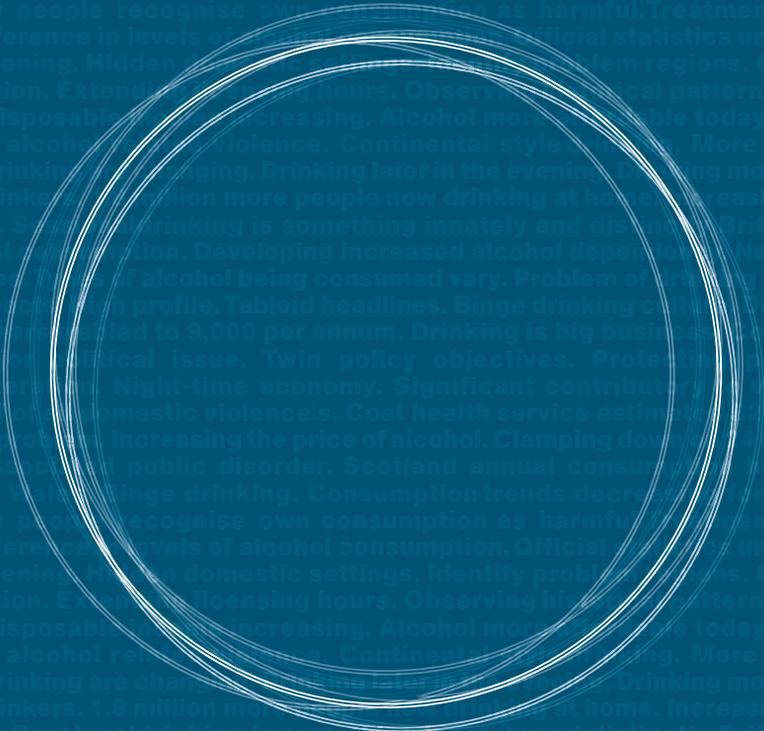


Consumption controversies

Alcohol policies in the UK

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Introduction



Drinking alcohol, and associated negative impacts, has probably never had such a high profile within public and policy debates. Tabloid headlines scream outrage on a frequent basis about the ills of Britain's 'binge drinking' culture. Some estimates suggest 100,000 people in the UK could die over the next decade directly because of their drinking, and that the death rate over the last 25 years has trebled to nearly 9,000 per annum. Yet drinking is big business. Some estimates suggest it is worth around £40bn every year to the economy.

Consumption of alcohol emerged as a major political issue in the early 2000s. Since then the government has steered a careful course between twin policy objectives of protecting public health and pursuing urban regeneration through promotion of the night-time economy. In 2004 the Alcohol Harm Reduction

Strategy for England set out the government's strategy for tackling the harms and costs of alcohol misuse in England. Delivery has been framed around Government targets which aim to reduce harms caused by alcohol to:

- the community as a result of associated crime, disorder, and anti-social behaviour (alcohol is also a significant contributory factor to violent crime: 44% of victims of violence in England and Wales believed their attacker was under its influence. Alcohol is also thought to be a factor in at least half of all domestic violence incidents).
- the health and well-being of those who drink excessively (the total cost to the health service has been estimated by some to be more than £2bn each year); and development, achievement and wellbeing of young people and families.




Policies cut across departments including the department of Culture Media and Sport who deal with licensing and were responsible for the Licensing Act of 2005, Home Office, Communities and Local Government, and the Department of Health.

The lead up to the 2010 United Kingdom General Election, including the campaign, saw political parties of all colours announcing a stream of measures to tackle what is framed as 'the problem'. These strategies were mainly associated with increasing the price of alcohol, clamping down on so-called '24-hour drinking' and reducing associated public disorder. The new government has indicated it will be looking to implement this approach.

This briefing paper from the Royal Geographical Society (with IBG) presents an overview of research relating to the current debate, presenting evidence relating to a number of controversial questions. This paper sets out to separate the facts from fiction in these debates, with evidence presented against a series of controversial questions and debates, from whether the UK actually does have a 'drinking problem' right through to assessing the positive role that the British pub still plays in the economy, communities and people's lives.



Controversy 1

The UK has a drink problem



What does the evidence say?

The Department of Health's national health survey provides an annual picture of the volume and way in which alcohol is consumed within England and how this is changing. One 'unit' of alcohol is officially defined as 8mg (or 10ml) of pure alcohol [1] which translates roughly into quantities of particular drinks: i.e. one glass of wine (175ml) equates approximately to two units of alcohol [2].

The most recent statistics show that more than half of men (62%) and two-thirds of women (71%) drink less than the Government's 'recommended daily maximum units' of alcohol on their heaviest drinking day (4 units of alcohol for men, and 3 for women), with many abstaining from drinking alcohol at all [1]. Figures for Scotland are similar: 58% of men and 69% of women [3], but with overall annual levels of consumption

roughly 25% higher than in England and Wales [4].

The official definition of 'binge drinking' is a day when a man drinks more than 8 units of alcohol, and a woman more than 6 [5]. Of adults who drink alcohol, just under one third (29%) of men and less than 1 in 8 (15%) of women can be classified as 'bingers' [1].

Women exceed 'sensible' drinking levels if they drink half a bottle (375ml) of 12% alcohol strength wine and are binge drinking if they drink more than four (125ml) glasses. Men also exceed sensible limits if they drink half a bottle of wine and are binge drinking if they consume a whole bottle [6]. Similarly, 28% of men and 18% of women drink more each week than the Department of Health's suggested weekly limits of 21 and 14 units per week respectively [1].

Per-capita consumption of alcohol in the UK rose 19% between 1980 and 2007. This compares with a 13% decline amongst all Organization for Economic Cooperation and Development (OECD) countries: average consumption has fallen about 17% in the United States, 24% in Canada, 30% in Germany and 33% in France. European countries with the highest drinking levels are Ireland, Finland, Denmark and the UK, with 'binge drinking' (defined in this survey as someone who drinks 5 or more drinks at least once a week) most commonplace in Ireland (44%), Romania (39%), Germany and Austria (both 36%), and also high in the UK, Spain and Greece (all 34%) [7]. At the same time however there have been a rising numbers of abstainers from 12% in 1980 to 18% in 2003 [8]. Overall consumption trends are actually decreasing for younger age groups (16 - 24) but not for middle/older age groups.

Since the mid-1990s, official figures show little change in levels of 'binge drinking' by adults. Headline statistics however mask the effects of increased

alcohol strengths in recent years, particularly in wine. National survey data was updated in 2006 to account for these changes which had the dramatic effect of effectively doubling the proportion of women classified as binge drinkers overnight [8].

In surveys of drinking behaviour, very few people recognise their own consumption levels as 'harmful', and therefore in need of the intervention and / or treatment strategies, that official definitions would suggest they require. There is a major challenge to both policy makers and alcohol practitioners on how to reach this particular group.



Controversy 2

The biggest bingers are in Scotland and the North East



What does the evidence say?

There is a marked regional difference in levels of alcohol consumption and the propensity for 'binge drinking', particularly between north and south, with those adults who 'binge' at least once a week ranging from one-third of male alcohol drinkers in London, southern England and the Midlands, up to almost half in the North East. Women drinkers follow this same pattern, from less than one quarter of drinkers, up to more than one third. Regional patterns of alcohol consumption also demonstrate much higher rates of abstinence in London than anywhere else in the UK [1;5].

In 2008, the North East region published a wellbeing strategy 'Better Health, Fairer Health' which set out to 'transform the region into the healthiest in England within a generation', and included a desire to reduce alcohol consumption and in

particular the amount of 'binge drinking' over the next 25 years. For the North East even to go as far as reducing its levels of drinking to that of the 'healthiest' region now (i.e. London) will be a massive challenge requiring a one third reduction in binge drinking levels over this time [5].

Patterns of binge drinking are even more marked in Scotland, with on average 39% of men and 31% of women consuming more than twice the recommended daily maximum units on their heaviest drinking day each week [3]. Patterns relating to differences in 'binge drinking' are not solely confined to regional differences, and analysis has shown that other factors are also significant. For example, the health survey data for England demonstrates that managerial and professional workers are much more likely to drink alcohol (79% of men and 67% of women) than manual workers

(64% and 46% respectively), and are more likely to exceed recommended limits (38%, compared with 29%).

The same pattern emerges based on household income.

National analysis has also shown that people of Pakistani or Bangladeshi origin were much less likely to drink alcohol (just 4% and 5% respectively), than white British (68%) [1]. However the experience of survey work undertaken in Stoke-upon-Trent by a team led by Gill Valentine [10] found that whilst drinking amongst Pakistani Muslims appears to be low in the survey results, qualitative research findings reveal that this may be hiding significant levels of drinking within the group that simply isn't being reported, and official statistics are under-recording what is happening.

Analysis of national survey data also demonstrates how 'binge drinking' is not restricted to young people. Whereas the UK media has tended to represent 'binge drinking' as the preserve of young revellers in town centres, often illustrated alongside pictures of inebriated young

men and women, 'middle aged' adults 'binge drink' just as often. It is perhaps ironic that official statistics reveal that those people working in media, publishing and entertainment sectors are the heaviest drinkers.

However, in contrast to patterns of drinking by younger age groups, the majority of this drinking takes place in 'hidden' domestic settings, such as at home or when visiting friends rather than on display in public spaces. Some regional differences also emerge: men aged 40-49 in the South East and 30-39 in the North East 'binge' just as often as young men (aged 18-29) in the same regions [5].

Though regional data is used to identify 'problem' regions, this may fail to represent the variations found within regions. The picture is more complex with problem drinking in 'low consumption' regions and abstinence and low levels of drinking in 'high consumption' regions.



Controversy 3

Problem drinking is a new phenomenon



What does the evidence say?

The Licensing Act (2003) [11] came into force in November 2005. It was intended to provide a means to combat crime and disorder by giving more flexibility on licensing hours. These reforms have proved controversial with media attention focused on '24-hour drinking' and the rise of 'binge drinking', with a commonly perceived contradiction between increasing police control powers while extending licensing hours [12;13]. The legislation has been blamed frequently by some as the cause of the 'crisis of drinking' in the UK [8]. But is this the case?

Observing historical patterns of drinking alcohol provides an alternative perspective. Average per capital consumption of alcohol has been increasing in the UK from the post Second World War low of 3.9 litres of pure alcohol per head in 1950. It had more than doubled to a peak of 9.4

litres of pure alcohol per head in 2004 [14]. The main driver of this increase has not come from beer drinking (which remained at similar levels to 1950) but from increased consumption in other forms, including cider and perry, spirits, and particularly wine. Household disposable income has also been increasing, with alcohol calculated as 70% more affordable today than in 1980 [1].

Average wine consumption per head nearly doubled between 1985 and 2000, at the expense of beer, with an increasingly significant role for women's drinking. All this came well before the 2003 reforms in the Licensing Act. Since 2004, post Act, alcohol consumption has actually been in decline [8;14] falling to 8.3 litres of pure alcohol per head in 2009.

At this level consumption levels today are noticeably lower than in the early years of the twentieth century (which was 11 litres

of pure alcohol per head in 1900, 72% of which was beer and 26% spirits). Today 31% of alcohol consumed today is wine, compared with 37% beer, 22% spirits, and 10% other types of alcohol.

Focusing exclusively on supply obscures important questions about changes in where, what and how we drink [15]. This is significant because we have been here before: drink, drinkers and the drink trade were described in these ways in the early nineteenth century.

The Victorians sought to use licensing to control consumption levels as we do today: mapping licensed premises, linking these patterns to maps of crime and drunkenness, and arguing over how many pubs were sufficient for an area's needs. As cities expanded, licensing was thought to be the best way to cope with the increased demand for public drinking places, much as councils today hope to use licensing to find the right way to manage changing city centres.

Finding a balance between allowing the proliferation of bars in central areas and ensuring the survival of local or suburban

pubs is a problem faced by both industrialised nineteenth-century cities and by contemporary cities recovering from the effects of post-war industrial decline [16].

Medical experts tried to define safe levels of consumption, establishing drink as a matter of personal health and responsibility. Today's 'alcohol unit' is often treated with suspicion, but at the start of the twentieth century a glass of wine or pint of stout was suggested as a safe daily limit [17]. The new 'problems' resemble the 'old' ones. The Victorian 'habitual inebriate' has become 'the alcoholic', but there is still little agreement about what 'problem' drinking means [18], shaped by political factors as well as medical evidence.



Controversy 4

Has our night-time economy been revitalised by drinking (or are our towns and cities becoming no-go zones)



What does the evidence say?

The night-time economy is a major contributor to the economy of the United Kingdom, employing an estimated 224,000 people and contributing £7.6 billion annually to the economy of London alone [19]. Entertainment and leisure activities contribute as much as 27% of total turnover of town centres [20].

Over the last decade Britain's town and city centres have witnessed a substantial growth in the number, and range, of venues where eating and drinking take place, due to a combination of planning legislation, licensing liberalisation and cultural entrepreneurialism. From 1980 to 2005 there was a 30 per cent increase in licensed premises nationally [21], referred as to 'drinkertainment' and 'foodertainment' [22;23]. Nottingham has witnessed one of the largest levels of growth in the total capacity of licensed venues increased

from 61,000 in 1997 to 108,000 by 2005 [13].

A contradiction between revitalising town centres with increased alcohol consumption and the negative impacts from increased crime and disorder has been identified. Evidence points to the emergence of an alcoholised 24-hour city centre catering exclusively to youth culture, creating perceptions of fear and danger [24] as opposed to a more varied nightscape with which people feel much more comfortable [25].

Drunkenness in town centres, and associated violent crime, lower level disorder and antisocial behaviour, is well-documented [26;27]. There are concerns about the impact of a growing dominance of chain-venues whose emphasis is on attracting a younger demographic to 'vertical drinking' * establishments [28] and the emergence

of localised no-go micro-districts [29] where there is a reluctance, particularly for older residents, to visit town centres at night [30].

Changing the immediate drinking environment inside and outside venues may control and prevent 'problematic' drinking behaviour [31], for example controlled drinking zones where alcohol is prohibited [32]. Elsewhere, steps have been introduced to stem the growth of licensed premises in town and city centres, which have helped to stem 'problems' in some areas according to some evidence [33].

One project in Cardiff, adopted later in Hull, used evidence to cut drunken crime 20% over seven years. For example, analysing hospital data led to the identification of 'hotspots' of facial injuries where glasses made of plastic or strengthened glass were introduced leading to a reduction in the number of glassing injuries. The project also worked in partnership with licencees, for example to re-design pubs to create more space and to add more seating to

avoid 'flashpoint' incidents (e.g. jostling or spilt pints). The key breakthrough came when police, council and licensees agreed to share information to chart how and where trouble had been starting, allowing the council to pay attention to the geography of town centres when staggering opening hours and licences. At the same time the police, paramedics and CCTV can all be positioned where they are most needed [34].

However, other evidence presented by Mark Jayne [35] and others points to a 'moral panic' surrounding alcohol related violence, and that there are actually low levels of violence and disorder given the large numbers of people who enjoy drinking in urban public space.

* 'Vertical drinking' is the term for what may once have been known as 'drinking at the bar', but in the context of larger 'warehouse' drinking has expanded in scope to mean any drinking whilst standing.



Controversy 5

A continental drinking culture is better



What does the evidence say?

Over the last decade the UK government has viewed cities elsewhere in Europe as inclusive evening economies where people of all ages participate in a range of activities, whereas British cities ‘centre around young people and alcohol, leading to associated problems of crime and disorder, noise and nuisance.’ [38]. Evidence shows just one in seven (15%) of over 45 year olds visit town centres at night more than once a week, compared to nearly half (45%) of 16-34 year olds [32].

‘Continental style’ drinking, characterised by a lower propensity for ‘heavy sessional’ or binge drinking but higher overall alcohol consumption, mainly wine, has long been desired by UK governments, with an aspiration of getting people to swap pubs for a ‘more refined’, civilised café culture, where ‘responsible drinking would come naturally’ [39]. Embracing a

continental drinking culture has thought to hold the potential to create the kind of revitalised, safe and socially inclusive city and town centres at the heart of an ‘urban renaissance’ [40;41;42].

The Licensing Act of 2003 [13], applying to England and Wales, came into force on 23 November 2005. The Act established a single integrated scheme for licensing premises providing entertainment, or late night refreshment. Permission to undertake some or all of these licensable activities is now contained in a single licence – the premises licence – which replaced several different schemes. Responsibility for issuing licences now rests with local authorities, who each have a Licensing Committee to make these decisions.

Roberts and Eldridge [14], who carried out studies of late-night operators, planners and police in Newmarket, Chelmsford, Norwich and the eastern

city fringe in London, found no evidence of greater diversity in the types of premises as had been predicted to result from the Act. This was thought to be due to the failure of the Act to recognise other factors, such as greater licensing, building and environmental controls, such as can be found in cities like Berlin and Copenhagen [14].

People are more likely to start drinking later in the evening, and more frequently in new suburban and regional venues. It is however unclear if this is part of a growing trend towards local pubs, and whether this has been at the expense of city centre establishments[14]

Across southern Europe, changes to alcohol production and retail means that beer consumption is rising and wine consumption is falling, especially among the young. This trend has been reinforced by a decline in the set occasions at which wine is consumed: traditional meal patterns have changed alongside changing family and social structures. The past decade has witnessed a surge in 'le binge drinking' in France, 'el botellón'

(literally 'big bottle') in Spain [43], and rapid changes in youth drinking in Italy and Portugal as youth attitudes and behaviours change [44;43]. The number of 15-24 year olds hospitalised in France for alcohol-related conditions rose 50% between 2004 and 2007 [44] while the percentage of Spanish 15-19 year olds regularly getting drunk doubled from 22% to 44% from between 2002 and 2004. In both cases girls have seen the biggest shift in their drinking habits [43]. These trends challenge any notion that heavy sessional drinking to get drunk is something innately and distinctly British [46].

There are also differences internationally between self-reported alcohol consumption and perceptions that an individual's drinking is problematic. For example, a study in Quebec, Canada found that people tended to drink relatively little yet worry about their consumption, a pattern in reverse to that found in the UK [47].



Controversy 6

It is 'safer' to drink at home



What does the evidence say?

'Binge drinking', although technically referring to episodic heavy alcohol consumption, has largely come in popular terms to mean dangerous drinking by uncouth youths in the streets of urban Britain. Holloway et al (2008) [48] are among those who argue that public and policy debates about alcohol, focusing on regeneration and fears of drunken disorder/binge drinking within the night-time economy, are overly biased towards this 'problem' drinking in public spaces.

There is a 'middle group' of regular 'home drinkers' who may be at greater risk of longer term alcohol-related ill health and conditions and of developing increased alcohol dependency [49], as identified by the Department of Health. A large number of these are identified as 'de-stress' drinkers who are typically middle-

class and have a stressful home life or pressurised job and 'drink to calm down and regain control of their life'. Many continue to regard their own practices as unremarkable and find themselves insulated from concern [48].

Studies, including Joseph Rowntree Foundation funded work which examined drinking practices in urban Stoke-upon-Trent, and rural Eden in Cumbria [50,51,52], provide evidence that across all age groups the home is the most popular venue for consuming alcohol, followed by friends' homes. Market research from Mintel (2007) [53] shows a rapidly growing off-trade with a strong shift in consumption away from pubs and bars, 1.8 million more people now drinking at home now than in 2004 [54]. This makes the home the most important place to drink for nearly half of all drinking adults. Less alcohol is now consumed on licensed premises than

in the home [55]. Volumes of alcoholic drinks purchased from for consumption outside the home (i.e. in pubs and bars) decreased by 31% between 2001/02 and 2007 affected by sales in supermarkets and other 'multiple grocers' (the 65% of the turnover in 'off-sales').

The increasing volume of sales is attributed to women, managerial or professional occupations. Higher earners are most likely to have drunk on five or more days in the last week and the most likely to have exceeded the recommended weekly guidelines [56;57].

Domestic drinking practices have started to become the focus of public and policy attention because of negative health expensive to remove consequences [48], such as figures showing more chronic liver disease [58]. Deaths from alcohol-related causes trebled between 1984 and 2008, up to nearly 9000 a year [59]. Fifteen of the twenty local areas with highest male alcohol-related death rate are in Scotland, with the top five all in

Scotland (Glasgow City; Inverclyde; West Dunbartonshire; Renfrewshire; and Dundee City. In Scotland men in the most deprived areas are up to seven times more likely to die an alcohol related death than the average [4].

The challenge for Primary Care Trusts (PCTs) is how to engage and target these drinkers [49].

Alcohol is thought to be a factor in at least half of all domestic violence incidents, as well as other cases of violence outside the home. Also outside the home, just over one third of drivers regularly exceed the drink limit, and it is a cause of thousands of road traffic incidents and casualties, and though both are in decline [60] recent discussion in the UK has raised the prospect of lowering the alcohol limit at which driving is permitted.



Controversy 7

Children should not drink alcohol



What does the evidence say?

In December 2009, the Government's then Chief Medical Officer Liam Donaldson released new guidance aimed at children regarding alcohol: '...if children drink alcohol, it should not be until at least the age of 15 years ... Young people may suffer high levels of harm if they begin drinking in parks, streets or other unsupervised settings. In the home and other supervised settings, parents and carers can monitor the amounts of alcohol consumed.' [61]

Evidence shows that on average more than half of children (11-15 year olds), both boys and girls, have tried at least one alcoholic drink, the relative proportion increasing with age from 16% of 11 year olds to 81% of 15 year olds [62]. Recent survey data for England [63] revealed how 18% of 11-15 year olds reportedly drink alcohol every week, with

these children consuming an average of 14.6 units per week. The proportion drinking alcohol every week also increases with age, from 3% of 11 year olds to 38% of 15 year olds.

Types of alcohol being consumed vary, with boys more likely to drink beer, lager or cider, and girls tending towards alcopops or wine. Regional variations in consumption levels match the national picture for adults in England. In London just 37% of children have tried alcohol, whereas in all other regions this varies between 51 and 63%, the highest also being in the North East region as for adults [1;62].

Studies have found a strong relationship between family attitudes and drinking, with much lower levels of alcohol consumption by children where their family does not approve. Children who drink usually do so with friends of their

own age rather than with their parents and in a mixture of locations. The main locations are their own home, at someone else's home, at parties with friends, or out of doors (such as on the street or in parks), but only a very small proportion in either pubs or bars.

A survey has shown that pupils are becoming less tolerant of drinking and drunkenness by their peers. The proportion of children agreeing it is 'ok for someone of their age to drink alcohol' fell from 46% in 2003 to 35% in 2008, and the proportion who thought it was 'ok for someone of their age to get drunk once a week' also fell over this same time, from 20% to 12% [63].

Evidence also points out that teenagers in better-off areas are more likely to consume alcohol, with higher numbers of pupils drinking at schools where lower proportions of students were eligible for free school meals and from ethnic minorities. Young white people were the most likely to have tried drink, followed by mixed-race teenagers and those from black Caribbean backgrounds.

Young people of Pakistani and Bangladeshi origin were amongst the least likely to have done so, as were those with parents who were unemployed, and those whose mothers had no qualifications.

Research funded by the Joseph Rowntree Foundation led by Gill Valentine [65] has examined adults' recollections of drinking patterns in childhood. While there are different stories and perspectives on how, when and where children should be allowed to drink, for most adults looking back it remains a very important 'rite of passage' and they view their own experiences (both positive and negative) as an important part of 'growing up' [66].



Controversy 8

Units are not useful as a tool to measure levels of drinking



What does the evidence say?

Units were first used as a standardised method for measuring individual levels of alcohol consumption in the 1980s. The units system meant that there was a way of assessing where a single person's level of drinking sat on a scale running from 'non harmful' to 'harmful', and at the same time the size and degree of the 'problem of drinking' in the population could be calculated.

A unit of alcohol is approximately the amount of alcohol that an average adult can break down in an hour, yet there is no direct medical correlation between the two as not all those who abuse alcohol develop liver damage. Therefore the treatment of alcohol abuse must be viewed as more complicated than simply a relationship between the amount of alcohol consumed and the capacity of an individual.

The National Opinions Survey [67] shows that 90% of people have heard of the concept of measuring alcohol in units and that the proportion of people who had heard of 'recommended daily limits' has increased (from 54% in 1997 to 75% in 2009). In general, the more people drink the more likely they were to be aware of these limits, as were younger people and professional workers.

However work led by Gill Valentine funded by the Joseph Rowntree Foundation [64], found that very few people acknowledge the use of 'units' as a way of either measuring, and hence controlling, their own levels of drunkenness, or of monitoring the health impacts of alcohol consumption. In a survey of drinkers in urban Stoke-on-Trent and rural Eden, Cumbria, not one respondent said that they used units. Rather what the study found was that people tend to consider

the impact of drinking on their health in terms of how they felt and that measuring 'units' simply did not work. Their level of drunkenness was determined by a number of factors including their mood, food intake, level of tiredness, and their own personal (often changing) tolerance to alcohol.

A whole range of factors, including cultural norms and peer pressure, are what are important in determining what, and how much, people drink [64]. This suggests the use of 'units' in alcohol policy may not resonate as a useful public health tool: first, 'units' do not always correlate to the actual negative health effects of alcohol on our bodies; second, under current government guidance, a majority of drinkers are being classified officially as 'bingers'. In practice, however, these same drinkers may experience little or no harmful (immediate) health issues because of their alcohol consumption.

In the UK people have tended not to worry about their consumption, even when reporting excess consumption [47].

People living in social housing tend to report lower levels of drinking, yet worry more about their consumption [68]. At the same time, evidence shows that the amount of alcohol consumed reported in surveys is considerably (about one third) less than that sold [69].



Controversy 9

Too much focus is given to treating the effects of alcohol rather than reducing consumption



What does the evidence say?

A third of adult men (33%) and a quarter (24%) of women are classified as hazardous drinkers: with 6% and 2% respectively estimated to be hazardous drinkers, where damage to health is likely, according to the latest Health Survey for England [1].

The World Health Organisation [70] defines two main related axes of alcohol consumption that can lead to harm. First is the frequency and volume of heavy episodic drinking. Second is the lifetime volume consumption, the key factor in longer term diseases associated with alcohol-related hospital admissions. A recent report found that significant 'increases in UK liver deaths are a result of daily or near-daily heavy drinking, not episodic or binge drinking' [71].

Within the alcohol prevention and treatment community there has been reported concern that the wider focus of attention on anti-social behaviour and binge drinking may be directing attention and resources away from their own area of alcohol-related support [71]. There is limited funding for alcohol treatment that reflects a lack of prioritisation on this area. The extent of alcohol resources directed at young 'binge drinkers' demonstrates that both local and national policies are significantly influenced by public and political interest rather than longer term cost-saving preventative approaches.

Historically, commissioning for alcohol treatment has been focused on services aimed at severely dependent drinkers, often with complex needs associated with their heavy alcohol use. Those with more developed and chronic dependencies

are more likely to have mental health problems, other drug use and other difficult social circumstances such as unemployment, housing difficulties or criminal convictions.

Policy responses to ameliorate 'problem' drinking have tended towards harm reduction strategies grounded in the influence of positive, responsible drinking in family life [72] alongside an alternative, usually sporting, lifestyle. But recent work on rural drinking questions this approach in the countryside where drinking is viewed as a normal part of life [73]. Recent research has shown how family members invariably introduce rural youth into a drinking culture [74] whilst many rural parents find it difficult to discuss harm-reduction strategies with their children [75].

Binge drinkers are much more likely to feel it is acceptable to be drunk, say that it is easier to enjoy a social event if drinking, and be of the view that they would be thought of as odd if they did not drink [6]. The acceptability of 'binge drinking', and the desire to do something about it, both collectively and individually,

also shows significant regional variations, with a very close relationship with the pattern of overall levels of drinking in each area: a higher proportion of binge drinkers in London and the South want to reduce consumption [6].

Binge drinkers are also much less likely to support government proposals for increasing alcohol taxation. Despite this over a quarter of adults who are binge drinkers say in national health surveys that they wanted to reduce their levels of drinking [6].

Generally, people who say they want to drink less, or reduce drinking when older, view alcohol as the main way to relax and unwind after a stressful day. Though their 'best intentions' are to lower consumption, the reality is that most do not actually want to reduce their consumption at all [50].



Controversy 10

Saving the local British pub is more important than reducing drinking



What does the evidence say?

Over the last decade, the UK has seen dozens of pubs close every week. In 2009 closures were running at the rate of more than seven a day, and 24,000 jobs were lost in the sector that year [76].

Maps of pub closures produced for the Institute for Public Policy Research (IPPR) do not indicate any strong correlation between where closures are taking place and either levels of deprivation or numbers of smokers, though the West Midlands and Scotland have been more seriously affected than the North East and London [77]. The national General Lifestyle Survey found that 75% of drinkers said the new laws banning smoking in enclosed public spaces, including restaurants and pubs, had not affected how often they went to a pub [11].

Beyond the overall pattern of closures, the last 20 years has seen other major changes in the pub sector, particularly in city and town centres where there has been a major expansion in the number of 'themed' pubs and bars linked to specific leisure experiences and targeted at specific socio-cultural groups. This has taken place as part of the expansion of a night-time economy of entertainment and conviviality [25] where the pub is thriving in the form of large drinking warehouses. It is the older 'spit and sawdust' pubs which are closing, matching the decline in volumes of alcoholic drinks purchased for consumption outside the home (down 40% between 2001/02 and 2008) [1].

The British Beer and Pub Association and the Society of Independent Brewers are campaigning to protect the role of the pub as an 'essential part of the social and economic heart of local communities up

and down the country'. The evidence on the social importance of public houses in the lives of people shows how pubs play a key role as the 'social hub' in people's lives [78].

Community pubs account for the majority of British pubs and contribute an average of £80,000 to their local economies, generating more jobs than supermarkets or off-licences. As well as being important for community cohesion 'community' pubs are less likely to encounter the same 'problems' found at city centre outlets [77].

The pub has been viewed as playing an important role (historically) in the social interactions found within a community, particularly those with a strong 'working class' population. Yet research has tended to find a more complicated picture, with pubs hosting a much more complex mixture of classes and relationships. Studies of drinking and drunkenness have focused predominantly on drinking in cities. Outside of urban areas, what limited research there has been on drinking in the countryside has tended to portray small communities of 'out of control' young men [79].

Alcohol dependency, among young people as well as others, is reportedly the most serious substance abuse issue in rural areas.

Evidence from research in the rural English villages of Station Hill, Plumstow and Oakford by Mike Leyshon [80], as part of a Countryside Youth Project, has identified the pub as a place where young women are effectively excluded because of 'hyper-masculine' behaviour by the young men. Across social groups, people nonetheless find ways of 'belonging' and 'feeling at home', but it is through drinking and drunkenness that people rely on to break down barriers and achieve this [81].



Sources of further information



A full list of references from this document can be found on the RGS-IBG website at **W** www.rgs.org/alcoholpolicy

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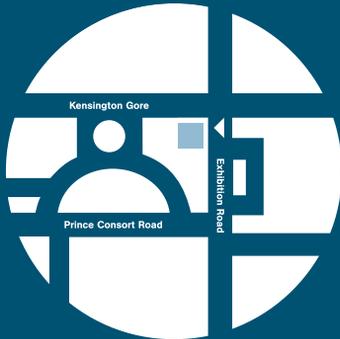
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