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A Century of Societal Responses to Alcohol, Tobacco and Drugs

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Abstract. The paper considers societal responses to alcohol, tobacco and drugs in the century since 1907, particularly at the level of international meetings and networks, and their influence on the diverse traditions of international conferences and action today. A century ago, alcohol was at least as big a problem in Europe as it is today, but many countries (including Sweden) had had an even bigger problem some decades before. The great epidemic of cigarette smoking was not yet under way, and recreational use of drugs in youth cultures was far lower. Temperance movements had grown as a societal response to alcohol problems, and the 1907 Congress at which ICAA was founded was part of a series expressing the movement's internationalism. There was already an international agreement about alcohol in Africa, but not yet any international agreement on opium. In 1907, alcohol, tobacco and drugs were thought of in a common frame. But conceptions of and responses to them split apart in the ensuing 60 years, with tobacco banalized, alcohol first prohibited or restricted and then considerably decontrolled, and opiates and other drugs internationally prohibited. Although alcohol, tobacco and drugs have been being reintegrated conceptually since 1970, they are in very different statuses internationally, and this is reflected in the different spirit of international conferences and networks in the three fields. We may expect the trend for reintegration to continue. But psychoactive substance problems will persist a century from now, and there will still be a need for ICAA conferences.

In the World Health Organization estimates for the role of alcohol, tobacco and illicit drugs as risk factors in the global burden of disease for 2000, tobacco and alcohol rank very high (4.1% and 4.0%) and illicit drugs considerably further down (0.8%), together accounting for about 9% of the global burden (WHO, 2002). In discussing societal responses to alcohol, tobacco and drugs, we are thus discussing topics important from the perspective of public health, and often also of public order.

In 1907, a century ago, alcohol was at least as big a problem in Europe, and probably in many other parts of the world, as it is today. And this was after there had

already been considerable temperance organization and legislation that had substantially brought down the consumption in some countries, notably in Sweden. In the 30 years after 1907, alcohol consumption in northern and western Europe fell to its lowest levels in the modern era under the impetus of the temperance movement and of economic depression, before turning around to rise to its present levels.

The great epidemic of cigarette smoking of the last century had not yet got under way in 1907. In Europe and other developed regions, we are now living at what we can hope is the tail end of the public health disaster which resulted from the ready availability and social acceptability of cigarette smoking in the decades after 1907. The danger is that the developing world may now be subjected to the same experience.

With respect to opiates and other drugs, the picture is mixed, but it is clear at least that rates of recreational drug use in European youth cultures are now at historic highs. The draconian prohibitions on such use which were imposed in the last century were often initially effective, but have clearly generally not been so in the world of the last few decades.

But in this presentation my focus is not on the use of alcohol, tobacco and drugs, or on the harms which may result from that use, but rather on the societal responses to the use and harms. Given our context of an international conference, I will pay particular attention to patterns of response at the international level.

Societal response to a problem does not usually spring out of nothing. With alcohol, in particular, many countries in Europe and elsewhere faced very serious problems during the 19th century and at the beginning of the 20th. The industrialization of beer and spirits production, combined with gradual increases in purchasing power, contributed to an upsurge in heavy drinking in place after place, with attendant problems of violence, family breakdown and early death. The primary response to this in many countries – particularly the Nordic and English-speaking countries, Netherlands and Switzerland – was a strong temperance movement, concerned initially with self-help and only later with changing the place of alcohol in society. At the Stockholm congress in 1907, it was reported that Swedish temperance societies altogether had 435,000 members – about 8% of the population, or perhaps 12% of the adult population. We may agree with the participant reporting these figures that "all in all … these are quite fine figures" (Byström, 1908), at least in terms of how deeply the movement had reached into the society.

Mostly in the wake of the rise of the temperance movement, the political process turned to the question of what could be done to reduce the harm from drinking. One answer – and probably the predominating one, among those attending the international alcoholism congresses – was to prohibit alcohol sales entirely. An alternative, pioneered in Sweden in the form of the Gothenburg system, was for governments to take control of the market, selling alcohol only in ways which would limit the harm. Another avenue vigorously pursued by the temperance forces was education and persuasion, particularly of youth. The criminal laws were also brought into play, attempting to deter public drunkenness and alcohol-related violence. Lastly came efforts to provide treatment and rehabilitation for inebriates, and to persuade the state to finance this treatment. As you will see from the chart on the initiation of inebriates institutions in various places that Jim Baumohl and I put together 20 years ago, in 1907 only a beginning on this had been made in the Nordic countries (Table 1).

The alcoholism congresses and their context

This meeting is the 100th anniversary of the foundation of what is now the International Council on Alcohol and Addictions, at the 1907 International Congress against Alcoholism, also held in Stockholm. What was originally known as the Bureau Internationale contre l'Alcoolisme was set up as the secretariat for the Permanent Committee of the International Congresses against Alcoholism.

As the title of the committee makes clear, in 1907 international congresses on alcohol problems – the liquor problem, as it was often called then – were already a going concern. The first in the series of which the present meeting is the 50th was held in Antwerp in 1885. Figure 2, drawn from a new dissertation by Mark Schrad (2007), shows that the 1907 Congress was already the 11th in a series that by 1899 had grown to include foreign participation from several hundred foreign attendees. In terms of attendance at the Congresses, the main change in the wake of the formation of the International Bureau in 1907 seems to have been a substantial increase in the number of countries represented at each Congress.

In fact, there had already been a handful of international temperance conferences held prior to 1885. Most of these had been in Britain or the United States (Schrad, 2007, Appendix A), but one prior conference had been held in Stockholm in June 1846, with King Oscar I in attendance, and participation from Norway, Germany and the United States as well as Sweden. So our conference may be said to be celebrating a 161st anniversary of a Stockholm conference, as well as a 100th.

By 1907, temperance was thus well established as an international reform movement, and the international Congresses might be seen as a main international forum for what Schrad describes as "one of the world's first truly international advocacy networks" (Schrad, 2007). In the 1907 Congress proceedings (Wallis, 1908), a variety of strands of the movement were displayed and debated. There was an informative session on the organization of abstinence associations in the Nordic countries. Professors, doctors and administrators lectured on such topics as alcohol as a foodstuff, drinking and abstinence in the experience of life insurance companies and health insurance funds, alcohol and degeneration and "race hygiene", and alcohol and crime. A session was devoted to the controversial issue of what was known internationally as the "Gothenburg system", whereby the drinking-places for working-class men were owned and run municipally. Many prohibitionists had no use for and little patience with discussions of this forerunner of the Bratt system and the modern Systembolaget.

Perhaps the sharpest contrast with an ICAA meeting today was the relatively peripheral role of issues in the treatment of inebriates in the 1907 meeting. Presentations by T.D. Crothers, the doyen of the inebriate asylums movement in the U.S., and R. Welsh Branthwaite, the inspector of inebriates retreats and asylums in the U.K., argued slightly defensively for the need to think about treatment as well as prevention -- Branthwaite noted that "for practical purposes, the real work of this Congress, … is more or less confined to measures which are directed against the prevention of the future manufacture of drunkards". Against this Branthwaite asserted, somewhat argumentatively, that his "experience and observation" had been that, despite all the temperance work in England

in the previous 25 years, "drunkenness has not been markedly, if at all reduced. In regard to women I am satisfied that it has materially increased". There was a need, therefore, to turn to studying the drunkard, "his habits, his mental condition, the reason why he became a drunkard whilst others who live under similar conditions have not, how we can best reform him when he is ready made, or, failing reform, how we can best control him so as to render him harmless to the rest of the community" (Branthwaite, 1908). Crothers also argued for treatment, if necessary by compulsion: "long continued restraint and hygienic housing of the incurable inebriate is not only economical but curative in a larger degree than at present realized" (Crothers, 1908).

The arguments over the Gothenburg system and the contributions from Branthwaite and Crothers demonstrate that, while the international congresses a century ago were undoubtedly international meeting-points for advocates of temperance and indeed prohibition, they were quite broad-ranging in the perspectives on alcohol issues which were included. The temperance movement also included other international organizations which were more frankly advocacy-oriented: the International Organization of Good Templars and the World Women's Christian Temperance Union, both well-established by 1907; the International Prohibition Confederation, founded in 1909 around the edge of the following Congress against Alcoholism, and renamed the World Prohibition Federation in 1919; and the World League against Alcoholism, founded in 1919 (Fahey, 2006). The Congresses against Alcoholism differed from most of these in being less dominated by the Anglo-American axis.

Responding to tobacco and drugs a century ago

As David Courtwright (2005) has described, a century ago medical concepts of inebriety and related ideas commonly linked together opium, alcohol and tobacco (e.g., Towns, 1915), with alcohol and opium addicts often treated in the same institutions. In moral politics and law, the idea of a "vice constellation" linking drugs and alcohol with cigarettes, prostitution, pornography and gambling meant that campaigns against urban "vices" often tackled the different vices together. Perhaps the most obvious link was that many American and British alcohol temperance organizations, such as the Women's Christian Temperance Union, also mounted campaigns in the fields of tobacco and opiates.

But despite the commonality in conceptualizations a century ago, there was substantial differentiation in their handling at the international level. In the U.S., there were substantial campaigns against tobacco smoking, and particularly cigarette smoking, in the U.S., resulting in bans on the sale of cigarettes in 14 states between 1895 and 1921 (Neuberger, 1963:52). But the campaign lost steam during the 1920s, and by 1927 all the bans had been repealed. In this era, international resonance on tobacco as an issue appears to have been limited. International collaboration and action on tobacco only got seriously under way in the 1960s.

Around the time of the 1907 Congress, the international trajectories for alcohol and opium would not have looked very different. In fact, in 1907 there was international treaty dealing with trade in alcohol, but not yet one on trade in opium. Both alcohol and opium had been exploited as items of trade and often as tools of dominance in European colonial expansion, and this trade was increasingly questioned by temperance interests in both the U.S. and Britain. In the U.S., arguments for controlling or banning trade in both

alcohol and opiates fitted into a general animus against colonial empires. In Britain, the political success of the anti-slavery movement was followed up with the founding of the Society for the Suppression of the Opium Trade in 1874 as an internal pressure group against Britain's practice of financing its Indian empire with opium sales to China and elsewhere in Asia. But, in terms of an international treaty, the first move was against alcohol. An 1889-1890 international treaty among the colonial powers, primarily aimed at suppressing the African slave trade, also forbade selling spirits to natives in a broad middle swathe of Africa (Bruun et al., 1975:165). The treaty was reconfirmed by a Convention on the Liquor Traffic in Africa, adopted at St. Germain-en-Laye in 1919. But, despite representations in the mid-1920s from the Bureau Internationale contre l'Alcoholisme, the League of Nations' efforts to enforce the Convention were feeble (Bruun et al., 1975:168), and petered out with the repeal of American Prohibition.

Meanwhile, in considerable part under the impetus of the American temperance movement, an international opium conference was organized by the U.S. government in Shanghai in 1909 to consider measures to control the opium trade in support of China's renewed effort to suppress opium smoking. The Shanghai conference was followed by another at The Hague, again called by the U.S., which adopted the first Opium Convention in 1912. The Convention went into effect as part of the peace settlement after World War I, and the League of Nations was given responsibility for supervising it (Bruun et al., 1975:10-11). The path was thus set towards the Single Convention on Narcotic Drugs of 1961 and the broadened coverage of the other two conventions of the United Nations era (Carstairs, 2005).

The great divergence: alcohol, tobacco and drugs 1910-1970

We have already noted that in the first decade of the 20th century, many temperance workers and medical experts saw alcohol, tobacco and opiates in a common frame. Drawing primarily on U.S. sources, David Courtwright charts a substantial and progressive separation of thinking about alcohol, drugs and tobacco in the half century after 1910 (Figure 2). The banalization of cigarette smoking after the First World War, and the adoption by a new generation of middle-class youth of cigarette smoking by both genders as a generational symbol (Fass, 1977), implied the exclusion of nicotine from concepts of inebriety or addiction. The generation also contributed to the failure of alcohol Prohibition in the U.S. (Room, 1984). The failure of prohibition in the U.S. and elsewhere (Schrad, 2007) brought in its wake a rethinking of alcohol problems (Roizen, 1991), redefining them from a problem located in the substance to a problem located in the "alcoholic" (Christie & Bruun, 1969). This conceptualization did not fit well with the increasingly tight international prohibition regime for opiates and other drugs, which focused on the drugs themselves as the problem.

The result of the great divergence was an almost complete separation between thinking about and the fields of alcohol and drugs, and the disappearance of any tobacco field, until the late 1960s. Under the guiding hand of Archer Tongue (Room, 2007), who took up his duties as executive director in 1952, the ICAA alcohol congresses changed their character. The temperance movement was in retreat, although still present at the meetings. In the meantime, the rise of the "alcoholism movement" dedicated to providing treatment for the chronic drinker brought a new wave of participants. These constituencies learned how to coexist, but it meant that the congresses were transformed,

to use political science terminology, from being meetings of an advocacy network to being meetings of a policy community (Sabatier, 1991); that is, from being organs of a social movement to being a forum where different views and orientations to alcohol issues could meet and debate. The international Congresses continued, initially at 4-year intervals, and during the 1950s were joined by international alcohol Institutes held in Europe each year.

In the field of drugs, under the heavy weight of implementing the international conventions, the international terrain was almost entirely occupied for many years by meetings of intergovernmental bodies. International cooperation was primarily an intergovernmental matter, and by the 1980s had often become a matter of the country's general foreign policy (Room, 2002; 2005). International civil society, in the form of officially accredited "NGOs" (nongovernmental agencies), including the ICAA, eventually came to play an ancillary role around the edges of the intergovernmental meetings in Vienna.

After 1970: A trend to recombine, but a heritage of separation

As Courtwright's analysis argues (Figure 3), in conceptual terms there has been a substantial trend towards recombination since 1970. Biological researchers look at the various brain receptors involved in the action of psychoactive drugs very much in a common frame (WHO, 2004). Tobacco has been taken back into the addiction concept, now renamed "dependence". Alcohol and tobacco are now commonly included in discussions of the dangerousness of drugs, usually ranking considerably higher than many drugs under international control (e.g., Nutt et al., 2007). Drug and alcohol treatment have been reorganized as a single system in many countries (although tobacco treatment is still usually separate), and alcohol, tobacco and drug education are often combined in schools.

On the international scene, developments within ICAA have reflected this tendency to recombine. The Board decided already in 1968 to add drugs to ICAA's sphere of action. More recently, sessions on tobacco and then on gambling problems have made their appearance at ICAA meetings. A separate set of annual international institutes, parallel to the alcohol Institutes, was initiated in 1970; around 1990 the two series were combined into a single annual meeting on "dependencies", of which the present conference is an example.

However, both nationally and internationally, there are numerous instances of institutions in one or another of the fields remaining separated. At the international level, the most marked difference is in international control institutions. Opiates and other controlled drugs are the subject of international conventions and a complex prohibition regime with extraordinary scope and power. Tobacco is the subject of a separate Framework Convention, operating under World Health Organization auspices on a more voluntary basis. For alcohol, there is no extant public health-oriented international agreement at all (Room, 2006).

These historical differences at the international level are mirrored in the differences in arrangements for international nongovernmental meetings. In alcohol, ICAA retains the main franchise, and has so far kept its framing as a forum for diverse views rather than as the meeting of an advocacy network. In the alcohol field, the Global Alcohol Policy Alliance (GAPA; http://www.globalgapa.org/) has emerged to take on the

advocacy network role, while on the other side a new series of International Conferences on Alcohol Harm Reduction (ICAHR; http://www.ihra.net/Alcohol) provide an environment more congenial to alcohol industry interests.

Except for the ICAA tobacco section's efforts, the international stage for tobacco is occupied by a conference series meeting roughly every three years, and now styled the International Conference on Tobacco OR Health (see Figure 4). The first of these conferences, described in an internal tobacco company document (Anonymous, 1981) as "a small affair", was held in New York City in 1967. The most recent conference, the 13th, had grown to have 225 sessions and a program book of 193 pages. These conferences are more instruments of an advocacy network than a forum for all comers. The closing session of the 13th conference, for instance, included a spoof "1st Tobacco Industry Academy Awards", introduced in the program as recognizing "continued innovation in selling death": "pushing poisoned puffs requires sneaky savvy in a multitude of areas, including 'lies in advertising', political payoffs, manipulation of science, and exploitation of legislative loopholes" (http://www.2006conferences.org/pdfs/WCTOH.pdf). I suspect that a time traveler from the 1907 Conference against Alcoholism would find the spirit of anti-tobacco meetings today quite congenial; there is a similar sense of an international social movement on the rise and increasingly able to sweep commercial interests and other impediments out of the way.

In the drug field, as I have mentioned, the international field was long occupied primarily by meetings of and around the official international drug control system. But, while popular sentiment in many countries remains conservative and supportive of the system, the drug control system finds itself in a situation rather like the alcohol temperance movement in the 1920s. It is out of favour with progressive opinion, and independent expert opinion is also quite skeptical; there is often a defensive or indignant tone in the statements of the system's spokespersons. In this circumstance, an international set of meetings, part advocacy group and part forum, has emerged and grown with a stance critical of the system (Tammi, 2004). These are the International Conferences on the Reduction of Drug-related Harm which have been held annually by the International Harm Reduction Association since 1990 (Figure 4; http://www.ihra.net/). The antagonism between parts of the drug control system and the harm reduction movement is symbolized by the fact that the very term "harm reduction" has been anathematized, for instance, by the U.S. delegation to the system (Room, 2002).

The future

What may we expect a speaker to say at a conference in Stockholm in 2107, if faced with the same topic? The first thing to say is that it is humbling to recognize that it is highly unlikely that a speaker at the 1907 conference would have been able to predict our situation today.

It seems extremely unlikely that psychoactive substances will be banished from human life in 2007. The future may look a little more like that envisioned by Aldous Huxley in *Brave New World*, but we can safely guess that alcohol and other psychoactive substances will still be with us, and that there will be social and health harm from their use. This means that there will also still be substantial societal responses to them.

At least for the near future, it seems likely that the trend to recombine in our approaches to these substances will continue. And if the substances are looked at in a common frame in terms of international actions, we may guess that the present Framework Convention of Tobacco Control is only the beginning of a trend toward tighter international control of tobacco products. On the other hand, it seems likely that there will be some loosening in the present global prohibition regime for opiates and other drugs; the social and economic costs of the regime are high, and its record of success is meagre, at least where the markets are illegal. It is reasonable to expect that there will be some kind of international control regime for alcohol, perhaps modeled on the tobacco convention -- if only to counteract the decontrolling effects of international trade agreements.

In such a world, perhaps the need for urgent advocacy felt by the temperance movement in 1907 and by the anti-tobacco movement and the some parts of the harm reduction movement today will have lessened. But there will be a need for an international forum for scientific exchange, policy discussion and networking among researchers, professionals, and other interested elements of civil society, and outside the purview of official government channels. There will, in short, still be a need for ICAA congresses and conferences.

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Figure 1: Initiation of Inebriate Institutions in Various Nations (Baumohl & Room, 1987)

1840 U.S.A: first Washington Society founded -- mutual support for inebriates
1842 U.S.A.: first "closed" fraternal temperance mutual-support organizations: Sons of Temperance and Independent Order of Rechabites (latter founded 1835 in England)
1851 Germany: home for inebriate released prisoners, West Prussia
1852 Scotland: inebriate home, island of Skye
1857 U.S.A.: Boston Washingtonian Home, initially an inebriate lodging house
1859 U.S.A.: San Francisco Home for the Care of the Inebriate, founded by Dashaway Association
1864 U.S.A.: Binghamton, N.Y.: first state inebriate asylum opened
1870 U.S.A.: American Association for the Cure of Inebriates formed
1872 U.S.A.: first Skid Row gospel mission, New York City
1873 Canada: first asylum (in Ontario)
1873 Australia: first asylum (in Victoria)
1874 U.S.A.: Connecticut Inebriate Law providing for compulsory commitment
1876 Britain: Society for Promoting Legislation for the Control and Cure of Habitual Drunkards formed
1880 U.S.A.: first "Keeley Cure" sanitarium established, Dwight, Illinois
1882 Germany: second inebriate home (Mecklenburg)
1882 Britain: Association of the Dalrymple Home for Inebriates formed (later the Homes for Inebriates Association)
1883 Switzerland: home for vagrants (founded in 1840) made specific to inebriates
1883 Norway: private inebriate asylum opened, Heimdal
1884 England: Dalrymple Home opened to test operation of Inebriates' Acts
1884 Britain: Society for the Study and Cure of Inebriety formed (full membership limited to medical practitioners)
1889 Switzerland: first government asylum, Ellikon
1889 Finland: first inebriate home
1890 Netherlands: first sanitarium for alcoholics opened, Eelde in Drenthe
1890 U.S.A.: first Keeley Institute franchised branches
1891 Sweden: first sanitarium for alcoholics opened
1892 Austria: appropriation for government inebriate institution
1893 France: home for inebriate women opened
1899 Ireland: inebriate reformatory opened
1900 Germany: first fürsorgestelle (outpatient advice bureau) opened by police in Herford; publicized 1905.
1900 Switzerland: 8 inpatient institutions and 2 work colonies operating
1901 Scotland: inebriate reformatories opened
1901 U.S.A: 39 Keeley Institutes operating
1902 U.S.A.: over 100 inebriate institutions in existence, 30 of them asylums with "medical treatment" (as defined by Crothers of the Q. J. Inebriety)
1907 New Zealand: first inebriate home with state support
1908 Britain: 24 retreats (= homes) and 21 reformatories (= asylums) operating
1909 Netherlands: first consultatiebureau (advice bureau) opened, Amsterdam

1910 Germany: 41 inpatient institutions, 29 work colonies and 70 fürsorgestellen operating (158 fürsorgestellen by 1912)
1911 Switzerland: first fürsorgestelle opened -- outpatient treatment
1912 South Africa: first state reformatories for alcoholics (one for Whites, one for Coloureds)
1914 Sweden: 13 inebriates homes or sanitaria operating (7 under church auspices)
1916 Sweden: first state asylum opened

Figure 2. The first 20 international alcohol congresses: how many attended, from how many organizations and places?
(source: Fig. A2 in Mark Lawrence Schrad, *The Prohibition Option: Transnational Temperance and National Policymaking in Russia, Sweden and the United States*. PhD dissertation, Political Science, University of Wisconsin, 2007.)

	Location	Date	Total Attendees	Foreign Attendees	Temperance Associations	Foreign Temperance Associations	Countries Represented	Countries Sending Official Delegates
1.	Antwerp	1885	529	86	45	25	8	0
2.	Zurich	1887	251	55	30	20	10	0
3.	Oslo	1890	229	107	57	51	15	0
4.	The Hague	1893	359	92	n/a	n/a	16	7
5.	Basel	1895	466	172	63	49	16	6
6.	Brussels	1897	584	231	68	51	20	12
7.	Paris	1899	1142	481	207	119	24	14
8.	Vienna	1901	1232	303	122	59	19	9
9.	Bremen	1903	1418	257	266	70	25	11
10.	Budapest	1905	1007	388	200	109	21	11
11.	Stockholm	1907	1130	478	n/a	n/a	21	16
12.	London	1909	1266	491	224	138	37	14
13.	The Hague	1911	929	497	364	136	32	21
14.	Milan	1913	1014	543	334	175	36	29
15.	Washington	1920	1309	102	175	7	44	23
16.	Lausanne	1921	596	323	194	95	40	33
17.	Copenhagen	1923	638	n/a	n/a	n/a	33	30
18.	Tartu	1926	549	275	115	83	26	13
19.	Antwerp	1928	418	277	106	70	39	29
20.	London	1934	699	n/a	n/a	n/a	33	23

Figure 3. (Source: D.T. Courtwright, Mr. ATOD's wild ride: what do alcohol, tobacco and other drugs have in common? *Social History of Alcohol & Drugs* 20:105-140, 2005.)

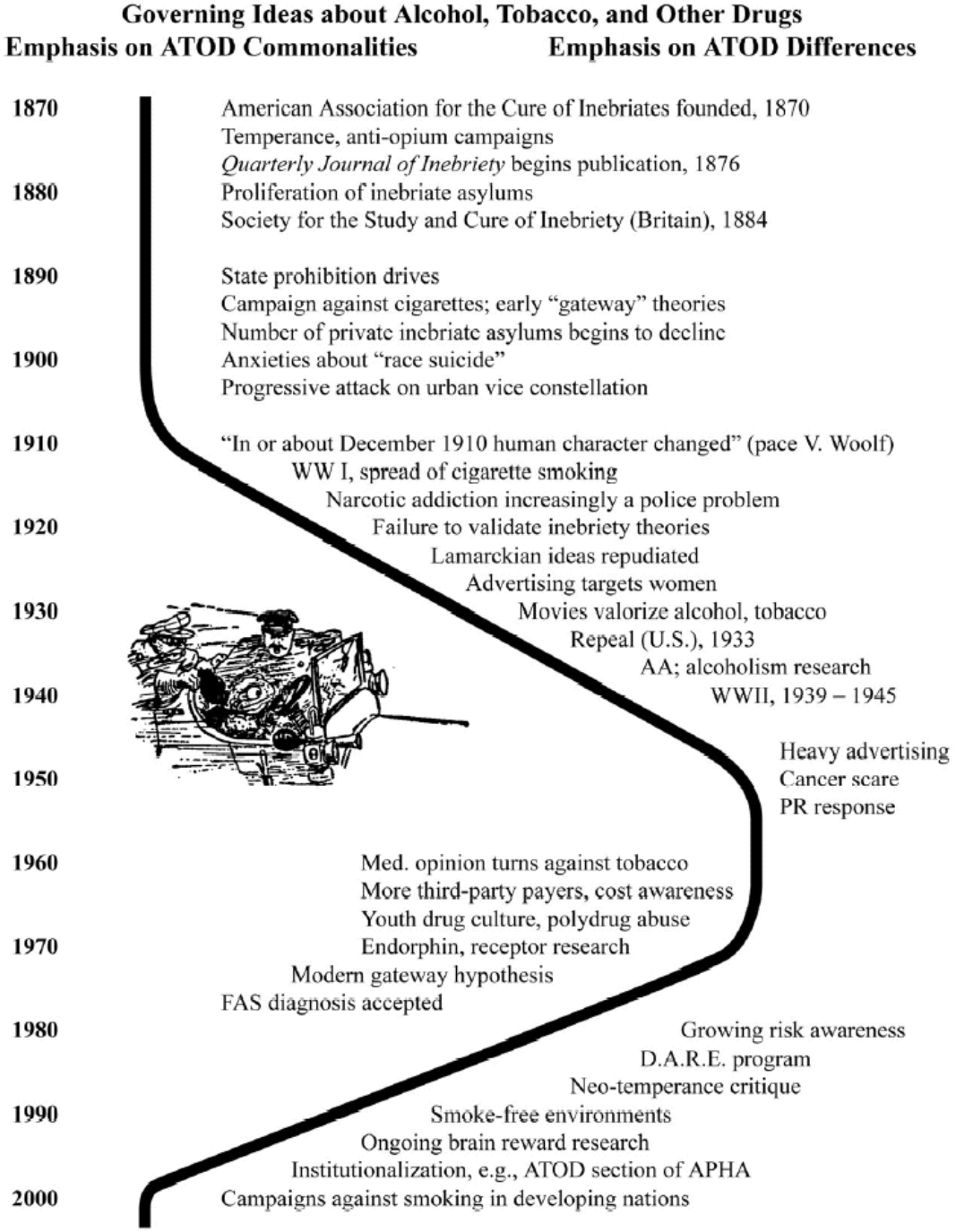

Figure 4. World alcohol, drug & tobacco conferences, after 1935

World Tobacco Conferences

World Conference on Smoking & Health

1967 New York, USA
1971 London, UK
1975 New York, USA
1979 Stockholm, Sweden
1983 Winnipeg, Canada
1987 Tokyo, Japan

World Conference on Tobacco & Health

1990 Perth, Australia

World Conference on Tobacco OR Health

1992 Buenos Aires, Argentina
1994 Paris, France
1997 Beijing, China
2000 Chicago, USA
2003 Helsinki, Finland
2006 Washington, DC, USA

International Conferences on the Reduction of Drug-Related Harm

1990 Liverpool, UK
1991 Barcelona, Spain
1992 Melbourne, Australia
1993 Rotterdam, Netherlands
1994 Toronto, Canada
1995 Florence, Italy
1996 Hobart, Australia
1997 Paris, France
1998 São Paulo, Brazil
1999 Geneva, Switzeralnd
2000 Jersey, UK
2001 New Delhi, India
2002 Ljubljana, Slovenia
2003 Chiang Mai, Thailand
2004 Melbourne, Australia
2005 Belfast, UK
2006 Vancouver, Canada
2007 Warsaw, Poland

ICAA Congresses, after 1935 (see Fig. 1 for earlier)

(Besides the Congresses: annual Institutes on the Prevention and Treatment of Alcoholism start ~1955, annual Institutes on Drug Dependence start 1970; the meetings are combined ~1990, eventually as Conferences on Dependencies. The present Stockholm conference is in this series.)

1937 Warsaw, Polamd
1939 Helsinki, Finland
1948 Lucerne, Switzerland
1952 Paris, France
1956 Istanbul, Turkey
1960 Stockholm, Sweden
1964 Frankfurt am Main, West Germany
1968 Washington, DC, USA
1970 Sydney, Australia
1972 Amsterdam, Netherlands
1975 Bangkok, Thailand
1978 Warsaw, Poland
1982 Tangiers, Morocco
1985 Calgary, Canada
1988 Oslo, Norway
1992 Glasgow, UK
1995 San Diego, USA
1999 Vienna, Austria
2003 Toronto, Canada
2006 Edinburgh, UK