Tamyko Ysa, Joan Colom, Adrià Albareda, Anna Ramon, Marina Carrión, & Lidia Segura, Governance of Addictions (Oxford: Oxford University Press, 2014)

In general there is a tendency to underestimate the harm caused by addictions in our society. Studies have for example shown that annual social cost of alcohol relating to impaired health, crime and lost productivity is around €300 for every man, woman and child in Europe. Notably these studies do not figure in the societal costs that alcohol causes for the people surrounding the drinker, in which case the cost could easily be doubled. Whatever method is used to calculate its economic effects, nobody can doubt that addiction is one of the most important problems facing modern society.

It is important to stress the societal nature of the beast. Drugs do not only influence the health of the individual, but have far-reaching effects on the general public through employment, education, productivity, crime, integration and other factors. This also means that addiction becomes the subject of a multitude of government agencies, as well as private. And all these different organizations may have different agendas and priorities.

Historically there have been three distinct trends in how addictions have been tackled in Western Europe. First was the moral paradigm that emerged in the beginning of the 20th century as a reaction (often with a religious underpinning) to the popularization of alcohol and drugs. Abuse was thought to indicate lack of self-control and individual weakness, and the main achievements of the moral paradigm were the laws in many countries that limited or banned the sale of alcohol. Second was the so-called “assistentialism” during the 1950’s and 1960’s when addiction became seen as an illness and had to be treated accordingly by the medical establishment. The third trend was the public-health approach that followed the heroin and cocaine boom in the 1970’s and 1980’s and the subsequent HIV-epidemic. During that time, governments were forced to spend more effort in reducing harm to the drug-users than actually achieving abstinence.

Although not always very successful, governance of addiction is extremely important. It is vital to realize that changing the social and physical environment is far more effective in helping people to improve their health than trying to change individual behaviour. This means that governments wield immense influence. There are powers that only they can exercise, policies only they can impose, and outcomes only they can achieve. Governments can, for example, dictate pricing, availability and advertising of alcohol and tobacco, but one of the most important hurdles for reaching their stated goals for public health, is their inability to reign in the big companies in these markets.

This book is the first in a planned and much welcomed series resulting from the ALICE RAP (Addictions and Lifestyles in Contemporary Europe – Reframing Addiction) Project, led by the Foundation of Biomedical Research in Barcelona and the Institute of Health and Society at Newcastle University, aiming at redesigning the governance of addiction in Europe. It

presents a multi-disciplinary approach, linking together public policy, medicine, politics, sociology, economics and law, in an effort to develop an explanatory framework for understanding addiction policies currently used in Europe.

The authors identify four models of addiction policies: (1) the trend-setters in illicit substances model, (2) the regulation of legal substance model (3) the transitioning model, and (4) the traditional model. Each of these highlights a dominant perspective but does not necessarily exclude all other characteristics. The countries that have adopted model 1, focus their attention on illicit substances and give considerable weight to harm-reduction policies. These countries have also all taken the controversial route of decriminalizing possession of illegal drugs. Model 2 focuses on evidence-based regulation of tobacco and alcohol, aiming to reduce consumption, prevent heavy usage and improve the overall well-being of the population. Model 3 is characterized by more emphasis on disease and safety strategy, but the countries tend to be moving more towards regulation as it is practiced in models 1 and 2. Model 4 consists of countries that have either recently joined the EU or are entry points for smuggling to Europe. These countries focus their efforts mainly on reducing supplies. The models are not ranked or judged, but rather explained in detail and put into perspective.

In sum, this book offers a wide-ranging overview of the governance of addiction as it is practiced in Europe. It offers a wealth of information and ideas for policy-makers, academics and public-health professionals.

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