

ternatives. To this, one can add that a lack of research results is not the same as an absence of effect. Consequently, there is a new generation of school-based programmes on their way that has not yet been researched on a larger scale. These include initiatives to improve the psychosocial climate in schools, which mainly reduces the marginalisation of especially vulnerable children, and indirectly also reduces a number of risk behaviours including alcohol consumption.

Certain areas are lacking in the book. These are mainly to do with parents/family. Here effectiveness is proven fairly conclusively. Partly this comprises initiatives for unruly/vulnerable, small children and their families, and partly parental programmes based on literature on risk and protective factors. The latter can be directed towards both high-risk families and ordinary families. An important spin-off of these programmes is that they constitute a link to the local community and can be included in a strategy for local mobilisation. Moreover, the effect of integrating mass communications initiatives with local public health work is not discussed.

What is also lacking is a discussion on how drinking to intoxication can be affected. This stands out as a major flaw as so many of the disadvantages of alcohol can be attributed to intoxication.

Alcohol: No Ordinary Commodity is despite some minor and unavoidable flaws a very impressive work. The book can be heartily recommended to both decision-makers and professionals in the field of alcohol. The book delineates sharply the discrepancy that prevails between theory and praxis in this field. In practice, preventive measures are still governed by an approach based on the individual and treatment. However, from a public health perspective efforts based on the individual only yield limited effects that are furthermore short-lived, as the underlying societal system that produces the alcohol problems is not affected. Furthermore there is a one-sided focus on initiatives directed towards the youth. On the other

hand, the initiatives that research has proven to be most effective are often conspicuously absent. This is largely because local decision-makers often lack a research-based foundation for their prioritisations in this area. To that end, this book can fulfil an important service.

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Policy relevant social science

Thomas Babor (ed.)

Alcohol – No Ordinary Commodity. Oxford University Press. 2003. 290 p.

What could be more exciting than to review a book that declares to be a continuation of a work that started my research career under Kettil Bruun, “Alcohol Policies in Public Health Perspective” (1975). At the time, I was asked to collect and analyse statistics on world trends in alcohol production, international trade and consumption. That study resulted in my dissertation a few years later. The present volume offers a welcome opportunity to observe what has happened in policy relevant alcohol research in thirty years.

Babor et al. justifiably include in their work’s self-made genealogy, a second book, “*Alcohol and the Public Good*” under Griffith Edwards (1994). All three volumes have been sponsored by the WHO and co-authored by many researchers from several countries. They all focus on rates of alcohol-related problems in whole populations, mostly national, and they all summarise research evidence on the effectiveness of a selection of policy instruments. And they do

not hesitate to make clear and strongly formulated recommendations to policy makers and concerned citizens.

The main argument of the original purple book seems to have required little revision in the light of research since it was first formulated. The distribution of alcohol consumption is skewed so that the higher the average consumption, the higher the number of consumers exceeding a risk threshold however defined, and the higher the consumption level of those who are above it. If the average consumption can be influenced by policy measures, then the likelihood of risks and prevalence of harmful consequences are also affected. The major refinements to the 1975 formulation concerned first the exact mathematical form of the distribution. Then the so-called “prevention paradox” shifted attention from the heaviest consumers to the observation that some consequences may have risk functions such that the low or moderate consumers generate most harm among the population. For example alcohol-related accidents and injuries occur more often among the great majority of people who are not heavy consumers. The other important case is the j-shaped risk curve for coronary heart disease, meaning that alcohol has cardio-protective effects at low consumption levels.

These questions were adequately handled by research already summarised in the 1994 book. From the policy point of view, they were rather minor refinements – total consumption still remains the key target variable. “Less is better” nearly always at the population level.

After 1994 the most interesting new research findings concern the effects of drinking patterns and high risk situations on consequences both for individuals and for populations. These are described and discussed in the present volume but the authors do not change their conclusion: the total consumption remains the key indicator of the severity of alcohol problems in any population. Another new perspective is the use of summary measures such as the global health burden. Alcohol is the fifth most detrimental risk factor in the whole world, measured as Dis-

ability Adjusted Life Years (DALY) index developed by the WHO. In the developed world alcohol accounts for 9.2% of the whole burden of disease, third after tobacco and blood pressure. In emerging economies such as China and East-Central Europe, alcohol is the leading cause of lost life years. Such composite measures can, of course, be criticised for being merely calculations based on informed guesses about the causal role attributable to each risk factor, but in any case they do tell the sad story in concrete and comparable language.

In the basic message, then, no change in thirty years. Still the emphasis in each of the three books is different. Three words appear in the titles of them all: alcohol, public and policy, but the respective positions of these words are different. Bruun et al. presented the total consumption model as a public *health* alternative to the then prevalent control system that selectively picked “alcoholics” as the targets of control mainly for *social* reasons. The “*public good*” in Edwards et al. already is much more explicitly contrasted with the private good of the alcohol industries. As I read it, the *public policy* in the title of Babor et al. is a contrast to *privatised policy*. First, it signals a protest against the ongoing tendency in national and international policy-making to promote private interests at the expense of public health and social concerns. Secondly, it insists that policies be formed openly on the basis of solid evidence, not of ideology without proper public consideration of the consequences.

The shift is understandable given the context. It was no secret in 1975 that the total consumption approach implies state regulation of the market – although it did not in any way *stem* from ideological premises to this effect. That was the time when alcohol policy first began to be seen as a left-right political issue in the Nordic countries, but the purple book itself could hardly be read as a socialist manifesto against free trade. There was no need: the Nordic, Canadian and many US monopolies were steadily in place, and Alko partly financed the study.

Today, state alcohol monopolies have been privatised or have lost their public health edge. Babor et al. openly stress the continuing need for state regulation – and do this against a mega-trend towards completely free global markets.

The political emphasis aside, the recommendations have stayed as stable as the doctrine that underlies them. (1) Tax-regulated price policies, availability controls, limits on days and hours of sale, age limits, anti-drink driving policies, mandatory good serving practices and rule enforcement work. Also treatment services and early intervention practices have proven to be effective tools also in population-based prevention. (2) Education, information, community work without regulatory changes, partnerships and indirect methods such as social skills training are for the most part a waste of time. As the authors of the present volume say, something must be wrong as the first category of policies is so unpopular, and the second so favoured by policy makers. This is a very serious question at a time when many areas of the world are undergoing trade deregulations, including the Nordic countries and East-Central Europe, where alcohol is already a serious health burden. One cannot but conclude that it is irresponsible and harmful to waste money and time on education, “community-based prevention work”, networking and partnerships, while proven effective regulations such as taxation are being relaxed.

The present volume suggests two new avenues for future summaries of this type. Relevant new knowledge can be expected from neurobiological and genetic research on the mechanisms of intoxication and addiction. We may at some point have reason to go back to Jellinek-style typologies of alcoholism if mechanisms of different kinds of addiction will be identified. Genetic risk screening may be helpful in individual counselling, but even this will probably not change the basic factor of exposure, i.e. the total consumption and availability of alcohol.

The other avenue could already have been discussed more systematically in the light of existing research. Babor et al. do not explic-

itly evaluate the possibility of harm-reduction aimed at drinking patterns. This could be a policy option if indeed drinking pattern is an independent risk factor. Policies that have so far been justified in this way have been compromised because they are *also* conducted according to higher total consumption. The recent 40 percent tax and price reduction of vodka in Finland will be an interesting case for epidemiologists, since this time increased volume is accompanied by an increased proportion of alcohol consumed as strong drinks and – presumably – less healthy drinking patterns.

Babor's volume provides a methodological example on what policy relevant social science should do much more consciously than presently. We should be sensitive to variable cultural and social contexts but not be mis-carried by them. Many research results *can* be generalised, not within one study but across a large number of studies in different sites and situations, given that the singular studies are reasonably designed and reported. In contrast, “prevention projects” that have no specific and measurable goals and no identifiable input variables either, are of no use from the research point of view. For policy making and persuasive purposes it may be justified to stress, as Babor et al. do, that the research basis is there, and even strong. From a scientific point of view, there is much to add to this basis especially on the efficacy of policy measures targeted at (a) social harm, (b) high-risk situations such as late night drinking, and (c) drinking patterns. Although the causal mechanisms from alcohol to harms might be impossible to detect in these cases, policy effects can be proven with adequate quasi-experimental designs. And that is what matters.

With its summary boxes, tables and user's guide this is a very recommendable book, not only to policy makers but also to those responsible for setting research priorities in the field.

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