

Social work assessment of underage alcohol consumption: Non-specialised social services comparison between Sweden and Italy

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ABSTRACT

AIM – This research contributes to highlighting social work assessment of family situations with underage alcohol consumption and abuse. The comparative study invites reflection on the main features influencing an initial approach to adolescent problematic alcohol consumption outside specialised addiction services. **DESIGN** – The study is based on a cross-national comparison. A questionnaire including a vignette story of a young girl (“Nadja”) and her family was submitted to thirty-five social workers employed in public social services in Stockholm, Malmö (Sweden), and Genoa (Italy). The participants were then invited to focus groups to discuss the main features that had emerged in the assessments. **RESULTS** – Results show significant variations between Italian and Swedish social workers’ assessments. Italian social workers are in general more concerned and interventionist than are their Swedish colleagues. Swedish social workers tend to intervene less, assuming that Nadja’s consumption is “normal” teenage behaviour, while the Italian social workers, less accustomed to considering such behaviour as common, are more worried and prone to intervene immediately, in particular when Nadja is found drunk in the city centre. **CONCLUSION** – The assessment proposed by public social workers appears to be informed by cultural understandings of alcohol consumption which permeate and reveal predominant tendencies in the two groups of professionals. Moreover, in Italy the social service mandate appears to be fragmented among different service units, whereas Swedish social workers operate within a broad welfare system that allocates specific resources for adolescent alcohol consumers. Further elements influencing the assessment are found in the legislative framework and consequently in the different practices and perspectives of intervention social workers assume in Sweden and Italy. **KEYWORDS** – adolescent alcohol consumption, social work assessment, vignette study, Italy, Sweden

Submitted 26.03.2014

Final version accepted 07.11.2014

Introduction

Alcohol habits are a major social and public health concern. Adolescents in Europe experience alcohol use at an early age, and often this behaviour is perceived as problematic because of its health and social consequences (Rolando & Katainen, 2014). This has obvious repercussions on professionals working with families in public

social services, in particular when the problem of alcohol consumption is not the central focus of intervention.

Assessment in social services units on children and families is recognised as a difficult task, as uncertainty, conflict and indeterminacy are present in every human situation. Professional practice with at-

risk youth is highly charged and especially controversial, for professionals must try to balance a number of potentially competing interests: the child's interests, those of the family and those of the state which intervenes on their behalf (Dominelli, 2004).

Exploring social workers' assessment and perspective of intervention can enhance their self-reflective knowledge and understanding of working with underage alcohol consumption in non-specialised services. In fact, as Donna Leight Bliss and Edward Pecukonis (2009) underline, non-specialised services tend to neglect substance abuse issues, including underage alcohol consumption. Moreover, the comparative approach that we have used helps to further shed light on the very contextual components, such as the national drinking culture, influencing social workers' assessment.

This study elaborates from previous research on assessment in the Nordic countries (Blomberg et al., 2012), successively extended to Italy (Guidi, Meeuwisse, & Scaramuzzino, 2014), and analyses and compares Italian and Swedish social workers' responses to a given vignette case study on underage alcohol consumption.

Our goal is to explore social workers' assessment and perspectives of intervention on underage alcohol consumption by analysing their practices and attitudes emerging from responses to the administered case study. Responses here concern primarily the answers social workers provided to the questionnaire and during the subsequent focus groups. As practices we understand the set of interventions that social workers are or are not willing to implement when confronted with the case study. Attitudes, for the purpose of this

paper, are confined to social workers' affective, cognitive and behavioural stances (Haddock & Maio, 2007) toward underage alcohol consumption, which resonate in their responses to the given vignette. The main hypothesis of the study is that drinking cultures and their socialisation processes primarily influence social workers' practices and attitudes toward underage alcohol consumption. Our hypothesis implies that social workers socialised in a particular drinking culture embed certain aspects of it in their professional life, hence influencing their judgement of a given case as a social work case, the risks they associate with drunken teenagers and their role in the assessment process, and finally the types of intervention envisioned. We are aware of other factors able to significantly influence social work practice in the current scenario, besides the drinking culture. This is why together with an overview of the traditional drinking models and of the European School Survey Project on Alcohol and Other Drugs (ESPAD) data (Hibell et al., 2009, 2012), we provide contextual references to the alcohol legislation and social service organisation. Drinking cultures are here conceptualised as rather conservative historical and geographical processes of mainly alcohol consumption. Alcohol socialisation processes, as a particular aspect of a drinking culture, address the set of rules attached to alcohol consumption. Following Sara Rolando et al. (2012), "[a]lcohol socialization is the process by which a person approaches and familiarizes with alcohol and learns about the values connected to its use and about how, when and where s/he can or cannot drink" (p. 201).

Departing from our hypothesis, the fol-

lowing research questions have been developed to guide the research: Is the situation proposed in the vignette regarded as a case for social work? What risks do social workers associate with drunken teenagers? Do social workers involve teenagers in the assessment process? What kind of interventions are suggested?

The paper presents a contextual overview divided into four sections. First, the traditional drinking models characterising Italy and Sweden are presented. Second, data concerning the last ESPAD survey (Hibell et al., 2012) are presented and discussed. In this section we aim to emphasise the coherence between the general drinking culture and underage alcohol consumption. Third, we shall provide insights into the respective national policies on alcohol, which both influence and are influenced by the particular drinking culture. The contextual overview concludes with a brief survey of the different welfare models and child protection systems. Importantly, this helps to situate the social workers involved in this project within their organisational framework. They all work in non-specialised services: their primary professional focus covers child protection assessment tools and legislation rather than underage alcohol consumption as such. We will then proceed to a methodological discussion on the use of cross-national research methods followed by a presentation of the vignette and by the results. The paper ends by underlining plausible conclusions with an analysis of the results.

Patterns of alcohol consumption in Italy and Sweden

The mainstream approach to comparative cross-national research traditionally refers

to countries. Even if the risks inherent in this approach are those of promoting stereotypical views, a contextual delimitation appears to be a necessary step in the process of comparing two realities. An alternative is, however, to account for geographies as a component of comparisons, defined as places characterised by a certain mixture of inhabitants, and historical, institutional, political and normative factors (Sulkunen, 2013). Yet, the aim of this paper – comparing professionals' practices and attitudes toward underage alcohol consumption by referring to social workers' assessment within a given case study – requires a country-based comparison. This is in order to provide a general framework that, even if ideal-typical, can enhance the reader's ability to contextualise the findings of this research.

The traditional Italian drinking model, an example of so-called Mediterranean drinking cultures, is highly characterised by daily consumption of alcoholic beverages, mainly wine during meals. In this culture, alcohol is intrinsically related to the Catholic tradition and to the cycle of the cultivation of wine (Beccaria & Sande, 2003). Even though a drastic distinction between the medical, nutritional and intoxicant purposes of alcohol consumption is hardly addressable (Mäkelä, 1983) in the traditional Italian drinking culture, the nutritional purpose of alcohol concurs to mask a search for intoxication (ibid.).

On the other hand, Sweden is a typical example of the so-called Nordic drinking cultures, in which alcohol consumption traditionally and mainly takes place during weekends and outside meals. In such a culture, traditional beverages (home-made liquors, strong spirits and beer) are

consumed with intoxication in mind (see Mäkelä, 1983; Beccaria & Sande, 2003; Järvinen & Room, 2007; Beccaria & Prina, 2010), emphasising how “the Scandinavians vacillate between Dionysian acceptance and ascetic condemnation of drunkenness” (Mäkelä, 1983, p. 27). So in this sense it is possible to speak about an opposition of nutritional versus recreational understandings of alcohol (Mäkelä, 1983), even though such an oversimplification can only account for an ideal-typical description of these two traditional drinking models. Furthermore, it has to be stressed that these ideal-typical models are showing signs of change, increasingly occurring as hybrids, as mixtures of the two distinct models (Beccaria & Sande, 2003; Järvinen & Room, 2007; Beccaria & Prina, 2010). A sign in this direction is, for instance, the fact that the best-selling alcoholic beverage in Sweden is nowadays wine, which comprises almost 50% of total registered sales (Østhus, 2012).

Underage drinking habits

Narrowing our focus to youth and to underage teenagers in particular, it appears that historically in the Mediterranean culture young people have tried alcoholic beverages (mainly wine) when still extremely young (11–12) at home, under the supervision of their family members. Even though this traditional approach toward alcohol still maintains a certain position in the Italian drinking culture, signs of change are easily detectable (Beccaria & Sande, 2003, Järvinen & Room, 2007, Beccaria & Prina, 2010). Nonetheless, Järvinen and Room (2007) and Beccaria and Prina (2010) have emphasised that the drinking habits of Italian youth are still far from

those of the rest of their European peers, despite signals of homogenisation. Further comparative research has underlined how in fact underage alcohol consumption in Italy still largely happens in accordance with the customary drinking culture (Rolando & Katainen, 2014) and its alcohol socialisation processes (Rolando, Beccaria, Tigerstedt, & Törrönen, 2012).

Meanwhile, Swedish youth maintain an approach toward alcohol typically ascribable to the Nordic drinking culture, with a “late” debut as compared with their Italian peers, fewer drinking occasions, yet more alcohol consumed once drinking occurs (Hibell et al., 2012).

However, Beccaria and Prina (2010) among others, as well as the reading of the ESPAD survey 2011, provide an understanding of current youth drinking patterns of the two countries which is in line with the traditional drinking models of belonging. In this sense alarmism on a more Nordic approach to alcohol among the Italian youth seems to be questionable (Beccaria & Prina, 2010). In a recent study examining the image of alcoholism in individualistic and collectivistic geographies, Sara Rolando and Anu Katainen (2014) argue that Italian youngsters present a certain resistance against getting drunk as compared with their Finnish peers. A similar conclusion emerges from the exploration of alcohol socialisation processes provided by Rolando et al. (2012), where underage Italians display an unambiguous relation to alcohol consumption: moderate consumption is not only tolerated but socially encouraged.

Comparing the ESPAD report in 2011 (Hibell et al., 2012) with the ESPAD survey from 2007 (Hibell et al., 2009), it is

Table 1: Comparative overview on alcohol consumption among (15–16-year-old) student populations in Sweden and Italy by gender according to ESPAD data in 2011.

| ESPAD report 2011 on youth (15/16 y.) | Use of alcohol in the past 12 months | Being drunk in the past 30 days | Use of alcohol in the past 30 days | Estimated average alcohol consumption during the last alcohol drinking day. Centilitres 100% alcohol |
|---------------------------------------|--------------------------------------|---------------------------------|------------------------------------|--|
| Sweden | 65% 63% males 66% females | 14% 12% males 16% females | 38% 34% males 41% females | 7 Homogeneity among sexes |
| Italy | 79% 83% males 75% females | 13% 14% males 11% females | 63% 70% males 56% females | 4.1 4.8 males 3.2 females |
| European average | 79% 79% males 78% females | 17% 18% males 15% females | 57% 59% males 54% females | 5.1 5.8 males 4.3 females |

relevant to note that the variation on the use of alcohol in the past twelve months is more consistent for Swedish students than for Italians.

In light of the data in Table 1, a picture emerges, again consistent with the drinking model traditionally considered in the literature. In fact, more Italian students tend to drink than their Swedish peers, even though they consume on average smaller amounts of alcohol when they do so. This suggests characteristics somehow ascribable to the traditional drinking models of reference. In both the indicators, use of alcohol in the past twelve months and use of alcohol in the past thirty days, Italian students have significantly higher figures. However, more Swedish students have been drunk during the last thirty days. A further interesting distinction lies in the higher alcohol consumption for females in Sweden, contrary to the Italian data.

Despite certain methodological limitations of ESPAD data (Rolando, Beccaria, Tigerstedt, & Törrönen, 2012) on the nature of the experiences gathered, we do consider this set of information useful

in emphasising the natural mirroring of a specific drinking culture interpreted as underage alcohol consumption.

Legal framework for adolescent alcohol supply

Italy and Sweden apply very different regulations on alcohol supply and consumption, which can be considered as both reproducing the substantially different drinking cultures and as influencing the drinking approaches among youth. In fact, Italy allows a more diffuse presence of alcoholic beverages in several provision points (supermarkets, bars, restaurants, specialised shops), while in Sweden alcohol can be legally obtained only through the national licence stores called Systembolaget. Access to these distribution points is allowed for those aged twenty or older, while in restaurants and bars the legal age to consume alcohol is the age of majority (eighteen) (SFS 2013:635). As stressed by Karlsson (2012), Swedish alcohol policy has traditionally been considered a restrictive one, and has been widely supported by the public. However, since 1995 Sweden has faced the problem of harmonising

its national policies with European ones, although its prohibitive approach has not been formally challenged. Such an approach is in line with the liberal-restrictive dimension of Nordic alcohol policies (Attila & Sulkunen, 2001; Karlsson, 2012). In a recent survey in which Karlsson explores politicians' attitudes toward alcohol policies in forty-nine different Swedish municipalities, 84% of the respondents "propose to make it even harder for young people to purchase alcohol" (Karlsson D., 2012, p. 241). The results of Karlsson's survey help us to contextualise the political climate on alcohol consumption in Sweden.

In the Italian system, the legal age of access to alcoholic products is eighteen (Art. 14-ter, L. 30 March 2001, n. 125). However, despite legal restrictions, the perceived availability of alcoholic beverages remains high in both countries (Eurobarometer, 2011), with 80% of respondents acknowledging very easy access to the substance. While Italy and Sweden have different legal measures regarding alcohol supply and provisions, based on different cultural and legal assumptions, the perception of youth in both countries is that alcohol is easily accessible. This is also congruent with European data, as in a survey conducted by the Gallup Organisation, only 6% of 15–18-year-olds involved in alcohol use considered it *impossible, very difficult or fairly difficult* to pursue alcoholic beverages (Eurobarometer, 2011, p. 10). In a nutshell, then, despite different alcohol policies, youth in both countries perceived the availability of alcoholic beverages as high.

Brief overview of welfare models and child protection systems in Italy and Sweden

As highlighted by Walter Lorenz (1994), there are significant correlations between a certain type of welfare state model and particular ways of tackling social problems. It is possible to categorise the Italian welfare system as a conservative-corporative model (Esping-Andersen, 1990) or as a rudimentary welfare one (Leibfried 1992) accounting for regional differences. The corporative model, based on the principle of subsidiarity, has a small number of social workers employed by the public sector while a larger portion of practitioners are employed by corporative organisations, publicly financed on a non-profit basis. In the rudimentary model most professionally qualified social workers are employed by the public sector (Scaramuzzino, 2012).

Sweden exemplifies, according to Esping-Andersen, the so-called social democratic model. It is also a part of the so-called Scandinavian model, relying on the relationship between welfare regimes and social work practice, as has been explained by Lorenz (1994). This model is characterised by high levels of social worker employment in public services, with a relatively higher status and power compared with social workers in other welfare systems (Meeuwisse & Swärd, 2007).

Both Italy and Sweden have a decentralised system of welfare service provision (Scaramuzzino, 2012) in that the municipal level is responsible for the delivery of social services. As underlined by Lorenz (2006), much of the service provision in Italy is implemented by civil society organisations and hence by non-professional social workers. In Sweden, despite the

central role of the state in social service delivery, new actors such as civil society organisations are increasingly getting involved (Villadsen, 2007; Lundquist, 2010).

As for child protection services, the Italian system is mainly ruled by Civil Code articles dealing with parental duties and responsibilities. In the 1990s, the system was implemented through rules and functions in collaboration with public social services, third-sector actors, families and the juvenile courts (Bertotti & Campanini, 2012). Families with children and youth from zero to eighteen years old are considered social service clients; in special cases the juvenile court authorises public social services to support the youth until they are twenty-one, if a previous social project needs to be completed. Social workers in Italy cannot work without family consent; otherwise they need a juvenile court mandate to proceed in the assessment and, if necessary, with interventions.

The Swedish child and family welfare system is often represented as an example of the Nordic welfare model, traditionally oriented to prevent problems through a proactive involvement in families' lives. The Social Service Act (SoL, 2001) defines rules for the assessment and decision-making process. Social work investigation of children in need of protection or support is limited to four months' duration, and social workers can request information about the family from other institutions or persons without the consent of the family. In Sweden, unlike in Italy, when parents do not consent, compulsory care is decided upon by a local administrative court. In the case of youth antisocial behaviour, state care can last until the age of twenty-one (Ponnert, 2012).

Children under the age of fifteen are to be heard during investigations if it is assessed that they are not harmed by this procedure. If children have reached the age of fifteen, they have the right to speak for themselves and to apply for help in accordance with the law.

This very brief overview of the welfare models and child protection systems helps to emphasise the frameworks where the social workers involved in our project carry out their daily work. This is particularly relevant in terms of the professional focus of the social workers approached, that is, child protection assessment tools and legislation rather than underage alcohol consumption.

Cross-national comparative approaches

Our research is a cross-national comparative qualitative study. Whether cross-national social research constitutes a legitimate set of methods in its own right or is merely a manifestation of more general issues in the field (Hantrais & Mangen, 1999), we define the study as cross-national comparative qualitative research aimed to enhance professional knowledge of underage alcohol consumption and related interventions in non-specialised services. However, the use of such a definition raises another methodological problem: how is the concept of cross-national comparative research methodologically addressed and defined in this paper? Our methodological framework is the so-called societal approach, which tries to overcome the limits of both universalist and culturalist approaches. Universalist approaches claim that the core of every phenomenon is to be found in the universal characteristics

that identify it. This tends to neglect their contextual dimension, whereas culturalists argue that the cultural context is the meaning of every phenomenon, “plac[ing] such great emphasis on social contexts and their specificity, distinctiveness or uniqueness, that meaningful comparisons and generalizations are made very difficult, if not impossible” (Hantrais, 1999, p. 95).

We stand for a societal approach aimed at considering phenomena in their systemic fashion, which recognises both universal and context-specific features. So, in this perspective, we understand Italy and Sweden as two different systems with different social, legal and cultural norms influencing at diverse levels the actors of the social phenomena analysed here: social workers’ assessment and reasons for intervention in working with underage alcohol consumption in non-specialised services.

We selected traditional drinking cultures, underage alcohol consumption patterns, national policies and finally welfare models and child protection systems as elements able to provide a credible frame for a cross-national comparison between Italy and Sweden.

Furthermore, the work can be seen as having characteristics of both a comparison based on models of social policy and as a practice-oriented comparison. For a more thorough discussion of the topic, see Meeuwisse and Swärd (2007). The comparison based on models of social policies, even if not complete and exhaustive, is underlined in the sections related to national policies, welfare models and child protection systems. Also, a practice-oriented comparison has been the primary focus of the research. This choice is informed by the recognition that the “answer to some

of the questions about similarities and differences in social work in different countries can only be obtained by investigating what actually happens in social workers’ practical exercise of their profession” (Meeuwisse & Swärd 2007, p. 491).

Finally, in dealing with the distinction made by Shardlow and Wallis (2003), this work might be addressed as a comparative empirical research project (Meeuwisse & Swärd, 2007).

Methods

Our empirical material primarily consists of data gathered through a vignette study and subsequent focus groups. The vignette study was administered to thirty-five social workers (seventeen Swedes and eighteen Italians) employed in municipal social services and working with the investigation of referrals and interventions.

All the key informants were members of the social work profession and were employed in public services. Also, they were dealing with underage individuals and their families in general terms, without a particular focus on problematic behaviours such as alcohol consumption. In fact, the vignette case describes a situation in which assessment by specialised services in the field of alcohol abuse might be needed, yet is not assumed *a priori*. It is significant to note how practitioners not directly working in the field of alcohol abuse perceive as problematic (or not) a given case in which alcohol consumption is highly emphasised.

The research is part of a larger comparative study on social work assessment of families with children at risk in Italy and Sweden (Guidi, Meeuwisse, & Scaramuz-zino, 2014). Originally the research compared social work assessment in the Nor-

dic countries to verify the consistency of a Nordic model of welfare state at practice level (Blomberg et al., 2012).

Italy was introduced to follow “the most different logic, as the Italian welfare system is quite different from the Swedish one” (Guidi, Meeuwisse, & Scaramuzzino, 2014). The material consisted of three different vignette cases; one of them is the Nadja vignette used in this study. The questionnaires were originally administered to eleven social workers in Stockholm, then extended to six in Malmö and eighteen in Genoa (in two different public services offices).

The questionnaires were distributed personally, and the participants answered individually during a scheduled meeting in the service units. The social workers present that day and willing to participate were involved in the research. In rare cases related to working duties, the questionnaires were completed by practitioners some days later and anonymously transmitted by the head office. The majority of respondents had at least three years of work experience with children and families. Afterwards, the participants involved in the research were invited to participate in focus groups, which sought to unpack the meanings of the responses given to the vignettes. The focus groups were conducted in Stockholm (ten participants), Malmö (three participants), Genoa I (five participants) and Genoa II (six participants). The research was carried out in Stockholm in 2007, in Genoa in 2011–2012 and in Malmö in 2012–2013.

Information about the social workers' expertise and knowledge was collected by vignettes of a case study divided into three stages, and addressing the evolution of a hypothetical social work situation. Our

article is based on the responses to three questions, one closed and two open-ended. The first asks practitioners to decide if they would work with the case. There were three possible responses: no intervention (the case is not a matter for social services), intervention (the case requires intervention and the social worker starts with an assessment) and prompt intervention (the case requires immediate intervention). The second question asks the respondents to motivate their choice and to reason about the level of intervention. The third question focuses on which type of service or provision the social workers would suggest.

The participants' responses to every stage of the vignette were analysed through a table in order to highlight recurrent responses, to identify peculiarities and to define commonalities and differences between the two groups of social workers.

The Italian respondents work with assessment and in general also with the treatment of clients as their case manager. The Swedish social workers are part of a broader team, in which they are responsible in particular for the assessment, whereas other colleagues follow up with treatment. The practitioners' responses to the questionnaires were in general more concise for the Swedes and more descriptive for the Italians.

Using vignettes in assessment research

Assessment processes and decision-making in professional fields are often tackled in research, and not only related to social work (Catriona, 2004; Nybom, 2005; Kedell, 2011). Social work assessment is a process for maintaining a strategic and planning perspective by means of information collection and the analysis of the

professional with respect to a family situation in view of a reasoned opinion and then a sound decision (De Ambrogio et al., 2007). This definition reveals the procedural nature of assessment; therefore assessment in social work with families is action-oriented, considering the possibility of intervention and possible social service involvement.

The importance placed on a better understanding of attitudes and practices in assessment is related to the consequences that decisions produce in clients' lives. Nonetheless, the emphasis on the significance that professionals during the assessment process attribute to facts and situations related to clients' lives enriches the comprehension of social workers' practice and lets us discover tendencies among groups and in varied contexts.

A vignette is generally defined as a short description of a person (or people), a situation or a course of events, with reference to what are thought to be important factors in decision-making and assessment processes (Glad, 2006).

In research on assessment, the vignette method is used in particular in cross-national comparisons (Brunnberg & Pecnik, 2007; Grinde, 2007). The debate over the use of vignettes in exploring social phenomena has a long history in the social sciences, and vignettes are used in a variety of fields: psychology, sociology, business, anthropology and health sciences. Many scholars argue that vignettes are an efficient and effective way of collecting data about how people would act in situations that are outside the purview of other methods, while others argue that vignettes may fail to capture important details of social experiences (Collett & Childs, 2011).

From a methodological point of view, the vignette method has countless advantages in exploring the professionals' social and ethical dilemmas and could also be used to highlight the evaluation and reflective practices of professionals who are faced with a certain type of situation (Mangen, 1999; Wilks, 2004).

The added value of this method is the comparability of responses, as vignettes portray short stories about hypothetical (realistic, but not real) characters in specified circumstances, to whose situation the professionals are invited to respond. This requires the respondents to play the role and react according to their expertise and knowledge.

Assessment results of Nadja's vignette

This vignette, created for a previous comparative study in the Nordic countries (Blomberg et al., 2012), was accurately reproduced for the Italian context through a comparative research extension and taking into account the different welfare state systems (Guidi, Meeuwisse, & Scaramuzzino, 2014).

Swedish social workers received vignettes in Swedish, and the Italian vignettes were translated into Italian. The reproduction of some terms – such as names of services and titles of professions – was adapted to the context and to the reality of Italian social work. In particular the name of “Nadja” was changed to “Nadia”, as the presence of the letter *j* in the name would have led the respondents to classify the girl as a foreigner.

The vignette of Nadja develops in three phases and with alternating levels of concern, as happens in reality. Written ques-

tionnaire instructions led the respondents to follow the course of the vignette gradually, without previous knowledge of subsequent events.

Summary of the vignette

Stage 1: Nadja, 14 years old. Her teachers are worried about the girl. The youngest of three sisters, Nadja is living with her mother and father. She has started to cut class a great deal, and school results are getting worse. The mother is concerned and has difficulties getting Nadja to school in the morning, as both the mother and the father work. Nadja's boyfriend, 18 and unemployed, drinks too much according to the mother. Nadja also drinks, but the mother thinks that she does not have too severe a problem with alcohol.

Stage 2: Some months later the situation has improved. Nadja's relationship with the boyfriend is over. Nadja is attending school to a greater extent, but the relationship with the mother is still tense. The mother thinks that Nadja is out too late at night and that boyfriends come and go.

Stage 3: Two months have passed when the social welfare office receives a report from the police, who have found Nadja very drunk downtown at 4am after skiving off school. The father, present when the police officers take Nadja home, is very worried because Nadja has come home drunk on previous occasions, too. The same evening he had phoned her friends and searched for her downtown.

Level of intervention to alcohol consumption

Italian social workers were more inclined to deal with the case of Nadja at every stage of the vignette than were their Swed-

ish colleagues. None of the Swedes decided on immediate intervention during the three phases.

Social workers in Sweden, despite some divergence between the group in Stockholm and Malmö at the first stage, decide less than Italians to deal with the situation when the story refers to high alcohol consumption by Nadja's boyfriend and mentions that Nadja also drinks. They motivate their perceived lack of need for intervention mainly by considering that these are "normal" teenage problems, pointing out that both parents are present in the situation, and emphasising the role of the school.

There is co-operation between the mother and the school. It may be "normal" teenage depression that will pass, there are adults around the girl. (Swedish social worker, Stockholm, stage I)

My assessment is that we shouldn't start an investigation on the basis of this information. I would first have an assessment with the girl and the parents. (Swedish social worker, Stockholm, stage I)

After the first stage, when the vignette presents a partial and temporary normalisation of the situation, Swedish social workers consider the case not for social services. A similar trend applies to the third stage, when Nadja is found drunk in the streets at night, with five to seventeen of respondents opting for no intervention.

These data are showed in Table 2, which also reports the questionnaire results collected during the previous study in Stockholm (2007). These confirm the generally

lower intervention tendency of Swedish social workers (Blomberg et al., 2012).

As stated by a Swedish social worker during a focus group, Nadja's behaviour is problematic but ordinary considering the traditional Swedish drinking model. Her drinking behaviour is perceived as both problematic and common. Moreover, as stated in the open responses, if there is no clear request for help from the family or from the girl, the social services will not intervene:

I think it's quite common that young people drink a lot in Sweden, so if someone is found drunk out there, I don't think that anyone would react so hard; it's more...maybe about smoking cannabis here, at least in our part of the city, that people report about, but... but not alcohol. (Focus group, Malmö, 2013)

Here there is a common way of, you know, growing up, eh..., it's everyone, you know, drinks at that...sometimes at that age. (Focus group, Malmö 2013)

Italian social workers react slightly more in the first stage. One social worker chooses to intervene immediately because of Nadja's poor school attendance related to possible alcohol problems. In general Italians are worried about the different problematic aspects in the vignette.

Nadja has missed many classes, the mother shows difficulty in getting her daughter to school, the problem of alcohol. School results are decidedly and suddenly worse... (Italian social worker, stage I)

The few Italian social workers who declare they would not intervene at the first stage maintain that school professionals are already involved and that they do not want to introduce too many figures around the case, and also because apparently both parents are present.

During phase two, Italian respondents maintain the high level of intervention, considering the whole situation a case to deal with, despite some elements in the vignette leading to a possible normalisation. At phase three, after Nadja is found drunk by the police, Italian social workers are all for intervention, with half of them declaring immediate intervention as necessary.

The police referral enhances the underage risk situation. At this point it's clear that the family is having difficulty managing Nadja. The situation poses a problem of protection. (Italian social worker, stage III)

At the same time, other contextual factors influence the assessment; for instance, it emerges in the responses that police intervention is perceived in different ways by Italian and Swedish professionals:

First of all I would discuss Nadja's case with a colleague, and then I would call the parents to talk about the actual situation in light of the police referral. (Italian social worker, stage III)

The police presence and the renewed drunkenness signal a transition both in Nadja's expressed suffering and in the social relevance of her behaviour. (Italian social worker, stage III)

Table 2: Level of intervention at every stage of the vignette

| Nadja's vignette Phase | Sweden | Italy |
|------------------------------|-------------------------------|------------------------------------|
| Place and year of submitting | Stockholm 2007 and Malmö 2013 | Genoa 2011 (I) and Genoa 2012 (II) |
| Phase 1 | | |
| No intervention | 6 | 4 |
| Intervention | 11 | 14 |
| Immediate intervention | 0 | 1 |
| Phase 2 | | |
| No intervention | 10 | 3 |
| Intervention | 7 | 15 |
| Immediate intervention | 0 | 0 |
| Phase 3 | | |
| No intervention | 5 | 0 |
| Intervention | 12 | 18 |
| Immediate intervention | 0 | 6 |
| N. of questionnaires | 17 | 18 |

For Italian social workers, police intervention and referral are interpreted as “another public statement” (Focus group, Genoa, 2011), after that of the school, that something is wrong and that consequently public social services must intervene. Swedes do not consider the police intervention as a warning signal, but only as the natural consequence of a problematic behaviour.

Adolescent alcohol-related risks

As Adalbjarnardottir argues, “one of the most common types of risk-taking behavior among adolescents in the Western World is the use of alcohol...” (2002, p. 33). In Nadja's vignette, social workers justify their assessments, introducing the term “risk” primarily as a general issue. Nevertheless, some social workers in both countries communicate their worries more clearly, feeling that Nadja's behaviour can expose her to specific risks and other negative consequences.

The open responses show how social workers contextualise some of the risks for an adolescent girl. This supports the

hypothesis that a vignette of a male adolescent probably would have produced (at least slightly) differing responses, in particular in relation to risks.

Some Italians, while not explicitly referring to the risk of sexual assault and undesired pregnancy, declare that they would like to better appreciate Nadja's awareness of sexuality and contraceptive methods.

Interviews with parents, supporting their parenting competence; support for the family system, sometimes incisive, appear to be needed. I would like to understand, also through the parents, the level of information and awareness that Nadja has of sexuality and the use of contraceptive methods. (Italian social worker, stage II)

In the literature, undesired sexual experiences among the youth in particular are coupled with alcohol consumption. Considering the complexity of the relationship between alcohol consumption and violence, drinking is widely considered a

concrete risk factor. The majority of sexual assaults happen when the perpetrator, the victim or both have consumed alcohol, and in particular when the sexual abuse occurs while the victim is intoxicated, a condition recognised as *incapacitated rape*. Studies prove that sexual victimisation increases with heavy drinking, and, moreover, studies provide support for a reciprocal influence between incapacitated rape and heavy drinking. The object of sexual victimisation is therefore associated with more problematic drinking behaviours (Kaysen et al., 2006).

Swedish social workers appear to be focused more on intoxication risk, peer influence and related antisocial behaviours.

Risk of intoxication at a young age and risk of antisocial behaviour (Swedish social worker, Malmö, stage III).

One Swedish social worker states that he would use a specific assessment tool to evaluate Nadja's attitudes towards alcohol and drugs. Consideration of drugs is more relevant in Swedish responses than in those given in Italy, and some practitioners in both groups express an interest in understanding Nadja's views on drugs and, in particular, her attribution of meaning to alcohol consumption.

Teenage involvement in the assessment process

Italian and Swedish social workers converge in considering fundamental Nadja's role and participation in the social service assessment. Attention to her involvement is expressed clearly in the majority of practitioners' statements. Some social workers stress that Nadja needs to be in-

terviewed, as "she is old enough"; others argue that she is not directly requesting help.

Figure out Nadja, understand whether there were some specific events triggering her behaviour, and first deepen the contacts with the family and then, if necessary, with Nadja, considering that she is for the present supported by the school psychologist. Adolescents don't want too many people around them. (Italian social worker, stage I)

Interview the family members involved, Nadja, mother, father... (Swedish social worker, Malmö, stage I)

In general, as Nadja's problematic behaviour in the vignette increases, so is the request for her involvement taken for granted. The open responses suggest a slight difference of orientation: the Swedish social workers aim at working both with Nadja and her family. She may be underage, but she is felt to be mature enough to be dealt with as requested by law, which holds that a child's own interests and point of view should be taken into consideration. Italian social workers, informed by their ethical code and social work-accepted practice, also refer to work with the family and Nadja herself, but are less oriented to involving Nadja directly, interview on her own.

Intervention perspective

Italians and Swedish social workers, although placed in different service networks, propose to implement the assessment by taking into consideration support from health services or other specialised services which deal with alcohol con-

sumption and abuse, in particular after the third stage in the vignette.

Contact with the open care with focus on drugs habits (Swedish social worker, Stockholm, stage III).

...if the family accepts, I could support a contact with the Ser.T. [service for drug addiction] or Centro Giovani [youth shelter] and further collaborate with them. (Italian social worker, stage III)

There are clearly some minor commonalities, but in general the assessment and the intervention perspectives of the Swedish and Italian systems are different. Italian social workers show major differences even among the same service units. Apparently, in Genoa, at the level of the local welfare system, there is no shared intake path for adolescents presenting with “problematic” alcohol consumption.

The Italian practices suggest high professional discretion: some practitioners decide at the first stage to quit the case and send the family to specialised health services in order to evaluate and deal with an appropriate response to the emerging alcohol problem; others work together with local health and social services for children and families; and some social workers recommend a low-level approach, especially after recognising that school professionals are already involved at the first stage. These differences do not as such reveal any lack in professional approach, but instead stress that local service networks have limits and difficulties in managing cases which challenge the boundaries of the services’ competence and mandate.

Municipality social workers in Genoa recognise their competence regarding family and children, but find it hard to handle the “alcohol consumption problem”. In Italy, “problematic” alcohol consumption behaviour is assigned to health and social services, which generally address adult consumption and are not targeted to adolescents. Thus, Italians act differently from their Swedish colleagues, guided by the high level of discretion that organisations allow their employees.

In Sweden, the assessment process and subsequent interventions appear to be more organised in the local social and public health network: the social services are there for the assessment, while specialised services take over the treatment of youth with alcohol consumption problems.

The questionnaire responses also stress another issue present in the two welfare systems: the different roles of public authorities and social service compulsory measures. In Italy, social services can act with underage persons without the parents’ consent only with a juvenile court mandate. Against this backdrop, once Nadja has been found drunk in the city centre at night, a number of Italian social workers have clearly considered reporting to a juvenile court. They have found the parents’ role wanting and identify a high risk for the adolescent:

I would forward the police referral to the juvenile court. I would call the parents and talk about their responsibility in taking care of Nadja. And then, after interviewing Nadja, I would describe my role and the role of the judge and would ask Nadja to collaborate. (Italian social worker, stage III)

If the parents recognise the daughter's problems, I would send them to Ser.T. [service for drug addiction] and would collaborate with them regularly. If the parents negate or do not recognise their daughter's problematic alcohol consumption, then I would discuss with my colleagues the possibility of referring the case to a juvenile court. (Italian social worker, stage III)

Swedish social workers in general see Nadja's behaviour as common and not particularly alarming for a Swedish adolescent. They would intervene only if necessary, emphasising the willingness of the family and the girl, and do not consider authoritative intervention in their responses.

Conclusion

The analysis of the empirical material reveals different response tendencies among Italian and Swedish social workers. Assuming that professional practices and attitudes are influenced by many factors, we maintain that the different levels of intervention by the social workers dealing with the hypothetical case of an adolescent with problematic alcohol consumption can be related to the alcohol socialisation processes and hence the traditional cultural drinking patterns reported for Italy and Sweden (Hibell et al., 2012).

Confirming the thesis that familiarity with a behaviour or a substance reduces fear for it (Koski-Jännes et al., 2012), the cultural approach to alcohol consumption contributes to explaining the lower level of interventionism among Swedish practitioners in a context where alcohol is consumed on fewer occasions, yet in "considerable" amounts with intoxicant purposes.

Italian social workers, who are less accustomed to considering such behaviour as "common", are more worried and prone to intervene.

In summary, then, despite a tendency toward homogenisation, the substantially different roles ascribed to alcohol consumption in Italy and Sweden account for our hypothesis, as shown by the social workers' practices and attitudes towards underage alcohol consumption. At the same time, these roles are reproduced by underage drinking habits (Hibell et al., 2012).

As regards the involvement of Nadja in the assessment, differences emerge between the two groups: the Italians in particular appear to be more cautious in interviewing Nadja at the first stage. The responses also reveal that adolescent involvement in the assessment process is often critical for adolescents tend to refuse to cooperate with public social service professionals because of the absence of problem perception.

Social work assessment is also affected by the law. Italian social workers in some cases considered reporting Nadja's situation to the juvenile court, for they defined the situation as problematic and the parents' support as insufficient to protect her from harm.

Further elements informing such discrepancies in responses are individuated as to the role and organisation of local service networks. Italian social workers tend to intervene more than Swedish ones, also in relation to the perceived role of other actors in the network such as the police and the juvenile court. At the same time, the absence of clear identification by the service network in Genoa of such a cli-

ent type and the lack of specific resources raise issues of professional discretion and consequently the social workers' tendency to intervene for clients (Lipsky, 1980).

The Swedish way of assessing is informed by the social service organisation and law, and is therefore more standardised. This dimension is emphasised by the use in the Swedish questionnaires (Malmö) of specialised language or acronyms to identify specific assessment tools (Aseba, Ester Screening, among others) and interventions. None of the Italian social workers referred to assessment tools adopted by the social service institution or used by the individual respondent. This difference emerges as one of the main issues debated in contemporary social work literature about the delicate role of assessment tools in professional evaluation in general and in risk assessment in particular.

Our results show that the implementation of a competent social work assessment of underage alcohol consumption in public non-specialised social services in order to prevent abuse or to intervene promptly requires that specific drinking cultures (Rolando & Katainen, 2014) and their socialisation processes (Rolando et al., 2012) be taken into account.

Moreover, the high possibility that families who are referred to child welfare services present substance abuse problems (Bliss & Pecukonis, 2014) demonstrates that a competent social service assessment needs to look at the alcohol consumption issue specifically. Assessment education and practice need to be oriented to considering alcohol consumption habits critically and to understanding the significance

attributed to alcohol consumption by underage individuals and their families.

We have identified three main areas for future research and to strengthen our findings. First, as has emerged in ESPAD data (Hibell et al., 2012), Italian adolescents experience less alcohol intoxication than do their Swedish counterparts; and, in particular, in Sweden, young females consume more alcohol than their male peers, whereas in Italy it is the males that drink more. An important issue that could be considered for further research is related to the degree of homogeneity among sexes.

Second, a further element which has not been considered here but which could have influenced the results is the subjective experience of alcohol consumption in relation to alcohol risk perception (Hirschovits-Gerz, 2011; Karlsson P., 2012). The social workers' subjective experiences of alcohol consumption could well serve as a topic for further research to establish its relevance in the attitudes we investigated.

Finally, in order to further explore the familiarity hypothesis (Koski-Jännes et al., 2012), it would be interesting to examine social workers' assessment of a similar adolescent case with a focus on substances other than alcohol, such as marijuana.

Declaration of interest None.

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