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In the Spirit of Selden Bacon: The Sociology Of Drinking and Drug Problems

Christopher R. Freed[*]
University of South Alabama

Abstract

In 1943, the sociologist Selden Bacon proposed studying drinking behavior from a "sociologic" perspective. Since then, a problem-oriented approach – a sociology of problem drinking and problem drug use, not a sociology of drinking and drug use behavior – has dominated the literature on alcohol and other drugs. However, a review of the literature reveals a sociology of drinking and drug problems in the spirit of the research that Bacon proposed. This article suggests that the sociology of drinking and drug problems can be regarded as a multidisciplinary field of study and usefully divided among three primary perspectives: (1) a sociocultural perspective that considers social change, modern society, and cultural influence; (2) a socio-environmental perspective that explores social learning, social setting, and alienation; and (3) an ideological perspective that examines cultural, institutional, and professional ideologies. The sociology of drinking and drug problems exposes the considerable influence of "sociologic" factors on problem drinking and problem drug use across scientific disciplines and, in particular, that problem drinking and problem drug use, from a multidisciplinary standpoint, are not caused exclusively by biologic traits. However, the sociology of drinking and drug problems is limited by the problem-oriented approach. More research needs to analyze the normal use of alcohol and other drugs to better understand the connection between substance use and social life.

Introduction

In 1943, the sociologist Selden Bacon of the Yale Section of Alcohol Studies, America's first research center to analyze the physiology and pathology of addictive drinking, proposed studying drinking behavior from a "sociologic" perspective. "Drinking behavior," Bacon (1943, p. 408) argued, "is subject to the same mode of analysis as any other form of behavior." Accordingly, Bacon urged sociologists to examine the functions of alcohol consumption; the manner and method by which alcohol is consumed, including where, when, and with whom; and drinking norms, sanctions, and sanctioning agents. "These [elements] become activated in different constellations and to varying degrees through the operation of certain sociologically significant aspects of behavior" (Bacon 1943, p. 421). The "aspects of behavior," or sociological variables, to which Bacon referred included race, socioeconomic status, and occupation; social and cultural mores and institutional demands; social change; and how drinking comportment, habits, customs, and roles are learned.

[*]Correspondence address: Christopher R. Freed Department of Sociology, Anthropology and Social Work, University of South Alabama, 307 University Boulevard, Humanities Building, Room 34, Mobile, Alabama 36688-0002, USA. cfreed@usouthal.edu.

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The research program that Bacon proposed was in part a critique of traditional scientific approaches to the problems of alcohol. Bacon agreed that psychology has indentified the nervous conditions that lead to alcohol consumption, but it has ignored drinking stimuli, drinking practices, and why one person drinks more than another. Psychiatric and psychoanalytic work has appealed to "students of social phenomena" (Bacon 1943, p. 406), yet its focus on individual drinkers has overlooked social context. Physiology has explained how alcohol affects the human body, but it cannot solve the social problem of alcohol. Its "greatest use," Bacon (1943, p. 406) stated, was "in the diagnosis and treatment of diseases related to alcohol."

Indeed, the idea that problem drinking was a disease posed a significant challenge to Bacon's research program. The modern disease concept was constructed by the alcoholism movement, "a loose amalgam of interests united by a commitment to a conceptualization of alcohol-related problems in terms of a single entity, nowadays usually identified as alcoholism or alcohol dependence" (Room 1979, p. 252). The alcoholism movement had support from lay people, political leaders, and health care professionals who looked to medical science to explain and solve the problems of alcohol after the failure of national alcohol prohibition (Page 1988). In fact, the Yale Section of Alcohol Studies, Bacon's research center, played a primary role in the alcoholism movement and in framing the modern disease concept of alcoholism. Bacon thus stood little chance of accomplishing his research objectives in a social and scholarly climate that was fixated on drinking problems, not drinking behavior. As Bacon (1976, p. 100) himself later commented, sociologists who studied drinking "found not only general lay publics and politically and professionally relevant groups viewing them as 'dangerous' and 'radical,' but even the 'laboratory science' people joining this negative evaluation."

But Bacon also trusted the scientific method in contrast to "the puritanical moralism of classic temperance" (Levine 1991, p. 108) that insisted all drinkers reject alcohol because of the problems some drinkers experienced. Bacon believed, in other words, that medical science could handle the problems of alcohol. At odds, then, between his "sociologic" program of study and the dominant disease paradigm, Bacon's body of work never matched the research agenda he proposed. On the contrary, Bacon spent most of his career defending the modern disease concept of alcoholism that the alcoholism movement invented. Consequently, Bacon studied drinking behavior from a problem-oriented perspective (Levine 1991) – he practiced a sociology of problem drinking, not a sociology of drinking behavior. Hints of this perspective even appear in Bacon's original research plan. "What aspects of the *total problem* [italics added] of alcohol present situations, dilemmas, questions," Bacon asked (1943, p. 407), "which can be properly submitted to the techniques, experience, knowledge, and logic of the sociologic method?"

A problem-oriented approach has since dominated the literature on not only alcohol but all drugs. However, a review of the literature shows that it fulfills the central objective of Bacon's plan – that is, to reverse the "scarcity of sociologically relevant information" (Bacon 1943, p. 445) on drinking and drug problems. In short, the literature reveals a sociology of drinking and drug problems in the spirit of the research program Bacon proposed. This article suggests that the sociology of drinking and drug problems can be

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regarded as a multidisciplinary field of study and usefully divided among three primary perspectives: (1) a sociocultural perspective that considers social change, modern society, and cultural influence; (2) a socio-environmental perspective that explores social learning, social setting, and alienation; and; (3) an ideological perspective that examines cultural, institutional, and professional ideologies. This typology is not the only way to interpret the literature that is presented in this analysis, but it does highlight the broad conceptual and theoretical orientations linking work performed over several decades by sociologists and researchers in closely allied fields on many different alcohol and drug topics. Indeed, the sociology of drinking and drug problems exposes the considerable influence of "sociologic" factors on problem drinking and problem drug use across scientific disciplines and, in particular, that problem drinking and problem drug use, from a multidisciplinary standpoint, are not caused exclusively by biologic traits. However, the sociology of drinking and drug problems is limited by the problem-oriented approach. More research needs to analyze the normal use of alcohol and other drugs to better understand the connection between substance use and social life.

The sociocultural perspective

It has long been recognized that culture "is that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society" (Tylor [1891] 1982, p. 18). Works using what this analysis calls a sociocultural perspective on drinking and drug problems have analyzed the influence of social change, modern society, and culture. The historian Rorabaugh (1979) found that early 19th century industrialization – specifically new technologies, economic growth, immigration, and urbanization – caused anxiety and frustration among Americans who turned to alcohol for relief. Consequently, "early nineteenth-century America may not have been 'a nation of drunkards,'" Rorabaugh (1979, p. 21) contended, "but Americans were certainly enjoying a spectacular binge." Levine (1978), a sociologist (from here forward, unless otherwise identified the researchers named in this article are sociologists), argued that the mid-19th century development of market capitalism and middle-class society in America led to the discovery of addiction. "A transformation in social thought grounded in fundamental changes in social life" (Levine 1978, pp. 165–166) prompted medical professionals, religious leaders, and the public to regard alcohol as inherently addicting and alcohol consumption as dangerous.

Gusfield (1996, p. 93) pointed out that early 20th century urbanization and new forms of recreation such as movies, amusement parks, and spectator sports fostered the "privatization of drinking," or the consumption of alcohol at home. As contemporary American society developed, Gusfield (1996, p. 93) wrote, "the saloon was not as vital to a working class now more accustomed to city life and new consumption patterns." Ullman (1953, p. 188) looked at drinking norms before and after the repeal of national alcohol prohibition in 1933 and noticed that drinking behavior "changed from the time when prohibition was on the wane to one when drinking became a legal, easily accomplished activity." As a result, Ullman (1953) revealed, alcoholics and non-alcoholics began drinking at different ages, consumed different types of alcohol for their first drink, and experienced different effects from alcohol when they first drank.

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Research emphasizing a sociocultural perspective has also examined the impact of modern society on drinking and drug problems. Bacon ([1945] 1972) believed, for example, that modern society offers numerous advantages, but that the specialization, stratification, and individualism of modern society increase emotional insecurity. “Since alcohol can reduce the impact, can allow escape from the tensions, fears, sensitivities, feelings of frustration, which constitute this insecurity, its role will be more highly valued” (Bacon [1945] 1972, p. 192). Likewise, the anthropologist Horton ([1945] 1972) suggested that drinking reduces anxiety from danger. In primitive societies, sickness and survival are at issue. In modern society, however, poverty, job dissatisfaction, and powerlessness cause alcohol problems (Horton [1945] 1972).

Macrory (1952) concluded that community taverns offer drinkers temporary relief from the urbanization, factory work, materialism, and competition of modern society. Taverns provide “social-psychological satisfactions which are as necessary to personality development and well-being as food and clothing are to physical existence and comfort” (Macrory 1952, p. 636). Alexander (2008, p. 60), a psychologist, proposed that addiction is a substitute for membership and personal meaning in a “globalising free-market society” that prizes productivity, competition, and status. Individuals who cannot conform to these norms experience psychosocial “dislocation” (Alexander 2008) which they manage by abusing alcohol and other drugs.

Sociocultural studies that have considered the effect of culture on drinking and drug problems include the work of Bales (1946, p. 482) who described alcoholism as “culturally induced.” Modern culture promotes heavy drinking not only to alleviate the worry and tension that the culture itself generates but also because the culture lacks alternative resources to help individuals handle these emotions (Bales 1946). The biostatistician Jellinek (1962) remarked that definitions of problem drinking differ across Anglo-Saxon countries as do cultural-economic reasons for heavy drinking such as viticultural interests in Italy and France. MacAndrew and Edgerton (1969, p. 89), a psychologist and an anthropologist, respectively, argued that definitions of drunkenness and drunken comportment are “societally sanctioned.” People learn what their society “‘knows’ about drunkenness; and, accepting and acting upon the understandings thus imparted to them, they become the living confirmation of their society’s teachings” (MacAndrew and Edgerton 1969, p. 88).

Rodin (1981, pp. 823, 832), an anthropologist, called alcoholism a “folk disease” because of its widespread recognition in America’s “medical culture” yet uncertainty about its nature because of “ambivalent reverence for scientific explanation” and doubt over the efficacy of medical treatment. Similarly, Room (1985, p. 136) characterized alcoholism as a “culture-bound” syndrome, suggesting that problem drinking “does not become alcoholism without a specific pattern of general cultural beliefs and norms.” Even among similar cultures, different ideas as to what constitutes alcoholism are common (Room 1985). The historians Lender and Martin (1987) hypothesized that American ambivalence about alcohol consumption and ineffective attempts to deal with problem drinking stem from diverse and variable drinking norms rooted in American multiculturalism. Lastly, Caetano (1991), a physician, investigated acculturation and alcohol use among Mexican-American women. “The United States is a much ‘wetter’ world than Mexico,” Caetano (1991, p. 307) wrote,

"and coming across the border for women entails a considerable change as far as drinking habits and norms are concerned."

The socio-environmental perspective

Research that reflects what this article identifies as a socio-environmental perspective has explored how, with whom, when, and where drinking and drug use occur and has analyzed the influence of social learning, social setting, and alienation. Becker (1953) said that regular marijuana use is learned. Novice users do not continue to use marijuana unless they learn from experienced users how to smoke marijuana, how to recognize its effects, and how to enjoy those effects (Becker 1953). Lindesmith (1968, p. 78) discovered that opiate users experience addiction only if they learn from "social heritage," or by observation or experience, how to recognize opiate withdrawal, link withdrawal to their opiate use, and then use opiates again to relieve their withdrawal distress. "Persons who interpret the symptoms of opiate withdrawal as evidence of a need for the drug … act accordingly," Lindesmith (1968, pp. 95–96) noticed, "and, from using the drug after they have understood, become addicted." Bruun (1959) suggested that members of small groups who consume the same amount of alcohol behave differently having been socialized about drinking norms differently by other group members. Rudy (1986, p. 60) explained how "A.A. ideology" – what Alcoholics Anonymous (AA) teaches its members about chronic drinking – convinces drinkers that they are alcoholic. Convinced alcoholics do not call themselves "alcoholic" before they join AA but rather describe themselves as such after they attend AA meetings (Rudy 1986).

Works that illustrate a socio-environmental perspective have also examined the impact of social setting on drinking and drug problems. Gottlieb (1957) observed that taverns are located in residential areas and therefore attract lower-middle-class "regulars" who consume beer and whiskey and impose drinking norms inside the tavern. Conversely, lounges are located in commercial areas and serve mixed drinks to a transient, upper-middle-class clientele with no emotional investment in the establishment (Gottlieb 1957). Cavan (1966) showed that behavior in a public drinking place depends on the bar's function and clientele. In the *convenience bar*, customers drink to pass time as they await a nearby activity. Conversely, patrons at the *nightspot* "flood out" (Cavan 1966, p. 167) during the bar's sponsored entertainment. In fact, "the expectation that patrons will show involvement in and deference to the production restricts the extent to which other activities may be engaged in" (Cavan 1966, p. 161). In the *marketplace bar*, "serious drinking" (Cavan 1966, p. 179) occurs over transactions for sex, drugs, and information while the *home territory bar* is for "regulars" who impose a code of etiquette in the bar "as though it 'belonged' to them" (Cavan 1966, p. 211).

Zinberg (1984), a psychiatrist, found that the "setting" of drug use contributes to whether drug users can control their use. For example, United States soldiers who abused heroin during the Vietnam War stopped using the drug once they left "the noxious" (Zinberg 1984, p. xi) war environment and returned home. The philosopher Fingarette (1988) called heavy drinking a "central activity" in the lives of some drinkers. "Life is pervaded by a preoccupation with drinking, shaped and driven by the quest for drink, drinking situations,

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and drinking friends" (Fingarette 1988, p. 100). In other words, heavy drinkers organize their daily life around drinking and look for settings that promise and promote heavy drinking.

Socio-environmental studies have additionally analyzed drinking and drug problems with respect to social settings that produce alienation. Indeed, individuals who are powerless to achieve mainstream goals through conventional means might "retreat" into addiction (Merton 1938). Drug addicts are thus "*in* the society but not *of* it" (Merton 1938, p. 677). Peele (1989), for instance, a social psychologist, stated that heavy drug users use drugs to acquire power. "They see in the substance the ability to accomplish what they need or want but can't do on their own" (Peele 1989, p. 158). "Personal powerlessness," added to the chemical effects of drugs, "readily translates into addiction" (Peele 1989, p. 158). Williams (1992) attributed crack addiction in New York City's West Spanish Harlem to the powerlessness that accompanies racism, poverty, unemployment, family instability, and community decay. "Those who can command resources," Williams (1992, p. 3) discovered, "who have the power to effect change in their lives, are very hard to find in the crackhouse."

The anthropologist Bourgois (2003) studied the drug trade in New York City's East Harlem, a product of poverty and racial and political oppression among the residents of that community. The drug trade "emerged in opposition to exclusion from mainstream society" (Bourgois 2003, p. 8). Waldorf et al. (1991) looked at cocaine use from the opposite point of view. A "stake in conventional life" – family, finances, a job, and social status – helps heavy cocaine users control their use or even quit using cocaine. Health problems and diminishing pleasure from cocaine also control use. "After prolonged abuse, the cocaine high simply stopped being fun and started disrupting rather than enhancing the everyday lives and selves in which users were invested" (Waldorf et al. 1991, p. 226).

The ideological perspective

Studies emphasizing what this analysis describes as an ideological perspective on drinking and drug problems (work that also, it deserves mention, reflects the broader social constructionist tradition, or what Spector and Kitsuse [1977, p. 96] refer to in the context of social problems as "claims-making, complaints, and demands for the relief and amelioration of offensive conditions") have considered cultural, institutional, and professional ideologies. "We speak of an ideology when a certain idea serves a vested interest in society. Very frequently … ideologies systematically distort social reality in order to come out where it is functional for them to do so" (Berger 1963, p. 111). Sinclair (1962), a historian, suggested that ideological differences in America between rural "drys" and urban "wets" led to national alcohol prohibition and ultimately to repeal. "Prohibition can only work moderately well in rural and settled societies," Sinclair (1962, p. 415) wrote. "It must fail in the crowd of the streets. For alcohol is easy to make and simple to sell and pleasant to consume, and few men will refuse so facile a method of escaping from the miseries of living." Schneider (1978) insisted that the idea alcoholism is a disease stems from cultural values and not scientific evidence. Therefore, the disease concept of alcoholism is a "social accomplishment:" it originated with the colonial American idea that drunkenness is sinful

and became institutionalized with the modern American idea that medicine and science can solve problem drinking (Schneider 1978).

Musto (1999), a physician, documented how in the early 20th century Southern whites falsely claimed that cocaine caused blacks to be violent to preserve their racial power. Similarly, the historian Courtwright (2001, p. 149) examined the "heroin revival" in the United States after World War II when the typical heroin addict, a young, poor, urban, black male, became stigmatized and stratified. In contrast, morphine addiction among white, middle- and upper-class women in the late 19th century drew little public attention. "What we think about addiction," Courtwright (2001, p. 4) concluded, "very much depends on who is addicted."

Studies on institutional ideologies include the work of Seeley (1962, p. 587) who called the disease concept of alcoholism a "moral judgment" that medicine and religion make to control drinkers. The disease concept conceals "that a step in public policy is being *recommended*, not a scientific discovery announced" (Seeley 1962, p. 593). The psychiatrist Szasz (1974, pp. 50–51) argued that the word "addiction" is part of a "moral attitude and political strategy." The government and the medical profession overstate and exploit drug problems to maintain social control (Szasz 1974). Wiener (1981, p. 251) traced "how *an arena built around the social problem* of alcohol use [grew] from an invisible to a *visible* state." In the 1970s, "a network of ideology bearers" (Wiener 1981, p. 17) comprised of political, scientific, and lay supporters of alcoholism as a disease convinced the American public that alcohol use endangered society. Likewise, Reinarman and Levine (1997a) studied how in the late 1980s politicians and the media manufactured a crack scare for political and financial gain when crack use became visible among racial and ethnic minorities in poor, urban communities. Chapkis and Webb (2008), the latter a communication studies expert, detailed the American government's efforts since the 1930s to demonize marijuana and to block research on its medicinal benefits. Yet the government insists that "drug policy must be based on science, not ideology" (see Chapkis and Webb 2008, p. 65).

Regarding professional ideologies, Edwards (2002), a physician, noted the potential impact of the researchers themselves on the addictions field. "We need to know more about who these people were and are, by what diverse routes they get into the field, how they were trained, what held their commitment in place" (Edwards 1991, p. xiv). The librarian Page (1997, p. 1634) explained how in the 1940s and 1950s E. M. Jellinek, Selden Bacon's superior at the Yale Section of Alcohol Studies, hoped to acquire "scientific hegemony" over the alcohol studies field by promoting the disease concept of alcoholism. Acker (2002, p. 9), a historian, found that in the Progressive Era of the early 20th century psychiatrists and pharmacologists portrayed urban opiate addicts "not as straightforward description of psychological or physiological reality, but as a complex amalgam of observations and disciplinary concerns." Psychiatrists and pharmacologists labeled opiate users "junkies" to legitimize psychiatry in the medical community and to establish the American pharmaceutical industry (Acker 2002).

Armstrong (2003, p. 212) concluded that the "moral force" with which physicians diagnose fetal alcohol syndrome is proportionate to their misunderstanding of the issue. Doctors judge

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any drinking by pregnant women as deviant because “what they [cannot] cure as physicians, they [hope] to banish as moralists” (Armstrong 2003, p. 212). Finally, Campbell (2007), a historian, analyzed the “laboratory logics,” or disparate scientific aims, of addiction researchers. From the 1920s when pharmacologists studied addiction in monkeys, the 1930s to the 1970s when the Addiction Research Center conducted human trials, to the 1990s when neuroscientists “hijacked” (Campbell 2007, p. 200) drug abuse research, scientists have not adequately explained addiction nor have their theories enjoyed any lasting support.

Discussion

It is beyond the scope of this review to cover all the studies on drinking and drug problems that embody Bacon’s proposed program of research (for two classic volumes on alcohol consumption, see Barrows and Room 1991; Pittman and Snyder 1962). Nevertheless, the literature on alcohol and other drugs that is presented in this article reveals a sociology of drinking and drug problems in the spirit of the research program Bacon proposed. As Bacon urged, researchers have studied the functions of alcohol and drug consumption (e.g. Alexander 2008; Bacon [1945] 1972; Bourgois 2003; Horton [1945] 1972; Peele 1989), the manner and method by which alcohol and other drugs are consumed, including where, when, and with whom (e.g. Cavan 1966; Fingarette 1988; Macrory 1952; Zinberg 1984), and norms, sanctions, and, in particular, sanctioning agents related to drinking and drug problems (e.g. Acker 2002; Armstrong 2003; Campbell 2007; Edwards 1991, 2002; Page 1997; Sinclair 1962; Wiener 1981). Also matching Bacon’s research plan, scholars have examined how race, socioeconomic status, and occupation affect drinking and drug problems (e.g. Courtwright 2001; Gottlieb 1957; Musto 1999; Reinarman and Levine 1997a; Waldorf et al. 1991; Williams 1992), the influence of social and cultural mores and institutional demands (e.g. Bales 1946; Caetano 1991; Chapkis and Webb 2008; Jellinek 1962; Lender and Martin 1987; Rodin 1981; Room 1985; Schneider 1978; Seeley 1962; Szasz 1974), social change (e.g. Gusfield 1996; Levine 1978; Rorabaugh 1979; Ullman 1953), and how drinking comportment and drug problems, especially habits, customs, and roles, are learned (e.g. Becker 1953; Bruun 1959; Lindesmith 1968; MacAndrew and Edgerton 1969; Rudy 1986).

More specifically, this article suggests that the sociology of drinking and drug problems can be regarded as a multidisciplinary field of study and usefully divided among sociocultural, socio-environmental, and ideological perspectives. To reiterate, this typology is not the only way to interpret the literature that is presented in this analysis, but it does highlight the broad conceptual and theoretical orientations linking work performed over several decades by sociologists and researchers in closely allied fields on many different alcohol and drug topics. Indeed, that the work of sociologists as well as historians, anthropologists, psychologists, biostatisticians, physicians, psychiatrists, philosophers, communication studies experts, and librarians reveals this typology and its analytic elements – social change, modern society, and cultural influence; social learning, social setting, and alienation; and cultural, institutional, and professional ideologies – suggests that its value is its capacity to expose the considerable influence of “sociologic” factors on problem drinking and problem drug use across scientific disciplines. In short, this typology uncovers “socio-logic” data on drinking and drug problems throughout the research literature, not just data from the

sociological literature. One conclusion drawn from these data, frequently discussed in sociological studies on alcohol and other drugs but less commonly from a multidisciplinary standpoint, is that problem drinking and problem drug use are not caused exclusively by biologic traits. The opposite view still dominates medical, scientific, and public thinking just as it did throughout Bacon's career. Nowadays addiction is called a "brain disease" (see, e.g. Ries et al. 2009). But as even Bacon (1943, p. 408) argued about drinking behavior before adopting the problem-oriented approach, "there seems little reason to believe that there is a physiological need for alcohol, or that drinking stems from an inherited craving."

Works emphasizing a sociocultural perspective (which mostly examine alcohol consumption) have indicated that social change can cause problem drinking. For instance, early 19th century industrialization in America triggered new technologies as well as economic, population, and urban growth that ultimately produced middle-class, modern society. Modern society is characterized by specialization, individualism, materialism, productivity, competition, and status – factors that generate anxiety, frustration, tension, and fear because they can lead to stratification, poverty, job dissatisfaction, and powerlessness in today's global society. Individuals might attempt to mitigate these problems by drinking excessively. In fact, modern culture promotes heavy drinking to alleviate the worry and tension that the culture itself generates while places such as community taverns that offer solace from modern culture might tacitly encourage problem drinking. In addition, cultures socialize individuals how to define problem drinking and how to behave during drinking episodes. Problem drinking can also stem from cultural-economic interests, American multiculturalism to the extent that it engenders ambivalent attitudes about problem drinking, and acculturation to American drinking norms. The biologic model rejects the influence of culture on problem drinking and "hides the significant aspects of movements that occur in everyday life" (Gusfield 1996, p. 8).

Studies that illustrate a socio-environmental perspective have revealed how individuals learn to use, interpret, and react to alcohol and other drugs. Regular (and by implication problem) marijuana use is learned, just as opiate users become addicted only if they learn to recognize opiate withdrawal from other opiate users. AA persuades people to label themselves "alcoholic" while social settings such as public drinking places might encourage or deter problem drinking based on drinking norms established by their patrons or activities in or near the bar. Noxious environments can cause problem drinking and problem drug use as can communities that are plagued by alienation and powerlessness – corollaries of racism, poverty, unemployment, family instability, community decay, political oppression, and exclusion from mainstream society that affect urban minorities and inner-city ethnic groups. Heavy cocaine users can control their use or stop using cocaine altogether if they perceive they are jeopardizing important aspects of their life such as their family, finances, job, or social status. Social learning, social setting, and alienation, then, are as relevant to problem drinking and problem drug use as biologic vulnerability.

Research that reflects an ideological perspective has underscored the influence of cultural, institutional, and professional ideologies on conceptions of problem drinking and problem drug use. Whereas colonial Americans defined drunkenness as sinful, in the mid-20th century, after rural "drys" and urban "wets" ended their debate over national alcohol

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prohibition, Americans described problem drinking as a disease that medicine and science should solve. In the early 20th century, white Americans exploited cocaine use among blacks to protect their racial power while after World War II young, poor, urban black males who abused heroin endured comparatively more stigma and stratification than their 19th century white, middle- and upper-class female counterparts. Medicine and religion characterize problem drinking as a moral issue as American politicians and the media, focused disproportionately on racial and ethnic minorities in poor, urban communities, portray problem drug use as a national issue. Furthermore, the United States government challenges the medicinal value of marijuana, just as it challenged alcohol use in the 1970s, in accord with its antidrug mentality. Lastly, scientists and medical professionals exaggerate problem drinking and problem drug use to control alcohol and drug users, to legitimize or advance their professional agenda, to rationalize morality in the name of clinical care, and to defend scientific logic despite its limitations. In sum, problem drinking and problem drug use are not simply matters of biology.

Limitations and future research

That the literature presented in this article reveals a sociology of drinking and drug problems that challenges conventional thinking about problem drinking and problem drug use does not excuse its limitations, namely the problem-oriented approach. This approach primarily considers the negative effects of sociocultural, socio-environmental, and ideological factors on alcohol and drug consumption – from how social change and modern society cause excessive drinking, to how small groups and risky social settings contribute to drug addiction, to the social, political, and professional interests that the words “alcoholism” and “addiction” serve. Consequently, the problem-oriented approach overlooks the normal use of alcohol and other drugs, or “customary” and “valuefree” substance use (Heath 1975, p. 34). Some of the studies above illustrate how alcohol and drug use can be normal, customary, or valuefree. Gottlieb (1957) observed a tavern bartender who awaited the arrival of the “regulars” by arranging beer and whiskey along the bar. This was a “customary procedure” (Gottlieb 1957, p. 562) for the bartender that initiated his patrons’ daily drinking ritual. Cavan (1966) noticed that deviant behavior that occurs *outside* of a public drinking place (e.g. drunkenness and fighting) is not defined as such when it occurs *inside* of a public drinking place. When settings change, so too do values regarding appropriate conduct. MacAndrew and Edgerton (1969, pp. 61–82) found that self-control over drinking does not go on “holiday” even as societies teach people about drunken comportment. On the contrary, cultural “limits” determine customary behavior during drinking episodes. Waldorf et al. (1991) exposed how cocaine use can become part of one’s everyday routine. Only when cocaine use interferes with a “stake in conventional life” (Waldorf et al. 1991) is one compelled to stop using cocaine. Finally, Gusfield (1996) argued that when the working classes in the early 20th century began drinking at home instead of in the saloon, they established an element of modern American culture. For some drinkers, consuming alcohol at home became the normal activity that it is today.

In 2005, moreover, the journal *Addiction Research and Theory* published a “special” issue on alcohol and drug use as a “normalized activity” (Hammersley 2005, p. 203; see Dalgarno and Shewan 2005; Gilhooly 2005; Golub et al. 2005; Granfield 2005; Hudebine 2005; Levy

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and Anderson 2005; McMillan et al. 2005; Parker 2005). "Drug use cannot be understood or tackled except as being situated in wider understandings of people and society," wrote the psychologist Hammersley (2005, p. 201), the issue's editor. "In contrast, most previous drugs research has focused upon identifying specific factors that promote pathological or harmful use, as well as documenting and classifying the harms that occur." Hammersley identified the problem-oriented approach that characterizes most of the research in this article and throughout the literature. Yet studies on normal alcohol and drug use, not unlike the studies just mentioned, would make a valuable contribution (see, e.g. Reinarman and Cohen 2007; Rødner 2005; Room 1975). These studies would explain, for example, how a "silent majority" (Waldorf et al. 1991, p. 12) of alcohol and drug users can use regularly not only with control but without incident. Research on the normal use of alcohol and other drugs would uncover and clarify the positive functions of substance use – from personal pleasure and temporary reprieve, or "time-out," to the development of group consciousness, community, and social solidarity and equality. The degree to which normal alcohol and drug use by some, in certain settings, promotes responsible use by others also deserves more attention. Perhaps most fundamental of all, research on the normal use of alcohol and other drugs would lead to a better understanding of how substance use "is woven into the very fabric of social existence" (Marshall 1979, p. 3) in the United States and abroad. Alcohol and drug use, similar to abuse, derives from norms, values, customs, expectations, experiences, and objectives and not just from chemical and pharmacological effects. Research on how "unremarkable" (Hammersley 2005, p. 203) and "intrinsic" (Reinarman and Levine 1997b, p. 337) alcohol and drug use is would properly shift the focus from problems and pathology to pragmatism and people.

Nevertheless, the literature on alcohol and other drugs that is presented in this article reveals a sociology of drinking and drug problems in the spirit of the research program that the sociologist Bacon proposed. This literature exposes a typology that consists of sociocultural, socio-environmental, and ideological perspectives which show the considerable influence of "sociologic" factors on problem drinking and problem drug use across scientific disciplines. This typology reaffirms, from a multidisciplinary standpoint, that problem drinking and problem drug use are not caused exclusively by biologic traits. The sociology of drinking and drug problems is limited by the problem-oriented approach. More research on the normal use of alcohol and other drugs will contribute to a better understanding of the connection between substance use and social life.

Short Biography

Christopher R. Freed is Assistant Professor of Sociology in the Department of Sociology, Anthropology and Social Work at the University of South Alabama. His research interests include the sociology and history of drugs, the medical profession, and conceptions of illness. Dr. Freed has authored or co-authored articles and chapters for *Psychiatric Services*, *Assessment of Addictive Disorders* (Guilford Press 2005), and *Contemporary Drug Problems*. A forthcoming chapter on the history of medical, scientific, and popular ideas about addiction will appear in the *American Psychological Association Addiction Syndrome Handbook* (American Psychological Association 2012). Dr. Freed's current research interests include the medical treatment of addiction and medical professionalism. He has

held research positions in addiction at the University of Pennsylvania School of Medicine and Harvard Medical School and was a National Institute on Drug Abuse Predoctoral Fellow in Behavioral Science Training in Drug Abuse Research. Dr. Freed holds a BA in Sociology from Union College and an MPhil and PhD in Sociology from The Graduate Center, The City University of New York.

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