Introduction

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This book had its origin in a conference in Sweden in October 1984, convened by the late Kettil Bruun to discuss *Societal Responses to Alcohol Problems and the Development of Treatment Systems*. The discussion revealed intriguing similarities and differences in the ways in which different countries managed alcohol problems. For example, one very obvious similarity across a number of countries was the growth in treatment facilities since the end of World War II. However, this expansion was by no means uniform, and therefore other questions arose, such as: What factors had encouraged or hindered this growth? To what extent had growth been the result of factors specific to the control and treatment of alcohol problems or to similar health care systems or even similar societal development? In addition to these more general questions, discussions at the conference also raised more country-specific questions. For example, why had the alcoholism-treatment system in Austria developed in close connection with psychiatry, but in Sweden and Finland as a branch of relief or social welfare? Why had the disease concept of alcoholism so much impact on treatment in the United States but less in the United Kingdom?

These and many other sociological questions stimulated a small group of social science researchers to meet to examine more systematically the development of treatment systems in an international context.

The first step was the preparation of a description of the legal framework of alcohol treatment in six countries (Austria, Finland, Hungary, Poland, Sweden, and Switzerland). These studies were published in a thematic issue of *Contemporary Drug Problems* in spring 1987. The group then decided to extend the scope of the study and the range of countries by commissioning papers from other social scientists and from medical professionals. The resulting papers form the basis of this book. Its initial title—*International Studies in the Development of Alcohol Treatment Systems* (ISDATS)—was intended to highlight the comparative as well as the structural aspects of alcohol-treatment systems. There was no intention to discover which were the best methods of treatment.

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In part, the project was seen as an extension of the International Study of Alcohol Control Experience, which had sought to explain the social dynamics of the post-war increase in alcohol consumption in seven countries, and to study the control measures in their historical context (Mäkelä et al. 1981, p. xii), but had not been concerned with the diversity of treatment systems.

For this book the editors had three aims. The first was to present an up-to-date account of treatment systems in as wide a sample of countries as possible. With few exceptions (cf. Porter, Arif, and Curran 1986), there has been a marked absence of material on the different types of treatment systems in different countries. The literature has tended to concentrate either on the evaluation of different forms of treatment or on the characteristics of clients and the etiology of their drinking behavior. The second was to trace the evolution of treatment systems over time in order to highlight the changes that had occurred since 1945, examining such issues as the shift from involuntary inpatient to voluntary outpatient treatment and the export of concepts and methods of treatment from one country to another. The third was to identify and highlight the relative impact of economic, political, legal, medical, and ideological factors on the evolution of treatment of alcohol problems in a range of countries. For example, what had given alcohol problems a high place on the political agenda in the U.S.A. and Sweden but a much lower place in Italy and France?

The initial intention of including a widely representative range of countries and cultures proved impracticable; the collection of chapters is not representative of global cultures; rather, it is heavily biased toward European and anglophone countries. The brief reports from Nigeria and China cannot redress the imbalance, but they do offer an interesting view on how alcoholism is regarded and dealt with in two countries very different from each other and from the others represented in this book. Their treatment efforts seem to differ little from the medical treatment of alcoholism elsewhere, but they are much more marginal in society than the treatment systems of the European and North American countries included.

However, despite the European bias of the countries represented, they do represent diverse types of treatment development. For example, the U.S.A., Finland, and Sweden have been strongly influenced by the temperance movement, but France and Italy much less so. The formerly designated "East European" countries had centrally planned health-care systems, whereas health care in the U.S.A. is greatly influenced by market forces. It is only relatively recently that France, Italy and the Soviet Union have recognized alcohol consumption as a major problem, but in Finland and Sweden this has been recognized since the nineteenth century. Alcoholics Anonymous has greatly influenced the treatment system in the U.S.A.; in Nigeria, however, traditional healers perform rituals to remove the curse of alcoholism, attributed to evil spirits.
The countries also represent different alcohol cultures, from the traditional high-consumption wine countries of southern Europe to the spirits-drinking northern European countries; from Italy, where the main task of legislation about alcohol is to maintain the quality of wine, to Finland, where the law is used mainly to say where and when it is permitted to purchase and drink alcohol, and who is allowed to do so; in other words, from countries in which wine drinking has traditionally been regarded as a normal part of everyday life, to countries that have tried to prohibit the consumption of alcohol.

True, some stereotypes may be partly mythical (see the chapter on Italy), and differences in both beverage choice and alcohol-consumption levels have been diminishing (cf. Sulkunen 1976, Sparrow 1989). However, the trend toward homogenization is far from complete and, at any rate, during most of the period covered by the chapters in the book—roughly since World War II—the differences in alcohol culture and alcohol-control policy have been even greater than they are now.

What is “Alcoholism Treatment”?

For a study designed to produce comparable knowledge about the same topic in different countries the problem of defining the object of the study must be faced. What is meant by “alcoholism treatment”? Analytically, one could start by considering how Mäkelä and Säilä (1987) divided the management of alcohol-related problems into four components:

- the provision of material services and spiritual comfort to needy or unhappy drinkers
- the treatment of alcohol-related medical complications
- the manipulation of drinking patterns and levels of intake
- the control of disruptive behavior.

This outline encompasses all three concepts in the title of this book—care, cure, and control. Of course, one problem is that “alcoholism treatment” may mean almost any combination of the four components, and there are often ambiguous glidings from one component to another. Uncontroversially, “treatment” applies only to alcohol-related medical complications, but it is questionable whether the provision of material or spiritual comfort to drinkers can be called treatment. Then there may be agreement in theory that control of disruptive behavior should be kept conceptually separate from “treatment”, but the distinction does not always hold in practice. It is also debatable whether the manipulation of drinking patterns and levels of intake can be called treatment in a strict sense, but it is just this (the third component of Mäkelä and Säilä) that is probably most often thought of when speaking of “alcoholism treatment”.

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We believe that a detailed analysis of the activities of various treatment organizations would be necessary for a deeper comparative study—and in such an effort Mäkelä and Säilä’s four components would be useful. However, this study had a less ambitious goal—to discover what it was that societies said was “alcoholism treatment” rather than what they did to manage alcohol problems.

According to the working definition for the ISDATS studies, “alcohol-treatment systems” refer to measures and organizations that explicitly offer individuals treatment or help for alcoholism, alcohol-dependence, or alcohol-related problems in their ways of life. The definition did not include general prevention, health education of the public, or alcohol-control policy. Treatment is expected to make an improvement in the individual’s condition or at least arrest its deterioration, but it was not required that the efficacy of the treatment had been scientifically established. The definition covered institutions that did little more than provide housing and some comfort in the lives of their clients, if they did so under the rubric of treating or caring for the alcoholic.

However, contributors were expected to apply critical common sense in their characterization of the alcoholism-treatment systems. The wider working definition of “alcohol treatment system” covered organizations that treated alcohol-related medical problems other than alcoholism, as well as those that handled and controlled alcohol-related problems of law and order or social discipline.

The emphasis on treatment specifically labeled alcoholism treatment risked introducing bias into the comparisons. It meant that alcohol treatment offered as part of the general health or psychiatric services would receive less emphasis than that provided by organizations set up particularly for the treatment of alcoholism. It is the treatment provided by such organizations—including those specialized in alcoholism and “other addictions”—that is referred to as specific or particular alcoholism treatment.

The word “system” in “alcohol treatment system” refers broadly to those social structures and processes that have the function of alcohol treatment, and, in a narrower sense, to the interconnection of different treatment units or agencies, chains of treatment, and referral channels. Obviously, countries vary greatly not only in the extent and efficiency of their coordination of treatment services: a mere collection of services does not constitute a system. In some countries “alcohol-treatment systems” may take in more than alcohol-related problems.

A “shopping list” was drawn up to guide data acquisition and the drafting of national chapters. It suggested an introductory section that should describe the historical background of alcoholism and alcohol-treatment activities in a country, as well as its socio-political structure and trends in alcohol-related problems. This was to be followed by an “inventory” of alcoholism-treatment institutions, which would take account of informal treatment resources; the
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legal division of labor between judicial, health, and social authorities; institutional treatment philosophies and specific methods; the target groups of treatment efforts; treatment acceptance and social control; institutional cooperation and financing structures; and the extent to which the treatment components functioned as a coherent or unified system. Finally, there was to be a section on alternative treatment resources, especially in the area of mutual-support (self-help) groups and unconventional methods, and their relationship to the mainstream structures. Authors were encouraged to act as key informants for their countries and to develop their own particular national themes.

Although the authors were encouraged to follow the list, the reader must realize that this collection of national reports does not constitute a strictly comparative reference work in which identical variables appear in each report. Indeed the accounts vary greatly. The differences reflect the problems that many authors experienced in their attempts to keep to the "shopping list." No one can be expected to encapsulate in a simple descriptive statement the variety and complexity of alcohol treatment in such countries as the United States and the Soviet Union. Moreover, even smaller and relatively homogeneous countries such as France and Italy lack data on such key variables as numbers of clients attending outpatient facilities.

The editors had long discussions about whether a strictly comparative handbook or reference work, or a collection of national stories, would be the ideal mode of presentation. Given the great heterogeneity of the sample of countries and the differences in the scope of the qualitative and quantitative data available (and the often inadequate information systems) it was felt that the guidelines for the authors represented a healthy pragmatism and guaranteed at least a minimum of comparative information. At the same time they were sufficiently flexible to permit the authors to point out the most significant characteristics and the particular features of their national treatment systems.

A truly comparative empirical study (e.g., using identical survey techniques and questionnaires) in a few Western countries would have made it possible to follow textbook methods of international studies. The editors had to decide between choosing only a very few countries with adequate and developed alcohol information systems or a more cross-cultural approach. In deciding in favor of the latter, their aim was to obtain new information from a wide range of countries although many had poor information systems and no tradition of survey research. These deficiencies, it was felt, should not prevent them from trying to describe those countries’ treatment systems.

The choice of a cross-cultural approach also raised the difficulties of producing an “equivalence of meaning” in particular analytical expressions. For example, the authors often translated terms from legal texts in such a way that the exact connotation remained unclear. The names used for national treatment institutions and forms of treatment were in some cases difficult to
translate. Therefore, it was decided, as far as possible, to retain the terminology used by authors and to list in a glossary those key words or definitions considered to be "common sense" within a country but not readily intelligible to foreigners.

However, the problem of equivalence did not arise only with regard to language, for certain dimensions of comparison proved to be "ethnocentric." One instance of this was the question of what exactly should be considered an alternative form of treatment or a genuine "self-help" group. The original definitional characteristic of "group autonomy with no professional leader or participation" was found to be too restrictive for East European countries. For Nigeria, the use of folk medicine raised the question as to whether it could be legitimately described as an alternative form of treatment. The reader will find therefore that the authors have brought to bear on the study their different professional and cultural backgrounds. Each chapter reflects to some degree an interplay of three factors. First, the authors' professional bias may influence the focus of the paper; some have a background in biological and clinical research, whereas others have been trained in the social sciences. Second, the perspectives of different chapters often reveal the major concerns of a country and the way in which alcohol problems are perceived. For instance, the Italian authors dealt with the seeming contradiction in Italy between the growth in treatment facilities and the parallel decline in consumption; and American authors concentrated on the relationship in their country between public and private treatment systems. Finally, the tone of a chapter may reflect a particular cultural framework. For example, the papers from the U.S.S.R., China, and Nigeria not only describe their treatment systems, but also, at a different level of analysis, convey a totally different way of talking about that information (e.g., alcoholics, drunkards, alcohol dependents). In their very language and style they tell us something about the way that academic discourse is (or has been) carried out in those countries and those systems. In adopting an alternative style they remind us of the ethnocentrism of Western scientific discourse.

Taken as a whole, the contributions contained in this book provide the reader, for the first time, with a compendium of comparative information on the evolution of alcohol-treatment systems. We are sure it will be useful to future researchers in enabling them not only to place the development of their own countries' treatment systems in a wider context but also to begin to examine the extent to which that development shares common structural features with that of other countries and cultures.

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References


