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History and Culture of Alcohol and Drinking: 20th Century

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All recorded civilizations have produced, traded, and consumed alcohol in a wide variety of ways. Its commerce has taken place as domestic, local, and international trade and, as such, has been regulated by governing bodies as an important source of revenue. Its impact has been strong enough that it contributed to shaping the cultural identity of different societies, in which the type of alcohol consumed is related to identity; for example, vodka in eastern Europe; beer in Britain and Germanic cultures; wine in France, Italy, and Spain; sake in Japan; and so on. Moreover, alcohol use has long been incorporated into many religious practices. In an era in which anesthetics were nonexistent, alcohol often served as anesthesia for surgical procedures as well as disinfectants for wounds and other types of medical needs.

Therefore, many scholars view the study of alcohol and its consumption as an open window to examine the ways in which society viewed seemingly unrelated issues, such as responsibility, morality, reason, and pleasure, as well as the nature of individual freedom and state interference. The cultural history of alcohol in the 20th century reflects these constant tides of competing philosophies seeking resolution to what they saw as the problem of alcohol in society.

Among many of its social, pharmacological, and even religious functions, alcohol has long served as a social lubricant. Inebriation, or drunkenness, had long been an acceptable condition up until the 18th century, according to some scholars. However, during the 19th century, social mores began to change. The Industrial Revolution created the need for a reliable and punctual workforce, and the period overlapped with an era of Christian revival. The temperance movement, which arose in the 19th century, blamed alcohol for many of society's ills, including crime, poverty, and domestic violence. In the developing west of the United States, for example, saloons—very popular among pioneering men, prospectors, adventurers, and miners—were viewed by many as places of debauchery. Temperance movements also had a strong presence in other countries, including the United Kingdom, Australia, New Zealand, and the Nordic countries (Norway, Sweden, Finland, and Iceland).

By the end of the 19th century, inebriation was considered by many as a threat to morality and industriousness, as well as to personal and social growth. Many social pathologies that commonly accompanied early industrialization, such as overcrowding, poverty, and crime, were also blamed on the consumption of alcohol.

In addition, women and children were often seen as victims of alcohol fathers and husbands, a belief at least partly founded in reality, and thus temperance was sometimes seen as a women's issue as well. In time, social perception shifted from considering the excessive consumption of alcohol as threatening to the social fabric to viewing any consumption whatsoever of alcohol as unacceptable and to consider regulating or prohibiting alcohol consumption a matter of interest to the state, rather than simply a personal or family concern.

Prohibition in the United States

In the United States, the term Prohibition refers to a specific period (1920–33), during which the manufacture, sale, and transportation of liquor in the country was illegal. Prohibition grew out of the temperance movement, and by the beginning of the 20th century, there were temperance groups in almost every state in the nation. By 1916, over 50 percent of the states already had enacted statutes prohibiting alcohol. In 1919, the Eighteenth Amendment to the U.S. Constitution, banning the production and sale of alcohol, was ratified. It went into effect in January 1920.

Although the Eighteenth Amendment established Prohibition, the Volstead Act, which was passed in October 1919, served to clarify the details of the new law. It declared that the law meant by beer, wine, or other intoxicating malt or vinous liquors, any beverage over 0.5 percent in alcohol by volume. It also banned the ownership of items utilized in manufacturing alcohol. However, the Eighteenth Amendment and Volstead left a number of loopholes that permitted limited consumption of alcohol, for instance during religious ceremonies or if it was prescribed by a doctor. In addition, Prohibition went into effect a year after the amendment's ratification, which provided enough time for many people to purchase alcohol legally and store it for future personal consumption.

Groups aimed at repealing the Eighteenth Amendment started organizing almost as soon as it was ratified. Many of the benefits that the temperance movement had visualized failed to materialize during Prohibition, weakening public support for the movement, while the rise of gangsters and criminal violence disillusioned many who had believed in it as a social experiment for the betterment of society as a whole. As a result, the movement against Prohibition continued to spread throughout the 1920s.

At the inception of the Great Depression, the public's opinion changed even more. The government desperately needed funds and a great many people were in dire need of work. Making alcohol legal again, many argued, would serve to create employment for people, legal commercial opportunities for entrepreneurs, and tax revenue for the government. The costs of enforcing Prohibition were also considerable, at a time when public coffers were hardly overflowing. By one estimate, the federal government spent over \$300 million trying to enforce Prohibition, while also losing \$11 billion in tax revenues, and many states suffered major losses in tax revenues as well.

One of the most deleterious effects of Prohibition was its influence on crime. Despite the loopholes, it was illegal to purchase liquor for most people in the country. Because consumption of alcohol was considered a normal part of adult life for many Americans, a criminal infrastructure was created to meet this demand. A new breed of criminal, commonly labeled gangsters, hired smugglers to transport liquor from Canada and the Caribbean Islands into the United States. Others dedicated themselves to production of homemade liquor and secret bars, commonly called speakeasies, opened across the country. In addition to providing a key source of revenue for criminal organizations, Prohibition thus led to many otherwise law-abiding Americans engaging in criminal acts, which some scholars argue led to reduced respect for the law while also glamorizing the criminal enterprise.

The Twenty-First Amendment, which repealed the Eighteenth Amendment and legalized the production and consumption of alcohol again, was ratified in December 1933. After the repeal of Prohibition, the legislation of alcohol consumption was left to the lower courts or the states. Most states established the legal drinking age at 21, although some set it at 18. Until 1984, there was no national drinking age; however, the National Minimum Drinking Age Act was passed that year. One of the main arguments for the national establishment of a legal drinking age was the increase in deaths related to drunk driving. During the 1980s, however, a gradual decrease of drinking rates nationwide began to take place, creating a propitious environment for the new national law.

Because the regulation of drinking was left to the states, there are great variations in drinking laws across the country. Despite the national repeal of Prohibition, hundreds of counties in the United States enforce "dry" laws. These laws typically ban the manufacture and sale of alcohol but not the consumption. Many states, such as Alabama, Alaska, Arkansas, Kansas,

Kentucky, Mississippi, Texas, and Virginia, have towns and entire counties legislated as “dry.” Specific regulation also different by location—for instance, Sunday alcohol sales are prohibited in some areas, and in some states distilled liquor can only be purchased from state liquor stores, although beer and wine may be available in supermarkets.

Prohibition Outside the United States

Many countries besides the United States have tried prohibiting alcohol sales at some point in their history. Some, including Iceland and Finland, enacted total bans on alcohol sales and consumption for part of the 20th century. In other countries, prohibition was imposed at the local or regional rather than national level. For instance, some Canadian provinces enacted prohibition in the early 20th century, but most were repealed in the 1920s. Several states in India, including Gujarat and Nagaland, also ban alcohol sale and consumption, and prohibition is being gradually instituted in Kerala. Reasons cited in these nations for prohibiting alcohol are often similar to those offered in the United States, including the social and health consequences of alcohol consumption (or excessive alcohol consumption).

In some countries, religious tradition is also cited a force behind prohibition movements, most notably the prohibition against alcohol consumption in Islam. In some countries with large Muslim majorities, including Iran, Yemen, and Kuwait, alcohol sales and consumption are banned entirely. In other countries, alcohol consumption may be banned for some individuals but not for others. For instance, in Brunei, alcohol consumption is banned for Muslims but non-Muslims may bring small amounts of alcohol into the country for their own private consumption. In Pakistan, prohibition was imposed beginning in 1977, but non-Muslims are allowed limited consumption of alcohol through a permit system. Alcohol sales are banned in the Maldives, but resorts serving foreign tourists are allowed to sell alcohol on their premises.

Post-Repeal Developments in the United States

Alcohol stood much higher in the American political and cultural consciousness in the 19th and early 20th century, than it has ever since. Prohibition was perceived as a noble endeavor (in fact, it was sometimes referred to as “the Noble Experiment”), a legislative measure of social betterment and uplift. After so many decades of heated public debate on the issue, however, it seemed as if people were drained. After repeal, the public lost interest in the topic. The impact of the failure of Prohibition long tainted the debate and few politicians were interested in touching it. The public's interest, besides, was consumed with the Great Depression and World War II.

In time, the issue of alcohol became depoliticized, or separated from public policy, in American culture. During the period that followed Prohibition's repeal, a new conceptual model arose. Advocacy groups promoted the idea that rather than alcohol per se being a problem, some individuals had a disease called alcoholism that made alcohol consumption problematic for them. Scholars such as Ron Roizen, for example, have examined in depth the history of alcohol's depoliticization and illuminated how the new model was vastly different from the moralistic and punishing arguments pushed by the temperance movement in past decades. Some groups promoted scientific research in order to deal with the problem of alcoholism.

Meanwhile, a new voluntary organization known as Alcoholics Anonymous (AA), founded in 1935 by Bill Wilson and Bob Smith, promoted the support and rescue of alcoholics by their

peers—other alcoholics in recovery. Research institutions and important universities such as Columbia and Yale became involved and sought to move the study of alcohol from the political arena to that of scientific research. These organizations positioned the problem of alcohol as a lack of science and mismanagement of communication. They argued that it was due to a lack of scientific approaches to deal with it and framed it as a problem of inadequate public education and misconceptions that arose due to the long period of political propaganda by the temperance movements.

The institutional approaches of Alcoholics Anonymous and of science institutions helped mold a new paradigm to discuss alcohol and its risks. AA emphasized a private and spiritual renewal track, while scientists emphasized neutrality and objectivity. Conceptualizing alcoholism as a disease helped diminish the stigma that came with the temperance movement's view of alcoholism as a moral failure. Whereas the temperance movement saw alcohol as evil, neutralizing the subject also served to eliminate much of the perceived threat from the product itself.

By the mid-1970s, a new diagnostic criterion for “alcohol dependence syndrome” was established that defined addiction to alcohol as an issue to be dealt with in the field of psychiatry. The “alcoholism” support movement gradually grew into a pressure group for greater public policy funding for alcohol-related research and treatment programs. As the salience of the new pathological concept of alcoholism expanded, so did interest in highlighting the role of alcohol as related to a widespread array of problems, especially those that might warrant the need for research. The focus on alcohol's role in a wide variety of social problems was considered an efficient strategy for raising social awareness and funding.

Political and Cultural Elements

Prohibition, according to many experts, changed drinking habits in the United States. By forcing people to drink either at home or in hidden speakeasies, they encouraged surreptitious private drinking as well as binge drinking. That is, instead of drinking moderately in order to have a pleasant time, drinking surreptitiously led many to drink as much liquor as possible in the least amount of time. However, at the beginning of the post-repeal period, alcohol—like tobacco—was popularly represented as a pleasurable and benign product, both in popular and scientific media outlets. Conceptualizing alcoholism as a disease suggested that only alcoholics, who amount to a relatively small proportion of the population, drinkers would suffer because of their addiction to alcohol.

The process of moving alcohol consumption away from policy making, according to experts, spanned from approximately 1935 to 1975. While alcohol consumption during Prohibition declined between 30 and 50 percent, according to some, data show that alcohol consumption increased approximately 40 percent from early 1960 to 1980. The trend of depoliticizing alcohol became a global issue. In the late 1960s, even a World Health Organization (WHO) panel of experts challenged the idea of alcoholism requiring the involvement of public policy. Some Western nations liberalized alcohol-related legislation. This trend had some deleterious effects on scientific research, which largely depended on government funding for its activities. Nevertheless, research and treatment programs that focus on alcohol-related health problems, such as biological and genetic alcoholism, for example, continue to be research priorities in many places.

In the wake of an increase in alcohol consumption, beginning in the 1970s organizations such as Mothers Against Drunk Driving (MADD) and others launched local and national campaigns

to curtail alcohol drinking in some scenarios. Prior to MADD, drunk driving was treated relatively leniently in the criminal justice system, but MADD was successful in highlighting the social costs of drunk driving (e.g., death and injury to innocent parties) so that drinking and driving is now subject to severe penalties. These activists often stressed the need for more social control and tough legislation for violations of drinking/impairment laws but shifted the focus of the debate to the victims of alcohol-impaired people rather than on alcohol itself.

AA grew exponentially and had a strong impact in the cultural arena at-large. For example, its 12-step voluntary system and its therapeutic language became widespread and was adopted by other addiction-related programs, such as those for people with addictions to habits such as overeating, gambling, sex, and drug use. Concepts such as codependency and peer sponsorship were also incorporated into mainstream culture. The rehabilitation approach promoted by AA was adapted by many rehabilitation programs, some of which were not necessarily voluntary. In short, Alcoholics Anonymous went beyond the field of alcohol addiction to a broader cultural impact worldwide, not only in the United States.

Finally, the perception of alcohol consumption is inextricably linked to social issues such as class, gender, and ethnicity and the ways in which these are perceived in every culture. In many countries, men are far more likely to consume alcohol than are women, while in other countries, consumption is relatively equal. In addition, some scholars cite a rise in a contemporary temperance-style movement developing since in the 1980s mostly focuses on the risks of drinking by pregnant women, drinking by underage youth, by women overall, and by ethnic minorities. This rhetoric, they find, fails to point out excess drinking by white, middle-class, and wealthier males, which works to discriminate against some groups and establishes a hierarchy for who becomes labeled and controlled in relation to drinking. Today, as in the past, alcohol consumption is viewed differently across social classes; it depends upon who is drinking, what is drunk, and where.

Drinking reveals issues of class and status as well. For example, a careful analysis of advertising shows that drinking beer has a very different connotation than drinking wine, not to mention fine whiskey, among others. Some historians, such as James Nichols, for example, suggest that more expensive liquors are portrayed in controlled and rational environments, as opposed to the more “carnavalesque” portrayals of liquors advertised to the working classes. The implied assumption is that lower income groups lack the rational and controlled behavior of the wealthier. Moreover, since the industrial era, excessive consumption of drinking among the poorer segments of society has been construed as problematic and unhealthy, in part because it rendered them unfit for work. Invoking the protection of the working classes from their own weaknesses—including the effects of uncontrolled alcohol consumption—has long been used by temperance advocates as a reason to promote the regulation of the alcohol industry, not only in the United States but also in Britain and other nations.

Alcohol in the United States Today

From the mid-1970s, the paradigm of alcohol-related social problems slowly began to show signs of becoming politicized again. Some experts find that there is an increasing sense of pinning the problem of alcohol on alcohol itself. In the 1990s, public policy began to cut funding for treatment, for example, showing a decrease in the public policy tendency to treat alcoholism in a benign way.

However, per capita alcohol consumption has slowly and gradually decreased since the 1980s, after the near-20-year spike in drinking from the 1960s to the 1980s. Scholars argue

that research seems to indicate a correlation between the slowdown in alcohol consumption and a tightening in social norms as related to drinking. Organizations such as MADD, for example, and organizations for children and spouses of alcoholics, played a role in highlighting the victims of alcohol rather than focusing on the drinker. This served to show that rather than being a harmless personal choice, excessive alcohol consumption had wider repercussions in society, such as creating innocent victims.

Some anti-alcohol advocacy groups promoted a return to public policy regulation, for example, increased taxation on alcohol, laws that control and decrease alcohol-related publicity, penalties for selling alcohol to minors and inebriated customers, and others.

Some experts, including Roizen, find that the salience of Alcoholics Anonymous and its message increased the anti-drinking trend among the public. Nongovernment groups, such as charitable foundations and parent–school organizations, revived the temperance movement philosophy. Some government public policy institutions have also become involved in prevention advocacy. Among issues of research interest that receive a fair amount of publicity are drunk driving, the relationship between alcohol and violence, underage drinking, and similar others, which rather than focusing on alcohol as a syndrome or disease, seem to refocus the issue on alcohol per se. The focus on alcohol as the problem, many experts argue, runs the risk of providing support for government regulation via public and health policies.

Others argue that instances of state intervention in alcohol regulation have always existed, such as the establishment of “dry counties” and zoning for alcohol expenditure, higher taxation, requiring adults to obtain permits for alcohol consumption, setting age limits for purchasing liquor, and others. Moreover, government revenues from alcohol sales are still an important source of funding. The importance of alcohol to national economies is an important public policy factor in most countries. In 2004, the government of Britain, for example, produced a study showing that, according to the latest statistics then available, the alcohol industry was worth over 30 billion pounds and supported around a million jobs.

On one hand, many find that the postwar reconceptualization of modern-day alcoholism and the hope of the scientific community to find solutions to alcohol addiction were overly optimistic in general. Scholars find that a new paradigm arose from years of scientific critiques of the postwar alcoholism paradigm. The conceptualization of alcohol problems has shifted in mainstream culture in the last decade to concerns about a better lifestyle, which includes health, fitness, nutrition, and antismoking concerns. In short, the problem of alcohol has, in recent years, partially evolved into a lifestyle issue. Some argue that the new paradigm, rather than a return to old temperance ideals, actually offers a better understanding of alcohol and its effects, while others worry that the new approach, rather than offering better science, returns to the old temperance rhetoric and strictures adapted to the contemporary era.

In contrast to the new trend toward temperance pointed to by many experts, others claim that the current political approach in most nations represents a tidal change from the longitudinal historical tendency. The economic and social role of alcohol has historically always been considered as phenomena to be regulated and controlled. Today, the economy of alcohol is considered a social and economic issue that must be cultivated and supported. Excessive social drinking is largely assumed to be controlled by social norms, unless it becomes an addiction. The cultural trend might be moving, some experts believe, toward a more antiregulatory philosophy as pertains to beer, wine, and liquor manufacturers, which may reflect the growing anti-regulation trend worldwide.

Global Alcohol Consumption and Regulation

According to a 2005 report of the World Health Organization, the world consumed approximately 13 pints (6.1 liters) of pure alcohol per individual that year. The regions that consume, on average, the greatest quantities of alcohol are Europe and Russia, although Korea and China also rank high in this regard. Most cultures have historically integrated the consumption of alcohol in their social norms and daily life; some religions also include alcohol consumption in rituals, such as the Jewish and Catholic faiths. Moreover, while drinking alcohol is central to most cultures, these tend to rely on autoregulation and social mores for alcohol consumption control.

The social and cultural perception of drinking as a problem has also changed overall in most of the Western world, in the view of many experts. According to available global statistics, however, alcohol-related problems such as addiction affect only a small number of alcohol consumers, even in the cultures that rank highest in alcohol consumption. In fact, countries with low average consumption often report higher rates of alcohol-related problems, whereas countries reporting much higher levels of consumption, such as Italy and France, score lower on most rankings of alcohol-related problems. Nevertheless, the trend to reduce excessive alcohol intake has spread globally. The WHO, for example, has been working on a global strategy to reduce the harmful use of alcohol worldwide. In 2010, the World Health Assembly of the WHO adopted by consensus a resolution that endorses this global strategy.

Most countries that allow alcohol sales and consumption have laws regulating matters such as the age at which an individual is allowed to purchase alcohol. Worldwide, countries that allow alcohol consumption often specify an age in the late teenage years (often 18) as the minimum age for purchase and consumption of alcohol. Among European countries in 2013, for instance, the minimum age for purchasing low-alcohol beverages for onsite consumption ranged from 16 to 18 years, while the minimum age for high-alcohol beverages ranged from 16 to 20, with the higher age limit applying in the Scandinavian countries of Sweden, Finland, and Norway. In contrast, many European countries have no limits for public possession and consumption of alcohol, and even fewer for private possession and consumption.

Social attitudes toward alcohol also vary widely by country. In Denmark, a highly developed nation with high public health standards, for example, there is an abundance of public information about the dangers of alcohol. In the nation, there is simply less stigma attached to drinking alcohol and more acceptance and family involvement in learning how to integrate drinking prudently in daily life. In Asian cultures, alcohol consumption is a social facilitator, often related to business socializing. In many Asian societies, social drinking is encouraged, while solitary drinking is discouraged.

Conclusion

Drinking and the politics around it seem to be undergoing a revival in many regions worldwide, especially in the first few decades of the 21st century. In 2003, the British government took its first significant steps since World War I to change the drinking habits of its citizens. Great Britain also spent vast sums in commissioning research and on public awareness campaigns to deal with underage drinking, considered a serious problem. Because alcohol-related problems are directly tied to culture-specific factors (i.e., those relating to beliefs, attitudes, expectations, and norms) about drinking, a definitive consensus has not yet been reached nor has a satisfactory resolution to the world's alcohol-related issues

been found.

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See Also:

- [Alcoholics Anonymous and 12-Step Recovery Programs](#)
- [Congressional Temperance Society](#)
- [Moral Attitudes Toward Alcohol Consumption](#)
- [Mothers Against Drunk Driving](#)
- [State Regulations After Prohibition, U.S.](#)
- [Stereotypical Depiction of Alcoholics](#)
- [Temperance Movements](#)
- [Volstead Act](#)
- [World Health Organization](#)
- [Yale Summer School of Alcohol Studies](#)

Further Readings

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