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Criticism of drinking as informal social control: a study in 18 countries

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Abstract

The focus of this paper is on informal control of drinking, indicated by criticism of people in the social network on someone's alcohol consumption. It studies country and gender differences in the extent drinkers suffering from typical symptoms of heavy or prolonged alcohol use report informal control from others (reactive informal control), and country and gender differences in the extent comments on someone's drinking are (also) directed at those who do not suffer from these symptoms (pro-active informal control). The data come from eighteen general population surveys, selected from an integrated dataset on drinking and drinking-related factors including more than 35 countries. The criteria for inclusion were that data for both men and women were available and that at least 3 items about symptoms of severe physiological consequences and about criticism of drinking had valid responses. The results show that men suffering from typical symptoms of heavy or prolonged alcohol use are more likely to be criticized than equivalent women (reactive control). Irrespective of gender, reactive informal control is more prevalent in poorer countries and in countries with a high proportion of abstainers. Concerning pro-active control, among women a larger part of criticism appeared to be directed at those who (as yet) do not suffer from symptoms typical for heavy or prolonged alcohol use. There is a lot of variation between countries in pro-active informal control. This variation is only weakly related to prosperity of a country but not to its proportion of abstainers.

Introduction

In most studies on problem drinking, 'social problems' are considered one among many other types of problems assessed. However, to the extent that social problems involve social criticism of a person's drinking, measured with items like 'partner criticized my drinking', 'my colleagues found I drank too much', social problems are worth study in their own right. In reviewing the literature on suggestions of spouses, family members and close friends to drink less or seek treatment (Room, Matzger, & Weisner, 2004), it appears that, at least in the USA, these comments are quite common, and that heavy drinkers are most likely to receive these comments; the effects of these comments are, however, open to dispute. As these criticisms are not a self-determined consequence of but rather a reaction to drinking, they can be interpreted as the expressions of processes of informal social control that are part of everyday life and may to some extent reflect norms about proper drinking in a society. Interpersonally speaking, someone's drinking is an especially tricky topic to comment on as it challenges his or her role as a competent drinker (Room, Matzger, & Weisner, 2004). Friendships may come to an end or become disrupted when the critic is not entirely trusted by the drinker or if the criticism seems to violate the relationship's basis. On the other hand, the criticism may have as its background that the one who criticizes may break of the relationship if drinking is not restricted or treatment not sought within a certain period.

Next to this explicit form of informal control, potentially involving threats to the relationship, there may be more implicit types of informal control. A spouse may try to convince his or her partner to see a doctor or other service provider because of her or his drinking problems or ask friends not to drink any more with her or his partner, or members of the drinker's social network may engage the drinker in discussions about proper and

inappropriate drinking. Such more implicit types of informal control will not be the subject of this paper.

One of the long-established ideas concerning informal control of drinking in modern societies is that drinking alcohol itself may not be disapproved but that the consequences of drinking might be (e.g. Bacon, 1946; Gadourek & Nass, 1963; Knibbe R.A., Drop M.J., & A., 1987; Room & Mäkelä, 2000). It seems very likely that almost all societies have norms frowning upon drinking to excess. Still, countries may differ in the extent to which drinkers that experience typical symptoms of heavy or prolonged alcohol use (like taking a drink to get over bad after effects or find yourself unable to stop drinking once started), receive comments on their drinking. This type of informal control can be labelled as 'reactive', because it concerns the extent to which drinkers who experience these symptoms get criticized. The first research problem is descriptive:

- To what extent are drinkers criticized who report typical symptoms of heavy or prolonged alcohol use (reactive informal control), and are there differences between countries and between men and women in that respect?

However, criticisms may not only be directed at those who experience these symptoms but also at those drinkers who (as yet) do not experience them, as admonitions not to drink at all or not to drink too much, either because drinking is not acceptable for religious or economic reasons or to avoid eventually harmful effects and dependency. Therefore we will label as 'pro-active' informal social control the extent to which criticism of drinking is directed at drinkers not reporting typical symptoms of heavy or prolonged alcohol use. The second research problem concerns country and gender differences in pro-active informal control:

- To what extent are criticisms on drinking directed at drinkers who do not report typical symptoms of heavy or prolonged alcohol use, and are there differences between countries and between men and women in that respect?

To our knowledge, there is no literature suggesting countries may vary systematically in the degree of reactive informal control as compared to pro-active social control. With respect to gender, we expect that women experiencing typical symptoms of heavy or prolonged alcohol use are more likely to be criticized, because excessive drinking is more rare among women and therefore less likely to go unnoticed (Holmila, 1992).

With respect to pro-active informal control, the literature offers some indications of possible differences. Mediterranean countries are often characterized as having a drinking culture in which drinking to intoxication is so strongly disapproved that network members may start their criticism well before the drinker suffers from severe physiological consequences (Knibbe R.A. et al., 2007; Lolli, Serianni, Golder, & Luzatto-Fegiz, 1958; Pequignot et al., 1988; Sadoun, Lolli, & Silverman, 1965; Sulkunen, 1976). In those cultures in which drinking is well integrated in everyday life, informal social control may often be more aimed at preventing excessive drinking, intoxication and dependency than exclusively at those who are known to suffer from dependency from drinking. Another perspective to look at possible systematic variation in informal control comes from the distinction between wet and dry countries (e.g. (Ledoux, Miller, Choquet, & Plant, 2002; Room & Mäkelä, 2000). Although there is no complete consensus how to distinguish between wet and dry drinking cultures, most researchers agree that in dry cultures abstaining or not-drinking tends to be the norm, while in wet drinking cultures there is no such shared norm. One might expect therefore that

- in countries with a high percentage of abstainers criticisms are more likely directed at drinkers that do not report typical symptoms of heavy or prolonged alcohol (i.e. pro-active social control).

Another factor that may influence differences in reactive and pro-active informal control is poverty. In poor countries compared to richer ones, drinking itself as well as the inability to work because of heavy drinking is a much larger threat to the economic security of both the drinker and his or her family and other dependents. We expect therefore that

- both pro-active and reactive informal social control will be stronger in poorer countries than in richer countries.

Material and methods

Data were obtained from the collaborative study on Gender, Alcohol and Culture: an International Study (GENACIS). This data-base contains information on drinking and its consequences, the context of drinking, and many other aspects of drinking. In most of the approximately 35 participating countries at the time of this study, the GENACIS questionnaire was used in general population surveys. However, some countries did not use all questions or changed either the phrasing of certain questions or some response categories. For this paper we have selected countries that had, besides data about alcohol consumption, data about whether members of the respondent's network criticized his or her drinking and the respondent's report of typical symptoms of heavy or prolonged alcohol use.

We used three criteria to select countries for inclusion:

- Data should be available for both men and women
- Of the 7 typical symptoms of heavy or prolonged alcohol use in the Core GENACIS instrument, at least 3 should be included in the questionnaire of a country.
- The country's questionnaire should contain a question about the partner's criticisms of the respondent's drinking and a question about at least one other member of the respondent's social network having criticized the respondent's drinking.

Application of these inclusion criteria left us with 18 countries, 8 from Europe, 2 from Africa, 1 from North America, 4 from Latin America, and from 3 from Asia.

Variables

Drinkers were defined as those who consumed alcoholic beverages in the last year, with all others defined as abstainers.

Respondents were directly asked whether they had experienced typical symptoms of heavy or prolonged alcohol use and whether others had criticized their drinking. In table 1 we have indicated for each country the specific item content available.

Typical symptoms of heavy or prolonged alcohol use were indicated by acute physiological consequences of drinking and symptoms of dependency (see table 1). The German questionnaire had only 3 items, while the U.K. and Hungary had 5 and the USA 6 items. All other countries used all 7 items. There were also differences in response format. To make the scales comparable, we calculated the number of symptoms experienced in the last year as the proportion of all of the above mentioned symptoms used in the country's questionnaire multiplied by 7. The resultant prorated scale of severe physiological consequences (ranging from 0-7), yields coefficients of reliability (assessed by Cronbach's α) ranging from 0.71 (Japan and USA) to 0.86 (India) with an overall mean α of 0.79. As there were milder (e.g. hangover, feeling the consequences of alcohol) and more severe typical symptoms of heavy or prolonged alcohol use (e.g. shaking when cutting down drinking, taking a drink to get over bad after effects), we used a cut off point of a score of 2

or more in order to select drinkers that certainly had symptoms of heavy alcohol use. As 7 items provide a more reliable base to define drinkers with symptoms of heavy or prolonged alcohol use, the selection of drinkers experiencing these symptoms will be less reliable in countries that had fewer items included in their questionnaire. However, because of the cut-off point of 2 or more, drinkers who do experience these symptoms are most likely detected, even in countries with less than 6 items, but the opposite category of drinkers who do not experience typical symptoms of heavy or prolonged alcohol use might be less reliable in these countries.

There were differences between countries in the number of network members for which the criticism question was asked. In many, but not all, countries these questions were also gender specific, that is separately asked for, for example, father and mother or male friend and female friend rather than only “parents” or “friends”. To make the data comparable over countries, we ignored the gender specificity, and only coded for each type of relation in the social network (partner and/or children, family, friends, and colleagues) whether such an individual (of either gender) had commented on the respondents’ drinking (1) or not (0). The comments by the various relationships in the social network form a weak scale, Cronbach’s α ranging between 0.56 (Sri Lanka) and 0.76 (Uganda), with a value of 0.69 for all countries together.

In the analyses of reactive informal control, we will concentrate on the selection of drinkers that report typical symptoms of heavy or prolonged alcohol use as defined above (100%). The level of reactive informal social control in a country is then the percentage of drinkers experiencing these symptoms that report their drinking has been criticized. In the analyses of pro-active informal control we will concentrate on the selection of drinkers that report having been criticized (100%). The level of pro-active informal social control in a country is then the percentage of drinkers not reporting any symptom of heavy or prolonged alcohol use whose drinking had nevertheless been commented on by others,.

The percentage of abstainers in the country’s sample will be used as the indicator of a wet or dry drinking culture.

The economic prosperity of a country was indicated by its Gross National Income (GNI) per capita, converted into international dollars using purchasing power parity (PPP) rates. The GNI measures the total domestic and foreign value added by the country’s claimed residents. PPP rates provide a standard measure allowing comparison of real price levels between countries, as crude exchange rates do not always reflect international differences in relative prices. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States. These data were derived from the World Bank database (2004)

Analysis

All analyses have been done separately for men and women. In all analyses non-drinkers have been excluded. Most analyses were done by cross tabulating the presence of severe physiological symptoms and comments by country and gender using SPSS 14. Plots of pro- and reactive social control by abstainers and GNI were made using Excel 2003. In order to detect differences between countries by GNI and abstention, the median-test was used (Siegel, 1956).

Results

Drinking culture

In table 2 the percentage of drinkers and abstainers in the various countries are presented.

The lowest percentages of abstainers are found mostly in European countries, with Denmark (men: 3.6%; women: 7.8%) and Germany (men: 4.5%; women: 5.9%) having the smallest percentage of abstainers. The highest percentage of abstainers is found in India (men: 66.7%; women: 94.1%) and Nigeria (men: 57.9%; women: 77.7%). In all countries the percentage of abstainers is higher among women compared to men. If we take the ratio of female to male abstainers as indicator of gender differences, most countries have about 2 to 3 times as many female abstainers. However, in Germany and Finland, the gender ratio of abstention is only 1.3. Also in Nigeria and Uganda, where there are many abstainers of both sexes (77.7% vs. 57.9 and 60.3 vs. 45.4% respectively), the gender ratio of abstention is relatively small: 1.3.

Symptoms of and comments on drinking

Table 3 presents the percentages of drinkers that reported two or more symptoms of heavy or prolonged alcohol use and drinkers that reported to have received comments on or criticism about their drinking.

The highest proportions of male and female drinkers that report they had experienced 2 or more typical symptoms of heavy or prolonged alcohol use over the last year, are found in Uganda (men: 69.7%; women 48.7%) and the Czech Republic (men: 55.4%; women: 31.0%). The lowest proportion of men reporting these symptoms are found in Germany (15.2%) and Brazil (20.9%) and for women in Hungary (4.5%), Germany (7.9%), Sri Lanka (8.3), Argentina (9.1%) and Uruguay (9.8%). In all countries women are less likely than men to report to have experienced these symptoms.

The proportion of men that are criticized about their drinking varies from 5.4% in Sweden to 61% in Uganda and Sri Lanka. Among women the proportion receiving such comments is systematically lower than among men, ranging from 1.3% in Sweden to 39.1% in Uganda. Similar to the prevalence of symptoms of heavy or prolonged alcohol use, the percentage of women reporting being criticized is lower.

In 10 of the 18 countries the percentages of men and women reporting symptoms of heavy or prolonged alcohol use are clearly higher than the percentages reporting having been criticized because of their drinking. The likelihood that about an equal percentage report consequences and comments seems to vary with continent. Of the 8 European countries, in only 2 (Germany, men; Hungary, men and women) were these percentages approximately similar. Of the 4 South American Countries, the percentages reporting symptoms and comments are roughly similar in (Costa Rica, men; Brazil, men and women). Both of the African countries in our study have about equal percentages of symptoms and comments (Nigeria: men and women; Uganda: men only) and 2 of the 3 Asian countries (India, Sri Lanka: men and women)

Reactive informal control

Table 4 presents the level of reactive and pro-active social control by gender and country. We consider first reactive control efforts. The percentages of men and women with symptoms who receive criticism are given in the two left data columns of Table 4.

Men and women in Sweden (men: 13.8%; women: 4.9%), Denmark and Spain, who experienced typical symptoms of heavy or prolonged alcohol use are least likely to report they had received criticism about or comments on their drinking. In Sri Lanka, India, Uganda, Nigeria, Brazil and Costa Rica, the large majority of men (ranging from 86% in Sri Lanka to 72% in Costa Rica) and (almost) a majority of the women (ranging from 47% in India and Costa Rica to 70.4% in Nigeria) with these symptoms reported their drinking had been criticized.

With no exception, men experiencing symptoms of heavy or prolonged alcohol use are far more likely to report to have received critical comments on their drinking than women. The greatest differences between men and women are found in Sweden (13.8% vs. 4.9%), Germany (47.4% vs 20.1%), the Czech republic (56.4% vs. 28.9%) and Spain (18.2% vs. 6.5%). However, in Nigeria (71.4% vs. 70.4%) there is almost no gender difference and in Brazil (76.1 vs. 66.7) and in the UK (29.6% vs. 25.6%) the gender differences are small. Still, despite these variations, it is surprising that in all countries men reporting these symptoms are more likely to be the subject of reactive control than women.

Poverty and reactive informal control

Figure 1 shows the relation between economic prosperity (GNI per capita converted by PPP) with reactive informal control for men (figure 1.a) and women (figure 1.b). Of the 8 countries with a GNI of about \$10,000 or lower, in 6 countries the likelihood of reactive informal social control is 70% or higher. Uruguay and Argentina are the countries who do not conform to this pattern. In 7 of the 8 countries with a GNI of $\geq$ \$20,000, the likelihood of reactive control is below 50% and in one country (USA) just above 50%. (median test, chi-square test=4.17, df=1, $p<0.05$). For women, the same pattern is observed. Both among men and women, Hungary and the Czech Republic are in an intermediate position in terms of GNI and likelihood of reactive informal control. Hence reactive social control is more frequent in poor countries than in rich countries.

Proportion of abstainers and reactive informal control

Figure 2 shows the relation between the percentages of abstainers in a country with reactive informal control. In countries with a low percentage of abstainers ($< 26\%$, the median), the percentage of men and women with severe physiological symptoms that receive criticism or comments is smaller than in countries where the percentage of abstainers is higher. However, within the category of countries with a comparatively high proportion of abstainers, Spain (men and women), Uruguay (men and women) and Sri Lanka (women) are countries with a comparatively lower chance of reactive informal control. For men the median test is significant (chi-square=10, df=1, $p<.00$); for women, both a chi-squares test for a cut-off point for reactive informal control of 30% as well as the median test fail to attain significance (chi-square=1; df=1; $p=.32$). Hence, in countries where people do not drink, men who have experienced symptoms of heavy or prolonged alcohol use are more likely to receive criticism about their drinking than men in countries where drinking is normal. For women this is not the case.

It is important to note that the GNI per capita PPP (the level of prosperity of a country) and the percentage of abstainers (indicating whether drinking is more or less common in a country) covary (Spearman rho = -.80, $p<.01$). Therefore it remains uncertain whether it is the overall prosperity (indicated by GNI per capita PPP) or the drinking culture (indicated by percentage of abstainers) that is most closely related with a higher level of reactive informal control in men.

Pro-active informal control

There is a considerable range in the extent to which people whose drinking was criticized by others nevertheless report none or at most 1 symptom of heavy or prolonged alcohol use (Table 4, right-most columns). In Finland 7.3% of the male drinkers receiving criticisms do not report any symptoms, while in Sri Lanka this percentage is nearly 9 times as high (62.1%). Among women these percentages range from about 15% in Finland and Denmark to 72% in Germany and 80% in Hungary. With the exception of Nigeria, Brazil and the USA, female drinkers are far more likely to be subject to pro-active informal control than men. This is quite different from the outcome with respect to reactive informal control.

Poverty and pro-active social control

Figure 3 shows the relation between economic prosperity and pro-active social control for men (3a) and women (3b). At first glance, there seems no difference between the more and less prosperous countries in the prevalence of pro-active informal control.(figure 3).

However, when the countries are categorized into above and below the median of pro-active informal control (men 36%; women 43%) and the GNI per capita PPP (\$13,995 international dollars), median tests for men and for women (both with a chi-square of 5.56, $df=1$, $p<.05$) indicates that in poorer countries pro-active control prevails, while in richer countries only few drinkers that receive criticism for or comments on their drinking will not have experienced symptoms of heavy or prolonged alcohol use.

There appears to be no relation of pro-active informal control with the percentage of abstainers in a country. This is contrary to our expectation that, in countries where most people do not drink, comments would most likely be directed at drinkers who do not (yet) report any symptoms of heavy or prolonged alcohol use.

Discussion

The first research question concerned differences between countries and between men and women in reactive and pro-active informal control. In both reactive and pro-active informal control there is a gender difference. In almost all countries, with the exception of Nigeria, men suffering from severe physiological symptoms are far more likely to receive comments than women. However, with respect to pro-active control, we found that in all but 2 countries (Brazil and Nigeria), women are more likely to experience pro-active informal control. This is a somewhat surprising outcome. In all countries the prevalence of drinkers with symptoms of heavy or prolonged alcohol use is much lower among women than among men. This is usually interpreted as (also) due to more restrictive social norms for women's drinking compared to men's. One would therefore expect that women would be more likely to experience both reactive and pro-active informal control. The main point here is not that men are less likely to experience pro-active control. In almost all societies drinking norms are more lenient for men than for women. Therefore, it is likely that a larger proportion of criticisms is directed at those women drinkers that do not experience symptoms of heavy or prolonged alcohol use. The interesting result is that women drinkers having symptoms of heavy or prolonged alcohol use due to their drinking are less likely to be criticized than counterparts among the men. We do not believe that this can be understood as a comparatively larger freedom for women to continue drinking to excess. However, it might indicate that women who drink excessively are more marginal or isolated in their network compared to excessive drinking men. From a more general point of view our findings on gender differences seem to be in accord with general findings on gender-specific socialization. Gender-specific socialization seems to imply that girls and women are admonished to be prudent and boys and men admonished to experiment (Kohn, 1977; Steinmetz, 1979). It would be interesting to see whether these gender-specific socialization practices are also applicable in situations where drinkers are influenced to drink more and how that relates with reactive and proactive control.

With respect to country differences in reactive and pro-active informal control, we expected that drinking culture, indicated by the percentage of abstainers and economic prosperity of a country, might be influential. For reactive informal control we did find a relation with both percentage of abstainers and economic prosperity. Drinkers, reporting symptoms of heavy or prolonged alcohol use in 6 of the 7 least prosperous countries ($< \$10,000$ GNI per capita PPP) as well as in the 6 countries where (almost) the majority of the population is abstaining, are far more likely to get their drinking criticized by their partner, family, friends

or colleagues than drinkers in more prosperous countries. However, 6 out of the 7 countries with (almost) a majority of abstainers belong also to the least prosperous countries. Therefore, our data do not allow differentiating between the effect of poverty and proportion of abstainers on reactive informal control.

For pro-active informal control we found a relation with GNI: in more of the poorer countries the majority of critical comments was addressed to drinkers who did not experience severe physiological symptoms. For abstention we did not find the expected relation of a higher likelihood of pro-active informal control in countries with a higher percentage of abstainers. There is a lot of variation between countries in the extent critical comments are directed at those who do not report symptoms of heavy or prolonged alcohol use. However, this variation is about equally large at each level of abstention.

The strength of our study is that it provides for the first time information on informal social control for a wide range of countries across the world and not only those of the industrialized Western world. It shows clearly that European countries have more in common with respect to informal control of drinking than countries from other parts of the world. Its main weakness is the variation in the measurement of variables. For example, Germany had only 3 severe physiological symptoms selected, all aiming at dependency, and as a result the distribution of the number of consequences is skewed in comparison to countries that used all seven indicators. Very likely the relatively high percentage of men and women with pro-active informal control is due to the fact that many German drinkers were misclassified as having no symptoms of heavy or prolonged alcohol. The same can be observed as regards questions about critical comments on the respondent's drinking. Some countries merged the gender of the critic and some left out whole categories. However, as most comments are made by the partner (Room, Matzger, & Weisner, 2004; but see also the paper by Holmila et al. in this volume), this weakness is not as potentially crucial as the fewer number of symptoms of heavy or prolonged alcohol use.

All in all, the analysis of criticisms of one's drinking in various parts of the world show that drinkers will be criticized when they show symptoms of heavy and prolonged alcohol use, but that these criticisms are more likely to be directed at men than at women and more likely to occur in countries where drinking is not the norm or where people have more to loose from insobriety and its consequences -- like incapacity for work -- than in richer countries and countries where drinking is more common. In poorer countries, comments on one's drinking in the absence of symptoms of heavy or prolonged alcohol use are more common than in richer countries, while the relation with drinking culture is absent, showing that social control there is pro-active. Moreover, the fact that more than 50% of all comments directed at women drinkers are directed at those who do not show symptoms of prolonged and heavy alcohol use, while these percentages for men are much lower, shows that social criticisms of a person's drinking are worth study in their own right.

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Figure 1.
a and b: GNI per capita by prevalence of reactive informal control by men (a) en women (b).

Figure 2.
a and b: Percentage of abstainers in the population by prevalence of reactive informal control by men (a) en women (b).

Figure 3.
a and b: GNI per capita by prevalence of pro-active informal control by men (a) en women (b).

a.

b.

Figure 4.

a and b: Percentage of abstainers in the population by prevalence of pro-active informal control by men (a) and women (b).

Table 1
Overview of the questions used, on hazardous consequences and relationships that criticized the respondent's drinking by country

Variables	Country															
	FI	SE	DK	UK	GE	CZ	HU	SP	CR	BR	UY	AR	NG	UG	IN	LK
Symptoms of dependency Of drinking																
drank enough to feel the effects: slurred speech, trouble walking	X	X	x	X		x	X	x	x	X	x	x	x	x	x	x
headache, nausea as a result of drinking	X	X	x	X		X	X	x	X	X	x	x	x	x	x	x
taken a drink to get over bad after effects		X	x		x	x		x	x	X	x	x	x	x	x	x
felt sick or shaking when you cut down or stopped drinking		X	x		x	x		x	x	X	x	x	x	x	x	x
found you were not able to stop drinking once you started	x	X	x	X	x	x	X	x	x	X	x	x	x	x	x	x
need a first drink in the morning to get yourself going after a heavy drinking session	x	X	x	X	x	x	X	x	x	X	x	x	x	x	x	x
been unable to remember what happened the night before	x	X	x	X		X	X	x	X	X	x	x	x	x	x	x
Informal pressure to cut down drinking																
spouse/partner or child(ren)	X	X	X	X	x	X	X	x	x	x	x	x	x	x	x	x
other members of the family	X		X	x	x	X	X	x	x	x	x	x	x	x	x	x
someone at work/school	x	X	X	x	x	X	X	x	x	x	x	x	x	x	x	x
friend/acquaintance	x		X	x	x	X	X	x	x	x	x	x	x	x	x	x

x: fully comparable item; X: equivalent but not completely comparable due to differences in the time sets for the response or coding frame.

FI Finland
SE Sweden
DK Denmark
UK Britain
GE Germany
CZ Czech Rep.
HU Hungary
SP Spain
CR Costa Rica
BR Brazil
UY Uruguay
AR Argentina
NG Nigeria
UG Uganda
IN India
LK Sri Lanka
JP Japan
USA

Table 2

Percentage of abstainers by gender and country

Country	Men		Women		Total N (100%)
	abstainer	drinker	abstainer	drinker	
Finland	7.8	92.2	9.8	90.2	986
Sweden	11.5	88.5	20.9	79.1	2816
Denmark	3.6	96.4	7.8	92.2	1133
UK	10.4	89.6	18.1	81.9	1038
Germany	4.5	95.5	5.9	94.1	4443
Czech Republic	9.6	90.4	20.1	79.9	1282
Hungary	8.7	91.3	23.7	76.3	1157
Spain	32.6	67.4	55.3	44.7	956
Costa Rica	31.5	68.5	57.2	42.8	857
Brazil	41.8	58.2	58.7	41.3	686
Uruguay	18.9	81.1	39.7	60.3	624
Argentina	8.5	91.5	26.3	73.7	598
Nigeria	57.9	42.1	77.7	22.3	955
Uganda	45.4	54.6	60.3	39.7	758
India	66.7	33.3	94.1	5.9	1470
Sri Lanka	46.4	53.6	93.6	6.4	590
Japan	8.9	91.1	23.0	77.0	1134
USA	32.2	67.8	51.5	48.5	2701

Table 3

Percentage of drinkers that report 2 or more typical symptoms of heavy or prolonged alcohol use and percentage of drinkers that report to have received criticisms by gender and country and total number of drinkers by gender and country

Gender	symptoms			received criticisms		number of drinkers [*] (100%)	
	men	women		men	women	men	women
<i>Country</i>							
Finland	69.3	39.3	20.2	6.9		861	917
Sweden	23.6	12.3	5.4	1.3		2085	1722
Denmark	47.6	30.6	9.0	3.6		847	313
UK	38.6	23.4	17.1	10.0		861	850
Germany	15.2	7.9	18.6	5.8		3470	4104
Czech Republic	55.4	31.0	36.0	12.5		1120	1019
Hungary	22.0	4.5	23.3	5.6		897	807
Spain	30.5	18.2	7.3	1.7		591	420
Costa Rica	43.5	24.0	44.2	20.5		283	362
Brazil	20.9	13.1	32.5	17.5		320	275
Uruguay	23.3	9.8	10.5	3.5		305	376
Argentina	27.4	9.1	16.8	3.6		368	441
Nigeria	29.3	26.6	33.6	26.7		457	206
Uganda	69.7	48.7	61.9	39.1		386	299
India	35.7	19.8	44.4	19.8		502	86
Sri Lanka	27.0	8.3	61.5	18.9		322	36
Japan	32.5	11.1	27.7	9.0		988	826
USA	49.7	32.7	37.1	15.0		1502	1310

* the number of drinkers is smaller than expected on basis of the percentages in Table 2, due to missing values either on symptoms or on comments.

Table 4Reactive¹⁾ and proactive²⁾ control by gender and country³⁾

Gender	Reactive		Proactive	
	men	women	men	women
<i>Country</i>	%	%	%	%
Finland	27.7	15.1	7.3	14.0
Sweden	13.8	4.9	33.9	40.9
Denmark	16.5	9.6	11.8	16.7
UK	29.6	25.6	33.3	40.0
Germany	47.4	20.1	61.0	72.4
Czech Republic	56.4	28.9	13.1	28.3
Hungary	44.7	23.1	53.6	80.0
Spain	18.2	6.5	23.3	28.6
Costa Rica	72.4	47.1	29.4	45.3
Brazil	76.1	66.7	51.0	51.0
Uruguay	25.4	16.2	43.8	53.8
Argentina	33.7	20.0	45.2	50.0
Nigeria	71.1	70.4	37.7	30.9
Uganda	72.6	53.8	18.0	33.3
India	76.0	47.1	39.0	52.9
Sri Lanka	86.2	0.0	62.1	100.0
Japan	47.8	26.1	43.6	68.0
USA	55.6	33.8	25.3	26.4

¹⁾ % of drinkers reporting 2 or more typical symptoms of heavy or prolonged alcohol use that received criticism of their drinking

²⁾ % of drinkers receiving comments on their drinking that reported none or at most 1 symptom of heavy or prolonged alcohol use

³⁾ The base of these percentages can be deduced from table 3, in which the total number of drinkers is given, as well as the percentage that report symptoms and that report comments.