

CONTROLLED DRINKING AS A MORAL ACHIEVEMENT AND A SOCIAL PROGRAM¹

Robin Room
Addiction Research Foundation
33 Russell St., Toronto, Ont. M5S 2S1, Canada

THE MORAL VALENCE ON CONTROLLED OR MODERATE DRINKING

As Duckert (1989) has commented, in modern thinking about alcohol "controlled drinking" is a moralized category. "Controlled drinking" or "moderate drinking" or "social drinking" is often thought of in North America as occupying the middle position in a three-category typology of drinking, between abstention, on the one hand, and "alcoholic drinking", on the other. While the term "controlled drinking" has primarily been used in a clinical context, referring to clients defined as having had problems with their drinking, the terms "moderate drinking" or "social drinking" have occupied the same position, between abstention and alcoholic drinking, with reference to the population in general.

As has often been noted (e.g., Moore and Gerstein, 1981; Room, 1974), in its heyday the alcoholism movement's governing image was of drinkers being divided into two distinct types: alcoholics and social drinkers. In this image, the differentiation was foreordained by a "predisposing X factor" (Jellinek, 1952), fixed genetically or in childhood, which meant that an alcoholic could never drink normally, and presumably that someone lacking the "X" factor could never become an alcoholic.

The focus on the differentiation between alcoholism and controlled/social/moderate drinking identified the distinction in terms of the patterning of behaviour over time. Alcoholics were people who had so far lost control over their drinking that their long-term performances in major social roles -- as workers and as family members -- were impaired.

But "controlled", "social" or "moderate" drinking also exists as the middle ground in another trichotomy, between abstention, on the one hand, and intoxication, on the other. Here, the distinction is identified in terms of behaviour in a particular occasion or event. The controlled/social/moderate drinker is a drinker who limits his or her drinking to a small number of drinks on the occasion, short of intoxication.

At least in the intention of the alcoholism movement, the distinction between the alcoholic and the social drinker was not moralized. In the movement's teaching, a differentiation in terms of a "predisposing X factor" reflected neither blame or credit on either category. In contrast, throughout the last fifty years there has been a consensus in North American public discourse on the moralization of the division between controlled/moderate drinking and intoxication. Thus Marty Mann, the chief publicist for the alcoholism movement

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for three decades, distinguished the alcoholic, as a morally worthy person who has no choice about his drinking, from the heavy drinker or "occasional drunk", whose drinking was a matter of choice (Mann, 1958:8-9). "The statement that alcoholism is a disease", in Mann's account, had "come as a healing balm to the tortured hearts of wives, mothers and husbands of alcoholics, who had hopelessly clung to a lonely belief that their alcoholic wasn't the 'bad character' of general opinion" (Mann, 1958:4-5).

For more than half a century, "pro-drinking" advocates and publicists have explicitly drawn a contrast between intoxication, as a derogated state, and the moderate or controlled drinking they were advocating. Thus the quasi-scientific underpinning for legalizing low-alcohol beer prior to the end of U.S. Prohibition was provided by the argument that beer was not intoxicating (Henderson, 1933; Pauly, 1994). In the same era, it was argued that legalized drinking would bring less drunkenness and more refined drinking practices; social arbiters took it upon themselves to teach these drinking practices to the middle class. "It is enormously important that the Repeal of the Eighteenth Amendment should be a success", argued a book setting forth "the lost art of polite drinking". While during Prohibition there had been "a marked disposition to 'humor' the drunk", the author argued, "all the same, in polite circles, the drunk cannot be tolerated. He is thoroughly reprehensible from every standpoint. (And, alas, she is even worse!)" (Whitaker, 1933:2-4).

More recently, advocates of the argument that alcohol problems are best controlled by integration of drinking in cultural practices specify carefully that they do not include intoxication in this argument, however culturally integrated it may be. Thus, for instance, Morris Chafetz, long a leading exponent of this position, specified that anyone who "has been intoxicated four times in a year" should be considered a problem drinker (Chafetz, 1967). Similarly, those 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). Conflating intoxicated bad behaviour with addiction, and arguing for a "moral vision of addiction", Stanton Peele (1987b) calls for inculcating "values that are incompatible with addiction and with drug- and alcohol-induced misbehavior", contrasting "values toward health, moderation and self-control" with "the immorality of addictive behaviour".

Intoxication has thus remained morally reprehensible or at least questionable in North American 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 carry its investiture with moral significance further. 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 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.

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Behind the arguments for moderate or controlled drinking can be discerned the outlines of a coherent worldview. It is in some ways a very old view, of the passage through daily life as a series of tests and trials of character -- a view deep-set in the culture 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)

An interpretation in terms of an underlying worldview of controlled or moderate drinking as an ideology and program of ostensive self-control explains how three separate aspects of many of the arguments concerning controlled or moderate drinking are tied together. One of these aspects, as already noted, 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. Thus Stanton Peele's description of the habits of a social group presented implicitly as a positive model gives greater value to controlled use rather than either abstention or intoxication:

When I observe public health officials, academicians, and the largely managerial class of people I know, ... hardly any have time for drinking or taking drugs in a way that leads to unconsciousness. I haven't attended a party in years where I have seen anyone get drunk. I am perplexed when these same people make public health recommendations or analyze addictions in a way that removes the locus of control for addictive behavior from the individual and places it in the substance -- as when they concentrate on preventing people ever from taking drugs, [and] treat alcoholism and comparable behavior as diseases.... It is a stunning case of bad values chasing out good. (Peele, 1987b:193-4)

The second aspect which is tied together by the worldview has also already been mentioned: it is the negative valence on intoxication. This aspect is so taken for granted that it is often not explicitly discussed. But it is explicit in Peele's article, just quoted, which argues against "systematically overlooking the immorality of addictive misbehavior". In Peele's hands, as this phrase expresses, intoxication and addiction are conflated into a single phenomenon; thus he is explicitly rejecting Marty Mann's distinction between bad "plain drunks" and blameless "alcoholics". In Peele's writings, this conflation reflects a principled skepticism, somewhat in the tradition of Thomas Szasz, about disease concepts of addiction.

Though others would express it differently, Peele's formulation points in a direction in which North American cultures, at least, seem to be heading. The active alcoholic (as distinguished from the recovering alcoholic) may not ever have drawn much sympathy -- but Peele is not alone in a thoroughgoing remoralization of alcoholic, along with other intoxicated, misbehaviour. Although James Graham's book, The Secret History of Alcoholism: The Story of Famous Alcoholics and Their Destructive Behavior (1996), accepts conventional definitions of alcoholism, the emphasis is on "the great and distinct harm alcoholics deliberately inflict on others", and Graham warns of "an error to be avoided:... to absolve alcoholics of responsibility for their behavior.... They should be swiftly punished for the wrongs they commit" (Graham, 1996: xii, xviii). A recent American law-review article, noting that a previous trend toward diminished responsibility for crimes in case of intoxication had reflected "new medical values [which] considered intoxication and its consequences to be beyond the individual's power to control", argues vigorously that instead the societal response to the intoxication defense should be "just say no excuse" (Keiter, 1997). A Swedish psychiatrist takes Peele's arguments one step further: "one could argue that anti-social acts undertaken when drunk should be punished more vigorously than if the same deed was undertaken when sober. This radical deterrent position could be an important public health measure" (Bergman, 1997). As originally formulated, the new Ontario disability legislation would have denied any disability support, no matter what the disability or the circumstances from which it resulted, "if the person's impairment is caused by the presence in the person's body of alcohol [or] a drug".²

² Schedule B, Part I, section 4(2) of Bill 142, "An Act to revise the law related to Social Assistance...", 1st reading June 12, 1997; Toronto: Legislative Assembly of Ontario. This presumably would have denied support, for instance, to a quadriplegic whose disability resulted from an intoxicated dive as a teenager into an empty swimming-pool. As eventually passed, the

The third aspect which is tied together by the worldview is an aversion to state intervention in the alcohol market. Graham (1996:xvii) 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". Peele's (1987a) argument concerning the "limitations of control-of-supply models" is more nuanced, but also relies on two premises: a critique of data about the efficacy of alcohol controls, and a perception that such controls will interfere with Peele's preferred solution of the development of nongovernmental "social mechanisms for moderate drinking". 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.

It is worth noting the implications of the worldview with respect to the role of the state. In terms of interventions in the alcohol market, the state is a pitiful helpless giant: even if the state can accomplish anything in this area, it will be counterproductive, by diminishing the role for personal responsibility and demonstrations of self-control. In terms of controlling intoxicated misbehaviour, however, 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, 1987b: 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". The favoring of individualized punitive controls and disfavoring of alcohol control measures conforms to a prediction of the International Study of Alcohol Control Experiences (ISACE):

There is a growing conflict between increased concern about alcohol problems and the economic interests of the alcohol trade that is exacerbated by static or declining markets. In a situation of increased acceptance of drinking in everyday life, policies may tend even more toward individual control of deviant drinkers. In an era of contracting public welfare resources, this tendency may be expressed more in punitive than in treatment-oriented measures. (Mäkelä et al., 1981:111)

The ISACE authors, however, took an opposite tack to the literature we have been considering in their policy conclusions about this:

The singling out of individuals for special handling, whether in the form of treatment or punishment, often carries with it adverse side effects, for example their permanent identification as deviants. In our view, preventive alcohol policies should, therefore, be given a high priority as an alternative to the morally inspired control of problem drinkers. (Mäkelä et al., 1981:111)

WHY NOW?

In a paper entitled "Epidemics of the will", Eve Sedgewick (1992) considers the

legislation includes a less radical restriction, essentially disallowing active alcohol or drug dependence or abuse per se as disabilities.

"extension of addiction attribution" to a wider and wider range of behaviors as a "propaganda of free will", that is, as reflecting "the imperative that the concept of free will be propagated". Following Foucault, Sedgewick distinguishes the addiction concept's focus on identities from an earlier emphasis on acts. But in the specific context of alcohol, a Foucauldian analysis can be applied both to the "discovery of addiction" (Levine, 1978) and to the identification of intoxication as a cause and an explanation of bad behaviour (Levine, 1983). Conceptually, at least, the problematization of intoxication must come first. Controlling drinking, or giving it up, then becomes an imperative for the exercise of the will. Addiction comes into play only as one explanation (an alternative to moral weakness) for the failure of the will. The positions of Peele and others imply that indeed the addiction concept is superfluous to a propaganda of free will. No antithesis to free will, such as compulsion or addiction, is needed to exalt and test free will; all that is needed is the existence of bad behavior, including the fact of intoxication itself. The extension of addiction -- which Peele (1989) indeed has argued against -- in fact diminishes the scope for the play of free will.

Sedgewick goes on to ask the question, "Why now?" -- why an epidemic of the will? -- and argues that the answer "must lie in the peculiarly resonant relations that seem to obtain between the problematics of addiction and those of the consumer phase of international capitalism". In a larger historical sense, this seems right. The idea of drinking as a test of individual free will and responsibility, and for that matter the idea of addiction as an explanation for failing the test, make particular sense as a way of reconciling two conflicting trends in "the consumer phase of industrial capitalism" (Room, 1989; 1997). On the one hand, the socioeconomic system depends on the production and distribution of goods for which a continuing demand exists or can be stimulated. Alcohol and other psychoactive substances, long the "glue of empires" (Room, 1989), are now and have often been an important component in this system. On the other hand,

modern societies also impose increased responsibility on the individual for clear-minded and rational behaviour -- behaviour, in other words, that does not result in [harm to others]. In many developed societies, a majority of adults regularly perform exacting tasks -- driving an automobile, operating heavy machinery -- where a few drinks are a threat to safety. Parents are expected to care for their small children carefully, and couples are expected to settle their disagreements without physical violence; heavy drinking threatens both of these expectations. In many societies, strict sobriety is expected of workers when they are on the job. (Room, 1997)

There is an obvious conflict between the socioeconomic imperative for alcohol products to be consumed and these "increasingly exacting standards of care and attention. The solution to this cultural dilemma has been to place the burden of managing the conflict (and the blame for failure) on the individual" (Room, 1997).

So far, so good. But this is not a time-specific enough interpretation to locate the "epidemic of the will" specifically in the "final quarter" of the twentieth century. Industrialized alcohol production, and for that matter exports of alcoholic beverages from Europe and North America, date back much further.

Part of the explanation of the timing may indeed lie in the increased standards of care and attention. Abuse and neglect in the family is more attended to in North America than it

was 30 years ago; Mothers Against Drunk Driving (MADD) and other social movements have raised the threshold of concern about drink-driving. But the explanation must also be sought, in my view, on the commodity side of the equation, and in its dominant ideologies. Never in the last century has the ideology of free-market consumer capitalism been so unchallenged on a global level. Any interference by the state in the international operation of markets for consumer commodities is in question if not illegitimate. The doctrine of consumer sovereignty reigns supreme for a very wide range of products: if I can afford it, no-one (least of all the state) has any right to try to control my consumption of it. In this ideological climate, national and local structures of controls of the alcohol market built up in many places over the last century have been much eroded (Mäkelä et al., 1981).

With respect to the internationally "controlled drugs", of course, the situation is very different. By a series of international conventions, these drugs are removed from the scope of free-market commodities, and indeed are subjected to the most ambitious attempt at international market control in world history (Room and Paglia, 1997). Ironically, the existence of this system, which is widely perceived as having failed, has tended to become an argument against any exclusion of alcohol from the scope of the general ideologies of free-market consumer capitalism. In the alcohol field, at least, the epidemic of propaganda of the will reflects that the main load of responsibility for avoiding the harms to others from drinking falls on the will of the individual drinker. It is in this context that controlled drinking becomes not only a moral achievement but also a social program.

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