



The politics of alcohol in late socialist Romania and Czechoslovakia

Esther Wahlen

Thesis submitted for assessment with a view to
obtaining the degree of Doctor of History and Civilization
of the European University Institute

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European University Institute
Department of History and Civilization

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Abstract

This thesis examines the politics of alcohol in Eastern bloc states in the 1970s and 1980s. In this period, socialist governments ceased describing alcohol problems as a symptom of exploitation or as the result of a lack of socialist consciousness. Instead, they developed short-term methods to tackle the consequences of drinking, such as hospital treatment for alcoholics and counseling services for their family members. The thesis revolves around the question of why socialist states embarked on this pragmatic approach to social problems.

The politics of alcohol serves as a lens through which I study how socialist states rearranged their ideas about state responsibility and good social order in the 1970s and 1980s. In five chapters, I reconstruct the new categories of social organization that arose in that period. Analyzing consumption politics, treatment programs for alcoholics, debates about family problems, and new safety precautions in Romania and Czechoslovakia, I show how in each of these fields, central governmental institutions delegated the responsibility for coping with alcohol problems to smaller social units: to scientific experts, to the institution of the family, and to the individual. I argue that by reassigning state responsibility, socialist governments did not retreat from authority. On the contrary, they strove to rearrange governing rationalities and thereby adapt socialist states to post-industrial realities.

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Abbreviations

CC	Comitetul Central (Central Committee of the Romanian Communist Party)
ČSR	Česká socialistická republika (Czech Socialist Republic, name for the Czech part of the ČSSR after its federalization in 1969)
ČSSR	Československá socialistická republika (Czechoslovak Socialist Republic)
FRG	Federal Republic of Germany
GDR	German Democratic Republic
KSČ	Komunistická strana Československa (Communist Party of Czechoslovakia)
MMSOS	Ministerul Muncii, Sănătății și Ocrotirilor Sociale (Romanian Ministry of Work, Health, and Social Care)
MPSP	Ministerstvo práce a sociální péče (Czech/Slovak/Czechoslovak Ministry of Work and Social Care)
MZd	Ministerstvo zdravotnictví (Czech/Slovak/Czechoslovak Health Ministry)
NV	Národní výbor (National Committee, local organ of state administration in the ČSSR, working on county, city, and district level)
NVP	Národní výbor hlavního města Prahy (National Committee of the city of Prague)
PCR	Partidul Comunist Român (Romanian Communist Party, name of the party from 1965 to 1989)
PMR	Partidul Muncitoresc Român (Romanian Workers' Party, 1948-1965)
RFE	Radio Free Europe
RPR	Republica Populară Română (Romanian People's Republic, name for the Romanian state from 1947-1965)
RSR	Republica Socialistă România (Romanian Socialist Republic, 1965-1989)
SNB	Sbor národní bezpečnosti (National Security Corps, national police force of the ČSSR)
SPOFA	Spojené farmaceutické závody (United Pharmaceutical Works, the ČSSR's national pharmaceutical company)
SSR	Slovenská socialistická republika (Slovak Socialist Republic, name for the Slovak part of the ČSSR after its federalization in 1968)

UK	United Kingdom
ÚNV	Ústřední národní výbor (Central National Committee of the city of Prague)
USA	United States of America
ÚV KSČ	Ústřední výbor Komunistické strany Československa (Central Committee of the Communist Party of Czechoslovakia)
VB	Veřejná bezpečnost (Public Security/police force of the ČSSR)
WHO	World Health Organization

Introduction

In the early 1970s, several Eastern bloc states introduced new alcohol regulations. The Soviet Union under General Secretary Leonid Brezhnev took the first step by issuing two new decrees in 1972. In the following years, the Hungarian, Bulgarian, Czechoslovak, and Romanian government followed suit.¹ The new politics of alcohol translated, among other outcomes, into better treatment services for alcoholics. Before this period, alcoholics could obtain treatment with private physicians or in general hospitals, but there were few programs that targeted alcoholism as a specific medical problem. In the 1970s and 1980s, many clinics introduced programs that were tailored towards the needs of alcohol addicts. This period also saw traffic ministers define, for the first time, legal blood alcohol limits for risky activities. Attempting to curb high accident rates, the laws limited how much people were allowed to drink when operating vehicles and other machinery.

Treatment services and blood alcohol limits were not the innovations of Eastern bloc states alone; it was a matter of general medical progress to design programs that helped people overcome addictions, and was it not simply *logical* to define limits to what people were allowed to consume before they engaged in dangerous practices? Indeed, although the new alcohol decrees affected a variety of alcohol-related practices, the policy measures did not

¹ For the Soviet policy measures see Stephen White, *Russia Goes Dry: Alcohol, State and Society* (Cambridge, New York, NY: Cambridge University Press, 1996), 59-60. For the Hungarian and Bulgarian resolutions see J. L. Kerr, "Social Deviance in Eastern Europe: The Case of Alcoholism," in *Social Deviance in Eastern Europe*, ed. Ivan Volgyes (Boulder, Colorado: Westview Press, 1978); for the Czechoslovak decree: "Usnesení 70. schůze předsednictva ÚV KSČ," April 20, 1973, in: Zpráva o návrhy opatření k řešení problematiky alkoholismu a jiných toxikománií, sv. 77, ar. j. 74, 6. Národní archiv České republiky (hereafter NAČR), fond Komunistická strana Československa, Ústřední výbor (hereafter ÚV KSČ), 1945-1989, Praha-komise, č. fondu 1261_1, Předsednictvo ÚV KSČ 1971-1976. For the Romanian decree: "Decret nr. 76 din 15 iulie 1975 privind unele măsuri referitoare la desfacerea băuturilor alcoolice prin unitățile comerțului socialist, 76/1975," in *Buletinul Oficial al Republicii Socialiste România nr. 73* (July 15, 1975).

stand out as particularly ambitious. Notwithstanding their value for public health and safety, treatment programs and legal limits were not convincing solutions to alcohol problems as a social issue, because neither measure attempted to affect the amount of alcohol consumed by society.

In their pragmatic approach however, the new alcohol regulations did present a novelty. In states known for their idealistic view of social order, alcohol problems had figured historically as symptoms of socioeconomic difficulties or of the bourgeois legacy. Following this argument, authorities focused primarily on broad, structural solutions to alcohol problems and not primarily on handling their consequences. What happened then in the 1970s and 1980s? Did socialist governments simply give up on their vision to eradicate alcoholism? Or did they combine their pragmatic approach with other solutions? What was the goal of the new politics of alcohol, what form of alcohol problems did these lawmakers target, and what outcome did they envisage?

In the present study, I use the politics of alcohol to understand how Eastern bloc states approached social problems in the 'late socialist' period. By focusing on institutional changes, legal innovations, and new explanatory models, I challenge the image of late socialism as a time of decay, when socialist governments relinquished social visions without providing an alternative. Instead, I make the case for serious analysis of the transformations that took place during these years. What motivated socialist governments to change their approach to social problems? What ideas of social order, of the structure of state organization, and of social responsibilities did the new policy measures convey? Carving out the rationale and goals of the new alcohol regulations, this study thus unveils an attempt to recast socialist statehood in the post-industrial era.

Alcohol and the socialist state

Alcohol was ubiquitous in Eastern bloc states and frequent attempts to regulate its consumption are documented in reports on mass housing and work discipline in the early Soviet Union, in governmental accounts on the state of criminality in the 1960s, and in police reports on family problems in late socialism, to name just a few sources. Many historians have used these and other sources to explore people's everyday habits and the states' response to them. In *Everyday Stalinism*, Sheila Fitzpatrick shows that in the early 1930s, Soviet authorities

used reports of excessive drinking to address social inadequacies. Drunkenness in communal homes or trains was understood to symbolize unresolved issues in housing, work, transportation, and public morality. Debates about alcoholism were a forum in which to discuss these difficult issues.² Similarly, in the state socialist Bulgaria, Ulf Brunnbauer argues that the regulation of alcohol consumption became a means to enforce socialist worker subjectivity. The boundaries of proper and improper behavior were under continuous discussion, and alcohol regulations allowed the state to readjust the goals of social organization.³

Although these studies suggest that socialist authorities utilized alcohol politics in a productive way, namely to address social problems, the few dedicated scholarly accounts of this subject describe state socialist alcohol politics in the context of failure. In his global history of alcohol, Rod Phillips claims that the high level of alcohol consumption in the Soviet Union was “a major contributor to the collapse of the Soviet economic and political system.”⁴ Patricia Herlihy, in her book on alcohol politics in late imperial Russia, touches upon the socialist period, but confines her analysis to the early 1920s and late 1980s, when the Soviet government introduced (partial) state prohibitions. Stephen White’s account *Russia Goes Dry* channels its attention to the latter of these attempts, the anti-alcohol campaign under Mikhail Gorbachev in the late 1980s.⁵ Emphasizing incisive yet unsuccessful attempts at state prohibition, none of these studies discuss what happened in the sixty years between 1925 and 1985. What other strategies, apart from national prohibition, did Soviet authorities pursue? Did they all fail spectacularly?

Another strand of research has reduced socialist alcohol politics to its oppressive moments. Throughout the Cold War period, the anti-communist news broadcaster *Radio Free Europe* (RFE) released a number of reports on alcohol problems and regulations. In line with RFE’s political goals, most of these reports were quick to dismiss socialist alcohol politics as either negligent or intentionally benevolent. As the former RFE reporter and current Estonian

² Sheila Fitzpatrick, *Everyday Stalinism: Ordinary Life in Extraordinary Times. Soviet Russia in the 1930s* (New York: Oxford University Press, 1999), 48–53, 63.

³ Ulf Brunnbauer, *Die Sozialistische Lebensweise: Ideologie, Gesellschaft, Familie und Politik in Bulgarien (1944–1989)* (Wien: Böhlau, 2007), 405–09.

⁴ Rod Phillips, *Alcohol: A History* (Chapel Hill: The University of North Carolina Press, 2014), 310.

⁵ Patricia Herlihy, *The Alcoholic Empire: Vodka & Politics in Late Imperial Russia* (Oxford, New York: Oxford University Press, 2002); for the Gorbachev campaign: White, *Russia Goes Dry*.

president Toomas Ilves formulated in the late 1980s, “[a] generally unhappy populace is more docile when drunk.”⁶ Even today, there is a tendency to overestimate the power of alcohol. Mark Schrad, in his engaging book on 'vodka politics' claims that Soviet authorities used vodka to stay in power: “[T]he Soviet leadership continued a longstanding autocratic tradition of utilizing vodka to keep society in check: drunken, divided (atomized), and unable to mount a challenge to its power.”⁷ In contrast to these depictions, Mircea Balan highlights the oppressive quality of alcohol restrictions. In his cultural history of drunkenness in Romania, Balan recounts how under General Secretary Nicolae Ceaușescu, existing regulations relating to alcohol consumption before and during work hours were tightened. Asserting that violation of these allegedly strict rules “meant prison,”⁸ Balan proceeds with anecdotes about shrewd Romanians who found ways to smuggle alcohol to work.

Although the courage of citizens in dictatorships must be acknowledged, we must be careful not to equate every violation of state norms with heroism. There is also another problem with these depictions. Although Herlihy, Schrad, and Balan take opposing views on the goal of socialist alcohol politics, they all fail to account for the more pragmatic interventions issued during the many decades of socialist rule. Balan is correct that in late socialist Romania, drinking was restricted in the workplace. Yet contrary to his claims, imprisonment was reserved only for serious cases of drunk driving and workers who drank while operating heavy machinery. These practices were punished in liberal democracies as well – and was it not logical to do so? How do we explain these 'commonsensical' and mundane regulations: were they part of Nicolae Ceaușescu's repressive machinery, or rather rare and therefore negligible moments of reason?

⁶ Toomas Ilves, “Introduction,” in *Alcoholism in Eastern Europe [Electronic Resource]*, ed. Radio Free Europe Research; see also: Ewa Celt, *The Problem of Alcoholism in Poland [Electronic source]*, HU OSA 300-8-3-4737; Records of Radio Free Europe/Radio Liberty Research Institute: Publications Department: Background Reports; Open Society Archives at Central European University, Budapest, accessed May 30, 2016, <http://hdl.handle.net/10891/osa:b52e54ce-8a5a-413c-9e54-8d76ba6a1f63>.

⁷ Mark Lawrence Schrad, *Vodka Politics: Alcohol, Autocracy, and the Secret History of the Russian State* (Oxford, New York: Oxford University Press, 2014), 9.

⁸ Mircea Balan, *Istoria beției la români* (Timișoara: Eurostampa, 2004). This and all following translations from Romanian, Czech, Slovakian, and German are mine (E.W.).

The normality of socialist statehood

To assess the 'normal' and mundane aspects of the new politics of alcohol, several considerations are necessary about the nature of socialist statehood. First of all, it will be helpful to 'normalize' our understanding of state socialism. Interpretations like Balan's, above, project a distorted view on state socialist rule as an exceptional part of Eastern European national history, and as a period in which every instance of policy-making was either spectacular or illegitimate, or both. Historians have contributed to the popular perception that socialist states were manifest in people's lives only in the form of repressive encounters or a failure to cater for their citizens' needs.⁹ Reinforced by the Cold War era Western media, these interpretations have not disappeared entirely, though they have lost ground in the past two decades. In the mid 1990s, Stephen Kotkin argued that socialist states did not "deviat[e] from the European norm"¹⁰ and suggested they ought to be situated in a framework of post-Enlightenment Europe. In the same vein, Katherine Pence and Paul Betts maintained that socialist states were not more or less modern than Western democracies, but presented a form of "alternative modernity."¹¹

In recent years, several studies have taken this line of reasoning further. In their study of psychiatry in 'Communist Europe,' Sarah Marks and Mat Savelli argue that for many years, historians have concentrated on psychiatric abuse, that is, the practice of discrediting politically suspicious people by declaring them mentally ill. While this practice undoubtedly deserves attention, "[t]he intensity of debate regarding the issue of psychiatric abuse has, on the whole, deflected attention away from attempts to understand the development of psychiatry in Eastern Europe and the USSR in a wider context."¹² With the same ambition as Marks and Savelli – to reevaluate the role of Eastern bloc states as historical actors – members

⁹ As an example, see the 'final report' prepared by the Presidential Commission for the Analysis of the Communist Dictatorship in Romania, which with the assistance of a several high-profile social scientists compiled a comprehensive study on socialist rule in Romania. Dorin Dobrinu, Vladimir Tismăneanu and Cristian Vasile, *Raport final* (Bucharest: Humanitas, 2007), accessed May 30, 2016, http://www.presidency.ro/static/ordine/RAPORT_FINAL_CPADCR.pdf.

¹⁰ Stephen Kotkin, *Magnetic Mountain: Stalinism as Civilization* (Berkeley, California: University of California Press, 1995), 20.

¹¹ Katherine Pence and Paul Betts, eds., *Socialist Modern: East German Everyday Culture and Politics* (Ann Arbor: University of Michigan Press, 2008).

¹² Sarah Marks and Mat Savelli, "Communist Europe and Transnational Psychiatry," in *Psychiatry in Communist Europe*, ed. Sarah Marks and Mat Savelli, Mental health in historical perspective (Houndmills, Basingstoke Hampshire, New York, NY: Palgrave Macmillan, 2015), 6.

of the research network 'Socialism Goes Global' strive to reconstruct political and cultural exchanges with other non-Western states. These studies do not aim to downplay the illiberal features of socialist states. Rather, they are keen to explore forms of scientific discourse and international exchange outside the realm of Western liberal democracies and thus broaden our understanding of what modern states can look like. These studies discuss what forms of governing persist in authoritarian states, how these forms converge and differ with those of liberal democracies, and how the state structures developed over time.¹³

If viewing socialist states as 'normal' and 'modern' is the first step to assessing their policy innovations, the second step is to rectify ideas about socialist ideology as a stable construct. As in Western states, the rationality of social organization changed over time in socialist states. Although this may appear self-evident, there is a longstanding tendency among Western commentators to reduce socialist statehood to the ideological viewpoints of Marx or Lenin and to pit the social reality of later years against their claims. One reason for this 'ideologized' view of socialist statehood is the undisputable centrality of ideology to the foundation and legitimacy of socialist states. In socialist states, however, as in Western states, the principles, rules, and categories of state organization were not fixed, but were rather ideas that developed over several decades and that changed with time. Katherine Lebow makes an important point when she presents the first years of socialist rule in Poland as 'ideology in the making'. Using the example of utopian city projects, Lebow shows that socialist statehood emerged from chaos and that just as in other states, state authorities often had no clear vision for future developments.¹⁴ Following this argument, revaluations of socialist politics and adaptations were not a deviation from a 'genuine' model of socialist social politics, but rather the outcome of socialist ideas about government.

Socialist states were modern states, and their principles and politics were in constant negotiation. But who negotiated, and how did the changes come about? To understand how new policy lines emerged and changed, we must expand our understanding of governing in socialist states. In Schrad's and Balan's accounts, 'the socialist state' is portrayed as a machine driven by an inexhaustible ambition to keep 'its citizens' in check. We are given the impression

¹³ Research network "Socialism Goes Global: Connections between the 'Second' and 'Third Worlds' 1945–1991" in Exeter, <http://socialismgoesglobal.exeter.ac.uk/>.

¹⁴ Katherine Lebow, *Unfinished Utopia: Nowa Huta, Stalinism, and Polish Society, 1949–56* (Ithaca: Cornell University Press, 2013).

that 'the state' hatched a plan to stupefy its citizens by increasing the production of vodka (or by prohibiting them from drinking). However, it is not made clear who developed and executed this plan, whether it was ever made explicit, or whether all citizens passively bowed to this pressure. In their analysis of modern statehood, Timothy Mitchell and James Scott objected to what they viewed as artificial separations of the state between, on one side, centralized institutions and decision-making processes, and on the other, society. In their view, states do not *apply* centralized rule or ideological tenets to social, economic, cultural, and legal entities. Rather, 'the state' forms the outcome of human and institutional practices, of adaptations and the emerging social realities.¹⁵

Developing this state analysis further, Michel Foucault has suggested the phrase “governmentality” to capture “how we think about governing.”¹⁶ Governmentality refers to the logic informing institutional practices, workplace order, family models, notions of the individual and of our selves, and so on. Stuart Hall applied this understanding of government when studying the success of Thatcherism in the United Kingdom. Exploring the effect of governing rationalities on people’s subjectivities and desires, Hall concluded that the most important question about any system of government is not what was good or bad about it, but what was 'true': 'true' here means the aspects of any state politics which 'make good sense' to people and resonate with the principles according to which these people structure their lives.¹⁷ Hall explores how state rationalities reflect common sense, and common ways of thinking.

These research questions pose interesting challenges, especially when applied to the study of authoritarian states. Foucault created the concept of governmentality for analyzing liberal democracies. The socialist states of Central and Southeastern Europe were illiberal forms of state, however. People were confronted with an omnipresent ideological discourse

¹⁵ Timothy Mitchell, “Society, Economy, and the State Effect,” in *State/Culture: State-Formation after the Cultural Turn*, ed. George Steinmetz, The Wilder House series in politics, history, and culture (Ithaca, NY: Cornell University Press, 1999); James Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven: Yale University Press, 1997).

¹⁶ For this quote: Mitchell Dean, *Governmentality: Power and Rule in Modern Society* (London, Thousand Oaks, California): Sage Publications, 1999), 24. For Foucault’s elaborations on governmentality, see: Michel Foucault, Frédéric Gros and Graham Burchell, *The Government of Self and Others: Lectures at the Collège de France, 1982-1983* (New York: Picador/Palgrave Macmillan, 2011).

¹⁷ Stuart Hall, “The Toad in the Garden: Thatcherism amongst the Theorists,” in *Marxism and the Interpretation of Culture*, ed. Cary Nelson and Lawrence Grossberg (Urbana: University of Illinois Press, 1988).

and rigid economic plans, and forums to discuss politics and social problems were limited. If there was so little latitude for people to act out their will, how can we assess how they thought about governing”? It is important to acknowledge the specificities of socialist statehood. Ideology and limitations shaped people’s experience of the state and played a role in institutional and social interactions. However, this does not mean that people could consciously separate their 'real beliefs' from official demands in all state encounters.¹⁸ Donald Filtzer, Donna Harsch, and others have shown that in socialist states, governing rationalities were also reproduced in workplace organizations, gender relations, leisure culture, and other forms of social practices.¹⁹ Seen in this way, people experienced the state in very immediate ways and had little choice but to integrate it into their lives and mindsets.

Alexei Yurchak, in his analysis of 'the last Soviet generation,' has perused the ways in which this integration happened. While there is no doubt that people experienced problems under state socialism, Yurchak asserts that this does not mean that they challenged the world in which they lived on a daily basis. Most people acknowledged the socialist state as a given and adapted to its organizational structures as well as to its shortcomings. More interesting than focusing solely on the shortcomings, Yurchak argues, is to explore how people made sense of the emerging social realities.²⁰ Małgorzata Mazurek makes a similar argument in her study of welfare institutions in Poland. Showing that socialist states often failed to meet their citizens’ expectations for their own welfare, Mazurek argues that people’s reactions to these shortcomings changed during the course of several decades. These changes suggest that people were not continuously disappointed, but rather that their expectations towards the

¹⁸ In her important account on reproduction politics in late socialist Romania, Gail Kligman has dubbed this strategy 'duplicity.' Gail Kligman, *The Politics of Duplicity: Controlling Reproduction in Ceaușescu's Romania* (Berkeley: University of California Press, 1998).

¹⁹ For example: Donald Filtzer, *Soviet Workers and Late Stalinism: Labour and the Restoration of the Stalinist System after World War II* (Cambridge: Cambridge University Press, 2002); Donna Harsch, *Revenge of the Domestic: Women, the Family, and Communism in the German Democratic Republic* (Princeton, NJ: Princeton University Press, 2007); Susan Gal and Gail Kligman, *The Politics of Gender After Socialism: A Comparative-Historical Essay*, with the assistance of American Council of Learned Societies (Princeton, NJ: Princeton University Press, 2000); Kimberly Elman Zarecor, *Manufacturing a Socialist Modernity: Housing in Czechoslovakia, 1945–1960* (Pittsburgh, Pennsylvania: University of Pittsburgh Press, 2011); Jiří Knapík and Martin Franc, *Průvodce kulturním děním a životním stylem v českých zemích 1948-1967*, 2 vols., Šťastné zítřky sv. 5 (Prague: Academia, 2011).

²⁰ Alexei Yurchak, *Everything Was Forever, Until It Was No More: The Last Soviet Generation* (Princeton, NJ: Princeton University Press, 2006).

state as provider of social care altered considerably.²¹ Picking up this argument, I am interested in uncovering the principles behind the new politics of alcohol and their adaptation: what was the logic behind the policy measures, why did these policies change in the 1970s and 1980s, and how did people integrate the new logic into their lives?

The 1970s: crisis or reconstruction?

Studying changes in Eastern bloc states is particularly challenging for the late socialist period. In contrast to the preceding decades, late socialism nurtures the narrative of a withering utopia. Historians have usually subdivided the socialist period in Central and South Eastern Europe in three parts. Stalinism, which in the Soviet satellite states denoted the short timespan from communist takeover after the Second World War to Stalin's death in 1953, was characterized by big socioeconomic changes and mass terror. Against the backdrop of this revolutionary period, the years between 1953 and the late 1960s were characterized by liberalization in economic, political, and cultural terms. Finally, the 1970s and 1980s have usually been described as a time of stagnation and political disillusion, with socialist state structures ossifying. This rough outline is necessarily deficient. For our purpose, however, it is interesting that while historical studies have acknowledged the transformative character of the period between 1953 and the late 1960s, late socialism has been portrayed as a period of decay, in which all policy changes seemed to lead or at least contribute to the system's collapse in 1989.

The historiography of Romania and Czechoslovakia, two socialist states with very different political trajectories, exemplifies this outline. For the Czechoslovak Socialist Republic (ČSSR), there is still a pronounced tendency to present the socialist state as an abstract system wielding unlimited power over passive citizens. The 1960s, a time of socio-cultural liberalization, appear as temporary suspension of this state of oppression, which was brought to a sudden halt by the invasion of the Warsaw Pact armies in August 1968. The following two decades are commonly characterized as a time of social stagnation, before the system finally

²¹ Małgorata Mazurek, "Moralities of Consumption in Poland across the Short Twentieth Century," *Annales. Histoire, Science Sociales* 68, no. 2 (2013).

collapsed in 1989.²² The dominant narrative for the Socialist Republic of Romania (RSR) bears similarities to this script. Here too, the mid 1960s presented a short period of political and social liberalization, which was superseded by an authoritarian backlash in the 1970s. Bowing to the rule of Nicolae Ceaușescu, Romania's state socialism has been described as particularly repressive and unwilling to reform itself until the very end.²³

The 1970s and 1980s were certainly different from other periods. However, dismissing all policy changes in this period as harbingers of collapse is a teleological interpretation of history. It is important to note that the 1970s and 1980s were also a period of transformation for Western liberal democracies. In recent years, a growing body of literature has pointed to the changes that affected 'late modern' states in general. Trying to conceptualize what happened in these years, historians and social scientists have pointed to the transformation of economies from manufacturing and extracting industries to "post-industrial service societ[ies],"²⁴ to the economic consolidation "after the boom"²⁵ of the postwar years, and to the "end of confidence"²⁶ in unhindered economic and social progress. Nancy Fraser has studied the social policy changes of these years in the United States of America. She argues that the decline of Fordism as a distinctive mode of capitalist accumulation led not only to de-industrialization and privatization, but also affected social arrangements. Welfare expenditure was progressively reduced and people were taught to absorb the state's shortcomings themselves.²⁷

Fraser turns our attention to an important shift in social organization. As social policies changed, so did understandings of the social problems they were designed to tackle. Adapting Foucault's understanding of government, Ulrich Bröckling, Susanne Krasmann, and Thomas

²² See for example: Karel Kaplan, *Kronika komunistického Československa: Společnost a moc* (Brno: Společnost pro odbornou literaturu; Barrister & Principal, 2008). For a criticism of this reading, see: Pullmann, Michal. "Sociální dějiny a totalitněhistorické vyprávění." *Soudobé dějiny* 15, 3-4 (2008), 703–17.

²³ See for example: Dennis Deletant, *Ceausescu and the Securitate: Coercion and Dissent in Romania, 1965-1989* (Armonk, N.Y: M.E. Sharpe, 1995).

²⁴ See Andreas Wirsching's contribution in: Andreas Wirsching et al., "The 1970s and 1980s as a Turning Point in European History? With Contributions from Göran Therborn, Geoff Eley, Hartmut Kaelble, Philippe Chassaing and Andreas Wirsching," *Journal for Modern European History* 9, no. 1 (2011), 24.

²⁵ Anselm Doering-Manteuffel and Lutz Raphael, *Nach dem Boom: Perspektiven auf die Zeitgeschichte seit 1970* (Göttingen: Vandenhoeck & Ruprecht, 2008).

²⁶ Konrad Hugo Jarausch, *Das Ende der Zuversicht? Die siebziger Jahre als Geschichte* (Göttingen: Vandenhoeck & Ruprecht, 2008).

²⁷ Nancy Fraser, "From Discipline to Flexibilization: Rereading Foucault in the Shadow of Globalization," *Constellations* 10, no. 2 (2003).

Lemke have conceptualized the social policy changes of the 1970s and 1980s as a change in governmentality. They argue that in this period, social policies increasingly relied on the individual and its ability to cope. States replaced 'external' means of force and social organization with 'internal' tools, meaning that they governed through individuals and their potential ability to assume personal responsibility and control their own actions.²⁸ In her account of “neoliberalism’s stealth revolution,” Wendy Brown has maintained that neoliberalism reformatted not only the economic order, but became in these decades a “normative order of reason” that trickled down into people’s everyday lives. Health care, education and other social institutions became resources in which individuals were trained to invest collectively in order to increase their individual returns.²⁹

So far, the “economization of the social”³⁰ has been described exclusively for liberal forms of state. This geopolitical bias thrives on the idea that liberal states are the only ones to reject coercive means of governing. Along these lines, Wendy Brown argues that countries in the 'Global South' experienced neoliberal transformations in the form of militarized interventions, whereas in Western states, the shift to neoliberalism came about “more subtly, through transformations of discourse.”³¹ There is no doubt that neoliberal socio-economic transformations did not affect all countries in the same way and that many of these transformations involved open state violence. That said, these interpretations imply that only Western liberal democracies mastered the fine art of governing through individual freedom. Given that for both East and West, the 1970s and 1980s seem to present an important shift in state organization, however, it is striking that studies of the West have focused on refined techniques of governing, while policy changes in socialist states have been primarily interpreted as symptoms of decay.

In Eastern bloc states, the policy changes of the 1970s and 1980s were more than merely a decline of earlier features. In contrast to the preceding decades, security forces made less use of open terror. However, their security apparatuses did not disappear, but expanded

²⁸ Ulrich Bröckling, Susanne Krasmann, and Thomas Lemke, “From Foucault's Lectures at the Collège de France to Studies of Governmentality: An Introduction,” in *Governmentality: Current Issues and Future Challenges*, ed. Ulrich Bröckling, Susanne Krasmann, and Thomas Lemke, Routledge studies in social and political thought 71 (New York: Routledge, 2011).

²⁹ Wendy Brown, *Undoing the Demos: Neoliberalism's Stealth Revolution*, Near futures (New York, Cambridge, Massachusetts: Zone Books; MIT Press, 2015).

³⁰ *Ibid.*, introduction.

³¹ *Ibid.*, 47.

and adopted new, intricate means of violence and repression. What did these techniques aim to achieve, and how were they intended to develop? In public speeches and internal documents, authorities were less outspoken against political enemies, but this did not mean that they were silent about enemies of the socialist state. Increasingly, they decried 'non-political' troublemakers, such as people who were unwilling to work, those who chose occupations that were deemed inappropriate, those who did not live a quiet family life, and those who disturbed public peace. Why were these behaviors perceived as major threats, and how did governments attempt to diminish them?

In recent years, a number of studies have indicated several other innovations and policy changes that characterized late socialist statehood. For Czechoslovakia, Lenka Kalinová has shown that in the early 1970s, the budget for social protection increased. At the same time, wage differences began to increase.³² Miroslav Vaněk and Paulina Bren have explored oral and visual sources to reconstruct the value system of late socialist Czechoslovakia. As Bren has argued, state policies and popular culture encouraged people in this period to reorient their life and energy towards the 'private' and away from the political community. This reorientation translated into “an entirely new experience of lived socialism in the 1970s and 1980s, the impact of which continues today.”³³ For Romania, too, several studies have shown that late socialism was a period of vivid transition. The psychologist Adrian Neculau has, for example, probed into a “new social identity” that emerged in these years. With a similar interest, Liviu Chelcea has explored the effect of shortages in the 1980s on people’s everyday habits. He argues that the experience of scarcity affected people’s interpersonal relations and consumption practices, a situation that continued after 1989.³⁴

All these studies have shown that while debates, values, and everyday practices changed considerably in late socialism, these changes did not immediately lead to the system’s

³² On socialist legality: Brian LaPierre, *Hooligans in Khrushchev's Russia: Defining, Policing, and Producing Deviance During the Thaw* (Madison, Wisconsin: University of Wisconsin Press, 2012); on state legitimization by means of social security and welfare provision, see: Lenka Kalinová, *Konec nadějí a nová očekávání: K dějinám české společnosti v letech 1969–1993* (Prague: Academia, 2012), 82–83.

³³ Paulina Bren, *The Greengrocer and his TV: The Culture of Communism After the 1968 Prague Spring* (Ithaca, NY: Cornell University Press, 2010); Miroslav Vaněk, *Obyčejní lidé--?! Pohled do života tzv. mlčící většiny: životopisná vyprávění příslušníků dělnických profesí a inteligence* (Prague: Academia, 2009).

³⁴ Adrian Neculau, “Cum s-a construit o nouă identitate socială,” in *Viața cotidiană în comunism*, ed. Adrian Neculau (Iași: Polirom, 2004); Liviu Chelcea, “The Culture of Shortage During State-Socialism: Consumption Practices in a Romanian Village in the 1980s,” *Cultural Studies* 16, no. 1 (2002).

collapse. On the contrary, the shifts often helped to stabilize it. While we still know little about the motivation of late socialist policy transformations, the changing values and practices suggest that in Eastern bloc states, governments did not simply ossify or 'give up.' Rather, they seem to have profoundly reorganized their categories of social organization. What was the motivation behind these changes? What principles informed the new logics of social organization, and what direction were socialist states taking?

Governing in late socialism

In order to dig deeper into the logic of late socialist transformations, I argue we must take the social policy changes of the 1970s and 1980s seriously, both as symptoms of crisis and as representative of new social visions. The politics of alcohol are a useful means to study this process. As a well-known and ubiquitous phenomenon, alcohol problems were the concern of debates and policies in the fields of health care, leisure, criminality, family life, demography, and safety. The variable shapes of alcohol problems make them an extremely interesting object of analysis. Over the decades, people have reached very different conclusions about the nature of alcohol problems and how they can be treated. I am neither qualified to nor interested in evaluating how useful or effective certain measures were – that is, to assess whether alcohol politics were better in liberal democracies or in socialist countries, or better in the 1950s or in the 1970s. Instead, my goal is to understand what concerns, arguments, and forms of regulation dominated at certain points in time, and then to ascertain what idea of social politics they reflected, and what these ideas tell us about the prevailing understanding of statehood.

Although I locate my thesis in the field of alcohol studies, I will not discuss consumer experiences. This unquestionably interesting issue deserves analysis on its own. In this study, I will explore policy measures which, firstly, defined the rules under which people could drink, and secondly, tackled the consequences arising from inappropriate drinking. I consider the politics of alcohol as part of a broader set of social policy measures which are designed to organize and/or stabilize social order. The present thesis is thus a study in the governing rationality of late socialist states, and alcohol politics are my lens of analysis. To uncover the logic of state organization, I will analyze institutional practices, scientific theories, statutory regulations, and policy reports related to a variety of alcohol problems.

My focus is on the concept of alcohol problems conveyed in these sources: how did they frame alcohol problems (as problems for whom, in what respect?), whom or what did they hold responsible for generating these problems, and whom for overcoming them? To understand the motivation of late socialist state transformation, I will concentrate on the criteria applied in the texts and practices (did they strive for better social conditions, for individual wellbeing, for objective and fair mechanisms?), the hierarchy of these criteria, and the changes therein. What do they tell us about late socialist states? Were the criteria in late socialist alcohol politics qualitatively different from previous decades of socialism, and from Western liberal democracies? What form of state emerged in the 1970s, and was it a viable form of governing? My hypothesis is that although in the 1970s, socialist governments did let go of certain social visions, this process cannot be equated to a withering of socialist statehood. Instead, I make the case for seeing the transformations of these years as an attempt to adjust socialist statehood to new socioeconomic realities.

In Romania and Czechoslovakia, I have chosen two countries as case studies whose experience of socialism has not often been in the limelight. More than underexplored case studies, however, the two states provide interesting grounds for comparative analysis: they shared cornerstones of state organization, but at the same time represented very different forms of state socialism. Romania and Czechoslovakia were part of the Soviet bloc and thereby adopted the same political and economic framework. For both countries, the early 1970s were preceded by a short period of political liberalization that represented a decisive break in the experience of state socialism. Regarding their differences, we need only recall how both states collapsed: a 'Velvet Revolution' in Czechoslovakia, and in Romania, bloodshed, complete with the execution of the dictatorial couple. However, Katherine Verdery is right to argue that “[n]o socialist country was ‘typical’”³⁵ and that there is little analytical value in stating the obvious, namely that politics and social realities differed across the vast region that constituted the Soviet bloc.

While for some purposes, it may be interesting to dwell on national specificities, in this study I will highlight the cohesive elements of socialist governmental reason. Verdery's criticism of twenty years ago can be repeated today: apart from the tenets of political and

³⁵ Katherine Verdery, *What Was Socialism, and What Comes Next?* (Princeton, NJ: Princeton University Press, 1996), 11 (italics in original).

economic organization and official proclamations, we still know little about the logic and practices of socialist governments.³⁶ In contrast to Verdery, who was intent on uncovering a perennial set of principles across the Soviet bloc, I am interested in adjustments and changes in the forms of governing. Czechoslovakia and Romania are an interesting comparison precisely because of their differences. If in both countries, the early 1970s represented a break from earlier forms of governing (from Stalinism, and from the liberalization of the 1960s), did these changes conform to the same principles in countries as different as Romania and Czechoslovakia? Did these principles differ from Western countries? In other words, what was late socialism, and what was its social and political impact?

Sources and chapter outline

My analysis will be based on several categories of sources. As I am interested in the interpretation of alcohol problems, I will focus on texts and practices that rendered alcohol problems visible and offered some form of solution.

Firstly, I explore legal regulations and political reports that touch upon various aspects of alcohol production, distribution, and consumption. These include, among others, national decrees on blood alcohol limits, discarded drafts about banning minors from pubs, and reports by local city councils about the effect of drinking on family life. What was the purpose of these texts? Did the authorities drafting the reports and bills hope to solve alcohol problems, or did they settle with holding the culprits accountable? Secondly, I will rely on expert publications. In the 1970s, expert literature on medical, criminological, legal, and other aspects of alcohol problems flourished in many states, a trend that in itself signified a change in the politics of alcohol. As we will see, party officials were less concerned with inventing comprehensive programs dedicated to the political 'fight' against alcoholism and more with relegating alcohol-related questions to experts in various fields. Analyzing expert publications will thus reveal which institutions or individuals had the authority to discuss alcohol problems (or certain aspects of it) and to introduce institutional changes in socialist states. What was the role of these experts, what scope of action did they possess, and what were the consequences of the way they handled alcohol problems?

³⁶ Ibid.

As a third source of information, I draw on reports of police forces and security services about the enforcement of drinking regulations. The truth value of these reports is in many cases questionable. Although, for example, in 1983, a Romanian police officer reported that in his local district, nearly all petty offenses at work were related to alcohol consumption, this does not mean that alcohol really *was* the only problem. Rather, it shows that priorities had changed and that in this period, irresponsible drinking had become the epitome of irresponsible and flawed behavior in the workplace. Such reports are a valuable source of information for showing what behaviors most concerned the security forces and how they hoped to establish control over these behaviors.

I complement these resources with alcohol-related writings published in newspapers, popular manuals, and women's magazines. Although official press releases did not reliably inform their audience about the state of alcoholism in the respective countries, they are worth exploring for the way in which they presented alcohol problems to the populace at large. Did the authors depict drinking/drinking problems in order to warn of social dangers, to moralize, to educate drinkers and their family members, to entertain, to inform people of their duties, or to advise what to do when one had an alcohol problem? These different purposes reflect different social agendas; analysis of these sources give us a sense of how people were expected to react to and cope with social problems.

Lastly, I have conducted interviews with a number of people who tried to overcome alcoholism either personally or in others. This includes psychiatrists and others who otherwise qualify as alcohol experts, some of whom are still practicing. I also interviewed a number of former alcoholics, some of whom received treatment before 1989, some of whom after that date. For my Czechoslovak case study, my contact with former alcoholics was facilitated by psychiatrists and social workers. In Romania, I relied on the assistance of the Alcoholics Anonymous group in Bucharest. These interviews will help illuminate individual experiences not only of alcoholism, but also of institutional proceedings in state socialism.

Based on the debates and practices surrounding alcohol-related problems, I structure my analysis in five chapters that reflect aspects of how late socialist states conceptualized alcohol problems. As I understand alcohol politics in Romania and Czechoslovakia to be guided by common motivations, I will not be completely symmetrical in my comparison. I will not detail all problems for both cases, but rather only when differences complicate the picture.

For the same reason (and because it would be impossible), these chapters do not touch upon all forms of alcohol problems. Rather, they serve to explore the key concepts of late socialist governing rationality. Investigating new concepts of the individual, the pathologization of deviance, the turn to the nuclear family, and the question of individual responsibility, I will reconstruct the most important areas of social organization in late socialism.

The first chapter outlines the development of modern European alcohol politics. It explores the debates surrounding alcohol problems in different forms of state, with a particular emphasis on Romania and Czechoslovakia in the twentieth century. Comparative in nature, I use this chapter to delineate the characteristics of modern alcohol politics, and the ways in which alcohol politics in socialist and non-socialist states differed. I also explore what was actually new about the changes that occurred in the 1970s and 1980s. The second chapter dwells on late socialist consumption politics. By the turn of the 1960s into the 1970s, socialist governments abandoned their ideas about totally eradicating alcohol problems. The new goal became appropriate and responsible forms of consumption. I will explore how under these circumstances, the idea of the rational, responsible, and self-controlling consumer emerged, and how we can account for its success.

The third chapter is concerned with a transformation that took place in the early 1970s. We will see that the idea of self-controlled consumption affected the treatment of those who were visibly not in control of their drinking. Tracing the emergence of treatment programs and counseling services for alcoholics, the chapter investigates why in this period, so many states acknowledged alcoholism as a fully-fledged disease – and why some states hesitated in this process. Following on from this, the fourth chapter reconstructs why over the course of the 1970s, alcohol problems were increasingly 'privatized': why state authorities, journalists, and doctors channeled their attention to the domestic consequences of alcohol problems rather than to public brawling or rioting. The fifth chapter is then devoted to the transformation of drinking into a question of risk, which in the 1970s and 1980s became the guiding principle for alcohol regulations all over the world. Showing how socialist states constructed and addressed alcohol problems in the context of hazardous behavior at the workplace and in traffic, I use this observation to discuss why the equation of alcohol and risk worked so well in various political systems, and what this tells us about late socialist states in particular.

In conclusion, I bring together the organizing principles of late socialist alcohol politics. Taking into account trends of individualization and self-regulation, but also paying regard to tendencies that countered or impeded this trend, I will discuss what form of social order the governments in Czechoslovakia and Romania envisaged and how successful they were in creating and perpetuating this order. What forms of citizen subjectivity did the new rationalities enforce, and did they stabilize or destabilize social order? In what aspects were late socialist states different from Western liberal democracies? Why did the former disintegrate while the latter persisted? By discussing late socialist modernity as one version of late modern statehood, I hope to shed new light on the questions of whether state socialism affected the development of late modern statehood, and how its stability and downfall can help us understand recent sociopolitical developments.

1

The politics of alcohol in modern Europe

When, in the early 1970s, several Soviet bloc states introduced new alcohol regulations, critical analysts sensed a crisis. Reporters of the dissident broadcaster *Radio Free Europe* remarked that in the light of recent consumption patterns, better regulations were long overdue. In many Soviet bloc countries, the amount of alcohol sold had soared from the mid 1950s and reached a preliminary peak in the early 1970s. In his 1977 manual on alcoholism, the Czech psychiatrist Jaroslav Skála asserted that in Czechoslovakia, the absolute per capita intake of alcohol had more than doubled between 1954 and 1974. In the light of these developments, the 1970s decrees indeed appear to be a direct, if somewhat belated, reaction to this upsurge in alcohol consumption.¹

However, the 1970s regulations were more than a panicked attempt to counter alarming consumption habits. The rapid rise in alcohol consumption was not restricted to the Eastern side of the Iron Curtain. After the Second World War, people all over Europe drank a lot more than they used to. According to data of the World Health Organization, the per capita consumption of pure alcohol accelerated in the 1960s and reached unprecedented highs in the 1970s. The data, referring to official sales figures, leave out informal production. Although these figures therefore do not equal actual consumption, they indicate tendencies. With only very few exceptions (France, Cyprus, Portugal), most European countries reported a steep

¹ See for the RFE reports and their analyses: Celt, *The Problem of Alcoholism in Poland* [Electronic source]; Radio Free Europe Research, ed., *Alcoholism in Eastern Europe* [Electronic Resource], July 30, 1987. HU OSA 300-8-3-15352, Records of Radio Free Europe/Radio Liberty Research Institute: Publications Department: Background Reports, Open Society Archives at Central European University, Budapest., <http://hdl.handle.net/10891/osa:8ad5ee14-5bd3-4019-a2ba-f52a78bec276>, accessed May 30, 2016. For detailed numbers on consumption trends, see on the Soviet Union: Herlihy, *The Alcoholic Empire*, 154; for Bulgaria: Brunnbauer, *Die Sozialistische Lebensweise*, 406–07. For Czechoslovakia, see: Jaroslav Skála, *...až na dno? Fakta o alkoholu, pijáctví a alkoholismu*, 3rd ed. (Prague: Avicenum. Zdravotnické nakladatelství, 1977), 9.

increase in consumption from the early 1960s to the early 1970s. Even though politicians and journalists critically discussed this rising alcohol consumption, however, they did not usually depict it as a symptom of capitalistic malfunction. On the contrary, common explanations have linked the rise in consumption to the increased supply of beverages, as well as to people's relative affluence and ability to buy them.² Secondly, alcohol politics are never a simple reaction to consumption habits. Instead, we can see the debates and regulations around alcohol as reliable indicators of societal concerns that come to light most forcefully in periods of change.

In the following pages, I analyze the social function of the new alcohol regulations, as products of their specific sociohistorical circumstances. I suggest that the 1970s regulations were not simply new solutions for old problems, but rather they reformulated the problem at stake. To understand their impact, I will investigate how thinking about alcohol problems developed over a period of roughly one hundred years. While my case studies derive mostly from Romanian, Czech, and Slovak territories, I will contextualize them in a broader European framework of social policy organization. Exploring major trends and general directions in the field of alcohol politics, my exploration will be necessarily schematic, serving the purpose of assessing the impact of the 1970s decrees. The subsequent chapters will cover selected aspects of alcohol politics in the 1970s and 1980s; this chapter highlights the 1970s regulations as a turning point that set the agenda for the years to come.

Alcohol politics in the context of nation-building

Historians have located the onset of 'modern' substance politics in the eighteenth and nineteenth centuries, arguing that several factors made the regulation of psychotropic substances in this period qualitatively different from earlier practices. The advancement of industrialized technology allowed for the mass production and distribution of cheap alcohol and other psychotropic substances, which in turn sparked new habits of substance use in many countries. The new production practices and consumption habits provided challenges to the state, but also allowed it to negotiate its role and responsibility. In earlier periods,

² World Health Organization, *Global Status Report on Alcohol and Health, 2014* (Geneva, Switzerland, 2014), accessed May 30, 2016, http://apps.who.int/iris/bitstream/10665/112736/1/9789240692763_eng.pdf?ua=1, 195–247.

substance politics had been equivalent to trade regulations; state authorities now started balancing the advantage (tax income) against potential backlashes of substance use. In the context of industrialization and nation-building, state authorities showed new concern for the health and productivity of the national population. In this sense, modern substance politics expressed a revision of state priorities.³

The change in substance politics was not straightforward and did not necessarily lead to a reduction in substance consumption. More than anything, it affected ways of thinking about and tackling substance use. In the nineteenth century, scientists started studying the effects of drinking and other forms of substance use on the health of individuals and society: employers banned intoxicated workers from the workplace, and popular movements lectured on the perils of substance use and advocated a society free from this 'vice.' Governments issued regulations with which they attempted to reduce the amount of substances circulating in their areas of influence. All these regulations represented alcohol problems as a concrete (moral, medical, material) threat to the larger social collective, which called for dedicated policy measures.

The new concern about alcohol problems unleashed an unprecedented intrusion of the state into people's consumption habits. State institutions did not simply react to an alarming reality, but expressed, with their interventions, a new understanding of governance, according to which governments had the right and responsibility to act in the interests of the national collective.⁴ Previously content with issuing licenses and collecting taxes, governments were now eager to police the distribution of psychotropic substances and thereby to shape their citizens' consumption habits. In the early twentieth century, many states introduced comprehensive regulations banning or severely limiting the consumption of opium and other substances.⁵ Alcohol, a psychotropic substance with deep cultural roots in many European regions, was not spared from these radical initiatives. The Soviet Union and the USA, two of the century's major political powers, banned the production, distribution, and import of

³ On modern substance politics see as the most influential works: Harry G. Levine, "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America," *Journal of Studies on Alcohol*, no. 39 (1978); Virginia Berridge and Griffith Edwards, *Opium and the People: Opiate Use in Nineteenth-Century England* (London, New York, NY: A. Lane St. Martin's Press, 1981); and, more recent: David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, Mass: Harvard University Press, 2001).

⁴ Michel Foucault has referred to this understanding of state responsibility with the notion of *biopolitics*. Michel Foucault, *Security, Territory, Population: Lectures at the Collège de France 1977-1978* (Picador, 2009).

⁵ Courtwright, *Forces of Habit*, 184.

alcoholic beverages in their territories. In the United States, the ban on alcoholic beverages (with the exception of home-produced wine and cider) remained in place from 1920 to 1933. In the Soviet Union, the Bolshevik government extended a prohibition which had been introduced under Tsar Nicholas II in 1914. It was lifted in 1925. In the interwar period, Belgium, Canada, Mexico, Finland, Norway, and India also introduced partial prohibitions. Although several states made attempts at introducing partial or total prohibitions on alcoholic beverages before 1914 and after 1933, these initiatives did not transcend national borders or reach the radical vigor of the interwar years.⁶

Raising the 'alcohol question'

Although most states did not introduce prohibitions on alcoholic beverages, the 'alcohol question' became a global concern at the turn of the nineteenth and twentieth century. Political actors introduced new bills promising to solve alcohol problems, and in many states, organized movements advocated the cause of moderation or complete abstinence. The political and popular movements were inspired by very different visions of social order, ranging from feminist advances to right-wing vision, from state-led initiatives to anti-state campaigns. Some alcohol advocates declared the government responsible for sobering up its citizens, while others advocated self-guided moderation of drinking habits.⁷ In many of these movements, nationality became an important ingredient of activism. In the wake of nation-building, anti-alcohol advocates linked alcohol consumption to concerns about the health and birthrate of the national population, state economic performance, and the social misery of specific nations.⁸

The territories of what later became the states of Romania and Czechoslovakia were no exception to this international preoccupation with alcohol problems. Alcohol research and

⁶ On the Soviet Union: Herlihy, *The Alcoholic Empire*. On the United States, see Jack S. Blocker, "Did Prohibition Really Work? Alcohol Prohibition as a Public Health Innovation," *American Journal of Public Health* 96, no. 2 (2006). On all other countries, see: Phillips, *Alcohol*, 277.

⁷ In tsarist Russia the primary movement was the 'Guardianship of Public Sobriety,' set up by the Ministry of Finance in the late nineteenth century. Other temperance movements in the country were critical of the state, see: Herlihy, *The Alcoholic Empire*, 147. On the common combination of temperance agenda with the fight for female suffrage, see Ross Evans Paulson, *Women's Suffrage and Prohibition: A Comparative Study of Equality and Social Control* (Glenview, Ill: Scott, Foresman, 1973).

⁸ See for the national imperative of early anti-alcohol activism: Courtwright, *Forces of Habit*, 174–76; Virginia Berridge, *Temperance: Its History and Impact on Current and Future Alcohol Policy* (York: Joseph Rowntree Foundation, 2005), chapter 5.

anti-alcohol activism thrived in the late nineteenth century and first decades of the twentieth century, when the territories were still embedded in the Austro-Hungarian, Ottoman, and Russian empires. Researchers from Prague, Bucharest, Sibiu, and Vienna participated in international conferences and were not restrained by later geopolitical ideas about Eastern and Western differences. Despite this international outreach, local authorities, medics, and social movements followed the global trend in framing their anti-alcohol activism as a national question. Transnational exchange and often amicable relations between anti-alcohol activists in different countries notwithstanding, there was a strong consensus that the alcohol question had to be fought along national lines.⁹

In Czechoslovakia, nation-building aspirations were deeply engrained in the 'alcohol question' as well as in the direction of later alcohol politics. Before Czechoslovakia became an independent state in 1918, future presidents Tomáš Garrigue Masaryk and Edvard Beneš wrote and lectured about alcoholism as a question of national concern. Masaryk in particular was known for his participation in the anti-alcohol movement and was himself a dedicated abstinent. Beneš is reported to have been a constrained drinker.¹⁰ In the 'First Republic', the independent Czechoslovak state until 1938, anti-alcohol activism was considered “[n]ot only a social and cultural imperative but also a national necessity.”¹¹ As temperance activist Břestislav Foustka put it in 1922, “[f]or the creation of this new life [in the nation state], the Czech nation, the nation of Huses and Masaryks, must not proceed drunk.”¹² In this discourse, anti-alcohol activism stood for a “better, nobler, high-minded citizenship,”¹³ in contrast to the perceived chaos and excess of the late empire. Anti-alcohol activists popularized the idea that the drinker has free will and is both able to stop drinking, and responsible for so doing. The

⁹ Johan Edman, “Transnational Nationalism and Idealistic Science: The Alcohol Question between the Wars,” *Social History of Medicine* 29, no. 3 (2016). For the example of Transylvania, Martin Rotar shows that national focus and international collaboration went hand in hand in early-century alcohol activism. See: Marius Rotar, “Probatoriul unei istorii a alcoolismului in Romania secolelor XIX-XX,” *Brukenthal Acta Musei Sibiu* II, no. 1 (2007).

¹⁰ See Tomáš Garrigue Masaryk, *O alkoholismu: Předneseno v Dělnickém domě na Vsetíně dne 11. září 1905*, 2nd ed. (Prague: Tiskařské a nakladatelské družstvo Pokrok, 1908); Edvard Beneš, *Problém alkoholové výroby a abstinence* (Prague: Otakar Janáček, 1915).

¹¹ J. Hraše, *Eugenické a kulturní úkoly ženy* (Prague: Nakladatelství J. Otto, 1928).

¹² Břestislav Foustka, *Alkoholism a ideály národa* (Prague: Československý Kompas, 1922).

¹³ See Břestislav Foustka's contribution in: Republikánská liga pro mravní obrodu národa a Československý abstinentní svaz, *Alkoholismus a zájmy života: Anketa pořádána v Praze dne 6. ledna 1922* (Prague: Československý Kompas, 1922).

recovered drinker embodied the restrained and enlightened citizen who understood his civic duties in the newly emerging nation state.

The notion of the responsible, restrained citizen was an important development in modern alcohol discourse. Until the nineteenth century, popular presentations of alcoholism usually laid the blame on alcoholic drinks, ascribing them the power to enslave people and shatter their lives. In the Czech lands, book titles like *Alcohol – murderer* (*Alkohol – zabiják*, late nineteenth century) or *Satan alcohol* (*Satan alkohol*, 1888) bestowed drinks with the dominant agency.¹⁴ People who succumbed to the power of alcohol were immoral and good-for-nothings, but they were hapless figures, and their drinking could never be tackled in a systematic fashion. As the nineteenth century progressed, anti-alcohol advocates popularized the idea that excessive drinking was caused by the drinker's loss of control. Fueled by the modernist notion that humankind can influence its fate, they described drinkers as endowed with free will and therefore capable of restraining themselves. Appropriately, the first Czech club for recovered drinkers went by the name 'Strong Will' (*Pevná vůle*). Founded in 1931, Strong Will preceded its sister organization in the United States, Alcoholics Anonymous, by four years.¹⁵

The relatively strong interest in questions of temperance in the First Republic does not mean that there was ever a serious case for abolition that would have threatened the strong Czech pub culture, in itself an important source of national pride.¹⁶ Although a number of anti-alcohol activists assumed influential posts in the young nation state, they did not introduce radical cuts in the supply industry. As the main targets of anti-alcohol activism were the citizens, civic education was given primacy over intrusive top-down measures. The most forceful step was a ban on selling drinks to minors, which was introduced with the 'Law on limiting the serving of alcoholic beverages' ('Zákon o omezování podávání alkoholních nápojů')

¹⁴ See Jan Novotný, *Alkohol—zabiják* (Brno: Nový Lid, Late 19th century, exact year unknown); J. Š. and A. A., *Satan alkohol: Truchlohra v pěti jednáních. Krčmář a ďábel: ze soukromých jejich papírů: podobenství* (Prague: Nákladem křesťanského spolku mladíků v Čechách, 1888).

¹⁵ "Zpráva o činnosti klubů lečených pijáků v Brně," February 1947. In: NAČR, Ministerstvo Zdravotnictví, *Boj proti alkoholismu, 1946-48, Protialkoholní poradna v Brně, Zprávy o činnosti — subvence*. On the 'discovery of addiction' and ideas about free will and control see also: Levine, "The Discovery of Addiction."

¹⁶ Before 1918, calls for state prohibition had occasionally been voiced, for example in: Beneš, *Problém alkoholové výroby a abstinence*. On the role of the pub in Czech national consciousness, see Vladimír Macura, "Hospoda v české vlastenecké kultuře," in *Hospody a pivo v české společnosti*, ed. Vladimír Novotný (Prague: Academia, 1997).

in 1922/23. Following the civic agenda, it restricted the behavior of those members of the population who were not yet classed as full citizens. Adult citizens, to the contrary, were expected to understand their national duty and consciously refrain from excess of all kind. With this self-reflexive discourse, the government of the newly independent nation state thus asserted its authority not only for conceptualizing national issues, but also for administering its citizens' status and responsibilities.¹⁷

In Romania, too, concern about alcohol consumption coincided with the construction of the nation and its national identity. As in Czechoslovakia and elsewhere, the new interest in alcohol abuse in Romania was informed by genuine alcohol problems. In the early twentieth century, industrially produced spirit drinks plagued the poverty-ridden rural regions of the country. However, people had drunk a great deal in Romania before this period. The village drunk had always been a popular figure in folklore, causing shame and grief to his family and the village before 1918.¹⁸ It was new and 'modern', however, that Romanian anti-alcohol advocates now turned occurrences of excessive drinking and inebriated rioting into a coherent problem of the national collective. A central role in this process was played by the medical profession. Making use of medical insight and their knowledge of global epidemiological trends, doctors were the first to conceptualize alcohol consumption as something that affected the nation at large.

Conducting research into drinking habits in the country, doctors were not primarily concerned with the health of individual alcoholics. Instead, they established a link between drinking and the poverty of certain regions, high criminality rates, and other worrisome demographical developments. Their findings highlighted the devastating social effects of individual acts, but also insinuated that health and morals were a national good that could be measured and systematically improved.¹⁹ Frequently, reports on alcohol problems served to evaluate the main problems of the country, decrying the destitution of the countryside and calling for its modernization. In 1930, the anti-alcohol activist Teodor Hrib conducted, for

¹⁷ For the 1922 law, see: "Zákon o omezování podávání alkoholních nápojů: 86/1922 Sb.," in *Sbírka zákonů československých* 26, 1922. Useful for the concept of citizenship in the First Republic: Melissa Feinberg, "The New 'Woman Question': Gender, Nation, and Citizenship in the First Czechoslovak Republic," in *Czechoslovakia in a Nationalist and Fascist Europe, 1918–1948*, ed. Mark Cornwall and Robert John Weston Evans, Proceedings of the British Academy 140 (Oxford, New York: Oxford University Press, 2007).

¹⁸ Rotar, "Probatoriul unei istorii a alcoolismului in Romania secolelor XIX–XX."

¹⁹ Maria Bucur-Deckard, *Eugenics and Modernization in Interwar Romania* (Pittsburgh, Pennsylvania: University of Pittsburgh Press, 2002).

example, a 'mission' to the poverty-stricken Maramureş region in Northern Romania. In his reports, he described village after village existing “in indescribable misery,” “destroyed by the passion of *beţie*.”²⁰ The term *beţie* roughly translates as 'tippling' and has remained a common, highly moralistic way to refer to excessive drinking. Even though Hrib presented the countryside as morally endangered, he did not blame the peasants for the widespread habit of *beţie*. If anything, they represented national decay and needed help. “Neglect[ing] these pure Romanian regions [...] would be a betrayal of the nation.”²¹

As in Czechoslovakia, the Romanian discourse about alcohol problems raised issues about of the idea of nationhood (see figure 1). However, Romanian anti-alcohol activists were not concerned with questions of civic consciousness. While historians have described the notion of free will as a universal feature of modern anti-alcohol activism, it seemed to have played a role mainly in countries with a strong middle-class and a liberal political culture.²² Romania was by 1918 a largely rural country, comprised of regions with no common political culture. After the First World War, the old kingdom of Romania had been enlarged to 'Greater Romania.' Its new territories were a source of pride, but they also challenged the idea of a homogenous nation state, with ethnic minorities making up 28 to 30 percent of the population.²³ In this context, national integration was an urgent task. Furthermore, the emphasis on civic consciousness or national integration reflected the composition and social agenda of the anti-alcohol activists themselves. While in Czechoslovakia, anti-alcohol activism represented the self-reflexive discourse of an emerging middle class, in Romania a small stratum of doctors and other internationally educated professions asserted their status by claiming political responsibility for the nation. Their main target was not the soon-to-be-enlightened citizen, but the poor, uneducated peasant, whom they set out to rescue. In contrast, the drinking habits of the urban population were not seen to represent a pressing

²⁰ Teodor Hrib in: Centrala Caselor Naţionale, Secţia “Sănătatea Socială,” *Istoricul şi activitatea Secţiei “Sănătatea Socială”*: *Primul congres antialcoolic din România*, Cernăuţi, 1927 (Bucharest, 1930).

²¹ Ibid.

²² Cf. on the interrelation between liberal political culture, middle-class, and anti-alcohol activism: Levine, “The Discovery of Addiction,” Lori Rotskoff, *Love on the Rocks: Men, Women, and Alcohol in Post-World War II America*, Gender and American culture (Chapel Hill: University of North Carolina Press, 2002), introduction.

²³ On demographic data of interwar Romania, see: Marius Turda, “The Nation as Object: Race, Blood, and Biopolitics in Interwar Romania,” *Slavic Review. American Quarterly of Soviet and East European Studies* 66, no. 3 (2007), 432, and Bucur-Deckard, *Eugenics and Modernization in Interwar Romania*, 9.

problem. As late as 1939, a Romanian anti-alcohol journal brought up the rhetoric question “Does *tippling* only exist in the countryside?”²⁴

In the Romanian temperance discourse, drinking problems did not primarily figure as a question of free will, but rather as a direct result of the large number of pubs that lured uneducated peasants into buying their cheap and low-quality beverages. Consequently, anti-alcohol activists in Romania lobbied for measures that would affect the supply industry. In part, this agenda was taken up by the first anti-alcohol law of 1908/09, which introduced a monopoly for selling spirit drinks, introduced a quota for the number of pubs permitted in a village communes, and also restricted their opening hours.²⁵



Figure 1: The national fight against alcoholism

In the image, the masses take up arms to chase out an 'army' of alcohol bottles. The caption reads: “[Get] out of Romania, accursed alcohol!” Poster from the first anti-alcohol congress of Romania, taking place in 1927 in Cernăuți/ Chernivtsi (today Ukraine).

Source: Centrala Caselor Naționale, *Istoricul și activitatea Secției "Sănătatea Socială": Primul Congres antialcoolic din România, Cernăuți, 1927 (Bucharest, 1930)*, 38.

²⁴ The composition of the movement and the social status of its members can be deduced from speeches and presentations, such as Centrala Caselor Naționale, *Istoricul și activitatea Secției "Sănătatea Socială."* On rural/urban drinking, see: I. Sriban, “Beția e numai la țară?,” *Revista Temperanța* 8, no. 3 (1939).

²⁵ On the law: *Legea pentru monopolul băuturilor spirtoase în comunele rurale și măsurile contra beției* (March 7, 1908), accessed May 30, 2016, <http://lege5.ro/en/Gratuit/g42tamru/legea-pentru-monopolul-vanzarii-bauturilor-spirtoase-in-comunele-rurale-si-masuri-in-contra-betiei-din-06031908>.

Alcohol, eugenics, and fascism

While states differed in how they understood and tried to solve the 'alcohol question,' there were common trends that influenced all alcohol discourses of the first half of the twentieth century. In the late 1920s and 1930s, anti-alcohol activists all over Europe emphasized the public health effects of drinking. In Romania, we have already seen that doctors conceived of alcohol-related health effects in national terms. In this view, alcoholism affected more than the budget and health of individual drinkers and their families: it endangered the moral and physical quality of the nation.²⁶ In France, Germany, and other European states, alcoholism was classified along with syphilis and tuberculosis as a *maladie populaire* that was hereditary and degenerative for the social collective.²⁷ The new interest in national health reflected, on the one hand, prevalent fears of biological decay both of individual families and the national collective. On the other hand, it expressed a new understanding of the state, both capable of and responsible for taking care of the collective health of the nation.

The doctors and social scientists who developed theories about social degeneration were not necessarily culturally pessimistic. They believed in the malleability of the human condition, which was capable of changing for the worse and for the better. Inspired by the paradigm of eugenics, they suggested that scientific measures be used to improve the biological and moral quality of human beings.²⁸ This idea translated into a diverse set of practices. In the Moravian city Brno, a group of doctors and criminologists set up the first counseling center for alcoholics in the late 1920s. Offering medical services as well as counseling, the institution represented a new approach to social diseases, in considering them to be a problem that can be systematically treated. Probably designed after German and Swiss models, health counseling centers sprang up in other Czech and Slovak cities, too. The centers provided outpatient treatment for alcoholism, venereal diseases, tuberculosis, and other

²⁶ For example: Republikánská liga pro mravní obrodu národa a Československý abstinentní svaz, *Alkoholismus a zájmy života*.

²⁷ The French professor of medicine Louis Rénon was influential in establishing the notion of this 'trio' of *maladies populaires*: Louis Rénon, *Les maladies populaires: Maladies vénériennes, alcoolisme, tuberculose*. Leçons faites à la Faculté de médecine de Paris, 2nd ed. (Paris: Masson, 1907); on 'popular diseases' see also: David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-century France* (Berkeley, California: University of California Press, 1995).

²⁸ For an overview on the goals, directions, and variety of eugenic movements, see: Marius Turda, *Modernism and Eugenics* (New York: Palgrave Macmillan, 2010).

'social diseases.' Although they gave individuals the opportunity to receive individual treatment and counseling, it is necessary to stress that they derived from a collectivist understanding of health and disease. The individual motivation, experience, and consequences of alcoholism and other diseases were not the center of attention. Rather, the social health of the national collective was at stake.²⁹

The urge to improve humankind gave rise to repressive methods as well. We have already seen that alcohol problems were often framed as a question of national concern. In countries with strong fascist movements, eugenics became a racialized discourse about the quality of a specific nation and the degenerative potential of certain social or ethnic groups. This discourse took an extreme form in National Socialist Germany, where eugenicists were successful in popularizing theories about alcoholics as biologically and morally inferior human beings. Although Adolf Hitler, Heinrich Himmler, and other Nazi leaders were avid anti-alcohol advocates, they did not cut down on the supply of alcohol. Instead, they attempted to solve the alcohol question by introducing repressive methods against drinkers. National Socialists banned 'chronic alcoholics' from marrying and procreating. The 1933 'Law for the Prevention of Genetically Diseased Offspring' led to the sterilization of thousands of 'chronic alcoholics,' and alcoholics were interned in concentration camps as early as 1934.³⁰ The treatment of alcoholics in National Socialist Germany was exceptional, but at its base was a sentiment that was prevalent in many countries at that time: that drinking is problematic not mainly for the individual drinker and those in his or her immediate surroundings, but for the wider collective. The results of this sentiment were not straightforward. The educative approach that was favored in Czechoslovakia located the core of the problem not so much in people's bodies as in their mindset, and highlighted the individual's ability to change and contribute to the

²⁹ Employees of the first center in Brno mention to have been inspired by a Swiss organization, see: Poradna sociálně zdravotní péče o zdrženlivost při psychiatrické klinice MU, Brno, letter to Dr. Doubek, March 28, 1947; in: Protialkoholní poradna v Brně, Zprávy o činnosti — subvence. NAČR; fond Ministerstvo zdravotnictví (hereafter MZd), Boj proti alkoholismu, 1946-1948. For the German model of 'Beratungsstelle,' see: Susanne Michl, *Im Dienste des "Volkskörpers": Deutsche und französische Ärzte im Ersten Weltkrieg*, Kritische Studien zur Geschichtswissenschaft Bd. 177 (Göttingen: Vandenhoeck & Ruprecht, 2007). I thank Maren Roeger for the reference and for pointing out the German predecessors of the Czech counseling centers to me.

³⁰ Robert N. Proctor, *The Nazi War on Cancer* (Princeton, NJ: Princeton University Press, 1999), 141–53; Hasso Spode, "'Extrem hoher Alkoholkonsum': Thematisierungskonjunkturen des sozialen Problems 'Alkohol,'" in Wassenberg; Schaller, *Der Geist der Deutschen Mässigkeitbewegung*.

nation's greater good. National Socialists, on the contrary, considered the drinker as a degenerate human being that had to be removed from the national body.

While fascist movements also gained power both in Czechoslovakia and Romania, we have little knowledge of the treatment of alcoholics in these countries in that period. Under the German occupation of Bohemia and Moravia, the activists of the Czech Abstinent Union cooperated with German organizations, but their general tone did not change significantly. More than anything else, they reduced their activities in the Protectorate.³¹ In Romania, too, anti-alcohol activism entered a decline in the 1930s when the fascist government under General Ion Antonescu implemented a set of discriminatory alcohol politics. In contrast to what was observed above for National Socialist Germany and other countries, Romanian fascists did not target drinkers, but maintained their stark focus on the supply industry. More than anything, they focused on the pub and the profession of the innkeeper, "those who take advantage of human weaknesses, who could abolish temptation, and who don't."³² As the profession of the innkeeper was traditionally associated with Jewish citizens, these statements fed into prevalent anti-Semitic sentiments. Pushing this train of thought further, in 1940 a new decree prevented Jews from selling drinks.³³

We may conclude that in the first half of the twentieth century, alcohol politics became a means to problematize and regulate matters of the nation. In all European states, building, consolidating, or purifying the nation was a central concern of the state. The examples of Romania and Czechoslovakia have indicated that the resulting policy measures could differ tremendously. The politics of alcohol reflected the social composition of society, prevalent socioeconomic concerns, but also different priorities in the state's social role. In Czechoslovakia, the state became responsible for educating, healing, punishing, or in other

³¹ I refer here to the wartime editions of *Vyšší národ*, the journal of the Czechoslovak Abstinent Union. For a report on wartime activities, see also: Jan Novotný a Antonín Bajer, za Ústav národního zdraví, Brno, "Zpráva o činnosti poradny sociálně zdravotní péče o zdrženlivost při psychiatrické klinice MU ve správě Okresního ústavu sociálně zdravotní péče v Brně, za rok 1947," December 31, 1947. NAČR; fond MZd, Boj proti alkoholismu, 1946-1948; therein: Protialkoholní poradna v Brně, Zprávy o činnosti — subvence.

³² J. Găvănescu, "Beție," *Antialcoolul* 1, no. 1 (1900).

³³ On the relationship between Romanian anti-alcohol activism and anti-Semitism, see: Andrei Oișteanu and Mirela Adăscăliței, *Inventing the Jew: Antisemitic Stereotypes in Romanian and Other Central East-European Cultures*, Studies in antisemitism (Lincoln: University of Nebraska Press for the Vidal Sassoon International Center for the Study of Antisemitism (SICSA), Hebrew University of Jerusalem, 2009), 173–81; for the decree revoking licenses from Jewish innkeepers: Rotar, "Probatoriul unei istorii a alcoolismului in Romania secolelor XIX-XX," 301.

ways dealing with drinkers; in Romania, the state's focus was to protect potential drinkers by revoking licenses and limiting the number of pubs, thus reducing the temptation for people to drink. Despite these differences, the discourse in both countries shared a common framework. Importantly, alcohol problems no longer figured as individual tragedies, but as multi-dimensional problems that could be addressed with dedicated policy measures. Political actors, doctors, and other activists used the alcohol question as a forum for introducing ideas about the nation. Most importantly, they brought in the state, embodied by social policy measures as well as medical institutions, and held it responsible for taking initiative in the battle against social problems. Alcohol politics became a means of establishing state power, organizing public health and educational infrastructure, defining the duties of citizens, and establishing methods to deal with those who did not meet the set requirements. With this ambition, modern alcohol politics expressed a new understanding of the state as a modernizing agent with the task of fostering the moral and physical quality of the national collective.

Alcohol politics after the Second World War

The Second World War had dramatic consequences for the political, economic, and social structures of Central and Southeastern Europe. Communist parties seized power with the support and pressure of the Soviet Union, whose Red Army had liberated much of the region. In the following decades, the 'Moscow Center' shaped the framework and initiatives for many policy measures in Soviet satellite states. The new regimes introduced sweeping economic and social changes, which were linked to the radical utopian vision of creating a just society without exploitation of the workforce and without the private accumulation of power and wealth. Despite these similarities in political development and social agenda, John Connelly has pointed out that the ongoing process of 'Sovietization' was not homogeneous. Local governments and party activists adapted political initiatives and modified them to meet the specificities of the respective societies.³⁴ The new approach to alcohol problems formed

³⁴ John Connelly, "Students, Workers, and Social Changes: The Limits of Czech Stalinism," *Slavic Review. American Quarterly of Soviet and East European Studies* 56, no. 2 (1997), 311. See on the process of Sovietization furthermore: Vladimir Tismăneanu, ed., *Stalinism Revisited: The Establishment of Communist Regimes in East-Central Europe* (Budapest, New York: Central European University Press, 2009).

in this period gives a good indication of national peculiarities and their impact on a common social vision.

Alcohol problems in the first postwar decade

The new political realities also affected the interpretation of alcohol problems, which in turn reflected a new understanding of the role of state and of social problems. In the course of this and the following chapters, we will see that there was no pure form of socialist alcohol politics. The understanding of alcohol politics depended on the time period as much as on the respective country. In the early twentieth century, socialist anti-alcohol activists were particularly keen to dismiss bourgeois temperance advocacy and its “individual and unsystematic view”³⁵ of alcohol problems. They embraced an understanding of alcohol problems in line with the views of Friedrich Engels, who had described alcoholism in the mid nineteenth century as “the necessary, inevitable effect of certain conditions.”³⁶

In the late 1940s and early 1950s in Czechoslovakia, distinction from bourgeois ideals was an important feature of all alcohol politics. Anti-alcohol activism was so closely associated with the liberal discourse of the self-aware citizen that nearly all alcohol-related publications of this period had to explicitly denounce this discourse. Members of the Czechoslovak Abstinent Union, which continued its existence for several years under socialist rule, quickly adapted this new rhetoric. In their brochures published in the late 1940s and early 1950s, they explained to their readers that the concept of 'free will' was a bourgeois attempt to individualize social problems and effectively blame impoverished social strata for their misery. Alcoholism and other social problems such as begging, criminality, or prostitution were not the cause of people's misery, but one of its many faces – they were symptoms of poverty and economic uncertainty. In order to fight alcohol problems, the social structure, not the individual worker, was to be transformed.³⁷

³⁵ As formulated by the Czech socialist Jindřich Herkner in his book *Alkoholismus a dělnická otázka*, Lidová knihovna právnická a státovědecká (Prague: B. Kočí, 1907).

³⁶ Friedrich Engels, “Die Lage der arbeitenden Klasse in England: Nach eigener Anschauung und authentischen Quellen,” in *Karl Marx - Friedrich Engels - Werke*, vol. 2, ed. Institut für Marxismus-Leninismus beim ZK der SED, 2 vols. (Berlin-Ost: Dietz-Verlag, 1972), http://www.mlwerke.de/me/me02/me02_225.htm, translation from <http://www.marxists.org/archive/marx/works/1845/condition-working-class/ch07.htm>, 2.

³⁷ See for example: Jakub Goldberg, *Protialkoholický boj a socializmus*. Slovenský abstinentný sväz v Bratislave (Bratislava: Tlačiarenské závody Práca, 1950).

In its first years, the Czechoslovak Abstinent Union remained one of the key players of temperance activism in the First Republic. Its activists continued to publish their journal, renamed from the eugenicist title *Higher Nation (Vyšší národ)* to *The Healthy People (Zdravý lid)*.³⁸ In the late 1940s, its activists managed to organize a few events, co-organizing, for example, the 'week of sobriety' with the support of the Ministry of Work and Social Affairs. This celebration had its predecessor in the so-called 'weeks against alcoholism,' first organized by the local chapter of the Abstinent Union in Bratislava in 1931 and continued during wartime, when Slovakia functioned as a client state of Germany. After the war, the Abstinent Union organized sobriety weeks in March 1948, 1949, and 1950. With a diverse program of lectures, radio shows, and film screenings, and by disseminating propaganda material in schools, factories, and pubs, the sobriety weeks aimed to familiarize Czechs and Slovaks with the 'fight against alcoholism.' In accordance with the view that alcohol problems concerned the whole society, the weeks integrated into their program not only doctors, but also teachers, factory managers, criminologists, as well as farmers and retail sellers charged with the production and distribution of alcoholic beverages (figure 2).³⁹

The campaigning character of these weeks, with which state authorities attempted to mainstream the state's social agenda in all of its institutions, was typical for this period and was reflected in other initiatives as well. The first law of alcohol politics in state socialist Czechoslovakia accordingly announced campaigns of mass education, in which the authorities concentrated on schools and the country's heavy industrialized regions.⁴⁰ The law was passed in April 1948, shortly after the 'Victorious February' of 1948, when the Communist Party of Czechoslovakia (*Komunistická strana Československa*, KSČ) took over absolute state power. This early timing indicates that socialist authorities adopted the relatively high importance allocated to alcohol politics from the First Republic. In April 1948, the Ministry of Health set up the Central Anti-Alcohol Committee (*Ústřední protialkoholní sbor*). The Committee's aim

³⁸ Jakub Raš, "‘‘Za ostřízlivění národa’’: Abstinentní hnutí v českých zemích v první polovině 20. století," *Dějiny a současnost*, 2009. 4, accessed August 15, 2016. <http://dejinyasoucasnost.cz/archiv/2009/4/-za-ostrizliveni-naroda-/>.

³⁹ For the agenda and background material on the 'weeks of sobriety': Československý svaz abstinentů, "Týden střízlivosti," March 7-14, 1949, in: Československý abstinentní svaz, Týden střízlivosti I, March 7-14, 1949, ka 640. NAČR, fond Ministerstvo práce a sociální péče (hereafter MPSP), Boj proti soc. chorobám (proti nikotinismu a alkoholismu), inv. č. 1298, sign. 1620.

⁴⁰ For the law: "Zákon o potírání alkoholismu: 87/1948 Sb.," in *Sbírka zákonů Československé socialistické republiky 1948*.

was firstly, to unify existing initiatives throughout the country, and secondly to coordinate the country's alcohol politics. With these tasks, it took over the work of the Czechoslovak Abstinent Union, which soon lost significance. While still present in the late 1940s, the Union was perhaps too closely associated with prewar legacies. Its most prominent members, although eager to change their vocabulary to meet the requirements of the young socialist state, clung to the idea that "the main reason for drinking is always in the drinking subject."⁴¹ More important, however, appears to have been the state's ambition to take over the task of alcohol politics and make it a part of its mainstream policy apparatus. This interpretation also explains why the Abstinent Union was never officially dissolved, but instead merged with the Red Cross in 1950, thereby becoming politically marginalized, and not integrated in any future campaigns against alcoholism.⁴² In general, Czech and Slovak authorities were not reluctant to make use of pre-socialist initiatives. The Central Anti-Alcohol Committee reordered rather than radically revised prewar initiatives. It revitalized the work of the anti-alcohol counseling centers, which had been set up in the late 1920s as part of a network of eugenic counseling centers. Under the organizational duty of the newly created 'Office for National Health,' the Health Ministry expanded the network of these centers, which now offered free services for a range of health problems throughout the country.⁴³ Alcohol policy in Czechoslovakia thus continuously offered services for drinkers. Compared to other socialist countries as well as to the wider European scene, this accommodative approach towards alcoholics was remarkably innovative. One example for this pioneering spirit was the Czech version of the 'sobering-up station,' a facility where drinkers who were brawling, dangerous, or simply unable to care for themselves could be detained for the night. While the Czech claim of having invented the sobering-up station does not seem to bear close examination, the Czech version of this concept was arguably the first to place it under medical supervision. Jaroslav Skála,

⁴¹ As formulated by its two chairmen: Ludvík Havlásek and Jan Novotný, *Proč a jak bojujeme proti alkoholismu* (Brno: Zemská osvětová rada a Moravské zemské ústředí Čs. abstinentního svazu, 1947), 15.

⁴² Antonín Mareš, "Historie Československého abstinentního hnutí, 1969-1973. 1980." Archiv národního muzea (hereafter ANM), fond Československý abstinentní svaz, karta 1, IV. část.

⁴³ For the anti-alcohol committee: MZd, "Poradní sbor pro boj proti alkoholismu — jednacím řád, členství, zápisy ze schůzí (1947-48)," April 27, 1948. NAČR, fond MZd, Boj proti alkoholismu, 1946-1948. For the network of anti-alcohol counseling institutions, I refer to a first draft from 1947, whose realization I found later confirmed. See for the first draft: Karel Popek, "Směrnice pro zřízení a činnost poraden o zdrženlivost," October 1947, in: Směrnice pro činnost protialkoholických poraden (1947-48). NAČR, fond MZd, Boj proti alkoholismu, 1946-1948; for the confirmation: "Návrh vládního usnesení o souborných opatřeních v boji proti alkoholismu, příloha D," March 13, 1956, in: MZd, Návrh vl. usn. o souborných opatřeních v boji proti alkoholismu, r. 1956. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

psychiatrist and inventor of the Czech model, stressed that that the sobering-up station marked the transformation from “antiquated police detainment to a mobilization of health and security services.”⁴⁴ Although in most cases, the drunkards were committed by police force, it fell to the expertise of medical experts to take care of them during the night. After its introduction in Czechoslovakia in 1951, the sobering-up station served as a model in other socialist countries and was also adopted in Sweden, Finland, and the Americas.⁴⁵

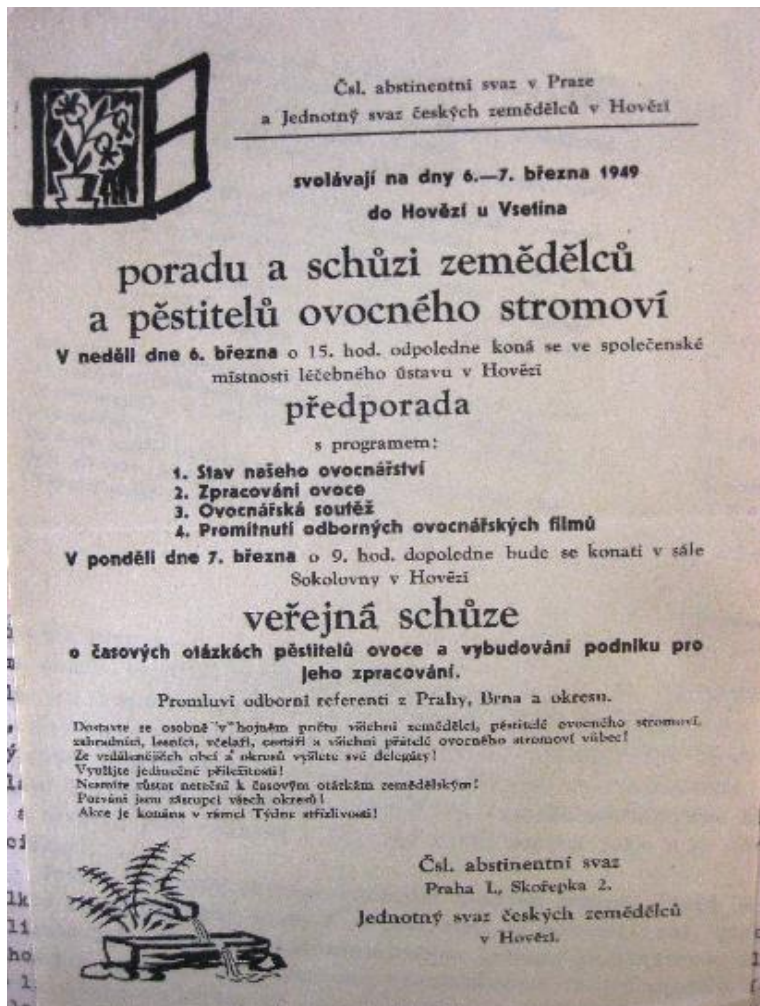


Figure 2: Topical questions of fruit growing

Adopting a holistic view of alcohol problems, the organizers of the Czechoslovak 'weeks of sobriety' approached the 'fight against alcoholism' from a variety of angles.

During the 1949 weeks, the Czechoslovak Abstinent Union and the United Union of Czech Farmers in Hovězí (a village located at the border of the Czech and Slovak republics) called for a meeting of fruit farmers. The program was to include

“1. The state of our fruit farming, 2. Fruit processing, 3. A fruit-processing contest, 4. Screening of professional fruit-growing films.”

In the open meeting following this program, the audience was attracted by a discussion on “topical questions of fruit growers.”

Source: *Československý svaz abstinentsů, “Týden střízlivosti,” March 7-14, 1949. NAČR (see footnote 39).*

⁴⁴ Jaroslav Skála, “Úvodní slovo,” *Protialkoholický obzor* 13, no. 2 (1978). On the history of the sobering-up station in various countries, see Jaroslav Skála and Irena Hrodková, “Protialkoholní záchytné stanice ve světě a u nás,” in *Ochrana společnosti před alkoholismem a jinými toxikomániemi*, ed. Jaroslav Skála (Prague: Avicenum. Zdravotnické nakladatelství, 1982).

⁴⁵ Skála and Hrodková, “Protialkoholní záchytné stanice ve světě a u nás.”

Although the provision of medical services for alcoholics in Czechoslovakia was remarkably innovative, its position in the national politics of alcohol was marginal. The authorities of the KSČ defined alcoholism as a sociopolitical problem and located its solutions in the realm of the political. This does not mean that they rejected psychiatric initiatives; medical treatment for alcoholics did not clash with visions of social betterment. However, such medical services were only a treatment, and were not seen as the solution. Social structures, not individuals, created alcohol problems, and therefore political leaders, not psychiatrists, had to define the solutions. A 1950 report of the Czechoslovak Ministry of Work and Social Affairs stated that alcoholism should not be reduced to selective aspects, such as health consequences, but rather must be addressed as a social phenomenon. In this view, healthcare was only necessary in hard cases, for those for whom socialist order had come too late: "From capitalist social organization, we have remained with a group of people who have succumbed to alcoholism. [...] For them, it is mainly a question of health."⁴⁶ In general, however, the fight against alcoholism had to target the education of youth and the re-education of the older generation. The fight should be coordinated by the Ministry of Health, but had to include the work of many ministries, "especially the Ministry of Education."⁴⁷

Members of the Health Ministry stressed the social dimension of alcoholism, too, urging for education and for alternative leisure opportunities for workers. In a bill for a new alcohol decree in 1955, the Health Ministry assigned tasks to the Ministry of Education, to the Committee for Physical Education and Sport, the Ministry of Food Industry, of Domestic Trade, of Justice, and so on. Throughout the 1950s, the socio-political conception of alcohol politics was explicitly stressed in all alcohol-related initiatives. This repeated claim might indicate that other interpretations (with focus on health provision, for example) lingered and had to be forcefully eradicated. The health authorities conveyed with their claim a new vision of state responsibilities in the young socialist republic. As they conceived of workers as the victims of exploitation and alcoholism, they did not blame them for their drinking habits. The state, by means of its educational and cultural institutions, was responsible for offering knowledge,

⁴⁶ MPSP, "Zpráva o dosavadních opatřeních v boji proti alkoholismu a návrh vl. usnesení," November 23, 1950. NAČR, fond MPSP, 1950/51, karton 336, sign 2500-4.

⁴⁷ Ibid.

culture, and material wellbeing so that its citizens would feel no need to engage in excessive drinking or other harmful activities.⁴⁸

The Romanian Workers' Party (*Partidul Muncitoresc Român*, the name of the party until 1965, when it was renamed the Romanian Communist Party) consolidated its position of absolute power in February 1948.⁴⁹ As in other countries in Central and Southeastern Europe, the subsequent nationalization of private enterprises and land was accompanied by a radical process of collectivizing farms in the countryside. In Romania, which was a predominantly rural country, the collectivization was part of a wider campaign to modernize the country. The newly established government strove to industrialize the country by connecting the dispersed network of small-scale agricultural communities and by establishing institutions of education and public health.⁵⁰

The first decade of socialist rule was characterized by a peculiar neglect of alcohol problems.⁵¹ In policy analyses of the state of people's health, morals, or social discipline, we find few to no hints that drinking problems existed. In documents of the Ministry of Work, Health, and Social Care, for example, the term 'alcoholism' appeared only sporadically in some analyses of 'moral deficiencies' and 'social plagues,' but mainly, state authorities and writers used these terms to refer to prostitution, vagabondism, and begging.⁵² When listing a variety of pressing 'social diseases,' local health statistics focused on tuberculosis and syphilis. If alcoholism was included, it appeared as a marginal phenomenon. In editions of the party organs *Scînteia* and *România liberă* from the late 1940s until the mid 1950s, alcohol appeared only rarely and was usually mentioned in the context of production rates.⁵³ We might assume

⁴⁸ For this argumentation, see for example: MPSP, "Zpráva o dosavadních opatřeních v boji proti alkoholismu a návrh vl. usnesení," November 23, 1950. NAČR, fond MPSP, 1950/51, karta 336, sign 2500-4. For the 1955 decree: MZd, "Návrh vládního usnesení o souborných opatřeních v boji proti alkoholismu. Příloha k č.j. 02869/55," September 19, 1955, in: MZd, Návrh vl. usn. o souborných opatřeních v boji proti alkoholismu, r. 1955. NAČR, fond MZd ČSSR, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

⁴⁹ For the history of Romanian Stalinism, I rely on Deletant, *Ceausescu and the Securitate*, chapters 1 and 2.

⁵⁰ On the policy of collectivization, see Gail Kligman and Katherine Verdery, *Peasants under Siege: The Collectivization of Romanian Agriculture, 1949-1962* (Princeton, NJ: Princeton University Press, 2011).

⁵¹ For official reports on the state of national health, I refer to: Direcția Secretariat, nr. inv. 60/1949; Direcția Cadrelor, nr. inv. 54/1950, Direcția Reeducării, nr. inv. 544/1951 and 240/1951, Direcția Socială, nr. inv. 586/1950 and 632/1950. Arhivele Naționale ale României (hereafter ANR), fond Ministerul Muncii, Sănătății și Ocrotirilor Sociale (hereafter MMSOS), years 1948-49 (inv. 2531) and years 1950-55 (inv. 2532).

⁵² Direcția Secretariat, "Decretul 351/1949 pentru reeducarea vagabonzilor, cerșetorilor, prostituatelor și intretinutilor. Expunere de motive," August 1949. In: ANR, Ministerul Muncii, Sanatatii și Ocrotirilor Sociale, 2531, nr. inv. 60/1949.

⁵³ I browsed through several editions. Far from being exhaustive, my sample of newspaper articles indicates that in contrast to the later period, alcohol was not mentioned regularly. For reports of the Ministry of Work, Health,

that party authorities wanted to negate the existence of alcoholism in the country. At the same time, other 'social diseases' often served as publicity for the Party's modernizing agenda. Newspapers extolled the socialist cause for the Party's interventions against the vitamin deficiency disease pellagra, for example.⁵⁴ As other social diseases, pellagra was associated with poverty and insanitary conditions, and was therefore not more flattering for the young socialist society than alcohol problems would have been.

Furthermore, alcohol problems were not *systematically* omitted. The few reports and lists mentioning alcoholism indicate that the authorities did not deny the topic, but rather considered it of minor importance. This negligent attitude is reflected also in the vague understanding of alcoholism evident in the documents. In a table listing potential causes of death for the Northeastern Romanian district of Iași in 1949, alcoholism figured as a category. However, all local directories left this field empty, with the exception of one district reporting twenty-three cases for the month of April. Considering these accumulated instances, it stands to reason that 'alcoholism' referred in this case to collective intoxication with adulterated alcohol; in any case, it seems safe to assume that the notion of alcoholism was not well established as a social or medical category. Excessive alcohol consumption was presented in this period as a danger and an aggravating factor in other diseases and immoral behavior, but not as a problem in its own right.⁵⁵

As in Czechoslovakia, the approach to alcohol problems in Romania was a consequence of pre-socialist traditions. In contrast to Czechoslovakia however, where representatives of a robust middle-class had sustained anti-alcohol activism and succeeded in establishing a basic network of institutions and practices, the Romanian alcohol agenda comprised of the initiatives of a relatively small elite. Without an official initiative to revive prewar research and coordinate the remnants of alcohol expertise in the country, it was up to local doctors and

and Social Care, see: Direcția Secretariat, "Decretul 351/1949 pentru reeducarea vagabonzilor, cerșetorilor, prostituatelor și intretinutilor. Expunere de motive," August 1949, inv. 60/1949. ANR, fond MMSOS, nr. inv. 2531. For local health statistics, I refer to a sample on the Iași district: Comitetul Provizoriu Județean Băcău, Secția Sanitară, "Situații și tabele privind mișcarea demografică, mișcarea a bolilor sociale și ale epidemiilor," April 20, 1949, nr. crt. 35/1948-49. Direcția Județeană Iași a Arhivelor Naționale (hereafter DJANI), fond Institutul de Igiena Iași, Plasa sanitară model Tomești, inv. nr. 2661/1929-49.

⁵⁴ "Ciobanii din Jina," *Scînteia* 22, May 18, 1952.

⁵⁵ Comitetul Provizoriu Județean Băcău, Secția Sanitară, "Situații și tabele privind mișcarea demografică, mișcarea a bolilor sociale și ale epidemiilor," April 20, 1949, nr. crt. 35/1948-49. DJANI, fond Institutul de Igiena Iași, Plasa sanitară model Tomești, inv. nr. 2661/1929-49.

administrative organs to problematize alcoholism and to develop solutions. Until the mid 1950s, there was no systematic attempt to study the problem or to develop an anti-alcohol agenda. The only legislative initiative regulated the production and distribution of alcoholic beverages, declaring the Ministry of Food Industry responsible for producing and distributing licenses to retail stores.⁵⁶ Here again, Romanian alcohol politics picked up on the pre-socialist focus on the supply industry at the expense of regulations concerning drinkers.

Alcohol politics after 1956

We have seen that although the official interpretation of social problems converged in socialist states, pre-socialist traditions lingered and shaped the debates and practices in various ways. Social politics did not only differ across socialist countries – they also changed over time. Historians have marked Stalin’s death as a watershed for socialist states. In the subsequent process of 'de-Stalinization,' comparatively moderate party members gained power and made efforts to pare down the politics of terror, to contain the use of police force, and to initiate economic and cultural liberalization. This process also affected the formulation of social problems.⁵⁷

In Romanian alcohol politics, the year 1956 marked a substantial but surprisingly inconspicuous transformation. Many historians have claimed that the process of de-Stalinization could not unleash its innovative potential in Romania. Gheorghe Gheorghiu-Dej was one of the few communist leaders to weather 1956 in office. Because the Romanian Workers’ Party continued to make use of political purges in the late 1950s, Dennis Deletant, Vladimir Tismăneanu, and other scholars of socialist Romania have described the country’s process of de-Stalinization as incomplete. Referring to suppressed attempts to liberalize the political landscape, Tismăneanu termed the resulting political framework “Stalinism for all seasons.”⁵⁸ In recent years, several studies have however challenged this view. Dragoș

⁵⁶ Narcis Tulbure, “The Socialist Clearinghouse: Alcohol, Reputation, and Gender in Romania's Second Economy,” in *Communism Unwrapped: Consumption in Cold War Eastern Europe*, ed. Paulina Bren and Mary Neuburger (New York, NY: Oxford University Press, 2012).

⁵⁷ For the process of de-Stalinization and its effects on social politics, see: LaPierre, *Hooligans in Khrushchev's Russia*; for the reorganization of Communist utopia, see Pavel Kolář, “The Party as a New Utopia: Reshaping Communist Identity After Stalinism,” *Social History* 37, no. 4 (2012).

⁵⁸ Vladimir Tismăneanu, *Stalinism for All Seasons: A Political History of Romanian Communism* (Berkeley: University of California Press, 2003); Dennis Deletant, *Ceaușescu and the Securitate: Coercion and Dissent in Romania, 1965–1989* (Armonk, NY: M.E. Sharpe, 1995).

Petrescu argues that aside from repressive means, the party also legitimized its position with “soft powers” such as national propaganda and social policy measures.⁵⁹ The politics of alcohol confirm this trend. In the second half of the 1950s, the first political and medical reports discussed the state of alcohol problems in the country and proposed appropriate policy measures. Given the absence of any alcohol-related debates in the preceding years, the renewed interest in the topic represents an important shift. In 1957, a report of the Central Committee of the Romanian Workers’ Party (*Partidul Muncitoresc Român*, PMR) discussed, for example, the prevalence of alcohol problems in several Romanian cities. Aware that that “[t]he material gathered in this survey does not yet allow a precise evaluation,”⁶⁰ the authors nevertheless gauged the major problems in the country. Their data revealed that in some of the industrial cities, people spent up to 20 percent of their salary on alcohol. Furthermore,

[a] serious deficiency is that alcoholism, not being classified a disease, does not figure in the codex of mortality reports, as it does not appear in the list of medical conditions and accidents which it produces and of the days of work incapacity.⁶¹

This critical attitude towards current practices was new, and was conducive to the beginning of a new debate about alcohol problems. Even if the quantity of publications and initiatives remained at a low level when compared to Czechoslovakia, it was the first time that party cadres acknowledged alcohol problems as a social reality and requested dedicated policy measures to counter them. The envisaged interventions followed a structuralist-materialist interpretation of social problems. When in 1958, members of the Ministry of Health and Social Provision requested the cooperation of local doctors, they still did not invoke a medical understanding of alcohol problems. In a survey sent out to district doctors, they made no mention to treatment opportunities or health issues in a strict sense. Instead, the ministry members prompted the doctors to collect information which “comprises, in a representative way, all existing social categories in the surveyed collective.”⁶²

⁵⁹ Dragoş Petrescu, “Building the Nation, Instrumentalizing Nationalism: Revisiting Romanian National-Communism, 1956–1989,” *Nationalities Papers* 37, no. 4 (2009); see for this interpretation also Keith Hitchins, *A Concise History of Romania*, Cambridge concise histories (Cambridge, United Kingdom, New York: Cambridge University Press, 2014), 233.

⁶⁰ “Referat asupra problemei alcoolismului în R.P.R.,” April 22, 1957, inv. crt. 18/1957. ANR, fond Comitetul Central al Partidului Muncitoresc Român, Secția Administrativă (1921–1977), inv. 3059.

⁶¹ Ibid.

⁶² Ministerul Sănătății și Prevederilor Sociale, Direcția Generală Sanitaro-Antiepidemica, Serviciul Igiena Alimentară, letter to Institutul de Igiena al RPR Filiala Iași, November 8, 1958. DJANI, fond personal Cotrău

With this political understanding of the medical profession, the minister tapped into pre-socialist legacies and integrated them into prevailing holistic approaches to social problems. Previously, in interwar Romania, doctors had not only been concerned with the health of individual patients, but commonly assumed tasks in improving public health knowledge and infrastructure. The doctors themselves were not averse to this broad understanding of the medical profession. In a medical article of 1957, psychiatrists discussed the health effects of alcoholism in relation to the working conditions of the mining industry, and integrated into this discussion alternative uses of fruit and grains as well as economic stipulations about the state's dependence on alcohol sales. These socio-economic considerations were not simply added to legitimize their medical research. As can be deduced by their detailed argumentation, the doctors' discussions of work, agriculture, and economy derived from research and case studies in these fields. To find solutions to alcohol problems, socio-economic deliberations were reckoned as necessary as the evaluation of medical experiments.⁶³

This structural interpretation of alcohol problems may explain why the burgeoning interest in alcohol problems did not translate into medical services for alcoholics. Unlike in Czechoslovakia, Romanian doctors had no interwar network of treatment programs to build upon, and as the holistic approach to alcohol problems marginalized its health aspects, the development of these services was neglected. Well into the 1960s, alcoholics in Romania could be only treated for the symptoms of excessive drinking (like liver or gastric problems) rather than for alcoholism as such. Similarly, in medical research, alcohol-related publications remained sparse. Apart from the above-mentioned occasional articles and guidelines in psychiatric manuals, until the late 1960s there were no doctoral theses and no comprehensive scientific studies which dealt explicitly with the medical consequences of alcohol problems. In studies on liver cirrhosis, gastric problems, and intoxication, alcohol consumption was sometimes mentioned as a possible cause, but did not receive attention as a disease of its own right.⁶⁴

Marțian (1923-1998), inv. nr. 2191, therein: Alcoolismul. Implicații bio-psiho-sociale. Lucrările simpozionului de la Miercurea-Ciuc, nr. crt. 59/1971.

⁶³ See for example: Ion Pavel and Dan Sdrobici, "Profilaxia alcoolismului," *Viața medicală* 4, no. 11 (1957).

⁶⁴ For the titles of all doctoral theses written at Romanian Universities from 1948 to 1970, I refer to Silvia Măruță, *Teze de doctorat românești 1948-1970* (Biblioteca Centrală Universitară București, 1973), accessed May 30, 2016, <http://cachescan.bcub.ro:8080/jspui/handle/123456789/16>; for the psychiatric journals, I went through the

Pre-socialist alcohol politics also shaped the direction of popular anti-alcohol education. The country's press houses now edited brochures about alcohol problems (which was new), but these contained little data about the prevalence of the problems in the country. Their goal was not to detail the scope of alcohol abuse in the country, but rather to do away with popular myths about alcohol consumption, and to inform people about its limited nutritious value and its negative effects on household budgets. Parts of the publications were explicitly directed towards rural circumstances, thus picking up on pre-socialist legacies that conceptualized alcoholism as a problem of the uneducated peasantry.⁶⁵ The interwar approach of educating the peasantry fitted neatly into the structuralist vision of the time, according to which workers and peasants needed to better living conditions and education in order to improve their habits. Doctors and party authorities conceived of alcohol problems as a product of social structures and considered themselves responsible for organizing the fight in various forums.

Similarly, in Czechoslovakia, the mid-1950s brought about important changes in the approach to alcohol problems. Even though governmental documents continued to label alcohol problems as one of the "detrimental heritages of the past,"⁶⁶ some party members implied that the continuous existence of alcohol problems could not be reduced to legacies of capitalism. Already in 1955, members of the Health Ministry stated that alcohol problems could also be attributed to

[...] b) habit [...] e) an insufficiently responsible approach of distribution workers, in particular violation of legal regulations [...] g) other reasons, for example alienation, from parents, bad influence, carelessness, and inappropriate leisure activities of youths.⁶⁷

According to this list of 'explanations,' alcohol problems were not only a problem of the past, but also thrived on a continuous lack of coordination and political initiative. Indeed, while in the first years of socialist rule political leaders could easily refer to remnants of

contents of *Viața Medicală. Organ a Ministerului Sănătății* and the renowned *Revista medico-chirurgicală Iași* of the 1950s and 1960s.

⁶⁵ See for example V. Bratu and D. Abulius, *Alcoolismul*, Colecția Societății pentru Răspîndirea Științei și Culturii (Bucharest, 1957).

⁶⁶ MZd, "Příloha B: Osnova zákona o boji proti alkoholismu," June 27, 1962, in: MZd, Osnova zákona o boji proti alkoholismu, r. 1962. NAČR, fond MZd ČSSR, Materiály pro schůzi vlády 1955–1968, č. fondu 314.

⁶⁷ MZd, "Návrh vládního usnesení o souborných opatřeních v boji proti alkoholismu," September 19, 1955, in: MZd, Návrh vl. usn. o souborných opatřeních v boji proti alkoholismu, r. 1955. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

bourgeois moralities, as time went on, the impact of the pre-socialist past became increasingly unconvincing. Why did workers still drink despite not being exploited, in a system that freed them from existential fear and socio-economic suppression? While political authorities did not immediately drop the bourgeois past as an argumentative tool, they started factoring in the influence of contemporary circumstances, too. This rhetorical move was accompanied by an interesting practical configuration, namely by transferring the coordination of alcohol politics from the Ministry of Interior to the Ministry of Health. While the government thereby initiated a conceptual shift that became decisive for the following decades, the responsible ministers were cautious to stress that the focal points of alcohol politics remained workplace and school, and not the hospital. The weapons of choice were not treatment, but education, food infrastructure, and housing conditions.⁶⁸

Although the health effects of alcohol problems received more attention than in the first decade of socialist rule, the authorities of the KSČ still proved eager to place alcohol policy into the mainstream agenda of all ministries. In 1962, a new law in the 'fight against alcoholism' consolidated this understanding. Although the explanatory note of the law did not exclude the health aspect of drinking, its authors in the Health Ministry continued to explicitly distance themselves from pre-socialist interventions that had approached alcohol problems "only from the perspective of protecting people's health; [and did] not sufficiently pay attention to social interest as well as educational, moral, and economic questions."⁶⁹ They bolstered the focus on education in schools and at the workplace. The marginal role of medical care also affected the material situation of treatment programs. Although sobering-up stations and hospital programs existed, they were notoriously under-funded and were reportedly capable of hospitalizing only one-third of the alcoholics in need of treatment. All bills that were introduced in the 1960s and early 1970s mentioned shortcomings in the provision of medical services for alcoholics.⁷⁰

⁶⁸ The institutional transferral is announced in "Zpráva ministra zdravotnictví o stavu protialkoholního boje. Příloha D k č. j. 011205/56," March 13, 1956, in: MZd, Návrh vl. usn. o souborných opatřeních v boji proti alkoholismu, r. 1956. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

⁶⁹ For the law: "Zákon ze dne 19. prosince 1962 o boji proti alkoholismu: 120/1962 Sb.," in *Sbírka zákonů České socialistické republiky*, December 27, 1965. For the explanatory note, see: MZd, "Příloha B: Osnova zákona o boji proti alkoholismu," June 27, 1962, in: MZd, Osnova zákona o boji proti alkoholismu, r. 1962. NAČR, fond MZd ČSSR, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

⁷⁰ See for example "Příloha: Usnesení vlády. Návrh," March 29, 1967, in: MZd, Zpráva o boji s alkoholismem, č.j. 276.1. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

We may thus conclude that until the mid 1960s, alcohol politics maintained a holistic approach. With the new regulations and institutions, the Czechoslovak government wove alcohol politics into the authority of all ministries and state offices, thus seeking to fight alcohol problems from various angles. Psychiatrists did develop a number of practicable solutions for alcohol-related issues, but state ministries remained the central authorities on defining and solving social problems. Although the intensity of the 'fight against alcoholism' differed immensely in Romania and Czechoslovakia, in both countries the politics of alcohol were framed by a materialistic and holistic interpretation of alcohol problems.

Actually existing alcohol problems

The early 1970s marked a twist in the experience of socialist statehood. Once again, our case studies provide interesting examples, indicating common trends as well as variations of late socialist statehood. In Czechoslovakia, the policy shift came about forcefully after a period of political liberalization. In the mid 1960s, intellectuals and students began criticizing life in the socialist state. Among others, the Union of Czechoslovak Writers demanded more cultural freedom and independence from the party line in 1967. The criticism escalated in a student protest in late 1967 which was brutally shut down by police forces. Over the handling of this and other affairs, First Secretary of the KSČ Anton Novotný lost support within the party. In early 1968, he was replaced by the young Slovak Alexander Dubček, who in his short time in office oversaw a series of economic, political, and cultural reforms, notably a decentralization of economic plans and the federalization of the country. This reform period, known as the 'Prague Spring,' came to a sudden halt in August 1968, when the Warsaw Pact armies invaded the state's territory to end what the opponents of the reforms described as a "counter-revolution."⁷¹

After the invasion, a more loyal leadership came to power and revised the reforms of the previous years. The new Czech and Slovak party leaders struggled to reclaim legitimacy, however. In the ensuing period of 'normalization,' they proved aware of widespread political disillusion and resisted using revolutionary language and practices. At its next official meeting in 1971, the KSČ consolidated a new focus on social policy measures. In the years that followed, the government improved and expanded social and health services, increasing,

⁷¹ Bren, *The Greengrocer and his TV*, chapter 1.

among other measures, pensions and financial support for young families. With this policy, the government tried to meet its citizens' social needs and foster their feeling of social security. Simultaneously, it pursued a strict line against those who did not abide by the rules. In the early 1970s, the secret service and police forces expanded their systems of surveillance, watching those they considered to be challenging the social order. This included not only political enemies, but increasingly non-political troublemakers, too, such as 'asocials' and 'parasites' who did not attend school, did not have regular jobs, or who rioted in public.⁷²

This change in the category of social deviance was not restricted to post-Prague Spring Czechoslovakia. In their studies of the Soviet Union and the German Democratic Republic (GDR), Brian LaPierre and Thomas Lindenberger have maintained that the categories of social hierarchy changed throughout state socialism. In the postwar decade, authorities and security forces described troublemakers primarily in ideological terms, denouncing them as class enemies who were hostile towards the political endeavor of building a classless society and socialist economy. Throughout the 1960s, political-ideological accusations remained common, but following a reform of the Soviet Criminal Code in the early 1960s, the category of 'hooliganism' comprised many activities that had previously been outside the legal realm: phenomena like public drunkenness, street harassment, and domestic violence were defined as crimes against society. Although media articles and political authorities never stopped explaining the deviants' behavior in terms of bourgeois legacies or influences, the scope of analysis broadened. Criminological as well as socio-medical studies of the causes of deviance considered the influence of family and peers as well as the category of youth in socialism.⁷³

Despite this differentiated theoretical attitude towards juvenile deviance, late socialist governments took a hard line when it came to practical consequences. In the early 1970s, police forces and legal prosecutors in many socialist states clamped down on social deviance. In Czechoslovakia, the strict approach was fueled by the Warsaw Pact invasion of 1968 and an ensuing police campaign against all forms of indecent behavior. From the early 1970s, prosecution for acts of 'hooliganism' (*výtržnictví*) and 'parasitism' (*příživnictví*) skyrocketed,

⁷² See on the political reorganization: Milan Otáhal, *Normalizace, 1969-1989: Příspěvek ke stavu bádání* (Prague: Ústav pro Soudobé Dějiny AV ČR, 2002), 49–78; Kalinová, *Konec nadějí a nová očekávání*, 62–82.

⁷³ Thomas Lindenberger, "'Asociality' and Modernity. The GDR as a Welfare Dictatorship," in *Socialist Modern: East German Everyday Culture and Politics*, ed. Katherine Pence and Paul Betts (Ann Arbor: University of Michigan Press, 2008), 211–233. LaPierre, *Hooligans in Khrushchev's Russia*.

from less than 3,400 in 1967 to more than 10,000 in 1975.⁷⁴ Michal Pullmann has accordingly argued that while for many Czechs and Slovaks, late socialism resulted in a de-politicization of their lives, others experienced state surveillance and the repression of seemingly non-political activities like playing rock music, wearing long hair as a man, being promiscuous as a woman, and so on.⁷⁵

In Romania, too, the political landscape was rearranged. In 1965, Nicolae Ceaușescu replaced Gheorghiu-Dej as General Secretary of the newly renamed Romanian Communist Party (*Partidul Comunist Român*, PCR). Contemporary observers as well as later historical analyses have often hailed Ceaușescu's first years in office as a period of cultural and political liberalization. In his first years in office, Ceaușescu made a point of relaxing the terror of the Dej leadership. He denounced abuses of the secret service *Securitate*, which he attributed to its too-great independence, announced a new era of legality, and promised more freedom for writers and artists. Ceaușescu gained in popularity immensely both in Romania and in Western states when, one day after the Warsaw Pact troops invaded Czechoslovakia, he gave a public speech in which he condemned the invasion. Under Ceaușescu, the PCR took up diplomatic relations with Western Germany, welcomed Richard Nixon in Bucharest in 1969, and became the first Soviet bloc country to join both the General Agreement on Tariffs and Trade and the International Monetary Fund in 1971. All of these initiatives signaled independence from the Soviet Union and fed into prevalent anti-Russian feelings among the Romanian population. In 1971, the ostensible process of liberalization was brought to a halt by Ceaușescu's 'July Theses' (*Tezele din iulie*). Lambasting ideological diversification and any form of opposition, the July Theses heralded cultural unification as well as the security apparatus' stretch into all aspects of people's life.⁷⁶

However, the narrative of a stifled liberalization is somewhat skewed by the fact that previously, in 1966, the infamous ban on abortions was issued together with another decree banning divorces. Seen from this angle, the policing of people's intimate lives was an integral

⁷⁴ For the numbers on hooliganism and parasitism, see the statistical yearbook of criminality: Generální prokuratura Československé Socialistické Republiky, ed., *Statistická ročenka kriminality*, edition of 1985.

⁷⁵ On the Czechoslovak policy against asocials, see Michal Pullmann, *Konec experimentu: Přestavba a pád komunismu v Československu* (Prague: Scriptorium, 2011); see on the category of "hooliganism" in Czechoslovakia: Knapík and Franc, *Průvodce kulturním děním a životním stylem v českých zemích 1948-1967*, s.v. "příživnictví," 760–62.

⁷⁶ Hitchins, *A Concise History of Romania*, 275–291.

feature of Ceaușescu's rule from the very beginning. As in Czechoslovakia, the process of liberalization was thus selective, affecting intellectual and cultural life more than the domestic sphere. Neither the July Theses nor the Warsaw Pact invasion can be said to have ended a (however short) 'golden age' of Romanian state socialism or to have reversed all policies of the preceding years. Rather, the mid to late 1960s represented the start of a transformation that changed its form and pace in the 1970s. As Gail Kligman has argued, social policies were important instruments for the new Romanian government from the very beginning. Instead of resorting to open violence and large-scale repression, Ceaușescu increasingly relied on health, education, and welfare arrangements to organize and control social order.⁷⁷

The importance of health and welfare services was not limited to Romania and Czechoslovakia, but was characteristic of other late socialist countries as well. Scholars have often equated the turn to social services with a new 'social contract' between socialist governments and their populace: social security in exchange for a better vision of the future.⁷⁸ However, it seems a simplification to assume that a pure form of socialist ideology was dropped at some point and replaced with an unideological set of social services.⁷⁹ The new focus on welfare politics was but one ingredient of late socialist politics. Another factor was the already mentioned harsh line against social deviance. Furthermore, all socialist governments proved eager to instill a more professional and 'objective' attitude in state institutions. Initiated by the Soviet Union in the late 1960s, the quest for 'socialist legality' affected social politics in all Central and Eastern European countries in the following years.⁸⁰ The cited trends indicate that late socialist governments did not simply amend social services, but reworked the parameters of social organization.

⁷⁷ Kligman, *The Politics of Duplicity*. See for the decrees on abortion and divorce: "Decret pentru reglementarea intreruperii cursului sarcinii: 770/1966," in *Buletinul Oficial al Republicii Socialiste România nr. 60*, October 1, 1966; "Decret pentru modificarea unor dispoziții legale privitoare la divorț: 779/1966," in *Buletinul Oficial al Republicii Socialiste România nr. 64*, October 8, 1966.

⁷⁸ For example: Christoph Boyer, "Normalisierung," *Bohemia* 47, no. 2 (2008). For the advance of health infrastructure in the GDR, see: Jenny Linek, *Gesundheitsvorsorge in der DDR zwischen Propaganda und Praxis, Medizin, Gesellschaft und Geschichte* Beiheft 59 (Stuttgart: Franz Steiner Verlag, 2016), 34.

⁷⁹ On Czechoslovakia, see: Kalinová, *Konec nadějí a nová očekávání*, 82-90, 194-219; Michal Pullmann, *Konec experimentu: Přestavba a pád komunismu v Československu* (Prague: Scriptorium, 2011); for the press coverage on Romanian hooliganism, I rely on several articles in the official party organs *Scînteia* and *Munca* collected in: "Youth: Morale/Drugs/Hooliganism, 1966-1968," inv. 3505, in: Youth, Hooliganism, box 602. Open Society Archives (hereafter OSA), fond Records of Radio Free Europe/Radio Liberty Research Institute, therein: Romanian Unit, Subject files, 300-60-1.

⁸⁰ On the push for legality in the Soviet Union, LaPierre, *Hooligans in Khrushchev's Russia*.

The new political conditions affected the politics of alcohol, too. A visible starting point for this shift was the already mentioned series of decrees that several Eastern bloc states adopted in the early 1970s. In Czechoslovakia, the government introduced a new decree in April 1973. While this decree was not the first attempt to solve alcohol problems, it represented a qualitative shift both in conceptualizing and tackling them. In light of a recent upsurge in alcohol consumption, the Czech and Slovak health ministers, who after Czechoslovakia's federalization had taken over the tasks of the formerly united health ministry, made no attempts to declare alcohol problems the legacy of the past. Instead, they rooted them in contemporary conditions. For their analysis of alcohol problems, they relied extensively on medical studies, thereby acknowledging that alcohol politics required not only the correct political consciousness, but also complex expert analyses. Notably, policy makers drew attention to problems in the provision of medical services for alcoholics, which had previously represented only a marginal part of official politics. The new decree declared "ambulant and hospital anti-alcoholic treatment"⁸¹ an official part of national alcohol policy measures.

In Romania, too, the late socialist government showed a new awareness of alcohol problems. In July 1975, three decrees came into existence. Apart from promising to reduce the amount of alcoholic beverages, these measures comprehensively regulated the sale and consumption of alcoholic beverages, banning them from workplaces, educational facilities, cultural festivities, and other spaces.⁸² While the decrees made virtually no mention of medical treatment, they indicated a decisive shift. Previously, Romanian alcohol politics had channeled attention to the supply industry and to social structures that engendered alcohol problems. The new alcohol decrees highlighted for the first time the role of drinkers and their consumption habits. This change was reflected in media coverage of the decrees. Journalists used the new regulations to spark a debate about the "decent life of socialist civilization."⁸³ In

⁸¹ "Usnesení 70. schůze předsednictva ÚV KSČ," April 20, 1973. For the Slovak version: Uznesení Predsedníctva vlády Slovenskej socialistickej republiky (SSR) 312/1973, "opatrení na riešenie problematiky alkoholizmu a iných toxikománií."

⁸² "Decret nr. 76/1975," "Decretul nr. 146 privind modificarea prețurilor cu amănuntul la unele băuturi alcoolice: 146/1975," July 6, 1975, nr. crt. 202/1975. ANR, fond Colecția Consiliul de Stat al RSR, Decrete prezidențiale, inventar 3255; "Decretul nr. 72 privind regimul prețurilor prin unitățile de alimentație publică destinate a servi cu prioritate turismul internațional pentru unele băuturi alcoolice," July 6, 1975, nr. ctr. 77/1975. ANR, fond Colecția Consiliul de Stat al RSR, Decrete 1973-1975, inventar 3049.

⁸³ See *Scînteia*, editions May–July (1975), for example: Nicolae Mocanu, "Lucrătorii din alimentația publică dezbat probleme esențiale ale servirii civilizate potrivit normelor conviețuirii socialiste," *Scînteia*, June 35, 1975.

a column of the party paper *Scînteia*, short news articles provided readers with examples of proper and improper behavior. In many of these stories, alcohol consumption became a useful means to moralize about irresponsible behavior and to add enough comedic flavor to make the column popular. An example for this combination of humor and moralization was the story of a drunken man who, on his way home from a pub, encountered an equally drunken tractor driver who offered him a lift on his tractor shovel. The tractor driver, seeking to impress his new friend, sped up his tractor. The story ended with the hitchhiker falling off the shovel and being so badly injured that he died on the way to the hospital.⁸⁴

How can we explain these new trends? We have seen that in the preceding decades, alcohol problems were a marginal topic in Romania. When in the second half of the 1950s, the first brochures and political reports started dissecting the topic, they clung to decidedly structuralist perspectives on alcohol problems, describing them as the result of socio-economic conditions and calling for education or alternative leisure activities to improve the wellbeing of workers. Excessive drinking in certain settings and the wrongdoings of individual workers were not completely ignored, but had not taken center stage in the national politics of alcohol. In Czechoslovakia, treatment options for chronic alcoholics were not a novelty either. Yet in the 1950s and 1960s, we have seen that the ministries responsible repeatedly stressed that alcohol problems could not be reduced to their health aspects, but had to be addressed as a social problem. Why did late socialist Romania and Czechoslovakia now give priority to these practical concerns? How did authorities justify the need for new decrees that detailed the regulation of drinking and the provision of services to handle its consequences instead of speaking about its structural causes? And why did alcohol problems receive so much attention in this period?

Several factors played into the drafting of the new decrees. First of all, the heightened attention given to alcohol problems derived from the new importance allocated to citizen decency in socialist states. To be a good citizen, one was not only committed to the cause of socialism, but also lived an unobtrusive life without excess, led a harmonious family life, and was in control of one's actions. Excessive alcohol consumption could endanger this ideal way of life. Secondly, however, it must be noted that the spike in interest was not restricted to

⁸⁴ "Faptul divers. Între altruism și lașitate," *Scînteia* 40, October 10, 1970. I am indebted to Dragoș Petrescu for the hint to the column "Faptul divers."

socialist states. In the early 1970s, alcohol problems also received considerable attention in Western states. Notably, drinking was problematized in more ways than previously. Scientists and politicians declared alcohol consumption the main cause of traffic accidents, low work performance, divorces, fetal development disorders, and so on. These concerns resulted in a myriad of expert publications, research projects, newspaper articles, legal regulations, and both public and private services for drinkers and their families.⁸⁵

In socialist states and also in the West, the diversification of alcohol problems expressed a new attitude towards alcohol problems. The specialization of alcohol-related subfields blurred interpretations of alcohol problems as a complex social issue. When doctors pressed for specialized treatment programs and traffic experts stigmatized drunk driving, they did not speak of the same problem. Rather than developing a unified approach, they identified problem areas which they aimed to study and tackle as problems in their own right. This specialist alcohol research reflected a professional approach to social problems, in which scientists replaced political representatives as the legitimate authorities on such problems. As a consequence of this piecemeal approach, the proposed measures were relatively narrow. This does not mean that alcohol problems were no longer taken seriously. In both East and West, doctors and safety experts stirred up panics about drunk driving and fetal alcohol syndrome, but they did not use these phenomena to advocate systematic cuts to the supply of alcohol, pervasive educational measures, or a transformation of leisure activities. Instead, governments restricted their activities to prohibiting drinking while driving and doctors discouraged drinking during pregnancy. Alcohol consumption was scrutinized in an increasing number of settings and 'types' of people, but thereby also limited to these settings and people. Consequently, the solutions were compartmentalized and pragmatic. Starting from the mid 1960s, many governments consulted specialized public or private institutions on alcohol-related questions, mandating doctors, safety experts, criminologists, and other experts to study the problems and develop appropriate solutions.⁸⁶

⁸⁵ On drunk driving: Joseph E. Bohling, "The Sober Revolution: The Political and Moral Economy of Alcohol in Modern France, 1954-1976" (Department of History, University of California, Berkeley, 2012), accessed May 30, 2016, http://digitalassets.lib.berkeley.edu/etd/ucb/text/Bohling_berkeley_0028E_12435.pdf, chapter 5; on the fetal alcohol syndrome: Elizabeth M. Armstrong, *Conceiving Risk, Bearing Responsibility: Fetal Alcohol Syndrome & the Diagnosis of Moral Disorder* (Baltimore: The Johns Hopkins University Press, 2003).

⁸⁶ For general reflections on the fragmentarian approach: James Nicholls, *The Politics of Alcohol: A History of the Drink Question in England* (Manchester, United Kingdom: Manchester University Press, 2009), 199–215; and

The new alcohol decrees in Romania and Czechoslovakia thus signaled a new approach to alcohol problems in two ways. Firstly, socialist authorities bestowed more attention to alcohol than ever before and included more social institutions than previously in order to tackle alcohol problems. Secondly, the field of alcohol politics became compartmentalized. Instead of state authorities organizing (or at least planning) intense education campaigns for the whole population, selected professions now prepared analyses for targeted audiences and environments. In doing so, they also released the governments from part of their responsibility to change social structures. In this way, the new alcohol decrees expressed a complex reorientation of social organization and, by extension, a new understanding of the state's responsibility.

Concluding remarks

Not just in the Eastern bloc but all around the world, people's alcohol consumption soared after the Second World War, a trend that reached its peak in the early 1970s. People drank not only more, but also drank differently. Notably, women entered pubs and other places that had previously been bastions of male homosociality, contributing to popular concerns that alcohol problems had reached an alarming level.⁸⁷ But while people had good reason to be concerned, we have seen that the politics of countering bad habits are never simply a reaction to consumption trends. As early as 1943, anthropologist Donald Horton had reasoned that debates about alcohol never reflect consumption trends as reliably as they indicate social fears and insecurities about current socio-economic changes.⁸⁸ We have seen that until the 1960s, alcoholism, juvenile delinquency, and other social problems figured as problems that threatened the whole social collective. The structuralist understanding and approach to social problems was especially strong in socialist states, where it concurred with the official line of socialist politics. However, in France, too, political leaders advocated education campaigns in their underdeveloped countryside up until the late 1950s, seeing alcohol politics as a means to modernize seemingly backward economic structures and social

Irmgard Eisenbach-Stangl, "From Temperance Movement to State Action: A Historical View of the Alcohol Question in Industrialised Countries," in Müller; Klingemann, *From Science to Action?*, 66.

⁸⁷ On female drinking, see Michelle McClellan, "'Lady Lushes': Women Alcoholics and American Society, 1880-1960" (Doctoral thesis, Department of History, Stanford University, 2000), 267-97.

⁸⁸ Donald Horton, "The Functions of Alcohol in Primitive Societies: A Cross-Cultural Study," *Quarterly Journal of Studies on Alcohol* 4 (1943), 223.

strata. Like Romanian doctors who studied workers' consumption habits, these measures strove to transform people's consumption habits on a large scale, and not just to manage the problems resulting from these habits.⁸⁹

If these large-scale endeavors to change social conditions had been appropriate answers in the 1950s, they failed to address the questions asked in the 1970s. In both Eastern and Western Europe, state authorities subscribed to a new understanding of alcohol problems. New alcohol regulations brought about a compartmentalized and increasingly pragmatic take on alcohol problems. With this new approach, governments in both Eastern and Western Europe reacted to contemporary socioeconomic transformations. After the Second World War, they had been eager to build and consolidate the conditions for economic and social prosperity. Their ways of doing so had differed, but across Europe, these policies promised to establish the conditions that guaranteed people's security and wellbeing. In both 'blocs,' hopes for social and economic progress were stifled in the 1970s, a situation that called for a new political orientation.⁹⁰

⁸⁹ On France's postwar alcohol politics, see: Bohling, "The Sober Revolution."

⁹⁰ Wirsching et al., "The 1970s and 1980s as a Turning Point in European History?"

2

Responsible consumption

In view of the upsurge of alcohol consumption in the decades following the Second World War, political authorities, doctors, and journalists around the globe called for urgent action. However, although in both Czechoslovakia and Romania, the new alcohol decrees of the early 1970s promised to curb the domestic production of alcoholic beverages, the amount of domestically produced alcohol did not falter in the subsequent years. On the contrary, the production of all kinds of alcoholic beverages grew in the following years and only began to stagnate in the 1980s.¹ Under these circumstances, it is tempting to describe late socialist consumption politics as unambitious at best, hypocritical at worst. Stephen White reaches this conclusion when discussing the Soviet alcohol decree of 1972, claiming that “efforts of this kind [...] had little effect.”²

There is no doubt that the alcohol politics of the 1970s were inconsequential. However, we must be careful not to confuse the outcome of the regulations with their social relevance. The last chapter has shown that alcohol politics are never a simple reaction to consumption habits; rather, policy measures use alcohol problems to channel contemporary fears and convey sociopolitical visions. Even avid supporters of prohibition were not only concerned with *how much* people drank; all alcohol politics revolve around the question *how* people drink

¹ On the production of alcoholic beverages, I refer to the published data of the Statistical Yearbooks: Ústřední komise lidové kontroly a statistiky, *Statistická ročenka Československé socialistické republiky* (Prague: Státní nakl. technické literatury, 1990); Republica Socialistă România, Direcțiunea Centrală de Statistică, *Anuarul Statistic al R.S.R.*, editions 1973, 1979, 1982, and 1988.

² White, *Russia Goes Dry*, 60. Referring to a Soviet anti-smoking campaign in the same period, Tricia Starks has also concluded that it “ultimately fails.” T. Starks and others, “Red Star/Black Lungs: Anti-Tobacco Campaigns in Twentieth-Century Russia,” *Social History of Medicine* 21, no. 1 (2006).

and the consequences of their drinking. Encouraging some consumption habits and discouraging others, alcohol politics forge particular and often very complex cultures of consumption and types of consumer behavior.

The history of consumption politics has so far been mainly explored by scholars studying Western liberal democracies. This geopolitical focus can be considered the result of both negligence and of conceptual bias. As Phillip Sarasin, Thomas Laqueur, and Harry G. Cocks have argued, the quest for autonomous decision-making, which characterized the new attitude towards alcohol consumption, is based on a specific concept of the self, namely its ability to control its body and desires. The urge to restrain the self, in turn, appears in their interpretation as a reaction to an abundance of goods and civic liberties. All of these ideas seem intimately related to Western liberal political culture.³ The authoritarian 'economies of shortage' of Central and Eastern Europe do not seem to fit into this picture. In socialist states, leisure and consumption are often presented as 'escapes'⁴ – as ahistorical concepts existing outside of the socialist state. Alcohol consumption, too, appears in many socialist historical depictions as the result of a failure, and not as an expression of a specific consumer policy and subjectivity.

In the following pages, I will explore the effect of alcohol politics on late socialist cultures of consumption. As the critical view of alcohol consumption was informed by a more general discourse about consumption habits, I will integrate debates and practices around food, tobacco, and medical drugs in my analysis. What consumption habits did the debates and regulations around alcohol and other substances enforce, and what type of consumer subjectivity emerged? How did socialist governments define their own responsibilities, what boundaries did they set to consumption, and what latitude did they give to consumer choice? Reviewing ideas of the self – its agency, its responsibility, as well as its boundaries – I aim to show that late socialist substance politics enforced very specific notions of consumer subjectivities. First, I will delineate how socialist governments regulated alcohol production, distri-

³ Thomas Walter Laqueur, *Solitary Sex: A Cultural History of Masturbation* (New York: Zone Books, 2003); Harry G. Cocks, "Modernity and the Self in the History of Sexuality," *The Historical Journal* 49, no. 04 (2006); Philipp Sarasin, *Reizbare Maschinen: Eine Geschichte des Körpers 1765-1914*, Suhrkamp Taschenbuch Wissenschaft 1524 (Frankfurt am Main: Suhrkamp, 2001).

⁴ Cathleen M. Giustino, Catherine J. Plum and Alexander Vari, eds., *Socialist Escapes: Breaking Away from Ideology and Everyday Routine in Eastern Europe, 1945-1989* (New York: Berghahn Books, 2013).

bution, and consumption in their territories, and analyze the categories underlying these regulations. Looking at new programs against drinking, smoking, over-medication, and obesity, the second part of this chapter will show how excess became a powerful category in 'economies of shortage'.

Creating a civilized drinking culture

Problems arising from the excessive consumption of alcohol, tobacco, and other psychoactive substances were well-known, publicly visible, and commonly reported long before modern substance regulations came into being. However, although governments had never been fond of inebriated troublemakers, people's behavior had not previously been the focus of substance politics. In the last chapter, we have seen that in the nineteenth century, European governments began critically eyeing and restricting the production and distribution of psychoactive substances. With clear distinctions between legal, restricted, and illegal substances, governments expressed an understanding of what they thought their citizens were capable of handling.⁵ The Hague Opium Convention of 1912 was the first international regulation obliging the signing states to place the production and distribution of opium, heroin, and cocaine under state control. With its clear distinction between medical and recreational use, its quest for state control, and its international outreach, the Hague Convention set the tone for all later substance policies. The restriction and ban of psychoactive substances remained an ongoing process. With treaties in 1949, 1961, and 1971, the United Nations tried to come by the introduction of new psychoactive substances, making them subject to state control and pharmaceutical prescription. These treaties were signed by most states worldwide, including the Eastern bloc states.⁶

While chemical drugs came under close scrutiny, alcohol and tobacco remained legally available to consumers. As the preceding chapter has shown, this tolerance was not a given state of affairs; in the early twentieth century, many governments and social groups had discussed state prohibition of alcohol and tobacco, and some countries, including the United

⁵ On the parameters of modern drug politics, see: Courtwright, *Forces of Habit*.

⁶ On the Hague Opium Convention 1912: William B. McAllister, *Drug Diplomacy in the Twentieth Century: An International History* (London, New York: Routledge, 2000), 33–35. On the United Nations treaties and their ratification in state socialist countries, see: John M. Kramer, "Drug Abuse in Eastern Europe: An Emerging Issue of Public Policy," *Slavic Review. American Quarterly of Soviet and East European Studies* 49, no. 1 (1990).

States and the Soviet Union, had put these discussions into practice. After the Second World War, however, plans for alcohol prohibition disappeared from political agendas. In both capitalist and state socialist countries, alcohol remained a legally available substance. There are several explanations for this newly found tolerance. Firstly, governments of both the USA and the Soviet Union judged their 'experiment' with state prohibition as counterproductive, having turned the countries into hotbeds for moonshining, crime, and corruption. Secondly, many national economies depended on the tax revenue generated by a high turnover of alcoholic beverages. However, both these observations fall short of fully accounting for the tolerance of alcohol. Alcohol prohibition was not the only ineffective policy program. Although the recreational use of marijuana was banned by most countries worldwide in the 1930s, for example, its relatively easy cultivation has contributed to its ongoing popularity in many countries. Representative surveys among school youths have indicated that in most European countries, the consumption of cannabis has remained on a high level in comparison to other illegalized drugs. Despite the high prevalence of cannabis use, most European governments have proven reluctant to experiment with alternative forms of regulation (high taxation, for example), even if they might benefit from its legalization and commercialization.⁷ Furthermore, both arguments fail to explain why in the early twentieth century, governments expressed a willingness (at least in theory) to renounce the short-term goal of tax revenue for the long-term benefit of healthier, more productive, and more ethical citizens – and why these debates ceased at a certain point. While an interest in taxes played a role, it is important to acknowledge the historical situatedness of experiments like state prohibition. By the 1950s, the 'alcohol question' and its radical answers had disappeared from the political agenda of most states.

Minimum standards for postwar Europe

Refraining from radical solutions, political leaders in Europe still placed the production and distribution of alcoholic beverages under greater scrutiny than other substances. In order to vindicate the legal status of alcohol, governments made sure to control its production and distribution and to find ways to channel its consumption. Governments enforced strict quality

⁷ Stephen Pudney, Jérôme Adda, and Jan Boone, "Drugs Policy: What Should We Do About Cannabis? [with Discussion]," *Economic Policy* 25, no. 61 (2010).

standards for its production and intervened with taxation rates and price politics to encourage balanced consumption habits.

More than in market economies, governments of state socialist countries had power to influence the production, distribution, and consumption of alcoholic beverages. As a consequence of collectivization campaigns, farmland as well as private breweries and distilleries were state property.⁸ The production and distribution of all alcoholic beverages thus fell into state control, at least theoretically. In practice, 'undocumented' beverages that farmers produced at collectivized farmlands but sold privately remained a common problem throughout the 1950s, particularly in countries with large rural populations. In the Eastern bloc as well as in many other countries, huge campaigns set out to counter this phenomenon.

The fight against moonshining was not easy, however. Even in the late 1950s, Romanian police controls repeatedly revealed large amounts of wine that had been withheld from the state-owned alcohol *Vin-alcool* enterprise.⁹ It was difficult to detect home production, and the authorities were often tolerant of these traditions. In Czechoslovakia, police groups reported 273 cases of illegal home production for the year 1970, of which only seven had been criminally prosecuted. The numbers did not significantly increase in the years to follow.¹⁰ In France, too, the government bowed to the difficulties of detecting people's domestic activities. Until 1960, farmers were conceded a restricted privilege of tax-free home distillation of their own fruit and the distribution of the resulting beverage. Despite a general ambition to enforce comprehensive standards for the documentation and quality of alcohol, it is clear that this process was still in negotiation in this period.¹¹

⁸ On the nationalization of breweries in the Czech lands, see Antonín Kratochvíle, *Pivovarství českých zemí v proměnách 20. století* (Prague: Výzkumný ústav pivovarský a sladařský, 2005), chapter 5.

⁹ As revealed by several police reports, among them: Direcțiunea Generală a Miliției, Direcția Miliției Economice, "Sinteza informativă asupra funcționării restaurantelor și bufetelor de stat, existente pe teritoriul RPR," 57/1952. ANR, fond Președinția Consiliului de Miniștri, Sintează informativă a Direcției Generale a Miliției asupra funcționării restaurantelor și bufetelor de stat, existente pe teritoriul R.P.R.

¹⁰ Ministr zdravotnictví České socialistické republiky (hereafter ČSR) J. Prokopec, Ministr zdravotnictví SSR E. Matejíček, "Alkoholismus a jiné toxikomanie," February 27, 1973. NAČR, fond KSČ, ÚV KSČ, 1945-1989, Praha-komise, č. fondu 1261_1, Předsednictvo ÚV KSČ 1971-1976; for the years after 1970: Generální prokuratura Československé Socialistické Republiky, ed., *Statistická ročenka kriminality* (Prague: Středočeská tiskárna, 1985).

¹¹ Patricia E. Prestwich, "The French Temperance Movement and the Problem of Rural Alcoholism," *Proceedings of the Western Society for French History* 13 (1986).

In the late socialist period, governments found new ways to improve standards of alcohol consumption. In addition to quality control, they attempted to channel people's consumption by influencing the variety of what was offered. The Romanian government attempted several ways of doing so. First of all, with the new decree 146/1975, it made drinks with a high alcohol content more expensive. Within the next five years, prices for distilled drinks went up by 10 to 25 percent. The attempt influence people's drinking habits with price politics was a common though controversial method, as it disproportionately affected household budgets of families with small incomes. Secondly, the decree set out to improve people's consumption behavior by offering alternatives to hard liquor. As stated by the decree, the government hatched plans to reduce the annual production of distilled beverages: of raki and plum brandy by one million liters and of cognac by one and a half million liters. Furthermore, the import of spirit-based drinks was to be reduced by twelve million liters.¹² As a means of filling this void, the Ministry for Agriculture and Food Industry focused its attention on domestic beer production. Regarding beer as a healthy alternative to distilled beverages, the ministry envisaged the annual beer consumption to rise from thirty-four liters per capita in 1975 to annually to fifty liters in 1980 and sixty liters in 1990.¹³

Closely connected to these measures, the third method to improve people's consumption habits was the promotion of beverages with no alcohol content at all. Following the new decree, the Romanian State Council planned to raise the production of juices and fruit nectars by forty million liters, of mineral water by twenty million liters, and of milk products by one million liters in the coming year. The necessary raw fruit material was to be subtracted from the production of jams and sweets determined for export. General Secretary Nicolae Ceaușescu, the spiritual father of these measures, reported his inspiration as stemming from

¹² "Decretul nr. 146/1975."

¹³ Ministerul Agriculturii și Industriei Alimentare, Industria berii, spirtului și amidonului, "Program Unitar privind producția de bere și malt în perioada 1976-1980 și principalele direcții de dezvoltare pînă în anul 1990," 1976, in: "Informări și note reprezentând anexe la Protocolul nr. 2 al ședinței comune a Comitetului Politic Executiv al C.C. al P.C.R., Biroului Permanent al Consiliului Suprem al Dezvoltării Economice și Sociale și Consiliului de Miniștri cu privire la dezvoltarea industriei uleiului, berii, spirtului, băuturilor spirtoase și amidonului," nr. inv. 132/1976. ANR, fond Comitetul Central al Partidul Comunist Român (hereafter CC al PCR), Secția Economică (1966-1977), inv. 3130.

his visits abroad. Kiosks and restaurants were to offer high-quality soft drinks “as this is done everywhere else”:¹⁴

In our country, comrades, we only know sugar. Nowhere else in the world are juices prepared that way! (...) This conception of our food industry is wrong, is not modern, everywhere else you will find natural juices without anything added. (...) I myself drink juice without a tad of sugar.¹⁵

Ceaușescu’s statement was notoriously self-centered, but it encapsulated an important point. With its modernizing impetus, the new decree did not place all responsibility in the hand of the consumer, but additionally aimed to improve the country’s outdated consumer culture ‘from above.’ Reducing the production of distilled drinks and improving the supply of fermented and non-alcoholic drinks was an important and potentially powerful move to affect people’s consumption choices in a broadly encompassing way.

However, this ideal proved difficult to translate into practice in many countries, and Romania was no exception. As indicated by the country’s statistical yearbook, the Romanian *Vinalcool* enterprise did produce more beer and wine in the wake of the decree. At the same time, however, it also increased the production of spirit drinks.¹⁶ The production of soft drinks, on the contrary, advanced only slowly. In restaurants and kiosks, soft drinks were often out of stock; furthermore, the domestic cola surrogate *Ro-Cola* and other soft drinks were not popular, reportedly leaving an aftertaste of medicine.¹⁷

In Czechoslovakia, too, authorities showed increased concern about the population’s drinking habits at the turn of the 1960s into the 1970s. Although (as in Romania) concerns about alcohol consumption had for a long time mainly targeted spirit drinks, the new debates took a new direction. Previously, fermented beverages like beer and wine had often been

¹⁴ “Protocol nr. 21 al ședinței Biroului Permanent al Comitetului Politic Executiv,” June 20, 1975, nr. inv. 91/1975. ANR, fond CC al PCR, Secția Cancelarie, 1974-75 (vol. V). For the details of these plans, see: “Anexe,” July 1975, nr. inv. 92/1975. ANR, fond CC al PCR, Secția Cancelarie 1974-75 (vol. V).

¹⁵ “Protocol nr. 21 al ședinței Biroului Permanent al Comitetului Politic Executiv,” June 20, 1975, nr. inv. 91/1975. ANR, fond CC al PCR, Secția Cancelarie, 1974-75 (vol. V).

¹⁶ Republica Socialistă România, Direcțiunea Centrală de Statistică, *Anuarul Statistic al R.S.R.*, editions 1973, 1979, 1982, 1988.

¹⁷ “Protocol nr. 21 al ședinței Biroului Permanent al Comitetului Politic Executiv,” June 20, 1975. In: ANR, C.C. al P.C.R., Secția Cancelarie, 1974-75 (vol. V), nr. inv. 91/1975. On soft drinks, see Radio Free Europe/Radio Liberty, “Romanian Situation Report 13,” July 28, 1983. OSA, fond 205-4-70 (Romanian Subject Files), Social issues: Alcoholism, 1985-1987, box 230.

considered as a relatively harmless evil when it came to alcoholic beverages. Factory management provided miners, glassmakers, welders, and other workers in heavy industry and hot workplaces with low-alcohol beer. A healthy alternative to spirit drinks, low-alcohol beer was (in contrast to water) also praised for its ability to replace the body's exuded minerals.¹⁸ What is more, beer was *the* Czech drink. Throughout the socialist period, its production remained a continuous source of national pride. Breweries made sure to live up to the good reputation of Czech beer both in the country and abroad. The amount of domestically produced beer surged throughout the postwar decades, reaching a peak in 1983 with 25 million hectoliters. In 1965, Czechoslovakia sported with more than 130 liters per capita the highest beer consumption in the world. In the late 1960s, state authorities began to express their concern about the consumption of this weak alcoholic beverage. Medical writings and political background reports started problematizing the so-called 'beer alcoholization' (*pivní alkoholizace*) or 'relative alcoholization' of people at the workplace, behind the steering wheel, and in other everyday situations. In 1967, a report by the Czechoslovak Health Ministry declared 'beer alcoholization' as "one of the greatest dangers"¹⁹ to the country's future. As a consequence of the debates about beer consumption, the new alcohol decree of 1973 expressed the ambition to increase the production of non-alcoholic drinks.²⁰ In 1968, the Czechoslovak government bought the license for producing Coca-Cola and in the following years increased the production of Kofola, Oasa, and other home produced lemonades and fruit drinks. Although their consumption increased only slowly over the course of the 1970s and 1980s, the new focus on non-alcoholic drinks represented an important new direction in the country's politics of drink (figure 3).²¹

¹⁸ On the plans and realities of providing workers with low-alcohol beer: MZd, "Poradní sbor pro boj proti alkoholismu — jednací řád, členství, zápisy ze schůzí (1947-48)," April 27, 1948. NAČR, fond MZd, Boj proti alkoholismu, 1946-1948; Julius Bartošek, *Alkohol, práce, zdraví* (Prague: PRÁCE, nakladatelství ROH v Praze, 1963).

¹⁹ For this quote, I refer to: Ministerstvo zdravotnictví, Ministerstvo spravedlnosti, et al., "Zpráva o boji s alkoholismem jako negativním společenským jevem a příčinou kriminality," January 11, 1967, č.j. 276.1, in: Boj s alkoholismem, March 29, 1967. NAČR, fond MZd, Materiály pro schůzi vlády, 1955-1968, č. fondu 314; příloha 1967, I. část. On the production and consumption of beer in Czechoslovakia, see: Kratochvíle, *Pivovarství českých zemí v proměnách 20. století*; furthermore: Ústřední komise lidové kontroly a statistiky, *Statistická ročenka Československé socialistické republiky*.

²⁰ For the background report on the alcohol decree of 1973, see: Ministr zdravotnictví ČSR J. Prokopec, Ministr zdravotnictví SSR E. Matejíček, "Alkoholismus a jiné toxikomanie," February 27, 1973. NAČR, fond KSČ, ÚV KSČ, 1945-1989, Praha-komise, č. fondu 1261_1, Předsednictvo ÚV KSČ 1971-1976.

²¹ On non-alcoholic drinks in the Czech lands: Knapík and Franc, *Průvodce kulturním děním a životním stylem v českých zemích 1948-1967*, s.v. "nealkoholické nápoje" 590–93. On production and consumption data, I refer



Figure 3: Non-alcoholic drinks as a new style of life

Appropriate drinking as propagated in late socialist Czechoslovakia: a young woman enjoying a bottle of lemonade on the beach.

Improving the variety and quality of non-alcoholic drinks proved difficult. The assortment of non-alcoholic drinks reportedly lacked variety, and shops often had only few drinks in stock and provided them unrefrigerated. As non-alcoholic drinks were also more expensive than the properly cooled and price-protected beer, their consumption increased only slowly.

Source: Cover of the Czechoslovak Journal on Work Safety *Bezpečnost a hygiena práce* 24, no. 7 (1974).

Although the Romanian and Czechoslovak government thus embarked on different strategies, their alcohol politics were ultimately informed by the same postwar consensus. As in all other European states, their governments agreed not to ban alcoholic beverages. To justify this tolerant stance, they took charge of safeguarding a certain quality of alcoholic beverages and to guarantee a sufficient variety of strong, weak, and non-alcoholic drinks. In state socialist countries, governments had more means of influencing the assortment of drinks available, but politicians in Western Europe, too, were eager to provide the necessary conditions for consumers to make informed, healthy choices. In this period, state authorities enforced stricter standards for alcoholic beverages, levied higher taxes and raised prices for

to tab. č. 2 and tab. č. 3, in: "Účinnost dosavadního souboru opatření k řešení problematiky alkoholismu a jiných toxikománií," October 16, 1980. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989; as well as Ústřední komise lidové kontroly a statistiky, *Statistická ročenka Československé socialistické republiky*.

high-alcohol drinks, and defined which drinks were suitable for which circumstances.²² By enforcing a minimum level of quality and information, governments opened up a new and very powerful idea about consumers and their agency.

Appropriate and inappropriate drinking in late socialism

We have seen that postwar alcohol politics were characterized by a certain ambiguity. Governments in both capitalist and socialist countries were intent on enforcing quality control and improving the variety of drinks available, but not on dramatically affecting sales of alcohol. Variations in the assortment of drinks as well as in quality standards were not a contradiction of, but rather the direct outcome of this line of policy. Governments saw their responsibility not in reducing their citizens' alcohol consumption, but in delineating its borders, and in seeking to provide appropriate conditions and a sufficient variety of beverages to strengthen people's capacity to make informed choices about their drinking behavior.

As a further step in this endeavor, state authorities aimed to organize the settings wherein alcohol was consumed. In contrast to the beginning of the twentieth century, political actors of the postwar period refrained from demonizing pubs. In socialist countries in particular, pubs were viewed as centers of working class sociability that should not be abolished, but rather used to their full potential. Pubs, cheap restaurants, and kiosks were to be turned into sites where workers could obtain decent food and drink and be educated about socialist worker culture.²³ In the 1970s, appropriate drinking was no longer primarily linked to the place of consumption, but also to the time of consumption, the quality of drinks, and the constitution of the drinker. In 1974, the former head of Czechoslovakia's central anti-alcohol committee Karel Kácl defined the goals of alcohol politics as follows:

As inappropriate forms of alcohol consumption, we may consider not only its consumption in inappropriate, that is excessive quantity, but also in inappropriate concentration (spirit drinks), at inappropriate times (before going to work, during work, during traffic and sportive activities), at inappropriate age (children and youths until 18), in an inappropriate state of health (during illness and pregnancy), and of inappropriate production (unprofessionally produced concentrates).

²² On wine in France: Bohling, "The Sober Revolution," chapter 1.

²³ For the GDR: Thomas Kochan, *Blauer Würger: So trank die DDR* (Berlin: Aufbau-Verlag, 2011); for Bulgaria: Mary Neuburger, "Inhaling Luxury: Smoking and Anti-Smoking in Socialist Bulgaria 1947-1989," in *Pleasures in Socialism: Leisure and Luxury in the Eastern Bloc*, ed. David Crowley and Susan E. Reid (Evanston, Ill: Northwestern University Press, 2010).

[...] In Czechoslovakia, the fight against alcoholism is directed towards the aforementioned inappropriate forms of alcohol consumption, and does neither pursue prohibition nor aims of general abstinence. [...] The consumption of alcoholic beverages in appropriate conditions—that is in small quantities, in appropriate concentration (beer, wine), at appropriate times (after work, after meals), at appropriate age (older than 18) and in appropriate state of health—which are defined as the principles in the fight against alcoholism, also demand that *also in these conditions, the consumption of alcoholic beverages is never recommended.*²⁴

Kácl's assessment is noteworthy not only for defining pregnancy as an inappropriate state of health, but mainly for renouncing all the radical goals of alcohol politics. With his clear distinction between appropriate and inappropriate alcohol consumption, he defined the rules by which people could indulge. What is more, this quote reflects the awareness that even 'appropriate forms of alcohol consumption' could be harmful. The official political line was to inform people about potential dangers and to advocate controlled consumption in appropriate settings. Ultimately however, the responsibility for any negative consequences were delegated to the individual, informed consumer.

What were the rules for appropriate consumption in late socialism? Most importantly, drinking was only to be undertaken in certain places: first and foremost, alcohol consumption was to disappear from the workplace. In Romania, the decree 76/1975 banned the sales of drinks before ten o'clock in the morning, a practice which targeted primarily commuters, for many of whom drinking on the train to work had been a common activity.²⁵ In the wake of the 1975 decrees, newspaper articles explained the new rules to their readers and scandalized stigmatized their violations, mainly by reprimanding workers who drank outside of work breaks. A reporter for the party journal *Scînteia* recounted, for example, his observations in the city center of Bucharest, where he saw workers entering kiosks on their lunch break and leaving only in the late afternoon.²⁶

Secondly, policy makers tightened the rules about who was allowed to drink alcoholic beverages. Youths, drivers, and pregnant women were classed as too vulnerable to consume alcohol. While it was illegal to sell alcohol to the former two groups, women were merely discouraged from drinking during pregnancy and when breastfeeding. In Czechoslovakia, a

²⁴ Karel Kácl, *Člověk-stroj-alkohol* (Prague: Nakladatelství dopravy a spojů, 1974) (my italics).

²⁵ "Decret nr. 76/1975," paragraph 5.

²⁶ Dinu Popescu, "Prieten cu paharul, dușman cu sine însuși," *Scînteia* 45, May 29, 1975.

clause on minors had already been introduced with the first alcohol law in 1922.²⁷ The legal framework had, however, allowed for a delicate exception. In Czechoslovakia, many parents used to send their offspring to the pub to purchase beer. The presence of children and youths in pubs, waiting for their parents' pitcher to be filled, was common and accepted. The alcohol law of 1962 confirmed this practice: "the sales of alcoholic beverages does not affect the sales of beer to people younger than 18 years if they take it to adults outside the establishment."²⁸ In 1976, a new bill planned to ban minors under fifteen from pubs entirely, even if accompanied by adults.²⁹ This suggestion, enforcing the idea that pubs were separate spaces for controlled adult leisure, was not put into practice until the early 1990s. Furthermore, local anti-alcohol committees as well as police officers reported a general negligence towards the rules of youth protection. When police officers initiated a campaign called 'Alcohol and Youths' in 1981, they expected to detect a high number of violations. When confronted with one particular situation – not witnessing any cases of unaccompanied minors lingering in pubs or restaurants, "which is otherwise normal"³⁰ – they concluded that the waiters had been warned.

For our purposes, whether the new measures were immediately effective is only of secondary interest. Of more significance is the fact that by delineating the rules of moderate and reasonable substance consumption, the state could retreat from its responsibility for the violent and damaging consequences of substance consumption. The new regulations did not promise to address problematic alcohol consumption in general, but served among other measures as a justification for the tolerant stance of the state's alcohol politics. By excluding some categories of people from the general right to alcohol consumption, the political authorities defined everyone else as capable of controlling him- or herself, and also declared

²⁷ For the 1922 law: "Zákon o omezování podávání alkoholních nápojů: 86/1922 Sb." The clause had been taken over by the postwar alcohol laws, too, see: "Zákon o potírání alkoholismu: 87/1948 Sb." For the exclusion of new groups of people, see: Odbor zdravotnictví Národního výboru hlavního města Prahy (hereafter NVP), "Informativní zpráva o situaci na úseku boje proti alkoholismu a jiným toxikomaniím v hl. m. Praze," in: Rada NVP 1975. 6. schůze rady NVP Prahy, March 18, 1975, inv. č. 531, č.k. 433. Archiv hlavního města Prahy (hereafter AHMP), fond NVP, Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva Ústřední národního výboru (NV), NVP a HMP (1945-1994). Zápisy ze zasedání rady NVP.

²⁸ "Zákon ze dne 19. prosince 1962 o boji proti alkoholismu: 120/1962 Sb.," paragraph 9, note 2.

²⁹ "Důvodová zpráva k návrhu zákona ČNR o ochraně před alkoholismem a jinými toxikomaniemi," in: Návrh osnovy zákona ČNR o ochraně před alkoholismem a jinými toxikomaniemi, June 10, 1976. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989.

³⁰ KS Sboru národní bezpečnosti (hereafter SNB) Ostrava, "Hodnocení provedené akce 'Mládež a alkohol' provedené od 19.5.-22.5.1981," June 24, 1981, in: O 1-1, Celostátní bezpečnostní akce "mládež a alkohol," 1981, inv. č. 22. Archiv bezpečnostních složek (hereafter ABS), Archivní fondy teritoriálních útvarů Sboru národní bezpečnosti (hereafter SNB) a Veřejné bezpečnosti (VB), Krajská správa SNB Ostrava, O 1.

people responsible for doing so. Similarly, promising a certain quality and assortment of beverages ensured consumers had a reasonable choice. Installing these minimum standards of alcohol politics, late socialist governments defined the boundaries of the state's responsibility and turned drinking into an activity which the drinker pursued at his or her own risk.

Creating the responsible consumer

The new alcohol regulations brought a figure into the limelight that was to substantially alter the discourse of alcohol consumption: the rational, responsible drinker. While earlier alcohol regulations had not entirely ignored the competence of drinkers (we remember the focus on enlightened citizens in interwar Czechoslovakia), the 'alcohol question' had thus far centered on the state and its capability to guide its citizens towards a better future. The 1970s alcohol regulations raised new questions. By defining minimum standards, the decrees turned their attention away from the state and towards individual drinkers, emphasizing their duty to make the right consumption choices. While the new alcohol decrees set the tone of this transformation, it would take more than a handful of legal regulations to enforce the ideal of responsible, self-controlled, and moderate drinking. In the following pages, I will investigate how late socialist governments attempted to enforce the ideal of appropriate drinking. As this ideal was not an isolated phenomenon, I will embed its 'emergence' in the context of consumption politics in a more general sense, looking at food programs and the approach to several forms of psychotropic substances.

The concepts of moderation and restraint were not new to socialist states. In all modern societies, they represented a productive tool of organizing social order. Reacting to industrial transformations and far-reaching changes in production, supply, and consumption, the quest for moderation was a way of adapting human behavior and subjectivities to the demands of modern industrial societies. In the early Soviet Union, Tricia Starks has shown that hygiene programs became a way of regimenting the human body and conditioning its functions to industrial work life.³¹ However, the idea of the moderate body was not a stable political concept. Mary Neuberger notes that after the Second World War, the idea of restraint

³¹ On consumption, moderation, and excess in modern societies, see: Sarasin, *Reizbare Maschinen*; Martin Lengwiler, ed., *Das präventive Selbst: Eine Kulturgeschichte moderner Gesundheitspolitik, Verkörperungen 9* (Bielefeld: transcript, 2010). On Soviet Russia, see: Tricia Starks, *The Body Soviet: Propaganda, Hygiene, and the Revolutionary State* (Madison, Wisconsin: University of Wisconsin Press, 2008), 165–66.

lost prominence. In the late 1940s, Stalin and the first communist leader of Bulgaria, Georgi Dimitrov, smoked publicly and were known to be heavy drinkers. If excessive consumption of any kind was not actively encouraged in the first postwar decades, there were no open calls for moderation either. Enjoying good food and drink was considered the reward for the hard work of building socialism.³²

From the 1960s onwards, views of consumption and human behavior became more critical. In both Eastern and Western Europe, the transformation of industrial economies into service economies resulted in a reduction of physical labor. In Czechoslovakia, Western Germany, Bulgaria, and other states, the working week was shortened from six to five days in the late 1960s. These changes sparked a critical discourse on leisure and consumption in general. Using consumption behavior to discuss people's habits and behavior, political authorities and journalists encouraged 'cultured' and 'rational' ways of using the extra time, including hiking, exercising, and engaging in cultural activities. Drinking, along with gambling and watching TV, embodied a passive and irrational form of leisure pursuit.³³ Notably, and in contrast to earlier periods, the new programs did not formulate the quest for moderation as a societal challenge, but as a question of personal wellbeing. As a consequence, the late socialist discourse on moderate consumption did not mainly come about as top-down programs, but entered 'inconspicuously' in the form of advice, warnings, and guidelines.

Romania's program for rational alimentation

In Romania, the discussion about moderate consumption revolved around the notion of 'rational alimentation' (*alimentația rațională*). The term emerged in the mid 1950s in medical writings.³⁴ In the 1960s, authors used it in popular journals addressed to rural women.

³² Mary Neuburger, *Balkan Smoke: Tobacco and the Making of Modern Bulgaria* (Ithaca: Cornell University Press, 2013), 170–71. On Stalin's drinking habits, see Schrad, *Vodka Politics*. In his memoirs, the Yugoslav politician and later dissident Milovan Đilas describes Stalin's inclination to excess: Milovan Đilas, *Gespräche mit Stalin* (Frankfurt am Main: S. Fischer, 1962), for example 192–93.

³³ On work and leisure politics in socialist Bulgaria: Neuburger, *Balkan Smoke*, 174, 185; also: Brunnbauer, *Die Sozialistische Lebensweise*, 405–06. For the introduction of the five-day working week in Czechoslovakia and its neighboring states, see: Kalinová, *Konec nadějí a nová očekávání*, 208; for leisure politics in Czechoslovakia see furthermore: Paulina Bren, "Weekend Getaways: The Chata, the Tramp and the Politics of Private Life in Post-1968 Czechoslovakia," in *Socialist Spaces: Sites of Everyday Life in the Eastern Bloc*, ed. David Crowley (Oxford: Berg, 2002).

³⁴ See: Iancu Gonțea, "Importanța alimentației raționale pentru dezvoltarea și sănătatea populației," *Viața Medicală* 2, no. 3 (1955); Iancu Gonțea and P. Șuțescu, "Importanța alimentației raționale pentru capacitatea de muncă," *Viața Medicală* 2, no. 6 (1955).

In these publications, rational alimentation was a means to update old-fashioned ideas about food and consumption, to acquaint individual households with knowledge about bodily functions, energy transformation and caloric value, and to overcome the metabolic diseases still widespread in the country.³⁵ From the mid 1960s, the concept was gradually extended to more areas of life. Denoting a “simple formula of hygienic rules,”³⁶ rational consumption practices included a reasonable diet, sufficient movement, a proper balance between work and rest, and a generally healthy lifestyle.

In the following years, policy makers took the discourse on rational consumption to a new level. In 1981, the Romanian Health Ministry set up a commission with the goal of elaborating a national agenda for better nutrition. The commission, directed by the doctor and dietitian Iulian Mincu, consisted of the Health Minister, representatives of the Institute for Hygiene and Public Health (*Institutul de Igiena și Sănătate Publică*), the Academy of Sciences, the Women’s Council, and the media. The resulting 'Program for the Rational Alimentation of the Population' strove to modernize the country, to advance research into the production and processing of food, to improve the service in public food places, and to improve the general culture of consumption. Not least, the program was designed to raise the country's level of productivity. Abiding by scientifically approved norms, people were to consume less and produce more work output. With brochures, newspaper articles, and instructional lectures in schools, the committee aimed to guide people in their consumption choices, to popularize knowledge about food preparation and consumption, dietary standards, and to provide norms for average consumption habits as well as body measurements. From July 1982, a pervasive press campaign promoted the new program.³⁷

The timing of the program could not have been worse. In the early 1980s, the Romanian government introduced strict austerity measures to reduce its international debts,

³⁵ As one of several examples: Consiliul Național al Femeilor din RPR, *Alimentația rațională în familie, factor important în apărarea sănătății*. Lecție ce se va ține în fața femeilor de la orașe și sate (Bucharest: 1963). The booklet was also published in a Hungarian and German version.

³⁶ “Prevenirea hepatitei epidemice,” *Femeia* 18, no. 5 (1965).

³⁷ On the composition and goal of the commission: “Stenograma ședinței de constituire a Comisiei pentru elaborarea Programului de alimentație rațională a populației,” October 29, 1981, nr. inv. 98/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294. On the agenda of the Program for Rational Alimentation: “Proiect - Program Național de alimentație rațională a populației,” December 1981, in: “Raport privind programul național de alimentație rațională a populației,” January 1982, nr. inv. 258/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

with the goal of eventually becoming economically independent.³⁸ Given that in the early 1980s, electricity and basic foodstuffs were rationed, the program for rational alimentation appeared ineffective at best, strategic at worst.³⁹ Food scarcity was a reality in Romania of the 1980s, and the program for rational alimentation encouraged norms of consumption which the country's economy was not able to meet. However, the Romanian program was not simply a propagandistic tool created by a dictator who was known for his idealistic visions of the country's potential. To understand its motivation, we have to take into account its global context. Not only in Romania, public health institutions scrutinized consumption habits, tightened the regulations on food quality, and expressed concern about dangerous habits of consumption. In the course of the 1970s and early 1980s, the World Health Organization (WHO) as well as public committees in the USA, France, the Soviet Union, and Bulgaria had implemented programs which defined dietary standards and caloric needs according to age group, gender, and profession. In its work, the Romanian committee explicitly picked up on the results of these programs.⁴⁰

Furthermore, it is important to stress that the Romanian program drew on powerful contemporary sentiments. First of all, while the committee followed the standards of other "developed countries,"⁴¹ it did not overthrow old norms of consumption, but built on traditional habits of food preparation and consumption and tried to organize people's knowledge about them. To a large extent, the program of rational alimentation thus entered in the form of practical knowledge which was highly adaptable to people's everyday life. Secondly, it mobilized fears of modernization and change. In popular brochures, authors created a dark-age scenario of the modern world, with new forms of consumption causing "diseases of civilization"⁴² to abound, like obesity, mental diseases, alcoholism, and drug

³⁸ On economic politics in the 1980s: Deletant, *Ceaușescu and the Securitate*.

³⁹ See for this interpretation for example: Serban Angheliescu, Ana Vinea and Muzeul țaranului Român, *LXXX: marturii orale: anii '80 și bucureștenii* (Bucharest: Paideia, 2003), 167; Kligman, *The Politics of Duplicity*, 140–41.

⁴⁰ As testified in the background material of the program, see: "Proiect - Program Național de alimentație rațională a populației," December 1981, in: "Raport privind programul național de alimentație rațională a populației," January 1982, nr. inv. 258/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294. For the formulation of public and national consumption programs in the 1970s and 1980s: Jakob Tanner, "Lebensmittel und neuzeitliche Technologien des Selbst: Die Inkorporation von Nahrung als Gesundheitsprävention," in Lengwiler, *Das präventive Selbst*.

⁴¹ "Proiect - Program Național de alimentație rațională a populației," December 1981, in: "Raport privind programul național de alimentație rațională a populației. Anexe," January 1982, nr. inv. 258/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

⁴² Nicolae Feraru, Ministerul Sănătății, and Institutul de Igienă și Sănătate Publică, *Pledoarie pentru o alimentație rațională* (Bucharest: Editura Medicală, 1980), 9.

addiction. The program of rational alimentation balanced the threat of unfettered modernization by promoting a more reasonable, more natural way of life.

It is therefore no coincidence that the trope of intoxication gained considerable attention in Romania in the 1980s. The idea that the body was polluted by unnatural or adulterated elements had a long and strong legacy in Romania. In the late socialist program on rational alimentation, the fear of intoxication was mainly channeled around substances that were associated with an excessive way of life. Brochures and newspaper articles depicted alcohol as well as tobacco, coffee, and medical drugs as unnecessary, seemingly unnatural substances that polluted the human body. In the anti-alcohol activism of the early twentieth century, intoxication had received a large share of attention, much more so than in Czechoslovakia. In later decades of the twentieth century, too, we can find many examples of political reports and popular journals describing phenomena of food and alcohol intoxication.⁴³ In the framework of the program for rational alimentation and as part of its general attempt to modernize the country, the Romanian government embarked on an anti-substance campaign. In this endeavor, alcohol figured as the paragon of irrational consumption. Publications emphasized the negative impacts of alcohol consumption for important bodily organs, describing alcohol as a “counter-aliment”⁴⁴ or “the enemy of a rational life.”⁴⁵ To a certain extent, the program also started demonizing coffee, depicting it as a serious drug that everybody should avoid as much as possible.⁴⁶ Given its reduced availability in late socialist Romania, the campaign against coffee appears strategic. But again, the trope of intoxication was powerful, and the incentive to restrain oneself in consuming “stimulants of the type coffee”⁴⁷ was not merely an attempt to justify food shortages.

⁴³ See for example the following governmental report on food intoxication: “Referate, informări și note privind probleme din domeniul sănătății publice și prevederilor sociale,” September 18 – November 24, 1967, Nr. inv. 10/1967. ANR, CC al PCR, Secția Administrativă (1921-1977), inventar 3059. For examples in the context of the program for rational alimentation, see: “Fumatul și sănătatea,” *Femeia* 40, no. 9 (1987); “Atenție la consumul de medicamente,” *Femeia* 40, no. 7 (1987).

⁴⁴ Mircea Diaconescu, *Alimentația rațională*. With a foreword by Iulian Mincu (Bucharest: Editura Medicală, 1979), 63.

⁴⁵ Aurelian Ciurdea, “Adevărul despre alcool,” *Femeia* 34, no. 5 (1981).

⁴⁶ On this critical attitude towards coffee consumption see for example the questionnaire “Cunoașterea gradului de echilibru interior” in Adrian Neculau, Septimiu Chelcea, Pavel Mureșan et al., *Comportament și civilizație: Mică enciclopedie pentru tineret* (Bucharest: Editura Științifică și Enciclopedică, 1987).

⁴⁷ Neculau, Chelcea, Mureșan et al., *Comportament și civilizație*.

Another substance that came under scrutiny was tobacco. As with all other substances, the late socialist program was not the first movement trying to curb smoking. In the Europe of the early twentieth century, temperance activists had often included tobacco in their fight for sobriety, even if smoking received far less attention than drinking.⁴⁸ In the 1950s, scientists in Great Britain and the United States published what were later described as the “key texts” for establishing a systematic relation between smoking and lung cancer. Doctors in Romania, Czechoslovakia, and other socialist countries made use of these results to underscore the dangers of smoking.⁴⁹ From the mid to late 1970s, many countries introduced policy campaigns and commissions against smoking. Notably, none of these campaigns seriously threatened the production and sales of tobacco. In Romania, Czechoslovakia, and many other socialist and non-socialist countries in this period, new decrees introduced or raised age limits for smoking, restricted its advertisement, and banned smoking from public places like train stations, institutions of public health, public transportation, cinemas, and so on. As in the politics of alcohol, governments installed a minimum level of protection for their citizens’ health and otherwise contented themselves with discouraging their citizens from pursuing their habits.⁵⁰

⁴⁸ An example was the “League of non-smokers” in Prague, who in the interwar period fought for a general ban on tobacco sales in Czechoslovakia. See: Liga nekuřáků v Československu, letter to Ministerstvo vnitra, May 8-9, 1925, in: Liga nekuřáků v Československu, Praha, 1924-25, ka 5072. NAČR, Ministerstvo vnitra, Nová registratura 1936-1953, Praha; značka fondu MV I - NR; číslo fondu/sbírky, 1075_3.

⁴⁹ In Romania, research on smoking was mainly advanced by Nicolae Gh. Lupu, who worked as an internist at the Colentina Hospital in Bucharest. On Lupu, see: Ioan Bordeleanu, *Fumatul*, 2nd ed. (Bucharest: Editura Științifică, 1966). In Czechoslovakia, the pathologist Antonín Fingerland, head of the pathological-anatomic department of the Medical Faculty in Hradec Králové, was the key figure in researching lung cancer and smoking. See for example: Antonín Fingerland, “Kouření cigaret a rakovina plic,” *Rozhledy v tuberkulóze a nemocech plicních* 21, no. 3 (1961).

⁵⁰ For examples of Western European countries, see: Rosemary Elliot, “Inhaling Democracy: Cigarette Advertising and Health Education in Post-war West Germany, 1950s-1975,” *Social History of Medicine* 28, no. 3 (2015); in Austria, a new law restricted advertising for alcohol and cigarettes in 1974: Irmgard Eisenbach-Stangl, *Eine Gesellschaftsgeschichte des Alkohols: Produktion, Konsum und soziale Kontrolle alkoholischer Rausch- und Genussmittel in Österreich 1918-1984* (Frankfurt/Main, New York: Campus Verlag, 1991), 203. For Bulgaria: Neuburger, *Balkan Smoke*, chapter 7; for the GDR, I refer to: B. Merhaut, “Světový den zdraví 1980 v zahraničí,” *Zápisy z Apolináře* 29, no. 4-6 (1980); for Czechoslovakia: Vížžzlav Nektivinda, ředitel odboru léčebně preventivní péče, to Kolegium ministra zdravotnictví, “Účinnost dosavadního souboru opatření k řešení problematiky alkoholismu a jiných toxikománií,” October 16, 1980. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989.

“Judge for yourself and decide”

The programs for better consumption and the initiatives to curb legal drug use like smoking, self-medication, and alcohol consumption led to a number of new regulations worldwide. In the 1970s and 1980s, many states introduced new standards for food and drink quality and restricted the access to certain substances with age limits or medical prescriptions. In Romania, the program for rational alimentation similarly envisaged improving the quality of consumption habits by increasing the standards of food production and preparation. Public places of food provision were to play a crucial role in this endeavor. By offering more meals that met the standards of the program, canteens in schools and enterprises, as well as kiosks with warm meal service, were supposed to improve people’s consumption habits in a very immediate way.⁵¹ However, given the austerity politics of Romania in the 1980s, a successful top-down strategy would have required reformulating economic plans and increasing public spending on food infrastructure. Evidently, the government was unwilling to do so. As a less demanding and ultimately cheaper strategy, the commission for rational alimentation turned to other channels to disseminate the program’s goals. In the late 1970s and early 1980s, Romanians were confronted with an ever-increasing number of guidebooks on alimentation, and articles about proper consumption became a common element of women’s magazines and newspapers. Readers were to learn about the dangers connected to old-fashioned habits of food preparation, unhealthy consumption, and lack of movement.⁵²

Providing people with scientifically sound knowledge about food consumption was not an end in itself. Eventually, the media campaign served the goal of transferring responsibility for consumption habits to individual households. Guidebooks and articles targeted women specifically in their traditional role as mothers and housekeepers. The focus on women was explicitly formulated in the background material of the program.⁵³ When it came to alcohol in

⁵¹ As envisaged in the official text of the program: “Proiect - Program Național de alimentație rațională a populației,” December 1981, in: “Raport privind programul național de alimentație rațională a populației. Anexe,” January 1982, nr. inv. 258/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

⁵² For example, the column “Arta de a trăi rațional” (the art of living rationally), which from 1981 was included regularly in the women’s magazine *Femeia*. For week-long recipes with specifications for all family members (father, mother, son, daughter), see for example: “Arta de a trăi rațional,” *Femeia* 34, no. 1 (1981). Examples for brochures are: Constantin Dumitrescu, *Alimentația rațională a școlarului* (Bucharest: Sport-Turism, 1979) and Viorica Dobre, *Principiile alimentației raționale* (Iași: Institutul de Medicină și Farmacie, 1982).

⁵³ “Proiect - Program Național de alimentație rațională a populației,” December 1981, in: “Raport privind programul național de alimentație rațională a populației. Anexe,” January 1982, nr. inv. 258/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

particular, guidebooks stressed the responsibility of women to battle dangerous consumption habits. In the 1970s, doctors repeatedly lamented the “dangerous tradition”⁵⁴ of feeding alcohol to infants, which “still persists in enough rural and even urban localities.”⁵⁵ Although both mothers and fathers were reported to tolerate their children’s alcohol consumption, doctors and guidebook authors made sure who was in charge of the children’s education: “the family, in particular mothers, have the obligation to make sure that youths and also children are protected from the damage done by alcohol, from the diseases caused by its consumption.”⁵⁶ To be sure, women did not merely passively follow rigid state-imposed norms, but were themselves interested in improving their families’ consumption habits. Administering the household budget and being held answerable for the moral and physical integrity of the family, women bore the brunt of alcoholism and health problems. By addressing women in their traditional roles, the program for rational alimentation exploited this responsibility and at the same time reinforced prevailing gender hierarchies. Susan Gal and Gail Kligman have described this as a ‘parasitism’ of the socialist state on the family, meaning that the state relied on familial relationships to fulfill its goals.⁵⁷

Members of the commission for rational alimentation were aware that the exploitation of people’s own interests in good food and health had enormous potential. As a commission member noted in the debates around the program, the program’s success relied to a large extent on people’s acceptance of the idea that “that rational alimentation is in the interest of their own health.”⁵⁸ In the preparation of the program for rational alimentation, commission member Constantin Arseni, a neurosurgeon, emphasized that “the population, especially the middle tier [*pătura mijlocie*] and those in the countryside should obtain some explanations so that they don’t reach other conclusions.”⁵⁹ The media campaign around the program was thus cautious to present the program not as a state-imposed consumption plan to justify food shortages, but as guidelines leading to self-fulfillment. In a guidebook to rational alimentation, the author argued accordingly:

⁵⁴ Ambrus Zoltan, “Problema alcoolismului in lumina datelor statistice,” October 1984. DJANI, fond personal Cotrău Marțian (1923-1998), inv. nr. 2191, therein: Alcoolismul. Simpozion/Iași, 1984, nr. crt. 60/1984.

⁵⁵ Gabriela Ionescu, “Abuzul de alcool, atentat la sănătate,” *Femeia* 28, no. 6 (1975).

⁵⁶ Ciurdea, “Adevărul despre alcool.”

⁵⁷ Gal and Kligman, *The Politics of Gender After Socialism*, 70.

⁵⁸ “Stenograma ședinței de constituire a Comisiei pentru elaborarea Programului de alimentație rațională a populației,” October 29, 1981, nr. inv. 98/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

⁵⁹ Ibid.

Does this life put any restrictions on us? Does this rational, preventive attitude deprive anyone of [his/her] joy of living a fulfilled life, does it frustrate [him/her] in their joy and pleasures? Not at all, no. To the contrary, an ordered life, with a well-balanced program of work, with respect to the hours of rest, with a rational alimentation does not do anything but creating the conditions so that we can fully seize the pleasures of life.⁶⁰

Towards the end of his deliberations, the author specified: “It has been proven that people who lead a rigorous, ordered life... benefit from a robust, active old age, without suffering, with perfect health, which they can then bring into service for the family and society.”⁶¹ Buttressing this focus on people’s productivity, the commission for rational alimentation pronounced that “[i]t is the interest of everyone to know what, how, how much, and when [he/she] needs to consume in order to be healthy, vigorous, creative, fit for work, and to avoid premature aging.”⁶²

Following Michel Foucault, we can describe this attempt to turn state goals into individual desires as “governmentalization,” meaning “the point where power reaches into the very grain of individuals, touches their bodies and inserts itself into their actions and attitudes, their discourses, learning processes and everyday lives.”⁶³ The Romanian discourse of rational consumption was certainly not void of normative guidelines, but more than telling people what and how to eat, newspaper articles and guidebooks encouraged autonomous analysis and decision-making. Doing so, they enforced the ‘subjectivization’ of their readers, creating an understanding of the autonomous self who was both capable of and interested in making rational decisions.⁶⁴ It is thus no coincidence that by the mid 1970s, the genre of self-help guides and personality tests experienced a global boom. Also in the Romanian consumption program, questionnaires became a common instrument to help people “get to know themselves” (*auto-cunoaștere*). As a 1987 guidebook specified, *auto-cunoaștere* was neither designed to nurture the “passionate obsession with the self (narcissism) nor the

⁶⁰ Diaconescu, *Alimentația rațională*, 44. The above pronouns are ungendered in Romanian.

⁶¹ *Ibid.*, 177-78.

⁶² CC al PCR, “Sinteza. Programul de alimentație științifică a populației,” June 12, 1982, in “Programul de alimentație științifică a populației discutat în ședința de lucru din 13 iunie 1982,” nr. inv. 121/1982. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

⁶³ Michel Foucault and Colin Gordon, *Power/Knowledge: Selected Interviews and Other Writings, 1972-1977* (Brighton, Sussex: Harvester Press, 1980), 39.

⁶⁴ See for the process of subjectivization: Nikolas S. Rose, *Inventing Our Selves: Psychology, Power, and Personhood*, Cambridge studies in the history of psychology (Cambridge, England, New York: Cambridge University Press, 1996), 17; Sarasin, *Reizbare Maschinen*, 23–25.

inverse tendency (continuous self-flagellation) [..., but rather] a disinterested sympathy towards the own self.”⁶⁵ At a meeting of the Committee for National Alimentation, Nicolae Ceaușescu got to the heart of these measures by suggesting that

We also need to make recommendations for physical education..., to give the optimum weight according to age and sex, so that people can control themselves. Nothing works better than self-control and because of that, people need to understand what is rational.⁶⁶

In women’s magazines in particular, readers were asked to answer sets of questions to find out “whether you and your family live healthily.”⁶⁷ In monthly columns about rational alimentation, questionnaires enquired for example “what does it mean to live a rational life?”, or “how do you spend your leisure time?,” offering multiple choice sets from which readers could pick an answer.⁶⁸ Other guidebooks dug deeper, urging readers to “get to know the level of your inner balance,” among other suggestions. The questions were not restricted to consumption habits, but also made readers analyze their decision-making processes, their professional life (“How do you feel about your superiors?”), their conflict resolution skills, and their family life (“Are you usually looking forward to going home?,” “Do you sometimes feel lonely within your family?”).⁶⁹ Open in their formulations, the questions acknowledged negative feelings towards stress at work and in the family as a valid option.

What was the motivation of these surveys that asked their readers to reflect on their frustrations and desires? What use was it to a Romanian woman to acknowledge her unhappy family life if the national policy line actively discouraged separations? There is evidence that some personality tests were borrowed from a very different socio-political context. The authors of the above-mentioned questionnaires about family and professional life cite, for example, the American doctor Donald M. Vickery as their source of inspiration. In the late 1970s, Vickery became a best-selling author for his multi-edition self-help guide *Take Care of Yourself: A Consumer’s Guide to Medical Care*.⁷⁰ However, it is important to stress that

⁶⁵ Neculau, Chelcea, Mureșan et al., *Comportament și civilizație*, 164.

⁶⁶ “Stenograma ședinței de constituire a Comisiei pentru elaborarea Programului de alimentație rațională a populației,” October 29, 1981, nr. inv. 98/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

⁶⁷ “Arta de a trăi rațional,” *Femeia* 34, no. 5 (1981).

⁶⁸ Examples taken from: “Arta de a trăi rațional,” *Femeia* 34, no. 7 (1981).

⁶⁹ All examples from “Anexe,” in Neculau, Chelcea, Mureșan et al., *Comportament și civilizație*.

⁷⁰ Donald M. Vickery and James F. Fries, *Take Care of Yourself: A Consumer’s Guide to Medical Care* (Reading, Massachusetts: Addison-Wesley Pub. Co, 1976).

formulations like those noted above were not a rarity in Romanian guidebooks of the 1980s. More interesting than the ostensible mismatch of psychological tests and political parameters is the curious ease with which guidebooks and articles in late socialist Romania managed to integrate formulations and examples which centered upon the notion of individual responsibility and free choice.

This turn to the individual consumer also affected the state approach to substance politics. The shift was gradual, but becomes clearly visible when we trace the main concerns conveyed in guidebooks and policy programs throughout the decades. The coverage of smoking exemplifies the turn very well. In the 1950s and 1960s, Romanian brochures emphasized the potential biological harm of tobacco.⁷¹ In later decades, popular texts on smoking never ceased mentioning the biological impact of smoking, but by the mid 1970s, they devoted more space to the question of individual choice and responsibility. In a guidebook from 1977, the doctor Gheorghe Alexandrescu explained for example that “[e]very individual is born with a biological capital [*capital biologic*]. Some spend this capital stingily [...] of course every individual can spend this capital as [he/she] wishes, [he/she] is free to choose the poison which will end [his/her] life.”⁷² In another guidebook on smoking, the author similarly stressed the decision as a matter of free choice: “Judge for yourself and decide. But we ask you insistently, do not decide until you have not taken into account your true interests.”⁷³

Again, we might dismiss these formulations as blatantly inappropriate in the context of a state socialist economy; by doing so, however, we would ignore how neatly the formulation of 'biological capital' fits into Alexandrescu's argumentation about health as an individual choice and interest. Far from an unfortunate slip, the term 'biological capital' encapsulates the general thrust of the program for rational alimentation. Assigning capital value to individual health, it expressed the idea that people could choose how to 'invest' and enhance their health value by rational choices of consumption. The program for rational

⁷¹ Zamfir, Constantin, and Gheorghe Gheorghiu, *Intoxicația prin tutun: Tabagismul* (Bucharest: Editura Militară a Ministerului Forțelor Armate ale RPR, 1960), quotes from page 59.

⁷² Gheorghe Alexandrescu, *Nu-mi luați ultima plăcere* (Bacău: Direcția Sanitară Bacău, 1977).

⁷³ Dan Abulius and Ministerul Sănătății și Centrul Sanitaro-Antiepidemic al Municipiului Bucharest, *Dragi fumători incepători* (Bucharest: Editura Medicală, 1975), 14.

alimentation was a means of transferring social responsibilities, and thus costs, from the state to the institution of the family and its individual members.

Toxikomania and the boundaries of self-control

We have seen that in the 1970s and 1980s, many governments and public health institutions introduced new programs for better consumption. However, while most of these encouraged people to make their own decisions about their consumer behavior, others expressed reservations about the consumers' ability to make responsible choices. The consumption of psychopharmaceutical substances serves as an example of the fact that in the case of legal substance use, too, state authorities did not entrust all consumers with the same ability to self-determine their consumption.

The mass consumption of psychopharmaceutical drugs is a relatively recent phenomenon. After the Second World War, pharmaceutical research had revolutionized the treatment of mental disorders. Mass-produced antidepressants, tranquilizers, neuroleptics, and other psychoactive drugs began to be used in treatment approaches worldwide and radically transformed ideas about the malleability of health and diseases.⁷⁴ The introduction of psychoactive drugs in Eastern bloc countries is still an under-researched topic. Recent studies on the GDR have demonstrated that the nationalized pharmaceutical industry started producing psychoactive drugs for domestic consumption in the 1950s. In Czechoslovakia, the national pharmaceutical enterprise *SPOFA (Spojené farmaceutické závody)* produced, from the 1960s onwards, a broad array of medical products. Painkillers like Algina were very popular. In other socialist countries, too, the production and consumption of psychopharmaceutical drugs grew continuously.⁷⁵

At the turn of the 1970s, the attitude towards psychoactive substances became more critical. In Western Germany, the sedative Contergan, commonly used by pregnant women to fight morning sickness, was discovered to cause fetal malformations. After the scandal about Contergan and further debates about the side effects of long-term use of psychoactive

⁷⁴ On the history of psychopharmaceutical drugs, see the seminal work of David Healy, *The Antidepressant Era* (Cambridge, Massachusetts: Harvard University Press, 1999).

⁷⁵ On the GDR: Volker Hess, "Psychochemicals Crossing the Wall: Die Einführung der Psychopharmaka in die DDR aus der Perspektive der neueren Arzneigeschichte," *Medizinhistorisches Journal*, no. 42 (2007); on Czechoslovakia: Jindrich Nerad and Ludmila Neradova, "Alcohol and Drug Problems in Czechoslovakia," *Journal of Substance Abuse Treatment* 8 (1991), 83.

substances, the WHO decided on new rules for the global supervision of medical drugs in a 1971 consultation meeting. Subsequently, the production and distribution of psychoactive substances became subject to stricter regulation and quality control in many countries.⁷⁶ In socialist countries, members of the health ministries and pharmacists alike had been quick to advocate a cautious approach to psychoactive products. In Romania, the Health Ministry warned about the dangers of 'medical drug abuse' as early as the late 1950s – that is, in a period when women were reportedly still reluctant to take their children to doctors, and when in other states, health policy makers or journalists had not yet turned their attention to this issue. In the 1970s, the subject took up ever more pages in Romanian guidebooks, often overshadowing the information about the potential benefits of the drugs. Articles that warned about the dangers of 'self-medication' began to be featured in every second issue of the women's magazine *Femeia*, and became increasingly urgent in tone (figure 4).⁷⁷ In the GDR, a pharmaceutical journal argued in 1977 that this cautious attitude was specific to socialist states as they had no incentive to drown people in medical drugs. In contrast, in capitalist countries, pharmaceutical industries promised miracle cures to complex diseases instead of investigating their 'real cause' – exploitative working conditions and the exhausting rhythm of everyday life.⁷⁸

This claim seems exaggerated, however. While health ministries and doctors in socialist states were relatively skeptical towards psychopharmaceutic drug use, the trend towards 'pharmaco-vigilance' was a global phenomenon. Political and medical authorities were interested in fostering a reasonable amount of self-medication, and they contributed to people's education in this regard. In many countries, guidebooks instructed people about how to set up their own home pharmacy and informed them about the advantages and side effects of medical drugs. The ideal was an informed patient with a sufficiently stocked cabinet who was

⁷⁶ World Health Organization and Uppsala Monitoring Centre, WHO Collaborating Centre for International Drug Monitoring, *The Importance of Pharmacovigilance: Safety Monitoring of Medicinal Products* (Geneva, 2002), accessed May 30, 2016, <http://apps.who.int/medicinedocs/en/d/Js4893e/>.

⁷⁷ For an early example: "Sfatul medicului: Pericolul abuzului de medicamente," *Femeia* 12, supliment (1959). As one of many examples from the women's magazine *Femeia*: "Malformații din cauza medicamentelor," *Femeia* 31, no. 2 (1978). In a 1982 guidebook on "the use and abuse of medicine," 48 out of 80 pages were devoted to the part of "abuse." Alexandru Duminiță Moisescu and Anca Drăgoi, *Uzul și abuzul de medicamente* (Bucharest: Editura Medicală, 1982).

⁷⁸ H. Probst, "Arzneimittel im Kapitalismus und im Sozialismus," *Die Pharmazie* 4, supplement no. 4 (1977).

capable of properly administering the most common medical substances and treating minor problems him- or herself, but who also knew when to delegate authority to experts.⁷⁹



Figure 4: Medical drug abuse

The Romanian women's journal *Femeia*, along with many other publications, described the negligent overconsumption of medical drugs as a predominantly female habit. Although the line was hard to draw both in theory and in practice, policy measures and interventions clearly distinguished between intentional and unintentional drug overuse.

"Malformații din cauza medicamentelor," *Femeia* 31, no. 2 (1978).

If the careless consumption of psychoactive substances concerned doctors and health policy makers in many countries in the 1970s, their deliberate abuse posed an even tougher challenge. The guidebooks, newspaper articles, and public health programs targeted a broad audience, as everybody was a potential user of medical drugs, but they also presupposed that people were receptive to health advice and self-regulation. People who knowingly consumed more drugs than medically necessary were, however, harder to reach. While warnings about the careless overuse of medical substances could also be used to convey information and instruction to well-meaning citizens, deliberate drug users challenged the idea that governments could turn their citizens into informed, self-regulating consumers. As a consequence, the methods of tackling deliberate drug abuse were disproportionately repressive.

The case of medical drug abuse in Czechoslovakia exemplifies the boundaries that late socialist states drew around the discourse about self-regulating consumers. It shows that in the case of legal substances, too, state authorities clearly distinguished between more and less acceptable usage. Sven Opitz, in his reflections on "illiberal governmentality," has argued that in all forms of state, governments draw sharp boundaries between those who can and

⁷⁹ For advice on how to set up a home pharmacy in Romania, see for example: Emil Gheorghiu, *Ce trebuie să știm despre medicamente* (Bucharest: Editura Medicală, 1965), 21, 37.

those who “cannot be governed by granting [them] freedom.”⁸⁰ *Toxikománie*, as the deliberate overconsumption of medical drugs was called in Czechoslovakia, became a form of drug epidemic in several state socialist countries. While in the first half of the twentieth century, illegal trafficking had affected most European states alike (albeit to a greater or lesser extent),⁸¹ in Cold War Europe, drug consumption habits diversified. Illegal drugs reached state socialist countries to a far lesser extent, drug trafficking networks being discouraged by closed borders as well as non-convertible currencies. Following a general trend in drug consumption patterns, people in state socialist countries resorted to substances that were more accessible and affordable than Western designer drugs. In Czechoslovakia, Hungary, and Poland, the drugs of choice were medical substances, which interested users ingested either in large quantities, in combination with alcohol or other medical pills, or in a modified form, to achieve the desired effects.⁸²

Given the legal availability of the involved substances, the difference between over-medication and *toxikománie* was in many cases difficult to discern. In Czechoslovakia, negligent overconsumers and deliberate drug abusers ingested the same substances, the most popular being the pain killers Algina and Alnagon, the stimulants Fenmetrazin and Dexfenmetrazin, and the tranquilizers Meproamat and Diazepam. Despite their often high doses of the opiate codeine, many of these substances were obtainable in pharmacies without a medical prescription and furthermore very cheap, with the price of ten tablets equaling the price of a glass of beer.⁸³ Although the lax regimentation appears in this context more problematic than the consumers taking advantage of it, the campaign against *toxikománie* channeled its attention to the consumers. By the 1970s, *toxikománie* had become a matter of criminological investigation and repressive state intervention. In 1979, federal police forces ordered all re-

⁸⁰ Sven Opitz, “Government Unlimited: The Security Dispositif of Illiberal Governmentality,” in Bröckling; Krasmann; Lemke, *Governmentality*, 110.

⁸¹ See on European drug trafficking and consumption for example: Jean-Paul Grund et al., “Stimulant Use in Central & Eastern Europe: How Recent Social History Shaped Current Drug Consumption Patterns,” in *Interventions for Amphetamine Misuse*, ed. Richard Pates and Diane M. Riley (Chichester, West Sussex, Ames, Iowa: Blackwell Pub./Addiction Press, 2010); on Central European specificities: Miroslav Nožina, *Svět drog v Čechách* (Prague: Koniasch Latin Press, 1997).

⁸² On Hungary: Eszter Zsófia Tóth, “Dr. Bubó and his Clients: Drug Use and Policy in Hungary from the 1970s through the 1990s. Translating Health in Doctor-Patient Relationships,” *Acta Univ. Sapientiae, Social Analysis* 4, no. 1-2 (2014); see for an overview on other Eastern Bloc countries, Kramer, “Drug Abuse in Eastern Europe.”

⁸³ Nerad and Neradova, “Alcohol and Drug Problems in Czechoslovakia.”

gional jurisdictions to report on the state of *toxikománie* in their ambit. Requesting information about the age, gender, and criminal involvement of registered drug users (*toxikománi*), the federal police administration attempted to achieve a systematic overview about the phenomenon in the country. From this year onward, local police jurisdiction had to report their data twice a year to the federal administration of the national police forces.⁸⁴

The surveys may have improved the overview of police administrations on the phenomenon, but they did not solve the original problem: to define *toxikománie* and why it was problematic. Previously, in 1974, a police report had concluded that in many cases of *toxikománie*, “it was not possible to start a criminal investigation.”⁸⁵ The relevant governmental decree 56/1967 criminalized only substances like heroin or cocaine. Therefore, the police officers could not charge *toxikománi* with “illegal production and possession of narcotic and toxic substances.” In the case of medical drugs, *toxikománi* violated the recommendations of doctors and the producer *SPOFA*, but these were not legally binding. No regulation banned people from using medical drugs for recreational purposes. There was no greater legal reason to intervene against minors who mixed psychoactive substances like Dexfenmetrazin with alcohol than against their mothers and fathers who used the same substances to relax or to be better able to concentrate at work. The *toxikománi* could only be prosecuted if they had manipulated medical substances before ingesting them. In the 1970s, some drug users with profound chemical knowledge had indeed managed to enhance the array of medical drugs by extracting and processing substances from medical pills. However, this unlicensed manipulation of medical substances was only a minor infringement, as most *toxikománi* did not distribute these substances: Most users were organized in tight-knit friendship circles and had no interest to broaden their outreach.⁸⁶ Only a very small group of drug users was involved in

⁸⁴ Náčelník OHK SKS VB ČSR, “Materiál pro poradu štábu náčelníka správy kriminální služby MV ČSR,” February 1980. ABS, fond přírůstky fondů Správy vyšetřování VB a kriminální služby, přír. SV VB 1324/84, bal. 5. For their reports, local police offices had to enter their data in forms that the federal offices had distributed for these purposes. For the example of Northern Bohemia: Krajská správa sboru Národní bezpečnosti Ústí nad Labem, to MV ČSR, Správa kriminální služby OHK, “Vyhodnocení situace po linii toxikomanie v Severočeském kraji za první pololetí r. 1980,” June 27, 1980. ABS, fond Správa krim. služby VB ČSR, přír. SV VB 1493/85, bal. 6.

⁸⁵ Hlavní velitelství VB ČSR, “Všem náčelníkům správ VB v ČSR mimo SVB a MSVB Praha, Vyhodnocení situace o trestné činnosti, související se zneužíváním omamných prostředků na území ČSR v roce 1973,” January 4, 1974. ABS, fond přírůstky fondů Správy vyšetřování VB a kriminální služby, přír. SV VB 1298/84, bal. 1.

⁸⁶ On groups of drug users, their consumption practices, and the police reaction towards them, see: Jan Kolář, “Drogenabhängigkeit in der sozialistischen Tschechoslowakei (1969–1989): ‘Cliques’ von Drogenabhängigen,” in *Ordnung und Sicherheit, Devianz und Kriminalität im Staatssozialismus: Tschechoslowakei und DDR 1948/49–1989. Vorträge der Tagung des Collegium Carolinum in Bad Wiessee vom 3. bis 6. November 2011*, ed. Volker

drug-related crimes, mainly the theft of blank prescriptions, or burglary as a means to finance their habit.⁸⁷ Most expressions of *toxikománie*, however, were legal.

Despite this obvious criminological problem,⁸⁸ the difference between negligent over-medication and *toxikománie* was clear, both to security forces and medical personnel. *Toxikománie* was drug use that was *problematic* in some way, mainly because the users seemed problematic. In 1979, M. Prošek, a psychiatrist who worked in a Northern Bohemian anti-alcohol counseling center, classified 'non-alcoholic drug users' in the following way. On one side, he and his colleagues worked with patients who had used psychopharmaceutic drugs to treat certain ailments and had involuntarily become addicted to them. "These patients, thanks to their positive character traits and relatively good background in terms of family, work etc., do not become dissocial in the sense of criminal dissociality."⁸⁹ On the other side were the *toxikománi*, who Prošek characterized as primarily young consumers who often missed school or work, or who had drawn the attention of police officers for public brawling or other minor offenses. They did not distinguish themselves from the negligent overconsumers by the drugs they used, but by their social and professional nonconformism adaptation and attitude to their drug use.⁹⁰

The *toxikománi* belonged to a category of 'hooligans' who, as we have seen in the preceding chapter, attracted renewed attention in many Eastern bloc states in the late socialist period. While the category 'hooligan' was not new, it was no longer used to denote politically hostile behavior and instead described forms of petty crime and a way of life that was considered indecent: a hooligan did not have a regular job, brawled drunkenly in the street, and/or had domestic quarrels. After the Warsaw Pact invasion of Czechoslovakia, the secret service and police apparatus grew larger and introduced several nation-wide 'actions' against 'deviants'. By the mid 1970s, the fight against *toxikománie* had blended into the anti-hooligan

Zimmermann and Michal Pullmann, *Bad Wiesseer Tagungen des Collegium Carolinum Band 34* (Göttingen: Vandenhoeck & Ruprecht, 2014).

⁸⁷ On drug-related criminality in late socialist Czechoslovakia, see: Pavlina Trenevová, "Nealkoholová toxikománie v letech 1973-1978 na území ČSR: Sonda do práce Veřejné bezpečnosti na poli drogové problematiky," *Internetová verze Sborníku AMV 2* (2004), accessed May 30, 2016, http://www.abscr.cz/data/pdf/sbornik/sbornik2-2004/nealkoholova_toxikomanie.pdf

⁸⁸ In many reports on *toxikománie*, police officers mentioned this lack of legal regulation, for example: Miroslav Málek, "Některé problémy v problematice zneužívání návykových látek," *Kriminalistický sborník* 16, no. 3 (1972).

⁸⁹ See: M. Prošek, "Stav v oblasti alkoholizmu a jiných toxikomanií v okrese Teplice ordinace AT — Teplice," *Zápisy z Apolináře* 28, no. 2-4 (1979).

⁹⁰ *Ibid.*

campaign. Police officers declared the young *toxikománi* part of the “defect youths” or “loose youths”⁹¹ and often detained them if they detected them to “systematically avoid decent work” or to “publicly or at publicly accessible places commit a gross indecency or show disorderly conduct.”⁹² In the late 1970s and early 1980s, the Czechoslovak Secret Service and police apparatuses introduced several regional and nation-wide actions against *toxikománi*. These resulted in detentions for 'hooliganism' (*výtržnictví*) or 'parasitism' (*příživnictví*), and, for those who could not be accused of any wrongdoing, in registering individuals and groups of *toxikománi*.⁹³

In comparison to negligent substance overuse, the approach against *toxikománie* was a lot more repressive. Even with a very vague definition of the problem at stake, the security forces devoted a considerable amount of time and resources to observing, registering, and detaining *toxikománi*. In other relevant fields, the authorities did not show the same vigor. Legislation proved especially cumbersome in restricting access to commonly overused drugs. When in 1972, the painkiller Algina was placed under medical prescription, people could easily switch to the similar substance Alnagon. One pill of Alnagon contained twenty milligram of the opiate codeine. In 1986, pharmacies sold nearly thirty million packages in Czechoslovakia, which had a population of roughly fifteen million people. It was not until 1987 that the Health Ministry placed Alnagon under medical prescription too, thereby lowering its sales by two-thirds. Another possible strategy would have been to revise the alcohol law of 1962 to target psychopharmaceutical drug abuse as well. Members of the Health Ministry had already recommended this strategy in 1971, with the goal of giving security forces legislative leverage for

⁹¹ For example in a report by the criminological service of the Czech Ministry of the Interior: Kolegium Ministra vnitra ČSR pro bezpečnostní úsek, “Zpráva o zkvalitnění účinnosti práce útvarů VB v boji s obecnou kriminalitou cestou koordinovaných opatření proti nejzávažnějším trestným činům,” December 5, 1978. ABS, fond Správa kriminální služby MV ČSR, přírůstky fondů Správy vyšetřování VB a kriminální služby, přír. 1298/84, bal. 1, sign. SKS-03538/OK-78.

⁹² As summarized in a criminological report about *toxikománie* in 1976: Náčelník Správa kriminální služby MV ČSR, Jaroslav Jón, to Federální správa VB FKÚ „Trestná činnost v problematice nealkoholové toxikománie — vyhodnocení,” January 22, 1976, in: Hlavní velitelství Veřejné bezpečnosti Ministerstva vnitra. ABS, přírůstky fondů Správy vyšetřování VB a kriminální služby, přír. SV VB 1256/83, bal. 1, složka 3.

⁹³ For the “actions,” see Krajská správa sboru národní bezpečnosti Ústí nad Labem, “Vyhodnocení trestné činnosti a situace po linii toxikománie v Severočeském kraji v roce 1978,” December 22, 1978. ABS, fond Správa kriminální služby MV ČSR, př. č. 1324/84, bal. 4. Further actions are mentioned as “Celostátní bezpečnostní akce MLÁDEŽ, ALKOHOL, TOXI na okrese Jičín,” 1982, and “Vyhodnocení preventivně bezpečnostní akce TOXI,” 1983, both in: Tomáš Zapletal, “Problematika zneužívání drog v materiálech ABS: Rešerše archivních fondů k problematice ‘toxikománie,’” *Internetová verze Sborníku AMV 6* (2008), accessed May 30, 2016, <http://www.abscr.cz/data/pdf/sbornik/sbornik6-2008/kap13.pdf>.

their campaigns. It was not until July 1989, however, that a new law included these proposals.⁹⁴

The negligence of legal clarifications suggests that the key problem of *toxikománie* were not the substances consumed, but the category of the deviant substance user. What was problematic was not the consumption of Alnagon and other pills in general, but its irresponsible use: but how could an irresponsible attitude be described in legal terms? The preceding pages have shown that Czechoslovak police forces did attempt to classify their reservations against *toxikománi* and thereby lay a conceptual basis to their interventions, but ultimately they failed in this endeavor. Left without legal instruments against medical drug abuse itself, police forces nevertheless proceeded to criminalize drug-related behavior, to register potentially problematic people, and to initiate large-scale actions against 'loose youth.' This repressive strategy was not the result of a coherent criminological theory, but emanated from the conviction that *toxikománi* were dangerous to the social consensus. *Toxikománi* were unresponsive to the discourse of self-control and responsibility and for this reason had to be fought much more vigorously than negligent overconsumers.

Concluding remarks

In this chapter, we have seen that consumption politics are more than a set of regulations about opening hours and production licenses. Modern consumer regulations are shaped by specific notions of how citizens are expected to behave and how states aspire to achieve this behavior. In the second half of the twentieth century, state authorities all over Europe had crossed state prohibition off the agenda and replaced it with the goal of creating a rational consumer culture. This culture was to be achieved by setting standards for the production and distribution of alcoholic beverages, for their quality, their variety, as well as by introducing a small selection of bans. Confronted with a sufficient variety and availability of substances, adult consumers were believed capable of making informed and reasonable decisions. This trend was further strengthened with an upsurge of information about health and consumption. In the 1970s, meal plans, workout tips, and diet guides filled journal pages in both Eastern and Western Europe. Following their advice was strictly voluntary. These

⁹⁴ Nerad and Neradova, "Alcohol and Drug Problems in Czechoslovakia," Kolář, "Drogenabhängigkeit in der sozialistischen Tschechoslowakei (1969–1989)."

programs of moderate consumption and healthy living encouraged individual competence and responsibility for improving health, longevity, and wellbeing.

As Rosemary Elliot has pointed out in the example of tobacco politics in the early decades of the Federal Republic of Germany (FRG), educational campaigns were designed to guide people within a culture that was not averse to tobacco consumption. Similarly, in the example of Czechoslovakia and Romania, we have seen that there were few legal restrictions on selling alcohol, cigarettes, or psychopharmaceutical drugs. Although top-down measures such as medical prescriptions proved relatively effective, health ministries were hesitant to ban certain substances. Instead, their weapons of choice were education and warnings. While “[t]here was no suggestion that health education could change this culture,”⁹⁵ the campaigns were designed to inform people and teach them how to make reasonable choices. The centrality of information and transparency also explains why in many states, the most forceful intervention against the producers of alcohol, tobacco, and medical drugs affected the field of marketing. In the 1960s and 1970s, many governments banned or restricted the advertisement of legal substances. In 1964, the US Federal Trade Commission ordered that cigarette packages must contain warnings about the health dangers of smoking. A decade later, similar regulations were introduced in the Soviet Union.⁹⁶ From 1965, pharmaceutical companies in the FRG were obliged to add warnings about the side effects of their products in commercials and to encourage consumers to seek medical advice.⁹⁷ The Czechoslovak and Romanian alcohol decrees of 1973 and 1975, too, banned the advertisement of alcoholic beverages.⁹⁸ All of these regulations served to ensure the appropriate conditions for making informed choices, and in this way advanced the idea that individual consumers were capable of making reasonable consumption choices.

The focus on information and individual responsibility was not an abrupt or absolute development. No country legalized all substances or completely desisted from top-down interventions. Furthermore, the prevailing individualistic argumentation did not affect all

⁹⁵ Elliot, “Inhaling Democracy: Cigarette Advertising and Health Education in Post-war West Germany, 1950s-1975,” 513.

⁹⁶ Starks and others, “Red Star/Black Lungs.”

⁹⁷ Holde Kleist, Uwe Albrecht and Hans-Georg Hoffmann, *Heilmittelwerbegesetz: Kommentar zu d. Bestimmungen d. Gesetzes über d. Werbung auf d. Gebiete d. Heilwesens* (Frankfurt am Main: Pmi-Pharm- u.-Medical-Inform-Verlags-GmbH, 1979).

⁹⁸ For the Romanian decree: “Decret nr. 76/1975,” for Czechoslovak decree: “Usnesení 70. schůze předsednictva ÚV KSČ,” April 20, 1973.

countries in the same way. It was easily adopted by countries with privatized systems of healthcare provision and strong cultures of consumerism. In the Romanian Socialist Republic (RSR) and other socialist countries, moralistic and normative undertones lingered in national programs about consumption, making it clear that healthy living was not *only* a question of individual wellbeing. This focus on consumer autonomy was also embraced in the authoritarian states of Central and South Eastern Europe. The Romanian programs about rational consumption and self-medication have shown that despite an emphasis on communitarian ideals, the discourse of healthy living proved permeable to arguments about the individual's capacity for and interest in *self-knowledge* and *self-control*. In this way, the programs in Romania and elsewhere can be considered as strategies of adaptation to contemporary challenges, including automatized labor, the resulting sedentary lifestyle and lack of movement, the ubiquity of food, drinks, and legal substances, and the increase in leisure time. Rather than declaring these phenomena and their consequences the result of broad socio-economic developments, health programs framed them primarily as challenges along the path to personal fulfillment.

The discourse also bore productive potential. In Romania, the program about rational alimentation served, along with other measures, the purpose of conveying information about health and nutrition to individual households. It was more than a random side effect that people, especially women, gained expertise about nutrition, bodily functions, and medical prevention of illness. Seen in this way, the 'subjectivization' of consumers worked in two ways. On one hand, consumers were encouraged to understand and accept consumer politics as their individual desires. On the other hand, this process also made consumers aware of their subjectivity, their individual agency to adopt only certain parts of advice, or to renounce the health advice that was offered completely.⁹⁹ In this second sense, consumer subjectivities also revealed the limits of the discourse. The example of *toxikománi* made it obvious that in some cases, consumption was not a matter of self-informed choice. To be sure, policy makers in liberal Western democracies also distinguished between acceptable and non-acceptable substance use. When associated with lower social strata, immigrant origin, or juvenile

⁹⁹ See for the process of subjectivization in consumer politics, Eberhard Wolff, "Moderne Diätetik als präventive Selbsttechnologie: Zum Verhältnis heteronomer und autonomer Selbstdisziplinierung zwischen Lebensreformbewegung und heutigem Gesundheitsboom," in Lengwiler, *Das präventive Selbst*; on the "expertization" of women in questions of health care see: Martin Halliwell, *Therapeutic Revolutions: Medicine, Psychiatry, and American Culture, 1945-1970* (New Brunswick, NJ: Rutgers University Press, 2013), 151–62.

subcultures, substance consumption was often presented as more alarming and was easier to suppress.¹⁰⁰ In state socialist Czechoslovakia however, the government enforced different policy lines for the consumption of identical substances. The rigid intervention against youth subcultures was characteristic of late socialist countries.¹⁰¹ These practices made it clear to consumers that they were allowed to “judge for themselves and decide” only insofar as they abided by the relatively strict rules of decent consumption. In authoritarian states, the emphasis on self-knowledge, responsibility, and informed choice thus often confronted consumers with the contradictions of their subjectivity and agency in very immediate ways.

¹⁰⁰ For examples on this process, see: Courtwright, *Forces of Habit*, 171.

¹⁰¹ In her analysis of youth politics in the GDR and FRG, Uta G. Poiger points to this difference. While both states disapproved of youth subcultures, deviance was more easily normalized in the West. Uta G. Poiger, *Jazz, Rock and Rebels: Cold War Politics and American Culture in a Divided Germany*, 2nd ed., Studies on the history of society and culture (Berkeley, California: University of California Press, 2002).

3

Alcohol problems as a pathological condition

Until the 1970s, the treatment of alcoholics played only a marginal role in the politics of alcohol. In Czechoslovakia, which had a solid tradition of offering health services to alcoholics, state authorities and anti-alcohol activists had so far subordinated medical treatment to other elements in the national 'fight against alcoholism': to civic education as the cornerstone of the First Republic and to the material and cultural standards of a liberated socialist society in the 1950s and 1960s. Treatment was accepted as a necessary evil, but if someone "ended his drinking career at the psychiatrist,"¹ it represented a defeat – for the drinker and for society. In the mid 1970s, this attitude changed fundamentally. According to the Czech psychiatrist Jaroslav Skála, treatment was "not the end of the line, but the transfer station to a better, healthier, and happier life."² Instead of a last resort for inveterate drunkards, treatment programs now figured as a vital solution to alcohol problems.

In the previous chapter, we saw that in the 1970s and 1980s, most European governments did not prohibit or cut down on alcohol production, but rather contented themselves with setting the parameters of a decent culture of alcohol consumption. Within these borders, people were declared capable of monitoring their own drinking behavior. Given these circumstances, we may now wonder why in the same period, treatment options for drinkers became more important. If drinking was a self-determined activity, how did those who had apparently lost control over their drinking fit into the picture? How was their problem framed, and what did the treatment programs try to achieve? While for postwar England and the USA, a number of historical studies have explored the advance of alcoholism treatment,

¹ Alojz Prášil, *Za nový život bez alkoholizmu* (Žilina: Krajské ústr. zdravot. osvety, 1956).

² Skála, *...až na dno?*, 3rd ed., 83.

most have failed to embed this development within the wider picture of alcohol politics.³ As a consequence, the rise of treatment options has appeared in this scholarship as a logical reaction on the part of Western states to a prevalent social problem. Eastern European countries, if mentioned at all, are shown as lagging behind, and only catch up to Western standards after 1989.⁴ This view is factually wrong in its simplistic assumptions of a backward East and a coherently progressive West. More problematically, it uncritically paints the sophistication of treatment programs as the logical solution to alcohol problems. However, governments did not simply start taking alcoholics more seriously. Far more than a reaction to people's suffering, the advance of treatment programs reflected a new understanding of alcohol problems.

Seen in this light, the advancement of treatment options deserves a closer look. Why did the treatment of alcoholism become important in this period, and how did it fit into 'late modern' alcohol politics? In this chapter, I will outline the adoption of the 'disease theory' in socialist states. The cases of Czechoslovakia and Romania exemplify the vast variation across Europe regarding the uptake of this theory. Studying both the forceful impact of the disease concept in Czechoslovakia and the hesitant and partial adoption of the disease theory in Romania, this chapter is an attempt to embed the pathologization of alcohol problems into late modern European social politics. The example of socialist states shows that the 'disease theory' of alcoholism was not simply the outcome of medical progress, but resulted from a new view of alcohol politics in general and social problems in particular. In this view, the advancement of treatment options expressed a new understanding of the role of the state and its responsibility in social problems.

³ See for the most comprehensive studies on the treatment of alcoholism: Betsy Thom, *Dealing with Drink: Alcohol and Social Policy: From Treatment to Management* (London, New York: Free Association Books, 1999); William L. White, *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* (Bloomington, Ill: Chestnut Health Systems/Lighthouse Institute, 1998). If volumes on alcohol policies and treatment include studies on non-Western countries, these are usually of descriptive nature. See for example Geoffrey Hunt, Jukka-Pekka Takala and Harald Klingemann, eds., *Cure, Care, or Control: Alcoholism Treatment in Sixteen Countries* (Albany: State University of New York Press, 1992).

⁴ For this view: Dieter Unger, *Alkoholismus in der DDR: Die Geschichte des Umganges mit alkoholkranken Menschen in der ehemaligen DDR im Zeitraum 1949 bis 1989* (Halle: Projekte-Verlag Cornelius, 2011), as well as the few entries on socialist states in: Jack S. Blocker, David M. Fahey and Ian R. Tyrrell, eds., *Alcohol and Temperance in Modern History: An International Encyclopedia* (Santa Barbara, California: ABC-CLIO, 2003).

The success of the disease theory in late modern Europe

In Czechoslovakia, treatment for alcoholics had a relatively long tradition. However, its function and form changed significantly over time, reflecting shifting ideas about what alcoholism meant and what was wrong with alcoholics. Before the nineteenth century, medical treatment of drinkers usually involved institutionalization, with the goal of isolating them and protecting the majority of society. This approach corresponded to the widespread belief that alcoholism was both a mental illness and a fate. In this view, alcoholics and other mentally diseased people were hapless figures doomed to a life of misery.⁵ As shown in the first chapter, attitudes towards alcoholism were severely affected by the new political realities of nineteenth- and twentieth-century Europe. As alcohol problems were turned into a social question, and abstinence into a question of civic attitude, there seemed to be hope that chronic drinkers could overcome their 'loss of control.' In Czechoslovakia, the first counseling institutions for alcoholics opened in the 1930s. After the Second World War, the Health Ministry of the socialist government enlarged the network of these centers and complemented it with facilities for inpatient treatment.⁶ Treatment options for alcoholics thus already existed by the late 1940s. However, they were as marginal to the politics of alcohol as alcoholics were to society. There was a desire to help chronic drinkers, but the main focus of alcohol politics was the education and material conditions of the majority of the population. Until the early 1970s, treatment options for alcoholics were only a side element of national alcohol politics.

In 1973, the new alcohol decree conveyed a different attitude towards the treatment of alcoholism. In the official reasoning of the decree, the authors (the Czech and Slovak health ministers) not only made use of statistical data and longitudinal studies, but showed a keen interest in the individual life stories of alcoholics, including the tragic consequences of their drinking for their health, work, and family life. This emphasis on the individual fates of problem drinkers is suspiciously similar to how psychiatrists approached alcohol problems in

⁵ E. Dragomerická et al., "The History of Mental Health Care in Czechoslovakia," in *Mental Health Care Reform in the Czech and Slovak Republics, 1989 to the Present*, ed. Richard Scheffler and Martin Potůček (Prague: Karolinum, 2008).

⁶ For the history of the center, I refer to: "Číselná zpráva poradny sociální zdravotní péče o zdrženlivost při psychiatrické klinice v Brně za rok 1946," in: Protialkoholní poradna v Brně, Zprávy o činnosti — subvence. NAČR, fond MZd, Boj proti alkoholismu, 1946-48. For a timeline on the spread of treatment facilities in Czechoslovakia, see: Jaroslav Skála, *Lékařův maraton: Ber a dávej* (Prague: Český spisovatel, 1998), 183–84.

this period. A quick investigation reveals that indeed, the ministers' examples were copied from a manual authored by the above-mentioned Jaroslav Skála, a psychiatrist and the country's best-known alcohol expert, hailing from the Western Bohemian beer city of Pilsen. As the health ministries relied on Skála's analysis of alcoholism and its causes, it comes as no surprise that they approved of his solutions, too. The decree thus highlighted, among other measures, the need for better treatment options for alcoholics.⁷

The institutionalization of alcohol problems was, as with all other alcohol policy measures, a product of its time. In the first two-thirds of the twentieth century, political actors had (more or less convincingly) sought political *solutions* to alcohol problems. In the late 1960s, the goals became more modest. In both Eastern and Western Europe, governments redefined their responsibility within alcohol politics. The state remained responsible for creating appropriate conditions, but in principle people were considered capable of assessing the consequences of their own alcohol consumption. However, this argumentation was only applicable to an idealized version of society. What about those whose drinking exceeded all rational limits? With their seemingly uncontrolled drinking habits, chronic drinkers cast doubt on whether everyone could be entrusted with the responsibility of alcohol and its consequences. The provision of treatment for alcoholics was thus a way of integrating chronic drinkers into the general politics of alcohol.

What was the goal of alcoholism treatment, then? Fostering a medical attitude towards uncontrolled drinking habits, treatment programs did not attempt to educate chronic drinkers. As a Czech brochure explained in 1973, "that [the alcoholic] cannot stop drinking is not only a problem of his 'weak will', but a basic trait of his disease."⁸ Chronic drinkers were unable to control their drinking because they suffered from the *disease* of alcoholism. The basis for this argument was the 'disease concept of alcoholism' that gained popularity in many European countries in the 1960s and 1970s. Developed in the 1940s by Elvin Morton Jellinek and his colleagues at the department of Applied Physiology in Yale, the 'disease concept'

⁷ For the background material of the decree: "Alkoholismus a jiné toxikomanie," February 27, 1973, in: Zpráva o návrhy opatření k řešení problematiky alkoholismu a jiných toxikománií, sv. 77, ar. j. 74, 6. NAČR, fond ÚV KSČ, 1945-1989, Praha-komise, č. fondu 1261_1, Předsednictvo ÚV KSČ 1971-1976. For the original version, cf. Jaroslav Skála and Eva Řežábková, *...až na dno? Fakta o alkoholu, pijáctví a alkoholismu*, 2nd ed. (Prague: Státní zdravotnické nakladatelství, 1962), 46–47.

⁸ Ilsa Mandlová and Josef Viewegh, *Jak mu pomoci? Pokyny a rady pro manželky a rodinné příslušníky alkoholika*, 2nd ed. (Prostějov: Okresní národní výbor, 1973), 3.

declared alcoholism to be a psychopathological addiction to the habit of drinking. Jellinek and his colleagues had a decidedly apolitical understanding of alcohol problems. The adherents of the disease model did not promote abstinence or moderation as a societal ideal; in fact, the drinking habits of the majority population were not their concern. The new alcohol experts narrowed their interest to a small group of people, the “chronic alcoholics.”⁹ As this pathological reading of alcoholism neatly explained the problem of uncontrolled drinking, it was highly adaptable to the new alcohol politics gaining ground in Europe. In the 1970s, many European governments introduced new health acts that codified the treatment of alcoholics. Hospitals erected separate wards for alcoholics, public and private institutions developed counseling services, and psychiatrists and social workers tailored treatment programs to the needs of alcoholics.¹⁰ To stress the pathological character of alcohol problems, the WHO dropped the generic term 'alcoholism' in the International Classification of Diseases and replaced it in 1979 with “alcohol dependence syndrome.”¹¹

In Czechoslovakia, too, the pathologization of alcohol problems profoundly influenced how alcohol problems were framed and tackled in the late socialist period, and here too, this change was reflected in terminology. In the mid 1970s, psychiatric publications turned 'alcoholics' (*alkoholici*) into 'people addicted to alcohol' (*jedinci/osoby závislé na alkoholu*). Starting in the early 1980s, some psychiatrists also sporadically used the terms 'problematic drinking' and 'problem drinking,' with which they challenged the binary of addictive versus non-addictive drinking habits and thus added a further degree of differentiation.¹² The most visible expression of the new approach was, however, the development and spread of a sophisticated treatment system for 'people addicted to alcohol.' Psychiatrists set up a network

⁹ Elvin M. Jellinek, *The Disease Concept of Alcoholism*. With the assistance of the National Council on Alcoholism & Drug Dependence (New Haven: Hillhouse Press, 1960); Levine, “The Discovery of Addiction.”

¹⁰ On Great Britain: Nicholls, *The Politics of Alcohol*; on Hungary: Zsuzsanna Elekes, “The Development of an Alcohol-Treatment System in Hungary,” in Hunt; Takala; Klingemann, *Cure, Care, or Control*; on Poland: Jacek Morawski, “The Odyssey of the Polish Alcohol-Treatment System,” in Hunt; Takala; Klingemann, *Cure, Care, or Control*; on the GDR: Kochan, *Blauer Würger*; on Austria: Eisenbach-Stangl, *Eine Gesellschaftsgeschichte des Alkohols*, 262–70; for the FRG: Elisabeth Wienemann, “Hundert Jahre betriebliche Suchtprävention: Visionen und Wirken der Mäßigkeitsbewegung in der Arbeitswelt,” in Wassenberg; Schaller, *Der Geist der Deutschen Mäßigkeitsbewegung*.

¹¹ Institute of Medicine (U.S.), *Broadening the Base of Treatment for Alcohol Problems: Report of a Study by a Committee of the Institute of Medicine, Division of Mental Health and Behavioral Medicine* (Washington, DC: National Academy Press, 1990), 29.

¹² See for example T. Miššik and L. Ivánka, “Skrining problémového pitia v Západoslovenskom kraji (epidemiologické štúdium),” *Protialkoholický obzor* 18, no. 3 (1983). On a discussion about the terminology, cf. T. Miššik, “K otázkam terminológie alkoholizmu ako choroby,” *Protialkoholický obzor* 10, no. 1 (1975).

in which four types of institutions fulfilled complementary tasks for different types and phases of addiction.

First, sobering-up stations had the task of establishing control over drinkers who had rioted in the streets or otherwise disturbed the public peace. This institution had its roots in the 1950s, but gained importance only in the 'normalization' period. Fueled by increased police activity in the years after the Warsaw Pact invasion, the number of people using sobering-up stations exploded, jumping from roughly thirty thousand in the late 1960s to forty-five thousand a year in the early 1970s.¹³ In the following years, the Health Ministry expanded the network of stations and increased the number of health workers attending to the stations. Although most people were brought in by police forces, the main function of the stations was not to punish the drinkers; there would have been easier ways to do so. Instead, the stations were run by medical personnel who tried to pacify the troublemakers and to ensure their wellbeing.¹⁴

After having spent a night in the sobering-up station, the drinkers had to present themselves at the second type of institution within the Czechoslovak alcohol treatment system: the local anti-alcohol counseling centers. The counseling centers had been set up in the interwar period. In the 1950s, they were integrated into the framework of psychiatric hospitals. But in common with all other institutions, they had thus far only played a minor role in the provision of services for alcoholics. As recently as the late 1960s, psychiatrists in inpatient institutions criticized the unprofessional attitude of many counseling workers. As a psychiatrist put it in 1969, "it is no secret" that most counseling centers preferred effective and easy solutions to the "unrewarding and demanding anti-alcoholic work."¹⁵ In the same year, new regulations expanded the network of institutions and increased the minimum number of medical workers. In 1975, 215 institutions offered services to alcoholics in all districts of Czechoslovakia. Furthermore, the institutions gained new responsibilities. Besides

¹³ For these figures: Jaroslav Skála, "Problém alkoholu a závislost' na drogách v Československu," *Protialkoholický obzor* 8, no. 1 (1973), and Jaroslav Skála, D. Janýňšková, and Jiří Heller, "Alkoholismus u žen v ČSSR a příklad jejich léčby," *Zápisy z Apolináře* 29, no. 1-3 (1980).

¹⁴ For the tasks, emergence, and development of sobering-up stations, see: "Zpráva o zabezpečení úkolů z vl. usn. č.50 z 10.3.1976 k řešení problematiky alkoholismu a jiných toxikománií," May 26, 1977. NAČR, fond MZd ČSR, Zasedání kolegia ministra 1969-1989; Jaroslav Skála and Irena Hrodková, "Protialkoholní záchytné stanice ve světě a u nás."

¹⁵ L. Mezník, "K problematice protialkoholní politiky. Seminární práce," *Zápisy z Apolináře* 19, no. 2 (1969), 45.

registering the patients' data, the centers had to diagnose the patients' needs and coordinate their treatment on an outpatient basis or advise them to undergo inpatient treatment.¹⁶

The specialized departments for inpatient care were the third institution within the treatment system for alcoholics. In the late 1940s, Jaroslav Skála and his team had established the first institution, nicknamed Apolinář after a nearby Catholic church of the same name. In common with all alcohol treatment departments until the 1990s, Apolinář operated within the framework of a psychiatric hospital. In the postwar decades, other hospitals set up similar sections. These facilities offered a dedicated program for their patients suffering from alcohol addiction. It lasted three months and was fully covered by the national health insurance. As alcoholism was acknowledged to be a disease, the patients' families received sickness benefits in this period, which amounted to up to 90 percent of the patients' wage.¹⁷ As a subcategory of the inpatient treatment facilities, health policy makers opened so-called 'centers for anti-alcohol protective treatment' in 1972, which was a euphemism for forced treatment for delinquent alcoholics. It almost goes without saying that not all involuntary patients enjoyed their forced hospitalization. But as the case of detainment in sobering-up stations, protective treatment was neither a punitive instrument nor a means to pacify criminal drunkards. As a medical institution, it was strictly reserved for "a perpetrator whose excessive consumption of alcoholic beverages has the quality of a disease."¹⁸

After hospitalization, patients were advised to participate in socio-therapeutic self-help clubs. These clubs were the fourth element of the treatment system. Again, the self-help clubs had their forerunners in the interwar period, and in their present form had emerged in the early postwar years. But it was not until the 1970s that they spread throughout the country and became an integral part of the treatment process. Participation in the clubs was voluntary and supposed to guide the patients in their 'new' sober life. The club meetings became an important part in the social lives of many former patients. Often, colleagues and

¹⁶ See for the new guidelines: Věstník Ministerstva zdravotnictví České socialistické republiky, "Zřizování a činnost protialkoholních poradén, částka 7-8, ročník XVII," September 30, 1969, reprinted in *Zápisy z Apolináře* 19, no. 3-4 (1969). On a practical interpretation of the new tasks: Arnoštka Maťová, "Úkoly sociálních pracovníků v protialkohol. zařízeních," *Zápisy z Apolináře* 22, no. 3-4 (1973), 55-56. For numbers, I refer to: Skála, *...až na dno?*, 3rd ed., 67.

¹⁷ Skála, *...až na dno?*, 3rd ed., 83-89.

¹⁸ Stanislav Dolní, "K některým problémům boje proti alkoholismu," *Kriminalistický sborník* 19, no. 4 (1975); see on protective treatment furthermore: Pavel Mareček, *Ochranná protialkoholní ústavní léčba prováděná během výkonu trestu odnětí svobody* (Praha, 1982).

friends lacked understanding of the challenges of their new abstinent life. Former patient F remembers, for example, that his colleagues welcomed him to his first day back at work after treatment with a bottle of vodka on his desk.¹⁹ The socio-therapeutic clubs offered refuge from the unsupportive or even hostile environment of the work place. This approach shows us that the main concern of the treatment process was not to reintegrate sick individuals into the collective. On the contrary, it offered a climate which helped the patients functioning *despite* the unhealthy climate prevailing in this collective.²⁰

The different institutions (sobering-up stations, counseling centers, inpatient treatment facilities, and socio-therapeutic clubs) were geared towards each other and developed into a coordinated network. With regular workshops and conferences, psychiatrists, social workers, and counselors in these institutions exchanged information and consolidated personal and professional relations. Furthermore, psychiatrists created forums to circulate and discuss their research. Starting in 1965, the bi-monthly journal *Anti-Alcohol Horizon (Protialkoholický obzor)* was published in Bratislava, addressing employees of all treatment institutions. The journal featured case studies, informed its readers about new treatment methods, reported conference proceedings, and published statistics about alcoholics in various local institutions. As well as domestic exchange, experts sought international cooperation: they presented local approaches at conferences abroad, and published in international journals.²¹ As Sarah Marks argues for the field of psychiatry in general, international scientific events showed a relative convergence in research trends, and the experts' "solidarity with this community outweighed any commitment to local ideological particularisms."²²

¹⁹ Interview with F, who in the early 1980s was treated at the anti-alcohol department of the faculty clinic in Prague (*Apolinář*). Interview January 14, 2014.

²⁰ On the self-help clubs, see: J. Skála, A. Mařová, and S. Kellnerová, "Kluby v ČSSR," *Zápisy z Apolináře* 29, no. 1-3 (1980); on the history of clubs in the Slovak part of the country: "'Legitimáciu nosím v srdci.' Z histórie a súčasnosti abstinentského hnutia na Slovensku," *Závislosť*, no. 4 (1993). For a historical survey on self-help clubs in Czechoslovakia (with mention of Poland), see R. Gabrhelík and Michal Miovsky, "History of Self-Help and 'Quasi-Self-Help' Groups in the Czech Republic: Development and Current Situation in the Institutional Context of Drug Services," *Adiktologie* 11, no. 2 (2011).

²¹ On domestic interaction, I refer to the content of *Protialkoholický obzor. Organ Protialkoholického zboru na Slovensku*. Bratislava, 1965-1992, and to an interview with Arnoštka Mařová, a former social worker at *Apolinář*, August 26, 2013. On international conference participations, see the autobiography of Jaroslav Skála: *Lékařův maraton*, 58-80.

²² Sarah Marks, "From Experimental Psychosis to Resolving Traumatic Pasts: Psychedelic Research in Communist Czechoslovakia, 1954-1974," *Cahiers du Monde russe* 56, no. 1 (2015).

Women into alcoholics

As well as enlarging the network of treatment institutions, the disease theory of alcoholism also conveyed a new idea about the figure of the alcoholic: most notably, in the last third of the twentieth century, women became a new risk group for alcoholism. Before this period, the figure of the drinker had been generically male, but now the concern for women's drinking began to grow in many countries, and studies addressing women's drinking proliferated. To some extent, these studies did justice to the rising number of women in treatment institutions. In Czechoslovakia, sobering-up stations, counseling centers, and inpatient facilities reported an escalation of both absolute and relative numbers of female patients from the mid 1960s. This trend was in line with international developments. There is no conclusive data on the development of female drinking behavior, not least because the gendered norms of drinking differ across the world. However, many studies confirm that women drank in this period more than previously, and were therefore more likely to develop problematic drinking habits.²³

However, this observation does not fully explain why female drinking received as much attention as it did. First of all, the change in female drinking was only quantitative: in other words, while women drank more, their drinking was not a new phenomenon. Discussing Romania, Iulia Pop has shown that already at the turn of the nineteenth century, anti-alcohol advocates lamented allegedly widespread practices of women drinking during pregnancy and breastfeeding.²⁴ Mary Neuburger has argued that women's drinking, like women's smoking, has always been likely to stir up moral panic and be viewed as more despicable and alarming than male drinking. According to James Nicholls, the perception of female drinking as a new and unprecedented phenomenon has presented a cultural constant in the discourse of alcohol

²³ See on female drinking and its investigation in England (with mention of international trends), Thom, *Dealing with Drink*, chapter 8. As an example for a US-study on female drinking, see: Keith Martin and Cincinnati Family Service Agency, *Alcoholism in Women: Identification, its Relevance in Predisposition* (Northampton: Smith College School for Social Work, 1974). For Czechoslovakia, see for example: A. Brzek and R. Müllerová, "Příspěvek k zvláštnostem ženského alkoholismu," *Protialkoholický obzor* 10, no. 1 (1975); A. Marcinková and D. Hunáková, "K výskytu alkoholických psychóz u žien," *Protialkoholický obzor* 11, no 3. (1976).

²⁴ Iulia A. Pop, "Alcohol and Alcoholism in Women Everyday in the Romanian Space (1850-1940)," in *Proceedings of the 'Alcoholism: Historical and Social Issues' International Conference*, ed. Marius Rotar and Victor T. Roșu, *Caiete de Antropologie Istorică* 8, supliment (Alba Iulia: Altip, 2009).

problems.²⁵ Solid data are hard to obtain, but it seems safe to assume that also in socialist countries, women were drinking before the 1970s.

Secondly, numbers of female drinkers were still lower than male drinkers. For example, all Czechoslovak treatment institutions recorded an upsurge of female drinkers in both absolute and relative numbers, but in sobering-up stations and counseling centers, only one in every twenty patients was female. In hospital treatment institutions, the ratio was one to ten. Also in Romania, studies indicate that only between five and fifteen percent of the patients treated for alcoholism were female.²⁶ In Czechoslovakia and elsewhere, the interest in women's drinking was therefore not exclusively a reaction to external developments. Looking into studies of earlier decades, it becomes clear that female drinkers had been included in research schemes before the 1970s, but these had rarely brought up gender as a distinct category of investigation. Before the 1970s, media and scientific articles tended to refer, regardless of the actual data, to drinkers as men and their spouses as women. The problem drinker was, until this period, male by definition.²⁷

Seen from this perspective, the new concern for women's alcoholism reflected a change in numbers as much as a new view of alcohol problems. In Czechoslovakia, alcohol problems had been considered a national question, a structural problem, and a problem of political importance, which was per definition publicly visible through acts like brawling, rioting, delinquent activities, and bad working morals. As long as alcohol problems were characterized by their public visibility, those whose drinking was unobtrusive did not form an important part of the problem. For this reason, women often fell out of the picture. If we follow the disparity between women in sobering-up stations (1:20) and in treatment institutions (1:10) in Czechoslovakia, women were presumably less likely to riot in public than male drinkers, and also less often forced to undergo treatment for being involved in drunk

²⁵ See Neuburger, *Balkan Smoke*, 9; Nicholls, *The Politics of Alcohol*, introduction.

²⁶ For Czechoslovakia: "Alkoholismus u žen v ČSSR," *Zápisy z Apolináře* 26, no. 1-2 (1977). For Poland, the article reported a ratio of 1:8, for many Western countries, the ratio was reportedly more balanced. For data on male and female alcoholics in Romanian hospitals, I refer to: Gh. Grecu, Eugenia Stanciu, and Cs. Csiki, "Observații clinico-statistice asupra alcoolismului cronic la femei," *Neurologia, Psihatria, Neurochirurgia* 19, no. 5 (1974); Al. Olaru, Dragoș Marinescu, Stela Arsene, and Maria Popescu, "Corelații clinice, electroencefalografice, pneumoencefalografice and psihologice in alcoolismul feminin." DJANI, fond personal Cotrău Marțian (1923-1998), inv. nr. 2191, therein: Alcoolismul. Simpozion/lași, May 24, 1986, nr. crt. 61/1986.

²⁷ For a text about alcoholics that, despite including female patients in its sample, speaks of alcoholics with male pronouns and refers to the patients' "wife," see for example: Ander, *Să vorbim deschis despre alcool* (Tîrgu Mureș: Societatea de Cruce Roșie din RSR, 1975).

driving, public drunkenness, or alcohol-inspired criminal activities.²⁸ In medical treatment programs, women were underrepresented, too, but their relative numbers were a lot higher. As long as the politics of alcohol was devoted to eradicating the public consequences of drinking, women's unobtrusive drinking habits did not present a major source of concern.

In the 1970s however, the politics of alcohol changed its orientation. Female alcoholism started to attract attention because alcohol problems were redefined from a public nuisance into a disease, and drinkers turned from troublemakers into patients. As mentioned, the disease model was not a political theory. It did not establish significant relations between drinking problems and social factors: in theory, alcohol addiction could affect everyone, and did not distinguish between managers and factory workers or between men and women.²⁹ From this vantage point, women's drinking became more visible. Psychiatrists in treatment institutions proved more sensitive to 'hidden' forms of alcoholism, often associated with women's drinking patterns. In order to detect these "hidden alcoholics,"³⁰ they experimented with screening methods, among other measures. Designed to uncover less obvious forms of drinking problems, screening methods confirmed the shift away from the brawling drunkard.³¹ As doctors devoted more research to gendered specificities, they were also more inclined to encourage women to undergo treatment. In the late 1950s, only 7 percent of all female patients in inpatient treatment institutions had been hospitalized due to doctors' recommendations. In the early 1970s, the amount had risen to 12 percent, and by the mid 1980s, 40 percent of all female alcoholism patients reported to have followed a doctors' recommendation.³²

The intimate relationship between the disease model and female alcoholism led to a number of specific outcomes. Firstly, and to a much larger extent than in studies of male alcoholics, psychiatrists paid attention to the psychopathology of their female patients. They

²⁸ For the representation of female drinkers in these and other delinquent activities, see: Karel Nešpor, "Ústavní léčba žen závislých na alkoholu," *Protialkoholický obzor* 23, no. 1 (1988); and Skála, Janýšková, and Heller, "Alkoholismus u žen v ČSSR a příklad jejich léčby."

²⁹ Levine, "The Discovery of Addiction," Berridge and Edwards, *Opium and the People*.

³⁰ For the phenomenon of "hidden" alcoholism, see P. Riesel, "Identifikace skrytých alkoholiků a jejich léčba," *Protialkoholický obzor* 11, no. 2 (1976).

³¹ See for example: T. Miššík and J. Stempelová, "Informativná včasná diagnostika problémového pitia screeningovým testom," *Protialkoholický obzor* 12, no. 4 (1977).

³² Data on the 1950s: L. Wiedermannová, "K otázce chronického alkoholismu u žen," *Československá psychiatrie* 53, no. 8 (1957); on the 1970s and 1980s: E. Uhravá and G. Jurčiová, "Vývojové trendy v populácii alkoholických liečených v protialkoholickej poradni v Bratislave," *Protialkoholický obzor* 20, no. 3 (1985).

argued that because alcohol consumption was less socially acceptable in women than in men, women were more likely to start drinking alone and hide their habits for a long time. Men, on the contrary, often developed their addiction out of a social habit. As a consequence, women often cultivated feelings of shame, and their drinking was more likely to result in a situation marked by social isolation, neuroses, and psychotic illnesses. Studies confirmed that more female than male patients had a prehistory of suicide attempts and former psychiatric hospitalization, and that female patients suffered more often from depression, feelings of inferiority, and family problems. At a psychiatric conference in 1968, the Hungarian psychiatrist György Kardos got to the heart of this gendered understanding when asserting that “female alcoholism is more of a psychiatric problem, whereas male alcoholism is more of an epidemic and sociocultural problem.”³³

Secondly, psychiatrists observed that women’s habits of substance use differed from men’s. Women had a reported tendency to combine excessive drinking with an overuse of medical drugs. As mentioned in the previous chapter, the mass production of psychotropic drugs was a relatively recent phenomenon in Czechoslovakia, and psychiatrists had just begun to discover the perils of their unregulated consumption. As medical drugs were easily accessible and their consumption could be better concealed than excessive drinking, they seemed to have a special appeal to women, who were reportedly eager to hide their substance habits. Psychiatrists observed that on average, people addicted to psychotropic drugs were younger and more likely to be female than in the case of alcoholics. In the new Prague Center for Drug Addiction, there was one woman in every three male users. In treatment institutions for alcoholics, the ratio was one woman for ten or more men.³⁴

Despite the particularities of female drinking, the psychiatrist Jiří Heller criticized the fact that most doctors working with alcoholics used the same methods for women and men.

³³ For the quote: Gy. Kardos, cited in M. Turček, “XIII vedecké pracovné dni moravských a slovenských psychiatrov,” *Protialkoholický obzor* 3, no. 3 (1968). For studies on the specificities of female alcoholism in Czechoslovakia: Jiří Heller, “Odlišnost syndromu závislosti na alkoholu u žen,” *Zápisy z Apolináře* 28, no. 2-4 (1979); furthermore: P. Pokorná and L. Šrutová, “Faktory ovlivňující vznik závislosti na alkoholu a jiných drogách u žen,” *Protialkoholický obzor* 11, no. 5 (1976); Karel Nešpor, “Ústavní léčba žen závislých na alkoholu.”

³⁴ For numbers on various centers, see: Jaroslav Skála, “Abúzuz a závislost u mužů a žen - některé rozdíly,” in *Člověk a alkohol*, ed. Josef Kvapilík (Prague: Avicenum. Zdravotnické nakladatelství, 1985), 38–39. For the association of drug use with women and youths, see for example Marcinková and Hunáková, “Prispevek k toxikománii žien, hospitalizovaných na psychiatrickom oddelení v Nitre,” *Protialkoholický obzor* 10, no. 6 (1975); F. Jaroš, “Narkománia, toxikománia a samovražednosť u mladistvých,” *Protialkoholický obzor* 8, no. 5 (1973); L. Juráš, “Psychologický charakteristika tzv. fetujúcej mládeže,” *Protialkoholický obzor* 8, no. 6 (1973), 173–76.

In order to find more appropriate answers, he and Jaroslav Skála reorganized the anti-alcohol ward in Lojovice near Prague. From 1971, Lojovice provided thirty-two places exclusively for the treatment of women. Lojovice remained the only specialized treatment facility for women in the country until the early 1990s, but in most other institutions, experts began to develop gender-specific treatment programs.³⁵ In setting up these initiatives, Czechoslovak alcohol treatment followed a recent international trend.³⁶ Skála, who seized every opportunity to travel abroad, reported his inspiration as deriving from a treatment facility in Southwestern Germany.

It is important to note that the idea to separate women from men did not (only) result from assumptions about male and female psyches as inherently different. In Lojovice and elsewhere, the treatment was designed to meet the specific needs of female alcoholics. Psychiatrists acknowledged that the experiences of female alcoholics differed systematically from male drinkers, with women experiencing different societal pressures and their drinking being more stigmatized. The program for female alcoholics promised to offer more targeted methods. Furthermore, the programs were to create a space for female addicts that allowed them to speak about common experiences (experiences of abuse, their role as mothers, wives, and so on) without the restraints of a social structure that was believed to have aggravated their disease or at least not been conducive to their health.³⁷

The complex psyche of the addict

With its emphasis on the psychopathology of drinking, the disease theory changed prevailing conceptions of who could be an alcoholic, for what reasons people became alcoholics, and what was understood to be wrong with them – that is, from what ailments they suffered, and what prevented them from drinking normally. As a result, the disease

³⁵ On the treatment programs for female alcoholics in Czechoslovakia, see: Skála, *Lékařův maraton*, 57–58.

³⁶ For the international context: Thom, *Dealing with Drink*, 158–59. For Austria: Irmgard Eisenbach-Stangl, “Treatment-Seeking and Treatment-Reluctant Alcoholics: A Two-Class Alcohol-Treatment System in Austria,” in Hunt; Takala; Klingemann, *Cure, Care, or Control*, 179; for Poland and Yugoslavia: J. Skála, “Úvodní řeč 13. září 1977 při zahájení I. kongresu socialistických zemí pro prevenci a terapii alkoholismu a jiných toxikomanií,” *Zápisy z Apolináře* 26, no. 3-6 (1977).

³⁷ Heller, “Odlišnost syndromu závislosti na alkoholu u žen.” Furthermore, I rely on an interview with Jiří Heller and Olga Pecinová, both working in the women’s section of the Prague Clinic of Addictology, January 24, 2014. On the motivations for female treatment see also Thom, *Dealing with Drink*, 160–61.

theory brought about the use of new treatment methods that were geared towards this new understanding of alcohol problems.

Until the 1970s, Czech and Slovak alcoholics were treated with a combination of medical services that contained elements of both occupational and aversion therapy. Both elements were considered equally important. Occupational therapy distracted the patients from their internalized habits, and their participation in cooking, cleaning, and off-site services was also necessary to keep the treatment costs low. Aversion therapy was a form of conditioning. In training sessions, patients were made to ingest their preferred alcoholic beverage together with an emetic, with the goal of triggering nausea and inducing an aversion to the beverage. Aversion therapy, like other conditioning approaches, was in line with Soviet therapeutic approaches, most of which followed Ivan Pavlov's behaviorist theories. Ivan Pavlov explained nervous reactions and mental activity as the result of physiological activities, namely, the processes of certain parts of the brain. Offering a materialist explanation for the formation of mental diseases, Pavlov's theories seemed to prove the materialist worldview of Marxism-Leninism within the field of psychiatry. Following Stalin's order, Pavlov's theory was sanctioned as the official approach of Soviet psychiatry at a meeting of the Soviet Academy of Sciences and the Soviet Academy of Medical Sciences in 1950. As Pavlov saw human behavior as determined and conditioned by environmental factors, aversion therapy was a way of removing learned habits. Although conditioning approaches fared best in socialist states, aversion therapy was also a common treatment element in other European states, and was practiced well into the 1970s.³⁸

In the 1970s, occupational and conditioning therapies were complemented with psychotherapeutic elements. Some institutions had offered psychotherapeutic sessions before this period, but this had depended on the interest of individual psychiatrists. Now, psychotherapeutic and psychoanalytical elements entered the treatment programs for alcoholics in all facilities. As we can see in articles in the journal *Protialkoholický obzor*, alcohol experts showed a clear interest in neuroses and psychoses as the cause for their patients'

³⁸ On Ivan Pavlov and his theories in Soviet psychiatry: Aleksandr Étkind, *Eros of the Impossible: The History of Psychoanalysis in Russia* (Boulder, Colorado: Westview Press, 1997), 229. On the use of aversion therapy in Great Britain see Thom, *Dealing with Drink*, 42–63; for the United States, White, *Slaying the Dragon*, 217. For the introduction of aversion therapy in Czechoslovakia with the emetic *Antabus*, I refer to MPSP, "Zpráva o dosavadních opatřeních v boji proti alkoholismu a návrh vl. usnesení," November 23, 1950. NAČR; fond MPSP, 1950/1951, karton 336, sign 2500-4.

disease.³⁹ With a psychological view of the problem, alcohol experts in Czechoslovakia encouraged their patients to conceptualize their drinking problems as a psychological distortion. To help their patients assess and articulate their internal conflicts, psychiatrists introduced methods such as diary writing, individual counseling sessions, and collective meetings in which patients were urged to reflect upon their habits and the problems underlying them (figure 5). In the same period, family therapy became an integral part of many treatment programs. All these approaches contributed to a psychological reading of alcohol problems which that located the root of the problem in the individual drinker, and effected treatment through the analysis of personal conflicts and interpersonal relations.⁴⁰



Figure 5: Psychological approaches to the disease of alcoholism

The program of the oldest Czech inpatient treatment facility for alcoholics, the anti-alcohol department of the faculty clinic in Prague (*Apolinář*), encouraged patients to find new ways of expressing themselves. Besides diary writings, many patients took to painting, drawing, and other artistic measures to express their understanding of their disease. The results were occasionally published in *Apolinář's* internal journal *Zápisy z Apolináře* (Notes from *Apolinář*).

Source: *Zápisy z Apolináře* 24, no. 3-4 (1975), 74.

³⁹ See for example: D. Junasová, V. Novotný, and E. Kolibáš, "Kazuistický příspěvek ku klasifikácii alkoholických psychóz," *Protialkoholický obzor* 11, no. 4 (1976); R. Károlyiová, E. Medvecká and J. Medvecký, "Alkoholické psychózy," *Protialkoholický obzor* 12, no. 4 (1977), 20.

⁴⁰ On the composition of the treatment program in *Apolinář*, see Skála, *...až na dno?*, 3rd ed., 83–84. On the psychotherapeutic approach in other institutions, see for example: Hlubocký, Pollák a kol., "Tvorba terapeutickéj komunity v podmienkach liečebne."

This interest in psychological complexities also explains the revitalization of psychoanalysis in this period. Psychoanalysis, which had flourished in Czechoslovakia as well as other Central and Eastern European countries in the first decades of the twentieth century, had been denounced as reactionary under Stalin because of its 'bourgeois' obsession with the individual. In late socialism, Czech psychiatrists were still careful not to make direct references to Sigmund Freud, but in their writings on addiction and other psychiatric diseases, we encounter psychoanalytical ideas about the subconscious and repressed childhood experiences.⁴¹ As recent studies have revealed, several late socialist countries experienced a revitalization of psychoanalytical thought and practice.⁴² Again, this interest in psychopathological explanations was not an isolated phenomenon of the Eastern bloc, but part of a wider shift in the interpretation of social problems. Discussing the United States of America, Martin Halliwell has outlined a 'therapeutic revolution' after the Second World War, which he argues introduced a more individual interpretation of phenomena that had previously been conceptualized as social problems.⁴³ Lori Rotskoff links the rise in therapeutic culture to a preoccupation with the self and its place in the world, which she shows targeted an established, white, middle and upper class.⁴⁴

In Czechoslovakia, which had abolished the economic foundations of class affiliation, we can also witness the fashioning of a new 'type' of alcoholic, who was willing and able to explore him- or herself. In their analyses and through new treatment practices, alcohol experts carved out this type, contrasting him/her with reluctant, socially maladapted, and psychologically less complex drinkers. In this context, studies about Romani drinkers are insightful. As can be deduced from socio-psychiatric expert reports, alcohol treatment institutions had been unsuccessful in including Roma in their programs. Although research on

⁴¹ On psychoanalysis in the early Soviet Union: Étkind, *Eros of the Impossible*, 87, 183–87. On its revitalization in late socialist Czechoslovakia, Marks, "From Experimental Psychosis to Resolving Traumatic Pasts." In the late Soviet Union, psychiatrists revitalized Freudian theories, too. But also here, they were careful to masquerade their interest and not mention Freud's name. See Martin A. Miller, *Freud and the Bolsheviks: Psychoanalysis in Imperial Russia and the Soviet Union* (New Haven: Yale University Press, 1998), 120–126, 146.

⁴² To a greater or lesser extent, psychoanalytical elements found entry in psychiatric treatment in the German Democratic Republic, Hungary, and most strongly in Yugoslavia. For Yugoslavia: Mat Savelli, "The Peculiar Prosperity of Psychoanalysis in Socialist Yugoslavia," *The Slavonic and East European Review* 91, no. 2 (2013); for the GDR: Christine Leuenberger, "Socialist Psychotherapy and its Dissidents," *Journal of the History of the Behavioral Sciences* 37, no. 3 (2001); for Hungary: Béla Buda et al., "Psychotherapy in Hungary During the Socialist Era and the Socialist Dictatorship," *European Journal of Mental Health* 4, no. 1 (2009).

⁴³ Halliwell, *Therapeutic Revolutions*.

⁴⁴ Rotskoff, *Love on the Rocks*, 11.

alcoholism among Roma was sparse (the otherwise well-informed journal *Protialkoholický obzor* featured but a handful of articles on the topic),⁴⁵ the few existing studies agreed on the “empirically safe finding that Roma [*Cigáni* in the original, E.W.] often drink excessively,”⁴⁶ despite their near total absence from treatment programs. Notably, even diagnostic instruments seemed unable to capture Romani drinking problems. A screening test on a group of non-Roma and Roma revealed, for example, that non-Roma were twice as likely as Roma to suffer from alcohol addiction and psychopathic characteristics.⁴⁷ To resolve this paradox, two psychiatrists argued in the 1980s that Roma had conserved a “primitive model of behavior and values,”⁴⁸ which made them tolerant of excessive drinking and other deviancies and less inclined to feel shame and guilt for their behavior. Non-Roma, on the other hand, were more likely to suffer from societal pressure:

When it comes to alcohol consumption, the norms of contemporary society are ambivalent—on the one hand, drinking is tolerated, on the other hand, it is sanctioned, thereby provoking a tension. With people of Roma ethnicity, the attitude is unambiguous—maximally tolerant. [...] Keeping up these benevolent norms seldom leads to inner psychological conflicts and tensions.⁴⁹

Roma were exoticized in this reading, appearing like children who were incapable of experiencing intricate feelings and inner conflicts. In the United States of America, Joel Pfister has described a similar process of “cultivation of (white) ‘inner life.’”⁵⁰ The white middle and upper class developed a fascination with notions of the self, the centrality of childhood and family life, and the idea of repression and neuroses. Members of these classes were prone to considering their psychological depths as more complex than those of immigrants and Americans of color. The sources are too few to make further claims about Czechoslovakia, but it is telling that the authors linked psychoses and other mental problems to an advanced

⁴⁵ D. Macháčková, “Toxikománie školní mládeže,” *Protialkoholický obzor* 13, no. 1 (1978). The few specialized articles on Roma and alcoholism are furthermore poor in data, see for example: J. Gažíková and Ľ. Okruhlica, “Možnosti etnopsychiatrického prístupu ku skúmaniu syndrómu závislosti od alkoholu u cigánskeho etnika,” *Protialkoholický obzor* 20, no. 4 (1985).

⁴⁶ K. Turček and J. Danko, “Výskyt alkoholických psychóz u cigánskeho etnika,” *Protialkoholický obzor* 22, no. 2 (1987), 84.

⁴⁷ Ľ. Okruhlica, “Zobrazenie konzumu alkoholu u Cigánov v dotazníku MAST,” *Protialkoholický obzor* 22, no. 3 (1987).

⁴⁸ Turček and Danko, “Výskyt alkoholických psychóz u cigánskeho etnika,” 84.

⁴⁹ Ibid.

⁵⁰ Joel Pfister, “On Conceptualizing the Cultural History of Emotional and Psychological Life in America,” in *Inventing the Psychological: Toward a Cultural History of Emotional Life in America*, ed. Joel Pfister and Nancy Schnog (New Haven: Yale University Press, 1997), 35.

personality structure and a high level of civilization. By turning psychological complications into a sign of a complex inner life, psychiatrists thus contributed to the reconceptualization of problematic drinking habits.

The psychiatric understanding of rehabilitating the good, psychologically complex drinker left traces not only in treatment approaches and programs for alcoholics, but also in popular media, and thus fundamentally affected the idea of who could be an alcoholic in late socialist Czechoslovakia. For example, in 1977, Czechoslovak television studios released a movie that centered on the theme of addiction. *The Fall of Icarus*, a feature film with several popular actors, told the story of the drinker Kára. Kára represents the figure of the addict who, despite good will, cannot let go of his habits and gradually ruins his son's love affair and his wife's wellbeing. Importantly, Kára is not presented as a morally depraved character, but rather appears to be helpless and sympathetic. His sincere love for his wife and son cannot help him overcome his pathological desire to drink. Only after his wife leaves him does Kára manage, with the support of his son and under the pressure of his well-meaning manager, to register for hospital treatment.⁵¹ This film may be seen as symptomatic of a growing number of documentaries in the 1970s and 1980s, with which Czechoslovak television helped to popularize the idea that the alcoholic was a sick person who could find support in specialized treatment institutions.⁵²

Nurtured by a global shift in the interpretation of alcohol problems, the disease model thrived in the political climate of late socialist Czechoslovakia. In the early 1970s, the new political leadership enforced a focus on family life and self-realization. After the Prague Spring reform process had been forcefully repealed, party authorities were cautious of appealing to people's political ideals and instead encouraged people to find fulfillment in their private lives. Improving the provision of consumer goods and fostering citizens' feelings of social security were important elements of this strategy. The aim was to help people realize themselves outside of work, during the weekend, and to channel their energies into their families, homes, and friendships. In her study of television culture in late socialist Czechoslovakia, Paulina Bren

⁵¹ Jiří Hubač, *Ikarův pád*, with the assistance of Vladimír Menšík (1977).

⁵² For example: Československá televize Praha, "Lékař a výt: Docent Skála o alkoholu. Část druhá," November 5, 1979, Československá televize Praha, "Televizní klub mladých," February 16, 1984. Archiv české televize (hereafter AČT), database PROVYS.

has shown that in media representations too, individual relations and family problems came to play a very prominent role.⁵³

The importance assigned to family life, individual relationships, and self-fulfillment was a vital basis for psychological interpretations of social diseases. According to the disease model, alcoholism was a psychological condition, and the recovery of alcoholics was no longer a question of political authority. It was believed that education and a sophisticated worker culture could positively influence drinkers, however, individuals were powerless when experiencing a complex psychological distortion. The disease of addiction required not political programs, but the professional intervention of psychiatrists. Encouraging a psychopathological view of alcoholism, the disease theory also affected the attention previously given to the drinking habits of the majority of society. In Czechoslovakia, psychiatrists occasionally lambasted a “benevolent and tolerating”⁵⁴ broader attitude towards excessive drinking, but they knew that it was neither their responsibility nor their right to interfere in that aspect of alcohol politics. The disease theory was thus a vital contribution to the new politics of alcohol, which declared people capable of managing their own drinking, and which only resorted to state intervention when this capability was palpably disturbed.

Psychological or structural? Competing theories of alcoholism

In Romania, the treatment of alcoholics was considerably different from what we can observe in Czechoslovakia. Although one of the new alcohol decrees of 1975 mentioned the provision of medical services for alcoholics, it restricted its attention to people who were found “in an obvious state of inebriation”⁵⁵ in public spaces. Offering medical services to inebriated troublemakers was not an expression of the disease theory. If anything, it expressed a desire to clean up the streets. The neglect of the pathological elements of alcoholism was also reflected in many newspaper articles about the problem. In the mid 1970s, a journalist of the party organ *Scînteia* described, for example, the case of the welder Constantin, an excessive drinker whose hands shook constantly. Although the journalist explicitly mentioned Constantin’s health problems, these were not perceived to qualify him

⁵³ Bren, *The Greengrocer and his TV*, 187–89.

⁵⁴ Skála, *...až na dno?*, 3rd ed.

⁵⁵ “Decret nr. 76/1975.”

as a sick person. His shaking hands, as well as his poor work ethic and disastrous family life, appeared in this article to be symptoms of moral decline, of “a sordid existence dominated by the vice of drinks.”⁵⁶ In another *Scînteia* article, a young delinquent was reported to plead for forgiveness and request treatment for his drinking habits. The journalist expressed his contempt about this request, exclaiming that “it would have been good if this had been done sooner!”⁵⁷

This moralistic interpretation was also present in psychiatric guidebooks. In 1983, two of Romania’s most renowned psychiatrists described alcoholism as a “disease which the person chose [him-/her-]self with good knowledge and against repeated anti-alcohol advice and information.”⁵⁸ Alcoholism was not disease therefore, but rather an expression of moral decay. Problems at work, in the family, and in social life were a further proof of the moral degeneration of the drinker. In scientific studies of alcoholism, too, psychiatrists discussed, often without further analysis of the causal relations, high rates of divorce and life ‘in concubinage’ (i.e. unmarried cohabitation), unstable employment patterns, and dubious sources of income.⁵⁹ By adhering to a moralistic reading of alcohol, the Romanian discourse stood in sharp contrast to the development in Czechoslovakia, where psychiatrists and the mainstream media had begun to subscribe to pathological theories of alcoholism.

Romanian psychiatry remained critical towards the idea that alcoholism was a fully fledged disease, and so the official register of diagnoses did not include ‘alcoholism’ or any other alcohol-related disease.⁶⁰ When writing about alcohol-related problems, psychiatrists continued making use of the term *beție* (“tippling”), a term which evoked moralistic connotations about those who failed to recognize their own limitations. Some psychiatrists chose the term *alcoolofilie*, which stressed the desire to drink.⁶¹ In psychiatric manuals, we find a plethora of other expressions: “alcoholism” along with “pathological *beție*,” “chronic

⁵⁶ Dinu Popescu, “Prieten cu paharul, dușman cu sine însuși.”

⁵⁷ “Faptul divers. Paharul complice,” *Scînteia* 45, June 8, 1975.

⁵⁸ Marțian Cotrău and Petre Brânzei, *Alcoolismul: Implicații bio-psiho-sociale* (Bacău: Direcția Sanitară a Județului Bacău, 1983).

⁵⁹ For example, M. Selaru and L. Ballif, “Alcoolismul și interrelațiile de microgrup familial,” in Institutul de Medicină și Farmacie Iași et al., *Alcoolismul. Implicații bio-psiho-sociale*.

⁶⁰ Ioan Cucu and Toma Cucu, *Psihiatria sub dictatură: O carte albă a psihiatriei comuniste românești* (Constanța: Punct Ochit, 2005), 256–57.

⁶¹ Petre Brânzei, *Itinerar psihiatric*, 2nd ed. (Iași: Junimea, 1979).

ethylysm,” “ordinary *beție*,” and “dipsomania.”⁶² The incoherent use of terminology was mirrored in treatment practices. Data on hospitalization suggests that the criteria for classifying and treating alcohol-related diseases differed across psychiatric hospitals and regions.⁶³ In most institutions, alcohol patients were placed in wards with other patients experiencing the same symptoms (for example, neuroses), and treatment lasted two or three weeks, which was “not longer than necessary.”⁶⁴ In the late 1980s, a short-lived initiative created a ward that offered treatment exclusively for alcoholics, on the outskirts of Bucharest. Aside from this ward, there was no systematic program or facility addressing the specificities of alcohol-related diseases.⁶⁵

Romania’s reluctant pathologization

While its moralizing approach to alcoholism and lack of standardization among treatment programs insinuates that Romania took a radically different path to Czechoslovakia in the treatment of alcoholism, it is also true that psychiatrists did not resist attempts to introduce new treatment methods and theories. When comparing the rationale of earlier decades with articles published in the 1970s, we can easily discern several innovations. For the first time, articles covered the fate of individual alcoholics (like the aforementioned welder Constantin) and thereby departed from earlier descriptions in which drinking problems had been presented mainly as symbols of national decay, caused by miserable, faceless masses. Despite their moralistic overtones, articles in the mid 1970s presented alcohol problems as a problem that affected individuals who were seen as capable of change.

Furthermore, there *was* a growing move to study alcoholism as a disease on its own right. The number and level of studies remained comparatively low, but this is partly explained by the fact that unlike in Czechoslovakia, psychiatrists in Romania could not draw on earlier work in this field. Before the early 1970s, medical studies had referred to excessive drinking as an aggravating factor for certain diseases, but never as a problem in its own right. Now,

⁶² All of which can be found in B. Cuparencu et al., eds., *Psihiatrie clinică: Ghid alfabetic* (Cluj-Napoca, 1979).

⁶³ Data on hospitalization are for example mentioned in: R. Rogozea and Viorica Florea-Ciocoii, “Orienting Reaction in Chronic Alcoholics,” *Neurologie et Psychiatrie* 25, no. 2 (1987); and Rodica Ionescu, Cristina Popescu, Cristiana Angelescu, C. Enăchescu, and Sanda Tudor, “Lithium Salts in Alcohol Addiction Therapy,” *Neurologie et Psychiatrie* 23, no. 1 (1985).

⁶⁴ Interview with Aurel Romila, psychiatrist at the hospital “Alexandru Obreja,” September 24, 2013.

⁶⁵ Interview with Doina Constantinescu, psychiatrist at the hospital “Alexandru Obreja,” February 27, 2014.

psychiatrists conducted studies and published articles in which they described alcoholism as a distinct problem that required systematic research and expert intervention.⁶⁶ While the disease model was not as ubiquitous in Romania as elsewhere, psychiatric journals and public health brochures did begin to include psychopathological aspects in their discussions.

As in Czechoslovakia, female patients played a notable role in heralding this new psychopathological understanding of alcohol problems. Although studies have revealed that female drinkers were treated in psychiatric hospitals in Romania in decades prior to the 1970s, it remains true that gender was only rarely a category of analysis.⁶⁷ In the 1970s and 1980s, a number of studies adopted gendered drinking habits as the object of their research. As in other countries, psychiatrists were concerned about their female patients' psychological and neurotic problems. A group of Romanian psychiatrists went so far as to maintain that "often, alcoholism with women is nothing else than the symptom of an unstable personality structure [...] or other psychosomatic disorders."⁶⁸ Another study claimed that while men often started drinking to cope with frustration and hardships, women drank to forget psychic pain. Male and female motivations ('frustration' in contrast to 'psychic pain') may not seem very different, but it is significant that most authors chose to invoke psychological and neurotic explanations for female drinking.⁶⁹ As the psychologization of the drinker was not a very pronounced feature of the Romanian alcohol discourse, the new interest in female drinkers was thus important in the generation of new ideas about problem drinking. Mobilizing this gendered understanding of psychological disorders, psychiatrists used studies about female alcoholism to call for more general reforms in the Romanian treatment system. In 1974, a group of psychiatrists described the relatively large percentage of 'neurotic instabilities' and other psychosomatic disorders in female alcoholics. To cope with these mental aberrations, they

⁶⁶ An early example is Marțian Cotrău's dissertation on "ethyl intoxications" in 1969. See Marțian Cotrău, "Contributii la studiul intoxicatiei etilice," Bucharest 1969. DJANI, fond personal Cotrău Marțian (1923-1998), inv. nr. 2191, therein: "Teza de doctorat," nr. crt. 55/1967.

⁶⁷ For data on male and female alcoholics: Grecu, Stanciu and Csiki, "Observații clinico-statistice asupra alcoolismului cronic la femei." For the psychiatric clinic of Craiova: Al. Olaru, Dragoș Marinescu, Stela Arsene, Maria Popescu, "Corelații clinice, eletroencefalografice, pneumoencefalografice and psihologice in alcoolismul feminin." DJANI, fond personal Cotrău Marțian (1923-1998), inv. nr. 2191, therein: Alcoolismul. Simpozion/Iași, May 24, 1986, nr. crt. 61/1986.

⁶⁸ Grecu, Stanciu and Csiki, "Observații clinico-statistice asupra alcoolismului cronic la femei."

⁶⁹ Ander, *Să vorbim deschis despre alcool*.

recommended that new treatment approaches should include elements of family therapy and psychotherapy “for all alcoholics.”⁷⁰

Gradually, the disease concept entered the Romanian psychiatric discourse about alcohol problems, introducing new conceptualizations of alcoholism and the alcoholic. In the early 1980s, a young doctor argued that the problem of “dependence ... is always expressed in a situation of individual psychology”⁷¹ and advocated psychological methods as necessary to the detection and treatment of alcoholism. In conference reports, psychiatric manuals, and professional journals, psychiatrists began sporadically integrating individual psychological elements. In accordance with international trends, studies about nervous diseases, psychological problems, and the sexuality of alcoholics flourished in the 1970s and 1980s, expressing a new interest in individual, psychopathological aspects of alcoholism and other “social diseases.”⁷²

When analyzing the causes of alcoholism, medical studies also increasingly resorted to psychological models. Although psychiatrists in Romania generally emphasized environmental explanations for mental problems and socially deviant behavior, many studies restricted their focus to their patients’ individual environment. They began to carve out the influence of individual family constellations, parental characteristics, as well as the loss of a spouse, divorces, and so on, as ‘risk factors’ in the etiology of alcoholism.⁷³ Some studies pushed this focus on the individual’s family history further, introducing psychoanalytical notions of childhood trauma and frustration. Petru David, in his dissertation on the “person of the alcoholic in a dynamic-structural perspective,” asserted that

⁷⁰ Grecu, Stanciu, and Csiki, “Observații clinico-statistice asupra alcoolismului cronic la femei.”

⁷¹ Petru David, “Persoana alcoolului într-o viziune structuralist-dinamică” (Doctoral thesis, Institutul de Medicină din Timișoara, 1982).

⁷² See for example: V. Predescu and D. Christodorescu, “Some Considerations on Transsexualism,” *Neurologie et Psychiatrie* 14, no. 2 (1976); V. Predescu and Șt. Nica-Udangiu, “The Etiologic Factors in Neurasthenia: An Epidemiologic Study on Urban Population,” *Neurologie et Psychiatrie* 15, no. 1 (1977). On the preoccupations with nervous diseases in late socialist Romania, see also: Corina Doboș, “Psychiatry and Ideology: The Emergence of ‘Asthenic Neurosis’ in Communist Romania,” in *Psychiatry in Communist Europe*, ed. Sarah Marks and Mat Savelli, Mental health in historical perspective (Houndmills, Basingstoke Hampshire, New York, NY: Palgrave Macmillan, 2015).

⁷³ Examples of this trend are: V. Predescu, Șt. Nica, G. Meiu, Angela Prica, I. Cucu, N. Damian, Ileana Popovici, I. Roman, Maria Grigoroiu, and Silvia Curelaru, “Observations on Neurasthenia and Neurasthenia-like Syndromes in a Group of Women Working in Textile Industry,” *Neurologie et Psychiatrie* 14, no. 4 (1976); V. Predescu and Șt. Nica-Udangiu, “The Etiologic Factors in Neurasthenia,” V. Predescu, Șt. Nica-Udangiu, Rodica Ionescu, Lidia Nica-Udangiu, and E. Popovici, “The Role of some Etiologic Factors of Neurasthenia in a Population of University Students,” *Neurologie et Psychiatrie* 16, no. 3 (1978).

[t]he psycho-effective immaturity of the person of the alcoholic has its roots in the quantitative and, mainly, qualitative lack of mental organization which he has been offered in his childhood, in the socio-familial environment. It can be confirmed that the alcoholic is frustrated at childhood age.⁷⁴

In Romania, the preoccupation with psychoanalysis never reached the levels that it did in Yugoslavia, Czechoslovakia, or Hungary, but we can still observe a gradual adoption of its ideas. Several books and articles explicitly dedicated themselves to psychoanalysis, and in 1980, Freud's introduction to psychoanalysis appeared in its first Romanian translation. The edition began with a critical introduction, and all subsequent Romanian articles discussing Freud and his ideas were eager to underscore his bourgeois upbringing and "mistake of psychologizing social relations."⁷⁵ But aside from their principled criticism, these articles delved deeply into psychoanalysis and familiarized a new generation of Romanian psychiatrists with Freud's ideas and approaches.⁷⁶ The concept of the subconscious and other psychological motivations of social deviance thus gradually found acceptance in Romanian psychiatry. A guidebook on smoking, published in the early 1980s, stressed the irrational aspect of harmful substance use, which often occurred in spite of the user's knowledge about its risks. The author of the guidebook used the example of a cardiologist who, despite his medical knowledge about the dangers of smoking, could not stop this habit. Accordingly, it was important

to understand that not all smokers are evil and stubborn individuals who continue smoking out of ignorance [...] in spite of radio and TV broadcasts, of press articles, despite the advice of their wife and work colleagues! 75% of smokers have tried to give up the habit of smoking, but only 15% have eventually managed. Which means that the majority does not smoke because they want it, but because they are not able to say no to the cigarette! It is clear that they do not need warnings, disgrace or irony [...] but qualified and tailored help.⁷⁷

⁷⁴ David, *Persoana alcoolicului într-o viziune structuralist-dinamică*.

⁷⁵ Quoted from Aurel Dicu, *Ce este psihanaliza?* (Bucharest: Editura Științifică și Enciclopedică, 1978). Freud's Romanian edition appeared as Sigmund Freud, *Introducere în psihanaliza* (Bucharest: Editura Didactică și Pedagogică, 1980), with an introduction by Leonard Gavrilu. As a critical discussion of psychoanalysis: Victor Săhleanu and Ion Popescu-Sibiu, *Introducere critică în psihanaliză* (Cluj: Dacia, 1972).

⁷⁶ Florin Tudose and Cătălina Tudose, "The History of Psychotherapy in Rumania During the Socialist Dictatorship of Nicolae Ceaușescu," *European Journal of Mental Health* 7, no. 2 (2012). The psychiatrists Ion and Toma Cucu have confirmed the modest rehabilitation of psychoanalytical ideas into psychiatric practice in the 1980s, see: Cucu and Cucu, *Psihiatria sub dictatură*.

⁷⁷ Daniel Costa, *Abandonarea fumatului prin metode psihologice* (Bucharest: Editura Științifică, 1981), introduction.

In the mainstream media, too, articles of the 1980s began to suggest that

alcoholism is a disease, not only a vice. It needs to be discussed with a doctor, in particular with a psychiatrist. [...] The image of a vice, the shame of a family to address a specialist, as well as the unpleasant and clandestine situation which alcohol causes for [the wife of the alcoholic], reduce the possibility for a beneficent therapeutic intervention.⁷⁸

Highlighting psychopathological elements of alcoholism, psychiatrists saw a growing need for a specialized and psychological treatment method. The need for specialization found expression in a series of conferences, among other outlets. From 1976 onwards, the country's biggest psychiatric hospitals initiated a number of conferences that gathered psychiatrists from different parts of the country to present their research into alcoholism and to discuss possible solutions. As a consequence of these conferences and of the articles that now regularly appeared in the country's scientific journals, psychiatrists were able to exchange and disseminate information about problems and methods that were commonly encountered in the treatment of alcoholics.⁷⁹

“Not reducible to a problem of individual psychology”

In Romania, the disease model entered the discourse about alcoholism, but did not radically transform it. Many psychiatrists discussed and integrated psychopathological elements in their analyses of alcohol problems. While they thus adapted their theories to contemporary research trends, the disease model never claimed full explanatory power in Romania. Throughout the late socialist period, it had to compete with other, non-pathological approaches. One of its competitors was the strong preoccupation with alcohol poisoning in Romania, mentioned in the previous chapter. The concern about alcohol intoxication was probably rooted in a consistent demand for cheap beverages, which inspired sellers to dilute drinks and the drinker to accept beverages of unknown content. Even in the late 1980s, doctors were advertising the gruesome consequences of alcohol intoxication and reminding

⁷⁸ “Fața ascunsă a alcoolului,” *Femeia* 40, no. 10 (1987).

⁷⁹ Institutul de Medicină și Farmacie Iași, Institutul de Igienă Iași, Societatea de Medici și Naturaliști Iași, Filiale U.S.S.M., and Direcția Sanitară Iași, eds. *Alcoolismul. Implicații bio-psiho-sociale*. Rezumatul repoartelor și comunicărilor simpozionului (Iași, 1976); see furthermore: DJANI, fond personal Cotrău Marțian (1923-1998), inv. nr. 2191, therein: *Alcoolismul. Simpozion/Iași*, 1984, nr. crt. 60/1984, and *Alcoolismul. Simpozion/Iași*, May 24, 1986, nr. crt. 61/1986.

people not to “consume alcoholic beverages without knowing what they are.”⁸⁰ The significant issue of alcohol poisoning was also reflected in diagnoses. In the emergency section of a Bucharest hospital, 4.5 percent of all patients were diagnosed with 'ethylic intoxications.' This amounts to an average of four to five patients every day. As their numbers were systematically higher on Sundays, when intoxicated people represented nearly 10 percent of all emergency patients, we may infer that in this case, the term 'intoxication' referred to the consumption of large quantities of alcohol, a common practice on the only work-free day of the week. However, it is telling that diagnoses stressed acute over chronic alcohol problems and thereby enforced non-psychological treatment interventions.⁸¹

It is important that we do not confuse the reluctant adoption of the disease model with a 'backwards' form of alcohol politics. The Romanian approach towards alcoholism derived from a more social understanding of the medical profession, situating it at the intersection of medical intervention, sociological research, and popular education. Even when resorting to psychological models, psychiatrists tended to embed the issues at stake in a public health framework. As the psychiatrists Sorin Radulescu and Mircea Piticariu put it in the late 1980s, social deviance was not a purely psychological phenomenon, and mental diseases were “not reducible to a problem of individual psychology.”⁸² Instead, societal problems were understood to create an environment in which “problems of human pathology of developed industrial societies” could flourish, among them “alcoholism, tabagism, the damaging effects of drug use and medical drug abuse, mental diseases, as well as tendencies of sexual or moral deviance etc.”⁸³

Differing interpretations of alcoholism were not mutually exclusive. Rather, they studied distinct aspects of the same problem. If psychological interpretations of alcohol problems found a place in several research articles and psychiatric guidebooks in the late 1970s, this did not mean that the respective authors wholeheartedly subscribed to the

⁸⁰ Liviu Popa, *Impactul alcool-om-munca* (Cluj-Napoca: Institutul Medico-Legal, 1989). Intoxication with methylic alcohol is mentioned in most brochures that were targeted at popular education about alcohol, for example: Ion Popa, *Alcoolismul și intoxicația cu alcool metilic* (Bucharest: Editura Medicală, 1978).

⁸¹ Lidia Nica-Udangiu, “Epidemiologia urgențelor psihiatrice în populația urbană” (Rezumatul tezei de doctorat, Institut de Medicină și Farmacie București, 1979); V. Predescu, Șt. Nica-Udangiu, and Lidia Nica-Udangiu, eds., *Urgențe în psihiatrie* (Bucharest: Editura Medicală, 1983).

⁸² Sorin M. Radulescu and Mircea Piticariu, *Devianța comportamentală și boala psihică: sociologie și psihiatrie* (Bucharest: Editura Academiei Republicii Socialiste România, 1989), 29.

⁸³ Radulescu and Piticariu, *Devianța comportamentală și boala psihică*, 40.

disease model as a theory. Usually, the same doctors embedded their case studies and observations into their sociocultural background. Not limiting their interest to a small group of sick people, they investigated the drinking habits of certain professions or of whole regions and thus tried to reach conclusions that transcended an individual reading of alcoholism. One example was a study of two socio-professional groups in the Danube delta, both characterized as 'heavy alcohol consumers.' Based on the observation that one of the groups seemed more resistant to certain diseases, the author evaluated their diets and drinking habits and confronted them with patterns of alcohol-related health problems. He concluded that fishers with diets rich in calories and animal proteins were less affected by hepatic diseases. While the author was not original in relating dietary habits and health problems, his study did not fail to properly apply the disease model. He asked questions that this model, with its focus on pathological drinking habits, did not address. In other words, this and other structural approaches to alcohol problems did not challenge the value of the disease model, but questioned its authority over all alcohol-related questions.⁸⁴ In this vein, two doctors remarked in 1980 that

the health sector is not exclusively responsible for the problem of alcoholism, and even less is it the sole task of psychiatry, which is occupied only with a limited number of patients (psychotic people, alcoholic psychopaths, etc.) as opposed to a much larger percentage of chronic drinkers who never arrive at the doctor.⁸⁵

These doctors did not oppose pathological interpretations, but considered them unable to solve all alcohol problems. Notably, the two doctors used this structuralist argument to criticize the state's alleged focus on the health sector, arguing that it had failed to provide a convincing solution for non-psychotic alcoholics. Invoking their traditional roles as public health advisors, the doctors assembled a list of recommendations to improve and unify approaches to alcohol problems, which was published in a psychiatric guidebook in 1980.

⁸⁴ Valerian Boțocan, "Cercetări clinice și de laborator comparative la două loturi de mari consumatori de băuturi alcoolice din mediul pescăresc și agricol privind incidența hepatopatiilor cronice" (Doctoral thesis, Institutul de Medicină și Farmacie București, 1974).

⁸⁵ Al. Secăreanu and L. Cocra, "Alcoolismul factor delictogen," in *Actualități în expertiza medico-legală psihiatrică*, ed. Aurelia Sîrbu and I. Quai (Institutul de Medicină și Farmacie Cluj-Napoca, 1980).

Among other measures, they recommended the creation of a national commission with representatives of the Ministries of Health, Justice, Interior, and others, which was then responsible for providing appropriate solutions for all forms of alcohol problems.⁸⁶

Romania was not the only country in which psychiatrists advanced structural readings of alcohol problems. Romanian psychiatrists referred, among other sources, to American studies in order to corroborate their “findings ... regarding higher overall rates of alcoholism in low socio-economic classes.”⁸⁷ As Phillippe Mossé has shown for France, the disease model of alcoholism was generally accepted, but a significant number of psychiatrists and social theorists proved hostile towards a purely pathological interpretation of alcohol problems. Those advocating the provision of specialized services for mental diseases had to compete with a strong antipsychiatry movement, leading to the creation of combination treatment approaches for alcohol-related health problems.⁸⁸ Romania was not alone in Europe in its lack of specialized treatment facilities for alcoholics. In its reluctance to hospitalize alcoholics, it differed from Czechoslovakia, Hungary, Great Britain, or Yugoslavia, where doctors introduced systems for the treatment of alcoholics by the late 1960s. In Italy, Spain, and Portugal, on the other hand, health ministries established specialized treatment programs for alcoholics only in the mid to late 1980s.⁸⁹

If we consider the above-mentioned countries, bloc affiliation does not seem to have been decisive regarding the hospitalization of alcoholics. However, it is true that structural explanations of alcohol problems were more popular in state socialist countries. Sarah Marks and Mat Savelli argue that in Yugoslavia, despite an advanced treatment system for alcoholics, psychiatrists remained eager to study the role of environmental factors in the genesis of mental problems, mentioning for example that in some regions of Croatia, schizophrenia was far more widespread than elsewhere in the federation. These and other aspects were hard to

⁸⁶ Ibid.

⁸⁷ R. Vraști and I. Olteanu, “The Difference between Biological Heredity and Cultural Heredity: Preliminary Findings in Assessment of Parental Rearing Practice by Embu-inventory in Primary Alcoholism,” *Neurologie et Psychiatrie* 26, no. 3 (1988).

⁸⁸ Phillippe Mossé, “The Rise of Alcoholology in France: A Monopolistic Competition,” in Hunt; Takala; Klingemann, *Cure, Care, or Control*.

⁸⁹ See for Italy, Flavio Poldrugo and Roberto Urizzi, “The Italian Paradox: Treatment Initiatives and Falling Alcohol Consumption,” in Hunt; Takala; Klingemann, *Cure, Care, or Control*. For Spain, Blocker, Fahey and Tyrrell, *Alcohol and Temperance in Modern History*, s.v. “Spain,” 583–86; for Portugal, Esa Österberg and Thomas Karlsson, *Alcohol Policies in EU Member States and Norway: A Collection of Country Reports* (Helsinki: Stakes, 2002), chapter 15 “Portugal.”

explain with more individually oriented research paradigms.⁹⁰ The socio-cultural aspects of addiction corresponded to a materialist-structuralist view of social problems. Psychiatrists in state socialist countries were therefore more open to addressing these issues than their colleagues in Western countries.

The experts take over

While at first glance, Romania appears to be the odd man out with its moralistic view of alcohol problems, a pan-European perspective instead raises the question of why the disease theory was so successful in Czechoslovakia in particular. Although some Czech psychiatrists occasionally included environmental factors in their analyses, but as we have seen, the disease model profoundly affected the network of treatment institutions, the concept of treatment itself, and understandings of who could be identified as an alcoholic. Czechoslovakia was a socialist state, and psychiatrists did not need to go all the way back to Friedrich Engels to have the individualistic interpretation of alcoholism dismissed. In 1967, governmental reports criticized the prevailing view of “alcoholism as the personal issue of every individual without taking into account its social outreach.”⁹¹ The disease model did exactly that, however. Relating alcoholism to the psychological disease of addiction, psychiatrists highlighted the psychopathological elements of alcohol problems and located their source in the individual drinker. By the 1970s, Czech and Slovak psychiatrists widely subscribed to the disease model of alcoholism.

We might argue that the pathologization of alcohol problems was a global medical trend, and that Czech and Slovak psychiatrists did nothing more than keep up with their professional field. It is notable, however, that in Czechoslovakia, the pathologization of alcohol problems was not confined to medical circles but also had palpable political consequences. Authorities in the Communist Party were happy to embrace elements of the disease theory and include them in their texts and practices. For example, the notion 'addiction to alcohol' gradually entered governmental reports.⁹² When debating possible solutions to alcohol

⁹⁰ Marks, “From Experimental Psychosis to Resolving Traumatic Pasts.”

⁹¹ “Zpráva o boji s alkoholismem jako negativním společenským jevem a příčinou kriminality,” March 29, 1967, in: MZd, Zpráva o boji s alkoholismem, č.j. 276.1. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

⁹² As one of the first to use the expression, see a plan on long-term measures designed by the Czechoslovak Ministry of Health in 1967: Ministerstvo zdravotnictví, “Plán konkrétních dlouhodobých opatření k zintenzivnění

problems in 1976, a member of the Prague city council was in line with psychopathological theories when he argued that “the individual causes of alcoholism also require an individual approach.”⁹³ Most importantly, the authorities acknowledged the disease theory in its institutional actions. During the course of the 1970s, they increased the material support provided for treatment programs and enabled psychiatrists to expand and improve the network of services for addicts.

All these measures do not represent a political redefinition of alcohol problems. Rather, party authorities adopted the psychiatrists’ language and enforced their solutions. At the beginning of this chapter, we saw that the Czech and Slovak Health Ministers used Jaroslav Skála’s manual on alcoholism as the basis of the new alcohol decree. The political authorities were open to accepting pathological interpretations of alcohol problems because they acknowledged the authority of psychiatrists over this issue. By adopting their language and agreeing to their solutions, political authorities transferred responsibility for defining and administering alcohol problems to medical experts. The strong role of the medical profession in defining social diseases and treatment approaches was thus the result of a depoliticized view of alcoholism and other problems. Alcohol experts did not have to be strictly in line politically in order to shape social policy. Often, they transgressed the “binaries of either overt dissidence or conformity.”⁹⁴

This ambiguous stance is perfectly represented by the figure of Jaroslav Skála. Skála was a party member for only four years. In 1953, he was excluded for voting against currency reform and never aspired to reenter. His overt lack of interest in the socialist cause did not harm his professional career, however. Throughout the entire socialist period, Skála was at the forefront of detecting new consumer categories and forms of substance use, and developing new institutions and treatment methods.⁹⁵ He remained the central authority for alcohol-

boje proti alkoholismu,” March 1967, in: MZd, Zpráva o boji s alkoholismem, č.j. 276.1. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

⁹³ 1. schůze rady Národního výboru hl. m. Prahy, “Usnesení rady Národního výboru hlavního města Prahy ke koncepci boje proti alkoholismu a jiným toxikomaniím v hl. m. Praze. Příloha k usnesení,” January 6, 1976. AHMP, rada NVP hl. m. Prahy, fond Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva ÚNV, NVP A HMP (1945-1994), k. č. 454.

⁹⁴ Marks, “From Experimental Psychosis to Resolving Traumatic Pasts.”

⁹⁵ For example, the diversification of the inpatient treatment for voluntary and “protective” treatment was based on a design by Jaroslav Skála, see: Jaroslav Skála, “Návrh: Protialkoholní lůžkové zařízení typu D,” *Protialkoholický obzor* 3, no. 3 (1968).

related questions in Czechoslovakia, representing the country at international conferences on alcoholism, and cooperating closely with authorities in the Czech Health Ministry when he planned to establish or improve institutions for alcoholics. These authorities in turn were not averse to integrating Skála's initiatives into the official approach to alcohol problems around the country.⁹⁶ Although Skála designed many initiatives without consulting party officials, he did not often meet with resistance. His former colleagues described the official stance as a tolerant negligence, opening up “a lot of space where nobody asked too much,”⁹⁷ and thereby leaving room for considerable agency.⁹⁸ For example, it was known to psychiatrists that members of the secret service *Státní bezpečnost* participated in training programs and group meetings of patients; but despite the surveillance and mistrust, most initiatives could still be carried out. According to the psychiatrist Jiří Heller, who collaborated with Skála on many projects,

[Skála] was diligent and started working without asking beforehand if he was allowed to. And when the action or activity was already going on, then the officials just took it like it was, and didn't ask too much. The worst was to ask for permission. Nothing was permitted.⁹⁹

Due to the commitment of many alcohol experts, the health authorities could take advantage of services which had been developed and sustained on a more or less voluntary basis. An example was the telephone helpline *Apolinka*, an initiative of the alcohol treatment institution *Apolinář*. *Apolinka* targeted former patients struggling with potential relapses and anyone else experiencing alcohol problems. At any time of day or night, people could reach out to experienced psychiatrists and recovered alcoholics for advice. For over twenty years, this service was offered voluntarily and on a daily basis. By tolerating and thereby indirectly supporting *Apolinka* and other initiatives, the health officials acknowledged the psychiatrists' authority in the field of alcoholism. What is more, they made the psychiatrists indispensable.

⁹⁶ On Skála's political career see Skála, *Lékařův maraton*, 49–50.

⁹⁷ Interview with Olga Pecinová, January 24, 2014.

⁹⁸ For the case of experimental psychiatry under state socialism, Sarah Marks has confirmed the lack of bureaucratic intervention, which allowed for relative freedom of research. Marks, “From Experimental Psychosis to Resolving Traumatic Pasts.”

⁹⁹ Interview with Jiří Heller, January 24, 2014.

Over the years, they became increasingly 'parasitic' regarding the work of their medical personnel.¹⁰⁰

For this reason, we can see that the 'freedom' from state intervention was not a coincidence. Discussing the example of Yugoslavia in the 1970s, Mat Savelli has similarly argued that psychiatrists gained authority in defining diseases and developing treatment plans because the government proved reluctant to develop its own solutions.¹⁰¹ However, in Czechoslovakia and Yugoslavia health ministries did not simply fail to provide politically appropriate interpretations of social diseases. The ministers granted space to medical experts because they considered them responsible for problems that were outside of the political realm. Transferring authority to psychiatrists saved costs in two ways: firstly by making psychiatrists develop and maintain the solutions to alcoholism and other problems, and secondly, in a figurative sense, by shedding responsibility for social problems.

Concluding remarks

In the course of the 1970s, alcohol expertise flourished as a subdiscipline of medical science. In many countries worldwide, doctors and social workers produced an ever-growing body of research, striving to understand the motivations and consequences of chronic drinking. This new awareness of alcoholism resulted, among other outcomes, in new institutions offering treatment for people suffering from alcohol-related problems. In contrast to earlier periods, the institutionalization of drinkers went beyond alleviating the patients' symptoms. With psychotherapeutic counseling sessions, doctors instead helped patients understand and overcome the root of their problems.

The intensity and pace of pathologization differed throughout Europe. In some countries (whether socialist or not), the disease theory did not become the guiding principle of alcohol politics. In state socialist Romania, the level of pathologization was comparatively low. Due to a lack of official coordination, the treatment of alcoholics depended mainly on the interest and expertise of practicing psychiatrists. In public speeches, newspapers, and other

¹⁰⁰ On Apolinka: "Pohovory na Apolince," *Zápisy z Apolináře* 19, no. 5-6 (1970).

¹⁰¹ Savelli, "The Peculiar Prosperity of Psychoanalysis in Socialist Yugoslavia," 287. Radka Dudova makes a similar argument, stating that party cadres granted space to medical workers as long as their work did not question or threaten the state's authority and power in other questions. Radka Dudova, "Regulation of Abortion as State-Socialist Governmentality: The Case of Czechoslovakia," *Politics & Gender* 8, no. 1 (2012).

official forums, the Communist Party authorities and journalists alike usually defined the individual in relation to the national community, and dismissed individual motivations in the fields of reproduction, divorce, and many other intimate matters.¹⁰² The disease model did not simply fail in Romania, however. On the contrary, we might highlight that even in Romania, with its strong focus on national demography and communitarian rhetoric, psychological interpretations entered the discourse of alcoholism. A growing number of psychiatrists explored the psychological condition of individual drinkers and emphasized medical over political solutions. Furthermore, if we acknowledge that in the field of alcoholism expertise, Romanian psychiatry had no institutional and theoretical legacy on which it could build, the integration of psychopathological moments in the 1970s and 1980s seems all the more impressive.

While the disease model was clearly not a sweeping success in Romania, its integration in the otherwise dominant structural social theories can be seen as a further proof of its pervasive influence in late modern Europe. While it was far from presenting a conclusive solution to alcohol problems, the disease model was a powerful theory that affected understandings of alcoholism in all European countries in the 1970s. A decisive factor in this 'success' was that after vibrant years of activism and radical policy measures in the first half of the twentieth century, the appetite for large-scale structural experiments like national prohibition had vanished. The disease theory became popular precisely because it offered a depoliticized reading of alcohol problems. It was developed in the United States of America in the 1940s, shortly after national prohibition was repealed in 1933, and gained popularity in Europe at a time when politicians began to absolve themselves of responsibility for people's drinking habits.

The disease theory narrowed down the concept of alcohol problems from a scourge affecting society at large to a problem involving a manageable number of individuals who displayed individualistic disorders and were in need of medical treatment. In this way, the success of the disease theory reflected a depoliticized reading of social problems. Instead of alluding to the structural conditions of alcohol problems and thereby attracting attention to

¹⁰² On the primacy of the nation under Gheorghiu-Dej and Ceaușescu: Petrescu, "Building the Nation, Instrumentalizing Nationalism," see also: Katherine Verdery, *National Ideology Under Socialism: Identity and Cultural Politics in Ceaușescu's Romania*, Societies and Culture in East-Central Europe (Berkeley: University of California Press, 1991).

the potential shortcomings of the state's social policy, the pathological reading of alcohol problems highlighted individualistic explanations for problematic drinking habits. If alcohol consumption was a self-determined activity and alcoholism a psychopathological condition of the individual, there was no need for coherent cultural or political programs. Rather, tailored medical help and psychological counseling would help individual patients reclaim control of their lives. By acknowledging the medical profession as the authority both for treating and explaining alcoholism, governments thus succeeded in redefining the root of the problem, and were able to transfer related costs and responsibility to smaller social units.

Along with health ministries and psychiatrists, many patients also appreciated the disease model of alcoholism. New treatment options offered professional support for a problem that was still widely ridiculed and moralized. Many clinics introduced treatment methods which appealed to the patients' psychological condition. In making people articulate their personal stories of addiction, psychiatrists in Czechoslovakia encouraged patients to focus on their own role in their disease. This practice had emancipatory potential. As argued in the previous chapter, the process of subjectivization is a two-sided coin. The psychologization of alcoholism, too, built on the notion of the autonomous self. Psychotherapeutic methods provided patients with the tools to understand and control their wishes and behavior. In so doing, they held the patients responsible for their disease, but they also gave them the authority to define their own stories and solutions. Importantly, the treatment and counseling services for alcoholics and their family members also helped many people in a very practical sense. My interviewee F, a former patient of the treatment program *Apolinář* in Prague, elaborated at length on the strict climate of this institution. When I asked him whether good or bad memories prevailed about his time in *Apolinář*, he left no doubt: "I—you know what? It saved my life."¹⁰³

It would simplify matters to account for the success of the disease theory by pointing to political failures or to governments who wished to conceal the structural foundations of alcohol problems. However, the disease theory appealed to various social entities for different reasons: to authorities of the Communist Party because it legitimized a new social policy line, to doctors because it valorized their expertise, and to patients and their families because it

¹⁰³ Interview with F, January 14, 2014.

provided them with agency and with mechanisms to help them understand and cope with a difficult condition in a self-sufficient way. The theory gained ground in a period when governments began to diffuse their absolute authority over certain social problems, and in this way it contributed to an ongoing process of renegotiation of the role and responsibility of the state in the 'late modern' period.

4

Alcohol: a family affair?

In March 1981, the head of the anti-alcohol committee of Rudná, a small town near Prague, gave an interesting assessment of his committee's tasks and challenges. He argued that the main obstacles in a successful fight against alcoholism were not drinkers with criminal tendencies or those who created public unrest. These types, although problematic, were at least easy to detect. The greater challenge was, in his view, "family problems", because they "remain in the most cases not only unknown, but also tolerated by society."¹ This pronounced concern for the private, 'invisible' consequences of drinking was a new phenomenon. Previously, delinquency and public rioting had represented not merely the most visible symptoms of excessive drinking, but had also defined alcoholism's problematic nature. In the early 1970s, the family became the main site of alcohol problems. Research into the family life of alcoholics flourished, and discussed new ways to deal with problems that had been, for a long time, inaccessible to public scrutiny.

This interest in the private lives of alcoholics was embedded into debates about family politics worldwide. Regarding Western countries, several studies have shown that in the 1970s and 1980s, phenomena like domestic violence and child abuse transformed from deplorable 'private problems' into matters of public concern.² Much less attention has been devoted to

¹ Protialkoholní sbor Rudná, "Kontrolní zpráva k plnění usnesení rady ONV č. 52 ze dne 12.3.1981 o účinnosti dosavadního 'Souboru opatření' k řešení problematiky alkoholních toxikomanií," March 12, 1981. Státní okresní archiv Praha západ se sídlem v Dobřichovicích (hereafter SOA Praha-západ), fond Místní národní výbor Rudná, inv. č. 276; therein: Místní protialkoholní sbor, Opatření proti alkoholismu a toxikomanii, 1975-1988, karton 16.

² Groundbreaking works on these issues were published in the 1980s: Elizabeth H. Pleck, *Domestic Tyranny: The Making of Social Policy Against Family Violence from Colonial Times to the Present* (New York, NY: Oxford University Press, 1987); Linda Gordon, *Heroes of Their Own Lives: The Politics and History of Family Violence: Boston, 1880-1960* (New York, NY: Viking, 1988); Joseph R. Gusfield, *The Culture of Public Problems: Drinking-Driving and the Symbolic Order* (Chicago: University of Chicago Press, 1981).

non-Western states. Research into the Cold War period tended to present Eastern bloc states as unwilling to address family problems and as generally hesitant to allot more than “minimal place”³ to 'private' issues. While systematic work on family politics in the Eastern bloc is still scarce, recent studies have indicated that in state socialist countries too, the family was a central category for social politics. In their analyses of public and private life in the GDR and the ČSSR, Donna Harsch and Paulina Bren have convincingly shown that the position of the family was in continuous negotiation. Bren argues that in the late socialist period, the institution of the family assumed more social responsibilities and played a more prominent role in social life than in the early decades of state socialism in Czechoslovakia.⁴

While Bren’s observation seems to be confirmed by the new interest in the family life of alcoholics, it remains unclear how this interest fits into the late socialist politics of alcohol. The previous chapters have shown that alcohol problems were redefined in late socialist states and that new social actors assumed authority for conceptualizing and tackling them. Governments set minimum standards for the production of alcohol, but transferred responsibility for consumption and its consequences to individuals or, if an individual reached a critical state, to medical experts. Why did political authorities now draw attention to the consequences of drinking for the family? If the new politics of alcohol included the shedding of state responsibility for social problems, was the increased attention to family problems not counterproductive? How did political authorities frame family problems, and whom did they hold responsible for solving them?

Concentrating on the position of the family in the politics of alcohol, in this chapter I will explore why the family unit gained importance in the politics of alcohol, and what this new interest tells us about late socialist states. Based on debates in psychiatric journals, marriage manuals, women’s magazines, as well as institutional reports of alcoholism treatment institutions and marriage counseling centers, I will investigate the forms and forums in which the debates about the family life of alcoholics gained prominence and analyze the motivation and direction of these debates. Situating late socialist family politics in the context of renewed interest in family life in Western states too, I will discuss the motivation of late modern governments in addressing 'private' problems in this period.

³ See Jacques Donzelot, *The Policing of Families* (New York: Pantheon Books, 1979), 4.

⁴ Bren, *The Greengrocer and his TV*, chapter 7; see also Harsch, *Revenge of the Domestic*.

Family problems in state socialism

Alcoholism experts in late socialist states were not the first to make connections between alcohol consumption and family problems. Long before modern states began framing occurrences of excessive drinking as a coherent problem, it was a commonplace assumption that the (generically male) drunkard had fights with his wife, struggled feeding his children, and was violent towards his family members. In later periods, anti-alcohol activists mobilized these assumptions for their cause. As Elisabeth Pleck has shown for the USA, temperance activists of the nineteenth century were the first social reform movement to publicly speak out against the 'private issue' of domestic violence and to thereby trigger a discussion about acceptable behavior within the family.⁵

While the family always played a role in the formulation of alcohol politics, its position changed with time, depending on the goals of alcohol politics as much as on prevailing ideas about the family and its function in society. In the social reform movements of the nineteenth and early twentieth century, anti-alcohol activists focused their attention on the drinker's civic duties. Not only did he drink more than the family budget could afford, he also became violent and irrational. While corporal punishment towards family members was not in principle seen as problematic, the violence meted out by drunkards could no longer be classified as reasonable punishment.⁶ The solution presented to these problems was not better family policies, however, let alone state intervention into affected families, but rather the abolition of alcohol. However outspoken about behavior in 'the private realm,' anti-alcohol activists in this period saw alcohol, and not male dominance or the institution of the family, as the underlying problem. If fathers stopped drinking, so the argument ran, they would also stop brutalizing their families (figure 6).⁷

⁵ Pleck, *Domestic Tyranny*, 51–52.

⁶ Rotskoff, *Love on the Rocks*, 82.

⁷ Gordon, *Heroes of Their Own Lives*, 264–66.

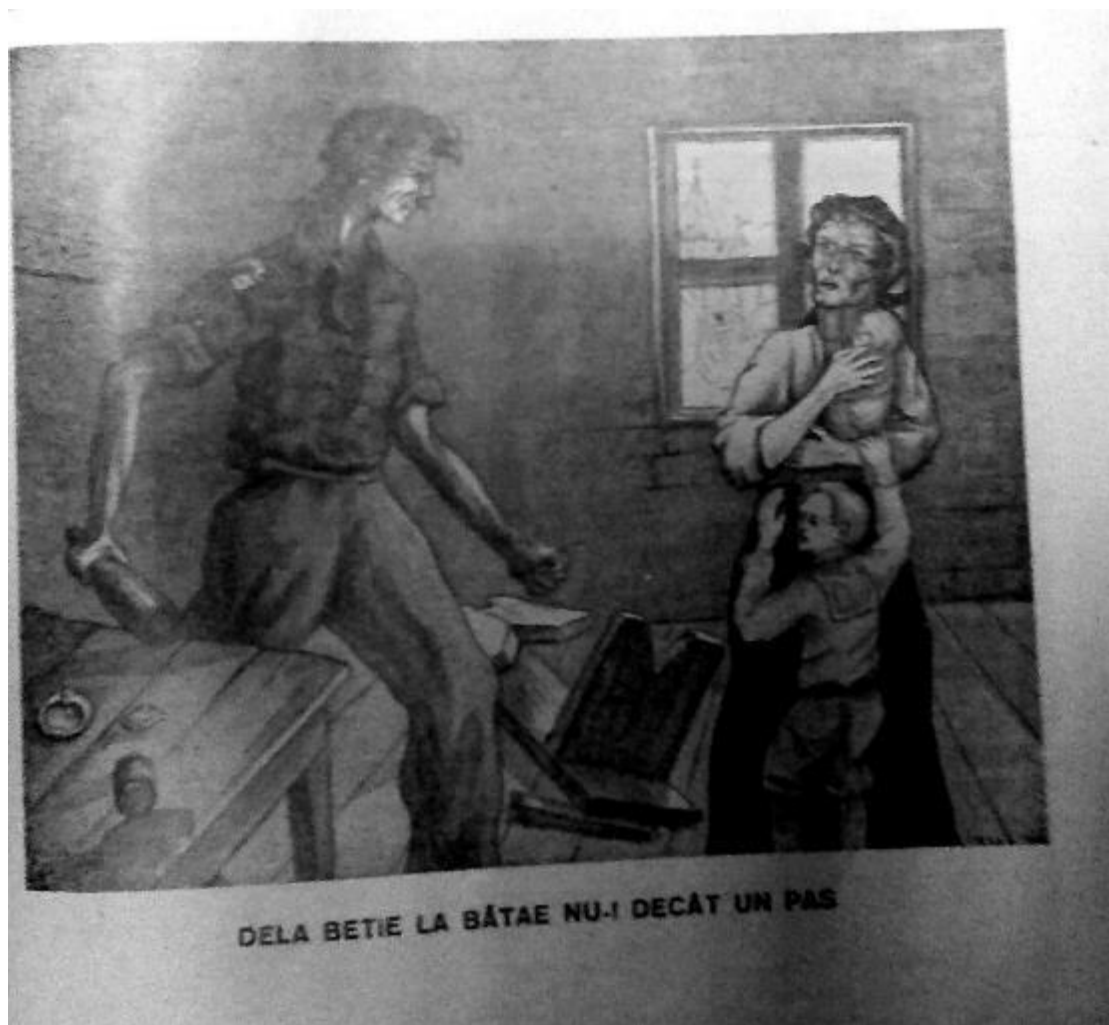


Figure 6: Domestic violence as a consequence of drinking

“From drinking to beating it is only a step”: In its 1941 edition, the Romanian temperance journal *Temperanța* left no doubt about the causal relation between alcoholism and domestic violence. In this line of argumentation, state abolition of alcohol was the key to preventing domestic violence and many other social problems.

Source: Cover page of *Temperanța* 9, no. 2-3 (1941).

In the interwar period, Soviet authorities and socialist anti-alcohol activists in other countries scolded this emphasis on middle-class civic duties. In their view, denouncing drinkers as failed breadwinners was an unfair attempt to cast the blame for bad social conditions on the poorest strata of society. Subscribing to a materialist view of social order, they described drinking, domestic violence, and all other family problems not as 'private issues,' but as the result of structural conditions, including poverty, unemployment, and patriarchal socio-economic order. To overcome these problems, states, rather than individual

men, needed to take action. As the vanguard of socialist transformation, the Communist Party was in charge of initiating socio-economic transformations, of improving the material and cultural condition of workers, and of eradicating distinctions between public and private labor. Letting women partake in waged labor and nationalizing domestic duties such as child-rearing, house holding, and cooking, gender hierarchies were expected to wither away, together with the institution of the patriarchal family.⁸

This vision did not easily translate into practice. Already by the early 1930s, the most idealistic schemes for transforming gender norms and family structures had been dismantled. As neglected children and delinquent youths abounded, Soviet authorities revoked several innovations and reverted to enforcing a more conservative family model.⁹ After the Second World War, the governments in Central and Eastern Europe did not radically challenge the family as an institution. Yet in this period, family politics was still inspired by structuralist deliberations. Encouraging women to take up waged labor and relaxing the access to divorce and abortion, socialist states fostered women's socio-economic liberties as a strategy to diminish gender dependencies and improve family life.¹⁰

This view differed fundamentally from the focus on civic duties in the early twentieth century. However, both strategies agreed that domestic problems, drinking, and male violence were side effects of bigger social issues. As such, they were expected to disappear together with the conditions that had created them. Like alcohol problems, family problems appeared in this structuralist approach as a diverse series of issues rather than a coherent problem. Instead of relying on expert analyses, socialist governments of the 1950s and 1960s therefore considered both alcohol and family politics as part of mainstream politics. In the late socialist period, this argumentation was shaken. For the first time, the family problems of alcoholics received attention as issues in their own right. All around the world, the body of literature

⁸ For the Soviet family model and its ideals, see Wendy Z. Goldman, *Women, the State, and Revolution: Soviet Family Policy and Social Life, 1917-1936*, Soviet and East European studies 90 (Cambridge, England, New York: Cambridge University Press, 1993), 2–3.

⁹ *Ibid.*, 296–97 and 337–38; see also: Marianna Muravyeva, “Bytovukha: Family Violence in Soviet Russia,” *Aspasia* 8, no. 1 (2014).

¹⁰ Jill Massino, “Something Old, Something New: Marital Roles and Relations in State Socialist Romania,” *Journal of Women's History* 22, no. 1 (2010).

describing “alcohol [as] a family affair”¹¹ and “the marriage of alcoholics”¹² grew and diversified rapidly. In contrast to earlier periods, experts no longer contented themselves with the observation that drunkards had family problems. Instead, they took pains to understand the nature of these problems.

Late socialism and the crisis of the family

The new interest in the families of alcoholics was embedded in a discussion of family problems and misconduct towards dependents in general. In many countries, newspaper articles, psychological and criminological expert analyses, and policy background reports described major threats emerging in the private sphere. People divorced at unprecedented rates, reports revealed shocking numbers of cases of emotional neglect and physical mistreatment of children and women, and juvenile delinquency was on the rise. Of course, none of these problems was new. Child neglect had already attracted attention at the start of the century, for example. Regardless, several decades later, these issues were perceived as unprecedented, increasing, and threatening to the institution of the family and to society in general.¹³

From the late 1960s and throughout the late socialist period, the family received considerable attention in socialist states, too. In Romania, the renewed interest in domestic problems was spurred by demographic developments. As in other European states, the divorce rate had reached new heights in the 1960s; the number of newborns, on the contrary, declined. By the mid 1960s, the country’s birthrate was among the lowest in Europe. In order to resuscitate the reproductive function of the family, the Romanian State Council issued in 1966 a decree which criminalized abortion with very few exceptions. In the same year, the State Council banned divorces.¹⁴ Although historians of Romania have described the mid 1960s as a period of liberalization, these draconian measures show that from the very start, the new government under Nicolae Ceaușescu aimed to police people’s behavior and bodies

¹¹ For example: National Institute on Alcohol Abuse and Alcoholism, *Alcohol - a Family Affair*, DHEW publication, no. (ADM) 74-75. (Rockville, Md., 1974).

¹² Harald F. Luckscheiter, “Die Ehe bei Alkoholikern: Der Einfluss der Ehefrau auf die Entstehung der Trunksucht des Mannes” (Doctoral thesis, Fachbereich Klinische Medizin der Universität Tübingen, 1972).

¹³ Pleck, *Domestic Tyranny*.

¹⁴ See for the text of the decrees: “Decret 770/1966” and “Decretul 779/1966.” For an analysis of the politics of demography, see Kligman, *The Politics of Duplicity*.

closely.¹⁵ In Czechoslovakia, too, family politics changed in the late socialist period, and here too, demographic data spurred the change. The divorce rate in both parts of the republic had risen sharply throughout the 1960s. By 1971, one in every four marriage ended in a divorce.¹⁶ However, the Czechoslovak government resisted taking drastic measures to influence national demography and instead sought to encourage marriages and procreation with material incentives.¹⁷ While the Romanian and Czechoslovak family policy measures showed marked differences, they were united in their apprehension that the institution of the family faced unprecedented threats and required dedicated policy attention.

The crisis of the family ran deep. In many socialist states, governments designed legal regulations as correctives. In the 1970s, the concern about the family trickled into expert and mainstream media, resulting in an upsurge of research programs and media debates about family problems. Television series and women's magazines devoted themselves to portrayals of family life, many casting a critical light on its manifold problems. An early example was a special edition prepared by the Slovakian women's magazine *Slovenka* in 1965, which was distributed to all central governmental organs. In a series of ninety letters, *Slovenka* gave voice to the wives of alcoholics, who described their everyday lives to the readers. Almost all these women emphasized the daily experience of emotional or physical violence towards themselves and their children.¹⁸ Other, less publicized examples could be found in the background material of the new Czechoslovak alcohol decree. When in 1973, the Czech and Slovak health ministers prepared the decree, their discussion included a sample of case studies of the family lives of alcoholics. Again, most of these described the aggression of male drinkers towards spouses and children.¹⁹ Similarly, in Romania, critical illustrations of family life entered public forums in the 1970s. Newspapers and women's magazines still did not

¹⁵ See for the liberalization argument, see for example Hitchin's chapter on communism in Romania: Hitchins, *A Concise History of Romania*.

¹⁶ Šárka Rámišová, "Podporované, či opovrhované? Životní úroveň svobodných matek v období normalizace," *Paměť a dějiny. Revue pro studium totalitních režimů* 7, no. 4 (2013/2014).

¹⁷ Kalinová, *Konec nadějí a nová očekávání*, 82.

¹⁸ The letters can be found as: "Usnesení vlády. Návrh. Příloha č. 2. Výtah z několika dopisů uveřejněných ve zvláštním bulletinu redakce časopisu *Slovenka*," March 29, 1967, in: MZd, Zpráva o boji s alkoholismem, č.j. 276.1. NAČR, fond MZd, Materiály pro schůzi vlády 1955-1968, č. fondu 314. Other cases were repeatedly published in the nation-wide journal for alcohol expertise, for example "Správa PAK (Protialkoholické komise) pri ZV-OZ za rok 1969 v TEES, n. p., Martin," *Protialkoholický obzor* 3, no. 3 (1970). For vivid depictions of domestic violence see also publications in the internal journal of the police organization: "Niektoré zvláštnosti pri zákrokoch proti opitým občanom," *Kriminalistický sborník* 25, no. 7 (1981).

¹⁹ "Usnesení 70. schůze předsednictva ÚV KSČ," April 20, 1973. As usual, these cases were copied from alcohol expert journals, cf. "Některé vybrané případy alkoholismu," *Zápisy z Apolináře* 22, no. 1-2 (1973), 4-10.

regularly cover domestic violence, but articles on the topic were not a total rarity. In many of these articles, the excessive drinking of the husband figured as the starting point of the presentation of a deteriorating family life characterized by fights, fear, and violence. In the women's magazine *Femeia*, reports about alcoholism and violence were often framed as letters to the editor. From the perspective of either wife or repentant husband, they painted dramatic scenes of violent marriages and the consequences experienced by affected family members.²⁰

It was not a coincidence that both *Femeia* and *Slovenka* chose to discuss the family crisis through the cases of alcoholic husbands. In many portrayals of family violence, the husbands' drinking featured prominently and served to explain problematic behavior in the private sphere. Medical studies bolstered the assumed causal relation between drinking and family problems. For example, the Institute of Legal Medicine in Bucharest analyzed thirteen thousand cases of corporal attacks and concluded that in 80 percent of all cases, "the acts of violence are due to alcohol." 60 percent of the attacks, the legal doctors added, had involved family members, "especially [...] husband and wife."²¹ In Czechoslovakia, too, psychiatrists were not averse to drawing causal relations between drinking and family violence. In a study of alcohol and children published in 1982, the psychiatrists Michal and Karol Turček reported the case of a young girl who had been hospitalized for epilepsy and mental illness. An investigation revealed that her father was a heavy drinker who, in one of his alcoholic frenzies, hit her until she suffered serious brain bleeding. Although it was not the first time that he had attacked his daughter, the doctors arrived at the conclusion that the brutal act "had been caused by drunkenness."²²

The use of drinking problems to explain domestic violence was contentious. In Western debates about the same problem, feminists argued that male violence in the family reflected cultural norms. Alcoholism could *facilitate* patriarchal aggression, but did not *cause* it.²³ However, the importance allocated to alcoholism in Central and Eastern European countries does not mean that debates were in denial about the 'real reasons' for domestic violence or that they downplayed the incidents themselves. Rather, alcoholism often served as a

²⁰ For example, "Întrebări, confesiuni, experiențe," *Femeia* 31, no. 2 (1978).

²¹ Beliș, *Riscurile consumului de alcool* (Bucharest: Editura Medicală, 1981).

²² Michal Turček and Karol Turček, *Alkohol a děti*, 2nd ed. (Martin: Osveta, 1982), 23.

²³ Pleck, *Domestic Tyranny*, 49–50.

euphemism for other social problems. Sheila Fitzpatrick has remarked that in the early years of Stalinism, the ubiquity and known harmful potential of drinking made it a useful tool for articulating social problems.²⁴ Far from restricting their attention to alcohol problems alone, medical and governmental reports often referred to alcoholism in order to introduce other, more critically debated topics.

In this function as an 'icebreaker,' alcoholism was revived as an aspect of late socialist debates about social problems. In the 1970s and 1980s, criminological and medical studies often recurred to alcohol problems to introduce sensitive social problems such as family violence, usually focusing in that case on violence against children. In some cases, doctors even referred to alcoholism when they saw no causal relation to the problem at stake. In this vein, a group of Slovak pediatricians chose to present their research into pedophilia in the country's journal about alcoholism. Using the association between alcohol and sexual aberration to speak about this sensitive topic, they conceded that their findings did not actually substantiate a significant correlation between alcoholism and pedophilic tendencies. They reported "the finding that 63% of pedophile individuals committed their sexual aberration in a sober state, and that only in some cases, we were dealing with chronic alcoholics in the third or fourth phase according to Jellinek"²⁵ (referring here to Elvin Morton Jellinek, the "father" of the disease theory and his idea that alcoholism manifested in various stages). As the findings of the two psychiatrists did not actually substantiate a significant causal relation between drinking and child abuse, their study was not an attempt to downplay family violence as being solely the result of drunken stupor. The indeterminate causality notwithstanding, alcohol problems thus became as a useful tool for discussing problematic social issues.

Masculine failure and female patience

We have seen that the renewed interest in family life was spurred on by what was perceived to be a fundamental crisis of the family as a social unit. It is, however, important to emphasize that Western and socialist states did not simply react to a dramatically evolving social issue. Domestic problems like child abuse and intimate partner violence were not new

²⁴ Fitzpatrick, *Everyday Stalinism*, 186.

²⁵ J. Medvecký and K. Szutorová, "Alkoholizmus a pedofilná delikvencia," *Protialkoholický obzor* 11, no. 5 (1976), 133.

phenomena of the 1970s, even though many perceived and described them as such.²⁶ We have seen that already in the interwar period, Romanian articles in anti-alcohol journals portrayed domestic violence as a common experience of many women and children. What set the 1970s debates apart was not the discovery of domestic problems, but a new belief that violence and drinking threatened the societal function of the family. How can we explain this belief? What was the purpose of this critical view of the family?

Looking at the presentation of domestic problems in mainstream magazines, we gain an insight into the motivation of the debate. In both Romania and Czechoslovakia, women's magazines often chose to present family problems through letters to the editor. In the mid 1970s, the Romanian women's journal *Femeia* introduced the column 'Questions, confessions, experiences' (*Întrebări, confesiuni, experiențe*) in which readers described their family life and asked the journal's editors for advice. Most of these letters followed the same pattern, presenting an initially happy marriage which deteriorated due to external factors, usually leading to the husband's drinking and violence. Judging by the schematic outline, we must assume that the editors wrote at least some of the stories themselves. Although the stories may not have reflected women's real experiences, they are a useful indicator for the new trend of publicly stigmatizing domestic problems as well as for the motivation behind this stigmatization.²⁷

In most cases, the articles did not offer advice to the neglected or assaulted wives, or inform them about institutions where they could find help. Even if women's magazines contributed to the trend of turning private problems into a matter of public concern, they did not see offering solutions as a public task. The aim of the debates was not to introduce short-term solutions, but to open the conversation, to inform people about the boundaries of decent behavior and educate wives and husbands about their respective tasks. A *Femeia* journalist recounted, for example, the story of Camelia, who at the age of sixteen was married against her will to a man who "did not care that I did not want him."²⁸ After marriage, her resentment to the husband proved well-founded. He was a heavy alcoholic and when drunk,

²⁶ On this debate, see: Gordon, *Heroes of Their Own Lives*.

²⁷ For examples debating family problems and family violence: "Întrebări, confesiuni, experiențe," *Femeia* 28, no. 7 (1975); "Întrebări, confesiuni, experiențe. Un dușman numit... paharul," *Femeia* 28, no. 10 (1975); "Întrebări, confesiuni, experiențe. Când greul a trecut," *Femeia* 31, no. 4 (1978); "Întrebări, confesiuni, experiențe. O greșeală recunoscută să fie, chiar, pe jumătate absolvită?," *Femeia* 34, no. 6 (1981).

²⁸ "Întrebări, confesiuni, experiențe. Când greul a trecut."

became violent. The story then jumped ahead, presenting Camelia's success story. Initially against the will of her husband, she took up medical studies and soon became a doctor. Her husband, witnessing her success and joy, came to understand his mistakes. The couple subsequently grew closer, developed mutual affection, and was now expecting their second daughter. Towards the end of the article, Camelia expressed her gratitude to the editors: "I will not forget that you have told me a while ago [...] to reflect upon the word patience."²⁹

If they did not call for the woman's patience, articles summoned the victims' or perpetrators' extended family and thus invoked the self-regulating potential of the family. In another letter published in *Femeia*, the young student Mariana complained about her drunkard father's brutality towards her mother and herself. The answering editor stressed that "[o]ur society cannot be indifferent to things like that."³⁰ Having said that, he appealed to Mariana's adult brother to intervene and convince the father that "his behavior is no longer tolerated."³¹ In another case, the author of a journal article presented a young woman who, holding a crying baby in her arms, ran to a procurator and asked for help: "He came home drunk again, comrade. He beat me again. He threw me out of the house with the kid, again. What shall I do, tell me, where can I go?"³² Although the author chose to begin the story with the woman's explicit request for state intervention, she did not dwell on the interaction between the woman and the procurator. Instead, she turned the readers' attention to the husband's mother who did not care about her miserable grandchildren and "still serves her son a palinka at the table."³³ The article's objective was thus not to provide strategic advice for women in similar situations, but to problematize alcoholism and violence within the family.

Women who reached out for institutional answers were systematically discouraged. The regulation on marriage dissolution had been relatively strict from the very beginning of socialist rule in Romania. In 1966, a new decree had practically banned divorces. For the following year, Romania's statistical yearbook reported forty-eight divorces in the whole country. The very low number was a way of signaling that the decree had been successfully implemented. From 1968 onwards, the legal and statistical report practices relaxed.³⁴ In the

²⁹ Ibid.

³⁰ "Întrebări, confesiuni, experiențe," *Femeia* 28, no. 7 (1975).

³¹ Ibid.

³² Sanda Faur, "Și totul începe de la o halbă cu bere," *Femeia* 29, no. 12 (1976).

³³ Ibid.

³⁴ Kligman, *The Politics of Duplicity*, 50-52.

course of the 1970s, the number of divorce requests as well as their acceptance rate increased progressively.³⁵ But even with a gradual liberalization of divorce procedures, the process remained tedious, and official media channels did their utmost to discourage people from this possibility. *Femeia* authors, for example, never referred to separation as a viable solution to marriage conflicts. If they mentioned divorce, it was characterized as inhumane. An article commented in this way:

[I] realize, with certain sadness, how the motives for divorce repeat themselves from one case to the other: lack of affection, consumption of alcoholic beverages, violence, jealousy. Everybody assumes that their own unhappiness is absolutely unique, but we all know that these are typical formulations and more convenient than investigating the real motivations.³⁶

While we may assume that the “typical formulations” reflected commonly experienced problems,³⁷ it is striking that the article did not offer any solution apart from “investigating the real motivations” – a formulation that probably referred to self-regulatory mechanisms, which aimed at reconciling the marriage partners.

With this absence of practicable solutions, the discourse about domestic problems in late socialist Romania seems to embody a contradictory stance. On one hand, mainstream publications showed mounting concern over private matters. With articles dedicated to domestic problems, they rendered private problems visible and thus declared family problems a matter of public concern. On the other hand, these publications shied away from public responsibility when it came to discussing solutions. This seemingly contradictory attitude was, however, informed by a very specific understanding of the problem at stake. Women’s

³⁵ In the county of Braşov, the divorce requests tripled from the early to the late 1970s, and the acceptance rate rose from 76 to nearly 90 percent. For these local rates of divorce petition and acceptance, I refer to: Comitetul de partid municipal PCR Braşov, Secretariat, “Informare privind activitatea desfăşurată de organizaţiile de partid de la procuratură şi justiţie, de către conducerile acestor instituţii pentru educarea comuniştilor şi a tuturor lucrătorilor în spiritul aplicării legilor ţării, a comportării lor în conformitate cu normele şi principiile eticii şi echităţii socialiste,” 25.5.-22.6.1979: Direcţia Judeţeană Braşov a Arhivelor Naţionale (hereafter DJANB), fond Comitetul Judeţean P.C.R. 1945-1989, inv. 647, therein: in: fond 31 (33), Comitetul orăşenesc PMR şi PCR Braşov, 1951-67, 1968-89, inv. 5/1979.

³⁶ “Universul familiei. ...Şi familiile au fost refăcute,” *Femeia* 40, no. 2 (1987).

³⁷ Corneliu Pădurean has shown, in his study of divorce suits in socialist Romania, that men usually invoked the wives’ infidelity and absence from house and household. Women, to the contrary, reported their husbands’ alcohol consumption, often in combination with marital violence and extramarital affairs: Corneliu Pădurean, “Family in Romania During the Communist Regime,” in *Families in Europe between the 19th and the 21st centuries: From the traditional model to contemporary PACS*. Papers of international conference, Cluj-Napoca, October 8th-11th, 2009, ed. Antoinette Fauve-Chamoux and Ioan Bolovan (op. 2009), 503–14.

magazines did not discuss domestic problems in order to empower women, but as a means to educate marriage partners about proper behavior in the family. The magazines informed men and women about acceptable and unacceptable forms of behavior and encouraged them to reflect on problems within their own family.

The major problem was thus not the woman's and children's suffering, but the husband's political consciousness, and his unwillingness to fully embrace the values of modern socialist life. Exerting physical or psychological violence against their wives and children, husbands violated not only their family members, but also the morals of the socialist state. Camelia's husband, for example, opposed her employment and thus rejected the state's emancipative gender politics. Other husbands meted out exaggerated violence to their family members and thus invoked bourgeois concepts of the authoritarian family father who had the right and duty to discipline his dependents. In her study of domestic violence in the late socialist GDR, Jane Freeland shows that in court proceedings too, the man's 'false consciousness' was the pivot of most verdicts relating to family problems. What was at stake was not primarily women's and children's wellbeing, but the definition of socialist masculinity.³⁸ Women's magazines targeted women as an audience, but their stories did not limit themselves to decrying husbands' mistakes: they also advised women on how to behave in difficult situations. The advice for Camelia ("to reflect upon the word patience") was symptomatic in this regard. Women were discouraged from entering marriage with high expectations of their partners. If the husband was a drinker, violent, or negligent towards his fatherly duties, it was the wife's task to acknowledge his lack of education in these matters, to appeal to him, and to gradually turn him into a better citizen of the socialist state.

In these mainstream presentations of domestic problems, family issues were thus still defined as a primarily political problem. Unlike in Western states, the family was not (or at least not fully) considered a private, secluded sphere, but rather was supposed to abide by the same rules as other spheres of socialist life. In Romania, this understanding was corroborated at the eleventh party meeting of the PCR in 1974. As stated by the meeting's protocol, socialist consciousness was to be enforced in all aspects of life.³⁹ Indeed,

³⁸ Jane Freeland, "Morals on Trial: State-Making and Domestic Violence in the East German Courtroom," *Perspectives on Europe* 44, no. 1 (2014).

³⁹ *Congresul al XI-lea al Partidului Comunist Român: 25-28 noiembrie 1974* (Bucharest: Editura Politică, 1975).

“unsocialist” behavior in the family could have serious consequences for the perpetrators. Examples for this new focus on behavior in the family can be found in party exclusion files. While previously, in the 1950s, “inappropriate behavior in the family” had been listed among the reasons for exclusion, this reproach had thus far constituted a supplementary factor in a usually long list of offenses. In 1953, the party member M was accordingly excluded because he had belonged to a unit that fought against partisans during the Second World War, because he was a drunkard, because when drunk, he became aggressive and had repeatedly beaten up his colleagues and his wife, and because he was politically inactive.⁴⁰ In the 1970s, drinking, domestic violence, and extramarital affairs became more prominent and at times decisive factors for exclusion. In 1977, another party member M was excluded not because his political conviction was doubted, but “because he had the habit of consuming alcoholic drinks in an excessive way and to entertain relations with various women, although he was married.”⁴¹

At the workplace, too, domestic problems could result in consequences for the perpetrator. Even if workers were reliable in their professional function and got along well with their colleagues, their behavior in the family could threaten their professional status. Provided there were witnesses willing to testify about unsocialist behavior against family members, such cases were discussed in the perpetrator’s work collective. Again, this shows that domestic problems were at least in theory not private issues, but rather that it was the responsibility of the wider public to educate and punish the perpetrators by appealing to their conscience, by reducing their wage, or by downgrading them to a hierarchically lower position.⁴²

However, this political understanding of domestic problems was not immediately helpful to those who were affected by violence or neglect. When family problems were stigmatized in women’s journals and party exclusion files, the real scandal was not the wives’ and children’s suffering, but the behavior of individual men in socialist society. As the problem lay within the perpetrator and not the victim, discussions were aimed at asserting “public peer pressure” on violent or alcoholic husbands.⁴³ The victims’ situation, on the other hand, was

⁴⁰ This case is found as: 846/1953, in Litera B, inv. 3259. ANR, fond CC al PCR, Colegiul Central de Partid.

⁴¹ 2001/1977, in Litera B, inv. 3259. ANR, fond CC al PCR, Colegiul Central de Partid.

⁴² On workplace proceedings against domestic violence, see: Călin Morar-Vulcu, “Becoming Dangerous: Everyday Violence in the Industrial Milieu of Late-Socialist Romania,” *European History Quarterly* 45, no. 2 (2015).

⁴³ *Ibid.*, 319.

not part of the debate. This new interest in domestic problems was not driven by the desire to tackle the negative experiences of women in marital relationships. Romanian state institutions problematized people's behavior in the family because they believed that the institution of the family was undergoing a severe crisis. The result was an interesting combination of emancipative socialist language and allusions to women's traditional role in the household. Socialist governments remained reliant on stable families with their inherent gender dependencies, in both their productive and reproductive functions. In the late socialist period, the new stigmatization of certain demographic developments and the increase in family studies made this reliance more explicit than ever.

Intervention and its absence

Thus far, we have seen that the situation of women was not the central focus of the new family debates. It was not only state institutions in the Eastern bloc that were reluctant to intervene in affected families. In liberal democracies, governments passed off their unwillingness to engage with private problems as a tenet of social organization. Believing the relationship between husband and wife to be an autonomous union, they granted families the right to privacy. In most states, initiatives to counter this norm were not the result of governmental incentives, but were usually generated through the initiative of nongovernmental organizations. Western feminists of the 1960s and 1970s often justified their activism by citing the state's failure to protect women. Criticizing police officers and other state officials for downplaying incidences of domestic violence, they requested radical reforms of the welfare and justice systems to safeguard women's rights.⁴⁴

In socialist states, it was a lot more difficult to form grassroots initiatives, and even harder to set up non-governmental institutions to care for battered women and children. But here too, representatives of various institutions began to criticize the lack of practicable solutions for affected family members. Despite the governments' interest in stable family life, certain forms of external 'corrections' gained ground in the late socialist period. The second section of this chapter will be devoted to the debates and practices which targeted affected

⁴⁴ For the history of family violence, primarily in the United States, see: Anna Clark, "Domestic Violence, Past and Present," *Journal of Women's History* 23, no. 3 (2011). See for a similar assessment also Bumiller's interviews with the victims of domestic violence and sexual assault: Kristin Bumiller, *In an Abusive State: How Neoliberalism Appropriated the Feminist Movement Against Sexual Violence* (Durham: Duke University Press, 2008), 111–13.

families in late socialist states. Again, alcohol consumption played a crucial role in framing criticisms and developing solutions. The debates around alcoholic families may therefore serve as case studies to question what forms of interventions were encouraged, and how these debates and interventions affected the concept of the family and its social function in the late socialist state.

The right to be protected

Apolinář, the Prague treatment ward for alcoholics, has already been mentioned for its active role in developing and coordinating alcoholism treatment in Czechoslovakia. Its staff also prepared the journal *Notes from Apolinář (Zápisy z Apolináře)*, which contained news about treatment facilities in the country, reports about treatment procedures, as well as case studies of patients. Many of these studies referred to the patients' family lives, for two main reasons: to point out the difficulties many patients had experienced in their upbringing and interpersonal relationships, and to document the urgent need for intervention in the case of violent family relationships. For example, in 1973, an article recounted the case of L who, after losing his wife, started drinking excessively. L neglected his five children and began sexually abusing his twelve-year-old daughter, "with impunity,"⁴⁵ as the author of the article critically added. Reportedly, the family department of the local National Committee had been informed about the situation of L's family. Although it was the responsible administrative unit for these cases, its workers did not deem L's behavior serious enough to warrant intervention. In the end, a court sentenced L to 'protective' (forced) treatment because he had been found drunk on his job as a tram driver. Depicting the course of events, the author did not explicitly accuse the state representatives of neglect, but by mentioning their lack of activity in a case of reported child abuse, he furthered a critical engagement with law enforcement in the case of family problems.⁴⁶

Through depictions like that given above, medical scientists contributed to a growing body of publications that conceptualized the lack of intervention as itself a problem. By mentioning that the victims were left alone in their suffering, doctors insinuated that state institutions had failed to prevent or at least alleviate violence and neglect within the family.

⁴⁵ See: "Některé vybrané případy alkoholismu," 7.

⁴⁶ *Ibid.*

Furthermore, they implied that battered or neglected family members would benefit from state intervention. Although this implication might not seem reasonable, historians and contemporary political analysts and activists have often insinuated that in state socialism, people wanted to shield their family from state intervention. To my knowledge, there is no study investigating this claim. There is no doubt that battered women have to balance the inconvenience of a state intervention into their life against experiences of brutality and hardship. Judging from institutional reports and media articles, a generalized claim about women's attitudes towards state intervention in socialist countries seems unsubstantiated, however.⁴⁷ In his study of drinking in Soviet Russia, B. M. Segal observed different generational standards in this regard. Younger women were often unwilling to accept their husbands' brutality and more inclined to contact state institutions for help.⁴⁸ As a twenty-one year-old Slovakian woman proclaimed in the mid 1960s, "in today's time, it is unbelievable that a woman needs to live with a man who beats her."⁴⁹

In women's journals, too, women were occasionally presented as willing to make use of existing state infrastructure. When in 1965, the Slovak magazine *Slovenka* published a collection of letters written by the wives of alcoholic husbands, many of the letters indicated that the women had appealed to local National Committees, the police, and workplace authorities and requested their right to be protected from their husbands' violence by the state. However, the authorities refused to get involved in domestic issues.

The workers at the local National Committee fear [the husband] and at the police station they asked me to come again the next time he attacks me. But maybe it will be too late by then. [Letter from Mária]

The guys at the National Committee [...] claimed that everybody can do at home what he wants and spend the money the way he wants. [...] I did not get any [help], neither from the local National Committee nor from the police. They told me only that this is a family issue and that as long as he does not kill us or we him, they have no right to intervene. [Letter from Katarína]

For several years, I have been going to the Health Department of the labor union where my husband works and have asked for help in my family life. [...] The head of the Health

⁴⁷ Isabel Marcus discusses this strand of argumentation in: Marcus, "Wife Beating."

⁴⁸ B. M. Segal, *The Drunken Society: Alcohol Abuse and Alcoholism in the Soviet Union. A Comparative Study* (New York: Hippocrene Books, 1990), 259, 265–67.

⁴⁹ "Usnesení vlády. Návrh. Příloha č. 2. Výtah z několika dopisů uveřejněných ve zvláštním bulletinu redakce časopisu *Slovenka*," March 29, 1967, in: MZd, Zpráva o boji s alkoholismem, č.j. 276.1. NAČR, fond MZd ČSSR, Materiály pro schůzi vlády 1955-1968, č. fondu 314.

Committee of the labor union, comrade Š. Š., declared me abnormal, a gossip, and similar things. [Letter from V]⁵⁰

The letters, published in the mid 1960s, were a courageous attempt by the women's journal *Slovenka* to bring domestic violence and the lack of state intervention to the attention of its broad readership. In the 1970s, representations with this form of public outreach became less common. The debate did not wither, however. Rather, it migrated into expert forums, where the depictions were not less scandalous. In medical expert journals and the internal media outlet for police officers *Kriminalistický sborník*, articles repeatedly discussed cases of domestic violence, indicating that family members had requested state intervention, but that police officers or workers at social institutions had refused any form of help.⁵¹ Similarly, for the GDR, Jane Freeland and Donna Harsch have argued that many women sought state assistance, but found their experiences belittled. Isabel Marcus has also added observations about Hungary, Poland, and Romania. In the latter case, we have observed above how women's magazines disparaged women who reached out for institutional support.⁵²

The aforementioned letters indicated that while there were institutions officially in charge of responding to the needs of problematic families, they reacted only belatedly and hesitantly. In Czechoslovakia, several institutions were officially responsible for family problems. First of all, these were the family departments of the local National Committees, which (we have already seen) often appeared as helpless or unwilling to address private problems. A second institution targeted alcoholic families. Starting in 1962, local anti-alcohol counseling centers were responsible for observing the economic and moral situation in their clients' families, especially if they had underage children. If they noted emotional or material neglect, they were to report to the family department of the local National Committee.⁵³ Representatives of this committee were supposed to visit the family at home and then decide, in accordance with the client's employer, whether it made sense to disburse parts of his or

⁵⁰ Katarína's, Mária's, and V.'s letters are reprinted in: "Usnesení vlády" (see previous footnote).

⁵¹ See for example: "Některé vybrané případy alkoholismu," also: Martin Tóth, "Kde až vedie alkohol," *Kriminalistický sborník* 22, no. 1 (1978).

⁵² Freeland, "Morals on Trial," Harsch, *Revenge of the Domestic*, 286–87; Isabel Marcus, "Wife Beating: Ideology and Practice Under State Socialism in Hungary, Poland, and Romania," in *Gender Politics and Everyday Life in State Socialist Eastern and Central Europe*, ed. Shana Penn and Jill Massino (New York: Palgrave Macmillan, 2009), 115.

⁵³ For the procedure, I refer to: Arnoštka Maťová, "Úkoly sociálních pracovníků v protialkoh. zařízeních."

her wage to the spouse or another family member.⁵⁴ Instituted as part of the alcohol law of 1962, this mechanism still expressed a very materialistic worldview, in which the economic consequences of social problems were the decisive factors. If the husband failed as a breadwinner, the state had to jump in and redistribute the financial resources of the family. Like the work of the National Committees, the success of this regulation was limited. In the year 1977, the local courts in Prague reported no single case of wage transferal, arguing that there had simply been no need.⁵⁵

A third type of institution which was frequently used to confront family problems were the “marriage and premarriage counseling centers” (Czech *manželské a předmanželské poradny*, Slovakian *manželské a predmanželské poradne*) which had spread throughout the whole country from 1972 onwards. In creating these centers, the Czechoslovak government followed a recent global trend. In the USA, individual institutions for marriage counseling had existed since the 1950s, but their network expanded and professionalized from the late 1960s onwards. In Europe, marriage counseling gained ground at the end of the 1960s in both socialist and non-socialist countries. While in some countries, marriage counseling had been practiced since the 1930s, it had mainly served to prevent certain categories of people from marrying.⁵⁶ The new centers, on the contrary, aimed to stabilize marriages by settling problems between spouses. As a non-repressive tool, they were envisaged as tools to counter the growing number of divorces that in this period, alarmed many governments in Europe.⁵⁷

Aside from educating future spouses, counseling centers in Czechoslovakia were responsible for settling existing problems and assessing people’s divorce petitions. In this

⁵⁴ For the law: “Zákon ze dne 19. prosince 1962 o boji proti alkoholismu: 120/1962 Sb.,” paragraph 14. For practical advice how to make use of this paragraph, see Alena Gottwaldová, “Vyznáte sa v paragrafoch? Výplata mzdy alkoholikov,” *Slovenka* 26, April 27, 1973.

⁵⁵ See on this assessment for Prague: Městská prokuratura v Praze, “Vyhodnocení stavu kriminality páchané pod vlivem alkoholu za I. pololetí 1978,” October 20, 1978. AHMP, fond NVP, Odbor pro vnitřní věci, 1945-1991, inv. č. 478, therein: Místní bezpečnost. Zprávy městské prokuratury — ricidiva, alkohol, mládež — ochrana ekonomiky, 1976-80, OVV 076.05, k. 76.

⁵⁶ Sevasti Trubeta, “Eugenic Birth Control and Prenuptial Health Certification in Interwar Greece,” in *Health, Hygiene, and Eugenics in Southeastern Europe to 1945*, ed. Christian Promitzer, Sevasti Trubeta and Marius Turda (Budapest, New York: Central European University Press, 2010), 271–98.

⁵⁷ On the United States: Ian Robert Dowbiggin, *The Search for Domestic Bliss: Marriage and Family Counseling in 20th-Century America* (Lawrence, Kansas: University Press of Kansas, 2014), 2, chapter 6. On marriage counseling centers in Poland, Finland, the FRG, and the Scandinavian countries: Vladimír Wynnyczuk, “Poznatky z nových výzkumů o rodině a jejich vliv na manželské poradenství v Evropě,” in Ministerstvo práce a sociálních věcí SSR, *Zborník prednášok z 2. celoštátneho seminára pracovníkov manželských a predmanželských poradní v Povážskej Bystrici v roku 1980*. On the GDR, see Harsch, *Revenge of the Domestic*, 289–90.

capacity, they also became an important instrument for intervening in problematic family relationships. Just like in Romania, women in Czechoslovakia often referred to their husbands' drinking in their divorce requests. While in 1950, less than 5 percent of all divorces were made on grounds of alcoholism, in the early 1970s, it was cited as main reason in 15 percent of all petitions, and by the early 1980s was evoked in every second divorce petition filed by Slovak women and in every third petition by Czech women.⁵⁸ Alcohol problems became such a ubiquitous argument in divorce procedures that marriage counselors grew suspicious. In a guidebook for marriage counselors, an author recounted the case of a wife who denounced her husband as an alcoholic. The counselor judged however that the husband's drinking was "not more than normal alcohol consumption" and only served as an "alibi for divorce."⁵⁹ We have no way of assessing the counselor's claim. However, we may assume that women indeed made use of the acknowledged status of alcoholism to denounce their husbands' real or alleged drinking problems, in order to assert their rights.

Notably, not all marriage counselors were averse to divorce. Some proved critical of the traditional idea that stability should be valued above everything else in marriage. In a 1981 manual for marriage counseling centers, a Czech counselor asserted that "if we consider the preservation of marriage as our goal," his center had not been successful, but that "we should also take into account the percentage of divorces which present a solution to conflict situations or eliminate the reason for suffering and psychotraumatization."⁶⁰ For women married to chronic alcoholics, another counselor even encouraged separations, asserting that "even qualified experts do not manage to heal alcohol addiction, and therefore the illusion that a partner succeeds in doing so is largely unrealistic."⁶¹ This assessment is particularly

⁵⁸ For data on the 1950s: "Návrh vládního usnesení o souborných opatřeních v boji proti alkoholismu. Příloha k č.j. 02869/55," September 19, 1955, in: MZd, Návrh vl. usn. o souborných opatřeních v boji proti alkoholismu, r. 1955. NAČR, fond MZd ČSSR, Materiály pro schůzi vlády 1955-1968, č. fondu 314; for the 1970s: Ústřední komise lidové kontroly a statistiky, *Statistická ročenka Československé socialistické republiky*, editions 1973, 1983. For an analysis of the role of alcoholism in divorces in the late 1980s, I refer to: O. Maťašovská, "Výskyt problematiky alkoholizmu v práci manželských a predmanželských poradní na Slovensku v roku 1985," *Protialkoholický obzor* 22, no. 4 (1987).

⁵⁹ Jaroslava Martinková, "Možnosti využití TSV /test sémantického výběru/ v manželském poradenství — kazuistická sdělení," in Ministerstvo práce a sociálních věcí SSR, *Zborník prednášok z 2. celoštátneho seminára pracovníkov manželských a predmanželských poradní v Povážskej Bystrici v roku 1980*.

⁶⁰ Jiří Jelen, "Změny v chování rodičů a dětí za rozvodové situace," in Ministerstvo práce a sociálních věcí SSR, *Zborník prednášok z 2. celoštátneho seminára pracovníkov manželských a predmanželských poradní v Povážskej Bystrici v roku 1980*.

⁶¹ See for example: Ján Gabura, *Prevencia rozvodovosti mladých manželstiev: Metodický materiál pre rodinnú výchovu* (Bratislava: Živena, 1987).

interesting if we remember that the education of men was often seen as the natural task of women and that therefore, women were expected to put up with family problems uncomplainingly.

As in the development of alcoholism expertise, marriage counselors were able to carve out some political freedom for their field of specialization. This renegotiation of institutional tasks became visible in several innovations generated by the initiative of individual counselors. One example was the 'trust line' (Czech *Linka důvěry* / Slovak *Linka dôvery*), established in 1965 in a Prague psychiatric clinic under supervision of Miroslav Plzák, one of the most prominent figures in Czech marriage counseling. Workers at the trust line encouraged married people to call and confide their problems to professionals. Most of the callers were women, and the workers took responsibility for discussing their problems and, if needed, transferring them "to the district doctor, ambulant psychiatrist, legal counseling center, or to a procurator."⁶² Plzák deemed the costs of the helpline very low and its introduction in other cities unproblematic. I do not have systematic data on the institutionalization of the 'trust line,' but occasional reports from marriage counselors indicate its spread throughout the country to certain institutions.⁶³ Marriage counseling centers thus became important institutions for investigating problematic marriages and renegotiating the sanctity of the family in late socialist Czechoslovakia. Not officially designed for this task, they contributed to a reinterpretation of the state's and family's role. Negotiating and at times encouraging the separation of families, the institutions challenged the idea that the family was responsible for social stability and thus for fixing the state's unresolved problems with patriarchal dominance and violent interpersonal relations.

Discrete and professional: new forms of intervention

The innovative potential of marriage counseling centers indicated that non-official, professional channels were at times more successful in alleviating family problems than the institutions which were officially in charge of such matters. In both Eastern and Western Europe, governments were slow to react to public criticism, and as a result, many mechanisms

⁶² Československá televize Praha, "Linka důvěry," April 10, 1965. AČT, database PROVYS.

⁶³ See for example a report about the integration of a hotline for marriage problems in a local health center in Slovakia: J. Kredátus and J. Krokkerová, "Problematika alkoholizmu na linke dôvery OÚNZ v Humennom," *Protialkoholický obzor* 18, no. 1 (1983).

to alleviate family problems were not centrally coordinated but rather were based on ad-hoc initiatives of individual professionals who worked with affected family members and who then professionalized and institutionalized their response mechanisms. In many Western European states, women's shelters emerged as private initiatives and were only later transformed into state institutions. In state socialist countries, the most functional mechanisms were developed by those social and medical workers who deliberately exceeded their institutions' authority. In Ostrava, for example, a group of Czechoslovak child psychiatrists attempted to improve the situation of their patients by setting up a card index for children who had experienced abuse in their families. Reacting to a lack of coordination, the psychiatrists appealed to the National Committee, to teachers and to press organs, and requested that these bodies both accept their duty to report child abuse and also exhibit a greater awareness of this problem. Although I have no indication whether this initiative was institutionalized in the following years, it is telling that the psychiatrists assumed the tasks of the National Committee and encouraged other institutions to join their initiative.⁶⁴

Another group of institutions that had no official mandate to intervene in family conflicts were treatment centers for alcoholics. However, alcoholism experts were able to make use of a relatively well-developed system of centers to find institutional answers to domestic problems. Data from sobering-up stations indicate that these institutions often served as first points of reference in acute family crises. Following the figures of individual stations, we can observe that in the 1950s and 1960s, most people were detained for public misdemeanor (public brawling, fighting in pubs, etc.), and only a very small number was reported by family members. In the 1970s and 1980s, aggressive behavior in the family, often against children, accounted for between 11 and 20 percent of all admissions.⁶⁵ While the data does not indicate the exact incentive for intervention, the rise in numbers suggests a more sensitive approach to people's behavior at home. Neighbors, relatives, the police, and affected family members themselves knew that the sobering-up stations were functional services and

⁶⁴ Z. Břežina and J. Suchánková, "Ostravské zkušenosti s týranými dětmi. K článku J. Dunovského a H. Karabelové," *Čsl. zdravotnictví*, no. 8 (1973).

⁶⁵ S. Vožehová and F. Vožeh, "Problematika alkoholismu z pohledu protialkoholní záchytné stanice, I. část," *Protialkoholický obzor* 16, no. 3 (1981).

appealed to them as responsible state institutions when witnessing or experiencing intolerable family incidents.⁶⁶

The growing number of admissions due to family problems also implies that services for alcoholics compensated for the shortcomings of other state organs in protecting the familial dependents of violent offenders. Consider the example of J, a young Czech man born in 1943. In 1968, J was first detained in a sobering-up station after having brutally attacked his wife. Two years later, he was brought again to a sobering-up station, this time for beating up his infant daughter. The anti-alcohol counseling centers ordered 'protective' (meaning forced) treatment in an outpatient counseling center, which he refused. Subsequently, the counseling center ordered his protective hospitalization for alcohol treatment, which he then started in 1971.⁶⁷ The case certainly does not suggest a fast intervention in a reported case of family violence. But it is striking that no other institutions are mentioned to have intervened. If the violent husband was a drinker, workers in anti-alcohol institutions seemed to have been willing to take charge of their patient's family problems and were able to offer a relatively comprehensive network to deal with the perpetrators.

Although not all mechanisms worked well and in favor of the victims of domestic violence, it seems that alcohol treatment institutions and children's hospitals were relatively successful in initiating interventions in problematic families. What the previous chapter has shown for the development of alcohol expertise applies in this context, too: the innovative potential of these institutions cannot be considered a coincidence, and even less a rebellion against the state. On the one hand, medical workers addressed domestic violence or alcoholism because these problems were visible in their professional practice. Psychiatrists and forensic doctors worked with alcoholics and their relatives, and in this context were often confronted with the evidence of domestic violence, either because some women trusted doctors enough to confide family problems to them, or because women, if they wanted to file a divorce suit, needed to visit forensic doctors to have their bruises verified.⁶⁸ Furthermore, the medical profession stepped in when other institutions were not willing to do so. As discussed above, some of the best-working mechanisms had not originally been designed to

⁶⁶ P. Riesel, "Deset let chomutovské záchytné stanice (poznámky organizační a sociálně psychologické)," *Protialkoholický obzor* 12, no. 1 (1977).

⁶⁷ J's case is presented in: "Některé vybrané případy alkoholismu."

⁶⁸ Beliş, *Riscurile consumului de alcool*.

discover and alleviate family violence. They developed in response to shortcomings experienced by medics and social workers in their everyday work with affected family members. Seen from this perspective, the professionalized concept of family intervention represented a direct outcome of the government's unwillingness to create functional official alternatives.

The 'professional' approach to family problems contributed to a very specific understanding of these issues. The work of medical experts and social workers was not the planned outcome of a political program to improve the situation of families. Instead, the medical experts concentrated on individual cases, for which they strove to find a solution. Using this individualized case-work approach, the experts considered the individual circumstances of each case and thereby deliberately marginalized the social and structural factors that had contributed to the conflict.⁶⁹ This individualized view of family problems does not mean that doctors denied the influence of patriarchal order or education. In their daily work, however, these factors did not play a role. This professional and 'unpolitical' understanding of family problems was experienced by many doctors to be helpful to their work. A children's doctor who discussed the problem of alcoholism and violence in families stated that the fear of public scandal often inhibited women from opening up about their experiences. Many women viewed the public discussion of their husband's misbehavior as an embarrassment for the whole family. Consulting a doctor offered women a more suitable mechanism: "Speak to the expert, to the psychiatrist, he can discretely organize the necessary measures and treatment options."⁷⁰ While public discussion of husbands' misdemeanors might positively influence people's views about what they could and could not do in their private lives, the doctor considered it harmful for the perpetrators' family members and thus promised a better solution for the affected individuals.

When analyzing the cause and nature of problematic family relationships, medical and social workers did not relate these factors to structural debates. Regarding the Soviet Union, Marianna Muravyeva has pointed out that in the late socialist period, psychiatrists embraced the notion of the 'problem family' to reduce the category of family problems to an assessable group of people. Based on an analysis of families known to have experienced domestic

⁶⁹ On the individual case work approach in the United States, see Gordon, *Heroes of Their Own Lives*, 59-81.

⁷⁰ Tibor Miššik, *Alkoholik v rodine*. Pokyny chorým. Bratislava: Ústav zdravotnej výchovy, 1986.

violence, psychiatrists characterized problem families by their low educational background, a large number of children and an economic inability to sustain them, divorce and the absence of one parent, the abuse of public money such as child benefits or disability pensions, alcohol abuse, regular fights, violence, and/or a lack of ability to solve domestic problems on their own.⁷¹ In Czechoslovakia, psychiatrists who studied the family life of alcoholics came to the same conclusions. Based on several studies conducted in the 1970s and 1980s, they highlighted the “low socio-cultural level”⁷² of families in which at least one of the parents was an alcoholic. In comparison to non-alcoholic families, in which half of the parents had a higher education degree, 75 percent of alcoholic families lacked higher education and came from the working class.⁷³

As workers had an officially and materially protected status in socialist societies, this result should not have resulted in their stigmatization. However, it is striking that many studies mentioned the lack of education and the worker status of families with reported incidences of alcoholism and violence.⁷⁴ This association became particularly evident when studies cited exceptional cases involving educated parents. In this vein, a Czech marriage counselor reported in 1981 the case of little Ivana who grew up in a violent family. Ivana repeatedly witnessed her father’s brutal treatment of her mother. When one time, the wife tried phoning for help, her husband kicked the telephone out of her hand. The author concluded by informing the reader that Ivana, “by the way, is the child of an academic marriage.”⁷⁵ The trend to ascribe alcoholism and domestic violence to groups of lower economic and social standing had an ethnic bias, too. An article in the police journal *Kriminalistický sborník* claimed that in Roma families, the “low cultural morality and socio-economic level of families with a large number of children” often led to juvenile delinquency and school problems.⁷⁶ The article did not cite any data on the prevalence of alcoholism or violence among Roma, but declared the latter “a common form of enforcing authority”⁷⁷ in Romani families.

⁷¹ Muravyeva, “Bytovukha.”

⁷² Zdeněk Dytrych, ed., *Psychická a sociální situace mladých rizikových rodin* (Prague: Novinář, 1987).

⁷³ L. Černý and M. Černá, “Děti z rodin alkoholiků,” *Československá psychiatrie* 29, no. 10 (1974).

⁷⁴ For further findings in this direction, see for example: Vítek, “Výchozí rodina a alkoholová závislost,” *Protialkoholický obzor* 22, no. 3 (1987). For a study of risk factors in cases of child abuse, see: E. Medvecká, J. Medvecký, and Š. Safko, “Týranie dieťaťa — forenzná kazuistika,” *Protialkoholický obzor* 22, no. 3 (1987).

⁷⁵ Jelen, “Změny v chování rodičů a dětí za rozvodové situace.”

⁷⁶ Kic, “Spolupráca Verejnej bezpečnosti s Ústavmi národného zdravia,” 493.

⁷⁷ *Ibid.*

What was behind this professional interest in 'at-risk families'? When police officers and psychiatrists emphasized the role of ethnicity, economic status, education, and family background, their argumentation seemed in line with structural logic, as they linked family problems to the socioeconomic conditions that generated them. Indeed, psychiatrists and police officers continually stressed environmental factors in their studies of family problems – a tendency maintained in Romanian and Czechoslovak psychiatric and criminological journals until the late 1980s. However, the sharp interest in socio-cultural factors did not translate in a holistic approach to family problems, and still less did the studies use their findings to criticize the obvious persistence of social inequalities in a socialist society. More than anything, the analysis of 'risk factors' was an attempt to pinpoint the groups most affected by drinking problems and other socially deviant behavior. In the work of medical professionals, structural factors thus became the risk factors of individual families.

The inclusion of environmental factors did not run counter to structural explanations of alcoholism, but neither did it undermine the case-work approach or the disease theory which, as we have seen in the preceding chapter, featured prominently in the treatment of alcoholics. Case work and disease theory highlighted the individual conditions of alcohol problems and thus marginalized social factors in its genesis. Although adherents of the disease model maintained that certain people were prone to addiction while others were not, they usually conceded that environmental conditions could favor or impede the onset and progress of the disease. Psychiatrists highlighted structural or environmental factors such as family background, level of education, and ethnicity, in order to explain why some people had a relatively high chance of becoming violent towards their families, or to lose control over their drinking, etc. They did not, however, take the debate further, directing it away from individual patients and towards the conditions that nurtured social diseases. It was not the responsibility of doctors to discuss ethnic discrimination, patriarchal violence, or sociocultural disadvantages. However, as the Czechoslovak government failed to enforce alternative solutions, the medical workers' risk factor analysis and case work approach became the guiding model in analyzing and tackling family problems.

Wavering Winnifred and other neurotic wives

The non-structuralist view of family problems became particularly apparent in the services offered to and actual practices around affected family members. One example was the inclusion of family members in the treatment of alcoholics. Although we have seen that alcoholism was no longer discussed as an exclusively male issue, men were still represented in significantly higher numbers than female patients. As a result, psychiatrists mainly targeted women as family members. In Czechoslovakia, doctors and psychologists who worked with alcoholics called upon their patients' wives in brochures and manuals, asking them to convince their husbands to sign up for treatment and to participate themselves in the programs offered for the families of alcoholics. Seeking to gain the trust of the wives of alcoholics, medical professionals urged these women to report their alcoholic husbands to counseling centers, guaranteeing that counselors would not reveal the source of information to their patients.⁷⁸ Although in practice, women were unlikely to report their husbands, men who underwent treatment often mentioned that their wives had given them the impetus for doing so.⁷⁹ This might have been less from a desire to actively support the state's fight against alcoholism than out of sheer self-interest. If anything, it proves that many women perceived their husbands' behavior as more upsetting than an intervention by a state institution, and were therefore willing to collaborate with these institutions.

Notably, the attempt to gain these women as allies did only not stem from the idea that women had an interest in their husbands' recovery. Alcohol experts increasingly saw the wives of alcoholics as potential risk factors for alcoholism. A growing number of journal articles dissected the negative impact that wives could have on their husbands' alcoholism as well as on the recovery process. For example, in 1973, two Czech anti-alcohol counseling workers edited the self-help brochure *How to help him* for the wives of alcoholics. They claimed that a woman might be unwilling to accept that "[her] husband has become a seriously ill person" and that "[h]is rough behavior in the family, scandals in public and

⁷⁸ On the difficulties of collaborating with the wives of alcoholics: "PaP v OÚNZ Praha 3," *Zápisy z Apolináře* 23, no. 1-2 (1974); on early attempts to integrate the patients' wives into the treatment program: Arnoštka Maťová and Jaroslav Skála, "Ženy pomáhají lékařům," in *Člověk + alkohol: Alkoholismus a protialkoholní boj*, edited by Jaroslav Skála (Prague: Protialkoholní oddělení státní psychiatrické kliniky prof. Myslivečka, 1952). In their brochure for the wives of alcoholics, Mandlová and Viewegh explicitly emphasize that women can count on the doctors' confidence: Mandlová and Viewegh, *Jak mu pomoci?*

⁷⁹ On the influence of wives on their husbands' treatment, see S. Ruferová and J. Kašparová, "Spolupráce s manželkami alkoholiků v PaP Náchod," *Zápisy z Apolináře* 24, no. 5-7 (1975), 162-64.

absences from work are part of his disease.”⁸⁰ The authors described the wives’ state of denial as dangerous:

If your husband's alcoholism is solved only with excuses and reproaches, it becomes similar to a situation where we do not throw the rescue rope to a drowning person, but reproach him from the shore why he was so careless and fell into the water.⁸¹

Using this argument, the counseling workers did not accuse the wives of causing their husbands’ drinking, but strongly implied that their behavior could aggravate the situation.

Following this critical attack on wives’ behavior, experts from various anti-alcohol institutions also began to scrutinize and psychologize their patients’ spouses. In the early 1970s, a Czech social worker described four types of wives which were commonly encountered in the treatment of alcoholic men. These types had been originally identified in Texas, where twenty years earlier, the family caseworker Thelma Whalen had discovered “striking similarities”⁸² in the wives of alcoholics. Like “Suffering Susan,” “Controlling Catherine,” “Wavering Winnifred,” and “Punitive Polly,” their Czech sisters Marie, Kateřina, Zuzana, and Vlasta were described as having unconsciously chosen husbands who (respectively) made them suffer, whom they could dominate, to whom they could feel superior, or who were dependent on them (figure 7). In this interpretation, the wives of alcoholics displayed neurotic behavior themselves and chose alcoholics as partners to compensate for their shortcomings.⁸³

⁸⁰ Mandlová and Viewegh, *Jak mu pomoci?*, 3.

⁸¹ *Ibid.*, 4.

⁸² Thelma Whalen, “Wives of Alcoholics: Four Types Observed in a Family Service Agency,” *Quarterly Journal of Studies on Alcohol* 14, no. 4 (1953).

⁸³ See *ibid.*; cf. its analyses in White, *Slaying the Dragon*, 215–16 and Rotskoff, *Love on the Rocks*, 155–57. For the Czech version: L. Stehlík, “Elaborát z přednášky Alkoholismus a manželství,” *Zápisy z Apolináře* 20, no. 1-2 (1971). I am furthermore grateful to Sarah Marks for her comments on the “neurotization” of women in Czechoslovakia.



Figure 7: Psychologizing the drinkers' wives

"Whiny Marie," "Punishing Vlasta," "Unstable Zuzana," and "Bossy Kateřina" were the four "types" of wives of alcoholics outlined by the Czech social worker Arnoštka Mařova.

Source: L. Stehlík, "Elaborát z prednášky Alkoholismus a manželství," *Zápisy z Apolináře* 20, no. 1-2 (1971), 35.

In many countries, relational family models gained popularity in this period. In Romania, particularly from the early 1980s onwards, we find studies that focused on internal family constellations of alcoholics. This included a growing concern for the wives of alcoholics and their role in marital life. A study in the late 1980s presented several prototypes of men and women, and common relational problems. The author explained that the "tyrant" type of man had an exaggerated will for domination and was often "supported by a complementary type of hypotrophic wife"⁸⁴ with submissive and masochistic tendencies and limited sexual desires. Most people, the author explained, developed psychopathological habits such as aggression or drinking due to relational problems. Studies like these were embedded in a growing body of research into marital interactions. While in Romania, the increasing preoccupation with marital problems did not result in a network of institutions responsible for addressing these problems, individual psychiatrists institutionalized family counseling in their respective centers.⁸⁵

⁸⁴ Iolanda Mitrofan, *Cuplul conjugal: Armonie si dizarmonie* (Bucharest: Editura Științifică și Enciclopedică, 1989).

⁸⁵ See as a selection of publications about marriage conflicts and therapy: Cornelia Dimitriu, *Constelația familială și deformările ei* (Bucharest: Editura Didactică și Pedagogică, 1973); Ursula Șchiopu, "Problemele psihodiagnozei și psihoterapiei de familie," *Revista de psihologie*, no. 4 (1980); I. Vinti and C. Pascu, *Conținutul profilactic al consultației prenuptiale* (Bucharest: Editura Medicală, 1984); P. Golu and Iolanda Mitrofan, "Dinamica modelelor interacționale în evoluția cuplului conjugal," *Revista de psihologie* 31, no. 3 (1985).

The view that dysfunctional marriages were not a consequence but rather a cause of chronic drinking habits was also reflected in the treatment process. Medical workers at the Prague treatment institution *Apolinář* had offered space and supervision for the wives of alcoholics since the early 1950s. From 1965, the loose practice of including wives became an integral part of treatment programs in other institutions too. Depending on capacity, institutions offered to hospitalize the alcoholics' family members for up to one week. Considered part of the treatment program, this hospitalization was covered by the national health insurance and the wives received sickness benefits during their stay.⁸⁶ These retreats were intended to give wives the opportunity to better understand their husbands' disease recovery process. They also offered guidelines for wives to adjust their own behavior in the family.⁸⁷ Other institutions introduced similar approaches. The anti-alcohol counseling centers, charged with the registration and out-patient treatment of alcoholics, restructured their services in the late 1960s and included programs for families. After registering patients, counselors were advised to offer individual consultations for the patients in the first week, then from the second week onwards to visit the patients' families at home, and, depending on need, offer individual and couples counseling to their patients' spouses.⁸⁸ Some institutions also offered summer camps in which recovered patients participated in a two-week therapeutic program along with their spouses and children. For the whole period of this retreat, both the former patients and their partners were entitled to obtain sickness benefits.⁸⁹

Again, the inclusion of women and other family members was designed not only to help affected family members: primarily, it expressed the idea that a dysfunctional family life impeded the recovery process. Marital therapy was regarded as instrumental in the drinkers' treatment. Psychiatrists had conducted studies which indicated that treatment results were

⁸⁶ On early experimentations with this practice, see: "Ženy mají slovo," in *Člověk + alkohol: Alkoholismus a protialkoholní boj*, edited by Jaroslav Skála (Prague: Protialkoholní oddělení státní psychiatrické kliniky prof. Myslivečka, 1952). On the institutionalization of family treatment in the early 1970s, see: I. Fujda, "Správa o 'manželské terapii,'" *Protialkoholický obzor* 5, no. 6 (1970).

⁸⁷ Interview with Olga Pecinová, 26 September 2014; interview with F and his wife J, January 16, 2014.

⁸⁸ This was the officially designed outline for the centers, see *Věstník Ministerstva Zdravotnictví ČSR*, č. 7-8, 30.9.1969, ročník XVII: "Zřízení a činnost protialkoholních poraden." Published in *Zápisy z Apolináře* 19, no. 3-4 (1969).

⁸⁹ See on the inclusion of families in counseling centers: *Věstník Ministerstva Zdravotnictví ČSR* XVII, č. 7-8 (September 30, 1969), published in *Zápisy z Apolináře* 19, no. 3-4 (1969). On the summer camps, see Fujda, "Správa o 'manželské terapii.'"

much better for married men than for single or divorced alcoholics. In light of this, psychiatrists were keen to help alcoholic families overcome their problems and thus improve the likelihood of their patients' recovery.⁹⁰ The space given to women also offered emancipative potential for them to understand and articulate their own problems. An impressive, albeit fictional example, is the film *Birds of Passage*, the sequel to the previously mentioned *The Fall of Icarus* (page 104), in which the main character Kára undergoes inpatient treatment. The film shows a scene of marital counseling in which Kára as well as his wife Marie and his son are present. Marie announces her decision to leave Kára. Although the therapist calls upon Marie to delay this decision, as her departure might further aggravate Kára's situation, Marie speaks her mind: she has waited long enough, and warns her son not to do the same for his father. Although Kára and his son are visibly hurt by her words, the director does not portray Marie as a selfish character. The viewers see her struggle over the decision, and more than anything else, they witness the tragic scene of two lovers who have inflicted too much pain on each other to continue their shared path.⁹¹ While this film certainly does not represent a general turn towards women's emancipation, it shows that the role of women in marital relationships and counseling interactions was not definite, but rather allowed for a certain amount of self-determination.

In common with the other debates and institutions that emerged as a reaction to the perceived crisis of the family, the practices of treatment institutions can be considered a direct result of governmental reluctance to take domestic problems into its ambit. With their pathological view of social problems, psychiatrists described the family not only as the site where alcohol and other social problems came to the fore most visibly, but also held it responsible for solving these problems. Locating both the source of and solution to domestic problems in individual families, they diverted attention from other factors that might have influenced these problems. The resulting support structures were designed to enable individual women to cope with their husbands' drinking and find solutions to alleviate the consequences on the level of individual family's lives. Regarding the USA, Lori Rotskoff has linked this interest in the family life of alcoholics to the "domestication of drink"⁹² after prohibition was repealed. As state authorities abandoned structural approaches to the alcohol

⁹⁰ Mandlová and Viewegh, *Jak mu pomoci?*, 5.

⁹¹ Jiří Hubač, *Tažní ptáci* (1983), 1:20:15–1:26:45.

⁹² Rotskoff, *Love on the Rocks*, 207.

question, drinking became a private issue, and so did the consequences of this habit. Needless to say, the political circumstances in the United States of the 1950s and Czechoslovakia in the 1970s differed tremendously. But as the second chapter has indicated, in state socialist countries too, drinking became a self-determined activity. Governments refrained from discussing the structural conditions of alcoholism and other social problems, renegotiated their own responsibility in the alleviation of these problems, and transferred the costs of treatment to smaller social units: to psychiatrists, family experts, and eventually to individual families themselves.

Governments thus benefitted from the professional, pathological understanding of domestic problems. Channeling public interest in domestic problems to certain affected families and individuals, the casework approach of counseling centers and other concerned institutions diverted attention from structural factors that would have required more effort to change. These mechanisms were convenient for governments, as they relied on professional innovation and required little governmental intervention. Furthermore, they excused the government from potentially dangerous debates about state failure and the form and function of 'the private' as a secluded sphere. If family problems became too visible and too common, they could endanger the integrity of family life and by extension, challenge the claim of the state to cater adequately for the institutions that maintained social structure and social order. None of the mechanisms created in subsequent years promised to eradicate family problems entirely. Rather, they were designed as temporary interventions that aimed to remove some of the most obvious shortcomings of the institution of the family.⁹³

Concluding remarks

While scholars have often contended that domestic problems were a social taboo under state socialism, we have seen that women's magazines, policy programs, and expert publications were at times very outspoken about problematic behavior in the family. Criminological experts discussed police interventions in private affairs, women's journals pointed to the continuous occurrence of domestic violence and other family problems, and workplace committees shamed and reprimanded husbands whose behavior at home overstepped certain

⁹³ Bumiller, *In an Abusive State*, 5.

limits. Many of these depictions and reports discussed these problems in a political manner. When women's magazines portrayed the family lives of alcoholics, they did not primarily draw attention to individual women's suffering, but rather stigmatized the backward political consciousness that lingered in many families. In so doing, they challenged the idea that the family was a sphere with its own rules, and attempted to diffuse emancipative logics into the realm of the private. When workplace managers relegated workers to lower functions because they drank and assaulted their families, or when the communist parties excluded members due to their behavior in the family, they made strong political statements about the concept of the 'private.'

In Western liberal states, the sphere of the 'private' was governed by laws different from those applied to the public world. In the FRG for example, the law about rape and sexual assault explicitly excluded marital relations from its domain until 1997, indicating that the 'private' functioned in certain aspects as an extralegal sphere. In Czechoslovakia, on the contrary, in 1979 a police officer indicated that the criminal code did not discriminate between marriage and other sexual relations: "you can also rape your own wife." While it might seem counterintuitive, "[i]t is therefore necessary, when investigating criminal activity, to proceed objectively and judge it as if the rape had been performed with any other woman."⁹⁴

How did these debates fit into the late socialist politics of alcohol? If we consider the general direction of alcohol politics, the debates about family life may seem unusual. In the decades after the Second World War, governments in both East and West gradually dislodged the idea that alcohol problems affected all society and were entirely within the realm of state responsibility. They retained authority over standards applied to the production and consumption of drinks, but renegotiated individual responsibilities, such as the choice to drink and the capability to do so reasonably, and furthermore delegated the authority to deal with the most dramatic effects of drinking to medical experts. If governments were keen to 'out-source' responsibility for social problems to individuals and professionals, why did they also

⁹⁴ Břetislav Fiala, "Znásilnit lze i manželku," *Kriminalistický sborník* 23, no. 4 (1979), for the Czechoslovak paragraph on rape see "Trestní zákon ze dne 21. listopadu 1961," in *Sbírka zákonů Československé socialistické republiky 140, 1961*, paragraph 241; for the history of criminalizing rape in the FRG, see Regina-Maria Dackweiler, "Staatliche Rechtspolitik als geschlechterpolitische Handlungs- und Diskursarena: Zum Verrechtlichungsprozeß von Vergewaltigung in der Ehe," in *Gewalt-Verhältnisse: Feministische Perspektiven auf Geschlecht und Gewalt*, ed. Regina-Maria Dackweiler and Reinhild Schäfer, Reihe "Politik der Geschlechterverhältnisse" Bd. 19 (Frankfurt am Main, New York: Campus, 2002).

draw public attention to the family problems of alcoholics and thereby open up a debate about the social effects of drinking?

It is true that the debate about family problems harbored enormous political potential and that many investigations included structural arguments. Nevertheless, the structural factors were gradually marginalized in the debates and even more so in the practices. In socialist states, domestic problems were approached only partly from a political perspective. Although workplace managers and courts discussed the role of the perpetrators from the point of view of political consciousness, the authority for evaluating and taking care of the resulting family problems was delegated to professionals. As we have seen for other areas of state authority, this 'delegation' was never made explicit, but rather emerged as the result of the government inertia. Although environmental and structural arguments were more common among socialist medical professionals than in non-socialist states, doctors and family counselors shied away from fully investigating the structural foundations of social problems. Why were domestic problems in socialist states still associated with workers from poor family backgrounds, with low levels of education and work qualification, and Roma ethnicity? Why did a society which promoted wage labor for women also retain patriarchal social norms, wherein domestic violence was still primarily exerted by men and divorce petitions filed by women? Doctors and counselors sometimes touched upon these questions by alluding to 'backward morals,' but they eschewed more critical debates. They were not responsible for fighting the socio-economic conditions that caused family problems. Their primary task was to address the acute health needs and wellbeing of their patients. By delegating family problems to experts, the new arrangement also resulted in functioning mechanisms for affected family members. At the same time, however, it contributed to an individualized, professional understanding of domestic problems.

In this "professionalized" understanding, family politics fell into line with late socialist alcohol politics. Socialist states had largely abandoned ideas of dissolving the patriarchal family. Like in liberal democracies, the institution of the family, with its inherent gender dependencies and self-regulating abilities, retained a productive social function. When in late socialism, governments saw this function in danger, they renegotiated its social role and offered a number of correctives that adapted family models to the demands of late modern life. The eventual aim was to stabilize the family as a social institution. Interventions primarily focused

on intolerable moments of family life, helping “problem families” which seemed unable to regulate themselves. While all of these correctives offered only temporary solutions, they were negotiated in professional practices and held ample space for personal adjustments. Gender, generation, and personal experience influenced doctors, judges, family counselors, and affected family members themselves in their assessment when professional intervention was necessary and how good family life should look like. With governments slowly excluding the family from their ambit, they allowed for frictions and renegotiations in this field. What is more, they raised expectations for further debates and better practices and thus encouraged a growing discomfort with the situation at stake.

5

Alcohol as a question of risk management

In autumn 1969, the new Romanian journal *Autoturism* ('passenger car') reported a serious accident that had taken place on the streets of Bucharest. On a rainy day, a Fiat 1800 had sped on the wet asphalt road, veered off, and turned over. Both the driver and one of his passengers had died, leaving only one survivor in the car. What had caused this terrible accident, the author of the article asked, and how could similar situations be prevented? He suggested that the weather conditions had facilitated the accident. Furthermore, the state of the wet road would have had required extra concentration, and the tires were not in the best condition. While climatic conditions, the state of the road, and technical problems had favored the situation, the author concluded that there was only one factor which had *determined* the accident: a post-mortem analysis of the driver's blood revealed an alcohol level of 0.16 percent, which was clearly above the legal limit of 0.1 percent.¹

The conclusion of the article may not surprise contemporary readers. It was, however, a relatively recent trend to declare alcohol consumption the primary cause of road accidents. While people had known for centuries that excessive drinkers were likely to experience accidents and bad luck, they did not draw systematic connections between alcohol intake and dangerous situations. Indeed, the connection is not completely systematic. People react to alcohol very differently, and in many cases of drinking, a dangerous situation does not emerge. In other words, it is not surprising that *Autoturism* mentioned the driver's alcohol consumption as a contributing factor. What is interesting is that drinking alcohol became, within a relatively short period of time, the epitome of risk. In the last third of the twentieth century, the correlation between alcohol consumption and social dangers developed into a

¹ Tudor Valentin, "Putea fi evitat accidentul?," *Autoturism* 1, no. 4 (1969).

widely accepted truth and quickly became the dominant factor in the policing and sanctioning of people's behavior in many situations. How can we explain this development? Why did alcohol consumption become so important to our understanding of risk?

Studies of the culture of social damage have shown that the concepts of risk and safety are historically situated. Ulrich Beck and Anthony Giddens linked the emergence of a specifically modern risk culture to Western capitalism and the late industrial age.² When scholars have analyzed risk culture in state socialism (discussing workplace accidents or environmental catastrophes, for example), they have usually focused on its outcome, either presenting risk management as a legitimizing factor for state socialist governments or as a symptom of failure.³ In the present study, I consider it more fruitful to use risk not in a descriptive way – as something that was contained or not – but as an analytical category that can help us understand modern perceptions of contingency, responsibility, and human agency. My aim is to understand how and why alcohol consumption became such a powerful tool in the problematizing and policing of people's behavior in certain settings.⁴

The preceding chapters have shown how alcohol consumption was used by the state to negotiate the role of various social entities (the individual, the medical profession, the family). This chapter analyzes the discourse around alcohol consumption to reconstruct categories of social organization in the late socialist state. What understanding of the state and its responsibility did the debate about risk culture imply? What was the role and agency of individual citizens? To understand the importance of alcohol for the late socialist culture of risk, I will examine the fields of workplace and traffic safety. Based on press articles, expert publications, and the reports of police and workplace authorities, the chapter reconstructs

² See: Ulrich Beck, *Risikogesellschaft: Auf dem Weg in eine andere Moderne*, Edition Suhrkamp 1365 = n.F., Bd. 365 (Frankfurt am Main: Suhrkamp, 1986); Anthony Giddens, "Risk Society: The Context of British Politics," in *The Politics of Risk Society*, ed. J. Franklin (Cambridge: Polity Press, 1998).

³ For example: Mark Pittaway, *The Workers' State: Industrial Labor and the Making of Socialist Hungary, 1944-1958*, Pitt series in Russian and East European studies (Pittsburgh, Pennsylvania: University of Pittsburgh Press, 2012). For a critical discussion of this strand of research see Adrian Grama, *Labor's Risks: Work Accidents, Social Insurance and the Logic of Productivity in Socialist Romania (1949-1977)*; Unpublished manuscript. Paper presented at the European Social Science and History Conference, April 26, 2014.

⁴ For this analytical use of the concept of risk, see: Peter Itzen and Simone M. Müller, "Risk as a Category of Analysis for a Social History of the Twentieth Century: An Introduction," in "Risk as an Analytical Category: Selected Studies in the Social History of the Twentieth Century," ed. Peter Itzen and Simone M. Müller, special issue, *Historical Social Research / Historische Sozialforschung* 41, no. 1 (2016), 7–29.

how the concept of risk was redefined in the late socialist period and why alcohol played a vital part in this redefinition.

The human factor

In the 1970s, governments and social scientists problematized alcohol consumption in a growing number of settings. Abandoning hope of eradicating alcohol consumption altogether, they reserved their interventions for certain fields where they believed the negative consequences of alcohol consumption to be too severe to depend on people's competence and self-determination. One area that received a large share of attention was safety. Traffic ministers, police officers, and factory managers expressed concern about the large number of accidents in traffic, at work, or at home in which alcohol played an important, if not decisive, role.

The relationship between drinking and unsafe behavior was not straightforward. Although as far back as the eighteenth century, there was little doubt that excessive drinking could lead to accidents and reckless behavior, moderate alcohol consumption was usually tolerated. As beverages with a low alcohol content were primarily consumed for their nutritious value and were considered part of a regular diet, employers were often even supportive of their employees' moderate drinking habits.⁵ At the same time, the attitude towards accidents was fatalistic. Accidents were considered to be a part of dangerous work environments and something that could not be systematically prevented or traced to a single cause, such as alcohol consumption.⁶ From the nineteenth century onwards, social policy makers and factory directors drew more systematic connections between drinking and workplace environments: industrial production demanded productive workers who were able to execute concentrated and specialized tasks. However, this critical attitude affected mainly distilled drinks. Drunkenness, but not drinking in general, was under scrutiny.⁷

⁵ Hasso Spode, *Die Macht der Trunkenheit: Kultur- und Sozialgeschichte des Alkohols in Deutschland* (Opladen: Leske + Budrich, 1993), 212–14.

⁶ Arwen Mohun, *Risk: Negotiating Safety in American Society* (Baltimore: Johns Hopkins University Press, 2013), 1–2.

⁷ See on alcohol and work safety regulations in the early twentieth century: Elisabeth Wienemann, "Hundert Jahre betriebliche Suchtprävention: Visionen und Wirken der Mäßigkeitsbewegung in der Arbeitswelt," in Wassenberg; Schaller, *Der Geist der Deutschen Mäßigkeitsbewegung*; for Austria: Eisenbach-Stangl, *Eine Gesellschaftsgeschichte des Alkohols*, 209.

In the mid twentieth century, the field of work safety experienced a boom. Driven by the idea that risk can be measured, studied, and systematically diminished, work ministries and workplace managers invested huge financial, material, and human resources in the field of workplace safety. Particularly in state socialist countries, the promise of safe work conditions represented an important source of state legitimacy. Authorities of the various communist parties proclaimed that in contrast to the exploitative attitude of governments and factory owners in capitalist states, the lives and safety of workers represented far more than a replaceable resource in socialist states. The newly created work ministries promised to eliminate unfavorable conditions in workplaces and to install new safety regimes. In the 1950s, all socialist states set up centers responsible for studying accidents and developing and enforcing preventative methods.⁸

However, in this period, work safety was still not primarily associated with the wrongdoings of workers. More than anything, work safety was a right that workers could claim. It was the result of good work conditions and properly installed safety precautions, including suitable lighting and noise protection. The behavior of individual workers was not in the spotlight. Although factory managers did not approve of heavy drinkers, they saw them primarily as inept workers and not as a threat to workplace safety. This view is evident in a report of the Czechoslovak Ministry of Work and Social Affairs from the early 1950s. Evaluating the problem of drinking at work, the report indicated shortcomings in various fields. But although the report touched upon a number of problems caused by alcohol consumption at work, it did not include safety violations as a factual or potential consequence. Rather, it concentrated on problems of work ethics, stating for example that, on Mondays, up to 14 percent of miners were regularly absent from work, a large share portion of which due to weekend drinking bouts.⁹ In Romania, too, reports and action plans relating to workplace

⁸ On the new discourse on work safety and risk, see: Mohun, *Risk*, introduction; for the argumentation on work safety in state socialist countries: Pittaway, *The Workers' State*, for example 130–31; on the implementation of new work safety regimes see Grama, *Labor's Risks*.

⁹ For the debates and institutions in Czechoslovakia, see: MPSP, "Zpráva o dosavadních opatřeních v boji proti alkoholismu a návrh vl. usnesení," November 23, 1950. NAČR, fond MPSP, 1950/1951, karton 336, sign 2500-4. See furthermore articles of the specialized journal on "Work Safety and Hygiene" (*Bezpečnost a hygiena práce*): "Diskuse o úrazové zábraně," *Bezpečnost a hygiena práce* 1, no. 2 (1951); and D. Jindřichová, "Rozbor úrazovosti ve větším závodě těžkého strojírenství," *Bezpečnost a hygiena práce* 1, no. 8 (1951).

safety did not regularly mention alcohol consumption as a problem. As late as 1965, a new law about workplace safety did not include any precautions relating to drinking.¹⁰

Why was alcohol not included in these safety debates? We might assume that other factors were simply more important – that the 'fine tuning' of workers' behavior could only begin when the machinery was in better shape and its workers equipped with safety helmets. However, in the 1950s and 1960s, safety innovations targeted working conditions from a very broad understanding of that term, including studies of light, ventilation, noise, drinking water, dust, hygiene, food provision, and hydration. In this light, it is hard to explain the assumed irrelevance of a common phenomenon like alcohol consumption. It seems that for many years, the official attitude towards alcohol consumption was shaped by concerns other than workplace safety. A cartoon, published in late 1966 by the Romanian journal *Work Safety (Protecția Muncii)*, may be seen as indicative in this regard. Celebrating the fact that several factories did not have a single workplace accident throughout the entire year, a book titled 'norms of work protection' and a certificate with the inscription 'no accident' drink a toast, each holding a glass containing a dark beverage in their cartoon hands. The comic suggests that even in the mid 1960s, moderate amounts of alcohol at work were associated with social interaction and celebration, and not primarily with danger (see figure 8).

¹⁰ See for example: I. Segal - Caritas, "Considerații asupra protecției muncii in Oftalmologie," April 1950, in: Cercetări de igienă socială din întreprindere industrială," nr. dos. 50/1950. DJANI, fond Comitetului Județean de Partid Iași, 1945-1950, inv. 2258, dosar 2. For the new law of 1965: "Legea privind protecția muncii: 5/1965," in *Buletinul Oficial al Republicii Socialiste România nr. 21*, December 23, 1965.



Figure 8: Drinks at the workplace

How to celebrate an accident-free workplace in the 1960s: 'No accident' chinks glasses with 'Norms of work protection.'

The rhyme below the picture reads: "Clinking glasses, happiness / The diligent drink a toast to the beginning of the year / We, too, hope that their work will be / As it has been for many years to come."

Source: "Nici un accident," *Protecția Muncii* 1, no. 9-10 (1966).

The concept of risk in late socialist traffic debates

Several years later, alcohol consumption entered the limelight in safety debates. Within a relatively short period of time, alcohol became a powerful tool in the reorganization of safety regulations. In many countries, this transformation began in the field of road traffic. Mass motorization was a relatively recent phenomenon in European countries. Its timeline and the subsequent rise in accidents differed across the globe as well as around Europe. In every country, however, the presence of a mass of amateur drivers posed challenges that established methods seemed unable to control. For example, in 1957, the Czechoslovak Statistical Yearbook had recorded fewer than twenty-five thousand traffic accidents a year. Ten years later, this number had more than doubled, and by the mid 1980s surpassed one hundred thousand.¹¹ In other states, too, the number of traffic accidents skyrocketed, facilitated by both the easy accessibility of cars and the lack of driving regulations. Although there were restrictions on obtaining a driving license and, particularly in state socialist

¹¹ Ústřední komise lidové kontroly a statistiky, *Statistická ročenka Československé socialistické republiky*, editions 1973 and 1990.

command economies, restrictions on owning a vehicle, everyone who was old, affluent, and patient enough was free to operate and steer that complicated machinery.¹²

In reaction to the high number of accidents, automobile safety developed as a new field of expertise. In many countries, governments set up traffic departments and funded studies that had the task of developing strategies to regulate traffic. In the 1950s, these safety experts intervened in key areas by overseeing road construction, developing relevant technology, and instituting traffic regulations. These measures resulted in better roads with proper lighting and improved technology within vehicles, making them safer and easier to operate. Traffic ministries also standardized traffic regulations and installed road signs.¹³ Despite all these efforts, the system of road traffic remained susceptible to accidents. As a representative of the Czechoslovak State Commission for Road Safety (*Vládní výbor pro bezpečnost silničního provozu*) observed in the mid 1970s,

the traffic system is constantly improved. We build new highway networks, improve all other roads, [...] we eliminate blind corners and passages that lead through urban areas, we attempt to divert walkers from frequented roads, we improve traffic signs. [...] Investigating traffic accidents, we pay attention to the state of the road, the technical state of the vehicle, the climate situation etc. [...] But another thing must not slip our attention, *which is the human factor and its part in the traffic accident*.¹⁴

This traffic expert was expressing a concern that began to gain momentum in the discourse around traffic safety. Instead of focusing on traffic conditions and the technical state of the car, safety experts became increasingly skeptical of the behavior of drivers, often describing it as decisive in the situation on the road. An important precondition for this skepticism was progress in the field of technological surveillance. Until the mid 1960s, a lack of control mechanisms made it hard to assess the accidents beyond ascertaining the damage

¹² For the discourse on amateur traffic and accidents in the United States: Mohun, *Risk*, chapter 8 and Gusfield, *The Culture of Public Problems*, introduction; for the FRG: Kai Nowak, "Teaching Self-Control: Road Safety and Traffic Education in Postwar Germany," in "Risk as an Analytical Category: Selected Studies in the Social History of the Twentieth Century," ed. Peter Itzen and Simone M. Müller, special issue, *Historical Social Research / Historische Sozialforschung* 41, no. 1 (2016), 135–53. For automobile culture in state socialism, I refer to Luminița Gătejel, *Warten, hoffen und endlich fahren: Auto und Sozialismus in der Sowjetunion, in Rumänien und der DDR (1956-1989/91)*, Beiträge zur Historischen Verkehrsforschung des Deutschen Museums 14 (Frankfurt am Main: Campus, 2014), and Lewis Siegelbaum, *Cars for Comrades: The Life of the Soviet Automobile* (Ithaca: Cornell University Press, 2008).

¹³ Mohun, *Risk*, chapter 8.

¹⁴ Fr. Záborský, "Úvodní slovo," in *Bezpečnost silničního provozu: Aplikace dopravní psychologie v soudní praxi*. Mezin. symposium, Praha 9.-11. listopadu 1976: Sborník přednášek, edited by ČVTS - Společ. dopravy a spojů, Praha (Prague, 1976) (my italics).

they caused. In this period, traffic ministries began to install agents in strategic places and to create a system of camera surveillance and radar speed checks. These techniques allowed authorities to collect data in a more coherent way. Safety experts could analyze the data and develop statistics that could perceive the influence of various factors.¹⁵

However, the results of these analyses were not straightforward. Analyzing the frequency of certain factors was not the same as understanding their impact on the accident. The case of alcohol proved this point very well. While there was no question that the consumption of alcoholic beverages could present a safety risk, it remained unclear to what extent that was the case. Comprehensive and cross-national analyses were obstructed by very different practices of testing and evidencing in different countries. In most countries, police forces tested the alcohol levels of drivers only in the case of accidents and only if the drivers were palpably drunk. These tests suggested relatively low percentages of drunk driving. For example, in the early 1970s, the Czechoslovak traffic police asserted that drunken drivers were involved in less than 6 percent of all accidents. A few years later, a group of forensic doctors tested random samples of drivers in several Slovakian cities. In these tests, 25 percent of all drivers were found to be under the influence of alcoholic beverages.¹⁶ Debating the significance of this and other data, a Prague prosecutor stated in 1978 that “it is obvious that achieving a higher or lower number of offenders depends largely on the initiative of police officers.”¹⁷ Given the different testing practices and the lack of standards for proving alcohol consumption, the correlation between drinking and accidents remained on a speculative level.

In other respects, too, the concept of drunk driving raised problems. Certain drivers were able to drive safely after having consumed alcohol. Others experienced a rapid and significant deterioration of coordination and reaction time. These differences raised the question of whether or not people should be punished if their drinking did not interfere with their driving skills, and if it was not deemed to be the reason for the accident. Scientific progress allowed authorities to analyze accidents and to test drivers' alcohol levels, but did

¹⁵ Mohun, *Risk*, chapter 8.

¹⁶ For the police report: “Návrh osnovy zákona ČNR o ochraně před alkoholismem a jinými toxikomániemi. Důvodová zpráva,” June 10, 1976. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989. For the doctors' study, see: J. Musil, “Výskyt četnosti ovlivnění osob nežádoucími látkami v běžném výskytu a speciálně u řidičů motorových vozidel,” in ČVTS - Společ. dopravy a spojů, *Bezpečnost silničního provozu*.

¹⁷ Městská prokuratura v Praze, “Vyhodnocení stavu kriminality páchané pod vlivem alkoholu za I. pololetí 1978,” October 20, 1978. AHMP, fond NVP, Odbor pro vnitřní věci, 1945-1991, inv. č. 478, therein: Místní bezpečnost. Zprávy městské prokuratury — ricidiva, alkohol, mládež — ochrana ekonomiky, 1976-80, OVV 076.05, k. 76.

not determine the legal applications of this information. Over the course of the 1960s, the legislative organs in most countries shifted “the moral compass on drink-driving from act to intention,”¹⁸ deciding to criminalize not bad driving but the act of taking a risk. In many states, drunk driving became an offense in itself. As was stressed in an annotated commentary of the Czechoslovak criminal code of 1975, the danger of drunk driving

differs from the general danger defined in § 180 of the criminal law [...] also in the fact that the danger does not have to present a concrete and immediate threat; a potential threat of damage suffices and is given with the perpetrator's execution of a certain activity.¹⁹

People could accordingly be sentenced

even in the potential situation that the vehicle was conducted safely and in accordance with the traffic rules. The actual way of driving has a bearing only as a circumstance influencing the degree of danger for society.²⁰

The criminalization of drunk driving was not the endpoint of the debate about the relationship between alcohol and accidents. A vague definition of drunkenness was used in all new regulations and raised a number of new questions, first and foremost being the issue of how drunkenness could be established in an objective way. How much alcohol was too much? As specified in a handbook for Czech and Slovak criminologists and traffic agents, an offense could not be deduced from a person's appearance: “It is not enough to write ‘he showed signs of drunkenness.’”²¹ To determine someone's level of guilt, the new regulations required, for the first time, a definition of what it meant to be drunk. This was no easy task. Although all governments agreed on the need to establish a legal limit for the ratio of alcohol in people's blood, the results showed an impressive variation when introduced in the 1960s, ranging from 0.0 percent in the GDR, to 0.08 in the UK and France, 0.1 in Romania, and 0.15 (and later 0.13) percent in the FRG.²²

¹⁸ Gusfield, *The Culture of Public Problems*, introduction; Nicholls, *The Politics of Alcohol*, 201.

¹⁹ Karel Matys, ed., *Trestní zákon: Komentář* (Prague: Orbis, 1975), 672.

²⁰ Ibid.

²¹ Stanislav Čermín, *Kriminalistika - dopravní nehody: Vyšetřování dopravních nehod*. Pro posluchače právnické fakulty - kriminalistiky (Prague: Státní pedagogické nakladatelství, 1968).

²² For the GDR, Unger, *Alkoholismus in der DDR*, 96, for Romania: “Decret privind circulația pe drumurile publice: 832/1962,” in *Buletinul Oficial al Republicii Socialiste România nr. 22*, November 9, 1962; for all other countries, Bohling, “The Sober Revolution,” chapter 5 and page 148.

Given this broad variation, it comes as no surprise that the threshold was heavily contested. Most Eastern bloc states established legal limits in the early 1960s. In other countries, politicians debated the question for several years before they could agree on a definition. In France, for example, a legal limit was enforced only in 1970 after years of heated discussions.²³ In Romania, too, researchers at the Institute for Legal Medicine repeatedly analyzed new sample studies and remarked that the limit of one gram alcohol per one thousand milliliters of blood seemed “too arbitrary to separate those guilty from those not guilty.”²⁴ Furthermore, their tests indicated that the regulations often ran ahead of technical possibilities. Even with officially sanctioned procedures for breath and blood tests, studies revealed that only 58 percent of all breathalyzer tests gave an accurate result. Other challenges including rendering the tests simple enough to be conducted by all health laboratories in the country, equipping these laboratories properly, and training their personnel.²⁵

Despite these challenges, the criminalization of drunk driving retained its firm place in traffic regulations. In the course of the 1970s, the preoccupation with alcohol as a risk factor translated into growing number of regulations and scientific innovations. Researchers standardized new breath and blood testing mechanisms that promised to be more precise, more reliable, and easier to administer. In Romania, where the discourse about alcohol problems often clung to moralistic images of drinkers, researchers were eager to discuss potential errors visible in the breath and blood tests of other countries, to develop their indigenous model *Alcooscop* to circumvent these errors, and to thereby facilitate the application of new traffic rules.²⁶ In the 1950s, most states had laid the basic foundation for their traffic laws; the 1970s saw the specification of the rules and sharpening of legal

²³ Ibid., chapter 5 for the political quarrels surrounding the French decree.

²⁴ D. Banciu, “Contribuții la problema intoxicației acute alcoolice la conducătorii de vehicule care au comis accidente (studiu pe 1.081 cazuri),” *Probleme de Medicina Judiciară și Criminalistică*, no. 2 (1964); see for a similar assessment: Nicolae Păruș, “Contribuții la expertiza medico-legală privind delincvența și patologia alcoolismului” (Doctoral thesis, Institutul de Medicină și Farmacie Iași: 1972).

²⁵ On these and other complaints, see: Banciu, “Contribuții la problema intoxicației acute alcoolice la conducătorii de vehicule care au comis accidente (studiu pe 1.081 cazuri),” as well as: D. Banciu and I. Droc, “Observații critice asupra aplicării metodei ‘Alcooscop’ în intoxicația alcoolică,” *Probleme de Medicina Judiciară și Criminalistică*, no. 1 (1964), 51. On regulations and procedures for taking and testing blood samples, see: Ioan Quai, Moise Terbancea and Valean Margineanu, *Introducere în teoria și practica medico-legală*, 2 vols. 2 (Cluj-Napoca: Dacia, 1978-1979).

²⁶ Banciu and Droc, “Observații critice asupra aplicării metodei ‘Alcooscop’ în intoxicația alcoolică.” For US-American debates on the same problems, see for example Gerard Milner and Ali A. Landauer, *Breathalyzer Faults: Principles and Practice* (Melbourne: Govt. Printer, 1972).

consequences. A growing body of decrees and public notices determined, for example, methods for handling drunken drivers who refused breath tests or blood samples. According to a contemporary legal commentary, drivers could in this case be sentenced for the act of refusal itself, even if their blood alcohol content turned out to be below the required level of 0.1 percent. Furthermore, new rules specified that cyclists and horse carriage riders too were not allowed to operate their vehicles when under the influence of alcohol.²⁷

A more complex problem was the alcohol-affected pedestrian. People who did not deliberately participate in road traffic by driving a vehicle, but who nonetheless drunkenly obstructed the course of traffic, represented a considerable challenge to Romanian road safety authorities. In 1980, researchers from the Institute of Legal Medicine published a study that found that at least one quarter of pedestrians who died in car accidents had been drunk. Two years later, the traffic journal *Autoturism* asserted that in recent years, more than 50 percent of all accidents in Bucharest had been caused by drunk pedestrians. However, pedestrians could not be governed by the same rules as drivers, cyclists, or the operators of horse carriages. As they were not deliberate participants in road traffic, they could be punished only when recklessly causing an accident, and not for the sole act of drinking and walking. At a meeting of the Romanian Ministry of Domestic Affairs in 1971, a member of the ministry pointed out that the problem was not the pedestrians themselves, but the road and traffic system, and more specifically, the lack of pedestrian paths in many municipalities. “Comrade Minister, we have a lack of sidewalks!” The minister, however, countered his colleague’s objections. “This is also a question of education. People have to learn to walk at the side of the road. Of course we would also need sidewalks, but at the moment we do not have the conditions.”²⁸

Exacerbated by a shortage of cement in Romania, this exchange over sidewalks expressed an important point. As “at the moment, we do not have the conditions” to make the roads safer, the minister saw the solution to be improving the pedestrians’ behavior. Shifting responsibility for road safety from municipal or central state institutions to traffic

²⁷ See: Quai, Terbancea and Margineanu, *Introducere în teoria și practica medico-legală*; Corneliu Turianu and Cristina Turianu, *Legislația rutieră comentată și adnotată* (Bucharest: Editura Științifică și Enciclopedică, 1988).

²⁸ Ministerul Afacerilor Interne, Secretariatul, “Stenograma ședinței de Colgiu din 15 octombrie 1971,” October 26, 1971. Consiliul Național pentru Studierea Arhivelor Securității (hereafter CNSAS), fond Județ București, D 914785, vol. 5, therein: in: “Materiale discutate în ședința Colegiului MAI din 15 oct 1971.”

participants, the exchange between the minister and his colleagues thus encapsulated the new direction of traffic policies in Europe. Although the system of road traffic was palpably dangerous, resulting in vast numbers of dead and injured every year, the minister did not place priority on traffic infrastructure, but rather considered it both more desirable and more feasible to educate people about proper behavior on the road.

Why alcohol?

After a delay of several years, the preoccupation with alcohol also entered the discourse around work safety. Here too, the starting point for the debate was a continuously high number of accidents. In an attempt to discover the root of this problem, studies about work safety become more specialized. Factories collected and organized data on fatalities and safety violations, and their individual causes and consequences. Analyzing the reasons for accidents, federal and local work ministries, safety experts, factory managers, and others in responsible positions resorted to an established line of argument: that although the state had done its utmost to improve safety structures, certain elements were beyond its control. In a Romanian report on work safety in 1981, members of the executive committee of the Communist party asserted that the government had vastly improved the standards of work safety, prevention, and health care for workers: “[T]he work conditions are incomparable to the past, and despite this, we cannot observe a radical improvement in the field of work safety and protection.”²⁹ As in the field of traffic, political authorities ascribed the problematic safety situation not to the state and its failure to improve the conditions of work, but to workers and their unwillingness to abide by the new regulations.

In Czechoslovakia, too, the Journal *Work Hygiene and Work Safety (Bezpečnost a hygiena práce)* expressed a new attitude to work safety in this period of 'normalization' of the concept. Until this period, the journal's authors had emphasized 'hard factors' in workplace safety such as protective gear and safety arrangements – factors that related to the organization of the workplace and affected all workers. From the late 1960s, their articles began to include more details about the behavior of workers and human mistakes, and to claim that most accidents resulted from workers ignoring existing rules and were therefore

²⁹ “Protocol Nr. 10 al ședinței Comitetului Politic Executiv, din ziua de 26 mai 1981. Raportul, pe anul 1980, referitor la protecția muncii,” July 30, 1981, nr. inv. 43/May 1981. ANR, fond CC al PCR, Secția Cancelarie, 1980-1989, inv. 3354.

“completely unnecessary.”³⁰ As a report of the Czech Health Ministry announced, it was necessary to fight the “prevailing opinion that work safety and health is the exclusive domain of safety technicians.”³¹ Analyzing reports about work accidents, articles in *Bezpečnost a hygiena práce* argued that many investigations were superficial, in their failure to mention human error, and were therefore not helpful for preventing future accidents.³²

As in the field of road safety, the preoccupation with workers’ behavior was not a simple reaction to systematic analyses, but represented the result of political deliberations and, more broadly, socio-economic changes. The intense period of industrialization that had characterized Eastern bloc states after the Second World War came to a halt in our period of investigation. While socio-economic development declined in all of Europe, the stagnation that confronted the governments of Eastern and Southeastern Europe represented a particular challenge. The foundation of socialism was intimately connected to the process of industrialization. More than 'merely' a means to reconstruct the economic foundations of the countries, socialism embodied the promise of continuous socio-economic progress and was the states’ ultimate source of legitimization.³³ In a period of economic decline, governments diverted their focus away from large new constructions, expanding the workforce, and from improving workplace conditions in general, and towards the question how to increase the productivity of workplaces and workers. One way of doing so was to scrutinize the behavior of workers.

Alcohol consumption was highly relevant to this aim, as alcohol seemed to encapsulate problematic behavior among workers (and drivers, for that matter). Usually not presented as a willful misdemeanor or politically dubious activity, alcohol consumption instead was interpreted as expressing a lack of responsibility on the part of the individual worker. Alcohol consumption was considered a particularly suitable category in the analysis of worker behavior because it could be quantified. Unlike other aggravating factors, such as aggression, fatigue, or lack of motivation, alcohol consumption could be relatively easily detected and

³⁰ “Zlepšit pracovní podmínky, odstranit úrazovost,” *Bezpečnost a hygiena práce* 24, no. 3 (1974).

³¹ MZd, Odbor léčebně preventivní péče, “Zpráva o výsledcích programu péče o ženu a dítě, péče o starou generaci, boje proti cévním, srdečním, virovým a nádorovým chorobám a proti následkům úrazů a návrh jejich dalšího rozvoje,” September 4, 1980, in: Sekretariát MZd ČSR, Program 5. porady kolegia MZd, September 20, 1980. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989.

³² “Zlepšit pracovní podmínky, odstranit úrazovost.”

³³ Göran Therborn in Wirsching et al., “The 1970s and 1980s as a Turning Point in European History?”

measured. Breath and blood tests made it possible not only to find out *if* somebody had consumed alcohol, but also *how much* he or she had ingested, and to thus 'objectively' determine the individual's complicity in an accident. Given these characteristics, alcohol consumption came to represent the 'human factor' in large-scale, dangerous environments.

Despite the manifold conceptual problems that accompanied the criminalization of alcohol consumption at work or in traffic, alcohol became the centerpiece of many discussions around work safety. In Romania, open debates about alcohol-related problems were still not common in the field of psychiatry or in popular media. Traffic and work safety concerns facilitated a critical discussion and regimentation of habitual alcohol consumption. From its very first edition in 1969, the new journal *Autoturism* included articles about accidents and their causal factors. Among these, alcohol consumption was commonly mentioned. In daily newspapers, too, articles regularly combined reports about road traffic with lectures about the perils of drinking.³⁴ Journalists pointed to an increasing number of suspensions of licenses, insinuating that “we all have some variations in behavior”³⁵ which “we” (the drivers) should start taking more seriously: in various situations, for example after-effects of an unpleasant discussion with one's partner, when one was tired, or had consumed two glasses of wine, it was wise to leave the car behind and walk.

With these arguments, traffic experts advocated a psychological approach, declaring drivers responsible for their own safety, and educating them to be capable of self-analysis and control. The debates about road safety thus assigned the drivers the distinct ability to control themselves. In this way, the regulations did not mainly target inveterate drunkards, whose capability to restrain themselves was still doubted, but “the mass of drivers who neglect the danger of alcohol consumption before taking the wheel into their hands.”³⁶ For those, chronic drinking did not pose as much of a problem as imprudent, inconsiderate habits of consumption. The author of a traffic manual claimed that low levels of inebriation could at times present bigger risks than excessive drunkenness. Unaware of their state and decreased

³⁴ For an example from *Autoturism*, see: Valentin, “Putea fi evitat accidentul?,” for an example from popular media: “Buletin Rutier,” *Scînteia* 45, July 31, 1975.

³⁵ Andrei Firiță, “Putem atenua pericol rutier!,” *Autoturism*, supliment de vacanță (1982).

³⁶ Constantin Gorgos, *Ce știm și ce nu știm despre accidentul de circulație* (Bucharest: Editura Medicală, 1976).

ability to drive, lightly intoxicated drivers often overestimated their skills and drove less carefully than they would in a more advanced state of drunkenness.³⁷

With its stark focus on self-awareness and responsible behavior, the discourse around drinking at work or in traffic contributed to a new understanding of problematic drinking habits. At the same time, it changed the emphasis of debates about traffic and workplace safety. It is telling that many of the resulting innovations around measuring and policing people's behavior were not created with the aim of immediately decreasing the number of accidents. The main purpose of breathalyzers, law-enforcers, and radar controls was to define the perpetrators of the accident and their level of accountability. But while the notion of individual risk behavior was not able to 'solve' the problems inherent in the environments of traffic or workplaces, it became the guiding principle for many regulations. Based on a specific notion of the individual as a rational being, capable of weighing risks and of adapting his or her behavior, the new regulations codified a trend that we have already seen at work in the politics of consumption.

The shift was gradual, and analyses that highlighted structural factors did not vanish completely. In the mid to late 1970s, a number of studies in Czechoslovakia asserted, for example, that certain types of workplace (hard manual labor, extreme temperature conditions, and male working environments) seemed to encourage excessive drinking and systematically produce more accidents.³⁸ In Romania, too, reports on the state of work safety revealed that safety violations did not affect all regions and industries in the same manner. In 1980, statistics published by the Council of Ministries demonstrated that the highest numbers of accidents occurred in the county of Hunedoară, home to the biggest steel works in the country, and the highly industrialized county of Braşov. Most accidents were reported in the fields of foundry, mining, steelworks, and other areas that were also characterized by extreme temperature, hard manual labor, and a highly fluctuating workforces.³⁹ A further factor, which

³⁷ Ibid.

³⁸ For example, J. Hevier, "Špecifické problémy alkoholizmu v stavebníctve," *Protialkoholický obzor* 12, no. 5 (1977); see also MZd ČSR, "Souhrnná zpráva o plnění úkolů vyplývajících z usn. vl. ČSR č. 125/1974 o opatřeních k řešení problematiky alkoholismu a jiných toxikománií," December 1, 1975. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989, therein: koleg. min. č. 7, k. 21.

³⁹ Consiliul de Miniştri, letter to General Secretary Nicolae Ceauşescu, May 6, 1980, in: "Hotărâri ale C.C. al P.C.R., însoţite de adrese ale Consiliului de Miniştri către Nicolae Ceauşescu, rapoarte, note întocmite de Ministerul Muncii, Direcţia Centrală de Statistică, Uniunea Generală a Sindicatelor, situaţii statistice, privind protecţia muncii

was not included the Romanian report, was the propensity of workers in these fields to consume alcohol excessively. Doctors had repeatedly described the existence of “sub-groups with elevated risk or accented vulnerability towards exaggerated alcohol consumption,”⁴⁰ referring mainly to professional factors that fostered such drinking habits.

If drinking affected some workers and workplaces more than others, and if accidents were more common in some regions than in others, how could the thrust towards individual responsibility be justified? In the most part, political and safety authorities chose to not engage with this dilemma. Although some studies established important connections between accidents and work environments and thus diverted attention from individual behavior as a decisive factor, this argument was not the center of attention in the debate about work safety. In other words, while many tests and studies revealed a high consumption of alcoholic beverages at workplaces that experienced a high number of accidents, these findings did not dictate the solution to this problematic correlation. Studies indicated the role of alcohol in accidents, but they also insinuated that drinking was a group activity, highly influenced by the individual’s milieu and work environment. The developing interest in individual workers and their role in causing irregularities thus did not immediately result from these new studies and statistics, but rather represented the new logic of late socialist work politics.

Instilling responsibility in the 1980s

The new understanding of safety and risk became manifest not only in journal articles and policy background analyses, it also induced tangible changes in many settings. The second part of this chapter will therefore explore how these new concepts were enforced through new regulations, control mechanisms, and sanctions for irregular behavior in the workplace. Furthermore, it will analyze how successful the new mechanisms were, and the inherent limitations of their potential success.

pe anul 1979, alocația de stat pentru copii, calcularea pensiilor,” May 10-December 2, 1980, nr. inv. 146. ANR, fond CC al PCR, Secția Economică (1978-1989), inv. 3294.

⁴⁰ A. Avasilcai, I. Bisoc, and C. Postelnicu, “Observații asupra alcoolismului in colectivități industriale aglomerate,” in Institutul de Medicină și Farmacie Iași et al., *Alcoolismul. Implicații bio-psiho-sociale*.

Permanent control in Romanian workplaces

In late 1981, the Romanian government introduced a new decree with which it policed the behavior of workers in industrial workplaces. Notably, and for the first time in a comprehensive way, the new decree targeted the workers' alcohol consumption. Previously, the consumption of alcohol in the workplace had been restricted internally, depending on factory managers and local control workers, but it had not been subject to state regulation. Decree 400 set out to change this situation. With the proclaimed aim to "strengthen work order and work discipline in units with continuous operation or which have installations with a high risk level,"⁴¹ the decree targeted a large number of workplaces that were classified as prone to accidents and were also considered important to the national economy. According to the authors of the decree, undisciplined behavior in these workplaces was no longer subject to the factory managers' assessment and goodwill. Decree 400 institutionalized "permanent control"⁴², exercised both internally by factory managers and by external authorities, and furthermore standardized the penalties resulting from violations of these safety measures.

The decree was broadly disseminated by mainstream press and through dozens of films, television programs, posters, and signs that were distributed at workplaces. Although the new measures policed acts of indiscipline in a broad sense (sleeping and drinking at work, or smoking in places of elevated risk), it mainly came to symbolize a thrust against alcohol consumption. In order to exemplify the content of the regulations, the vast majority of newspaper articles on the topic featured stories revolving around alcohol-related mishaps. For example, in 1982, the work safety journal *Protecția Muncii* recounted the case of two workers who left their workplace and went to a pub, where they then were detected by local police forces. A blood test revealed that they each had an alcohol ratio surpassing the legal limit of 0.1 percent. As a consequence, both workers were sentenced to a year of prison, the charge being both their leaving the workplace and the consumption of alcoholic beverages while working.⁴³

⁴¹ "Decret nr. 400 din 29 decembrie 1981 pentru instituirea unor reguli privind exploatarea și întreținerea instalațiilor, utilajelor și mașinilor, întărirea ordinii și disciplinei în muncă în unitățile cu foc continuu sau care au instalații cu grad ridicat de pericol în exploatare: 400/1981." In *Buletinul Oficial al Republicii Socialiste România nr. 17*, December 29, 1981.

⁴² "Decret nr. 400/1981."

⁴³ "Condamnat la un an închisoare," *Protecția Muncii* 17, no. 1 (1982).

Aside from these media articles, the most effective means of propagating decree 400 was the extensive official campaign executed in the first half of 1982. In the course of a few months, the Ministry of the Interior reported that police and firefighter brigades had conducted nearly seven thousand controls in more than eleven thousand plants in the chemical, metallurgic, constructing, and mining industries. The ensuing reports recounted violations in up to every fourth object, “and this in particular for the consumption of beverages at the workplace.”⁴⁴ In more than 7 percent of all investigations, the controlling authority detected violations that resulted in criminal charges. Nearly half of these including cases of people who either came to work drunk or tried to smuggle alcoholic beverages into their workplace.⁴⁵ In the county of Braşov, a local administrative report on the 'state of lawfulness' in 1982 evaluated that 93 percent of all cases brought to court for violating decree 400 were related to alcohol consumption.⁴⁶

The official campaign heralded a new approach to problems in the workplace. With decree 400, the government installed strict measures against 'minor' forms of misdemeanors in the workplace, and introduced standard procedures for sanctioning these irregularities. The decree institutionalized a range of penalties depending on the severity of the wrongdoing and the workers' reputation. If the workers in question had no record of safety violations and if their drinking had not had serious consequences, they would get away with an admonition. Another common sanction was payroll deduction, which in many cases meant subtracting 5 to 10 percent of a person's salary for a period of several months. In serious cases, factories transferred people permanently to lower positions in the workplace hierarchy.⁴⁷

⁴⁴ Ministerul de Interne, “Raport privind modul cum au acţionat organele Ministerului de Interne pentru realizarea sarcinilor ce le revin din Decretul nr. 400/1981 și măsurile ce se impun a fi luate pentru îmbunătățirea continuă a activității în acest domeniu,” March 25, 1982. CNSAS, fond documentar, Județ București, cota SRI 10425, vol. 1, 1982. Ministerul de Interne, Direcția Secretariat-Juridică, Nr. S/96.604.

⁴⁵ Ministerul de Interne, Inspectoratul Județean Argeș, “Nota de analiza privind modul cum s-a acţionat pentru respectarea și aplicarea Decretului 400/1981,” April 10, 1982. CNSAS, fond informativ, Județ Argeș, therein: Lucrări de analiză pe anul 1981 și 1982, D 017669, vol. 1.

⁴⁶ Comitetul de partid municipal PCR Braşov Secretariat, “Informare privind starea de legalitate în anul 1982 în județul Braşov,” January 10–March 28, 1983, inv. 4/1983. DJANB, fond Comitetul Județean P.C.R. 1945-1989, inv. 647, therein: fond 31 (33), Comitetul orășenesc PMR și PCR Braşov, 1951-67, 1968-89.

⁴⁷ See for example: Directoratul Județean Argeș, “Măsuri ce se impun pentru intensificarea cunoașterii și prevenirii factorilor care pot crea stări de pericol, a neglijenței în exploatarea și întreținerea utilajelor și a actelor de indisciplină în muncă, precum și pentru combaterea acestora prin sporirea fermității în aplicarea Decretului 400/1981,” February 15, 1982. CNSAS, fond informativ, Județ Argeș, D 017669, vol. 1/1982. Further cases are included in “Informare,” April 16, 1985. CNSAS, fond documentar, Județ Prahova, therein: Întreprinderea DERO Ploiești, nr. dos. 98, vol. 2.

A more severe and less utilized method was to dismiss workers. In a society where workers had both the duty and right to employment, dissolving a work contract effectively shifted the problem to another factory, which had to reemploy the worker in question. In the first months of 1982, controlling authorities reported contract dissolutions for 'minor' as well as major incidences of drinking at work. In an inspection round in February 1982, seven workers were detected to have arrived drunk to their work at a mining operation in Cîmpulung. One of their colleagues was found smoking underground. All these workers had their contracts dissolved and were the subjects of criminal investigations.⁴⁸ However, these strict measures served mainly as deterrents. Beyond the official campaigns, contracts were only dissolved for repeated and serious offenses. One such serious case was a man named Horatiu, who worked as a dentist in a military polyclinic in Bucharest. In 1983, Horatiu was removed from military cadres after the police pulled him over with a blood alcohol level of 0.17 per mille, at a time when he ought to have been seeing patients! Notably, the charges were brought to court by the police; the head of the military hospital where Horatiu worked did not support the legal action. Although Horatiu had a well-documented history of "consuming alcoholic beverages in excess" and "making scandals," his drinking had been tolerated for years.⁴⁹

The most serious punishment was reserved for workers who caused a situation in their workplace that endangered or harmed the factory's property or the health and lives of others: these perpetrators could be sentenced to prison terms. If criminal charges were likely, the managers or external authorities who detected the problematic situation had to transfer the case to the local prosecuting authority.⁵⁰ Prison sentences did not always require actual damage to have been caused. As was noted in the discussion of traffic politics, alcohol consumption had become an offense in itself, even if no person or car had been harmed. Similarly, authorities' reports included examples of prison sentences for workers who had not actually caused damage, but whose actions created a potentially dangerous situation. For example,

⁴⁸ For this case: Inspectoratul Județean Argeș, "Nota de analiza privind modul cum s-a acționat pentru cunoaștea și prevenirea de evenimente, stări negative și de pericol în cadrul întreprinderii miniere Cîmpulung," March 26, 1982. CNSAS, fond informativ, Județ Argeș, D 017669, vol. 1/1982.

⁴⁹ Serviciul de contrainformații pentru armata a 4-a, "Raport," October 20, 1983. CNSAS, fond Județ București, 1983, D 010446, vol. 11.

⁵⁰ Insp. Jud. Ialomița, letter to Procuratura locală Slobozia, August 27, 1986. CNSAS, fond documentar, Județ Ialomița, D 005706, vol. 2/1973-86, therein: Objective dosar CICH, Procese verbal.

during an investigation in January 1982, three workers were reported to have been found drinking in a petrochemical combine in Pitești. As they had left the machinery running and unattended, the authorities accused them of “creating a danger of accident and explosion” and initiated penal investigations. The three workers were charged with offenses that received sentences of six months to five years in prison. Again, the prosecution was particularly strict in the first months after decree 400 was released. Outside this context, prison sentences for drinking, without connection to an additional offense, were rare.⁵¹

Although the control measures targeted mainly the behavior of workers, their managers did not escape responsibility. As argued in a journal article in early 1982, “[t]he necessity of the decree was determined by a lack of care of some of those who are in charge of leading units, processes, and workplaces, of those controlling with a too broadly understood tolerance or maybe even ‘humanity.’”⁵² Other articles, too, pointed out that most accidents reflected underlying problems of failed organization, instruction, and supervision, made possible by a general atmosphere of tolerance towards acts of indiscipline at work.⁵³ Investigations ought to include everyone “who, by act of omission, ha[s] allowed or facilitated the possibility of the accident.”⁵⁴ These were the porters, who would have needed to prevent workers from entering the workplace drunk or with a supply of beverages, well-meaning colleagues, as well as everyone responsible for supervising and controlling the work process: “Units are responsible to organize themselves in a way that violations of the norms of work protection and discipline can be controlled and prevented.”⁵⁵

The inclusion of the work collective was to some extent in accordance with a collectivist ideology, as it embedded the behavior of workers into a larger context of working conditions. However, the rhetorical move to hold managers accountable for their workers’ drinking habits was not primarily a means of absolving individual workers from their guilt. While it

⁵¹ The examples are taken from: Directoratul Județean Argeș, “Măsuri ce se impun pentru intensificarea cunoașterii și prevenirii factorilor care pot crea stări de pericol, a neglijenței în exploatarea și întreținerea utilajelor și a actelor de indisciplină în muncă, precum și pentru combaterea acestora prin sporirea fermității în aplicarea Decretului 400/1981,” February 15, 1982. CNSAS, fond informativ, Județ Argeș, D 017669, vol. 1/1982.

⁵² “Să respecti disciplina înseamnă să-ți faci datoria de om al muncii,” *Femeia* 35, no. 2 (1982).

⁵³ See for example: Nicolae Burlacu, “Dosarele alcoolului. Nimeni nu l-a văzut,” *Protecția Muncii* 15, no. 2 (1980), and “Sursă de accidente,” *Protecția Muncii* 16, no. 2 (1981).

⁵⁴ Livia Nemțeanu, “Consecințele juridice ale consumului de alcool în timpul procesului de muncă,” *Protecția Muncii* 15, no. 4 (1980).

⁵⁵ *Ibid.*

could be interpreted this way, the main purpose of this argument was to pressure managers into enforcing decree 400. Some factory managers got the message and introduced methods of collective punishments, thereby transferring the pressure to lower-level factory supervisors to keep their workers in check. In a construction unit in the Northeastern Romanian city Roman for example, the manager developed a system of collective punishment for alcohol consumption. If workers were caught drinking, their colleagues received a payroll deduction of 15 percent, their section managers of 30 percent, and the site managers of 10 percent.⁵⁶ With these and other methods, managers did not simply collectivize guilt, but also facilitated a climate of mutual control, heightening everyone's liability for conduct in the workplace. In this way, the pressure on managers became a means of reallocating both the moral and the material guilt to smaller workplace units.

Objective, independent, and in the workers' own interest

While decree 400 was a way of clamping down on common problems in the workplace, it did not prove immediately effective. First of all, the controlling bodies struggled with a lack of coordination, which affected the standardization of controls and the consequences that the decree was designed to achieve. Secondly, the Interior Ministry repeatedly criticized control inspectors for not taking the problems seriously enough. For some factories, control reports listed few or no violations "in units where in reality we know that there were some shortcomings."⁵⁷ A third problem was the way in which some managers ignored or covered up their workers' wrongdoings.⁵⁸ Finally, factories and control inspectors lacked equipment necessary for their safety measures. The majority of reports and articles remained suspiciously silent about the methods used for substantiating their charges. Some reports revealed serious shortcomings both in procuring breathalyzers and in instructing control workers about their usage.⁵⁹

⁵⁶ Al. Bondoc, "Bețivi nu mai au ce căuta la noi!" *Protecția Muncii* 15, no. 2 (1980).

⁵⁷ Ministerul de Interne, "Direcția Secretariat-Juridică, Nr. S/96.604. Ordinea de zi a ședinței Consiliului de conducere al Ministerului de Interne," March 25, 1982. CNSAS, fond documentar, Județ București, cota SRI 10425, vol. 1, 1982.

⁵⁸ Ibid. Drawing attention to these and other shortcomings, journals discussed incidences in which managers were found drinking with their workers, see for example: "Un maestru exemplu... negativ," *Protecția muncii* 17, no. 4 (1982).

⁵⁹ Bondoc, "Bețivi nu mai au ce căuta la noi!"

In light of these problems, we might conclude that the success of decree 400 was limited. But whatever its shortcomings in standardizing control procedures or preventing acts of indiscipline in the workplace, the decree had a long-lasting impact on the relationships between workers, factory management, and state authorities. Notably, it left its traces in cultural memory. People recall that decree like few others. My interview subject V, a former alcoholic and current member of Alcoholics Anonymous, recalled the decree when speaking about his work history:

Until, towards the end of his [Ceașescu's] rule, if I'm not mistaken in the year 1982, 1981, he edited the well-known law 400, which was about alcohol consumption at the workplace. [...] And unfortunately, just as with the prohibition in the United States of America, it didn't achieve anything besides making people stop drinking at work. [...] So the law 400 mandated that people stop drinking at the workplace. So people started drinking before, after, and next to the workplace. ... So it didn't do a thing.

When I enquired whether the decree was actually implemented in his workplace, V confirmed that it was:

Yes, yes. There were *securiști* [Securitate officers, E.W.], they controlled it, they were in all factories, no matter how small, the Securitate was everywhere. The Securitate was everywhere. And they were ready to turn you in. [*In a deep voice*] Comrade, you came drunk to work, we're going to kick you out. [*In a normal voice*] I don't know, that is how it was.⁶⁰

Another member of Alcoholics Anonymous, S, maintained that the decree had a purely formal character and did not affect drinking habits at all. However, he also informed me about people's creativity in circumventing the decree.

There were also people, those who worked in workplaces where they were exposed to toxins [...] in painting factories, in chemical laundry operations, in distilleries, refineries, so in these places, they received milk, a liter of milk, that was their ration. They drank milk to prevent intoxication. And what did these people do? The milk bottles—they were bottles of glass with a big bottleneck. With a lid of aluminum. What did people do? They colored the bottle in white—to show that there is milk inside—and put drinks inside. And passed the entrance controls, showing their milk bottle when someone controlled them. But inside was no milk, but plum brandy, wine, beer.⁶¹

These contradictory memories suggest that the control regime varied according to workplace and the connections of the manager in charge. However, even those who

⁶⁰ Interview with V, Alcoholics Anonymous Bucharest, March 1, 2014.

⁶¹ Interview with S, Alcoholics Anonymous Bucharest, October 11, 2014.

remember the decree as having been ineffective are quick to recount interesting stories about their own or their friends' experiences with the decree. The decree has remained a popular point of reference about life under state socialism. People were aware of the decree and of the state's intolerance of minor forms of work discipline. This reminds us once again that the success of alcohol politics cannot be reduced to its effect on drinking behavior. Decree 400 may not have curbed people's drinking, but it was an important tool in creating a new rationale in the workplace. Security bodies became less interested in politically hostile activities in the workplace and more keen on detecting 'apolitical' dangerous activity such as "coming to work in a state of inebriation, leaving the workplace, [and] sleeping."⁶² Similarly, the decree affected how acts of deviance were processed in the workplace. As Călin Morar-Vulcu has demonstrated, workplaces had usually solved incidences of drinking or violence internally and in an improvised way. In the early 1980s, however, the Central Party Committee became more skeptical about the effectiveness of internal measures and appointed external state authorities to control and process workplace violations.⁶³

In Czechoslovakia, too, the Work Ministry created a growing number of external control agents to monitor workplaces. In the mid-1980s, the country's centralized trade union also trained "thousands" of functionaries to become licensed Inspectors for Work Safety.⁶⁴ Here too, the controlling officers and institutions served as "independent expert organs,"⁶⁵ designed to contribute to a more objective assessment of workplace problems. Their proclaimed independence became increasingly important, as it represented a necessary precondition to holding violators accountable. For example, if control workers suspected

⁶² Directoratul Județean Argeș, "Măsuri ce se impun pentru intensificarea cunoașterii și prevenirii factorilor care pot crea stări de pericol, a neglijenței în exploatarea și întreținerea utilajelor și a actelor de indisciplină în muncă, precum și pentru combaterea acestora prin sporirea fermității în aplicarea Decretului 400/1981," February 15, 1982. CNSAS, fond informativ, Județ Argeș, D 017669, vol. 1/1982.

⁶³ "Sinteza. Protocol nr. 8 și stenograma ședinței Comitetului Politic Executiv al Nr. inv. PCR, din ziua de 15 mai 1982," May 5, 1982. ANR, fond CC al PCR, Secția Cancelarie, 1980-1989, inv. 3354; see furthermore Morar-Vulcu, "Becoming Dangerous."

⁶⁴ The focus on control was instituted with a law in 1968 and complemented with further regulations: "Zákon o státním odborném dozoru nad bezpečností práce: 174/1968," in *Sbírka zákonu Československé socialistické republiky 1968*; see for an overview on control organizations Jan Dubenský, "Vztah orgánů státního odborného dozoru nad bezpečností práce k orgánům VB při zjišťování příčin pracovních úrazů, provozních nehod a poruch technických zařízení," *Kriminalistický sborník* 20, no. 10 (1976). On the trade union's control workers, see: MZd ČSR, "Zpráva o stavu na úseku bezpečnosti a ochrany zdraví při práci, pracovní úrazovosti a o zdvihání a přenášení břemen nad přípustnou hmotnost ženami v roce 1984," August 16, 1985. NAČR, fond MZd ČSR II, Materiály pro schůze vlády 1969-89, č. fondu 966, bod 2a, b.

⁶⁵ Dubenský, "Vztah orgánů státního odborného dozoru nad bezpečností práce k orgánům VB při zjišťování příčin pracovních úrazů, provozních nehod a poruch technických zařízení."

alcohol consumption, they could not simply report people on the basis of a mere impression that they were drunk. In severe cases, they were obliged to consult forensic doctors to determine the amount and, if required, the precise time of alcohol consumption (before or after the accident).⁶⁶

Justified as objective and reasonable mechanisms, these new methods and control practices were not designed to serve either workers or authorities more favorably than the other. While these measures were largely used by governmental representatives against workers, workers and drivers could mobilize them in their own interest. Statistics of the Slovakian High Court demonstrated that in the early 1980s, workers used the need for substantiated data to their own advantage. As stated by a representative, the High Court received more than six thousand complaints from workers between 1981 and 1985, and accepted nearly half of them due to a lack of data or procedural mistakes by the controlling officers.⁶⁷ What made the new focus on discipline and control most compelling was thus that it did not represent itself as a tool of workers' repression, but on the contrary, as being in their best interest.

With this thought in mind, control workers also strove to fight instances of so-called 'false solidarity' among workers when it came to alcohol consumption or other offenses. In both Czechoslovakia and Romania, control reports were full of stories about workers in various hierarchical positions covering up each other's violations and 'weak days', on which they were drunk or hungover. Control workers usually accounted for this behavior as an expression of sympathy and mutual support, along the lines of "today we for you, tomorrow you for us."⁶⁸ Not only workers, also heads of sections were reported to be benevolent towards transgressions, because they "wrongly understand the issue of friendship between head of section and worker, which must not lead to forgiving mistakes."⁶⁹ In 1982, an article in the

⁶⁶ Karel Hromádka, "Znalecké posudky při objasňování pracovních úrazů," *Kriminalistický sborník* 26, no. 11 (1982).

⁶⁷ See: E. Babiaková, "Odbor všeobecného a občianskosúdneho dozoru Generálnej prokuratúry SSR. Niekoľko poznámok k uplatňovaniu prostriedkov pracovného práva v boji proti alkoholizmu," *Protialkoholický obzor* 22, no. 6 (1987).

⁶⁸ For more examples of "false solidarity," see the publication of the national trade union: Bartošek, *Alkohol, práce, zdraví*.

⁶⁹ Comitetul de partid Metrom — Bv. C.P.I. 1-2, ianuarie – decembrie 1982, inv. 55/1982, "Proces verbal încheiat azi 25 noiembrie 1982 în plenara comitetului interior," November 25, 1982. DJANB, fond Comitetul Județean P.C.R. 1945-1989, inv. 647, therein: fond 31 (33), Comitetul orășenesc PMR și PCR Brașov, 1951-67, 1968-1989.

Romanian journal about work safety asserted that many workers hesitated to report their colleagues' safety violations out of concern that they might suffer from the consequences: "How will they punish Vasile? He has a big family, five young children!"⁷⁰ The author of the article stated that while solidarity among workers was welcome, the underlying attitude was shortsighted in this instance. If Vasile's children lost their father due to his unsafe work habits, his colleagues would regret their solidarity. The author thus chose to describe the duty of reporting on colleagues as lying in the best interest of everyone, including the soon-to-be-punished colleague.

While the new alcohol regulations, control workers, testing tools, and the fight against false solidarity all diverted attention from structural factors (such as working conditions, the traffic system, and so on), they did not represent themselves as tools of 'the state' against 'the workers.' They emerged in the context of a general push towards legal enforcement that was initiated by the Soviet Union in the late 1960s and spread to its satellite countries in the years that followed.⁷¹ From this perspective, the regulations and testing mechanisms embodied a quest for objective and fair assessment that benefitted all sides. In most cases, employers and traffic officers could reasonably assume that workers and drivers had been aware of the regulations.⁷² Having decided to drink despite knowing the potential repercussions, the perpetrators only had themselves to blame.

"We are not a society of beneficence"

The idea of holding individuals liable for their behavior was driven largely by a desire to reallocate social costs. In the case of Western states, several scholars have argued that private insurance companies played a key role in the criminalization of drunk driving. Free to

⁷⁰ "Exigență și fermitate în domeniul protecției muncii," *Protecția Muncii* 17, no. 1 (1982).

⁷¹ On the new legality in the Soviet Union, LaPierre, *Hooligans in Khrushchev's Russia*.

⁷² Traffic education had been introduced in school curricula all over the world, as mentioned in several country reports during an international traffic symposium taking place in Prague in 1979: Vládní výbor pro bezpečnost silničního provozu ČSR, ed., *Lidský činitel v silniční dopravě: Sborník přednášek z mezinárodního symposia*, 2 vols. 2 (Prague: TZ Sportpropag, 1979). In Czechoslovakia, traffic education was introduced in schools in the mid 1970s with a contract between the Federal Ministry of Traffic and the Ministry of Education, see Odbor dopravy NV HMP, "Rozbor nehodovosti v Praze 1974 a opatření ke zvýšení bezpečnosti pro nejbližší období," in: 13. schůze rady NV HMP, June 24, 1975. AHMP, fond Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva ÚNV, NVP a HMP. Zápisy ze zasedání rady NVP.

place conditions on their services, private insurance companies developed graduated insurance schemes and rejected drivers based on their stipulated risk level, thus redefining the common understanding of risk in the second half of the twentieth century.⁷³

In countries with a state monopoly on debates and cost allocation, certain parameters were different within this same process. In state socialist countries, state insurance bodies were also increasingly worried about the allocation of social benefits. Although in Romania, Czechoslovakia, and other state socialist countries, the number of work accidents declined from the late 1960s onwards, the levels of material damage caused in such accidents increased significantly and from this time onwards, continued to grow, alongside the benefits that were disbursed by state insurance bodies. Benefits allocated to drivers jumped from little more than 200 million crowns in 1969 to nearly 340 million crowns six years later. Due to higher safety standards and longer periods of disability leave, accidents strained the state budget in an unprecedented way and in the early 1970s, caused a negative and unexpected impact in the state's economic plans.⁷⁴

The growing discontent with the development of public services was thus not limited to capitalist countries, but expressed a wider-reaching “crisis of the welfare state.”⁷⁵ In a period of global economic decline, governments were more interested than ever in eliminating unnecessary spending. But while the desire to curb social spending was a necessary part of introducing stricter regulations, it cannot sufficiently explain the sharp focus on individual behavior. After all, the politics of economization did not affect all areas of spending in the same way. In the third chapter on the medicalization of alcohol problems, we saw, for example, that in Czechoslovakia, the national health insurance covered three months of hospitalization for alcoholics. Additionally, their families received sickness benefits in this period,

⁷³ Joseph R. Gusfield, *Contested Meanings: The Construction of Alcohol Problems* (Madison, Wisconsin: University of Wisconsin Press, 1996), 268; Mohun, *Risk*.

⁷⁴ For the development of accident numbers and material damage in Czechoslovakia, see: Ústřední komise lidové kontroly a statistiky, *Statistická ročenka Československé socialistické republiky*, editions 1963 and 1990. For a debate of this development, see: Jaroslav Kyar, “Komplexní hodnocení pachatele dopravní nehody z pohledu odpovědnosti za způsobenou škodu,” in ČVTS - Společ. dopravy a spojů, *Bezpečnost silničního provozu: Aplikace dopravní psychologie v soudní praxi*. For data on accidents and hospitalization: “Zpráva k návrhu usnesení,” June 3, 1971, in: Ministerstvo práce a sociálních věcí ČSR, *Rozbor vývoje pracovní neschopnosti pro nemoc a úraz v roce 1970 a vyhodnocení opatření přijatých proti jejímu nepříznivému vývoji*. NAČR, fond MZd II, Materiály pro schůze vlády 1969-89, č. fondu 966, therein: Materiály pro vládu, July 21, 1971, bod 5.

⁷⁵ Barbara Lucas, “Reducing Discursive Complexity: The Case of Alcohol Policies in Europe (1850-2000),” in Müller; Klingemann, *From Science to Action?*, 86.

which amounted to up to 90 percent of the patients' wage. Several hospitals also offered to hospitalize the patients' family for a reduced amount of time, a service that was also covered by the national health insurance body.⁷⁶ As alcoholics required long-term treatment by a team of qualified psychiatrists, we might argue that they strained the state's resources more than moderate drinkers who caused minor offenses in their workplaces. However, although psychiatrists repeatedly complained about a lack of resources for their treatment programs, the spending for treatment was neither officially criticized nor decreased – on the contrary, it gradually increased in late socialist Czechoslovakia.⁷⁷

Fostering the treatment for chronic alcoholics and at the same time refusing to pay for the consequences of other alcohol-induced problems, governments embraced a narrow understanding of alcohol problems that allowed them to reduce their duty of care to apply to only a small number of people, in relative terms. While undesirable economically, the spending on chronic alcoholics could be controlled. Furthermore, the recovering alcoholics proved more deserving than many social drinkers. Acknowledging their problem, they requested professional intervention in order to learn how to contain the effects of their disease. Less responsible and therefore likely to attract moral condemnation were people who may not have drunk excessively, but who did not restrict their drinking to appropriate settings: those who drank before work (and not after), who left the pub and drove (instead of walking), or who drank away the household budget (instead of using only surplus money). The political understanding of 'proper conduct' was connected less to the act or amount of drinking itself, but rather to the responsible handling of its consequences.⁷⁸

In this way, the politics of alcohol encapsulated the rationality of late socialist work politics. In this period, alcohol regulations became an instrument in the struggle to reorganize people's conduct in the workplace and articulate the expectations of state institutions to-

⁷⁶ See on these practices: Skála, *...až na dno?*, 3rd ed., 83–84; furthermore, I rely on interviews with Olga Pecinová, September 26, 2014 and with F and J, January 16, 2014.

⁷⁷ The complaint about funding for alcoholism treatment was repeatedly mentioned in many reports and debates about alcoholism, see for example in the following report, drafted for a meeting of the National Committee of the City of Prague in 1988: "Návrh na zabezpečení usnesení vlády ČSR č. 272 ze dne 19.10.1988 k úkolům v boji proti alkoholismu, toxikomanii a kouření v působnosti vlády ČSR," in: 22. schůze rady Národního výboru hl. m. Prahy, July 1, 1988. AHMP, fond Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva ÚNV, NVP A HMP (1945-1994). Zápisy ze zasedání rady NVP.

⁷⁸ Gusfield, *Contested Meanings*, chapter 10.

wards their citizens. Alcohol showed that apparently minor transgressions, including the negligence of workers and heads of sections towards these problems, had tremendous consequences for workplace safety and productivity. Furthermore, alcohol consumption was quantifiable and therefore allowed authorities to assess workers' wrongdoings with precision. From the late 1970s, this quality became particularly important. In Romania, Czechoslovakia, and many other socialist and non-socialist states, we see an upsurge in studies that attempted to determine the effect of drinking and other human habits on safety, productivity, and the state's budget. For example, in the mid 1980s, two Czech economists published a study in which they attempted to calculate the effect of a young worker's drinking habits on his productivity (figure 9).⁷⁹ In this light, it seems significant that in Czechoslovakia and in other countries, the state insurance body invested in the development of breathalyzers and helped to distribute them to factories.⁸⁰

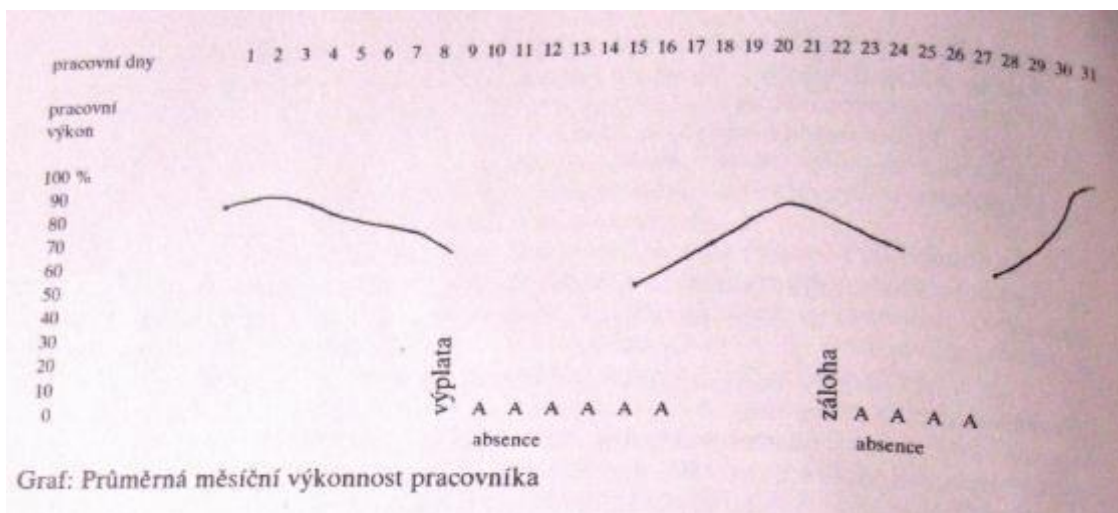


Figure 9: Determining the damage of alcohol to the workplace

The graph is titled 'The worker's average monthly productivity,' and refers to the case of a twenty-six-year-old worker, who was an alcoholic and frequent absentee. The y-axis depicts his work productivity in percentage, the x-axis the progress of time (period of one month). The relative work output is indicated by the black line, the worker's absences are indicated by the line's disruption, and his partial absence by combination of 'A' and black line. The graph shows a significant decrease in productivity and attendance after the worker has received his wage (*výplata*) or an advance of his wage (*záloha*). As the article authors stated, their aim was not to single out this specific worker and his productivity, but to test what could so far only be assumed: that a drinking worker "is practically only half a worker."

Source: L. Jarolímová and L. Grygar, "Alkohol a neomluvená absence v zaměstnání," *Protialkoholický obzor* 22, no. 2 (1987), 118.

⁷⁹ L. Jarolímová and L. Grygar, "Alkohol a neomluvená absence v zaměstnání," *Protialkoholický obzor* 22, no. 2 (1987).

⁸⁰ Kyar, "Komplexní hodnocení pachatele dopravní nehody z pohledu odpovědnosti za způsobenou škodu."

In Romania, too, economic logic came to play a larger role in the discussion of social spending. Driven by a desire to make human life and work more efficient, state institutions issued studies in the late 1970s in which they tried to calculate people's productivity and the factors impeding higher productivity. In 1977, the work committee of a construction site in the county of Braşov lamented, for example, that "50.651 non-productive hours" wasted on workers' absences and their habit of leaving the workplace too early; had these hours been worked, it "would have led to an additional production of 2.437.000 lei"⁸¹ for the year 1976. For another construction site, a control brigade evaluated the "unexploited potential" caused by justified and unjustified absences, maternity and disability leave, and ineffective working practices. Conceding that some of these absences "have an objective character," the report nevertheless stated that in the evaluated period, from September 1974 until January 1977, an important share of the "available time" had been lost to the national economy.⁸²

Deriving from an idealized idea about human life, workplace resources, and the wider economic situation, these and other reports conceptualized deviations from the ideal as a "non-rational use of the available time",⁸³ which they attempted to quantify and assign to the behavior of individual workers. An early 1980s report, drafted by the representative of a section of a large metallurgy plant in Braşov county, explained that "the loss of time which becomes manifest in walking around uselessly in the section during the work period, in discussions, in starting work belatedly or ending it earlier, and in other aspects" impeded "important reserves of time": "In order to better understand what these unmotivated absences mean for the year of 1981," the report continued, "we specify that they represent the work of nearly 8 people for a whole year."⁸⁴ Similarly precise, a newspaper article in the party organ *Scînteia*

⁸¹ Org. 5. Organizația de bază PCR, Santierul I Construcții Braşov, "Dare de seamă privind activitatea desfășurată de biroul organizației de bază dela alegeri și pînă în prezent," 1974, in: PCR, CJB, Construcții, Comitetul de Partid T.C.I. cu org. de bază no 1,2,3,4,5,6,7 și 8. Procesele verbale, dările de seamă, hotărîri, rapoarte, 46/1977. DJANB, fond Comitetul Judeţean P.C.R. 1945-1989, inv. 647, therein: fond 31 (33), Comitetul orăşenesc PMR și PCR Braşov, 1951-67, 1968-1989.

⁸² Organizația de bază PCR din Trustul de Constr. Ind. Braşov, "Dare de seamă asupra activității desfășurate de Biroul Organizației de Bază dela alegeri 16 sept 1974 la 24 ianuarie 1977," 1977, in: PCR, CJB, Construcții, Comitetul de Partid T.C.I. cu org. de bază no 1,2,3,4,5,6,7 și 8. Procesele verbale, dările de seamă, hotărîri, rapoarte, inv. 46/1977. DJANB, fond Comitetul Judeţean P.C.R. 1945-1989, inv. 647, therein: fond 31 (33), Comitetul orăşenesc PMR și PCR Braşov, 1951-67, 1968-1989.

⁸³ Ibid.

⁸⁴ Comit. inter. de partid Nr. 1 Scularie — Metrom Braşov, "Dare de seama a comitetului interior de partid nr. 1 de la alegeri și pînă în prezent (17.9.1979-04.03.1982)," 1982, in: Comitetul de partid Metrom – Bv. C.P.I. 1-2,

asserted in 1982 that “every minute [of work] is worth 2.8 million lei,” and concluded that therefore, “no loss of time can be accepted.”⁸⁵

Declaring insurance payments an unnecessary burden, party authorities looked for ways to reduce these costs. However, they did not simply pare down all payments. Instead, they hinged them on certain conditions, referring to what they considered commonsensical and justifiable categories. Accordingly, in 1977, the Romanian head of state Nicolae Ceaușescu declared that disability pensions be paid only to those who were “really ill.”⁸⁶ With this reasoning, the Romanian government justified the elimination of some categories of pension entitlement in a reform of the pension scheme.⁸⁷ In the following years, Romanian newspapers raged against people who were unable to substantiate their work absences, criticizing (for example) a woman who failed to provide medical proof of her diseases: “Doesn’t she know that our factory has a plan to fulfill, that we are not a society of beneficence? That in our society, only those receive payment who work seriously, consciously, every month, every day, every minute...?”⁸⁸

Following the same argument, the Czechoslovak government also began to reconceptualize social benefits. In the first half of the 1980s, state ministers in Czechoslovakia commissioned a number of studies that challenged the validity of certain social benefits. As in Romania, these studies conveyed the idea that accidents and diseases were an external, evitable part of human productivity and therefore calculated them as losses for the national economy. As a consequence, only justified claims for compensation were to be covered by the state’s health insurance body. Originally described as universal services that were freely accessible to every worker, benefits and pension entitlements were now increasingly reserved for those deemed deserving. Those who ‘abused’ the system, on the other hand, could no longer expect any tolerance. In the 1970s, the field of ‘assessment medicine’ started to flourish in Czechoslovakia. In 1982, assessment doctors saw over a million patients who had been diagnosed with a work disability. Their investigations yielded evidence of an abuse of the system in 6.7

ianuarie – decembrie 1982, 55/1982. DJANB, fond Comitetul Județean P.C.R. 1945-1989, inv. 647, therein: fond 31 (33), Comitetul orășenesc PMR și PCR Brașov, 1951-67, 1968-1989.

⁸⁵ “Disciplina—cel mai productiv ‘utilaj’ în stăpînirea fiecărui om al muncii,” *Scînteia* 51, January 13, 1982.

⁸⁶ Grama, *Labor’s Risks*.

⁸⁷ For the reform of the pension law and its motivation, see: Grama, *Labor’s Risks*; for the new law: “Legea nr. 3/1977 privind pensiile de asigurări sociale de stat și asistență socială,” in *Buletinul Oficial al Republicii Socialiste nr. 82*, August 6, 1977.

⁸⁸ “Să respecti disciplina înseamnă să-ți faci datoria de om al muncii.”

percent of the cases.⁸⁹ In the late 1980s, a local administrative report on the work of assessment doctors in Prague proposed as a “long-term goal” the need to reexamine the structure of disability categories, urging the doctors to “shorten the transition from work disability to partial disability.”⁹⁰

What was the effect of the new regulations, control reports, assessment doctors, and other institutions? While the trend to limit social benefits and to question those claiming pension entitlements was a global phenomenon, the popularity of these measures cannot be ascribed to their resounding success. To be sure, the field of safety was improved in the 1970s and 1980s. The number work accidents had plummeted from the late 1960s in many countries. As indicated in a comprehensive analysis of insurance cases in Czechoslovakia, incidences of drunk driving, too, had decreased significantly in the first half of the 1970s – a claim to be treated with caution, as obviously not all drunk drivers were detected.⁹¹ However, it is hard to establish whether this was due to social re-education or to better technology and safety precautions. In any case, the control mechanisms instituted did not lead to the desired goal of reducing public spending on social benefits.⁹² We do not know what the financial situation would have looked like without breathalyzers and investigative commissions. By the 1980s however, representatives of the Czech Health Ministry started wondering aloud whether the productive capacity of the thousands of control workers could not be deployed in a more useful way for the national economy.⁹³

While not immediately improving the state budget or work productivity, the new regulations were, however, useful for instilling a new kind of reasoning. As a representative of

⁸⁹ Until the early 1970s, assessment medicine was not yet a standardized field and the approaches of doctors as well as criteria to assess work accidents varied strongly between factories. See F. Slabihoudek, *Pracovně lékařská posudková péče - metodika: Nemocenské pojištění a sociální zabezpečení* (Prague: Státní pedagogické nakladatelství, 1959). For the early 1970s, see: Zdravotnický odbor, “Rozbor příčin pracovní neschopnosti pro nemoc a úraz,” in: 1. schůze rady NV HMP, January 12, 1971. AHMP, fond Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva ÚNV, NVP a HMP. Zápisy ze zasedání rady NVP; for the controls in the early 1980s, see: “Zpráva o vývoji pracovní neschopnosti pro nemoc a úraz v r. 1982 v ČSR,” March 28, 1983. NAČR, MZd ČSR, Praha, zasedání kolegia ministra 1969-1989.

⁹⁰ Odbor zdravotnictví NVP, “Vývoj nemocnosti a úrazovosti spojené s pracovní neschopností v r. 1986 v Praze,” April 8, 1987, in: Rada NVP 1987, 7. schůze Rady NV HMP. AHMP, fond NVP, Porada vedoucích funkcionářů, 1963-1987, therein: Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva ÚNV, NVP a HMP.

⁹¹ Kyar, “Komplexní hodnocení pachatele dopravní nehody z pohledu odpovědnosti za způsobenou škodu.”

⁹² Ibid.

⁹³ MZd, Odbor léčebně preventivní péče, “Zpráva o výsledcích programu péče o ženu a dítě, péče o starou generaci, boje proti cévním, srdečním, virovým a nádorovým chorobám a proti následkům úrazů a návrh jejich dalšího rozvoje,” September 4, 1980, in: Sekretariát MZd ČSR, Program 5. porady kolegia MZd, September 20, 1980. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989.

the Czechoslovak state insurance body put it, “simply by making workers aware that their activities will be always controlled, that violating the regulations, guidelines and instructions will not go undetected, their feeling of responsibility will increase.”⁹⁴ People were made aware of the potential consequences of their behavior and of their duty to use their resources efficiently. It must be restated that the measures did not come about as tool of repression, but rather were represented as serving the common interest in ensuring the fair distribution of the state’s limited resources. Notably, the notion of fair entitlement was linked to what people deserved and not what they needed. If people had not met the requested safety precautions – if they had consumed alcohol, or had in another way violated the idea of responsible behavior – it seemed appropriate to question at least some of their entitlement to social benefits. In all regulations, alcohol consumption figured as a preclusive factor, which precluded for example people involved in traffic accidents from claiming the full amount of social benefits relating to their injuries. s.⁹⁵ Only those whose accident or disease was not considered to be their own fault seemed deserving of social solidarity.⁹⁶ Insurance benefits were thus transformed into a privilege for those who could prove that they had been responsible enough to deserve it – a far cry from the promise of universal rights that had marked the rhetoric of the early years of socialist rule.

Concluding remarks

In the mid 1960s, a team of Romanian doctors pointed out that all over the world, psychiatrists and biologists were still struggling to define alcoholism. Yet research progress had been “most remarkable regarding the methods of determining the doses of alcohol in the body.”⁹⁷ A decade later, their statement still held true. In the course of the 1970s, new testing

⁹⁴ Jiří Bursík and Karel Daněk, *Kontrola hospodaření s prostředky nemocenského pojištění v závodech*. Praktická pomůcka pro kontrolní pracovníky správy nemocenského pojištění, 2nd ed. (Prague: Práce, nakladatelství ROH v Praze, 1974).

⁹⁵ Kyar, “Komplexní hodnocení pachatele dopravní nehody z pohledu odpovědnosti za způsobenou škodu,” see also “Vyhláška ministerstva financí České socialistické republiky, kterou se stanoví rozsah a podmínky zákonného pojištění odpovědnosti za škody způsobené provozem motorových vozidel provozovaného Českou státní pojišťovnou: 123/1974,” in *Sbírka zákonů Československé socialistické republiky*, December 12, 1974.

⁹⁶ See on the logics of modern-day actuarial conditions: Henning Schmidt-Semisch, “Selber schuld: Skizzen versicherungsmathematischer Gerechtigkeit,” in Bröckling; Krasmann; Lemke, *Gouvernementalität der Gegenwart*.

⁹⁷ Banciu, Moraru, and Droc. “Probleme medico-juridice ale intoxicației acute alcoolice,” *Probleme de Medicina Judiciară și Criminalistică*, no. 2 (1964), 29.

tools appeared almost every year, offering refined mechanisms and ever more precise results about people's alcohol intake. Some tests were more reliable than others, but in no case were their results subject to a principled dispute. How can we explain the success of these testing mechanisms? Breathalyzers and laboratory tests were not straightforward solutions to alcohol or safety problems. They had not been designed to provide new answers to the 'alcohol question,' to make people drink less or to improve working conditions in general. Instead, they were tools to clarify the causes and culprits of accidents. For this reason, the success of these institutions cannot be measured by their ability to solve social problems. Instead, they should be seen as tools that conveyed a new rationality. Control and testing mechanisms reconstituted alcohol problems as a new set of questions revolving around individual behavior and responsibility.

We have seen that the focus on individual behavior was neither a logical nor the only solution to accidents. In both Romania and Czechoslovakia, studies pointed to 'high-risk groups' of workers and thereby suggested that the type of labor, working conditions, gender, and other structural factors significantly influenced the rate of work accidents. Like the preoccupation with 'high-risk families,' which we encountered in the previous chapter, these debates brought environmental circumstances into discussions of social problems. But in neither the debate about family violence nor work safety did these arguments translate into tangible consequences. While they harbored potential for structural debates, the studies limited themselves to stating their findings and refrained from elaborating on possible implications for the workplace regime. Due to this reluctance, the findings could be interpreted in other ways, too. For example, in the early 1980s, Romanian psychiatrists used the idea of "risk groups" for their study of "sub-groups with elevated risk or accented vulnerability towards exaggerated alcohol consumption."⁹⁸ The propensity of certain groups to habitual heavy drinking was in these reports not related to their working conditions, but to their sluggish work attitude. Diverting attention away from the workplace and working conditions and towards a certain *type* of worker, the psychiatrists enforced a focus on individual (groups of) workers and their responsibility for problematic working conditions.

⁹⁸ A. Avasilcai, I. Bisoc, and C. Postelnicu, "Observații asupra alcoolismului in colectivități industriale aglomerate."

Other interventions had a similarly ambiguous potential. In 1978, the Romanian government introduced, for example, a new law regarding 'self-conduct' (*autoconducere*), with which it increased the liability of economic enterprises for their economic development and finances.⁹⁹ Besides self-conduct, the law advocated the self-control (*autocontrol*) and autogestion (*autogestiune*) of work collectives as new ways of improving the productivity of economic units. A programmatic manual on work discipline described “the development of self-conduct and autogestion” as leading to “growing individual and collective responsibility”¹⁰⁰ in the workplace. Strengthening the rights and obligations of workplace collectives and instilling a greater sense of individual responsibility was justified as “a powerful manifestation of the leading role of the working class in building a new order.”¹⁰¹

However, the law could also be an efficient way to delegate responsibility for policing behavior in the workplace to the lower echelons of factories management. It is hard not to see this ambition in play when in 1983, the Romanian government codified the individual accountability of workers with a new law. Each worker was made to sign a contract which obliged him or her to fulfill a work quota, make full use of the work period and work material, use the material effectively, and abide by all norms and regulations.¹⁰² Several years earlier, the manager of a construction unit had proudly reported that all of his workers had signed a declaration in which they agreed to disciplinary actions if they were found under the influence of alcohol at work.¹⁰³ What is interesting in this and other regulations is not so much the strict approach to misbehavior at work. Government and managers possessed the means of policing the behavior of their workers before the 1980s. More importantly, managers were now keen to codify their workers' liability, informing them about their obligations and having them formally agree with their employer's expectations. While the Romanian government and factory managers had other ways of instilling order and discipline in the workplace, the new regulations used the idea of free choice (to sign or not sign the contract) to enforce their rules.

⁹⁹ “Legea nr. 5/1978 cu privire la organizarea și conducerea unitatilor socialiste de stat, precum și la functionarea acestora pe baza autoconducerii,” in *Buletinul Oficial al Republicii Socialiste România* 56, July 6, 1978.

¹⁰⁰ *Ordinea și responsabilitatea, componente ale eficienței economice naționale*. În ajutorul activităților de propaganda (Bucharest: Editura Politică), 1982, 10.

¹⁰¹ *Ibid.*

¹⁰² “Lege cu privire la contractul-angajament: 3/1983,” in *Buletinul Oficial al Republicii Socialiste România* 51, July 9, 1983.

¹⁰³ Al. Bondoc, “Bețivi nu mai au ce căuta la noi!”

The debates around work safety, individual accountability, and the choice to behave responsibly were symptomatic of a new direction in social politics. In a globally worsening economic situation, governments in both Eastern and Western Europe did not simply retreat from their responsibility for their citizens' social security. Instead, they redefined the categories of social security. In this way, the focus on the 'human factor' and individual behavior expressed a far-reaching change to the expectations states had of their citizens, and set the conditions under which states were responsible for providing for their citizens' needs. Citizens in turn were conditioned to reconsider their behavior – if not for the greater good, then for the sake of sparing themselves from unpleasant repercussions.

Conclusion

In 1975, the Czech Health Ministry commissioned a study to assess the impact of alcoholism on the country's resources. From 1976 to 1980, a group of researchers devoted their attention to various negative effects of alcohol, taking into account not only the costs of hospitalizing alcoholics, but also indirect costs like absence from work and services for family members. According to their findings, the children of alcoholics were regular visitors to psychiatric hospitals, were placed in state care more often than other children, and were more likely to fall sick. The Ministry of Health concluded: "The results of the research have shown that children living with an alcoholic father present a considerably higher and even quantifiable burden for society."¹ In order to lower that burden, more staff and resources were allotted to regular check-ups and to summer camps for the families of alcoholics. While the study thus improved the conditions for affected children, its underlying motivation also defined the limits of state intervention. The Health Ministry measured wellbeing in economic terms, calculating the costs of mental and physical diseases for the state's budget. The new services were designed to reduce this cost and eventually improve the state economy. Measures that did not promise quantifiable results for the economy – the treatment of the chronically ill, for example – were not mentioned in the report.

In its ambivalent nature, the report of the Czech Health Ministry encapsulated the spirit of alcohol politics in late socialist states. On one hand, these states created a number of tangible innovations that helped affected people to live better lives. On the other hand, the states also sought to redefine the criteria for social spending. When late socialist governments commissioned studies of people's wellbeing, and when workplaces and welfare institutions

¹ MUDr. Vítězslav Nekvinda, ředitel odboru léčebně preventivní péče, "Účinnost dosavadního souboru opatření k řešení problematiky alkoholismu a jiných toxikománií," October 16, 1980. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989, therein: koleg. min. č. 6, k. 37.

introduced new strategies to help people maintain their health and safety, many people benefitted only in the short term. In the long run, the new conditions, services, and coping strategies conveyed a new way of thinking about social rights and responsibilities. The new politics of alcohol were a means to reassign state responsibilities, strengthen the resilience of individuals and family units, and eventually to reduce governmental spending. The debates around alcohol as a question of consumer choice, as a pathological condition, as a family problem, and as an issue of safety may not have reduced the amount of alcohol that was consumed in state socialist Romania or Czechoslovakia. These debates did, however, express a new understanding of alcohol politics in particular, and state responsibility in general.

A new form of state

The change in state responsibility was part of a larger transformation of the European political and economic landscape. In the 1970s and 1980s, most European states reduced industrial labor in support of a growing service sector. The new economic structures affected not only national economies and production patterns, but also social agendas. Against the backdrop of these transformations, recent studies have declared the 1970s and 1980s to be a “turning point in European history.”² However, they have usually localized the changes in the West. Central and South Eastern European countries, on the other hand, were seen to have been stuck in the immutable system of state socialism until 1989. Only in the 1990s, according to this narrative, did a series of neoliberal reforms induce the complete conversion of political, economic, and social structures in former Soviet states.

However, this argument overlooks that in both East and West, the transformation of state structures was a gradual affair. In the case of Northern America, Wendy Brown has shown that neoliberal reforms did not radically transform political and economic structures, but progressively transpired via institutional practices, social relations, and ways of thinking about the category of 'the social'.³ Using the example of alcohol politics, we have seen that in Eastern bloc states too, social agendas changed considerably over the decades. In the 1950s, state authorities embarked on large-scale structural programs to educate people and 'civilize' their consumption habits. Although not all of these programs accomplished the end they had

² Wirsching et al., “The 1970s and 1980s as a Turning Point in European History?”

³ Brown, *Undoing the Demos*. See for this interpretation of neoliberalism as a gradual adaptation of state structures also Terry Flew, “Six Theories of Neoliberalism,” *Thesis Eleven* 122, no. 1 (2014).

in view, they signaled that governments were responsible for influencing people's safety, wellbeing, health, and productivity on a large scale. The new alcohol politics in the 1970s were a means to redefine state responsibility and reassign social competency. Governments ceded authority for conceptualizing and solving all social issues, and passed it on to smaller social entities. They relied on family structures and individual coping mechanisms, and assigned authority to scientific experts in relevant fields, such as dietitians, psychiatrists, criminologists, counselors, traffic experts, judges, and actuaries, who each became responsible for specific aspects of alcohol problems.

These changes do not imply that socialist states grew weaker. With the benefit of hindsight, it is tempting to see any pre-1989 changes as harbingers of collapse. In this view, the new attitudes towards social problems may appear to be the result of the "incompetence"⁴ of political leaders who had lost their grip on society and political ideals. However, the innovative nature of the new social policy programs indicated that late socialist governments did not attempt "political suicide,"⁵ but on the contrary, expressed the will to preserve their position of power. Facilitating a gradual dilution of their absolute authority over social questions, party officials remained responsible for assigning social tasks. Instead of a rupture that necessarily resulted in the end of state socialism, the reforms in Romania, Czechoslovakia, and other late socialist states showed that governments in Eastern bloc states were as eager as those in the West to transfer the costs of social organization to smaller units of society. The reorganization of state responsibilities can accordingly be seen as an attempt to adapt state socialist governing practices to new global realities.

The new governing strategies increasingly relied on each individual's capacity to take responsibility for and control of their actions. Notably, this process of "responsibilization"⁶ was not only adopted by liberal democracies. We have seen that the Romanian program for 'rational alimentation' did not try to improve people's consumption habits by top-down means, for example by changing the supply of public food vendors. Instead, state authorities invested in a campaign that appealed to people's 'self-knowledge' and their ability to control

⁴ Stephen Kotkin and Jan Tomasz Gross, *Uncivil Society: 1989 and the Implosion of the Communist Establishment*, Modern Library chronicles 32 (New York: Modern Library, 2009), 52.

⁵ *Ibid.*, 154.

⁶ Brown, *Undoing the Demos*, 133.

their actions. As Nicolae Ceaușescu put it in 1981, “[n]othing works better than self-control.”⁷ Even today, similar formulations can be found in consumption politics. As Olivier De Schutter, until recently a United Nations Special Rapporteur on the right to food, suggested in 2015, “‘autonomous’ motivations (i.e., out of a sense that this is the ‘right thing to do’, and that it corresponds to the kind of person one wants to be) are more robust and have more lasting impacts than choices that are made simply as a response to external constraints.”⁸

It is questionable whether these appeals to people’s consciousness have yielded better results than a functioning network of public meal services and health centers would have achieved. In any case, they have been notoriously difficult to enforce and control. Rather than comprehensively improving public health, the strategies have contributed to a new form of government that replaced external controls with internal regulation. Tapping into notions of human agency, self-reflection, and responsibility, they did not involve disciplinary measures and domination, but rather governed with the consent of those governed. Michel Foucault has described this form of governing as the “conduct of conduct.”⁹ In this form of government, state intervention is reduced to securing the conditions under which people can exercise their freedom to make informed and reasonable decisions about their behavior.

What was socialism, and why did it work?

While this reorganization of governmental techniques took root in a variety of political systems, the reactions were shaped by the states’ political and economic orders. Even within political blocs, policy programs differed considerably. Czechoslovakia and Romania have exemplified the heterogeneous nature of socialist statehood all too well. Looking only at the outcomes of certain processes (the organization of hospital treatment for alcoholics, for example) Czechoslovakia appeared at times closer its Western neighbors than to some of its socialist ‘brother countries.’ Romania, too, figured as exceptional, its leaders eager to preserve the country’s autonomy in the socialist bloc and even into the late 1980s, opposing any

⁷ “Stenograma ședinței de constituire a Comisiei pentru elaborarea Programului de alimentație rațională a populației,” October 29, 1981, nr. inv. 98/1981. ANR, CC al PCR, Secția Economică (1978-1989), inventar 3294.

⁸ Olivier de Schutter, “Foreword: How to Motivate Healthier Lifestyles?,” in *Regulating Lifestyle Risks: The EU, Alcohol, Tobacco and Unhealthy Diets*, ed. Alberto Alemanno and Amandine Garde (Cambridge, United Kingdom: Cambridge University Press, 2015), xviii.

⁹ Michel Foucault and James D. Faubion, *Power, Essential Works of Foucault, 1954-1984 v. 3* (New York, New York: New Press; Distributed by W.W. Norton, 2000), 341.

economic or social liberalization.¹⁰ Throughout this thesis, I have indicated many other differences, too. However, I have deemed it more fruitful to focus on the categories that drove the transformation of policy programs rather than their outcomes. From this perspective, the “family resemblances”¹¹ outweigh the many superficial differences. In comparison to Western states, developments were slow. As Katherine Verdery has argued, socialist state structures systematically obstructed the flow of information and goods and thus hampered any quick development.¹² The limits of innovations were often determined by bureaucratic structures, which ruled out timely adaptation to new challenges, such as new substance consumption habits. Thus, although we have seen that in Czechoslovakia, 'addictologists' were given plenty of scope to develop their field of specialization, their boundaries were defined by the threat and often open demonstration of surveillance and censorship.

Furthermore, governments in socialist countries were hesitant to give up holistic approaches to social issues. When in 1980, the Czech and Slovak Health Ministries discussed new programs to address alcohol-related problems, they accordingly included the ministries of construction, industry, traffic, interior, education, and others into their plans.¹³ Their attempt to bring alcohol politics into the mainstream did not prevent the specialization of individual fields, and the various ministries evidently had little to add other than announcing their desire to fight alcoholism. Nevertheless, the continuous inclusion of ministries indicated a reluctance to relinquish structural approaches completely. In Romania, policy programs conceived of individuals as part of a greater collective, their bodies serving a greater national good. This view informed, among other measures, the Romanian ban on abortions in 1966, a statute that was enforced through mandatory gynecological examinations.¹⁴ Under these circumstances, we can hardly maintain that late socialist governments enforced self-control and individual competence in every field of human behavior.

¹⁰ On the late 1980s in Romania: Vladimir Tismăneanu, “Understanding National Stalinism: Reflections on Ceaușescu's Socialism,” *Communist & Post-Communist Studies* 32, no. 2 (1999); on the Czechoslovak perestroika reforms, see Pullmann, *Konec experimentu*.

¹¹ Verdery, *What Was Socialism, and What Comes Next?*, 12.

¹² Katherine Verdery, *Secrets and Truth: Ethnography in the Archive of Romanias Secret Police* (Central European University Press, 2014)

¹³ For the bill, see “Příloha 1, Návrh usnesení vlády České socialistické republiky ze dne č. ke zprávě o účinnosti dosavadního souboru opatření k řešení problematiky alkoholismu a jiných toxikomanií,” in: “Účinnost dosavadního souboru opatření k řešení problematiky alkoholismu a jiných toxikomanií,” October 16, 1980. NAČR, fond MZd ČSR, Praha, Zasedání kolegia ministra 1969-1989.

¹⁴ Kligman, *The Politics of Duplicity*, 97.

However, it is precisely the unsuitability the new, individualistic lines of argumentation for integration with collectivist and holistic conceptions of social order that made this integration so interesting. In the light of ruthless state intrusion in intimate matters of the body, it is striking that when it came to matters of consumption, the Romanian government acknowledged people's autonomy to "judge for [themselves] and decide."¹⁵ This appeal to people's individual desires also affected official language. In Romania, more than in other Eastern bloc states, strong ideological statements and catchphrases retained a firm place in publications and speeches throughout the late socialist period. But even this 'wooden language' was malleable enough to include new expressions. People were encouraged to pursue 'self-knowledge' and 'self-control,' and structural analyses revealed the role of the 'human factor' and the need for 'growing individual and collective responsibility.' In Czechoslovakia, too, alcoholics became 'people addicted to alcohol', and experts highlighted the 'discrete' and 'independent' nature of interventions. The new formulations did not find expression in all spheres of life. However, the integration of individualistic vocabulary and arguments in the definition of diseases, in nutrition guidelines, in family problems, and in safety regulations was highly effective.

The question remains whether this turn to individual responsibility was ever a viable transformation. Not only did late socialist governments shed competence for important social questions, thereby violating the idea of Communist Parties as ultimate source of authority, but the concurrency of arguments created contradictions. If experts continued to highlight socioeconomic risk factors like ethnicity, education, and work conditions, how could they emphasize the importance of individual behavior? And could health programs convincingly turn consumption into a question of choice when at the same time, governments autocratically rationed basic foodstuffs? If people took the appeal to individual responsibility seriously, they became painfully aware of their limited choice to make informed decisions. Pushing this argument further, we might suggest that people's agency was the price state socialist governments had to pay for their ambition to create a new mode of governing: that the state of half-liberalization, half-subjectivization proved eventually fatal for socialist states.

¹⁵ Abulius, *Dragi fumători incepători*.

However, these new policy lines alone fall short of explaining the fall of communist governments. Appeals to individual responsibility were certainly more convincing in liberal states, for the simple reason that people had more liberty in which to make their choices. In Central and Eastern Europe, the boundaries of 'the sayable' and 'the doable' became at times very visible, and governments were slow to introduce outlets for the most dramatic consequences of social inequalities. Thus, it goes without saying that the difference between liberal and authoritarian states (as well as the difference between functional and dysfunctional public health systems) had significant consequences for individual realities. However, liberal democracies, too, were rife with contradictions regarding categories of social organization. In Western states, people also experienced clear boundaries. Their health, consumption, and general life course continued to be influenced by structural factors such as class, ethnicity, and gender. The consequences of social inequalities could be attenuated, but not removed by welfare institutions, which made appeals to free choice questionable in this political environment, too. Far from collapsing, Western states showed that it was possible to accommodate arguments about individual choice and responsibility together with their inherent contradictions, and to turn these contradictions into a viable rationality for governing.

While the transformation of governing techniques therefore does not immediately explain why the Eastern bloc collapsed at the end of the 1990s, it gives us an idea why “everything was forever, until it was no more:”¹⁶ why, as Alexei Yurchak has argued, the end of state socialism caught many people by surprise and yet quickly became an accepted reality. State socialism had not been an invariable, monolithic regime, which suddenly disappeared in its entirety. In many areas of life, gradual transformations of social organization had long been underway. With new lines of social policy, socialist state authorities reacted to changing social realities and thus contributed to the longevity of the system while at the same time subverting earlier principles. Processes of professionalization, privatization, and individualization coexisted with other concepts of social organization.

However, the emerging rationale of governing did not increase socialist state authority. The policy transformations were not justified by the states as ideologically imperative, but rather were represented as apolitical, factual necessities. The result of this transformation

¹⁶ Yurchak, *Everything Was Forever, Until It Was No More*.

was unclear. Yurchak asserts that in the late 1980s, Mikhail Gorbachev aspired to revitalize socialism as a political system. However, by “questioning the discursive regime,”¹⁷ he opened up a certain leeway for new interpretations and alternative solutions. Dissecting the language of *perestroika* reforms in Czechoslovakia, Michal Pullmann has argued that the progressive depoliticization of the official discourse undermined the consensus of late socialism. Encouraged by the new vocabulary and forms of criticism, people started questioning the inevitable, unalterable character of state socialism. The corrosion of political language did not cause, but rather facilitated the collapse of state socialism as a system.¹⁸

In the preceding chapters, we have seen that the reformulation of the political discourse started well before the *perestroika* period. By reallocating social responsibilities and integrating a new vocabulary, governments aimed to revitalize and eventually preserve state socialism in Romania and Czechoslovakia. With Yurchak and Pullmann, we may therefore argue that the transformations induced a new 'consensus,' that is, a new, less political way of thinking about governing. This governing rationality enabled governments and people to cope with the political reforms of the 1970s and 1980s. At the same time, it facilitated the corrosion of socialism as a political system.

Same difference? (Neo)liberal governmentality before and after 1989

The new politics of alcohol have shown that socialist statehood was continuously 'in the making.' New practices and arguments did not subvert its true form; rather, state socialism existed only in a processual state. Although the integration of new practices and arguments was subtle enough not to exude the spirit of a radical political conversion, the changes were sufficiently incisive to facilitate new forms of governing. The neoliberal reforms of the 1990s could make use of social categories that had been introduced in the course of the preceding decades. As Mary Nolan has shown, the post-1989 governments in Central and Eastern Europe eliminated basic social and economic benefits, reformulating state support “not in the language of rights, but of needs.”¹⁹

¹⁷ Ibid., 292.

¹⁸ Pullmann, *Konec experimentu*, 218–20.

¹⁹ Mary Nolan, “Human Rights and Market Fundamentalism,” *Max Weber Lecture No. 2014/02*; Lecture delivered on March 19, 2014 at the European University Institute, accessed May 7, 2016, http://cadmus.eui.eu/bitstream/handle/1814/31206/MWP_LS_Nolan_2014_02.pdf?sequence=1.

As the conditioning of citizens to accept reduced social spending had been actively prepared from the 1970s onwards, interventions of this kind did not require a complete twist in state logic. That people settled with the categories does not mean that they were at ease with the outcomes. In socialist states even more than in Western states, the negative effects of the new social policies had previously been cushioned by a functioning welfare state. While neoliberal governments pared down social spending, social security in socialist states had remained at a relatively high level – relative in comparison to earlier periods, that is. Although the post-1989 rationales of governing may have been compatible with prevalent ideas about good social order, the depletion of social rights suddenly endangered people's access to social security. Combined with the threat of unemployment, the reduction of social benefits was experienced by many as unfair and threatening.

People's disappointment suggested that while late socialism had prepared people for new governmental practices, it distinguished itself from later periods by retaining specific ideals of social equity. In this light, comparative investigations of pre- and post-transition practices would be insightful. As Stephen Collier has indicated, the introduction of neoliberal order in the former Soviet bloc countries did not result in the complete dilution of all social categories. Rather "neoliberal reforms propose[d] to selectively reconfigure inherited material structures, demographic patterns, and social norms."²⁰ For many institutions mentioned in the preceding chapters (such as hospitals, counseling centers, and assessment services), a critical study of breaks and continuities in institutional practices would deepen our understanding why certain transformation practices worked better than others, and what difference late socialism made to broader understandings of modern statehood.²¹

In this study, I have argued that socialist statehood was a distinct and viable rationale of modern governing which proved itself capable of adapting to new circumstances. Through the lens of alcohol politics, I have shown how changes in the categories of social order came about, what it meant when certain social entities (such as experts, families, and individuals)

²⁰ Stephen J. Collier, *Post-Soviet Social: Neoliberalism, Social Modernity, Biopolitics* (Princeton University Press, 2011), 3.

²¹ See for example André Thiemann's study on the work ethics of Serbian social workers after 1990: André Thiemann, *Bureaucratic Erring: Postsocialist Local Policy Formation in a Serbian Center for Social Work*; unpublished manuscript. I thank André for discussing his hypothesis with me.

received more autonomy, and how these transformations affected the community's understanding of the state. Studying the rationalities of late socialist states in this way was not simply an attempt to understand a failed system. Placing them in the larger framework of late modern governmentality, their organizing principles have indicated that liberal democracies were not alone in utilizing the categories of self-control and autonomy to achieve political goals. Socialist dictatorships enforced tighter boundaries to people's scope of action, but their obvious contradictions did not prevent the new social logic from permeating many areas of social life. These concurrencies make socialist states a fascinating case study in the analysis of (neo)liberal rationalities of governing. Not least, they can shed new light on the viability of these forms of governing, as well as on their limitations.

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- DJANB** Direcția Județeană Brașov a Arhivelor Naționale (county directorate Brașov of the National Archives)
- Fond Comitetul orașenesc PMR și PCR Brașov, 1951-67, 1968-89
- DJANI** Direcția Județeană Iași a Arhivelor Naționale (county directorate Iași of the National Archives)
- Fond Comitetul Județean de Partid Iași, 1945-1950
 - Fond personal Cotrău Marțian (1923-1998)
 - Institutul de Igienă Iași, Plasa sanitară model Tomești
- CNSAS** Consiliul Național pentru Studierea Arhivelor Securității (National Council for the Study of the Securitate Archives)
- Fond documentar, Județ București
 - Fond documentar, Județ Ialomița,
 - Fond documentar, Județ Prahova
 - Fond informativ, Județ Argeș

Archives Czech Republic

- ABS** Archiv bezpečnostních složek (Security Service Archives, Prague)
- Archivní fondy teritoriálních útvarů SNB a VB, Krajská správa SNB Ostrava
 - Fond Ministerstva vnitra
 - Správa krim. služby VB ČSR
 - Přírůstky fondů Správy vyšetřování VB a kriminální služby
- AČT** Archiv České televize (Czech television archive, Prague)
- AHMP** Archiv hlavního města Prahy (Prague City Archives)
- Zápisy ze zasedání předsednictva, rady, pléna a zastupitelstva ÚNV, NVP A HMP, 1945-1994
 - NVP, Odbor pro vnitřní věci, 1945-1991
 - Místní úřad Kyje, 1972-1988
- ANM** Archiv národního muzea (Archive of the National Museum, Prague)
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- SOA Praha-západ** Státní okresní archiv Praha západ se sídlem v Dobřichovicích (District archive of the district Prague-West in Dobřichovice)
- Místní NV Rudná
- Institutional archive of the ward for addiction treatment of the faculty hospital Prague
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Interviews

Romania

Aurel Romila, who has practiced for more than fifty years as a psychiatrist at the hospital “Prof. Alexandru Obregia” in Bucharest. Interview conducted in his office in Bucharest, September 24, 2013.

Doina Constantinescu, who in the late 1980s wrote a dissertation on alcohol problems in Romania, founded the first group of Alcoholics Anonymous in Bucharest 1993, and currently works as a psychiatrist at the section for “toxicomania (detoxication)” of the hospital “Prof. Alexandru Obregia.” Interview conducted in Bucharest, February 27, 2014.

S, former alcoholic, member of the Alcoholics Anonymous Bucharest. Interview conducted in Bucharest, October 11, 2014.

V, former alcoholic, treatment for alcoholism in the late 1990s, member of the Alcoholics Anonymous Bucharest. Interview conducted in Bucharest, March 1, 2014.

Czech Republic

Arnoštka Mařová, who in 1950 started working at the anti-alcohol department of the faculty clinic in Prague (*Apolinář*). Interview conducted in Prague, August 26, 2013.

F, who in the early 1980s was treated at *Apolinář* in the early 1980s. His wife J., who participated in *Apolinář*'s program for the spouses of alcoholics, joined in the interview. Interview conducted in Prague, January 14, 2014.

Jiří Heller, former head psychiatrist in Lojovice, currently psychotherapist in the women's section of the Clinic of Addictology Prague. Interview conducted in Prague, January 24, 2014.

Olga Pecinová, psychiatrist at the women's section and a colleague of Heller's from the early 1990s, currently head of section. Interviews conducted in Prague, January 24, 2014 and September 26, 2014.

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