

Alcohol policy, public health and Kettil Bruun

Christoffer Tigerstedt

Introduction

Usually “public health” refers to mapping out relationships between people’s everyday practices and their state of health or illness. In this conventional sense of the term, public health works as an apparatus that continuously gathers new data and generates new knowledge about behavioral patterns of different social groups. Frequently this accumulated knowledge is used to delineate practical solutions and formulate policy programs – that is, to turn knowledge into public political power.

Only too seldom do moral or political assumptions underlying different public health activities become subject to analysis. For example, the linkages between epidemiological evidence (the analytical level) and practical policy (the political level) are rarely spelled out. If this is done, however, we may end up with a specific discourse that treats public health as a way of governing society rather than as a field devoted to promote gradual health progression (Lupton, 1995; see also Sulkunen, 1997a and 1997b).

In the following sections I confront the perspective of public health “as a governing practice” with the alcohol policy field. My focus is on the last 30 years, starting with the introduction of the so-called new public health movement. This movement, or discourse, is a general Western phenomenon, with particular variations depending on the political and cultural settings that it belongs to. One of the common characteristics, however, is the basic intention of the new public health movement to develop working methods that avoid using repressive strategies or direct coercion.

Second, I am concerned with a well-known example of how the public health perspective embarked on the alcohol policy field in the 1970s. In this particular context, much is said about the WHO report *Alcohol Control Policies in Public Health Perspective* (hereafter *ACP*) (Bruun, Edwards, Lumio et al., 1975).¹ However, there are important aspects of the report that have been touched upon very seldom. Broadly speaking, these aspects deal with how to govern individuals and populations effectively in contemporary society. They should be of interest, for example, for the current debate on the relationship between “individual interventions” and “environmental strategies” (e.g., Casswell, 1997; Holder, 1997; Rehm, Ashley & Dubois, 1997).

Third, I am interested in how the first-in-order author of *ACP*, Kjetil Bruun – sometimes quite misleadingly called the original control theorist – formulated his ideas on control policy in his different writings. Concerning *ACP*, and more so Kjetil Bruun, I try to show that their views on alcohol policy implicitly and/or explicitly are based on a mixture of restrictive and liberal perspectives of how to best govern alcohol consumption and related harm.

Fourth, I consider whether phenomena like the normalization of drinking and the reorganization of professional authority and civil competence may result in new political practices that reorganize individually oriented and population-based policy measures.

Finally, it seems to me that these themes are certainly connected to the debate on how to refine alcohol regulation using new research findings and working techniques. Indeed, when reading contemporary texts introducing “the emerging paradigm of drinking patterns” (Rehm, Ashley, Room et al., 1996), “the high-risk approach” (Stockwell, Daly, Phillips et al., 1996) or “the harm minimisation approach” (Plant, Single & Stockwell, 1997), one should reflect on what kind of regulative principles and governing practices these approaches might suggest.

The new public health

In recent decades public health and health promotion have taken root as a field with its own expert knowledge and expert activities. The concern of public health activities is the way of life of social groups or a whole people, as well as people’s social, physical and psychological environment.

Expressed in everyday speech, the concept of the (new) public health movement or discourse is associated with ways of investigating, establishing, promoting and exercising healthy life styles, either individually or collectively.

From a critical perspective, this is only part of the story. For example, it should be of vital interest to pay attention to power strategies embedded in public health activities. The new public health movement dates back to the 1960s and early 1970s, when most of the infectious diseases had been reduced in the Western countries. At the same time, a whole range of new health experts tended to challenge traditional medicine (using the slogan “limits to medicine”), resulting in a weakening status of the medical profession. Traditional medicine, centering on the cure of disease, was critically assessed, old administrative and disciplinary barriers were broken, and the active participation of individuals and social groups in improving their health was promoted (Petersen & Lupton, 1996).

Such an understanding of the new public health movement indicates that public health is part of a more general strategic shift in society. Notably, this shift makes it possible to go “beyond an understanding of human biology” as it “recognizes the importance of those social aspects of health problems which are caused by life-styles”. In turning attention towards the social, economic and physical environment “[the new public health] seeks to avoid the trap of blaming the victim” (Ashton & Seymour, 1988; see Petersen & Lupton, 1996, p. 4; see also Ryan, 1971). Dangers are everywhere, and they concern all; they are external to and outside the control of the individual. This is the environmental, or macro-social, level of the new risk concept that emerges within the new public health movement (Gabe, 1995, p. 3).

While the emphasis is shifted to social aspects, the strategy also focuses on individuals: in effect, the basic assumption of the new public health is to increase citizens’ responsibility for risks and possibilities concerning their bodies and health. This, in turn, is the individual level of the risk concept (*ibid.*). As citizens’ education and knowledge gradually improve, they certainly also improve their capability for making decisions about their own lives. One example of this is that normatively formulated moral education, served from the top down, has been superseded first by egalitarian health education and then by individually oriented health-promoting activities, often based on local or temporary social groups and communication within them. According to this, the new public health is a way of supporting

individuals to free resources, develop their self-control, and actively shape their lives.

Evidently the public health perspective embraces almost any everyday (health) risks and different ways of controlling them. Public health is thus turned into a question of individual life-control and self-control. Norms and ideals are established in the name of public health, regulating the lifestyles of individuals and the behavior of populations and communities. This inevitably raises ethical questions about “the relationships of individuals to society and the functions of public powers in this relationship” (Sulkunen, 1997a, p. 117). Thus the public health discourse is characterized by the fact that responsibility for maintaining health is redistributed between authoritative, truth-speaking experts and enlightened individuals - that is, individuals are “empowered”, by public means and other means, to take care of their health.

Following these ideas, one is inclined to claim that the new public health discourse is a “liberal” way of organizing relations between society and its citizens, a liberal rationality of rule (Rose, 1996).ⁱⁱ Generally speaking, this strategy focuses on individual freedom of choice, implying a constant suspicion that individuals are “over-governed” (Osborne, 1996, p. 101). The object of the strategy, however, is not the individual as individual, but the individual in the cross-draught between different social risk factors. According to its name, the *public* health strategy is a governing strategy that takes aim at social groups or whole populations and their risks.

The influence of the public health discourse is nicely reflected in the shifts that have taken place in the way of viewing the social alcohol issue.ⁱⁱⁱ It is true that for years Scandinavian alcohol control policies had disposed of powerful means directed toward the entire population of the respective nation. In spite of that, the policies of the 1950s and even the early 1960s had a strong flavor of correcting or reprimanding deviant drinking behavior, as well as decreasing copious and impetuous drinking. Thus the control covered relatively few alcoholics. As the new public health movement gained a footing, the object of control tended to shift *from the individual's body to somewhere outside it*. That is, control is less directed toward individuals and their bodies, where the disease or the individual deviance was supposed to reside, and more toward the environment or a local community, to the administration of the social life and its risk factors (Sutton, 1998, p. 86). The causes of problems were now looked for among conditions that were independent of individuals, thus extending the field of

control to potentially huge population masses. Nowadays we usually take for granted that we should all avoid exposing ourselves to pathogenic risks that threaten all of us. To facilitate our efforts, the probabilities of these risks are expressed by way of different sets of knowledge – for example, epidemiological characteristics or client registrations, which focus on social groups rather than on individuals (Petersen & Lupton, 1996). In strategic terms, then, the main objective of public health is to regulate the emergence of illnesses, not to cure actual cases.

In other words, alcohol controls have been detached from directly governing concrete individuals and moved toward the regulation of abstract risks defined on an aggregate level. On the other hand, both the controlling agencies and the methods for keeping consumption and damages in check have tended to move *from somewhere outside individuals to individuals themselves*. Forms of control that have been exercised by the police and other public authorities, by the traditional medical authority, or by a temperance board are challenged by a new kind of risk consciousness, individual responsibility, self-regulation and cooperativeness.

These parallel opposite and intertwined movements of the object and subject of control illustrate the dynamic development of the methods used in governing alcohol consumption and related harm. It would be a mistake to assume that this development is following a neatly linear route. Unfortunately alcohol policy in postwar time is frequently described as the history of authoritarian methods simply being put aside, as a series of gradual deregulations of controls – in fact, as an almost unbroken trend of “liberalizing” measures. This story should be completed by an analysis of the changes that have occurred in the views of what is to be controlled, in the set of control agencies and techniques that have arisen, and in the mutual relations between those two.

“Alcohol control policies in public health perspective” (1975) - a liberal manifesto?

The challenging question: How does this particular view of the public health discourse as a governing strategy relate to the introduction of public health issues in the field of alcohol policy? This comprehensive question is here elaborated in the context of control policy arguments identified in the

pioneering international report *Alcohol Control Policies in Public Health Perspective* (Bruun et al., 1975). Such a limitation of the theme may seem curious, since this report has definitely not been regarded as a manifest for a more liberal policy – not in the Nordic societies, and probably even less so elsewhere. At times the report actually seems to resist an extension of individual freedom. Considering its own goals – to reduce alcohol-related harm in different populations – the authors feel troubled by the fact that “[c]ontrol laws have in fact tended to fall into some disrepute in many countries” (*ibid.*, p. 67). As a consequence, these countries have chosen to “dismantle structures of control or of criminal law which deal with what are now seen as essentially private behaviors and situations” (*ibid.*). As a counterweight – or even an alternative? – to this, the authors offer a view of a comprehensive alcohol policy based on governmental measures and primarily directed at controlling the availability of alcohol (*ibid.*, pp. 12, 83, 84).

Admittedly, in *ACP* alcohol policy was inscribed in a *particular* interpretation of how to tackle the question of public health as a governing strategy. This interpretation is best revealed by first pointing to one of the novelties of the report. Contrary to previous comprehensive presentations, *ACP* defines the object of alcohol control policy - that is, the consumers - on an aggregate level, as a statistical quantity: “The concern of public health is ... seen as speaking to the broad concerns of the community, with the ready admission that any statement in terms of population means ... will not necessarily illuminate consideration of the individual case” (*ibid.*, p. 12; see also pp. 29–30). Citing new research results (de Lint & Schmidt, 1968; Schmidt & de Lint, 1970) and statistical calculations of their own, the authors support the view that interventions into the consumption level of whole populations is a more efficient way of influencing certain kinds of alcohol-related harm, compared to care of serious individual cases. Besides, it has shown that serious alcoholics are inclined to react to measures directed at the population as a whole.

With the promotion of public health in mind, the intention of *ACP* was, then, to expand the alcohol issue from a concern pertaining to relatively few heavy drinkers to a risk concerning everyone. In other words, *ACP* operates on the macro-social level of the risk concept. This is expressed in a key sentence: “The relevant public health objectives are to delineate for the drinking population as a whole, the risks of disease and premature death associated

with different levels of alcohol consumption, and to seek means to minimize the number of drinkers in the hazardous range” (*ibid.*, p. 29).

What strikes the reader here is that the report “makes no reference to informal control and the range of values and attitudes which might be the conventional targets of health education”. Nonetheless, the authors maintain that they do not depreciate “social and anthropological perspectives as they may bear on the issue of control”, but in this particular strategic document they consciously exclude themes that are connected to consumers’ choices and self-control. Instead, their intention is to focus on “some more manipulable aspects of control” (*ibid.*, p. 12).

Does this not convincingly show that *ACP* was all but a proclamation for a liberal policy? Yes – and no. The heavy emphasis on public measures aiming at restrictions on the availability of alcoholic beverages presumed that, particularly from an Anglo-American perspective, producers’ and sellers’ markets were curtailed. From the consumers’ point of view, again, the alcohol political reinterpretation is double-sided. On the one hand it was suggested that the availability of a coveted commodity should be reduced in different ways – that is, that the individuals’ threshold of purchase be raised. On the other hand *ACP* introduced for a broader public a *new risk discourse*, which was applied to the regulation of trade with alcoholic drinks and *which, in ideological and political terms, was likely to liberate consumers from individual and direct public control.*

Individuals got the right to decide themselves about their consumption and were obliged – implicitly, by their own decisions – to sacrifice part of this freedom (Sulkunen, 1997b). Correspondingly, the state was released from exercising direct control, which allowed it to opt for other, “more manipulable aspects of control”. The ideal case, implicitly put forward in *ACP*, seems to be that individuals only exceptionally would be confronted with specific measures, since general measures would normally suffice. The individual, now perceived in abstract terms, was to be left alone, although not totally abandoned but rather assigned to his or her competence.

As the object to be controlled was defined as an abstract risk (consumer), the individual consumer was allowed more liberty of action, accompanied, of course, with increased responsibility. In effect, a whole range of regulatory practices, based on self-help and self-control, can be traced back to this tension between liberty and responsibility. In this particular sense, Bruun

and his colleagues introduced a public health perspective that extends individual freedom. A similar conclusion about this strategic shift has been drawn by Pekka Sulkunen. He claimed, mainly with the Scandinavian countries in mind, that it was only with the “theory of total consumption”^{iv}, substantiated in *ACP*, that the transformation of the social alcohol question was offered a truly modern and universalist response (Sulkunen, 1991, p. 211; Sulkunen 1997b, p. 263).

Kettil Bruun - balancing between freedoms and restrictions

Regarding the foundations of the total consumption model, it is interesting to take a closer look at Kettil Bruun’s (1924–1985) alcohol-political ideas. In a 1984 interview Bruun admitted that he was highly surprised by the considerable growth in consumption and harmful effects that followed after the sudden relaxation of Finnish alcohol controls in 1969: “My own liberal views on alcohol policies had received a blow” (Room, 1991, pp. 371–372).^v When recovering from this blow, Bruun stated over and over again that in alcohol policies primary importance “should be attached to general social control measures rather than to selected subgroups of the population which often, on very flimsy grounds, are labeled alcoholics” (Bruun, 1971, p. 36). Using this basic thesis as his lodestar, Bruun at the very beginning of the 1970s started to argue in favor of price policy, reductions in availability, restrictions in advertising, and abolishment of tax-free alcohol. This standpoint, in combination with the possibilities provided by the Finnish highly state-centralized alcohol administration, ended up as a relatively severe basic view on alcohol policies. In this sense, Kettil Bruun was a friend of restrictive policies.

However, as the preceding citation reveals, one of the aims of the universalistic approach that Bruun supported was to downplay the importance of policy measures directed at individual drinkers, alcoholics or abusers. In this spirit, he opposed several regulations that were practiced in his native country - for example, coercive manipulation of alcoholics, special regulations for surveillance of those 18–25 year old, compulsory treatment exceeding two weeks, as well as police control and surveillance in general (Bruun, 1972a, pp. 353–355). According to Bruun, the only alternative was to learn to live with this diverse and diversely defined group called alcoholics. It is a question of “acknowledging that the alcoholic has ordinary civil rights” and “*avoiding measures that are in conflict with the individual’s right to free-*

dom” (Bruun, 1972b, p. 54; italics in original). This aversion to control of individuals and the claim for freedom made Bruun a true liberal.

It is of course legitimate to ask whether Bruun’s liberal attitude differs from the liberalism that I attributed to the new public health discourse and its political rationality. The answer is, once again, yes – and no. Primarily, Bruun’s freedoms pertain primarily to freeing the individual *from* something, to emancipating her or him *from* inequality, discrimination, suppression, and injustice in general. The goal is to improve the living conditions of unjustly treated individuals and groups.

Bruun’s emancipatory liberalism was already clearly visible in the 1960s. In 1967 he contributed an introductory article to a much-debated Finnish pamphlet with the illuminating title “Beware of treatment” (Bruun, 1967). The focus of the pamphlet was on protecting the individual against arbitrary and unreasonable actions, particularly deprivations of liberties carried out in treatment of offenders and people with alcohol problems. Considering Bruun’s subsequent contributions to alcohol policy, it is important to note his most critical stand on individual-control measures of that time. One significant detail in Finnish society was that as many as one-third of all deprivations of liberties (incarcerations) were alcohol-related cases. This group included drunk drivers, alcoholics who against their own will were sent to alcoholism treatment units, persons who were sent to mental hospital because of delirium tremens or alcohol psychosis, and persons who were sent to workhouse institutions because of their inability to fulfill their economic obligations. Bruun concludes: “Contrary to our expectations, this situation does not describe the dangerousness of alcohol but our heritage from the period of prohibition” (Bruun, 1967, pp. 16–17).

Moreover, Bruun criticized both working methods and treatment results related to these total institutions. He expressed his discontent with probation practices directed toward individual offenders or drinkers. For him, treatment was, often in a negative way, part of the control system. In later years he tended to maintain a critical attitude especially toward all kinds of compulsory treatment and individual surveillance. (See, e.g., Sirén, Pöysä & Bruun, 1976.)

Freedom *from* unjust treatment and surveillance, however, reveals very little about what to free oneself *to*, if and when one succeeds in getting rid of injustices. What happens when individuals and groups actively begin using

their increased freedom of choice, their extended right to decide on their own, their improved knowledge and capacities – that is, when these choices influence lives that now have become more their own than before? Does this probably have an impact on the ways in which alcohol consumption and related harm are regulated and prevented? It is worth noting that such questions, related to an emerging political rationality and new governing practices, were not commented on by Bruun, at least not in his writings.

For analytical purposes it is useful to keep apart freedom *from* something and freedom *to* something. As Isaiah Berlin put it, absence of interference is one thing; the desire to participate in the process by which my life is to be controlled is another (Berlin, 1969, pp. 127, 131). Using the terminology of Anthony Giddens (1991), the emancipatory freedom is in a way a prerequisite for the “life political” freedom. Only when one has freed oneself from unjust treatment is it possible to fully make use of one’s freedom.

Social change was another essential topic for Kjetil Bruun. His alcohol-political ideas were, in fact, permeated by a view on social change that was also partly a lesson from the Finnish Alcohol Act of 1969. This radical act was a living example of the fact that drinking practices are deeply anchored in culture. Contrary to many experts’ expectations and wishes, the liberalization of alcohol policy did not substitute new drinking patterns for the old ones focusing on intoxication, but rather added new patterns to the old ones. This gave Bruun reason to make a frank and “realistic” conclusion about the limited possibilities of alcohol policy to influence drinking practices. Alcohol policy, he wrote, is not capable of “essentially altering Finnish culture and the drinking habits embedded in that culture”. But, true to his main strategy, he added: “Nevertheless, alcohol policy has the capacity to affect the level of [aggregate] consumption, for example, by reducing availability” (Bruun, 1978, p. 43) which in turn will affect alcohol-related harm.

For Bruun, research and experience had generated a pragmatic view of policy-making: efforts should be focused on the consumption level of the people rather than on their consumption habits. Importantly, and somewhat paradoxically, this pragmatism tended to eliminate the conflict between strictness and liberalism. Instead of supporting the establishment of complicated and detailed regulations and systems, Bruun put his confidence in a primarily universalistic arrangement. In this context, I believe, Bruun used his sense for politics, emphasizing simplicity as a tool of efficiency. Thus he

avored an alcohol policy system that is easy enough to carry out. He further favored a system that avoids problems connected to the definition and identification of risk groups, circumvents the obvious risk of stigmatizing those groups, and maintains a critical stand in relation to various secondary preventive measures.

All in all, we may here discern an idea of what might be called a moral, political and economic cost-effectiveness, including simple means that are easy to apply and give obvious results, opposed to a jungle of scattered measures difficult to manage and most uncertain when it comes to results. To use a concept of that time, the goal was to achieve low control costs. In *ACP* this is put very distinctly: “Strategies which single out individuals - whether for correction, treatment, or rehabilitation - tend to involve the large and continuing costs of state-funded agencies and professional personnel. The labeling of individuals ... also carries social costs in that it tends to be applied to those with the least social resources to protect themselves” (Bruun et al., 1975, p. 67).

At the same time that Bruun and those who shared his views endowed alcohol policy with a new perspective, dealing with risks at the level of populations, he was much less interested in integrating microlevel risks connected to situations, places and specific groups into his policy model.^{vi} He never cared very much for information campaigns directed at specific consumer groups, simply because he thought that culturally conditioned drinking habits are too persistent to be overruled by information drives. Neither did he support the art of social engineering, because he did not seem to believe in the possibility or, for that matter, the desirability of thorough regulation of individuals. In his opinion it was ethically dubious, politically ineffective, and economically unprofitable to define, identify, calculate and prevent, in every detail, the endless row of risks. Science and research were no doubt powerful resources when policies were formulated, but they had their limitations. Accordingly, Kjetil Bruun - true to his liberal convictions - seemed to rely heavily on public debate as an instrument of solving social conflicts (Mäkelä, 1986, p. 57).

Toward more sophisticated governing practices

My reflections of *ACP* and Kjetil Bruun's alcohol-political ideas indicate that their conception of what came to be called “alcohol (control) policies” rests heavily on the distinction between general measures and specific measures - alternatively, population-based measures vs. individual measures. Although never explicitly spelled out or elaborated, it forms a basic perspective in *ACP*. It is indirectly reflected in the report’s intentionally narrow definition of alcohol control policies, which refers to “the policy of governments with regard to factors bearing on the availability of alcohol” (Bruun et al., 1975, p. 84). In fact, *ACP* can be read as an appeal to take general restrictions on the availability of alcohol seriously. The authors are concerned about public health efforts being limited primarily to education, as well as the identification, treatment and rehabilitation of problem drinkers (*ibid.*, p. 66). Correspondingly, “the role of [general] control measures in the prevention or reduction of alcohol problems has been generally overlooked in recent years” (*ibid.*, p. 66).

In his writings, starting even before *ACP*, Bruun gradually refined this distinction and made it a key element of his strategic ideas. In one of his early texts on alcohol policy, written in 1971, he favors “general social control measures” rather than “selected subgroups ... labeled alcoholics” (Bruun, 1971, p. 36). In one of his main works, published in 1972, Bruun states that research findings indicate that “control efforts directed at individuals have not had the desirable effect, while restrictions in general control of availability have had a certain impact, in the first place on heavy drinkers” (Bruun, 1972a, p. 331). In one of his last works, released in 1985, Bruun still fully appreciates the distinction: “The theoretical discussion about individual versus general control has, at least in the field of alcohol policy, resulted in a heavy plea for general control measures. The emphasis on individual control is associated with a belief in a distinct demarcation line between use and abuse. Recent research findings dispute the fruitfulness of such a dividing into two” (Bruun & Frånberg, 1985, p. 344).^{vii}

Probably one of the most renowned examples of the use of this distinction is the influential polemic by the Swedish physician Ivan Bratt during the first half of the century against general control measures and his support for individually specified restrictions (Bruun, 1985, p. 53). Also, in terms of postwar times, treatment, service and control related to them have sometimes

been perceived as an alternative solution to population-based public control (Mäkelä, Room, Single et al., 1981; see Rosenqvist, 1985, pp. 171–172).

However, it is likely that this conceptual dichotomy has by and large lost part of its significance. This is not to say that the concepts have disappeared altogether. Rather, it seems that bridges are built between them, in order to find new combinations between general and specific measures. Consider, for example, the introductory sentence of a recent editorial in *Addiction*: “Individual interventions including alcoholism treatment, education and early identification are increasingly discussed as having a potential to reduce population-level alcohol problems” (Holder, 1997, p. 5; the author refers to Edwards et al., 1994, and to Babor, 1995). Or think of the closing sentence of an equally recent article titled “Alcohol and health: Individual and population perspectives”: “To summarize, in formulating alcohol policy and prevention programmes, research at the population level has to be taken into account in addition to research at the individual level” (Rehm et al., 1997, p. 113). This way or that way - the stronger focus on a combination of measures working on different levels raises the question about changing social conditions of regulation.

There are certainly several ways of explaining why general measures are challenged. Reforms of the 1990s, brought about by internationalization, have weakened the chances of carrying out universal policies. Room for making nationally independent decisions about price level and standard of availability has shrunk. In this respect the past decade has been epoch-making. There are also more fundamental causes. In the postwar years alcohol consumption has little by little been integrated into everyday life, alcohol use has spread to new social groups and situations, and treatment of alcohol problems has become less moralistic and more client-oriented (e.g., Mäkelä et al., 1981, pp. 99–107). The alcohol issue has become *normalized*.

From another point of view the normalization pertains to the altered relationship between experts and laymen that has developed since the 1960s. One may with good reason ask whether this normalization of alcohol is not accompanied with a more sophisticated governing strategy, based on the fact that individuals internalize health-related values and norms, receive advice from experts, consider different knowledge-based alternatives, and practice self-control (Warpenius, 1997, p. 19). In other words, if the object of control – i.e., the consumers of alcohol – change shape radically, will this not imply significant changes also in the methods of control?

It seems like the distinction between individual and general measures is, at least implicitly, dependent on the existence of strong power centers and solid truth-speaking authorities. The key question underlying this distinction is: What and who is controlled (by these authorities)? It is reasonable to assume that the changes in the status of doctors and other experts, as well as the growing consideration of laypersons' competence, have shaken the foundation of the distinction. When individuals *en masse* mature to competent and cultivated citizens, it becomes much more difficult to act according to a model that separates the individual right of self-determination from political power. An alternative possibility would be to regard the individual right of self-determination "not antithetical to political power, but rather [as] part of its exercise, since power operates most effectively when subjects actively participate in the process of governance" (Petersen & Lupton, 1996, p. 11). Put differently, those control methods that have emerged within the new public health movement are often directed at *both* population groups *and* individuals and are exercised by (public) agencies as well as by individuals. In strategic terms, the important question will therefore be: How do individuals control themselves (each individually and everybody together; all and each)? (See Hänninen & Karjalainen, 1997, p. 11.)

Politically this indicates a shift toward "a form of political sovereignty which would be a government of all and of each" (Gordon, 1991, p. 3). This shift is made possible by the growth of risk consciousness in Western culture. As a result, governmental practices tend to move from governing concrete individuals or situations to mapping the probabilities for the appearance of states and situations that have been defined as dangerous (Castel, 1991). In this shift, epidemiology is an indispensable instrument within public health activities. Applied to alcohol policy and research, and using Kari Poikolainen's neat formulation, epidemiology views alcohol as "a factor which *possibly* contributes to the incidence of diseases"; it aims at considering "every population group and *all* forms of alcohol use, including its negation – that is, abstinence" (Poikolainen, 1982, p. 18 – emphasis by C.T.).

This way of thinking has resulted in new methods that have been developed particularly since the 1970s (screening, mini-interventions, self-help groups, local activities, self-tests, etc.). Importantly, the aim of these approaches is to avoid intervening from above or directly into the state of health or behavior of individuals, but rather to map the risk profile of an abstract population or

social group. Because the calculations are based on probable risks, the relationship between the agent who intervenes (doctor, nurse, social worker) and the person “out there” (the client to be detected) becomes less direct. Consequently the intervention tends to take place at a distance - that is, to be transformed into remote control. This in turn implies that the ways of intervening and the chances of interventions’ reaching the target groups are multiplied. (Castel, 1991, pp. 288–289.)

What, then, about specific individuals? I have suggested that the new public health discourse is based on mobilization and self-mobilization of individuals in the name of promoting their health. Individuals rely increasingly on their own judgment and conclusions; they take on more responsibility, but they are also given more. The communication among experts is more equal and binding in character.

An emerging paradigm?

I have discussed ideas of control expressed in *Alcohol control policies in public health perspective* and by one of its authors, Kjetil Bruun. Needless to say, since the 1980s and more intensely in the 1990s there have been many attempts to reassess these ideas. Quite recently, ambitions to formulate new, research-based policy strategies have appeared. There are several reasons for this. New evidence of health-protective effects of alcohol is one of them; negative attitudes towards governmental regulation are another (the latter was mentioned in *ACP*). Further, important specifications have been made concerning per capita alcohol consumption and particular alcohol-related problems, indicating a more complex relationship between volume and harm that was previously assumed. (Rehm, 1999.)

“The emerging paradigm of drinking patterns” (Rehm et al., 1996; Rehm, 1997) reflects an attempt to specify, first, the relationship between particular ways of drinking and particular forms of alcohol-related harm and, second, the implications of these relationships for policy options and strategies. In terms of regulation, it would imply a partial shift in the main focus of policy from aggregate levels of consumption to harm and high-risk drinking in communities. In fact, it underscores “the need to distinguish between low risk, hazardous and harmful consumption whenever possible” (Stockwell, Single, Hawks & Rehm, 1997, p. 3) with the firm intention to “advance and improve harm-reduction strategies” (Stockwell et al., 1996, pp. 462–463).

To some extent, one could argue, different forms of secondary prevention and community prevention are occupied with precisely this disaggregation of policy efforts, although at a less specified and systematic level than research evidence may suggest.

When sketching out new policies, we should not forget the social and regulative arrangements that are implied in these policies. It is true that research may give us more detailed knowledge about how specific subgroups behave in particular situations. However, the increasing disaggregation of problem drinking on the analytical level does not automatically suggest that policy implications should be derived from that knowledge (Mäkelä 1996). Further, if that knowledge is used for policy purposes, there are several options when choosing governing practices. Up until now “the emerging paradigm of drinking patterns” has been busy mainly with assessing the connections between patterns and harm, while the potential consequences of these connections for policies and interventions have been expressed only in vague terms - for example: “It may well be that in time alcohol researchers, public health advocates, and policy makers will come to measure and target specifically the substantial amounts of alcohol that are consumed by communities in a hazardous or high-risk fashion” (Stockwell et al., 1996, p. 463). Such a formulation leaves much room for interpretation: we may blame the victim, stigmatize a situation, or discredit a drinking place; but we may also provide selected consumers in particular social settings with tailor-made knowledge and advice, to be elaborated upon by the consumers themselves. These are only extreme examples of governing practices, and there are, of course, many in between.

References

Andenæs, Johs. (1990): *Straff, almenprevensjon og kriminalpolitikk. Artikkelsamling* (Punishment, general prevention and penal policy. Collected articles). Universitetsforlaget, Kristiansand.

Ashton, J. & Seymour, H. (1988): *The new public health: The Liverpool experience*. Open University Press, Milton Keynes.

Babor, Thomas F. (1995): ‘The social and public health significance of individually directed interventions’. In Holder, Harold D. & Edwards, Griffith, eds.: *Alcohol and public policy: evidence and issues*. Oxford university press, New York, pp. 164-189.

Berlin, Isaiah (1969): *Four essays on liberty*. Oxford University Press, London, Oxford, New York.

Bruun, Kettil (1967): 'Yhteiskunnan valvojat ja vapaudenriistot' (Social superintendents and deprivations of liberties). In Eriksson, Lars D., toim., *Pakkoauttajat* (Coercive helpers; Swedish translation: Beware of treatment). Tammi, Helsinki.

Bruun, Kettil (1970): "Skadeverkningarna så ringa som möjligt" ("Reducing harmful effects as much as possible"). *Alkoholpolitik* vol. 33, no. 3, pp. 97-103.

Bruun, Kettil (1971): 'Alkoholitutkimuksen kolme kulmakiveä' (Three cornerstones of alcohol research). *Alkoholikysymys* vol. 39, no. 2, pp. 32-37.

Bruun, Kettil (1972): *Alkoholi: käyttö, vaikutukset ja kontrolli. Sosiologinen pohjoismainen tarkastelu* (Alcohol: use, effects and control. A sociological Nordic analysis). Tammi, Helsinki, 1972a.

Bruun, Kettil (1972): 'Dilemmor i rusmedelskontroll' (Dilemmas in alcohol and drug control policy). *Alkoholpolitik* vol. 35, no. 2, pp. 50-54. 1972b.

Bruun, Kettil (1977): 'Alkoholipoliittinen tilannearvio' (The present state of alcohol policy). *Alkoholipoliitiikka* vol. 42, no. 6, pp. 287-292.

Bruun, Kettil (1978): 'Våra kunskaper är tillräckliga' (Our knowledge is sufficient). *Alkoholpolitik* vol. 41, no. 2, pp. 43-44.

Bruun, Kettil (1985): 'Bratts genombrott' (The break-through of Bratt). In Bruun, Kettil & Frånberg, Per, red.: *Den svenska supen. En historia om brännvin, Bratt och byråkrati* (Swedish drink. A story on boozing, Bratt and bureaucracy). Prisma, Stockholm, pp. 52-73.

Bruun, Kettil & Edwards, Griffith & Lumio, Martti & Mäkelä, Klaus & Pan, Lynn & Popham, Robert E. & Room, Robin & Schmidt, Wolfgang & Skog, Ole-Jørgen & Sulkunen, Pekka & Österberg, Esa (1975): *Alcohol control policies in public health perspective*. The Finnish Foundation for Alcohol Studies, Volume 25, Forssa.

Bruun, Kettil & Frånberg, Per, red. (1985): *Den svenska supen. En historia om brännvin, Bratt och byråkrati* (Swedish drink. A story on boozing, Bratt and bureaucracy). Prisma, Stockholm.

Edwards, Griffith & Anderson, Peter & Babor, Thomas F. & Casswell, Sally & Ferrence, Roberta & Giesbrecht, Norman & Godfrey, Christine & Holder, Harold H. & Lemmens, Paul & Midanik, Lorraine T. & Mäkelä, Klaus & Norström, Thor & Österberg, Esa & Romelsjö, Anders & Room, Robin & Simpura, Jussi & Skog, Ole-Jørgen (1994): *Alcohol policy and the public good*. Oxford University Press, New York.

Casswell, Sally (1997): 'Population level policies on alcohol: are they still appropriate given that "alcohol is good for the heart"?' *Addiction* vol. 92, Supplement, pp. 81-90.

Castel, Robert (1991): 'From dangerousness to risk'. In Burchell, Graham & Gordon, Colin & Miller, Peter, eds.: *The Foucault effect. Studies in governmentality*. Harvester Wheatsheaf, London etc., pp. 281-298.

Cook, Philip (1991): 'The social costs of drinking'. In *The negative social consequences of alcohol use*, Expert meeting, Oslo 27-31 August 1990. Norwegian Ministry of Health and Social Affairs in collaboration with The United Nations Office at Vienna, Centre for Social Development and Humanitarian Affairs, Oslo.

Gabe, Jonathan (1995): 'Health, medicine and risk: the need for a sociological approach'. In Gabe, Jonathan, ed., *Medicine, health and risk. Sociological approaches*. Blackwell publishers, Oxford, pp. 1-17.

Giddens, Anthony (1991): *Modernity and self-identity. Self and society in the late modern age*. Polity Press, Cambridge.

Gordon, Colin (1991): 'Governmental rationality: an introduction'. In Burchell, Graham & Gordon, Colin & Miller, Peter, eds.: *The Foucault effect. Studies in governmentality*. Harvester Wheatsheaf, London etc., pp. 1-51.

Hänninen, Sakari & Karjalainen, Jouko (1997): 'Johdanto: Foucault ja hallinnoimisen ongelma' (Introduction: Foucault and the problem of governing). In Hänninen, Sakari & Karjalainen, Jouko, toim., *Biovallan kysymyksiä. Kirjoituksia köyhyyden ja sosiaalisten uhkien hallinnoimisesta* (Issues on bio-power. Studies on the regulation of poverty and social threats). Gaudeamus, Tampere, pp. 7-27.

Holder, Harold D. (1997): 'Can individually directed interventions reduce population-level alcohol-involved problems?'. *Addiction* vol. 92, no. 1, pp. 5-7.

Ledermann, Sully (1956): *Alcool, alcoolisme, alcoolisation. Données scientifiques de caractère physiologique, économique et social*. Presses Universitaires de France.

Leifman, Håkan (1996): 'Perspectives on the aggregated consumption of alcohol'. Summary article in Leifman, Håkan, *Perspectives on alcohol prevention*, Acta Universitatis Stockholmiensis, Stockholm studies in sociology, N.S. 3. Almqvist & Wicksell International, Stockholm, pp. 3-9.

de Lint, Jan & Schmidt, Wolfgang (1968): 'The distribution of alcohol consumption in Ontario'. *Quarterly Journal of Studies on Alcohol* vol. 29, pp. 968-973.

Lupton, Deborah (1995): *The imperative of health. Public health and the regulated body*. Sage, London etc.

Mäkelä, Klaus (1975): 'Om straffens verkningar' (On the effects of punishment). *Oikeustiede. Jurisprudentia*. Suomalaisen lakimiesyhdistyksen vuosikirja VI, Vammala, pp. 237-280.

Mäkelä, Klaus (1980): 'Den sociala alkoholfrågans framtid. Repressiva åtgärder eller restriktiv alkoholpolitik?' (The future of the alcohol issue. Repressive measurement or restrictive alcohol policy?). *Alkohol och narkotika* vol. 74, no. 4, pp. 1-6.

Mäkelä, Klaus (1986): 'Den omutlige Kettil Bruun' (The unbribable Kettil Bruun). *Alkoholpolitik* vol. 3, no. 1, pp. 56-57.

Mäkelä, Klaus (1996): 'How to describe the domains of drinking and consequences'. Commentary to Midanik et al.'s 'Risk functions for alcohol-related problems in a 1988 US national sample'. *Addiction* vol. 91, no. 10, pp. 1447-1449.

Mäkelä, Klaus & Room, Robin & Single, Eric & Sulkunen, Pekka & Walsh, Brendan with 13 others (1981): *Alcohol, society, and the state 1. A comparative study of alcohol control*. Addiction Research Foundation, Toronto.

Osborne, Thomas (1996): 'Security and vitality: drains, liberalism and power in the nineteenth century'. In Barry, Andrew & Osborne, Thomas & Nikolas Rose, eds.: *Foucault and political reason. Liberalism, neo-liberalism and rationalities of government*. UCL Press, London, pp. 99-121.

Petersen, Alan & Lupton, Deborah (1996): *The new public health. Health and self in the age of risk*. Sage, London.

Plant, Martin & Single, Eric & Stockwell, Tim, eds. (1997): *Alcohol: minimising the harm. What works?* Free Association Books, London & New York.

Poikolainen, Kari (1982): 'Den folkhälsovetenskapliga alkoholforskningen. Resultat och målsättning' (Alcohol research related to public health: current findings and future priorities). *Alkoholpolitik* vol. 45, no. 1, pp. 18-23.

Rehm, Jürgen (1997): 'Patterns of drinking and harm'. *Contemporary Drug Problems* vol. 24, pp. 417-423.

Rehm, Jürgen (1999): 'Draining the ocean to prevent shark attacks? The empirical foundation of alcohol policy'. Paper presented at the first research conference for the project 'A comparative analysis of alcohol policy and its effect in the EU states' (ECAS), Stockholm 18-21 February.

Rehm, Jürgen & Ashley, Mary Jane & Dubois, Gérard (1997): 'Alcohol and health: individual and population perspectives'. *Addiction* vol. 92, Supplement 1, pp. 109-115.

Rehm, Jürgen & Ashley, Mary Jane & Room, Robin & Single, Eric & Bondy, Susan & Ferrence, Roberta & Giesbrecht, Norman (1996): 'On the emerging paradigm of drinking patterns and their social and health consequences'. *Addiction* vol. 91, no. 11, pp. 1615-1621.

Room, Robin (1991): 'Interview with Kettil Bruun'. In Edwards, Griffith, ed.: *Addictions. Personal influences and scientific movements*. Transaction publishers, New Brunswick and London, pp. 365-375.

Rose, Nikolas (1996): 'Governing "advanced" liberal democracies'. In Barry, Andrew & Osborne Thomas & Rose, Nikolas, eds.: *Foucault and political reason. Liberalism, neo-liberalism and rationalities of government*. UCL Press, London, pp. 37-64.

Rosenqvist, Pia (1985): 'Nykterhetsnämnderna' (The temperance boards). In Bruun, Kettil & Frånberg, Per, red.: *Den svenska supen. En historia om brännvin, Bratt och byråkrati* (Swedish drink. A story on boozing, Bratt and bureaucracy). Prisma, Stockholm, pp. 154-189.

Ryan, William (1971): *Blaming the victim*. Vintage, New York.

Schmidt, Wolfgang & de Lint, Jan (1970): 'Estimating the prevalence of alcoholism from alcohol consumption and mortality data'. *Quarterly Journal of Studies on Alcohol* vol. 31, pp. 957-964.

Single, Eric (1988): 'The availability theory of alcohol-related problems'. In Chaudron, C. D. & Wilkinson, D. A., eds., *Theories of alcoholism*. Addiction Research Foundation, Toronto.

Sirén, Pirkko & Pöysä, Toivo & Bruun, Kettil (1976): 'Huoltola-aikojen lyhentäminen' (Shortening the length of stay in institutions for alcoholics). *Alkoholipoliittisen tutkimuslaitoksen tutkimusseloste* no. 100. Helsinki.

Skog, Ole-Jørgen (1985): 'The collectivity of drinking cultures: A theory of the distribution of alcohol consumption'. *British Journal of Addiction* vol. 80, pp. 83-99.

Stockwell, Tim & Daly, Alison & Phillips, Mie & Masters, Lisa & Midford, Richard & Gahegan, Mark & Philp, Alan (1996): 'Total versus hazardous per capita alcohol consumption as predictors of acute and chronic alcohol-related harm'. *Contemporary Drug Problems* vol. 23, pp. 441-464.

Stockwell, Tim & Single, Eric & Hawks, David & Rehm, Jürgen (1997): 'Sharpening the focus of alcohol policy from aggregate consumption to harm and risk reduction'. *Addiction Research* vol. 5, no. 1, pp. 1-9.

Sulkunen, Pekka (1991): 'De stora projektens död' (The end of the Great Projects). *Nordisk alkoholtidskrift* vol. 8, no. 4, pp. 208-220.

Sulkunen, Pekka & Törrönen, Jukka (1997): 'The production of values: The concept of modality in textual discourse analysis'. *Semiotica* 113, no. 1/2, pp. 46-69.

Sulkunen, Pekka (1997): 'Ethics of alcohol policy in a saturated society'. *Addiction* vol. 92, no. 9, pp. 1117-1122. 1997a.

Sulkunen, Pekka (1997): 'Logics of prevention: Mundane speech and expert discourse on alcohol policy'. In Sulkunen, Pekka & Holmwood, John & Radner, Hilary & Schulze, Gerhard, eds., *Constructing the new consumer society*. Macmillan press, Houndmills and London, pp. 256-276. 1997b.

Sutton, Caroline (1998): *Swedish alcohol discourse. Constructions of a social problem*. Acta Universitatis Upsaliensis. Studia Sociologica Upsaliensia 45. Uppsala.

Warpenius, Katariina (1997): 'Asiantuntijavalta, riskit ja yksilöllistyminen. Tutkielma lääketieteen asiantuntijoiden raskauden ehkäisykeskustelusta Suomessa vuosina 1960-74' (Expert power, risks and individualization. An analysis of the debate on preventing pregnancy among Finnish medical experts in 1960-1974). Sosiologian pro gradu -tutkielma. Helsingin yliopisto. Unpublished thesis.

Notes

¹ Due to much research after those politically formative years in the 1970s (see Edwards, Anderson, Babor et al., 1994), the report is largely outdated. Nevertheless its policy implications are still frequently referred to.

² Such an interpretation of the public health discourse implies that alcohol policy is not, for analytical purposes, regarded as a health issue on the one hand and an issue of social order on the other (e.g., Mäkelä 1980). On the contrary, the idea is that current ways of promoting health and maintaining social order show themselves simultaneously in public health activities. These activities are, so to say, a way of keeping society together.

³ In this passage I draw specifically on Scandinavian experiences. However, the general arguments are certainly familiar to non-Scandinavian cultures as well.

⁴ The total consumption theory has been used as a generic title covering the statistical distribution of alcohol consumption (single distribution theory; Ledermann, 1956; Bruun et al., 1975, pp. 30-39), the social diffusion of drinking habits (social interaction theory; Skog, 1985), and the links between availability of alcoholic beverages, overall consumption and alcohol-related problems (availability theory; Single, 1988) (Leifman, 1996). As a device with strong political undertones, the total consumption theory has remained a relatively diffuse concept. However, it has been influential not only in the Scandinavian countries, with their state-centered, universalist alcohol policies, but also, for example, in the debate on alcohol advertising in France (Sulkunen & Törrönen, 1997, pp. 59-65) or drinking driving in the United States (Cook, 1991, pp. 64-67).

⁵ This example is enough to show that over time, Bruun's alcohol political views underwent changes, and that his ideas about "the public health perspective" were refined only after 1969. At that time Bruun and his colleagues started afresh, since Finnish alcohol research had had a 10-year time-out from alcohol policy research (Bruun, 1977, pp. 287-288). Bruun developed his ideas starting in the early 1970s, but it seems fair to claim that his basic views remained more or less unaltered.

⁶ To avoid misunderstandings: Bruun was indeed interested in the dynamics of drinking

situations and groups, as is indicated by the title of his dissertation, *Drinking behaviour in small groups* (1959). Interestingly, to a certain point in time the group level seems to occupy a position also in his alcohol-political views. In 1970 he wrote: “As alcohol policy in the first place is capable of affecting drinking situations and their nature, it is essential to study the relationship between type of alcohol use and specific harmful effects” (Bruun 1970, p. 101). This statement does not prevent him from stating that “so far [due to difficulties in estimating alcohol-related harm] the level of aggregate consumption is the *best* general indicator of the harmful effects” (*ibid.*, p. 102 – italics by C.T.). In a contemporaneous article the ranking order is made clearer: “[P]rice and availability should be regarded as the basis of profound studies of the control system. Only connecting results of such studies to ... research findings about drinking occasions and their consequences may lead to practical results” (Bruun, 1971, p. 35). Later, drinking situations and groups were of less importance in Bruun’s alcohol-political texts.

⁷ The distinction between general measures and individual measures originates from a long-lasting discussion mainly within German and Scandinavian criminology, focusing on the effect of preventive measures (Andenæs, 1990). Bruun mentioned this parallel to criminology when using the conceptual couple of individual and general prevention (Bruun, 1972a, p. 330). But he probably never developed it further (see Mäkelä, 1975).