Reports of the Ministry of Social Affairs and Health 2006:21

Alcohol Issues in Finland after Accession to the EU

Consumption, Harm and Policy Framework 1990–2005

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Helsinki, Finland 2006

ISSN 1236–2115
ISBN 952-00-2014-4 (print)
ISBN 952-00-2015-2 (PDF)

Layout: AT-Julkaisutoimisto Oy
Printing: Helsinki University Printing House, Helsinki 2006

Summary

Alcohol issues in Finland after accession to the EU. Consumption, harm and policy framework 1990–2005. Helsinki 2006. 40 pp. (Reports of the Ministry of Social Affairs and Health, Finland, ISSN 1236-2115; 2006:21) ISBN 952-00-2014-4 (paperback), ISBN 952-00-2015-2 (PDF)

The publication dealing with alcohol issues in Finland after accession to the EU examines the present situation in a more extensive context than the national level. The publication discusses how alcohol consumption in Finland has developed compared to other European countries. Alcohol use in Europe has changed considerably in all countries, but in different ways and even in opposite directions. Also Finland's place on the European 'alcohol map' has changed thoroughly.

When examining Finns' alcohol consumption and its adverse effects it can be noted that consumption is further increasing among women, as well as to some extent among men and people of retirement age. Alcohol use among young people is increasing in some groups but, on the other hand, in recent years also the proportion of young people who refrain from alcohol use has increased. For the major part, alcohol-related harms have increased, and the adverse effects are associated with variations in total alcohol consumption.

The alcohol policy environment is changing continuously: the EU legislation and the expanded markets have undermined the traditional Finnish alcohol policy and reduced the effectiveness of price policy. In the situation generated by Finland's EU membership we have begun to seek new ways of influencing alcohol consumption and its adverse effects. On the other hand, discussion about alcohol problems from a public health perspective has also been raised at the EU level.

It is also assessed in the publication how the main objectives defined in the Government Resolution on Strategies in Alcohol Policy of autumn 2003 have been reached. At the moment the objectives are far from being realised.

The present review of alcohol issues in Finland, based on information compiled by the National Research and Development Centre for Welfare and Health (STAKES), the National Public Health Institute, the National Product Control Agency for Welfare and Health and the Finnish Institute of Occupational Health, is a part of the interim evaluation of the National Alcohol Programme in spring 2006.

Key words:

alcohol and drugs, alcohol policy, alcohol use, EU, Finland, prevention of substance abuse, programmes

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1 Introduction

The Alcohol Programme 2004–2007 started in April 2004. It was designed as one response to the alcohol policy situation created in Finland in spring 2004. On January 1, 2004, quotas restricting tax-free imports of alcoholic beverages by travellers for their own use from other EU countries were abolished. On March 1, the excise duty on alcoholic beverages in Finland was lowered by 33 per cent on average. The reduction affected strong beverages most and was intended to anticipate the accession of Estonia to the European Union (EU) on May 1, at which point it became possible for Finns to import cheap alcoholic beverages without restriction from Estonia.

The impacts of these changes on the consumption of alcohol and related adverse effects have been the subject of a lively public debate, most of which has been limited to comparing the years 2004 and 2005 only with 2003, which preceded the change. In this process, many issues may have escaped attention: the consumption of alcohol and its adverse effects had already reached a high level before the new changes.

It is therefore useful to place Finland's alcohol situation in a wider context. The second chapter of this review looks at the way the consumption of alcohol has developed in Finland in relation to other European countries. A comparison covering four decades shows that consumption of alcohol has changed a great deal in all countries, although in very different ways, even in different directions. Most importantly, Finland's place on the European alcohol map has changed completely.

The third chapter looks at alcohol consumption and its adverse effects over the period 1990–2005. The choice of a medium-length period was made on the basis of a number of factors. In terms of alcohol, the 1990s represented a turning point in many respects. The economic recession at the beginning of the decade reduced consumption and many related adverse effects. In 1995, when the recession had bottomed out and Finland joined the European Union, consumption began to rise. At the same time the EU provided the impetus for building the alcohol policy system on a new foundation. The end of the third chapter is an evaluation of the achievement of the main objectives of the Government Resolution on Strategies in Alcohol Policy issued in autumn 2003.

The fourth chapter describes current changes in the operating environment for alcohol policy: what happened when Finland's national alcohol policy system encountered the EU and what kind of alcohol policy is possible in Finland in the EU era?

The Alcohol Programme's steering group thanks the National Research and Development Centre for Welfare and Health (STAKES) and its Alcohol and Drug Research Group, which has prepared this review with the support of the National Public Health Institute, the National Product Control Agency and the experts of the Finnish Institute of Occupational Health. Senior researcher Christoffer Tigerstedt of STAKES was in charge of coordinating the work and writing the text.

2 Finland's alcohol consumption on the European map

We often talk about southern European wine culture as if it were a phenomenon that has remained unchanged throughout history. Nevertheless, wine-drinking in Mediterranean countries or alcohol consumption in Europe more generally are not an unchanging phenomenon. Alcohol consumption continued to increase in western Europe up to the 1970s, although France was an exception: consumption began to decrease there in the 1950s. In many other countries the increase came to a halt or took a downturn in the 1970s, and in the long term the decreasing trend has become remarkably permanent. In some countries the growth period was followed by a long, relatively even phase. Apart from this, there are a few countries where alcohol consumption has continued to increase in the long term. This rough classification into countries with a falling, stable or rising trend is shown in Table 1.

Table 1. Long-term trends in alcohol consumption in 16 European countries (EU 15 and Norway) 1960–2003

Falling	Portugal, France
Rising trend followed by falling	Belgium, Spain, Italy
Stable	Austria, Greece, Germany
Rising trend followed by stable	Netherlands, Great Britain, Luxembourg, Denmark
Rising	Ireland
Rising, stable, rising	Norway, Finland
Rising, falling, stable, rising	Sweden

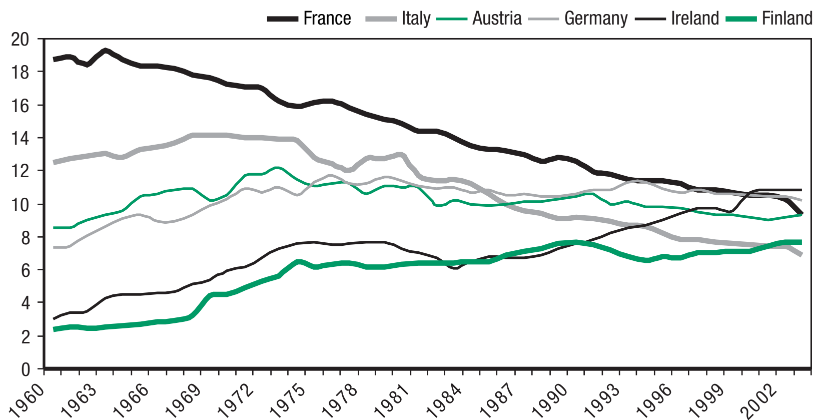
Sources: Norström 2002; Österberg & Karlsson 2002; World Drink Trends 2005

Countries characterized by a **falling** trend in alcohol consumption include primarily Mediterranean wine-producing countries where the consumption

of alcohol and wine in particular had taken a distinct downturn by the end of the 1970s. In this group we can also place Belgium, where consumption decreased from the mid-1970s to the beginning of the new millennium. The group characterized by a **stable** trend consists of a number of 'beer countries' in the central zone of Europe, and Greece. Alcohol consumption has remained at roughly the same level for the past 50 years in these countries, although the level of consumption may vary greatly from country to country. The group characterized by a **rising** trend includes Finland and also Ireland, where the rise has been particularly great (see Figure 1), and on the basis of the past decade, Norway and Sweden.

Two countries have been chosen from each group presented in Table 1, and their consumption curves are shown in figure 1. The figure shows that major differences in the level of consumption have been reduced considerably during four decades. Are we thus justified in arguing that alcohol consumption in various European countries is settling at more or less the same level? Hardly. One example that contradicts this is the fact that the alcohol consumption curves of Italy and Finland met in 2001, after which the falling trend continued in Italy and the rising trend in Finland, and the difference is now one litre of 100% alcohol per capita. Correspondingly, Ireland's consumption has exceeded that of France by a litre and a half. Two countries with a traditionally low consumption level have now overtaken two countries with a traditionally high consumption. In European comparisons, Ireland is now a leading alcohol consumer, and it is not beyond the bounds of possibility that Finland may join Ireland in the near future.

Figure 1. Recorded alcohol consumption in some EU countries in 100% alcohol in 1960–2003, litres per capita



Source: World Drink Trends 2005

The dynamics of alcohol consumption vary so greatly from culture to culture that it would be presumptuous to talk about consumption as converging within a single bracket. It is generally assumed that urbanization, a rapid decrease in family size and increased leisure have contributed to the falling trend in wine consumption in particular in the Mediterranean countries, while in Finland, the very same social changes are seen to have increased alcohol consumption. Correspondingly, in some countries increases in the consumption costs of households are not reflected in rising sales of alcohol, but in Finland, increasing consumption costs and sales of alcohol seem to go hand in hand.

It should be noted that of all the countries presented in Figure 1, Ireland is the only one with a consumption curve similar to that of Finland. It is difficult to explain the similarity of the curves. One characteristic attracts attention, however: in both countries, alcohol consumption has fallen primarily during downward economic trends, 1980–1983 in Ireland and 1991–1994 in Finland. In these countries, a thinner purse means fewer bottles. Since upward trends have been significantly more common, more and more alcohol has been consumed. Another factor connecting the Finns and the Irish is that these cultures still seem to accept and tolerate drinking for the purpose of intoxication.

Under such circumstances it is difficult to reduce the consumption of alcohol. The falling trend in the Mediterranean countries is largely based on the fact that water has replaced wine as an accompaniment to food. The rising trend in Finland again is a consequence of alcohol use becoming an everyday practice **while** the old drinking habits valuing intoxication have survived. As the use of alcohol has become more common among young people, adults and elderly people over the past few decades and spread to new drinking situations, drinking for the purpose of intoxication has not decreased but at least partly spread to these new groups and situations.

3 Alcohol consumption and adverse effects of alcohol in Finland 1990–2005

Alcohol consumption

In the following, alcohol consumption in Finland and its adverse effects are looked at primarily over the medium term 1990–2005. In the first year of the review period, overall alcohol consumption reached a high point for the time: 8.9 litres of 100% alcohol per capita. The record figure was noted, but the attitudinal atmosphere was contradictory. Unlike many western European countries, alcohol consumption had increased in Finland in the latter half of the 1980s. At the same time strong demands were made in the country to improve the availability of wines in particular. Apart from this, a new phase in European integration promised a freer alcohol policy and it was increasingly believed that 'continental' or 'European' drinking habits would spread to Finland.

Around 1990, the most optimistic commentators assumed that if healthy living habits are underlined sufficiently and if the glory of alcohol is dimmed, internationalization could at least bring the growth in alcohol consumption to a halt. The growth not only came to a halt but took a downturn; however, this was not accredited so much to health consciousness or changing living habits as to lower purchasing power. The economic recession reduced overall consumption of alcohol by a total of 10 per cent in the period 1991–1994 (Figure 2).

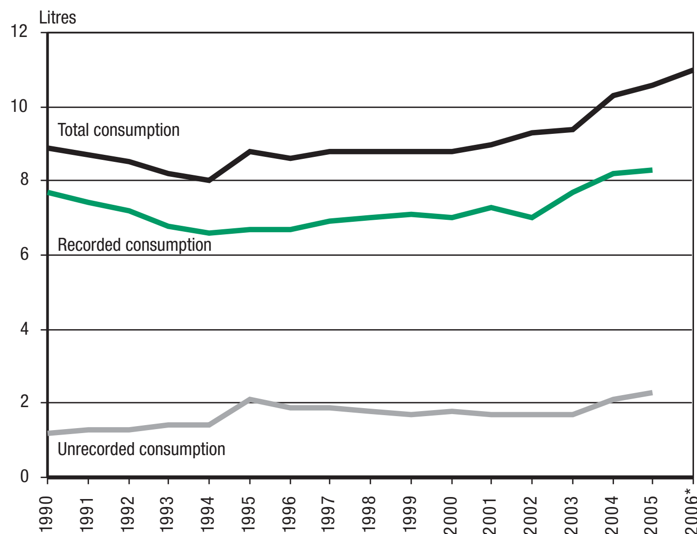
The temporary drop was followed by an increase of as much as 10 per cent in alcohol consumption. The growth was above all due to the abolishment of the time limits concerning alcohol purchased in third countries (Russia, Estonia), which caused accelerated imports of spirits and beers across Finland's eastern border and 'booze cruises' to Tallinn. To control the situation, the time limits for alcohol imported by travellers were tightened anew in 1996, as a result of which consumption settled at a level above that of the recession period for 1996–2000.

Figure 2 shows that total consumption of alcohol started rising slightly, 1–3 per cent a year, in 2001–2003. The 1990 record of 8.9 litres was exceeded for the first time in 2001: total consumption was recorded at 9 li-

tres. When Parliament decided to lower the tax on alcohol by an average of 33 per cent in late autumn 2003, consumption was already on the increase. The tax cuts of March 2004 boosted this increase, and in 2004 consumption went up by 10 per cent on the previous year. In 2005 the growth continued at a rate of two per cent on 2004. As a result of new import provisions, tax cuts on alcohol and the accession of Estonia to the EU, overall consumption hit 10.5 litres in 2005.

Unrecorded consumption of alcohol consists of alcohol imported by tourists, alcohol consumed abroad, illicitly produced and smuggled alcohol and alcohol produced legally in the home. Before Finland's accession to the EU, estimates of the proportion of total alcohol consumption accounted for by unrecorded consumption fluctuated around 15 per cent. Since then, the estimates have risen by some five percentage points. The increase has taken place primarily in amounts of alcohol imported by travellers from Russia and Estonia. Important turning points were 1995–1996, when imports from Russia increased, and 2004–2005, when imports from Estonia increased.

Figure 2. Total alcohol consumption in 100% alcohol 1990–2005 (*forecast 2006), litres per capita



Source: STAKES

In summary we can say that excluding low economic cycles, alcohol consumption has shown a rising trend in Finland. Growth has continued after the substantial rise in 2004, but the growth rate has slowed down and consumption would seem to have settled at a distinctly higher level than previously.

Drinking habits

The principal characteristics of the drinking habits of Finns have been found slow to change. The importance of intoxication in the Finnish alcohol culture and the concentration of drinking at weekends have prevailed for decades. It is also still rare to drink alcoholic beverages during lunch or at dinner on weekdays. On the other hand, changes have undeniably taken place. One of the major changes is that the use of alcohol has become more common among women, boys and girls since the 1960s, and heavy drinking and drinking for the purpose of intoxication have spread to these groups. Attention has recently also been paid to increased drinking among people who have reached retirement age.

Since the late 1980s in particular, alcohol consumption has spread to new situations, such as cultural, entertainment and sports events, restaurant terraces, summer festivals and other outdoor events. It has become a prevailing practice in leisure behaviour that alcoholic beverages are easily available.

A review period of fifteen years is rather short in terms of outlining slow changes in drinking habits. As far as distinct trends can be detected, they would seem to be related primarily to the drinking habits of women and young people referred to above.

Distribution of alcohol consumption among the population. It is a well-known fact that a small proportion of the population drinks most of the alcohol consumed. Among men, consumption would appear to have become somewhat more evenly distributed in the past few decades, although this trend would seem to have come to a halt at the beginning of the 1990s. In 1992, the tenth that drank the most among men consumed some 40 per cent of all alcohol consumed by men, and the figure has nor changed much in later research. On the other hand, consumption by women has become distributed more evenly, specifically over the past 15 years. In the 1990s, the tenth that drank the most among women accounted for 50 per cent of all consumption by women, and the figure has since come down by a few percentage points.

The proportion of alcohol consumption accounted for by women has remained fairly stable or risen slightly in the past few years. It has been estimated on the basis of a research study in 2004 that women consume close on one third of all alcohol.

Alcohol consumption by women and men. In survey research, ‘abstinence’ means that the respondent has not drunk alcohol during the past 12 months. The percentage of abstinent people, thus defined, in the population fell during the review period, particularly among women. In 1992, 17 per cent of all women in the age bracket 15–69 were abstinent, but since

2000 the figure has been 10 per cent. The proportion of abstinent men has fluctuated around 10 per cent throughout the review period.

The frequency of alcohol use has remained relatively stable since 1992, but the differences between men and women have been reduced somewhat. In 2004, over a third of all men drank alcohol at least a couple of times a week, while the corresponding figure for women was one fifth.

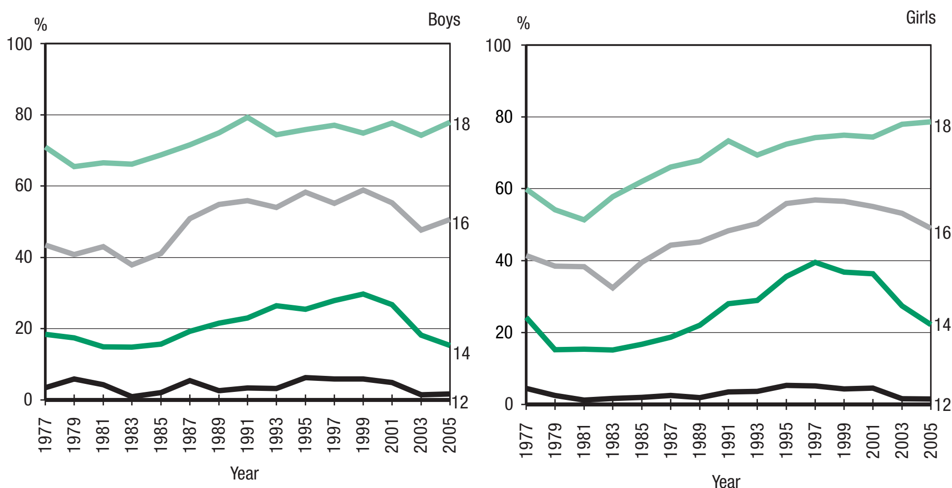
Drinking for the purpose of intoxication has become gradually more common among women since the 1970s. In 1992, a third of all women reported having been distinctly drunk at least once a **year**. In 2000 the figure was approaching 50 per cent. No similar trend was detected among men – the frequency of drinking for intoxication remained approximately at the level of the mid-1980s: more than a quarter of all men had been drunk at least once a **month**. Surveys carried out after 2000 are not directly comparable with previous ones, but would indicate that the frequency of drinking for intoxication has decreased among men in the past few years, whereas no change has taken place among women. We are thus justified in saying that differences between men and women in the frequency of drinking for intoxication have continued to diminish.

Drinking for the purpose of intoxication is most common among men and women aged 20–29. Of the women in this age bracket, 70 per cent drink to intoxication at least once a **year**. The proportion was on the rise in the 1990s but the growth would appear to have come to a halt. Drinking for the purpose of intoxication also increased among young adult men in the 1990s, and by 2000, 50 per cent of them were really intoxicated at least once a **month**.

One of the definitions of risk-level drinking is based on the number of standard drinks per occasion (one standard drink = a small bottle of beer or 12 cl of wine or 4 cl of spirits). Some research places the limit of risk-level drinking at 6 standard drinks in the case of men and 4 standard drinks in the case of women. Risk-level drinking defined in this way increased in the 1990s among both men and women. In 2004, one man in four had at least six standard drinks at least once a week. At the same time, one woman in eight had at least four standard drinks at least once a week. Survey research indicated that risk-level drinking based on these amounts did not change from 2003 to 2004.

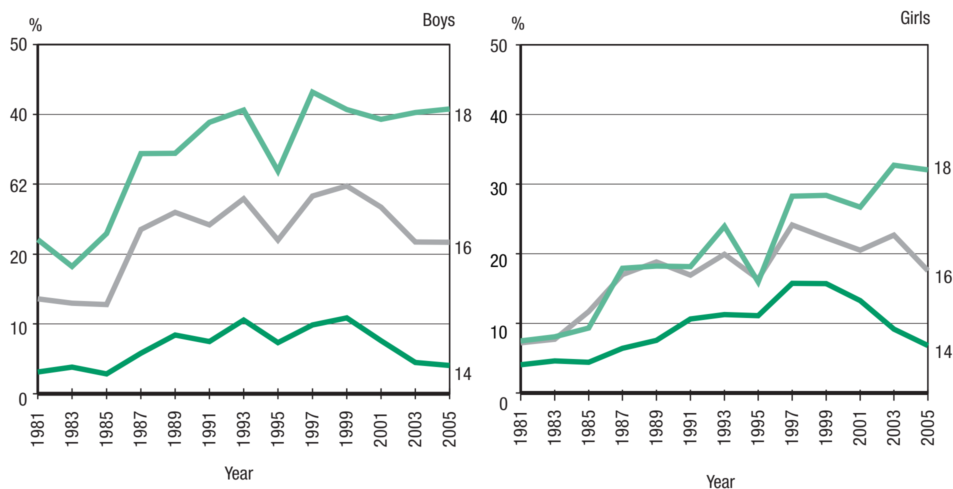
Alcohol consumption among young people. In the mid-1980s, alcohol consumption by teenagers began to increase according to all indicators, particularly among girls. The drinking frequencies and the frequency of drinking for the purpose of intoxication approached the level of boys. Since the early 1990s, the proportion of 14-year-old girls using alcohol at least once a month has exceeded that of boys of the same age. At the end of the 1990s, the frequency of drinking began to decrease among boys and girls of 12–16 years (Figure 3).

Figure 3. Proportions (%) of 12–18-year olds drinking alcohol at least once a month by age and gender 1977–2005



Source: Rimpelä et al. 2005

Figure 4. Proportions (%) of 14–18-year olds drinking to distinct intoxication at least once a month by age and gender 1981–2005.



Source: Rimpelä et al. 2005

Intoxication experiences have followed a similar trend. The proportions of boys and girls drinking to distinct intoxication monthly increased till the end of the 1990s, at which point the trend took a downturn among all age groups with the exception of 18-year-olds (Figure 4).

It has been noted recently that the drinking habits of young people are becoming polarized. On the one hand, the fifth that drinks the most continues to do so or even shows an increasing trend. One example of this is the recent increase in drinking for the purpose of intoxication among 18-year-old boys: in 2003, seven per cent drank to distinct intoxication at least one a week, but two years later the figure was up to 12 per cent. On the other hand, in the new millennium, progressively fewer boys and girls of 12 and 14 years of age have tried alcohol. The 2004 tax cut would seem to have accelerated the polarization of the drinking habits of the young and concentrated the problems on certain groups of young people.

Alcohol consumption among people of retirement age. Alcohol consumption by aged people has become a subject of public debate in recent years. Use of alcohol by people of retirement age has, however, increased gradually since the late 1980s. The amounts consumed have also increased. For the moment, the phenomenon is relatively limited but still worth attention.

The change is reflected in the fact that abstinence is becoming rare. In 1993, close on one third of the men in the age bracket 65–84 reported that they had not used alcohol during the past year. In 2005 this proportion had gone down to less than one quarter. The falling trend was still more distinct among women: in 1993, close on two-thirds of women in the age bracket 65–84 were abstinent, but the figure was down to less than a half by 2005. Use of alcohol is still more common in the age groups approaching retirement age.

A similar change is detectable in drinking frequency. In 1993 nearly one quarter of all retirement-age men reported that they had used alcohol at least once a **week**, but in 2005 the proportion was up to over a third. The change was significantly greater among women. In 1993, less than one fifth of retirement-age women used alcohol at least once a **month**. In 2005 the proportion had doubled.

The 2004 cuts in the taxation of alcoholic beverages would not seem to have changed alcohol consumption among people of retirement age but has rather supported an existing growth trend. Increased consumption of spirits among men is a single exception, however.

The 64–84-year-old people studied here are older than the baby-boom generation born after World War II. It was the baby-boom generation, sometimes called the boozing generation, that gave up abstinence *en masse* in the 1960s and 1970s. The impact of these age groups on moulding retirement-age drinking habits will thus not be seen until the 2010s and 2020s at the earliest.

Drink types and preferences. Current international comparisons have labelled Finland as a 'former spirit-drinking country'. The term is inaccurate and expressive at the same time. The quantities and proportions of **spirits**

remained high up to the end of the 1980s. In the early 1990s, the proportion of recorded alcohol consumption accounted for by these drinks shrank from 36 per cent (1990) to 26 per cent (1994), after which the proportion accounted for spirits remained almost unchanged up to 2003.

The 'former spirit-drinking country' refers to rough drinking habits on the one hand and to replacement of spirits with milder drinks on the other. The years 1990–2005 proved very interesting in the process of Finns moving over to milder drinks.

In 1990, the proportion accounted for by **beer** exceeded 50 per cent of recorded consumption of alcohol by Finns. (This had happened once before, in 1969, after which the proportion accounted for by beer fell, however.) Between 1990 and 1999 beer kept its dominant position as the proportion accounted for by it varied between 50 and 56 per cent. Since then the proportion has gradually gone down to 46 per cent.

In the 1990s Finland not only turned into a 'beer-drinking country' but into a 'medium-beer-drinking country'. When medium beer began to be sold in supermarkets and cafés in 1969, its popularity soared, but only momentarily. Strong beer continued to rise steadily up to the end of the 1980s. The second coming of medium beer took place in the late 1980s, but it was not until the 1990s – and the recession years in particular – that it surpassed strong beer for good.

Consumption of **red and white wines** began to rise in the mid-1980s, accounting for some five per cent of recorded consumption at the time. Since then it kept rising in absolute terms up to 2003, with the sole exception of 1996. In 2003 Finns drank twice as much wine as in 1990. At the same time, the proportion of recorded consumption accounted for by wines had risen from a scant 8 per cent to a good 15 per cent.

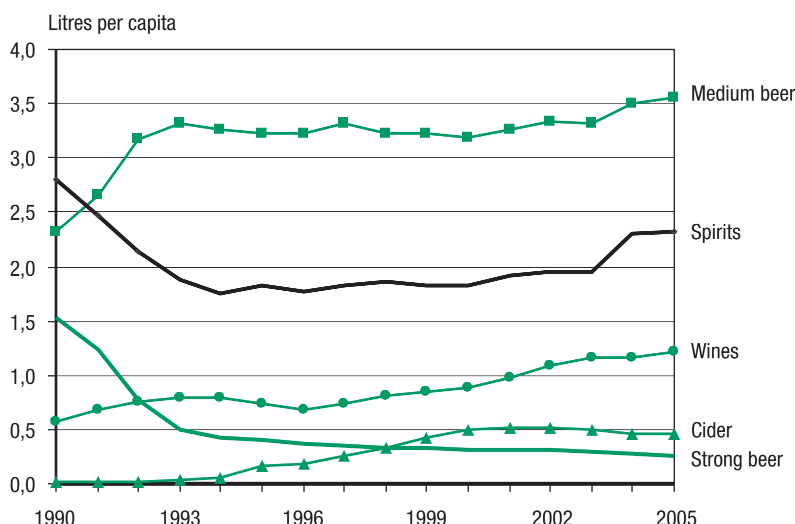
Drinking wine with food increased slightly in the 1990s but is still fairly rare. The increase took place among people over 50, and partly also among 30–49-year-olds. In surveys carried out after 2000, 12–13 per cent of the respondents reported having drunk wine with food at least once a week. It is worth mentioning that drinking wine with food decreased among women from 2002 to 2004 and settled at the same level as among men. The decrease was the most distinct in older age groups among women. Drinking wine with food is distinctly the most common in the Helsinki Metropolitan Area and among educated people.

The 1995 Alcohol Act made it possible for supermarkets, service stations and kiosks to sell **cider** containing a maximum of 4.7 per cent alcohol by volume, and cider soon gained popularity among young people and women. By 2000, the consumption of these drinks had tripled on the 1995 figure. After 2002, the consumption of cider has again fallen somewhat, and it accounts for six per cent of recorded consumption at the moment.

The 2004 cuts in the taxation of alcoholic beverages affected the popularity of different drink types. The proportion of recorded alcohol consumption accounted for by spirits rose significantly within one year: from 25.6 to 28.2 per cent. The proportion of wines, which had been rising continuously since the late 1980s, fell from 15.3 to 14.4 per cent. The proportion of medium and strong beer remained at 46 per cent.

Figure 5 shows how the consumption of different drink types developed in litres, converted into 100% alcohol in 1990–2004.

Figure 5. Recorded consumption of alcoholic beverages by drink type in 100% alcohol 1990–2005



Source: STAKES

The weekly rhythm of drinking. Drinking continues to be concentrated heavily at weekends. Particularly among men there has been a tendency of shifting towards the night and morning hours between Friday and Saturday. This has probably been influenced by the 1992 decision to extend restaurant opening hours to 2 a.m., after which the police commissioner (from 1995 onwards the National Product Control Agency for Welfare and Health and from 2004 onwards the State Provincial Office) could still grant a further extension till 3 or 4 a.m. From the mid-1970s onwards, only a few dozen permits had been granted for extended hours, and not till later than 3 a.m. The new practice caused the number of permits to jump from a few dozen to hundreds. In 1995, when the total number of restaurants with A or B licences was 3,500, some 650 restaurants were allowed to be open till 4 a.m. The granting of permits for extended hours was restricted to some extent temporarily, but in the new millennium the total number of permits

for extended opening hours has varied between 1300 and 1500, while the number of restaurants has exceeded 5,000.

Adverse effects of alcohol

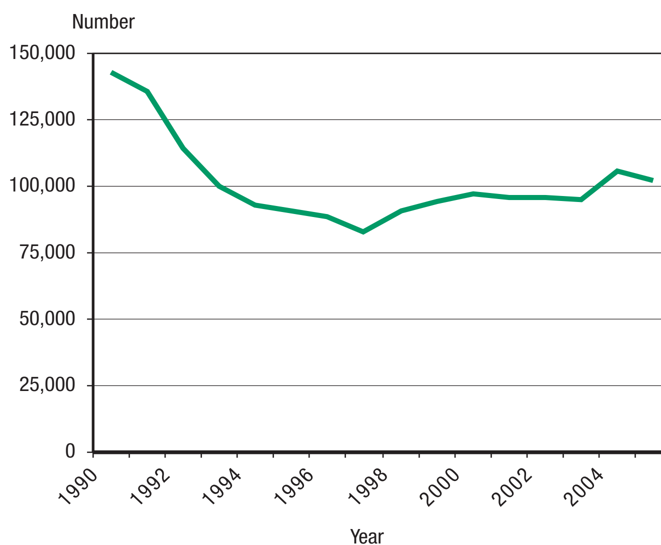
Occasional drinking to intoxication and continuous, heavy use of alcohol may result in adverse social and health-related effects. These harmful effects may affect the users of alcohol themselves, their immediate surroundings and the functioning of society in general. The harm related to alcohol consumption is often divided into acute and chronic effects. Acute effects, for instance, are thought to cover accidents related to occasional consumption of alcohol, while chronic ones are the result of prolonged drinking. Acute and chronic adverse effects are not, however, mutually exclusive. The proportion of absences from work resulting from single occasions of drinking accounted for by those suffering from the chronic effects of alcohol is manifold in relation to their number.

Uneven distribution of problems caused by alcohol among the population easily leads to the conclusion that action by the public sector should focus primarily on identifying and treating heavy users with an 'abnormal drinking pattern'. Many research studies point out, however, that such a choice would cover a limited proportion of adverse effects, firstly because the people who use fair amounts of alcohol and get intoxicated occasionally outnumber heavy drinkers many times, and secondly because even moderate drinking has adverse effects. When people are asked whether they have been involved in quarrels, fights, accidents, been robbed or detained by the police as a result of drinking, the total number of cases reported by the tenth that drinks the most is distinctly lower than that reported by the remaining nine-tenths. Likewise, the total number of treatment days as a result of alcohol-related diagnoses is clearly lower among the tenth that drinks the most than among all other alcohol users.

Intoxicated persons detained. In 1975, there were close on 300,000 cases where people were detained due to intoxication. By 1990 the figure had halved. In the 1990s the number continued to go down at a good rate and bottomed out at 83,000 in 1997. After a slight increase the number settled at 94,000–97,000. The developments in 2004 brought the figure up to 106,000, an increase of 11 per cent, and in 2005 the figure continued to stay above 100,000 (102,000; see Figure 6).

For several decades, the police have been trying to transfer the responsibility for detaining the intoxicated to the social and health authorities. As part of this attempt, the police have raised their threshold for taking people in. This is in fact the primary explanation for the decrease in the numbers of detentions up to the mid-1990s.

Figure 6. Detentions due to intoxication 1990-2005



Source: Statistics Finland

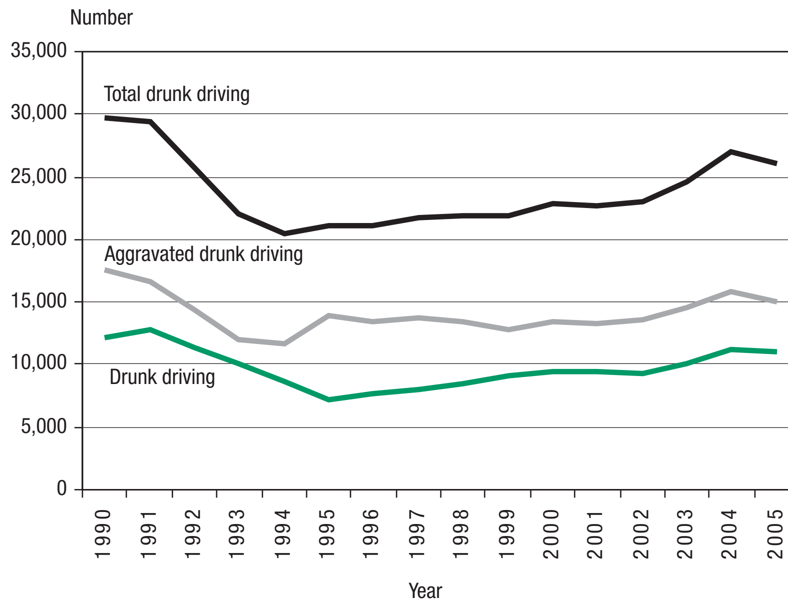
On the other hand, the police have to handle cases where the intoxicated can no longer take care of themselves. In relation to the consumption of alcohol it is interesting to note that the detentions fell up to 1995 but have since followed the consumption figures. The fact that the numbers of persons detained stopped decreasing has been explained by the new Alcohol Act issued in 1995, which for the first time allowed drinking outdoors in public places. The consequent disturbances made the press, in particular, demand that the police take stricter measures. We might also think that the police, having raised their threshold, only detained those who had passed out or were intoxicated to the degree that they could no longer take care of themselves, and the numbers of such people may well follow the trend in alcohol consumption.

Drunk driving. Alcohol weakens the ability of drivers to control their vehicles. On the other hand, as is the case with the numbers of detentions due to intoxication, the numbers of drunk drivers apprehended by the police are often considered to reflect the intensity of control measures by the police. Therefore, a certain amount of caution should be exercised in interpreting the curves shown in Figure 7.

Figure 7 shows that the numbers of cases of drunk driving reported by the police decreased from 30,000 to 20,000 in 1990–1994. After this, the number remained relatively stable or rose slightly to 23,000 in 2002. There was a distinct increase in the next two years, and the 27,000 in 2004 approaches the level that prevailed 15 years ago. In 2004 the increase was 10 per cent on the previous year.

The numbers of people injured in accidents involving drunk driving are an indicator that is not dependent on the activity of the police. Interestingly enough, the curve here follows the shape of the curves representing drunk driving. The number of those injured halved at the beginning of the 1990s, rose in 1995 and then remained stable up to 2002. Since then the number of road accidents involving drunk driving has begun to increase. The increase in 2004 was six per cent compared with the previous year.

Figure 7. Drunk driving, aggravated drunk driving and total drunk driving 1990–2005 (including driving under the influence of drugs)



Source: Statistics Finland

The proportion of people involved in these accidents accounted for by young drivers was high throughout the review period. It was highest in 2004, when as many as 43 per cent of alcohol-related road accidents involved drivers under 24.

The above indicators illustrating drunk driving follow the trend in overall alcohol consumption in 1990–2004 fairly closely.

Violence. The use of alcohol has a clear relation to violence. In 2000–2004, some 70 per cent of people suspected of assault were under the influence of alcohol. The number of people assaulted fell in the early 1990s but has been on the increase since 1994. In relation to the level of alcohol consumption, the number of assaults increased in 1990–2004.

In 2004, some 30,000 assaults were reported to the police, an increase of three per cent on the previous year, equivalent to the growth rate of the

past few years. The number of petty assaults increased faster than that of assaults and aggravated assaults. In addition, assaults on private premises increased by nine per cent, while assaults taking place in public places and restaurants went down slightly. One explanation might be that when alcohol prices in restaurants became less economical compared with retail prices, alcohol consumption was partly transferred to the homes.

The number of manslaughters and murders was the same in 2004 as in 1990, and their number has thus gone down in relation to the increased alcohol consumption. In 2004, there were 144 felonious homicides and 340 attempts; the respective figures for 2005 were 114 and 355. None of these figures depart from the long-range trend. Finland's felonious homicides are dominated by violence among socially excluded and alcoholic men.

Children and young people placed outside their homes. There are no established statistical records of the proportion of domestic violence accounted for by alcohol, and neglect of children cannot be measured. The importance of substance abuse is handled in varying ways in statistics on children taken into custody. Although the data is defective it is clear that substance abuse problems are a significant factor when children have to be placed outside their own homes. Individual surveys also report that heavy substance abuse by parents has been a reason or even the principal reason for 30–50 per cent of all cases of taking children or young people into custody.

A recent survey carried out in the Helsinki Metropolitan Area showed that substance abuse by parents was the most common factor causing a need for taking children or young people into custody. 43 per cent of all decisions on taking children or young people into custody (N=134) mention the parents' substance abuse problem. This proportion was significantly higher, as much as 67 per cent in the case of children under 12. The survey revealed that two-thirds of all references to parents' substance abuse concerned mothers. On the one hand, this is an indication of increased substance abuse by women and on the other, an indication that mothers' substance abuse is a more significant factor in decisions on taking children or young people into custody than that of fathers.

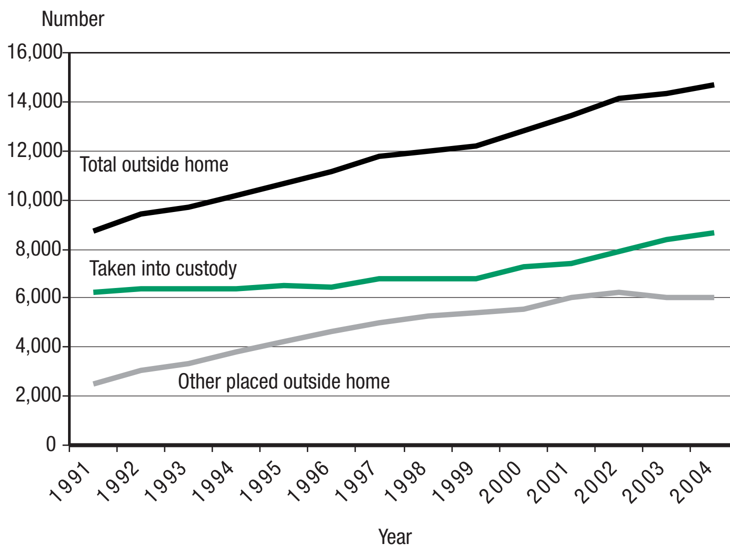
In outpatient care too, use of alcohol has been found to be among the three most important factors causing the need for child protection in over a third of all cases. In Helsinki, substance abuse by parents was the most common factor affecting the need for child protection in 2003.

Since the beginning of the 1990s, the number of children placed outside their homes by decision of the social welfare board has been rising steadily. In 1991, the number was 8,700 and in 2004 14,700 (Figure 8). Some 60 per cent of these children and young people have been taken into custody, in other words placed in children's homes or other institutions. The growth in the number of children in outpatient care, i.e. in child guidance and fam-

ily counselling, has been still faster. In 1992 there were 23,500 such children, and 12 years later the figure was as high as 60,000.

The trend in the number of children placed outside their home does not correspond to that in the use of alcohol. This is particularly true of the early 1990s. The increase in the numbers of children placed outside their homes has been explained by the effects of the economic recession. The rate has been roughly the same since, however. There must be multiple explanations, and one of them has to be substance abuse.

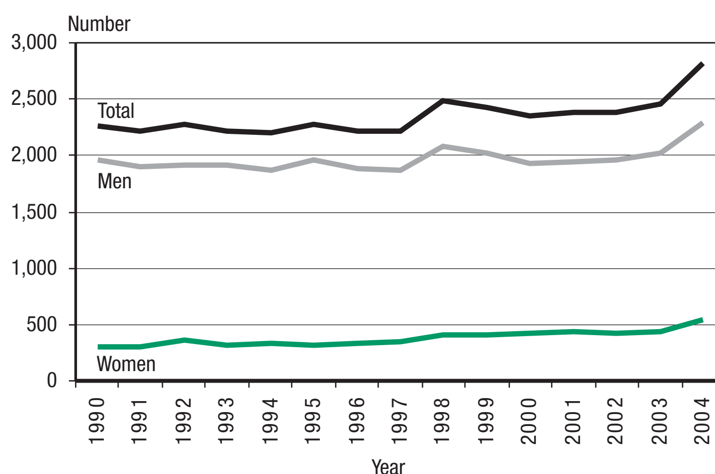
Figure 8. Indicators for children and young people placed outside their homes 1991–2004



Source: STAKES

Alcohol-related deaths. Alcohol-related deaths can be divided into three categories. First, there are cases where the basic reason for death is an alcohol-related disease (e.g. liver cirrhosis or pancreatic disease) or alcohol poisoning. In the period 1990–2004 there were on average 1,400 such deaths per year. Second, violent and accidental deaths with alcohol intoxication as a contributing factor (e.g. accidents involving drunk driving) are recorded. These deaths will be called intoxication-related deaths here, and their number was some 1,000 per year on average. These two categories are presented in Figure 9. The third category is a mixed one, with some alcohol-related disease (e.g. alcohol dependence) or intoxication as a contributing factor and some other reason than accident or violence (e.g. sudden cardiac death) as the basic reason for the death. These statistics are not issued annually. In 1990–2004 their number was some 700 a year. The total annual number of alcohol-related deaths was thus well over 3,000 on average.

Figure 9. Number of deaths resulting from alcohol-related diseases or poisonings (principal diagnosis) and from intoxication-related accidental and violent deaths by gender 1990-2004



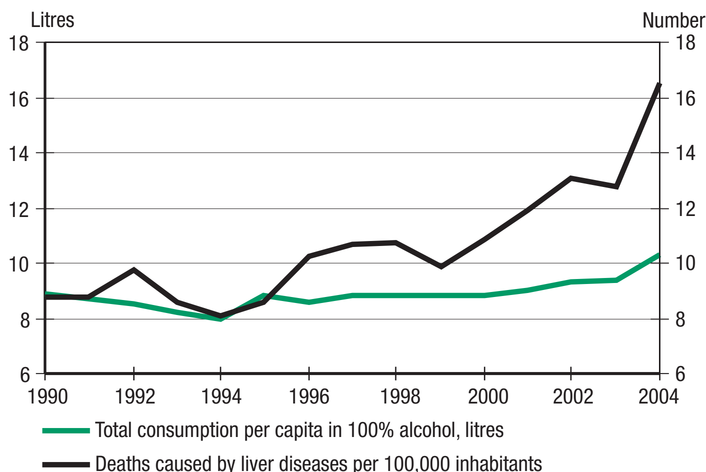
Source: Statistics Finland

In 1990, a total of 1,230 people died of alcohol-related diseases and poisonings: in 2004 the figure was 1,860. For women, the increase was close on 80 per cent, for men slightly less but nevertheless distinct. These trends followed the variation in alcohol consumption relatively closely. Men's deaths resulting from alcohol-related diseases and poisonings decreased as consumption fell in the early 1990s. When consumption began to rise again in the early years of the new millennium, deaths increased among both men and women.

Usually increases in alcohol consumption are related to growth in the numbers of deaths caused by alcohol-related diseases and by alcohol poisoning. Although the direction of the trend is the same in the long term, the rate is different. In 2004, for instance, the number of deaths caused by liver disease was nearly twice as high as in 1990, although total consumption of alcohol in 2004 was only 16 per cent higher than in 1990. This is shown in Figure 10.

The ten per cent increase in consumption in 2004 contributed dramatically to the increase in the numbers of deaths caused by alcohol-related diseases and alcohol poisoning. The increase was 20 per cent among men and 17 per cent among women. The relative increase was still more significant, 35 per cent, among younger age groups (the 25–44 age bracket), in which there are fewer cases than in the older age groups. Deaths caused by alcohol-related liver diseases increased by as much as 30 per cent.

Figure 10. Total consumption of alcoholic beverages in 100% alcohol and deaths caused by alcohol-related liver diseases 1990–2004



Source: STAKES

The trends in intoxication-related deaths vary and are more difficult to examine. Men's intoxication-related deaths have decreased, but among women the changes are not systematic. Therefore, this type of death has not followed the trend in alcohol consumption. One reason for this may be that the improved service system is successful in preventing accidental and violent intoxication-related deaths. Another possibility is that the falling trend in men's intoxication-related deaths reflects alleviation of the extreme forms of men's drinking culture, i.e. that heavy drinking is on the decrease or the ability to avoid linking intoxication and risky situations is improving.

In 2004, the number of men's intoxication-related deaths rose by nearly 40 per cent. In relative terms, the growth was greatest among 15–24-year-olds (27 per cent). Intoxication-related deaths of women in this age group as much as doubled, which is in part due to the low starting point: there were 24 cases in 2004 against 11 in 2003.

Treatment of the adverse effects of alcohol. The volume of services offered by the health and substance abuse services to people with substance abuse problems also illustrates the trend in the adverse effects of alcohol. There is good reason to have some reservations about quantitative changes in the use of services, however. Changes in the availability of treatment services, for instance, affect the demand for services, and we do not know to what extent changes in the use of treatment services reflect fluctuations in alcohol problems and to what extent variation in the supply of treatment.

Statistics on substance abuse services covering 1990–2004 support the view, however, that total consumption of alcohol is strongly linked with the

numbers of customers of the substance abuse services. This applies to both A-clinics, youth policlinics and detoxification centres. **A-clinics** are outpatient service units for problem users of alcohol and other intoxicants. When total consumption began to decrease in the early 1990s, the number of customers of A-clinics fell from 38,500 to some 34,000. Visits varied around 300,000. When consumption began to increase again in the mid-1990s, the number of customers settled at its previous level. In the new millennium, there have been more than 41,000 customers each year and in 2004 the number rose to 43,000, some three per cent more than the previous year. There were close on 400,000 visits in 2004.

The same trend applies to youth policlinics, i.e. outpatient service units for young people and their relatives helping in substance abuse and other issues. In 1990, the nine existing centres were visited by 3,000 customers, and the visits numbered over 24,000. As alcohol consumption fell, the numbers of customers varied between 2,600 and 2,700, after which statistics show a nearly uninterrupted increase. The record, 5,600, was registered in 2000 and 2001. The number of visits has doubled on 1990, possibly a consequence of the fact that the number of centres, too, has doubled.

Correspondingly, the falling trend in the consumption of alcohol in the early 1990s and the rise in the mid-1990s were reflected in the numbers of customers at **detoxification centres and rehabilitation institutions.** In the new millennium, customer numbers have varied between 15,000 and 17,000. In 2004, the number of customers increased by six per cent. The number of treatment days in detoxification and rehabilitation has continued to increase rapidly throughout the early part of the millennium. In 2000, there were 318,000 treatment days, while in 2004 the figure was as high as 406,000. According to substance abuse services professionals, longer treatment periods are an indication that the customers' condition has deteriorated.

Since 1990, the number of hospital treatment occasions when the principal diagnosis is alcohol-related has varied between 20,000 and 27,000, on average 24,000, of which men account for some 20,000. The years 1996–1998 were record years for men's alcohol-related hospital treatment and in 2004, the number of treatment occasions again rose, approaching these record figures. Among women, the development trends were similar, but the fall in the figures for the early years of the new millennium was smaller. Hospital treatment for women increased by 76 per cent during the period under review, and 31 per cent for men. In quantitative terms the number of men's treatment periods grew more, however.

In 2004, alcohol-related treatment periods increased by nine per cent. In relative terms growth was the same for men and women, but in absolute terms men's treatment periods increased by close on 1,800 periods, while women's treatment periods increased by 400.

During the period under review, the alcohol-related diseases treated most frequently by hospitals were alcohol dependence, alcohol intoxication and alcohol-related organic brain syndromes (e.g. alcohol psychoses). Liver and pancreatic diseases were also common. The number of those treated and diagnosed as alcohol addicts has gone down steadily. This is in part explained by the adoption of the new international ICD-10 Classification for diseases in 1996. Behind this trend there may be a more general desire to channel patients receiving treatment for chronic conditions to outpatient clinics and the social services sector.

The number of those treated under an intoxication diagnosis increased most during the period under review. It is obvious that the reduction of 60,000 in the number of detentions due to intoxication was due to the fact that some of the intoxicated people were not taken to the police but to health centre emergency units. It is also possible that diagnosing borderline cases as alcohol dependence, alcohol intoxication or alcohol-related organic brain syndromes has gradually changed after the adoption of the new disease classification. Hospital treatment of liver diseases and even alcohol psychoses has increased significantly, while the aggregate number of other alcohol consumption related hospital treatments (primarily poisonings, gastritis and pancreatic diseases) has remained fairly stable. Thus it is liver diseases that follow most closely the trend anticipated on the basis of average alcohol consumption.

The increase in treatment periods involving alcohol diseases was primarily due to three alcohol-related diagnoses. Treatment periods for organic brain syndromes caused by alcohol increased by 16 per cent, treatment periods for alcohol intoxication by 12 per cent and treatment periods for liver diseases caused by alcohol by 16 per cent.

How have the principal objectives of the Government Resolution been achieved?

On October 9, 2003 the Government issued a Resolution on Strategies in Alcohol Policy. Six weeks before that, the Government had submitted a bill to Parliament on reducing taxes on alcohol. Parliament passed the bill on November 28, 2003. The purpose of the Resolution was to outline the future of Finland's alcohol policy in a situation in which alcohol consumption was on the increase even before the tax decision and the adverse social and health effects of alcohol were growing. The Resolution says: "The liberalization of imports by travellers from countries with lower prices and the pressures that this causes to cut the taxation and prices of alcoholic beverages only serve to make the situation worse. The growth in consumption is also lead-

ing to a rise in the need for social welfare and health-care services, which is increasing costs for municipalities.”

On the basis of its review of the situation, the Government took the view that action under the Resolution and the Alcohol Programme then under preparation must aim specifically at three objectives:

(a) adverse effects caused by alcohol on the well-being of children and families must be reduced considerably,
(b) risk-level use of alcoholic beverages and consequent adverse effects must be reduced considerably,
(c) a downward trend must be created in the overall consumption of alcoholic beverages.

The Government Resolution does not specify from what point onwards or according to what time span adverse effects, risk-level use and overall consumption should be reduced. It would seem natural to calculate the decrease from the date of the Resolution and determine the time span as the Government’s period of office (2003–2007). From this angle the objectives appeared extremely difficult to achieve from the very beginning, as the Government had only moments earlier proposed to Parliament that taxes on alcoholic beverages be reduced considerably in spring 2004.

(a) Statistics and individual surveys would indicate that the suffering caused by alcohol to children, young people and families has not been reduced, rather the opposite. Survey research shows that some young people are increasingly steering clear of heavy alcohol consumption or drinking alcohol in general. At the same time, the proportion of heavy drinkers has increased in certain age groups among the young.

Experts are aware of the fact that it is vital to document the role of intoxicant use in child protection cases much better than is currently done. For this purpose, opportunities for developing child protection statistics and improving cooperation practices in child protection and substance abuse services have been charted.

(b) According to survey research, risk-level drinking and drinking for the purpose of intoxication did not increase among the mainstream population in 2004 compared with the previous year. Instead, some research observations indicate that men’s drinking for intoxication was showing a downward trend. Adverse effects relating to occasional consumption of alcohol reported by respondents were approximately as frequent in both 2004 and 2003. It is known, however, that surveys do not reach heavy users efficiently, as many harm indicators report

increases in various risk-level drinking patterns, such as drunkenness in traffic, detained intoxicated people, use of substance abuse services and last but not least alcohol-related diseases and poisonings.

(c) Turning the growth trend in overall consumption downward is not likely to happen during the current Government's period of office. Contrary to the Government's objective, overall consumption of alcohol has been increasing throughout the present government's period of office. In the preceding year, i.e. 2002, consumption was 9.3 litres of 100% alcohol per capita. In 2003 the figure rose to 9.4 litres. With the contribution of the following year's alcohol policy changes consumption rose to 10.3 litres in 2004. In 2005, the growth trend continued but slowed down, and the overall consumption figure recorded was 10.5 litres. Some evening out can thus be detected, but at present there are no signs yet of a downward trend in overall consumption. As the previous section describing the adverse effects of alcohol showed, overall consumption is important in terms of ill-effects.

At the beginning of November 2005, the Government set up a ministerial working group on alcohol policy to prepare action to reduce the observed adverse effects of alcohol. At the suggestion of this working group, the Government recommended the following action at the beginning of March 2006:

- retail sales of alcoholic beverages will be postponed to begin at 9 a.m. at the earliest instead of 7 a.m.,
- quantity discounts will be forbidden on sales of beer,
- advertising of alcoholic beverages on television will be allowed only after 9 p.m. and such advertising will be prohibited when showing films to underage children in movie theatres,
- a warning will be added to alcohol packages and bottles stating that alcohol may cause foetal damage,
- enforcement of the prohibition on selling alcoholic beverages to underage children and intoxicated people will be intensified.

By recommending these measures the Government wanted to show it is responding to the increasing adverse effects of alcohol. Many proposals for action call for amendments to legislation, i.e. parliamentary procedure. The government did not propose increases in tax on alcoholic beverages, although the significant cut in tax on alcohol in 2004 caused a distinct increase in alcohol consumption.

4 Operating environment for alcohol policy at the beginning of the new millennium

Over the review period of 1990–2005, both alcohol consumption and related adverse effects have gone down, risen, stabilized and risen again. Although there are some exceptions, as a whole consumption and adverse effects have not only increased but have more or less been linked together. Longer-term variation in consumption has been explained by a number of factors, above all by changes in purchasing power, the fact that alcohol has become an everyday product in our culture and looser regulation of alcohol consumption. From 1990 onwards, economic integration in Europe has played a special role in Finland's alcohol policy. Since 2004 especially we can feel confident in saying that the EU operating principles affecting the regulation of the Finnish alcohol market have contributed to the increase in alcohol consumption.

The review period chosen is appropriate for considering alcohol policy, preventive substance-abuse work and changes on the alcohol market. In the first year of the period, 1990, negotiations were launched on the European Economic Area (EEA) Agreement followed by EU membership negotiations. This process started the restructuring of the operating environment for alcohol policy, which is still under way.

A great deal has been written on EU and Finnish alcohol policy from different angles, e.g. the publication **Alcohol Programme 2004–2007. Starting points for cooperation** contains an extensive review of the trends in the operating environment for alcohol policy from1990 to 2003. Fresh reviews can also be found of the history of the Finnish alcohol system, the trends in alcohol policy and preventive substance-abuse work since the 1990s, the government-owned alcohol company Alko's adaptation to EU legislation and the adaptation of the Finnish alcohol market to the EU single market.

On the other hand, very little has been written on the general operating conditions for alcohol regulation in Finland in the EU era and on the political environment in which alcohol policy and preventive substance-abuse work, emerged as its companion concept, are carried out. The basis here is the re-modification of long-term Finnish alcohol policy tradition to fit the new operating modes prevailing in Finland in the EU era.

Before Finland's accession to the EU, the Finnish tradition rested on three pillars:

(1) central government strived to minimize private profit-seeking in alcohol production and sales,

(2) the physical availability of alcoholic beverages was strictly restricted,

(3) the economic availability of alcoholic beverages was regulated by heavy taxation, which reduced willingness to buy and put money in the central government till.

One of the principal objectives of the tradition was to curb alcohol consumption and its adverse social and health effects. At the institutional level these operating principles were manifested in an influential state monopoly with the sole right to production, import, export, wholesale, retail and pricing of alcoholic beverages. This structure was in place from 1932 to 1995.

The collision of this system with the European single market can be described using two dimensions, one representing the degree of strength and bindingness of measures affecting alcohol issues. This dimension is often described by making a distinction between binding legislation (hard law) and non-binding legislation (soft law). The other dimension concerns the level of competence: on the one hand Finland acts as a nation state relying on its own decision-making mechanism, on the other Finland is part of the EU decision-making system as a Member State of the EU.

Strong alcohol legislation, specifically the Alcohol Act has formed the essential foundation of Finnish alcohol policy. Alcohol legislation laid down the basic social and health objectives and restricted the scope of production and trade. Apart from this, there has been a lot of other action aimed at prevention of the adverse effects of alcohol in Finland. The best example of this comprises the temperance and other voluntary organizations (a special feature in Finland is that even this kind of activity has been provided for by law).

Before Finland's and Sweden's accession to the EU, similar administration of alcohol issues did not exist in any other single EU country, not to mention the EU as a community. Various Member States may have had alcohol-related legislation, for instance on drunk driving, alcohol advertising and age limits for purchasing alcohol, but no comprehensive central government control essentially restricting the operation of the market has existed. The same applies at the EU level. EU alcohol issues have been discussed as issues of agricultural and employment policy with the purpose of rationalizing wine production and promoting the marketing of wine. From the consumer's viewpoint, alcoholic beverages have been regarded as ordinary consumer commodities, which in principle come under the EU's basic aim of promoting free movement of capital, goods, services and people. Contin-

uous progress towards the completion of the single market can indeed be regarded as the foundation for the EU's binding legislation.

Since the 1990s, the EU Commission has attached increasing attention to alcohol problems as issues concerning public health and young people. This has not been a matter of creating binding EU legislation, however, but of issuing various recommendations, resolutions and programmes, i.e. soft law.

When the dimension of bindingness of decision-making is arranged in a four-fold table together with the dimension concerning the level of competence (nation state on EU level) it is easier to see what kind of a transition has taken place in Finland's alcohol policy and preventive substance-abuse work after accession to the EU (Table 2).

Table 2. Re-modification of alcohol policy in EU Finland

	Finland as Member State	**EU level**
Role of binding legislation (hard law)	1. The key devices of alcohol policy (regulation of prices and market) in Finland's legislation grow weaker, as EU legislation is established above national law. Formally Finland continues to decide on rules concerning issues such as alcohol tax, drunk driving, purchasing age limits, numbers of sales outlets and advertising. In practice, free import of alcohol for people's own use and expansion of the single market restrict the chances of maintaining a high level of taxation.	2. The building of the EU single market has a considerable impact on Finland's alcohol policy. Although the EU does not interfere with national social and health legislation directly, single market legislation affects social and health conditions indirectly. According to the Amsterdam Treaty, the EU must promote public health. On the other hand, the utilization of binding legislation for public health purposes is strictly limited at the EU level, since the EU is not allowed to harmonize legislation on public health in Member States.
Role of non-binding legislation (soft law)	3. The focus of alcohol policy is shifted towards regional and local work and towards work to prevent and remedy harm . General government and voluntary organizations make partnership agreements. The fixed-term governmental alcohol programmes are given an established status.	4. Interest arises in the EU in the social and health impacts of alcohol consumption. Finland participates in the action. The EU Council has given a recommendation on the use of alcohol by children and young people (2001/458/EC) and decided on drawing up a strategy for reducing alcohol-related harm (2001/C 175/01). The strategy will be submitted for adoption in autumn 2006.

Fields 1 and 2 illustrate the basic tension between Finland and the EU in managing alcohol issues. The key issue in Finland used to be protectionist restriction of alcohol production, domestic alcohol trade and imports of alcohol affecting the whole population, while the EU's primary objective is the elimination of obstacles to trade on the single market. Finland has defined alcoholic beverages as special commodities causing adverse social and health effects, while the EU regards the same beverages as ordinary goods among other goods. In other words, Finland has had special binding alcohol legislation based on social and health considerations and aimed at restricting the market. In the EU, on the other hand, binding legislation concerns above all liberalization of trade and, in principle the EU does not create, at least directly, binding legislation on social and health issues.

The changes that have taken place in the regulation of Finland's alcohol issues are a model example of how EU membership can weaken a single Member State's opportunities to exercise an independent social and health policy. It is true that Finland continues to decide on the level of taxation of alcoholic beverages sold in the country, but this takes place under completely different circumstances within the framework of the single market and the EU legislation controlling it, which means in many cases national policy becomes a rather relative concept. The end result is that the core instruments of Finland's alcohol policy, i.e. strict regulation of prices and markets, is no longer possible.

In practice, the EU has presented many challenges to Finland's alcohol policy. Key issues of principle concern the compatibility of an alcohol monopoly structure with the European Economic Area (EEA) and EU legislation, and abolishment of import restrictions on alcoholic beverages in the EU area.

(a) In 1994, it was announced on the basis of the EEA Agreement that Alko's sole right to the production, import, export and wholesale of alcoholic beverages was in conflict with the EU's single market rules. The sole right to the retail sale of alcoholic beverages containing more than 4.7 per cent of alcohol was found to be legal. In 1995, the issue of the legality of retail sales was submitted to the Court of Justice of the European Communities, however, and two years later the Court declared, contrary to the expectations of many, that the state retail monopoly was compatible with EU legislation.

(b) Since 1993, EU citizens have been able to take a desired amount of alcoholic beverages from one EU country to another for their own use. Countries with a high tax on alcohol, such as Finland, Sweden and Denmark, negotiated temporary derogations from this rule for themselves. According to these derogations, travellers were allowed to import only a certain quota of beverages. Finland dismantled these

quotas gradually and abolished them completely as from the beginning of 2004.

The collision of fields 1 and 2 in Table 2 illustrates the claim that traditional Finnish alcohol policy has been shaken seriously during Finland's EU membership. All three pillars have been weakened. Firstly, since Alko's old monopoly structure was dismantled in 1995, we can no longer talk about minimizing profit-seeking in the production and sale of alcohol. Secondly, physical availability has been facilitated with domestic decisions both at the beginning of the 1990s and during Finland's EU membership. An essential change related to this was the abolishing of import restrictions on alcoholic beverages in 2004. Nevertheless, an important element in Finland's restrictive alcohol policy, i.e. the state-owned Alko's retail monopoly, continues to remind us of the old tradition. Thirdly, restriction of economic availability by high prices weakened in 2004, especially in the case of spirits and beers.

In the situation created by its EU membership, Finland has begun to look for new ways of influencing alcohol consumption and the ill-effects of alcohol. The situation has been made more difficult by the fact that the previous Alko had no obvious successor in alcohol policy. Preparatory and implementing duties were transferred to the Advisory Board on Alcohol, Drugs and Temperance Affairs under the Ministry of Social Affairs and Health in 1995. The board had the difficult task of inventing activities to 'replace' the threatened national-level action. Its response to the challenge was a fixed-term alcohol programme that soon became an alcohol policy institution in the public sector. Since 1996, these programmes have tried to gather alcohol policy actors together through a loose networking strategy. The aim has been to strengthen the fragmented field of actors in preventive work and improve cross-sectoral cooperation between authorities. The strategy places great hopes in the ability of local and regional action to prevent and remedy the adverse effects of alcohol (field 3). The programmes have been implemented with very scant resources.

The alcohol policy changes of 2004 raised the profile of the alcohol programme as it was adopted as part of the Government Programme and implemented as part of the Government Resolution. The current Alcohol Programme (2004–2007) has extremely ambitious objectives in view of the tax cuts on alcoholic beverages and the changed market situation. The Programme should promote the achievement of the Government's three principal objectives (see above) and develop new work methods and new models for organizing national, regional and local alcohol policy and preventive work.

Finally, it is interesting to find that discussion has arisen on alcohol problems at the EU level (field 4). The introduction of alcopops in Britain in the mid-1990s was an important motive for this. These beverages spread rap-

idly to the rest of Europe and their bold marketing campaigns targeted at young people attracted attention even in the European Parliament. This 'alcopops incident' can be regarded as the first time that alcohol was looked at from the viewpoint of public health in the EU. As a result, alcohol policy issues were given a more prominent status on the EU agenda. A working group was set up in the Commission to share experiences and information on alcohol policy and alcohol problems.

In the discussion of the alcopops incident in the Commission, the focus shifted from aggressive marketing to the use of alcohol by children and young people in general, however. The Commission took its time handling the case until the process resulted in a Council Recommendation and conclusions on the use of alcohol by children and young people in June 2001.

Finland, and particularly Sweden, have both played a role in bringing the social and health policy aspects into the limelight in alcohol issues. Towards the end of the 1990s a research study comparing the EU countries and Norway (European Comparative Alcohol Study ECAS) was begun on Sweden's initiative and with Commission funding, charting trends in alcohol policy, alcohol consumption and related adverse effects from 1950 to 2000. The principal responsibility for the study was carried by Sweden and Finland.

The Nordic countries have acquired a profile as defenders of a restrictive alcohol policy in the EU. One example is a joint statement by the prime ministers of the Nordic countries in 2004 on alcohol issues. In their statement the prime ministers expressed their concern over the fact that national and local opportunities of reducing adverse effects caused by alcohol had weakened and demanded that the minimum alcohol tax levels in EU be raised and restrictions begin to be applied to alcohol imports.

5 Summary

A survey of the situation concerning alcohol in 1990–2005 leads to the following conclusions:

- Overall consumption of alcoholic beverages in Finland has reached a level that is high even by European standards.
- Consumption of alcohol continues to become more common among women, to some extent also among men and people of retirement age. Use of alcohol by young people is increasing in some groups, but in recent years there have been more abstinent young people than before.
- Most alcohol-related adverse effects have increased and are related to variation in total consumption of alcohol.
- European Union legislation and expanding markets have weakened traditional Finnish alcohol policy and reduced the influence of pricing policy.
- We are still far from the objectives set in the Government Resolution.

One might imagine that in a situation such as this, strong and organized voicing of opinions would arise at various levels of society in order to reduce alcohol consumption and its adverse effects. This has not been the case, however. Towards the end of the 1990s public opinions on alcohol policy turned more restrictive temporarily, but the phenomenon was related to drinking in public places and related disturbance of public order. Opinions grew more restrictive again after the 2004 tax cuts, but in neither case did alcohol-related problems grow into a significant political issue either nationally or locally.

National organization of alcohol policy and preventive substance-abuse work changed completely during the review period. When Alko gave up its leading status in the mid-1990s, functions previously concentrated on it were distributed to a number of parties, and alcohol policy began to be built on a different basis. In addition, the simultaneous dismantling of temperance organizations made it necessary to direct preventive substance-abuse work to new directions. One of the major lessons of the current Alcohol Programme is that local preventive substance-abuse work needs to be supported through strong guidance and resources from the central government.

The relatively low political priority of alcohol issues can be linked with changes in the operating environment for alcohol policy that occurred during the review period. However, when assessing the development of the situation concerning alcohol, one should not focus blindly on alcohol policy measures and events. General economic and social development also affect the amount of alcohol consumed and the degree of seriousness with which alcohol problems are viewed. During the recession, consumption fell but as purchasing power increases again, alcohol consumption has in general increased, too. There are links between society's ability to put up with alcohol problems and the employment rate, for example: when there is a dearth of labour, the labour market organizations are more active in preventing alcohol problems and dealing with them than when there is a surplus of labour. From this point of view, the high or fairly high unemployment that has predominated in many sectors since the early 1990s has made it more difficult to cut alcohol consumption. Growing socio-economic differences and the fact that residential areas are becoming more polarized have also increased indifference to 'other people's' alcohol problems. To produce results, specific alcohol policy action needs to be supported by economic and social policy, which boosts employment and prevents the increase of social and economic inequalities.

References

Alavaikko, M. (2000): Alkoholihallinnon muutos vuonna 1995 ja sen vaikutusten arviointi. Sosiaali- ja terveysministeriön selvityksiä 6, Helsinki.

Alkoholiohjelma 2004–2007. Yhteistyön lähtökohdat 2004. [Alcohol Programme 2004–2007. Starting points for co-operation in 2004. Summary.] Sosiaali- ja terveysministeriön julkaisuja 2004:7. Helsinki 2004.

Karlsson, T.; Tigerstedt, C. (2004): Testing new models in Finnish, Norwegian and Swedish alcohol policies. Nordisk alkohol- och narkotikatidskrift 21, English supplement, 79–91.

Korolainen, A; Österberg, E. (2004): Keskellä murrosta. Yhteiskuntapolitiikka 69, 2, 186–196.

Kortteinen, M.; Elovainio, M. (2003): Sivistyneesti humalassa – suomalainen viinapää vuonna 2000. Yhteiskuntapolitiikka 68, 2, 121–130.

Metso, L.; Mustonen, H; Mäkelä, P.; Tuovinen. E.L. (2002): Suomalaisten juomatavat vuonna 2000. Taulukkoraportti vuoden 2000 tutkimuksen perustuloksista ja vertailuja aiempiin juomatapatutkimuksiin. Stakes, Aiheita 3, Helsinki.

Mustonen, H.; Mäkelä, P.; Metso, L.; Simpura, J. (2001): Muutokset suomalaisten juomatavoissa: toiveet ja todellisuus. Yhteiskuntapolitiikka 66, 3, 265–276.

Mustonen, H.; Mäkelä, P.; Huhtanen, P.; Metso, L.; Raitasalo. K. (2005): Alkoholia ostetaan ja tuodaan enemmän kuin koskaan. Mihin se katoaa? Yhteiskuntapolitiikka 70, 3, 239–251.

Mäkelä, P.; Österberg, E. (2006): Alkoholin kulutus kasvaa – lisääntyykö hyvinvointi? In: Kautto, M. (ed.) Suomalaisten hyvinvointi 2006. Stakes, Helsinki, 306–328.

Norström, T. (ed.) (2002): Alcohol in Postwar Europe. Consumption, drinking patterns, consequences and policy responses in 15 European countries. National Institute of Public Health & European Commission, Stockholm.

Piispa, M. (1997): Valistus, holhous, suojelu. Tutkimus alkoholipoliittisesta ja tupakkapoliittisesta mielipideilmastosta. [Popular education, paternalism, protection. Public discourse on alcohol policy and tobacco policy in Finland.] Acta Universitatis Tamperensis 564, Tampere.

Päihdetilastollinen vuosikirja (vuosikerrat 1997–2005). Alkoholi ja huumeet. [Yearbook of alcohol and drug statistics.] Stakes, Suomen virallinen tilasto ja Sosiaaliturva. Helsinki.

Rikollisuustilanne 2004. Rikollisuus tilastojen valossa. [Crime trends in Finland 2004. Summary.] Oikeuspoliittinen tutkimuslaitos, Helsinki 2005.

Rimpelä, A.; Rainio, S.; Pere, L.; Lintonen, T.; Rimpelä, M. (2006): Use of tobacco products, alcohol use and exposure to drugs in 1977–2005. Reports from the Ministry of Social Affairs and Health 29, Helsinki.

Simpura, J.; Partanen, J. (1997): Vitkaan vaihtuu juomatapa. ”Perinteinen” ja ”moderni” juominen Suomessa 1960-luvulta 1990-luvulle. [Slow motion: traditional and modern drinking patterns in Finland, 1968 to 1992. Abstract.]Al koholipolitiikka 62, 4, 257–268.

Sulander, T.; Helakorpi, S.; Nissinen, A.; Uutela, A. (2006): Eläkeikäisen väestön terveyskäyttäytyminen ja terveys keväällä 2005 ja niiden muutokset 1993–2005. [Health behaviour and health among Finnish elderly, Spring 2005, with trends 1993–2005. Summary.] Kansanterveyslaitoksen julkaisuja B 1, Helsinki.

Tarnaala, E. (2005): Ehkäisevän päihdetyön käsitteestä. Yhteiskuntapolitiikka 70, 2, 188–196.

Tigerstedt, C. (1999): Alcohol policy, public health and Kettil Bruun, Contemporary Drug Problems, Vol. 26, No. 2, 209–235.

Tigerstedt, C.; Karlsson, T. (2003): Vaivalloinen irtiotto. Suomen ja Ruotsin alkoholipoliittinen uudelleenorientaatio vuoden 1990 jälkeen [Troublesome break: Redirecting alcohol policy in Finland and Sweden from 1990 onwards. Summary.]. In: Heinonen, J. et al. (ed.): Tommi 2003. Alkoholi- ja huumetutkimuksen vuosikirja, Helsinki, 49–66.

Warpenius, K. (2002): Kuka ottaisi vastuun? Ehkäisevän päihdetyön yhdyshenkilöverkoston perustamisen arviointi. [Who will take responsibility? Establishing a contact personnel network for preventive intoxicant work: an evaluation. Abstract.] Stakes, Raportteja 270, Helsinki.

Warsell, L. (2005): Perikato vai uuden alku? Alkon purku 1990-luvulla. [The end or a new beginning? The dismantling of theFinnish alcohol monopoly in the 1990s. Abstract.] Stakes, Helsinki.

World Drink Trends 2005. Containing data to 2003. In association with the Commission for Distilled Spirits, World Advertising Research Center Ltd, United Kingdom.

Österberg, E. (2002): Alkoholipolitiikan murros 1990-luvulla, teoksessa Heikkilä, M.; Kautto, M: Suomalaisten hyvinvointi 2002. Stakes, Helsinki, 230–249.

Österberg, E.; Karlsson, T., toim. (2002): Alcohol policies in EU Member States and Norway. A collection of country reports. Stakes and European Commission, Helsinki.

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