Why We Serve (and Drink) Alcohol at Substance Abuse Events and Why We Should Stop: An Autoethnography

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INTRODUCTION: Alcohol consumption is fully integrated into rituals and celebrations, generating social pressures that affect individuals, especially those with a history of drug dependence. The normalization of alcohol use is evident in family gatherings and social events, but also in academic and professional events, where the expectation to drink is widespread. This expectation occurs even in training and scientific contexts specialized in drug dependence. **OBJECTIVE:** In this study, I set out to request that the leadership of the main national and international congresses stop serving alcohol at their official events, using the same arguments typically employed to persuade the general public of the need to create normalized drug-free environments by Spanish governmental institutions, and second, I aimed to reflexively analyze how alcohol is consumed in these settings and what happens when this behavior is questioned. To do so, I analyze my experiences and observations at several congresses and describe the counterarguments I encountered after requesting that alcohol cease being served at the main Spanish and international drug dependence congresses, as well as one of Europe’s longest-running master’s programs in drug dependence. **METHOD:** I employed a qualitative autoethnographic design, combining my personal accounts from four drug dependence congresses and my experience as a professor in a specialized master’s program. **FINDINGS:** The study revealed that alcohol consumption is common at specialized academic and training events, which contradicts certain prevention discourses. Most of the organizations resisted my proposed change, and they justified the presence of alcohol as an aspect of social and gastronomic culture.

Keywords | Alcohol – Ethics - Drug dependence – Training – Policies – Autoethnography

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CONCLUSIONS: The normalization of alcohol consumption at events oriented toward the prevention and treatment of drug dependence presents serious contradictions in professional practice. This article is an invitation for professionals and academics to reflect on this issue—beyond personal preferences—and promote spaces where non-consumption of this drug becomes the norm, just as we advocate for the rest of society. Reflecting on these dynamics and the will to change are fundamental to creating a healthier

I'm no longer accepting the things I cannot change.
I'm changing the things I cannot accept.

(Angela Davis)

AN INESCAPABLE REALITY

At the beginning of 2021, I received an invitation from the Spanish National Federation of Liver Disease and Transplant Patients to deliver a virtual training session on the prevention of problems associated with alcohol use. The event was aimed at professionals and members of the organization, and several young women with varying degrees of congenital liver impairment attended. One of them was a lifelong abstainer, an individual with a liver condition so severe that even minimal alcohol consumption posed serious risk to her health. She expressed a desire to *have a good time*, much like what I'd often heard from her peers. However, she shared significant difficulties in finding leisure environments where she did not feel *strange* in the face of the prevailing social demand to consume alcohol, especially during weekends, celebrations, holidays, and nights out with friends. The course attendees reported that they constantly had to explain their decision not to drink alcohol and felt immense pressure at birthday parties, local festivals, Christmas, weddings, baptisms, communions, but also at sporting events, funerals, graduations, association meetings, fairs, store openings, etc. In these spaces, the consumption of this drug was considered cultural—a part of a social ritual—and, as a result, they felt strange, especially because of the group's more or less explicit, more or less intense demand that they explain their decision not to drink. The people around them often labeled them as *boring*, *repressed*, *dull*, *uptight*, or *withdrawn* for not drinking. They only felt free to question this characterization within the framework of the training I was providing, where alcohol consumption was not presented as the norm.

In educational settings focused on drug dependence—undergraduate and postgraduate classes, seminars, talks, and congresses—it is common to address the issue of drug use (with particular emphasis on youth), its negative health impacts, and strategies to minimize it (Plan Nacional sobre Drogas, 2017a; 2017b). Scholars emphasize the need to create environments where consumption is not normalized and to develop leisure strategies and alternative community spaces where drug use is not necessary to commemorate, celebrate, or ritualize social events (Orte et al., 2020; Pascual et al., 2014; Plan Nacional sobre Drogas, 2017b). It would seem that these approaches and recommendations, aimed at guiding future actions by the specialized scientific community to limit the presence of alcohol in society, have the objective of tidying up the phenomenon of alcohol consumption, reducing its presence in certain environments and, in doing so, limiting the population's overall exposure.

A few months later, in October 2021, I spoke at the 3rd International Congress of Socidrogalcohol, one of the most important and long-standing scientific societies specializing in drug dependence in Ibero-America, headquartered in Spain (Socidrogalcohol, 2021). Socidrogalcohol was founded in 1969, bringing together professionals from various fields dedicated to the study and treatment of addictions. Its main mission is to promote research, training, and the dissemination of knowledge about substance use and addictive behaviors, with the goal of improving public health and the quality of life of affected individuals. By organizing scientific activities and fostering collaboration among experts, Socidrogalcohol works on the prevention and treatment of addictions, promoting an evidence-based multidisciplinary approach. In addition, it establishes links with national and international organizations to advance policies and strategies aimed at reducing the impact of drug use and other addictions on society (Socidrogalcohol, 2025).

At the congress, I encountered some of the young women who had participated in the FETH training a few months earlier, whom I had never met in person. We greeted each other and exchanged a few words. Lunch, which took place at the same hotel as the congress, was an opportunity to establish both professional and personal connections with colleagues specialized in drug dependence. Among the tables of canapés, tapas, small salads, and sandwiches, one table displayed red, rosé, and white wines and various types of beer. My gaze settled on a highly renowned academic—known for his extensive work on the harms of alcohol use and alcoholism—who served himself a glass of red wine and performed the tasting ritual: swirling the wine in the glass, slowly sniffing it, and then taking a small sip, followed by a solemn nod. As I watched with surprise, I happened to glance in the direction of two of the young women from FETH, who were also observing the alcohol consumption of some attendees with astonishment. Our eyes met, and we exchanged bewildered smiles. I lowered my head, feeling a deep sense of shame and also a certain responsibility. A question overwhelmed me: *Can't drug dependence professionals create drug-free environments, even at a congress of specialists attended by affected individuals, people in recovery, and their families?*

I spent several days thinking about that scene, grappling with the contradictions surrounding the alcohol consumption of professionals and academics in these contexts. I was confronted with the symbolic weight of their behavior, in spite of the state-

ment I had heard so many times: *It's always been this way. The consumption of alcohol at such events is cultural and accepted, and, after all, normal*. I daydreamed about a piece of performance art: I would prepare small parallel lines of flour on a mirror and place it alongside the beer and wine at the next specialized congress where alcohol was served. I imagined the prank and smiled to myself, a little nervously, thinking about the reactions that such fake cocaine might provoke among congress attendees and authorities. I was unsure whether what I wanted to convey with that subtle gesture would be fully understood. I imagined the responses of the experts who, with exaggerated indifference, would quickly point out that cocaine was illegal, and alcohol was not; that the consequences of the former were much more severe; that, unlike alcohol, cocaine was not accepted in our culture (at least not in the dominant public culture) and lacked such a long-term association with social life. These were people well-versed in the field, and they were equipped to offer anthropological, sociological, medical, psychological, and pedagogical arguments to defend alcohol consumption as something that was integrated, aseptic, and harmless. Moreover, these arguments were constructed in such a way that drinking alcohol would not be questioned.

Many of the specialized professionals I spoke with suggested that in these settings, alcohol use was treated symbolically, and that alcohol consumption at meals and social events linked to academic and scientific environments—even those related to drug dependence—was integrated and normalized. They explained that people in these settings typically held a glass in their hand—perhaps wetting their lips, sipping a beer, or pouring two fingers of wine or a splash of cava for a toast—as a symbolic act representing the freedom to drink without triggering the associated problems. But what I ultimately observed in these contexts did not quite match those patterns of use. Moreover, with nearly twenty years of expertise as a drug dependence specialist, I could not bring myself to view these matters as self-evident or natural.

Since I am not that brave, I never carried out my cocaine-at-the-congress performance art piece, although I would have loved to. Even today, I still wonder: *Who knows? Maybe someone would have started rolling up a fifty-euro bill just like others were swirling their wine glasses.* What I did instead was set myself the goal of conducting a qualitative and autoethnographic study with two objectives. First, I set out to request that the leadership of the main national and international congresses stop serving alcohol at their official events, using the same arguments typically employed to persuade the general public of the need to create normalized drug-free environments by Spanish governmental institutions. Second, I aimed to reflexively analyze how alcohol is consumed in these settings and what happens when this behavior is questioned.

THE AUTOETHNOGRAPHIC APPROACH

The autoethnographic method is a qualitative research approach that seeks to describe and systematize personal experiences in one's cultural context by combining elements of ethnography and autobiography (Bérnard-Calva, 2019; Wall, 2006). This approach treats personal experiences as a valuable resource for exploring and analyzing cultural and social phenomena (Chang, 2016). Specifically, I conducted an autoethnography of membership groups according to the classification of Guasch (2019). In this type of autoethnography, the gaze is set upon the social groups to which one belongs, turning everyday life into the research laboratory itself, thus erasing the differences between ethnography and autoethnography (Guasch, 2019). In this way, as a teacher and researcher specializing in drug dependence, I am in a privileged position for analyzing it. I have more information about the study area than a mere external observer, since I regularly share spaces with other professionals and visit contexts where drug dependence occurs. Thus, by integrating personal narrative with critical and contextual analysis, the autoethnographic method offers a unique and deeply introspective perspective on the research problem.

The main characteristics of the autoethnographic method include i) reflexivity: critical reflection on my own experiences and their impact on the research. This self-reflection enables a deeper understanding of how personal experiences relate to broader cultural phenomena (Koopman et al., 2020); ii) personal narrative: using stories and experiences as primary data. These narratives provide an insider perspective that can reveal aspects of culture that would not be evident through more traditional methods (Emerald & Carpenter, 2017); iii) cultural contextualization: situating personal experiences within a specific cultural context. This involves analyzing how individual experiences are influenced and shaped by cultural practices, norms, and structures (Reed-Danahay, 2009); and iv) critique and analysis: not limiting autoethnography to the mere description of personal experiences but also providing critical analysis of these experiences in relation to the cultural context. This aspect includes identifying patterns, themes, and underlying meanings (Boylorn & Orbe, 2016). The autoethnographic method offers several advantages that make it especially useful, such as the depth of data, which is often difficult to obtain through other methods, and the insider perspective, which provides a view from within the studied phenomenon (Bochner & Ellis, 2022).

In this study, I used my observations and experiences in the context of four international congresses on drug dependence: the Socidrogalcohol congresses held during the years 2021 and 2024, the Lisbon Addictions congress held in 2022, and the ISSUP/ICUDDR congress held in 2024. I also drew on experiences at planning meetings for these events. Throughout the research process, I took notes in a field diary that I later used to create my narrative. I also included accounts of my experiences at social events organized by the Master's in Drug Dependence at the University of Barcelona. I attended the congresses as a participant or speaker and participated as a member of the management and organizing team for the Master's program or professional meetings. I also used the example of the UNAD congress, part of the Spanish network for addiction care, which was held in April 2024. I was unable to attend, but I was able to access the public informational brochure of the congress, which I analyze below.

HOW I CAME TO ASK THE LEADERSHIP COMMITTEES TO STOP SERVING ALCOHOL AT EVENTS AND WHAT HAPPENED WHEN I DID

The Spanish context

Master's in Drug Dependence at the University of Barcelona

I am part of the management committee of the Master's in Drug Dependence at the University of Barcelona. This master's program, structured over two academic years, has a stable intake of students each year (Ferrer et al., 2024). The student body is composed of graduates from different disciplines and individuals from university extension programs. The latter are usually people who suffer from addictive behaviors. Some are in recovery and work or volunteer in prevention or treatment services for drug dependence, and others enroll in the master's simply out of interest in the subject. There is a maximum number of university extension participants who can be admitted to the master's each year, and to do so, they must pass a personal interview. One requirement is that these applicants demonstrate stability in their recovery process. To do so, they are asked to provide a report from a professional who has treated them, documenting adequate progress and providing an endorsement of the applicant's ability to undertake the studies.

Beyond classes and evaluation activities, the master's offers some extracurricular academic events, such as the opening ceremony (first year), the closing ceremony for the first year, and the graduation ceremony (second year). The master's also invites students to a meal at the end of both years. The cost of these events is covered by the organization, and in most cases, wine and beer and beer are served. For example, in the closing celebration photo of the new cohort taken in September 2021, students and faculty appear raising a glass of cava, toasting toward the camera.

At a meeting with the management team in January 2023, there was discussion of the need to improve student cohesion. Student cohesion is part of the master's identity, and efforts are made to ensure that they feel welcomed and part of the group through various classroom activities. That year, team members expressed the opinion that group relationships could be improved and that, for this purpose, it might be useful to organize a voluntary extracurricular activity. One team members proposed a *calçotada* (a traditional Catalan meal centered around grilled spring onions) and a visit to a winery, concluding with a cava tasting.

I was so astonished by this initiative that at the next management committee meeting, I proposed that alcohol no longer be served at the official and social events of the master's program. The debate that ensued lasted almost ninety minutes. One attendee agreed that serving alcohol at events related to a master's specializing in drug dependence might not be appropriate. Two attendees did not express their opinions. The remaining three defended alcohol consumption with the following arguments: that consumption is a gastronomic and symbolic matter (according to them, alcohol consumption was minimal, tasting-oriented, and part of a social act rather than aimed at behavioral modification); that my stance was prohibitionist and therefore incompatible with best practices in the field; and that the team's philosophy should be one of *responsible consumption* within a *harm reduction* paradigm.

Responsible consumption and the gastronomic use of alcohol

Thus, two arguments were grouped together: The first was that these events usually involved responsible drinking, framed as part of a gastronomic, tasting-oriented experience—typical of alcohol consumption in Spain, where there is a rich oenological and beer culture. Second, drinking in this responsible manner was aligned with the philosophy of risk and harm reduction. Notably, risk and harm reduction *is* one of the main organizing principles in the field of drug dependence, and it conceptually, philosophically, functionally, and structurally shapes policies, services, programs, and interventions aimed at reducing the harmful impact of drug use when people cannot or do not want to stop using (Marlatt, 1996). The second argument connected responsible consumption to the notion that not serving alcohol was equivalent to prohibiting it, and therefore a stance against serving alcohol was inherently a stance against harm reduction.

I address the issue of risk and harm reduction below, after first turning to the concept of responsible drinking. The Spanish Ministry of Health states that the concept of responsible, social, moderate, or prudent drinking is ambiguous and confusing and is promoted by the alcohol industry (Ministerio de Sanidad, 2020), which in turn seeks to include certain alcoholic products like wine in the category of food, attributing healthy characteristics to it (Ministerio de Agricultura, Pesca y Alimentación, 2024), while ignoring the evidence for the health risks of any type of alcohol consumption (Ministerio de Sanidad, 2020). In fact, the term responsible alcohol consumption lacks a clear and coherent definition (Davies et al., 2024). From the consumers' perspective, the idea of responsible alcohol consumption is also interpreted as ambiguous and may mean drinking without unwanted consequences (Stautz & Marteau, 2016) or having control over one's own actions (Roznowski & Eckert, 2006). Thus, if a person's alcohol consumption has not led to obvious unwanted outcomes and they believe they have it under control, they may consider themselves to be a responsible drinker—regardless of the actual quantity consumed or the consequences they do not recognize as problematic (Davies et al., 2018).

In advertising, preventive messages about responsible alcohol consumption do not promote low-risk drinking patterns, but rather discourage drunk driving, underage drinking, and (unspecified) excessive consumption (Maani Hessari & Petticrew, 2018). Moreover, this *strategic ambiguity* can subtly promote alcohol sales interests, by placing the responsibility for setting limits and managing adverse consequences in the hands of the consumer (Smith et al., 2006). In other words, the opposite of responsible consumption is irresponsible consumption, which blames the consumer for the harms they may suffer because they were unable to control themselves. This reasoning largely overlooks the properties of the substance itself and the context

in which consumption occurs, which largely determine a person's vulnerability to developing problems associated with use, including substance use disorders. The focus on individual responsibility for consumption and its consequences in turn contributes to the stigmatization of people with drug dependence.

The meeting of the Master's in Drug Dependence continues

One of the ideas I most strongly defended during that meeting was the fact that the master's program could be positioning itself as a relapse risk factor for the university extension students. In response, arguments were presented ranging from the idea that these were stable individuals who would surely face situations like these frequently and would probably perceive them as normal, to the mention of the historical experience of a doctor who led alcoholism therapy groups with a glass of whiskey in hand (which, of course, he drank in front of the patients) in order to work with them on relapse prevention through controlled exposure to risky environments.

I had never attended one of these social events, and after that meeting I decided to attend the next one, which was the dinner marking the end of the second year a few months later, in June 2023—which would take place in a downtown restaurant after the students' presentations on their final master's projects. I aimed to observe firsthand how alcohol was used at the event, and whether this consumption was genuinely symbolic and gastronomic—distant from any intent to alter behavior through its effects.

Request for the discontinuation of alcohol service at official acts of the Socidrogalcohol scientific society

Meanwhile, in February 2023, I prepared and sent a request to the board Socidrogalcohol asking them to consider voting on the possibility of no longer serving alcohol at the society's official events. The content of my letter was read aloud on my behalf in March at the general assembly held at the congress in Granada, which I was not able to attend (figure 1).

Socidrogalcohol's response reached me a few weeks later. The proposal was debated and finally recorded in the minutes of March 24, 2023, item number 6 on requests and questions, as follows: *A member [member number] raises in writing whether alcohol should be served at the Society's events. The President submits it for consideration to the assembly of members. It is decided to include it on the agenda of the next members' assembly.* That is, at the next assembly to be held during the 2024 congress, this request would be debated and voted on. The person who conveyed this information to me also mentioned that a member raised the question of why he could not drink alcohol freely if he did not have an alcohol problem. This response is noteworthy as it exemplifies the focus on individual rights of professionals to consume the substances they wish regardless of the setting—in this case, a drug addictions congress.

Wine and beer open bar at the UNAD Congress

That same spring, a colleague who knows of my interest in this topic sent me an image via instant messaging. It was the Guide to the Annual Seminar of the UNAD Congress, entitled *A journey through the itinerary of addiction care with a gender perspective*.

Figure 1 | Letter sent to the Scientific Society Socidrogalcohol requesting the cessation of alcohol service at its official events

Dear members and board of the Scientific Society Socidrogalcohol,

I hope you are having a productive and engaging conference.

My name is Fran Calvo, member number [...].

Due to unavoidable commitments, I regret that I cannot be with you today, nor was I able to attend the assembly held in Tenerife last year. This matter is important to me, and for that reason, I am grateful to the Board for allowing me to submit this text for your consideration despite my physical absence.

Let me begin by saying that I am very proud to belong to this institution, which is undoubtedly one of the most important scientific societies specialized in addictions in Europe.

Socidrogalcohol has always been at the forefront of issues related to the treatment of addictive behaviors and drug use, also from a preventive perspective, and has played a key role in the dissemination and transfer of knowledge to society.

Over recent decades, we have seen how the perception of risk surrounding certain normalized drug-related behaviors has shifted, thereby reducing exposure to such behaviors for a significant portion of the population and improving people's quality of life. Socidrogalcohol has unquestionably been a key active agent in achieving these outcomes.

I would like to highlight how, just a few months ago, society reacted with concern when the European Parliament "pardoned" wine from being linked to cancer risk regardless of the amount consumed.

In this context, as a member, I am concerned about the role of drug consumption in the Society's own events. I am, of course, referring to the consumption of alcohol during official Socidrogalcohol events. I believe that, as addiction specialists and as a society whose recommendations deserve public health attention in our country, we should lead by example, demonstrating that the presence of drugs is not necessary at events promoted by our own organization. In doing so, we can help create environments where the normalization of non-consumption is given greater importance.

Obviously, each individual is free to choose whether or not to consume substances in their private life. However, I believe it is necessary to debate whether such consumption should occur during official events, particularly when many of these involve the participation of individuals affected by problems stemming from their use.

For this reason, and calling for a necessary reflection among the members, I propose that we vote on the immediate cessation of alcohol service at any official event of the Scientific Society Socidrogalcohol.

Thank you very much for your attention.

Sincerely,

Fran Calvo

UNAD, the network of addiction care formed by non-governmental organizations, periodically organizes a national congress whose objective is, according to its website, to provide *a space for learning and exchange that also allows for engagement with the administration and public authorities* [...] *From within UNAD, a scientific committee has been formed with various expert figures from the addiction network to design the congress program* (UNAD, 2023). The document continued, advertising an *open bar of wine, draft beer,*

water, and soft drinks for one hour, referring to the dinner to be held on Wednesday, April 24, the first day of the congress (figure 2).

Figure 2 | Guide to the Annual UNAD Congress provided to professionals on the first day of the event.

Explicitly stating in the program of a congress specialized in drug dependence that there will be an open bar—highlighting this message above others—generates the same problems as in any other setting where an open bar is offered (excessive consumption among people who tend to drink more when alcohol is unlimited and free, thus increasing the risk of alcohol intoxication, risky behaviors due to diminished self-control, legal responsibility of the event organizers, and an increased likelihood of creating an uncomfortable or unsafe environment for other guests who prefer not to drink or to drink in moderation). It may also create other, more specific problems (incoherence in the messages conveyed at the same congress, contradiction with certain values, damage to the credibility of the event and its organizers, and impact on vulnerable participants receiving the congress program, for whom having a free bar could be an emotional or relapse trigger).

Dinner of the Master's in Drug Dependence at the University of Barcelona

Soon after, in June 2023, I finally had the opportunity to observe a meal hosted by the Master's in Drug Dependence at the University of Barcelona. About twenty-five people attended, mostly students and six members of the management team, including me. The first beer, the first glass of wine—at the start, attendees drank in moderation. As time passed, several attendees emptied their glasses more quickly. The conversation became livelier, and laughter increased in frequency and volume. Gradually, some people began to leave their seats to sit closer to others. Some eyes became more relaxed, gestures more exaggerated. Voices were raised. The restraint of a formal event—the final project presentations just a couple of hours earlier—began to relax, and the comments became more uninhibited.

Between the first and second courses, at the far end of the table on my left, one of the students drank a full glass of red wine in one gulp before grabbing another student by the hand to go out for a cigarette, both darting between the tables with glassy eyes, laughing and speaking loudly. Unlike the descriptions of consumption provided by management team members, this use of alcohol clearly surpassed symbolic or gastronomic purposes and instead seemed to be oriented toward behavior modification. The laughter and joking escalated, until shouting filled the restaurant. Upstairs, open to the lower floor and accessible by a staircase, a group of visibly drunk young women shouted at the students below to lower their voices. The students ignored the diners upstairs, who began to throw bits of food down as a protest against the rowdiness of the master's group. Some students, in turn, shouted back at them. Two professors, first one and then another, went upstairs to politely ask them to stop throwing food, but their requests were barely heard over the noise. Eventually, they complied, and the students tried to quiet down a bit.

Meanwhile, two university extension students sat at the end of one of the tables, at the back of the room. Both were people with alcohol and cocaine dependence in the maintenance phase of recovery. I sat down with them and asked how they were feeling in light of what was happening, concerned about how they might be affected by witnessing the obvious intoxication of some attendees and the way that alcohol was being served.[1] They told me they were used to it and that it was no big deal. While they understood and appreciated my concern, for them it was *normal* for alcohol to be part of events like these. I thanked them for their honesty and let them know that I had proposed eliminating alcohol from the master's official events. Curious about how students in recovery would view my proposal, I invited them to reflect on it and contact me later, but I didn't hear from them.

In the two years following this dinner, the issue was discussed two more times in management meetings, and gradually the team members became more open to the approach I was proposing. At the next official master's event, no alcohol was served, and students were invited to a discussion about whether alcohol should be served at the graduation dinner that spring. Although it was ultimately decided that alcohol would be served, the attendees and management team members reported that alcohol consumption at the event—which I did not attend—was minimal, and no one became visibly intoxicated. One possibility is that discussing the issue may have increased their sense of responsibility toward the university extension students, leading to greater restraint. This debate had been carried out collectively by all the students, including those from the university extension program. However, the latter represented a minority, as regulations allow only a few to enroll in the master's program each year. Consequently, due to this inherent imbalance, their opinions may have been more subject to peer pressure from the students who did not suffer from drug dependency (or who had undisclosed drug dependency, having gained admission as regular students).

1 In fact, alcohol was not "served" to the guests—that is, poured into their glasses—but rather provided on each table. Specifically, at the master's dinner, the menu stipulated that one bottle of wine would be provided for every four people (the limit for other non-alcoholic beverages was not stipulated). A bottle was placed on the table for every four guests, without asking whether those four people consumed wine or not.

In contrast, at the closing dinner for the first-year cohort, no discussion about alcohol consumption was held with the students, and the master's management team again decided to serve alcohol. When I asked students from this new group about the issue, some expressed surprise at how alcohol was handled at the dinner. First, they perceived that the university extension students had felt uncomfortable and thought that they had been exposed to an obvious and easily avoidable risk. The students remarked that they would have been willing to abstain from alcohol in those circumstances and did not feel that the lack of alcohol would have caused a problem or limited their freedom.

Back to the International Congress of Socidrogalcohol

In September 2024, the Socidrogalcohol congress took place again. On the second day at noon, a tapas-style lunch was served, with beer included among the beverages. The table holding the beer cooler was located directly in front of the main auditorium door. About four meters to the left was the stand of the Confederation of Alcoholics, Recovering Alcoholics, and Family Members of Spain. To its right, roughly ten meters away, were the stands of an association of family members of people in recovery, Alcoholics Anonymous, and Narcotics Anonymous.

Well into lunchtime, a very well-known person—who is responsible for a public drug-dependence services network in a region of Spain—opened a beer and drank it. A few minutes later he opened and drank a second beer. Showing clear signs of disinhibition, he approached a group of four young female participants and, placing his hand on one of their shoulders and keeping it there, spoke for about ten minutes while moving his thumb along her collarbone in what could be interpreted as a caress. She tried several times to increase the interpersonal distance between them by subtly stepping back, which he prevented by stepping toward her and keeping his hand on her shoulder. I was observing the scene from a few meters away while talking with three women experts in gender and drug dependence. In fact, I wouldn't have noticed the situation had they not pointed it out—verbalizing their disgust and unease at his behavior and saying how terrible they would feel if they were in her place.

In these situations, I observed alcohol consumption that was far from mere tasting or gastronomic use—it seemed directed toward achieving disinhibition in social settings where intoxication is permitted, tolerated, and normalized. We shouldn't ignore that alcohol's effects on the central nervous system are well-known—especially among drug-dependence professionals. Alcohol's impact on a person's locus of control can lead to behaviors that, while accepted by a dominant culture—often shaped by masculinized and androcentric norms—may make others feel uncomfortable.

After the meal, during a break before the early-afternoon presentations, I spoke with every representative of the organizations for affected people and family members. I wanted to broaden the sample of opinions beyond the students from FETH or the Master's in Drug Dependence. Of the ten people I spoke to—across four different organizations—two family members and one person with lived experience of substance dependence argued that it was important to stop serving alcohol in these settings. The family members emphasized the symbolic weight and practical implications, noting that one of the key components of relapse prevention is identifying risk factors and avoiding contexts that trigger them. They said, "*If we encourage more people with lived experience to attend these trainings, it makes no sense for this environment to be a relapse risk.*" The person with alcohol dependence explained that alcohol being served didn't pose a particularly difficult management problem in itself, but he did feel the environment was far from protective and that the message conveyed by this behavior was unnecessary. The remaining seven participants stated that they were "patients" (a term they repeated over and over) and that, as such, "the problem was theirs alone." They said it with the pride of those who fully grasp the concept and know what they're talking about. They believed that if others—whether professionals, academics, or otherwise—did not have a problem, there was no reason for them to stop drinking, and that this specific congress reflected society in general.

"*We're sick*": a learned (biomedical) discourse

Marino Pérez Álvarez often says that when you don't think, "*the biomedical model thinks for you*" (Pérez-Álvarez, 2025). This statement is particularly meaningful in the field of drug dependence, where this model has not only structured clinical intervention but also served as an alternative to the moral condemnation and criminal penalties historically imposed on drug users. In contexts where drug users were (and often still are) treated as criminals, deviants, or threats, the biomedical approach—especially since the expansion of public services from the 1990s onward—promoted a more compassionate reinterpretation: no longer seen as morally flawed individuals or criminals, drug users came to be viewed as individuals affected by illness. This shift facilitated societal and institutional understanding and provided access to quality services and treatment instead of punishment and sanctions. Ethically and politically, this reframing made sense. However, this shift had both positive and negative consequences. By focusing excessively on individual illness—pathology, brain dysfunction, genetic vulnerability—the model tends to decontextualize the phenomenon, overlooking structural factors such as poverty, social exclusion, or housing insecurity, which not only intersect with but often determine these processes.

Drug-dependence services themselves, born in this framework, have reinforced this perspective by building interventions designed for treating patients rather than addressing contexts. Thus, what initially intended to dignify people with drug dependence and expand understanding of their circumstances has, in some cases, confined them to the category of chronic patients, without a critical view of the social environment that produces and reproduces these situations. The biomedical discourse has served both to combat stigma and to reconfigure it in a technocratic way: The individual is no longer culpable but is still responsible for managing themselves within a society that barely changes. This individualistic logic—aligned with neoliberal and postmodern rationality, which fragments reality into *Matrix*-like capsules that can be selected or discarded based on one's expectations and conceptual preferences—undermines the possibility of collective or political responses and places

the full burden of the solution on the individual. In this framework, statements like "*You are patients*" (or "*We are patients*") are repeated as therapeutic mantras, and social determinants of health are sidelined—even though we know that genetic influence on aging and mortality is smaller than that of ecological and contextual factors (Argentieri et al., 2025). From a political standpoint, this makes sense: "*How can I change people's genes?*" That task is complex, beyond our reach. But changing the political and social system that makes people ill has wider implications, especially when those generating scientific knowledge and running services are funded precisely by the political state that needs to change.

I will return below to the importance of context.

The response of the members' assembly of the Socidrogalcohol Scientific Society

That same afternoon during the Socidrogalcohol congress, Dr. Joan Ramon Villalbí Hereter, the government delegate for the National Plan on Drugs, delivered his public address in the main auditorium, where he presented the draft bill on alcohol and minors, scheduled to be voted on in the Spanish Congress of Deputies in March 2025. In his speech, the delegate explained the importance of the law and the difficulties encountered in its development. Significantly, he believed that the bill's success hinged on the fact that it focused on minors. "*Everyone is concerned about alcohol and minors,*" he stated. "*Things get complicated when we talk about adult consumption. This law should have been a law about alcohol and society in general, but it probably wouldn't have had a future due to a multitude of pressures: from the industry, from governments, from unions, from business groups, etc.*"

Immediately following this lecture, the Socidrogalcohol members' assembly was held. The fifth item on the agenda was the proposal I had submitted the previous year, calling for the cessation of alcohol service at official events. When the time came, the president gave me the floor, and I presented my arguments to an audience of just under sixty people. I invited the members to reflect on a contradiction: On the one hand, as drug dependence experts, we championed the need for social settings in which alcohol consumption was not normalized. On the other hand, professionals and institutional bodies dedicated to drug dependence education and treatment were not themselves providing such spaces at their own official social events. I argued for the need for coherence between philosophical stances and the concrete actions of organizations and individuals with respect to alcohol. During my brief speech, I noticed multiple women nodding and smiling but did not observe similar enthusiasm in the men in attendance, a point to which I return below.

After my comments, the president opened the floor for discussion. No one spoke, and the president called for a vote. The votes in favor of ceasing alcohol service rose quickly—about thirty people raised their hands (they were not counted), and the president swiftly asked for votes against. Three men raised their hands. Some people abstained, but the result clearly favored the proposal. The president then announced the outcome of the vote, reminding everyone that the members' assembly holds sovereign authority in such decisions: from that moment on—except for the dinner already scheduled for later that evening—alcohol would no longer be served at official events. The session ended, after which a young man approached me to thank me for the initiative, and two colleagues congratulated me.

In the elevator on the way to the hotel rooms where several congress attendees were staying, two researchers privately told me they found the initiative necessary and were surprised it hadn't been voted on much earlier. One of them said: "*It's like serving meals from McDonald's at a nutrition congress. That doesn't mean everyone can't do what they want in their private life, but in that context it's inappropriate... and even more so if people with health issues related to diet are attending and we are working with them on healthy eating.*"

Two hours later, what would be the final dinner of that year's Socidrogalcohol congress began at the City of Arts and Sciences in Valencia. At the entrance to the venue, waiters circulated with trays bearing hors d'oeuvres and white wine, red wine, vermouth, and beer. No non-alcoholic alternatives were on offer. To procure a soft drink for myself, I ventured down a long hallway, eventually finding the bar, where I was able to order one. After the hors d'oeuvres, we sat down at round tables for ten. At my table, the waitress filled our glasses with mineral water and asked if we wanted white wine with the first course. When the second course was served, the waitress again made the rounds, asking if we wanted red wine. She continuously refilled empty water glasses, but at no point offered anyone a non-alcoholic alternative, although when I requested a soft drink, she promptly brought one.

During the dinner, I happened to sit with a person holding authority over the management of public resources for drug dependence in a region of Spain. They had expressed total agreement with my proposal—voting in favor of it—and even told me that the new guidelines from the World Health Organization were aligned with it, recommending, among other things, that health-related events offer healthy meals and explicitly advising against the inclusion of alcohol. During the meal, this companion asked the waitress for a glass of wine and then immediately rationalized the request, as if to seek my approval: "*One glass doesn't hurt, come on... in the end there's no need to go overboard and be so radical, because it's true that alcohol use is very normalized.*" The tone was self-justifying—almost as if the speaker anticipated the judgment or disapproval of an authority figure, even though I wasn't one (and hadn't asked for an explanation of their behavior). I smiled and chose not to comment, and we returned to our conversation about artificial intelligence in science.

I arrived early at the congress venue the next morning, and before the first presentation, I started a conversation with a member of the Spanish Confederation of Alcoholics, Rehabilitated Addicts, and Their Families. I had spoken with him the day before about the vote, and now, visibly curious, he asked me about the outcome. While we were talking, a board member from Socidrogalcohol, who had overheard us, stopped to join in. He said that during the dinner the previous evening, word had spread about the vote, and some attendees expressed dissatisfaction, arguing that there had not been enough debate to make such a decision—and that if the decision were upheld, they

would stop attending the congresses. "*You can't please everyone,*" he said, concluding the anecdote. He spoke with a restrained expression, which made me wonder whether part of his concern stemmed from potential financial losses at the next congress due to the decision not to serve alcohol. I replied, "*True, but have you ever considered that maybe some people haven't attended for years because of the alcohol consumption that* does *occur?*" I said this because I personally know such people. His expression shifted, and he didn't seem to know how to respond. From his reaction, I got the sense that it was indeed the first time he had considered this possibility.

The international context

Is alcohol served at drug dependence congresses outside of Spain?

One might assume that the attachment to serving alcohol at professional events reflects a deeply rooted sociocultural pattern specific to Spanish or broader Mediterranean culture, where wine and beer have long been woven into gastronomic traditions. But what about at the international level? Does the same dynamic play out at specialized congresses held outside of Spain?

In parallel with my observations in the Spanish context, I also observed and analyzed the use of alcohol at international events. In 2022, I attended the Lisbon Addictions congress. According to its website description, the European Conference on Addictive Behaviours and Dependencies has established itself as a key event for high-quality scientific debate in the field of addictions. It is a multidisciplinary gathering that not only promotes cutting-edge European research on areas such as illicit drugs, alcohol, tobacco, gambling, and other addictive behaviors, but also provides a crucial networking forum for professionals from various disciplines. It is organized by the Portuguese Institute for Addictive Behaviors and Dependencies, the European Union Drugs Agency (EUDA), the journal *Addiction/Society for the Study of Addiction*, and the International Society of Addiction Journal Editors (ISAJE) (Lisbon Addictions, 2024).

On Thursday, November 24, during the second day of the congress, there was a networking buffet dinner featuring an open bar of beer, wine, and spirits. Cocktails were served at several designated tables, where dozens of pre-filled glasses were lined up for anyone to take. Beer, however, had to be explicitly requested, as it was served on tap. While attendees enjoyed their alcoholic drinks, a Portuguese orchestra entertained them with pop and rock classics. In the same central hall where just minutes earlier, congress attendees were wandering from room to room looking for sessions on addictions, consumption-related issues, prevention, epidemiology, and harm reduction, a large group of these same individuals were now drinking port, beer, champagne, or liquor.

A few months later, I contacted the congress organizers via email (see figure 3).

In the email, I asked the organizers to consider the possibility of not serving alcohol at the next congress. I argued that, as professionals in the field of addictions, we should set an example and promote a healthy environment that avoids the normalization of alcohol use in social events. Normalizing its use at professional events could be perceived as contradictory, especially for congress participants who are drug dependent and their family members.

In response to my email, I received thanks for the constructive and well-founded comments. The organizers said they had discussed my proposal, which was considered provocative and relevant. The organizing committee decided to reflect on possible adaptations to the 2024 congress's social program, as well as those of future events. They also emphasized that, while open to considering my proposal, they had to consider various factors, such as attendees' expectations and practical issues related to existing agreements and financial and legal commitments.

Finally, in June 2024, an international congress specializing in drug dependence was held, titled *The art of healing: a new era in substance use prevention, harm reduction, treatment, and recovery support*, organized by the International Consortium of Universities for Drug Demand Reduction and the International Society of Substance Use Professionals. During all the congress events that included food and drink—and were covered in the registration fee—no alcohol was served. During one of the coffee breaks on the final day, I approached one of the organizers and asked why. She shared her opinion and said she would also consult the person ultimately responsible for organizing the social events. Both responses aligned: alcohol was not served to respect the religious beliefs of many attendees and support those in recovery. Instead, water and fruit juices were offered.

On the last day of that same congress, June 28 at 8 pm, a conference beach party was scheduled. Although it was listed in the congress program, this event was organized by the local host responsible for the social activities, and attendance required an additional fee of 45 euros. I was unable to attend, but someone who did informed me that the event included an open bar with both fermented and distilled alcoholic beverages. This example illustrates that, even when alcoholic beverages are removed from official events, they may remain present in unofficial congress-related events, a practice that warrants further discussion.

Observations made at international conferences reveal a notable diversity of approaches regarding alcohol consumption at academic events specializing in drug dependence. While in some cases, such as the Lisbon Addictions congress, alcohol was a visible and normalized part of official social activities, in others, like the congress organized by ISSUP/ICUDDR, a conscious decision was made to eliminate its presence, citing the importance of creating a respectful and inclusive environment—especially for people in recovery and for those from cultures where alcohol consumption is restricted. However, even when alcoholic beverages were removed from institutional events, their presence persisted at parallel social gatherings, highlighting the challenge of establishing truly consumption-free spaces in these settings. This diversity of practices underscores the tensions between institutional commitments to public health and the still deeply rooted cultural and commercial dynamics surrounding alcohol consumption.

Figure 3 | Letter sent to the committees responsible for organizing the Lisbon Addictions conference, requesting the cessation of alcohol service at official conference events.

Dear [names], members of the Organizing Committee and Programming Committee of Lisbon Addictions 2024

I hope this letter finds you well. I wish to express my sincere appreciation for the invaluable work you undertake in organizing such a significant event as Lisbon Addictions, which brings together the world's leading experts in the field of addiction.

My name is Fran Calvo; I hold a Ph.D. in Psychology and serve as a professor and researcher at the Universitat de Girona. I specialize in addiction and am a member of the leadership team for the Master's program in Substance Abuse at the University of Barcelona.

Having attended all previous editions of Lisbon Addictions, I have had the privilege of firsthand experience of the quality of the presentations and discussions that take place within this forum. In fact, I have occasionally exchanged impressions with some of you during the development of some editions of the conference.

As an upcoming participant in Lisbon Addictions 2024, I am writing to you today with a concern that I believe is pertinent to the mission and objectives of the event. In observing the social dynamics that accompany the conference, I have noticed that alcoholic beverages are served on certain occasions, such as dinners and welcome or farewell cocktails. While I fully acknowledge that each attendee is free to make their personal choices regarding alcohol consumption, I would like to propose the consideration of not serving alcoholic beverages at any of the official events of the conference.

My rationale for this suggestion is rooted in the belief that, as professionals and experts in the field of addiction, we should set an example and promote a lifestyle that is healthy and embraces normalized spaces devoid of substance use. Paradoxically, we frequently recommend such environments to our patients and young individuals while, as experts in addiction, we sometimes fail to implement them ourselves. The normalization of alcohol consumption in spaces associated with addiction could be construed as a contradictory and potentially harmful message for the specialized community and, most importantly, the general public. This conference serves not only as a meeting point for specialists but also for associations of individuals affected by addiction, and the presence of alcohol at these events could be perceived as a risk factor for relapse by some participants. The absence of alcoholic beverages at official events would create an atmosphere in which alcohol consumers would simply have to abstain from consumption in a work and study environment, such as a conference.

I would also like to highlight that, at the conference, other psychoactive substances such as tobacco, which is also legal in Portugal, are not served. Those who wish to use these substances can do so outside the conference venue, but trays of cigarettes or vaporizer bottles are not provided at the events. This approach reflects a commitment to promoting a healthy environment consistent with the theme of Lisbon Addictions and a society that is more attuned to the proven effects of nicotine consumption.

It is important to note that this suggestion does not stem from a stance of being "anti-drugs" or moralizing. Please do not misinterpret my position. Personally, I am not opposed to occasional alcohol consumption, and my professional work is centered on harm reduction and the promotion of safer practices. However, I find it somewhat incongruous that, on one hand, we strive to counter resistance to alcohol receiving a certain level of recognition by specific administrations, such as in the case of the lack of acknowledgment of the carcinogenic effects of wine in the European Union or the resistance to labeling that accurately conveys the effects of alcohol, while, on the other hand, as experts in the field of addiction, we do not adopt a more critical approach, starting by limiting (or postponing) our own consumption in specific settings.

I understand that this suggestion may present logistical and financial challenges, but I am willing to collaborate in exploring alternatives that promote an alcohol-free environment at conference events.

Ultimately, my intention is to foster a constructive discussion on this matter and ensure that Lisbon Addictions continues to serve as a beacon for research and the dissemination of specialized knowledge in the field of addiction worldwide.

I am grateful for your attention to this issue and for your unwavering dedication to enhancing the understanding and treatment of addiction. I look forward to your response and the opportunity to contribute to the success of this conference.

Sincerely,

HOW CAN WE UNDERSTAND THE RESISTANCE TO STOP SERVING ALCOHOL IN EDUCATIONAL AND PROFESSIONAL SETTINGS SPECIALIZED IN DRUG DEPENDENCE?

Over the years, I have shared my concerns with other drug dependence specialists who frequently attend this type of event. I have spoken with dozens of professionals on the subject and received a wide range of opinions, but certain points have come up repeatedly. One common argument is that alcohol consumption in such environments is not problematic when the consumers do not suffer from an alcohol use disorder. In fact, some professionals have gone so far as to say that professionals should provide an example of moderate recreational consumption, as if their use of alcohol were a pedagogical intervention for people with alcohol use disorders. When I have pressed the matter, saying I found it difficult to understand why scientific societies promote alcohol consumption at events specifically dedicated to the study, prevention, and treatment of drug dependence, I often have received this response: *But alcohol is a normalized part of the culture.* But what exactly do we mean by *normalization*?

Normalization of consumption and its implications

The normalization of drug use is undergirded by a broad and complex range of social processes, professional claims, ideologies, and moral positions that shape the meaning of drugs in contemporary societies (Measham & Shiner, 2009). In Spain, normalization can be understood in (at least) four ways: i) the normalization of people with substance use disorders and the specialized care resources that serve them, meaning their rein-

tegration into the general social and health services; ii) normalization as a sociocultural process through which the use and users of certain controlled substances are tolerated as an inherent part of social reality (as with cannabis); iii) normalization as a perverse phenomenon, associated by some experts with the trivialization of drug-related risks and harms, and, in turn, the view that abstinence is the only valid way to avoid such problems; and iv) normalization from a criminological and legal perspective, as a framework for examining the regulation of controlled substances (Martínez-Oró & Arana-Berastegui, 2015). Martínez-Oró and Arana-Berastegui (2015) also propose a notion of normalization as the path toward fair and effective drug policies.

In addition to the slipperiness of the definition of normalization, the concept of *drug* itself is confusing from a sociological and anthropological perspective. A widely accepted definition among specialists is that a drug is *a substance which, when introduced into a living organism, may modify one or more of its functions... including not only medicines mainly intended for treating the sick, but also other substances that are pharmacologically active* (Kramer & Cameron, 1975). However, historical moral considerations have distinguished *"drugs"* (seen as illegal substances that produce severe effects and assigns the user a culturally deviant role, e.g., irresponsible, marginalized) from other psychoactive substances whose use does not trigger a moralizing discourse and is socially integrated into cultural norms (e.g., tobacco or alcohol) (Romaní, 2008). Over time, these discourses have evolved, and substances formerly labeled as marginal (like cannabis) have become *normalized*, being redefined as lacking serious social consequences (Martínez-Oró & Morros-Sardà, 2017).

Alcohol is the most widely consumed substance and the gateway drug for the vast majority of people in Spain (Plan Nacional sobre Drogas, 2025a). It creates the highest demand for treatment at specialized centers (Plan Nacional sobre Drogas, 2025b) and has been linked to the greatest social and personal harm (Nutt et al., 2007; 2010). However, it has always enjoyed the status of a drug *without being called a drug* (Martínez-Oró, 2015). The only exception to this form of *exempted responsibility* is found in certain youth groups, whose alcohol consumption becomes problematized, but only in relation to specific patterns such as *binge drinking*, defined by high consumption in a short time and associated with immediate communal effects (e.g., street parties, traffic accidents, nightlife violence). Outside of these exceptions, alcohol has not only avoided being classified as a drug in the same way as other substances, but it has also been credited with physical, psychological, and social benefits—claims largely unsupported by scientific evidence (Babor et al., 2022). At the same time, the alcohol industry has maintained sufficient political and social influence to resist any regulatory framework based on public health (Villalbí et al., 2008), echoing the socioeconomic power struggles seen during the tobacco regulation efforts of the 1990s (DeCicca et al., 2022).

The concept of normalization also refers to the process by which such consumption is perceived as normative behavior—that is, behavior aligned with the established norms, rules, or expectations of a group, community, or society (Measham et al., 1994). In many social contexts, alcohol consumption is more the rule than the exception, to the extent that people who choose abstinence may even be stigmatized (Rodero, 2022).

The framework of normalization has evolved, offering conceptual and methodological tools to study widespread drug use and understand changes in consumption patterns within a sociocultural context (Erickson & Hathaway, 2010). Normalization has been described as having six key dimensions (Sznitman & Taubman, 2016): i) increased experimentation, ii) higher recent and regular use, iii) increased availability, iv) more permissive attitudes toward recreational use (*social accommodation*), v) neutral or positive portrayals in media and liberal adult attitudes (*cultural accommodation*), and vi) more relaxed drug policies and enforcement.

This approach views drug use as an integral part of the dominant culture (Measham et al., 1998); in the case of alcohol consumption, it has been so for centuries. The idea of alcohol being normatively used and integrated into most social and family events is clearly a risk factor for initiating use, escalating it, and experiencing its associated harms. Widespread social acceptance makes drinking in these contexts appear normal, while abstaining becomes abnormal or strange, creating social pressure to conform to drinking behavior (Pascual et al., 2014).

The scientific literature on prevention often cites normalization as a community-level risk factor for both substance use and associated problems (Koning et al., 2020). Spain's National Drug Plan states that prevention in Spain primarily focuses on individuals and must be balanced with approaches aimed at modifying risk and protective factors in environmental contexts. The same report mentions that person-centered prevention faces new challenges, including the perception of alcohol consumption as normal (Plan Nacional sobre Drogas, 2017a).

Additionally, the National Drug Plan outlines the following strategic objectives: i) reduce the presence and promotion of drugs and addictive behaviors; ii) foster public awareness of the risks and harms caused by drugs and addictions and raise risk perception; iii) reduce the unjustified perception—especially among minors—of drug use as normal, particularly cannabis and alcohol; and iv) promote healthy lifestyles and safe recreational alternatives incompatible with substance abuse (Plan Nacional sobre Drogas, 2017b). This same report stresses the need to take action to change social conditions that normalize drug use. Wouldn't it be logical for these policies to be implemented first precisely in specialized drug dependence settings?

Alcohol consumption in professional and training environments related to drug dependence is not exempt from the normalization debate. The situation reveals a stark contradiction between expert discourses—even within these same professional settings—which, despite emphasizing the importance of promoting *non-consumption* spaces, continue to feature alcohol as an ordinary and accepted part of the dominant culture. In other words, while national and international addiction institutions advocate for the creation of environments where *not drinking* is normalized, public and professional narratives seem to be dominated by social tolerance and trivialization of alcohol's harmful effects (Sánchez-Pardo, 2003),

Is choosing not to serve alcohol a prohibitionist initiative? Person–drug–context

At some point, a few people close to me—those who felt safe enough to share their honest opinions about this study and its preliminary findings—argued that my position in this article was extreme, intolerant, rigid, and veering toward *prohibitionism*. I was even asked whether I thought alcohol should not be served at *any* kind of social event, extending my context-specific argument to all areas of life. I heard repeatedly that being a professional in drug dependence shouldn't dictate one's personal choices regarding drug use, and that there was no incompatibility between using drugs and treating others with addiction problems.

Note how the argument quickly shifted focus—expanding from the single setting of professional drug dependence events to all possible instances of drug use—which made me question whether these arguments were ultimately mere attempts to defend alcohol consumption. Certainly, there were some individuals who drank in private but found public, professional consumption inappropriate. However, this was the exception. In general, drinkers defended their right to drink at drug dependence conferences and training sessions, regardless of whether family members of people in recovery—or the individuals themselves—were present. As previously mentioned, the dominant narrative was that such controlled use was educational.

Also noteworthy was the fact that my position was frequently labelled as prohibitionist. For example, one of thirty addiction specialists who read and commented on my initial manuscript responded that I was demonizing alcohol—an interesting word choice, given its Judeo-Christian moral connotations—and that I was polarizing the debate, aligning myself with a prohibitionist stance. Unlike my proposal, prohibitionist policies aim to restrict or completely ban the production, distribution, and consumption of certain recreational drugs, based on the belief that prohibition will reduce use, protect public health, and minimize drug-related problems (Usó, 2013). Their main features include criminalization, state control, the *war on drugs* strategy (involving military and law enforcement resources to eliminate drug production and trafficking), and a public health narrative that frames drug use as immoral or socially harmful. Alcohol has never been subject to such restrictions in Spain. On the contrary, regulatory norms have always enabled access to alcohol just like to other legal substances. By definition, regulating substance access is inherently anti-prohibitionist. Yet, the field of drug use and addiction carries a heavy moral burden. As mentioned earlier, there is a clear tendency toward ideological polarization, often infused with political undertones (Pérez-Gómez, 2009). It is not surprising, then, that a proposal to withhold a particular substance in a specific context is perceived as prohibitionist—placing it at one end of a spectrum, with harm reduction at the other. But once we shed this historical moral baggage, and perhaps also our emotional attachment to the act of drinking, this supposed polarization dissolves.

Now, even assuming—as repeatedly stated—that the goal of serving alcohol is not intoxication but rather custom, symbolism, cultural association, or even gastronomic enjoyment, why would omitting this one gastronomic item at a conference or master's program cause such an uproar? If a catering company doesn't serve a green salad, does that mean *salads are banned*? Salads are a common starter in Mediterranean meals, yet they are not always served. Is not serving one a prohibition? It seems that when alcohol is excluded—even when justified symbolically or gastronomically—it triggers sociocultural and psychological circuits that go beyond mere culinary decisions. We encounter a form of militancy to preserve elite drug-use patterns, regardless of context: an *ethic of drinking wherever and whenever one pleases*. Or we see polarized stances from harm-reduction specialists, who interpret the simple act of not serving a substance in a specific context as an outright ban. I do not question an individual's freedom to use the substances they choose—legal or not. To the contrary, I defend the right to safe consumption for both the individual and the community. What I question is the context in which that consumption occurs and the symbolic role of the person engaging in it—especially in settings as emblematic as those dedicated to drug dependence.

In 1984, Zinberg—a pioneer in the field of addiction—proposed a *biopsychosocial model* to understand drug use, framing the experience as an interaction between *the substance, the person, and the context* (Zinberg, 1984). The consensus on the importance of these three interacting elements remains strong (Díaz, 2000). In Spain, the development of drug services took place amid the heavy stigmatization of heroin users in the 1990s, who were blamed for consuming *drugs* due to their inherently addictive nature (Torres et al., 2009). As noted, this perception demanded pedagogical interventions that considered not only the individual's vulnerability but also the surrounding context to fully understand substance-induced mental disorders.

In the decades that followed, the field increasingly framed the person with addiction as someone suffering from a mental disorder, with rights equivalent to those with other health conditions. However, in this age of polarization and fragmentation, it seems we've forgotten the importance of balance among the three interacting elements. The specific properties of a substance—in particular contexts—can increase or reduce harm. In other words, we may have gone from blaming and demonizing the substance to blaming the *individual*—the *patient*—highlighting their *genetic vulnerability*, while overlooking the *substance*, the *context*, and the influence of the *community*. Clearly, this model allows for both general and individualized interpretation—considering biological, psychological, social, and cultural factors unique to each case—while also acknowledging the pharmacological properties of substances and the reinforcement mechanisms of certain external stimuli (Griffiths, 2005). It does *not* represent a return to the outdated view that addictive properties reside solely within substances. However, we must remember that certain substances—like alcohol—can have shared effects among vulnerable individuals (those with a weaker locus of control, or greater susceptibility to side effects) within specific contexts that either facilitate or validate their use.

Enlightened hedonism

I have not disclosed whether I consume alcohol in my private life, as I believe this is irrelevant. I could be a teetotaler, or I could be someone who drinks privately but advocates abstaining from drug use in certain contexts. Just as individuals often choose more pleasurable behaviors in private without making them public (like wearing pajamas, scratching certain body parts, engaging in sexual relations, or putting one's feet on the table), the same applies here. However, readers of earlier versions of this article requested that I explicitly state whether I consumed alcohol at any of the events included in this study, considering it pertinent to the coherence of my argument. Therefore, responding to their request, I must state that I did not. Regarding whether I consume alcohol or other drugs in my private life, I prefer to remain silent on the matter, precisely because I am drawing a distinction between public and professional conduct and private behavior.

Other readers opined that the article should go further, proposing higher models of coherence and commitment. They argued that if we are asking our patients to lead healthier lifestyles, we should lead by example and cease consuming drugs or, at the very least, do so much less and differently. They noted that believing in harm reduction and the right of individuals to consume substances safely and without moral judgment does not imply that professionals must inherently identify as consumers. This issue, concerning the drug consumer identity of addiction professionals, is a potential avenue for future research that could shed more light on the topics addressed in this study. Perhaps identity-related issues mediate the tendency to polarize extreme opinions within a spectrum that, as mentioned, includes shades of gray.

The importance of the context of drug use is also essential to understand the effect that the substance has on the individual and the community. When an addiction professional chooses to use drugs in a public educational or professional setting, they prioritize their ritual, gastronomic preference, or pleasure over the symbolic impact on their immediate community. I do not mean to suggest that drug dependence professionals are exempt from the same pleasures, dilemmas, and discomforts as other human beings; rather, I pose that their personal choices regarding substance use should be reserved for their private lives (just like many other pleasurable behaviors). As one participant stated, no matter how much I enjoy fast-food meals, consuming them in a nutrition education environment—surrounded by individuals with morbid obesity whom I may even treat in therapy—is evidently inappropriate and easily avoidable (unless one has a disorder). One simply needs to wait until the congress, session, or event concludes to do as one pleases.

Whether as a means of socializing, a way to relax, a cultural tradition, a response to social pressure, a way to reduce inhibition, a matter of habit, or a way to enjoy particular foods, the reasons professionals gave for their alcohol consumption stressed their perceived right to drink over other considerations, raising ethical dilemmas. When institutions that organize such events offer and serve alcohol to attendees, they are, in a way, endorsing its consumption—reinforcing a norm established by the dominant group, which justifies its own use through a dialectic rooted in what has been termed *enlightened hedonism* (Taylor et al., 2020): a hedonism justified by the rational expression of medical, psychological, pedagogical, anthropological, and sociological knowledge, but with overtones of moral superiority, applying different standards to one's own behavior than to others'. This stance also contributes to the stigmatization of individuals who are situated at the intersection of multiple axes of oppression. In this context, professionals' management of their own pleasure must align with their role as specialists in addictions within the public sphere—positioning them as figures who hold specialized knowledge and are granted epistemic authority by society.

The modeling effect addiction experts may have when using substances in professional settings

Professionals specialized in addiction are positioned such that their public actions can influence how health is perceived. First, this is because the general population considers these professionals to be credible authorities in health matters (Díaz et al., 2015). Second, when a health professional consumes drugs at public events, they may lose credibility with the target population they aim to help (Cespedes et al., 2010). There is, therefore, a potential risk that such actions—which contribute to the normalization of drug use because they occur in official, public events organized by influential entities in the field of addictions—may generate a modeling effect. The resulting paradox is striking: In spaces dedicated to prevention and treatment of addictions, alcohol consumption continues, sending mixed messages to participants—especially to those in recovery and their families.

As addiction specialists know, individuals suffering from drug addictions who are in the early stages of treatment or relapse often fantasize about controlled use of the substances that fuel their disorder, struggling with the idea of letting go of the role those substances play in their functioning. Attempting to demonstrate that responsible, controlled use is possible—particularly in environments shared with individuals suffering from addiction—puts those individuals at risk. It may reinforce their longing for non-problematic consumption and nurture the idea of trying to regain control, to see if "this time" the outcome is different—free of consequences—by imitating the apparent self-control of professionals in environments where difficulties, advances, and successes in the field of addiction are discussed.

The inconsistency between what is preached and what is practiced in public settings may erode the credibility of both professionals and institutions, calling into question their ability to lead meaningful societal change. The extent to which people identify with social images—or prototypes—of different types of drinkers directly predicts their intentions and alcohol-related behaviors (Davies & Todd, 2000; Gerrard et al., 2002). Thus, when those with the highest levels of education in the addiction field consume drugs publicly, they are endorsing such consumption to individuals vulnerable to this influence.

Public funding for drug consumption

Importantly, part of the funding received by these organizations—used to host such events—comes from public sources. Including alcoholic beverages in training budgets implies that alcohol consumption is, at least in part, subsidized with public funds (with the exception of the closing dinner of one congress, which was paid for separately and voluntarily by attendees). Thus, returning to the initial message cited in this article and promoted by the National Drug Plan—namely, the need to create environments where not drinking alcohol is normalized—it seems contradictory that the same National Drug Plan funds the provision of alcohol at training sessions and congresses.

It is well established in psychology that language use shapes our perception of reality. If this situation is described as "allocating part of the funds to social events including refreshments," the meaning is quite different from saying "allocating part of the funds to purchase legal drugs for consumption by attendees." One could argue that governments are, at least partially, providing funds so that attendees can get high. Once again, the power dialectic shifts signifiers and subtly shapes meanings and realities in Orwellian fashion.

Organizations also face peer pressure to promote alcohol use

When measuring changes in ingrained behaviors, social pressure is evident—even if one agrees with the change. At one international congress, my request to stop serving alcoholic beverages was seen, on the one hand as a bold, logical, and coherent proposal; on the other, arguments to maintain the status quo cited attendees' expectations (about drinking alcohol) and existing financial commitments. Perhaps these commitments are with the hospitality (or alcohol) industry? This remains unclear and is thus speculative. Nonetheless, this conditioning reflects an expectation of what is assumed to be necessary, which ultimately points to social pressure. Social pressure is a well-developed concept in addiction prevention, especially among young people. In this case, organizations themselves are also subject to it as a social dynamic and feel compelled to meet attendees' expectations, thereby contributing to the continuation of behaviors that should perhaps be questioned.

Acknowledgments and ethical considerations

As previously mentioned, the following individuals, all specialists in drug dependence, critically reviewed the initial manuscript and provided input that was incorporated into the final version: Rafael Clua, PhD in medical anthropology and associate professor at the University of Vic and the University of Barcelona; Antoniu Llort, PhD in medical anthropology; Marissa Ramírez, medical specialist in outpatient treatment for drug dependence; Eva Massó, clinical psychologist specialist in outpatient treatment for drug dependence; Lidia Jiménez Barahona, social educator specializing in residential treatment; Carles (Còmic) Sedó, specialist in the prevention of problems associated with drug use; Gemma Maudes, deputy director of the area of drug dependence and gender at the Health and Community Foundation; Susana Al-Halabí, PhD in psychology and associate professor at the University of Oviedo; Cristina Giralt, nurse; Xavier Carbonell, professor of psychology at Ramon Llull University; Maria Buera and Anna Castelló, social educators specializing in drug dependence and gender; Laia Vargas and Pau Caravaca, students of the Master's in Drug Dependence at the University of Barcelona and social educators specializing in residential treatment; Mireia Ventura, pharmacist and head of harm reduction programs at Energy Control; and Maria Estrada, psychologist specializing in health promotion and prevention.

Feedback on the manuscript was also provided by Erica Fazion, BS in chemistry and social education student; Rafel Meyerhoffer, lecturer and researcher of the University of Girona; Jesús Gamero, social integration student; Joan Canimes, PhD in ethics and member of the Ethics and Biosafety Research Committee at the University of Girona; Carol Mowat, social educator at DipSalut Girona; José Juan Vázquez, PhD and professor of psychology at the University of Alcalá; and Oriol Turró-Garriga, PhD in psychiatry and research professor at the University of Girona. The fact that these individuals critically reviewed the manuscript does not imply agreement with its entire content or its expression. Three other individuals reviewed the manuscript and provided comments. They held positions of responsibility related to drug dependence in academia and public resource management. All three preferred not to have their names associated with this article. Two cited fear of potential minor reprisals from colleagues or being judged negatively for it.

I must express my special thanks to Dr. David Pere Martínez Oró for taking the time to discuss and clarify some conceptual doubts about his excellent work on the concept of normalization, to Dr. Xavier Carbonell for conducting several reviews of the text until the final manuscript was reached, and to Dr. Susan Frekko, who, in addition to reviewing and providing feedback on the English-translated version of the article, proposed a series of changes to the initial manuscript structure that undoubtedly improved the final version.

Feedback was also requested from the entities included in the analysis. The following representatives of the entities observed during the study read the manuscript and, without necessarily agreeing with its content or parts of it, considered it important for generating discussion: Francisco Pascual, MD and president of the Scientific Society Socidrogalcohol; Xavier Ferrer, PhD in psychology and director of the Master's in Drug Dependence at the University of Barcelona; Eva Pérez, president of the National Federation of Liver Patients and Transplant Recipients; Michal Miovsky, PhD in clinical psychology and president of the International Consortium of Universities for Drug Demand Reduction (ICUDDR); Kevin Mulvey, executive director of ICUDDR; and Alfonso López Chapa, board member of the Confederation of Alcoholics, Addicts in Rehabilitation, and Families of Spain.

The remaining entities, also mentioned in the text, were contacted via email to request their opinions. One did not respond after three attempts, and the other three disagreed with having the names of their organizations associated with this article, citing

the importance of participant privacy in training environments and the lack of a clear or consensual internal policy on the issue discussed here. Some individuals even expressed discomfort at the potential publication of the article, appealing to ethical issues and the right to confidentiality of the people attending such events. This argument struck me as curious because, in these congresses, hashtags are often promoted, and attendees are usually asked during inaugurations to share stories, reels, and other posts on social media, blogs, and other professional dissemination platforms. It appears that as long as positive perspectives or acceptable disagreements on morally tolerable dilemmas are published, confidentiality is not called into question. However, when one challenges unspoken norms, concerns about potential breaches of confidentiality—sometimes even framed as bordering on criminal behavior—tend to emerge.

Nonetheless, the Ethics and Bio-research Committee of the University of Girona concluded that the study did not violate the right to confidentiality, given that, according to Spanish and European legislation, no personal data were being analyzed. Instead, the data were obtained through an observation process in public contexts, that is, in open-access events where anyone can attend, participate, or access the information and content of the congress, either for free or by paying a fee. These events are organized by public entities or in collaboration with them and are aimed at fulfilling public interest objectives. Moreover, they are fully or partially funded with public funds, and their content is relevant to the well-being and development of the community. In any case, I have been careful at all times to protect the identity of the observed individuals except when referring to a public presentation that occurred in one of the congresses. The study was approved by this ethics committee on January 20, 2025, with code CEBRU0055-24.

BY WAY OF CONCLUSION

In 2024, Dr. Antoni Llort gave a lecture at the University of Girona during the presentation of Dr. Rafael Clua's book *Apúntame a la sala. Etnografía de los usuarios de las salas de consumo higiénico* (*Sign Me Up for the Room: An Ethnography of Users of Safer Consumption Spaces*; Clua, 2023; Universitat de Girona, 2024). Dr. Llort, who drove more than two hundred kilometers on the highway to reach the event, passed several large trucks. On the back of their trailers were signs indicating their blind spots (*angles morts*). These warnings inform drivers of the dangerous lack of visibility the truck driver has from certain angles. The speaker used this metaphor to describe how we view supervised drug consumption rooms—arguing that at first glance, they appear to be the forefront of the harm reduction model, yet what remains unseen is their progressive biomedicalization. Using this same metaphor, just as drivers must be aware of these blind spots to prevent accidents, professionals in the field of drug dependence must also recognize our own blind spots, to prevent risks associated with the lack of awareness of the sociocultural dynamics in which we are embedded.

There are four experts in drug dependence in my inner social circle. During a meal, shortly before the final publication of this manuscript, we were discussing it frankly. They told me something along the lines of: *In the end, you went to places that many people associate with relaxing and escaping from their routines—for them, attending a conference or a master's dinner is like going to a party (perhaps one of the few times they go out as adults)—and now you come in with this research to bust the balls of all those people who are calmly enjoying their drinks, not hurting anyone.* Indeed, I think their characterization is apt, especially the phrase *"busting their balls,"* because this issue is closely related to the masculinization of spaces and organizations. Nobility and prestige, with roots so deep they blend into the soil; ideological inertia that's hard to disrupt; dogmas masked as tradition; resistance to change; the ancestral imposed as norm; habits that outlast all evidence—these are the normative legacies of the *dominant culture of gentlemen*.

Is no one getting hurt? I'm not so sure. I believe that with our actions—and their vicarious influence—we drug dependence professionals can do a great deal of harm. Society receives our actions as the symbolic acts of those who know most about drugs and their effects. That's why some of the organizations that appear in this article were displeased by its publication and even asked me not to go through with it. Why is it that, if we truly believe what we're doing is right, we are afraid of it being brought to light?

We are part of an ideological symbiosis, and changes in our actions will influence the changes that others may undertake, from the smallest and seemingly insignificant changes to structural transformations. As simply—and as complexly—as the legendary group Potato from Gasteiz once put it in a song: *if I change, I change the world, every minute, every second.*

Alcohol, as a legal and culturally accepted drug, is deeply rooted in our society, and its use is widely accepted in virtually every context. Despite being the substance that causes the most problems, it has been normalized even in contexts where responsibility and prevention should prevail. Industry pressures and a culture of hedonism lead us to justify its use, often at academic and professional events related to drug dependence, which is contradictory and harmful.

The experience with tobacco, which used to be common at events and is now practically excluded from public spaces (despite facing similar resistance at the time, as described in this article), shows us that change is possible. While alcohol may be seen as part of gastronomic culture, its presence at drug dependence conferences sends a confusing message, especially to people in recovery and their families. The choice to consume alcohol in these spaces normalizes behaviors that should be questioned—and, in fact, are questioned by specialized scientific entities where alcohol is still served, a paradox that seems to have received little critical reflection.

An individual may have the personal freedom to use drugs in private but doing so in a public setting specialized in drug dependence fundamentally contradicts much of what we advocate for as professionals. All it takes is to change the substance we're talking about—to step outside our unchallenged cultural normativity—and we may gain clarity. Would we think the same if perfectly aligned Cuban cigars were served on stainless steel

trays at the same conferences? Or joints or low-THC marijuana brownies to encourage socializing among participants? Or lines of cocaine accompanied by disposable transparent straws made of 95% recycled plastic from water bottles collected from the sea?

It is crucial that professionals consider not only their individual well-being but also the community risks associated with their behavior: the possibility of relapse for people with substance dependence, the complexity of consumption normalization, the neoliberal lens that shifts all responsibility to the individual without considering the context, and the male privilege that benefits from the relaxed atmosphere that consumption generates. Paying attention to these elements allows for a deeper understanding of the dynamics underlying these practices and for designing more coherent and responsible interventions. Through our actions, we can foster a shift toward a healthier alcohol consumption culture for everyone, especially in workplaces, training spaces, care environments, and in the dissemination of academic findings related to drug addiction.

Reflecting on our actions and being willing to change are necessary steps toward offering future generations a healthier and more self-reflective environment. We must question our own practices and embrace the responsibility of being role models, promoting changes in social perceptions around alcohol consumption and its relationship to public health. And it is through this coherence that we can move toward real change in how addictions are perceived and addressed in society.

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