

A missed opportunity: The recent political agreement on a new tobacco, nicotine and alcohol prevention plan in Denmark

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In November 2023, the Danish Government and four political parties agreed on a new prevention plan aimed at reducing the use of tobacco, nicotine and alcohol among adolescents in Denmark (Indenrigs- og Sundhedsministeret, 2023). The background stressed by the political parties includes the new nicotine products that are popular among adolescents, the high use of alcohol among adolescents compared to other European countries and that age-restricted

products are often illegally sold to underage adolescents.

The time is ripe

It is hard to disagree with the need for policy changes. Danish adolescents continue to have the highest consumption of alcohol in Europe. Among adolescents aged 15–16 years, 40% report intoxication in the past month, which is three times higher than the mean (13%) among

Submitted: November 28, 2023; accepted: November 28, 2023

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countries submitting data to EMCDDA (and much higher than other Nordic countries: 8.6% in Norway, 9.4% in Sweden, 13% in Finland and 16% in Iceland) (ESPAD Group, 2020). While researchers in the Nordic countries are examining reasons for the reported decline in youth drinking in the (other) Nordic countries, Denmark has seen a rise in adolescent drinking the past decade. According to the most recent HBSC survey, weekly drinking among 15-year-olds increased from 12% (girls) and 21% (boys) in 2014 to 22% (girls) and 27% (boys) in 2022 (Madsen et al., 2023). The widespread heavy episodic drinking at a young age is highly concerning due to the following reasons: (1) the negative impact on the brain that is still developing at this age (Lisdahl et al., 2013); (2) the increased risk of alcohol-related accidents (Pisinger et al., 2023; Vallentin-Holbech et al., 2023) and death (Hviid et al., 2021); (3) the increased risk of here-and-now negative consequences (e.g., doing things that are later regretted, such as intimacy, fights and drug use (Pisinger et al., 2023; Vallentin-Holbech et al., 2023)); and (4) the increased long-term risk of a wide range of diseases (WHO, 2018). Furthermore, since heavy episodic drinking is the norm and closely intertwined with the social life of adolescents, there is high pressure to drink to be part of the social life.

In the past decade, nicotine-containing products, such as e-cigarettes, vaping devices and smokeless options (e.g., snuff, chewing tobacco, pouches), have entered the market and surged in popularity. Among adolescents aged 15–17 years in Denmark, the use of smokeless nicotine products increased from 8.7% in 2020 to 12% in 2022, and the use of e-cigarettes more than doubled: from 4.5% to 10.1%. While 18.1% reported using at least one nicotine product in 2020, this increased to 30.4% in 2022 (Jarlstrup et al., 2023). At the same time, the use of cigarettes also increased. Among 15–17-year-olds in Denmark, 11.9% reported smoking cigarettes in 2020, which increased to 13.7% in 2022 (Jarlstrup et al., 2023). This development is highly concerning

due to the comprehensive health consequences of tobacco and nicotine use, including the increased risk of a long list of diseases (WHO, 2021). Similar to alcohol, the young developing brain is more sensitive to the effects of nicotine, which can negatively impact cognitive functions (such as learning) and long-term mental health (such as symptoms of anxiety and depression) (Vestbo et al., 2018).

Policy changes required to substantially limit availability are lacking

The high rates of adolescent drinking in Denmark are rooted in a long-standing liberal alcohol policy with few restrictions on availability. For example, alcohol can be purchased 24/7 and at low prices; it can be consumed almost anywhere; it can be sold to adolescents aged 16 years and above (18 years for alcohol content >16.5%); it can be advertised although not directed at adolescents; and policies are often not efficiently enforced (e.g., the non-profit organisation *Alkohol og Samfund* continuously shows that underage adolescents can buy alcohol, and there are many documented examples of direct and indirect marketing to teens).

The tobacco and nicotine policies in Denmark are also liberal, albeit not to the same extent. For example, there are extensive spatial bans on smoking and there is an age limit of 18 years for the sale of all tobacco and nicotine products. In the national action plan against children and adolescent smoking from December 2019, several steps were taken, including creating smoke-free environments at primary and secondary schools, banning the sale of e-cigarette liquids with flavours other than tobacco and menthol, and raising excise taxes, resulting in a pack of 20 cigarettes priced at 60 DKK (8 EUR).

Taken together, Danish politicians have many possibilities of reducing the use of alcohol, tobacco and nicotine in adolescents (and adults and elderly) via policy changes, e.g., by limiting the availability of these substances.

The new plan includes 30 initiatives, of which the following points are among the most noteworthy:

- *No sale of alcohol products with >6% alcohol to adolescents aged 16–17 years (instead of the previous limit of 16.5%).* This change is unlikely to have the desired effect of a decrease in consumption among minors. In fact, it contradicts recommendations from the Danish Health Authority of no alcohol use among adolescents aged below 18 years who can continue to buy alcohol products already popular in this age group. The most obvious and effective step would be to prohibit the sale of all alcohol products to adolescents below 18, in line with the vast majority of European countries (and globally) and recommended by key stakeholders including the World Health Organization (WHO, 2010). A higher age limit would also positively impact other important prevention initiatives, for example, by making it easier for parents to help postpone the age of debut, and by increasing the efficacy of school alcohol policies (e.g., by changing the longstanding tradition in Denmark of selling alcohol to students at parties hosted by and at high schools). Relatedly, one of the initiatives in the new plan is to “recommend all schools to adopt alcohol policies”. It is our impression that many schools are already working with local alcohol policies and are taking part in the responsibility; however, this work is complicated and hampered by the fact that the government “rubber stamps” the use of alcohol among 16–17-year-olds by allowing them to buy popular alcohol products.
- *Increased prices on nicotine products and smoke-free tobacco, but not on cigarettes.* The current excise tax on nicotine is doubled. This corresponds to an increase in 12 DKK (1.6 EUR) for a typical box with 20 nicotine pouches and means that the price will be more or less the same as a packet of cigarettes. Although the increased price is a positive addition, the small size of the increase means that it is unlikely to have a marked effect, at least on current users who may already be nicotine dependent. Another, and potentially larger problem, is that these products are still sold at low prices in online shops (due to EU regulations). The fact that the plan does not include increased pricing on cigarettes speaks for itself in terms of potential for reducing use.
- *Ban on the use of alluring flavours and fragrances in tobacco substitutes (except menthol and tobacco).* This is positive and needed to make the new products less attractive for adolescents and would of course have been stronger if menthol was included. The current products on the market lure adolescents into trying and continuing to use the new products, e.g., via fruit flavours and fragrances that are appealing to adolescents and that they are unlikely to associate with harm.
- *Increased control and enforcement of policies.* This includes several important and promising initiatives including (but not limited to) a higher penalty for selling products to underage adolescents and the use of “control shoppers”, i.e., underage adolescents trying to buy the products. There is a strong need for increased control and enforcement of policies and these initiatives are likely to have an effect. However, the success of some of these initiatives depends on another initiative regarding electronic age verification online, as many adolescents buy nicotine products online, and currently the age limit is checked via a “tick in a box”.
- *Electronic age verification online.* Currently, there are no requirements regarding how age is verified in the online sale of tobacco, nicotine and alcohol, which means

it is typically done with a “tick in a box”. The parties have agreed to set requirements regarding an age-control system that effectively verifies the buyer’s age (e.g., via MitID). This is likely to have an effect, but it has not been specified how it will be implemented. It is crucial, that the requirement will apply to both Danish and foreign websites that sell the products to Danish consumers; however, this has not been finalised.

Missed opportunity

Overall, the plan is a small step in the right direction. However, for the reasons stated above, it is unlikely to lead to notable reductions, particularly in alcohol use among adolescents. The initiatives aimed at the strengthened enforcement of policies are important and promising. In combination with a ban on selling alcohol to adolescents aged below 18 years, the perspectives of markedly reducing the use of alcohol would have been very promising. Cultures are not changed overnight, but they can be changed. Such a change requires more political goodwill than the current prevention plan. Of course, changes in policy should not be done in isolation – in order to succeed, we need to involve multiple actors and target prevention on several levels. For example, parents play an important role, and similarly, the settings and contexts in which adolescents spend their everyday life and socialise (like schools) have an opportunity and responsibility to engage in decisions around substance use (Rømer Thomsen et al., 2023). Policies provide both the operational and value-based context for interventions and initiatives surrounding substance use. For example, a ban on all alcohol sales to adolescents aged below 18 years sends a clear signal to parents and schools, making it easier for them to navigate and help reduce adolescent substance use.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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