The Hungarian Perspective on the Rise and Sustained Level of High Alcohol Consumption

A Clendening Summer Fellowship Proposal
By Katie Grelinger

February 16, 2010
**Introduction:**

Hungary has recently become infamous for having a widespread high level of alcohol consumption. From wine, including their own famous Tokaji, to the locally distilled hard liquor, pálinka, it is impossible to go anywhere without being offered a drink and rarely, if ever, just one. Excessive drinking is noted by the World Health Organization as a major health problem of the nation, and in 2000, the mortality due to alcohol-related problems was over three times the European Union average in men and around two and a half times that of average EU women (“Health in Hungary,” Country Cooperation Strategy). A full 10% of the population has been officially diagnosed with alcoholism, saying nothing of those who have not been diagnosed (Bereczki). This, however, has not always been the case. Between the 1950s and the 1980s, alcohol use in Hungary increased markedly from a per capita consumption of 4.9 liters/year to numbers ranging from 11.7 to nearly 17, coinciding with the Soviet Union’s communist regime in the country (Skog and Elekes 36, Global Status Report on Alcohol). This is no benign problem; excess drinking has taken a toll on Hungary’s health, and the incidence of death due to liver disease and cirrhosis also saw a large increase from the 1970s to the 1990s (Buda 64). Since the end of Soviet control of Hungary, the consumption of alcoholic beverages has remained at these high levels. This project, through a number of personal interviews, will entail exploring the causes for this drastic increase in alcohol intake among Hungarians and the people’s perspectives of this change both on an individual basis and on that of the country.

**Background:**

Over the last few years, I have had the opportunity to travel to Hungary on a number of occasions and to get to know many people there from several generations. Hungary is a beautiful country with a very troubled past, most recently being subject to a Soviet communist dictatorship. As this regime ended only in 1989 (with the last occupying soldiers leaving in 1990), it is not difficult to see its remnants in the country, and the marks of the old dictatorship are most apparent in the people themselves. During my time in Hungary, I have heard many stories of people losing everything their families owned for generations, of highly educated professionals being forced to work blue collar jobs, of living with many people in the same apartment due to space restrictions, of fear and suspicion, disappearances, torture, and failed revolutions. It has never ceased to amaze me that this is not a distant history relegated to the history books: the very people who lived through these troubling events will sit across the table from you and very emotionally recount these stories that are obviously very close to the surface. These real life stories of what they went through and my experiences in Hungary as a whole have inspired my keen curiosity in Hungary and the Soviet rule that helped to shape it into the beautiful and troubled country it is today. One of my pastimes has become reading histories on Hungary, especially the events of the last century.

Since I began my medical studies last fall, health issues have naturally begun to catch my attention more, and I was intrigued to find in my readings on Hungary that alcoholism has not
always been the problem there that it is now and that it remarkably increased during the time of the Soviet occupation. I am no stranger to the fact that significant amounts of alcohol are regularly consumed by the general population there, as the family I normally stay with will drink up to two bottles of wine each night during a typical dinner. Wine is such a common drink in Hungary, people actually transfer it to plastic bottles and store it like soda or water. This is not the only favored alcohol, however; Hungary is well-known for its hard liquor called pálinka from distilled fruits that many people often make themselves. Ever since my first visit, I have found the very commonplace alcohol consumption intriguing, and the fact that this practice seems to have reached its current levels during the communist time period makes it even more so. I have long been interested in learning more about exactly how the communist dictatorship influenced the country and its people, something that books alone cannot portray. It is my hypothesis that the lack of freedom, loss of control over one’s own life, fear, and stress that many people have described under Soviet rule in Hungary were major factors in driving the increase in alcohol use. While I cannot say whether the rise in Hungary’s alcohol use was a result of the regime at the time, and while it may be difficult to ever know for sure, I am very excited to go and find out what can be learned by talking with the Hungarian people and discovering their opinions on why alcohol holds the place it does in their society.

I want to answer the following questions:

- How was alcohol consumption perceived by Hungarians living before and during the years of increase, and did their perception of alcoholism change over the years?
- What do Hungarians believe was behind the increase in alcohol intake?
- What do Hungarians believe is the cause of the continued high alcohol use today?

Description:

In order to better delineate what may have been the causes of the increase in alcohol consumption between the 1950s and the 1980s, which has remained high to this day, I would like to look into the perspectives of Hungarian people on alcohol use and alcoholism and how it may have changed throughout their lives. This will involve interviewing three groups of people, starting with those who lived during years before the Soviet rule began in 1945. Interviews will be conducted with Hungarians 75 and older, and questions will be asked concerning their memories on alcohol consumption and its place in society in their childhood, as well as whether they perceived changes in this regard throughout their lives and what they believe may have been the causes of these changes. Interviews will also be conducted with Hungarians who grew up during the Soviet occupation (those from 30 to 74 years of age). Questions will be posed regarding their perception of alcohol consumption throughout their lives, how it impacted their own lives, and again what they consider may be the origins of the increase in alcohol intake and why it has remained high until today. The last group to be interviewed will include those who grew up after the end of the Soviet occupation (ages 18 to 29) in order to determine how they view alcohol and what they perceive as reasons the consumption is so high in their country (see
appendices A and B for interview questions). I plan to also converse with physicians in Hungary who see the results of alcoholism in their practices, including the head of a foundation for recovering alcoholics in the country, to obtain their perspectives on alcohol use and what changes they have observed over the years, as well as what they believe may be behind Hungary’s high alcohol intake.

In order to accomplish the project, I will leave for Hungary on the 1st of June, arriving in the capital, Budapest, on Wednesday the 2nd. My time in Hungary will last until Friday, the 30th of July, when I will return to Wichita. Throughout my two months in the country, I will conduct the interviews for my research. These interviews will take place in Budapest as well as Győr, Pécs, Debrecen, and Mosonmagyaróvár. While in Hungary, I would like to take advantage of my time there to learn more Hungarian as well by enrolling in a three week intensive Hungarian language program through the University of Debrecen in Budapest. This program will consist of half day classes each weekday and will last from June 7th until the 28th. I would also like to gain more experience in different medical settings, especially in a socialized health program like that in Hungary, by shadowing a physician at the FirstMed Centers in Budapest two or three days each week for the first three weeks in July. I am in the process of setting up this shadowing with the hospital.

Methods:

While in Hungary, I will stay with the Nyitrai family throughout the duration of my project. Interviewees will be enlisted from a variety of locations. Candidates will be approached, given a description of the project, and allowed to choose whether or not to participate. Consent to take part in the research will be obtained from all persons interviewed by form of written permission (see appendix C). In compliance with HSC exempt status, interviews will be recorded on a digital recorder with care taken to include no identifying information of the individual on the recording. Interviewees will also be encouraged to give no incriminating or harmful information pertaining to themselves in the interview. The majority of interviews with Hungarians aged 75 and above will be conducted at the Győri Katolikus Egyház Napköziotthona, a retirement program for elderly citizens to come together each day for lunch and socializing. Persons between the ages of 30 and 74 will be acquired through convenience sampling. Interviews of young adults (aged 18-29) will be conducted among students at the Corvinus University of Budapest. In order to ensure that the interviewees are able to give a relevant perspective into alcoholism and this time period, those Hungarians in the two older age groups who lived outside of Hungary for more than five years between 1950 and 1989 will be excluded from the study. Hungarians from the younger age group who lived outside of Hungary for more than five years will also be excluded. As calculating an adequate sample size would be difficult, it is my intention to sample to saturation as far as is possible. Those meetings with specific doctors and researchers (listed below) will likely take place at their respective offices. Interviews will be conducted in Hungarian with the help of translators and, when possible, will be conducted in English.
Though I do not speak Hungarian conversationally, I will have the assistance of Levente and Emese Nyitrai as translators. I am currently learning basic Hungarian on my own through regular communication with friends in Hungary, as well as books and computer programs. I also plan to take the intensive Hungarian course in Budapest. As a result, I hope to more efficiently communicate in Hungarian by the time my stay in Hungary is complete.

My application for HSC exempt status and project protocol were submitted to the Human Subjects Committee on February 11th.

Contacts:

<table>
<thead>
<tr>
<th>Physician Mentor</th>
<th>Human Subjects Committee Resource</th>
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<tbody>
<tr>
<td>John Delzell, MD</td>
<td>Christopher Crenner, MD, PhD</td>
</tr>
<tr>
<td>Associate Professor and Associate Chair for Education</td>
<td>Associate Professor and Chair of History and Philosophy of Medicine</td>
</tr>
<tr>
<td>Family Medicine</td>
<td><a href="mailto:ccrenner@kumc.edu">ccrenner@kumc.edu</a></td>
</tr>
<tr>
<td><a href="mailto:jdelzell@kumc.edu">jdelzell@kumc.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

Emese Nyitrai
Student, Corvinus University in Budapest
Phone: 00-36-30-823-3037

Lodging
Levente Nyitrai
Political Officer, British Embassy
1132 Budapest
Kresz Geza u. 53/A, 3/3

Dr. Földi Klára
General Practitioner (Gyermekorvosi Rendelő)
9024 Győr
Liezen-Mayer u. 57-59
Phone: 00-36-96-440-230

Dr. Gábor Feller
Psychiatrist
Petz Aladár Megyei Oktató Kórház II
Phone: 00-36-96-507-978

Kovács Csaba
Founder of Félúton Alapítvány
1081 Budapest
Orczy u. 27
Phone: 00-36-17-877-616

Debreceni Nyári Egyetem Budapesti Nyelviskolája
Language Program
Website: [www.nyariegyetem.hu/bp/eng/main31.html](http://www.nyariegyetem.hu/bp/eng/main31.html)
E-mail: budapest@nyariegyetem.hu

Egyházmegyei Papi Othon
Idősek Napköziotthona
Retirement Center
9021 Győr
Káptalandomb 26
Phone: 00-36-96-312-153

Dr. Vermes Tamás
Director of Karolina Kórház (hospital)
9200 Mosonmagyaróvár
Régi vámház tér 2-4
Phone: 00-36-96-574-603

Dr. Sue McGladdery
Medical Director
FirstMed Centers Kft.
Hattyúház, Hattyú u. 14
H-1015 Budapest
Sue@FirstMedcenters.com

E-mail: budapest@nyariegyetem.hu
Félúton Alapítvány is a foundation to “heal people suffering from alcohol addictions… and educate young people about alcohol and addiction.” (www.feluton.hu)

**Budget:**
Airfare to and from Budapest, Hungary
   - $1513 (see attached itinerary--subject to change until purchase finalized)
Traveling expenses within Hungary
   - $200 (train/bus between cities, metro pass in Budapest)
Food expenses
   - $300 ($50/week x 6 weeks)
Lodging provided by Nyitrai family

Total: $2013
As a medical student, this project will not be possible for me without assistance in funding. Thank you for considering my proposal.
Any expenses incurred above the amount provided by the fellowship will be covered from my own funds.

**Goals**
The summer ahead holds many exciting prospects, and I aim to get as much out of the opportunity as possible. In addition to improving my Hungarian language skills, with this project I most hope to get a glimpse into the time of the Soviet control of Hungary and the changes it wrought, particularly as these changes apply to the level of alcohol consumption and its toll on the populace. The stories and perspectives of the people who lived through this time period will provide invaluable insight, such as could never be found in a book, into the reasons behind the greater alcohol use and what the increase meant to the Hungarian people. Through my conversations with people who are part of this history, some of whom may not be able to share their stories much longer, I hope to also gain some understanding of the effects of the factors that brought on the high rate of consumption and their ultimate impact on the people involved.

I want to thank the Clendening Fellowship committee for your consideration of my project.

**Resources:**


Appendix A: Questions for Interviews with Hungarians Over the Age of 30

1. In what year were you born?

2. Where in Hungary are you from? Have you lived in Hungary for the majority of your life? If you lived outside of Hungary, when was this?

3. When you were a child, was alcohol consumed in your home? If so, how often and in what quantities? What kind of alcohol?

4. Who took part in alcohol consumption in your home? What were their reasons, i.e.: local customs, social pressures, depression, escape, etc.?

5. Was drinking alcohol prevalent outside the home, that you are aware of? If so, where did this take place?

6. Do you recall problems with alcoholism in your family or the community when you were a child? If so, what do you remember concerning alcoholism then?

7. As you grew older, did you notice changes:
   a. in the amount of alcohol consumption in the community?
   b. in the type of alcohol consumed?
   c. in the frequency of alcohol consumption?
   d. the reason alcohol was consumed?
   e. in the location of alcohol consumption?
   f. in problems concerning alcoholism in the community? Did you know anyone who drank alcohol excessively? How much would you consider excessive?

8. If you did notice changes, what do you believe was the cause behind them?

9. Data shows that alcohol consumption in Hungary increased drastically between the 1950s and the 1980s. What do you suspect are the reasons for this increase?

10. Alcohol consumption in Hungary remains high today. Do you think this is a problem? What do you believe the causes might be?
Appendix B: Questions for Interviews with Hungarians Under the Age of 30

1. In what year were you born?

2. Where in Hungary are you from? Have you lived in Hungary for the majority of your life? If you lived outside of Hungary, when was this?

3. Is alcohol consumed in your home? If so, how often and in what quantity? What types of alcohol?

4. Who takes part in alcohol consumption in your home? What were their reasons, i.e.: local customs, social pressures, depression, escape, etc.?

5. Did this ever lead to problems in your immediate or extended family?

6. Is drinking prevalent outside the home? If so, where does this take place?

7. Are you aware of problems with alcoholism or excessive alcohol consumption? How much would you consider excessive?

8. Do you know of people who consume alcohol excessively or have problems with alcoholism?

9. Have you noticed any changes in your life in terms of alcohol consumption in society?

10. Data shows that alcohol consumption in Hungary increased drastically between the 1950s and the 1980s. What do you suspect were the reasons for this increase?

11. Alcohol consumption in Hungary remains high today. Do you think this is a problem? What do you believe the causes might be?
Appendix C: Consent Form

The Hungarian Perspective on the Rise and Sustained Level of High Alcohol Consumption

Katie Grelinger  
kgrelinger@kumc.edu

I am a medical student at the University of Kansas School of Medicine, and I am conducting interviews for a summer research project. I am studying the perspective of Hungarians on the rise in alcohol use in Hungary between the 1950s and 1980s and the causes behind the rise.

In this interview, I will be asking questions on your experiences and opinions on alcohol in Hungary throughout your life. Please feel free to expand on any question or discuss issues related to the question. I encourage you not to give any information in the interview that may in any way be harmful or endangering to yourself. If there are any questions you do not feel comfortable or would prefer not to answer, please inform me and we can either stop the interview or move on to the next question, as you prefer.

All information will be confidential. In order to ensure confidentiality, no full names, addresses, phone numbers, ID numbers, or birthdates will be collected. Only my faculty adviser and I will have access to the information, and it will either be destroyed or kept in a secure location at the conclusion of the project.

Participant Agreement:  
I understand the intent and purpose of this research and that my participation is voluntary. If, for any reason, at any time, I wish to stop the interview, I may do so without having to give an explanation.

I give the researcher permission to quote from my interview in the presentation of the research, with the understanding that my confidentiality will be maintained and quotes will remain anonymous.

Having read and understood the above form, I give my consent to participate in this interview.

__________________________     _________________
Participant’s signature           Date

__________________________
Interviewer’s signature

*form adapted from template provided by Bard College Institutional Review Board
http://inside.bard.edu/irb/ExampleInterviewConsentForm.htm
A University of Kansas School of Medicine orvostanhallgatója vagyok, és egy tanulmányhoz végzek felméréseket. Kutatásomban vizsgálni szeretném a megnövekedett alkoholfogyasztás okait, elsősorban az 1950-es és az 1980-as évek közötti időszakban. Ebben az interjúban kíváncsi leszek az Ön tapasztalataira és véleményére a magyarok alkoholfogyasztási szokásaival kapcsolatban. Mindezt nyugodtan kifejtheti részletesebben is.

Az Önnek kellemetlen részleteket természetesen nem kívánom, hogy megossza velem. Amennyiben olyan kérdést teszek fel a beszélgetés során, mely érzékenyen érinti, vagy amire nem szívesen adna választ, kérem jelezze és beféjezhetjük az interjút, vagy továbbléphetünk egy másik kérdésre.

Minden választ bizalmasan kezelek. Ennek érdekében teljes neveket, pontos címeket, telefonszámot, személyi igazolvány számot és születési dátumot kérem ne tüntessen fel. Az Ön által elmondott információhoz kizárólag nekem és a kutatásvezetőmnek lesz hozzáférése, és a projekt beféjeztével azt vagy megsemmisítjük, vagy elzárjuk.

**Részvételi nyilatkozat:**

Tisztában vagyok a felmérésnek a szándékával, azt támogatom, valamint tudom, hogy részvételem önkéntes. Ha bármikor kifolyólag, bármikor fel akarom függeszteni a beszélgetést, erre módot van akár indoklás nélkül is.

Felhatalmazom a kutató orvostanhallgatót az interjú elkészítésére, annak tudatában, hogy csak nevem elhallgatásával idézhet beszélgetésünkben valamint az információkat bizalmasan kezeli.

A fentiek olvasásával és tudomásulvételével belegyезem az interjúba.

Dátum:

______________________________   ______________________________
interjút készítő aláírása         résztvevő aláírása
Flight Details (possible itinerary)

1 traveler, round-trip

**Total Airfare** $1,158.00

**Taxes and Fees** $355.00

**Total trip cost** $1,513.00 USD

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**Tuesday, June 1, 2010**

British Airways 5382  Operated by: /AMERICAN EAGLE FOR AMERICAN AIRLINES -- AA 4083

**Depart:** 4:35pm afternoon Wichita, KS Wichita Mid-Continent (ICT)

**Arrive:** 6:25pm evening Chicago, IL Chicago O’Hare International (ORD)

**Change planes.** Time between flights: **1hr 45min**

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British Airways 296

**Depart:** 8:10pm evening Chicago, IL Chicago O’Hare International (ORD)

**Arrive:** 9:45am morning London, United Kingdom London Heathrow (LHR)

**Change planes.** Time between flights: **1hr 10min**

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British Airways 862

**Depart:** 10:55am morning London, United Kingdom London Heathrow (LHR)

**Arrive:** 2:30pm afternoon Budapest, Hungary Budapest Ferihegy (BUD)

This is an overnight flight.

Total duration: 14hr    Total miles: 5458 miles
55min

**Friday, July 30, 2010**

**British Airways 865**

**Depart:** 8:25am  
Budapest, Hungary  
Budapest Ferihegy (BUD)  
**morning**

**Arrive:** 10:05am  
London, United Kingdom  
London Heathrow (LHR)  
**morning**

Change planes. Time between flights: **1hr 40min**

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**British Airways 295**

**Depart:** 11:45am  
London, United Kingdom  
London Heathrow (LHR)  
**morning**

**Arrive:** 2:15pm  
Chicago, IL Chicago O'Hare International (ORD)  
**afternoon**

Change planes. Time between flights: **4hr 20min**

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**British Airways 5329**  
Operated by: /AMERICAN EAGLE FOR AMERICAN AIRLINES -- AA 4082

**Depart:** 6:35pm evening  
Chicago, IL Chicago O'Hare International (ORD)  
**evening**

**Arrive:** 8:30pm evening  
Wichita, KS Wichita Mid-Continent (ICT)  
**evening**

Total duration: **19hr 5min**  
Total miles: **5458 miles**