



## **Heavy alcohol drinkers, risk management and prevention strategies**

### **A mixed method study into the borders between use and misuse of alcohol among adult Danes**

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*The paper discusses the methodological issues of a new Danish alcohol project. The project's focus is on untreated heavy drinkers with an alcohol consumption level and way of drinking that put them and their surroundings at some kind of risk. The aim is to analyze the borders structuring individual positions between alcohol, individuality, and various social surroundings within a critical perspective based on two main sociological assumptions: 1) That alcohol is related to a structuring coherence of values (making its use and effect a normative matter, i.e. at least to a certain extent and not hereby neglecting its physiological effect on the human organism), and 2) that the discourse of individualization, which is central to modernity, makes it difficult for heavy drinkers to "admit" that certain drinking patterns, level of consumption, and risk strategies can be used to conceal the presence of an (uprising) addiction and its relating dangers.*

*In order to investigate these connections between alcohol as a substance with a symbolic value and individualized ways of dealing with heavy drinking we are setting up the design of our project as a mixed methods study. The design consists of a questionnaire to 2.000 employees at two designated workplaces and 50 semi-structured interviews with heavy drinkers divided into a) one group of untreated working and normatively well-functioning heavy drinkers, and b) one group of heavy drinkers with at least one severe/negative experience caused by drinking too much alcohol.*

*On the one hand the project seeks to investigate consisting public experiences with alcohol, drinking norms, and opinions about preventive acts and general considerations, and on the other hand it searches for a qualitative understanding of the "normative sync" of heavy drinking in a modern individualized society based on in-depth individual exclaims about the life of drinking.*

*The project is awaiting funding and is thus still in its "start-up phase" where all kinds of input that can strengthen the design and especially its qualitative approach are much appreciated.*

Heavy alcohol drinkers, risk management, and prevention strategies  
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## Heavy alcohol drinkers, risk management and prevention strategies \*

### IPs

According to statistics from the National Institute of Public Health (*Statens Institut for Folkesundhed*), who in 2000 and 2005 conducted the third and fourth national "Health and sickness" survey (23.000+ IPs), approximately half a million Danes have an alcohol consumption level that exceeds national recommendations for maximal number of standard drinks on a weekly basis from the National Board of Health (*Sundhedsstyrelsen*), which is the supreme health care authority in Denmark.

*Proportion of adult Danish high consumers. Percentage of general sexed population older than 16 years.*

		Average number of standard drinks pr. week.					
		15-21	22-29	30-above			
Men	25-64 years	6,02%	3,15%	3,71%			
Women	25-64 years	2,71%	1,23%	1,03%			

Based on data from the Danish "Health and Sickness" survey, 2005.

The 2005 survey show that 6,86 percent of the general male and 4,97 percent of the general female population (above 16 years) consist of working age people (25-64 years) with an average weekly consumption level higher than 14/21 standard drinks. In numbers these percentages indicate that app. 122.000 and 85.765 Danish men and women drink too much (i.e. more than 14/21 standard drinks per week). These percentages are likely to be lower than in real life, and it wouldn't be completely senseless to expect at least one out of every ten men (and probably one out of eight women) within the adult part of the population to live a life that is at least in part structured by untreated heavy drinking.

These segments (whatever their actual numbers) are the empirical base for our analysis.

We have established a pre-collaboration with The Confederation of Danish Industry (*Dansk Industri*) and the Police that will enable us to 1) run our questionnaire on two designated large companies with at least 2.000 employees covering various educational backgrounds, 2) to pick out among these IPs a number of individuals for qualitative interviewing, and 3) to invite a group of convicted drink drivers attending the compulsory courses for re-obtaining their driver's license (*A/T-kursus*) to participate in a qualitative interview session.

The questionnaire for the survey will include questions about the IP's a) **alcohol intake** (using the "yesterday" method; e.g. "What did you drink yesterday?"), drinking history, ways of drinking, etc., b) **value orientation** (e.g. towards social relations, community standards, health and health care, social classes, "authorities", etc.), c) **social relations** (e.g. within the family, at work, and after work), d) upbringing, **child-**

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Heavy alcohol drinkers, risk management, and prevention strategies

- A mixed method study into the borders between use and misuse of alcohol among adult Danes

**hood** and education, e) **parents' drinking habits** and consumption, and f) **attitudes** towards drinking, relations between drinking, health and various risks, and state sponsored anti-drinking campaigns (including national recommendations for maximal weekly intake).

The survey will be conducted by personally presenting the outline of the project at a morning meeting (or likely) at the two participating companies, thus recommending all workers to participate by filling out the questionnaire at home via the Internet, or at work (assisted by one of our students) immediately after the presentation or during the day. By combining these two possibilities – answering the questionnaire at home or to one of our students – we hope to obtain a high level of participation.

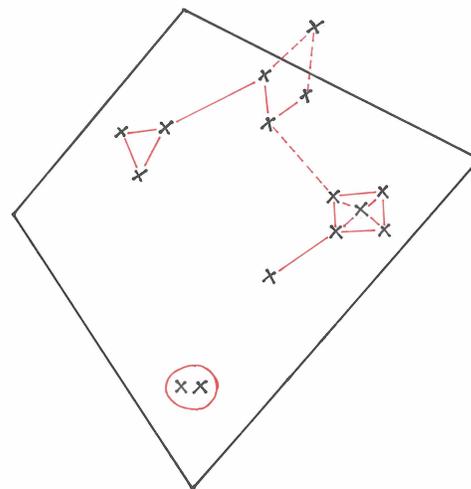
On behalf of the obtained questionnaires we will pick out part of the individuals for the qualitative phase; the rest will be taken from the Police's compulsory courses for drink drivers – as already mentioned.

We aim at obtaining a total of 50 individuals for qualitative interviewing who differentiate between a) having a moderate *or* high consumption of alcohol, b) drinking regularly on a daily basis *or* mainly through binge drinking, and c) having experienced at least one severe consequence from drinking (e.g. being responsible for a traffic accident; maybe even somebody's injury or death). Please notice that the distinctions may overlap (e.g. by having a high consumption and a temptation towards binge drinking) and that our group of IPs for qualitative interviewing will include some persons who DO NOT have a problem with drinking, either because they are abstainers or simply because they don't drink *too much*. This gives us the opportunity to approach the topic of drinking – too much from different viewpoints.

### Analytic model

Our main approach is towards “drinking – too much” as a social phenomenon within the adult population that is the potential working force of society.

We define “social phenomenon” as an analytic category, which is acted out individually and (partly) based upon individual orientations and decisions. Drawing on Bourdieu's analytic framework “drinking – too much” should be understood as an individual “practice”. But the act of drinking is also related to various social circumstances, just like the individual base for making decisions is bound to historic narratives that transgress the immediate boundaries for individual life. So in this sense the act of drinking as an individual practice is also related to social surroundings, implying among other things that the drinking is acted out in potential sync with a coherent set of social conditions.



Heavy alcohol drinkers, risk management, and prevention strategies

- A mixed method study into the borders between use and misuse of alcohol among adult Danes

We set out from a model roughly based on Bourdieu's central categories "field", "capital", "habitus", and "practice" in which we maintain a focus on both the structured rules of the field (the "doksa") and the structuring practice of the individual.

On page 3 we see a rough drawing of a "social field" according to Bourdieu in which individuals engage in different social networks more or less entangled to each other. Such fields appear to be relatively autonomous and working through different kind of "doksa". This could be ways of behaving (as a man or woman) within the field of gender; or ways of obeying parents within the field of the family. Or it could be different adaptations within different fields to more universal discourses such as those of individualization and risk management, which are central to our project. This latter approach to "field"-theory will probably be the one we will use in our design: studying the adaptation of individualization and risk management in specific social settings such as the family, the working environment and the neighborhood friendships in relation to the individual act of drinking – too much.

The relations between individuals and between individuals and the field are sociologically important since it is through these relations that the flows of "capital" and the "symbolic violence" is being presented for individual persons. In order to study this social interaction within a specific field we thus need to analyze both the "doksa" of the field, the individual possessions and uses of "capital", which position the individuals in relative relations to each other, and the "habitus" that to some extent controls or guides each individual's orientation and judgments within the field and also towards itself.

A common way of reading this model is by emphasizing the "structured"-ness of individuals within a field; primarily defined by the coherence between habitus and doksa. Such reading leaves little space for transformative capacities, and though the power of a specific doksa can appear to be almost unbreakable (e.g. within the field of art, of education or maybe even within the field of gender) we think that a relational use of the analytical model in social analysis ought to give space to each individuals transformative capacities on habitus and on itself as a modern subject.

The category of "social capital" is important in regard to transformative capacities within a field, since social capital primarily is based on the surplus or the effect for the individual of engaging in a socially organized network. "Social capital" can thus – according to Bourdieu – be understood as the "credit", which is given to a single individual by being part of a network. But this "credit" is also only available through active interaction within the network and some level of engagement in the activities, actions, policies etc. of the given network.

In this regard "social capital" seems to be a more dynamic attachment to "habitus" than cultural and economic capital that offhand appears to be more controlling and "solid" in relation to habitus. It is through social interactions that each individual "plays out" its habitus and capital to other individuals within the normative borders that beforehand has been set up by the doksa of the field. By doing this each individual obtains a means to make "symbolic violence" (i.e. a means to withhold its position

Heavy alcohol drinkers, risk management, and prevention strategies

- A mixed method study into the borders between use and misuse of alcohol among adult Danes

as “the most privileged” for making “correct”/legitimate judgments). Since the judgments are oriented both towards own decisions and actions *and* towards the doksa of the field (through social interaction) the acting out of social capital also provides individuals with ways of regulating or even changing habitus – changes that eventually may even have an impact upon the doksa of a field.

This is of course an important matter for the science or practice of developing prevention techniques.

### **Object of analysis**

The mere object of our analysis of untreated working-aged heavy drinkers in Denmark is accordingly the relations between:

1) Individualization and risk management and 2) the act (or practice) of “drinking – too much” bound to individuals through 3) social relations in socially organized settings or networks of/within certain social fields of society.

These relations are situated between three different “spheres” within social analysis: 1) discourses, 2) individual acts and 3) social interaction – terms that we refer to as “macro”, “micro” and “meso”.

### **Research question**

Our theoretical reflections can be put into a specific scientific problem that our project will try to answer:

*How are the relations between and through these three dimensions of society working, organized, being developed, maintained etc. for the actual group of working-aged adult persons in Denmark who drink – too much?*

In order to answer that research question we need to analyze 1) the impact of individualism and risk management on the individual person (that drinks – too much), and 2) the significance of the social interaction for the actual individual action of drinking – too much. This means that we need to study the ways (or structures) that enables individuals to somehow legitimize (to them selves, their social network, and society as such) their drinking.

### **Reflections on the qualitative part of the research method**

In the qualitative phase we wish to approach the matter of drinking from either side of the border between use and misuse of alcohol.

2/3 of the 50 qualitative IPs will be picked out from the data obtained through the survey, 1/3 will be contacted through the Police’s mandatory courses for drink drivers. We will organize this group of IPs between five categories (some which may overlap): 1) being a moderate drinker, 2) being a heavy drinker, 3) drinking regularly, 4) binge drinking and 5) having experienced severe consequences from drinking. We hope this will supply us with differently based perspectives – relevant in their own ways – on the subject of drinking too much, hereby allowing us to encompass the “borders” between use and misuse of alcohol from different angles.

Heavy alcohol drinkers, risk management, and prevention strategies

- A mixed method study into the borders between use and misuse of alcohol among adult Danes

The act of drinking is likely to obey both to some kind of taboo (e.g. about the lost control of acting) and to some kind of normative/legitimate positive orientation towards drinking heavily (based in field doksa). These levels of “controlling structures” will be approached by speaking to people from either side of the border between use and misuse, and who are likely to have different “reflective” perspectives upon drinking (such as that “retrospective” way of looking at one’s own drinking history that might come from some of the convicted drink drivers).

The adaptation of individualization- and risk management-discourses is also likely to vary between the different categories of IPs and will possibly also be expressed in individual ways. And it all sums up to quite a few angles for the qualitative analysis.

The data we obtain through the qualitative interviews will be tested with the conclusions from the survey and with the central relations in our analytic model (e.g. through open discussions upon the matter with some or all of the IPs), but they will also be used to widen the sociological scope for understanding the strategies that possibly apply between the social capital, which can lead to a “misinterpreted” personal legitimizing of drinking, and the individual act of drinking too much.