

SECTION II: GOVERNMENTAL RESPONSES TO DRUG USE

Ethics of alcohol policy in a saturated society

PEKKA SULKUNEN

ALKO Limited, Helsinki, Finland

Abstract

Alcohol policy in modern society has been embedded in three of its great ideals: progress, individualistic universalism and nationalism. The total consumption theory and the idea of the public good have been the culmination of modern thinking in the prevention of alcohol problems. The modern ideals have today become achieved. Saturated modernity has led from a political society to a mass society, in which modern sociological theories are powerless, and ethical reflection is required. Two contradicting moral resources offer themselves: the ethics of the rule and the culture of authenticity. The modernist idea of the public good is related to the ethics of the rule but its viability is questioned. The Durkheimian idea that ethical decisions are inherently social is suggested as a solution.

Alcohol and consumption risks

In the context of the welfare state preventive alcohol policy seems today a marginal and shuddering occupation. Social security, public services, education, infrastructure, agriculture and defence are state activities that by far outdo alcohol policy in the number of people affected, in the importance of this influence in their lives, and therefore also in the political attention that they attract.

However, alcohol remains a public issue even in the most advanced welfare states. Alcohol is a consumer item that involves a risk to the consumer, to the drinker's social environment and to society as a whole. Prevention offers itself as the obvious and reasonable societal response, and there is abundant scientific knowledge on which it can be based.

Yet an awareness of risks is far from uniform and often it confronts serious resistance. Of course, particular business interests are involved

but there is more at issue. Alcoholic beverages are enveloped in a symbolic shroud too thick to surrender to simple utility calculations. Not only the meanings attached to alcohol itself, but also conceptions of the relationships of individuals to society and the functions of public powers in this relationship are at play whenever alcohol is constructed as a social problem, and whenever preventive alcohol policy is considered as a means of its remedy.

On one hand, consumers need protection against risks; on the other hand they construct their identities on the basis of sovereignty as independent decision-makers for their own pleasure and satisfaction. Any attempts to direct consumption publicly, on whatever grounds, will be easily interpreted as detraction from this sovereignty and therefore as unacceptable paternalism. This is what has been called the 'public health predicament' of affluent societies (Sulkunen, 1996).

Correspondence to: Dr Pekka Sulkunen, ALKO Limited, The Finnish State Alcohol Company, Kalevankatu 12, SF-00100 Helsinki, Finland.

Alcohol policy and the modern trinity of progress, universalism and nationalism

Preventive alcohol policy has evolved in the western countries in the course of accelerating modernization. Industrial progress would not have been possible without comprehensive ideals or doctrines that have penetrated morality, political life and even aesthetics. Three of these ideals—technological progress, egalitarian universalism and nationalism—have been intimately related to the ways that alcohol has been treated as a social problem (Sulkinen, 1996).

The ideal of progress has dominated western thinking in all areas of life. As Michel Maffesoli (1994) has emphasized, modernity has tended to sacrifice the present for the future in all areas of life, not only in industrial technology.

Egalitarian universalism has been closely related to the ideal of progress. It has only been possible through a rapid rise of the new middle class (Sulkinen, 1992). Social mobility has required that individuals are rewarded for merits, and they have been encouraged to gain them especially in education. Universalism means that everyone is treated as a citizen with equal rights and duties.

Nationalism has been a safeguard ideology to support and maintain the ideals of progress and universalism. It has led to the construction of centralized nation states with an important role in providing public services, security, social insurance and education for the population. European societies have been plagued by serious class conflicts since the early nineteenth century, but nationalism has been a uniting force far stronger than the dividing cleavages of social class.

Alcohol policy has been not so insignificant in the construction of modern societies at the turn of the century as it may seem today. In many countries temperance movements were among the most important popular organizations of the nation-building process, and in many countries political movements have had a temperance agenda until quite recently. Although historically temperance movements propagated a particular way of life (with national differences in emphasis) they were progressivist in their belief in science, reason and a future without misery.

Until late in the post-war period European alcohol control systems revealed traces of anti-universalistic principles of social discrimination to exclude women, young people and the work-

ing class from the world of drink. Even in the Nordic countries, where integrating the whole population in support of the universalistic welfare state was otherwise the leading political doctrine, alcohol policy was an exception (Bruun & Frånberg, 1985; Järvinen & Stenius, 1985; Magnusson, 1985).

The redefinition of alcohol-related problems as a health issue—or the tendency towards medicalization (Mäkelä *et al.*, 1981)—reflected a modernization of moral codes. Alcohol problems were no longer seen as a threat to social order but as a cost. This change also involved an increasing confidence in scientific progress in treatment methods. The truly modern universalistic principle of prevention came with the theory of total consumption (Bruun *et al.*, 1975). According to this approach alcohol control should focus on per capita consumption rates in whole populations rather than on individuals, or on specific risk groups or on drinking manners. Price policy, opening hours, density of the distribution network and advertisement control were the favoured policy measures, and they implied another principle of welfare state thinking typical of the time: moderate drinkers should sacrifice some of their pleasure and comfort to show solidarity with those more at risk. Well aware that such sacrifices may violate individual freedom, they have been justified in the name of the “public good”, as Edwards *et al.* (1994) aptly formulated the ethical and political grounds for modern preventive alcohol policy.

The saturated society

Today alcohol consumption, among other consumption risks, evokes serious ethical issues that stem from the fact that medical technology exceeds the available economic resources required to apply it to every possible case. Selection has to be made but the issue is hidden away from public sight in hospitals, clinics and social workers' offices.

The reasons for the lack of public attention reside in the structure of contemporary society itself. The modern ideals of progress, universalism and nationalism, in which preventive alcohol policy has been embedded, have run their course. I prefer to formulate this as saturation rather than as the end of modernity: these ideals are with us even today but as part of our achieved reality, not only as projects or goals.

The advancement of material and technological progress has led us to a situation where we are no longer struggling with threats and risks created by nature. The risks—consumption risks above all—are created by society itself, as Beck has emphasized (1992), but in principle they can also be controlled by means of public policy. Prevention and treatment of alcohol problems are such policies, but as in other cases they raise the ethical problem of whose responsibility they are and on what grounds should interventions be made, first into individual behaviour, and secondly, to prevent and repair its adverse consequences to society, facing the fact that medical and social resources are limited.

Universal individualism has reached a similar point of saturation. We can no longer define our individuality as a series of equal rights and responsibilities. Lipovetsky (1992) has said that we are at the end of the deontic age. We could also say that individuality itself has become a responsibility. For most people many possibilities are open with regard to our life, our families, our happiness and our health. Tradition, external authority, economic possibilities and normative systems still constrain our reflexive choice, but the consequences of risk-taking are increasingly individuals' own responsibility.

Finally, the nation state, which in European countries has been the political framework for class-based parties, has reached a point of saturation. Nationality is no longer mainly serving the function of neutralizing political cleavages; instead it has become a separating symbol of ethnic groupings. Individually based universal citizenship with equal rights and duties has turned into a concern about the limits of individual sovereignty. Arguments about the public good easily become interpreted as furtive defences of welfare state paternalism.

Ethical issues

The saturation of modern ideals has broken the political framework of European societies. They now resemble what American social scientists in the 1950s called the "mass society". Political ideologies and identities no longer form the basis of solid and organized groupings to articulate conflicting interests within a shared system of values. According to mass society theory, political constituencies no longer act as ideologically orientated participants in political debates. Indi-

viduals become isolated and easily led by the mass media. They become masses that are grouped around contingent and particular interests of their own, if even that (Mills, 1959).

This has two consequences. First, argumentation about social issues such as health is cut off from ideological principles and will rely on personal values and preferences, vulnerable to particular interests and media manipulation. Secondly, theories of modern society are relatively irrelevant in the face of the new kinds of social issues that emerge in saturated societies: consumption risks and environment, the role of the welfare state and problems related to cultural relativism in multi-ethnic societies.

These problems require ethical, not sociological, reflection. Or to put it another way, they require that the moral elements hidden under the apparently neutral surface of sociological theories of modern society be brought to light and investigated for what they are worth and how they could guide us now.

The moral resources available to us from the modern heritage are two: rationalistic ethics of the rule (Bauman, 1993) and romantic ethics of the true life or, as Charles Taylor (1991) would say, the culture of authenticity. Liberalistic ethical rationalism has stressed the distinctions between the private and the public on one hand and the right and the good on the other hand (Benhabib, 1992, pp. 38–46). For example, in Rawlsian ethical theory (Rawls, 1993), moral judgements proper can only concern public relationships between individuals, and in them only justice, i.e. that which is morally right, matters. In democratic society, what is considered the "good life" is a private matter and cannot (or should not) be regulated by public rules. The idea of "the public good" in health policy is in conformity with the Rawlsian orientation in moral philosophy.

In the romantic ethics of authenticity, rationally based universal rules can at best control and at worst destroy the moral sensitivity of autonomous individuals by heteronomous direction. True morality is based on conceptions of the good life and affective relationships between people, but they are not universalizable as reciprocal rights and duties.

Both these traditions are part of our modern heritage, but today they clash in a way that precludes any reconciliation. This clash is especially pronounced in the spheres of social life

where the public and the private intersect: controlling life and death, regulating sexuality or intimate relationships and managing life-styles and consumption risks. Alcohol policy is only one such intersection.

The value-based morality that early temperance movements represented is no longer viable as a universal rule, because it sets too rigorous norms on the kind of life people should lead. The culture of authenticity gives priority to the particular varieties of the good life of individuals over what is universally right and just. Nevertheless, the distress that one person's good life puts on other people's rights to pursue theirs must somehow be met even now, and the obvious moral resource for resolving this contradiction has been the legislative ethics of the rule.

This has led to a paradoxical situation. The culture of authenticity stresses individual responsibility not only for one's safety and health but also for one's happiness, as Gerhard Schulze has observed (1992), to a point where the inner-directed personality becomes other-directed in a neurotic search of affirmation and reassurance, always vulnerable to disappointments. At the same time the ethics of the rule penetrates even deeper into the sphere of intimacy in the form of legislation and other kinds of edicts. The more individualistic our society becomes, the more detailed regulations we seem to get on sexual relationships within and outside marriage, custody of children after divorce, rights of homosexuals, etc.

The problem about such penetration is that no rules seem to guarantee justice, not to speak of the good life. As Alain Wolfe (1989) has aptly pointed out, the debate on abortion that concentrates on the limit beyond which the fetus has become a person and thus has the right to live can never lead to ethically justifiable solutions in particular cases, which are always complex and depend on factors that often have nothing to do with the issue of such a limit.

The same is true about alcohol problems. Even if we could define a limit to decide when one has damaged one's body or mind with excessive drinking, based on the most reasonable scientific evidence possible, we would not be able to arrive at ethically justifiable decisions on whether or not such a person should be treated or not.

In prevention the position of the rule-based ethics is even worse. Given that the absolute

limit of abstinence cannot be forced on the majority of citizens, what is the scope of inconveniences caused by restrictions of availability that moderate drinkers should tolerate in the interest of the public good? Or how could one protect the rights of others against excessive drinkers' rights to choose the way of life they for some reason prefer without extending public interference with individuals' private lives?

Supporters of the ethics of the rule have resorted to several strategies to defend their position against these criticisms. (Benhabib, 1992). I shall discuss only one. It could be called normative neutralization, and has been extensively used in health policy. The new public health movement, as Lupton (1995) calls it, starts from the premise—which I think is correct—that public health work can no longer be limited to preventing specific diseases. Risks related to life-style must be included. Usually this has been done only in terms of "empowerment": creating and sustaining abilities to make choices in view of promoting one's own health, often defined as general wellbeing of the individual and his or her capacity to participate in social life, as the current WHO-definition of health says (Lupton, 1995). Public health policy should not, according to this line of thinking, set norms on what is healthy life; it should only inform citizens about risks but the choices people make in their regard is individuals' own responsibility.

In alcohol policy the modernist total consumption theory is in a similar way morally neutral: the value of drinking as such is not commented on; only consequences matter. The difference is that the new public health discourse leaves it up to the individual to decide how the goal of promoting one's health—in such general terms—is to be reached, whereas the total consumption theory is often used to justify restrictions of consumers' choice as to where, when and at what price they can purchase alcohol.

This consequentialist principle underlies the shift in public health policy of many European countries in recent years. Departments of health education, research and policy making that earlier were organized in specialized units (tobacco, alcohol, cancer, traffic safety, etc.) have been regrouped under the single general heading of public health. The neutralized consequentialist principle has also increasingly become the philosophy of so-called community interventions in preventive public health work. Experts and other

animators of community interventions see their role as initiators, as resources and as evaluators; the local collaborators—or “local actors” as is now the preferred term—are expected to define goals of the action and select, even create the means of aiming at them.

As a general orientation of public policy with regard to preventing public health problems the neutral strategy of empowerment is well adapted to the requirements of saturated modern societies. It stresses individual responsibility for health and for happiness, and it concentrates on research and information. In community work, too, project designs that stress local activity and goal-setting have proved to be more successful than approaches that have too specific goals set in advance and from above (Holmila, 1995).

However, the consequentialist philosophy in public health policy is also inflicted with problems that are related to its implied rationalism. Empowerment assumes but also expects that people are able and willing to make rational choices. Thus it is a norm about the good life, not only a neutral and consequentialist principle. It is a demanding norm for those who lack cultural, social and psychological resources for making rational decisions on risks, and it leaves unresolved the issue of rights and duties in cases where people fail to do so. Of course it could be thought that the function of policy is precisely to eliminate inequalities in such capacities; the problem is that “irrational” life-styles are not always a matter of reflection at all.

Sociologically the weakest element of the consequentialist principle is that it is based on a social contract theory. It assumes that people decide to follow some rules to balance out one person's good life and the right of others to pursue theirs, because such rules are in the end in everybody's interest. Or, people agree on some minimal definition of “good life”, such as health, and decide to accept that as a criterion when they negotiate over contracts of what is right. Such contracts guarantee that social collaboration and justice will be maintained.

This is not, however, the way that social systems actually work. Bauman is probably right in his criticisms of the modern ethics of the rule:

Human reality is messy and ambiguous—and moral decisions, unlike abstract ethical principles, are ambivalent ... Knowing that to be the truth is to be postmodern. Postmodernity ...

brings re-enchantment of the world after the protracted and earnest, though in the end inconclusive, modern struggle to dis-enchant it (or, more exactly, the resistance to dis-enchantment, hardly ever put to sleep, was all along the ‘postmodern thorn’ in the body of modernity) (Bauman, 1993, pp. 32–33).

One could put this in another way and say that rules are needed exactly when collaboration and common understandings of justice break down. In the postmodern society of individual freedom, increasing regulation of private life by laws and rules is an indication of our increased moral ambivalence.

To resolve the current contradiction between the consequentialist ethics of the rule and the culture of authenticity we should perhaps remind ourselves of the old Durkheimian thought that ethical decisions belong to the sphere in which community is maintained—in the widest sociological sense of the term. Some philosophers, such as Alasdair MacIntyre (1981), have developed this premise into ethical relativism (let every community have their own definitions of the good life and follow their own corresponding rules of what is right and just), but this is not the only and by no means not the most important corollary.

Thinking of alcohol policy, it is more important to note that ethical decisions are emotional and ritualistic, not rational, and conflictual not contractual. From this perspective the success of many community projects may depend less on their stress on local initiative in goal-setting as such than on the fact that they constitute what Holmila (1997) has called transient communities with emotional and ritualistic involvement of the participants. This does not mean that they could not *also* be rational in their motives. It only means that instead of neutralizing the goals and values of the preventive action, the project groups have been committed to their cause—to reduce young peoples' drinking, for example—as a community. Instead of legislating rules on the matter they have invented methods to attract youngsters away from alcohol. Instead of being ambivalent about their morality they have made it clear and faced openly the fact that it is not universally accepted.

Also in the wider context of national alcohol policies one might ask how effective the neutralised rhetoric of health, empowerment and the

public good still is. The Durkheimian perspective may be difficult to apply, given that nation states are losing their character as communities in saturated society. In my view, however, one possible implication could be that public resources should be directed to groups who are willing to openly promote alcohol-free life-styles and situations such as traffic, family life involving children and youth, stressful life situations such as unemployment or divorce, sports and work environments and others. Community work is one context in which such commitment could be found, but trade unions, employers' associations, religious groups and voluntary organizations can also act nationally, given that their goals and moralities are clear, concrete and understandable.

Such an approach is likely to create conflicts and debate, but the debate itself may have as much long-term influence as the effects of direct measures. One of such long-term influence can be increased public support for legislative measures such as price policy and availability regulation. Experience from tobacco policy indicates that emotional involvement in anti-smoking campaigns might be an important cement that contributes to their success. Perhaps in alcohol policy, too, it might be a good idea to allow for, even appeal to many people's willingness to commit themselves to a form of life in which alcohol itself—and not only the adverse consequences of its use—plays a lesser role than is now commonly accepted.

References

- BAUMAN, Z. (1993) *Postmodern Ethics* (Oxford, Basil Blackwell).
- BECK, U. (1992) *Risk Society: towards a new modernity* (London, Sage) [English translation of *Risikogesellschaft: Auf dem Weg in eine andere Moderne* (Frankfurt am Main, Suhrkamp Verlag, 1986)].
- BENHABIB, S. (1992) *Situating the Self. Gender, community and postmodernism in contemporary ethics* (New York, Routledge).
- BRUUN, K., EDWARDS, G., LUMIO, M. *et al.* (1975) *Alcohol Control Policies in Public Health Perspective* (Helsinki, Finnish Foundation for Alcohol Studies).
- BRUUN, K. & FRÄNBERG, P. (Eds) (1985) *Den Svenska supen. En historia om brännvin, Bratt och byråtrati.* (The Swedish drink. A history of Alcohol, Bratt and the Bureaucracy) (Stockholm, Bokförlaget Prisma).
- EDWARDS, G., ANDERSON, P., BABOR, T. F. *et al.* (1994) *Alcohol Policy and the Public Good* (Oxford, Oxford University Press).
- HARRISON, B. (1971) *Drink and the Victorians. The temperance question in England 1815–1978* (London, Faber & Faber).
- HOLMILA, M. (1995) Community action on alcohol: experiences of the Lahti Project in Finland, *Health Promotion International*, 10, 283–291.
- HOLMILA, M. (1997) Introduction, in: HOLMILA, M. (Ed.) *Community Prevention of Alcohol Problems* (Basingstoke, Macmillan) (forthcoming).
- JÄRVINEN, M. & STENIUS, K. (1985) 'En karl lyder mycket bättre!' Restaurangkontrollen och kvinnan ['A man sounds much better!' Control of public drinking places and women], *Alkoholpolitik*, 2, 46–50.
- LİPOVETSKY, G. (1992) *Le Crépuscule du Devoir* (Paris, Gallimard).
- LUPTON, D. (1995) *The Imperative of Health. Public health and the regulated body* (London, Sage).
- MACINTYRE, A. (1981) *After Virtue. A study in moral theory* (London, Duckworth).
- MAFFESOLI, M. (1994) *The Time of the Tribes. The Decline of Individualism in Mass Society* (London, Sage).
- MAGNUSSON, L. (1985) Orsaker till det förindustriella drickandet. Supandet i hantverkets Eskilstuna [Reasons for pre-industrial drinking. The craftsmen of Eskilstuna], *Alkoholpolitik*, 2, 23–29.
- MÄKELÄ, K., ROOM, R., SINGLE, E. & SULKUNEN, P. (1981) *Alcohol, Society and the State I* (Toronto, Addiction Research Foundation).
- MILLS, C. WRIGHT (1959) *The Power Elite* (New York, Oxford University Press).
- RAWLS, J. (1993) *Political Liberalism* (New York, Columbia University Press).
- SCHULZE, G. (1992) *Die Erlebnisgesellschaft. Kultursoziologie der Gegenwart* (Frankfurt am Main, Campus).
- SULKUNEN, P. (1996) Problems of prevention. Mundane speech and expert discourse on alcohol policy, in: SULKUNEN, P., HOLMWOOD, J., RADNER, H. & SCHULZE, G. (Eds) *Constructing the New Consumer Society* (Basingstoke, Macmillan).
- SULKUNEN, P. (1992) *The European New Middle Class. Individuality and tribalism in mass society* (Aldershot, Avebury).
- TAYLOR, C. (1991) *The Ethics of Authenticity* (Toronto, Canadian Broadcasting Company).
- WOLFE, A. (1989) *Whose Keeper? Social science and moral obligation* (Berkeley, University of California Press).