

Conversation with Robin Room



In this occasional series we record the views and personal experience of people who have especially contributed to the evolution of ideas in the journal's field of interest. Robin Room is a researcher and scholar in the addictions field who is held in high esteem world-wide. His contributions have helped shape contemporary views and understanding—he is *par excellence* an ideas person. Having previously directed research centres in the United States, Canada and Sweden, he now directs a centre in Melbourne, Australia. In 1983 he was the recipient of the Jellinek Memorial Award.

STARTING OUT

Addiction (A): Tell me a little about your home life and how it influenced you.

Robin Room (RR): My father was a professor of pure mathematics from well before I was born. I am still startled a little when someone addresses me as 'Professor Room'. He loved nature, and the house my parents had built was surrounded by a government forest. I still have an ear cocked for kookaburras laughing at dawn or dusk, although where we live now the best songs are the liquid cascades from the magpies. My mother was the first in a large family to go to university. She was ambitious, but of a generation when a professor's wife did not have a full career of her own, so her ambitions tended to be displaced to my two sisters and me. My father was in the Scouting movement for most of his life, but as it worked out I went to choirs instead. In a way the choir-singing, which I have

kept up for most of my life, was the main one of my mother's initiatives for me which really took. My sisters became doctors, but I went in other directions than were envisaged—from physics into English literature, and eventually into sociology. 'Sociology, huh?', my father said when I announced this, and paused. 'Well, there's always demography'. So my family had a deep influence on me, but it comes out in unexpected ways. My father was from a generation which staffed the British Empire—he moved from England to Australia, and his sister to the Gold Coast and then to Brunei. It meant that family ties were often long-distance and rather sporadic, and I guess I have kept up that tradition, with my peripatetic life.

A: Could you tell us a little about your early schooling?

RR: I was very proud as a teenager of going to 10 schools by the time I graduated from high school. Mostly in Australia I went to private rather than government schools. When I was 12 I went on a scholarship to a boarding school, King's in Parramatta, west of Sydney. I had a good education there. It was trying to be an English public school, as they would call it, but it succeeded in being a kind of caricature of one from 50 years before. I went there until just before I was 17 and finished my Leaving Certificate.

A: And how did you come to study at Princeton after you graduated from high school?

RR: Originally I went to the United States as a delegate to a World Youth Forum being run by the *New York Mirror*. I was the Australian among delegates from 14 countries. I wore my school uniform, which to Americans would have looked like the southern side in the American Civil War, except that it had an Australian slouch hat on top. I knew my parents were going to be in the United States for a year, 6 months after that, so I gained permission to stay on. I wandered up and down the east coast of the United States looking for a university that would accept me with no money and mid-year, and ended up at Princeton. Originally I was an undergraduate in physics, but I took courses in various subjects, and when a physics professor advised me that 'a cobbler should stick to his last', I shifted into English literature. I focused on drama and hung around the student theatre.

A: After you finished your BA in English, what was next?

RR: I went on to graduate school, basically because I had very little idea of what else to do. I ended up in Berkeley at the University of California, because at that time it had the latest application date of any state university with a good department in English literature, and I was not very organized.



A: So you did not have a master plan then?

RR: No. One thing was that once having started in one academic system, I would have had to start again if I had gone back to Australia.

THE BERKELEY SCENE

A: What was it like being a student at Berkeley then? It was the epicentre of student action in the 1960s, wasn't it?

RR: I arrived in Berkeley in September 1960, which was before what people think of as the 1960s, but Berkeley was already throbbing. There had been a great deal of television coverage of the fact that students had demonstrated against the House Un-American Activities Committee that May in San Francisco, and were washed down the City Hall steps with fire hoses. So everyone who was looking for the political action was heading to Berkeley. I did not realize that when I arrived, but I became caught up in the student movement. We had already been a little political at Princeton. The 1950s are thought of as a time of real stasis and nothing much changing, and the politics being kind of stuck. But there was movement going on under the ice . . . within a number of countries actually. I once compared notes about this with Klaus Mäkelä, who is the same age as I am, and the same was going on in Finland, it just was not very visible at that point. In Princeton, for instance, our whole class had organized against the institutional anti-Semitism that was built into their club system. And when the lunch-counter sit-ins of the black civil rights movement started in the American South, we picketed the Woolworths in Princeton—getting roughed up a little by Southern students. In a way that was my political induction.

'I arrived in Berkeley in September 1960, which was before what people think of as the 1960s, but Berkeley was already throbbing.'

A: And when you moved to Berkeley?

RR: When I moved to Berkeley I became involved in SLATE, which was the student political party that cared both about on-campus issues and also about peace, farm labour rights, civil liberties and black civil rights as the four big issues off campus. SLATE was the town meeting of the Berkeley student left, which when I was first involved was very small. Half of us were what we called red diaper babies, children of leftie parents, and the other half of us, including myself, were not. We thought of ourselves as the 'new left'. Well before the modern women's movement, we also made the personal political. My first marriage was to another SLATE member, and our first two children were independent transracial adoptions.

GRAVITATING TO SOCIOLOGY AND ALCOHOL RESEARCH

A: You completed your MA in English literature and then shifted into sociology. How did you come to be interested in sociology?

RR: From being quite heavily involved in the student movement, I decided that the big issue which interested me was social change and why social change was so difficult. English literature was not going to help me solve that, so I took a course called Sociology of Literature and was quite intrigued by the guy teaching it, Leo Lowenthal [1]. Later I realized it was really intellectual history, rather than sociology, but it drew me in. The first course one took in those days as a graduate student in sociology was a whole year of survey research—because that was what was going to make sociology into a science. On the strength of that course, I took a summer job for 2 months at something called the California Drinking Practices Study.

A: The background of that study?

RR: It had grown out of a consensus among sociologists in the late 1950s that all that was known about alcoholism in the United States was from Alcoholics Anonymous or from treatment samples, that very little was known about drinking in the general population. The National Institute of Mental Health, which was in charge of alcohol at that point, commissioned Ira Cisin and Wendell Lipscomb to conduct such a study. They hired Genevieve Knupfer to head the study, initially a survey in Berkeley and then also one in San Francisco. Walter Clark supervised both surveys and carried out much of the fieldwork in Berkeley. When I was hired the project had been in existence for 3 years. They had decided to move on to conducting a longitudinal study which was looking at alcohol problems, not just patterns of drinking.

A: And what did the job involve?

RR: They had the addresses at which people had been interviewed but not the name of the person interviewed. So, a pair of us was sent out to these addresses to track down who had been interviewed in 1962, so they could be re-interviewed when the new study was conducted. It taught me about the dirty linen of surveys—for example, about the interviewer who one of the respondents claimed had actually held her down in a chair to interview her, and the interviewer who became tired of waiting around for someone to come home in a transient hotel and interviewed whoever was in the lobby.

A: What was the approach to studying alcohol problems in the study?

RR: Well, the questionnaire ended up being quite broad. Genevieve Knupfer had a PhD in sociology and then

trained in medicine and psychiatry, so she had a broad range of interests and expertise. We tried to ask about everything which the literature had shown to be correlated with alcoholism or heavy drinking. The longitudinal aspect of the data turned out to be thorny—the statistical procedures were not really well developed then, and correlations of change with change often turn out to be weak. It was a bit of a shock, for me anyway, to discover that actually things become less clear when you have longitudinal data.

A: What was Genevieve Knupfer like to work for?

RR: She was a good person to be a research assistant for because she was really good on the big picture, and had vision and imagination about how to look at things. But as a research assistant I felt useful, because she was not good on the details.

A: Had you thought about working in alcohol research as a career?

RR: For a long time, about 5 years or so, I thought this was the furthest thing from what I was interested in—it was just a job. When we were working on alcohol in the mid-1960s we thought of it as something that never changed. The US consumption levels did not change in the 1950s, and it took a while for people to realize that they started to increase in 1962. The whole emphasis on alcoholism in the field meant that you thought, there were these alcoholics, they were always with you, you did not think of the field in terms of social change at all. It was only when I started reading some history and became pulled into prevention and policy that I realized that there had been these enormous historical changes in where alcohol was in a culture, in the politics of alcohol, and in policies, and that actually this was not a bad place to study social change.

SHIFTING THE FOCUS

A: What changes did you observe in the field at this time?

RR: In the early 1970s there began to be concerns about preventing alcohol problems and not just treating them. When I came into the field in the United States, it was all about alcoholism. If a newspaperman came to see you, and they very rarely did, they had only one question, or maybe a second. The first question was how many alcoholics are there in the United States; and then they might ask, well, what are the signs of alcoholism? However, people who worked in the field were coming to see that alcohol is something that is really important in the culture, there are an awful lot of people drinking quite a lot, that alcoholism is not something that just happens to some peculiar small group of people. Our office was part of that shift to saying OK, let us talk about alcohol

problems, not just about alcoholism. Alcohol problems is quite a broad concept; it includes drink driving, obviously, but also many other kinds of problems—in the family or in work and so forth, and also of course the health problems from the physical effects of alcohol.

A: A disaggregated view?

RR: Yes, we were arguing for what we called a disaggregated view, that you had to take apart the alcohol problems, because if you looked in the general population they were not so closely associated. That became one element in the big shift that happened during my career from the field being about alcoholism to the field being about alcohol problems. There were other things that went into that as well [2]—into what is called the total consumption model or the distribution of consumption model—but part of it was this experience of conducting studies in the general population and finding that there is no clear divide between the alcoholics and the social drinkers: that there is a continuum; and furthermore, that there is not a single end-point—that there are many different ways in which things can go wrong around you and drinking.

'So that became one element in the big shift that happened during my career from the field being about alcoholism to the field being about alcohol problems.'

A: Was the government and society paying much attention to this kind of shift in focus?

RR: By 1971 there was another institute called the National Institute on Alcohol Abuse and Alcoholism (NIAAA), separated off from mental health. There was a prevention division within it, which eventually I became connected to—I was on their review committee for grants, a committee they were using also as a way of thinking through what they were trying to do in the prevention programme. So, at the level of civil servants in the agency: yes, they were quite intrigued by what we were doing; but at the political level, no interest at all. For a long time there was also this big disconnect in the public arena, in terms of how the media understood it. There began to be a change in the United States by the end of the 1970s with a new generation of newspaper reporters. There were more women, which meant there was more openness to worrying about alcohol problems, and young reporters were much more likely to be college-trained and orientated to statistics. There was a big shift in newspaper culture, so that the newspaperman bars that used to flourish at the back end of the newspaper buildings began to close down.

THE ALCOHOL RESEARCH GROUP

A: What about working with Don Cahalan—what was that like?

RR: Don came to Berkeley in 1968, after Genevieve resigned, to head the Berkeley group and combine the national studies he had been working on in Washington, DC with the California studies. Don had been a newspaperman in an early part of his career and after that one of the founding generation of the field of public opinion research. As an old newspaperman, deadlines were sacred. He taught us it had to get written on time, good, bad or indifferent. For Genevieve, on the other hand, her difficulty was that she would pursue a vision but dig a hole for herself which she could not get out of. Don was quite a contrast, and as young Turks we were often critical of him, but in some ways it was very good for us to take in the 'just get it done' side of the research craft, too.

A: Can you describe what work life at the centre was like?

RR: When Don came, he was convinced that we should become much more closely involved with the School of Public Health at the University of California, and that we should run a training programme for doctoral and post-doctoral fellowships with federal grant support. That was very good for us, in terms of forcing us to think about what we would teach in alcohol and drug studies, and also in bringing some really good folk into the field. We had quite a lively and ideas-orientated set of discussions going on in the centre. That was the environment in which Harry Levine wrote his article about the discovery of addiction [3], which brought ideas from Foucault into the alcohol field for the first time.

A: And you started to diversify beyond general population surveys?

RR: In 1976 and 1977 we carried out a big project on alcohol's role in casualties and crime [4]. I became defined as a prevention expert on the basis of writing one or two papers. Eventually, there was a side of the office that was more involved in prevention and another side that was more sociological and survey-orientated. After a while, initially as a way to increase our funding, the two sides separated into what are now the Prevention Research Centre and the Alcohol Research Group, both in the Berkeley area.

A: Funding?

RR: In the mid-1970s things were becoming more difficult for us financially. Under Nixon, the federal government was moving from grants to contracts. Then there began to be talk about the idea of funding research centres. I think the model was actually adapted from the UK Medical Research Council units. Both at the state and the federal level there were efforts to form research

centres around alcohol or alcohol and drugs, so we competed for those when they first came in, and did not gain the state one but did gain a federal one.

A: How did you get your dissertation finished?

RR: Around that time Don had decided he was retiring, and the alternative was either I finished my dissertation or someone was brought in from outside to head us, which is how my dissertation was finished. It was about conceptualizations, the idea of governing images—that there are conceptualizations that are dominant at any one time [5,6]. Very little of the work in it was actually what we were officially being paid to do.

A: Any particular details of this interesting stuff going on around the side of grants?

RR: By the early 1970s we were paying attention to history. In the alcohol and drug field there has been so much change. In the alcohol field, in the United States particularly, there was quite a lot of purposeful forgetting. We were really interested when Denise Herd uncovered this concerning medical thinking about alcohol and cirrhosis [7]. We started collecting stories of how important these shifts in the cultural position can be to what happens to alcohol [8]—and also to other drugs. Many of us became involved in versions of this story of the importance of shifts in the cultural positioning of alcohol—Harry Levine was a pioneer in this. In connection with this, Denise and I ran an unfunded project, with a number of other people joining in, on portrayals of alcohol in American films in different historical periods [9].

A: So you had received an NIAAA Centre grant and got your dissertation, and became the head of this new centre grant?

RR: Right. Which was I think pretty unusual. We were seen as being quite a young crowd. We were clearly identified in the scheme of things at NIAAA as being the social science research centre. There were initially four or five centres—the rest were clinical or biological—the balance in the NIAAA centres' programme has always been towards the biological and medical end [10]; but before long the label of social research became a potential millstone. We changed our name from the Social Research Group to the Alcohol Research Group in 1981. Reagan had been elected. One of our friends in Washington called and said, look, they are going through the budget searching to cut anything that says 'social', and you guys might think about changing your name.

A: What was it like being Director of the Centre?

RR: It was always a challenge. We were trying to do good work as social scientists and at the same time keep being funded in a system that was justified by social problems and health problems but was quite medicalized in terms

of how it looked at the world. We were also kept at arms' length by the School of Public Health at Berkeley. For a long time in the United States public health had been quite resistant to taking on alcohol. That reflected the history that there had been a strong generational shift against temperance in the prohibition era and after it, and the Public Health model for alcohol problems looks rather like a temperance model. So the ARG kept a connection with the School of Public Health with their training grant, but in the time I was there we were never thought of as core business of Public Health. I think that has changed and is still changing.

INTERNATIONAL CONNECTIONS

A: So you were already aware of the international work going on?

RR: Yes, indeed. The story I have told so far is very US-orientated and I guess reflects the fact that even though I did not think of myself as an American I certainly had acculturated in a way to the United States, at least in the form of the culture of the 1960s. We were aware from my first months at the Drinking Practices Study of there being an international research literature out there. The social alcohol research literature is unusually international, certainly in US terms. So we were aware, for instance, of the Finnish group as a group of strong sociological alcohol researchers. My first real involvement in the international arena was in 1968, when what is now the International Council on Alcohol and Addictions (ICAA) held an international conference in Washington, DC. I presented a paper for myself and one for Genevieve Knupfer and met Kjetil Bruun and other Finns. In 1970, I returned to Australia for the first time for the next ICAA congress. In the wake of this we began to publish *The Drinking and Drug Practices Surveyor* from Berkeley as a means of communication between social researchers internationally—it lasted through 24 issues and until 1992. After the next ICAA congress in Amsterdam, in 1972, I visited the research centres in Oslo and in Helsinki, and went to a meeting in Britain at Griffith Edwards' addiction unit [11]. At the ICAA meeting in 1974, Eva Tongue invited me to chair a new Alcohol Epidemiology Section, and that was the beginning of what became the Kjetil Bruun Society.

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A: So your horizons were becoming progressively international?

RR: Yes. We held a conference in 1974 in Berkeley about the prevention of alcohol problems. Loran Archer, who was head of the agency in charge of the alcohol treatment system in California, came to Don and me and said: 'in the legislation establishing my office I'm supposed to be doing something about prevention, what should I be doing?'. As researchers will, we said: 'well, why don't you hold an international conference of researchers?'. So that is what happened in late 1974 [12]. That conference was a significant step in the introduction of new ideas from Canada and Finland about the distribution of consumption into the US discourse, and the idea that policies that applied across the population will have an effect, whether the policies are taxes, or closing hours, or whatever. It was a kind of re-discovery of things that would have been quite apparent to someone in the 1920s or 1930s [13], but which had been systematically forgotten in the era of the alcoholism movement. We looked outside the United States to a considerable degree, more than is usual for people who are conducting research in the United States.

A: So this would link into the development of Alcohol Control in Public Health Perspective, the 'purple book'? [14]

RR: Yes. The purple book was under way without my being involved in it, as a joint initiative between Kjetil Bruun in Finland, Bob Popham and Wolf Schmidt in Canada, Griffith Edwards in the United Kingdom and Tony May, a British medical public health person in the World Health Organization's (WHO) European office in Copenhagen. I was invited to join after it had already been going on for a year. Besides the Canadians and the Finns and Edwards, it involved Ole-Jorgen Skog from Norway and me from the United States. The purple book's WHO affiliation was part of the first revival of interest in alcohol at WHO [15]. So, that was the first international collaborative project in which I was seriously involved. It was led by Kjetil Bruun, who was a master of the idea and process of bringing people together who have different backgrounds and different national understandings of things, and getting them to produce something good. He taught us all by example how to do it. The alcohol field has had a proud history of these kinds of self-governing international collaborative research groups, and I think Kjetil was the inventor of them in our field.

THE MOVE TO CANADA

A: In 1991, after you had been the director of the ARG for 14 years you moved to Canada. How did that come about?

RR: I received a call from a head-hunter saying 'would you be interested in being the vice president for research

and development at the Addiction Research Foundation (ARF) in Toronto?’.

A: And?

RR: Well, it seemed an interesting challenge and I went to the ARF as the vice president in charge of its quite large research division, which was divided into four separate departments—a biological research department, a treatment research department and what amounted to two social research departments, one in Toronto and one in London, Ontario. For most of my career I have had two jobs—I have been a researcher *per se* and a kind of research motivator and stimulator—a research manager if you like—but at the ARF I also had a third role, a more purely managerial one, because I was part of a collective management of a large place with hundreds of employees. It was interesting, and I learned a lot from it, although I am not sure I was terribly good at it.

A: Did you notice a difference in approach in Canada compared to the United States?

RR: There is a clear difference, in that Canadians are less tied to the absolutist ideology, that if you are going to do something about your drinking problems then you had better stop drinking altogether. They were also much more accepting of harm reduction in the area of drugs than the United States. Those differences are clear and still there. In an American context, it was very hard to work on the area of drugs in a way that you could say what you thought, and that was much more possible in Canada.

MOVING TO SCANDINAVIA (AND THE BEGINNING OF SORAD)

A: So was it your choice to give a management role up and move on?

RR: No, I was fired as part of the absorption of ARF into the Centre for Addiction and Mental Health (CAMH). The way the merger happened is that by the late 1990s Ontario, like many places, had too many hospitals. The decision was to put together the psychiatric research organization across the parking garage from us, a large mental hospital and a small alcoholism treatment place, along with the ARF. Then they could cross three hospitals off the list, because all four were technically hospitals. So I was laid off. Other researchers in my field knew about this happening; there was a big complaint to CAMH about it. However, in the long term it was a good thing for me.

A: And then what happened?

RR: Colleagues at the Norwegian National Institute for Alcohol and Drug Research (SIRUS) said: ‘look, if you

need a place to work, we’d be happy to have you as a visiting scientist’, so I went there for 6 months. I spent 6 months in Oslo, mainly finishing a collaborative project on alcohol policy in developing societies [16], and then I moved on to Stockholm as the head of the new Centre for Social Research on Alcohol and Drugs (SoRAD).

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A: How did it work out with you speaking English?

RR: From the point of view of the university it was an experiment, because they had never had a non-Swedish-speaking head of department before. My colleagues were very kind to me.

A: How did you recruit staff for SoRAD?

RR: Well, there were people around in the field already, but rather scattered. SoRAD started with four professorships. One of them was simply a transfer of a professor already in sociology, Eckhart Köhlhorn. Börje Olsson, a criminologist, and Anders Romelsjö, from social medicine, were chosen for the other two professorships. At the beginning we also had resources to bring in visiting researchers—Sandy Bullock and Catherine Carstairs from Canada, for instance.

A: What flowed from SoRAD that was most satisfying for you?

RR: We built a research group that had a strong collection of young researchers who were doing their doctorates, so that it felt a little to me like being back in the 1970s in Berkeley. Swedish social alcohol research before SoRAD tended to be tied to periodic policy inquiries, and so was quite sporadic. The existence of SoRAD has helped to change the Swedish social research literature on alcohol and other drugs to be cumulative, and build upon what comes before.

A: How long were you working at SoRAD?

RR: Seven years. It seems to be the pattern of my life in recent times. They raised the compulsory retirement age in Sweden to 67, but still at the time I moved to Australia I would have had to retire there within a year or so anyway.

RETURNING TO AUSTRALIA

A: How did the move to Australia occur?

RR: Margaret Hamilton, then the director of Turning Point Alcohol and Drug Centre in Melbourne, and I had known each other for some years—she had spent time at

ARF as a visiting scholar. She organized the possibility of bringing me to Australia, in a complicated deal involving several institutions.

A: Again to be director of a new centre?

RR: Well, yes. It is a small research centre within Turning Point, an alcohol and drug centre which is in many ways a smaller version of what ARF used to be, with treatment and training and education as well as research. At the time I came to Turning Point there were three research programmes, and the AER Centre for Alcohol Policy Research became the fourth one.

A: This is the first time you had come back to Australia to work since leaving at the end of high school.

RR: Yes, almost 50 years before. I had been in touch with my family; and then by the 1970s I began to keep track of what was going on in Australia, so I had a fair knowledge of what was happening—and what had happened historically, for that matter [17]. It is a different country from the one I grew up in. From my perspective, a much better country; it is much more multi-cultural than when I was a kid, and much more part of the world.

A: Are there any differences in working in Australia compared to elsewhere? What has been the focus of your work now in the centre, in Australia?

RR: It is the first time I have been defined primarily as a policy researcher. Previously I had defined myself around being an alcohol sociologist or a sociological alcohol researcher, or around being a social epidemiologist. It is interesting how different relations between research and policy have been in the different countries I have worked in [18]. So in Australia, more than in other jobs I have had, there is the issue of what is the proper relationship of a researcher to the policy front. I still think that there is a value in there being some distance between research and the policy front line. Jerry Jaffe, the first American drug czar, recruited me into conducting a drug study [19]. I found it was an area I did not really thrive in, because it was so politicized in the United States; there were limits around what you could say if you ever wanted to be funded again. Within the last 3 years or so in Australia, there has been a substantial upsurge in public attention to alcohol problems and concern about alcohol problems, and the political world is trying to determine how to respond to those concerns without interfering with the market, which of course is a difficult trick. The public health activists on tobacco are beginning to apply their consciousness and way of looking at the world to the alcohol field, with more hard-edged advocacy than has been usual for alcohol. I am quite concerned to keep that sense that I

am a technician, a researcher whose job it is to tell the policy world what the research literature finds, even if I do not politically approve of the results or of what is going on.

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A: Nowadays, in your thinking, what ideas interest you particularly?

RR: I am still interested in social change, but more than anything I am interested in how ideas change, which is obviously only one of the ways in which social change happens. I have certainly been involved more recently in drug policy than I had been for a very long time, and it is partly that the world is in a mess around drug policy and that that is increasingly recognized—there do seem to be growing possibilities of change that did not exist even a few years ago. So, doing something like I am involved in now, which is writing out in concrete terms what it would mean to change the international drug conventions, is not a total waste of time. There is not a whole lot that anyone can do to me at this point if I just say what I think. So in that sense I am a little more of a loose cannon than I have ever been. But it is certainly true that I am a child of my generation.

LOOKING FORWARD AND LOOKING BACK

A: And so where to next, in country or research?

RR: For the next 2 or 3 years I am planning on doing what I am doing now. I have to acknowledge that time is catching up with me and at some point I will stop having a formal job. I hope that I will continue to be involved in the field and in society. My wife and I hold these little discussions every now and then about where do we want to end up, and it may be Australia, or it may be the United States, or it might be Sweden.

A: What would you advise a young person about to enter the field?

RR: Alcohol and drug studies is a field with many opportunities—it touches on so many aspects of everyday life. The fact that it is not central to any academic discipline, and that it has not had much prestige as a field, are actually advantages in my view. It means that you can range around widely and trespass on others' territories without anyone becoming threatened. Learn different skills and methods—you will be much more marketable if

you can undertake both qualitative and quantitative research. You will do more interesting work if you can think both as a positivist—in terms of probability and causation—and as a constructivist—in terms of how people make sense of things. Learn from watching others at work and from working collectively—you do not become a researcher in the classroom, but by apprenticeship. Follow your curiosity, and undertake projects which you find interesting, as well as whatever has to be conducted officially. Good work will count positively for you, even if it is not what you are being paid to do.

A: Looking back over your career, what are you most proud of?

RR: I have been a co-author on quite a lot of books but have never written one all by myself. I think that tells something about my style of research, which is collective: I really enjoy building and sustaining communities of scholars. And to the extent that I have managed that, I am proud of it.

A: Why do you do it? Why do you stick with it? What do you hope to achieve?

RR: I am a child of the 1960s, specifically of Berkeley in the early 1960s, when I was a young graduate student. We wanted to change the world, and we found that it was very difficult. I went into sociology to study why it was so difficult, and what could be done about it. I originally stumbled into alcohol studies just as a summer job, but found I was in a lively and supportive research office and stayed on. For 5 years I thought the work had nothing to do with my interest in social change. Then, when I learned some of the alcohol history, I realized it did. That is why I stuck with it, and that is why I still do: to understand stasis and change, and to do my bit to make change. In recent years I have gone back into drugs as well as alcohol, and I relish working in both areas at once. Kettil Bruun once put it something like this: 'If we talk about alcohol and drugs at the same time, maybe people will be more sensible about both of them'. The other trait I brought with me from the 1960s, and perhaps also from my experience in choirs, is a way of working—a commitment to building community. I like working collaboratively with others, and building something together that is better than any of us could manage on our own.

'We wanted to change the world, and we found that it was very difficult. I went into sociology to study why it was so difficult, and what could be done about it.'

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