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Relevant to all disciplines and professions but central to none: How may social alcohol and drug research flourish?

Robin Room
La Trobe University, Australia
Stockholm University, Sweden

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This commentary is written from my experience as a sociologist who has worked primarily in alcohol research, and also off and on in drug and gambling studies, in five countries: the US, Canada, Norway, Sweden and Australia (Room, 2007). All of these are "temperance cultures" (Levine, 1993) with strong temperance movements in the past, of which the comparatively strong commitment to social research on alcohol problems could be seen as a "residual legatee" (Room, 1990). The countries north of the Baltic, in particular, have long stood out in social alcohol research; as young alcohol sociologists in California in the 1970s, we thought of Helsinki as devout Catholics might think of Rome.

In general, the social alcohol, drug and gambling research fields are somewhat peripheral to any academic discipline, and also to any professional school (Room, 2016). Scholars from all social science disciplines have made contributions to alcohol and drug studies, but these studies are peripheral to the core concerns of each discipline – in student courses in sociology, for instance, alcohol topics might be the focus of one week in a "social problems" course, and that's about it. Where sociologists who have worked on alcohol topics become well known in their discipline, they are not known as "alcohol sociologists". Joseph Gusfield, for instance, is known to American sociologists primarily as a sociologist of social movements, of culture, and of law (e.g., UC San Diego News Center, 2015).

The same is true of professional schools within universities. Basically, the professions

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Corresponding author:
Robin Room, Centre for Alcohol Policy Research, La Trobe University, Room 508, HS-2 Building, Bundoora, Victoria 3086, Australia.
Email: R.Room@latrobe.edu.au

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are concerned with dealing with individual or collective problems, with each profession focusing on a particular class of problems, primarily in specific sets of social institutions in which professionals work. Alcohol and drug problems are not central to research traditions in any of the professions or their institutions, though they appear in the workload of just about all (Room & Hall, 2017). Thus both alcohol and drugs play important roles in criminal law and in social welfare, but are not a central topic in either criminology or social welfare textbooks. Alcohol is clearly a problem for health, and perhaps particularly for mental health, but is not a central concern in either medical schools or psychiatric institutions.

The same also applies with regard to public health. I had personal experience with this as the young director of a federally funded social alcohol research centre at the University of California, Berkeley. It would have suited the School of Public Health administration for me to be given a faculty appointment. Three times a position was advertised intended to solve this administrative problem. But appointment committees from the school's faculty have considerable autonomy; each time they appointed instead someone with another research emphasis, one which would fit the teaching curriculum better. In the end the dean of the school had to solve the puzzle by arranging to transfer our research centre out of the school and away from the university – even though we continued to run a training grant for doctoral students through the school (the shift was announced in Anonymous, 1981).

For alcohol in particular, there is a further issue specific to public health. Public health as a field justly prides itself on an activist history of solving societal health problems. In 1970s Berkeley, recalling Napoleon's dictum that every military recruit carried a field-marshal's baton in his knapsack, we used to say that public health graduate students carried in their knapsacks the Broad Street pump-handle – the one that John Snow tore off to quell a cholera epidemic (Smith, 2002). This activist tradition has meant, for instance, that campaigning against tobacco smoking fit well into a public health paradigm. But the alcohol field in the modern era has been more problematic terrain for public health. Before the Second World War, public health's orientation had fit well with temperance movement goals. But, at least in Anglophone societies, in the reaction against temperance, medicine and public health fell quiet; public health textbooks failed to deal with alcohol or identify it as a health risk (Herd, 1992; Room, 1984).

Even apart from this specific historical overhang, public health generally has had a harder time dealing with health issues where the messages are more nuanced, as they often are for alcohol; it is more ambiguous and not so heroic to discuss limiting your drinking than to convey a simple message not to do it at all. The question "well, what is our message?" seems to be one reason, for instance, that cancer NGOs have often been reluctant to discuss alcohol as a causal factor in cancers.

Since the 1970s there has been a shift in the "temperance cultures" towards both drug and alcohol studies coming more into the orbit of public health – in Anglophone societies as well as in Finland, Norway and Sweden. In general, this is a positive step: alcohol is now much better covered in public health textbooks. But, from the perspective of maintaining an active social science research tradition, there are three problems with the trend. The first reflects the diverse nature of problems with these consumer behaviours: to the extent that these topics become the "property" of public health in the academic world, there is some danger of neglect of associated problems and their handling in other professions and institutions, such as in social welfare, family services, law and emergency services. This may be particularly a problem in Nordic societies, where the handling of alcohol and drug problem cases has long been more a matter for the social welfare system than for the health system (e.g., Room, Palm, Romelsjö, Stenius, & Storbjörk, 2003).

The second issue more specifically concerns the dual nature of social science research. On the one hand, there is a commitment, in

common with public health, to societal problem-solving and policy relevance. As a young researcher, I was drawn into an international group consisting primarily of social scientists – mostly sociologists, in fact – which had the ambition of making a difference in thinking about alcohol problems and policies (Bruun et al., 1975). Our book flew the flag of public health in its title precisely because we felt that this provided a frame for action. But, on the other hand, the social sciences also have a commitment to looking beyond the problems and outside current definitions of the problems, and to investigating individual and collective understandings and behaviours in a broader frame than current societal priorities. Often these broader investigations turn out to have policy significance in the longer run, as governing images in a field change (Room, 2001); but this more speculative research is hard to justify and get funded if the criterion is short-term utility for policymaking. Indeed, the interplay between social science research and policy in the alcohol field has often been complex (Room, 1991).

Third, there is the question of assurance and level of funding. Fields like alcohol and drug studies, which are of social importance but not central to any academic discipline or profession, tend to lose ground when their funding is drawn from a larger pot which is allocated on the basis of academic review processes and committees, rather than being drawn from a specific pot set by political processes. As I have noted elsewhere, "[I]n an environment of generalized grants announcements, and review panels composed primarily from faculties of university teaching departments, proposals centring on alcohol and drug problems are handicapped by the field's peripherality to the main concerns of panel members" (Room, 2016, p. 1326). A parallel issue arises with the incorporation of social alcohol and drug research centres into general public health institutions: the institution welcomes the resources that come with the incorporation, but is not necessarily committed to maintaining the previous level of staffing and effort on alcohol and drug research. Now that all three Nordic countries north of the Baltic have moved in this direction, there is a need to ensure that institutional processes and decisions recognise the substantial societal interest in keeping these research fields strong.

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