

Is there something peculiar about Finnish views on alcohol addiction? – A cross-cultural comparison between four northern populations

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Empirical studies have continued to display that Finns get heavily intoxicated more often than other Nordic people. This study asks whether Finnish views on alcohol problems and alcohol addiction differ from those of some other northern populations. This issue is studied by comparing survey results from Finland, Canada, Sweden and St. Petersburg, Russia. The data comprised 3 703 adults and it was analysed with standard descriptive methods and logistic regression analysis. Finnish general population respondents seemed to be at least as concerned about the risk of alcohol dependence as people in the other comparison countries. They also placed higher priority on alcohol problems among other societal problems than the respondents from the comparison countries. In issues of responsibility they were similar to Swedish respondents thus reflecting the common attitudes in Nordic welfare states. Their higher belief in the chances of recovery without treatment seems to reflect the traditional image of Finns as tough and self-sufficient people who can manage their problems on their own without external interference. The logistic regression analysis shows that the country effect still remains although the other sociodemographic variables were taken into account. In addition to this also some other background factors, particularly gender, age and education had some effect on the views. The combination of self-change optimism on the one hand and the general worry about alcohol problems on the other hand suggest that the cultural ambivalence towards alcohol consumption has not been fully resolved. This ambivalence could also be seen to contribute to the tradition of heavy binge drinking in Finland.

Keywords: alcohol, social representations, images, addictive behaviours, cross-cultural, survey research.

Introduction

Sauna, *sisu* (“Finnish guts” = persistence, stamina, will power) and excessive drinking have been some of the most common images of the Finnish culture. While all of them involve affinity to some form of extremism, the last one does it in less complimentary terms for the Finns. The existence of a special Finnish relationship towards alcohol has been the topic of public discussion and research for years (e.g. Kiviranta, 1969; Apo, 2001; Paakkanen & Sulkunen, 1987; Kortteinen & Elovainio, 2003; Tigerstedt & Törrönen, 2007). Empirical studies have continued to display that Finns get heavily intoxicated more frequently and they also die of alcohol poisoning much more often than any other Nordic people (Ramstedt, 2007, 11).

The high tolerance, if not full acceptance, of public drunkenness is also something that has caught the attention of many visitors to this country. These observations are confirmed by the most recent studies on Finnish drinking where the researchers conclude that even though most of the times alcohol is used very moderately by Finns they still do not

hesitate to get drunk at least in special occasions (Maunu & Simonen, 2010).

Many attempts have been made over the years to “civilize” Finnish drinking habits but the traditional binging has stubbornly maintained its share despite otherwise large changes in the level and structure of consumption. Consequently, the question of interest in this paper can be formulated as follows. Since drinking in Finland has continued to grow and many Finns apparently like to get drunk despite the growing concern for its negative consequences (Härkönen & Österberg, 2010), *how do Finns then relate to alcohol addiction which is a rather possible end result of heavy drinking and acceptance of drunken behavior? Is there actually something different about Finnish views on drinking when compared with other cultures?*

Finnish drinking habits have previously been compared with those of several other cultures. One group of studies has focused on the differences between northern and southern European drinking habits and culture (Pyörälä, 1995; Room & Bullock, 2002). In this context the southern countries are described as “wine countries” and the northern countries as

the “spirits countries” (e.g. Norström, 2002). In the last decades Finland has, however, turned more to a “beer country” while still retaining its rather high consumption of spirits (Österberg & Mäkelä, 2010). While alcohol in the wine countries is seen as a part of the nutrition and mainly used with meals, in the spirits countries alcohol is seen as a special commodity mostly connected with socializing and “time out” from everyday life rather than eating. The meaning of drinking is, therefore, somewhat different in these geographically dissimilar regions with diverse cultural and historical traditions. (Österberg & Mäkelä, 2010; P. Mäkelä, Tigerstedt, & Mustonen, 2010, 292)

Finnish drinking habits have also been compared with those of other nations living in more similar environmental conditions. For instance, comparisons have been made with other Baltic countries like Estonia, Lithuania and Latvia (Simpura et al., 1999; Helasoja, 2008), all of which share the common historical and geopolitical experience of the neighboring superpower of Russia. Finnish drinking habits and attitudes have also been compared with those of Canadians (Cunningham & Mäkelä, 2003). The contextual similarity usually reduces chances to hit upon large differences in drinking but it also controls for a number of other explanatory factors if differences are observed.

The latter approach to comparative research was adopted in the paper at hand as the comparison was made between four distinctly northern populations with rather similar climate conditions but differing social histories, cultural traditions and languages. The countries involved in this study include Finland, Sweden, Canada and Russia (St. Petersburg). The comparison of these mostly beer and spirits preferring populations allows us to ask, is there something peculiar about Finns and their relationship towards drinking and alcohol dependence or are their views more generally shared also by other northern people. The reason for includ-

ing just these countries was, however, mainly determined by our funding from a joint research program on substance use and addictions (2007–2010) between Finland, Canada and Russia. Moreover, the Swedish Research Council had just previously funded a related project.

The study at hand belongs to the larger IMAGES Consortium focused on the theories and images of addictions in different societies. Some survey results on comparisons between different addictions have already been published (Samuelsson et al., 2009; Blomqvist, 2009; Hirschovits-Gerz & Koski-Jännes, 2010; Pennonen & Koski-Jännes, 2010; Holma et al., 2011). In the paper at hand we will, however, focus only on alcohol addiction and how it is seen by Finnish, Swedish, Canadian and Russian respondents.

Popular views on alcohol addiction are here conceptualized as social representations. According to Serge Moscovici (1961; 1981; 1988) social representations can be understood as folk beliefs or systems of belief about the important phenomena of everyday life. They are created from our need to make the world around us comprehensible. A new social representation is formed through communication by “anchoring” the new phenomenon to the previous system of classifications and “objectifying” it with concrete imagery. When used frequently in everyday interaction, it is naturalized and starts to live a life of its own. The mass media play an important role in transforming abstract ideas and expert knowledge into lay perspectives (Moscovici, 1961). This role has been studied in Finland for instance by Törrönen (2001) and Hellman (2010). Since social representations reflect the identity, interests and views of groups in which they are used for communication (Moscovici, 1988) it is expected that the views on alcohol addiction will also vary reflecting the cultural-historical traditions, norms and the recent media discussion in each of the populations studied despite their contextual similarities.

In this paper we will compare common beliefs about alcohol and alcohol addiction in four northern populations. These beliefs are analysed on the basis of responses to survey questions on the risk of getting “hooked”, the responsibility for creating and solving alcohol dependence, the chances of recovery with and without treatment, and the societal severity of alcohol problems in comparison to other societal problems. In our view these questions illuminate some core features of the governing images of alcohol addiction in the comparison societies. (For the more detailed theoretical underpinnings of these questions, see Blomqvist, 2009, 376.)

Background data on the societies included in this study

Popular beliefs cannot be separated from the social context in which they have developed. Some background information is thereby needed about the comparison societies and their relationship towards alcohol use and alcohol problems. As this paper is mainly focused on Finland we will first provide some historical information about Finnish drinking habits before presenting more current data about the country. The following description of the other participating countries

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This project was funded by the Academy of Finland and the Finnish Foundation for Gaming Research, Swedish Research Council, the Russian Science Foundation for Humanities (RGNF), the Canadian Institute for Health Research (CIHR) and the Finnish Foundation for Gaming Research. We thank the anonymous reviewers for their valuable comments on this paper.

and their drinking cultures is somewhat less comprehensive.

Finnish culture has often been defined as an ambivalent alcohol culture since on the one hand alcohol has been forbidden and despised and on the other hand strived for and idealized. This ambivalence has diminished during the last decades, though, because drinking has become more accepted in almost all age and population groups. (P. Mäkelä, Tigerstedt, & Mustonen, 2010, 292.)

In the agrarian period of Finnish society drinking was mainly done by males. A prominent Finnish alcohol researcher Juha Partanen (1992) described the traditional male drinking style with the term “heroic drinking”. With this he referred to “a primordial masculine pattern of alcohol use that combines the quest for another mythical reality with the sociability of drinking” (Ibid 1992, 383). It is “the kind of drinking from which all instrumentality and critical self-reflection are absent” (Partanen, 1991, 238). In his cultural analysis he also combined the study of more current drinking behavior concluding that Finnish drinking patterns had not become more civilized. Instead they had turned more diverse; when people drank to intoxication, they drank spirits, wine and beer along with the new culinary art (Partanen, 1992).

Recently, however, also women have started to use alcohol more freely. The increasing consumption of alcohol by women has changed the masculine drinking culture and brought the use of alcohol more to the homes and social intercourse between men and women (P. Mäkelä, Tigerstedt, & Mustonen, 2010). Also the new middle class has increasingly distanced themselves from the traditional drinking patterns (Sulkunen, 1992). Intoxication-oriented drinking, or the so called “Finnish boozing mentality” (Peltonen, 2000, 265–268) has, however, retained its place on the side of new trends and young women have also learned to drink to intoxication along with young men (Törrönen, 2005; Raitasalo & Simonen, 2011). So, while the consumption of alcohol has decreased during the last decades in many European countries, it has tripled in Finland since the 1960’s (P. Mäkelä, Mustonen, & Huhtanen, 2010).

Yet some research also indicates that Finnish drinking has turned more similar to that of other Europeans (Norström, 2002; Anderson, 2008). Instead of drinking only on weekends Finns now do it more often and more as a part of everyday life. The relative share of strong to mild beverages has also decreased (Tigerstedt & Törrönen, 2007). According to Eurobarometer (2009) Finland was rated the 16th among other European countries in their frequency of consuming five or more servings of alcohol thus presenting only moderate willingness to get intoxicated (see also Anderson, 2008, 102). This middling score is, however, somewhat misleading because the total consumption of alcohol is relatively high in Finland. At the time of this survey the sum of recorded and unrecorded consumption was 12.7 liters of pure alcohol per person 15 years and older (National Institute for Health and Welfare, 2010). Therefore, it makes sense to ask how would these results have changed if the question had been posed as “how often do you drink 10 to 16 servings (rather than 5 or more) at a time”, as suggested by Cunningham and Mäkelä

(2003).

Since Finland with its current population of 5.3 million has previously been a part of both Sweden and Russia it could, in principle, have more or less similar traditions as either of these countries. In the next paragraphs we will tell about these other comparison societies and the ways in which they are similar or differ from the Finnish society.

Our western neighbor, Sweden, is a country with 9 million inhabitants. For a long time it has served as the model of Nordic welfare states to other nations. Sweden has been more open than Finland to refugees and immigrants from other countries. Strict alcohol policies have been maintained there for decades. Like Finland it was, however, forced to abolish many of these restrictions as well as the state monopolies on alcohol, except the one for retail, after joining the EU in 1995. As a reaction to the increasing private import of alcohol, the traditional focus on limiting total consumption lost its power. (Karlsson, 2008, 212.) Consequently, the use of alcohol grew roughly from 8 litres to 10.2 litres of pure alcohol per inhabitant 15 years and older from 1995 to 2005. However, in the past few years the consumption has started to decrease again along with growing support towards alcohol policy restrictions (see Boman et al., 2006; Leifman & Ramstedt, 2009). One reason for this could be that Sweden spends more than any other European nation on alcohol policy and prevention initiatives. The style of drinking is generally more moderate than in Finland as the correlation between consumption and alcohol related mortality is much smaller in Sweden. (Ramstedt, 2010; Rossow et al., 2007.) Alcohol problems have traditionally been understood as social problems. The treatment system is extensive and well developed. It includes both social and health care workers. Compulsory treatment is also used for the most chronic cases whereas in Finland only psychotic alcohol abusers can be treated in closed institutions. Generally there is a relatively high trust in the Swedish substance abuse and health care systems in the population (Blomqvist, 2009).

Canada is the second-largest country of the world in its geographical area after Russia. It has 34 million inhabitants. In distinction from Finland, Canada is a very multicultural society with rather large differences between its ten provinces and three northern territories (Mikkonen & Raphael, 2010). Canadian culture has historically been influenced by British, French, and aboriginal traditions (Canada International, 2009). The total consumption of alcohol per inhabitant 15 years and older was about 10 litres in 2006 (WHO, 2011). According to Cunningham and Mäkelä (2003) Canadian and Finnish drinking patterns appear as fairly similar although heavy episodic drinking by males is more common in Finland. Similar bingeing and related problems are, however, also common among the aboriginal population in Canada (Alexander, 2008, 11–26). The treatment services for people with alcohol problems include both outpatient and inpatient units with psychologists, social workers, and members of medical professions. Recovered (or “recovering”) alcoholics also play a considerable role in the treatment staff across the country (Rush & Osborne, 1992). Canadians seem to be satisfied with the overall state of help

and treatment for substance abuse problems (Minister of Health Canada, 2006, 46).

The total population of *Russia* is 141 million. The form of government changed to Russian Federation after the Collapse of Soviet Union 1991. However, due to financial reasons Russian data for this study could be gathered only from St. Petersburg, which is the largest city in the country after Moscow. There are 4.6 million inhabitants in this city, 89 % are Russians and 55 % are female (St. Petersburg encyclopaedia, 2011). The inhabitants are relatively well-educated since this metropolis is one of the largest cultural, educational and administrative centres in the country.

Russian cultural traditions have favoured the use of alcohol, particularly vodka, in all kinds of festivities, ranging from family events to various work and leisure celebrations with friends. Russian youth drinks beer just like Finnish youth does (Bichkov, 2009). The heavy use of alcohol has raised serious concern also in Russia due to its deleterious effect on family life, health (Kirshjanova, 2008) and particularly the mortality of Russian men (Nemtsov, 2007). The current per capita (15+ years) consumption of alcohol in Russia is very high, 18 litres (recorded + unrecorded consumption), but it varies greatly by area being generally higher in the eastern than western parts of the country. (Lysova & Pridemorde, 2010.) No exact data on drinking in St. Petersburg were available but as in Moscow (Palosuo, 2003) it can be assumed to be somewhat lower than the national average. During the Gorbatshev regime there was an attempt to abruptly reduce the use of alcohol in the Soviet Union but it led to the upsurge in the production of home brew (samogon) as well as the use of surrogates (Pilipas & Miroshnichenko, 2009). As a result the ban on alcohol had to be removed. After the collapse of Soviet Union in 1991 there was absolute lack of alcohol control as well as high societal stress caused by this turmoil. Together these factors lead to a steep increase in drinking, severe alcohol related harms and mortality. In spite of political attempts to restrict alcohol consumption, the results have been meagre. (Levintova, 2007; Leon et al., 2009.)

According to Ivanets et al. (1992) voluntary services for alcohol dependent people include outpatient and inpatient clinics, sobering-up stations, special hospitals as well as treatment-and-labour camps. Compulsory treatment is nowadays limited only to addicts who have actually committed crimes. The decisive role in organizing treatment has been on the so called narcologists with psychiatric education. However, the diagnosis of alcoholism is quite stigmatised and even though new treatment approaches have been introduced there is not much psychotherapy available (Fleming et al., 1994). Suggestion-based methods developed by narcology are dominating treatment modalities in Russia (Raikhel, 2010).

To sum up, Finland is more like Sweden and Canada in terms of its economy, social security and services. In regard to alcohol policies, Finland and Sweden have been in a very similar situation posed by the membership in EU even though some political decisions made on specific issues have varied. The Finnish style of boozing, however, has been claimed to be closer to the Russian style. As in Sweden, the treatment

of alcohol problems is organized by social workers together with health care professionals. In this respect Finland differs more from Canada where there are more psychologists and recovering alcoholics in the treatment staff. It also differs from Russia where the medical profession dominates.

Data and methods

Measures

The questions used in this survey were based on the study by Blomqvist (2009). The survey covered a number of themes concerning various addictive behaviours, the chances of recovery and responsibility issues. The questions involved different substances and behaviours but here we will only focus on alcohol related issues. The main questions addressed by this study are:

1. *How do people regard the risk of getting hooked to alcohol?*
2. *How do they attribute the responsibility for creating alcohol problems?*
3. *How do they attribute the responsibility for solving alcohol problems?*
4. *How do they regard the possibilities of resolving alcohol addiction without treatment?*
5. *How do they regard the possibilities of resolving alcohol addiction with treatment?*
6. *How do people regard the severity of alcohol problems in relation to other societal problems?*

In Sweden and Finland, the questionnaires were mailed to a random sample of 2000 people between the ages of 17–74 drawn from their census data bases. In Sweden, the data were collected by Statistics Sweden in 2005 and in Finland by a private data collection firm in 2007. The response rates were 55 % and 37 % respectively. In the Finnish data, more females than males responded. Moreover, young men were underrepresented and men over 54 years were overrepresented among the responders but other demographic factors corresponded with the Finnish census data quite well (Hirschovits-Gerz & Koski-Jännes, 2010). The Swedish non-response-data have been analyzed by Blomqvist (2009). The biases in responding were taken into account by weighting the data (see Table 1).

In Canada and Russia the surveys were conducted by phone using random digit dialling. Therefore the wording of some questions had to be slightly modified. In Canada 864 people over 17 years responded to the survey between August 2008 and January 2009 (response rate of 41 %). The majority of respondents were females. Interviewing was done in either English or French. The data from St. Petersburg were gathered in 2009 by an independent data collection firm and it included 1 023 respondents 17 years and above. No information has been given about the response rate but the sample was compared with the Russian census (St. Petersburg encyclopaedia, 2011). The most notable deviance was caused by the large proportion of highly educated respondents (see Table 1) in St. Petersburg sample. Weights were used to reduce the bias also in these two phone surveys.

Table 1

Basic background characteristics of the survey respondents in the participating countries - weighted¹ and unweighted² data.

	<i>Finland</i> (n=727)	<i>Sweden</i> (n=1098)	<i>Canada</i> (n=863)	<i>Russia, St. Petersburg</i> (n=967)	p
<i>% females</i>	52 ¹ 61 ²	50 51	58 59	55 56	<.001 <.001
<i>Age M (S.D.)</i>	45.6 (15.9) 49.1 (15.7)	44.2 (15.7) 45.8 (15.8)	46.9 (16.7) 49.0 (17.2)	44.8 (17.8) 45.1 (17.9)	<.001 <.001
<i>% married or cohabitating</i>	58.8 60.5	43.5 51	66.2 58	57.7 58.7	<.001 <.001
<i>% with university degree</i>	27.5 26	29.4 33	30.5 30.6	32.7 44.8	<.001 <.001
<i>Occupation %</i>					
Retired, student, homemaker, other	35 39	36 36	30 33	29 29	<.001
Unemployed	6 6	5 5	3 3	5 4	
Fulltime job	59 55	59 59	67 64	67 67	<.001
<i>% with children</i>	63 69	34 33	72 72	69 69	<.001 <.001
<i>% drinking 5 or more drinks at least once a week</i>	14 12	8 7	10 10	4 4	<.001 <.001
<i>% with current (or previous) alcohol addiction.</i>	9(7) 7(7)	2(5) 2(4)	2(6) 2(7)	3(5) 3(5)	<.001 <.001

Analysis

The national data sets were first combined. Comparisons were made by standard descriptive statistical methods. The significance level was set at $p=.05$. In case of nominal dependent variables χ^2 - tests were used for comparisons. Due to the lack of homogeneity of variances nonparametric Kruskal-Wallis tests were used for comparing ordinal dependent variables and pair wise post hoc comparisons between Finland and the other countries were made with independent samples T-test with equal variances not assumed. The effects of country and other background variables on the dependent variables were examined with logistic regression analysis since the dependent variables were not normally distributed.

Owing to the low response rates the data were weighted. Dissimilar populations and patterns of responding in different countries necessitated adjusting the weights to the corresponding population data in each country. Sex and age were used as calibration variables with the Finnish, Swedish and in Russian data. In Sweden also income, marital status and country of origin, and in Russia, the level of education were used as additional calibration variables. Canadian data were weighted by household and province size. Using gender and age in addition would have resulted in less accuracy according to the providers of the Canadian data. Even though the representativeness of the samples was not faultless, several test analyses with data from different countries revealed few and insignificant differences between the results based

on weighted and unweighted data (see also Blomqvist, 2009, 377). Data attrition was, nevertheless, a problem that could not be fully solved by using weights. Therefore some caution should be applied in generalizing the results of this research to the respective general populations.

Study subjects

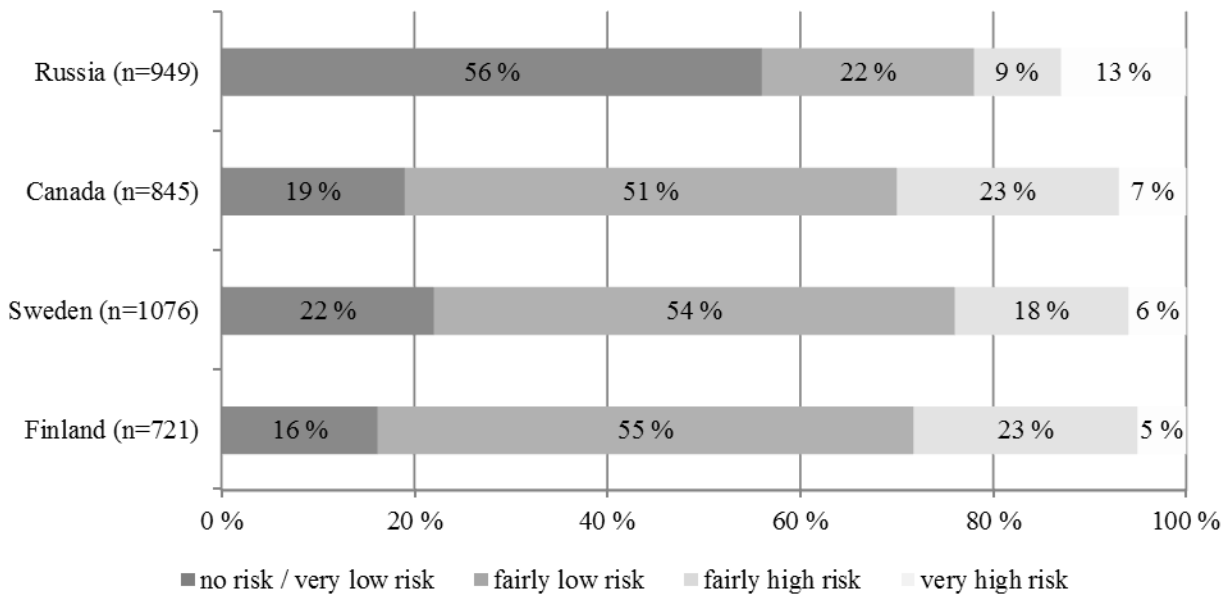
Table 1 displays background information about the respondents with weighted and unweighted data. Due to the large sample sizes all the differences are significant. Females formed the majority in other samples except for Sweden where males and females responded rather evenly. Finnish study participants drank greater amounts and more often than those in other countries. Russians reported less drinking than the others. Possible causes for this could be underreporting, the lack of phones among heavier drinkers, the lower level of drinking in St. Petersburg, or other sample characteristics that were not representative of the country or the city (urban area in the western part of Russia, high education, etc.) (e.g. Levintova, 2007).

Results

The risk of developing alcohol addiction

The participants were first queried how they saw the risk of developing dependence to alcohol while trying it. Figure 1 shows that only 16 % of Finnish respondents saw no or very

Figure 1. Risk of getting addicted to alcohol while trying it – a cross-cultural comparison



low risk of dependence when experimenting with alcohol, which was the lowest percentage among all the comparison countries. However, the main difference here appeared between St. Petersburg, Russia, and the western societies. The Russian respondents were clearly less concerned about the risk of alcohol dependence than the other study populations since more than half of the former regarded the risk as nonexistent or very low.

When the risk question was analyzed as a continuous variable (range 1–4) the countries differed significantly by Kruskal-Wallis test ($\chi^2 = 232.14$, $df 3$, $p < .001$). In pair wise comparisons the Finnish mean (2.2) was significantly higher ($p < .001$) than the Swedish (2.1) and the Russian means (1.8) but similar to the Canadian mean (2.2).

Responsibility for creating and solving alcohol addiction

Our second question concerned the views on the responsibility for creating and solving alcohol dependence. First we asked the respondents, who is responsible for the creation of alcohol problems - the person him or herself or the circumstances beyond the person's control. Figure 2 shows that 29 % of Finnish respondents blamed the individual alone for the onset of alcohol dependence whereas the corresponding proportions were less than one in five in the Swedish and Canadian samples. In pair wise comparisons with χ^2 - tests Finland - Sweden and the Finland - Canada differences were highly significant ($p < .001$). The respondents from St. Petersburg then again blamed the individual more than the others (57 %). The difference between Finnish and Russian respondents was also highly significant ($p < .001$).

We also asked who the respondents regarded as respon-

sible for resolving alcohol problems – the individuals themselves or the society. Figure 3 shows that the attributions of responsibility for solving alcohol problems were quite similar in Finland and in Sweden reflecting the common ideologies of the Nordic welfare states. The respondents in these two countries regarded the individuals significantly ($p < .001$) less responsible for resolving alcohol addiction than the Canadian and Russian respondents who attributed the responsibility clearly more to the individual.

A further point to note is that two out of three Finns (64 %) blamed both the individual and the circumstances for creating the alcohol problem and three out of four (72 %) attributed the responsibility for solving these problems to both the individual and the society. People in Finland thus seem to perceive themselves as partners to their society both as creators of its problems and as recipients of its services when in need, as in Sweden.

Recovering with and without treatment

The respondents were asked how high they rate the probability of recovery from alcohol addiction without treatment and with the help of treatment (including self-help groups). It was expected that the former question would shed light on the perceived ease of self-change, and the latter question would reveal how the study participants saw the need for organized support and control in the process of defeating alcohol dependence. Both answers are presented in Figure 4. The initial scale 1–5 is here recoded into three classes (no or rather low chance = 1, neither low nor high chance = 2, rather high and high chance = 3).

When these responses on perceived recovery possibilities with and without treatment were analyzed as continuous variables (range 1= low chance – 5 = high chance) the countries

Figure 2. The responsibility for the onset of alcohol addiction – a cross-cultural comparison

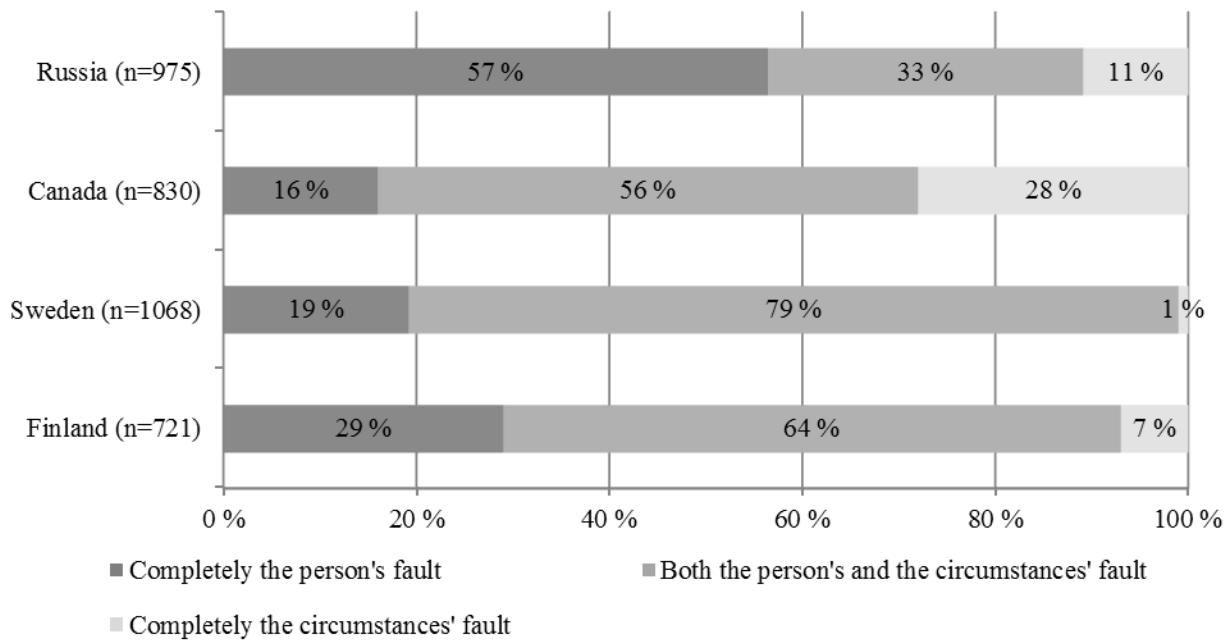


Figure 3. Responsibility for resolving alcohol problems – a cross-cultural comparison

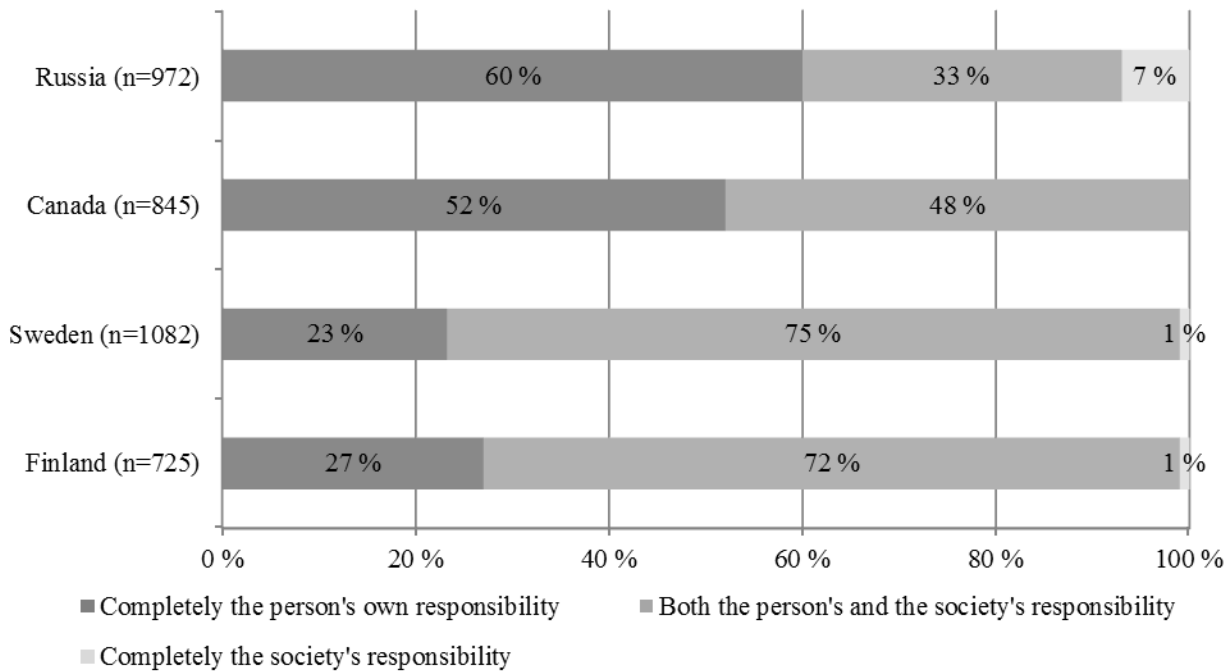
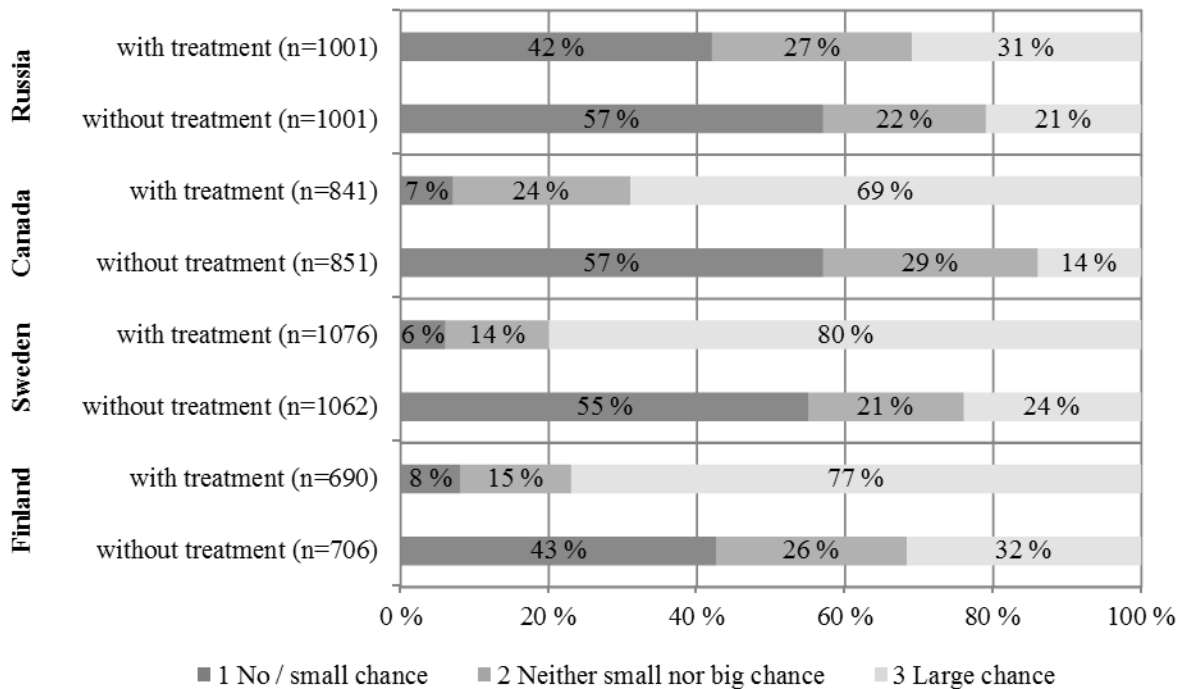


Figure 4. Chance of recovery from alcohol addiction with and without treatment in percentages – a cross-cultural comparison



differed significantly by Kruskal-Wallis test (With treatment: $\chi^2=708.77$, df 3 $p < .001$ and Without treatment: $\chi^2=112.93$, df 3 $p < .001$).

The Finnish respondents (mean 2.9) had clearly higher ($p < .001$) confidence in the chances of self-change in alcohol addiction when compared with the Swedish (mean 2.6), Russian (mean 2.5) and Canadian (mean 2.3) respondents. Finns thus seemed to trust more than the others in the individual's own capacity (cf. "Finnish guts") to manage the alcohol problem without organized help.

When responses concerning the trust in the chances of resolving the problem with treatment were analyzed as a continuous variable the Finnish (mean 3.9) and the Swedish (mean 4.0) samples had equally high confidence in the service system. Canadian respondents (mean 3.8) believed slightly less ($p = .002$) and the respondents in St. Petersburg (mean 2.8) much less ($p < .001$) in the power of treatment. These results seem to indicate that Finns like Swedes and Canadians have rather high trust in the power of treatment.

However, this satisfaction at treatment should be assessed in relation to the beliefs in the chances of self-change. The perceived additional benefit of treatment could be calculated by reducing the chances of recovery without treatment from those with treatment. On the basis of this indicator it was actually Canadians (mean 1.45) and Swedes (1.34) who believed most in the additional benefit of treatment, then came Finns (1.05), whereas the trust in treatment was clearly much

lower among the Russian respondents (.36). The samples differed significantly from each other (Kruskal-Wallis test: $\chi^2 = 362.66$, df 3, $p < .001$) and the major difference was between Russians and all the other samples. However, also Finland differed in pair wise comparisons from all the other countries significantly ($p < .001$).

Perception of alcohol problems as a societal issue

The respondents were also asked to rate the societal gravity of alcohol problems on a 10-point scale from "1=not at all serious" to "10=extremely serious problem". The question about alcohol was one of the 12 different societal problems in the survey, four of which concerned different addiction problems (ethnic discrimination, environmental damage, crime, financial crimes, poverty, large wage differences, prostitution, lacking gender equality, drug problems, alcohol problems, smoking, gambling problems). The respondents in Finland (mean 7.7) regarded alcohol problems less serious than in St. Petersburg (mean 8.1) and about equally serious as in Sweden (mean 7.6) but in Canada it was not seen as such a severe problem (mean 7.0). The differences in means between Canada and Finland as well as Russia and Finland were both highly significant ($p < .001$). It should be noted, however, that Swedish and Russian respondents regarded all problems on the average more serious than Finns and Canadians (Holma et al., 2011).

According to Holma et al. (2011) the Finns ranked al-

cohol problems as the most severe of all the listed societal problems, while the Russians ranked it fourth after the drug problem, financial crimes and environmental damage. In the Canadian ranking alcohol problem was the fifth most serious societal issue after also adding poverty to the same list of more serious problems as above. Finally, the Swedish study participants ranked alcohol to the eighth place regarding furthermore ethnic discrimination and prostitution as more serious than alcohol problems. Due to the scale difference in means between Finns and Canadians on the one hand and Russians and Swedes on the other hand, the rank orders greatly differed even with rather similar mean severity assessments.

Controlling the cross-cultural differences by demographic factors

Because of the wide variation between the demographic data of the studied national samples the data were also studied with logistic regression analysis to control for the demographic factors in country comparisons. All the research questions were selected as dependent variables and were recoded. The risk variable was recoded into low risk (1–2=0) and high risk (3–4=1) in alcohol addiction. The responsibility for creating the alcohol addiction was recoded into both the circumstances' and the person's fault (2–3=0) and only the person's fault (1=1). The responsibility for solving the addiction was recoded into both the society's and person's responsibility (2–3=0) and only the person's own responsibility (1=1). Belief in the recovery with and without treatment was recoded into low trust (1–3=0) and high trust (4–5=1) in self-recovery. Finally, the question of alcohol as a societal problem was recoded into a small problem (1–6=0) and a big problem (7–10=1). The country, gender, age, occupation, education, having children and the respondents' personal experience of alcohol addiction were used as independent variables. Logistic regression analyses were first done with the country alone (Table 2) and then together with all of the selected independent variables (Table 3) to see how much of the country differences were attributable to differences in the demographic composition of the samples.

The results of the logistic regression analyses on all the questions of this study are presented in Tables 2 and 3. Table 2 shows that compared with Finnish respondents Canadian, Swedish and particularly Russian respondents had significantly higher probability to regard the risk of alcohol addiction as low. When the other background factors were added in the model (Table 3) the difference between Finland, Canada and Sweden was no more significant, but the difference with Russians remained the same. The perception of risk was also significantly higher among women than men, among people with own experience of alcohol addiction than those without when all the other factors were controlled for.

The second column of Table 2 shows that Canadian and Swedish respondents had significantly lower probability than Finns to blame the individual rather than the circumstances for the onset of alcohol addiction. Then again, Russian study participants had three times higher odds to blame the in-

dividual than Finns. The same differences remained when the background factors were added to the model in Table 3. However, women were less prone to blame the individual for the onset of alcohol addiction than men and people over 60 years of age were more prone to blame the individual than the youngest age group.

The third column in Table 2 displays that Canadians had about three times and Russians had four times higher odds than Finns or Swedes to attribute the responsibility for resolving alcohol addiction to the individual rather than the society. When the background variables were added to the model (Table 3), the country effects still increased. In addition to this females had significantly lower probability to regard the individual as responsible for resolving alcohol addiction than males; the oldest age group was also significantly more prone to attribute the responsibility to the individual than the youngest age group. Moreover people with vocational education attributed the responsibility to the individual more often than people in the lowest educational group.

The fourth column in Table 2 displays that Finns were significantly more optimistic about self- change than the respondents in the other participating countries. When the other background variables were added to the model in Table 3, this result did not change. Other significant factors were female gender, employment status and education. Females were significantly less optimistic than males, people outside of labour force were less optimistic than employed and even unemployed individuals, and people with university or vocational education were less optimistic than those without.

The fifth column in Table 2 displays that Canadians and Russians were significantly less optimistic about the chances of recovery with treatment than Finns. The difference between Finland and Sweden was non-significant. Adding the other background variables (Table 3) did not change the role of country as a determinant of belief in treatment. In addition to this, women believed in treatment more than men.

The last column in Table 2 shows that Canadians had significantly lower probability to regard alcohol problems as "a big societal problem" than Finns. Russia and Sweden did not differ from Finland on this issue. When all the background variables were added to the model, the difference between Finland and Canada had slightly increased. Also women, people with children and over fifty years old were significantly more prone to regard the alcohol problem as a serious societal problem. Better education lowered the probability to regard alcohol problem as a serious societal problem.

To sum up, the effect of country remained even when the other background variables were included in the models presented above. In addition to country also gender, age, level of education, occupation, personal experience of alcohol dependence and having children also modified the responses of the study participants to some degree. The share of outcome variation explained by these models varied from 6 % in self-change question to 24 % in the trust in treatment question.

Table 2
 Logistic regression analyses of all the study questions - odds ratios by country

	1. Regarding the risk of alcohol addiction as low	2. Regarding the person as responsible for the onset of alcohol addiction	3. Regarding the person as responsible for resolving alcohol problems	4. High trust in self-recovery	5. High trust in recovery with treatment	6. Regarding alcohol as a big societal problem
Country						
Sweden	1.46***	0.62***	0.84 ns.	0.70**	1.19 ns.	0.81 ns.
Canada	1.17***	0.48***	2.92***	0.34***	0.66***	0.55 ***
Russia	6.61***	3.10***	4.09***	0.58***	0.14***	1.01 ns.
Finland	1	1	1	1	1	1
<i>N</i>	3592	3562	3624	3618	3603	3638
<i>Nagelkerke R</i> ²	0.166	0.154	0.138	0.032	0.218	0.017
<i>Constant/Sig.</i>	1.94***	0.42***	0.37***	0.46***	3.31***	3.21***

p*<.01, *p*<.001

Table 3
 Logistic regression analyses of the study questions – odds ratios with all background variables in the models.

	1. Regarding the risk of alcohol addiction as low	2. Regarding the person as responsible for the onset of alcohol addiction	3. Regarding the person as responsible for resolving alcohol problems	4. High trust in self-recovery	5. High trust in recovery with treatment	6. Regarding alcohol as a big societal problem
Country						
Sweden	1.27 ns.	0.66**	0.90 ns.	0.71**	1.23 ns.	0.79 ns.
Canada	1.09 ns.	0.47***	3.22***	0.32***	0.64***	0.45***
Russia	5.89***	3.30***	4.69***	0.56***	0.13***	0.83 ns.
Finland (ref.)	1	1	1	1	1	1
Gender						
Female	0.76**	0.84*	0.83*	0.66***	1.34 ***	2.10***
Male (ref.)	1	1	1	1	1	1
Having children						
Yes	0.93 ns.	1.04 ns.	0.90 ns.	1.10 ns.	0.30 ns.	1.21*
No	1	1	1	1	1	1
Occupation						
retired, student, homemaker, other unemployment,	0.89 ns.	0.90 ns.	1.14 ns.	0.76**	0.92 ns.	0.90 ns.
fulltime job	0.94 ns.	1.38 ns.	0.98 ns.	1.04	0.99 ns.	0.80 ns.
	1	1	1	1	1	1
Age						
60+	0.91 ns.	1.41**	1.36**	1.13 ns.	0.96 ns.	1.40**
50–59	0.87 ns.	1.16 ns.	1.13	0.93 ns.	0.86 ns.	1.48**
40–49	0.86 ns.	1.13 ns.	1.26 ns.	0.79 ns.	0.87 ns.	1.27 ns.
30–39	0.91 ns.	1.17 ns.	0.99 ns.	1.08 ns.	1.02 ns.	1.12 ns.
17–29	1	1	1	1	1	1
Own alcohol addiction						
now or earlier	0.60**	0.95 ns.	1.00 ns.	1.24 ns.	1.06 ns.	0.88 ns.
no	1	1	1	1	1	1
Education						
University degree	1.04 ns.	0.79 ns.	1.05 ns.	0.64**	1.05 ns.	0.73*
Vocational education	1.04 ns.	1.01 ns.	1.7***	0.75**	1.15 ns.	0.72**
No vocational education	1	1	1	1	1	1
<i>N</i>	3257	3242	3292	3298	3287	3321
<i>Nagelkerke R</i> ²	0.163	0.171	0.157	0.059	0.243	0.071
<i>Constant/Sig.</i>	0.29***	0.39***	0.26***	0.757 ns.	2.95***	2.50***

p<.05, ** *p*<.01, *** *p*<.001

Discussion

This article aimed to explore if Finnish views on alcohol problems and alcohol addiction differ from those of some other northern populations. This question was raised because empirical studies have continued to display that the traditional Finnish type of binge drinking seems to be still alive and kicking even though also new beverages and new styles of drinking have been adopted along with the traditional drinking style. This is displayed by the fact that Finns still get heavily intoxicated more often than most other people in Europe. A prominent Finnish social scientist, Klaus Mäkelä (1999, 76) states: “There are large differences between the drinking habits of different countries and the cultural peculiarities of alcohol use remain persistently alive even through large structural changes. These peculiarities seem to be a part of that ethnic core that is modified by the family and small group interaction. The use of alcohol is structurally superficial but culturally a deep phenomenon.” Some of these cultural phenomena can be seen in the cross-cultural comparisons of this study.

Finnish general population seemed to be at least as concerned about alcohol problems as people in the comparison countries. They regarded the individual risk of getting hooked to alcohol as high as Canadian and Swedish and much higher than Russian respondents. Moreover, they were the only people who ranked alcohol problems as the biggest societal problem when compared with eleven other societal problems (Holma et al., 2011). These results display that Finns are aware of the gravity of alcohol problems in their country. Over the years they have also been warned through various campaigns about the hazards of heavy drinking. The message behind this alcohol education is that while consuming high amounts of alcohol they take a conscious risk of short and long term problems one of them being alcohol dependence. This idea has been rooted in the Finnish culture already by the temperance movement of the 19th century (Sulkunen, 1983, 319–325). Similar kind of information has also been available in Sweden and Canada, which can be seen particularly in their high awareness concerning the individual risk of alcohol dependence. In Russia, however, despite the huge drinking related health problems and some large scale anti-alcohol campaigns the awareness of the individual risk was much lower.

However, despite their high risk awareness Finnish respondents were at the same time more optimistic than the others about being able to recover from alcohol addiction by themselves. To what extent this reflects the “false hope” of people with unresolved problems remains to be further examined. Even though Finns believed even more in the chances of recovery with treatment, the additional value of treatment was not as big in Finland as in Canada and Sweden. Yet it was higher than in St. Petersburg where the trust in the society’s possibilities to help in solving the problem was the lowest. In fact, Russian respondents believed in recovery with treatment even less than Finnish respondents believed in the chances of self-change.

In issues of responsibility Finns were closer to Swedes

than the other nationalities even though Finns attributed somewhat more responsibility on the individual about the onset of alcohol problems. In contrast Russians blamed the individual and Canadians blamed the society more than the others about the onset of alcohol dependence. The great majority of Finns and Swedes regarded the individual as well as the society responsible for solving alcohol problems whereas Canadian and Russian respondents placed more responsibility to the individual.

Despite some significant differences Finns were closer to Swedes in most questions. For instance, they believed in treatment almost as much as Swedish respondents reflecting the general trust in the health care system and the structures of the Nordic welfare state (Blomqvist, 2009). The point at which Finnish and Swedish respondents differed most from each other was in ordering the societal problems. Alcohol problems were ranked as the most serious problem in Finland whereas in Sweden it was regarded as the eighth on the list of twelve. The Swedish respondents used, however, a higher scale thus displaying more worry than Finns about all the societal problems. Thereby this difference did not appear in the logistic regression analysis, where the questions were dichotomised. To sum up, Finnish respondents seemed to resemble their western more than their eastern neighbours in most issues covered by this study – in spite of the fact that the Finnish drinking style is believed to be closer to the Russian style (Leon et al., 2009, 1630–1636; Cunningham & Mäkelä, 2003). Our data from St. Petersburg provided, however, a somewhat different image of drinking in Russia than the official statistics.

The logistic regression analysis showed that in addition to the consistent country effect, also gender had an effect on all the responses. Females were more concerned about the individual and societal risks of heavy drinking; they regarded chances of recovery lower and attributed less responsibility to the individual than males did. Moreover, the oldest age groups were more concerned about the individual and societal risks and they emphasized individual responsibility more than the youngest age group. These results are in line with previous risk perception studies (e.g. Rodionova et al., 2009). Higher education lowered concerns for the individual risk and societal problem severity of heavy drinking. It also lowered the belief in self-chance possibilities. The other significant background variables had an effect on just one of the six questions.

The possibilities to generalize the results of this study to respective populations are limited by the rather low response rates to the surveys, which seem to be an increasingly common problem in substance use surveys (Zhao et al., 2009). The use of weighted data may have improved the representativeness of the samples but it did not solve this problem. It is also known that population surveys usually do not reach homeless people or people in institutions. Moreover, phone surveys only reach people who have phones. (Leifman, 2002, 482). The need to use different data gathering methods (phone vs. mail) and five different languages may have also produced some bias in the results. The difference in the population base of the St. Petersburg and that of the oth-

ers is also a limitation. The decision to include this sample in the comparison could, however, be justified by the geopolitical position and historical ties of St. Petersburg with Finland. A further point to note is that there may also be cultural differences in answering survey questions on drinking. The results of Raitasalo et al. (2005) from a cross-cultural comparison between four European countries suggested cultural variation in cognitive strategies and cultural sensitivity with respect to survey questions on alcohol. For these reasons caution should be applied in generalizing the results of this study to respective general populations.

Previous studies display that the “governing images” (Room, 1978) of addictions vary over time and between different socio-cultural settings. This study gave further support to this notion as well as the theory of social representations according to which our beliefs and images are created in the social reality in which we live; they are continually also modified by the public and interpersonal communication as well as our personal experiences. The differences in the beliefs and images of alcohol addiction presented in this study seem to reflect larger cultural and historical differences between the participating societies. This contains the political and welfare situation as well as the interaction between politicians, professionals and the lay members of society (see a.o. Levintova, 2007).

Some years ago Kortteinen and Elovainio (2003) tried to find an explanation for the Finnish drinking style with the help of statistical analysis of Finnish drinking habits surveys. They concluded that the Finnish drinking style is a behavioural pattern that reflects our culture and the relationship between men and women in this country. The optimism of Finnish study participants - and particularly males - about the chances of self-change seems to reflect the traditional self-image of Finns as tough and self-sufficient people who can manage their own lives without external help. The combination of this self-change optimism and the general worry about alcohol problems -accentuated among females - suggest that the cultural ambivalence of Finnish people towards alcohol consumption has not been fully resolved. This ambivalence could also be seen to contribute to the tradition of heavy binge drinking in Finland.

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