

ATTEMPTS TO SYSTEMATIZE ALCOHOLOGY AND ANTI-ALCOHOLIC POLICIES

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PROBABLY all professionals, researchers, therapeutic facilities and anti-alcoholic societies have their own viewpoint of the reality which they would like to change and/or as to the scientific approaches they utilize. Thus, a doctor's main interest is therapy; a jurist looks at an alcoholic as an actual or potential offender; a sociologist or a social worker is concerned with the interplay between man and his environment.

It is essential to conceptualize the basic tenets and systems of a science before embarking on research. The fact that alcoholology has become a separate branch of science indicates that the period of merely gathering scientific information has long passed, and the time has come to collate and systematize the many data already available.

Existing Systems

The Classified Abstract Archive of the Alcohol Literature (CAAAL)¹ of Rutgers Center of Alcohol Studies is categorized according to the different sciences from the viewpoint of which the alcoholic studies have been made. The Code Dictionary of the CAAAL is divided into 24 main categories such as biochemistry, physiology, sociology, etc., each headed by a capitalized letter of the alphabet. Thus issues related to treating conditions resulting from alcoholism were originally listed under the letter "N" (Treatment of Medical Complications of Alcoholism and Alcohol Intoxication) and under "M" (Treatment of Alcoholism, Rehabilitation of Inebriates). Overlapping problems, however, are also discussed in other categories of the CAAAL system, e.g. "H" (Medical Complications of Alcoholism, "I" (Mental Disorders), "L" (Alcohol Addiction or Alcoholism), "T" (Legal Aspects—compulsory treatment), "S" (Statistics, Socio-economic—Treatment Costs), "Z" (Miscellaneous), etc.

It is rather confusing that the therapeutic utilization of alcohol is listed in the therapy group though the only point it has in common with the therapy of alcoholism is the word "therapy".

For a practising therapist the CAAAL system is frustrating. The therapeutic process should not be broken down into separate parts according to the medical, sociological, legal, economical, psycho-

logical etc. aspects, but seen as the coherent whole which it actually is.

The system based on the concepts of Swiecicki² has two main classification principles:

—*Man's attitude to the world* which he tries to transform and adapt to his needs and in particular his attitude towards alcohol, with the following sub-headings: (a) man and alcohol, (b) alcohol and human relations, (c) social effects of drink and the role of alcohol in culture patterns.

—*Man in the process of adapting himself to his environment* with the following sub-headings: (1) patterns; customs; (2) knowledge; attitudes; (3) behavior.

A combination of the various sub-groups of the two main sections offers a systematic overview of alcohol policy problems.

The therapeutic problems are placed in the third sub-group of the two main categories (c/3) along with "the model of culture" and "the structure of needs" as well as under the heading of "judgments on alcohol", a sub-group of human category (b/2). The latter category also includes such phenomena as "communities and territorial groups, limitations and legislation". "Problems of therapy" are listed under the heading of "behavior towards alcohol", and are also included in a sub-group of the category of "human relations" (b/3) which deals, among others, with problems of organization and activities of professional groups.

In my opinion, however, this purely sociologically oriented system is incomplete as it omits physiological, biochemical and other alcohol-related issues of great therapeutic significance. Nor can we accept a merely one-way relationship as implied in "man's attitude to alcohol", since alcohol has the power to alienate and dominate man.

In spite of these criticisms, Swiecicki's system has definite coordinating and explanatory merits and gives therapy its rightful place among the anti-alcoholic activities.

Developmental-Morphological System (DMS)

After the recent reorganization of the Research Center of the Polish National Anti-Alcoholic Committee into an interdisciplinary research facility with its own Information Department, we realized the need for evolving a new system of gathering and processing information. Our system is geared to the particular needs of anti-alcoholic policies and activities and aims to supply a comprehensive base for research planning and systematizing of scientific information; to indicate the wide division of scientific work of the Center; to gather and list systematically the actual alcohol related phenomena, in preference to the traditional approach of merely collecting the documents that contain the information, such as

DMS System of Alcoholology and Anti-Alcoholic Policy

PHENOMENA		ANTI-ALCOHOLIC OPERATIONS				
Operation Code		0	1	2	3	4
<i>Phenomena to combat</i>	More detailed classification of the phenomena	<i>Lack of operation /description</i>	<i>Persuasion /explaining use of mass media</i>	<i>Prevention /intervention</i>	<i>Suppression</i>	<i>Therapy /repairing damages caused/</i>
1	Alcohol production — legal — illegal — kinds of alcoholic beverages	01	11	21	31	41
2	Alcohol distribution — shops — bars and restaurants — illegal dens and hang-outs	02	12	22	32	42
3	<i>Pre-disposing factors for alcohol consumption</i> — personality — living conditions — milieu — religion — politics	03	13	23	33	43
4	<i>Motivation for alcohol consumption</i> — physiological needs — psychological needs — social needs	04	14	24	34	44
5	Alcohol consumption — type of consumers — amount of alcohol consumed	05	15	25	35	45
6	<i>Ill effects of alcohol consumption</i> — affecting work — affecting family life — drunken driving — crime	06	16	26	37	46

catalogues, bibliographies, etc.

In addition, we want the new system not only to concentrate on already known material but also highlight the unknown areas that need to be studied.

These conditions have been largely met by Professor Marian Mazur's DMS system which was prepared to aid our fight against alcoholism. It subdivides the information gathered into:

- phenomena*, which should be fought against;
- operations*, that should be applied in this fight;
- place* where these operations and phenomena occur;
- time* when these operations and phenomena evolve.

For the basic approach the first two categories are the most essential ones. In all four categories the information is listed according to the following steps:

- alcohol *production*;
- alcohol *distribution*;
- pre-disposing* factors;
- motivation*;
- alcohol *consumption*;
- ill effects* of alcohol consumption.

The developmental aspect of this scheme can be shown by arguing that all alcohol problems would be solved:

- if alcohol were not produced at all,
- but if produced, were not distributed,
- but if available, people did not want to drink it,
- but even if wanting to would not actually drink,
- but even if alcohol was consumed, it was not harmful.

The anti-alcoholic operations to be evolved and strengthened are: *persuasion, prevention, suppression, therapy*. Again we argue that:

- if persuasion (information concerning the dangers of drink, etc.) was sufficiently effective all would be well,
- if insufficient, then prevention (making it harder to drink) is necessary,
- but if prevention is insufficient then deterrents (punishment) are needed,
- but if punishment is not effective, then we must have recourse to therapy.

"Therapy" is used in this context in the broad sense of any effort towards repairing alcohol-related damage. It comprises all types of treating the ill effects of alcohol consumption—both as far as the drinker is concerned as well as his victims.

"Therapeutic use of alcohol" however—as not connected in any way with repairing alcohol-linked damage—will not be included in the "therapy" section, but listed under the heading of alcohol effects.

One part of our scheme dealing with alcoholology and anti-

alcoholic policy (omitting the "time" and "place" criteria) is appended to help to understand the more detailed classification evolved by our Center. Although the DMS system has only been used for a relatively brief time, we found it useful for the survey and classification of the material published in Poland at present, and helpful for didactics, organization and alcohol information services.

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