ton (6). (d) To describe the attitudes of the general population regarding the problems of alcohol (mortality, morbidity, work absences, accidents, etc.) and particularly regarding alcoholism as a disease.

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NOTES ON ALCOHOL POLICIES IN THE LIGHT OF CENERAL-POPULATION STUDIES

Policymaking on alcohol problems is often dominated by an essentially clinical perspective, concentrating attention on the problems that walk in the clinic's door. This dominance has resulted not only from the strength and coherence of clinical perspectives, but also from an abdication of the area by those with other perspectives. In particular, researchers on drinking practices and problems in the general U.S. population have often avoided discussions of policy, and when policy issues have been faced, the results of their work have not been systematically brought to bear on the issues--in part, perhaps, because general-population samples offer little direct data on the institutionalized alcoholics, who have been the central concern of clinically-oriented policymaking. We have also been keenly aware of the gap between the tentative nature of our understanding of our data and the certainty which would be desirable for policymaking. Nevertheless, since the policies are being made, if only by default, it seems time to try to lay out some of the implications of our findings for policy. The notes below are some rough attempts in this direction.

(a) There is not a great amount of overlap between different types of problems with drinking in the general population, once those with no problems at all are excluded. This suggests that no single programmatic framework will serve all those with identifiable problems from drinking. Vocational rehabilitation will not serve those whose problem is not primarily vocational, public health programs may find it difficult to deal effectively with what may be subcultural behavior patterns associated with drinking (to take an example from the "old west," shooting up the town), penal programs are not well suited for "drying out" those with the potential of DT's. By the same token, many problems people have do not have a single "seat"--the alcohol habits are only one in a number of contributing factors in the situation. Historically, which rubric a person with multifaceted problems is treated under has tended to depend partly on which facet gets the best funding. Unless programs are developed for the other potential facets at the same time, a likely result of an increase in alcohol program funding is a somewhat artificial escalation in the number of cases"found" by the redefinition of a number of people already under other aeges as "alcohol problems."

(b) Our studies suggest that when the traditional unitary notion of "alcoholism" is disaggregated, there are differences in the correlates of different aspects of it (this finding is also supported by the differences between alcoholic samples' characteristics which can be found in the literature). This suggests that a first requirement for any social policy having to do with alcohol is to define with some exactness what the target of the program is, since shooting at one target does not guarantee hitting all the others.

(c) The regional/urban/class differences we have found suggest that there is no standard appropriate mixture of preventive or treatment programs which will be appropriate in every locale. For instance, in wetter areas of the country the issue with highest priority might well be diminishing the public health consequences

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(cirrhosis etc.) of inveterate heavy drinking. In dryer areas, the foremost issue is likely to be the social disruption associated with infrequent bouts of explosive drinking. Any federal guidelines for either prevention or treatment programs should therefore be written in such a way as to allow for considerable variations in the particular "mix" of programs from place to place.

(d) The small proportion of those who at one time or another have a problem associated with the drinking who end up in institutions as alcoholics seem to be there as the end-point of a lengthy process of piling problem upon problem, and shucking off social supports on non-alcoholic behavior, and their problems are correspondingly intractable. In the general population of those who have had one or another kind of problem, however, there are substantial proportions whose problems were confined to one period in their life, or to only one kind of problem; and in the general population there is considerable shifting into and out of drinking problems in the course of two or three years. As a rough rule of thumb, we find that only about one-half of those adults who have ever had any particular problem have had it within the last three years.

(e) The movement to have all alcoholism declared an illness was partly motivated by the perception that, for mature men in American society, illness is the only acceptable excuse to get "time out" from responsibilities, and have some chance of later resuming them. There has correspondingly been a tendency for all kinds of other conditions associated with diminished responsibility to be increasingly redefined as illnesses, putting burden on an already overtaxed health system, and shuffling persons into that system whose "problems" it is not equipped to solve. Literature from countries with full national medicine programs suggests that the family doctor in such situations becomes for much of his time a gatekeeper for people seeking a legitimate excuse to get a little time out from their responsibilities. Perhaps some of the strain on the medical system could be removed by defining in law a category of personal leave--perhaps as a partial replacement for the present sick leave from jobs--leave which, unlike annual leave, it is guaranteed the employee can take at his discretion with no notice. Or perhaps legislation which made it illegal to require medical validation for sick leave could serve the same purpose (medical validation of sick leave seems presently to be required of blue collar and clerical workers, but not of higher employees even though their work is presumably more crucial.)

(f) The emphasis on alcoholism as a disease of the will has tended to distract attention from the question of the long-term medical consequences of heavy drinking. The best information available on the question of what are "safe" amounts to drink from a long-term health standpoint remains Raymond Pearl's careful study published in 1926, and he would have been the first to admit that this was but a start on the answer to this question. It is hard to conceive of a public-health preventative campaign aimed at cutting down the long-term health consequences when we do not have the information to compose the slogan about how much is safe in the long run.

(g) Our research does not lend any credence to the notion that there are two separate patterns of drinking, one "alcoholic" and one "normal." Rather we find that people who get into drinking problems differentially associate more with other heavy drinkers than with, say, abstainers, but their drinking problems are formed and exist in a context of other drinkers who do not get into significant trouble with their drinking.

(h) Our findings have reinforced the common observation that drinking in America is primarily a social act. Sixty and more years ago a lot of attention was paid to the possibility of alternative functional equivalents to alcohol as a drink and to drinking milieux, in a situation where the tavern was truly often the workingman's only club, and alcoholic beverages the only alternative to water. Some of these efforts seem to have had some success: the soft drink industry today is a monument to one line of

endeavor, and many social institutions still performing valuable services drew some of their initial motivation from the idea of providing "substitutes for the saloon." Some attention might well be paid to this line of thinking in the light of modern conditions, e.g., experiments with providing alternative transportation for those who otherwise have no real choice but to drive while drunk, considerations of alternatives to the car as the only locus of privacy for teenagers, provision of cheap or free municipal lodgings for those who otherwise must sleep on the streets of skid row.

(i) Our data generally support the idea that social disruptions attributable to alcohol are primarily a young man's game--belligerence, police problems, binge drinking--while consequences to the individual--interpersonal and health--are the middle-aged man's game. This general finding seems to be true even within the smaller subpopulation who at one time or another both cause social disruption and get interpersonal and health consequences. The model fits very nicely what is also around in the social statistics--drunk driving, violence while drinking, "disturbing the peace" in the general population (leaving skid row out of the picture for the moment) are the young man's games; the problems for the individual come later. Note that social disruption-type aspects are more of a "problem" for the society than necessarily for the individual (the chances of the individual's behavior being sanctioned are small on any one occasion); while the middle-aged problems are more poignant for the individual than for anyone else--to talk about the problems for society, we are forced into metaphysical arguments about what he could (but not necessarily would) otherwise be doing.

There seems to be a consistent tendency for the social reprisals to outlive the behavior they are directed at: the spouse apparently goes on complaining even after the behavior has disappeared. Even from a hard-nosed deterrent point of view, then, the present social arrangements are counterproductive both in that the punishment is uncertain and delayed, and that it continues its action beyond the point where deterrence has any point: i.e., on the burnt-out case.

The main public social policy towards social disruption is the sporadic application of police power, i.e., punishment essentially as a deterrent. This policy does not seem to work very completely. Perhaps some attention should be directed away from the errant individual's behavior and towards the other side of the question: the society's response. If it is offensive for young men to get drunk in public, make places for them to do it in private. If they have to get drunk at a distance from home--either for legal reasons in dry areas, or for the sake of sociability--provide a way to get them home without anyone getting either outraged or killed.

Again, social policy towards the middle-aged problems needs to keep as much eye on the response to the behavior as on the behavior itself. Perhaps the wife's continuing complaining after the behavior has stopped has been partially conditioned by the fears inherent in the once-an-alcoholic-always-an-alcoholic ideology.

(j) When an idea's time has come, as the idea of federal subventions of alcohol programs' time seems to have come, the pressures to spend a large amount of money fast are very great. If a governmental agency can't spend all the money it is given in the first year, how can it justify asking for more in the second year? The new money therefore tends to be very quickly committed to plausible-sounding proposals. In a field like alcohol, where hard policy-relevant knowledge is more the exception than the rule, the results will inevitably fall far short of expectations. Two or three years from now, the statistical studies suggesting that the extra money didn't produce many tangible results will start appearing, just as public attention is waning, and the bust will succeed the boom. The newly-started training programs for alcohologists will produce their first graduates just as the prospects for their employment dry up.

It is not easy to avoid this characteristic natural history of a newly-recognized "social problem" in the U.S. But clearly if wastage of funds and the building up of non-functional professional vested interests are to be avoided, part of the answer must lie in an initial thrust

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SOME PROPOSITIONS... (cont'd from p. 2)
but psychic unity of mankind as well as of intracultural homogeneity; by the exigencies of the data, the distance between conceptualization and operational measure has often been large. The critique of the conclusions of the earlier studies by more recent workers has been relatively devastating; but to this observer, at least, the alternative interpretations offered by these studies have not been fully convincing.

Cross-cultural studies, then, seem to have reached something of a turning-point, and the time seems ripe for a stocktaking and discussion of desirable future directions. Fundamentally, I would propose that we need to begin to apply to cross-cultural analysis some of the diversity and density of measures and analysis which have been used in the best single-culture studies.

A useful first step would be a shifting away from a unitary concept of alcohol problems. The fundamental orientation of comparisons of alcohol-related national social statistics, despite Jellinek's later work, has been the assumption that there is a single entity of alcoholism which is the same for all cultures. Alcohol-related social statistics have thus been used in the literature not as interesting variables in their own right, but as indirect indicators -- with differing degrees of validity -- of a single common underlying entity.

Thus there has been a recent controversy in Ireland over whether the rate of alcoholism there is relatively low or high compared with other countries (Lynn and Hampson, 1970a; 1970b; Walsh, 1970), where the primary evidence for the "low" theory has been the cirrhosis rate, and the primary evidence for the "high" theory has been the admission rate for alcoholic psychosis. The discussion has been mainly in terms of the validity of these measures as indicators of a unitarily-conceived alcoholism, and has followed a predictable and reasonable course, given this framework: those preferring a measure with the smallest possible content of false positives will tend to favor mental hospital admissions, while those preferring a measure minimizing false negatives will tend to favor cirrhosis. The question of whether the results might suggest that the mixture of human problems lumped under the general label of "alcoholism" differs in Ireland from elsewhere cannot even be posed so long as alcoholism is assumed to be a unitary phenomenon.

The epitome of the unitarian approach, of course, has been the Jellinek formula, which turned a measure of the mortality from a single long-term consequence of heavy drinking into an indicator of the prevalence of an entity conceptualized as a disease of the will. An extraordinary amount of effort has been devoted to improvements on this formula, in spite of which its theoretical underpinnings have remained fundamentally unsound (Popham, 1970). In the light of this, the ARF staff have tended to retreat to a still unitary but much shrunken conception of alcoholism, of which cirrhosis is the beginning and the end; their recommendations for public policy are thus based solely on the criterion of reducing the cirrhosis rate (de Lint and Schmidt, 1971). This approach has the deficiency of simply defining out of the field of interest many of the phenomena which constitute problems of public policy related to alcohol--all the social and psychological problems of heavy drinking, and the short-term medical sequelae such as overdosing. While cirrhosis is an important and often-neglected alcohol problem, in no place is it the only alcohol-related problem, and in some places it appears to be of definitely secondary importance to the social disruptions associated with infrequent explosive drinking.

Rather than so drastically limiting the research purview, it would seem desirable to pursue the whole diversity of available social statistics related to alcohol -- mortality, clinical admissions, court records, disability claims, consumption, social surveys, etc. -- in as much detail as possible, as variables of interest in their own right, and to study on an intercultural basis -- rather than to assume -- their interrelations, as a part of a descriptive epidemiology. Christie's comparative study of the Scandinavian countries (1965) gives us an idea of what can be accomplished along these lines.

Another useful step would be an abandonment of an essentially holistic view of cultures and nations. There are a large number of alternative theoretical explanations of cultural and national differences in alcohol statistics, but so long as cultures and nations are treated only as whole units, it is essentially impossible to test empirically their relative plausibility. Very often a substantial first step is simply to extend the intercultural comparisons to demographic subgroups within each culture: a theory of Irish-American alcoholism which attributes it to the bachelor drinking group

needs at least extension and modification if it turns out that the rates are also higher among the Irish than among other ethnicities in the U.S. for husbands, widowers, spinsters, wives, and widows (Room, 1968). The use of time-series of data will very commonly reveal a great deal of variation in what has been assumed to be an unchanging cultural pattern (Święcicki, 1972). This style of analysis, then, calls for the purposive collection of data for cultures and ethnicities with as much internal specification as is available.

This kind of data can also be turned to another style of analysis, where the emphasis is instead on testing presumed "cultural universals" which have been propounded on the basis of data limited in time and space (Bendix, 1963). This style of analysis has been the primary emphasis of the studies using the Human Relations Area Files. The role of the studies of different cultures and national groups then becomes that of "independent" replications of a relationship (in this style, of course, the question of the degree of real independence of the different cultural units of analysis obtrudes itself -- cf. Köbben, 1968). At a minimum, the comparison of relationships across time and place in different cultural units allows us to rule out the universality of relationships if a single exception can be found. For instance, Święcicki's finding (1972) of a higher prevalence of drunkenness in the countryside than in the city in Poland puts in question the widely-held assumption that urban life and a higher rate of alcoholism are inherently related.

Beyond this minimum level of pricking overinflated hypotheses, this style of analysis may well contribute as much to a refinement of our understanding of the conditions and determinants of alcohol problems as the alternative style of looking at the same data described above. Rates of cirrhosis by sex, for instance, can be looked at fruitfully as contributing to our understanding of whether cultural differences in alcohol problems extend across all members, or are limited to particular statuses -- which, as we have seen for the Irish, can illuminate hypotheses purporting to explain cultural differences. Alternatively, they can also be looked at as indicators of sex role differences in different times and places, both as a corrective to ethnocentric assumptions (modern researchers are apt to be startled by statements that "the problems of extreme alcoholism concern female inebriates to a much larger extent than males" -- Heron, 19 p. 8 -- and that "alcoholic insanity among the Irish is more common in women than in men" -- Bailey, 1922, p. 198), and as the initial finding in a study of the contingencies of sex roles and their relation to alcohol problems. For instance, if access to heavy drinking tends to be a mark of emancipation, the sex ratio of cirrhosis ma bear a strong relationship to the extent of male dominance in the society.

A further desideratum would be a greater attention in the analysis to the levels of aggregation which different variables represent. Legal and policy arrangments, for instance, are by definition properties of aggregates, but motives for drinking, although culturally influenced, presumably are properties of individuals. There are also many subcultural and institutional aggregates between the level of the whole culture or nation and the level of the individual which carry considerable influenc on drinking norms and behaviors. While analyses of social statistics have often confined themselves to the level of whole-nation comparisons, sample survey analyses have often not looked above the level of the individual and his immediate social milieux. The technology of random samplin has tended to carry with it an implicit vi of each respondent as an isolated individu devoid of social context. In our recent publications, we have made various attempt to move instead to a structural and contex analysis, combining group and individual phenomena in the same analysis. As Erik Allardt has noted, "intuitively at least, one would be strongly inclined to say that structural and contextual analysis appear as more fruitful than...group and individu analysis" (1969, p. 46).

It has been implicit in our discussion tha much can be done with already collected statistics and surveys towards turning cr national comparisons from informed specula tion into informative analysis. In spite some good work along these lines, much rema to be done. In the near future, the Soci Research Group, and we hope other researcl will be spending some time on the kinds o analysis outlined here. In the long run

however, it will probably prove necessary to collect fresh data designed specifically to test the most lively hypotheses emerging from such secondary analysis, if the "social facts" of cultural differences are to be understood as well as recognized.

-- Robin Room

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out all classes, sexes and levels that it is difficult to dispute." Heroin usage seemed to be roughly the same in 1972 as in 1971 among girls, and to be slightly reduced in 1972 among boys.

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towards a wide variety of small-scale controlled experiments on all aspects of prevention and treatment programs, with thorough evaluations by agencies outside the program staff itself, before money is committed on a long-term basis to large-scale programs. At least when viewed from afar, Finland seems to offer some good examples of how to do it.

--Robin Room