Addiction and personal responsibility as solutions to the contradictions of neoliberal consumerism[1]

Robin Room

AER Centre for Alcohol Policy Research, Turning Point Alcohol & Drug Centre

School of Population Health, University of Melbourne

robinr@turningpoint.org.au

Abstract: The article analyses the idealization of moderate alcohol consumption and of personal responsibility for controlling drinking behaviour as a sociocultural solution for a central contradiction in modern consumer societies. The application of neoliberal ideals of consumer sovereignty, free market access at any hour of the day or night and unrestrained market promotion tends to push upward the population's alcohol consumption. But in many aspects of daily life – for instance, when at work, when driving a car, when minding children – modern societies require sobriety. The ideological solution to this societal dilemma is to individualize the responsibility for handling it, apotheosizing the ideal of the moderate drinker, at the cultural level as a dream to reach for and at the individual level as an ideal of a secular pilgrim's progress.

Keywords: alcohol; consumption; governance

Alcohol as a consumer good

Present-day industrial and postindustrial societies have built their economies around consumption. Economists sometimes divide consumer goods into those characterized by "inventory adjustment" and those that are "habit forming" (Houtthakker & Taylor, 1970). Purchasing a refrigerator or an axe today predicts I will not purchase it tomorrow. So demand for such goods eventually reaches a limit in a given population, with further purchases being primarily replacements – adjustments of the inventory. On the other hand, purchase of a habit-forming good today predicts I will purchase it tomorrow. Demand for inventory-adjustment goods is thus inherently limited in a way that demand for habit-forming goods is not.

As a quintessential habit-forming commodity, alcohol, along with other psychoactive substances, is thus ideal for building and sustaining markets. Increasingly large-scale beer and spirits production featured in the early stages of European industrialization (e.g., Bennett, 1999; Caldwell, 1996). In the centuries of European colonial expansion, alcoholic beverages, along with other psychoactive substances, became part of the 'glue of empires' (Courtwright, 2001): a favoured trade good, since it created its own demand; and often an instrument for exploitation of labour (Crush & Ambler, 1992; Room et al., 2002:22-27). On home markets, too, the "gin epidemic" in England and equivalent episodes in other European countries pushed consumption to very high levels.

The demand for sober attention and the rise and fall of temperance

On the other hand, the industrial revolution created and modern life has increased the demand for consciousness, attention, and conscientiousness. Historical analyses have described the gradual separation between work and leisure as part of the industrial revolution (Gusfield, 1991), with the accompanying demand for attention and frequently for meticulousness at work. Modern life has added other circumstances in which exacting attention is demanded. While driving a car is the most obvious such circumstance, there are also others. Modern societies, for instance, expect attention and conscientiousness of parents in charge of small children to a degree which would surprise 18th century observers.

Drinking alcohol is a clear threat to these demands. Even a few drinks threatens attention and impairs coordination and judgement. Habitual drinking tends to impair performance of major social roles, particularly in family and work life. Two centuries ago, however, social customs overrode any such consideration. Drinking was intimately entwined in the working day among skilled tradesmen in the early 19th century (Adler, 1991). Hogarth's famous print "Gin Lane" illustrates the extent to which the heavy drinking of the time obstructed parental responsibilities.

The adverse effects of drinking on work and home life were major considerations in the delayed societal response to the heavy drinking of the 18th and early 19th centuries, which took the form of the temperance movements of the 19th and early 20th centuries. Many of these temperance movements first gained strength primarily as self-help movements among skilled workers (e.g., Harrison, 1971), but 19th-century industrialists enthusiastically joined the cause, seeking a sober workforce (Rumbarger, 1989; Rosenzweig, 1983). Perhaps the most lasting achievement of the temperance movement in English-speaking countries was largely to remove alcohol from the workplace.

The international temperance movement reached its zenith during and in the years immediately after the First World War, attaining full prohibition of alcohol in the U.S., Canada, Finland, Russia, and briefly in Norway and Iceland. Then its strength began to wane. What had seemed a progressive cause to university students in 1910 had become for the students of the 1930s something to rebel against as old-fashioned (Room, 1984b). In the fiscal crisis of the Depression, many industrialists also turned against prohibition, putting a greater priority on the potential contribution of alcohol sales to the economy of alcohol sales and of alcohol taxes to government revenue than on sobriety in the workforce (Levine, 1985).

The temperance era left behind in English-speaking and some other countries strong structures of state control over the alcohol market, in many places initially including personalized controls over purchasing and consumption. These structures, which today would be called "harm reduction" measures, were often adopted in the teeth of temperance movement opposition, but in response to its pressure (Room, 2004a). Until 1955, sale of spirits by the bottle was limited in Sweden to purchase of a personalized ration (Mäkelä et al., 2002). In several Canadian provinces, there were limits on how much could be purchased at a time, and an "interdict list" of those forbidden to purchase; in Ontario until the 1960s, purchasers left a signed record of their purchases (Room et al., 2006). In a wider spread of places, the market was subject to general limits on availability which did not single out the individual purchaser or drinker, including limited hours of sale and limits on the number of sales outlets (Babor et al., 2010, Chapter 9).

The retreat from alcohol control and its rationales

In the many places in which strong alcohol control systems were set up between 1915 and 1935, the past sixty years have seen a lengthy retreat, with specific commercial interests and consumer-sovereignty and free-market ideologies pushing always towards a more open market (Room, 2010). For many years, the primary argument justifying this was in terms, on the one hand, of consumer convenience, and on the other, of a distinction between the "alcoholic" and the social drinker. The alcoholic, it was argued, was a sick person subject to a 'predisposing X factor' (Jellinek, 1952), whether due to genes or upbringing. As a sick person, the alcoholic deserved treatment (Room, 1983). But that was no reason for the rest of us "normal drinkers" to be subject to restrictive controls. The new "alcoholism movement", devoted to providing treatment for the alcoholic and to research on alcoholism, was therefore largely welcomed and supported by the alcoholic beverage industry (Rubin, 1979). The alcoholism movement, in turn, gladly lent its expertise to enquiries and legislative hearings which concluded that the system of alcohol controls should be partly abandoned (e.g., Bracken, 1955). The Alcoholism Research Foundation of Ontario, now part of the Centre for Addiction and Mental Health, was set up in 1949 to provide treatment for alcoholics effectively as a quid-pro-quo for the introduction of liquor-by-the-drink (alcohol in bars and restaurants; Archibald, 1990). Likewise, 'Saskatchewan and Manitoba set up Alcoholism Commissions to build a provincial [alcoholism] treatment system in direct connection with legalizing cocktail bars, cabarets and liquor licenses for restaurants' (Room et al., 2006:22). An analysis looking back in 1981 concluded that 'the expansion of the [alcoholism] treatment system may be seen as a kind of cultural alibi' for the relaxation of controls on the alcohol market (Mäkelä et al., 1981:65).

By the 1980s, the alcoholism paradigm as an explanation of the whole range of alcohol problems was losing some steam, in the face of a competing "new public heath model" which recognized the diversity of alcohol-related problems and defended the utility of alcohol controls (Room, 1984a, Sutton, 1998). In recent years, there has also been some shifting in the public discourse about alcohol problems away from alcoholism to intoxication. Problems of intoxication – drink driving casualties, fighting on the streets, unwanted sex – presently dominate daily media coverage of alcohol issues in the U.K. and Australia (e.g., Wilkinson, 2008). At the intellectual level, the emphasis of the new public health model on the overall population level of consumption has been attacked in favour of an emphasis on intoxication events as the source of most alcohol problems (e.g., Stockwell et al., 1997).

The shift to an emphasis on drinking-in-the-event rather than chronic drinking-as-a-condition was to some extent foreshadowed by concerns about drink driving, which reached a first peak in the 1960s. In that era, a stricter regime on drink driving was sometimes the quid pro quo for relaxation of alcohol controls. Thus a statutory .05% blood alcohol limit for driving was recommended in the same 1965 commission report in the Australia state of Victoria which called for abandoning the six-o'clock limit on closing time for pubs (Boorman, 1999). Both proposals became law. More recently, it is concerns about intoxicated street behavior which have brought political initiatives to deter and punish individual offenders through such mechanisms as Anti-Social Behaviour Orders (ASBOs) in the U.K. and "banning orders" in Victoria (Room, 2004c; Consumer Affairs, 2007).

The contradictions of alcohol in the consumer society, and their resolutions

As Bunton (2011) notes in other terms, there is thus a contradiction built into the ideology of consumer sovereignty as applied to alcohol in modern societies. As a habit-forming psychoactive substance, alcohol tends to build and sustain its own demand.

However, consumption of more than a limited amount disables the user for the consciousness, attention and conscientiousness demanded of major roles – as a worker, as a parent, as a driver, and for that matter as a person using public space.

One resolution of this contradiction is to forbid use of the psychoactive substance. Such a prohibition is the solution of present-day societies for such substances as cocaine, heroin and cannabis. A second resolution, applied for many other psychoactive substances use, is regulation by a prescription regime which strongly limits availability, putting doctors in charge of an individualized rationing scheme. For alcohol, however, each of these solutions have been out of favour in western societies for 80 years.

A third resolution, a weaker form of the second, is a strong control system which seeks to hold down consumption levels and tries in many ways reduce harm from the substance use. This was the solution adopted for alcohol at the repeal of prohibition in societies where there had been a period of prohibition, and in some other societies also (Room, 2004a).

The fourth resolution is to treat the substance as an ordinary commodity, subject to the rules on marketing and availability for commodities in general.[2] It is inherent in this resolution that all responsibility for resolving the contradiction is placed on the individual drinker. When alcohol problems were primarily conceptualized in terms of alcoholism, the responsibility was to avoid developing a habit of regular heavy drinking, i.e., to avoid becoming alcohol dependent or alcoholic. As attention has increasingly turned to alcohol-in-the-event, the responsibility is increasingly conceptualized in terms of avoiding intoxication. An early exponent of this, Morris Chafetz, later the first director of the US National Institute on Alcohol Abuse and Alcoholism, specified in 1967 that anyone who "has been intoxicated four times in a year" should be considered a problem drinker (Chafetz, 1967). Similarly, arguments from alcohol industry sources touting the advantages of drinking have been careful to specify that it is _moderate_ drinking, and not intoxication, which they favour: 'Citizens for Moderation [represents] the interests of [those] who consume responsibly and in good health' (Citizens for Moderation, 1989).

A special case of placing the responsibility on the individual drinker is the injunction on pregnant women to avoid drinking, regardless of how alcoholised may be the social context in which they find themselves. Bell et al. (2010) have noted the moralisation of drinking in pregnancy as a threat to the health of the infant, and Salmon (2010) discusses the specific application of this frame with respect to Aboriginal Canadians. France requires a warning label or a logo of a slash over a pregnant woman holding a glass on alcoholic beverage containers, and the world's second-largest distiller has moved to extend such warning labels to the whole European Union (Mercer, 2006). From the beverage industry's perspective, pregnant women are a small market; giving way in this area may distract from any measures which might have broader impact.

The strait path of moderate drinking: the new Pilgrim's Progress

Intoxication has remained morally reprehensible or at least questionable in most mainstream public discourse throughout the modern period. Those on the "wetter" side of debates about drinking practices and policies have been at pains to differentiate controlled or moderate drinking from intoxication, and to assign opposite moral valences to them -- negative for intoxication, but positive for controlled or moderate drinking. The moralization of controlled or moderate drinking thus derives in the first place from the contrast with intoxication and intoxicated bad behaviour.

But arguments for controlled or moderate drinking often seem to invest it with further moral significance. In the framing of the cognitive behavioural psychologists who have argued for "controlled drinking" as a goal for those in treatment for problematic drinking, moderation in drinking becomes a positive good in itself, a moral and personal achievement on the part of the drinker. Thus Marlatt (1985: 329, 332) argues for moderation as 'the key to lifestyle balance', as well as on the utilitarian ground that it 'enhances pleasure at the least cost to the individual'. For Marlatt, 'moderation represents a balance point or border area between the extremes of absolute restraint or control and loss of control (addiction).... Moderation and a flexible attitude contrasts sharply with excessive constraint and overcontrol' (Marlatt 1985:333, 334).

Such arguments assert or imply a moral superiority of moderate or controlled drinking over abstention from drinking as well as over intoxication. The superiority is demonstrated by the drinker's successful self-control in the course of each drinking occasion. 'From a moderation perspective, control implies choice.... Moderation implies learning to "take it or leave it" whereas control (and overcontrol) in the traditional sense implies only the option to leave (abstain)' (Marlatt, 1985:335). As a corollary of this line of thinking, moderate drinking should be engaged in with some regularity to demonstrate its controlled nature. Thus the normative ideal of moderate or controlled drinking takes on a frequency as well as a quantity dimension. As Duckert (1989) notes, 'the most common demand for "controlled drinking" is that it should take place in the form of some high-frequency low-dosage consumption'; Stockwell's (1986) 'criteria for controlled drinking', for instance, include drinking at least once a week.

Behind the arguments for moderate or controlled drinking can be discerned the outlines of a new version of an old worldview -- of the passage through daily life as a series of tests and trials of character -- a view deep-set in Protestant-influenced cultures through such religious antecedents as Bunyan's *Pilgrim's Progress*. In this modern and secularized version of the pilgrim's progress, it is drinking behaviour which becomes a daily test of character. By drinking moderately or in a controlled fashion, the modern pilgrim exercises and demonstrates his or her self-control and rationality in a new trial every day.

> A particularly heavy burden that society places on the individual is the demand for self-control. By self-control we mean the exercise of a controlling response or strategy ... [on] behavior that is either very firmly established as a long time habit or momentarily attractive,... [behavior that is] usually easy to execute but disadvantageous in the long run.... Moderation is prescribed by society for many [such] behaviors. Diverse interest groups, however, flourish in our societies and some thrive on producing or exalting behaviors and products that tempt the flesh, the mind, and the palate.... [While] social rules and etiquette guide proper timing, frequency, and quantity of alcohol consumption,... nevertheless each person is ultimately held responsible for monitoring their judicious use of alcohol, and expected to control drinking within defined ranges and on specified occasions. (Kanfer, 1986:30-31)

The underlying worldview of controlled or moderate drinking as an ideology and program of ostensive self-control ties together three separate arguments. One of these is a valuation of moderate drinking over abstention. By abstaining, one is opting out of the test altogether, choosing the soft option rather than a more exacting test of one's self-control. The second aspect is the negative valence on intoxication. This aspect is so taken for granted that it is often not explicitly discussed. The third aspect is an aversion to state intervention in the alcohol market. Graham (1996:xvii), for instance, argues against 'restricting the general availability of alcohol' on two grounds: 'the futility of trying to keep ... addicts away from

the substance they crave', and 'being grossly unfair to those who drink moderately'. From the perspective of valorizing controlled/moderate drinking as a unifying world-view, if the state facilitates controlled or moderate drinking by controlling the conditions of sale of alcohol, it is undercutting the trial and display of good moral character involved in drinking.

With respect to the alcohol market, the state is thus viewed as a pitiful helpless giant: even if it can accomplish anything in this area, it will be counterproductive, by diminishing the role for personal responsibility and demonstrations of self-control. The proper role of the state, in this view, is limited to punishing those who have failed the moral test of responsible drinking. Thus, vigorous state action is called for in 'holding people responsible for their drug use and other behavior'; 'jail sentences for crimes committed by alcoholics' are favoured over treatment or community-service options (Peele, 1987: 207, 208). It might be commented, as Sedgewick (1992) does concerning Szasz, that such thinking 'owes everything to a tropism toward the absolute of punishable free will that itself more than verges on the authoritarian'.

Bunton's discussion (2011) of "permissible pleasures" also notes the connection with Puritan thought. But present-day advocates of moderate or controlled drinking as ideology and practice would certainly not define themselves as Puritans. Some indeed tend to try to cast their opposition into the Puritan role. Thus Stanton Peele, who organized a conference on "permission for pleasure" and co-edited a book from it (Peele & Grant, 1999) for an alcohol industry social-aspects organization, in a current discussion lumps together alcohol controls, disease concepts of alcoholism, and requirements that authors disclose industry funding as all being modern manifestations in one way or another of 'Temperance ideology' (Peele, 2010).

Moral contrasts

There is an obvious conflict between the socioeconomic imperative for alcohol products to be consumed and the increasingly exacting standards of care and attention in present-day societies. The solution to this cultural dilemma has been to place the burden of managing the conflict (and the blame for failure) on the individual. The moderate drinker, who drinks regularly, but without ever becoming intoxicated, is thus a hero of the economic system, painstakingly treading the knife-edge between failure to consume and overconsumption.

Against this positive ideal are set two different versions of the antihero. One is the alcoholic – or the person with alcohol dependence, to use the current technical term. A framing in terms of alcohol dependence points attention to the cumulation of drinking events and troubles over time, and to failure in major social roles -- thus one of the DSM-IV criteria for a diagnosis of dependence is that 'important social, occupational or recreational activities are given up or reduced' because of drinking. The intention of the alcoholism movement was that this alcoholism concept would remove responsibility from the drinker, on the premise that a disease formulation would replace a moral framing. But in highly moralized areas a disease formulation does not do much to remove the moral loading (Room, 1983; Room, 2005). What the disease formulation does accomplish is to weaken any argument on the necessity of market controls. Public policy on market conditions, it can easily be argued, should not be built around consideration of a small part of the population with a disease condition to which they were predisposed by genetics or upbringing.

The other antihero is perhaps better characterized as a villain -- a version of the "killer drunk" of the anti-drink driving movement (Gusfield, 1984). In this case, the "loss of control" in question is not about the long-term accumulation of habit. It is rather about self-control as a moment-to-moment expectation – certainly in public spaces, and in many

situations in private spaces, too. Intoxication is an obvious threat to this expectation of a civil demeanour and conscious and considered behavior. The political framing of this antihero is also often in terms of a "small minority", a few "rotten apples" who can be dealt with by ASBOs and banning orders.

Putting the blame on the individual level provides a solution to the contradictions of a system built both around expectations of sober attention and around a relatively free availability of alcohol. The solution is congenial to those committed to a free market in alcohol with few or no state controls – including alcohol beverage industry interests. Thus a recurrent theme of alcohol industry arguments, as an alternative to market controls, has been 'Why not punish the drunkard?' (Catlin, 1931) – or, alternatively, why not provide treatment for the alcoholic (Fingarette, 1988)?

But the solutions tend to wear thin around the edges, particularly in terms of how small the minority really is. Almost 4% of US adults qualify for a current alcohol dependence diagnosis on the basis of their survey responses, and 12.5% qualify on a lifetime basis (Hasin et al., 2007). Regular heavy drinkers account for a high proportion of all alcohol consumed; for the U.S.; the top 10% of drinkers account for 55% of all alcohol consumed (Kerr & Greenfield, 2007). The proportion of the English population who reported in 2005 drinking more than twice the recommended limit on an occasion[3] on at least one day in the last week was 18% for men and 8% for women (Institute for Alcohol Studies, 2009).

Conclusion

The idealisation of moderate alcohol consumption and of personal responsibility for controlling drinking behaviour thus becomes a solution for a central contradiction in modern consumer societies. The application of neoliberal ideals of consumer sovereignty, free market access at any hour of the day or night, and unrestrained market promotion tends to push upward the population's alcohol consumption. But in many aspects of daily life – for instance, when at work, when driving a car, when minding children – modern societies require sobriety. The ideological solution to this societal dilemma is to individualise the responsibility for handling it: the onus is on the individual consumer to manage and limit his or her drinking so that it does not interfere with roles requiring sobriety or with public order and domestic peace. The epitome of this ideology is the ideal of the moderate drinker, at the cultural level as a dream to reach for ("continental drinking" in English-speaking and Nordic societies: Olsson, 1990; Room, 1992) and at the individual level as an ideal of a secular pilgrim's progress.

Endnotes

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2 To a considerable extent, this has been the traditional resolution in the wine cultures of southern Europe. Moving to a "continental drinking culture" has long been a dream in more northerly European and in English-speaking societies (Chafetz, 1967; Olsson, 1990), but has largely run up against the stubborn realities of cultural framings of alcohol in which intoxication is valued (Room & Mäkelä, 2000).

3 That is, drank more than 64 gm of pure alcohol for men, more than 48 gm for women.

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