rational, but follows political pressures and society's inclination to do something for those who need. This moral imperative for providing help should be felt more strongly with regard to the provision of services for ethnic minorities given the disproportionate share of health and social problems these groups have in the US. This is another important aspect of broadening the base for alcohol treatment in the US.

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"I must be talking to my friends": the need for dialogue in dealing with alcohol problems

From Frederick B. Glaser (University of Michigan Medical Center)

In chapter 12 of the Institute of Medicine (IOM) report a simile is borrowed to emphasize the importance of monitoring the results of treatment:

> The provision of treatment in the absence of knowledge of results has been likened to playing golf in the fog (Ziskin, 1970). One can stand at the tee, drive balls into the distance with impeccable form, fantasize about what good drives they were, and congratulate oneself on being a surpassingly good golfer. Yet what does this avail if one does not know where the balls are landing? Golfing under these circumstances becomes an exercise in unreality; no reasonable feedback can be provided that will be useful in improving one's game (IOM, 1990a).

The simile is instructive in other circumstances as

well. It may be applied to the report under consideration, or indeed to any published report. Commonly there is little or no response to the ideas presented. It is accordingly difficult for the authors to know how close to or how wide of the mark they have come, and thus whether to proceed with their proposed plan of action. They are left to make their own surmises and, if they act at all, to act alone.

Over the years the *British Journal of Addiction* has regularly provided an important corrective to this problem. As a standard practice it has featured commentary on articles reported in its pages, usually drawing on an international panel in selecting respondents. While other journals have occasionally followed suit, they have done so with far less frequency and with a less catholic choice of commentators. The service that the Journal renders to the field by pursuing such a policy has been of the greatest value.

A principal hope of the committee that formulated the IOM report was to stimulate discussions of the sort presented in the foregoing pages. The committee itself placed its principal reliance upon dialogue. While multiple sources of information were tapped, sifting and winnowing that information produced the report. Its shape and substance were forged in direct interactions between committee members. Ultimately the report took a form that could not have been predicted from a knowledge of the individual views of the participants.

The committee's desire that further dialogues take place in other settings on the issues it dealt with arises from the realization that alternative constructions of the information (and hence alternative pathways into the future) are both possible and desirable. This viewpoint is expressed, for example, in the closing paragraph of the chapter reprinted in this issue. Thus the *British Journal of Addiction* has helped the committee to achieve one of its principal goals, and the committee is deeply grateful.

But is this sufficient? Issues that are raised by the challenge of optimizing service delivery to persons with alcohol problems are unlikely to succumb to a single interchange, however profound. Nor is the written word necessarily the most appropriate medium for the requisite dialogue. The committee's experience was that, while texts formed a useful basis for a face-to-face discussion, it was only in such a discussion that consensus could effectively be pursued. With the committee now disbanded such essential interaction is no longer possible, and hence the author of the text—the committee itself—cannot respond specifically to many of the points raised in the commentaries printed here.

Regrettably, the opportunity for intensive face-to-face discussions of relevant issues among peers in a given area of expertise is all too rare. While they could conceivably take place within the context of working units, experience suggests that this seldom happens. The preselection of persons within working units often narrows the range of available perspectives, and competition for common resources often constrains what is said. One could hope that "home of lost causes . . . and impossible loyalties", the university, would regularly foster such discussions; alas, it does not, perhaps for the same reasons. Nor is the situation much improved when one considers national organizations, at least in North America. Commonly these, too, are unrepresentative in membership and do not reflect sufficient diversity to permit much more than 'preaching to the converted'. Nor have international bodies fostered the kind of dialogue that is required.

Aware of this problem, the National Academy of Sciences sought to create a venue that would extend and broaden the dialogues that had been initiated on alcohol and drug problems, not only in the study under discussion here but in two related studies conducted at the same time (IOM, 1989, 1990b). The effort failed for want of funds. Though funds are legitimately scarce these days, it may be that not everyone is as sanguine about a truly searching dialogue in this field as are the officers of the Academy and the editors of the *British Journal of Addiction*:

> There are people who are attracted by the durability of stone. They want to be massive and impenetrable, they do not want to change: where would change lead them? This is an original fear of oneself and a fear of truth. And what frightens them is not the content of truth, which they do not even suspect, but the very form of the true—that thing of indefinite approximation (Sartre, 1956).

During the course of its deliberations the IOM committee was often asked what it hoped to accomplish. Beyond fulfilling its mandate from the Congress (which the National Academy's independent Review Committee concluded it had done), the committee hoped to initiate an ongoing dialogue

about the provision of services to persons with alcohol and drug problems. Modest success in achieving this goal is manifest in the above responses. They raise issues of major importance that require further dialogue and are not limited in scope to this field: the impact of financing methods on the provision of treatment, and the possible need for a national health insurance scheme in the USA; the appropriate balance between prevention and treatment; the parameters that may need to be introduced into treatment to assure optimal outcomes for members of special populations; the effect of the degree and level of organization of care upon outcome; the crucial role that health services research ought to play in the provision of services; and the determining role of basic assumptions regarding the nature of problems and the nature of the response to problems.

That there are no simple answers to these questions is apparent. At present there exist few if any circumstances in which the ongoing dialogue required to come to grips with the questions can occur among the necessary participants. How can such mechanisms be set in place?

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