INTERVIEW SUMMARY BY VIRGINIA BERRIDGE

Betsy Thom initially trained in languages and then in sociology, working in Vienna for two years for a centre in social welfare training and research. She then worked in the Medical Sociology Unit at Bedford College with Professor Margot Jeffreys. After Margot retired, she looked for another interesting job and applied for a post at the Addiction Research Unit at the Institute of Psychiatry to do with women and alcohol. There was an existing interest in the subject in the unit and Margaret Sheehan had been involved with the Camberwell Council on Alcohol in producing a book on Women and Alcohol. The work Betsy carried out there was part of the work of a group of women in the unit such as Gloria Litman and Edna Oppenheimer and others who kept this issue live. Griffith Edwards persuaded her also to include men in the research.

The next project was on GPs and alcohol and from that developed an alcohol problems questionnaire which could be used by GPs, although it tended to be mainly used in hospitals. She also worked with Ray Hodgson on the FAST questionnaire developing from work she did in hospital emergency departments. This was part of the move in the field away from a specific focus on alcoholics to a more general population approach.

Betsy then moved to the London School of Hygiene and Tropical Medicine to do a Ph.D with Virginia Berridge on the history of alcohol treatment policy which was subsequently published as a book. She interviewed many in the field who are no longer alive and also took part in teaching health policy with Gill Walt, which attuned her to health policy literature.

Betsy moved to work with Gerry Stimson at Imperial College, developing a diploma in drug and alcohol studies and later a distance learning Masters. This was a time of a surge in training in the field and accredited academic training as seen as a means of workforce development. The workforce was changing with more voluntary sector and community services and the psychiatrist and psychologist role waning even then.

She left Imperial to move to Middlesex University to work with Prof Susanne Macgregor in order to have a more sociological and humanities context. Her research on multi component programmes and partnerships in the alcohol field developed. She also began to get more involved in European research on alcohol. The dominance of research thinking and policy influence from the United States had left her wanting to do more in Europe. A small group began in Vienna stimulated by Irmgard Eisenbach Stangl and Betsy has continued in contact with many of those people. She helped to
develop the European Masters in Drug and Alcohol Studies which is still running. She has been involved in European cross national research, currently in leading the EPPIC EU funded project.

Betsy took on the editorship of a journal (DEPP-Drugs Education Prevention and Policy) which transferred with her from Imperial to Middlesex and which she edited for twenty years. Through the journal she became involved in the early years of the International Society of Addiction Journal Editors (ISAJE) which had its initial meeting at Farmington. Her journal has focussed on European research with longer word lengths to accommodate a more social science approach. This is unusual in the field (as was the female editorship) because the focus of research has become more quantitative with epidemiology, modelling and RCTs awarded the big funding.

She has also been involved in research funding through membership of the Alcohol Education and Research Council and as alcohol adviser to the Joseph Rowntree Trust, working with Charlie Lloyd. She now heads the Drug and Alcohol Research Centre at Middlesex University.

Betsy has criticisms of the public health approach, which she feels is sometimes too simplistic in its standardised messages to the public. There is a tension with the desire to be evidence based. She is also critical of what she calls ‘professional bullying’ over relationships with industry in the alcohol field. She has no problems with an advocacy approach so long as it is declared, nor with talking to industrial interests as long as that is declared as well. Tension and division in the field has been driven by public health advocates.

LINK TO FULL INTERVIEW, CONDUCTED BY VIRGINIA BERRIDGE, ON THE SOCIETY FOR THE STUDY OF ADDICTION WEBSITE:

https://www.addiction-ssa.org/knowledge-hub/topic/addiction-lives

ANNOTATED BIBLIOGRAPHY


*This paper, one of a set of three, addressed an important issue at that time – the perceived failure of treatment services to provide appropriate help for women. It highlighted problems such as the stigma faced by alcohol dependent women and the dilemmas faced by women with children who needed treatment. The need for services to provide women-only groups and facilities for women with children are still topics of debate.*


*Engaging general practitioners in the management of patients with alcohol problems was already a lively topic and this paper added to the understanding of GPs’ perceptions on why they found the task difficult and, often, unwelcome. The drive to encourage identification and response to problem drinking within general practice continues to present challenges and has led to the development of different approaches, including the recent development of digital IBA approaches.*

The book used an oral history approach to provide an account of factors influencing the development of treatment policy from 1950-1990. This was a time when considerable shifts were taking place in treatment philosophy, the location of treatment services, and the treatment workforce. The shifts towards a whole population approach were just emerging.


Early identification and brief advice on alcohol consumption was becoming an important issue and attendance at A&E departments was seen as a suitable point for intervention – the ‘teachable moment’. This paper was part of a project to investigate the extent to which hospital staff could be engaged in this task. It was part of a much wider interest in reaching individuals before their drinking became dependent.


The problems of identification and the need for a suitable instrument to identify problem drinking had emerged from research in hospital settings. Collaborative work, led by Ray Hodgson, developed the FAST screening questionnaire (based on the AUDIT) specifically for use in busy A&E departments. It continues to be widely used.


The move towards collaborative working across service sectors had been happening in the health care sector for some time. This was the first project to consider partnership working in the alcohol field. Alcohol had been acknowledged as one of the ‘wicked’ problems which could not be addressed without interprofessional collaboration. The project (and the paper) highlighted very similar challenges to those encountered in other health and social care domains but emphasised the overall belief that partnership was the way forward for patient/client care.


This special issue has papers from England, Denmark, Italy, Poland, Austria and Finland. It was part of a European project (Alice Rap). The work package examined stakeholder involvement in different aspects of drug and alcohol policy. Apart from editing, my contribution was:


This paper challenges the notion of ‘evidence’ based policy by reflecting the many different views regarding what is understood by ‘evidence’ and what is considered as ‘evidence’ in different contexts. The data were drawn from a larger study on the evaluation of a national Alcohol Improvement Programme.


This was also part of the Alice Rap work package on stakeholder dynamics. Advocacy around health and alcohol consumption had been growing over some years but, in contrast to research on alcohol industry activity, had received little attention. This paper considered how one advocacy group had emerged and consolidated its position in an attempt to influence alcohol policy.


The book compares the development of alcohol policy in Ireland, Denmark, England and Scotland. It draws on a policy science framework to look at how and why the WHO ‘ideal’ was adopted to a greater extent in some countries than in others. The country case studies highlight how complex social and political dynamics shape policy decision-making.