

The coming crisis in alcohol social science

The idea behind this KBS panel of speakers was to assemble three or four old-timers in the field to offer a few reflections on the occasion of the final KBS annual meeting of the 20th century and the 25th anniversary of the Society's first meeting. We feel quite comfortable in the role of old-timers, having amassed about 60 years in the field between us. One of us (Roizen) had the pleasure to co-chair (with Klaus Mäkelä) the first KBS meeting in Helsinki in 1975¹ – though, of course, the Society was not renamed in Kettil Bruun's honor until after his death in 1985. The other (Fillmore) commenced her career as Selden Bacon's student and (later) collaborator – linking her thus to the origins of a renewed social science of alcohol in the U.S. in the 1940s.²

We are less comfortable, however, with some other aspects of our presentation. For starters, we feel a bit embarrassed about our paper's sweeping

title – "The Coming Crisis in..." – because it seems to imply at least two kinds of hubris on our parts: (1) that we can see the future and (2) that we can speak for our field as a whole.

So, let us state clearly at the outset: We can do neither. Our views are of course more limited and parochial. We undoubtedly will bring a distinctively U.S. perspective to our remarks. And though we have tried not to confuse the trajectories, satisfactions, and frustrations of our own humble careers with the course, hopes, and perils of KBS's collective history, we are also aware that we have not been entirely successful in that regard. Our personal perspectives have definitely crept in. Perhaps that is as it should be.

For one way to address the broad issues we have in mind is simply to ask ourselves: What have we, personally, actually learned from our years in this field? What had we hoped to learn

Paper prepared for a plenary session at the 25th annual meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, Montreal, Canada, 31 May – 4 June 1999.

The work was supported by a National Institute of Alcohol Abuse and Alcoholism (NIAAA) grant (#RO1 AA07034) and by an NIAAA Research Scientist Award (#K01 AA00073) to the second author.

when we were starting out and as our questioning matured along the way? And what are the outstanding questions we still haven't got much of a handle on? These, it turns out, are not easy questions to address entirely candidly.

The big change and some of its perils

The big change in alcohol social science or epidemiology over the past 25 years has undoubtedly been the development of a free-standing conceptual and disciplinary perspective – largely freeing us from the confines of a former worldview derived from clinical experience. We still harbor some holdovers from that older perspective to be sure – even the name "alcohol epidemiology" bespeaks that medicalistic provenance.

Other changes have happened too, of course. For example, we've *grown* – if not from Derek Price's "Little Science" to "Big Science," then at least from "Tiny Science" to "Not-So-Tiny Science." We have also succeeded in establishing the value of viewing alcohol-related phenomena at a Durkheimian aggregate level, *sui generis*. We have generated and focused new interest on a number of key conceptualizations associated with this level of analysis – which go by names like 'disaggregation', 'single-distribution model', 'the collectivity of drinking cultures', 'harm-reduction', and 'the preventive paradox'. We've even revived, when handy, the classic public health framework of agent-host-environment. We have – deliberately or otherwise – largely shifted the focus of alcohol problems thought to a public health level of discourse, for example by heightening public perception of the social costs of drinking.

Perhaps most importantly, we have expanded the frame of reference for the societal consideration of "alcohol problems" beyond the confines of alcoholism or alcohol dependence/abuse to include the problematics of

subalcoholic and even "normal" drinking, thus also restoring alcohol, per se – the commodity – to critical attention. In breaking the hold of the clinical worldview, we have also broken the grasp of the particularly – one might even say "peculiarly" – great preoccupation with alcoholism that emerged from the first generation of post-Repeal alcohol science in the United States. We have *internationalized* ourselves since the Bruun et al.'s (1975) "purple book."

Finally, we have partly shifted from the neutralist, objectivist, and (some have suggested) "problem deflationist" orientation of our scientific forebears to a more activist, policy-oriented, and politically relevant sense of ourselves. These, of course, are big transformations – changes that hold both new promise and new risks for our enterprise.

Are there new perils associated with these changes? Most assuredly so, though our list of these will offer nothing new to KBS members. First, alcohol epidemiology's focus on the connection between per capita alcohol consumption and alcohol-related harm has come in a period in the social history of the west when free-market (or neo-liberal) ideology has grown stronger and stronger – thus providing an inhospitable zeitgeist for the reception of our alcohol control policy recommendations. In a similar vein, European economic integration has posed significant threats to the control orientations in the Nordic nations in recent years. In Canada, Ontario's Addiction Research Foundation (a leading force in the alcohol-epidemiology transformations we've been talking about) has lately been melded into a larger institutional entity and its scientific director, Robin Room, let go – thus perhaps signaling an increased strain between alcohol epidemiology's control orientation and state support for such research.

Potentially unsettling signs have also appeared of late in the broader medicoscientific

establishment of which alcohol epidemiology is a part. In the U.S., for example, the embarrassment generated by the recently published, negative results of the highly touted 'Project Match' harbored the discouraging implication that decades of treatment-related research have not improved treatment outcome beyond traditional 12-step approaches.³ The rise of managed care, the limitations of third-party reimbursement, and the symbolic conflation of alcohol with illicit drugs (under a "substance abuse" or "chemical dependence" rubric) have also threatened significant demedicalization of alcohol dependence/abuse over the past decade⁴, thus also bidding a return of the societal burden of alcohol treatment largely to Alcoholics Anonymous and other voluntary groups.

Though funding prospects for the National Institute on Alcohol Abuse and Alcoholism remain favorable, one wonders how long this current of demedicalization can run before it begins to erode support for alcohol research in general and epidemiological research in particular in the U.S. context.

Not all the perils facing alcohol epidemiology have come from outside our territory of investigation. As it happened, the 'purple book' (Bruun et al. 1975) was published at an historical moment when per capita alcohol consumption had been trending upward for some years in many developed nations. The risks of that perceived trend, combined with the alcoholism paradigm's well-known indifference to per capita consumption, moved the purple book's authors to suggest the importance of an alternative, public-health conceptual perspective. But, and ironically, no sooner had the ink dried on the purple book than per capita consumption stabilized and turned downward in many of the same nations (Smart 1989).

Cirrhosis mortality – a longstanding indicator of a wider orbit of alcohol-related problems, including alcoholism – also pivoted

and turned downward in many of the same places at about 1975 (see Ramstedt 1999). Worse yet, the longterm cointegration of consumption and cirrhosis characteristic of the pre-1975 period was soon thrown out of kilter by newly transitional and disparate trends (Smart 1988). By 1987, Ole-Jørgen Skog⁵ cautioned that it was "very likely" trends in recent years would generate more and more "exceptions" to the older cointegration. Skog employed this daunting prospect to urge his listeners to speed the development of the more sophisticated statistical methods for handling lag and other problems in trend-analysis.

Such development, however, has not been forthcoming, making it possible still to echo Skog's (1988, 198) assessment that "It is still an open question how the discrepancies observed in several countries in recent years between consumption trends and trends in liver cirrhosis are to be explained."

Still other signs of strain and transformation may be noted. For example, a recent shift of interest toward "drinking patterns"⁶ (and away from per capita consumption) may have (temporarily?) beclouded the policy implications aspect of alcohol epidemiology's mission. Rising interest among KAS members in analyses of the contours of alcohol epidemiology's scientific discourse, power preoccupations, and submerged ideological, normative, or tacit philosophical commitments undoubtedly signals a new, critical self-consciousness in our collegium⁷ and, beyond that, perhaps important changes in the broader context and intellectual touchstones of alcohol science as well. Only time will tell what impacts the mushrooming growth of the internet and the World Wide Web will have on our research enterprise in terms of the wider diffusion of alcohol epidemiology's products and the democratization of the evaluation and debate surrounding them.

This collection of perils poses different

kinds of questions for our collective consideration. For one, we need to ask ourselves whether we, as a field of scientific inquiry, have perhaps fallen out of step with our times. For example, how much should (or must) our research and policy interest in alcohol control be conditional upon the receptivity of the wider society? Do we have either (1) a duty (or perhaps even a survival need) to be in step with the wider sensibility or, on the contrary, (2) a duty to stick to our guns and see our work as the source of a critical perspective on contemporary social attitudes and commitments?

Underlying this issue is a still deeper question relating to the relative balance between, on the one hand, a focus on research relevant to social policy and, on the other, the pursuit of research-for-its-own-sake in our enterprise. Our field is under constant outside pressure, of course, to address itself to pragmatic ends – to the minimization of alcohol problem, our ostensible master problem. But such a focus, when it is over-embraced in our work, can also become both a social and an intellectual liability.

Though our alcohol-problems orientation has been broadened, it has also been narrowed in certain respects as well. Our consumerist or dangerous-commodity orientation to alcohol, for example, obliges us to compete in a public-health-information-offering marketplace already crowded with health warnings of many kinds. With respect to alcohol, our risk-related pronouncements moreover are rhetorically problematic to the degree that scores of years of temperance sentiment have left an ample residue on the perils of drinking in popular thought. More refined risk calculations, though sometimes these may proffer new and valuable information, themselves run the risk of plying the public with a quantitative calculus that is well beyond what they may be interested in or can use – thus committing the error of "misplaced precision" in our work.

We also need to concern ourselves that such rhetorical products are not aired chiefly for their tacit symbolic value rather than for their scientific content as such – for example, in efforts to darken alcohol's official moral valence. Our sense of purpose, however well meant, should not obscure that our information consumers – who comprise, after all, simply our friends and neighbors writ large – want to learn something new from our work, something that does not merely quantify but also illuminates contemporary discourse with the unexpected and revealing findings that always characterize innovative social research. Dogged commitment to policy relevance, in other words, should not allow us to forget that our consumers have imaginations just as we do.

The shifting ethical politics of alcohol epidemiology

At bottom the profound transformation in alcohol epidemiology over the past quarter-century may be said to have had one leg in the sociology of knowledge and the other in a social-structural explanatory perspective. That key change has been the recognition that the alcoholism paradigm offered society something of a "free ride" with respect to affecting the rates of alcohol problems in society. That is, focusing on alcoholism effectively individuated such problems, thus freeing society in general from the need for (potentially painful) structural changes on behalf of problem-minimization aims.

Yes, the alcoholism-clinical paradigm required social change, too: namely, the expansion of treatment services. But the rest of us were free to go on drinking – even heavy drinking – as we liked if we were lucky enough not to evidence alcoholism's various symptoms. The big change was the taking-up of a critical perspective on that free-ride sensibility.⁸

This was, in all probability, a salutary

change for alcohol science and epidemiology – and it comported with our survey evidence as we read it. But the change also harbored a number of deep problematics that may have received less than adequate attention along the way. For one, it begged a deeper question relating to under what conditions and with what expectations society asks for science's assistance – and what kind of help it expects or is prepared to accept. For example, does society turn to science with the tacit presumption that recommendations for structural change will not be part of the response science offers? – in other words, that society turns to science only with what Etzioni called "technological fixes" in mind and with no welcoming disposition to recommendations that call for changes in value systems, social structural architecture, or even fundamental reformulations of the character of the public problem being addressed?

To take an extreme example, nothing actually stops alcohol science from recommending (say) that alcohol problems might be reduced by putting an Antabuse-like antagonist in the public water supply (like adding flouride to prevent tooth decay). Such a solution obviously goes beyond the boundaries of political and social acceptability – but it therefore also begs the question of just how much structural flexibility or change-suggestibility our home societies allow or wish from science regarding their alcohol problems.

As students of social change and history, moreover, we need to be mindful not only of what was *gained* with the development of our independent paradigmatic and moral orientation but of what may have been *lost* in the abandonment of older orientations as well. The addiction/disease model from which we liberated ourselves harbored significant benefits. On a practical level, it linked and framed social studies in the service of a larger therapeutic ideal and ambition. The addiction/disease idiom also quietly resolved a key mo-

ral problem that in effect has become unsolved and re-problematized by that paradigm's abandonment. We're not saying we should go back to older paradigmatic commitments, but we are suggesting that an awareness of the advantages lost afford us clearer understanding of new problematics our new circumstance obliges us to engage.

One unsolved problem, for example, surrounds the broad question of scientific purpose. Within the addiction/disease idiom the problem of scientific purpose was resolved in a simple, medicalist way – help the patient, keep other patients from being created, and crack the riddle of the illness's etiology. The very concept of "disease", contains the moral coordinates for the purposes of the study of diseases – because, of course, the idea of disease contains the idea of "bad" or "unwanted condition", something to be rid from the person and the population. When we subtract the idea of disease from our enterprise, therefore, we inescapably re-open the question of what our endeavors are actually aimed at accomplishing – and what moral framework defines and justifies that sense of purpose. To some of us, perhaps, the substitution of a more general concept like "alcohol problems" serves equally well as a field-defining target – after all, are we not funded and sent out the door to reduce "alcohol problems" and does not the term also contain the bad-importing notion of "problems"? But the substitution in fact involves an ethical sleight of hand – because the concept of "alcohol problems" lays no claim to involuntarism and therefore comprehends a much broader social territory of voluntary, intentional, or unforced conduct.

In other words, we are now dealing with a domain defined at least in part around what people "want to do" (or at a minimum may be willing to put up with) rather than defined around what they (putatively) "didn't want to do". In wishing to impose change on any voluntaristic territory of conduct, the vying

wills and intentions surrounding such an effort constitute a scene of political as well as medico-scientific action. Hence, our paradigmatic independence has also in effect politicized our endeavor – thus, in effect, transforming what we do into a mode of “activist” or “public interest” science.

The American sociologist, Kelly Moore (1996), observed that “public interest science” organizations, whose purposes are frankly political, became institutionally differentiated from mainstream scientific organizations (like the American Association for the Advancement of Science) in order to protect the value orientations of mainstream science – i.e., disinterestedness, objectivity, and political neutrality. The implication for us may well be that a drift too far in the direction of a “public interest” definition of our work without also preserving apolitical and theoretically driven scientific agendas may harbor confusion and ultimately diminished scientific authority in the eyes of the public.

“Public health” as moral orientation

One mode for addressing this new moral open-endedness is to frame our endeavors in terms of something called “public health”. This has a nice medialistic ring to it and perhaps provides at least a layer of moral cover for the goal of alcohol-problems minimization. But the concept is in fact far from unproblematic.

First, who is “the public”? Does this public include, for example, young adults who may prefer a night of raucous intoxicated celebration to the staid pastimes associated with scrupulously moderate or abstinent drinking? Does it include the alcohol beverage industry, in all its many manifestations – producers, distributors, bar owners, restaurateurs, etc., and their associated labor forces? Rather more abstractly, does the “public interest” also in-

clude, for example, the legal principles or values that protect free advertising or free-market practices?⁹

That little word, “public”, obviously contains a good many puzzles. It may include these dissonant elements re the “minimization of alcohol problems” of course, but and if so, then the moral-justification aspect of the term “public” must also tacitly posit some larger moral entity – the welfare and safety of the society as a whole – whose imputed moral interests in effect trump those of society’s dissonant and conflicting parts. Such a concept, therefore, imposes heavy presumptions on those who would attempt to change society on behalf of its own welfare and safety: including a tacit moral reification of the concept of society, the arrogation of the right to determine what is “the good” for a society, and the tacit and included presumption that the pattern of connecting, reciprocal, or interlocking elements of the social system are sufficiently well known for the alcohol social science community to know and foretell that manipulating one aspect on behalf of a favored “good” will not result in unanticipated “bads” elsewhere in the system.

It may be noted in this connection that in the U.S. college campuses and college fraternities (in particular) have become the theaters of significantly expanded preventionist activity of late. This change has occasioned serious “beer riots” – at Akron University, Ohio University, Washington State, Michigan State, Plymouth State, Miami University of Ohio, Penn State, and the University of Connecticut – over the past year or so. Such events may suggest how heavy is the burden of presumption involved in fostering structural change, a burden made no lighter where it is simply ignored.

The other word in “public health” is “health” and it serves to draw in the boundaries of our enterprise of course. But it too bears a cargo of moral problematics. Alcohol

problems, first of all, have never been comfortably comprehended by a "health" rubric – as many such problems deal with social order or even, at a far extreme, with social protest. We know from survey studies that many of the measured alcohol problems come from the people aged under 30 – where health problems as such (excluding injury) are rare indeed.

Moreover, the tacit moral architecture of the notion of "public health" harbors the implication, of course, that actions on behalf of improvements in the public's health should trump other values or at least be elevated in the value hierarchy of society. This is a weighty assertion – tacit or otherwise – and one we tend to obscure to ourselves, perhaps, by simply defining our enterprise in public-health-like institutional terms. In other words, promoting that value elevation is what we do, what we should do, and what we will keep on doing simply because it is in our job description.

We would suggest, then, that the term "public health" as a moral rubric affords scant help to our territory of research – and needs to be used more critically and self-consciously in morally framing our endeavors. How did alcohol social science in fact become a department of public health? Marty Mann, the great champion of the disease concept of alcoholism in the post-War era in the U.S., used the term too. She argued that "alcoholism was a public health responsibility." But she used the term with a quite different meaning: conveying merely that alcoholism's disease character placed it into the set of phenomena that the medical arm of society bore responsibility for. Take away that disease assumption or assertion, in other words, and Mann's (1950) appropriation of the term is vitiated.

Jellinek (1952) himself warned of overapplying the disease idea precisely because it might undercut conventional social controls for non-disease alcohol-related misconduct.

In an era of post-addiction conceptions of alcohol problems, therefore, the term "public health" acquires new moral salience and invites our attention to include more broadly historical, sociological, and ethical questions about the relation between alcohol and society. Our commodity of interest – and the conduct associated with it – is not merely and simply a toxic substance but a cultural object interwoven in the fabric of society. To understand such "problems", therefore, we must not focus solely on the causal or the commodity per se nor the troubling conducts, but seek to understand that fabric itself as well.

Unfinished business

All of which returns us to the question of what we collectively might have accomplished, but have not, in the years since we entered the field. We will not lament, here, that the field has not developed a grand sociological theory or ediface about alcohol and society – though greater attention to theory development over the years might have been nice. Instead, a number of seemingly rather simple research problems come to mind – problems that at the outset of our careers we might have expected more meaningful progress on by the eve of the 21st century.

For example, over 35 years ago Genevieve Knupfer and colleagues (1963) reported the remarkable finding that simple demographic variables were extraordinarily successful in sorting both drinking and heavier drinking in the general population; few older women in her California sample drank at all but nearly all young men did. Drinking behavior, it would seem, was powerfully structured by the implications of these basic status markers.

Nobody knew for certain at that time, of course, whether this finding derived from historical change (older women had grown up in the temperance era) or were reasonably endu-

ring social-structural facts – we know now that the latter is the case because the strength of demographic relationships has been undiminished with the passage of time. Why were/are demographic variables so important in structuring drinking behavior? This finding, though it has persisted in a descriptive sense, became intellectually submerged in our field. In an earlier time there was arguably even a faint aura of embarrassment surrounding it. After all, it didn't much help action plans to reduce alcoholism to suggest that people should be encouraged to change their age or sex.

Moreover, the ideology of disease-alcoholism movement had engendered exactly the opposite conviction – namely, that alcoholism was an "equal opportunity" illness striking persons in all social stations, ages, and genders. What use then – in the overarching framework of the alcoholism paradigm – was our discovery of drinking's solid demographic structuring? – save, perhaps, as a targeting tool for aiming treatment or prevention enterprises.

Not everyone, however, missed the significance of these demographic relationships. Selden Bacon (1969) probably didn't endear himself to authors Cahalan, Cisin, and Crossley when he wrote in his introduction to their book, *American Drinking Practices*, that they had provided only a "demography of drinking" and called upon the field to move on thereafter into theoretically informed efforts to understand (and not merely describe) drinking's demographic distribution in human populations. But, and alas, we didn't. We still don't have a good theoretically informed grip on why demographic relationships with drinking are so strong. We know more now, to be sure.

We know, for example, that there is a good deal of change or turnover in individual drinking behavior – though cross-sectional demographic relationships nevertheless hold

their strengths over time. We know, moreover, that the demographic relationships are by no means the same from nation to nation – and, indeed, that they may be strikingly different in cultural settings around the world. This, of course, represents a wonderful clue that the sources of the demographic influence must be found at the cultural and historical level and not in the biology or evolutionary psychology of the human species. We have seen a spate of new interest in, for example, gender relationships in drinking – in tune with the enormous increase in gender as a topic of academic and scientific interest over the past 30 years. But we still don't have a theoretical clue as to how these status patternings of drinking – and their variations across cultures – should be explained. Part of the problem is undoubtedly methodological in origin. Scratch many of us, and there are survey researchers under the skin. In the methodological idiom of survey research, as it happens, factors like age and gender take the time-honored role of "independent variables". In other words, if a "dependent variable" turns out to be strongly associated with age or gender, we report that fact as a good and reportable finding, and leave the matter at that. The idiom of survey research, in other words, isn't intellectually, methodologically, or empirically geared to asking the still further question: Why are age and gender so strongly associated with alcohol use? ...so enduringly associated over historical time? ...or so differently associated from one kind of culture to the next?

These begged but unattended-to questions seem to require another sort of approach entirely, and another and more theoretically geared form of inquiry. Social structural, semiotic, and (what used to be termed) modernization theoretical perspectives on master statuses need to be brought into play – domains of theory that are not commonly present in our work. Part of the problem may

well lie in the general desuetude that has befallen the so-called "cultural perspective" in alcohol studies. Cultural studies seems to have been associated with or collapsed into the "cultural integrationist" model. "Cultural integration" is a broad term referring to the notion that the source of variation across cultures in the level of alcohol-related problems may be found in the degree of coherence, consensus, and integral character of drinking norms vis a vis the rest of the culture's normative system. Wolfgang Schmidt identified "Integration Theory" as one of the three main prevention theories then competing for attention and use in the alcohol science arena in 1977 – along with the alcoholism theory and the single-distribution or per capita consumption theory (Schmidt 1977, 38-40). Schmidt offered that the integrationist model sprang from "...the observation that, in some European countries where alcohol is used regularly with meals and is an integral part of everyday activities, drunkenness and other types of dangerous drinking are uncommon" (p. 38).

Ullman (1958, 50, as quoted in Room 1976) put the integrationist model in somewhat more formal terms:

In any group or society in which the drinking customs, values, and sanctions – together with the attitudes of all segments of the group or society – are well established, known to and agreed upon by all, and are consistent with the rest of the culture, the rate of alcoholism will be low. Conformity to the drinking standards is supported by the total culture. However, under conditions in which the individual drinker does not know what is expected or when the expectation in one situation differs from another, it can be assumed that he will have ambivalent feelings about drinking. Thus ambivalence is the psychological product of unintegrated drinking customs.

The integrationist theory had its good points as a sociological perspective, and still does! But it fell on hard times in the 1970s, how-

ever. We can point at least three elements in its demise: (1) the (political) failure Morris Chafetz (NIAAA's first director) experienced in his effort to use the integrationist model as the framework for NIAAA's newly-taking-shape enterprise, (2) the putatively disappointing results of the Finnish experiment in 1969 (which was conceived in part as an attempt to reduce the "unintegrated" quality of Finnish drinking via liberalization¹⁰), and (3) (on a more strictly theoretical level) Robin Room's devastating critique of the explanatory value of the concept of "ambivalence"¹¹, seemingly (at least) a key psychological-level link in the integrationist theory's causal picture.

One could interpret and develop the integrationist theory at a more purely sociological level of analysis – for one thing, by avoiding the notion of "alcoholism" and its "ambivalence"-based origins and focusing instead on the relationship between "alcohol-related problems events" and normative integration. In that perspective, then, the value of the cultural integrationist model may not find itself so thoroughly inconvenienced by Room's closely reasoned essay.

But, and of course, the domain of cultural inquiry is considerably broader and deeper than that suggested by the cultural integrationist model. Perhaps the baby of cultural studies somehow got thrown out with the bathwater of cultural integrationism?

A second article of unfinished business concerns cross-cultural explanation. We didn't need alcohol studies to discover that French, Zambian, Japanese, and Mexican drinkers drink differently. But we have made remarkably little progress in understanding or theorizing about how to explain these cross-cultural differences. Our recent fascination with total per capita consumption may have done us a disservice in this regard – at least to the extent that it tends to collapse variation in drinking patterns into a single interesting number. (And, in fact, tends to favor within-country

trend analyses over cross-national comparisons because of the latter's lesser trend-evaluating methodological value.)

Some may argue that we have more than a few papers in the literature on cross-cultural factors and studies – especially thanks to the indefatigable literature-reviewing efforts of Dwight Heath. Yet the theoretical structuring of this domain has remained primitive at best, even despite the emergence of a relatively rich store of reasonably comparable survey data from many lands over the past 20 years. Is this so because addressing such questions may seem to open a virtually bottomless pit of implied explanatory responsibility? After all, to understand why the French drink their way and the Zambians theirs may require answering questions as daunting as "What defines the national character of the French or the Zambians – and what is the connection (if any) between that national character and drinking?"

It is difficult to come up with piecemeal approaches to such a question – i.e., approaches that can be parsed into the limited-objective language of acceptable research-project proposals. And hence, perhaps, even our best efforts at cross-cultural exposition tend to stay at a modestly descriptive or relatively low level of abstracted empiricism. Like the joke about the drunk under the lamp-post – the one who lost his keys elsewhere but searches under the lamp-post "because that's where it's light!" – we may have grown overly accustomed to defining our problems around what seems do-able rather than where the real keys may actually lie.

By the same token, *social change* in drinking has received short-shrift in our attentions. National consumption levels have been changing all around us since the 1960s and 1970s. In the U.S., to take a single instance, per capita consumption has been falling for about 20 years. What do we actually know about this intriguing and unquestionably salient turn of events? Almost nothing. Even

more striking than the dearth of knowledge, we would suggest, is the dearth of interest or attention to the change – as indicated by the very small number of papers that even ventured to address the question.¹²

Why is this so? One simple answer is that we can't write about what we don't understand – and so we don't. But are there also inconveniences to our field associated with the problem of explaining declining consumption? For example, survey trend analyses aimed at explaining changing consumption might inevitably highlight the crude character of survey studies and the fact that small changes in per capita consumption accruing over several years are difficult for surveys to detect.¹³ Studying declining consumption may also risk highlighting the implication that alcohol use and problems may decline in a society on their own accord and despite the absence of tightening availability policies or even in the presence of liberalizations in alcohol policy. Such occurrences in effect represent a potential argument that "cultural factors" are after all more important than alcohol controls in setting the course for societal consumption.

In merely bringing up the problem of accounting for social change in drinking we once again open the door to our still wider ignorance regarding the springs and gears of social change more generally – an ignorance that offers few footings for positioning the alcohol-social-change research problem. Natural experiment studies of strikes and other interruptions in the flow of alcohol may make interesting grist for the control perspective, and are worthwhile in that limited respect, but they are of course a far cry from serious efforts to approach the wider problem of social change as it relates to our field.

Still more "simple" but unattended-to questions might be added to our list – for three more examples, very briefly: (1) In the early 1980s, the Alcohol Research Group in Berkeley sponsored a conference on disinhibition as

a lynchpin concept in connecting alcohol with many alcohol-related social problems. Though the event and the volume that resulted from it¹⁴ opened up many questions for further research, the disinhibition nexus has faded in research attention. In our quest for evidence relating to the causal significance of per capita alcohol consumption, the search for empirical ties between alcohol use and a variety of problems has been largely transferred to trend analyses at the aggregate level, a vantage point that is quite a distance from the phenomenology and social construction of the disinhibition nexus. Much remains to be mined from disinhibition at the survey-research, semiotic, and cross-cultural levels.

(2) Harry Levine (1983) long ago pointed out that our field offers no well developed sociology of knowledge addressing, for instance, (a) the cultural and cognitive links between alcohol and its complement of alcohol-related problems or (b) the wide cross-cultural differences in the worrisomeness of alcohol in 'dry' and 'wet' cultures.¹⁵

(3) Social constructionist enterprises have also flagged since the 1970s – and as we have become the protagonists rather than the critics of alcohol-problems orthodoxy.¹⁶

Status structuring of drinking within a society, cross-cultural variation in drinking, social change in drinking, and the other research questions we've noted define broad territories where relatively little bankable conceptual progress has been won over the past quarter-century. More discouragingly, they represent territories where our research attention has by and large not gone or been spent only sparingly. Obviously, this is not to say that no good work has been accomplished in these problem areas but rather that what efforts have been generated have occupied rather lonely positions in the literature.

Alcohol social science's social contract

These are examples of problems that a brave and independent alcohol social science might have generated considerable efforts to solve over the past quarter-century. That they have received too little concentrated attention may suggest that the structural arrangements for our kind of research simply do not allow us enough latitude. This is a reasonable inference, and it raises in clear form two related and important questions for the next epoch of our work: What do we wish ourselves to accomplish intellectually and what do others expect us to contribute to society? These, of course, are questions of scientific aspiration and of social contract.

In changing times the social contract of alcohol studies and society – just as the wider contract between science in general and society – is by no means been fixed and unchanging. Science is not a single enterprise with a single aim but a basket of intellectual values woven together into a special social institution – and any one of these values may at one time or another serve to define its chief interface with the surrounding general society.

In our U.S. historical experience, for instance, different values at different times have come into play. After Repeal in 1933, scientists offered their services as representatives of the one institution in society that could be relied upon to provide objective, unbiased, and disinterested information about alcohol to society.¹⁷ Before long, that orientation became broadened and reframed into an offering of science's special facility with complex problems¹⁸ – now emphasizing that the engine of scientific method was the best device for handling inter-related problematics that in the past had been addressed only via overly simplistic efforts to reduce or banish alcohol consumption altogether. Before long, that orientation gave way to the medicalized idiom of disease investigation – and that, in

turn, to a preventionist sensibility.¹⁹

Still more value orientation dimensions and options might added to the list – some of us, for example, may see our enterprise chiefly as a monitoring or service activity, and so on. Sutton's (1998) and Blomqvist's (1998) accounts of alcohol history in Sweden show that such definitional transformations over time are no less apparent in other national settings as well. Change and variety of orientation, not stasis and singularity, would seem to be in the nature of our enterprise and its shifting social contract with the wider society.

We, of course, have a seat at the bargaining table where our social contract is defined. We are the nominated "best conversation" about alcohol in society, and we need to remind ourselves and the various interests we interact with that this conversation is richest when it is as lively, creative, and far-reaching as we can make it. Is there a crisis coming in alcohol social science? Our brief review of big changes, looming signs, re-opened moral dilemmas, and unfinished business may be read in different ways by different thoughtful observers. If nothing else, we hope our comments suggest the timeliness and value of renewing the internal discussions of where we've been and where we should be going.

NOTES

1. For an account of this meeting, see Roizen 1976.

2. On Bacon and his place in the emergence of alcohol social science in the U.S., see Roman 1991.

3. Frederick B. Glaser (1990, 34) wrote semi-facetiously of the release of the project's main findings:

"The general reaction was one of shock and dismay. In a communique electronically disseminated by a conference attendee, those who worked in the field were urgently advised to seek employment elsewhere. Insurance companies would interpret the

findings as demonstrating the superior cost effectiveness of Twelve-Step programs and would withdraw reimbursement from other forms of treatment."

More than one recent commentator likened the massive, multi-center project's results (again, facetiously) to the *Titanic* (see Glaser 1999, 34; Drummond 1999, 42; and Lindström (1999, 45) – in turn drawing the wry comment from the project's research group that "No one claims that the *Titanic* sank because it was too large or too well-designed" (Project MATCH Research Group 1999, 69). Facetiousness aside, the project's outcome appears to have been widely regarded as disappointing and embarrassing in the U.S. alcohol treatment research community.

4. On the contraction of alcohol treatment, see for example U.S. House of Representatives 1991.

5. In his lecture on the occasion of accepting the Jellinek Memorial Award, later published as Skog 1988.

6. See Rehm et al. 1996.

7. We are thinking here of, for example, Tigerstedt's (1999), Hauge's (1999), and Chanteloup's (1999) papers presented at the 1999 KBS meetings in Montreal.

8. Christie and Bruun (1969) and Room (1974) articulated this shift quite clearly in the early 1970s.

9. Historian Edmund S. Morgan (1988) has written illuminatingly about the problematics and fictive aspects of the idea of "popular representation". Our concept "the public" is undoubtedly no less problematic once it is subjected to similar close scrutiny.

10. See Beauchamp 1981.

11. See Room 1976.

12. For example, Simpura 1998; Treno et al. 1993; Skog 1985.

13. A problem Hilton and Clark (1991) encountered.

14. See Room and Collins (1983).

15. Levine (1992; 1984), himself, has offered good starts on these sociology-of-knowledge questions, though little subsequent research has followed from his efforts.

16. Though Valverde (1998) and Sutton (1998) may be noted as potential initiators of new interest in social constructionist studies.

17. See, for example, "Reports" (1938).

18. A theme E.M. Jellinek developed in his lectures to the Yale Summer School of Alcohol Studies. For an account of this aspect of Jellinek's rhe-

torical positioning of science and alcohol, see Roizen 1993.

19. For an overview of these problem-definition and service-defining transformations in the U.S. context, see Roizen (forthcoming).

REFERENCES

- Bacon, S.D. (1969): "Introduction," pp. xv-xxvi. In: Cahalan, D. & Cisin, I.H. & Crossley, H.M.: *American Drinking Practices*, Monograph No. 6. New Brunswick, NJ: Rutgers Center of Alcohol Studies
- Beauchamp, D.E. (1981): *The Paradox of Alcohol Policy: The Case of the 1969 Alcohol Act in Finland*, pp. 225-254. In: Moore, M. & Gerstein, D. (eds.): *Alcohol and Public Policy: Beyond the Shadow of Prohibition*. Washington, DC: National Academy Press
- Blomqvist, J. (1998): *The 'Swedish model' of dealing with alcohol problems: Historical trends and future challenges*. *Contemporary Drug Problems* 25: 253-320
- Bruun, K. & Edwards, G. & Lumio, M. & Mäkelä, K. & Pan, Lynn & Popham, R.E. & Room, R. & Schmidt, W. & Skog, O.-J. & Sulkinen, P. & Österberg, E. (1975): *Alcohol Control Policies in Public Health Perspective*. Helsinki: The Finnish Foundation for Alcohol Studies, 25
- Chanteloup, F.: *Hearing the dragon roar: a consideration of Foucault and the disease model of alcoholism*. Paper presented at the 25th annual meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol. Montreal, 31 May – 4 June 1999
- Christie, N. & Bruun, K. (1969): *Alcohol problems: the conceptual framework*. In: Keller, M. & Coffey, T. (eds.): *Proceedings of the 28th International Congress on Alcohol and Alcoholism*, Vol. 2. Lectures in Plenary Sessions. Highland Park, N.J.: Hillhouse Press
- Drummond, D.C. (1999): *Treatment research in the wake of Project MATCH (Commentaries – Comments on Project MATCH: matching alcohol treatments to client heterogeneity)*. *Addiction* 94: 39-42
- Glaser, F.B. (1999): *The unsinkable Project MATCH (Commentaries – Comments on Project MATCH: matching alcohol treatments to client heterogeneity)*. *Addiction* 94: 34-36
- Hauge, R.: *The public health perspective and the transformation of Norwegian alcohol policy*. Paper presented at the 25th annual meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol. Montreal, 31 May – 4 June 1999
- Hilton, M.E. & Clark, W.B. (1991): *Changes in American drinking patterns and problems 1967-1984*, pp. 105-120. In: Clark, W.B. & Hilton, M.E. (eds.): *Alcohol in America*. Albany: State University of New York Press
- Jellinek, E.M. (1952): *Phases of Alcohol Addiction*. *Quarterly Journal of Studies on Alcohol* 13: 673-684
- Knupfer, G. & Fink, R. & Clark, W.B. & Goffman, A.S. (1963): *Factors Related to Amount of Drinking in an Urban Community*. California Drinking Practices Study. Report No. 6. Berkeley: Division of Alcoholic Rehabilitation. California State Department of Public Health
- Levine, H.G. (1984): *What is an alcohol-related problem? (Or, what are people talking about when they refer to alcohol problems?)*. *Journal of Drug Abuse* 14: 45-60
- Levine, H.G. (1983): *The Good Creature of God and the Demon Rum: Colonial American and 19th Century Ideas About Alcohol, Crime, and Accidents*, pp. 111-161 (see p. 113). In: Room, R. & Collins, G. (eds.) (1983): *Alcohol and Disinhibition: Nature and Meaning of the Link*. Research Monograph No. 12. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism
- Levine, H.G. (1992): *Temperance cultures: Concern about alcohol problems in Nordic and English-speaking cultures*, pp. 15-36. In: Lader, M. & Edwards, G. & Drummond, D.C. (eds.): *The Nature of Alcohol and Drug Related Problems*. New York: Oxford University Press
- Lindström, L. (1999): *Life is short, the Art long (Commentaries – Comments on Project MATCH: matching alcohol treatments to client heterogeneity)*. *Addiction* 94: 45-46
- Mann, M. (1950): *Primer on Alcoholism*. New York and Toronto: Rinehart & Co.
- Moore, K. (1996): *Organizing integrity: American science and the creation of public interest organizations, 1955-1973*. *American Journal of Sociology* 101: 1592-1627
- Morgan, E.S. (1988): *Inventing the People: The Rise of Popular Sovereignty in England and Ame-*

rica. New York and London: W.W. Norton & Co.

Project MATCH Research Group (1999): A study to remember: Response of the Project Match Research Group. (Commentaries – Comments on Project MATCH: matching alcohol treatments to client heterogeneity). *Addiction* 94: 66-69

Reports (1938): The Research Council on Problems of Alcohol. *Science* 88: 329-332 (7 October)

Rehm, J. & Ashley, M.J. & Room, R. & Single, E. & Bondy, S. & Ferrence, R. & Giesbrecht, N. (1996): On the emerging paradigm of drinking patterns and their social and health consequences. *Addiction* 91: 1615-1621

Roizen, R. (in print): How Does the Nation's 'Alcohol Problem' Change From Era to Era? Stalking the Social Logic of Problem-Definition Transformations Since Repeal. In: Tracy, Sarah & Acker, Caroline (eds.): *Altering the American Consciousness: Essays on the History of Alcohol and Drug Use in the United States, 1800-1997*. University of Massachusetts Press

Roizen, R. (1993): Paradigm Sidetracked: Explaining Early Resistance to the Alcoholism Paradigm at Yale's Laboratory of Applied Physiology, 1940-1944. Paper presented at the Alcohol & Temperance History Group's International Congress on the Social History of Alcohol. Huron College, London, Ontario, Canada, 13-15 May

Roizen, R. (1976): Alcohol epidemiology: Helsinki 1975. *The Drinking and Drug Practices Surveyor* 11 (1): 43-54

Roman, Paul (eds.) (1991): *Alcohol: The Development of Sociological Perspectives on Use and Abuse*. New Brunswick, New Jersey: Rutgers Center of Alcohol Studies

Room, R. (1974): Governing images and the prevention of alcohol problems. *Preventive Medicine* 3: 11-23

Room, R. (1976): Ambivalence as a sociological explanation: the case of cultural explanations of alcohol problems. *American Sociological Review* 41: 1047-1065

Room, R. & Collins, G. (eds.) (1983): *Alcohol and Disinhibition: Nature and Meaning of the Link*. Research Monograph No. 12. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism

Schmidt, Wolfgang (1977): Cirrhosis and alcohol consumption: an epidemiological perspective. In: Edwards, Griffith & Grant, Marcus (eds.): *Alcoholism: New Knowledge and New Responses*. Baltimore, London, Tokyo: University Park Press

Simpura, J. (1998): Mediterranean mysteries: Mechanisms of declining alcohol consumption. *Addiction* 93: 1301-1304

Skog, O.-J. (1985): The collectivity of drinking cultures. A theory of the distribution of alcohol consumption. *British Journal of Addiction* 80: 83-99

Skog, O.-J. (1988): Interpreting trends in alcohol consumption and alcohol related damage. *Alcohol and Alcoholism* 23: 193-202

Smart, R.G. (1989): Is the postwar drinking binge ending? Cross-national trends in per capita alcohol consumption. *British Journal of Addiction* 84: 743-748

Smart, R.G. (1988): Recent international reductions and increases in liver cirrhosis deaths. *Alcoholism Clinical and Experimental Research* 12: 239-242

Sutton, C. (1998): *Swedish Alcohol Discourse: Construction of a Social Problem*. Uppsala: Acta Universitatis Upsaliensis

Tigerstedt, C. (1999): Alcohol Policy, Public Health and Kettil Bruun. Paper presented at the 25th annual meeting of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol. Montreal, 31 May – 4 June

Treno, A.J. & Parker, R.N. & Holder, H.D. (1993): Understanding U.S. alcohol consumption with social and economic factors: A multivariate time series analysis, 1950-1986. *Journal of Studies on Alcohol* 54 (2): 146-156

Ullman, Albert D. (1958): Sociocultural backgrounds of alcoholism. *Annals of the American Academy of Political and Social Science*, 315: 48-54

U.S. House of Representatives (1991): *The Drug War in America: Crisis in Alcoholism Treatment*. Subcommittee on Health and Long Term Care of the Select Committee on Aging, 102nd Congress, First Session

Valverde, M. (1998): *Diseases of the Will: Alcohol and the Dilemmas of Freedom*. Cambridge, New York, and Melbourne: Cambridge University Press.