authenticity** looks into whether the findings enable the members to get a better understanding of the others within the social construction. **Catalytic authenticity** takes an interest in whether the findings act as a motivator for the members to take steps to change
the circumstances. **Tactical authenticity** is concerned with the research’s ability to empower the members to take action concerning the circumstances.

According to Bryman, this second criterion is rather controversial and difficult to assess, and is not taken into considerations conducting the study (ibid., 398). The overall quality of the study conducted is ensured having the trustworthiness criteria in mind, and the consequences of the different methodological choices are elaborated upon in the Discussion.

### 3.5 Limitations to Research

When conducting a pure literature study some obvious limitations appear. The combination of the case study, empirical data and the chosen methodology highly influence the biases affecting the findings. On the one hand, excluding primary data such as interviews and questionnaires with e.g. the DHMA, MoH or the National Institute of Public Health (NIPH\(^{11}\)) direct bias is avoided. On the other hand, this also results in possible valuable insights being left out and it is the author’s interpretation that is considered the ‘truth’. At the same time, biases from sources still influences the policies and supporting documents that are examined can never be completely left out, and it is recognized that the author as well as the original sources comprises a wide variety of different values, interactions, privileges, perspectives, positions, and geographical locations that affect the study in ways that cannot all be detected or avoided. When interpreting secondary data it is should be remembered that the data have not been constructed with this analysis in mind, and at the same time acknowledged that the task of detecting the underlying assumptions, presumptions, specific views and opinions of the stakeholders and sources cannot be completely accomplished due to the intangibility and indefinite sizes thereof. To this, investigating a policy area without a concrete policy targeting it come with some risk of affecting the quality of the analysis, as it relies on the researcher’s ability to capture all aspects affecting it. As the aim of this Thesis is to reflect upon whether an analysis of problematization, policy aspirations and techniques of governance shed light upon the (in)efficiency of the alcohol policies, and it is therefore considered fit to focus solely on the policies as well as supporting documents to get an understanding of the 'problem' representation within them, and thus exclude primary data not delivering insights at this level of analysis.

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\(^{11}\) Statens Institut for Folkesundhed (SIF)
3.6 Reflections on Methodology

As the methodological framework is located within the social constructivist position it draws on the assumption that social reality is a product of a social construct that depends the recognition thereof. The classical case study's critical approach is adopted to investigate this societal problem, and as a pure literature study, primary data such as interviews and questionnaires are left out and making it highly interpretive and deductive in nature. This consequently means, that the finding is based exclusively upon the subjective interpretation of a large set of qualitative data as well as the researchers ability to detect all documents of vital influence. To ensure the quality of the research several criteria are employed, and the extensive number of document, reports etc. assists in this matter. The limitations to research are mainly founded in these methodological choices, where the findings risk being influenced by the interpreter and original sources bias.

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Chapter 4 Analysis

It seems self-evident that 'health' and 'risky consumptions patterns' are 'biopolitical' issues and thereby aspects of how the population is governed (Rose and Rabinow 2003, 4). They are issues that are influenced by asymmetric power relations and they are contested (ibid.). With the objective of this Thesis in mind, this analysis is guided by the three sub-questions. Part I answers sub-question 1: How is alcohol positioned in the Danish society in 2014? and establishes the policy arena of investigation and outlines the context necessary for carrying out the WPR analysis. Subsequently, sub-question 2: How is alcohol consumption problematized in the major Danish policies set up to deal with this? is addressed through the WPR approach critically assessing the problematization of alcohol use in Denmark, as well as the mechanisms at play when attempting to conduct the conduct of the population through different techniques of governance. This enables a better understanding of the underlying objectives behind health policies, health promotion and preventive programs targeting alcohol use and the alcohol related health risks. Foucault’s ideas serve to explain the rationale behind the mechanisms and techniques of governance, and here Foucault’s target of analysis is adopted focusing at the practices and on the "how" to sustain regimes of practices through on-going performance thereof (Clarke 2005, 52). Part I and II of the analysis enable a deeper reflection on the knowledge produced to answer sub-question 3: Through which techniques of governance are alcohol consumption addressed and controlled, and does it fit the aspirations of the major Danish contemporary alcohol policies? The final part weighs the insights gained from part II against the policy aspirations and techniques of governance in place identified in part I.

4.1 Part I: Alcohol in Denmark anno 2014

To provide a more coherent and clear understanding of the context the Danish alcohol policy resides in and the complexity it faces, this section sketches out what the phenomenon covers, why is it considered a 'problem', how is it addressed, and by whom. Hence, this section provide insights into the alcohol consumption pattern in Denmark; the related consequences from alcohol use; the policy arena and the multiple social worlds the problematization is situated in; how it is addressed; how it is positioned in the wider debate and among related policies; as well as of the multiple agents in society who care enough about alcohol concerns to produce and act on discourses about it. Recalling that all policies give 'problems' shape in a specific way the context of the policy at hand becomes of significant importance to understand
how they are embedded in history (nested) and thereby the different agents influencing the policy too.

4.1.1 Danish Alcohol Consumption

Since 1987 the NIPH has tracked the health and well-being, morbidity, illness behavior, health behavior, social relationships, as well as the working and living environment of the Danes (Christensen et al. 2012, 8). Most recent estimations on the alcohol use in Denmark were published by DHMA in the 2014 analysis 'The Health of the Danes: The National Health Profile 2013' (HD12) (Sundhedsstyrelsen 2014d) and the WHO report 'Global Status Report on alcohol and health 2014' (GSR) provides supporting data on the health of the Danes (WHO 2014b).

Within the previous year 88.4 per cent of the Danish adult population (16y+) indicate they consumed alcohol, and of those 8.7 per cent drink every day (Sundhedsstyrelsen 2014d, 62). The high-risk consumption level is surpassed by 8.5 per cent of the adult population (ibid., 67), which is DHMA’s recommended maximum number of drinks per week (14 and 21 drinks for women and men respectively) and is associated with high risk of ill-health (Sundhedsstyrelsen 2010b, 1). This however, is a decrease from 2010 of nearly 20 per cent from 10.6 per cent (ibid.). The low-risk consumption level is surpassed by 20.6 per cent of the adult population – and looking isolated at the youngest group (16-24 years old) 37.2 and 28.4 per cent of women and men respectively exceeds the low-risk 7/1413 drinks a week recommendation (Sundhedsstyrelsen 2014d, 69). On top of this, binge drinking is widely accepted in the Danish cultural settings (Møller 2012a, 499) and the HD also indicate that overall almost 30 per cent (29.5) of all Danes binge drink every month (Sundhedsstyrelsen 2014d, 71). Among the youth (16-24 years old) it accounts for 57.1 per cent14 and represents the biggest group exceeding both DHMA risk groups (Sundhedsstyrelsen 2012d, 4). Moreover, Denmark has the youngest alcohol debut age in the EU (Sundhedsstyrelsen 2011c, 11).

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12 Danskernes Sundhed – Den Nationale Sundhedsprofil 2013
13 7/14 is the definition set by the DHMA of the number of alcoholic drinks a week for women and men respectively with little risk of ill health (Regeringen 2014, 14).
14 Author’s calculation on an average of both sexes in age group 16-24 years old who binge drink each month (men: 60.9 per cent | women: 53.3 per cent)
Evidence show that there are strong correlations between educational backgrounds, age and consumption levels too, and the highest consumption levels are predominant in different groups (Sundhedsstyrelsen 2014d, 62). Among men, the most prominent group is well-educated persons above the age of 65 and low educated between the age of 45-64 who are positioned above the low-risk consumption level, and among women the medium and higher educational backgrounds above the age of 65 are predominant in the high-risk consumption group (ibid., 63). The number of alcohol related deaths are most dominating in the age group 25-64 years of age, and in the age group 35-54 nearly every third death among men and 17 per cent among women are related to alcohol use (SIF 2007, 211). To this, evidence show alcohol consumption is very skewed and around 10 per cent of the population consumes more than 50 per cent of the total alcohol use (SIF 2007, 212).

### 4.1.2 Health and Societal Effects

The alcohol related indicators affecting health and society in Denmark were tracked along with the consumption tendencies in the HD and GSR reports as well as in the NIPH 2007 "Public Health Report" (Sundhedsstyrelsen 2014d, 62; SIF 2007, 209). Together they express the effects alcohol use is associated with in the Danish context, and contribute the construction of the context in which analysis part II takes place.

**Harmful effects**

Alcohol is ascribed as one of the single factors having the biggest influence on public health in Denmark, and each year alcohol are linked as the primary or contributing factor in at least 3,000 deaths – corresponding to 5 per cent of all deaths in Denmark (ibid.). Taking the societal consequences from related harmful effects into consideration drinking reaches a level similar as tobacco use (SIF 2007, 209). The effects are detected broadly in society and alcohol has connection to “work-related problems, divorces, mental disorders, sick notes, violence, crime, accidents and death” (SIF 2007, 201, author’s translation). To this, up to 70,000 Danish children are directly affected by alcohol use when a parent is admitted for treatment from a year-long alcohol dependency problem - which statistics indicate on average takes 10-12 years to occur (Sundhedsstyrelsen 2012d, 4; SIF 2007, 210). Research indicates that genes have proven to influence which individuals are more prevalent to become abusers and that there is little evidence connected to the environmental factors (SIF 2007, 210).
Further, prominent findings show that alcohol consumption has a damaging effect, cause cancer and is associated with more than 60 different illnesses inflicting physical, psychological and social harm for the user such as the risk of alcoholic psychosis; alcohol dependency syndrome; alcoholic liver cirrhosis; cancers of the oral cavity, liver and breast diseases; heart diseases; high blood pressure; strokes; as well as prenatal harm causing fetal alcohol syndrome and effects (Jernigan et al. 2000, 492). Along with that, the drinkers as well as the non-drinkers might risk suffering from related consequences of alcohol use such as traffic crashes, burns, drowning and suicides (ibid.). Further, alcohol has a complex yet causal relationship to criminal behavior as well as a broad range of social problems such as loss of productivity, family violence and child abuse, and homelessness (ibid.).

To this, a number of foreign studies focusing at the difference between beer/spirit consumers and wine consumers indicate that the wine consumers have a lower risk of death than beer/spirit consumers (SIF 2007, 211). It is yet to be determined what reason lay behind this, and whether it is the drink or the drinker that influence the outcome thereof (ibid.). Binge drinking, which is prevalent in the Danish context, entail twice the risk of death compared to a steady consumption level spread out during the week (ibid., 212). Additionally, alcohol is one of the main reasons for premature death among youth and despite 30 years of research showing the complexity of the effects of alcohol use have on the state of health, the harmfulness and risk associated with alcohol use have been somewhat distorted by the beneficial effects on social and physical aspects from a reasonable use of alcohol (SIF 2007, 209; Regeringen 2014, 5).

**Beneficial effects**

This distortion is based upon research that for instance indicates that middle-aged and older individuals with a moderate use of alcohol have a 20-30 per cent lower risk of dying from ischemic heart disease, and a correlation has been detected between moderate alcohol use and the reduction of "contractions of heart arteries in response to stress, increases blood flow to the heart and reduces arterial blood pressure and [...] reduces insulin levels in the blood"15 (SIF 2007, 210, author’s translation). Additional studies on the biological beneficial effects of moderate alcohol use include red wine and beer’s beneficial effect on coronary heart diseases (Goldberg et al. 2000, 472; Brændgaard 2012, 7) and as well as the positive correlation of

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15 Reducerer sammentrækninger af hjertearterier som respons på stress, øger blodtilførslen til hjertet og reducerer det arterielle blodtryk [...] samt reducerer insulinniveaet i blodet.
moderate alcohol use with weight loss (Wang et al. 2010). To this it should be mentioned, that the social aspects of alcohol use often add

**Economic effects**

According to the independent 2014 analysis of economic consequences from alcohol by The National Institute of Municipalities and Regions Analysis and Research (NIMRAR) excess alcohol consumption cost the Danish society a minimum DKK 13 billion a year\(^{16}\) (KORA 2014, 6). In this estimate traffic accidents amount to DKK 1,994,800,000 a year, related criminal activities add up to DKK 1.65 billion a year, and cost associated with alcohol use in custodial care come to DKK 713 million a year (KORA 2014, 16). Moreover, NIMRAR concludes that the overall estimate of DKK 13 billion is an under-statement, and they estimate a total cost around DKK 24 billion using the numbers from the 2008 NIPH report (KORA 2014, 16; Hvidtfeldt et al. 2008). However, all estimates exclude the intangible costs associated with alcohol such as psychosocial and behavioral disorders, and loss of quality of life (KORA 2014, 16).

Also, positive effects from the production of alcohol in terms of tax revenue and jobs should be included. In 2013 taxes from beer, wine, spirits and alcopops amounted to around DKK 3.8 billion (Danmarks Statistik 2013). As a comparison Danish tobacco taxation amounted to DKK 8.4 billion the same year (ibid.). With Carlsberg being the 4\(^{th}\) largest brewery in the world (Carlberg Group 2013, 3) one would expect high tax revenue from corporate taxes and excise as well as job creation possibilities. However, this is not the case. In 2012 Carlsberg paid just DKK 49 million in corporate taxes, but contributed with DKK 1 billion of the total tax revenue (Kjær and Bjerrum 2013). Despite the mere size of the company, they do not contribute massively in the national budgets (DKK 681.6 billion) neither in corporate taxes or revenue (Finansministeriet 2013, 9). Looking at job creation the Danish entity of Carlsberg employ 1,500 people (Carlsberg 2014b), and the industry is solidly represented as Denmark has the highest density of breweries per person in Europe (Ministeriet for Fødevare, Landbrug og Fiskeri 2014).

\(^{16}\)This estimate is based upon a number of identified alcohol abusers being 52,366 individuals and not the official number of 140,000, which indicates the estimates on cost are lower than they reality should be (KORA 2014, 16).
4.1.3 Government

Alcohol control and alcohol consumption regulation is a relatively prominent matter throughout Danish history (Møller 2012a). Along with the acknowledgement of the connection to widespread health problem and related social and economic consequences for society, the matter has gained growing attention nationally (see overview below); regionally within EU that recently published its 3rd health program and has an alcohol strategy in place (The Commission for the European Communities 2006; Österberg and Karlsson 2002, 13; The Commission for the European Communities 2014); as well as internationally with e.g. the OECD health surveys and the WHO 2010 'Global strategy to reduce the harmful use of alcohol' (WHO 2014d; WHO 1981). Despite this development no official Danish national alcohol strategy exists today (WHO 2014b, 207). Since 1981, when WHO published the first strategy on preventive efforts including alcohol 'Global Health for All by the Year 2000' (WHO 1981) the Danish strategies have been liberal and plentiful in nature as well as characterized by inconsistency with initiatives going in different directions (SIF 2007, 215-216). Denmark signed the WHO strategy in 1984 (Husmark, Møller, and Strange 1991), and thereafter the development of Danish policies has been working mainly within a social paradigm treating alcohol use/abuse as a social phenomenon to be targeted through social policies17. Table 2 lists the Danish initiatives and programs from 1984-201418, and they are discussed further in part II:

Table 2: Initiatives and Programs in Denmark Including Alcohol 1984-2014

<table>
<thead>
<tr>
<th>YEAR</th>
<th>INITIATIVES &amp; PROGRAMMES</th>
<th>SPONSOR19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984: Denmark signs the WHO 'Global Health for All by the Year 2000'</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1989</td>
<td>Prevention Program</td>
<td>V / K / RV</td>
</tr>
<tr>
<td>1990- today</td>
<td>Yearly health promotion campaigns on alcohol (changing focus and duration (1-3 weeks))</td>
<td>DHMA</td>
</tr>
</tbody>
</table>

17 Social policy is defined as policies designed to enhance the welfare of the citizens (Midgley and Livermore 2009)
18 See Danish version in appendix E
Social Policy

As clearly indicated in the table above, most of the efforts in contemporary Danish alcohol policy are related to the social paradigm targeting alcohol consumption through social poli-

<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>The Health Act</td>
<td>Government</td>
</tr>
<tr>
<td>2008-2009</td>
<td>The Prevention Commission: Committee analyzing the challenges ahead for Public Health in Denmark</td>
<td>V / K</td>
</tr>
<tr>
<td>2009</td>
<td>Health Package 2009</td>
<td>V / K</td>
</tr>
<tr>
<td>2009</td>
<td>Municipal Prevention that Matters</td>
<td>LGD</td>
</tr>
<tr>
<td>2009*</td>
<td>Spring Package 2.0</td>
<td>V / K / O</td>
</tr>
<tr>
<td>2010*</td>
<td>Review - Spring Package 2.0</td>
<td>V / K / O</td>
</tr>
<tr>
<td>2012*</td>
<td>The Tax Reform</td>
<td>S / SF / RV</td>
</tr>
<tr>
<td>2012</td>
<td>The Near Healthcare System</td>
<td>LGD</td>
</tr>
<tr>
<td>2012</td>
<td>Prevention Packages on Alcohol</td>
<td>DHMA</td>
</tr>
<tr>
<td>2013*</td>
<td>Growth Package DK</td>
<td>S/RV/V/K/LA/O</td>
</tr>
<tr>
<td>2014</td>
<td>Healthier Lives for All – The National Goals for the Health of the Danes the Next 10 years</td>
<td>S/SF/RV</td>
</tr>
</tbody>
</table>

*Economic (all the other initiatives are social policies)

Sources: (Retsinformation 2010; Regeringen 2002; Sundhedsstyrelsen 2012d; MSF 2009a; Sundhedsstyrelsen 2005b; Forebyggelseskommissionen 2009; Husmark, Møller, and Strange 1991; Finansministeriet 2013; Socialdemokraterne and Socialistisk Folkeparti 2011; Socialdemokraterne and Socialistisk Folkeparti 2009b; Skatteministeriet 2013; Skatteministeriet 2012b; Skatteministeriet 2012a; Skatteministeriet 2010; SIF 2007, 217; Sundhedsstyrelsen 1999; Statsministeriet 1998; Statsministeriet 2005; Statsministeriet 2011)
cies. One of the bigger single efforts is the yearly returning national DHMA-run one-week campaign on alcohol to promote health and inform about risks (see overview in appendix G). The campaigns have been running since 1990 and connected efforts such as counting cards to keep track of the drinks and informational pamphlets, as well as local and regional activities developing further on the attention gained from the yearly campaign have been supporting it (Advice 2013, 11). The campaigns have moved from an informative tool to a more normative approach focusing on moral and the emotions connected with alcohol. A study on the effects thereof concludes the correlation between the campaigns and their effect on the alcohol behavior is difficult to establish due to the uncertainty of the data (Advice 2013, 10-11). This is mainly caused by the complexity in behavioral change and the difficulty to determine if it is a result of the campaign and/or outside factors or if it is not influenced by the campaigns at all (ibid.) Such conclusions have been long under way, and it is intriguing to see if they continue to run in the current format despite the vague correlations between the technique and effect. To this, HLE and PPA act as the current policies targeting alcohol use and will be discussed further in part II of the analysis.

**Economic Policy**

Despite social policy dominating the health policies, the Danish excise and taxation scheme on alcoholic beverages (spirits, wine and beer) has been rather changing in nature over the years. Investigation of the economic policies since 1987 shows that alcohol has not been explicitly targeted in economic policy during the previous 25 years more than a few times – in 2012 and 2013 (Skatteministeriet 2012e). The WHO also touched upon the issue in the status report in 2014, and highlighted that “few countries are using the other price strategies highlighted in the Global strategy, such as adjusting taxes to keep up with inflation and income levels, imposing minimum pricing policies, or banning below-cost selling or volume discounts” (WHO 2014b, 81). And it is in spite of research indicating the effects thereof, such as the Anderson and Baumberg 2006 study claiming that more than half of the differences in consumption levels across the EU is assigned to the differences in prices (SIF 2007, 216).

**Legal Framework**

To this, eight Danish legislations target alcohol consumption through a primary focus on availability and advertisement (See detailed overview in appendix A):

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20 In recent years the campaign duration has been extended to 2-3 weeks
1. Alcohol prevention and treatment (in the Health Act);
2. Alcohol commercials (in the Advertisement Executive Order);
3. Advertisement of alcohol (in the Marketing Act);
4. Rules on serving and alcohol licenses;
5. Retail sales;
6. Driving and drinking;
7. Education in primary school; and
8. Notification of the municipality.

Together, these regulations provide the legal framework for alcohol, set the age limit for buying and serving alcohol at 18 years of age (16 for beverages containing between 1.2 – 16.4 per cent alcohol); establishing the restrictions for advertisements on alcohol to avoid children being targeted; instructing on what must be taught in primary schools; and when to notify the authorities of harmful alcohol use in families with children. The Danish setting is characterized by little restriction on commercials, sales and serving, and the current Advertisement Executive Order has been loosened compared to its initial wording from 1987 stating "§5 It is not permitted to advertise alcoholic beverages (beer, wine, spirits and similar products with an alcohol content of 2.25 per cent or more)" (Retsinformation 1987, author’s translation). Today the regulatory framework includes more specific references to children and age as a category.

Related Policy Arenas and the Wider Debate
The majority of the listed policies in Table 2 touch upon other elements than alcohol, and since health is affected by several other factors outside the scope of any health policy the health programs includes a range of other policy areas such as inequality in health, mental well being, smoking, obesity and exercise (Regeringen 2014, 3). Diet, smoking, alcohol, and exercise has been connected and together they constitute the KRAM-factors that were introduced in 2006 as the priority areas for preventive efforts by the municipalities after the 2007 Health Act delegate responsibility to them (Det Nationale Råd for Folkesundhed 2006).

The Danish alcohol culture is according to the DHMA deemed taboo (Sundhedsstyrelsen 2012d, 13), and is not addressed through specific initiatives as an isolated element. However,

21 §5 Det er ikke tilladt at reklamere for alkoholholdige drikkevarer (øl, vin, spiritus og lignende produkter med et alkoholindhold på 2,25 pct. og derover).
the establishment of alcohol policies at workplaces and a strong attention to drinking and driving tell another story, and alcohol and culture indirectly get addressed (SIF 2007, 215). At the same time the freedom to choose is a trait the Danes value, and they counter-react when the state goes too far intervening in their lives (Mandag Morgen and TrygFonden 2009, 46). This has been the case with tobacco during the previous decade where restrictions have been increasingly controlling where it is allowed to smoke (see appendix B).

4.1.4 Key Agents and Stakeholders

The key agents and stakeholders influencing the alcohol policy in Denmark are identified through the genealogy exercise tracing of the origin and development of the problematization. The health care system in Denmark has traditionally been decentralized and is characterized by being divided into three levels of administration: a national, a regional and a local level (WHO 2012, xvii). Hence, the policies are influenced by their individual vested interests at each of these levels as well as from the international community, which all influence the construction of the social reality regulation of alcohol use works within. The figure is elaborated further in appendix F.

Figure 4 lists key agents and stakeholders identified influencing the policies on alcohol in Denmark. The figure is elaborated further in appendix F.
4.1.5 Sub-conclusion

The context Danish alcohol policies work within is highly influenced by a strong Danish alcohol culture where only a small minority abstains. Big proportions drink more than five drinks on one occasion each month (binge drink), and among the youth it reaches almost 60 per cent. Despite changes the Danes remain among the most drink population globally with big health and societal effects – and it has been like that since the 1970s. The conflict between beneficial
and harmful effects has distorted the perception of risks associated with alcohol use - bringing along negative economic effects from alcohol use amounting to a minimum of DKK 13 billion a year and little tax revenue have been traced to cover these expenses. Alcohol is yet to be addressed in an isolated manner by a national policy in Denmark, and since prevention was first addressed in contemporary policies in 1989, the government of alcohol has been characterized by a liberal attitude with little restrictions. Today the HLE and PPA are government papers addressing it through a partnership strategy and concrete suggestions on how to deal with the citizen-targeted efforts in the municipalities – and both involve a large number of stakeholders and agents to help achieve the goals.

4.2 Part II: Problematization in Danish Alcohol Policies

The WPR approach and the six guiding questions from section 2.2 direct this part of the analysis to investigate how harmful alcohol consumption is represented as a 'problem' in the current major Danish policies set up to deal with it, and thereby identify how the 'problem' is spoken about and if different forms of 'knowledges' frame it in a specific way. Through this method, taken-for-granted 'givens' are disrupted and claims to 'knowledge' are scrutinized to uncover the grounding premises and assumptions and enable a reflection on the way of 'thinking' within the policies (Bacchi 2009). This enables a deeper reflection on how this representation has consequences for the (in)efficiency of the policies in place. The practical texts are, as elaborated upon in section 3.3, the political proposal on how to improve the health among the Danes during the next 10 years HLE and the DHMA's PAA from 2012.

4.2.1 Problem Representation

The starting point when investigating what the problem is represented to be is to examine the specific efforts presented in the HLE and PPA and thereby understanding what is proposed as change (Bacchi 2009, 55). The HLE strategy pinpoints which changes should be made by clear connections to the PPA, which emphasizes the municipalities are fully responsible for the citizen-targeted preventive and treatment efforts (Regeringen 2014, 20). Consequently, the shared representation of the 'problem' in the HLE and PPA is up for critical scrutiny to explore these proposed changes. To this, the Danish Financial Act 2014 (DFA) has been examined to get clear indication of which efforts targeting alcohol are financed in 2014-2017 as well as some insights on the financial allocation in 2011 and 2012 (Finansministeriet 2013). By tracking the funding of efforts in the DFA a more comprehensive idea of what is targeted in Danish
alcohol policy is shaped. It should be noted though, that alcohol efforts in the Danish context most often get connected to a variety of SDH-related areas such as the KRAM-factors, criminal activities, family-abuse and children affected. Consequently some of the allocated funding covers several efforts (Regeringen 2014, 21; Jernigan et al. 2000, 492). The government funding 2014 on alcohol efforts is allocated as follows:

Table 3: Funding of Alcohol Efforts from the Danish Financial Act 2014

<table>
<thead>
<tr>
<th>FUNDING (DKK mill.)</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion Campaign (Financed through income from excise on alcopops(^1))</td>
<td>5</td>
</tr>
<tr>
<td>Increased educational capacity for alcohol treatment professionals</td>
<td>12</td>
</tr>
<tr>
<td>Inter-municipal cooperation in the family-oriented alcohol treatment</td>
<td>10</td>
</tr>
<tr>
<td>Ensuring consistency in quality of the family-oriented alcohol treatment across the municipalities</td>
<td>6</td>
</tr>
<tr>
<td>Council for Vulnerable Groups(^2) (partially)</td>
<td>6,8</td>
</tr>
<tr>
<td>Centre for Drug and Alcohol Research – on alcohol research</td>
<td>5,9</td>
</tr>
<tr>
<td>Funds for strengthening the municipal alcohol treatment for double-burdened patients</td>
<td>13,8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>59,5</strong></td>
</tr>
</tbody>
</table>

\(^1\)Refers to alcoholic beverages resembling soft drinks (Oxford Dictionaries 2014).

\(^2\)Especially the homeless, drug addicts, prostitutes, mentally ill and alcoholics.


To this, the HLE and PPA as well as the supporting 2013 healthcare policy 'More Citizen, Less Patient - A Strong Unified Healthcare Sector'\(^22\) (Regeringen 2013) explicitly allocate funds in the following manner:

- **Partnership Strategy (HLE):** DKK 120 million from 2014-17 to finance partnerships on preventive efforts increasing the number of good years of the Danes. The partner-

\(^22\)Mere borger, mindre patient – Et stærkt fælles sundhedsvæsen

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ships target voluntary associations, the private sector and the business community to support the realization of national goals (Regeringen 2014, 23; Regeringen 2013, 21);

- **Enhancing equality and prevention to improve the health of the Danes:** DKK 334 million from 2014-17 (work across several social determinants of health (SDH)) (Regeringen 2013, 11);

- **Improving Alcohol Treatment:** DKK 112 million from 2014-17\(^\text{23}\) (Regeringen 2013, 23); and

- **Centre for Prevention in Practice:** DKK 13 million to the establishment of the center in 2013 (work beyond alcohol) (Regeringen 2013, 21).

The allocation in the DFA does not explicitly express whether the funding is a part of the policy allocations. Hence, the above listings serve solely to give an indication of where focus is when targeting alcohol use.

Recalling the aim and objectives from the policies, the following guiding principles from the proposals are identified to direct the changes regarding alcohol consumption:

- **Offer support** to the increasing number of high-risk consumers who wish to reduce their level of consumed alcohol, as well as the increasing number young people postponing their alcohol debut and decreasing their level of intake (Regeringen 2014, 14);

- **Establish the conditions** enabling this reduction in alcohol consumption such as guidelines on how to construct local alcohol policies and prohibition regulations in the workplace and in public institutions (especially targeting children through school parent partnerships) (ibid., 15);

- **Create the opportunities** for the involved in the community members to set these policies and to change the current alcohol culture (ibid., 14-15);

- **Provide** enhanced quality of treatment tailored to the individual and involved family, as well as having treatment for related disorders, which are complicating the situation (see appendix C);

- **Encourage** preventive efforts across all society levels through different efforts and approaches simultaneously to improve the effect of preventive efforts and treatments offered (Regeringen 2014); and

\(^{23}\) For comparison, tobacco is targeted by quit smoking efforts and allocated DKK 42 million of DKK 600 million from the allocation to reduce inequality in health, and alcohol DKK 112 million (Regeringen 2013, 23)
- Enable partnerships across the public, the private sector and civil society to support the realization of these national goals.

In connection with the publication of the Government’s HLE strategy, the former Minister of Health (Statsministeriet 2014), Ms. Astrid Krag announced that the primary focus is prevention policies supporting the Danes’ own aspirations and goals (Krag 2014), and stated:

“How do we get the Danes to live as long as the Swedes? That fewer smoke too much, and more people exercise? Well, this is a matter we need the Danes to help answer - based on everyday life, where the challenges for example is a colleague facing difficulties at work, or that it should be easier to choose the bike instead of the car to and from work” (Krag 2014, author’s translation)

She continued:

“If we are to achieve these [national] goals, it also requires that more joins in and that we dare try to make prevention in new ways. Therefore, we also need the knowledge and creativity that exist in the voluntary associations and business community. We must join hands if we are to improve health for all” (Krag 2014, author’s translation)

There is an underlying assumption of a common reference point concerning health in these statements – an assumption about the good life that is discussed further in the next section. The focal interest is the preventive efforts, which are located in a social paradigm that treats alcohol consumption as a social phenomenon as a result of environmental and societal factors (Bacchi 2009, 128). The determination of health and illness through societal factors is at heart, and the social paradigm adopts a more holistic understanding of the health as ‘well-

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24 Swedes have a life expectancy at birth of 82 years and Danes 80 years (WHO 2014, 60, 66)
26 Hvis vi skal nå de her mål, så kræver det også, at flere melder sig på banen, og at vi tør prøve at lave forebyggelse på nye måder. Derfor har vi også brug for den viden og kreativitet, der bl.a. findes i foreningslivet og erhvervslivet. Vi skal løfte i flok, hvis vi skal opnå en bedre sundhed for alle.
being’ (ibid., 130). Having preventive efforts at heart leads to the discussion of whether individuals should be held responsible for own poor health choices or not. The predominant 'problem' representation produced from the practical texts and supporting documents can be expressed as a concern about the 'disagreement about who carries the responsibility' for (poor) alcohol habits and that consumption is 'controlled by culture'. Together the texts enable a better understanding of the rationales and thoughts behind this concern.

This representation produces a 'problem' on the demand side of the alcohol. The recent withdrawal of an introduced excise increase and dismissal of future excise hikes underpin this representation, where focus is on the consumers and not the suppliers of the products (Skatteministeriet 2013; The Danish Taxation Authorities 2012). The recommendations from the PPA address some of the 'consumers’ presumed character or personality flaws and together with the introduction of the Prevention Packages27 in 2012 created the 'problem' of 'unchangeable behavior’ among certain groups, which supported by alcohol’s availability extensively being covered in the PPA through (Sundhedsstyrelsen 2012c, 5).

4.2.2 Presuppositions and Assumptions

All policies and policy proposals are based upon culturally influenced presuppositions and assumptions as well as being affected by the discursive elaboration (Bacchi 2010b, 62, 81). By uncovering explicit and implicit binaries as well as concepts and keywords this KA exercise add to the understanding of the conceptual logics underpinning the problematization of alcohol in the practical texts and work beyond intentionality. A certain understanding of social relations underpins the alcohol use policy arena, where people are expected to 'take care of themselves' and that the task of establishing a healthy alcohol culture where it is accepted to abstain is a common task for the whole community involving partnerships across all agents.

The responsibility/irresponsibility binary

The HLE specifies a concern with the level of binge drinking in Denmark and that the Danish alcohol culture needs change. At the same time, the use of applied categories such as 'drinkers' who are incapable of taking on the responsibility for own health highlights specific environmental traits as being harmful. This is supported by the introduction of the 'low-risk' and 'high-risk' consumption level, where the minorities who exceeds such volume can be targeted.

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27 Forebyggelsespakkerne (Sundhedsstyrelsen 2012c)
Such *dividing practices* that construct minorities serve as an effective tool of governance to encourage the desired behavior by the majority in a society by stigmatizing the minority. These practices are a good example of the governmentality in place governing alcohol consumption in Denmark.

**The freedom/security binary**

The binary between the freedom to consume risky products and the wish for security through equal and free treatment are competing within health policies. The HLE wish to ensure that the ones that wish to quit smoking, drinking or living unhealthy in general have the opportunity to do so. Vulnerable groups (low qualified, uneducated, low income) need the security of equality of social benefits so health is not affected by educational or occupational factors, and the public must ensure everyone has the opportunity to live up to their full potential no matter their social background (Regeringen 2014, 5, 6, 9). As already mentioned, the whole community is involved in securing that the framework for a healthy lifestyle is in place, and the municipalities are responsible for ensuring the framework set-up can be established (ibid, 16, 20). At the same time, the individual must be ready to change, and the individual has the freedom to choose to get involved. The governmentality in place helps to ensure the creation of a perception of 'freedom to choose' through the construction of possible courses of action available and thereby shape rational human conduct. Consequently, it enables the individual to conduct own conduct as well as others through knowledge of what is acceptable and responsible behavior, but at the same time the freedom to make (poor) choices and risk negative health effects (Mandag Morgen and TrygFonden 2009, 46). The PPA efforts targets the availability through local policies regulating *whom, when and where* alcohol can be consumed, but the *responsibilization* has not been institutionalized as the security against risk remain socialized within national schemes ensuring personal security and thereby the management of a broad variety of risks remain a task of the state (Bacchi 2009).

**The concept of the good life**

An underlying concept is *the good life*. The HLE policy presumes that the individual is interested in the *good life* (Regeringen 2014, 22; Krag 2014). But then, what is a good life? If the *good life* equals a *healthy life* then it must be assumed that everyone has an idea about what a healthy life contains. However, is it plausible to expect that everyone knows how to stay healthy? Increasing costs associated with health (Kommunernes Landsforening 2012), the “6 a Day” campaign (Sundhedsstyrelsen 2011d) on vegetables and fruit consumption and the “Get Moving” campaign (Sundhedsstyrelsen 2013c) on the level of activity all indicate the
Danes knowledge of what is needed to stay healthy. This together with the KRAM-factors (Det Nationale Råd for Folkesundhed 2006) indicates a widespread need for attention to public health and underlines the lack of knowledge (and/or capabilities) of the individual. The policy acknowledge that a healthy life does not necessarily mean a good life, but it is still the overall perception that a healthy life is the premise for exploiting one's potential and the freedom to thrive – an aspiration that all citizens should have equal opportunity to gain (ibid.). Perceptions about what is needed to have a good life most certainly differ widely (Mandag Morgen and TrygFonden 2012, 40). Especially in a country such as Denmark, where alcohol use prevails in the social sphere and where abstainers get stigmatized (Järvinen, Houman, and Larsen 2013; Eriksen 2003). Kirkby (2006) establishes a connection between 'the good life' and alcohol consumption, and identifies alcohol as an essential part of social activities. This is supported by studies by Grønkjær et al. (2010) that identifies a connection between the social aspects and alcohol consumption in Denmark. The question remains – what is the good life? And does the policy makers unconsciously rely on the power they have as a law-making institution to establish 'truths' about what it is? Underlying this concept is a biopolitical rationale concerned with the consequences for society in terms of the financial burdens through medical care and lower productivity and thereby less contribution to overall wealth.

**Keywords: Risk – High Risk – Low Risk**

Risk is a keyword in both texts as well as a predominant word when studying the effects of alcohol in general (Sundhedsstyrelsen 2012d; Regeringen 2014). In 2010 the DHMA needed to clarify the intended meaning behind their recommendation on a weekly intake of alcoholic drinks not exceeding 14 and 21 drinks for women and men respectively (Sundhedsstyrelsen 2010b). This is a witness of the variations in perceptions and how reality is constructed through the recognition thereof. People knows drinking comes with risk, but then again extensive research indicate considerable limitations to the cognitive abilities of humans to assess the risk associated with erratic behavior such as occasional binge drinking (Bazerman and Moore 2013, 6). But the construction of the individual reality relies on the combination of recognized social constructions to shape the recognized totality of the constructions, and it can be contested whether the use of indefinite terminology such as risk to guide the population might not have the intended effect on alcohol consumption.

**Keyword: Responsibility**

The HLE relies on the Danes self-interest in being healthy and to take on the responsibility for own (poor) health choices. 'Responsibility' is a keyword in contemporary policies building on
liberal and neo-liberal modes of rule (Bacchi 2009, 111). As such, there has been a change in the understanding of society and citizenship along with an increasing responsibilisation of the individual, who are expected to take on own risk-management and to be an active part in the changes needed (Regeringen 2014, 21). However, the families, the local communities, recreational centers, schools and different voluntary associations all play a central role in securing the framework fostering a healthy life style, and the Danish social-liberal management style have not fully handed over the responsibility yet (ibid.,16). The HLE states:

“Frameworks are not enough to improve health. If we are to increase life expectancy and improve years of life for everyone, it also requires the individual to take on responsibility and has the desire and willingness to change habits” (Regeringen 2014, 21, author’s translation)28

To succeed, the policy relies on the individual taking on responsibility and paying attention to their own health as well as has the desire and willingness to change habits (Regeringen 2014, 21).

Unintentional and problematic propositions and assumptions are also influencing how the proposals are formed (Bacchi 2010b, 64). The ‘responsible/irresponsible’ and ‘freedom/security’ binaries, ‘the good life’ and ‘risk’ are all terms of indefinite sizes and carry big variations in how they are perceived by the individual. As such, these presumptions and presuppositions make the preventive efforts relatively difficult, as there still remains inconsistencies in the idea about who carries the responsibility for ‘irresponsible’ drinking patterns, who should decide when, where and what to drink, what role alcohol has for the ‘good life’, and ‘risk’ carries no definite value as the use of alcohol and related consequences are highly influenced by other SDHs.

4.2.3 Origin and Development

Asking how this representation of the ‘problem’ has come about enables an understanding of how the representation has been shaped. As explained in section 2.1 genealogies deliver value

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28 Rammer er imidlertid ikke nok til at forbedre sundhedstilstanden. Hvis vi skal øge middellevetiden og sikre bedre leveår for alle, kræver det også, at den enkelte selv tager ansvar og er opmærksom på egen sundhed og har lyst og vilje til at ændre vaner

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in this connection. Through tracing the origin and development of the problematization as well as identifying key points in how contemporary alcohol policy and health promotion have been shaped in the way they have. This highlights the conditions that allow the dominance of the 'problem' representation. Hence, by uncovering minor shifts through history things are seen from a distance and avoids going into depth with the details (Dreyfus and Rabinow 1982, 106-107). Drawing on Foucault’s ideas this section attempts to de-construct the set ‘truth’ and claims to ‘knowledge’, and study the interplay between the involved parties within the constructed 'space' where the power struggles take place (Dreyfus and Rabinow 1982, 109). Thereby, the shifts that led to the current representation are uncovered and the influence it has on the rationale behind the current policies is identified.

**Alcohol in History**

In Europe alcohol has played a big role in social gatherings and celebrations as well as refuge and comfort during harsh times since 1300s (Martin 2001, 1, 3-4). It had a renowned footing in the medical pharmacopoeia discourse and no one suggested to abstain from alcohol as the general consensus was that alcohol was needed to stay healthy (ibid., 4). Physicians and practitioners played a vital part in the position alcohol held during the 1500s to 1700s where beneficial effects were praised (ibid.). Here excessive consumption was more common than temperance, which meant alcohol served as a major part of the daily calorie intake throughout the 1500-1700s (ibid., 5). This was also before drinking water was safe in the cities and most people began their day with a cup of beer and drank throughout the day (Holt 2006, 94-95). Hence, it is safe to assume that the consumption was a natural part of everyday-life, and it became normalized as a social activity fostering cohesion and integration in the community and has a strong link to celebration (Martin 2001, 5). It was however still acknowledged that a high level of all alcohol intake has negative consequences, but few changes occurred in the alcohol consumptions behavior between 1300 and 1700 where it kept a solid footing in the daily consumption (ibid., 6).

**First Danish Measures to Control Alcohol Consumption**

In Denmark and the other Nordic countries, drinking historically has been an accepted part of social life, and the alcohol policies were closely connected to the development of the welfare state (Møller 2012a, 499). Yet, the regulation of alcohol parted ways in the Nordics in the early 1900s where Denmark decided on a very different approach to a regulatory model than the neighboring countries (Møller 2012a, 499). The initial steps to control the Danish alcohol
market was initiated back in 1843 by the government attempting to gain maximum tax revenue and campaigned against home distilleries (Eriksen 2003, 192-195, 193). Alongside, the first wave of Temperance Movements tried to reform the Danes, but the dominating elite in Copenhagen succeeded in suppressing them (ibid., 194). During the 1860s-70s the policies were much influenced by liberal thinking and the establishment of two breweries, Carlsberg (1847) and Tuborg (1873), positively influenced the increasing number of pubs and alehouse being established (ibid.). The second wave of Temperance Movements came along in the 1880s, but despite a large number of members they mainly gained a foothold in rural areas and never succeed in elite urban cultures and never became a part of Danish identity (ibid.).

The health benefits from the short period of rationed access to distilled spirits were promoted with high taxes being imposed as a consequence, and thereby a move from distilled spirits to beer occurred (Eriksen 2003, 193). At the same time, Denmark dismissed the state monopoly solution adopted across the Nordic countries and successfully moved consumption away from spirits to beer through a sales licensing scheme in 1912, which was followed by a steep excise taxation system in 1917 (Møller 2012a, 500-502). ‘The Publican’s Act of 1912’ was introduced as the first comprehensive piece of legislation regulating alcohol consumption in Denmark as a result of heavy lobbying from the temperance movement and professionals in the emerging welfare state, who all recognized alcohol as a burden on society (ibid., Eriksen 2003, 193). Three primary regulatory mechanisms regulated the availability of alcohol: i) upper limit on the concentrations of selling points; ii) provisions of hours of operation; and iii) legal age limit for alcohol consumption (Møller 2012a, 502). Together with excise it came to define the Danish model of alcohol control (ibid.). Beer was exempted from the taxation scheme due to the successful lobbying from the brewery Carlsberg arguing for nutritious benefits and the temperance movement compromised acknowledging spirits were far more harmful than beer (ibid., 503). The breweries also managed to establish a close connection to the intellectual and economic elite through branding activity by funding of culture and scientific activities and their products were associated with the ‘quality’ of Danish culture (Eriksen 2003, 194). Denmark never attempted to control the conduct of the drinker through direct legislative measures, but laws on marriage, mental illness etc. included alcohol as an issue which made heavy drinking difficult or impossible for many, and from the 1920-30s the level of pure alcohol consumed per capita stayed relatively low (ibid.). The level of consumption stayed continuously low (around 3-4 liters of pure alcohol per person over 14 years of age) during the following 40 years until 1960s where the welfare state became stronger and the overall income level increased (Møller 2012a, 506). The struggle between lobbying producers, the revenue
generating state, the Temperance Movements and the cultural elite created the first representation of alcohol as a 'social problem'. With the underlying rationality to administer the large burdens of alcohol use in society this representation is also significant today, but the reasons behind have moved to target the health of the individual and the well being throughout life too. Historically the concerns were linked to trouble and disturbances linked to alcohol consumption and the consequences it had for society.

**New Demands in Society**

The change in income level and the strengthening of the welfare state resulted in the 1966 Ministry of Commerce Committee’s adoption of new demands in society resulting in a more liberalized approach to governing alcohol use, but still with “public drunkenness, serving of minors, vandalism and night disturbances” as objectives (ibid., 507). The higher income level and inflation eroded the system in place as alcohol real prices decreased along with a more easy-going attitude towards the risks associated with alcohol and it being seen as status-oriented consumption (ibid., 506). To this, the entrance into the Common Market in the EU in 1973 had a negative effect on the traditional high taxes to control alcohol, and cheaper products from the south increasingly entered Denmark through import from more vacations or border trade (Eriksen 2003, 194). With the welfare structure building on the wish to "encourage national growth and well being through the promotion of social responsibility and the mutuality of social risk" (Rose and Miller 2010, 289), the political rationale in this period built on the population being 'responsibilized' by moving the responsibility from the disciplinary power to free individuals increasingly take on the responsibility of their own lives. Growing aversion towards intervention from state created additional dilemmas for the mechanisms available to conduct the conduct of the population. The previous, although successful, strategy based on an excise model, accompanied by additional behavioral regulations, kept alcohol consumption to a minimum of 3-4 liters of pure alcohol consumed per citizen over the age of 14 until 1960s-70s where the level skyrocketed to 12 liters as a consequence not being adapted to the development (ibid., 500).
As Figure 5 illustrates that the Danish consumption level has been above 10+ liters in total yearly consumption since the early 1970s. During the previous 100 years the level has been very fluctuating. The oil-crises resulted in two sudden small reductions, but the level stabilized quickly afterwards underlying the strong position alcohol have in the Danish culture. Having said that, the consumption pattern has changed since the 1970 from beer/spirits to wine and with restrictions on alcohol use in the workplace being more common means that alcohol is more frequently consumed in the evening and in the weekends (SIF 2007, 212, 215). Whether these changes is a result of political pressure or the recognition of the effect alcohol has on productivity, or a combination thereof has yet to be determined. Taking a look at WHO numbers the average consumption level in Denmark reached 13.4 liters of pure alcohol from 2003-2005 with a decrease to 11.4 liters on average from 2008-2010 (WHO 2014b, 207). In the same periods respectively, the WHO European Region average decreased from 11.9 to 10.9 liters (WHO 2014b, 207).

The populations counter-reaction towards disciplinary power and the more liberal attitude adopted by the state resulted in a deconstruction of the representation of alcohol from the

29 The numbers from the Christensen et al. report rely on sales statistics to indicate the consumption level excluding illegal and border trade
'social problem' and left alcohol consumption and risks associated with it up to the single individual. The lack of social and economic policies in place to assist the construction of the social world in which power and government of the population can be exercised, as well as the liberal mentality adopted by the state 'responsibilizing' the individual, along with the establishment of the welfare state all contributed to an important change in Denmark. The rising consumption levels indicate that alcohol was recognized as a less of a biopolitical concern by the state during the 1970s and led to the creation of a non-risk society. It indicates that the former concerns of disturbances, public drunkenness etc. had become self-regulated and the need to manage this by the state was not present.

**Contemporary Danish Alcohol Policies**

'The Government's Public Health Program'\(^{30}\) was introduced in 1988/89 as a joined effort by 12 ministries and was heavily inspired by the 'WHO Global Health Strategy for All by the Year 2000' that already in 1981 addressed alcohol consumption as a *social pathology* (SIF 2007, 38; WHO 1981, 21; Kamper-Jørgensen and Almind 2004, 38). By the 1983 World Health Assembly, the consumption of alcohol declared among the world’s major public health concerns but with little international coordination due to limited resources and political will it has not been prioritized (Jernigan et al. 2000, 491). The accelerating globalization and integrated markets across the regions had major effect on the supply of alcohol, and the matters were no longer a national and local issue managed by market regulations, cultural norms and sanctions to limit harm from alcohol consumption (ibid.). Despite alcohol being addressed by the WHO in the early '80s almost 10 years went by before the Denmark introduced the first Danish strategy targeting health and prevention including alcohol consumption. Shortly after the 1989 strategy, the DHMA initiated the yearly 'week 40' health promotion campaigns targeting alcohol use, which are still running today albeit with changing focuses (see appendix G). Initial focus in the 1989 strategy was to prevent accidents, cancer, cardiovascular disease, musculoskeletal disorders and mental disorders, as well as policies targeting nutrition, tobacco and *alcohol* (Regeringen 2002, 5). This meant pinpointing the interrelationship between health policy and policies concerning employment, housing, the educational sector and social sector, and initiating cross-sectorial cooperation (ibid.). In the early '90s life expectancy got increased attention on SDHs such as alcohol, tobacco, and exercise (SIF 2007, 38), and with an increased emphasis on diseases and prevention thereof, eight risk factors were introduced in the 2000s to direct the efforts: tobacco, *alcohol*, diet, physical activity, severe obesity, accidents, work environ-

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\(^{30}\) Regeringens Folkesundhedsprogram 1988/89
ment, and environmental factors (Regeringen 2002). In 2009 a new levy on unhealthy products was introduced to underpin the target of healthier lifestyles (Skatteministeriet 2012d; Regeringen 2009), which was followed by the 2012 tax reform increasing beer, wine and alcopop levies cent (Skatteministeriet 2012b). Same year the DHMA presented the local government in the municipalities with the Prevention Packages31 (incl. the PPA) as guidelines for their preventive efforts (Sundhedsstyrelsen 2012d; Sundhedsstyrelsen 2012c) including suggestions for how and where the efforts should be implemented across various SDHs. Concurrently, LGD came forth and presented a comprehensive plan targeting the issues in the healthcare system - mainly due to the lack of specific initiative and proposals on how to achieve the goals and aspirations of the policy – and it was not the first time they did that (Kommunernes Landsforening 2012; MSF 2009). The year after, the government agreed to reduce the price on beer by 15 per cent and abolish the newly introduced indexation scheme on levies as a result increasing pressure to end the scheme due to the consequences it had on the price increase on beer (as well as soft drinks) on increasing border trade (Ernst & Young 2013; Skatteministeriet 2013; Skatteministeriet 2012a). Recently, yet another ambitious plan for a preventive policy for the health of the Danes has been presented (Regeringen 2014).

Thus, contemporary policy re-created the representations of alcohol consumption as a 'social problem' with strong underlying biopolitical rationales concerning the well being of the individual as well as the cost for society. In the current policies the 'problem' is represented to be a concerned with a disagreement about who carries the responsibility for irresponsible alcohol use and the control culture has among the Danes.

**International Contemporary Alcohol Policy**

The EU has launched several strategies through the years targeting alcohol, but it does not seem as the Government acknowledge the value of a common strategy despite the primary aim of the 2006 EU strategy on alcohol being "[T]o curb under-age drinking, reduce hazardous and harmful drinking among young people, in cooperation with all stakeholders" (The Commission of The European Communities 2006, 8). It is significantly interesting that a common EU Directive has not come in place looking at the obstacles facing the Danish legislators with different taxation and commercial legislative schemes in different countries. With the retaliation of the Tobacco Product Directive II in the spring of 2014 the EU took at big step forward in harmonizing the legislations on SDH. Whether some the initiatives seem senseless and out of context can be discussed, but regarding alcohol it might be an opportunity to harmonize regu-

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31 Forebyggelsespakkerne | Forebyggelsespakke Alkohol
lations and thus be able to manage the product availability and attractiveness across the region.

This historical genealogic exercise determines that alcohol use became conceptualized as a social phenomenon in the end of 19th century. During the previous century the distinct Danish model of alcohol consumption control based upon a taxation scheme and a broad variety of legislative regulation on availability of alcohol has moved to a preventive approach as a result of the 1960s counter-reaction by the population. The space in which it operates is a result of the practices and battles through time. Here, the introduction of comparative statistics to trace the level of consumption across nations (WHO 2014c); the political demands of e.g. the temperance movement and the industry all affected how alcohol use/abuse was created as phenomenon.

The 'problems' of 'disagreement about who carries the responsibility' for alcohol use and the idea that consumption is 'controlled by culture' need to be understood within the context of these developments. By not addressing the Danish alcohol culture's negative side-effects and not tying the responsibility of health and (poor) choices affecting it to the individual, the state refrain from any conditionality clauses and thereby miss the opportunity to get the Danes to reflect upon the consequences of their (poor) choices. As the state adhered to the changes demanded in the 1960s, it also lets go of control mechanisms and the responsibility for one's health became something that was up to the single individual. Thus, the initial conditions that allowed the dominance of the current representations were set. No obvious techniques of governance were in place to shape the possible fields of action, and no discourse on the SDHs related to alcohol was established before the 1981 WHO strategy. Here the broader focus on 'health' was introduced and a more holistic conceptualizing of SDH became a biopolitical concern of the international community.

The difference between the mode of governance in the beginning of the century and now is the change towards biopolitical concerns about health, welfare and the life of population. With the clear aim for the healthiest population that does not overburden the public services series of interventions and regulatory controls are introduced by the state. The rational for this change is the change in demographics where people get older and less people are a part of the workforce and contributing to the tax revenue (FTF 2012). The most recent contemporary policies rely on problematization of the social aspects controlled by culture as a consequence of questioning the conducts and norms in society. Through the yearly campaign the individual
is expected to take on the responsibility and self-govern through this vague attempt to shape the field for action – an attempt that has been criticized of being too uniform not having diversity among groups in mind (SIF 2014, 6). Lately, it has however been acknowledged the efforts need to be combined and need cooperation between the agents in society to succeed. To this, it is clear that terms such as 'risk' and 'prevention' has become embedded in the government practices through a strong medical discourse providing research on the harmful risks associated with alcohol use, which partly justifies regulating on the basis of mights and maybes (Dean 1999 p. 65 in Bacchi 2009, 65).

To this, the HLE refers to OECD averages indicating that Danes can expect less 'good' years of life and a lower life expectancy compared to comparative nations, and that the 'Danish youth has the European record in drinking' (Regeringen 2014, 4, 14, author's own translation). Thereby, the HLE introduces comparative elements influencing what is recognized as 'reasonable drinking' and 'acceptable behavior' and problem representations start travelling across countries (Bacchi 2009, 44, 64). Categories of e.g. age, adulthood, and age limits for alcohol purchase enable these representations to travel and highlight upon 'how well' Denmark is doing compared to other nations. Thereby categories hugely influence the shape of the social reality that is recognized and which the policy-makers act on.

4.2.4 Excluded, Undetected and Alternative Perceptions

Any 'problem' is shaped in a specific way by policy and hence it is key to figure out i) what is left unproblematic in this 'problem' representation; ii) where the silences are; and iii) if the 'problem' can be thought about in a different way. Both for the HLE and the PPA, prevention and treatment are the two central elements intended to effectively limit the demand side of alcohol. The sole focus on SDH and risk distract the attention from the supply side of alcohol such as prices, product, advertisement and sponsorships and the responsibility of e.g. the alcohol production industry, related companies such as sport teams being sponsored or the restaurants and bars serving alcohol is not questioned.

Pricing and Taxation

The previous years’ tax reforms have touched upon the pricing of products containing a risk for the consumers. The prices were increased through the introduction of an indexation tax scheme on alcopops, beer and wine (Skatteministeriet 2012c), but was rolled back due to increasing border trade and rural depopulation arguments. The same situation recently hap-
pened when the British government with public health objectives in mind attempted to adjust alcohol (British Beer & Pub Association 2013; HM Revenue and Customs 2013, 1). Here an increase of excise got introduced in 2008 despite the strong pub and community culture in the UK (ibid.). Despite a yearly consumption level hitting 11.6 liters of pure alcohol a year per citizen above the age of 15 the UK is well above the WHO European Region average of 10.9 liters (WHO 2014b, 246), the taxes were re-evaluated with the Budget 2013-2014. Consequently, the taxes on beers got lowered, spirits got frozen in cash terms and the wine duty increased firstly because the consequences for the local communities and pubs where too severe and secondly to support an expanding Scotch whiskey industry (HM Revenue and Customs 2013, 1). This shows the related spillover effects when doing economic policy and indicates the limitation to policy tools to encourage specific behavior. Especially with products that is easily imported from neighboring countries such as alcohol and tobacco, where history shows that hikes in prices on tobacco move consumers either to border trade or to an illegal market dominated by contraband and counterfeit products – a move that is hard to reverse once the connection to supply is established.

The Product Characteristics and Advertisement
Alcoholic beverages as a product and the appeal of them are excluded from the policies too. Here, both policies dismiss the appeal of sugary products and effect of advertisements on youth drinking. The appeal of alcohol commercials in general is only briefly addressed in the PPA as a developmental effort (i.e. built on the primary efforts, but demand more field work and the development of new competencies). The PPA states that "[t]he municipality should collaborate with other agencies to reduce alcohol advertising in public spaces" (Sundhedsstyrelsen 2012d, 16, author’s translation). Thus, the municipalities do not have it as a primary effort to limit advertisement for alcohol in public spaces and it is considered as a task that needs 'more field work' and 'development of new competencies'. To this, the referenced legal framework in place is based upon the Marketing Act and the Advertisement Executive Order which primary focus is on product placement in radio and TV programs targeting children and young people under the age of 14, as well as "the Industry's own voluntary guidelines for marketing of alcoholic beverages rules on alcohol advertising" (Sundhedsstyrelsen 2012d, 10) (see appendix A for details). Here, close attention to the 'legal framework' established reveals that regulation of business relies much upon rules worked out by the industry itself (Alkoholreklamenævnet 2011). The guidelines are based on 'ethics' and 'fair trade practices' – and are in general very open for interpretation and leaves great room for maneuvering.
for the businesses. An example is sexual undercurrent, which is considered a strong selling point and the producers do not always follow the industry’s ethical guidelines (Politiken 2009; Pedersen 2011). Here, it is observed that some producers work in grey zones where they have alcoholic and non-alcoholic products that resemble each other in the same portfolio. Thereby the alcoholic beverages de facto get advertised through clear references between non-alcoholic and alcoholic beverages – also in settings where minors and children below the age of 14 are present. This is the case for the CULT brands, where e.g. CULT Raw Energy® is an non-alcoholic energy drink and CULT Shaker® is an alcopop – but both have the same CULT logo, and to this the company is known for their 'CULT girls' that are present at many diverse events and it is discussed whether they are hired as 'predators' to 'catch' the consumers (Cult 2014c; Politiken 2012). In connection to the girls the industry guidelines needs mentioning. They state that "[m]odels, actors and the like used in marketing should be and appear to be at least 25 years of age" (Alkoholreklamænævnet 2011). 'Appears to be' is of course an indefinite size, but taking a look at the aforementioned Cult girls (see photos in appendix H) one can question whether those guidelines are upheld. A recent complaint (Kulturstyrelsen 2013) to the Radio and TV Board under the Danish Agency for Culture of hidden advertisement by CULT in the TV program 'The CULT girls' by DR3 questions the willingness to do what it takes to reduce alcohol consumption among the youth, when a publicly sponsored programs features products that have been under scrutiny for targeting young people before.

Sponsorships

In relation thereto, mass media exposure of sponsorships and the viewers they are exposed to are not addressed prominently in legislation (only briefly in the PPA as already explained). An example of such a case is sponsorships of e.g. sports teams such as that of the international brewery Carlsberg® of the Danish soccer clubs such as F.C. København as well as the English club Liverpool FC (Carlsberg 2014a) and Budweiser® of the 2014 FIFA World Cup in Brazil (FIFA 2014). Exposure to alcohol in a setting such as soccer, where some of the most prominent heavy alcohol consumers – young men – are overrepresented raises questions to the responsibility of the companies selling the products (Jernigan 2001, 13). Cohort studies indicate that TV-sport programs are positively associated with beer drinking (Smith and Foxcroft 2009, 6), and others indicate that alcohol commercials are targeting youth younger than the

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32 Kulturstyrelsen

33 DR3 is a channel by Danmarks Radio that is an "independent, licence financed public institution comprising television, radio and online services" (DR 2014)
legal age for buying (KORA 2009, 24-25). To this, cases such as Strøm Festival\textsuperscript{34} where Heineken® brewery is the main partner side-by-side with the local municipality sends mixed signals on what is the real aspirations of reduction of alcohol in the Danish alcohol policy and produces 'noise' to the social reality attempted to be shaped (Strøm 2014). Looking abroad to for instance Norway, where a total ban on alcohol advertising has been in place since 1977 and where a supreme court ruled sporting sponsorships out in the 1990s (Österberg and Karlsson 2002, 334). Together with strict monopoly settings and high taxation levels it kept the consumption level around 6-7 liters of pure alcohol per capita above the age of 15 (Österberg and Karlsson 2002, 331, 334; WHO 2014b, 228). However, the Norwegian consumption level has increased by 32 per cent since 1990 (OECD 2013, 57) that might be a signal about the influence from a globalized market and that a total ban does not have the intended effect. The fact that MNCs market themselves internationally at major events and campaigning their message on 'responsible drinking' sends strong signals about the power of corporations such as Carlsberg® and Bacardi®(Carlsberg 2014c; Bacardí 2014).

**Availability**

Further, the HLE suggests limiting the availability of alcohol through alcohol policies locally at workplaces, schools, clubs, and at sport facilities (Regeringen 2014, 15), and the PAA has specific suggestions on how to change the alcohol culture through information to and involvement of parents – but again as a developmental effort and nothing more (Sundhedsstyrelsen 2012d, 19). To this, the PPA considers the enforcement of “the law banning the sale and serving of alcohol to young people and serving to people who are already intoxicated”\textsuperscript{35} (Sundhedsstyrelsen 2012d, 11, author’s translation) as key, but suggests that “[t]he municipality establishes dialogue and cooperation with the Chamber of Commerce and the police in order to support that legislation governing the sale of alcohol is enforced” (Sundhedsstyrelsen 2012d, 15, author’s translation) as a development effort only. Taking a closer look at the categories for regulating alcohol availability, the 'Marketing Act' and the 'Advertisement Executive Order' include the grouping 'minor' and 'below 14 years of age' respectively. Thereby they limit the regulation to apply to advertisement targeting people below 14 and 18 years of age, and declare that youth ends at 18 and in the case of program content and for product placement at

\textsuperscript{34}Electronic music festival in Copenhagen, where Heineken® is the primary partner together with City of Copenhagen (Københavns Kommune) and Red Bull Music Academy

\textsuperscript{35}Lovgivningen om forbud mod salg og udskænkning af alkohol til unge og udskænkning til personer, der i forvejen er berusede.
14. In the alcohol availability discourse the serving alcohol is addressed by referring to the moral codex of in the guideline on responsible serving and sales through an unenforced legal framework.

**Why do Danes drink?**

Through the availability focus the PPA aims at changing the alcohol culture among the youth early on, and through involvement of the parents create new constructions for social gatherings (Sundhedsstyrelsen 2012d, 18). It does however face struggles working against the traditional Danish culture, where having a beer or drink is a big part of having a good time as already pointed out (Grønkjær et al. 2010, 362).

### 4.2.5 Produced Effects

The difficulties, which are created within the policies and what effects are produced by this representation of the 'problem', are investigated based on a divide of three interconnected effects: the discursive effects; the subjectification effects; and the lived effects (Bacchi 2010b, 64; Bacchi 2009, 92). Particular modes of governance have particular consequences for the different effects as outlined below.

The **discursive** construction in the HLE and PPA focuses 'harmful' and 'risky' consumption and 'individual responsibility'. This makes it difficult to talk about 'commercials', 'product appeal', 'pricing' and 'ethical' aspects of alcohol producers, and they close of from talking about product traits and how they affect the youth. These limitations affect what are thought and said about how to reduce the number of Danes having a harmful alcohol use, and how to postpone the alcohol debut among the youth. Likewise, by addressing the efforts as 'developmental' in the PPA makes it difficult to 'push' any of these efforts ahead as they are considered to require additional skills locally in the municipalities.

The dominant discourse on 'problem drinker' and 'problem youth' makes alcohol use and alcohol related problems a 'consumer problem'. Moreover, the 'law and order' discourse makes harmful behavior of the consumers a matter of availability of alcohol in workplaces, restaurants and in retail. To this, the binary 'responsible/irresponsible use' and the concept of 'risk' cut across these problem representations. Meaning that, alcohol use is legitimized by the DHMA recommendations on 'low-risk' consumption, and the lack of legal measures open up
for 'responsible' use being targeted campaigns by the MNC producers such as Carlsberg and Bacardí (Carlsberg 2014c; Bacardí 2014).

Within the policies and the connected legal framework on alcohol the youth is subjectified through categorization either being classified as 'children below the age of 14’ or 'minors' (i.e. below the age of 18) (Retsinformation 2013b; Retsinformation 2013a). Here, unintended consequences of the dividing practices are identified within the marketing space. Recalling the CULT brands and the commercial practices of the company, these categories allow marketing to target a younger group of the youth than intended. With the expanding exposure to mass media through social media (Facebook, YouTube and Twitter), it becomes extremely difficult to manage when children are exposed to 'unintended' material (Winpenny, Marteau, and Nolte 2014, 154). As a contrast to the recommendations from DHMA are Danish reality-TV programs such as 'Paradise Hotel' and 'Big Brother' that all portray alcohol as a big part of being cool and having a great time (Møller 2012b). This might suggest the legislative foundation is out-of-date and has not been adjusted to the changing space marketing works within, and that the premise needs to be re-constructed.

The representation of the 'problem' directly affects the lived effects in the day-to-day lives (Rabinow and Rose 2006: 203 and Dean 2006 in Bacchi 2010b, 64). The availability of products with high youth appeal as well as the connection to social constructions such as celebration, having a good time, and vacations with youth travel agencies (e.g. 'UngRejs') are highly prevalent (UngRejs 2014; Bidstrup 2014). Studies (Jernigan et al. 2004, 629; Smith and Foxcroft 2009) show that marketing is very impactful on young people and as long as advertisements work under the legal (and guiding) framework in place the pattern probably does not change. The only ones benefitting from this representation is the producers. Representing the 'binge drinkers' as a problem side-by-side with the 'problem drinkers' results in targeted efforts not reaching the intended people, as the groups’ rationale for drinking might differ. It also has an effect on how the groups are recognized from the outside. If poor health choices are not addressed and is without consequences, then the 'problem drinkers' might become unpopular among the other groups who recognizes them as irresponsible without having any expert knowledge about the situations which the recognized 'problem drinkers' are in.
4.2.6 Creation, Dissemination and Defense

How and where this representation of the 'problem' has been produced, disseminated and defended and how it could be questioned, disrupted and replaced is key when uncovering how particular individuals, groups and classes are affected by specific representations. Often located in certain discourses the task is to discover if it can be used to re-problematize the 'problem' of alcohol. With the key objective in mind, the “possible limits in the ways in which certain 'problems' are produced, and an inventive imagining of other forms of problematization” are considered (Bacchi 2010b, 64).

The current representation of the 'problem' is very much produced through media focusing on Danes holding the ‘record as the most drunk youth’ as well as the question of who carries the responsibility of irresponsible drinking – especially among the youth. Media headlines give an indication about the general attitude about the latter issue in the Danish society:

- Danish youth are side-tracked36 (Politiken, August 27, 2012);
- Politicians must take responsibility for young drunks37 (Kristligt Dagblad, November 9, 2012);
- LA is alone: Adolescent binge drinking is not the politicians’ responsibility38 (Ritzau’s Bureau, January 18, 2013);
- Young People and Alcohol - a shared responsibility?39 (24timer, February 17, 2013);
- Parents dare not take responsibility for young people's drinking40 (EkstraBladet, June 8, 2013);
- SF: Parents need to take responsibility in the fight against youth drinking41 (Ritzau’s Bureau, January 11, 2014);
- The kindergarten must check whether you drink42 (Berlingske, April 10, 2014)
- Adults’ expectations makes young people get blind drunk43 (Information, April 12, 2014)

36 Danske unge er ude på et sidespor (Erdogan 2012)
37 Politikerne må tage et ansvar for unge drukmåse (Enger 2012)
38 LA går enegang: Unges druk er ikke politikernes ansvar (Ritzaus Bureau 2013)
39 Unge og Alkohol - et fælles ansvar? (24timer 2013)
40 Forældre tør ikke tage ansvar for unges druk (EkstraBladet 2013)
41 SF: Forældre skal tage ansvar i kampen mod unges druk (Ritzaus Bureau 2014)
42 Børnehaven skal tjekke omdu drikker (Jensen 2014)
43 Voksnes forventninger får unge til at drikke sig fra sans og samling (Berg 2014)
This representation should of course be considered in the light of the role of the media as a creator of particular images and they provide a space for knowledge construction, but the headlines do indicate a disagreement on who carries the responsibility when it comes to alcohol (and youth). The 'youth problem' is dominating in the media when it comes to alcohol, and rarely the Danish alcohol culture appears in the headlines, which might be linked to the aforementioned taboo about the culture. It does also indicate a mistrust in the abilities of the population to self-govern when kindergarten should be attentive to anyone with indications of an alcohol (mis)use. Also, the politicians disagree on whether they carry the responsibility, and looking at the efforts combined with 'big brother' for individuals not able to self-regulate give inconsistent signals about what the aim is. Resistance among the Danish population on who is to tell them where, when and what to drink strengthens this. However, lately changes have been happening and there has been an increase in abstaining young people despite the 'stigmatization' they experience by abstaining (JyllandsPosten 2014; Andersen 2013). Here the negative side effects of dividing practices become apparent, where the youth experience pressure from their peers not to abstain. This is mainly due to the legitimization of alcohol use through the risk categories introduced by the DHMA.

With the introduction and on-going dissemination of the 14/21 high-risk and the 7/14 low-risk consumption level, the DHMA legitimized drinking and it has made it difficult to contest despite a strong medical discourse on the harmful consequences. To this, the representation of 'disagreement about who carries the responsibility' for alcohol use and that consumption is 'controlled by culture' has been created mainly through 'knowledge' disseminated by the DHMA based on years of producing analyses cutting across the SDHs. Taking a brief look at the sources of the PPA, the DHMA provide 22 of 35 sources and in the HLE they account for 15 of 26 sources (Sundhedsstyrelsen 2012d, 28-30). The NIPH also represents a large part of the sources as 6 of the remaining 13 sources the HLE refers to. To this, it has often been discussed whether the DHMA officials have too much power and that the Minister of Health in reality has very little influence on what are done when allocating funds and deciding on the strategic agenda (DagensMedicin 2013; DagensMedicin 2012; JydskeVestkysten 2010).

In the search for international references and best practices only the PPA draws on international experience from WHO and Primary Health Care European Project on Alcohol, and it seems as specific interests are defended through specific pieces of 'knowledge' and carefully selected analyses that support the representation they wish to produce. As Foucault argues, knowledge is controlled by power resulting in very specific ways things are being presented
(Foucault 1997a, 111), and the power of the DHMA has been addressed on several occasions as an extremely strong agent in society (JydskeVestkysten 2010; DagensMedicin 2013). Taking a closer look at e.g. the HD analysis also shows that the numbers have been made up in specific ways to show a preferred picture. The analysis does not mention the liters of alcohol consumed in a year per capita which is often used as a reference point for international analyses. It is important to remember that the way the results have been framed is intended to show good developments. Combining the numbers in alternative ways might not show as positive a development since the previous examination of the health of the Danes. Powerful and dominant discourses can make room for some particular kind of demands, and as the number of good results go so does the funding. Despite this power, the media has questioned the 'truthfulness' of the DHMA after several cases of manipulation allegations (Svarre 2010; Ritzaus Bureau 2009), and together with LDG’s two proposals strong signals about the trust in proposals are sent. Research such as Smith and Foxcroft’s (2009) study indicates the importance of being keen on what research is sponsored by whom. This is for instance the case with the alcohol industry such as ICAP’s44 lobby efforts in connection with WHO strategies stating that there is "no compelling evidence of an association between advertising and drinking patterns or rates of abuse among young people". But then, why advertise?

### 4.2.7 Sub-conclusion

The uncovering of the representation of the ‘problem’ within Danish contemporary health policies reveals a disagreement about who carries the responsibility for alcohol use as well as a controlling culture is major underlying rationales for the policies. This builds on an assumption about what Danes expect from a good life, and excessive use of indefinite concepts such as ‘risk’ and binaries between responsible/irresponsible alcohol use and security/freedom in the policies result in equivocal nature of the messages to the population. Increasing wealth and lack of inflation adjustments eroded the strict economic policies that kept consumption at low levels during the first part of the 20th century, and along with these changes during the 60’s the Danes (and the state) got a more relaxed attitude towards risk. The underlying rationale has moved from the burden on the society to the single individual and the indirect consequences on society, and has come to encompass a more holistic perception of health and what

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influences societal burdens. However, it was not until the WHO addressed it in the early 80’s prevention of alcohol became problematized in the Danish policies again. Up to today the efforts have been plentiful but liberal and vague in nature, and without much strategy on how to achieve set goals. Most economic policy attempts have been abolish shortly after introduction and can be connected to globalization and the ease of access to cheaper products from the Common Market since 1973. Consequently social policies dominate the regulation of alcohol and preferred mechanisms work towards the responsibilization of the individuals through techniques targeting the demand-side and availability of alcohol. Contemporarily with this the security against risk remaining socialized within national schemes ensuring personal security removing any incentive to take on responsibility for own (poor) choices. This focus excludes any attention to the producers, their advertisement practices and the exposure to the youth through social media and TV. The legal framework is out-of-date and insufficient to capture the changing space marketers work in, which consequently mean the youth are targeted in unintended ways. Several examples of alcohol producers and public sponsorships are side-by-side indicates a faulty and uncoordinated strategy by the authorities on how to combat excessive alcohol use. Media underpins the disagreements about who carries responsibility, and the contradictory actions send mixed signals to the population about what is expected of them. To this, the DHMA-introduced guidelines on risky alcohol use disseminated a message of alcohol being an accepted part of life, and categories within the legal framework such as ‘minors’ and ‘youth’ have resulted in unintended consequences legitimizing commercial practices working in grey areas.

4.3 Part III: Techniques of Governance and Policy Aspiration

Along with the analysis of the representation of the ‘problem’ the WPR approach provides valuable insights into how the problematization of alcohol consumption governs the population as well as which aspirations these attempt to fulfill. The following government techniques target the Danish alcohol use has been identified:

- **The DHMA week 40 campaigns** on alcohol with the underlying rationale of influencing the norms and customs in society and thereby establish self-governance mechanisms as well as responsibilize the individuals through information on risk (see appendix G);
- The **PPA suggestions** of preventive efforts, which the single municipality can be combined as deemed fit, based on the local demographics and needs locally (see appendix C). It includes:
  
  - Enabling the establishment of local municipal alcohol policies to be implement across the public institutions and workplaces, private workplaces, volunteer associations, as well as enable dialogue to streamline the policies in the educational institutions;
  - Responsible serving;
  - Legislative enforcement;
  - Limit the number of advertisements in the public space; and
  - Counseling and differentiated treatment offerings including the families.

Based on the rationale that a broader inclusion across the community extends the reach of the preventive efforts to reduce the number of high-risk consumers, postpone the alcohol debut and reduce the use among the youth. All suggestions rely on the biopolitical concerns being shared by institutions, volunteer associations and private business community. The underlying objective is to limit the availability through policies and extend the preventive efforts further in the social structures of society.

- The **partnership strategy** aims for a broader inclusion of private actors in society who wish to support and contribute to the preventive efforts described in the PPA (Regeringen 2014, 22).

- The **legislative framework** mainly focusing on availability through age restrictions in serving and retail, education in school and the exposure to alcoholic products by the youth (see appendix A). Built on the rationale that some elements cannot be governed by norm-building liberal mentalities, the society and the security of the population occupying the space is faced with sovereign power through mechanisms of laws to exercise the authority over the population and regulate it (Dean 2010, 29).

Together these mechanisms strongly rely on technologies of power such as responsibilisation and self-governance. Sovereign power is used to support the constructed *social reality* recognizing alcohol is a product for adults only selling to 16/18+ year olds. The strength of the technologies depend on the recognition of the norms and accepted behaviors discursively
constructed by the means of campaigns, local policies, enforcement of legal framework, the accept it gets across the community etc. Recalling the mistrust in the abilities to self-regulate when doing check-ups on the parents in e.g. kindergartens might foster a strong opposition against new norms.

The aspirations of the policies can be boiled down to the objectives of the HLE: To reduce the number of Danes with a harmful level of alcohol use; and to postponing the debut for alcohol use among children by building partnerships across the public, the private sector and civil society (Regeringen 2014, 14). Both are challenged by the current efforts and parallel actions resulting in mixed signals being send to the population. The elements working against each other might foster counter-conduct by the population, who are not willing to be told what to drink when and where in the first place. Developments in the space of marketing through new media have been overlooked, and thereby the neglect of the conduct of the producers contributes to the issue of an early alcohol debut.

4.3.1 Sub-conclusion

The techniques mainly focus at consumer side of alcohol, and how to work with those who wish to decrease their usage. This fit well with the aim to reduce the number of Danes attempting to reduce their intake, but having the mistrust to the abilities of the population to self-regulate in mind indicate other issues need to be addressed. The lack of attention to the development in the mass media sphere and the exposure children get to through social media, TV programs and sport, can be argued to obstruct the intended results from other efforts targeting the youth. This work against the aspiration of postponing the alcohol debut seems far away due to the liberal efforts targeting the producers.

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Chapter 5  Discussion

The analysis of the related aspects – problematization, policy aspiration and techniques of governance – has touched upon a broad variety of elements affecting the efficiency of the efforts targeting alcohol use. Three central issues were detected in the analysis: a disagreement of who carries the responsibility of alcohol use; the legitimizing effect categories have on the Danish alcohol culture and on the conducts of producers; as well as the lack of adaption to how youth is targeted through new media.

In Denmark excessive alcohol use is widely accepted and the level of consumption is among the highest in the world. The current conflict between the beneficial and harmful effects associated with alcohol use has led to a distorted perception about the risk, and that comes with high costs for the society. Meanwhile, the liberal attitude towards economic policy result in little revenue is collected from taxes, and the population has mainly been targeted through social policies during the previous two decades. The most recent proposals take alternative efforts into consideration and plea for a common effort across the social community to combat the tendencies. This extension of the responsibilization of the population ignores the dichotomy with the incentives to take on responsibility when national schemes still provides security against risk. The policies as well as the supporting documents from media underpin the issues connected with this dilemma. Policies in schools and institutions are in place to limit availability there, and the public employees in e.g. kindergartens are expected to be attentive to parents who might have a ‘problem’ with alcohol. The politicians arrange many of the efforts in place along to construct the field of actions, and meanwhile they mistrust the population’s ability to self-regulate. To this, the introduction of the low-risk consumption level legitimized alcohol consumption and together with the use of terms of indefinite sizes it hampers with the individual’s ability to assess risk and what the desired behavior encompass can be expected to be interpreted in endless ways. Speculators might discuss whether the overrepresentation of risk as a rationale in the prevention and regulatory measures has a counter-productive effect in the preventive efforts. The responsible/irresponsible binary illustrates one of the major issues in the contemporary Danish health policy – the state as well as the population has expectations of the other carrying the responsibility. This works against the aspiration of reducing the number of people having a harmful level of alcohol use, as it foster counter-conduct from the population and consequently reinforce the strong Danish alcohol culture.
The policies also clearly overlook the supply side and their contribution to the problem. With the legal discourse providing less than strict regulations on when, where, and to whom the producer can market their products, the industry itself provides a set of ‘ethical guidelines’ for marketing practices. Here, also the categories set the legal frameworks on availability and advertisement also provide the producers with the legitimacy to market to people OUT of these categories. Examples show broad interpretations and that the legal terminology is heavily influenced by terms of indefinite seizes. This opens a discussion about the opportunities in the EU community targeting the youth across the Member States through commercial restrictions on the producers on to how they can market and package alcohol. Also, the examples of sponsorships of sports and exposure to the most exposed group of heavy drinkers, power of the MNCs such as Carlsberg and Heineken on the international stage should not be overlooked. They use own slogans such as ‘Drink Responsibly’ as corporate social relation messages, and together with the historical power the breweries have had in Denmark and among the elite their powers must not be disregarded. Carlsberg is one of Denmark’s most renown MNCs and it can be speculated upon how its position as a marketer for Denmark for the nation abroad affect the regulation of their products. Not regulating products and advertisement overlooks the issue of ‘alcohol advertisement practices’ as a ‘problem’ – is it unethical, immoral and aggressive practices that should be allowed in the media today? With the influence on the youth through the Internet and other mass media it is intriguing that marketing are not addressed more prominently in current Danish legislation and not considered as an increasing issue in society. The lacks of adaption to new developments in the way media target consumers are working against the aspiration of reducing the alcohol debut.

The application of the Foucauldian ideas on biopolitics, governmentality, power/knowledge and problematization has contributed with a deeper level of reflection on the rationalities behind the techniques regulating conditions of life of the population. The emphasis of how power and knowledge are mutually entwined has contributed with an ongoing attention to who constructed the specific knowledge and the consequences thereof. The notion of problematization underlie the analysis primary aim of investigating how something changed into a problem and became an answer to the societal issues connected to alcohol among other things, as well as why it is targeted by social regulation. It creates the close connection to Bacchi’s WPR approach, and together with the Foucauldian premise the analysis of contemporary Danish policies contributed with new knowledge on the (in)efficiency of the efforts aiming at reducing alcohol consumption. Despite that, it should be remembered that this theoretical
framework does rely on a highly interpretative methodology that influence the findings in many ways.

5.1 Reflections

The strength of this study is the large amount of qualitative data supporting the findings and ensuring the credibility of the finding by providing. The biases on and interpretative nature of the study gives room for diverse conclusions on the same data, and the WPR approach and Foucauldian premise deliver little additionally insights into the aspirations of the policies. Thus, in future surveys it is proposed to adopted more isolated analysis including only one aspect instead of including all three, as well as adopt a systematic approach to data coding and mining to detect underlying patterns in the data collected. Despite the weaknesses, the analysis contributes with valuable insights into the field of alcohol regulation in Denmark, as well as to the methodological field of policy analysis. Here, the WPR deliver alternative perspectives and detect a broad varieties of variables influencing the (in)efficiency of the efforts in place. Foucauldian ideas enable a deeper reflection of the mentalities and rationales behind the efforts in place, they render an explanation of why the level of alcohol consumption remain high as well as the reasons behind counter-conduct by the population.

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Chapter 6 Conclusion

The analysis and discussion touch upon a broad variety of aspects influencing the effectiveness of Danish contemporary health policies, which this chapter concludes upon. To investigate *how an analysis of three related aspects of the contemporary Danish alcohol policy — problematization, policy aspiration and techniques of governance — may help shed light on the (in)effectiveness of efforts aimed at decreasing the Danish alcohol consumption level*, Three sub-questions guide the analysis examining i) *how alcohol is positioned in the Danish society in 2014*, ii) *how alcohol consumption problematized is in the major Danish policies set up to deal with this*, and iii) *through which techniques of governance alcohol consumption have been addressed and controlled, and does it fit the aspirations of the major Danish contemporary alcohol policies*.

The analysis identified the producers as an overlooked part when discussing who carries the responsibility when it comes to youth drinking, and that the legal discourse in place allowed a tremendous room for interpretation on through which means the alcoholic products can be branded and which characteristics are appropriate if the intention is to target adults only. With the aspirations of the policies in mind; that fewer Danes should have a harmful use of alcohol; and that the alcohol debut among the youth should be postponed, the applied techniques of governance ignores legal availability aspects beyond age limits and licensing.

To this, the legitimization of alcohol consumption by the introduction of the 21/14 and 14/7 limits to avoid *risk* can be an explanation of the difficulties the authorities face attempting to get their messages on risks associated with alcohol use about to the population. Here, the consequences of setting up indicators to understand and assess risks is completely disregarded, and seemingly it can be argued it contributes to the social construction of Danish alcohol culture and what is recognized as appropriate and accepted consumption. Hence, the combination of studying problematization, policy aspirations and techniques of governance in contemporary Danish alcohol policy contributes with new insights to the phenomenon by pinpointing misfits between the techniques of governance and the policy aspirations as a result of the reactions by the Danish population to the current problematization of alcohol use.

From a biopolitical perspective, the analysis of the problematization of alcohol use identifies discrepancies between the policy aspirations and the techniques of governance applied. In the
attempt to push the responsibility for the 'risk' towards the citizens the use of campaigns to change norms; PPA suggestions for the municipalities; legal restrictions on availability and partnership programs to create involvement across the community have been the favored government techniques to structure the possible field of action; meanwhile the security against 'risks' remains socialized with national schemes ensuring personal security and consequently the management of a broad variety of risks remain a task of the state; the appeal and advertisement is overlooked; and the Danes have strong resistance towards being told what, when and where to drink. Hence, this methodology delivers valuable insights into the (in)effectiveness of the efforts to decrease Danish alcohol consumption level.

With the recent developments in the tobacco industry standardizing product traits, it is predicted that the EU will present a common legislative framework to regulate alcohol across the Member States. Such a set-up could be a solution to the current lack of restrictions on how and through which media and events the youth are exposed to alcohol advertisement, and thereby set common regulations on sports, TV shows, social media (such as celebrities posting on Facebook, YouTube and Instagram) and festivals (where children are introduced to binge drinking among adults). Looking ahead, other product categories risk being under same scrutiny as alcohol increasingly experience and as tobacco already face in many developed countries.

6.1 Future Research and Implications

Future topic for research endure and for instance Agency Theory (Meckling and Jensen 1976, 305-360) could deliver insights into the relationship between the principal (the DHMA/LGD/MoH) and the agents (the regions/municipalities) and explain some of the issues the principal needs to be aware of to succeed implementing a strategy across an decentralized organization. The study could also be transferred to the other KRAM-factors and through a comparative study deliver insights upon the synergies from the common efforts targeting them.

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Chapter 8 Appendices

The following chapter contains supporting and explanatory data to the Thesis.

8.1 Appendix A – Legislation on Alcohol in Denmark

See the author’s translation on the next page

Source: Sundhedsstyrelsen, 2012: Forebyggelsespakke Alkohol 2012, 10
Legislation on Alcohol in Denmark

The author’s translation of page 10 in Forebyggelsespakke Alkohol 2012
(The Preventive Package on Alcohol 2012)

The author’s elaboration is in italics

- **Alcohol Prevention and Treatment:** Alcohol Prevention is covered by the Health Act § 119 and alcohol treatment in the Health Act § 141

- **Alcohol Advertising:** § 13 of the Ministry of Culture's Order No. 338 of 16/04/2011 on advertising and sponsorship, etc. of programmes on radio, television and on-demand audio-visual media services as well as partnerships. Additionally, rules on alcohol advertising are a part of the industry's own voluntary guidelines for marketing of alcoholic beverages.

The 2011 Advertisement Executive Order §13\(^5\) pronounces that "[a]dvertising on radio and television for alcoholic beverages shall comply with the following rules:

1. **They may not aim specifically at minors or, in particular, depict minors consuming alcohol;**
2. **They may not link the consumption of alcohol to enhanced physical performance or to driving;**
3. **They must not create the impression that the consumption of alcohol contributes towards social success or sexual;**
4. **They may not claim that alcohol has therapeutic qualities or that it is a stimulant or sedative or it can be used to resolve personal conflicts;**
5. **They shall not encourage immoderate consumption of alcohol or present abstinence in a negative light; and**
6. **They may not place special emphasis on high alcoholic content as being a positive quality of the beverage;**

\(^5\) The Advertisement Proclamation has been altered from Executive Order No. 338 of 16/04/2011 to Executive Order No. 801 of 21.06.2013
(2) Regarding advertising in on-demand audio-visual media services for alcoholic beverages shall comply with the following rules:

- They may not be aimed specifically at minors; and
- They shall not encourage immoderate consumption of such beverages

To this, the Order states:

§4 (6) Advertisements on radio and television for alcohol, drugs and supplements should not be placed in relation to programs aimed at young people

AND

§ 32 Product placement in programs in television and on-demand audiovisual media services are not allowed. However, note (3-6) and § 33 (1).

(2) By product placement this Order understand it as display or mention of a product, service or trademark as part of an application for payment or for similar consideration.

(3) Despite (1), product placement in programs in television and on-demand audio-visual media services within the genres of short films and documentaries, feature films, films and series made for television or on-demand audio-visual media services, sports programs and light entertainment programs allowed under the following rules:

1. The content and scheduling must not be influenced in such a way as to affect the media service provider responsibility and editorial independence with regard to the programs;
2. The program must not encourage the purchase or rental of goods or services, in particular, must not be promoted in a special way in order to make marketing easier;
3. The program may not provide the goods unduly prominent role;
4. Viewers shall be clearly informed that the goods, services or trademarks shown or mentioned in the program. This identification must be appropriately identified at the start and the end, and when a program on television resumes after an advertising break; and
5. Identification requirement mentioned in 4) shall not apply if the program is not produced nor commissioned by the media service provider itself or a company affiliated to the media service provider.

(4) Programs on TV and on-demand audio-visual media shall not contain product placement of:

1. Tobacco products or goods primarily used in connection with smoking, cf. The ban on tobacco advertising, etc., or the products of companies whose main business is to produce or sell tobacco products or other products, primarily used in connection with smoking;
2. Drugs that are prescription drugs under the Pharmaceutical Affairs Law.
(5) In addition to the requirements listed in (3) the display or mention of a product, service or brand in the program is not:

1. Prejudice respect for human dignity or include or promote any discrimination based on sex, racial or ethnic origin, nationality, religion or belief, disability, age or sexual orientation;

2. Encourage behaviour that can be detrimental to health or safety, or to the detriment of environmental protection; and

3. Harm minors in physical or moral, or encourage minors to buy or hire a product or service by exploiting their inexperience or credulity, directly encourage them to persuade their parents or others to purchase the goods or services that exploit the special trust minors place in parents, teachers or other persons, or unreasonably show minors in dangerous situations.

(6) In addition to the requirements listed in paragraph 3-5, the display or the mention of alcoholic beverages in a program may not be aimed specifically at minors or encourage immoderate consumption of such beverages;

(7) Access to product placement as provided by (3-6) does not apply to programs aimed at children under 14 years of age;

(8) Access to product placement as provided by (3-6) do not apply to the DR and the regional TV 2 stations self-produced programs and programs in contract. See (9) and § 33 (1);

(9) Notwithstanding the availability of product placement do not apply to DR and the regional TV 2 stations self-produced programs and programs in contract, see. Paragraph. 8, DR and regional TV 2 stations in accordance with paragraph. 3-7, in television and on-demand audiovisual media services show films and short films and documentaries, which contains product placement (Retsinformation 2011, §13, author’s translation).

In the Executive Order No. 801 of 21.06.2013 changes have been made in:

§ 32 Despite § 31 (1) television and on-demand audiovisual media services can broadcast purchased programs that is produced abroad that containing product placement, within the genres of short films and documentaries, feature films, films and series made for television or on-demand audiovisual media services, sports programs and light entertainment, according to the following rules:

1. The content and scheduling of the program must not be influenced in such a way as to affect the media service provider responsibility and editorial independence with regard to the programs;

2. The program must not encourage the purchase or rental of goods or services, in particular, must not be promoted in a special way in order to make marketing easier;
3. The program may not provide the goods unduly prominent role;

4. Viewers shall be clearly informed that the program contains product placement. This identification must be appropriately identified at the start and the end, and when a program on television resumes after an advertising break, see §4 (2);

5. The program shall not contain product placement of tobacco products or goods primarily used in connection with smoking, cf. The ban on tobacco advertising, etc., or the products of companies whose main business is to produce or sell tobacco products or other products, primarily used in related to smoking; and

6. The program must not contain product placement of drugs that are prescription drugs under the Pharmaceutical Affairs Law.

(2) In addition to the requirements listed in (1), the product placement in a purchased foreign program may not:

1. Prejudice respect for human dignity or include or promote any discrimination based on sex, racial or ethnic origin, nationality, religion or belief, disability, age or sexual orientation;

2. Encourage behavior that can be detrimental to health or safety, or to the detriment of environmental protection or;

3. Harm minors in physical or moral or directly encourage minors to buy or hire a product or service by exploiting their inexperience or credulity, directly encourage them to persuade their parents or others to purchase the goods or services that exploit the special trust minors place in parents, teachers or other persons, or unreasonably show minors in dangerous situations.

(3) In addition to the requirements listed in (1) and (2), the product placement of alcoholic drinks in a purchased foreign program not be aimed at minors or encourage immoderate consumption of such beverages;

(4) Access to the viewing of programs containing product placement, in accordance with paragraph. 1-3 does not apply to programs aimed at children under 14 years of age;

(5) Despite § 31 (1), DR and TV 2 / DENMARK A / S in accordance with (1)-(4) of television and on-demand audiovisual media services show films and short films and documentaries, as DR and TV 2 / DENMARK A / S is committed to economically engage in and which contains product placement.
THE INDUSTRY'S VOLUNTARY GUIDELINES (Alkoholreklamenævnet 2011 (author’s translation)):

§ 1 – Purpose

§ 1 The guidelines are intended to fill the legal standard of good marketing practices for alcoholic beverages, see. Marketing Act § 1

(2) These guidelines are especially designed to protect children and young people. In addition, the guidelines aim to be generally protective of consumers.

§ 2 - Scope

§ 2 The guidelines are a minimum standard.

(2) The guidelines apply to all businesses who market themselves in Denmark.

(3) Guidelines apply to marketing of all alcoholic beverages with 2.8 per cent alcohol or more.

(4) When marketing to children and young people, cf. § 6, the guidelines apply to all alcoholic beverages regardless of volume of alcohol.

(5) The marketing of alcoholic beverages with less than 2.8 per cent alcohol not be confused with or marketed together with alcoholic beverages with 2.8 per cent alcohol or more.

§ 3 - Responsible marketing

§ 3 When marketing alcoholic beverages the marketer must act a responsible manner by taking special account of the social, health and consumer aspects associated with alcohol consumption.

(2) The marketing of alcoholic beverages must not encourage a large or excessive consumption.

(3) Marketing should not present abstinence or moderate consumption in a derogatory manner.

§ 4 - Marketing's design and content

§ 4 The operator must exercise particular care in the choice of both the advertising agent advertising content and design.

(2) Marketing should not appear or seem intrusive, provocative or otherwise particularly persuasive.

(3) Marketing should not give the impression that certain consumption can be healthy, can provide success or enhance consumers' mental or physical abilities.
(4) Marketing should not use people whose opinion or appearance will be of particular importance because of the person's position or position in society.
(5) Marketing should not associate alcohol with active sports.
(6) Marketing should not show consumption of alcoholic drinks linked to risky behavior.
(7) Marketing should not show consumption of alcoholic beverages in the workplace or in educational institutions.

§ 5 - Media
§ 5 The guidelines apply regardless of the media by the trader to the marketing of alcoholic beverages.
(2) Marketing should not take place in workplaces, educational institutions or colleges.
(3) To the extent that is given license or occasional permission to serve alcoholic beverages in the (2) listed sites, marketing may take place if it is limited to what is practically necessary.

§ 6 - Children and young people
§ 6 The marketing of alcoholic beverages must, no matter what form it takes, never directed at children and adolescents.
(2) Marketing should never use those because of their young appearance gives the impression that young people drink alcoholic beverages.
(3) Models, actors and the like used in marketing should be and appear to be at least 25 years.
(4) Marketing should also never take place in the media, where over 30% of the audience is, or reasonably estimated to be children and young people.

• Alcohol Marketing: § 8 paragraph 2 of Act No. 839 of 31/08/2009 on marketing.

The 2009 Marketing Act §846 declares that "[a]dvertising aimed at children and young people must not directly or indirectly incite violence, use of drugs, including alcohol, or other dangerous or reckless behaviour or improper use of violence, fear or superstition" (Retsinformation 2009, §8, author's translation), but since the alterations in the 2013 Marketing Act it was changed to "[m]arketing directed at children and adolescents under 18 years must not contain mention of images or references to drugs, including alcohol" (Retsinformation 2013a, §8, author's translation).

46 The Marketing Act has been altered from Consolidation Act No 839 of 31/08/2009 to Consolidation Act No. 1216 of 25.09.2013
• **Serving rules and alcohol licenses:** Restaurant Act § 29 of Act No. 135 of 18/01/2010 for restaurants and alcohol licenses etc. and Restaurant Act §§ 10-15: According to the Restaurant Act the municipality authority issues alcohol licenses, and the police issues apartment permits.

• **Retail:** § 2 of Act No. 1020 of 21/10/2008 prohibiting the sale of tobacco to persons under 18 years of age and sale of alcohol to persons under the age of 16, as amended by Act No. 707 of 25/06/2010 on amendment of the Act prohibiting the sale of tobacco to persons under 18 years and the sale of alcohol to persons under 16 years.

• **Drunk Driving:** § 53 of Act No. 1047 of 24/10/2011 on Traffic Laws.

• **Teachings in Primary Schools:** Act on Schools, Chapter 2, § 7, states that the school should be teaching health and sex education as well as family studies, and subject booklet 21 specifies the goals for each grade level.

• **Reporting to the Municipality:** Service Law § 153 in the upcoming "Guidance on special support to children and young people and their families" (Guide No. 3 to the Social Services Act).

**Sources:** (Retsinformation 2013b; Retsinformation 2011; Retsinformation 2013a; Retsinformation 2009; Sundhedsstyrelsen 2012d, 10)
8.2 Appendix B – Legislation of Tobacco in Denmark

LOVGVIVNING PÅ OMRÅDET

1 Lov om forbud mod salg af tobak til personer under 18 år og salg af alkohol til personer under 18 år LBK nr. 1020 af 21/10/2009. www.retsoinformation.dk

2 Lov om forbud mod tobaksrelame m.v. LBK nr. 1032 af 21/10/2008. www.retsoinformation.dk


4 Lov om røgfri miljø, herunder ændringer www.retsoinformation.dk

I Danmark skal man være 18 år for at købe tobaksvarer, og det er ikke tilladt at reklame for disse. Loven om forbud med tobaksrelame indeholder dog en række undtagelser.


Loven indeholder en række undtagelser til det generelle rygeforbud, således at der b.a. i vid uddannelse er mulighed for at ryge i rygerum og rygelsamar. En kan der på arbejdspladser ejendommelig rygerum og rygelsamar, hvor rygning kun findes sted. Ligeledes kan det beslutte at tillade rygning på små værtehus og urklinikningsstader, hvis en række betingelser er opfyldt, hvilket er, at de ikke serveres egentlig mad, og hvor serveringsarealen er under 40 m².


Source: Sundhedsstyrelsen, 2012: Forebyggelsespakke Tobak 2012, 10
Legislation on Tobacco in Denmark

The author’s translation of page 10 in Forebyggelsespakke Tobak 2012
(The Preventive Package on Tobacco 2012)

• Law prohibiting the sale of tobacco to persons under 18 years and the sale of alcohol to persons under 16: Consolidation Act No 1020 of 21/10/2008: www.retsinformation.dk

• Act prohibiting tobacco advertising etc.: consolidation Act 1021 21/10/2008:
  www.retsinformation.dk

• Act concerning the manufacture, presentation and sale of tobacco products: Consolidation Act No. 1022 of 21/10/2008: www.retsinformation.dk and new executive order on values, methods, labelling, product names, etc. tobacco regulation number 172 of 28/02/2011:
  www.retsinformation.dk

• Act on smoke-free environments including changes: www.retsinformation.dk

In April 2014, the DIRECTIVE 2014/40/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 3 April 2014 on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC was ratified (EUR-Lex 2014). All 28 "Member States shall designate the competent authorities that shall be responsible for the implementation and enforcement of the obligations provided for in this Directive within three months of 20 May 2016" (EUR-Lex 2014). This means, that harmonized legislation on tobacco are to be implemented by 2016 across all EU Member States.
8.3 Appendix C – The Prevention Package on Alcohol 2012

Below the author’s translation of the Prevention Package on Alcohol from the DHMA from 2012 is available (Sundhedsstyrelsen 2014c, 14-17).

The recommendations are divided into Primary (P) (basic efforts based upon best practice) and Developmental (D) (built on the primary efforts, but demand more fieldwork and the development of new competencies) efforts.

1. Alcohol policies are introduced by the municipalities at public working places and institutions, and is recommended to address prevention, early efforts, counselling, and treatment (P);

2. The alcohol policies shall target consumption among employees and users of the institutions, and how to respond to presumptions of an alcohol abuse (P);

3. The municipality shall facilitate dialogue between secondary schools in the municipality to ensure a uniform alcohol policy across the institutions (P);

4. The municipality supports private sector businesses in the municipality in preparing and implementing alcohol policies (D);

5. The municipality sets up requirements to an alcohol policy to anyone renting municipal halls, banquet halls etc. Various booklets for inspiration for action is available (D):
   a. Alcohol prevention in the municipality;
   b. Municipal examples - Alcohol prevention in the municipality;
   c. Alcohol Policy action plans – a manual for municipalities;
   d. Alcohol policy and alcohol problems at work;
   e. For primary school teachers, leadership and school board: Set framework for alcohol tobacco and drugs;
   f. For parents with children in primary school: Your child’s party culture - framework for alcohol, tobacco and drugs;
   g. For upper secondary school teachers and management: policy for drugs and smoking;
h. For parents of children in youth programs: Help your teenager - to provide a framework for alcohol, tobacco and drugs;

i. Party Culture and drugs in High School; and

j. Children in families with alcohol problems - good examples of municipal practice.

6. The municipality handles alcohol licensing by using the DHMA's "Responsible Alcohol Serving" method47. The municipality establishes a permanent cooperation forum to ensure that the permits are granted in cooperation between police, liquor license holders (restaurateurs, etc.), secondary schools, clubs, sports centres and others who typically get occasional permits. In cooperation they need to ensure a safe nightlife and the need for education of the personnel is assessed and established. In addition, the municipality shall prepare a comprehensive restaurant plan, which reduce the availability of alcohol may be a central perspective (P);

7. The municipality establishes dialogue and cooperation with e.g. Chamber of Trade and the police in order to support that legislation governing the sale of alcohol is enforced. Inspiration for action: Inspiration Booklet: Responsible alcohol serving - 9 local areas cooperate in an active allocation policy (D);

8. The municipality collaboration with other agents to reduce alcohol advertising in public spaces (D);

9. The municipality offers a brief high-quality advisory conversation service to citizens with reach an overconsumption or harmful consumption level - as well as for related families and children. The offer is adjusted and located to correspond to the target group's needs, such as health centers or institutions where the youth and elderly are present (P);

10. Through differential treatment the municipality classifies alcohol treatment, so it meets the treatment needs of people with alcohol problems at different levels and on the basis of the existing evidence qualified alcohol treatment. The differentiated alcohol treatment programs of high quality are aimed at (P):

a. Citizens with alcohol dependence and citizens with harmful consumption of severe degree;

47 http://sundhedsstyrelsen.dk/publ/Publ2009/CFF/Alkohol/Ansvarlig_udskaNkning.pdf
b. Special-designed family-oriented treatment programs aimed at families, partners, children and other relatives;

c. Double-focused treatment for people with both a dependent or harmful consumption level and with a personality disorder or other mental disorders. This treatment is provided in collaboration with the regional health services including mental health services;

d. Pregnant women in cooperation with the regional family clinic; and

e. Detoxification of socially disadvantaged and vulnerable in close relation to alcohol treatment.

11. The municipality ensures interaction between alcohol treatment and the municipal social services in order to ensure social support for the family following up on the treatment. This involve ensuring interaction and sharing of competence between the alcohol treatment and family therapy, as both institutions work with families who may have alcohol problems and family problems and are socially marginalized and vulnerable (P);

12. The municipality shall ensure that information concerning rules on alcohol treatment and the municipality’s offerings are easy accessible to the citizens and partners such as the municipality’s website (P);

13. The municipality takes on family-oriented approach to alcohol treatment to families, where a family member has a drinking problem (P); and finally,

14. The municipality alcohol treatment entities implement a quality system. It includes clear development goals, collecting data for the services offered, measuring satisfaction, and on-going analyses of treatment. Small municipalities can benefit from collaboration on the development of a quality system as an integral part of cooperation around alcohol. Inspiration for action: Quality of alcohol abuse - an advisory material; Guidelines for municipal approval of alcohol places; and regarding counselling: Inspiration Booklet Alcohol Prevention in the municipality - 20 model municipalities work to strengthen preventive action (D).
8.4 Appendix D – Policy: Healthier Lives for All

“Healthier Lives for Everyone” (Sundere Liv for Alle) is the Governments prevention strategy for the next 10 years (Regeringen 2014). The goals take their point of departure in the KRAM factors (diet, smoking, alcohol, and exercise (Kost, Rygning, Alkohol and Motion)) (ibid., 5).

Goal 5 is that *Fewer should have a harmful use of alcohol and the alcohol debut among the youth must be postponed*⁴⁸, and is the baseline for the goals is that approximate 11 per cent of all Danes older than the age of 16 drinks more than the recommended 14/7 drinks a week, and that 47 per cent have been drunk before the turn 15 years old (ibid., 25). The goals are:

- The share of Danes, who drink more than the recommended 14/21 drinks should be reduced by one-third equivalent to 169.000 persons.
- The share of Danish 15 year-olds, who has been drunk before they turn 15 of age, should be reduced by one-third equivalent to 10.700 children.

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⁴⁸ Mål 5: Færre skal have et skadeligt alkoholforbrug og alkoholdebuten skal udskydes blandt unge (Regeringen 2014).
**Mål 5** Færre skal have et skadeligt alkoholforbrug, og alkoholdebuten skal udskydes blandt unge

Alkohol er en del af manges sociale liv, men et overforbrug fører til øget risiko for mindst 60 forskellige sygdomme, heriblandt kræftsygdomme, lever- og hjertesygdomme. Det stort alkoholforbrug kan have alvorlige konsekvenser for den enkelte, for den nærmeste familie og for samfundet.

Danske unge har europæisk rekord i at drikke sig fulde. Et stort alkoholforbrug øger ungerne risiko for at udfordre sig højt alkoholforbrug som unger øger risikoen for udvikling af alkoholproblemer senere i livet.

Et lavrisikoforbrug af alkohol defineres som under 7 genstande om ugen for kvinder og under 14 genstande om ugen for mænd. Baggrunden er, at der er stadig bedre dokumentation for, at alkohol er kærlighedsandet. Risikoen for kærlighedsandet øger, jo mere man drikker. Hvis man drikker mere end 14 genstande om ugen som kvinder eller 21 genstande om ugen som mænd, er det en højrisikoforbrug med øget risiko for at blive syg på grund af alkohol.

Godt en tredjedel af de danskere, der drikker over højrisikogrænserne (14/21 genstande om ugen for henholdsvis kvinder og mænd), og en femtedel af dem, der overskider lavrisikogrænserne (7/14 genstande om ugen for henholdsvis kvinder og mænd), ønsker at nedsætte deres alkoholforbrug. Det skal vi understøtte.

**Tal på danskernes alkoholvæser**

- Årligt dør mindst 3.000 danskere af alkohol.
- Hver dansker over 14 år drikker i gennemsnit 9,1 liter 100 pct. ren alkohol om året.
- 11 pct. af alle danskere på 16 år eller derover drikker mere end henholdsvis 14 og 21 genstande ugentligt for kvinder og mænd.
- 28 pct. af alle danskere på 16 år eller derover drikker mere end henholdsvis 7 og 14 genstande ugentligt for kvinder og mænd.
- 47 pct. har været fulde, før de er fyldt 15 år.
- 29 pct. drikker hver måned mere end fem genstande ved samme lejlighed.
- 122.000 børn vokser op i familier med alkoholproblemer.

**VISION**

Vi skal have en sundere alkoholkultur, der giver flere lyst til at drikke mindre ved samme lejlighed, og hvor det er socialt acceptabelt at tale nej til alkohol. Vi skal give de unge lyst til og mulighed for ikke at drikke eller at drikke med måde i stedet for at drikke sig fulde.

**STATUS**


Det er mere skadeligt at drikke fem eller mere genstande ved samme lejlighed (binge-drinking) end at have et jævn forbrug under genstandsgrenserne fordelt ud på alle ugens dage. I Danmark drikker over halvdelen af de unge (16-24-årige) jævnligt [hver måned] mere end fem genstande ved samme lejlighed.

Danske unge drikker mere og hyppigere end unge i andre europæiske lande. Der ses dog en positiv udvikling, idet debutalderen er stigende, og alkoholforbruget blandt danske unge er faldet de senere år. Det skal vi understøtte.

**SIGTELINJER**

- Andelen af danskere, der drikker over 14/21 genstande om ugen, skal reduceres med en tredjedel.
- Andelen af 15-årige, der har været fulde, før de fylder 15 år, skal reduceres med en tredjedel.

ERFARINGER PÅ OMRÅDET:

En effektiv strategi til at reducere alkoholforbruget er at begrænse udbuddet af alkohol i dagligdagen. Det kan ske gennem lokalt fastsatte alkoholpolitikker og alkoholforbud på arbejdspladser, i skoler, i klubber og i idrætscentre.

I forhold til børn og unge er det vigtigt at etablere et samarbejde mellem skole og forældre for at skabe rammer om børnenes og de unges fester, der sætter fokus på aktiviteter og socialt samvæs, hvor alkohol ikke står i centrum, og hvor man mindsker drikkepresset blandt børn og unge. Samarbejde mellem ungdomsuddannelserne om alkoholpolitik kan også skabe kulturkredsløbninger og reducere adgangen til alkohol for unge på ungdomsuddannelserne.

Generelt vil den største effekt af det forebyggende og behandlende arbejde opnås, når der arbejdes på forskellige niveauer og med flere forskellige tilgange og indsatser samtidig.

Eksempler på eksisterende regeringsindsatser på området

Mål 5: Færre skal have et skadeligt alkoholforbrug og alkoholdebuen skal udskydes blandt unge

- Stremning af holdtævlinge der om salg af tobak til unge under 18 år og salg af alkohol til unge under 16 år (Ministeriet for Sundhed og Forebyggelse)
- Evt. modtagelse eller givning af godkendelse af alkoholbehandlingsstader (Ministeriet for Sundhed og Forebyggelse)
- Saxuddannelsespakke om alkohol (Ministeriet for Sundhed og Forebyggelse)
- Styrkelse af den familieorienterede alkoholbehandling (Ministeriet for Sundhed og Forebyggelse)
- Satrupsj: Styrket kvalitet i alkoholbehandling 2010-13 (regeringen og satrupsjepartiene)

* Et skadeligt alkoholforbrug defineres som et forbrug, der har medført helbredsskade enten fysisk eller mentalt, mens hver person ikke opfylder kriterierne for alkoholafhængighed.

Source: Regeringen, 2014: Sundere liv for alle – Nationale mål for danskernes sundhed de næste 10 år, 14-15

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### 8.5 Appendix E – Initiatives and Programs in Denmark

Danish version of the initiatives and programs from 1984- 2014 from section 4.1.3:

<table>
<thead>
<tr>
<th>ÅR</th>
<th>INITIATIVE &amp; PROGRAMMER</th>
<th>SPONSORER&lt;sup&gt;49&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>Denmark underskriver WHO ’Global Health for All by the Year 2000’</td>
<td></td>
</tr>
<tr>
<td>1989</td>
<td>Regeringens Folkesundhedsprogram 1988/89</td>
<td>V / K / RV</td>
</tr>
<tr>
<td></td>
<td><strong>ÅRlige alkoholkampagner</strong></td>
<td>Sundhedsstyrelsen</td>
</tr>
<tr>
<td></td>
<td><strong>ÅRlige alkoholkampagner</strong></td>
<td>Sundhedsstyrelsen</td>
</tr>
<tr>
<td>2002</td>
<td>Regeringens folkesundhedsprogram Sund hele livet – de nationale mål og strategier for folkesundheden 2002---10</td>
<td>V/ K</td>
</tr>
<tr>
<td>2007</td>
<td>Sundhedsloven</td>
<td>Regeringen</td>
</tr>
<tr>
<td>2008-2009</td>
<td>Forebyggelseskommitteen</td>
<td>V / K</td>
</tr>
<tr>
<td>2009</td>
<td>Sundhedspakke 2009</td>
<td>V / K</td>
</tr>
<tr>
<td>2009</td>
<td>Kommunal forebyggelse der rykker</td>
<td>KL</td>
</tr>
<tr>
<td>2009*</td>
<td>Forårspakke 2.0</td>
<td>V / K / O</td>
</tr>
<tr>
<td>2010*</td>
<td>Serviceeftersyn af Forårspakke 2.0</td>
<td>V / K / O</td>
</tr>
<tr>
<td>2012*</td>
<td>2012-Skattereform</td>
<td>S / SF / RV</td>
</tr>
</tbody>
</table>

<sup>49</sup> SF: The Danish Socialist Folk Party | S: The Danish Social Democrats | RV: The Danish Social-Liberal Party | LA: Liberal Alliance | V: The Liberal Party of Denmark | K: The Conservative Folk Party | O: The Danish People’s Party | LGD: Local Government Denmark (Kommunernes Landsforening)
<table>
<thead>
<tr>
<th>Year</th>
<th>Initiative</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>Det være sundhedsvæsen KL</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>Forebyggelsespakke</td>
<td>Alkohol Sundhedsstyrelsen</td>
</tr>
<tr>
<td>2013*</td>
<td>Vækstpakke DK</td>
<td>S/RV/V/K/LA/O</td>
</tr>
<tr>
<td>2013</td>
<td>Mere borger, mindre patient – Et stærkt fælles sundhedsvæsen</td>
<td>S/SF/RV</td>
</tr>
<tr>
<td>2014</td>
<td>Sundere Liv for Alle - Nationale Mål for Danskernes Sundhed de Næste 10 År</td>
<td>S/SF/RV</td>
</tr>
</tbody>
</table>

*Economic (all the other initiatives are social policies)

Sources: (Retsinformation 2010; Regeringen 2002; Sundhedsstyrelsen 2012d; MSF 2009a; Sundhedsstyrelsen 2005b; Forebyggelseskommissionen 2009; Husmark, Møller, and Strange 1991; Finansministeriet 2013; Socialdemokraterne and Socialistisk Folkeparti 2011; Socialdemokraterne and Socialistisk Folkeparti 2009b; Skatteministeriet 2013; Skatteministeriet 2012b; Skatteministeriet 2012a; Skatteministeriet 2010; SIF 2007, 217; Sundhedsstyrelsen 1999; Statsministeriet 1998; Statsministeriet 2005; Statsministeriet 2011)
8.6 Appendix F – Key Agents and Stakeholders

The key agents and stakeholders listed in Figure 4: Key Stakeholders affecting Alcohol Policy in Denmark in section 4.1.4 are elaborated upon below.

A. Internationally

Health has been an international interest the previous four decades, and the policies and proposal contain references to international studies, surveys and statistics to create a benchmark to support the proposition that the Danes do live long enough. Neither strategy has clear references to the strategies put forth by the EU or WHO. Since Denmark joining the European Community in 1972 the growing harmonization of regulations due to the single market has had big effect on how the Danish market work. Hence, there are influential stakeholders at play internationally attempting to influence regional regulatory efforts as recently seen with the Tobacco Product Directive II (EUR-Lex 2014). Heavy lobbyism from multinational corporations (MNCs), influence from WHO, different NGOs across the international community as well as each of the individual Member States fighting for their individual differences. It has however not been the case with contemporary alcohol policy yet. The preventive perspective has been adopted by the 1989 strategy, but the international strategies such as the WHO ‘Global Strategy to Reduce the Harmful Use of Alcohol’ (WHO 2010) are indirectly mentioned but are not direct references to and the common goals are yet to become more prominent in policies targeting alcohol.

B. Nationally

At a national level several players come into play influencing the policies. MoH changes as the Government re-structures (MSF 2014c) and therefore the current set-up has only been in place since 2011 and consists of five different units including the department of ministry that comprises the unit Primary Health and Prevention covering work on alcohol and narcotics abuse (MSF 2014b; MSF 2014a; MSF 2014c). The MoH explicitly allocates the responsibilities connected to alcohol treatment to the 5 regions and the prevention to the local authorities in the 98 municipalities (ibid.). With the ministry’s 5 connected institutions is the DHMA (ibid.), which has specific roles, assigned (see Appendix I – The DHMA for details) among other things ‘providing guidance on the performance of health care services’ and ‘providing information on public health issues’ (Sundhedsstyrelsen 2014b). The DHMA is the supreme health-care authority in Denmark and has overall responsibility for establishing the frameworks for all preventive programmes (Regeringen 2014, 20). The DHMA does not change structure as the MoH when Government changes and the officials can hold the same positions for a long time.
Hence, it has often been discussed whether the DHMA officials have too much power and that the Minister of Health in reality has very little influence on what are done when allocating funds and deciding on the strategic agenda (DagensMedicin 2013; DagensMedicin 2012; JydskeVestkysten 2010). Other key influencers are the National Institute of Public Health that produces much research on health the policies are built upon; patient associations such as the Danish Cancer Society and the Heart Association that have medical interests to defend; MNCs and affiliated associations that lobby locally for their commercial interests (e.g. the Danish Brewers’ Association that organise (Bryggeriforeningen 2014) business such as the world’s 4th largest brewer Carlsberg (Carlberg Group 2013, 3) and the MNC Royal Unibrew (Royal Unibrew 2013); and VSOD organising MNCs such as Barcardi-Martini, Moët Hennesey and Diagio that has a portfolio including global brands such as Smifnoff, Baileys and Guinness (Moët Hennesey Nordic 2014; Diagio 2013; VSOD 2013; Bacardí 2014)); and LGD, that has a important interest in how the goals set in the proposals are intended to be reached locally.

C. Regionally
At a regional government level, the five Danish Regions carry the responsibility of treatment of patients in the hospitals, whereas the local government (the 98 Danish municipalities) have the full responsibility to promote health and to provide alcohol-related ambulant treatment (Sundhedstyrelsen 2005b, 3; Sundhedstyrelsen 2014c). The five Danish Regions have the responsibility for patient-targeted preventive efforts, and therefore the hospitals and the role of the practitioner is considered key and also needs to be considered (Center for Forebyggelse i praksis 2009, 11; Regeringen 2014, 20).

D. Locally
Each of the 98 municipalities is responsible for citizen-targeted prevention offerings available. The funding is allocated locally and the national LGD-anchored Centre for Prevention in Practice is in place to assist the municipalities achieving the goals set. In this connection, the DHMA provide a number of Prevention Packages (incl. the PPA) as suggestions on how to target social determinants of health. The civil society, business community and involvement from voluntary institution are a prerequisite for the goals to be achieved (Sundhedstyrelsen 2012d; Regeringen 2014). Here the involvement of parents, voluntary associations such as sports clubs etc. plays a big role.
8.7 Appendix G – The DHMA Campaigns

Below an overview lists the week 40 alcohol consumption information campaigns by the DHMA from 1990-2013 (author’s translations). It has not been possible to obtain a full list of the campaigns anywhere, and this has been made up by the author to gain an overview of the development.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>SLOGANS IN DANISH</th>
<th>SLOGAN IN ENGLISH</th>
<th>WHEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>Alle kan trænge til en alkoholfri uge 40</td>
<td>Everyone could need a week 40 without alcohol</td>
<td>Week 40</td>
</tr>
<tr>
<td>1991</td>
<td>Vedr. Alkohol</td>
<td>Concerning alcohol</td>
<td>Week 40</td>
</tr>
<tr>
<td>1992</td>
<td>Tæl dine genstande; Nu er der ekstra grund til holde hovedet klart - tæl dine genstande, det kan hurtigt løbe op!; Hold hoved klart, hver gang der bliver budt rundt tæl dine genstande, det kan hurtigt løbe op!</td>
<td>Count your drinks; Now there is more reason to keep a clear head - count your drinks, it adds up quickly! Keep your head clear each time something is offered - count your drinks, it adds up quickly!</td>
<td>Week 40</td>
</tr>
<tr>
<td>1993</td>
<td>Spring genstandene over hvis du skal have en lille; Hold dig i form. Spring genstandene over i hverdage; Spring genstandene over i hverdage, ellers kan det hurtigt løbe op!</td>
<td>Skip the drinks if you are expecting; Stay in shape. Skip the drinks on weekdays; Skip drinks on weekdays, it adds up quickly!</td>
<td>Week 40</td>
</tr>
<tr>
<td>Year</td>
<td>Description</td>
<td>Slogan</td>
<td>Week</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>1994</td>
<td>Spring de ligeøjndige genstande over. Så er der mere liv i dig.</td>
<td>Skip the bland drinks. Then you feel more alive.</td>
<td>40</td>
</tr>
<tr>
<td>1995</td>
<td>Drik mindre – lev mere</td>
<td>Drink less - live more</td>
<td>40</td>
</tr>
<tr>
<td>1996</td>
<td>Giv ham/hende en god grund til at drikke mindre</td>
<td>Give him/her a good reason to drink less</td>
<td>40</td>
</tr>
<tr>
<td>1997</td>
<td>Du ved godt, du drikker for meget</td>
<td>You know you are drinking too much</td>
<td>40</td>
</tr>
<tr>
<td>1998</td>
<td>For meget alkohol – for lidt sex/ferie/hygge</td>
<td>Too much alcohol - not enough sex/vacation/fun</td>
<td>40</td>
</tr>
<tr>
<td>1999</td>
<td>Hvem går det ud over, når du drikker for meget?</td>
<td>Who is affected when you drink too much?</td>
<td>40</td>
</tr>
<tr>
<td>2000</td>
<td>For meget alkohol - for dårlig stemning</td>
<td>Too much alcohol - too bad atmosphere</td>
<td>40</td>
</tr>
<tr>
<td>2001</td>
<td>Årets kampagne består af tv-spots, radio-spots og annoncer i magasiner samt udendørs. Der vises her velkendte, dagligdags situationer, hvor der drikkes alkohol: til aftenmaden, på skovturen eller foran fjernsynet. Situationer som de fleste kan genkende og identificere sig med – og dermed også relaterere til egen hverdag.</td>
<td>The campaign consists of television spots, radio spots and ads in magazines and outdoor. Familiar, everyday situations involving alcohol are depicted: at dinner, on a picnic or when watching television. Situations that most people can recognize and identify with - and thus also relate to their own lives.</td>
<td>40</td>
</tr>
<tr>
<td>Perspektivet i kampagnen for-</td>
<td>The perspective of the campaign conveyed through the active drinkers large user. As a viewer and reader one see how the drinkers are absent at a time when others expect his or her attention and presence, because he or she has had too much to drink.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>middles gennem den aktivt drikkekende storbruger.</td>
<td>Man får også et indblik i storbrugerens overvejelser om sit eget forbrug. Først benægter storbrugeren at have et problem – for derefter at reflektere over sit forbrug og måske nå til en beslutning om at gøre noget ved det.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>One also get an insight into the great user’s reflections on his own consumption. First deny large-user to have a problem - and then reflect on his for-use and perhaps come to a decision to do something about it.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Børn under 15 år skal slet ikke drikke - og forældrene skal ikke under nogen omstændigheder opmuntre eller introducere alkohol for børn. | Children under 15 should not drink - and parents should not under any circumstances encourage or introduce alcohol to children. |
| | Moreover people must be reminded of the limits of the recommended number of drinks - to make parents recognize the responsibility for their children's drinking habits. |

<p>| 2002 | Week 40 |
| Derudover skal folk mindes om grænserne for de anbefalede antal genstande - at gøre forældre opmærksomme på ansvaret for deres børns drikkevaner. | |</p>
<table>
<thead>
<tr>
<th>Year</th>
<th>Text</th>
<th>Text English</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>Sundhedsstyrelsen anbefaler, at børn ikke drikker; Børn og unge drikker mere end du tror. Det er de voksnes ansvar.</td>
<td>The DHMA recommends that children do not drink; Children and young people drink more than you think. It is the adults' responsibility.</td>
</tr>
<tr>
<td>2004</td>
<td>Har du tal talt alkohol med dit barn?; Ta'r det ene glas det andet?; Hvor tit skåler du med dig selv?</td>
<td>Did you talk about alcohol with your child?; Does one glass lead to the next?; How often do you toast with yourself?</td>
</tr>
<tr>
<td>2005</td>
<td>Drik ikke mere end 5 genstande på én gang; 5 små skarpe: Drik ikke alkohol for din sundheds skyld; Kvinder frarådes at drikke mere end 14 genstande og mænd mere end 21 genstande om ugen – og mindre er bedre; Drik ikke mere end fem genstande på én gang - fx på én aften; Nogle har særlig risiko for at blive afhængige; Nogle gange bør du slet ikke drikke.</td>
<td>Do not drink more than 5 drinks on one occasion; 5 advice on alcohol: Do not drink alcohol for the sake of your health; Women are advised not to drink more than 14 drinks and men more than 21 drinks a week - and fewer is better; Do not drink more than five drinks on one occasion - for example in one night; Some are at particular risk of becoming addicted; Sometimes you simply should not drink.</td>
</tr>
<tr>
<td>2006</td>
<td>Konsekvenserne af danskernes alkoholvægen; 5 små skarpe (jf. ovenstående); De 9 bud: Ingen</td>
<td>The consequences of the Danish drinking habits; 5 small pieces of advice (see above); The 9</td>
</tr>
</tbody>
</table>
### 2007

<table>
<thead>
<tr>
<th>Danish</th>
<th>English</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>alkohol til børn; Dine børn drikker mere, hvis du ikke siger nej;</td>
<td>commands: No alcohol to children; Your kids</td>
<td></td>
</tr>
<tr>
<td>Jo tidligere børn drikker, desto mere drikker de; Tal med dit barn</td>
<td>will drink more if you do not say no; The</td>
<td></td>
</tr>
<tr>
<td>om, hvordan man siger nej til alkohol; Lav aftaler med ven-</td>
<td>earlier kids drink, the more they drink;</td>
<td></td>
</tr>
<tr>
<td>nernes forældre; Lad vær med at servere alkohol for dit barn; Tal</td>
<td>Talk to your child about how to say no to</td>
<td></td>
</tr>
<tr>
<td>alkohol med dit barn før festen; Lær dit barn hvad en genstand er;</td>
<td>alcohol; Make arrangements with their friends'</td>
<td></td>
</tr>
<tr>
<td>Dine alkoholvaner smitter.</td>
<td>parents; Do not serve alcohol to your child;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Talk about alcohol with your child before the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>party; Teach your child how much a drink is;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Your drinking habits are contagious.</td>
<td></td>
</tr>
<tr>
<td>For meget alkohol sætter sine spor</td>
<td>Too much alcohol leaves its traces</td>
<td>40</td>
</tr>
</tbody>
</table>

### 2008

<table>
<thead>
<tr>
<th>Danish</th>
<th>English</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>For meget alkohol sætter sine spor</td>
<td>Too much alcohol leaves its traces</td>
<td>40</td>
</tr>
</tbody>
</table>

### 2009

<table>
<thead>
<tr>
<th>Danish</th>
<th>English</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Det er ikke kun dømmekraften du risikerer at miste - Stop før fem</td>
<td>It is not just judgement skills you risk loosing - stop before five</td>
<td>40</td>
</tr>
</tbody>
</table>

### 2010

<table>
<thead>
<tr>
<th>Danish</th>
<th>English</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stop før fem – det betaler sig; mindre druk mere fest</td>
<td>Stop before 5 - its worth while</td>
<td>40</td>
</tr>
</tbody>
</table>
Sæt poppen i og lad dit lys brænde længere; Intet alkoholforbrug er risikofrit for dit helbred; Drik ikke alkohol for din sundheds skyld; Du har en lav risiko for at blive syg på grund af alkohol ved et forbrug på 7 genstande om ugen for kvinder og 14 for mænd; Du har en høj risiko for at blive syg på grund af alkohol hvis du drikker mere end 14/21 om ugen; Stop før 5 genstande ved samme lejlighed; Er du gravid – undgå alkohol; Prøver du at blive gravid – undgå alkohol for en sikkerheds skyld; Er du ældre – vær særlig forsigtig med alkohol.

Cork up and let your light burn longer; No alcohol is riskfree for your health; Do not drink alcohol for your health's sake; You have a low risk of getting sick because of alcohol at a consumption of 7 drinks per week for women and 14 for men; You have a high risk of getting sick because of alcohol if you drink more than 14/21 a week; Stop before 5 drinks on the same occasion; If you are pregnant - avoid alcohol; Do you want to get pregnant - avoid alcohol as a precaution; Are you elderly - be especially careful with alcohol.

2012
Sæt proppen i: Tag en dag uden alkohol
Cork up: Have a day without alcohol

2013
Det er ok at sige nej tak til alkohol; Hvor meget skal der til før du siger "nej tak"?
It's ok to say no to alcohol; How much does it take before you say "no thank you"?

Sources: (Sundhedsstyrelsen ; Sundhedsstyrelsen 2000; Sundhedsstyrelsen 2003; Sundhedsstyrelsen 2004a; Sundhedsstyrelsen 2004b; Sundhedsstyrelsen 2005a; Sundhedsstyrelsen 2007; Sundhedsstyrelsen 2008a; Sundhedsstyrelsen 2008b; Sundhedsstyrelsen 2009; Sundhedsstyrelsen 2010a; Sundhedsstyrelsen 2010c; Sundhedsstyrelsen 2011a; Sundhedsstyrelsen 2011b; Sundhedsstyrelsen 2012b; Sundhedsstyrelsen 2013a; Sundhedsstyrelsen 2012a; Sundhedsstyrelsen 2013b; Advice 2013; Sundhedsstyrelsen 2014a; Schultz 2002; Peters 2002)
8.8 Appendix H – CULT

Sources: (Cult 2014b; Cult 2014a)
Source: (Tryktereklam 2014)