

UNIVERSITY OF LONDON

**RESPONSES TO ALCOHOL-RELATED PROBLEMS
IN FOUR WESTERN COUNTRIES: CHARACTERISING
AND EXPLAINING CULTURAL WETNESS AND DRYNESS**

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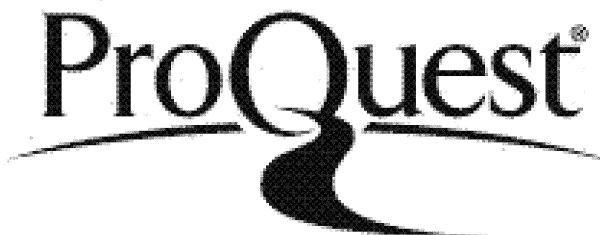


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COUNTRIES: CHARACTERISING AND EXPLAINING CULTURAL WETNESS
AND DRYNESS

DOCTOR OF PHILOSOPHY

ABSTRACT

There have been many variations on the theme of “wet” versus “dry” patterns of alcohol consumption. “Wet” and “dry” ideal types, primarily based on the extent to which alcohol customs are integrated and consistent with or antithetical to societal norms, can be located at opposite ends of a continuum and include distinctive patterns of consequences of drinking as well as different assumptions regarding societal responses to drinking. The “dry” proponents primarily focus on medical issues, the long-term consequences of alcohol consumption, while the “wet” proponents are far more concerned with the social disruptiveness associated with drinking. These correlate with very different types of drinking patterns or habits: sporadic bouts of intoxication for the “drys” and chronic heavy consumption for the “wets.”

Canada, England, France and Sweden were selected for comparison because the variation between their “wet”/“dry” status exemplifies the extent to which the “wet”/“dry” paradigm is capable of accounting for each country’s history of alcohol consumption and its regulation. Seventeen alcohol-specific characteristics are analysed within five main categories: popular movements and the politicisation of alcohol; consumption statistics; drinking patterns and cultural meanings of alcohol; alcohol-related problems; and alcohol policy.

Largely ignored in the formal evaluative literature, most of what currently exists on the subject has been collected piecemeal and presented ad hoc. This thesis examines whether cultural influences, particularly the “wet”/“dry” paradigm, influence the effectiveness of alcohol control policies. The purpose then is to contribute to the state of knowledge and theorising regarding the nature and explanation of variation between “wet” and “dry” cultures as archetypes, both in terms of the cultural position of alcohol and policy preferences and about the processes of change in a “wetter” or “dryer” direction; integral to this is the provision of alternative modes of conceiving the resolution to specific alcohol problems.

To Ian, Keir, Evan, Douglas, Audrey and David

Whatever reason people may have for drinking alcoholic beverages, few would say - and fewer believe - that thirst plays a major role in many societies.

Dwight B. Heath

“A decade of development in the anthropological study of alcohol use, 1970-1980” In
Constructive Drinking: Perspectives on Drink from Anthropology

TABLE OF CONTENTS

INTRODUCTION: AIMS AND METHODS	18
Research Objectives	18
Aims	20
Purpose	20
Theoretical Framework	22
Methodology	23
Chapter Summary	26
CHAPTER 1	
<u>THEORETICAL CONCEPTS</u>	28
1.1 The Emerging Anthropological Theory of Alcohol Use	28
1.2 The Sociocultural Model	31
1.3 The Normative Model	34
1.3.1 Deviance	39
1.3.2 Labelling	39
1.3.3 Reference Groups	40
1.3.4 Anomie	41
1.3.5 The “Time Out” Hypothesis	41
1.3.6 Ambivalence/Inoculation Hypothesis	42
1.4 Culture-specific Models	44
1.5 The Single Distribution Model / Distribution of Consumption Model	44
1.6 Social Network / Social Interaction Theory	47
1.7 Symbolic Interactionist Model	50
1.8 Functional Interpretations as Models	51
1.8.1 The Anxiety Model	51
1.8.2 The Social Organisation Model	52
1.8.3 The Conflict-over-Dependency Model	53
1.8.4 The Power Model	53
1.9 Socialisation and Social Learning Models	54

1.10 Summary	56
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CHAPTER 2

<u>“WET”/“DRY” POLICY OPTIONS</u>	58
2.1 “Wet” Policies: The Integrationist Approach	59
2.2 “Dry” Policies: Alcohol Controls	64
2.3 Summary	72

CHAPTER 3

<u>POPULAR MOVEMENTS AND THE POLITICISATION OF ALCOHOL</u>	74
3.1 The Discovery of and Evolution of the Concept of Addiction	74
3.2 Popular movements and the politicisation of alcohol	81
3.2.1 The Canadian Temperance Movement	81
Quebec Temperance	86
3.2.2 The English Temperance Movement	87
3.2.3 The French Anti-alcohol Movement	93
3.2.4 The Swedish Temperance Movement	97
3.2.5 Temperance Movements and Social History	102
3.2.6 Anglo-American Anti-alcohol Movement	102
3.2.7 Dutch Temperance	106
3.3 Summary	107

CHAPTER 4

<u>CONSUMPTION STATISTICS</u>	109
4.1 Per-capita Recorded Sales, Expressed in Litres of Absolute Alcohol	109
4.1.1 Registered Consumption	109
4.1.2 Unrecorded Consumption	111
4.1.3 Historical Consumption	112
Canada	112
England	114
France	115
Sweden	116

4.1.4 Consumption Trends	116
4.1.5 Consumption Data: Limitations	121
4.2 Proportion of Abstainers	121
4.3 Spirits vs. Other Drinking	123
4.3.1 Post-war Drinking Trends	125
4.3.2 Current Drinking Trends	126
4.4 Summary	128

CHAPTER 5

DRINKING PATTERNS AND CULTURAL MEANINGS OF ALCOHOL	130
5.1 Patterns of Drinking	130
5.1.1 Historical Development of Alcohol Use	131
5.1.2 Drinking Habits	133
5.1.3 Internationalisation and Modernisation in Beverage Type	135
5.1.4 Uniformity and Diversity in Drinking Patterns	136
5.1.5 Integrated and Exceptional Consumption	139
5.1.6 Impairment Effects	143
5.1.7 Drinking Location	143
5.1.8 The Evolution of Communal Drinking	144
5.2 The Importance of Drinking Establishments	145
5.2.1 Early Canadian Inns and Taverns	147
5.2.2 English Pubs	149
5.2.3 French Drinking Establishments	149
5.2.4 Swedish Drinking	151
5.2.5 Group Drinking - Summary	151
5.3 Cultural Meanings of Drinking	151
5.3.1 The Symbolism of Alcohol in Broad Culture-historical Perspective	152
5.3.2 Symbolic Functions of Drinking	153
5.3.3 Utilitarian Functions of Drinking	153
5.3.4 Cultural Meanings of Alcohol	154
5.3.5 Symbolic Uses of Drinking	155

5.3.6 Religious Use	156
5.3.7 Emotional Consequences	156
5.3.8 Symbolic Punctuation	157
5.3.9 Diacritical Function	157
5.3.10 Physiological Effects	158
5.3.11 Use Values of Alcohol	159
5.4 The Problematisation of Alcohol: The Propensity to Define Social and Health Problems as Alcohol-related	162
5.5 Economic Costs and Benefits of Alcohol Use	166
5.6 The Benefits of Moderate Drinking	168
5.6.1 Possible Health Benefits of Alcohol Use	168
5.6.2 Possible Social and Psychological Benefits of Alcohol Use	170
5.6.3 Economic Activities Associated with the Production and Distribution of Alcohol	171
5.6.4 Functions of Intoxication for the Drinker	172
5.6.5 Guidelines for Safe or Low-risk Drinking	175
5.7 Marginalisation of the Deviant Drinker	175
5.7.1 Trends in Marginalisation	178
5.8 Summary	178

CHAPTER 6:

<u>ALCOHOL-RELATED PROBLEMS</u>	183
6.1 Cirrhosis Mortality and Other Long-term Physical Consequences	185
6.1.1 Chronic Liver Disease and Cirrhosis Mortality	186
6.1.2 Cirrhosis Mortality and Per Capita Consumption	189
6.1.3 Other Types of Alcohol-related Mortality	190
6.1.4 Alcohol-related Morbidity	190
6.2 Overdose and Other Acute Effects of Drinking	192
6.3 Public Drunkenness and Other Alcohol-specific Arrests	193
6.3.1 Public Drunkenness	194
6.3.2 Violence and Social Disruption	200
6.4 Drink-driving	204

6.4.1 Road Traffic Accidents and the Involvement of Alcohol	205
BAC and Fatally Injured Drivers	206
Alcohol-related Road Traffic Accidents	207
Recent Trends in Alcohol-related Road Traffic Accidents	208
Canada	209
France	209
Sweden	209
United Kingdom	209
6.4.2 Drink-driving Countermeasures	211
Legal Limits	211
General Deterrence: Level of Enforcement	212
Specific Deterrence: Punishment	213
6.4.3 Trends in Alcohol-related Traffic Offences	214
Canada	214
England	216
France	217
Sweden	218
6.4.4 Recommendations	219
6.5 Alcohol-related Casualties and Crimes	220
6.5.1 Alcohol and Suicide	222
6.5.2 Alcohol-related Casualties	223
6.6 Summary	224

CHAPTER 7

<u>ALCOHOL POLICY</u>	228
7.1 Patterns of Professional Treatment Handling	229
7.1.1 France	230
7.1.2 England	231
7.1.3 Canada	234
7.1.4 Sweden	235
7.1.5 Alcoholics Anonymous	236

7.2 Alcohol Control Measures and Alcohol Policymaking	238
Canada	239
England	242
France	243
Sweden	246
7.2.1 General Trends in Alcohol Control Measures in the Post-war Period	249
7.2.2 Government Monopoly Systems	252
7.2.3 Production and Trade	255
7.2.4 Price Regulation	256
7.2.5 Retail Price Influences on Alcohol Consumption	256
Values of price elasticities	257
Variations in price elasticities	259
Cross-price elasticities - the economics of substitution	260
The impact of dramatic price changes on consumption	262
The impact of price changes on heavier or dependent drinkers	262
Income elasticities	262
Trends in real price	263
7.2.6 The Use of Taxation as a Public Health Strategy	263
7.2.7 Role of Alcoholic Beverage Taxation	265
Control of consumption	265
Contribution to government revenues	266
Economic support	267
Other considerations	267
Other Taxes	268
7.2.8 Weight of Taxation	269
Special taxes	269
All taxes: beer, spirits and wine	271
Impact of taxes on price	272
7.2.9 Licensing System - Retail Establishments	273
On-premise Licensing	274

Off-premise Licensing	274
7.2.10 Days and Hours of Sale	276
7.2.11 Legal Drinking Age	278
7.2.12 Advertising Regulations	280
7.2.13 Impaired Driving Regulations	283
7.3 Alcohol Research	283
7.4 Summary	286

CHAPTER 8

<u>CONCLUSION AND IMPLICATIONS</u>	291
8.1 The “Dream of a Better Society” - “Wet”/“Dry” Remedies	292
8.2 Shortcomings of the Formal Evaluative Literature	296
8.3 Informal Controls	300
8.4 The Impact of Popular Movements on Policy	302
8.5 Implications	304
8.6 Conclusion	308

APPENDICES

A. HISTORICAL DEVELOPMENT OF ALCOHOL USE	311
B. CATEGORISATION OF DRINKING HABITS	318
C. EXPLANATIONS OF WETNESS OR DRYNESS AND PROCESSES OF CHANGE	321
D. GUIDELINES FOR SAFE OR LOW-RISK DRINKING	329
E. DECRIMINALISATION OF PUBLIC DRUNKENNESS	331
F. DRINK-DRIVING COUNTERMEASURES: ELEMENTS OF GENERAL DETERRENCE	333
G. PRICE ELASTICITIES AND ALCOHOL CONSUMPTION	335
H. EUROPEAN UNION MINIMUM TAX RATES	339
I. ADVERTISING REGULATIONS	340

J. CASE STUDIES OF PROCESSES OF CHANGE	343
BIBLIOGRAPHY	346

TABLES

1. PER CAPITA CONSUMPTION OF BEER	119
2. PER CAPITA CONSUMPTION OF SPIRITS	119
3. PER CAPITA CONSUMPTION OF WINE	120
4. PER CAPITA CONSUMPTION OF ALCOHOL	120
5. PROPORTION OF ABSTAINERS	123
6. PERCENTAGE OF ABSOLUTE ALCOHOL CONSUMED	136
7. DEATH RATES PER 100,000 POPULATION FROM CHRONIC LIVER DISEASE AND CIRRHOSIS BY COUNTRY, 1981-90	186
8. SDR PER 100,000 POPULATION FROM CHRONIC LIVER DISEASE AND CIRRHOSIS	187
9. DEATHS FROM LIVER CIRRHOSIS PER 100,000 LIVING WITH AGE STANDARDIZED POPULATION, AND RANKING FROM HIGHEST TO LOWEST INCIDENCE	187
10. MALE / FEMALE ARRESTS FOR DRUNKENNESS IN SWEDEN	198
11. PER CAPITA ALCOHOL CONSUMPTION AND DRUNKENNESS OFFENDERS IN THE UNITED KINGDOM	199
12. INTERNATIONAL COMPARISONS OF HOMICIDE AND ALCOHOL CONSUMPTION	203
13. MOTOR VEHICLE TRAFFIC ACCIDENTS	206
14. ROAD TRAFFIC ACCIDENTS INVOLVING ONE OR MORE PERSONS UNDER THE INFLUENCE OF ALCOHOL, 1993	207
15. PERSONS KILLED IN MOTOR VEHICLE ACCIDENTS INVOLVING DRIVERS UNDER THE INFLUENCE OF ALCOHOL PER 100,000 POPULATION	208
16. ESTIMATES OF ACCIDENTS INVOLVING ILLEGAL ALCOHOL LEVELS AND THE CONSEQUENT CASUALTIES ADJUSTED FOR UNDER-REPORTING	210

17. PERSONS FOUND GUILTY OF DRUNKEN DRIVING AND DRIVING UNDER THE INFLUENCE OF ALCOHOL PER 1,000 POPULATION 15 YEARS AND OVER IN SWEDEN	218
18. WINE PRODUCTION (thousands of metric tonnes)	255
19. DISTILLED ALCOHOL BEVERAGE PRODUCTION (thousands of hectolitres)	255
20. BEER PRODUCTION (thousands of hectolitres)	256
21. ESTIMATED SHARE OF TOTAL FEDERAL AND REGIONAL GOVERNMENT REVENUES COMPRISED OF ALCOHOLIC BEVERAGE TAXES IN 1996	267
22. RATES OF OTHER TAXES ON ALCOHOLIC BEVERAGES IN 1996.	269
23. SPECIAL LEVY RATIOS PER UNIT OF ALCOHOL IN SPIRITS AND WINE AS COMPARED WITH BEER	270
24. RELATIVE WEIGHTS OF ALL TAXES COMPARED WITH RATES FOR SPECIAL TAXES ONLY IN 1996	271
25. APPROXIMATE TAX BURDEN ON ALCOHOLIC BEVERAGES ...	272
26. TAXATION ON ALCOHOL	273
27. LEGAL AGE FOR PURCHASE AND / OR CONSUMPTION OF ALCOHOLIC BEVERAGES	279
28. ADVERTISING OF ALCOHOLIC BEVERAGES	282
29. PERCENT BLOOD ALCOHOL LEVELS INDICATIVE OF IMPAIRED OR DRUNKEN DRIVING	283

CHARTS

A. BEER CONSUMPTION	117
B. SPIRITS CONSUMPTION	117
C. WINE CONSUMPTION	118
D. ALCOHOL CONSUMPTION	118
E. LIVER DISEASE MORTALITY	188

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INTRODUCTION: AIMS AND METHODS

Research Objectives

There have been many variations on the theme of “wet” versus “dry” patterns of alcohol consumption. Stemming originally from the North American political debates about Prohibition, the terms “wet” and “dry,” as applied to the cultural position of alcohol, emerged in common discourse to describe the policy response to alcohol: should an attempt be made to exclude alcohol from society altogether or should an attempt be made to control or better integrate it into the daily lives of citizens (Room 1989b). The focus of most discussion is on attitudes and norms concerning drinking, although these terms have sometimes been used to describe policy response to alcohol. In short, the extreme “wet” view holds that drinking is a valued and valuable social custom; excessive consumption is viewed as a slight flaw in moral character and, if necessary, a measure of public discipline is the appropriate response to excessive drunkenness. The extreme “dry” view considers alcohol, at least in the form of spirits, to be an addicting poison that is ruinous to any individual who drinks it; selling or consuming alcohol is essentially a public hazard and, consequently, legislation which heavily restricts or even prohibits its sale is an appropriate response (Gerstein 1985).

“Wet” and “dry” ideal types, primarily based on the extent to which alcohol customs are integrated and consistent with or antithetical to societal norms, can be located at opposite ends of a continuum and include distinctive patterns of consequences of drinking as well as different assumptions regarding societal responses to drinking. Using this approach, alcohol-related problems can be discussed without tackling some of the problems associated with determining comparative international measures and the interpretation of these international statistics. There are well known problems associated with alcohol, but the relevant statistics require careful and sceptical analysis. The true extent of problems may not be revealed because these statistics are particularly vulnerable to societal construction and interpretation. Because societies differ, often quite substantially, in what they consider to be social problems and their willingness to attribute the problems to the consumption of alcohol, the differences

which arise can instead be related to cultural differences in the social control of drinking. For instance, wine drinking countries with well-integrated drinking practices are more likely to suffer health problems associated with heavy drinking rather than problems of social disruption, which are frequently associated with beer or spirit drinking countries.

Recent epidemiological and social studies have increasingly focussed on the importance of drinking patterns in the experience of alcohol-related problems, particularly for negative consequences not related to chronic health. The “wet”/“dry” paradigm permits patterning of consumption to be readily incorporated into investigations of alcohol-related problems and adds a new dimension in explaining the propensity for certain cultures to experience particular types of alcohol-related harm.

The idea of using the “wet”/“dry” paradigm to overcome the problem of determining comparative international measures came from a suggestion from Robin Room at the Addiction Research Foundation in Toronto. The eventual format was inspired from one of his conference papers which proposed a preliminary paradigm for classifying characteristics associated with “wetness” and “dryness.”

Given that the impetus for the current discourse for the “wet”/“dry” paradigm came from work originally conceived within the disciplines of anthropology and sociology, it is able to accommodate various other models of alcohol use conceived within these disciplines. This thesis examines whether cultural aspects, particularly those discussed within the “wet”/“dry” paradigm, are important in developing effective alcohol control policies. In so doing, it attempts to elucidate the present state of knowledge and theorising regarding the nature and explanation of variation between “wet” and “dry” cultures as archetypes, both in terms of the cultural position of alcohol and policy preferences, and the processes of change in a “wetter” or “dryer” direction. The present compilation, it is hoped, will help to provide a base from which more sustained discussion can proceed in the future.

There are different alcohol-specific characteristics, for which there are quantitative or comparative measures, that could be regarded as components of the differentiation between “wetter” and “dryer” cultures. The characteristics of “wetter” and “dryer” are defined in relative terms; therefore, a country or culture which may appear to be located at the “wetter” end of the continuum in one set of comparisons may be located at the “dryer” end in another set of comparisons. I have divided these into five main categories, composed

of a total of seventeen components. The five main categories are: (1) popular movements and the politicisation of alcohol; (2) consumption statistics; (3) drinking patterns and cultural meanings of alcohol; (4) alcohol-related problems; and (5) alcohol policy.

Aims

- (1) to trace the historical development of alcohol control policies and their determinants and effects on the levels and patterns of alcohol consumption in Canada, England, Sweden and France
- (2) to explore patterns in the differentiation of cultures between “wet” and “dry” and to contribute to the present state of knowledge and theorising regarding the “wet”/“dry” paradigm
- (3) to determine whether the “wet”/“dry” paradigm provides a useful tool for developing effective alcohol control policies

Purpose

The purpose of my research derives from the fact that most research and writing on alcohol use has failed to lay the basis for a reasoned and comprehensive policy towards alcohol use. There are two main approaches to reducing rates of alcohol-related problems in the English-speaking and Nordic cultures: the “dry” suggests reducing the physical and cultural availability of alcohol, while the “wet” suggests reducing the problematic aspects of drinking by better integrating drinking into the culture; in other words, “formal” versus “informal” controls. The abundant literature describing the effects of legislative measures on the prevention of alcohol problems has seldom been reviewed or analysed comprehensively. Moreover, the formal evaluative literature rarely attempts to apply findings to the “wet”/“dry” paradigm. Most governments have been unable to create any semblance of a coherent system with a clear rationale where alcohol controls are concerned. Rather, multiple regulatory strategies are operating simultaneously with no effort to coordinate these. Most alcohol control systems seem to amount to “pragmatically assembled sets of techniques that have never aspired to the rigour and coherence of either law or science” (Valverde 1998, 148). Given this set of circumstances, the paradigm being developed here is an effort to organise the necessary components in a manner whereby a coherent system with an overall rationale would be possible.

Alcohol control is certainly not new but has for centuries taken the form of diverse proscriptions and prescriptions about its proper use. Concern over the precedence accorded to individual freedoms or state control is not a new dilemma either. The emphasis in alcohol control policy, both within and between countries, has shifted dramatically over time. Governing doctrines have consequently run the gamut from those espousing complete individual culpability, where each individual is considered to be entirely responsible for his own alcohol consumption, to those where the existence of alcoholic beverages are deemed the root of the problem and control measures have sought to prohibit the use of alcohol by everyone for the good of the society. Striking a balance between the extent to which individual freedoms and state control should and can be curtailed has always proved problematic.

Although each country needs to tackle its own unique mixture of alcohol-related problems, certain lessons can be learned from historical precedents and from the efforts other countries have made. Hence, a comparative approach to this problem is particularly appropriate. An examination of the four countries shows certain similarities with respect to the nature and effect of alcohol policies, both across time within each country and across countries over time. The choice of the four countries for comparison was based on the existence of social and cultural differences, diversity in their historical and political-economic backgrounds, variation in their application of alcohol control legislation, and differences in the amount and type of comparable statistics. It would have been possible to devise a comparative study which confined itself to regions or cultures within any one country, but comparative data were more easily accessible for most of the alcohol-specific characteristics on a countrywide basis. The result, however, is that some of the more subtle cultural nuances are lost.

The purpose of comparing these four societies is that the variation between their “wet”/“dry” status exemplifies the extent to which this paradigm is capable of accounting for each country’s history of alcohol consumption and its regulation. While there is the occasional pattern which deviates from the norm, it is remarkable how consistently each country conforms to its position on the “wet”/“dry” continuum. For those patterns that do deviate, the seeming discrepancies usually have a logical explanation based on the country’s cultural history of alcohol and policy preference. Patterns of drinking and the cultural

meanings of alcohol within each country can be traced back hundreds if not thousands of years. Likewise, remnants of each country's early alcohol controls can be found in existing policy. This further signifies the importance of using a historical perspective.

Theoretical Framework

The theoretical perspective of this paper is purposely broad as it encompasses the many sociocultural phenomena involved in alcohol use. This emerging anthropological or sociocultural theory of alcohol use and its consequences highlights beliefs and attitudes that populations hold with respect to alcohol. These beliefs in turn affect a given population's alcohol-related behaviour. All the models of alcohol use discussed in Chapter 1 have been arrived at inductively which permits the use of a rich and varied blend of data.

The sociocultural model highlights the differences between integrated and non-integrated alcohol use. This model helps explain not just the differences in the prevalence, but also variation in the nature, of alcohol-related problems. It suggests that alcohol is viewed as a "forbidden fruit" in "dry" societies and that, in order to prevent alcohol-related problems, the congruence and nature of social attitudes are more important than legal controls. This provides justification for the "wet" side of the argument in "dry" societies. In "wet" societies informal controls are crucial to instill a change in the perception of certain drinking practices because they are notoriously resistant to externally imposed controls. Change in "wet" societies is more likely to come from informal controls or at least informal controls which precede formal ones. Given that "wet" societies already have integrated drinking practices, the formal evaluative literature tends to concentrate on "dry" societies almost to the exclusion of "wet" societies.

Over the past half century, given the seeming success of "dry" policies, most alcohol researchers in "dry" societies have embraced the idea of alcohol controls in support of the distribution of consumption theory. Aside from a brief hiatus during the 1970s, when several countries attempted to liberalise their alcohol policies, there has been little or no support for the sociocultural¹ model of alcohol use. Given that drinking is almost always a social act, it

¹The term sociocultural model is used to refer to the general proposition that social and cultural factors affect drinking patterns and the rate at which associated problems occur. While the distribution of consumption model may be subsumed within this category because the two approaches are complementary in terms of how and why people drink, for the purpose of the "wet"/"dry" paradigm, the principal point of departure between these two models centres around the nature of alcohol-related damage and their resolution. As such, these will be treated as two separate entities. The policy implications of these two approaches is discussed in more detail in Chapter 2.

is precisely those countries, where alcohol is not culturally prescribed and institutionalised, that need informal controls. Such controls are needed to infuse society with acceptable drinking patterns and customs and to define the limits of acceptable behaviour. In theory, formal controls should only be invoked when informal controls have proven to be ineffective. The sociocultural model looks at the full range of drinking behaviour, not just the problematic aspects, and proposes that the congruence and nature of social attitudes are more important than legal controls in order to prevent alcohol-related problems. The long-term effectiveness of this approach offers the possibility of altering some of the less desirable behaviours typically associated with drinking in societies with strong temperance traditions. But in the absence of short-term results, the sociocultural model was dismissed far too prematurely.

Methodology

In order to use the “wet”/“dry” paradigm as a means to organise my analysis, it was necessary to summarize a wide variety of seemingly unrelated topics from various disciplines. Within this framework, I am evaluating and comparing the nature and extent of alcohol-related harm, and examining and evaluating the development, implementation, and effectiveness of alcohol control policies within and between these four societies. Given the disparate array of topics I have chosen to cover, information has had to be assimilated from an extensive selection of secondary sources. While various other research methods were considered, I did not feel that the subject matter was particularly amenable to other types of methodology. There have been extensive studies done on each of the individual countries but little work on correlating the information on the four of them, and none applying that information to the “wet”/“dry” paradigm. The important work done here was looking at the continuum of the “wet” and “dry” over time because of the range of experience of the four countries. Initially, I looked at historical accounts of alcohol use in each of the countries. Subsequently, I concentrated on studies of various authors in each of the countries in order to produce as many valid comparisons as possible. Significant portions of my data are drawn from official statistical sources and research institutions, as well as projects undertaken or under way within each of the countries concerned. Cross-cultural data taken from official statistical sources present certain problems and, for this reason, must be treated with a certain amount of caution. For instance, despite statistical updating, some of the data reported have been replicated from several years previous but presented as current. As much as possible I

used indices for which there were cross-cultural statistics from the same source. Finally, I assessed each country's actions to control alcohol consumption and the problems relating to each drinking culture and how effective they were in resolving these questions.

As this investigation began over a decade ago, some of the comments may now be out of date. An attempt has been made to compensate for this but this has posed a considerable challenge given that these systems are in a constant state of flux. As a consequence, periodically the material represents some countries several years ago.

I have visited each of the countries to establish contact and gain insight from those most knowledgeable about alcohol controls, consumption, and alcohol-related problems and those responsible for policy formulation. The interviews consisted of both open-ended discussions and more focussed interviews² concerning policy issues and data sources. Later, the staff of the Addiction Research Foundation in Toronto, Canada assisted with specific inquiries.

During the time I spent in France I visited the Centre de Recherches Sociologiques sur le Droit et les Institutions Penales (CESDIP), Haut Comite d'etude et d'information sur l'alcoolisme (HCEIA) (now an alcohol and public health commission within the Haut Comite de la sante publique), and the Institut National de la sante et de la recherche medical (INSERM). INSERM collects national and regional data on mortality and morbidity from alcohol-related disorders and both the HCEIA and INSERM carry out biological, epidemiological and statistical research on alcohol use and problems. For information on alcohol and traffic, the Institut National de Recherche sur les Transports et Leur Securite (INRETS) proved a valuable resource. My less than perfect grasp of the French language somewhat impeded my investigation but I also sensed a general reticence on the part of the French to view alcohol with any negative connotations, integral to the "wet"/"dry" paradigm, which will be discussed in more detail throughout the remainder of this thesis.

Originally, the Netherlands was included as a fifth country for comparison. After examining the available data and speaking with various individuals at the Nederlands Instituut voor Alkohol en Drugs (NIAD) in Utrecht and Dr. M. J. van Iwaarden from the Alcohol, Drugs and Tobacco Branch at the Ministry of Welfare, Public Health and Culture in Rijswijk,

²Many of these were sacrificed for the sake of word length, however, the essence of these conversations remains if not the exact wording.

it became evident that finding comparable statistics would be unlikely. The Dutch examples are retained, however, where relevant to specific issues. Excluding the Netherlands was unfortunate because it provides a fascinating exception to the “wet”/“dry” paradigm. In the early twentieth century, the Netherlands, previously considered a “wet” society, dramatically reduced per capita consumption and associated problems using neither the “wet” prescription (integrating alcohol into the culture) nor the “dry” solution (alcohol controls). A strong moral-persuasion social movement successfully instilled “dry” sentiments within the general population without having to resort to formal legislation. In this, and its policies regarding illicit drugs, the Dutch experience is exceptional as it deviates quite significantly from other countries.

During the time I spent in Sweden in 1990, Gabriel Romanus, President/Managing Director of the Swedish State Alcohol Retailing Monopoly, Systembolaget, arranged extensive interviews with key researchers, statisticians and policy-makers. Interviews were not just confined to those employed by the state retailing monopoly but included those from disparate backgrounds, for instance those associated with the temperance movement, the International Order of Good Templars and the National Temperance Organization (IOGT-NTO, ANSVAR, Jakob Lindberg (Assistant Under-Secretary of State) at the Ministry of Health and Social Affairs and various researchers from the Department of Clinical Alcohol and Drug Addiction Research at the Karolinska Institute. Scrupulous in every aspect of their dealings with me, they sent updates on research and current statistics whenever appropriate.

The fragmented nature of alcohol policy in the United Kingdom, to be discussed in Chapter 7, posed somewhat of a problem in terms of gathering information. Obtaining uniform statistics was one of the biggest obstacles given that some were available for England, others for England and Wales, others for Great Britain and yet others for the entire United Kingdom. I have attended national conferences presented by the Alcohol Research Group in Edinburgh and early on established personal contacts with those conducting research at the Royal Edinburgh Hospital, specifically E. B. Ritson and Martin Plant, director of the Alcohol Research Group. Larry Harrison at the Addiction Research Centre at the University of Hull and Christine Godfrey at the Department of Health Economics at the University of York were extremely helpful in supplying information on the economics of alcohol policy during my visit there. In London I was assisted with inquiries by Malcolm Ramsay at the

Home Office Drugs and Alcohol Research Unit. In addition, I have used the libraries and facilities of Action on Alcohol Abuse, Alcohol Concern, The Institute of Alcohol Studies, the Institute of Psychiatry and the Portman Group.

Various sources at the World Health Organization provided comparative statistics and literature, either in completed or draft form.

Most of the research I have conducted has been at the Addiction Research Foundation (now the Centre for Addiction and Mental Health) in Toronto where I returned once or twice a year for the duration of my thesis. Their library has one of the most extensive collections of alcohol policy literature in the world. In addition, there is a considerable amount of past and ongoing alcohol research carried out by them. I have had meetings with both Robin Room (until recently vice president - research and development) and Bob Williams in the statistics department who has assisted me with specific inquiries regarding comparative international measures. While initially I had struggled with finding reasonable comparisons between these four countries, it was Robin Room who offered the suggestion of using the “wet”/“dry” paradigm as a means of organising my analysis. He had done some preliminary investigations and felt that, given the direction my thesis seemed to be taking, this paradigm might be appropriate. The Canadian government also very kindly provided studies relating to various aspects of my thesis.

As in the Dutch case, I have included examples from other countries where appropriate and where they pertain to specific issues.

Chapter Summary

The first chapter is devoted to a review of the relevant theoretical concepts that I will be using to analyse current alcohol-related problems, to evaluate historical developments, and to assess the differences in existing policies within each of the countries. These models of alcohol use were primarily conceived within the disciplines of sociology and socio-cultural anthropology and provide the foundation for discussing “wet” versus “dry” drinking patterns, attitudes and norms, the cultural variation in the profile of alcohol-related problems as well as policy solutions.

The second chapter centres around the emergence of the “wet”/“dry” paradigm as a way of organising analysis. This includes an analysis of the existing material on cultural “wetness” and “dryness,” and a review of the literature. Most of the models of alcohol use

described in Chapter one are used primarily as descriptive tools. This chapter focusses on the two perspectives which translate most easily into policy, one providing a “wet” option, the other a “dry” option.

Chapters three through seven provide a comparative analysis and critical evaluation of the four countries with respect to the various indices of cultural “wetness” and “dryness,” and to the utility of the “wet”/“dry” paradigm. Chapter three examines the evolution of the concept of addiction in relation to popular movements and the politicisation of alcohol. Chapter four explores various aspects of alcohol consumption, while Chapter five concentrates on drinking patterns and cultural meanings of alcohol. In Chapter six the incidence of specific alcohol-related problems is discussed. Chapter seven looks at various aspects of alcohol policy, specifically, patterns of professional treatment handling, alcohol control measures and policy-making as well as the alcohol research which has evolved in the four countries being considered.

The concluding chapter attempts to assess the trends in consumption, societal attitudes and norms with regard to alcohol, alcohol control policies, outlines the limitations of this model, and discusses the implications and suggestions of alternative modes of conceiving the resolution to specific alcohol problems.

CHAPTER 1

THEORETICAL CONCEPTS

The use of alcohol dates from prehistoric times. Although alcoholic beverages were among the first products that ancient man taught himself to manufacture, the human race seems unable to reach a final decision about alcohol: millions have enjoyed and defended its use, millions have also loathed and condemned it, but very few have understood it. “It is unlikely that any field of inquiry has ever attracted a greater number of explorers than that of alcoholic beverages. It is an area which has been inviting to investors and enterprisers eager for financial gain, sensualists seeking an aid to pleasure, reformers attempting to remake society, statesmen endeavouring to establish law and order, many literati hoping to find something to stimulate and release their thoughts, and a few scientists searching for pure knowledge” (Patrick 1952, 3). There is an enormous body of literature on the subject, much of it is propagandistic and consequently biased either for or against the use of alcoholic beverages, with contentions ranging from “charges that alcohol has been the chief destroyer of civilizations to claims that it has played one of the principal roles in the development of civilizations” (Ibid., 4).

Without question, throughout human history, alcohol has been the most widely used consciousness altering substance. It is also probably the one with the broadest geographic distribution. Moreover, “it is remarkably versatile, being also used at various times and in various contexts as an aphrodisiac, an anaesthetic, a food, a medicine, a narcotic, an energizer (- in both the physical and mental realms), as well as serving a vast range of other social and symbolic functions” (Heath 1974, 24). It is for these reasons that alcohol can be studied from a variety of perspectives.

1.1 The Emerging Anthropological Theory of Alcohol Use

Anthropology and sociology are primarily concerned with human behaviour in relation to alcohol, rather than alcohol itself. It is from the work originally conceived within the disciplines of sociocultural anthropology and sociology that the impetus for the current discourse with regard to “wet” versus “dry” drinking patterns, attitudes and norms, the

cultural variation in the profile of alcohol-related problems as well as policy solutions has come from.

There is no unitary anthropological theory of alcoholism per se, but there are several models of alcohol use derived from sociology and sociocultural anthropology which have had a significant impact in the alcohol field. These emerging theories or models focus on socially shared beliefs and behaviours with respect to alcoholic beverages. In essence, while the field of anthropology has made a few tentative endeavours to theorise about alcohol, its most significant contribution to alcohol studies has been in the compilation of data, specifically of the type which permits cross-cultural comparison (Heath 1974; Rivers 1994). Anthropologists have provided most of the descriptive work for the sociocultural model while sociologists and psychologists have advanced the theoretical and conceptual aspects.

There are various elements involved in what Heath (1988) refers to as the emerging anthropological theory of alcohol use. The reason for the emphasis on alcohol use rather than “alcoholism” is that in many societies the concept of “alcoholism” is a foreign one. Anthropologists have a decidedly different perspective on drinking from specialists in the alcohol field who are likely to focus on the pathological aspects of consumption. From an anthropological perspective, “problem” drinking is a rarity and alcoholism appears to be “virtually absent even in many societies where drunkenness is frequent, highly esteemed and actively sought” (Heath 1975 as cited in Douglas 1987, 3). To assume that there are “problems,” either medical or social, associated with the use of this extraordinarily popular and long-established psychoactive drug is not an idea familiar to all the world's cultures. It is more common to find anthropological literature which stresses normal drinking patterns and habits within a given sociocultural context, the functions drinking serves either for the individual or society and beliefs and values associated with drinking. Refuting many of the claims or assumptions held by other writers in the alcohol field, anthropologists are committed to the view that “celebration is normal and that in most cultures alcohol is a normal adjunct to celebration” (Douglas 1987, 4); drinking is basically a social act, performed in a recognised social context. Also, without belittling the suffering that alcohol occasionally induces, a major strength of anthropological investigations is that they have paid attention not just to “alcoholism” but rather to alcohol as an artifact and to the complex of attitudes, values, and actions that are associated with it” (Heath 1987b, 18-19). The focus

away from pathological drinking is refreshing and gives a much more comprehensive outlook on the subject.

As Heath (1974) points out: “[W]hen writing about alcohol and problems in our own societies, most of us tend to look for problems which result **from** drinking; in studying other societies, most of us have tended to look for problems that result **in** drinking” (p. 27).

As early as 1943, Bacon stressed the importance of focussing on “drinking behaviour” rather than just on alcoholism. According to Bacon (1991), “[a] factor which has delayed and discouraged an adequate analysis of drinking behavior has been the failure to recognize the relation of inebriety to all other forms of drinking...” (p. 25). Instead, this exotic fraction of drinking behaviour has captured the spotlight. This proportion of the drinking population, although not insignificant, is extremely small. Also, “problematic,” “excessive,” “abnormal” or “deviant” drinking can be better understood when it is related to “unproblematic,” “normal,” or “social” drinking (Heath 1988). The advantage of sociocultural studies is that they focus on the full range of drinking behaviour: drinking customs, the relationship between these and other customs, the manner by which drinking habits are learned, the social controls governing drinking behaviour, and the societal institutions through which such issues are controlled (Bacon 1991).

Contributions from anthropology and sociology are important in helping to understand some basic aspects of the public health perspective. The guiding principle of a public health perspective is that alcohol problems evolve from the interaction of alcohol, drinkers and the physical environments or the agent, host, and environment as they are more commonly referred to. It appears relatively obvious that social and cultural perspectives contribute to the understanding of the environment. However, their contribution to agent and host may appear more elusive. “...[C]ultural patterns influence the distribution - and sometimes even the genesis - of an agent or drug. What people drink is more a function of the technology of brewing or distilling, agricultural practices, systems of marketing, and a variety of other customary features in that society than it is of biochemistry or pharmacology of any beverage” (Heath 1988, 357). Although medical, biological, and psychological factors are integral to understanding various aspects of alcohol use with regard to the host, social and cultural factors cannot be ignored. The appeal of this particular approach is that it is eclectic

in nature and, therefore, recognises other theoretical orientations as not only valid but contributing to a broader spectrum of knowledge.

The conceptual core of the emerging anthropological theory is that the drinking patterns of a given society vary in accordance with the beliefs, attitudes and values that their members hold with respect to alcohol and its interaction with the human organism. Furthermore, the social, psychological, economic, political and other non-organic outcomes of drinking within a society vary in accordance with the beliefs, attitudes, and values that their members hold with respect to alcohol, its interaction with the human organism, and the propriety of given behaviours (*Ibid.*). This may appear self-evident, but until very recently beliefs, values and attitudes were largely ignored or dismissed as irrelevant or as posing a methodological nightmare by those in the alcohol field.

In addition to its contribution towards the understanding of alcohol use and its outcomes, this approach can contribute significantly to policy options such as education, prevention and treatment. Accordingly, within the public health perspective, alcohol problems need to be responded to at various levels -- some at the level of alcohol availability, others at the level of individuals and groups of drinkers (health education, treatment), and still others by the manipulation of the physical and social environment.

Rather than providing a comprehensive sociocultural theory of alcohol use, this core concept has been linked to various models which explore certain aspects of it and can be used as ways of interpreting relevant phenomena. Such models frequently overlap or complement various other theories.

1.2 The Sociocultural Model

Generally, the sociocultural model proposes that a society's beliefs and attitudes about alcohol and its effects combined with its beliefs regarding appropriate drinking behaviour (how, what, where, when, and with whom), together with attitudes about the meanings of these, are directly related to the frequency with which problems are related to drinking and the variation in the nature of these when they occur. This model suggests that alcohol is viewed as a "forbidden fruit" and that in order to prevent alcohol-related problems the congruence and nature of social attitudes are more important than legal controls (Colon, Cutter, and Jones 1981). This provides justification for the "wet" side of the argument.

In 1941, Bales identified three social and cultural variables that may influence a society's rate of alcoholism and suggested that the rate of alcoholism within a given society resulted from their interaction.

First is the dynamic factor, the degree to which a culture creates inner tensions in its members. Second, is the normative orientation factor - whether societal attitudes toward drinking are typically abstinent, ritual (using alcohol for sacred purposes), convivial (stressing social solidarity), or utilitarian (medical, for personal satisfaction, or symbolic as in closing a court judgment, business deal, etc.). Third...is the degree to which a given culture provides alternative ways of coping with psychic stress. (Heath 1988, 359)

According to Bales (1991), the “crucial factor seems to be whether a given attitude toward drinking positively suggests drinking to the individual as a means of relieving inner tensions, or whether such a thought arouses a strong counteranxiety,” however, “there is reason to believe that if the inner tensions are sufficiently acute certain individuals will become compulsively habituated in spite of opposed social attitudes unless substitute ways of satisfaction are provided” (p. 538). Jewish and Irish American drinking patterns and their outcomes were compared and have been used by “wet” proponents to support the concept of integrated drinking. In Bales' original paper, the unintegrated or ambivalent drinking customs of Irish Americans, whereby the individual had been denied access to alcohol within the family throughout their youth and then, reaching the age of majority, the males were suddenly initiated into a drinking culture which encouraged the drinking of whisky to the point of intoxication as an integral part of a social interaction, did not fare well when contrasted against the integrated drinking customs of Orthodox Jews where wine was introduced within the family early in life as an integral sacramental part of their religious ritual. “Instead of the consecration of the Jewish drinking situation, competition is the main feature of Irish drinking” (Rivers 1994, 160). With the Irish convivial drinking the foremost sought after effect was obtained through the pharmacological action of alcohol, whereas with the Jewish ritual attitude toward drinking (with alcohol used primarily for communion), the pharmacological effect of alcohol was secondary and could not be allowed to become dominant or it would frustrate the fundamental motive (Keller 1979).

Serious medical and psychiatric alcohol-related problems were common among Irish Americans but virtually absent among Orthodox Jews. Others since Bales have used Jewish and Irish American drinking patterns to highlight the differences between integrated and non-integrated alcohol use (Valverde 1998). Although these studies are 20 to 35 years old and

the drinking customs of both these groups have since changed, they offer valuable insight into the stereotypical “wet” versus “dry” drinking cultures.

The different kinds and rates of alcohol-related problems within and between various cultures have been investigated by several other authors (examples cited in Heath 1988 and Room 1989) and many have found similar types of interpretation helpful, however, “few such authors have been parsimonious, logically compelling, or even consistent in defining or otherwise operationalizing the variables they had in mind” (Heath 1988, 359). This is why this model, although probably the most accepted among social scientists, does not lend itself well to a concise description; however, the above gives broad guidelines for a general sociocultural model.

Following the general acceptance during the 1950s and 1960s of the proposition that social and cultural factors have an effect upon drinking patterns, there came a subsequent acceptance of the corollary proposition that social and cultural factors additionally affect the manner by which people's other behaviour is influenced by drinking. This gave birth to a spate of literature during the 1970s and 1980s on “the expectancy effect.” The alcohol expectancy literature -- what people believe alcohol to do to and for them -- began with general observation. Initially lacking scientific credibility, these findings were substantiated when psychologists began using the scientific rigour of double blind experiments under controlled laboratory conditions. For instance, Cooper (1989) found that, to a statistically significant degree, respondents who **thought** they had been drinking (but had not) exhibited more of the changes that are commonly associated with drinking than those that had actually been drinking (but thought they had not). This was the case for both sexual and verbal aggression, memory, facility with words, feelings of power, and even certain measures of mechanical aptitude. Likewise, those who had been drinking (but thought they had not) were less affected than those that had not been drinking (but thought they had). In short, it was concluded that expectancy plays a crucial role in determining how much, or in some cases whether, people are affected by a given dose of alcohol under strictly controlled conditions. Similar results have been obtained by Finnigan, Hammersley, and Millar (1995) with respect to cognitive-motor performance analogous to some driving skills.

Experiments of this kind have been replicated within and between various cultures and have yielded abundant and varied quantitative evidence which supports the early and

perceptive conclusions of MacAndrew and Edgerton (1969) that drunken comportment is primarily a learned affair. “Over the course of socialization, people learn about drunkenness what their society ‘knows’ about drunkenness; and, accepting and acting upon the understandings thus imparted to them, they become the living confirmation of their society’s teachings” (p. 88). By demonstrating that “drunken behaviour is determined culturally and not physiologically and that it varies from society to society as well as temporally and situationally within a given society” (Blocker 1979, 7), MacAndrew and Edgerton proposed a revolutionary way of looking at why people behave as they do when they drink. This view steadily gained credence from researchers from a variety of disciplines, including those from a biological or medical background. Studies of expectancies provide independent support for the general sociocultural and social learning models and make a meaningful contribution to our understanding of why people drink in the way they do and why they react to drinking in the manner they do.

Generally, the sociocultural model can be construed to subsume virtually all the other models described in the remainder of this chapter, as well as overlapping various other models of alcohol use. Social learning theory is particularly relevant because patterns of belief and behaviour about alcohol highlighted in the sociocultural model are shared by members of a group as a result of social learning (Heath 1988).

The sociocultural model has significance in terms of social categories at various levels. Here, the population of most interest is the nation state. For instance, the “wet” wine drinking culture of France, where health problems associated with French **alcoolisation** (physical dependence stemming from long-term chronic drinking) can be contrasted with the “dry” spirits drinking culture of Sweden, where problems tend to be acute in nature and associated with explosive or binge drinking. This model helps explain not just the differences in the prevalence, but also variation in the nature, of alcohol-related problems.

Within this theoretical construct, several models look more specifically at the nature of different beliefs and attitudes that have a direct bearing on variations in the rates and types of alcohol-related problems in various cultures and attempt to define and operationalise these.

1.3 The Normative Model

Although there are a great many beliefs and attitudes that vary with rates and types of alcohol-related problems within any population, the normative model focuses on the norms

or shared understandings about rules that govern behaviour with respect to alcohol use found within a given population. In brief, the norms are usually conceived as establishing guidelines for behaviour, both prescriptive and proscriptive, which most people adhere to. Each society has a unique pattern of drinking; societies differ in the periodicity and manner of drinking just as they do with other forms of behaviour. Drinking norms are culture-specific and when “norms are breached the resulting behaviour is cause for disapproval, ridicule and more punishing sanctions” (Gusfield 1987, 78). There is some confusion surrounding the definition of the word “norm” among social scientists and there are several variations and permutations of the normative model, but the central precept upon which it is based remains sound and has provided “the basis for some of the most explicit theorizing that social scientists have offered with respect to alcohol use” (Heath 1988, 361). Ullman (1958) proposed that: “In any group or society in which drinking customs, values, and sanctions - together with the attitudes of all segments of the group or society - are well established, known to and agreed upon by all, and are consistent with the rest of the culture, the rate of alcoholism will be low” (p. 50). Conversely, when people are not clear about what is expected of them or when the expectations vary from one situation to another, ambivalent feelings are likely to develop and, consequently, the rate of alcoholism is liable to be high. In other words, the psychological outcome of unintegrated drinking is ambivalence, and inconsistent norms regarding drinking within the culture are related to high rates of alcoholism. While this hypothesis holds true for many cultures, there are a few cultures in which contradictory results appear. Blacker (1966) used the high rate of alcohol-related problems among the French as an example of this contradiction. In France, drinking customs, values, and sanctions are well established, known and agreed upon, yet the rate of alcohol-related harm is extremely high. He maintained that Ullman's hypothesis could be strengthened by highlighting the importance of the content of norms by appending Ullman's “drinking customs, values, and sanctions” with “are characterized by prescriptions for moderate drinking and proscriptions against excessive drinking” (Blacker 1966, 68). The absence of a proscriptive norm against excessive drinking may be more significant than the presence of consensus in the acceptance of excessive drinking for explaining the high rate of alcoholism in France (Rivers 1994).

There is clearly some support for the hypothesis advanced by Blacker. Among Jews and perhaps the Chinese, where there are integrated drinking practices and explicit norms about how to drink, rates of both acute and chronic damage appear low. Among the French, where there are integrated drinking practices but few proscriptions associated with the use of alcoholic beverages, rates of both acute and chronic damage are high. Less clear are the results for the Italians, the Irish and those from abstinence backgrounds. While Blacker stated that there were low rates of damage among the Italians, in fact the rates of acute damage were low but rates of chronic damage were amongst the world's highest. As for the Irish, given this formulation, one would expect high rates of damage. Although there is evidence of high rates of acute damage, drunkenness, and acute social disruption, rates of chronic damage are low. As for those from abstinence backgrounds, one would expect high rates of damage given the absence of prescriptive norms, but all types of alcohol-related damage are generally low (Frankel and Whitehead 1979).

Another refinement to the Ullman-Blacker normative formulation came from Whitehead and Harvey (1974) who proposed "a further elaboration of the norms to include those 'that keep per capita consumption low enough that few persons in that society will consume in excess of 10 cl of alcohol per day'" (as cited in Heath 1988, 361).

In 1967, Pittman reformulated the general normative model into a fourfold typology, following Bales' lead, of normative standards which a culture may hold with regard to the use of alcohol. While not as explicit in specifying precisely what the variables are, this reformulation received much attention and acceptance within the alcohol field. He distinguished four types of normative standards: abstinent; ambivalent; permissive (toward drinking, although negative toward intoxication); or overpermissive (toward intoxication and alcohol-related problems). On the basis of case studies of select samples of cultures from around the world, he proposed that alcoholism is least likely to result from the permissive norm and most likely to result from the ambivalent. With the other two, findings were mixed: in some cases they resulted in very high rates and in others they resulted in unusually low rates. Although seemingly paradoxical, it has been shown repeatedly that individuals in abstinent cultures, having transgressed the cultural norms, easily progress toward problematic drinking. As highlighted by Heath (1988) and Room (1989), this fits nicely into Mizruchi and Perrucci's (1962) suggestion that the quality of norms is more significant than their

specific content, with proscriptions typically more problematic than prescriptions. “The reason proposed is that once having transgressed a major proscriptive norm, one has gone ‘beyond the pale’ and has no further guidelines for behavior, whereas anyone who violates a prescriptive norm can still relate his or her behavior to other relevant guidelines” (Heath 1988, 362). Mizruchi and Perrucci divided drinking cultures depending on whether they had “proscriptive,” “prescriptive,” “permissive” or “nonscriptive” norms on drinking, claiming that “predominantly proscriptive [“Thou shalt not...”] norms are more likely than predominantly prescriptive [“Thou shalt...”] norms to be tied to pathological reactions when deviation does occur” (Linsky, Colby, and Straus 1991, 560). The overpermissive culture “is a polar type of cultural attitude which exists only in part, never in entirety” (Pittman 1967 as cited in Room 1989, 2). These “cultural positions” on drinking are to be used as general statements and, consequently, do not always determine behaviour. The degree of alcohol use correlates more or less with culture type, but the correlation is by no means perfect.

Linsky, Colby, and Straus (1991) tested the stress and normative components of Bales' theory and concluded that the stressfulness of the social environment was consistently correlated with heavy drinking and alcohol-related illnesses. This evidence was deemed to be highly compatible with Bales' stress hypothesis of alcoholism but, with regard to Bales' normative hypothesis, the findings were more complex. They found that states with more permissive drinking norms experienced greater problems with alcohol-related disease deaths from cirrhosis and higher consumption levels. However, they discovered that it was the proscriptively oriented states that experienced the greatest problems with disruptive drinking, even though disruptive behaviour problems related to alcohol were not correlated with the consumption of alcohol. Problems with disruptive behaviour seem to arise because of the lower tolerance of public drunkenness and more rigorous policing of this type of behaviour within proscriptive communities (*Ibid.*). The cases of France and Sweden provide strong support for this dichotomy. Within this study, strong support for Bales' original theory was found. High stress was clearly associated with liver cirrhosis mortality and heavy consumption within the context of strong cultural support for alcohol use. The normative model may be distinguished from the sociocultural model primarily in terms of its emphasis on norms as the content of the process of social learning. It can be extremely confusing when the precise type of norm is not made explicit. In alcohol studies, it is usually the regulative

or normative usage which predominates, and the system of reward and punishment associated with social learning theory guarantee that “such normative norms become, for most individuals, the normal norm” (Heath 1988, 388)--in other words, individuals do what they should do most of the time. The “time out” hypothesis is an interesting corollary to this in that it underscores the fact that many societies appear to grant drunkenness a special status as an atypical interval in which some of the many norms or “rules of the game” are temporarily suspended.

The normative model is particularly pertinent in relation to many of the other anthropological and sociological theories. Both deviance and labelling are concerned with individuals who deviate from group norms; the reference-group model relates primarily to circumstances in which the norms of one population are at variance with those of another population that is in some way relevant; ambivalence usually refers to a general inconsistency among socially shared norms with respect to alcohol; and when an individual's norms diverge somewhat from the dominant society they may suffer from anomie even without deviating enough to be considered deviant or to be labelled (Ibid.).

The single distribution model and the normative model certainly compete for dominance in the alcohol field and are often juxtaposed as antithetical to one another; however, in the single distribution model “Ledermann's emphasis on cultural homogeneity and his explication of ‘the snowball effect’ approach the normal kind of norm, acquired through a process of social learning and modelling” (Ibid., 389). Various features of the normative model are also built into the anxiety model, the conflict-over-dependency model and the symbolic interactionist model.

There have been relatively few attempts to explain the sociocultural model in a clear and concise manner, but some of the related models have been examined in the sort of detail that has had an impact, not just on alcohol studies but on social science disciplines as well. The following models - deviance, labelling, reference groups, anomie, the “time out” hypothesis, and ambivalence - come under the normative model heading in that they centre around certain “rules of the game” that predominate within a specific culture with regard to alcohol; each is unique, encompassing different notions about what should be emphasised.

1.3.1 Deviance

Social deviance, a subtype of the normative model, is more in the domain of sociology than sociocultural anthropology because “alternative institutions (such as prostitution, skid row, ‘the drug subculture,’ etc.) flourish in pluralistic urban societies where there are enough individuals who deviate in a similar manner from the dominant norms that reflect ‘official’ morality” (Heath 1988, 362). “The habitual drunkard, the chronic alcoholic, are the tangible reminders of what constitutes the deviant person and the grim prophecy of what that deviance is and does” (Gusfield 1987, 86). Although a formal definition of deviance remains somewhat elusive “...deviance may be considered as banned or controlled behaviour which is likely to attract punishment or disapproval” (Downes and Rock 1988, 28). Inherent in the concept of deviance is a value connotation; deviant individuals or deviant social categories are not conceived as being merely “different,” but as somehow “bad” in their lack of adherence to the regulative norms of the dominant segment of society (Heath 1988). In typically “dry” societies, relatively low levels of consumption, at least by typically “wet” standards, may be viewed as deviant and, likewise, penalised. Deviance is punished in a variety of ways including ostracism, social pressure, and the like. For instance, in Sweden, those drinking outside certain strictly defined boundaries may be treated like pariahs. The emphasis on social deviance in relation to alcohol-related problems tends to be on group norms rather than individual norms, in other words on the norms of those judging the behaviour rather than on the norms of the actor.

1.3.2 Labelling

Labelling, as with deviance, focuses on group norms rather than individual norms, and labelling is always a concomitant of deviance. Labels are used to accentuate the social distance between the labeller and the person or persons labelled. The penalty for transgressing group norms, even by a single act, is the imposition of an enduring label of disapproval which may in the long term become a self-fulfilling prophecy. A prime example of this is the so-called “drunken Indian” label in North America. A single episode of intoxication, which could easily go unnoticed in a member of another ethnic group, can lead to an enduring label if the individual happens to be a member of the Native population (Heath 1988). Once stigmatised, the effort required to reverse the process and remove the label may prove too onerous, in which case the individual may succumb to the pressure and adjust his

behaviour in accordance with what he/she feels is expected. As with deviance, labelling is more prevalent in “dry” cultures.

Labelling may generate reference groups or “outgroups” (often referred to as subcultures) and such groups are not normless but instead adhere to an alternative set of norms. Much of what has been said about the normative model in general and about deviance also applies to labelling. In instances where labelling becomes a self-fulfilling prophecy, there is a potential for deviant career development.

1.3.3 Reference Groups

The application of the normative model is not just confined to individuals, as with deviance and labelling, but to ethnic and religious segments within pluralistic societies as well. In fact, it refers almost exclusively to populations. Reference groups are those groups in society with whom one shares role expectations, values, and behaviour. As Downes and Rock (1988) point out, “[r]eference group theory has alerted us to the limited social worlds in which people invest their energies, and the generally limited horizons which mark them out” (p. 125). Included amongst these are “the family, age peers, neighborhood, church, educational peers, and ethnic, occupational and fraternal associates” (Straus 1963, 213). Reference group theory relates to circumstances in which disparate sets of norms prevail, and the norms of one reference group or “ingroup” conflict with those of an “outgroup,” the latter normally being politically and/or economically dominant.

Various ethnic and religious populations, such as Jews or Muslims, seem to cherish their relative sobriety or abstinence as an important trait, marking the boundary between them (the “ingroup”) and others (the “outgroup”). This helps certain groups to maintain separate and distinct identities, thereby ensuring the survival of their ethnicity and/or religion.

The relative influence of various reference groups on decisions regarding drinking varies greatly at different life stages: parental family, ethnic and church reference groups in childhood, neighbourhood, peer and school groups in adolescence, college crowds, dates and job associates in late adolescence, and finally marital, ethnic and neighbourhood groups in adulthood, with job associates assuming even greater importance (Harford 1984; Straus 1963).

This model is similar in many respects to the normative model in general, as well as deviance and labelling theory. Ambivalence about drinking is not likely to develop in those

groups where this model is helpful, whereas anomie is a danger for particular individuals who are not firmly dedicated to the norms of either the “ingroup” or the “outgroup” (Heath 1988).

1.3.4 Anomie

Through the writings of Durkheim and Merton, the concept of anomie has been generally, if critically, accepted in the social sciences. The term “anomie” has altered somewhat in definition since it was originally proposed³. For present purposes, it is taken to mean “the occasional disjuncture between the norms that an individual shared with the dominant society, and an individual's opportunities to realize those norms” (Ibid., 363). Members of “minority” groups may suffer from anomie either because they hold minority norms which conflict with majority norms or, even if they have accepted the majority norms, they may be frustrated, for a variety of reasons, by the inability to change their behaviour to satisfy the majority group conception of what is appropriate. Those who fall into the latter group are considered marginalised.

The concept of “anomie” relates predominately to individuals, although certain cultures, at particular times, may be extremely conducive to anomie of either or both aetiologies. Individuals whose norms diverge somewhat from the dominant society may find themselves suffering from the stress of anomie without deviating enough to be considered deviant or to be labelled (Heath 1988).

Much of the literature on anomie suggests that the latter type of anomie is a major etiological factor in heavy drinking and/or a range of problems related to alcohol in those individuals who are in the process of making changes in their social status (Ibid.). Those experiencing anomie are regarded as marginal individuals who drink to decrease the isolation they experience or to help them cope with that isolation (Rivers 1994). This view is prevalent in much of the recent research on North American Natives.

1.3.5 The “Time Out” Hypothesis

The “time out” hypothesis does not have much relevance to “alcoholism”; rather, its primary value is in providing a functional explanation of why some populations condone

³When originally proposed, sociocultural systems were presumed to be fairly homogenous and the concept of anomie referred to either the absence of community or the occasional disjuncture between norms held by the individual and those held by the dominant society.

drunkenness. This perspective, originally developed by MacAndrew and Edgerton (1969), is tied in with the normative model because it refers to the temporary suspension of certain norms which are meaningful at other times.

...[T]he state of drunkenness is a state of societally sanctioned freedom from the otherwise enforceable demands that persons comply with the conventional proprieties. For a while - but just for a while - the rules (or, more accurately, *some* of the rules) are set aside, and the drunkard finds himself, if not beyond good and evil, at least partially removed from the accountability nexus in which he normally operates. In a word, drunkenness in these societies takes on the flavour of "time out" from many of the otherwise imperative demands of everyday life. (Ibid., 89-90)

Almost all societies accord their members the occasional "time out" and this is by no means confined solely to alcohol.

Gusfield (1987) concludes that "time out" was an outgrowth of the industrial economy, with its representation of life as separated into leisure or "not-work" and work or "not-leisure." The use of alcohol symbolises an ephemeral lifestyle and punctuates the transition out of the "posture of social controls and self-imprisonment." Similarly Warsh (1993) states that "[i]n North American culture, alcohol acts as a symbol of leisure ('It's time for a drink') as well as a disinhibitor and dissolver of 'hierarchy and structure'" (p. 6).

"Time out" does not allow for the suspension of all rules, and therefore people are subject to "a within-limits clause." Disinhibition appears selective, which suggests that it is a product of social learning rather than an inevitable pharmacological phenomenon. The "time out" hypothesis "is used more as a descriptive than an analytic tool, but has the advantage of focussing our attention on the occurrence and nature of norm violations by intoxicated persons, which may be early predictors of alcohol-related problems" (Heath 1988, 364).

This perspective provides some insight into the nature of certain alcohol-related problems by highlighting the nature of drunken comportment within various cultures and underscores the importance of social learning in shaping this type of behaviour. It is particularly pertinent in the understanding of drunken comportment seemingly out of character with "dry" ideals.

1.3.6 Ambivalence/Inoculation Hypothesis

According to Lemert (1991) there is a tendency, perhaps universal, for valuations of alcoholic beverages to become polarised. "At one extreme, liquors, wine, and beer are glorified in song, poetry, and drama as keys to ecstasy and sublimity; at the other extreme,

they are viewed as perverters of human morality and the chief causes of the ills of society as well as of the sorrows of individuals" (p. 682). This polarisation imparts a marked ambivalence to attitude and opinion concerning the appropriate place of alcohol in social life.

The concept of societal ambivalence as an aetiologic factor in alcohol-related problems initially grew out of the work of Myerson in 1940 and was later reinforced by both Ullman and Blacker. Ullman (1958) proposed that ambivalence may be the decisive factor that determined how or why normative and other sociocultural differences occasionally result in problems. Ambivalence refers to a general inconsistency among the norms a society/culture/population holds with respect to alcohol. When mixed messages are conveyed, particularly to young people, and norms are extremely narrowly defined, it is likely to create conflict and it is not surprising that the transgression of taboos easily and frequently occurs. An archetypal norm inconsistency is the North American insistence on forbidding children to drink while simultaneously encouraging its adult appeal by reinforcing the stereotypes that drinking is a sign of machismo, but to get drunk is foolhardy or disgusting and so forth; there is a great deal of social pressure to drink within these very narrowly defined boundaries. Myerson (as cited in Heath 1988) in reviewing the conflict between hedonism and asceticism in the history of Western culture attributed alcohol-related problems to this societal ambivalence. Consistency and consensus, long recognised as crucial to the performance of norms as social regulators, are also important in maintaining mental health in those confused by mixed signals from inconsistent or unpopular norms (*Ibid.*). The ambivalence hypothesis suggests that the actual incidence of disruptive and dangerous drinking is higher in proscriptive communities despite their lower levels of consumption because those who drink within "dry" societies are particularly vulnerable to alcohol-related problems. "The normative conflict between acceptance and rejection of alcohol competes within the psyche of those who drink, and they experience anxiety and guilt in connection with drinking, a reaction that in turn leads to loss of control" (Linsky, Colby, and Straus 1991, 568).

Warsh (1993) describes ambivalent societies as "societies where drinking is prevalent yet proscriptions against drunkenness are severe" (p. 5). Ambivalence towards alcohol is manifested in the "dry" temperance cultures, such as Canada, England, and Sweden, where attitudes toward drinking fall at both extreme ends of the spectrum and everywhere in between (Pittman 1991). This ambivalence inhibits the development of stable attitudes to drinking

characteristic of the non-temperance cultures and excludes the drinking patterns of certain subgroups from social controls. The “ambivalent and remissive meanings of alcohol owe much to the work of the American Temperance and Prohibition movements in creating the public awareness of alcohol as a ‘dangerous commodity’” (Gusfield 1987, 83).

The inoculation hypothesis is a related form of the ambivalence hypothesis. Both hypotheses assume a higher true prevalence of unruly drinking behaviour among drinkers in proscriptive communities, thereby leading to identical predictions in the data -- the expectation being that there will be less drinking taking place but when it does it will be more disorderly and dangerous. The higher arrest rates found in proscriptive societies is thought to reflect the higher true prevalence of this unruly drinking behaviour. The inoculation hypothesis holds that those raised within normatively “dry” environments are not adequately socialised to maintain control over their drinking and over their behaviour while under the influence of alcohol (Linsky, Colby, and Straus 1991).

While this model attempts to explain the aetiology of alcohol-related problems, the types of problems likely to develop are not elucidated. It also fails to address the issue of why such a large proportion of individuals in societies with ambivalent norms do not develop problems related to alcohol.

1.4 Culture-Specific Models

Culture-specific models that have been proposed to account for the manner in which people in specific populations drink, or the ways in which drinking affects its members, while interesting and valuable for microscopic description and analysis of particular populations, do not seem to add much in relation to other theories and models of alcohol use (Heath 1988).

1.5 The Single Distribution Model / Distribution of Consumption Model

This model is known by various names: the “single-distribution” theory, the “distribution of consumption” theory, the “constant proportion” theory, the Ledermann theory, and, more polemically, the “neo-Prohibitionist” position.

In the late 1940s, the French demographer Sully Ledermann initiated the study of the distribution of consumption. Basing his theory on a series of epidemiological studies of alcohol-related mortality in France, Ledermann proposed that variations in mortality (both in time and space) corresponded to variations in the level of per capita consumption (Skog

1991a). To explain this conclusion, in 1956 he proposed his theory of the distribution of alcohol consumption.

Although in its original form the Ledermann theory has been justifiably challenged, its basic premise (that there are relatively strong regularities in the distribution of alcohol consumption) appears to be correct. On the basis of the available data, it can be concluded that the distribution of alcohol consumption is very skewed and resembles the lognormal curve. Furthermore, the concentration of consumption is usually largest in countries with low consumption. Ledermann's basic findings are as follows:

1. The law of proportionate effects is approximately valid for alcohol consumption. Individual drinking is affected by many different factors, and these factors tend to combine multiplicatively.
2. In spite of considerable individual fluctuations in consumption, the distribution may remain the same, provided that the overall consumption level in the population remains stable. Such fluctuations are best described by multiplicative models.
3. These diachronic and synchronic mechanisms produce a substantial skewness in the distribution, which resembles (without exactly matching) the lognormal curve. Even homogeneous substrata have very skew distributions due to multiplicativity, and the skewness may consequently not be explained as resulting from aggregation effects.
4. The tail of the distribution (from twice the mean consumption level) typically contains 10-15% of the population, and the highest consuming 10% of the population typically drinks almost half of all the alcohol. (Skog 1991a, 154)

Ledermann noted that, in surveys, drinkers tended to define their patterns of consumption by comparing it to the consumption of others. He proposed that drinking could be regarded as "other-oriented behaviour," suggesting that some form of social contagion appears to be responsible for certain levels of consumption. It stands to reason then that an increase in the level of consumption within any given segment of the population will eventually affect all segments (Schmidt and Popham 1977).

The modified single distribution model has been expanded beyond Ledermann's original formulation, based solely on mortality from cirrhosis of the liver, and now includes a wide range of alcohol-related problems. For instance, on the basis of a review of 156 studies, Anderson et al. (1993), concluded that, for many conditions, there is a dose relationship between alcohol consumption and risk. Furthermore, there is a very high correlation between a population's mean level of consumption and the prevalence of heavy drinking, "such that an increase of only 15 g a week would be associated with a 10% increase in the prevalence of heavy drinkers" (Ibid., 1501).

The fundamental argument of the distribution of consumption as it was eventually restated by Bruun et al. (1975) in the 1970s proposed that: “Changes in the overall consumption of alcoholic beverages have a bearing on the health of the people in any society. Alcohol control measures can be used to limit consumption: thus, control of availability becomes a public health issue” (pp. 12-13).

While not an entirely new or novel approach, this argument represents the earliest contemporary and comprehensive discussion of a public health perspective with regard to alcohol control. Using data from various countries as well as their own, Bruun and his associates documented the relationship between heavy alcohol consumption and excess mortality and morbidity, particularly with respect to cirrhosis of the liver, accidents, and specific cancers. They concluded that the mean rate of alcohol consumption is a reliable indicator of the amount of high risk drinking occurring in a society. Consequently, a reduction in the proportion of heavy drinkers in a given society will only be achieved by a reduction in the mean rate of alcohol consumption. Even though the measures used vary widely, alcohol availability is subject to some form of control in all parts of the world, and the group concluded that variations in drinking customs, traditions of control, and cultural settings must all be considered by those developing control policies. The basic argument, as it was restated by Bruun and his associates was quite simple, but the initial forms of this argument drew in a number of side-issues, and the bulk of the literature on the topic has revolved around these side-issues (Room 1984).

The argument presented by Bruun et al. is largely derived from the empirical findings of Ledermann (1956) and Skog (1971,1972,1973,1974), which suggest that the frequency-distribution of alcohol consumption per drinker in any given population is continuous, unimodal, and positively skewed. Moreover, it has been argued that the same theoretical curve adequately describes the distribution in quite different populations (Popham, Schmidt and de Lint 1976). Bruun et al. (1975) claim that empirical studies indicate that although the mean of alcohol consumption differs from one population to another “differences as to dispersion between populations with similar levels of consumption are quite small” (p. 32).

Much debate has been stimulated since the 1970s with critics of Ledermann and Bruun et al. rejecting the idea that there is an invariance of dispersion between populations and, consequently, that there is necessarily a constant relationship between mean consumption and

the prevalence of heavy drinkers in different populations. This is of ultimate importance in order to clarify and define the nature and range of alcohol problems which need to be addressed.

An extremely valuable contribution of this model is the acknowledgement of the arbitrariness of the dividing line between “heavy” or “excessive” drinkers and others and that there is not necessarily an enormous difference between their consumption and others not attracting such a label (Heath 1988).

Despite the fact that the sociocultural model and the single distribution model are presented as conflicting paradigms, Heath (*Ibid.*) shows this to be blatantly untrue, the exception being the practical application of each model. While more a social construct than reality, there is much competition between the two paradigms for dominance in the alcohol field, particularly in terms of prevention. The single distribution model can be viewed as a variant of the sociocultural model, whereby mean consumption is linked to the nature of societal norms. Heath also identifies the irony implicit in Ledermann's insistence that his formula would only apply within culturally homogeneous populations, a limitation which current proponents of this model have largely disregarded. The irony of the supposed opposition of these two models lies in two facts: (a) guidelines for prevention aside (the sociocultural model stresses a long-term educational approach while the single distribution model favours limiting the availability of alcohol), as theoretical approaches to the understanding of how and why people drink in the manner they do, and either do or do not experience various problems as a result, they are complementary rather than conflicting; and (b) their similar emphasis on normative aspects of behaviour.

Although it is sometimes virtually reduced to a mathematical formula for processing statistics on alcohol sales or taxes, this model is “one of the few that very clearly links the biological, psychological, and sociological levels of analysis in terms of its original conception” (*Ibid.*, 392).

1.6 Social Network / Social Interaction Theory

The regularities in consumption within a given population, as described in the distribution of consumption model, can be explained in terms of the socio-cultural genesis of individual drinking patterns. Drinking behaviour is social behaviour which is learned and practised with other members of a culture and a great many experimental and observational

studies have shown that the drinking habits of one's social network has a powerful impact on individual drinking habits. The social interaction theory proposes "an individual living in a fairly dry environment may tend to become a light drinker, while the same individual could have become a heavy drinker in a wet environment..." (Edwards et al. 1995, 91). As individual drinking habits are interconnected through social interaction, individual changes in these habits tend to be synchronised and collective patterns of change result. Observed collective patterns of change are likely the result of social and cultural processes.

Social interaction theory also offers an explanation for the apparent lack of a cohesive link between abstention rates and drinking levels. "If abstainers and drinkers are only weakly integrated subcultures, changes within the subculture of drinkers may have little impact on the subculture of abstainers" (Ibid.). It seems to follow that, if formal or informal controls on individual drinkers were strengthened, there would be a subsequent change in the distribution of consumption whereby the heavy drinking population would decrease and the mean level of consumption would remain the same.

The enactment of the Bratt system during the First World War in Sweden provides an example of formal social control on the distribution of consumption. The Bratt system was instituted as an alternative to prohibition and functioned as a rationing system. It significantly decreased the variance of the distribution and prevalence of heavy drinking in comparison with other countries with comparable levels of mean consumption and had a profound effect on liver cirrhosis mortality, as well as on crimes of violence (Edwards et al. 1995; Lenke 1990). This suggests that "distribution laws" do not apply with unlimited validity and that certain influences or mechanisms are capable of modifying the regularities observed in distribution data.

Skog (1991b) assumes that drinking behaviour is influenced by both nature and nurture: individual drinking is affected by many different factors which tend to combine multiplicatively. Because many of these are of a social nature, Skog has investigated the cultural foundation for drinking patterns and problems and has placed the distribution problem in the context of social network theory. Taking for granted that biological constitution plays a part in the aetiology of alcoholism, on this occasion Skog restricts his argument to environmental and interpersonal influences and focuses on the relationship between social isolation and alcoholism. He demonstrates empirically that, as one moves from cultures with

low mean consumption to those with high mean consumption, in other words from “dry” to “wet,” the consumption level of all categories of drinkers escalates. Alcoholics fall into two broad categories: those who drink excessively because they are integrated into a heavy-drinking subculture and those who drink excessively because they are inadequately integrated. Alcoholism is thought to result from a combination of personal susceptibility and social environmental influences.

As a corollary, Skog (1991b) states that because people influence each other in various ways, an individual’s behaviour can only be adequately understood as part of a larger entity. “Potentially, each individual is linked, directly or indirectly, to all members of his or her culture, and perhaps beyond that” (p. 577). Integral to this perspective is the idea that “interaction causes similarity,” thus homogeneity of drinking habits and beverage preference is not just a result of peer selection. Social interaction is also an important force in the process of formation and change of drinking habits. An individual’s drinking habits, according to the social network models, are presumed to be the product of an interplay of the following three factors:

(1) individual characteristics (endogenous factors), including biological constitution, psychological factors, and the like; (2) his or her social network, that is, the persons he or she has ties to, in one way or another; and (3) general and specific material (including availability) and sociocultural (including differential norms) conditions in his or her environment (exogenous factors). (*Ibid.*, 580)

This suggests that changes in consumption at a population level may typically be a collective phenomenon, and one would expect that the individual drinker is likely to modify his or her drinking to correspond to the changes in the level of consumption within his or her culture. A similar argument should apply for cross-cultural comparisons. This should not imply, however, that each individual drinker increases or decreases his or her consumption level in accordance with the changes in overall consumption.

Skog’s results underscore the importance of environmental factors, particularly environmental “wetness,” in the development of alcohol-related problems, which therefore should not be viewed just as individual problems but also as sociocultural problems.

These findings seem particularly relevant in terms of chronic health problems. As far as prevention is concerned, they indicate that in order to reduce heavy consumption within a given population, you must also reduce moderate consumption. Preventative measures would then have to be aimed at the society as a whole. As for acute alcohol-related problems, the

relationship is much more complex; there only appears to be a weak relationship between rates of general consumption and acute problems in cross-cultural comparisons. Skog (1991b) attributes this to the fact that acute alcohol-related problems are more dependent on drinking patterns and behaviour than on consumption levels. However, Makela et al. (1981) discovered that “[b]etween different cultures...[there were]...considerable differences in the level of problems of any kind that are attached to a certain level of consumption” (p. 109) but within each culture over time rates of acute alcohol-related problems appeared to follow general consumption trends. Skog (1991b) attributes this correlation to “cultural inertia” in drinking patterns. In other words, rates of per capita consumption change much more quickly than the cultural rules of drunken comportment, and thus fluctuations in consumption levels normally also mean parallel but delayed changes in drunken comportment.

1.7 Symbolic Interactionist Model

A certain group of social scientists feel that normative interpretations of culture are too narrowly deterministic, making virtually no allowance for individual differences, including innovation, deviance, and analogous patterns of behaviour which do not fit the norms. Symbolic interactionists discuss patterns of behaviour in dramaturgical terms, treating behaviour as roles (in the theatrical as well as the sociological sense). They attempt to formally describe the little social worlds that constitute a society. In so doing, they feel that it is essential to understand social situations from the perspective of the participant. “Above all, it is held that analysis must grasp the meaning that animates and shapes social activity. Consequential meaning is that employed by the social actors themselves, not by the sociologist, and interactionism is designed to take the observer and an audience inside the actors' own perspectives on selves, acts, and environments” (Downes and Rock 1988, 168-169). Lurie's (1979) characterisation of North American Native alcohol use as “the world's oldest protest demonstration” or Braroe's (1975 as cited in Heath 1988) perception of the manipulative value that “the drunken Indian” stereotype provides Natives in their interaction with whites in a Canadian town are examples of the symbolic interactionist model as it relates to alcohol use. Very much in the symbolic interactionist tradition, Gusfield (1987) views drinking as a form of ritual, using the concepts of frame and key to describe the uses of alcohol in establishing time frames of play. “The frame provides the interpretations that enable the actor and the observer to know what set of rules apply because he can now define

the meaning of the situation” and keys “operate as cues to establish the beginnings and endings which bound the transformation in time” (Ibid., 80).

This dramaturgical approach to behaviour analysis tends to be used more as a descriptive tool than an analytical one. The methodology employed in this perspective necessarily limits its scope but provides valuable insight into particular social worlds one would not otherwise have access to. Given that, within the realm of alcohol studies, symbolic interactionism is usually applied to patterns of nonconformity rather than conformity, with an emphasis on norms held by dominant groups or individuals within a given society, it is closely associated with both deviance and labelling.

1.8 Functional Interpretations as Models

Technically this category could encompass virtually any sociocultural theory provided it addresses the fundamental question of how the behaviour under study relates to other beliefs and behaviours within the culture, but here this category refers to a “large number of diverse perspectives, applied to various sociocultural case studies, in which the integrated and integrative quality of shared beliefs and behaviours predominates” (Heath 1988, 395). Social scientists have become less inclined to accept the once-predominant idea that cultural traits can be **explained** by describing the functions that they serve, be it at an individual, social system, or cultural level. “Critics hold that such a view presupposes a degree of logical consistency and integration that is the exception rather than the rule...” (Ibid., 371). Weaknesses aside, the logic of functional analysis, connected to concepts of adaptation and adjustment of both individuals and populations, has lasting allure. **Explicitly** functional interpretations are advanced far less often than they once were, although functionalist interpretations have remained a major theme in **implicit** terms (Heath 1987). “In short, there is a tacit but perfectly virile functionalism still lurking in much of the sociology of deviance” (Downes and Rock 1988, 110). Post hoc functionalist interpretations may frequently be used in both anthropology and sociology but they do not actually constitute models *per se*.

1.8.1 The Anxiety Model

One of the earliest anthropological models relating to alcohol use is Horton's (1943) classic study of the functions of drinking in preliterate societies. Still widely quoted and influential, it states that “**the primary function of alcoholic beverages in all societies is the reduction of anxiety**” (Horton 1943, 223, italicised in original). Horton proposed that the

degree of inebriety is directly related to the degree of anxiety within a culture and, as a corollary, to vary inversely with the strength of counteranxiety. In other words, the level of drunkenness in a society is the result of “a complex interaction of anxiety reduction and anxiety induction” (Field 1991, 33). Horton's study was the first cross-cultural study in which the correlations between psychological factors and overt patterns of behaviour were analysed. His methodology has been justifiably criticised, as has his choice of “anxiety” indicators (the level of subsistence economy, the presence or absence of subsistence hazards, and the degree of acculturation), but psychological and sociological evidence lends varied support for the proposition that a cardinal value of alcohol is as a tranquillizer or sedative.

In its original form, the anxiety model pertained to populations rather than individuals, dealing with drinking and drunkenness but not with alcoholism. It has since been generalised to such a degree that it is often cited as the best response to why people drink (Heath 1988). By viewing drinking and drunkenness as consequences of sociocultural deprivation, this model seems to be relevant to both individuals and populations; by viewing drinking as a means of anxiety reduction and drunkenness as a condition, albeit temporary, whereby the individual is able to forget about the source of anxiety, it goes beyond dealing with why people drink and also addresses why people drink as much as they do and get drunk as often as they do.

1.8.2 The Social Organisation Model

The type of cross-cultural research developed by Horton was expanded upon and modified by Field in 1962 in an attempt to generalise about the factors responsible for the tremendous range of variation in drunkenness in preliterate societies. His findings indicated that the nature of the social organisation is a crucial determinant of the extent of drunkenness. Some of the variables found to be correlated with relative **sobriety** in primitive tribes were:

(1) corporate kin groups with continuity over time, collective ownership of property, and unified action as a legal individual; (2) patrilocal residence at marriage; (3) approach to a clan-community organization; (4) presence of a bride-price; (5) a village settlement pattern (rather than nomadism). (Field 1991, 57)

Field's conclusions never managed to command attention in the way that Horton's had and have had relatively little scholarly impact. This may be attributed to two major shortcomings: the specific variables selected were at such a level of abstraction that the

motives and actions of individuals seem almost irrelevant and these variables are virtually inapplicable to modern urban societies (Heath 1988).

1.8.3 The Conflict-over-Dependency Model

In the conflict-over-dependency model, certain aspects of child training are examined in relation to the dominant institutions of culture. Comparisons of child training from a cross-cultural perspective frequently reveal marked discontinuity in connection with the roles expected of adults. It is suggested that where indulgence of children is normal, followed by heavy demands for self-reliance in adulthood, the society's members are at high risk for conflict over dependency. This conflict is thought to produce stress in individuals, with drinking providing an accessible form of anxiety reduction, and drunkenness providing an occasion to take "time out" from the demands of adult life (*Ibid.*). While distinct, this model may be interpreted as a specific case within the general anxiety model.

Even though this model grew out of cross-cultural analysis in which the unit of study was cultures, it clearly has relevance for, and may be applied to, individuals as well.

1.8.4 The Power Model

The power model suggests that men drink primarily to feel stronger. "Those for whom personalized power is a particular concern drink more heavily. Ingestion of alcohol cues thoughts of strength and power in men everywhere, apparently for physiological reasons" (McClelland et al. 1972 as cited in Heath 1988, 370). More psychological than anthropological or sociological in its theoretic bases and relevance, the power model is included here as a result of the explicitly pan-human scope of this formulation. It has been tested by examining the linkages between content analysis of folktales (for themes of power) and the prevalence of drinking in a large sample of societies throughout the world.

Complementing the conflict-over-dependency model, this model also relates to social learning theory and various other anthropological and sociological models.

There are some significant shortcomings. This model purports to apply exclusively to distilled beverages with a high alcohol content but most non-literate societies drink only fermented beverages. Also, it was developed to apply only to males and a later study shows that it is not applicable to females. As with many of the other sociocultural models, the anxiety model has been incorporated into the power model. For this reason, it applies more

to individuals than populations and examines the act of drinking as opposed to drunkenness or alcoholism.

1.9 Socialisation and Social Learning Models

Socialisation is essentially a learning process, the means by which culture is transmitted, in which “rules and norms are instilled, partly by example, partly by exhortation, and partly by subtler means (such as the indirect moral of a story, attitudes communicated through myths and songs, etc.)” (Cooper 1989, 208); conformity is rewarded in various ways and intransigence is punished.

The current social learning perspective integrates “learning principles derived from observable behavior with constructs based on cognitive processes that are not directly observable” (White, Bates, and Johnson 1991, 178). Human behaviour is explained in terms of “a continuous reciprocal interaction between cognitive, behavioral and environmental determinants” (Bandura, 1977, p. vii cited in White, Bates, and Johnson 1991, 178). This perspective seems appropriate for exploring why people drink because drinking behaviours and effects appear to result from a continual interplay between the agent (alcohol), the host (the person drinking it), and the environment. It provides a comprehensive analysis of the psychological principles that regulate the development, maintenance, and modification of human behaviour, and suggests that both normal and abnormal behaviour can be explained using the same set of social learning principles (Wilson 1988).

The social learning model portrays “the individual as bringing to the environment a unique endowment that (1) imposes certain limits on what can be learned and (2) influences his or her selection of various environments” (White, Bates, and Johnson 1991, 178). Genetic potentialities are transformed into behavioural repertoires through learning experiences. Interpersonal characteristics will modify and be modified by drinking behaviours themselves in addition to models and reinforcers in the applicable social environments. The impact of environmental influences is also mediated by personality characteristics.

The environment places limitations upon the nature and content of learning experiences. The distal environment, including the larger cultural, religious, and other reference groups help circumscribe the extent to which drinking behaviours will be reinforcing to the individual. Given that behaviour patterns are learned through encountering common social reinforcers, this is likely to account for a certain degree of similarity in attitudes,

expectations, and patterns of alcohol use observed within large social groups (such as ethnic and religious groups, societies and cultures).

Smaller social groups, such as family and peers (interpersonal influences or the proximal environment), also determine drinking behaviours such as why, when, and how much to drink. Specific drinking behaviours are either reinforced or punished within this environment. Drunken comportment is also conveyed through such groups.

A great deal of social learning takes place without direct experience and without direct consequences to the individual. Vicarious learning may take place “when people watch what others ('models') do, or when they attend to the physical environment, to events, and to symbols such as words and pictures” (Wilson 1988, 240-241). The influence of vicarious learning is ubiquitous and this concept vastly increases the power of social learning to account for the complex nature of human behaviour.

Differing beliefs regarding how often a behaviour is liable to be reinforced and why a specific behaviour consequence has occurred, substantially modify how different individuals respond to the same stimulus in the environment.

While primary reinforcing effects result from the “intrinsic” pharmacological actions of alcohol, and the strength of these effects may have some genetic base, it is now accepted that socially mediated expectancies and cognitions also strongly influence the effects of alcohol. Within the alcohol expectancy literature, studies of the development and later impact of individuals' beliefs about how alcohol affects their thoughts, behaviours, and emotions provide information about the mechanisms by which early life experiences influence drinking behaviours later on in life. The general justifications for drinking offered by nonproblem drinkers involve the enhancement of already pleasurable internal states and social occasions, whereas alcoholics or problem drinkers expect drinking to result in more global positive changes, social assertiveness, social and physical pleasure, and tension reduction (White, Bates, and Johnson 1991, 181); outcome expectancies, therefore, seem to be good predictors of the onset and maintenance of adolescent and adult drinking patterns.

The alcohol expectancy literature also suggests that those most at risk for developing or presently experiencing alcohol problems are likely to have (i) more social and non-social reinforcers linked with drinking; or (ii) more generalised stimulus conditions which provoke drinking behaviour; or both, than individuals not experiencing problems. “Generalization of

stimulus conditions for drinking or generalized expectations of reinforcement from drinking may evoke (1) more intensive drinking behaviors and (2) nonadaptive drinking responses to stressful social stimuli" (Ibid., 182). It would seem to follow that (i) individuals perceive the reinforcing properties of alcohol differently depending on their prior exposure to specific others and social contexts for drinking; and (ii) resultant expectations regarding the effects of alcohol will serve to modify the manner in which individuals experience and react to alcohol (Ibid.).

Social learning theory in its present form encompasses a wide range of alcohol-related phenomena. "All drinking is conceptualized along a continuum from normal to abnormal and is explained by a common pool of psychological principles" (Wilson 1988, 257). Moreover, this model attempts to explain both individual and group drinking patterns. Many models discussed here have close linkages with social learning.

1.10 Summary

There are numerous theoretical orientations to explain alcohol use which could be included in this chapter but, for the purpose of the "wet"/"dry" paradigm being developed here, the emphasis has been confined primarily to those conceived within sociocultural anthropology and sociology. There is a considerable degree of overlap between these theoretical concepts but each is unique in its particular emphasis. They contribute to varying degrees and in diverse ways to an understanding of alcohol use in various cultures but many of the models described here are used primarily as descriptive tools. Most concentrate on explaining the origin of alcohol-related problems in "dry" cultures. They are not, however, easily translated into policy. Those devising alcohol policy have concentrated, in effect, almost exclusively on two major sociological perspectives on the social aspects of alcohol use and alcohol-related damage, the sociocultural model providing a "wet" option, and the distribution of consumption model providing a "dry" option. These will be discussed more specifically with reference to policy in the following chapter. Although these two models have been very influential in terms of how drinking practices are viewed and contributed heavily to policy proposals, this emphasis should not be interpreted to mean that this is to the exclusion of other explanations or that single-cause explanations for alcohol-related problems are being sought. In many ways more than other disciplines, alcohol researchers seem willing to embrace broader "systems" or "multi-causal" explanations for alcohol use and abuse in the

acknowledgement that various biological, psychological, and social influences are brought to bear on the issue. Where appropriate, models other than the sociocultural or distribution of consumption will be referred to.

One of the great strengths of the sociocultural perspective is that, for the most part, it has been derived empirically with most models either arising inductively or being applied after the fact to findings that were gathered without being subject to the possible selectivity that can accompany theoretical preconceptions (Heath 1988).

CHAPTER 2

“WET”/“DRY” POLICY OPTIONS

The extent to which theories are ‘taken up’ in practice depends only in part on the energy and commitment of the theorist, the degree of empirical support for the theory, or the ease with which the theory can be translated into policy terms. The salience of a theory for policy-makers may have as much to do with the scope of the proposals for action, the resources required, the extent to which significant interests are engaged as parties or adversaries, and the likely ratio of costs to benefits. Even these factors are likely to be secondary to the correspondence between the theory and the policy-makers’ timetables and rhetoric. (Downes and Rock 1988, 294)

While all theories of alcohol use may have implications for policy, the connections between theory, policy, and practice are highly complex. Many of the theories discussed in Chapter one have been used primarily as descriptive tools. For instance “anomie” may provide valuable insight into why people drink as they do, but to translate this into policy is much more problematic. For this reason policy-makers seem to have focussed primarily on two models, one providing a “wet” option, the other a “dry” option.

Current conceptual formulations of alternative approaches to alcohol policy began with Lemert's (1962 republished in 1991) four “models” of the social control of alcohol use (excluding *laissez faire*) -- prohibition, education and indoctrination, control of availability, and the substitution of functional equivalents.

By the early 1970s, review articles in the alcohol field recognised the existence of three competing traditions implying or stating diametrically opposed positions on the relation of alcohol controls and alcohol problems: that alcohol controls had no effect; that they had perverse effects; and that they had positive effects (Room 1984). This first line of argument, that alcohol controls exerted no effect, depended less on available empirical evidence than on a priori arguments: because it was assumed that alcohol problems were attributable to alcoholics, the very nature of their condition rendered them immune to controls on availability. By the early 1970s, empirical evidence was available to dispute the contention that controls never had any effect on alcohol-related problem rates (Single 1988).

The two remaining lines of argument correspond to the two major sociological perspectives on the social aspects of alcohol use and alcohol-related damage which have

predominated over the past half a century, the sociocultural model and the distribution of consumption model. Both theories have been very influential in terms of how drinking practices are viewed and contributed heavily to suggestions for programmes and to actual programmes for the prevention of alcohol-related damage, but lead to very different conclusions about the nature of alcohol-related damage and thus their resolution (Frankel and Whitehead 1979).

Complementary in terms of understanding how and why people drink, the importance of the quantity of alcohol consumed in the population is the principal point of departure between the two perspectives. A second difference centres around the meaning of alcohol-related problems. Advocates of the sociocultural approach seem to be referring to “drunkenness” in their discussions of “alcoholism” amongst the Jews, the Irish, and the Italians, and physical pathology when discussing alcoholism amongst the French. The distribution of consumption model, however, was developed to explain the relationship between rates of consumption and alcohol-related harm and consequently confines itself to a discussion of physical pathology. These differences have led to a certain amount of confusion regarding particular cultures.

It is to their proposals for the resolution of alcohol-related problems that we now turn.

2.1 “Wet” Policies: The Integrationist Approach

The idea that the structure and quality of social norms are associated with rates of alcohol-related problems has been the focus of various approaches to the prevention of alcohol problems. The sociocultural model of alcohol use has provided arguments for those who oppose government control of alcohol availability. The “wet” or “integrationist” approach suggests that a lack of explicit cultural rules dictating acceptable drinking practices leads to considerable ambiguity as to what distinguishes problematic from moderate drinking. The policy implications of this approach encourage some form of moral education and persuasion to provide society with guidelines on acceptable drinking patterns and customs. The proponents of a “wet” solution frequently advocate an alternative social order in which drinking habits become integrated into daily life and customs (Room 1992); the continental drinking culture, or an approximation thereof, with a liberal but responsible drinking style, is held as the ideal. They encourage demystification of alcohol use by lowering the minimum legal purchase age and instilling healthy drinking norms. This would replace drinking

practices, common in the English-speaking and Nordic cultures, which keep drinking occasions separated from the routine of daily life, thereby preserving its “forbidden fruit” attraction. This latter style of drinking is characterised primarily by episodic bouts of heavy drinking, occurring at particular times and particular places, usually outside working hours and the home, primarily sociable or celebratory in nature, and it is not uncommon for intoxication, and often associated violence, to result (Field 1990).

While “wet” drinking patterns have been offered as a panacea in the alcohol debate, most of the evidence for this has been anecdotal, without much in the way of concrete suggestions as to how existing “dry” societies could be transformed into “wet” societies. Various “wet” policy approaches to the prevention of alcohol problems have been proposed over recent decades in traditionally “dry” cultures.

Cooper (1989) in support of this line of argument states that

the most problem-ridden cultures are those that appear ambivalent about alcohol -- keeping children from it until a certain age, and then endowing it with special properties (such as ‘sexy’, ‘the grown-up thing to do’, symbolic of poise or status, and so forth). Other cultural patterns that tend to induce problems are those that presuppose that every occasion of drinking will end in a fight, that a woman's drinking signals that she is sexually receptive, that the sole purpose of drinking is to achieve drunken oblivion, or some such. (p. 212)

This can be contrasted with those cultures in which

drinking is a normal accompaniment to daily meals, a gracious complement to festive occasions, a warm gesture of hospitality, a convenient relaxant in small quantities, and...[as] such, can include widespread and frequent drinking, on the part of a broad cross-section of the population, without incurring any drunkenness or alcohol-related problems. (*Ibid.*)

According to Vaillant (1986), in Western societies **proscriptions** against alcohol use are seldom as effective as social **prescriptions** for alcohol use. “First, cultures that teach children to drink responsibly, cultures that have ritualized when and where to drink, tend to have lower rates of alcohol abuse than do cultures that forbid children to drink. Second, how a society socializes drunkenness is as important as how it socializes drinking” (p. 142). The second part of this statement is significant in that it is often assumed that once drinking is integrated into a culture there are necessarily fewer alcohol-related problems. Using the example of France and Italy, both of which inculcate their children with responsible drinking practices, public drunkenness is more socially acceptable in France which accounts for its higher rate of alcohol abuse.

These “wet” policy approaches to the prevention of alcohol problems are variations on the theme of the Ullman-Blacker hypothesis. In spite of marginal support for the hypothesis, many influential individuals and organisations have used it as the basis for their programmes of prevention, advocating that attitudes towards drinking and drinking practices be altered to more closely approximate those countries which are viewed as having more salubrious attitudes and practices.

In 1980, the World Health Organization (WHO) identified reducing the demand for alcohol as one of the two major approaches to prevention. Reducing the demand for alcohol as a means of preventing alcohol-related problems focuses on “lowering the interest in, desire for, or reliance on alcoholic beverages by individuals, social groups, or larger segments of the population” (WHO 1980, 34). This is to be accomplished by providing information regarding the health-compromising effects of alcohol, education about norms and values which discourage socially irresponsible behaviour, and of leisure alternatives to drinking. This approach is also concerned with alleviating more general social conditions which may induce alcohol abuse. Reducing the demand for alcohol may be considered a “wet” policy approach. The other, reducing the availability of alcohol, may be considered a “dry” policy approach. As indicated earlier, the two are not mutually exclusive and in fact it is suggested that because they reinforce one another, their simultaneous implementation may have a synergistic outcome.

As established, there is “no necessary conflict between an integrationist position, favouring the integration of alcohol into everyday life, and support for alcohol controls that are an expression of normative consensus” (Room 1984, 302). Although changes in the two directions are not mutually exclusive, it is possible for a change in one to interfere with a change in the other. Also, given that the integrationist argument evolved from the literature published in North America during the 1950s and 1960s, at the level of policy advocacy, it tended to be viewed in diametric opposition to alcohol controls and served as a justification for their dismantling. Cultural integrationist arguments have provided a rationale for certain countries to liberalise their control structure. They were also primarily responsible for the widespread lowering of legal drinking ages in North America in the 1970s. Proponents of this perspective have since dropped the emphasis on inculcating youth in drinking (Pittman 1980; Task Force on Responsible Decisions About Alcohol 1977), as the political tide has

turned against lowering minimum drinking ages. In more recent versions, the emphasis tends to be on educational efforts.

Education, particularly that of young people, seems to provide the most practical solution to the attainment of an alternative social order. This solution is offered by the “wet” proponents in the hopes that people learn at an early age to drink in a socially acceptable and relatively healthy manner, thereby avoiding the development of the antisocial drinking practices so abhorred in many “dry” societies. It is certainly a more concrete notion than the transplantation of one society’s drinking practices to another, without regard to differences in history and culture.

An emphasis on education assumes that “internalised controls, which are valued and shared by significant others, have always and everywhere been far more important in terms of regulating behaviour than have legislative or regulatory controls that are imposed from without and enforced by government agencies” (Cooper 1989, 216).

There have been conflicting results associated with the use of education programmes designed specifically to prevent alcohol misuse and thereby various criticisms have been levelled at these as a sole measure for reducing alcohol-related harm. Contrary to popular belief, much of the available evidence indicates that the use of alcohol education to reduce or prevent misuse, although possibly beneficial in the long run insofar as knowledge and attitudes are concerned, has negligible, and occasionally a paradoxical, effect in altering the immediate drinking habits of either the population as a whole or young people in particular. Whether or not this recent revelation has to do with the possibly unsatisfactory means by which these programmes have been evaluated is not clear but, of those which have been subject to evaluation, the majority have been declared either ineffective or counterproductive (Bagnall 1989; Baldwin 1991; Gusfield 1996; Lemert 1991; McMurran and Hollin 1993; Plant and Plant 1997). What is clear from most studies is that “more of the same is not good enough” (Grant 1986, 209).

According to McMurran and Hollin (1993), alcohol education programmes may miss those for whom they are intended and may affect non-problem drinkers by “labelling”; education may also give rise to a curiosity factor. The message of education programmes may be too complex to transmit, or inappropriate for the young people at whom such programmes are aimed, and may indeed be futile without the provision of accompanying

information outlining how to moderate alcohol consumption. For these reasons a more effective strategy would be (1) to target a specific audience; (2) to present an appropriate message; and (3) to provide a back-up skills training programme. Although alcohol education is not a novel approach to the problem of youthful consumption, it has yet to be established which specific approach, if any, has the greatest likelihood of affecting consumption and related problems. Influences and early experiences which encourage young people to consume alcohol are many and varied, and survey information suggests that the family home plays an important role with peer groups and other factors outside the home becoming more important as adolescence progresses (Bagnall 1989). One reason for the failure of many of these educational efforts in the past seems to be their inconsistency and possible conflict with other prevailing influences and sources of information in the person's immediate environment. Therefore, alcohol education needs to be responsible and credible to have any effect. The results of a three year research project by the Alcohol Research Group at Edinburgh University, reinforcing other recent studies, has confirmed that an educational approach which emphasises the social influences on substance use and abuse is the way forward. Bagnall concludes that regardless of how successful school-based educational approaches are in reducing alcohol misuse, a multi-level approach, whereby the message is reinforced throughout society -- within the family, within community-based health promotion initiatives and expressed in governmental policy -- would stand a far greater chance of success.

Areas in which educational efforts have been extremely effective are in expanding the use of treatment agencies and training in social skills for young people to assist them in resisting peer pressure to engage in heavy consumption (WHO 1986).

Other "wet" policy suggestions include making lighter-strength alcoholic beverages more widely available and encouraging their use (Room 1992). The difficulty, however, has been that in most cultures when a particular alcoholic beverage has been promoted, the desired substitution is unlikely to occur; instead, the new beverage is added to the existing collection so that the effect is cumulative rather than substitutory.

Lemert's (1991) substitution of functional equivalents model may also be considered a "wet" policy approach. It assumes that values satisfied through drinking or drunkenness can be achieved through other activities which are sometimes referred to as "moderating

influences" or "counter attractions" and "calls for an engineering-type reorganization of community life so that time, money, and interests devoted to drinking will be redirected into sports, games, gardens, radio and television programs, motion pictures, travel, and similar diversions" (p. 696). Given that this is most effective in situations in which centripetal social integration operates, urban communities are not as amenable to this type of model.

2.2 "Dry" Policies: Alcohol Controls

There are two conceptions of alcohol problems and their implied solutions which have exerted considerable force in the alcohol field in recent years -- the concept of alcohol control and the public health perspective (Moore and Gerstein 1981). Originally inspired from different institutional foundations, both seek to inhibit problematic drinking through the management of social contingencies around drinking and, as such, have become virtually synonymous.

As discussed, the single distribution model provides the epidemiological background to a public health perspective on alcohol problems. This model "is based on the strong positive relationship that usually obtains between alcohol consumption and alcoholism rates" (Colon, Cutter, and Jones 1981, 348). Essentially, it was concluded that the mean rate of alcohol consumption is a reliable indicator of the amount of high risk drinking occurring in any society. Therefore, it seemed to follow, a reduction in the proportion of heavy drinkers within a given society could only be achieved by reducing the mean rate of consumption. This implies that the target population for preventative policies is much wider than that conceived of within the "disease" concept of alcoholism.

Although the basic proposition by Bruun and his colleagues has become generally accepted throughout the current literature in the alcohol field, it is the relationship between the rate of alcohol-related problems and the rate of consumption between and even within different cultures that poses much more of a problem. In keeping with the "dry" proponents, one of the basic findings of Makela et al. (1981) was that growth in alcohol consumption was accompanied by an increase in a broad variety of alcohol-related problems and that "[m]ore than ever, problems stem not only from pathological or deviant drinking, but from an outgrowth of socially-integrated patterns of consumption" (p. 109). Also, "[d]espite the convergence in styles of drinking, typical problematic behaviours associated with drinking in each culture seemed to be very persistent and surprisingly immune to transformations in

social structure. From a policy perspective, the core patterns of drinking prevailing in each society have to be taken, to a large extent, as culturally given" (Ibid.).

Room (1989b) has divided the characteristics associated with "wetness" and "dryness" into two general categories:

	Type I("wet")	Type II("dry")
temperance tradition:	weak	strong
proportion of abstainers:	low	high
dominant patterns of heavy drinking:	frequent fairly heavy	infrequent very heavy (binge)
deaths from alcohol poisoning (overdose):	lower	higher
violence and social disruption associated with heavy drinking:	lower	higher
moonshining:	absent	present

(p. 3)

Others include:

alcohol-related mortality	higher	lower
drink-driving	higher	lower
liver cirrhosis	higher	lower

As noted in Chapter one, during the 1970s, debate over population distributions of alcohol consumption (the dispersion issue) became increasingly confused. Critics of Ledermann and Bruun et al. reject the idea that there is invariance of dispersion between populations and, therefore, that there is necessarily a constant relationship between mean consumption and the prevalence of heavy drinkers in different populations. Tuck (1980) raises the issue that, "logically quite large increases in national per capita consumption could take place without any change in the amount drunk by the average drinkers" (p. 5) and the proportion of average or moderate drinkers can increase without an accompanying increase in the proportion of heavy drinkers. The issue of whether or not a given change in per capita consumption results from changes in drinking patterns amongst heavy, moderate, or light-occasional drinkers (the dispersion issue) is an important one, and one which needs to be

examined and resolved empirically, in particular populations and at particular points in time⁴. The reason this issue has become so important is that alcohol problems are by no means confined to the population of chronic, heavy, or excessive drinkers. Within a public health perspective, then, it is of ultimate importance to clarify and define the nature and range of alcohol problems which need to be addressed.

Detractors have also pointed to the various conceptual and empirical limitations in Ledermann's statistical model as a technique for predicting alcohol abuse and argued vehemently against using this model as support for reducing alcohol-related problems by restricting availability (Parker and Harman 1978, 1980). Advocates for a control perspective, in countering these arguments, pointed to three propositions derived from Ledermann's work which research had subsequently shown to be relevant to alcohol abuse prevention:

1. Change in the average consumption of alcohol in a population is likely to be accompanied by a change in the same direction in the proportion of heavy consumers.
2. Because heavy use of alcohol generally increases the probability of physical and social damage, average consumption should be closely related to the prevalence of such damage in any population.
3. Any measures that may be expected to affect overall consumption, such as those regulating availability of alcohol, are likely also to affect the prevalence of alcohol problems and should thus be a central consideration in any program of prevention.

(Schmidt and Popham 1980, 90-91)

As a result of this debate, discussion was stimulated about the necessity of including alcohol availability as a consideration in strategies for prevention. Previously, education, treatment, and law enforcement had been the primary prevention techniques. The major cause of alcohol misuse was believed to be heavy, addictive, and compulsive drinking by alcoholics who, as popular logic reasoned, would be compelled to obtain alcohol regardless of the difficulty involved. Based on this type of reasoning, any attempt at reducing the availability of alcoholic beverages was considered irrelevant. The work of de Lint and Schmidt (1968), who first published supporting evidence from North America for the Ledermann curve, and the subsequent work of others, challenged this popular conclusion and forced a broadening of prevention thought. It was this new awareness which provided the

⁴For example, the observed increases in per capita consumption in the United Kingdom between 1974 and 1978 appear to be fairly evenly distributed across all groups of drinkers and not a result of just the increase in consumption of a small proportion of heavy drinkers.

foundation, both conceptual and empirical, for the present control approach to alcohol abuse prevention.

A number of other researchers in the alcohol field (Duffy 1977, 1989; Duffy and Cohen 1978; Heath 1989; Pittman 1980; and Tuck 1980) have also strongly criticised this approach. The primary line of criticism centres around the fact that the work of Ledermann, and those who have followed in his tradition, is based on certain assumptions and hypotheses for which there is inadequate, or contrary empirical evidence. Even Skog (1977), one of Bruun's collaborators, acknowledged that Ledermann's empirical evidence for assuming the direct relationship between the number of heavy consumers and per capita consumption was insufficient. Despite this acknowledgement, and far from dismissing his conclusions, Skog (1977) viewed Ledermann's work as "a remarkable example of scientific intuition" and claims that, from a very modest data base, the conclusions reached have since been supported by various studies as essentially sound. Duffy (1977) is much less generous in his assertion, after concluding a sophisticated review of the empirical evidence, that "the proportions of excessive drinkers calculated by means of the Ledermann equation have no validity" (p. 21). Duffy and Cohen (1978) refute the claim that differences as to the dispersion between populations with similar levels of per capita consumption were quite small. They conclude that the fourteen empirical samples used by Bruun et al. represent highly significant statistical differences in dispersion because most of the samples are based on large numbers of drinkers and there are significant substantive differences in their effect on the estimation of the proportion of heavy drinkers in lognormal assumptions. Duffy (1989) states that although there may be an increase in the rate of excessive problems which coincides with an increase in overall consumption, most of the attempts to prove that this is the case are not methodologically sound. An increase in alcohol-related problems could just as easily result from an increase in the number of moderate drinkers simply because there are more of them, and have very little to do with excessive drinkers.

Referring to the frequently quoted statement of Bruun et al. (1975) that:

Changes in the overall consumption of alcoholic beverages have a bearing on the health of the people in any society. Alcohol control measures can be used to limit consumption: thus, control of availability becomes a public health issue (p. 12-13),

Heath (1989) states that "[t]he crucial wording is so remarkably circumspect that it is difficult to imagine how so vague a conclusion has become solidified into so firm an assertion" (p.

39) particularly given that the basis for this conclusion was based on a comparison of historical trends with respect to liver cirrhosis mortality in various countries. Cirrhosis mortality statistics, although still considered the best indicator of chronic heavy alcohol consumption, have been criticised because of their failure to covary with other alcohol-related problems.

The widespread acceptance of the causal link between cirrhosis mortality and heavy drinking is rarely challenged even though attempts to determine the type of “bearing” changes in levels of consumption have on health have failed to yield any uniform results. Despite the lack of substantiation, this supposed link has become the foundation for most policy decisions with respect to alcohol controls.

In fact, although the literature has given those attempting to make sense of it a liberal education in statistics, “from the point of view of alcohol policy and the policy relevance of alcohol controls it has largely been a large red herring diverting attention from the major issues” (Room 1984, 304). The central policy argument has become whether changes in alcohol controls can affect the rates of alcohol problems. The issues involved in the distribution of consumption controversies can at most affect the plausibility of arguments such as that presented by Bruun et al. that alcohol controls can affect the level of consumption in a population, which in turn can affect rates of alcohol problems. From a public health perspective, the contribution of the distribution of consumption literature is in terms of peripheral plausibilities rather than the effect of the central question of the effect of controls on problems rates.

Discussion of “control” in a public health perspective has primarily been concerned with “intervention by the state in the production, trade or purchase of alcoholic drinks, in whatever form or for whatever purpose” (Makela 1985, 15). Thus, included in this definition are all control systems and actions related to alcohol, not only those with the explicit aim of preventing alcohol-related problems. This definition, however, does not include all state actions regarding alcohol. Excluded from this definition then are policies that deal with the management of alcohol-related problems directly, but that do not intervene in the market for alcoholic beverages. It should be recognised that alcohol controls, in this sense, are only one part of the whole arena of potential means of alcohol problems prevention.

This approach rests upon the belief that the government or its agencies are capable of determining the quantity and types of drinking that have costly consequences (Lemert 1991). “Dry” social policy or prevention strategies are designed to influence consumption and, by extension, alcoholism. There are a variety of methods employed in a public health approach to prevention including public information and education, changes in the social contexts of drinking, and limitations on the availability of alcoholic beverages (Holder 1989). Assuming alcohol behaves like most economic commodities, consumption may be controlled by price manipulation and curtailment of availability (Colon, Cutter, and Jones 1981). The “dry” policy approach of limiting the availability of alcohol can be divided into three general categories: control of production, control of distribution, and control of price, purchase and the promotion of sales (WHO 1980). The partial success of “dry” policies has somewhat offset the poor track record of “wet” policies in that the results of evaluations of “dry” policies in at least two areas, that of tax increases on the price of alcohol and increases in minimum drinking ages, are clear and unequivocal (Room 1992). Given that it has now been generally accepted that the rate of alcohol-related problems corresponds more or less to the prevailing level of per capita consumption, according to this argument a decrease in per capita consumption will result in a decrease in alcohol-related problems, regardless of how they are defined. Per capita consumption is subject to governmental control via price and fiscal manipulation and whether considered desirable or not, this has proven to be the most effective means of curbing the level of alcohol misuse in the population (Bruun et al. 1975; Grant 1985a).

The production, sale and export of alcohol is an extremely important source of revenue for the governments of most countries, and governments as well as the alcohol industry have considerable vested interests in the alcohol market. Thus, the health implications of alcohol consumption, as far as alcohol policies are concerned, exert a conflicting influence in terms of other fiscal interests of the government and the profit-making motives of the industry, which results in a frequent overshadowing of concerns related to health. Governments with national health care schemes should, but do not seem, able to balance the increased revenue generated by increased sales of alcoholic beverages against the increased health costs of greater alcohol problems. Most countries are in agreement with regard to restricting the availability of alcohol for young people. Minimum

ages for purchase and consumption and associated restrictions are legislated almost universally, as are penalties established for infringements of these laws both for the individual and for those in any manner involved with the infractions.

Although other alcohol control measures have had more equivocal results when studied, it appears likely that, in general, controls have at least as strong an effect on episodes of intoxication as on other drinking occasions, and on chronic heavy drinkers as on other drinkers (Room 1992). The results found in the evaluative literature on alcohol prevention efforts and policy measures appear undeniable:

In terms of the aims enunciated by proponents of wet policies, dry policies work, at least sometimes, and wet policies do not. This imbalance presumably partly underlies the gross imbalance Olsson (1990) found in the 1989 Swedish alcohol debate: the dry side of the debate was conducted in rational terms, mostly put forward by experts, whereas the wet side tended to be stated in phenomenological terms, more by private persons than by experts. (*Ibid.*, 94)

The problem here is that the formal evaluative literature has concentrated almost solely on the short term. Discussed more thoroughly in the concluding chapter, it deserves mention that long-term results do not necessarily represent a magnification of short term results and the apparent success of "dry" policies may be diminished or reversed in the long-term. The seeming lack of success of "wet" policies may stem more from the difficulties inherent in measuring their effectiveness.

Some argue that measures designed to reduce the amount consumed by the general population should be supplemented by efforts designed specifically with the intention of reducing the amount consumed by heavy drinkers. The controversy extends to the question of whether lowering amounts consumed will reduce only certain alcohol problem indicators, such as biomedical problems (i.e., cirrhosis), but not widespread psychosocial ones such as violent crime or family disruption (WHO 1980).

In their evaluation of the implications of the single distribution model and the sociocultural model in terms of "alcoholism" prevention, Colon, Cutter, and Jones (1981) concluded that it is an oversimplification to view alcoholism merely as an extension of heavy drinking. "Availability is not a unitary dimension and appears, furthermore, to have little potential utility in controlling consumption or alcoholism" (*Ibid.*, 348). If prevention of "alcoholism" is the ultimate goal, alcohol control policies which were directed toward alleviating anomie and social isolation would be more effective.

Controversies aside, the evidence does suggest that control measures designed to limit availability are successful in reducing the rate of new cases of heavy drinking, and thus, these control measures, although not as much of a success as sometimes claimed, do have beneficial effects.

Attempts to ascertain the effects of various control measures have encountered problems because normally changes in control measures are implemented gradually, several changes may be made simultaneously and the effects of other influences are often difficult to isolate.

The imposition of alcohol controls are certainly not without their drawbacks. In countries where the positive attributes of alcohol are widely recognised and alcohol use is firmly entrenched in the culture, a move to introduce or extend policies that are likely to be construed as paternalistic carries an inherent risk. In a society which does not have a tradition of strong public health concerns, alcohol controls are not likely to be considered politically expedient. More important is the resistance from governments to forfeit the enormous revenue generated from alcohol taxes, even though in many cases health care and industrial inefficiency costs can substantially exceed this. Even if the political will was in place, governments may find themselves prevented from taking the steps necessary to accomplish this by international agreements intended to stimulate trade and prevent the imposition of selective tariffs (*Ibid.*). Furthermore, although controls are not intended to transform the values associated with drinking or drunkenness, this may be an unintended result of regulations which significantly transform drinking patterns. Moreover, rather than dramatically modifying drinking behaviour, it may merely add extraneous behaviour to the existing patterns of drinking (Lemert 1991).

The general conclusions drawn by the WHO (1980) with regard to control measures to limit the availability of alcohol are as follows:

- (1) The effectiveness of any specific type of control effort will depend in part on its integration into a clear governmental policy position that has been carefully defined and coherently expressed.
- (2) The effectiveness of any single control measure probably depends on its being embedded in a series of mutually supportive efforts that together constitute a comprehensive and coordinated programme of prevention.
- (3) Control measures are likely to be more effective if preparation has been made for their acceptance by the public through appropriate public education and information. (p. 34)

If adopted, the effectiveness of control measures would undoubtedly be significantly enhanced but these findings have seemingly been universally ignored by those responsible for developing alcohol policy.

2.3 Summary

As discussed, the sociocultural approach and the distribution of consumption model may be complementary in terms of understanding how and why people drink but this does not extend to their proposals for the resolution of alcohol-related problems.

The “wet” policy suggestions have appeared to offer a reasonable and attractive alternative to increased restrictions, but as models of prevention they have not performed well with respect to formal evaluations. While they may have a certain common sense appeal, they suggest no easily implemented policies that seem likely to be effective. Even though some ethnic and social groups or cultures have managed to discipline their drinking without total abstinence

this moderation is almost always the product of a long history, not current injunctions and instructions. It is doubtful how far drinking and drug-taking practices can be manipulated by a conscious policy. There is no simple way to identify how some group does it and to get others to emulate them. The usual suggestions for advertising, drug education in schools, encouraging the use of beer and wine instead of liquor, and so on, appear to be very light ammunition against established customs that are deeply embedded in the life of a society. And in fact, they usually prove ineffective. (Bakalar and Greenspoon 1984, 101 as cited in Partanen 1991, 202)

It is the informal controls that have been most successful but these do not easily translate into formal guidelines for behaviour.

Alcohol education is used as both a “wet” and “dry” strategy but with somewhat different emphases regarding the positive and negative aspects of alcohol use. There have been conflicting results in terms of alcohol education altering immediate drinking habits and various criticisms levelled at alcohol education as a sole measure for reducing alcohol-related harm but, at least in the long term, alcohol education may provide a useful tool for both “wet” and “dry” proponents insofar as provision of knowledge and changing attitudes.

The inclination for “wet” and “dry” societies to focus on very different alcohol-related problems has meant that, from a policy perspective, the most appropriate strategy for dealing with problematic drinking differs and provides little opportunity for adequate comparisons. This is further compounded by the difference between the short-term and long-term effects of evaluations of policy changes, mentioned briefly here in the discussion of “dry” policies

and in more detail in Chapter 8. For instance, “wet” societies tend to struggle with high rates of liver cirrhosis but normally there is a time lag problem with respect to changes in per capita consumption and cirrhosis mortality, usually underestimating the extent of long-term changes in the health of the population. Alternatively, a concerted effort to curtail drink-driving tends to have immediate results because the high visibility of enforcement whereas, with the passage of time, the often dramatic short-term results are not sustained.

Some combination of “wet” and “dry” policies would likely cover the greatest range of alcohol-related problems and offer the greatest degree of success. Alcohol controls have been successful in terms of limiting availability and new cases of heavy drinking but are not intended to transform the values associated with drinking and drunkenness. In order to prepare for the imposition of “dry” policies, “wet” policies intended to buttress these may expedite changes in drinking patterns and the cultural meanings associated with drinking.

CHAPTER 3

POPULAR MOVEMENTS AND THE POLITICISATION OF ALCOHOL

A comparative analysis and critical evaluation of the “wet”/“dry” paradigm is undertaken in the forthcoming chapters. Various alcohol-specific characteristics, for which there are quantitative or comparative measures which could be regarded as components of the differentiation between “wetter” and “dryer” cultures, have been divided into five main categories, composed of a total of seventeen components. As discussed, the characteristics of “wetter” and “dryer” are defined in relative terms; therefore, a country or culture which may appear to be located at the “wetter” end of the continuum in one set of comparisons may be located at the “dryer” end in another.

This chapter explores how the concept of addiction has impinged upon the politicisation of alcohol and how this has affected the growth of popular movements in the countries concerned; to achieve this the evolution of the concept of addiction must be examined. Given that the discovery of addiction seemed to have coincided with the rise of temperance sentiments in “dry” societies or, more accurately, in traditionally “wet” societies as part of the process of becoming “dryer,” this has important implications for the “wet”/“dry” paradigm.

3.1 The Discovery of and Evolution of the Concept of Addiction

In Warner's (undated) discussion of the medieval experience with alcohol she suggests that although most people drank continuously throughout the day, normally beginning at breakfast and often continuing throughout the evening over their entire life span, few appeared to develop any of the physiological symptoms now connected with the notion of “alcoholism.” Because most drinking was continuous but moderate, blood-alcohol levels probably seldom exceeded acceptable proportions. This meant that rarely would there be any obvious signs of intoxication and heavy drinking was likely to go unnoticed. *Alcoholism* is “a relatively recent phenomenon, limited in time to the past four centuries, and limited in space to those areas where food is both plentiful and varied” (*Ibid.*, 1). The idea that alcoholism is a medical entity is even more recent (the earliest estimates generally being

somewhere around the 1850s), and the widespread acceptance of this notion has only come about in the past half century. Also, to date there is no universally accepted definition of alcoholism, which is further complicated by the fact that many anthropologists and sociologists view alcoholism as a peculiarly Western concept.

During the seventeenth and eighteenth centuries, most of Europe and the English colonies in the New World were decidedly “wet,” but there was a conspicuous lack of written documentation on the existence of alcoholism in France (Sournia 1990). Classified as “wet” in terms of overall quantity consumed, traditional drinking patterns varied considerably and the type of drinking which was ultimately to become the focus of concern (the drinking of spirits and drinking to the point of intoxication) in the temperance cultures was far less common in France.

In Moore and Gerstein's (1981) simplifying conceptions or governing ideas associated with alcohol use they refer to the “colonial view” as a time when drinking and drunkenness were widely accepted as a normal part of everyday life. The scant disapproval that did exist seemed to occur only in cases of conspicuous, inappropriate or undignified intoxication and tended to be viewed as a moral failing; the most appropriate solution being to discipline the moral character of those who overindulged.

Commonly attributed to the medical writings of the eighteenth century (Bynum 1968), it was during the seventeenth century that the first reports or depictions of habitual drunkenness as a “disease” or an “addiction” originated.

It was in the late eighteenth and early nineteenth century that “the existential experience of loss of control over drinking, and over one's life because of drinking, came into world history as a subject of public discourse” (Room 1989a, 66). Glimmerings of this new philosophy can be detected as early as 1662, but “it attained hegemony only in the Jacksonian era--the period beginning in the 1830s that has been aptly labelled ‘Freedom's Ferment’” (Kurtz and Kurtz 1986, 120). Given the timing, this presumably had to do with the need to operate machinery.

In 1784, Dr. Benjamin Rush, signer of the Declaration of Independence and “the father of American psychiatry” is generally credited with formulating the modern disease concept of alcoholism. According to conventional wisdom, he created “a new paradigm that gave birth to the modern understanding of ‘habitual drunkenness’--identifying the causal

agent as spirituous liquors, describing the drunkard's compulsion as loss of control over drinking behavior, declaring the condition a disease, and prescribing total abstinence as the only cure" (Ibid.). Thomas Trotter is also often feted as the founder of the disease concept of alcoholism. Trotter's book, written practically simultaneously but in Britain, has often been viewed as the fountainhead of the study of alcoholism. As Porter (1985) astutely points out, rather than creating an entirely new paradigm, this was part of a continuing tradition; earlier writers, particularly Lettsom, Cheyne and Mandeville, should be, but rarely are, credited with developing the foundation for medical thinking on the subject. Their rich accounts of progressive dependence are also in keeping with first-person descriptions from the previous century. Wider acceptance of this new paradigm for habitual drunkenness was but a corollary of a more profound ideological shift that occurred in the late eighteenth century: the progression from an inherently religious to a distinctly secular paradigm.

The popularity of this medically inspired paradigm shift (the concept of addiction) coincided with the emergence of various temperance movements, offering additional justification in their quest to disentrench and marginalise drinking. The idea of loss of control over behaviour is integral to the concept of addiction or dependence; the assumption being that alcohol in some respect makes the drinker lose control. The experience of loss of control over behaviour is twofold: not only is the person's drinking considered out of control but also the person's life in general. This idea indicates an adherence to the concept of individual control or willpower, presupposing that the individual should be in control of his or her own behaviour and inherently rejecting the necessity for externally imposed controls. This "seems to have developed along with fractionation of the traditional external controls of village society and the extended family, and the fraying of the 'safety nets' which traditional societies to some extent had provided for the dependents of the unproductive" (Room 1989a, 66). Self-control and discipline were essential in this new type of society. By labelling and marginalising certain problem drinkers, it conveniently deflects attention away from any problems intrinsic to the society itself.

Not only did members of the temperance movement promulgate the disinhibition thesis of the effects of alcohol but they also believed alcohol to be "a dangerously addicting drug that could lead to the total destruction of the drinker's ability to act in a moral fashion"

(Parker and Rebhun 1995, 20). Its destructive powers were considered to be so potent that habitual drinkers were permanently morally incapacitated whether drinking at the time or not.

The concept of loss of self-control reflected the Enlightenment idea of the social worth and relevance of individual consciousness. The assumption that self-control was normative and would be in some respect rewarded, necessitated the discovery of some justification for the breakdown and failure of self-control (Room 1989a). It was no longer considered acceptable to attribute this failure to fate or God's will; instead, and in keeping with contemporary thinking, the answer was sought from within, with failure denoting an individual character fault.

In 1849, Magnus Huss, a Swedish doctor and son of a Lutheran pastor, coined the term **alcoholism**. Huss suggested that alcoholism was but one form of poisoning to be ranged alongside others. "In alcoholism, he proposed a unifying theory, a new way of viewing problems that formerly had defied classification" (Sournia 1990, 47). Many of the physical and mental symptoms had been described by others before him but he was the first to engage in a systematic classification of damage directly attributable to alcohol. Huss had hoped that the use of the term "alcoholic" would supplant the use of the word drunkard, thereby circumventing the semantic trap that earlier efforts at gaining adherents to this view had suffered from; he also hoped this would engender more sympathy towards this segment of the population, however, it took another half a century before the term came into common usage (Fleming 1975). Huss' work put alcoholism into the realm of medical knowledge while simultaneously leaving the emphasis on personal morality intact, believing that each individual was responsible for his or her own behaviour.

The emergence of the idea that the substance was responsible for depriving the individual of self-control offered a kind of "secular redemption" and was in keeping with early temperance ideology (Room 1989a). This partially relieved drinkers of their previous moral imputations, focussing primarily on the substance itself. Equipped with the knowledge that alcohol deprived people of self-control, there was an implicit understanding that the responsibility at this stage resided in the individual, being rational and self-disciplined, to renounce alcohol. Methods employed by the early temperance movement, such as the public signing of pledges and mutual support networks, were designed to support this view.

Having not been entirely successful in their endeavour, a new branch of the temperance movement emerged in the second half of the nineteenth century supporting a somewhat different perspective. Still supporting the idea of addiction and still attributing it to an internal defect, the onus of responsibility shifted from the drinker to the purveyor of alcohol. Certain factions of the temperance movement began advocating legal prohibition when this new model of addiction came into vogue. This new paradigm proposed that alcohol was an insidious substance with addictive properties so potent that its sale must be prohibited; it was no longer up to the individual to resist temptation and exercise self-control. No one was seen as being immune to its damaging effects. The temperance movement in particular adhered to the “idea that even small amounts of liquor would release the inner beast in any man, leading to violent, dissolute behaviour” (Parker and Rebhun 1995, 20). This is consistent with Moore and Gerstein’s (1981) “temperance view,” which eventually replaced the “colonial view” as a governing idea. This perspective is reflected in current legislation with regard to most psychoactive drugs (but not alcohol) and provided the rationale behind efforts at prohibition in North America. In Sweden, ration books were issued, ensuring that only those who were rendered capable of controlling their alcohol intake were permitted to purchase it.

A somewhat different perspective began to appear in the second half of the nineteenth century when medical reports began to identify alcoholism as a disease. This perspective located the addiction as residing in the drinker rather than the substance, and the internal defect or the “residual inner compulsion” came to be viewed as an illness rather than a moral defect (Room 1989a). It was at this time that the medical profession managed to seize “ownership” of the alcohol issue. Gusfield (1981) defines “ownership” as “[t]he ability to create and influence the public definition of a problem...” (p.10). The public's desire for scientific credence meant that they welcomed the proposal of a plausible understanding, or what they consider to be “facts,” about the human condition. Marshall (1986) refers to this as the “medicalisation” of ethanol, “in which it was converted from a mundane, everyday victual to a special occasion drug of high potency” (p. 73). The “medicalisation – indeed psychiatrisation – of drunkards into alcoholics and addicts squared with the ambitions of doctors, churchmen, philanthropists and the state” (Porter 1985, 393). While there was

nothing new about the concept of the chronic alcoholic, it was the strategies for dealing with those suffering from this “disease” that were new.

During the 1930s and 1940s alcoholism was “rediscovered” as an addiction and as a disease but with a new twist: “[n]ow alcohol was seen as addicting to only some people for reasons unknown but thought to lie in the individuals rather than in the drug *per se...*” (Ibid., 70). These popular archetypes were reinforced by such Hollywood films of the period as the Oscar-winning “The Lost Weekend” (1945) and “Come Back Little Sheba” (1952).

This is consistent with Moore and Gerstein's (1981) third governing idea, the “alcoholism view”; which holds that although alcohol is innocuous for most people, there is a minority of individuals who cannot use it without succumbing to alcoholism -- a specific disease entity for which the only known cure is total abstinence.

There was substantial agreement regarding the classification of addiction as a medical entity but controversy ensued as to whether it was psychological, genetic, or physiological. This relieved both the drinker and the substance of their previous moral imputations; alcoholism was considered a medical entity, entirely distinct from social drinking. The appeal of this view is evident given that there is no blame to be assessed and that it projects the conception of vulnerability onto a small proportion of the population. As such, it has managed to establish and maintain support from the alcoholic beverage industry itself. By supporting this view, the alcohol industry, at least until recently, had managed “to fend off restrictions on the aggressive marketing of alcohol and the threat of higher alcohol taxes” (Cahalan 1988, 57). In “dryer” cultures, where alcohol is already set apart from the routine of daily life, it is convenient to be able to segregate certain “problem” individuals into a distinct and identifiable group. By the 1950s and 1960s, the “disease” theory had become widely accepted and part of public discourse, although researchers have never managed to discover the exact “alcoholic” disease entity. Furthermore, this focus on “alcoholism” finally allowed the “wets” and “drys” to find some common ground. They may have disagreed on the nature of alcohol but both sides could agree that some individuals, at the very least, engaged in antisocial and harmful drinking (Valverde 1998). Barr (1999) asserts that while the medical profession has been keen to champion the “disease” theory to entice alcoholics to seek treatment, only a minority actually subscribe to this belief. Two opinion polls carried

out in the 1980s showed that while 79 per cent of the general population, only 21 per cent of doctors, believed alcoholism to be a disease.

Watts (1982 as cited in Fry 1986) has discussed three traditions in social thought on alcoholism. The first, “the moral perspective and the Prohibition movement,” emphasised the evil of alcohol and its damaging properties; the second was labelled the “modern alcoholism movement” (the “disease” model of alcoholism), with its emphasis on the alcoholic as “sick”; and the third was the “new public health perspective,” which emphasised the need for societal controls over alcohol. Watts argues that the new public health movement represents an attempt to put alcohol back into alcoholism policies and includes the concept of shared responsibility for alcohol and alcoholism among alcohol users, abusers, and nonusers. The “disease” model ignores the role of alcohol, focussing instead on alcoholism. Both Alcoholics Anonymous (AA) and the disease model movement emphasise the unique susceptibility of alcoholics, thus creating two distinct groups--alcoholics and normal drinkers. The public health perspective “removed the pathological, ‘disease’ label and redefined the problem in epidemiological and public health terms as arising from levels of alcohol consumption in the population as a whole and, at the individual level, as a consequence of lifestyle and ‘risk behaviour’” (Thom 1999, 15).

The idea of loss of control has recently begun to take on a new form with the emergence of an ideology which focuses on the experience of loss of life-control without the experience of loss of personal control. The concept of “co-alcoholism” or “co-dependence,” frequently described as a specific disease affecting the family of the alcoholic, began to appear in the therapeutic literature during the 1970s (Room 1989a). This idea gained extraordinary momentum (Rudy 1991) and now there are a variety of services available for those experiencing loss of life-control as a result of addiction. The most striking aspect of co-dependence is that “what was previously considered to be a morally superior position - the position of the sober wife and the long-suffering teenage son or daughter of an alcoholic - has been turned into a disease in its own right...”(Valverde 1998, 30).

Since the early 1990s, a further shift in the conceptualisation of the alcohol problem, towards a criminal justice model, has become apparent with the introduction of surveillance, harm reduction and community safety approaches (Thom 1999).

Having progressed through various phases, the concept of addiction still implies a double loss of control, over one's drinking and over one's life in general because of drinking. While there have been major shifts in the conceptualisation of the alcohol problem over the years, these explanatory models continue to co-exist on some level.

The “disease” concept of alcoholism has been widely accepted by the general population but there are still those who find this abrogation of personal responsibility untenable and propose a return to viewing alcoholism as an individual character fault (Barr 1999). Surely, in the absence of concrete evidence as to what constitutes this alcoholic “disease” entity, there needs to be some degree of personal responsibility for “alcoholism” and not just alcoholism, but alcohol itself, clearly needs to be part of alcohol policies.

3.2 Popular movements and the politicisation of alcohol

Just as “wet”/“dry” drinking cultures have evolved in very different manners, so too have their respective temperance traditions. Each country's temperance movement developed its own distinct character and its own set of solutions to alcohol-specific issues, but there were also a great many similarities.

3.2.1 The Canadian Temperance Movement

Early North American drinking habits have been luridly described by various settlers and travellers to Canada and the United States. An “Ex-Settler” described his experience in Canada, 1832-34, and advised prospective immigrants that “they would find ‘every inn, tavern, and beer-shop filled at all hours with drunken, brawling fellows; and the quantity of ardent spirits consumed by them will truly astonish you.’” (as cited in Guillet 1954, 50). This was the type of sentiment that eventually stimulated people to form Abstinence and Temperance societies in Canada.

The roots of the Canadian temperance movement can be traced back to the 1820s. Various sources influenced its formation but it drew inspiration and gained impetus primarily from Britain and the United States at this formative stage (Gray 1982). Consequently, many aspects paralleled similar movements in those countries. “Temperance began with bands of moral suasionists who restricted their efforts to individuals, usually of their own social standing, through temperance lectures and the signing of pledges” (Pederson 1991, 146). The first society was formed in Montreal in 1828. The Washingtonian Movement, with its techniques of religious revival and public testimony had a profound impact in eastern Canada

after the 1830s. From this point forward anti-alcohol campaigning was to follow a similar course to that of the United States much more so than that of Britain. Pederson (1991) identifies the strong Protestant Evangelical support and agitation for temperance typical of the American movement. Deriving most of its support from Methodist, Presbyterian and Baptist churches, it became part of the “Social Gospel” movement of the early 1800s (Smart 1985). Not surprisingly, temperance first appeared in the parts of Canada with geographic proximity to the American seaboard. In 1832 there were 100 temperance societies in Upper Canada (Ontario) composed of 10,000 members. By 1842 there were 166 societies with a membership of 60,000 (one tenth of the population). “Temperance in Ontario became virtually synonymous with membership of the Methodist Church, and in the Maritimes, with the Baptist Church” (Pederson 1991, 147). Interdenominational or nondenominational societies would eventually dominate the movement; as such, temperance helped break down denominational barriers and promote interdenominational cooperation (Austin and Prendergast 1989).

The initial Canadian temperance stance was primarily against the consumption of spirits, as was the case in other countries. Dissension developed very early on between those that were adamantly against the use of beverage alcohol of any kind, referred to as “new pledge,” and those who merely denounced the use of spirits, referred to as “old pledge.” The first total abstinence society was formed in St. Catharines in 1835 and by 1840 almost all temperance societies had converted to “new pledge” (Guillet 1954; Pederson 1991).

At the outset, Canadian temperance associations denied membership to women (Guillet 1954). They also excluded Negroes and Canadian Natives in an effort to keep the associations middle class, white, and respectable (Pederson 1991; Smart and Ogborne 1986). For the time being, no organisations were developed for the Native population, although several Negro-only associations began appearing (Pederson 1991). Women were gradually integrated into the temperance network in the 1850s, and by the following decade they were granted full membership. Joining predominantly for the purpose of curtailing the drinking of the men in their midst, by the 1870s and 1880s, women became staunch supporters and would become renowned for their contributions to the temperance effort. Mitchinson (1979) claims that women's emergence from the domestic sphere and increased involvement in the public sphere arose from a need to protect the home and assert themselves in an acceptable

way. In fact, Nadeau and Harvey (1995) suggest that, by so doing, women were ultimately made responsible for male drunkenness.

Temperance activities are also reputed to have aided social regeneration. The meetings were both educational and social and by this time frequently included children's branches (Guillet 1954; Smart and Ogborne 1986). Temperance halls were built and good templar soirees became popular. The early temperance societies were social organisations and, as such, they assumed many of the functions of taverns, frequently performing them better and more economically. Activities included Saturday night soirees, speeches, sponsoring of bands, sports teams and concerts.

The theory of hereditary degeneration in the children of alcoholics, which became popular during the latter half of the eighteenth century, was used to justify policies of selective admission to countries such as Canada which relied primarily on immigration for population growth. Not only were strict immigration controls instituted, but immigrants exhibiting signs of alcoholism during their Atlantic crossing, or even after a stay of two years, were deported (Sournia 1990).

A fleeting attempt at prohibition in the province of New Brunswick was introduced in 1855 but was repealed the following year having proved untenable in terms of enforcement.

The responsibility for alcohol control measures was given to local authorities as a result of federal legislation passed in 1874. The Canadian Temperance Act (Scott Act) of 1878 was a response to the escalating demands of the temperance platform for a uniform policy of alcohol control. The Act only provided for local option at the county or municipal level throughout the country. Where adopted, the sale, but not the consumption, of alcohol was prohibited (Geraghty and McMeans 1975).

By the second decade of the twentieth century, prohibition seemed inevitable. At the height of its popularity, “the movement enjoyed support from most Canadians, combining social concern with religious fervour” (Draper 1985, 7).

All provinces, except Quebec, became “dry” by virtue of the Scott Act in the first two decades of the twentieth century. Provincial prohibition was enacted in Prince Edward Island in 1901, Nova Scotia in 1910, Alberta, Manitoba, and Ontario in 1916, and in British Columbia, New Brunswick, and Saskatchewan in 1917. While this legislation did not require

prohibition, it made provision for its implementation. Uneven application, however, made the Scott Act ineffectual. The division of powers between the federal and provincial governments, whereby the provinces regulated the sale but not the manufacture of alcohol, necessitated complementary federal legislation for prohibition to achieve its desired goal. Federal legislation, passed in 1916, which intended to redress the balance, prohibited the importation of intoxicating liquors into any province where this would be considered contrary to the law of that province. This legislation did not prevent brewers and distillers from operating within the provinces nor did it stop warehouses from transporting alcohol in and out of the provinces. At this time a great deal of the alcohol stored within the provinces was being diverted into the illegal alcohol market. Furthermore, part of the reason that the Canadian breweries and distilleries survived prohibition is that they were the principal suppliers of alcohol to the United States during their national prohibition. Given that it was legal to export alcohol outside the country, much to the chagrin of the American prohibitionists, and although it was technically unlawful for the merchandise to be landed, there was ineffectual enforcement in America as in Canada, which all contributed to an enormously lucrative trade for the Canadian alcohol industry.

During World War I, all provinces including Quebec instituted prohibition as a wartime measure; the federal government passed an order-in-council prohibiting all alcohol manufacture in 1918. While successful at inhibiting the traffic in illegal alcohol, the order-in-council lapsed the following year and illegal trade resumed. At the end of the war, most provinces maintained prohibition in some form, although by the end of the 1920s, it had all but disappeared, leaving a legacy of failure.

Pederson (1991) claims that although the medical profession was less inclined to champion the medical virtues of alcohol than they once were, they were partially responsible for the evasion of prohibition laws. In all likelihood, the Federal Government sold more alcohol than bootleggers during prohibition on the basis of doctor's prescriptions for the provision of alcohol for "medicinal purposes." As 810,000 prescriptions were filled in Ontario between 1923-4, it is dubious how many of these were actually considered medically expedient. Amongst the "wet" proponents, Stephen Leacock, Canadian economist and humorist wrote:

It is necessary to go to a drug store and lean up against the counter and make a gurgling sigh like apoplexy. One often sees these apoplexy cases lined up four deep. (*Ibid.*)

According to Gray (1982), the facts, particularly the associated dramatic reduction in crime of all kinds and the almost instantaneous increase in the standard of living of the working class, fly in the face of the popular perception of the Prohibition era on the Prairies.

Canadians generally believe that Prohibition was something that was foisted upon a reluctant populace by a bunch of fat old ladies while the bulk of the male population was off fighting the First World War. When the soldiers returned, so the story goes, and discovered what had been done in their absence they reacted instantly with demands for a new plebiscite and ended Prohibition once and for all. But not before, it was alleged, it had spawned a new breed of gangsters and racketeers; fatally impaired public respect for law and order; led to wholesale bootlegging; and vastly increased public consumption of booze of all kinds, particularly bath-tub gin and rot-gut moonshine. In short, a public disaster unmitigated by any trace of social gain or even amelioration of conditions it sought to eradicate. (Ibid., 14)

He blames the endurance of this erroneous perception on Canadians' "overwhelming passion for grafting Canadian conclusions onto American premises, confusing Canadian reality with American mythology" (Ibid., 15). The propensity for Canadians to extrapolate from American history has much to do with their geographic proximity and the overwhelming exposure to American media hyperbole. Gray is of the opinion that none of this public perception has any validity in the Prairie context and, in fact, little has any validity in the American context either. Short-lived as Prohibition was, the social gains which ensued were unparalleled in any other period in Canadian history. Its most striking success was that it managed to modify the excessive and raucous drinking habits which had persisted for generations, a legacy from the frontiersmen, and these modifications have been profound and lasting. Likewise, Whitehead (1977) points out the success of prohibition in reducing per capita consumption and alcohol-related illnesses. Mortality rates for alcoholism and alcoholic cirrhosis decreased by 60 per cent in Ontario and, particularly in western Canada, the extent of public drunkenness also drastically diminished (Pederson 1991). Although the positive outcomes may not have been the goals originally aspired to, they nonetheless can be considered a mark of success from a public health and public order perspective.

While the chief factors held to be responsible for the demise of prohibition were inadequate enforcement, the corruption of officials, and lack of uniformity between provinces in implementation of regulations, it appears that the primary reason for public disenchantment with these measures was economic in nature. According to Decarie (as cited in Pederson 1991) economic motives were also responsible for the rise of prohibition. At the

height of prohibition sentiments there was a coincidental decrease in the number of people either self-employed or working for small businesses. It had been these individuals who had inculcated the need for self-discipline to ensure their economic future that seemed to fuel the change in drinking habits consistent with prohibition. With a predictable time lag of a generation, a change in attitudes congruent with the change in employment conditions and the demise of prohibition appeared as inevitable as the demise of self-employment and small businesses. Pederson (1991) claims that it was economic imperatives which precipitated the shaping of the “new outlook” much more than the “new outlook” being responsible for the shaping of provincial policies. At the end of the War, Quebec had maintained the prohibition of spirits but sanctioned the sale of beer, wine and cider. This meant that Quebec managed to transcend the corruption and law-breaking of prohibition while amassing large amounts of provincial revenue. This engendered resentment from many of the other provinces, most of whom soon followed suit.

Also, to a certain extent the temperance movement was the passive victim of demographic changes. The changes between 1871 (the first census including data on religion) and 1931 (the end of Prohibition in all provinces except Prince Edward Island) were extraordinary. Anglicans and Catholics proliferated while others, large supporters of Temperance, grew much more slowly and Eastern European and Asian immigrants, who had no affinity for Temperance, poured into Canada (Smart and Ogborne 1986). The temperance movement was also profoundly affected by the growth of urbanisation (by 1931 only 46% of Canada's population was rural, down from 80% in 1871), as it had always drawn its greatest support from rural areas.

Quebec Temperance

In the nineteenth century, Quebec developed its own temperance movement, completely separate from the larger movements in the rest of Canada. It is hardly surprising that the national temperance movement did not appeal to most of the Quebecois given its close ties with fundamentalist Protestantism and the Ontario middle class. The Roman Catholic hierarchy supported moderation but would not officially condone a Methodist-dominated movement. Despite their own temperance ideals, Quebec citizens uniformly rejected prohibition measures and during prohibition in English Canada alcoholic beverages were imported, either legally or illegally, from Quebec. Prohibition was only instituted in

Quebec as a wartime measure. At the end of the First World War, while maintaining prohibition on the sale of spirits, it permitted the sale of wine, beer, and cider. Currently, Quebec's approach to alcohol controls is much more liberal than in other parts of Canada and "represents something of a Canadian bastion of freedom in such matters" (Smart and Ogborne 1986, 187); for instance, Quebec is the only province in Canada which permits the sale of wine and beer in grocery stores.

3.2.2 The English Temperance Movement

As a prelude to the English temperance movement, there was a concerted attempt to curtail the distillation of spirits in the first half of the eighteenth century. Williams and Brake (1980) refer to the Gin Act of 1736 as "prohibition in all but name." Apart from an initial decrease in consumption, the most notable effect of this restrictive legislation was the inevitable boost to illicit traffic in spirits, which flourished at this time. When enacted, "...England's gin shops were draped in black and in some places there were gin riots" (Fleming 1975, 104). Given the outcome of this early trial, the temperance reformers should have been prescient of their own destiny, although it appears that it did little to dampen their spirits.

Carter (1933) staunchly defends the notion that the temperance movement arose as a backlash against the excessive consumption of the time, particularly as a result of the enactment of the Beerhouse Act of 1830. Intended to promote temperance by reducing the consumption of distilled spirits, in reality it meant free trade in beer, which according to Carter was "calamitous in its consequences," as, in fact, the demand for spirits increased. Shiman (1988) claims that the temperance movement had little to do with the amount or type of drinking taking place at the time and much to do with the general prevailing social and political climate. It was "one of many social reforming causes such as anti-slavery, evangelical religion, factory reform and public education" (p. 1) - all concerned with the welfare of the worker. Drinking to excess was only deemed problematic when it conflicted with the concept of "work discipline" which accompanied industrialisation. Dingle (1980) also supports this view, stating that "[t]raditional drinking habits increasingly conflicted with the requirements of industrial work and urban living..." (p. 8).

At the beginning of the 1830s, "the social environment of the labouring population in the towns was so comfortless and debased that the lure of drink must have been wellnigh

irresistible to many. Working hours were cruelly long and industrial conditions tyrannical, whilst the ‘homes’ of manual workers were slums more hideous than the worst that survive to this day” (Carter 1933, 32). Liquor, however, was ridiculously cheap and drink-shops were ubiquitous.

Alcohol, which had initially helped to assuage the migrant workforce while making the adjustment to the new and inauspicious conditions which were facing them, seemed to be easily supplanted by the social support network offered by the temperance societies.

The English temperance movement, founded by Joseph Livesey in 1832, coincided with the formation of temperance societies in other parts of the western world. While temperance societies composed of individuals having taken a pledge to abstain from spirits had existed prior to this time, it was not until the 1830s that “total abstinence” societies appeared (Williams and Brake 1980). Harrison (1971) claims that its predecessor, the anti-spirits movement⁵, has been neglected by temperance historians because it was almost too successful; “for its basic principle, total abstinence, was taken up by reformers and pushed so much further that the disciples turned against the pioneers”(p. 352). Although the struggle against alcohol was less fervent in England than America (primarily because it lacked the patriotic enthusiasm so integral to its American counterpart, which meant that it was less politically inspired), the British antialcohol movement was well established by the mid-nineteenth century. The abuse of alcohol had become a powerful political issue and enjoyed strong popular support. The decidedly less forceful and less political form of the English temperance movement was in keeping with the English national character. State interference in what was considered essentially a private matter was not customary and virtually unprecedented. Typical of other countries with strong temperance traditions, the movement was predominantly Protestant, or at least an outgrowth of Protestant sensibilities, although in England it was largely nonconformist (Royal College of Psychiatrists 1987).

According to Shiman (1988), the English temperance movement went through four discrete phases, similar to those suggested by Carter (1933). In the initial phase, the involvement of the working class was minimal. “[T]emperance was a traditional middle-

⁵Shortly before the 1830 Beer Act was put into effect, the anti-spirits movement originated in Northern Ireland and Scotland where this act did not apply. The movement had no objection to beer which, at the time, was considered the temperance drink (Harrison 1971).

class movement with clergymen and upper-class reformers providing leadership..." (Shiman 1988, 4).

From the outset there was a lack of consensus on the issue of total versus partial abstinence. According to a contemporary observer, it was soon found that "while abstinence from ardent spirits was strictly observed, numbers forgot to be moderate in the use of malt liquors; therefore, it was no uncommon thing for the visitors to find members of the Temperance Society drunk" (as cited in Winskill 1881, 34). Fierce debate preceded the decision in favour of total abstinence. Initially there were two classes of pledges to appease both sides, but in 1835 the moderation pledge (moderation in the use of all but spirituous liquors) was abandoned.

The movement entered its second phase from the mid 1830s to the late 1840s when it was inundated with working-class teetotallers, thus altering its composition significantly. Temperance was a means by which the working class were able to enhance their self-esteem and societies became in essence self-help groups, whereby they were integral to the movement rather than the recipients of patronising hierarchical treatment. This phase produced many well-respected working-class leaders within the movement.

A second controversy ensued regarding the scope of the pledge: "should it be 'short,' affirming total abstinence only? or should it be 'long,' adding to personal abstinence an obligation to refrain from selling, giving or offering intoxicants to others?" (Carter 1933, 37). The latter pledge was based on the American model. This resulted in a bifurcation of the movement between 1839 and 1842, when essentially two separate societies coexisted. They consolidated in 1842, forming the National Temperance Society and "although variously-worded Pledges were in use -- and continued in use -- the general feeling of the English Movement was in favour of discountenancing 'all the causes and practices of intemperance'" (Ibid., 38).

Closely following the organisation of the National Temperance League in 1856 which united the National Temperance Society with the London Temperance League, various antialcohol associations began to appear and unite, despite differing religious and political affiliations.

The popularity of the movement began to wane by the end of the 1840s, but its decline became particularly apparent between the late 1850s and the mid 1870s, as the

traditional method of moral suasion no longer seemed capable of maintaining its original hold on the public. When it began to look as if its demise was imminent, reformers started considering the prospect of legal suasion.

The United Kingdom Alliance was founded in 1853 in Lancashire, which had also been the birthplace of the teetotal movement in the 1830s. Significantly, it professed to be a political party rather than a temperance association (Shiman 1988). Following the American example⁶, the Alliance advocated total abstinence and lobbied for legal prohibition. Their message was clear:

Drink would be eliminated from the land by law. Where there was no drink there could be no drunkards. If England would not become sober by persuasion then it would become so by force. (Ibid., 75)

The demands of the Alliance attracted considerable support from diverse segments of society for a variety of reasons. Businessmen supported it because it would improve worker productivity and leave more of workers' incomes to purchase goods. Working class leaders believed it would make workers more independent and others thought it would bring individual respectability (Dingle 1980). The fear of revolution, prevalent in Victorian times, also helped the Alliance gain adherents.

The formation of the Alliance brought about a major split within the temperance movement. The movement had been based on the principle and practice of total abstinence with the moral objective reigning supreme, and thus any legislative quest was incidental. With the Alliance, however, the declared objective was a political demand “—‘the Total and Immediate Legislative Suppression of the Traffic in all Intoxicating Liquors as Beverages’” and membership and official positions were open to both abstainers and non-abstainers. While both factions wished to stop people from drinking, teetotallers had sought to eliminate the demand for alcohol which did not directly threaten either the alcohol industry or the licensing system, whereas the prohibitionists sought to eliminate the supply of drink which “represented a rejection of the belief, strongly held by early total abstainers, that man could control his own destiny by voluntarily renouncing the use of alcohol” (Ibid., 13).

During the 1860s and 1870s, using techniques pioneered by the anti-slavery and anti-corn law campaigns to attract and demonstrate the existence of mass support, efforts were

⁶The first prohibition law in the western world was enacted in the State of Maine in the United States in 1851.

made to institute prohibition measures, both at a national and local level. In spite of the relative success, however ephemeral, of similar movements in other countries, in England the concept of lobbying for total abstinence with the explicit aim of instituting legal prohibition ran counter to the deeply entrenched culture of state non-interference in the private lives of its citizens. Not only was it generally believed that legislation was incapable of stopping people drinking but “brewers and distillers were pillars of the Victorian establishment and were well able to defend their interests. Above all, the message of the propagandists was politically unsound: total abstinence was intolerable to moderates, who formed the majority...” (Sournia 1990, 125). To the prohibitionists, however, the individual was part of the state, consequently “he could not complain that legislation designed to promote the general good was an infringement of his personal liberty” (Dingle 1980, 19). Regardless, this demand for state intervention at a time when *laissez-faire* was the ruling philosophy, caused the Alliance to collapse and virtually disappear. The Alliance had challenged the existing social order without providing an alternative and that proved too great an obstacle to overcome.

According to Harrison (1971) the teetotal movement made two grave errors prior to 1872: “it gave inadequate attention to the environmental factors creating drunkenness, and it was too sectarian for maximum effectiveness”(p. 355). While the environment provided a constant incentive to heavy drinking, without wider social changes, there would be little chance of success. Temperance reformers either deliberately rejected or lost sight of this analysis of the drink problem.

Moral suasion temperance was revitalised by the appearance of gospel temperance as churches and other organisations showed a resurgence of interest when drunkenness seemed to be increasing in the mid 1870s (Shiman 1988).

According to Berridge (1989), the temperance movement was instrumental in helping the medical profession advance the “disease” concept of alcoholism. Prior to the 1870s, “the temperance approach had stressed more general social and environmental reform rather than a strictly medical paradigm” (p. 26). The concept of alcoholism as a disease complemented their emphasis on total abstinence and offered their cause some scientific credibility.

During the 1880s and 1890s, the temperance movement moved into the third phase whereby many of the original reformers became steadfastly ensconced in local political

circles, occupying positions of prestige and authority. They began to wield their political power to achieve their initial purpose and the “political influence of the temperance reformers was recognised officially by the Liberal Party in 1891 when it made local prohibition a part of its Newcastle Programme” (Shiman 1988, 4). The Alliance became a “relatively small group of well organised and dedicated political activists” (Dingle 1980, 222). The future of the movement looked so promising that Winskill (1881) wrote that “[o]n every hand there are indications of progress... in favour of temperance principles, so that the public mind is fully roused on the question, and the beginning of the end is at hand” (p. 557). In terms of what actually lay ahead for the temperance movement, the final words of Winskill's text are prophetic, although certainly not in the context he intended.

For Dingle (1980), the remarkable aspect of the Alliance campaign was not its lack of success, particularly given the magnitude of its task, but rather that it came so close to succeeding in placing permissive prohibition on the statute books. The Permissive Bill would have given ratepayers within any locality the power to ban trade in alcohol within their district, with a two-thirds majority.

The final phase for the temperance movement came in the 1890s with its repudiation by the voters and the churches. This was exemplified by the defeat of the Newcastle Programme in the 1895 election and the noncompliance of the churches with the abstinence requirements of membership in their affiliated societies. The churches were willing to denounce overindulgence in alcohol but the Church of England flatly refused to replace their sacramental wine with a non-alcoholic alternative. In the aftermath of this massive setback, with blighted hopes for an alcohol-free future, the movement became increasingly segregated. From the middle of the 1890s to the beginning of the First World War, increasingly isolated teetotal communities, safe from the drink-infested world, clustered around their local temperance halls, the last vestige of the great crusade against drink (Shiman 1988).

The movement had failed to reach its ultimate goals but “[i]t withered away because its frame of reference and its values were no longer valid in English life in the twentieth century” (Ibid., 248). Urbanisation and industrialisation had provided a fertile breeding ground for the movement initially but by the twentieth century this was supplanted by concerns surrounding the First World War and the social and economic upheaval that resulted from it. When people began to join the Labour Party in the belief that collective action was

the way forward, this ran counter to the idea of individual effort which was thought to be paramount during the temperance reformation.

While the permanent effects of temperance advocacy in the twentieth century have been negligible, up to the First World War, temperance sentiment was strong in Britain. Temperance reformers can be credited with the reformation of many well-established English drinking customs, helping “to raise a generation of people for whom drinking intoxicants and going into public houses were disreputable habits” (Williams and Brake 1980, 240). In fact, between 1831 and 1931, the number of on-licences per capita fell by two-thirds in England and Wales, and the per capita consumption of spirits in the United Kingdom decreased from 1.11 proof gallons to 0.22 and that of beer from 21.6 standard gallons to 13.3 (Harrison 1971).

Prohibition measures were never instituted but a notable decline in alcohol consumption, especially spirits, became evident with the introduction of further licensing restrictions and more rigid controls in the early part of this century (Baggott 1990). The same type of public concern and temperance movement activity that permitted the institution of prohibition measures in North America and Scandinavia “enabled Lloyd George’s government to introduce the stringent controls which reduced consumption so sharply during the First World War” (Royal College of Psychiatrists 1987, 22-23) in Britain.

3.2.3 The French Anti-alcohol Movement

In keeping with the tolerance the French exhibit toward the consumption of alcohol, French voluntary anti-alcohol associations did not emerge until half a century after their English counterparts, even though they were well versed on the subject of harm caused by excessive alcohol consumption⁷ (Barrows, 1979). French physicians had been keen to embrace Huss' innovative work on “alcoholism,” but were reluctant to admit its prevalence in their own society. So, while the medical paradigm for the “disease” of drink had been established, little attention was paid to physiological disorders resulting from alcohol. Excessive consumption was readily acknowledged throughout most of the nineteenth century

⁷There were a few shortlived temperance crusades prior to 1871: the first, formed in 1835 in Amiens, a Societe de sobriete, disappeared virtually immediately; again in 1851, as the Second Republic was being dismantled, attempts were made in Aix, Rouen, and Versailles; and finally, towards the end of the Second Empire, various associations for the “extinction of drunkenness” were formed in Vendee and the Finistere.

but was not equated with “alcoholism”; “drunkenness” was the preferred euphemism at this time, and was used to refer to both the transitory and chronic forms, thus giving a non-medical slant to the perception of the problem.

There was a sudden and distinct reversal in the perception of alcohol in the immediate aftermath of the year 1870-71, in what has been construed as a desperate attempt to interpret the seeming “mad” decadence of the Commune. “[A]fter the French defeat and the bloody uprising in Paris, [the subject of alcoholism] preoccupied the medical profession, legislators, men of property, and government officials. The adoption of this new paradigm...owed less to scientific research than to psychological factors -- anger, fear, humiliation, and guilt” (Ibid., 205). The arousal of temperance sentiments and the organisation of the first French temperance society has been directly linked to this historical event. Drink came to be regarded as the root cause of French decadence by this select group of French society. Intent on preventing further “insane” attacks on the social order, they launched a campaign to morally reform the working classes.

In 1872, the Association Against the Abuse of Alcoholic Drinks was established. It had the support of a number of renowned individuals such as Taine, Louis Pasteur, the chemist Jean-Baptiste Dumas, several asylum doctors (among them Lunier and Magnan), Baron Haussmann and others. Legislation passed in 1871 controlling alcohol sales in the interest of public health eased the introduction of this organisation and a new myth of alcoholism was promulgated to encourage compliance (Ibid.). This organisation changed its name to the French Temperance Society in 1873 and in the same year was responsible for introducing a new bill on public drunkenness (Sournia 1990).

French temperance societies promoted their own method of temperance. They were expressly concerned, not with the use, but with the abuse of alcoholic beverages and deferring to the wine, cider, and beer interests, the curtailment of the consumption of spirits, absinthe in particular (Lanier 1995), became their main focus. The consumption of what they considered “healthy” or “hygienic” alcoholic beverages was encouraged in an attempt to change popular tastes.

The French Temperance Society was primarily composed of medical doctors and intellectuals and their message was directed predominately at the educated classes; it differed from its Anglo-American counterparts in that it was not a mass organisation, nor did it aspire

to be. Throughout the 1870s, recruits “remained small in number, socially select, and overwhelmingly Parisian” (Barrows 1979, 210). The elitist tendencies of the French Temperance Society were counteracted as organisations with a more global approach and thus mass appeal began to appear: the French Blue Cross was established in 1883, and the Society for the Abolition of Spirits was founded in 1894, which, in 1896, became the French Anti-alcohol Union. In contrast to the French Temperance Society, the French Anti-alcohol Union “united numerous small regional groups; subscriptions were low and efforts were geared towards the poor” (Sournia 1990, 116).

In 1903, the French temperance movement began a campaign for legislative action. At this time, there were only two laws for the purpose of reducing alcoholism in existence in France, both rarely enforced and seemingly ineffective; one against public drunkenness, and the other prohibiting the sale of alcohol to minors (Prestwich 1988).

Despite the inherent animosity between the French Temperance Society and the French Anti-alcohol Union, in 1905 they combined forces and formed the National League Against Alcoholism which increased their influence, but necessitated a compromise over strategy. “[T]he new organization came to accept that the French people were not ready to abandon alcohol entirely” (Sournia 1990, 116) which allowed them to make new converts.

The White Cross, the Catholic counterpart to the Protestant Blue Cross, was formed at the national anti-alcohol congress in 1903 and shortly thereafter numerous new groups emerged. Although some had a fairly ephemeral existence, several survived the hardships of the First World War and broadened their membership during the 1920s. At this time the American model which involved ex-alcoholics in the treatment of alcoholism had a dramatic effect on the way in which alcoholics were viewed. “They were no longer regarded as shameful pariahs, and henceforth former drinkers played an active role in combatting alcohol abuse” (Ibid., 117).

Despite a valiant attempt, the early efforts of the temperance societies “between 1880 and 1914 seem to have had no notable impact on drinking habits or public health” (Ibid., 118). The reasons for this failure include:

- (1) the lack of legislative authority of these societies;
- (2) the risks associated with the abuse of alcohol were not taken seriously by French society where alcohol had become thoroughly integrated into daily life;
- (3) groups advocating total abstinence were met with distrust and even those encouraging moderation were ridiculed;

- (4) even the medical profession was relatively divided as to the dangers of alcohol abuse;
- (5) the composition of the societies was never truly populist and the intellectual and professional classes providing leadership, as well as most of the membership, were unable to communicate their message to the masses.

New restrictions were introduced during the Second World War which had the effect of reducing the level of alcoholism, but the temperance organisations experienced considerable financial restraints and many of their principal activists dispersed, greatly reducing their sphere of influence.

In the post-war era, renewed affluence and increased agricultural productivity led to higher rates of alcoholism. With this, there was a need for the anti-alcohol lobby to adopt new and innovative strategies, all with seemingly little impact. It was only during the two world wars that there was a recognisable decrease in the level of alcoholism and this was considered to be more a side-effect of the war than the result of any concerted campaign.

The unwillingness of the French public to take the dangers of alcoholism seriously stem, in part, from some of the idiosyncrasies of the French. Not only are French drinking habits steeped in national tradition and encouraged by powerful economic interests, but the French people are uneasy about voluntary efforts at reform, preferring the initiative for such effort to come from the state (see patterns of professional treatment handling in Chapter 7). The state, however, is resistant to change because they are dependent on the alcohol industry for a considerable portion of their national revenue. Other reasons, not necessarily peculiar to the French, also help to explain the lack of public support. The mentality has been described as follows: “When it has been a question of limiting the production or consumption of alcohol, for French public opinion, it has always been the production or consumption of others.... For uninformed public opinion, alcoholism was the affliction of others--the poor, the worker, the insane, or the morally weak--but never the product of society itself, or its responsibility” (Prestwich 1988, 285).

While battling against deeply ingrained social traditions and economic forces, the inability of these voluntary associations to appeal to the majority of society appears to have sealed their fate. The antialcohol movement did make some headway in altering societal attitudes toward “excessive” consumption, and the code controlling alcohol sales, introduced between 1930 and 1950, can largely be attributed to their unremitting efforts for reform. They never managed to garner the kind of sustained power and control of temperance

societies in many other countries and therefore exerted little influence over either government policy or the nation's drinking habits. Consequently, the symbolic importance of alcohol in French life has remained largely intact.

3.2.4 The Swedish Temperance Movement

At the beginning of the nineteenth century, the Swedish people consumed alcohol, particularly spirits, in greater quantities than most other Europeans, despite their relatively meagre resources. Alcohol-related problems were considered severe, specifically in terms of violence and social misery. The Swedish were among the first to introduce rigid restrictions on alcohol and although these have gone through periods of relaxation, they have managed to maintain stringent control policies. Public health concerns take priority over individual rights in this respect and, at present, levels of both consumption and alcohol-related problems have been vastly reduced even though it is among the world's richest countries. "Between these two centuries lies a conscious alcohol-political strategy aimed at reduced consumption and reduced harm" (Kolstad 1993, 9).

During the late 18th and first half of the 19th century, consumption and abuse of alcohol reached its peak. Estimates vary, but in 1829 there were approximately 175,000 stills in operation, and several sources have calculated consumption to be as high as 46 litres of brannvin per person a year at this time (Rydberg 1987; National Board of Health and Welfare 1988; Systembolaget 1990; Thompson 1935).

The very liberal attitude toward alcohol which existed during the early nineteenth century began to reverse when the first temperance societies were formed. The first Swedish temperance society was founded by Pastor Wieselgren in 1818 at Waxjo. From this point on there was a rapid proliferation of temperance societies and by 1848 there were 420 such associations with more than 100,000 members nationally. Moderate use of alcohol was encouraged and membership cut across class lines. Swedish temperance was strongly influenced by similar movements in the United States and Britain. Evidence suggests that the temperance associations began to "function as an Anglo-American revivalist missionary campaign among 'pagans,' albeit on the home front..." (Eriksen 1990, 66). These societies eventually combined their efforts and formed the Swedish Temperance Society. At this early stage in Sweden's history of alcohol consumption, the temperance movement was persuasive in exerting pressure on the government to institute control measures. "In politics, abstinence

became a symbol of personal integrity exploited by politicians from both the newly formed Social Democrats and the Liberals" (Sournia 1990, 126). The temperance movement has been instrumental in formulating and instituting amendments to Sweden's alcohol policy from its inception until the present time.

As with the other Anglo-American temperance movements, despite rapid growth initially, interest began to wane after 1848. It was not until the 1870s and 1880s that the modern Swedish temperance movement, again based on the American model, got under way.

Various citizens, concerned about the effect of alcohol on public welfare, began to initiate experiments, initially without any legislative sanction, to control the liquor traffic within their local communities. In 1850 mining engineers in Falun formed the first "system company in the interests of morality" whereby profits would be used for the benefit of the public (Systembolaget undated). This provided the basic underlying principles for the Gothenburg system which would come into force in fifteen years time, and later would spread throughout the country.

Enough support was garnered and influence exerted for the parliament of 1853-54 to take a firm stance on the alcohol issue (National Board of Health and Welfare 1988). Rigid control measures were enacted, probably the first of which occurred in 1855 in the form of licensing requirements on the sale of brannvin and other inexpensive spirits. The beginnings of Sweden's alcohol monopoly are rooted in this very early piece of legislation. Permission was granted to local authorities to award a local monopoly of brannvin sales to companies, providing the profits went into public funds, and eventually the entire brannvin trade was taken over by such companies (Hurst, Gregory, and Gussman 1997). Thus, therein lies the origins of the two monopoly companies currently in existence in Sweden. A minimal amount of home production was still permitted but by 1860 all home distillation was prohibited.

In 1865 in Gothenburg a public interest company called Goteborgssystemet was formed and eventually became a model for other companies. The company was granted exclusive sales rights providing that it operated without private profit interests. As such, net income was to be reallocated to the city, county, and welfare services. "Personally disinterested management in the interests of public welfare was the central idea of the Gothenburg System" (Thompson 1935, 14) and remains the dominating principle of Swedish alcohol control policy to this day. In 1873, a further initiative to limit private profit interests

in the manufacture and sale of alcohol stipulated that all profit from trade in alcohol, after covering reasonable costs, would be given to local government. The aim of this legislation was to ensure the equitable distribution of profits from the alcohol trade among community, county, and agricultural interests rather than a disproportionate amount of benefits accruing to the cities. Implicit in this was that “the welfare of a community would be served best when it received the smallest amount of profits possible from the sale of intoxicants” (Ibid., 15). However commendable an aspiration in theory, the temptation for local authorities to encourage sales to boost revenues made this difficult to achieve in practice. Although a single company held the rights to alcohol sales, the law permitted the company to pass these rights on to individuals, therefore, in practice, numerous wine dealers and restaurant owners were able to sell alcohol (National Board of Health and Welfare 1988).

The transformation of Swedish society from an agricultural society to an industrialised welfare state parallels the changes in alcohol legislation over time. In earlier times, private profit motives in the alcohol trade were congruent with the ideals of an agricultural society. With the onset of industrialisation, social relationships began to change and with this came demands for restrictions on alcohol for economic, social, medical, and political reasons. It seemed to be in the interests of both the industrialist and the worker to maintain a sober workforce and, therefore the temperance movement came to appeal to all strata of society. The temperance movement had a strong influence on other contemporary popular movements such as the free church movement, liberalism, and the labour movement which served to further strengthen its resolve.

By the beginning of the 20th century there was widespread, strong, and unequivocal opposition to alcohol, and various areas of Sweden were demanding total prohibition. This led to a decision in 1905 to ensure that all sales of brannvin be handled by special companies under state control. The positive effects of an experience with temporary total prohibition during a national strike in 1909 gave the temperance movement the impetus it needed to embark on a national campaign in support of permanent total prohibition. In 1912 AB Goteborgssystemet introduced compulsory evidence of registration for the purchase of alcoholic beverages and in 1914 AB Stockholmssystemet commenced operations by introducing compulsory rationing books and individual rationing.

It seems fair to say that the primary goal of the Gothenburg system, the elimination of private economic interest, was only partially achieved. Reasons for this include considerable regional variation and that, in certain areas, municipal economic interests supplanted private profit interests. The Gothenburg system, however, did create an understanding of alcohol policy issues to the benefit of later control measures (Bruun 1985).

In order to reduce municipal economic interests in the alcohol trade, in 1913 the state began collecting the revenue and redistributing it to the municipalities. Control became stricter, in part due to a shortage of raw materials during World War I, which eventually led to a total restructuring of the system.

Having recognised the need to refurbish the existing alcohol policy throughout Sweden and with increasing pressure to institute total prohibition, it was decided that a viable alternative would be a new system of alcohol rationing, developed by Stockholm physician Ivan Bratt. Bratt's reforms were based on the assumption that while it was essential from a societal point of view to implement intensely radical measures against alcohol abuse, it was felt that, in the long run, general prohibition measures were not sufficient to achieve the auspicious results its supporters had hoped for (Bergvall 1931). Individual rationing, care for alcohol abusers, and total elimination of private profit interests in the alcohol trade were the overriding principles of Bratt's proposals (National Board of Health and Welfare 1988). The Bratt system was put into effect throughout Sweden in 1916.

In 1917 the state monopoly for wholesaling alcoholic beverages AB Vin and Spritcentralen (V and S) was established and was granted the exclusive right to the importation, blending, manufacture, storage and bottling of wines, spirits and strong beers (Davies and Walsh 1983). By 1919 the rationing system was fully implemented by a new ordinance concerning the sale of intoxicating beverages and local "system companies" acquired a monopoly on wine sales as well. Much to the dismay of the temperance movement, the introduction of rationing meant that the demand for total prohibition lost some of its support. The proposal for total prohibition was rejected in a referendum in 1922 by a very narrow margin.

Chronologically, the enactment of the Bratt system coincided with the introduction of prohibition in various other parts of the world. This unique system was based upon the premise that those members of society who could consume alcohol responsibly without overt

ill effects should be permitted to purchase alcohol, but those who could not should be prohibited from doing so. Ration books were distributed detailing the exact maximum amount allowable (1, 2, or 3 litres of spirits per month until 1941 and up to 4 litres thereafter) and black lists were carefully maintained for those denied this privilege. Known alcoholics could not acquire ration books, and those in possession of a ration book found guilty of drunkenness would lose their book for a period of time dictated by the magnitude of the offence (CAN 1982). Allocation of rations was "determined according to 'need' and social status" (Rydberg 1987, 2). In restaurants, spirits could only be served in connection with a meal (up to 15 cl for male customers and 7.5 cl for female customers per visit). An individual had to be 25 years of age to receive a ration book, although some exceptions were made for younger married men.

Alcohol taxes in Sweden had provided a very lucrative source of revenue and therefore both financial and social considerations had historically influenced the course of legislation, but Bergvall (1931), writing during the time the Bratt system was in effect, proposed that social considerations had gradually come to replace economic ones.

Successful in achieving its primary aims of reducing both alcohol consumption and drunkenness, the Bratt system remained in force until 1955. The decision to abolish the Bratt system, contingent upon the results of an in-depth study of the alcohol problem conducted by the Swedish government, eventually led to the current monopoly system which applies a more liberal and less discriminatory approach to the sale of alcoholic beverages. The main motivation behind its dismantling was that this form of rationing actually served to glorify alcohol, and produced an artificial need for spirits (Rydberg 1987).

The International Order of Good Templars (IOGT) and the National Temperance Organization (NTO) merged in 1970 and currently have approximately 130,000 members, half of these being youth members, with 3,000 local branches. The IOGT-NTO has tremendous influence on alcohol policy and they are asked to advise on all alcohol-related issues before legislation is introduced. Their philosophy is similar to Lemert's (1962) substitution of functional equivalents (discussed in Chapter 2). By providing "counter attractions" it is hoped that time, money, and energy will be devoted to these and not to drinking (IOGT-NTO 1990, interview).

3.2.5 Temperance Movements and Social History

There are two factors which have been shown to correlate strongly with temperance activity: (1) people in temperance cultures drank a substantial proportion of their alcohol in the form of spirits (primarily vodka, gin, rum, or whisky); and (2) all temperance cultures were predominantly Protestant (Erikson 1990; Levine 1991; 1992; Pittman 1991). An emphasis on self-control and self-regulation and their connection with alcohol is not confined to temperance cultures, but Protestant cultures have taken it one step further by emphasising moral responsibility for personal behaviour. Various religions provided varying degrees of temperance support but “Calvin was probably the greatest single theological force behind the prohibitionist mentality” (Royce 1986, 58). Furthermore, “dryer” cultural environments are more likely to have had stronger temperance movements prior to the First World War and these are more likely to have had a mass popular base as opposed to the narrower professional base characteristic of “wetter” cultures. And, in keeping with their greater problematisation of alcohol, both historically and currently, “dry” societies have had a much greater tendency to include alcohol-related issues on their political agenda.

3.2.6 Anglo-American Anti-alcohol Movement

Levine (1992) has attempted to determine why societies like Canada, England, and Sweden developed large ongoing temperance movements in the nineteenth and early twentieth centuries and others, like France, did not.

Given that drinking spirits makes intoxication easier and a more probable outcome, there are clear reasons why spirits-drinking, particularly when combined with drinking to the point of intoxication, is correlated with temperance activity. Temperance cultures originally singled out spirits as their primary target. “The public drunkard--staggering, vomiting, and dishevelled--offered the visible evidence of the evils of alcohol that temperance crusades drew upon in their ideology and imagery” (Ibid., 22). But, the personal and social disruption caused by drunkenness from distilled liquor alone cannot account for the development of large scale temperance movements. Had this been the case, both Poland and Russia would have co-opted similar movements. New perceptions about drink and new moral standards about drunkenness were part of a much larger cultural transformation in values. Given the strength of the association between Protestantism and temperance, it would be difficult to find a Protestant culture without at least some small classic temperance activity.

Using the work of Weber and Durkheim to substantiate his argument, Levine asserts that Protestantism is more than just a set of theological beliefs, it is a social psychology. According to Weber and Durkheim's analysis, self-regulation and control was an integral aspect of Protestant societies. In keeping with this, Levine suggests that temperance movements were so appealing and therefore successful in modern Protestant cultures because they "had found an ideological and organizational way of addressing this central concern with self-discipline and regulation...alcohol was defined as dangerous, as a problem, in terms of its perceived ability to destroy individual self-control" (Ibid., 25).

Eriksen (1990) further refines Levine's argument and gives a plausible explanation why most, but not all, Protestant predominantly spirit-drinking societies developed large ongoing temperance movements. In a comparative historical sociological study of Sweden and Denmark, who had similar histories with regard to alcohol, she found that Sweden developed a strong temperance tradition while Denmark did not. The difference is attributed to the "type" of Protestantism practised in the two countries. The temperance movement must be understood within its religious-ideological context. The Swedish and Danish religious revivals took different forms. In Sweden the temperance movement derived from the Anglo-American style revivalist breakthrough. The Anglo-American ideology appeared to have successfully penetrated Swedish Social Democracy. The Swedish Lutheran circles, particularly within the Swedish State Church, were unable to repress this movement. "In Sweden, there evolved in conjunction with the Anglo-American view of Christianity a greater tendency to place pressure on the individual for self improvement, among other things by forsaking alcohol" (Ibid., 90). The Danish revival movement, based primarily on the premises of German Lutheranism, successfully repressed the Danish temperance movement when it was attempted in the 1880s and encountered little sympathy within the Danish Democratic movement. Temperance sentiments were antithetical to the Lutheran view of Christianity. Instead, the majority of the Danish ascribed to the notion that there be no restrictions on the individual's possibilities of action: "[g]enuine human improvement could only come from unpressured change from within, which was expressed in a healthy and natural moderation, also in relation to alcohol" (Ibid., 91). According to Eriksen (1992) the revivalist movement was an important factor in making a "wet" alcohol culture possible in Denmark. Interestingly, in 1917 Denmark was abruptly transformed from a spirits-drinking

to a beer-drinking country by virtue of a 34-fold increase in spirits taxes. Even though they have a more “continental” style of drinking than the other Scandinavian countries, the long-term change in drinking patterns resulted more from control than persuasional measures, apparently providing more ammunition for the “dry” than the “wet” side of the argument.

In keeping with the assertion that antialcohol sentiments have primarily emerged in Protestant Nordic and English-speaking cultures and historically characterised by drinking distilled spirits, Tyrrell (1991) discusses the fact that temperance movements were strong all over the English-speaking world in the nineteenth century and gained even wider support on the periphery of the English-speaking world (as in the Scandinavian case). Even within Scandinavia temperance was at its strongest on the periphery in Iceland, Norway and Finland. Also, in continental Europe, temperance sentiments varied according to latitude, being strong in Germany (particularly north), the Netherlands, Switzerland, and some Eastern European countries. By contrast, in France and Italy and other Southern European countries, alcohol problems as a public issue tended to be the concern of only small elite groups, medical professionals in particular.

In the temperance cultures, alcoholic beverages were employed as powerful symbols of the form that evil took and as an explanation for all society's major social problems.

Gusfield (1963, 1987) identifies the “all or none” character of drinking that was prevalent as a major stream of thought in the Temperance literature of the nineteenth century. The idea fits in with the concept of loss of control. Temperance ideology was premised on the idea that “human beings have a violent, bestial inner nature that is held in check by social controls and released by disinhibiting drugs such as alcohol” (Parker and Rebhun 1995, 21). “The argument for abstinence was for total abstinence on the grounds that a little would become more and would grow beyond control” (Gusfield 1987, 86). Small elite segments of “wet” societies ascribed to this type of thinking, but for the vast majority of the population this was anathema to their beliefs about alcohol.

Patterns of temperance activity roughly correlate with the rise of urbanisation and the beginnings of industrialisation (Tyrrell 1979). Along with increased prosperity, increased economic activity and the dislocation of urbanisation inevitably led to a proliferation of intractable social problems such as crime, drunkenness, and poverty. Temperance societies began to emerge in an attempt to counter these undesirable manifestations of social change.

Drink was considered to be a primary source of inefficiency and quickly came to be viewed as incompatible with the demands of industrialisation. Previously, alcohol “had enhanced productivity by compensating for the rigors of work in a preindustrial society”(Warner 1995, 267) but this was no longer the case.

The original temperance ideology and agitation may have come primarily from employers concerned with the efficiency of labour -- those with seemingly the most to gain from a temperate work force, however, it was not confined to the employing classes. Rather than temperance ideology being imposed upon unwitting workers, working and lower middle class groups quickly appropriated temperance to suit their own purposes. While temperance sentiments have been shown to be compatible with a critical analysis of capitalist exploitation of workers “[e]arly labor radicals who came close to a Marxist analysis of exploitative economic conditions nevertheless urged workers to practice self-restraint in order to survive and maintain self-respect” (Tyrrell 1979, 57).

There were certain class distinctions among temperance organisations but temperance sentiments seemed to cut across class lines. They shared common ground in their commitment to self-discipline and self-improvement. As temperance ideals were clearly more suited to Anglo-Protestant sensibilities, the conflict that did exist was more cultural or religious rather than class-based.

Temperance ideology in “wetter” cultural environments was confined to a narrow professional base (Room 1989b). The composition of French temperance societies was never truly populist and leadership as well as most of the membership came from the intellectual and professional classes. Not surprisingly, they were unable to communicate their message to those for whom it was intended.

In temperance societies “the anti-alcohol movements had much greater legitimacy, influence, and popular acceptance - they were more mainstream” (Levine 1992, 22). The fundamental principles or message of temperance were embraced by a much broader audience in the Nordic and English-speaking cultures, including more of the upper-classes and elites as well. It was this quantitative difference between the temperance and non-temperance cultures that ultimately seemed to hold the key to the difference between them. In fact, over time, this quantitative difference developed into a qualitative difference. Also, while all temperance movements went through high and low periods, anti-alcohol movements

in non-temperance cultures had a propensity to quietly disappear during the low times whereas the English-speaking and Nordic temperance movements persevered.

Above all, it is important to remember that the temperance crusade arose in response to specific conditions and at a specific point during the transition to the industrial urban order; these conditions included widespread availability and initial high consumption of alcohol (especially among the working classes), a work force which did not adjust easily to the demands of industrial labour, and the belief shared by industrialists that production rather than consumption should be the focus of the workers in the first stage of industrialisation in order for the entrepreneurs to generate profits and accumulate capital (Tyrrell 1979, 57). These conditions had begun to change by the end of the nineteenth century and by the mid-twentieth century a consumer society, devoted to spending rather than saving, began to emerge and rendered the entire temperance movement archaic and inconsequential. The concept of temperance may now seem to be anachronistic but, for the temperance reformers of the time, the creation of predictable, self-disciplined individuals was the only way to achieve industrial development and economic growth. The prohibition movement was a critical episode in the emergence of an industrial society.

3.2.7 Dutch Temperance

As alluded to in the introduction, the Dutch case represents a curious exception to the “wet”/“dry” paradigm in this respect. Using neither the “wet” nor the “dry” prescription, there was a dramatic reduction in alcohol consumption and associated problems early this century. Low levels of consumption have been attributed to the strength of temperance sentiment, which resulted from the close identification of a strong moral-persuasion temperance movement with social reform and working class movements (Room 1992). The Dutch temperance movement, comparable to those found in the three “dry” societies, successfully instilled “dry” sentiments within the general population but without the need for formal legislation. In countries where prohibition or similar legislation was enacted there was an inevitable and unpleasant backlash to such restrictive legislation whereas in the Netherlands the element of free will was left intact and the forbidden fruit or rebellion aspect did not exist.

3.3 Summary

The discovery of addiction or “alcoholism” seemed to coincide with growth of temperance in “dry” societies or more precisely, to use Room's (1989b) phrase, traditionally “wet societies as part of the process of becoming dryer” (p. 7). All four countries attest to the validity of this and their degree of support for these concepts is in keeping with their general position on the “wet”/“dry” continuum with France at the “wet” end and Sweden at the “dry” end. These concepts never gained the kind of mass popular support that they did in the “dryer” societies but the process is particularly pronounced in France's case. Huss' initial discovery of “alcoholism” was accepted by the French medical profession, but was not thought to be applicable to any segment of the French population. An entry in the 1875 edition of *La Grande Dictionnaire de XIX siecle* states that “although drunkenness is not unknown [in France], it is far from having a character as repellent and as nefarious as in England and America.” Furthermore, the article stated that Anglo-American “dipsomania” required temperance movements to “moderate the hereditary order of the Teutonic race and the Anglo-Saxon race for alcoholic spirits.” (as cited in Lanier 1995, 30). With the formation of France's professionally-based temperance movement, the notion of “alcoholism” was immediately and enthusiastically adopted within this group. Another century would pass before there was any degree of popular support for this idea. Because alcoholism and the deleterious effects associated with the chronic use of alcohol were only considered applicable to a particular proportion of the population, politicians were wary of imposing new laws as they did not wish to “infringe personal liberties” (Sournia 1990). Although France is by no means considered a “dry” culture, several indicators suggest some movement towards the “dryer” end of the spectrum over the past few decades and the popular acceptance of the idea of “alcoholism” could be a further manifestation of this.

As an extension of this, AA (to be discussed in Chapter 7), a principal carrier of the alcoholism conceptualisation, has been stronger in historically “dryer” than “wetter” societies which presumably reflects their greater propensity to popular movements problematising alcohol issues.

As established, the Anglo-American temperance movement differed in many important respects from the Continental temperance movement, most significantly in terms of its source of support. The general acceptance of the concept of addiction or alcoholism

prior to the First World War seems to have helped to expedite the “drying” process in the temperance cultures. Temperance activity is currently at a relatively low ebb everywhere but the legacy of problematisation of alcohol can be detected in the greater propensity for “dryer” cultures to include alcohol-specific issues on their political agenda.

CHAPTER 4

CONSUMPTION STATISTICS

Before any further discussion of alcohol-related characteristics is attempted, it is necessary to address the fundamental issue of alcohol consumption. Per capita consumption gives a good indication of the degree of “wetness” or “dryness” of the society concerned but may not be as reliable an indicator as is often assumed. Rather than presenting the figures on consumption as a *fait accompli*, I intend to discuss the various elements of which these statistics are composed and their potential for distortion, as well as certain characteristics of consumption not portrayed by the official data, as a starting point in ascertaining a more comprehensive view of the type of drinking actually taking place within the various countries.

4.1 Per-capita Recorded Sales, Expressed in Litres of Absolute Alcohol

4.1.1 Registered Consumption

No easy and accurate means of measuring changes in the consumption of alcohol currently exists. Most countries publish details of the quantity of officially produced alcohol which are relatively easy to obtain. Frequently, this type of data has only been assembled relatively recently and in some cases may be incomplete (Plant 1989), which means that for historical and comparative purposes they are less than adequate. Recorded sales may be the most significant and reliable measures of alcohol use, but these figures certainly do not account for all the alcohol consumed within a given population or the so-called “dark figure” of consumption. The quantity of unrecorded production is much more difficult to ascertain and very much open to conjecture. Illicit and licit home production and officially produced alcohol which is not recorded, such as cider in France, are rarely included in these statistics. There is also consumption in connection with travel abroad, legal and illegal private importation of alcohol, in addition to the consumption of non-beverage alcohol. One Canadian study conducted in 1978 indicated that sales figures underestimate true consumption by six to seven per cent (Single and Giesbrecht 1979 as cited in Single et al. 1999). In some

countries, official figures may exaggerate the actual level of consumption as a result of purchases by visiting tourists and shoppers from neighbouring countries (Hurst, Gregory, and Gussman 1997). Official sales statistics can only give a reliable indication of trends in alcohol use if no changes in the extent of unrecorded consumption have occurred, or if these changes are less than those in recorded sales. Unrecorded consumption statistics are largely inaccessible, so official sales statistics are used, but with a certain amount of circumspection. An additional potential source of error is the formula employed in converting the alcohol content of beer, wine, and spirits to absolute alcohol. These formulae are continually changing to reflect variations in the alcohol content of the alcoholic beverages sold, however, there is normally a time lag problem so that the conversion factors may not be the most current (Single et al. 1999).

According to Room (1989b), per-capita recorded sales are a good indicator of the level of consumption within a society, and therefore presumably of that society's "wetness" or "dryness." If this is the case, then, on a continuum, France would be located at the "wet" end, with the United Kingdom and Canada just to the right or "dry" side of centre, and Sweden at the "dry" end. In a 45 country comparison, France ranked in sixth place⁸ in 2000 with a per capita consumption of 10.5 litres of pure alcohol, the United Kingdom in 15th place with a per capita consumption of 8.4 litres, Canada in 27th place with approximately 6.6 litres and Sweden in 34rd place with a per capita consumption of 4.9 litres of pure alcohol (Productschap voor Gedistilleerde Dranken 2002). By international standards, per capita consumption is considered relatively low in Sweden, modest in Canada, moderate in the United Kingdom, and high or very high in France (Harkin and Klinkenberg 1995).

According to the main source for these statistics, the consumption figures for Canada and the United Kingdom are thought to reflect the actual level of consumption (Productschap voor Gedistilleerde Dranken 2002). For Sweden, and France in particular, the data are considered less reliable because of the absence of reliable consumption data. If, as predicted, there is as much home production in Sweden as the authorities believe there to be, this could conceivably elevate consumption to a level roughly equivalent to that of Canada or the United Kingdom.

⁸Prior to 1991 France had the highest rate of per capita consumption in the world.

4.1.2 Unrecorded Consumption

At the “wetter” end of the spectrum, there does not appear to be much in the way of unrecorded consumption, whereas, moving to the “dryer” end, the amount of unrecorded consumption increases significantly. According to 1998 data, there is no unrecorded alcohol consumption in France. In the United Kingdom, there is no information available on unrecorded consumption and illicit distilling is considered merely a small problem (WHO 2003a).

In 1987 there was an increase in private importation of alcohol, and particularly beer and spirits, from the United States into Canada. Substantially lower American prices, primarily resulting from the discrepancy in taxation, induced many Canadian consumers to take part in one-day cross-border shopping expeditions. Since three-quarters of the Canadian population live close to American cities, there was little to discourage this trend, which seemed to have come about as a result of the Free Trade negotiations between the United States and Canada. Oddly, there was never any change in the personal exemptions allowance: instead, it was the perceived emancipation which resulted in a staggering escalation in the number of one-day shopping trips from Canada to the United States, without reciprocity. These increased annually by about 20 per cent between 1987 and 1991 to a peak of 60.2 million trips in 1991. Weak Canadian currency and more rigid enforcement of private importation and taxation rules have reversed cross-border shopping trends; in 1995, 37.5 million such trips occurred, the lowest level since 1988 (Hurst, Gregory, and Gussman 1997).

Growth in the non-regulated production of alcohol (i.e., homebrewing and “brew-it-yourself” operations) and illegal trade in alcohol emerged as a problem in Canada in the early 1990s and remains a significant source of unrecorded consumption. It is estimated that evasion of excise duty on spirits, primarily through smuggling and by diversion of exports and illegal production resulted in as much as \$200 million in lost federal excise revenues and possibly an even bigger loss in provincial revenues in 1994-95. Non-regulated wine production was estimated to be between 44 and 45 million litres from 1990 to 1993 and production of beer from kits by individuals is considered significant and growing in Atlantic Canada. U-brew establishments, where owners sell brewing ingredients and provide equipment for amateur brewers to produce their own product, tax free, for personal consumption, have become popular in British Columbia and Ontario. It is believed that there

are currently over 400 such establishments in operation. Sales from these account for the equivalent of ten per cent of beer sales in British Columbia and five per cent in Ontario (Ibid.).

The level of unrecorded consumption in Sweden is considered to be substantial. Wine and beer may be produced legally at home for personal use, and under European Union (EU) rules, greater quantities of all types of alcohol may be imported into Sweden by those returning from neighbouring EU countries. Illicit production of spirits is also believed to be significant. This type of alcohol, produced both in homes and in small-scale "factories," is usually of a vodka type but with a much higher alcohol content than legally-sold spirits, from 60 to 80 per cent pure alcohol as opposed to 40 per cent (Ibid.).

A study by the Swedish Brewers Association suggested that total unrecorded consumption amounted to 19.2 million litres of pure alcohol in 1994 and that, at 9.2 million litres, personal imports accounted for half this estimate. This can be attributed to the substantial difference in price between the state owned monopoly stores and tax and duty free purchases. Illicit production of spirits, wine and beer is estimated to be 7.0 million litres. Having joined the EU in 1995, spirits smuggling is believed to have skyrocketed. Enormous duty differentials between Sweden and the other EU members has exacerbated this trend (Ibid.).

Overall, unregistered consumption may add as much as 40 to 50 per cent to official sales which, if this is the case, significantly alters our current perception of actual consumption and may give further insight into some of the alcohol-related problems which do not easily correspond with Sweden's international reputation as one of the lowest consuming nations.

4.1.3 Historical Consumption

Canada

While there are no readily available and reliable statistics, it can be surmised that the consumption of spirits considerably exceeded that of beer given the sheer number of ordinances and legislative acts restricting the sale of spirits enacted during the seventeenth and eighteenth centuries in Canada. This seems plausible given that the consumption of spirits was close to four times as prevalent as that of beer during the nineteenth century (Hurst, Gregory, and Gussman 1997). Even for the early nineteenth century, per capita consumption is extraordinarily difficult to ascertain; no drinking surveys were conducted and very few import and production figures are available (Austin and Predergast 1989).

The Canadian Temperance Act of 1878, which allowed communities the right to determine by vote whether to permit the sale of alcoholic beverages within their boundaries had a dramatic effect on drinking patterns. Between 1870 and 1900, beer sales doubled while spirits sales halved. By the end of the Second World War beer held 65 per cent of the alcoholic beverages market. From 1956 to about 1980, however, a trend towards higher alcohol content beverages became evident (Ibid.).

Growth in per capita consumption was moderate throughout the 1950s until the early 1960s, increasing on average one per cent a year. The rate of growth averaged approximately four per cent from 1963 to 1975 and then slowed to less than one per cent a year until 1980. Subsequently, per capita consumption has decreased by 2.3 per cent a year (Ibid.). In 1961/2 per capita consumption amounted to 4.9 litres of pure alcohol. By 1980/81, this figure had risen to 8.4 litres and by 1996/97 had decreased to 6.1 litres⁹. This figure began to rise again to 6.6 litres annually in 1999/00 (Productschap voor Gedistilleerde Dranken 2002).

The substantial increase in consumption throughout the 1960s and early 1970s is thought to have resulted, in large part, from a discernible change in attitude towards drinking. Some remnants of temperance thinking still exist but generally attitudes are far more amenable to drinking than they once were.

The cause of the subsequent stabilisation of consumption in the mid-1970s is less obvious. Explanations proposed include the corresponding slump in the Canadian economy and changes in lifestyles.

The significant decline in consumption during the 1980s is assumed to be the result of a combination of factors: considerable and frequent alcohol tax increases, an aging population, and further changes in lifestyles. With regard to the latter, considerable emphasis has been placed on reducing the incidence of impaired driving through legislative, enforcement and educational campaigns (Hurst, Gregory, and Gussman 1997). The alcohol industry has identified private importation from the United States as another possible source contributing to the decline in registered consumption after 1987, particularly with respect to beer and spirits.

⁹According to Single (1999) there was a small increase in alcohol sales between 1995-96 and 1996-97 (estimated drinks per week increased from 8.4 to 8.7), the first of its kind since the early 1980s.

Alcohol use in Canada continued to decline, at least until 1996-97, although there was no appreciable change in the proportion of the population that drinks, indicating an actual decrease in individual consumption during this period. The increase in 1996-97 was the first of its kind to occur since the early 1980s.

England

By the beginning of the twentieth century there had been a distinct reversal of the previously growing trend in per capita consumption in England. This decline in consumption, although descending slowly initially, made a precipitous drop by the time of the First World War. Some of the reasons for this are: the effect of the growth of the temperance movement in the latter part of the nineteenth century; increasingly vehement political and social opposition to spirit consumption throughout the Victorian era (Crooks 1989); legislation dictating that the accepted minimum strength of spirits be decreased¹⁰; the imposition of production restrictions, i.e., the Control Board made a concerted and systematic attempt to encourage the production of light wines and beers as, by this time, they had come to be regarded as less injurious than the stronger ones (Hurst, Gregory, and Gussman 1997); around the time of World War I there were extremely high tax increases on spirits and beer and stricter licensing regulations such as the imposition of more stringent controls by Lloyd George's government in an attempt to curb drunkenness in munitions factories, and a considerable reduction in the number of licensed premises and their opening hours (Royal College of Psychiatrists 1987); the enactment of legislation prohibiting the sale of liquor on credit; and the death of a considerable proportion of the country's heaviest drinkers, young men, directly resulting from the war contributed to this vast decrease in consumption (Crooks 1989). Some or all of the control measures enacted at this time appear to have been effective in curbing the previously high levels of consumption. Between 1914 and 1918 beer consumption decreased by 63 per cent and spirit consumption by 52 per cent (Royal College of Psychiatrists 1987). There was a slight increase in consumption immediately following the end of the war, along with a partial withdrawal of the aforementioned controls, but the onset of the economic depression of the 1930s contributed to a further decline in consumption.

¹⁰Prior to this legislative change, gin could be no less than 35 under proof and other spirits, 25 under proof; these levels were changed to a maximum of 30 under proof and a minimum of 50 for all spirits.

Per capita consumption reached what is assumed to be its lowest point ever in the period immediately following the conclusion of World War II and remained remarkably stable until the early 1960s when it began a steady ascent which would continue until the end of the 1970s. Between 1950 and 1976, alcohol consumption virtually doubled, escalating from 5.2 litres of pure alcohol a year per person over the age of 15 in 1950 to 9.7 litres in 1976 (Kendell 1984). There was a short reprieve in the early 1980s when there was a marginal but observable decrease but, in the intervening years, overall consumption has quietly crept back to levels reminiscent of the late 1970s, hovering around 7.5 litres (Hurst, Gregory, and Gussman 1997).

In 1950, the per capita consumption of absolute alcohol amounted to 3.91 litres (*Ibid.*). This figure rose to 4.5 litres by 1961 and peaked in 1999 and 2000 when it reached 8.4 litres (Productschap voor Gedistilleerde Dranken 2002).

France

The high rate of alcohol consumption, particularly in the form of wine, so commonly associated with the French appears to be based on well-established historical precedent. In 1637, an anonymous contemporary report on Parisian population and consumption patterns estimated that approximately 160 quarts of wine were consumed per person per year (Austin 1985).

The French have been characterised as almost exclusively wine consumers but their consumption rates for the past few centuries have been by no means limited solely or almost exclusively to wine. Between 1788 and 1862 the consumption of eaux-de-vie increased from 300,000 to 475 million gallons (Sournia 1990).

France remains among the largest per capita alcoholic beverage consumers in the world, but it is remarkable in that it is one of a select few countries in which consumption has steadily declined over the past two decades (Guerin-Fleury 1988). Per capita consumption of alcohol increased in the post World War II period but there has been a steady decline since 1955. Average annual consumption per person over the age of 15, in terms of 100% ethanol, decreased from 24.9 l. to 17.7 l. between 1960 and 1985 (Moser 1992). Hurst, Gregory, and Gussman (1997) attribute this decrease of approximately 34 per cent to the increased availability in the 1950s and 1960s of clean drinking water which alleviated some of the need for wine, and changing lifestyles in the 1980s, whereby drink-driving and drinking wine to the

point of intoxication became less socially acceptable, which led a trend to reduced alcohol consumption.

Sweden

From the late 19th century through the 1920s, as a result of the turn in public opinion against alcohol and the emergence of a restrictive system intent on curtailing consumption as much as possible without having to enact total prohibition, there was a sharp decrease from the excessively high rates of consumption characteristic of the first half of the 19th century in Sweden. Consumption continued to decrease during the 1920s, 1930s and early 1940s, at times falling below four litres per year. Between 1946 and 1976, this trend reversed. Alcohol consumption virtually doubled, reaching approximately 7.7 litres of pure alcohol per person over the age of 15 per year in 1976. During the period directly following this, from 1977 to 1984, sales figures began to reverse again, showing a decrease of 22 percent.

In 1954, the last complete year of alcohol rationing, per capita consumption was 4.92 litres of pure alcohol. Consumption was 6.01 litres of absolute alcohol per inhabitant over the age of 15 in 1984, which was equal to the 1966 figure (CAN 1991).

The decrease in consumption may be explained, in part, by increases in home distilling and wine making as well as by duty-free purchases by tourists but experts generally agree that there has also been a decrease in consumption in real terms (Systembolaget undated). The rise in consumption in the post-war period primarily resulted from a steady increase in wine consumption, while the drop after 1976 resulted from a decrease in consumption of spirits and beer (The Swedish Institute 1988).

Since 1985, per capita consumption has again shown an increase, albeit minimal. In 1991, per capita consumption in Sweden was estimated at 6.28 litres of pure alcohol per inhabitant aged 15 or over, or 5.27 litres per inhabitant (The Swedish Institute 1993). In 2000 per capita consumption was 4.9 litres.

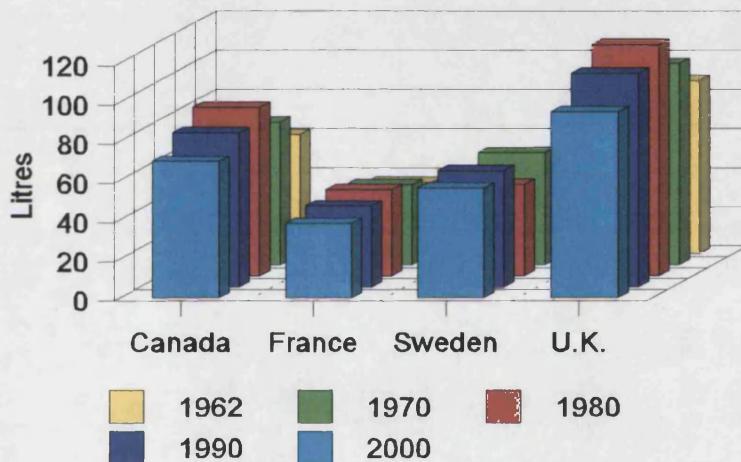
4.1.4 Consumption Trends

Long-term data on alcohol consumption reveals that the first quarter of this century was characterised by a decreasing rate of consumption which was followed by a relatively stable (low) rate in the period between the two World Wars (Silbereisen, Robins, and Rutter 1995).

In the post-war period up until the early 1970s, there was an almost universal increase in consumption with some countries achieving levels of consumption close to the peak levels of the nineteenth century. Hurst, Gregory, and Gussman (1997) attribute this increase to recovery following World War II and to an increasing number of people entering the alcoholic beverage market. France poses the most significant exception to this pattern. During the 1950s and early to mid-1960s, most countries, including the other three discussed here, experienced a rapid increase in registered per capita consumption; in France (where there was already an unusually high rate of consumption), there has been a steady decline in per capita consumption since 1955 (Moser 1992; Silbereisen, Robins, and Rutter 1995).

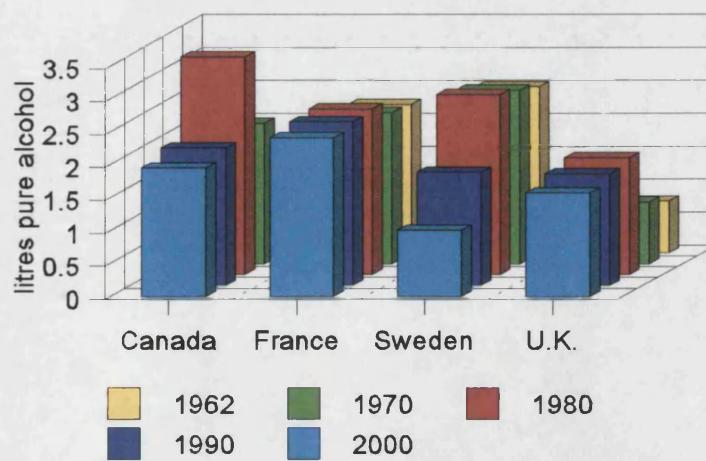
A - Beer Consumption

per capita consumption by country



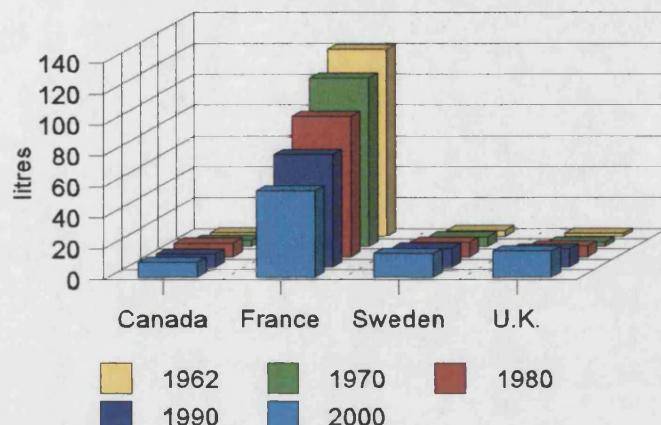
B-Spirits Consumption

per capita consumption by country



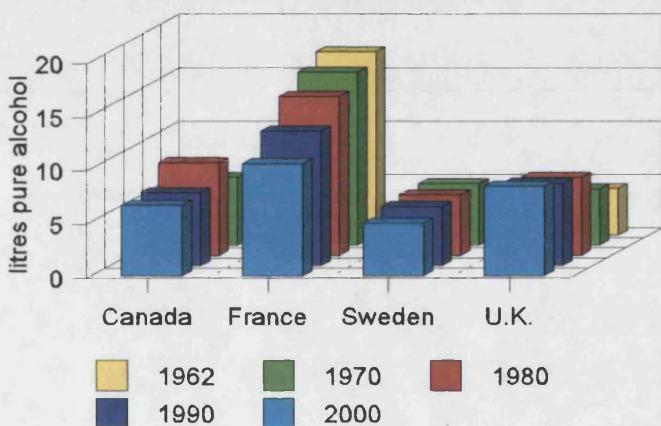
C-Wine Consumption

per capita consumption by country



D-Alcohol Consumption

per capita consumption by country



Source: World Drinking Trends, 1998

The rate of per capita consumption decelerated during the 1970s, and in some countries levelled off or marginally decreased (Makela et al. 1981).

By the 1980s, most countries were experiencing per capita decreases in consumption. The United Kingdom represents an exception to this trend, given that consumption continued to increase during this period.

Tables 1, 2, and 3 show percentage changes in registered per capita consumption for specific beverage types from 1962 to 2000, and table 4 demonstrates percentage changes in total registered per capita consumption for the same period.

TABLE 1								
PER CAPITA CONSUMPTION OF BEER								
Country	Consumption in Litres					Percentage Change		
	1962	1970	1980	1990	2000	1962 to 1970	1970 to 1980	1980 to 2000
Canada	60.3	74.0	82.6	77.4	69.9	22.7	11.6	-15.4
France	36.8	41.2	44.3	41.5	38.1	11.9	7.5	-14.0
Sweden	36.2	57.5	47.2	60.1	56.4	58.8	-17.9	19.5
U.K.	88.6	103.0	118.3	113.2	95.4	16.3	14.9	-19.4

Source: World Drink Trends, 2002

TABLE 2								
PER CAPITA CONSUMPTION OF SPIRITS								
Country	Consumption in Terms of Litres of Pure Alcohol					Percentage Change		
	1962	1970	1980	1990	2000	1962 to 1970	1970 to 1980	1980 to 2000
Canada	1.53	2.17	3.27	2.09	1.95	43.1	50.6	-40.4
France	2.26	2.30	2.52	2.49	2.41	1.8	9.6	-4.4
Sweden	2.53	2.64	2.74	1.72	1.00	4.3	3.8	-63.5
U.K.	0.79	0.94	1.77	1.70	1.57	19.0	88.3	-11.3

Source: World Drink Trends, 2002

TABLE 3								
PER CAPITA CONSUMPTION OF WINE								
Country	Consumption in Litres					Percentage Change		
	1962	1970	1980	1990	2000	1962 to 1970	1970 to 1980	1980 to 2000
Canada	2.19	4.16	8.70	8.52	9.65	89.9	109.1	10.9
France	121.1	109.1	91.0	72.7	56.0	-9.9	-16.6	-38.5
Sweden	3.8	6.4	9.5	12.3	15.3	68.4	48.4	61.1
U.K.	1.9	2.9	7.1	11.5	16.9	52.6	144.8	138.0

Source: World Drink Trends, 2002

TABLE 4								
PER CAPITA CONSUMPTION OF ALCOHOL								
Country	Consumption in Terms of Litres of Pure Alcohol					Percentage Change		
	1962	1970	1980	1990	2000	1962 to 1970	1970 to 1980	1980 to 2000
Canada	4.9	6.5	8.4	6.8	6.6	32.6	29.2	-11.5
France	17.2	16.2	14.9	12.6	10.5	-5.8	-8.1	-29.5
Sweden	4.2	5.8	5.7	5.5	4.9	38.1	-1.7	-14.1
U.K.	4.4	5.3	7.3	7.7	8.4	20.5	37.7	15.1

Source: World Drink Trends, 2002

Given that unrecorded consumption in Sweden is estimated to be as high as 40 to 50 per cent of recorded consumption, if 45 per cent was added to official consumption, total per capita consumption for 2000 would amount to 7.1 litres, somewhere between that of Canada and the United Kingdom. It is acknowledged that there is a significant amount of unrecorded consumption in Canada, but it is uncertain how much this would add to the total figure. It

may not be unrealistic to assume it would also raise consumption to approximately that of Sweden or the United Kingdom.

4.1.5 Consumption Data: Limitations

Per capita consumption data give no indication as to either the manner in which alcohol is consumed within a given population or the distribution of consumption across different groups of drinkers¹¹. Data on aggregate consumption “can only imperfectly reflect the nuances of cultural habits...[however]...they provide valuable guidance for an assessment of basic trends” (WHO 1980, 15). Survey data of drinking patterns can provide some insight, but not many countries have easily accessible information of this kind and those that do rarely collect it over time. It is generally acknowledged that under-reporting and under-representation of heavy drinkers is relatively common, and thus survey data only account for between 40 and 60 per cent of total alcohol consumption (Davies and Walsh 1983). Provided the limitations of both types of data are acknowledged, officially recorded consumption data may be used to discern overall trends in alcohol availability while survey data can be used to facilitate a more in-depth analysis of consumption distributions. Taking into account these various factors, the original connection between per capita consumption and the extent of “wetness” and “dryness” appears more nebulous.

4.2 Proportion of Abstainers

Room (1989b) further qualifies his original statement by stating that once the abstainers are removed, drinkers in “dry” areas may consume more per capita than drinkers in “wetter” regions. Given that in Sweden and Canada there is a somewhat higher proportion of the population claiming to abstain from alcohol, (10 per cent of males and 25 per cent of

¹¹For instance, simple per capita consumption data for 1994-5 indicates a decrease in France. But during that year there was a distinct rise in consumption noted amongst young people with 65 per cent of 12-18 year olds (70 per cent of males and 59 per cent of females) consuming alcohol, compared with only 47 per cent a few years before (Institute of Alcohol Studies 2002). A 1995 Swedish study indicated that 83 per cent of 15-16 year olds had drunk alcoholic beverages, and 63 per cent has been drunk within the previous 12 months (WHO 2003b). In the UK, a 1997 survey revealed that four children in five started drinking alcohol at home by the ages of 14 or 15 and by the tenth year of compulsory schooling, boy drinkers consumed in excess of 10 units per week and girls averaged 10 units. Furthermore, three per cent of boys aged 12 to 13 and seven per cent of boys aged 14 to 15 reported drinking in excess of 21 units of alcohol per week (Institute of Alcohol Studies 2001). These drinking patterns for young people can have implications for future aggregate drinking statistics.

females, or closer to 25 per cent overall if one considers those who almost never drink, in Sweden and 18.4 per cent of males and 27.8 per cent of females or 23.2 per cent overall in Canada (Single et al. 1999)), those drinking are likely to be consuming as much, if not more, than the drinking population in the United Kingdom. In Great Britain, six per cent of men and 12 per cent of women claim to abstain from alcohol, with half of those men and nearly two thirds of those women being lifetime abstainers (Thomas et al. 1994). Gauging the proportion of the population abstaining from alcohol in France is more problematic because the French consider minimal or irregular drinking equivalent to not drinking at all. “To the French, the consumption of wine in quantities of less than a fourth of a quart is equivalent to abstinence” (Anderson 1979, 432). Abstinence in the French population has been estimated at 7.5 per cent for males and 15.3 per cent for females (Hupkens, Knibbe, and Drop 1993). It is further estimated that approximately 7.0 per cent of the French population aged 18 or over are lifetime abstainers while 6.6 per cent are current abstainers, indicating that 86.4 per cent of the French population currently drink alcohol (Harkin and Klinkenberg 1995). A 1995 study indicated that while the number of regular drinkers in France has continued to decline, the proportion of occasional drinkers grew throughout the 1980s and 1990s (Hurst, Gregory, and Gussman 1997; Institute of Alcohol Studies 2002). Abstainers in France are mainly those aged 20 or younger (WHO 2003b).

Room (1989b) also contends that the degree of abstention is a good indicator of the extent of temperance sentiment within the society. This is confounded with problems of a definitional nature. Generally, those who consume alcohol infrequently or in very small amounts will likely describe themselves as drinkers in “wetter” cultures and abstainers in “dryer” cultures, reflecting the degree of social acceptability. The reverse seems to be the case in France, where those who drink modestly or sporadically are considered non-drinkers; perhaps the reverse is also true for the “dryer” societies as well. If so, for the countries concerned, the proportion of abstention as reported in surveys may be a reasonable indicator of temperance sentiment but this may not be accentuated to the same extent as it is in some cultures. Certainly, drinking surveys in “dryer” societies seem to be much more precise when ascertaining the proportion of abstention within that society.

TABLE 5

PROPORTION OF ABSTAINERS

Country	Male	Female
Canada	18.4%	27.8%
France	7.5%	15.3%
Great Britain	6.0%	12.0%
Sweden	10.0%	25.0%

Sources: C. L. H. Hupkens, R. A. Knibbe, and M. J. Drop 1993. "Alcohol consumption in the European Community: uniformity and diversity in drinking patterns." *Addiction* 88 (October 1993): 1391-1404.

E. Single, M. Van Truong, E. Adlaf, and A. Ialomiteanu. *Canadian Profile: Alcohol, Tobacco & Other Drugs, 1994*. Ottawa: Canadian Centre on Substance Abuse and Centre for Addiction and Mental Health, 1999.

M. Thomas, E. Goddard, M. Hickman, and P. Hunter. *1992 General Household Survey* (An interdepartmental survey carried out by OPCS between April 1992 and March 1993). London: HMSO (Office of Population Censuses and Surveys, Social Survey Division), 1994.

4.3 Spirits vs. Other Drinking

While one aspect of a country's drinking pattern is the amount consumed, another is the type of beverage. As can be seen from tables 1 through 4 there are significant differences in both registered per capita consumption and the consumption of various beverages in the countries concerned.

The increased consumption of spirits in terms of the total of all alcohol consumed within a society appears to be linked with the "dryer" societies. This connection is exemplified in the Swedish profile. In 2000, the per capita consumption of spirits appeared relatively low (1.00 litres), but as a proportion of the total alcohol consumed (4.9 litres) it was relatively high. This is further compounded by a substantial amount of home production in the form of spirits and a high rate of abstention amongst the Swedish population. Spirits consumption has decreased considerably from the 1966 rate, when it amounted to 2.67 litres out of a total of 4.9 litres overall, but Sweden is the only country under consideration in which beer consumption increased substantially over this particular time period, rising from 43.4 litres per capita in 1966 to 56.4 litres in 2000. Wine consumption also increased, from 4.56 litres in 1966 to 15.30 litres in 2000. So, while the rate of total consumption remained unchanged over this thirty year period, there has been a simultaneous shift in beverage choice.

Although spirits consumption (2.41 litres in 2000) is higher in France than in the other countries, as a proportion of the total (10.5 litres of absolute alcohol), it is relatively low. This is expected given that France is clearly a wine-drinking “wet” culture. Even though the consumption of spirits in 2000 (2.41 litres) was only marginally lower than it was in 1966 (2.52 litres), as a proportion of the total alcohol consumed (17.3 litres in 1966 and 10.5 litres in 2000), the proportion occupied by spirits was much more significant in 2000 than it was in 1966. This, in addition to the steep decrease in wine drinking over the same time period, from 116.84 litres in 1966 to 56.0 litres in 2000, indicates the beginnings of an inclination towards “dry” sentiments within this traditionally “wet” society.

In Canada, although there appears to have been only a small increase in spirits consumption between 1966 and 1999/00 (from 1.88 to 1.95 litres), between 1981 (3.27 litres annually) and 1997 there was a decrease of almost 50 per cent. In both Canada and Sweden, this sharp decrease was likely the result of a shift in public opinion regarding its social acceptability, a commitment to healthier lifestyles, and concerted efforts by the government to achieve the WHO goal of reducing consumption by 25 per cent by the year 2000. For beer consumption, again the 1966 and 1999/00 levels were similar (64.8 litres as opposed to 69.9 litres), but there was a significant reduction between 1981 and 1999/00, from 85.30 to 69.90 litres. Wine consumption increased dramatically from 2.78 litres in 1966 to 9.65 litres in 1999/00 but has increased only slightly from 1981 when 8.70 litres were being consumed annually.

The United Kingdom is the only one of the four countries in which per capita consumption of total alcohol actually increased between 1981 (7.1 litres) and 2000 (8.4 litres). Between 1966 and 2000, consumption increased by 75 per cent, from 4.8 to 8.4 litres. Spirits consumption increased from 0.84 litres in 1966 to 1.57 litres in 2000. Despite this increase, the per capita consumption of spirits still remains lower in the United Kingdom than in Canada and France, which is particularly significant given that the alcohol abstention rate is also very low¹². The United Kingdom seems to have maintained its beer drinking tradition with beer consumption considered relatively high by international standards. Although beer consumption increased from 93.7 litres in 1966 to 95.4 litres in 2000, most of the increase in

¹²Spirits consumption is somewhat lower in Sweden but the abstention rate is much higher.

total consumption can be attributed to increased wine consumption. Between 1966 and 2000, per capita consumption of wine increased over seven times, rising from 2.35 litres to 16.90 litres, although the latter figure is still considered modest by international standards. In Sweden, wine consumption is only marginally lower, with per capita consumption amounting to 15.3 litres in 2000. The only other country under consideration with a significantly lower rate of wine consumption is Canada, consuming 9.65 litres per capita in 1999/00.

The reason for the link between “dryer” societies and the increased consumption of spirits as a proportion of total consumption could be either because this type of society encourages more clandestine drinking, which is more conducive to this more compact form, or that the consumption of spirits may have been unmanageable at one time and, as a consequence, they became “dryer” to counter this (Room 1989b). Certainly, Canada, England, and Sweden all struggled with seriously high rates of spirits consumption within the past three centuries.

4.3.1 Post-war Drinking Trends

In analysing consumption trends in the post-war period up to the early 1970s, the greatest increases were recorded in countries that had relatively low rates of consumption while the lowest growth rates took place in those countries with relatively high rates of consumption. Consequently, the differences in levels of consumption narrowed. Furthermore, there was a tendency for countries to become more similar in their patterns of beverage preference so that the dominance of one particular beverage type over the rest became less pronounced in many countries. While there was a trend toward convergence, distinct national differences in beverage choice endured. Traditional beverage choice remained while others were added to it, therefore the change would be considered one of addition rather than substitution (Edwards et al. 1995). The dynamics of such “long waves” of alcohol consumption do not appear to be specific to a particular society. Instead, “they are surprisingly common across countries, despite differences in economic development and the place of alcohol within the culture...[and]...among factors commonly put forward for drinking or problematic drinking (buying power, the amount of leisure time, social misery, or industrialization and urbanization, and so on), no single determinant shows consistent patterns of variation over time similar to the shifts in alcohol consumption” (Ibid., 34). Levels of consumption are, for the most part, determined through the complex interplay of a diverse range of factors.

Skog (1992), using the drinking culture as an example, suggests that we must be open to the possibility that many phenomena may not lend themselves to causal explanations, or that there are only partial explanations for some phenomena. He states that “the historical transformation of the drinking culture must, at least to some extent, be understood as a dynamic process within the drinking culture itself, and that this perspective is at least as important as an analysis in terms of independently measurable ‘factors’ and ‘variables’ with a known history” (p. 57). In other words, drinking habits are likely to spread by way of social interaction. While these sorts of metamorphoses may be prompted by exogenous changes, such as increases in availability or purchasing power, this is not always the case. Trends can come and go for no apparent reason, as is true of other aspects of social life.

4.3.2 Current Drinking Trends

Generally, the reduction in spirits consumption is responsible for most of the recent reduction in per capita consumption. Wine, alternatively, has experienced the largest growth rate, at least in traditionally non-wine consuming countries. The greatest increases in beer consumption have tended to occur in countries where per capita consumption was already low.

According to Hurst, Gregory and Gussman (1997), there is no single explanation for the recent decrease in per capita consumption rates or the significant shift away from the consumption of spirits to the lower alcohol content fermented beverages found in most countries. The economic conditions of the 1980s compelled most governments to raise revenues and many countries increased alcoholic beverage taxes substantially as a result. This resulted in increased prices which, combined with a period of high unemployment and diminished real disposable income, may have encouraged shifts and reductions in consumption that may not have occurred otherwise. Changes in traffic regulations which increased penalties for drink-driving and, in some cases, reduced the alcohol measure for drink-driving likely enhanced this trend.

In countries such as Canada¹³, an aging population is thought to contribute to the decline in per capita consumption, as in certain cultures, Canada being one, consumption has been shown to decrease with age. Also, there were frequent tax increases in Canada throughout the 1980s which are, according to the alcoholic beverage industries, particularly responsible for encouraging declines in consumption.

¹³Also the United States.

In countries such as Sweden¹⁴, longstanding governmental control and taxation policies have endeavoured to reduce per capita consumption and influence a shift towards the consumption of lower alcohol content beverages, particularly beer.

An international wine surplus, which has had a bearing on trade and price levels, may have contributed to growth in this sector.

Furthermore, two particular trends may be affecting consumption in a number of countries: the increase in concern over problems related to the misuse of alcohol, particularly with respect to drinking and driving and consumption by young people; and a trend, which is possibly connected to the former and to changing attitudes towards lifestyle and health, towards the increased consumption of lower alcohol or no alcohol beverages (*Ibid.*).

Over the past decade, public concern over problems related to alcohol misuse seems to have escalated in most countries. Many governments have responded to these concerns by intensifying regulations governing drinking and driving. Government sponsored, and often alcoholic beverage industry sponsored, advertising campaigns have targeted problems related to drinking and driving, underage drinking, and the responsible use of alcohol. Although some governments have discouraged consumption and others, like Sweden, have delineated a plan for reducing consumption over time, most governments are concerned with the responsible use of alcohol and in no way advocate abstinence.

The possibly-connected trend towards lower alcohol content beverages can also be seen quite clearly. In Canada, following the introduction of spirit "coolers" (containing approximately 5 per cent alcohol by volume), their share of the market grew rapidly. Since the introduction of light and extra light beers in 1979, sales have steadily increased. As with beer, there has been a move towards lower alcohol content wines. In England, low and no alcohol beers were introduced in 1985 and they became exempt from excise taxes in 1988. This gave at least an initial boost to their sales, with market shares increasing from 0.2 in 1985 to 1.4 per cent in 1989. The recent popularity of designer beers has also led to an increase in sales. Most of the considerable increase in wine consumption in England recently can be attributed to the growing popularity of lower alcohol content imported still table wines, at the expense of fortified wines. In France, there has been a decrease in the consumption of spirits and, in particular, wine. There has also been a shift towards lower alcohol content beers. In

¹⁴Also Finland and Norway.

Sweden, there has been a dramatic decrease in the consumption of spirits, with subsequent increases in the consumption of wine and beer.

EU membership has allowed greater accessibility to beverages not produced domestically which has contributed to increases in wine consumption in Nordic countries. Moreover, EU regulations may hinder countries like Sweden in maintaining long-term government control and taxation policies aimed at reducing consumption and shifting drinking patterns toward lower alcohol content beverages (*Ibid.*).

A steady decrease in wine consumption since the nineteenth century is not limited to France. This trend can be discerned in all vinicultural countries with longstanding traditions of wine consumption¹⁵. This has been expedited by changes in the rationale for drinking: historically, not only was wine less contaminated than water, but it also supplied the additional calories needed by a population engaged in heavy labour (Loubere 1990).

4.4 Summary

As predicted, per-capita recorded sales are a good, albeit imperfect, indicator of the level of consumption within a society, and therefore presumably of that society's "wetness" or "dryness." By including both unrecorded consumption and the proportion of abstainers a sharper picture emerges, although there are problems in ascertaining the extent of both. It may well be that drinkers in "dryer" environments consume more than drinkers in "wetter" environments, which may explain their greater propensity for alcohol-related disruptive behaviour. Difficult as it may be to determine unregistered consumption, a clear picture of actual drinking practices only emerges if some attempt is made to account for this. As discussed, unusually high levels of unrecorded consumption in Sweden raise consumption to that which is roughly equivalent to Canada and the United Kingdom.

Certainly, as a proportion of total consumption, "dry" societies consume more in the form of spirits than their "wet" counterparts.

The history of these four societies' temperance movements (discussed in Chapter 3) substantiates the contention that the proportion of abstainers seems to be a good surrogate measure of temperance sentiment within the society.

¹⁵This has not strongly affected the growers because wine consumption has increased substantially in countries with insignificant domestic production.

Trends in per capita consumption indicate that the original connection between “wetness” and “dryness,” while still valid, may be diminishing. This is further accentuated by confining the discussion solely to the drinking population within these countries. The substantial decline in market share of the traditional beverage within each country also indicates a blurring of the lines of demarcation between “wet” and “dry.”

CHAPTER 5

DRINKING PATTERNS AND CULTURAL MEANINGS OF ALCOHOL

While consumption statistics tell us about the general consumption level and the types of alcoholic beverages used within particular countries, it is not possible to make specific inferences about drinking from these figures. Important variations between countries in patterns of use are not captured by looking at per capita consumption. Information on drinking patterns and practices are necessary to help understand cultural meanings of alcohol and the social functions of drinking.

Depending on the nature of the raw materials, the method of fermentation, and the subsequent application of distillation, a large assortment of alcoholic beverages are derived. An old proverb, apparently of central European origin, asserts: “Getting drunk on beer makes a man vulgar; getting drunk on spirits makes him dangerous; and getting drunk on wine makes him charming.” A great deal of research has concentrated on ascertaining whether different types of beverage produce different effects in man but, apart from very minor differences “almost all authorities are agreed that by far the most important share of the effects of all alcoholic beverages is explainable entirely in terms of alcohol content” (Kalant and Kalant 1987, 18-19). Having established that the actual type of beverage is fairly inconsequential in explaining differences in behaviour, differences must be sought in terms of strength of beverage, patterns of drinking and cultural meanings of alcohol.

5.1 Patterns of Drinking

The pattern of drinking traditionally associated with “dryer” cultures is described as “explosive.” The type of drinking characteristic of this is the “occasional consumption of very large amounts by individuals, small groups or subcultures (rather than in community-wide fiestas), and to obnoxious or socially disruptive patterns of behavior while and after drinking” (Room 1989b, 5).

Alternatively, the pattern of drinking most commonly associated with the “wetter,” and in particular wine cultures, is drinking as an accompaniment to meals. Most descriptions

of “wet” or “integrated” drinking patterns fail to indicate the quantity consumed, by whom, and how much goes on at times other than the proscribed mealtimes. Integrated drinking comes rather close to the idea of multifarious social and ritual uses of alcohol in society. It has provided representation for an ideal role of alcohol in society, either connected to the past life, untainted by colonial encroachments; or as a utopian state of affairs that could be achieved if legal and administrative regulations of alcohol were lifted. (Partanen 1991, 214)

The concept of integrated drinking accommodates a wide variety of drinking behaviours. It may allow frequent and even heavy drinking and tolerate drunkenness and many of its less desirable consequences, provided that informal social controls are utilised to control violent or antisocial behaviour and that drunken people are taken care of (*Ibid.*).

It is the middle class drinking patterns on which characterisations of drinking cultures of industrial societies seem to be based. Presumably this “reflects both the claims to normative hegemony of the middle class, and the fact that most of those writing or describing patterns are themselves middle class” (Room 1989b, 5). These characterisations also seem to favour male as opposed to female and public as opposed to private drinking patterns.

5.1.1 Historical Development of Alcohol Use

Prior to the formation of their respective temperance movements each of the four countries may have been described as “wet” in terms of per capita consumption but it is the differences in drinking patterns and cultural meanings of alcohol which can be discerned in the historical development of alcohol use that eventually would determine their position on the “wet”/“dry” continuum. As various aspects of the historical development of alcohol use have been discussed in Chapters 3 and 4 and will be discussed later in this chapter and in Chapters 6 and 7, to avoid repetition, only a brief synopsis is presented here. An overview is included in Appendix A.

In Canada, alcohol was first introduced through the fur trade in the seventeenth century. If alcohol did exist prior to the arrival of the first European colonists, patterned behaviour and strong symbolic meaning were not attached to its use by the North American Natives. The fur trade depended on the regular distribution of alcohol and the Natives learned heavy and binge drinking habits from the traders. Heavy drinking was a key component of pioneer “bees” which were used to accomplish acts of hard labour essential for making pioneer life in Canada possible. Heavy alcohol consumption was possibly one way to cope with the severe climate and stress in early Canadian history.

In England, heavy drinking dates back to the earliest ancient festivals. Ale, mead and cider were the earliest intoxicants known in Britain. In Anglo-Saxon England, ale was consumed primarily in private households. Wine became much more popular during Norman times and traditional drinking practices began to include drinking at taverns and was no longer restricted to festive occasions. By the thirteenth century the English had developed a reputation as heavy drinkers and ale was consumed daily with all meals. Gin was introduced by William of Orange in 1688. The period from 1720 to 1751 was plagued with what has been aptly referred to as the “gin epidemic.” At this time, alcohol consumption in London was approximately four times the current United Kingdom average. By the end of the nineteenth century alcohol consumption had again reached proportions whereby there was considerable cause for concern, reaching the equivalent of almost 11 litres of pure alcohol per year for each man, woman, and child (Royal College of Psychiatrists 1987).

The roots of French wine production date back to Hannibal in 218 B.C., but France’s celebrity as a wine-drinking country began when Caesar conquered Gaul in 58 A.D.. The development of strong national identities in Europe in the eleventh and twelfth centuries led to distinct national drinking cultures and the French acquired a reputation as light drinkers. This likely reflected the manner in which alcohol was consumed and the behaviour which accompanied their drinking practices. During the seventeenth century champagne production began and by the following century its popularity had vastly increased. By the end of the seventeenth century brandy and liqueurs became increasingly popular. In the first half of the nineteenth century there was a dramatic increase in the consumption of eaux-de vie, primarily as a result of the discovery of new distillation techniques. There was striking growth in alcohol production and consumption from the mid-nineteenth century to the beginning of the First World War.

State concern with alcohol consumption in Sweden dates back to 1494 when a royal decree banning brannvin in Stockholm was issued. Prior to the seventeenth century the alcoholic beverage of choice in Sweden was beer. The notorious vodka-like brannvin did not become popular until the early seventeenth century when distillation techniques improved. From the middle of the seventeenth to the first quarter of the eighteenth century the excessive consumption of brannvin became widespread. By the beginning of the nineteenth century,

increased incomes and further improvements in distillation techniques led to further increases in consumption.

5.1.2 Drinking Habits

Alcohol has been part of our culture since antiquity and, as such, many strong symbolic meanings are attached to it. Various influences, such as culture, religion, public attitudes, climate, agricultural crops, and even war and revolution, have shaped current drinking patterns (Hurst, Gregory, and Gussman 1997).

Along the same lines as Room's "wet"/"dry" distinction, others have differentiated and categorised drinking habits and the associated response to alcohol problems (see Appendix B). Their investigations, however, have been primarily confined to Europe.

By the beginning of the seventeenth century, written accounts of drinking patterns in different European countries were strikingly similar to those characteristic of the present day (Babor 1986). In fact, beverage preferences were well established long before then. Drinking and drunkenness was seemingly known to all ancient civilizations; the excesses of the Greeks and Romans were attributed to overindulgence in wine, while the inhabitants of northern parts of Europe used ale and beer (Zacune and Hensman 1971).

From 1600 to 1750 there was an increase in consumption of beer, wine, brandies and liqueurs amongst both peasants and city dwellers as a result of agricultural improvements, better methods of brewing, and new technologies for distillation (Babor 1986). The spread of distillation in Europe after the seventeenth century may have had a disruptive influence on established drinking habits, "but levels of alcohol consumption are also determined by specific agricultural and cultural traditions and evolve in response to sociological and historical events" (Sournia 1990, 52). For this reason, most countries have separate and distinct drinking patterns. "Tradition and cost also influence drinking patterns -- every population has its favourite drink and its own rhythms of consumption" (Ibid.). As easy as people sometimes suggest drinking patterns are to reverse or even eradicate, history suggests otherwise; in most countries there have been a variety of concerted attempts achieving varying degrees of success.

In those countries with deeply ingrained drinking cultures, particularly wine-producing nations such as France¹⁶ where alcohol, wine particularly¹⁷ and to a lesser extent beer is thoroughly integrated into all aspects of life, drinking patterns have tended to develop naturally over an extended period of time. France has a “distinctive pattern of continuous, regular, and excessive consumption, unmarked by the periodic bouts of drunkenness characteristic of North American alcoholism” (Prestwich 1988, 3).

In other countries, the manner in which alcoholic beverages are used¹⁸ has had a powerful impact on policies or control measures and has subsequently encouraged changes in drinking patterns (Hurst, Gregory, and Gussman 1997). In many countries, especially spirit drinking nations such as Sweden, the drinking of spirits is unlikely to be considered nutritionally beneficial and consequently is rarely associated with eating or daily social contacts and conviviality outside the home; its use is primarily as an intoxicant.

In some countries such as Canada and the United States, nineteenth century temperance movements persuaded governments to take measures encouraging a shift in consumption from higher to lower alcohol content beverages¹⁹.

In still other countries such as England²⁰, governments have unilaterally undertaken to alter drinking patterns away from higher alcohol content beverages to lower alcohol content beverages by introducing a number of control measures²¹, particularly in the form of taxation.

¹⁶Spain and Portugal also adhere to this pattern.

¹⁷Table wine tends not to be implicated in excessive drinking, however, aperitifs, spirits, and champagne while playing a marginal role in adult drinking, play a prominent role in excessive drinking.

¹⁸Wine is seen as having a nutritional value and consequently is used as an accompaniment to meals; beer is also used as a mealtime beverage but, more significantly, its use is associated with daily social contacts and conviviality outside the home.

¹⁹Such movements in Norway and New Zealand, while not having a profound effect on the types of beverages consumed, did contribute to a reduction in per capita consumption.

²⁰Also Belgium, Poland, Switzerland, and Denmark.

²¹Including curtailing the hours and days of sale and the number of licensed premises; reducing the strength of all alcoholic beverages; and by increasing taxes.

Many factors, but particularly the type of national beverage consumed as well as “national character,” seem to have a powerful impact on the type or form of controls in place. Since the end of World War II, oft-cited social developments (travel, leisure, communication and common trade areas) have altered traditional drinking patterns, and more recent changes in beverage choices and consumption levels from the late 1970s or early 1980s have emerged in most countries due, at least in part, to further economic, demographic and attitudinal changes (Ibid.).

5.1.3 Internationalisation and Modernisation in Beverage Type

Although historically a country's traditional beverage accounted for the majority share of the alcoholic beverage market, there has been a significant decline in almost all countries in the market share of the traditional beverage (Hurst, Gregory, and Gussman 1997; Hupkens, Knibbe, and Drop 1993; Silbereisen, Robins, and Rutter 1995; Sulkunen 1989).

In traditionally beer drinking countries like Canada and England, where beer accounted for 62.0 and 73.7 per cent of total consumption in 1960, by 1995 the share of the market occupied by beer had declined sharply and wine's market share had doubled. While in some traditionally beer drinking countries the share of the market occupied by spirits increased, in others it decreased over this period; however, “the increases and declines were less, and significantly less in most countries, than the decline in the market share of beer or increase in the market share of wine” (Brazeau and Burr 1993, 486).

An analogous pattern can be discerned in traditionally wine drinking countries like France, where, over the past 35 years, the share of the market occupied by wine has decreased (from 81.1 to 63.7 per cent) and beer's share has increased (from 8.1 to 15.3 per cent). There was a simultaneous increase in the market share of spirits in the traditionally wine drinking countries during this period, in France spirits' share doubled from 10.8 per cent to 21.0 per cent.

In the traditionally spirits drinking Nordic countries such as Sweden the share of the market occupied by spirits has decreased over the past three decades (from 58.9 per cent in 1960 to 27.3 per cent in 1995), while both beer and wine's share increased.

Even though beer has been losing a portion of its share of the alcohol market to wine and spirits in Canada and England, beer remains the beverage of choice and is still responsible for the majority of alcohol consumption in both countries. Likewise, in France,

although there has been a significant decline, wine remains the most popular alcoholic beverage. In Sweden, even though there was a relatively even spread between the three beverages in 1995, beer holds the largest market share.

Country	1960			1990			1995		
	Beer	Wine	Spirits	Beer	Wine	Spirits	Beer	Wine	Spirits
Canada	62.0	6.8	31.2	54.1	14.5	31.4	56.4	15.3	28.3
France	8.1	81.1	10.8	14.7	66.2	19.1	15.3	63.7	21.1
Sweden	29.2	11.9	58.9	41.5	27.2	31.4	45.6	27.3	27.3
U.K.*	73.7	8.3	16.4	55.8	18.9	22.1	55.4	22.2	17.4

* Cider as a percentage in the U.K was 1.6 in 1960, 3.2 in 1990 and 4.9 in 1995.

Percentages may not add up to 100% due to rounding.

Source: Hurst, Gregory and Gussman, International Survey: Alcohol Beverage Taxation and Control policies, 9th edition, 1997.

The shift away from traditional beverages to non-traditional beverages is evidence of greater **internationalisation** of drinking patterns and can be discerned in all four countries. Sulkunen (1989) refers to this kind of similar change in very different drinking cultures as “**modernisation**,” with increasing similarities in lifestyles and by extension alcohol use indicating homogenisation toward a cosmopolitan, uniform way of life. While the adoption of lifestyles and consumption patterns from other cultures is one aspect of this modernisation, another is the growing significance of taste and style; the rise in standards of living has not merely increased the *amounts* of consumer goods available but has also created a concern for the *kinds* of goods and the manner of consumption (Ibid.).

5.1.4 Uniformity and Diversity in Drinking Patterns

Uniformity and diversity in drinking patterns in the European Community (EC) has been studied by Hupkens, Knibbe, and Drop (1993). Traditionally, “southern” drinking patterns have been characterised by daily consumption of wine with meals while “northern”

drinking patterns have been characterised by less frequent consumption of beer separate from meals. Given the recent increases in beer consumption in the southern countries and wine consumption in the northern countries, they attempted to ascertain whether the traditional distinction in drinking patterns still existed.

In terms of **total alcohol consumption**, it was revealed that the distinction between the Mediterranean and the northern drinking pattern still holds with regard to frequency of consumption, with alcoholic beverages being consumed more frequently in the southern countries.

The results of **drinking patterns of wine and beer** appear less straightforward. For the proportion of non-wine drinkers, non-beer drinkers and the frequency of wine and beer consumption, the distinction between the northern and southern countries applied strongly for males. Males in northern countries consume beer in greater numbers and more often than males in southern countries, while males in southern countries consume wine in greater numbers and more frequently. There were no clear distinctions in the proportions drinkers consumed and the frequency of consumption between the northern and southern countries pertaining to females. With regard to these aspects, then, it would appear that there are still clear differences in drinking patterns in the countries within the EC. Hupkens, Knibbe, and Drop (1993) did, however, find some uniformity regarding the context of the main beverage types. "In both the northern and the southern countries wine is more often consumed at meals compared to beer, which is more often consumed outside of meals. Consequently the drinking norms of the new beverage type appear mainly to be adopted of the 'original' countries. This outcome suggests that the new beverage type does not substitute, but is added to the traditional beverage type" (p. 1402).

Furthermore, the supposition that **younger** people consume the new beverage type in greater numbers and more often than **older** people was substantiated in the case of the southern countries but not in the northern countries. Overall younger people seem to drink beer in greater numbers and more frequently while older people drink wine in greater numbers and more frequently. Given the context of drinking, with beer being consumed primarily outside of meals, usually with friends, by younger people in both the northern and southern countries, it is likely that beer is consumed in greater amounts, although not necessarily as often.

Drinking patterns pertaining to **higher educational level and lower educational level** show unequivocal results. Not only do people with a higher education level consume the new beverage type in greater numbers and more frequently and the traditional beverage type less often than those with a lower education level, but the more educated in the northern countries consume wine more often at meals and in the southern countries they drink wine more often outside of meals than those with less education.

These differences in the consumption of new alcoholic beverages indicate a diffusion of new habits initiated by the more educated people. ...Because of the prestige associated with these new habits, people with less cultural capital will adopt these new habits after some time. (Hupkens, Knibbe, and Drop 1993, 1403)

This process of hierarchical diffusion in drinking patterns has been researched extensively in the case of France. In 1963, Selby wrote about the drinking subculture amongst the upper classes, the “aura of knowledge, ritual and belief which surrounds the drinking of wine”(Selby 1963, 8) which he regarded as “status-validating” behaviour, much more so than in any other class. The traditional tendency for the French elite to drink alcohol (particularly wine) to the point of intoxication represented a symbol of social distinction, but recently there has been a tendency for the elite to abstain from drinking wine in this manner, leading a cultural process in the opposite direction (Sulkunen 1988, 1989). The drinking habits of the elite have a strong bearing on the drinking habits throughout the rest of society. This reinforces the importance of drinking cultures rather than policy directives in shaping drinking patterns (*Ibid.*). Gusfield (1987) claims that this type of hierarchical diffusion in drinking patterns does not apply to the United States. The sense of opposition between drinker and non-drinker in France is situated in a context of class differentiation, whereas in the United States the opposition, once religious and ethnic, has become more characterological and generational, cutting across the categories of class and ethnicity. This argument undoubtedly holds for Canada as well.

A recent study by Romelsjo and Lundberg (1996) found evidence of the same pattern of hierarchical diffusion in Sweden from the late 1960s to the 1990s. The prevalence of moderate or high alcohol consumption in 1967 and 1980 was highest in non-manual employees at medium and high levels. An equalisation and a tendency to reversal can be discerned from three consecutive surveys in 1984, 1990, and 1994. There is some indication that the same pattern of hierarchical diffusion may also apply to England. An interview study

of two random samples from the same London suburb in 1965 and 1974 showed pronounced differences between the two genders and between principal occupational categories over the nine year period. While consumption had been highest amongst managerial, professional, and technical workers in 1965, an equalisation had occurred by 1974 (Ibid.).

Finally, Hupkens, Knibbe, and Drop (1993) found that **sex differences** in the frequency of consumption of the new beverage type were less pronounced than that of the traditional beverage type. It is possible that people of higher educational levels, who are most likely to consume the new beverage type, may have accepted "women's emancipation more strongly and consequently may differ less in drinking norms between the sexes" (Ibid., 1403). In fact, these ideas may be diffused to such an extent that traditional norms regarding sex differences apply less to the use of the new beverage types, irrespective of educational level. Simpura, Paakkanen, and Mustonen (1995), have compared the dynamics of change in drinking patterns in Finland with the analysis by Hupkens, Knibbe, and Drop (1993). While it appeared that the Finnish data supported the assumption that traditional norms about sex differences apply less to the use of the new beverage types, Simpura, Paakkanen, and Mustonen (1995) state that modernisation and homogenisation of drinking patterns may have a different meaning for men and women even within a single country. Using the examples of beer and wine, they show that (natural) wine was culturally accepted as a woman's beverage, therefore, for women beer is more modern than wine. For men, however, the opposite is true. This example indicates that there are "complicated country-specific factors that may remain buried under the wealth of general descriptive material in comparative surveys" (Ibid., 682).

The evidence presented by Simpura, Paakkanen, and Mustonen (1995) suggests that broad concepts such as substitution and addition or homogenisation, while important, may be insufficient when used alone to describe shifts and differences in that respect between countries.

5.1.5 Integrated and Exceptional Consumption

Hurst, Gregory, and Gussman (1997) propose that the decrease in the consumption of spirits and shift towards increased consumption of wine and beer may be related to the traditional patterns of use connected with these three beverages. As fermented beverages are more likely to be consumed in an integrated manner than distilled beverages which tend to be consumed in an exceptional manner, this trend indicates a general movement towards the

more integrated use of alcoholic beverages. Sulkunen (as cited in Hurst, Gregory, and Gussman 1997) describes the drinking culture in wine and beer drinking countries as “multidimensional,” while the drinking culture in spirit-drinking countries is inclined to be one-dimensional.

The multidimensional or integrated use of fermented beverages can be seen in many respects. The accompaniment of wine and beer with meals is one of the most significant; distilled beverages are rarely associated with eating. In France, wine drinking is associated with almost every aspect of daily life and consequently is integral to sociability. Alcohol has become so strongly integrated into French life, if not as a pivotal force around which many activities revolve, then at least as an accompaniment to them, that it would be difficult to discuss many activities of the French without at some point insinuating the existence of alcohol. In many countries wine and beer are associated with folk festivals and celebratory occasions such as those in Germany and Austria. The public house in England and Ireland holds a distinct place in society and although beer-drinking is the primary activity, there are other amenities, including the provision of food. In North America, there are seasonal patterns of beer consumption, distinct from that of spirits and wine²², whereby beer drinking increases significantly during the summer months, indicating the importance of its thirst-quenching and restitutive values (Hurst, Gregory, and Gussman 1997).

These multidimensional aspects have been contrasted with the one-dimensional use of spirits in spirit-drinking countries where the habit of getting drunk for its own sake is common. Spirit-drinking countries can be differentiated from the others because “the use of alcohol there is exceptional, but at the same time, conspicuous and segregated from other social activities; in those countries, the population is polarized into two groups, users and non-users. The use value of alcohol in these countries is primarily that of an intoxicant” (Sulkunen as cited in Hurst, Gregory, and Gussman 1997, 535).

Room's (1989b) contention that “dryer” cultural environments are frequently associated with “explosive”²³ drinking patterns can be seen in the case of Sweden and, to a

²²Spirit and wine sales tend to rise in the late summer and continue to do so until they peak in December.

²³Either occasional consumption of vast amounts of alcohol (commonly referred to as “binge” drinking) by individuals, small groups or subcultures or offensive or socially

lesser extent, in Canada. The roots of this type of drinking pattern are discussed in the historical development of alcohol use in Appendix A. Not only does the type of “frontier” drinking which took place among railwaymen, lumbermen, miners, and prospectors in early Canadian history have its modern day counterparts, but drinking amongst the Native population has evolved in much the same manner. In Canada’s North with no cities and sparse population, many single young men with high incomes, leisure time, and few recreational facilities populate the frontier areas and drinking thus assumes greater social importance (Smart and Ogborne 1986). This style of drinking is remarkably similar to the ancient Nordic drinking habits which are deeply embedded in Swedish culture and reflected in current drinking practices. A definite cause for official and public concern is the way in which alcohol is consumed in Sweden, rather than per capita consumption. The role of alcohol in sanctioned male aggression appears to have survived despite concerted efforts over the years to change this. “In many contexts, men still gain status by getting drunk, and it is often forgivable or even a cause for joking to ‘make a fool of oneself’” (National Board of Health and Welfare 1988, 7). This type of drinking has been attributed to the conflicting or “ambivalent” attitudes towards alcohol typically found in “dry” cultures. According to Smart and Ogborne (1986), this conflict may explain the large amount of drunkenness in Canada; “[m]any recreational and social events involve heroic amounts of drinking” (p. 186). Both Canada and Sweden can be characterised as “dry,” traditionally spirits-drinking, cultures with strong temperance traditions which experience conflicting or “ambivalent” attitudes towards alcohol. While alcohol is consumed in an “exceptional” manner in both countries, this appears to be changing. The “explosive” type of drinking for which the Swedish are particularly internationally renowned, while significant, applies to only a modest proportion of all drinking occasions within the society²⁴. In both countries drinking patterns vary with the type of beverage being consumed; wine is frequently consumed with meals, beer often accompanies lunch, whereas spirits are seldom associated with eating.

disruptive patterns of behaviour during or after drinking.

²⁴Studies show that the top 15% of male consumers are responsible for 50% of male consumption and the top 15% of female consumers are responsible for 60% of female consumption.

Recently there has been an upsurge in binge-drinking in England which has been directly attributed to early closing hours. The traditional rush just before closing orders creates a temporary peak of intoxication. According to Andrew McNeill, co-director of the Institute of Alcohol Studies, binge-drinking has now extended from just weekends to the rest of the week. “[M]ore British teenagers now drink to intoxication than anywhere else in Europe” (Honore 2001, B6). Furthermore, the number of British women binge-drinking has escalated by 55 per cent over the past decade. Presumably, this drinking style is primarily confined to teenage and young adult women as “hard liquor is even replacing hard drugs as the stimulant of choice among hip young things” (*Ibid.*).

In a comparison of American and French drinking patterns, Selby (1963) points to the inherent difficulties in characterising the drinking pattern of a hypothetical “average American.” In heterogeneous countries, like the United States and Canada²⁵, with less well established drinking cultures, it seems to be much more difficult to determine drinking patterns and practices such as who drinks (male/female, class, race/religion, age, income), how much, what they drink, and where. Summing up the differences between the two drinking cultures, Selby points to the “ambivalence” surrounding drinking in the United States and concludes that while drinking is accepted, homogeneous, and a part of daily nourishment in France, in America it is “varied, hedged with many kinds of attitudes, and an adjunct to daily living, a mechanical drug to dispel anxiety, and to propel social interaction” (*Ibid.*, 11). The homogeneity or heterogeneity of the culture, therefore, also influences the type and manner in which alcoholic beverages are consumed.

Generally, alcoholic beverage misuse is associated with the higher alcoholic content beverages, particularly spirits, and the positive use of alcohol is more closely associated with the use of lower content beverages. While the possibility for misuse exists with all types of alcohol, it seems that both the alcohol content and patterns of drinking associated with spirits have made it a target for intervention. Intoxication itself may fulfil a useful function but it is difficult to find many defenders of this particular drinking style.

²⁵Although there are regional and cultural differences throughout Canada, the most remarkable disparity is between French and English-speaking Canada. These differences have always existed and Quebec remains culturally distinct to this day. Quebec drinking patterns are much closer to the “wet” or integrated patterns discernable in France.

5.1.6 Impairment Effects

Over the past sixty years a vast number of experiments have been performed relating to blood alcohol levels. Almost all have determined that levels are lower when alcohol is consumed on a full stomach. Given that beer and wine are consumed more frequently with meals than distilled beverages which normally are not, these are considered safer beverages. More importantly, other findings indicate that there is a slower rise in blood alcohol and a lower maximum level when beer is consumed on an empty stomach compared with the equivalent amount of spirits (Brazeau and Burr 1993). For wine, effects on blood alcohol levels are intermediate between that of spirits and beer.

In fact, not only does beer have a weaker intoxication effect than the other beverages but the impairment effects are not related to blood alcohol in a proportional manner but in an exponential way. According to the Finnish Alcohol Monopoly, either as a result of use patterns and/or physiological effects, beer is not implicated in drunkenness to nearly the same degree as stronger beverages. Statistics on arrests for drunkenness according to intoxicating compound indicate that “for each kilolitre of alcohol consumed in the form of beer there was one arrest, but for each kilolitre of alcohol in wine and spirits, there were four and seven arrests respectively” (Hurst, Gregory, and Gussman 1997, 583).

5.1.7 Drinking Location

According to a 1989 Canadian survey, the consumption of alcoholic beverages is closely associated with social activity (Health and Welfare Canada 1990). While there is a social element attached to drinking in Canada, most occurs in private settings, for instance when spending a quiet evening at home (18%), going to a party or other social gathering (16%), having friends visit (16%) or visiting others (15%); this is particularly the case with spirits and wine drinking, and somewhat less so with beer. As for licensed establishments, 12% of consumption takes place in bars and taverns and 13% in restaurants (Single, Williams, and McKenzie 1994). In 1990, 85.7 per cent of spirits, 85 per cent of wine, and 71.5 per cent of beer was consumed off premises. Beer consumption off premises has become more pronounced in recent years. In Ontario in 1950, on premise consumption accounted for over half the total

consumption but by 1980 the proportion had decreased to approximately one quarter²⁶ (Hurst, Gregory, and Gussman 1997).

Beginning in the late 1970s, there has been a trend towards increased home consumption in England. As a result, draught's share of the market has declined by 18 per cent since 1981. Men also became more prone to drink in the evening and less inclined to drink at lunch. These changes appear to reflect changing demographic patterns, specifically increased employment amongst women and decreased employment amongst men. In the last two years of their study, Williams and Brake (1980) found that large volumes of beer were being sold in cans through off-licence departments of supermarkets. Prior to this time, drinking beer at pubs had been less expensive than purchasing beer at supermarkets to consume at home. This change in price differentials appears to have altered the drinking habits of men and women of all ages but particularly the young married.

Before the end of the Second World War in France, most drinking took place outside the home in cafés, bars, and restaurants. Subsequently, home consumption became increasingly popular but this trend seems to be reverting to its previous state over the past twenty years. A substantial portion of drinking still takes place within the home but there appears to be a trend away from drinking with meals; only 30 per cent of wine and three per cent of beer is consumed with meals. For on-premise consumption, it is estimated that 35 per cent of beer, 38 per cent of spirits and 36 per cent of wine are consumed in licensed establishments (Hurst, Gregory, and Gussman 1997).

Alcohol is traditionally consumed in private homes in Sweden, although drinking in restaurants and bars has been increasing since the 1980s (Babor 1986). Spirits are generally not associated with eating, whereas wine and beer are often consumed with meals. Estimates suggest that virtually all light beer, approximately half of the medium beer and almost a quarter of the strong beer, is consumed with meals (Hurst, Gregory, and Gussman 1997).

5.1.8 The Evolution of Communal Drinking

The medieval pattern of drinking is intriguing because it differed so fundamentally from that prevailing in the early modern and modern periods. “Women and children drank freely, and

²⁶It would have been interesting to see what effect the January 1, 1997 City of Toronto by-law prohibiting smoking in any indoor restaurant or drinking establishment would have had, however, it was repealed in too short a time to allow any relevant statistics to be taken.

did so with an insouciance unimaginable in the century that gave birth to the Women's Christian Temperance Union; husbands and fathers, in turn, did most of their drinking in domestic settings, whether in their homes or in the fields where they and their families worked" (Warner 1994, 53). In fact, "[n]ot to drink was tantamount to a complete withdrawal from socially meaningful existence as it was then defined" (Adler 1991, 381).

An important function of communal drinking was to organise ceremonies of redistribution that simultaneously affirmed principles of reciprocity and communality. In England, in times of economic hardship, organised drinking or "whip-rounds," were held in local taverns to collect money for the most impoverished member of the community. North American pioneer bees operated in a similar manner.

In Pearson's (1983) discussion of the various ancient traditions associated with feast days and festivals in the pre-industrial world he states that these were not all charming innocent rituals. "[F]east and carnivals were also associated with orgies and drunkenness and brutalising sports and pastimes.... Feast days could also act as the tinder-box for riot, gang rapes, religious pogroms, or attacks on minority groups and foreigners..." (p. 195).

The numerous holidays, fairs, and festive occasions of the late Empire and the Middle Ages "preserved the meaning they had in primitive societies: they served as the highest form of collective enjoyment and an assertion of solidarity" (Csikszentmihalyi 1968, 201). There was a decline in truly communal group drinking with the advent of the Reformation and the waning of the Middle Ages. This type of intensive group drinking, confined almost exclusively to designated holidays or celebratory occasions, has been replaced by modern man with a pattern of moderate but repetitive group drinking in a specialised location. Consequently, what began in the late Middle Ages as a traveller's inn became a centre of great social importance and survives today as the British pub and the North American saloon.

5.2 The Importance of Drinking Establishments

Although they have their origins in antiquity, in most western societies the pinnacle of popularity of drinking establishments is usually considered to be in the late nineteenth century. "In 1889 Charles Booth declared that 'public houses play a larger part in the lives of the people than clubs or friendly societies, churches or missions, or perhaps than all put together.' Mark Girouard has shown how pub architecture reached its zenith in the 1890s.... In France the number of debits de boisson, selling wine and spirits, rose by over a quarter in the last decades

of the century, and these functioned, we are told, as ‘the principal if not the sole place in which popular sociability could take place’” (Clark 1983, 1). Even though, traditionally, this late Victorian heyday of the public drinking establishment has been inextricably linked with the rise of industrialisation and urbanisation in Western Europe and North America, the significance of their predecessors should not be underestimated.

Warsh (1993) claims that “[t]he multifaceted functions of the alehouse, inn, tavern, or saloon rendered it adaptable to social, economic, and religious transformations” (p. 6). In most Western societies, the inn, public house, café, or saloon has traditionally provided the optimal social setting, enhancing social solidarity, facilitating the vital functions of dissemination of information and current events both within and between communities, providing a forum for debate, and offering people a home away from home or at least some respite from the mundaneness of daily living. According to Hey (1986), “Victorian public houses appear to have been all things to all men... In such a bleak landscape of unremitting labour the Victorian pub must have seemed like an overnight stop-over, half-way to paradise” (p. 13).

Warsh (1993) contends that drinking establishments not only fulfilled community functions but that they also reinforced the male subculture. “[T]he importance of the saloon was not merely nor primarily instrumental. The ‘anti-home’ was also the ‘anti-shop,’ and it served to transmit and perpetuate traditional male values that pre-dated capitalism” (p. 7). Describing the multifaceted functions of drinking in old regime Paris, Brennan (1988) states that “[p]ublic drinking brought men together for leisure, recreation, business, or idleness and contributed to the formation of their social bonds” (p. 187).

In Tilly and Scott's (1978) discussion of the importance of “drink” in working class life during the early modern period in France, they identify the conflict between individualist and family values and also conflicts between different kinds of social identification. Although widely used by almost everyone, in France “alcohol has traditionally been a male preserve, associated with certain myths of power, certain types of sociability, and a certain economic level” (Prestwich 1988, 26).

In the previous passage by Hey (1986), she emphasises that the Victorian pub was all things to all **men**. “Working-class notions of masculinity were very much grounded in ‘drinking deeply,’ which was both a sign and an expression of one's virility” (*Ibid.*, 25).

Little has changed over the past century, as the pub has remained “a political institution expressive of deeply held gender ideologies” (Ibid., 72). Recent attempts to “domesticate” pubs and “transform them into more bourgeois environments,” in order to make them more amenable to women, has not meant that, in reality, women are welcome in these establishments. During the 1980s wine bars became fashionable, as well as greater experimentation with “American” style bars, seemingly to cater to this sizable segment of the population but their popularity appears to have been transitory.

5.2.1 Early Canadian Inns and Taverns

While a great deal of the drinking by early settlers took place at pioneer bees and festivals, much also took place in the early inns and taverns. Before the advent of the railway, all land travel took place by horse or horse and cart. This necessitated the establishment of wayside inns every few miles to provide food and lodging for both people and the horses. Taverns were attached to almost all inns and, in addition to providing various types of social contacts and places for meetings, heavy drinking was commonplace. In 1851, the first official census in Upper Canada reported 1,990 taverns or one for every 478 inhabitants (Smart and Ogborne 1986).

Various stores also sold alcoholic beverages and permitted drinking by their customers. Some, even gave it away, particularly in the 1820s when whisky was very inexpensive. According to a contemporary source, “most stores in Ontario kept a pail of whisky and a tin at the back door where customers could help themselves at no expense” (Ibid., 9).

Taverns provided far more than merely a place to drink. Particularly pronounced in this early stage of Canadian history, a significant proportion of the social and cultural life of early settlers was centred around the tavern. “In new settlements both the school and the church were typically built after the tavern, which was the first building put up. Most were open seven days a week for travellers, who often brought outside news to a population that rarely saw even a newspaper” (Ibid., 10).

Furthermore, meetings of various kinds took place in taverns at this time. “The larger ones had ballrooms that accommodated weddings, government balls, local dances, militia meetings, and other banquets. Visiting circuses performed at taverns. Wages of agricultural and other workers were paid in taverns. A host of social, religious, and political groups, ...agricultural societies, and political parties, met there. Only Temperance organizations refused

to meet in them" (*Ibid.*). Electioneering and polling took place in taverns and frequently larger taverns became the local courts. Several Presbyterian ministers preached in taverns and occasionally church services were held in them. As taverns encouraged debate and dissent, political movements were often conceived within them.

The following passage allegedly describes the type of drinking establishments characteristic of pioneer North America. "There is perhaps no element of a country's past which retains so long a sentimental attachment in the memory of its patrons as a good inn. Appetizing food, pleasing accommodations, and a warm fire are the more appreciated after the rigours of the road..." (Guillet 1954, 17). Gray's (1982) description of the turn-of-the century bars in Canada is, however, decidedly less nostalgic. Bars "had but a single purpose - to accommodate the stand-up drinkers of beverage alcohol. Entertainment facilities or amusements of any kind were unknown. ...They were down-the-hatch let's-have-one-more, knocking-them-back type drinking" (p. 22).

This disparity may be partially explained by the transformation in drinking patterns which took place in North America during the nineteenth century. Although colonists had previously consumed alcohol with their food, drinking became increasingly detached from mealtimes. Moreover, whereas colonial drinking establishments had served food and drink to men and women alike, taverns increasingly became male enclaves, for immigrant and lower class men in particular, and drinking became a "time out" behaviour, increasingly associated with disinhibition (Parker and Rebhun 1995).

In Csikszentmihalyi's (1968) discussion of the physical characteristics and some aspects of group drinking in United States, many parallels can be drawn to Canada. The saloon or the cocktail lounge, or in the Canadian case the tavern, were the result of the transformation of the English pub to North America.

Here the salient factor is that stools have been introduced for the customers' convenience. ...[T]he stools have deprived the patron of almost all the advantages of the bar counter arrangement and emphasized its disadvantages. The man in a saloon is isolated rather than independent. He can still leave without a fare-thee-well, but it is quite difficult for him to move around and interact with anyone except the bartender and his two lateral neighbors. ...If the room contains tables, these are separated from each other by partitions... The atmosphere is one of isolation, passivity, and shame. The latter characteristic is especially well conveyed by the prevalent darkness.... (pp. 209-210)

New group drinking patterns which have since developed include: cocktail parties, structurally similar to the English pub in terms of facilitating social interaction, for the upper middle classes;

saloons or pubs near university campuses, similar in arrangement to the wine shop, for students; and recently for the more cultured inhabitants of metropolitan areas there are North American reproductions of Continental coffee shops and, more significantly, English pubs. The lounge or tavern remains, nevertheless, the most commonly frequented drinking establishment.

5.2.2 English Pubs

The significance of alcohol, but seemingly more importantly the English pub, to the English people cannot be overemphasised. The mere fact that it has been written about so extensively gives a clue to its multifaceted importance. “The pub is an institution unique to England, and there is nothing more English” (Jackson 1976, 5).

For a large proportion of English people the pub fulfils an extremely important and integral social function, particularly given that they tend to spend more time in public houses than in any other buildings except their homes and workplaces (Bruun 1979). The pub, as pointed out succinctly by Harrisson (1943), is the only public building where large numbers of people gather as participants rather than spectators.

The most striking characteristic of the pub is the long bar, along which the patrons traditionally drank while standing. This feature provides valuable insight into the quality of the social relationships that develop in the English group-drinking environment. “The standing man feels independent, he needs no support. He can come and go without inconveniencing anyone else, he can move around and meet others without being tied to a fixed interaction pattern” (Csikszentmihalyi 1968, 208-209).

While still extraordinarily important, over the course of this century, there has been a significant decline in the number of public houses and an increase in the number of clubs. In England and Wales there were 102,189 full on-licences in 1900 which represented a proportion of 31.69 per 10,000 of the population and by 1978 there were 66,057 or 13.5 per 10,000 population (Williams and Brake 1980).

5.2.3 French Drinking Establishments

The types of drinking establishments found within a given population are indicative of the social role they fulfil for their clientele. They vary in terms of appearance and character very much in keeping with that of their patrons. This is particularly evident in France where drinking is such a central feature of daily life. “As history transforms society, so the changes are seen in institutions catering for the demand for alcohol; the dingy grog-shops, gentlemen's clubs and

brothels of the nineteenth century have now been replaced by a panoply of new drinking places” (Sournia 1990, 64).

The appearance of the word *cabaret* in the fourteenth century marked a division in types of drinking establishments. After the emergence of cabarets, the *taverne* became primarily a place where people would purchase wine for off-premise consumption (Austin 1985). Whereas, cabarets were

meeting places, places where the clientele could keep warm and win drinks playing dice, darts, *boules* and traditional games;... Official business - meetings, assizes, judgements - was transacted there...and they were often the base of corporations, guilds and associations. Less salubrious social activities...were also conducted within their confines. (Sournia 1990, 34)

The convivial atmosphere of the cabaret contributed to the decline, and eventual disappearance, of the social aspect of the tavern.

The opening of the first Parisian *café* (*Café de Procope*) in 1686, led to a spate of similar establishments. Cafés attracted the elite, intelligentsia, and various types of literary and artistic clientele. Posh decor and the provision of an assortment of desserts and liqueurs as well as coffee set cafés apart from cabarets and early coffee houses. Late seventeenth century convention dictated that “one goes to a tavern to drink to excess, to a cabaret to drink, and to a *café* to talk” (as cited in Austin 1985, 265).

Of drinking establishments in the early modern period, Tilly and Scott (1978) state that [d]rinking in a bar or *café* was...a form of sociability for working men. Artisans had long mingled work with leisure. Their bars were occupationally homogeneous, serving as hiring halls and centers of craft information, political organization, and social intercourse. ...

Among factory workers and unskilled urban laborers, cafés were neighborhood rather than trade-associated institutions. Nonetheless, they might also serve as local centers of social and political contact. (p. 140)

Csikszentmihalyi (1968) discusses the indisputable contribution of the *café*, in providing a conducive physical environment, to the intellectual life of the nineteenth century. “Cafés are a hybrid that the French developed by crossing the aristocratic *salon* with the proletarian wine shop...the place where the newly emergent middle class did its group drinking” (p. 205).

While a significant portion of alcoholic beverages are still consumed in bars, cafés, and restaurants, the number of cafés, at one time the centre of social life in France, has declined dramatically from 200,000 such establishments in 1960 to 50,000 in 1995 (Hurst, Gregory, and Gussman 1997).

5.2.4 Swedish Drinking

Although consumption in restaurants and bars seems to be increasing in recent years, alcohol is traditionally consumed in private homes in Sweden. For this reason, little has been written on the subject of Swedish drinking establishments.

5.2.5 Group Drinking - Summary

According to Heath (1991b), public drinking places “can be special in the sense of allowing relative relaxation of racial segregation, facilitating informal contacts with partners of the same sex or opposite sex, or relaxed conviviality with co-workers and compatriots” (p. 97). The function of group drinking has changed little, if at all, over the centuries.

Group drinking appears to be an almost universal behaviour pattern which helps to achieve objectives which are beneficial for not only the individual but for the society as a whole (Csikszentmihalyi 1968). In most Western societies, public drinking establishments have evolved and become a prominent part of the culture. Each culture has found a solution, similar in some respects, to the same problem, but it would be erroneous to therefore assume that these solutions were “functionally equivalent” to each other. Drinking establishments may serve alcohol and provide a milieu for relaxation and entertainment, but because of their different physical structure “achieve quite diverse effects in terms of strength of solidarity and type of prevalent interaction” (Ibid., 215).

Similarities and dissimilarities aside, group drinking can be viewed as “one of the most widespread institutionalized practices fulfilling integrative and pattern-maintenance functions. Its particular form in a given culture is both a result of individual needs as modified by specific cultural practices and values and, at the same time, a causal factor in the maintenance and transmission of the same practices and values. In its sameness and variety, group drinking acts as one of the factors that shapes the modal personality of a given culture” (Ibid., 215-216).

5.3 Cultural Meanings of Drinking

The subject of cultural meanings attached to drinking is endowed with a rich and varied literature. If one had to succinctly summarise the archetypal characterisation of alcohol in a “wet” environment it would be that drinking is integrated into the routine of daily life, and that its use is widespread and viewed as commonplace. Despite the commonplace element of most drinking occasions in “wet” and particularly wine cultures, it would be foolish to assume that, as a consequence, symbols were not attached to the consumption of alcohol. On the contrary,

the symbolisation of alcohol is specific to the type of beverage; therefore, grouping them together as a single entity would be unlikely. Although containing the common property of ethanol, “the focus on ‘alcohol’ (and thus on its psychic, physical and social effects) as the important commonality among the different beverages is in itself rather a ‘dry’ idea” (Room 1989b, 6).

In removing alcohol from the routine of everyday life and setting it apart from other commodities, “dry” cultures imbue alcohol with a distinct status. Room outlines some of the ways “dry” cultures characterise alcohol: “It can...be seen as a disinhibitor, as a substance which makes people act unpredictably and often badly. It can be seen as addictive, as something with the power to enslave people and to distract them from the proper concerns of their daily life. Or it can be seen as a consciousness-expander, as something with the power to project people into an alternative reality” (*Ibid.*).

5.3.1 The Symbolism of Alcohol in Broad Culture-historical Perspective

E. M. Jellinek (1952) suggests that instead of focusing on what alcoholic beverages bring about in society in terms of their socially damaging effects, emphasis would be more appropriately placed on what society does with alcoholic beverages, how society has used them in the past and how it uses them at present. These are the questions that need to be addressed in order to bring about change. Jellinek (1977) rejects the anxiety-reduction hypothesis as an adequate explanation of the extensive, sustained and patterned use of alcohol throughout history. Instead, it was the frequently conspicuous connection between alcoholic beverages and life-giving substances such as blood, milk and water in ancient mythologies (1952, 1977) which made him come to view drinking “as a seeking rather than an escaping behavior--as reinforcing rather than avoiding--and consequently to consider that the euphoria-producing rather than the tension-reducing effect of alcohol made it the substance of choice for social purposes over, say, water or fruit juice” (Popham and Yawney as cited in Jellinek 1977, 849).

The essence of Jellinek's (1952) argument is that drinking is an ancient custom, one that has survived for thousands of years “despite all the changes in cultural and social forms, observed hazards, and opposition” (p. 2). As many customs come and go with relative ease and speed, for one to endure for such a long period of time it must be imbued with powerful symbolic meaning and fulfil an essential human need.

5.3.2 Symbolic Functions of Drinking

To determine the nature of this “need,” it is necessary to explore the symbolism of beverages and the act of drinking independent of alcohol (Jellinek 1952). The notion of alcohol as a divine substance dates back to ancient mythology; however, “it does not matter whether the fluid is water, milk or an alcoholic beverage. The symbolism is the same: all are streams of life; all are fertility symbols” (Jellinek 1977, 854). On a ritual level these substances are symbolically interchangeable; what sets alcohol apart from other beverages is its pharmacological effects. The physiological properties of alcohol are responsible for it displacing water and milk as the “ritual symbol par excellence of the stream of life.” “When we ingest an alcoholic beverage we have at least the illusion of the expansion of the chest; we feel stronger, more powerful, more self-confident” (Ibid.). This fits in with the power model of alcohol use which suggests that “men drink primarily to feel stronger.” “The fiery sensation produced by the swallowing of strong alcohol, or the sense of warmth produced by weaker drinks, are reflected in such names as ‘spirits’ and ‘eau de vie,’ and by similar terms that suggest an analogy between alcohol and the spirit life itself” (Kalant and Kalant 1987, 42). An even more fundamental aspect of the symbolism of drinking, the equation of alcohol with blood as both a symbol of life and of death; “[w]ines, spirituous liquors and beers have long been considered ‘blood builders.’ ...Blood is par excellence the stream of life...” (Jellinek 1977, 857). Because alcoholic beverages embody all these important properties (medicine, food, stream of life, power, and death--the corollary of the blood-alcohol equation), this results in a tremendous amount of prestige being attached to them and accounts for the general acceptance of alcohol in society.

As discussed, the act of drinking together brings about a sense of identification or group solidarity, and is “one of the most common -- means to secure a symbolic blood covenant between strangers who are to become friends” (Ibid., 860). Drinking is also integral to various rites of passage, marking the transition from one status to another.

5.3.3 Utilitarian Functions of Drinking

The symbolic function of alcohol is one aspect of drinking, and its utilitarian functions are another. In the transition from symbolism to utility in drinking, it is difficult to determine when the symbolic function subsides and the utilitarian function takes over. The symbolic function never completely disappears, but at certain times one predominates over the other.

There may not necessarily be a long interval between the two. A person participating in ritual drinking “begins to learn that he is not only participating in a symbolic act but is actually taking in power.” Over a given cultural history “symbolic drinking is predominant in one period; at another time, utilitarian drinking is pronounced...” (Jellinek 1977, 862-863). The utilitarian attitude toward drinking can be described as “medicinal drinking and other types calculated to further self-interest or exclusively personal satisfaction. ...The distinction is that the purpose is personal and self-interested rather than social and expressive” (Bales 1991, 542). Tension relief, usually in the form of disinhibition is the most commonly cited utilitarian function of drinking. Prestige drinking is also thought to come under this category. Drinking to recover from a hangover, “taking ‘a hair of the dog that bit you,’ is a pure example of individualistic, utilitarian drinking” (Ibid., 550). Most importantly, it is suggested that we begin to see individualised drinking when the utility of drinking takes precedence. In primitive societies this was made possible by two conditions: the large-scale production of alcoholic beverages, and preservation techniques. This eventually led to other factors which reinforced the utility functions of drinking and the profanation of the symbolic function, most notably the emergence and growth of the public drinking establishment which increased availability, and more recently advertising, methods of distribution and the influence of vested interests (Jellinek 1977).

5.3.4 Cultural Meanings of Alcohol

Room (1989a) points out that alcohol, as well as other drugs, came into human history as substances which alter human consciousness, however, the meanings and results of this alteration are mediated by cultural and individual expectations. “While we feel different, ...our actions under the influence depend heavily on our interpretation and expectations of, and the reactions of ourselves and others to, that ‘feeling different’” (p. 63). This is why in different cultures, or at different times within the same culture, an identical drug is viewed as producing very different effects. For instance, alcohol is seen as both a stimulant and a depressant²⁷. To fully understand its use, the cultural meanings and associations of use have to be investigated, not just the pharmacological effects and the patterns of use. In fact, the meanings a culture gives to the psychoactive effects of a drug have much to do “with a culture's interpretation of and expectations concerning consciousness in general” (Ibid.).

²⁷Although it is classified as a depressant.

Insofar as drugs which alter human consciousness are concerned, alcohol is culturally by far the most important. “It was anciently the most widespread in use, the most widely valued as a ritual and societal artifact, the most deeply embedded in diverse cultures” (Mandelbaum 1979, 14).

Profound cultural insights can be acquired from the study of alcohol use. “As artifacts that are always hedged about with certain prescriptive and proscriptive norms, often the focus of considerable emotion, alcoholic beverages serve a wide variety of cultural functions” (Heath 1986, 103). In industrial societies alcohol is so ubiquitous and “is relevant to so many public and private issues and contexts, that it is a wonderful tool for outlining and illuminating the structure of our societies” (Room 1983, 263).

5.3.5 Symbolic Uses of Drinking

Throughout the world there is a diverse range of cultural practices in drinking which “range from avid immersion to total rejection” (Mandelbaum 1979, 14). Likewise, there is an equally broad range of beliefs associated with alcohol “from admiration of its mystical power to depreciation of it as immoral and taboo” (Heath 1987a, 108). In fact, alcohol tends to be connected in at least some respect to virtually every aspect of culture. Because the social functions of alcohol are so varied and the cultural expressions of these functions are diverse, it is essential to view the act of drinking as an element of a larger cultural configuration. Given that alcohol is a cultural artifact, the form and meanings of drinking are culturally defined “including the kind of drink that can be used, the amount and rate of intake, the time and place of drinking, the accompanying ritual, the sex and age of the drinker, the roles involved in drinking, and the role behavior proper to drinking. The meanings of drinking, its relation to other aspects of the culture and society, are usually more implicit. Thus drinking in a particular society may be either a sacred or profane act...” (Mandelbaum 1979, 15). At the extremes of the range of cultural practice, that is at the “wettest” or “driest” ends of the spectrum, the meanings of drinking will be most apparent. Thus, here the most explicit meanings of drinking would be in France, where alcohol is considered essential and blessed and Sweden, where alcohol is more likely to be considered destructive and dispensable. In fact, drinking seems central to the French way of life and the French are proud, even boastful, of their drinking tradition. “Celebrated in song, poetry, and popular sayings, wine and spirits are associated with health, strength, virility, courage, friendship, romance, and happiness. ...[T]he French have

imbued alcoholic beverages with an aura reserved by most cultures for religious objects" (Babor 1986, 82). According to *Francoscopie 2001*, a compendium of statistics and observations of French habits, one-third of French people consider a bottle of wine to be the symbol of their country²⁸.

5.3.6 Religious Use

Indigenous alcoholic beverages frequently play major roles in ritual and other types of relations with the supernatural (Heath 1986) and are often associated with "the divine repose of the after-life" (Sournia 1990, 130). The scope of religious usage is vast and religious rituals involving alcohol abound. The range of usage spans from the complete absence of alcohol, as in certain ascetic Protestant denominations which maintain that "alcohol is so repugnant spiritually that it is not allowed even symbolically in the communion rite" (Mandelbaum 1979, 15) (also Mormons and Christian Scientists), to those which encourage bacchanalia amongst their worshippers, as in the religious practices of the Aztecs who must get thoroughly inebriated at every major religious occasion in order to avoid offending the gods. Among the ancient Aztecs, drinking was only permitted in worship to the gods; secular drinking was not tolerated (Patrick 1952).

In Jellinek's (1977) study of alcohol in ancient mythology, he proposed that "drunkenness can be a kind of shortcut to the higher life." Fermented beverages were commonly used for religious purposes in Mesopotamia as far back as four thousand years ago. Among all ancient civilisations, the most important uses of fermented beverages seem to be related to religious practices. Certainly, the prestige accorded wine-drinking in France seems to have emanated in part from the church, where bread and wine were held to be the symbols of human subsistence (Austin 1985). Catholic versus Protestant religion as it pertains to "wetness" and "dryness" and processes of change is discussed in Appendix C.

5.3.7 Emotional Consequences

Cultural expectations also dictate the emotional consequences of drinking. In some societies drinking may encourage demonstrations of affection, as is common with Japanese men (Mandelbaum 1979), but in others it may stimulate aggression, as is common amongst working class Finnish men (Bruun 1963). Feelings of guilt are most likely to be associated with drinking in "dry" societies, whereas, drinking in "wet" societies tends to be devoid of guilt feelings.

²⁸As reported in the *Globe and Mail* on February 22, 2001 page A22.

5.3.8 Symbolic Punctuation

The act of drinking may function as a symbolic punctuation, distinguishing one social context from another. “The cocktail prepared by the suburban housewife for her commuting husband when he returns in the evening helps separate the city and its work from the home and its relaxation. In more formal ritual, but with similar distinguishing intent, an orthodox Jew recites the *habdalah* blessing over wine and drinks the wine at the end of the Sabbath to mark the division between the sacred day and the rest of the week” (Mandelbaum 1979, 16). Similarly, the sacrament of communion functions as a symbolic punctuation. In these cases drinking is simply symbolic. In some cases it may be substantive as well as symbolic as in the Aztec ritual discussed previously. Drinking at weddings, funerals and in conjunction with various other rites of passage also functions as symbolic punctuation and can be either merely symbolic or substantive as well.

In Gusfield's (1987) discussion of American culture and the symbolism of drinking he emphasises the distinction between work and leisure. Leisure must be viewed in its contrast to the demands of work. Alcohol and coffee are treated as two opposing pointers. “Coffee cues the shifts from playtime to worktime and alcohol cues the transition from work to playtime...” (Douglas 1987, 8). This is also applicable to the other temperance cultures discussed here but particularly Canada and Sweden.

5.3.9 Diacritical Function

The diacritical function of drinking is yet another symbolic use of drinking. When one group or class within a larger society adopts or follows drinking patterns which gives them a separate and distinct status, these drinking patterns then operate as a badge marking them off from others. This type of badge may either be deliberately adopted by members of the group or ascribed to them by others, but when a sectarian group prohibits drinking amongst its followers, the prohibition is usually consciously adopted as a counterbadge to differentiate the “elect” from the “forlorn” (Mandelbaum 1979).

The former, whereby the badge is deliberately adopted, seems to be the case with the French elite who have consciously and quite dramatically altered their drinking patterns, ensuring that they remain remote from the rest of society. These patterns may be filtering down to the rest of the population, but the time lag will be sufficient for this group to make further adjustments to their habits. Where the badge is ascribed to the group by others is more likely

the case with more stigmatised forms of drinking, as would be the case with the Canadian Native population. There are also numerous sectarian groups who prohibit the use of alcohol to their followers as a counterbadge.

This diacritical function of drinking can be seen in Gusfield's (1991) discussion of early attempts to control the drinking and drunkenness surrounding festival and carnival behaviour beginning in the sixteenth century. He identifies two lessons to be learned from this experience. These attempts: 1) indicated "a perceived sacrilegious and immoral behavior... [however]...[t]he ethics and religious sensibilities of the reformers were in conflict with the ethics and sensibilities of popular tradition" (p. 404); and 2) forced a pronounced separation between high culture and popular culture. Rather than drunken revelry being a shared quality of these occasions, sobriety became more customary at the higher levels of society, which meant that "it gave to drunkenness and festival behavior an added feature of social protest that made the emergence of rowdy behavior even more fearful to those who sought to control it" (Ibid.). The type of drinking behaviour exhibited in typically "dry" societies may be a symbolic expression of this type. For example, in Sweden there is almost ritualised violence associated with drinking during certain festivals such as Midsummer, and violence is not an uncommon accompaniment to drinking episodes. Violence may be a form of protest or reaction against the oppressive influences at work within a highly regulated/restrictive system of alcohol controls. In Sweden there is also a large segment of the population which is teetotal, including many lifelong abstainers, who appear to have adopted this stance as a counterbadge.

5.3.10 Physiological Effects

Physiological effects ascribed to alcohol also vary significantly between cultures. In some cultures there is an almost immediate "high" effect, or even signs of outright intoxication, from the ingestion of a small amount of alcohol. In others, vast quantities need to be consumed before there are any manifest signs of intoxication. Experimental studies of the effect of slow intravenous injection of dilute alcohol solutions into humans provide an interesting example of the physiological manifestations of alcohol. If the injections are administered to several people in the same room simultaneously, they become talkative, excited, and uninhibited, just as if they had been drinking at a party, whereas if an injection is administered to one person alone in a room, he merely falls asleep (Kalant and Kalant 1987). The discussion of alcohol expectancies (see Chapter 1) -- what people expect alcohol to do to and for them -- and attributions -- the

extent to which alcohol consumption is used as an explanation of behaviour is relevant here. It tends to be in “wet” wine cultures that there is a considerable degree of denial of any effects of alcohol. Amongst the French working class, regardless of the amount consumed, it is considered shameful to exhibit any obvious indication of intoxication while the Swedish seem to be renowned for showing signs of extreme intoxication on drinking occasions.

Similarly, hangovers and addiction are heavily influenced by cultural interpretations (Mandelbaum 1979). Many cultures attribute no ill effects whatsoever to their drinking and the concept of alcohol addiction is very rare indeed outside certain Western societies. Amongst many populations, even where drunkenness is common, there is an apparent absence of the hangover, blackout, or addiction (Heath 1974).

Alcohol's chemical and physiological properties supply the requisite base for drinking behaviour but the behavioural consequences of drinking depend at least as much on people's idea of what alcohol does to a person as they do on the actual physiological processes that take place. “When a man lifts a cup, it is not only the kind of drink that is in it, the amount he is likely to take, and the circumstances under which he will do the drinking that are specified in advance for him, but also whether the contents of the cup will cheer or stupefy, whether they will induce affection or aggression, guilt or unalloyed pleasure” (Mandelbaum 1979, 17). Even before the first sip is taken, these and other cultural definitions are attached to the drink.

5.3.11 Use Values of Alcohol

Alcohol as an organic chemical substance is identical throughout the world, but alcohol as a consumer commodity differs widely from one society to the next. Based on Makela's (1983) contention that alcohol fulfils three meanings or varieties of use (nutritional use, medical use and intoxicant use), all of which are present in all societies but each of which is more or less pronounced depending on place and time, Ross (1992) postulates that in American society the dominant definition of alcohol seems to involve yet a different image, that of social lubricant. All uses are present in any given society but usually one predominates over the rest.

While alcohol is regarded as medicine in the case of drinking to get over a hangover, presently the uses of alcohol in medicine are few. This has not always been the case. The earliest surviving records of Mesopotamian civilisation date from the third millennium B.C.. Among these, inscribed on unbaked clay, occurs the recipe of a physician specifying a

prescription of medicinal agents mixed in wine. “Apparently wine was the menstruum then current, and it has persisted as such these past forty centuries” (Lucia 1963, 153).

The Bible, Book of Proverbs, states:

Give a strong drink unto him that is ready to perish
And wine unto those that be at heavy heart
Let him drink and forget his poverty
And remember his misery no more.

Not just the medical but the multifaceted use of alcohol is apparent from this passage. The therapeutic uses of alcohol may have decreased significantly over the past century and a half, but in most cultures throughout history, alcohol in one form or another, has been considered an essential cure for almost every ailment of the human body (Hirsh 1953; Poznanski 1956). European alchemists maintained that they had found the long awaited cure for senility in distilled liquors, which is why it became known as *aqua vitae* (the water of life). This is also the meaning of the Gaelic *usquebaugh*, the word from which whisky descended. Hieronymus Brunschwig, the titan of fifteenth century German medicine, surgery, and pharmacology, proclaimed that *aqua vitae* was commonly called the mistress of all medicines (Roueche 1963). Brandy and whisky came to be regarded as panaceas, becoming a vital part of the pharmacopoeia and remained so until relatively recently. Medicinal use only decreased as a result of careful scientific investigation of the pharmacological effects of alcohol.

While currently medical use seems to be the least common use of alcohol, it explains why exceptions were made during prohibition in many countries for this use; the perceived therapeutic potential appeared to have distracted attention from the intoxicant potential. Similarly, the intoxicant role of alcohol is deemphasised in favour of the nutritional role in most wine-drinking countries where there is an emphasis on the role of alcohol, particularly wine, as food. Alcohol is set apart from all other drugs in that “in addition to its action upon the nervous system, it also has an important role as a foodstuff” (Kalant and Kalant 1987, 23). Alcohol is burned in the liver in the same manner as sugar or pure fat and, accordingly, yields energy in a similar manner. According to Sulkunen (1988), while alcohol is traditionally esteemed as food in French society, and in this respect it is like other wine producing or “wet” countries, it is also similar to the Nordic countries given that intoxication, particularly in public places, is a well-established traditional custom, reserved almost exclusively to men. This anomaly aside, the nutritional role is still emphasised over the intoxicant role. Alternatively, in the Nordic

countries such as Sweden, the intoxicant role of alcohol is emphasised, whereby its proper use is viewed as producing inebriation. Certain Native populations and subcultures within Canada emphasise the intoxicant role of alcohol in a manner similar to the Swedish. The mainstream of the Canadian population and the English seem to use alcohol in much the same manner as the Americans, as a social lubricant. In these societies, alcohol is integral to leisure situations (Ross 1992).

The use of alcohol as a social lubricant ties in with Bacon's (1963 as cited in Rivers 1994) assertion that one function of alcohol in modern complex societies is "social jollification." He suggests that as a society becomes more complex there will be an increase in meetings for pleasure. The elaboration of recreation in modern technological societies has meant an elaboration of alcohol's role in social jollification or pleasure association. People in modern societies are more self-contained and independent than their primitive counterparts, and also more competitive and aggressive in their relationships, but "the human need for unsuspicious, pleasant, and relatively easy joint gatherings still exists" (Rivers 1994, 157). One way to satisfy this need is to break down hostilities, indifference, and ignorance between people, in other words, to try to get people to relax; drinking provides a swift and fairly certain way of securing this type of relaxation. Drinking together is also a way to establish a trustworthy, noncompetitive friendship between two people. Drinking is a social ritual, "performed both because it symbolizes social unity or solidarity and because it actually loosens up emotions that make for social ease and good will" (Bales 1991, 542). Bruun (1963) asserts that "drinking facilitates communication...and contributes to the smooth functioning of a social system" (p. 227). As Ogden Nash wrote on "ice-breaking,"

Candy is dandy
But liquor is quicker.

So strong is the tie between drinking and sociability that, particularly in "wet" cultures, abstainers are regarded with suspicion. In fact, one ancient proverb states "May God protect me from those who don't drink." The refusal to drink "is not only interpreted as a refusal of sociability, but also as a refusal to reveal one's identity, to become a potential actor in a relationship of reciprocity" (Cottino 1995, 254). According to Honore (2001), in many circles within British society, teetotallers are "regarded as spoilsports, freaks or even traitors" (p. B6).

5.4 The Problematisation of Alcohol: The Propensity to

Define Social and Health Problems as Alcohol-related

A subject related to the cultural meaning of drinking is the propensity for a given society to attribute social and health problems to the consumption of alcohol. Relying primarily on anecdotal evidence because of the lack of cross-cultural controlled comparisons, it appears that “dryer” cultures are more prone to recognise the negative connotations of alcohol and therefore report the involvement of alcohol in unseemly or undesirable events or conditions and respond to it in kind. “[T]he alcohol relationship of an event is...more likely to be recorded, in part because there is more likely to be a place or category in a recording system in which to record it...” (Room 1989b, 7), although, respondents are more likely to underreport their drinking when it is problematised.

Throughout history, alcohol has not only fulfilled various functions within different sociocultural circumstances but societies have responded to alcohol use in a variety of ways as they endeavoured to limit or eliminate its associated problems. Problems seen as resulting from alcohol use cover a broad scope which includes not just dependence or addiction, but also acute and chronic physical health problems, mortality, casualty problems, social disruptions and crime, and moral problems. What is considered problematic has varied from one place and time to another “in a complex interplay between the patterns of use and the social definitions of the problematic” (Room 1989a, 64). For instance, Muslim societies have viewed alcohol use as a primary source of social or moral problems for centuries, but in most northern European societies it was not until the eighteenth or nineteenth centuries that drinking became differentiated as a major problem source. Even now southern European societies are less inclined to attribute problems to drinking. As for health problems, alcohol has, and occasionally still is, recognised for its curative potential. The negative effects of chronic heavy drinking on the health of the individual has been recognised since antiquity but “the potential toll of endemic heavy drinking on a whole population's health only came into clear focus with the ‘gin epidemic’ of 18th and 19th century Europe” (Ibid.). “With the emergence of the modern nation-state in Europe, the one social problem practically every country shared was alcoholism...” (Babor 1986, 42). Generally, throughout history, concerns about social consequences have taken precedence over concerns regarding health consequences in terms of efforts to restrict use.

For wine-drinking “wet” societies, where alcohol has become truly banalised, the psychoactive properties tend to be muted and therefore the associated social problems are minimal, although health consequences can be immense. In “dry,” particularly spirit-drinking countries, the reverse is likely to be the case, with health consequences minimised and social problems and disruption enhanced. This may also have to do with the function(s) of alcohol use within these societies. The choices societies make often have inherent contradictions and usually it is necessary to some extent to trade one set of problems for another. Costs are associated with both restricting and extending alcohol use. Choices vary between societies and within societies over time with regard to which factors gain prominence and can be located along a continuum similar to that of attitudes, norms and patterns of drinking. Alcohol control policies, apart from their direct effects on consumption, are a feature in the continuous structuring and restructuring of cultural frameworks. Nineteenth century temperance movements, for example, viewed alcohol as a cause of violence, social disruption, moral decay, and family abuse and neglect, as well as being addictive and erosive of willpower. Other contemporary images of alcohol emphasise the role of alcohol in accidents and as a cause or contributing factor in various illnesses.

Room's (1988) discussion of researchers' bias is relevant here. In circumstances where alcohol is deemed a cause of social or health problems, it is usually only a conditional cause, in combination with other factors, and this causal relationship is often only apparent at an aggregate level, instead of in each particular incident. “Research methods as well as researchers' predilections may tend to ‘play up’ or ‘play down’ the connection of alcohol with social and health problems” (p. 117). Researchers in “dryer” cultural environments are likely to be more sensitised to alcohol issues and therefore, often unconsciously, more eager to demonstrate the involvement of alcohol in harmful situations.

Also, because people in “wet,” and particularly wine, cultures “still regard alcohol chiefly as food, and rarely focus on it as a significant cause of economic or social problems” (Levine 1992, 21), these cultures classically respond to problems identified as alcohol-related by dividing alcohol into “good alcohol” and “bad alcohol,” attributing problems to “bad alcohol.” “Bad alcohol” may be identified in terms of a particular beverage type, of a foreign rather than domestic origin, of an inferior quality or lower price, or of particular constituents or adulterants (Room 1989b). While “wetter” cultures are more prone to respond to problems in

terms of “good” and “bad” alcohol, there are still vestiges of this division in the “dryer” cultures as well. The temperance movement tried to turn public opinion toward the bad-alcohol side of the equation, but “[t]he old concept of alcohol as the good creature of God did not die out as temperance ideology, with its emphasis on demon rum proliferated” (Parker and Rebhun 1995, 19).

Sweden is a prime example of the “wet”/“dry” distinction with respect to problematisation of alcohol. Traditional concern regarding alcohol abuse persists unabated even though by international standards alcohol consumption is considered modest and various indicators suggest that the level of problems is decreasing. According to the Swedish Institute (1993) alcohol abuse is viewed as a serious threat to the health and happiness of the Swedish population by the authorities. It is estimated that somewhere between 300,000 and 500,000 of Sweden's nearly 8.7 million citizens have alcohol problems of a serious enough nature as to affect their work, family environment, and health (National Board of Health and Welfare 1988).

In Canada, alcohol is also problematised but somewhat less so than in Sweden. This is in keeping with its position on the continuum with respect to various other indicators of the “wet”/“dry” distinction. Based on the results from the 1990 Health Promotion Survey, it was determined that 16 per cent of Canadians aged 15 and over felt that a reduction in alcohol consumption would help improve their health and well-being; this was most pronounced within the younger age groups and amongst males, the highest consumers. This indicates that most Canadians are relatively content with their current levels of consumption in relation to perceived health benefits (Single, Williams, and McKenzie 1994). This is reinforced in a statement by the Royal College of Physicians and Surgeons of Canada (undated) which contends that “[i]n Canada...the evidence is that the population enjoys the use of alcohol...[and]...sees alcohol problems as mainly occurring in people who are alcohol-dependent...” (p. 3). The same source, however, connects alcohol to nearly 80 physical, psychological, and behavioural problems in which it is deemed to contribute either as a cause of the condition or detrimentally to its course and outcome. In 1992, the cost of alcohol abuse in Canada was estimated at \$7.5 billion, or \$265 per capita. The largest economic costs of alcohol were \$4.14 billion for lost productivity as a result of morbidity and premature mortality, \$1.36 billion for law enforcement and \$1.30 billion in direct health care costs (Dingle et al. 2002).

Also in keeping with its position on the “wet”/“dry” continuum, the positive aspects of drinking appear to be well recognised by the vast majority of the English. The propensity to define social and health problems as alcohol-related rarely extends much further than the medical profession or those in the alcohol field. The assertion by the Royal College of Physicians (1987) that most people are unaware of the insidious effects of alcohol even though alcohol produces a wide range of physical, psychological, and social harm attests to this view. Contrary to this popular conception, they assert that in terms of physical harm, no system in the body is immune from damage. Regular consumption of 7.5 units of alcohol a day (equal to approximately four pints of beer) for men and half that amount for women is associated with an increasing risk of illness from high blood pressure, strokes, liver disease, infertility, and diseases of the nervous system.

The views of the Brewers' Society are much closer to those of the mainstream British population. They are of the opinion that while the British are, on the whole, a sober nation, there is a concentrated minority that harm themselves and others through the misuse of alcohol.

In 1974, the then Health Minister, Michael Poniatowski, proclaimed alcoholism to be the national scourge of France. With 22,000 deaths a year from alcoholism, the highest rate of liver cirrhosis in the world, and 40 per cent of the beds in general hospitals (and even more in psychiatric hospitals) occupied by alcoholics, alcoholism cost the country 10,000 million francs (£1 billion) a year (Williams and Brake 1980). According to the 1980 Bernard Report, of the 40 million adult inhabitants of France, approximately two million were alcoholics²⁹ and three million were heavy consumers of alcohol (Armyr, Elmer, and Herz 1982). In spite of these alarming statistics but in keeping with the “wet”/“dry” distinction, very few people outside the medical profession seem overly concerned with the possible harmful effects of alcohol consumption. Even within the medical profession, opinions of French physicians have been “sharply divided, frequently contradictory or inconsistent, [and] at times exhibiting unawareness or disregard of objective research data” (Sadoun, Lolli, and Silverman 1965, 77). Both in terms of general sentiment and official recording systems, the insinuation of alcohol in health and social problems, particularly those of a somewhat ambiguous origin, is rare.

²⁹As of 1993, the number of alcohol-dependent persons in France is still estimated at approximately 2 million (Institute of Alcohol Studies 2002).

Sadoun, Lolli, and Silverman (1965) found that even though the French had been exposed to powerful and convincing statements by both the medical profession and the government characterising their use of alcohol as excessive, a considerable segment of the population remained unpersuaded. “Approximately 60% of the respondents...agreed that there is excessive drinking in France, but 32% to 39% of the men and 25% of the women denied the existence of such excesses...” (p. 57). This statement may be dated but still seems to aptly depict the current attitude of the French on the subject.

5.5 Economic Costs and Benefits of Alcohol Use

During the early 1980s, one of the most striking features of alcohol studies was the growing attention paid to alcohol economics. Given that many alcohol-related problems have important economic dimensions, the estimation of alcohol-related costs and benefits has been of paramount concern to the process of policy formulation. It is also an area that is frequently “bedevilled with imprecise analysis and exaggerated claims by those seeking, for whatever reason, to emphasize the importance of either the costs or the benefits of alcohol to society” (Grant 1985, 5).

The impossibility of realistically assessing the “social costs” of alcohol abuse was examined by Jackson (1989). Even though instinctively one knows that these costs are likely to be substantial, it is unlikely that they are quantifiable in the manner in which they have been reported. It is in the interest of the anti-alcohol lobby to inflate the statistics and report them in such a way as to emotionally charge the issue. The allocation of public funds for the reduction of alcohol misuse demands this. Jackson believes that the assumptions regarding social costs are not substantiated by examination of the data. Without in any way trying to diminish the existence or importance of these costs, he instead states that putting a numerical figure on what these are is problem-ridden.

Osterberg's (1983) discussion of the Scandinavian debate on the economic costs and benefits of alcohol use is in keeping with Jackson's argument. There is no consensus on how the costs to the state or the national economy should be determined or even the stance that should be taken to such calculations. In fact, there is not even any agreement about whether it is expedient to analyse alcohol costs and whether cost calculations provide a useful or worthwhile function (Osterberg 1983; Maynard 1989; Sournia 1990). According to Lemert (1991), the strictly economic costs of alcohol use have been subject to estimates and these can

be considerable, however, the theoretical limits to such costs can be only speculative. To further confuse the issue, comparisons between countries on the basis of cost can only result in rough approximations (Sournia 1990).

Recent cost calculations tell us little if anything if they compare the existing situation to a hypothetical non-alcohol situation (the counterfactual) because the latter is out of the realm of possibility from a policy perspective, at least for the time being. Likewise, determining the economic effect of the existing situation in isolation is untenable because calculation methods, such as cost-benefit analysis, were developed specifically for the purpose of making comparisons between at least two policy choices.

Another problem encountered in calculating the costs of alcohol use relates to the separation of cost calculations from policy options insofar as gauging official alcohol economy. The balance sheet often includes qualitatively different items (Osterberg 1983). One side includes items of government spending related to problem prevention such as alcohol education, while the other includes government spending related to the reduction of existing alcohol-related problems.

One measure of the value consumers place on the benefits derived from the use of alcohol is the amount that they are prepared to spend on them. For instance, in 1984 the estimated benefit of alcohol consumption to users was 14,416 million pounds in England and Wales. According to the Royal College of Physicians (1987), the British spend more on alcohol than they do on clothes, cars, hospitals, or education. In 1981 this amounted to 7.5 per cent of consumer expenditure but by 2000 this figure dropped to 5.4 per cent (Institute of Alcohol Studies 2003a). In France, three per cent of the annual household expenditure was devoted to alcoholic beverages in 1970. By 1980 this figure fell to 2.2 and by 1984 to 2 per cent (Institute of Alcohol Studies 2001).

The costs, unlike the benefits, are difficult to distinguish let alone quantify. Consequently there is limited information available. For instance, mortality data is limited because reporting mechanisms, such as death certificates, are inaccurate. "Data on the social costs reflect these defects in knowledge of basic epidemiology of the markets: the failure to create routine information-gathering systems means that costing is difficult..." (Maynard, Hardman, and Whelan 1987, 706).

Another fundamental issue raised by Jackson (1989) with respect to the definitional problems associated with the estimation of social costs derived from alcohol abuse is that even if lost production, premature death, absenteeism, industrial accidents etc are in some way related to alcohol consumption does it automatically follow that a reduction in alcohol consumption will bring about a reduction in these attendant costs? What is left out from the analysis is the basic question. Why do individuals depend on the drug of alcohol? If that original problem (however defined) remains, then they might possibly displace alcohol consumption for some other equally socially costly form of behaviour. (pp. 87-88)

What seems apparent from the literature is that there is insufficient data to make enlightened comments of the costs and benefits of alcohol use. The policy debate about alcohol and alcohol control policies is permeated with inadequate data and their misuse (Maynard 1989).

5.6 The Benefits of Moderate Drinking

Attitudes toward moderate drinking vary considerably between “wet” and “dry” cultures. Alcohol has been a popular complement to social situations for at least the past 4,000 years. This still appears to be the case in the “wetter” cultures with the benefits of moderate drinking recognised while, at the same time acknowledging the negative consequences, both medical and social, of overindulgence or the inappropriate use of alcohol.

The benefits of moderate drinking have become less and less recognised in the temperance cultures. The public health perspective in “dry” cultures purports to take a “balanced” view on alcohol matters. The obvious benefits of drinking are weighed against the problems, but the benefits of drinking, enjoyed by so many, have been obscured by a strong, and largely unsubstantiated, emphasis on the negative aspects. Bombarded with literature which advances only the negative side of the equation, it is not surprising that this “balanced” perspective has been lost. The question remains: given that the vast majority of the population drink moderately and responsibly, is it right that so many should be punished for the excesses of a few? When properly integrated into the culture, most of its effects are relatively manageable. The intake of a moderate amount of alcohol is considered beneficial for a variety of reasons.

5.6.1 Possible Health Benefits of Alcohol Use

Wine and beer were traditionally used as tonics for various physical ailments, a practice which is no longer considered appropriate in most societies. Among the numerous virtues attributed to alcohol in the 16th century are: “[i]t sloweth age - it strengtheneth youth - it helpeth

digestion - it cutteth phlegm - it abateth melancholy - it relisheth the heart - it lighteneth the mind - [and] it quickeneth the spirits..." (Holinshed's *Chronicles* as cited in Reid 1855, 286).

A great deal has changed over the past four centuries. Much of the recent discussion surrounding the beneficial aspects of drinking, at least from an academic perspective, has been to do with the role of alcohol in reducing the risk of coronary heart disease (CHD). Various studies have found that abstainers and heavy drinkers tend to have higher total and cardiovascular mortality rates than light or moderate drinkers (for example, LaPorte et al. 1985). This finding has been interpreted to mean that light and moderate drinking may protect against CHD. A review of 163 published works in 1986 "showed a clear cut inverse association between alcohol consumption and heart disease, i.e. alcohol appeared to have a cardioprotective action" (Stuttaford 1989, 32). These findings were enthusiastically embraced by the alcohol industry for obvious reasons but are somewhat contentious given that many non-drinkers are ex-drinkers. Summing up his review of the prospective studies, Shaper (1990) states that "[t]he protective role of alcohol in cardiovascular disease in general and in coronary heart disease in particular is almost certainly a myth..." (p. 846). Much of the literature can be criticised on methodological grounds, however, "the provisional conclusion to be drawn is that drinking modest amounts of alcoholic beverages is likely to reduce the risk of CHD for some populations" (Edwards et al. 1995, 51). More recent European studies have narrowed this connection down to certain French red wines suggesting that these increase both the amount and activity of the enzyme endothelial nitric oxide synthase (eNOS) which helps protect blood vessels from hardening (Warner 2003). American studies dispute this claim, finding little variation in benefits between types of wine or other alcoholic beverages.

One Canadian study found that alcohol prevented 7,401 deaths³⁰ in 1992. Although the number of potential years lost due to alcohol is more than twice the number of years of potential life saved by the beneficial effects of alcohol (Single et al. 1999), it is significant that economic cost studies in "dry" countries are beginning to acknowledge this positive side of the equation.

In 1995, the government of the United Kingdom officially acknowledged the benefits of moderate drinking, concluding that regular daily consumption of between three and four units

³⁰This includes deaths due to ischemic heart disease (4,205 deaths prevented), stroke (2,965 deaths prevented), heart failure and ill-defined heart conditions (183 deaths prevented), and various other causes (47 deaths prevented).

a day for males and two and three units a day for females would not result in any significant health risk (Ibid.).

The nutritional value of alcohol can be considered another benefit of drinking. Beer and wine contain minerals and trace elements such as zinc, copper, manganese and potassium as well as many vitamins of the B group (Stuttaford 1989). Also, because alcoholic beverages do not contain fats and very minimal traces of fatty acids, a small amount is beneficial in reducing fat intake.

A moderate intake of alcohol undeniably aids stress reduction which positively affects the health of the individual. This is pretty well accepted as common knowledge and has been substantiated in the alcohol literature. Studies have shown that alcohol alleviates tension, self-consciousness and depression, and promotes conviviality.

More interesting are the results of studies on the effects of alcohol on senility. A study by Volpe and Kastenbaum (cited in Smart and Ogborne 1986; Stuttaford 1989) investigated 34 senile men in a long-stay hospital who were treated with a daily bottle of beer. After two months, “patient attitudes and staff-patient relations were assessed as markedly improved” (Smart and Ogborne 1986, 162) and “[t]he number who were up and about increased from seven to 25.... Instead of 26 of the 34 needing some form of physical restraint only four required it” (Stuttaford 1989, 34-35). Furthermore, the use of psychoactive drugs to control patients was almost abandoned.

Another experiment of a similar nature found that senile patients with a daily ration of beer “became chatty and more alert...[while those without]...remained morose and distant” (Ibid, 35). Other studies have also indicated benefits from giving small daily amounts of alcohol to the elderly in institutions.

5.6.2 Possible Social and Psychological Benefits of Alcohol Use

Most people's motivation to drink has little to do with the findings of the research on CHD or senility. “[T]he ascription of values to alcoholic beverages diverges from and transcends their demonstrable physiological functions” (Lemert 1991, 681). “Drinking, and the feelings associated with sociable drinking, are a source of pleasure to many. Since the main pharmacological effects of ethanol are as a depressant, drinking has also traditionally been used to affect mood, or as an anodyne” (Edwards et al. 1995, 50). Ethanol “possesses a pharmacological profile similar to the benzodiazepines, drugs such as Valium that help to reduce

anxiety problems...[therefore]...alcohol can be a balm, bringing about prompt and soothing relief" (Kindlon and Thompson 2000, 180-181).

In addition to the psychoactive properties, the various functions or use-values of alcohol in different sociocultural circumstances can be viewed as benefits of alcohol use.

Based on the findings of various studies, Smart and Ogborne (1986) suggest that "[m]ost Canadians who drink in moderation say that they enjoy drinking...[and]...drinkers on the whole seem less unhappy than non-drinkers" (p. 163).

Bruun (1963) points out that while it is often stated that drinking is dysfunctional because it contributes to the social disintegration of the family, alternatively, "it may help to hold the family together by facilitating solutions of sexual and other marital problems and hence be eufunctional in other cases" (p. 227).

As a result of their functions or use-values, alcoholic beverages can be viewed as commodities. They play an important role in national economies and world trade, not to mention the fact that they are a significant fiscal resource for governments.

5.6.3 Economic Activities Associated with the Production and Distribution of Alcohol

One of the positive values of alcohol use is the "recognized ease with which revenue for state purposes can be raised through taxing alcohol production" (Lemert 1991, 682), although this is a more specialised valuation of alcohol held by political or administrative elites. In Canada, France, and the United Kingdom the production and distribution of alcohol represent significant economic activities which cannot be ignored when developing alcohol policies.

In 1996-97, the amount of revenue generated from the control and sale of alcohol in Canada was 3.34 billion dollars for provincial governments, as well as more than 1.1 billion in federal revenue³¹. More than 14,000 persons were employed in the production of alcoholic beverages in 1995 with salaries and wages totalling in excess of 713 million dollars (Single et al. 1999).

The importance of alcohol to the French economy "is reflected in what is perhaps the most elaborate network of popular attitudes, social customs, religious rituals, and historical traditions ever developed by a cultural group. The tremendous production of alcoholic beverages ...accounts for a considerable portion of France's domestic economy and foreign trade" (Babor

³¹This is an estimate as this figure is no longer reported.

1986, 80). Roughly ten per cent of the French population is involved in some respect with the alcoholic beverage industry.

In the United Kingdom, it is estimated that approximately 650,000 people are currently employed in the manufacture and distribution of alcoholic beverages. In 1980, 55 per cent of the world trade in spirits came from the United Kingdom with whisky alone accounting for two per cent of total exports (Crooks 1989).

Several of the economic benefits of alcohol are relatively independent of the level of consumption. For instance, direct employment in alcoholic beverage production can be increased by increasing exports and decreasing imports without necessarily increasing consumption. Likewise, technological and organisational improvements reduce employment in the alcohol industry at a much faster rate than decreases in consumption. More importantly, the majority of jobs accounted for by alcohol are in the retail sale of alcoholic beverages and, in reality, these are not necessarily dependent on the volume of alcohol sold. Furthermore, tax revenue from alcohol is more related to the level of taxation than to the volume of consumption. For example, the United Kingdom has managed to receive a significantly higher per capita alcohol revenue from a much lower per capita alcohol consumption than France. In the beginning of the 1990s, the revenue from alcohol per capita in the United Kingdom amounted to 230 ECU while the total per capita consumption of pure alcohol was 7.4 litres whereas in France the state revenue from alcohol amounted to 100 ECU with a per capita consumption of 11.9 litres (Anderson and Lehto 1995).

5.6.4 Functions of Intoxication for the Drinker

While the benefits of drinking for the individual are usually considered to be an outgrowth of moderate consumption, Hauge and Irgens-Jensen (1990) discovered another dimension. Based on the data from a comparative survey of drinking in four Scandinavian countries, they found that in all four countries a significant proportion of the population, both men and women, experienced various positive effects of drinking and these clearly correlated with yearly alcohol consumption and even more with intoxication frequency. It appeared, then, that it was the drinking pattern itself, whether or not intoxication resulted, that was the decisive factor in explaining these experiences and that intoxication frequency was more important than total alcohol consumed. They also discovered a strong link between the experiencing of positive (most importantly, the loss of inhibitions in the company of others and being able to establish

contact with others more easily) and negative (such as fears about the respondent's own alcohol consumption and their ability to control it, the extent to which hangover symptoms were experienced, deviant behaviour in drinking situations, and a variety of social reactions to the respondent's own drinking) effects of drinking. In other words both positive and negative consequences, appear to relate to the frequency of intoxication, both increasing with increased frequency. Makela and Mustonen (1988), however, basing their conclusions on the Finnish data from the same study, discovered that the positive and negative effects did not increase at the same rate; the negative consequences in terms of social and official reactions increased at a greater rate than did the perceived positive consequences with higher levels of consumption. Furthermore, Hauge and Irgens-Jensen's (1990) study indicated that there are national differences in the experiencing of positive effects of drinking which are not related to national differences in per capita consumption. This connection between frequency of intoxication and positive consequences may not apply to other countries and it may be particularly pronounced in Nordic countries where it is not unusual for a drinking situations to lead to a state of intoxication.

Smart and Ogborne (1986) discuss the functions of intoxication in the Canadian context stating that drinking is customary during major holidays and on various "time out" occasions when social controls are relaxed. For instance, during Grey Cup week, copious drinking is permitted and "normal expectations of good behavior tend to be replaced by an acceptance, within limits, of boisterousness and aggressiveness, sexual disinhibition, and even property damage" (p. 164).

The functions of intoxication may also be discussed in the British context. Ramsay (1989) refers to 1988 as the year of the "lager lout"; throughout that summer the British press and television highlighted accounts of "rural violence" and "lager louts." Despite an apparent crisis over "lager louts" at the end of the 1980s, Home Office records showed no increase in public order offences during this period (May 1992). This suggests that perhaps the true incidence of "lager lout" behaviour has been overblown and media-hyped and that although the actual incidence of this type of behaviour is relatively small, the levels of fear about these kinds of incidents is considerably higher. Also, in the aftermath of these events, some authorities instituted stricter controls on public place drinking. In Coventry for instance, where there has been "quality of life" zero tolerance type policing, this type of behaviour seems to have been effectively quashed. The "lager lout" phenomenon continues to be a cause for concern

throughout much of the United Kingdom given the recent upsurge of “hooliganism” in Euro 2000 soccer and new trends in night-clubbing whereby large numbers of intoxicated young people gather in urban centres. To many young Britons, the approach of closing time signifies one thing: “Drink as fast as you can, then spill out into the street along with everyone else” (Honore 2001, B6). According to a 1995 study by the Royal College of Physicians and the British Paediatric Society, this type of violent behaviour when drunk is not confined to those of drinking age. They reported that four per cent of 11-15 year olds drink more than the maximum amount recommended for adults and that more than 20 per cent of 13 year old boys and more than 12 per cent of 13 year old girls had reported being intoxicated once or more in the previous year (Hurst, Gregory and Gussman 1997).

Within temperance cultures, intoxication occasions seem to mark certain rites of passage, normally indulged in by young people, predominantly young males. Although the negative consequences are usually emphasised, “[m]odifications in human behavior brought about by intoxication are socially and personally destructive as well as socially integrative” (Lemert 1991, 683). This may, in part, stem from the fact that episodes of intoxication have much in common with drinking occasions in that they tend to contain the same element of sociability, occurring at specific times and in specific circumstances: on weekends, or at least outside working hours, and normally outside the home. Perhaps the notion of replacing intoxication episodes with responsible drinking habits, which are generally equated with “middle age,” defeats the purpose of intoxication. Intoxication has functions for the individual (and occasionally for society) that are different from the functions of having one or two drinks. “For youths, getting drunk can be a voyage of discovery and of self-discovery...in a life stage in which experimentation has its social functions...getting drunk is frequently...at once a symbol of emancipation and of rebellion” (Room 1992, 103).

Intoxication is less likely to be viewed as a benefit of drinking in “wet” cultures. In France, Sadoun, Lolli, and Silverman (1965) found that although 20 per cent of the respondents in their study reported five or more episodes of intoxication during their lifetime, approximately half experienced not more than two such episodes. Amongst the French, Italians and Spanish intoxication is far less likely to result from drinking given the tolerance for alcohol developed as a result of their drinking patterns and the cultural disinclination to engage in “binge” drinking.

It is the ability not to display any visible signs of intoxication that is highly regarded in the Mediterranean wine cultures.

5.6.5 Guidelines for Safe or Low-risk Drinking

In order to take advantage of the beneficial aspects of moderate consumption, most “dry” cultures assume that it is necessary to specify the limits of “safe” consumption. This tends not to be the case in “wet” cultures, presumably because it is assumed that most people will instinctively know their own capacity and therefore do not need this to be dictated by the experts. There is certainly no universally agreed upon dividing line between safe and hazardous drinking and, under certain circumstances, relatively low levels of consumption can produce problems in a given individual (Devenyi and Saunders 1986). Because of the inherent difficulty in specifying how much is too much, most medical practitioners in “dry” societies opt for a very cautious limit without taking into account the different variables (for specific guidelines and further discussion see Appendix D). “The methodology used in the epidemiological research, the definition of drinking categories and the terminology used to describe different levels of consumption as ‘safe’ or ‘at risk’ or ‘harmful’” (Thom 1999, 131) have been criticised and debated within academic circles and amongst alcohol researchers but once disseminated, these so-called “facts” have become almost unassailable.

5.7 Marginalisation of the Deviant Drinker

In an historical overview of drinking, Fleming (1975) states that “[m]an no sooner discovered drinking than he also discovered drunkenness” (p. 99). The manner in which different cultures dealt with overindulgence, whether they ignored it, accepted it or meted out punishments for it varied considerably.

The patterns which emerge in terms of marginalising deviant drinkers are in some respects paradoxical. Within the “wetter” cultures, drinking patterns would have to be fairly extreme to warrant deviant or “alcoholic” status as the boundaries of acceptable drinking practices are broadly set, leaving a great deal of leeway for idiosyncratic drinking patterns. Deviant drinkers are also marginalised in “dryer” cultural environments, but are defined quite differently and, in some societies, may include anyone who drinks at all. “Reflecting cultural realities, the imagery often includes the wealthy wastrel as well as the down-and-out poor drinker” (Room 1989b, 8).

Marginalisation is most prone to break down during periods of cultural change. “As a culture is in the first stages of a ‘drying’ trend, there is a great deal of consciousness-raising about the drinking of people in the cultural mainstream” (*Ibid.*). For instance, in the temperance cultures during the 1830s, the image of the alcoholic was less marginalised and included many “ordinary” citizens.

France could be considered the epitome of the “wet” archetype in terms of marginalisation. Although a great deal of esteem is bestowed on those that can drink to excess without exhibiting any visible manifestations of intoxication, there also seems to be a fairly tolerant attitude toward those who may not be quite so successful in concealing signs of intoxication. Although frequently depicted as ruinous to the individual, most descriptions of drinking episodes are related with a sense of humour rather than of foreboding.

Sadoun, Lolli, and Silverman (1965) emphasise the popular acceptance of intoxication by listing no less than thirty-one synonyms for inebriation in the French language. Confirming the general level of tolerance exhibited by the French, they found that an alcoholic “was defined by 90% of the respondents as a man who drinks at a café or bar several times a day; by 70% as a man who drinks with breakfast; by 50% as one who drinks more than 1,000 cc. of wine at each meal; by 37% as one who drinks an aperitif before each meal; and by 14% as a man who is intoxicated several times a year” (p. 65). Moreover, distilled spirits and, to a lesser extent, aperitifs appear to be held primarily responsible for excessive drinking, intoxication and alcoholism by the majority of the French.

Furthermore, because alcoholism was not recognised as a disease or even as a specific entity until relatively recently, marginalisation only occurred in the most extreme cases. Alcoholism “was placed in a gray area of marginality somewhere between degeneracy and perversion” (Mosse 1992, 205) but not all alcoholics were viewed in this manner; it was only those whose behaviour led to antisocial conduct who were ostracised.

In the three remaining “dry” or “dryer” societies, the temperance movement seems to have had a profound impact in terms of marginalisation of deviant drinkers. Prior to the formation of these movements, drinking to the point of drunkenness was commonplace and attracted scant disapproval from the populace. The transformation in attitude toward drinking in these societies has been extraordinary, providing little scope for idiosyncratic drinking patterns. Generally, the “dryer” the culture, the more harshly they censure problematic drinking practices. “To put it

bluntly, in a sober world the drunk obtrudes himself upon the attention" (Popham et al. 1976, 613).

Gray's (1982) discussion of turn-of-the century drinking in Canadian bars, particularly pronounced on paydays, depicts drinking to excess, usually followed by bar-room brawling, as commonplace at this time. "Wayfaring drunks were...benignly ignored by the minions of the law until they became obstreperously belligerent" (p. 22).

In the interim, much has changed regarding acceptable drinking practices. Currently, the majority of Canadians "find that consuming only 1-2 drinks more appropriate than drinking 'enough to feel the effects'" (Single, Williams, and McKenzie 1994, 204). Drinking outside these relatively narrow parameters is likely to be considered deviant.

An interesting paradox arises in the case of Sweden, the "driest" of the four countries. Despite their firm stance against alcohol abuse, the Swedes exhibit a great deal of tolerance for episodic bouts of drunkenness, provided it falls within certain parameters. If this type of behaviour amounts to no more than atypical intervals, the special status of "time out" is granted with the temporary suspension of certain norms.

In contrast to their forgiving and accepting attitude towards episodic bouts of drunkenness, the Swedish people show a distinct lack of tolerance for individuals exhibiting signs of serious problems with alcohol. Once isolated, these individuals are denied legitimate access to the mainstream social structures and there has been an ever-increasing group of so-called "winos."

In England in the early nineteenth century, there was an abrupt attitudinal change toward drinking. Drunkenness was transformed "from a personal state of excess sociability into an anti-social vice" (Shiman 1988, 2).

The British tend to view alcohol as a drug which is widely accepted as a social lubricant but with boundaries relating to its acceptability. Drinking is customary; abstaining abnormal. "...Though we frown on drunkards we are suspicious of teetotallers" (Kessel and Walton 1965 as cited in Archard 1979, 62). Drinking is encouraged at all levels of society and drunkenness even tolerated, providing it occurs within certain culturally defined times and locales, but "once excessive drinking and repeated drunkenness begin to impair individuals' social and economic functioning, a range of sanctions imposed by different social groups come into force" (Archard 1979, 62). Very recently, it has been suggested that any lingering taboo against public inebriation

has been swept away; being drunk is much more acceptable now than it was twenty years ago, even for women and “[i]n many circles, getting drunk is almost a social obligation...” (Honore 2001, B6). The social reaction to drinking and drunkenness, however, is not evenly applied and depends to a great extent on who is doing it and who is defining it.

5.7.1 Trends in Marginalisation

In addition to the breakdown in marginalisation at the beginning of the temperance movement, since the 1950s, there has been a general trend toward the normalisation of drinking in most countries. In conjunction with the addition of more cosmopolitan drinking habits to core drinking habits, there has been an overall normalisation of drinking as a social activity and as consumer behaviour. This is in keeping with Room's (1989b) contention that marginalisation is most prone to break down during periods of cultural change. “Alcohol began to lose its shady reputation, age and sex segregation began to break down, and drinking became integrated with other social activities” (WHO 1983, 169). Increased consumption led to an increase in the adverse consequences of drinking. As this happened, there was a shift in the locus of problems from the lower class and deviant subgroups to the middle class, therefore, alcohol-related problems also became normalised. “‘Skid row’ inebriates were superseded or joined by middle class cirrhotics and drunken drivers” (Ibid.).

5.8 Summary

All four countries adhere to the “wet”/“dry” archetypes for drinking patterns although actual patterns of consumption are far more complex than is captured by the usual characterisations. An attempt has been made to extend the parameters of these archetypes to give a more complete portrayal of the type of drinking taking place within each country.

Group drinking and by extension drinking establishments occupy such an important place in most societies that their inclusion in the “wet”/“dry” paradigm being developed here seems appropriate. The “wetter” the society and the more established the drinking culture, the more integral these practices and establishments are to the functioning of society. So much so, that almost all characterisations of this kind have confined the discussion to Europe.

Broad concepts such as addition, substitution, and homogenisation may be overly simplistic when used alone to describe shifts and differences in drinking habits between countries, but they do provide an important dimension in terms of the overall picture. While there has been a certain, irrefutable, degree of convergence in terms of drinking habits (beverage

choice, drinking styles and so on) over the past few decades, changes seem to be in the way of addition rather than substitution. This degree of convergence has meant that traditionally "wet" societies are becoming somewhat "dryer," while traditionally "dry" societies are becoming marginally "wetter" while retaining most of their original character. This is particularly accentuated in those societies with well established drinking traditions.

The general cultural ethos also has a profound impact on the type of changes deemed acceptable and on the amount of regulation in place. For instance, the English prefer not to have state interference in essentially private matters, while the Swedish seem to demand a certain amount of state intervention with regard to public health issues. Canada does not have a particularly well established drinking culture and, with such a high proportion of "new Canadians" as a result of high immigration, seems to welcome a certain amount of state control and can count on a fair amount of law-abiding behaviour from most citizens.

More importantly, when consciously seeking to alter drinking patterns either to the "dryer" or "wetter" end of the spectrum, it is necessary to be aware of what exactly that culture's current drinking practices are. From a policy perspective, it is imperative that drinking cultures be discussed primarily in terms of the historically dominant use of alcohol rather than whether they require moderation or accept intoxication (Makela 1986).

In those countries with the most firmly entrenched drinking cultures such as France, informal controls seem to be more successful than formal controls in terms of changing drinking patterns as can be seen in the case of hierarchical diffusion. In general, countries with many or severe alcohol control policies tend to have lower levels of consumption and lower levels of certain alcohol-related problems such as cirrhosis of the liver. It appears, however, that with such "success" stories (if indeed they may be referred to this way), the countries have been conducive to the imposition of controls or become so over time. If formal controls are deemed necessary, it would be beneficial to have informal controls or positive role models which preceded these.

There is a diverse range of cultural practices associated with drinking, some of which date back to ancient times. Although the archetypal characterisation is that drinking in "wet" cultures is banalised, the banalisation applies primarily to drinking occasions whereas the symbolisation of alcohol tends to be quite specific to the beverages themselves. The "dryer" the culture, the more likely they are to view "alcohol" as a single entity and to attribute the psychic, physical and social effects to "alcohol" rather than particular types.

The recent trend toward uniformity of drinking patterns is inescapable. Increases in beer consumption in traditionally “wet” cultures and increases in wine consumption in traditionally “dry” cultures, along with a decrease in spirits consumption in both, indicates a blurring of the lines of demarcation between “wet” and “dry.” Given that younger people and those with more education are more susceptible to changing their drinking habits signifies that further convergence in drinking patterns is likely in the near future.

Even with the convergence of drinking patterns continuing for some while, there is a question as to what the pattern will be in later years as the pattern of ages in developed nations moves to substantially older. It is difficult to ascertain whether the drinking styles adopted by young people will be ephemeral or enduring. If this trend behaves in a similar manner to hierarchical diffusion, whereby drinking patterns represent a symbol of social distinction, discussed with reference to France, and to a lesser extent in England and Sweden, these patterns may be prone to rapid change in order to maintain such distinction. This age pattern of drinking may be one that needs further study along with morbidity and mortality patterns in an era of much older populations.

Although there has been a recent convergence of drinking styles, “typical problematic behaviour associated with drinking in each culture seem[s] to be very persistent and surprisingly immune to transformations in the social structure” (Makela et al. 1981, 109) which means that, from a policy perspective, the core patterns of drinking prevailing within a society should be taken, for the most part, as culturally given.

Just as drinking customs have an influence on how and why people drink, they also influence the problems associated with drinking. Sociocultural diversity in the use of alcohol has critical significance in terms of alcohol problems and their consequences. In other words, the nature of drinking exerts a major influence on the nature of drinking problems. For instance, integrated drinking indicative of “wet” cultures may lead to high rates of cirrhosis and other medical problems but little in the way of accidents, fights, homicides, or other violent behaviour related to alcohol, whereas, binge drinking common in the “dryer” societies predictably leads to the latter complex of problems (Rivers 1994). The belief and behaviour patterns associated with alcohol have a profound effect on the rate at which these problems occur.

Most countries have experienced problems relating to intoxication, to a greater or lesser degree. Drunkenness is expressed in a variety of ways; the Japanese are renowned for becoming

sociable and friendly when drunk (allowing for the release of demonstrations of affection (Mandelbaum 1979)), the Camba of Bolivia pass out, and the Finns frequently become boisterous and argumentative (Babor 1986). Intoxication is not considered an unfortunate by-product of drinking, rather “it is the explicitly sought goal of drinking” (Mandelbaum 1979, 24). “Bizarre or obnoxious behavior, unthinkable under normal circumstances, is often tolerated because the person is thought to be drunk and therefore not responsible” (Babor 1986, 112). Drunkenness is but one of the numerous consequences of drinking and countries differ considerably in the extent to which they experience problems with alcohol. In wine drinking “wet” countries like France, it is “not culturally acceptable or excusable to drink until helplessly drunk or to do something foolish and blame it on intoxication” (National Board of Health and Welfare 1988, 30). Therefore, the incidence of public drunkenness tends to be much lower than, for instance, the Nordic countries, but rates of liver cirrhosis are significantly higher. In the spirit drinking “dry” countries like Sweden, the drinking of spirits is largely concentrated on weekends and holidays and people drink for the express purpose of becoming intoxicated. “To be able to drink large quantities of alcohol is associated with manliness and open aggression” (*Ibid.*, 31) and, consequently, serious violent crimes and accidents are a familiar outcome.

Problems such as cirrhosis of the liver, fatal road traffic accidents, and arrests for drunkenness vary according to drinking habits but also reflect the different countries tolerance of certain behaviours and record-keeping habits. Record-keeping habits are a crucial dimension in the discussion of alcohol-related problems. Not only do recording habits vary between countries, but often these rates vary widely within a given country depending on the source they are taken from. Because alcohol is less problematised in “wet” cultures and “dry” societies are more eager to demonstrate the problematic nature of alcohol, it can be assumed that this will be reflected in their calculations of alcohol-related problems, with lower rates recorded in “wet” societies and higher rates recorded in “dry” societies. This may suggest greater reliability of liver cirrhosis data given that not only are substantially higher rates reported in “wetter” societies but these societies are less prone to insinuate the involvement of alcohol in social and health problems.

As predicted, the willingness to attribute social and health problems to the use of alcohol varies between societies and within societies over time and choices with regard to which factors gain prominence can be located along a continuum similar to that of attitudes, norms and patterns

of drinking. Generally, the “dryer” the culture the more likely they are to recognise the negative connotations of alcohol and to report the involvement of alcohol in undesirable events or conditions. The actual extent of the problem within a society appears to have little bearing on the degree of problematisation. There is a clear division, based on the degree of “wetness” and “dryness” in terms of drinking patterns and drinking cultures rather than consumption characteristics, between Canada and Sweden on the one hand and England and France on the other. Marginalisation of the deviant drinker follows a similar pattern. Likewise, the benefits of moderate drinking are well recognised in “wet” cultures and muted in the “dryer” ones.

CHAPTER 6: **ALCOHOL-RELATED PROBLEMS**

A diverse range of problems may be associated with the use of alcohol. Not only do belief and behaviour patterns have a profound effect on the rate and type of problems which occur within different societies but cultures differ quite substantially in their willingness to attribute social and health problems to the consumption of alcohol. Building on the more general discussion of problematisation from the previous chapter, this chapter concentrates on the incidence of specific types of alcohol-related problems experienced within “wet” and “dry” societies.

Much of the discussion of safe drinking levels has concentrated on the long-term physical consequences of drinking. Negative consequences have included cirrhosis of the liver, cancer, risk to the foetus and other physical health damage, while positive consequences have included potential protective effects against certain types of heart disease. Risks associated with alcohol-related traffic and other casualties, such as accidents at work, have more recently been brought into the equation.

Furthermore, there are many more types of potential harm associated with drinking: physical health and casualties represent only a small proportion of actual harm. Non-medical harm is also more likely to occur at lower levels of consumption than mortality, medically-defined non-fatal morbidity or casualties. Included in this category are, for example, the effect of alcohol on the family (Dobash and Dobash 1992), social life, public order, criminality, and productivity at work. These are likely to have more widespread, indirect effects on health than the *direct medical* effects of alcohol (Kemm 1993 as cited in Room 1995) yet most of these have not been adequately researched. In fact, “many would argue that in certain cultures, social and psychological problems are much more important than premature death due to some somatic disorder” (Skog 1996, 336). The focus on medical harm and casualties has primarily to do with the lack of appropriate quantitative data on non-medical harm and the difficulties in acquiring it.

In 1985, it was estimated that alcohol was a contributing factor in nearly one in ten deaths in Canada, 12.5 per cent of males and 6.7 per cent of females (Royal College of Physicians and Surgeons of Canada undated). According to the 1996 “Drink Smart” Canada campaign

- 19,000 deaths each year
- 45% of motor vehicle accidents
- 30% of accidents due to fire
- 30% of all suicides
- 60% of all homicides
- 50% of incidents of family violence
- 65% of snowmobile accidents
- 1 in 6 family breakdowns
- 30% of all drownings
- 5% of all birth defects (400 to 500 babies)
- 65% of cases of child abuse
- 40% of accidental falls
- 50% of all hospital emergencies
- more than \$15 Billion of additional costs to taxpayers

are due directly or indirectly to alcohol.

A 1994 report indicated that France has a high rate of premature death compared to other Western countries, with premature death representing 24 per cent of all mortality (Hurst, Gregory, and Gussman 1997).

According to Plant (1987) and Baggott (1990) in the United Kingdom, alcohol-related problems such as those pertaining to consumption, liver cirrhosis mortality, drunkenness convictions, drunken driving convictions, and psychiatric hospital admissions for “alcoholism,” alcoholic psychosis, and alcohol dependence, are far in excess of the acknowledged figures. Presently, alcohol is believed to cause ten per cent of all deaths in Britain, and the costs to the country as a result of absenteeism, crime and health spending, exceeds \$13 billion a year (Honore 2001).

Anderson et al. (1993) state that there is a clear relationship between per capita levels of alcohol consumption and the physical, psychological, and social harms due to alcohol use. Moreover, for many conditions, there is a dose-relationship between alcohol consumption and risk of alcohol-related problems. It has been estimated that at levels of consumption of approximately 20 g a day, compared with no consumption, “there is a twofold increase for cirrhosis of the liver, a 24-31% increased risk for cancers of the pharynx and larynx, and possibly between a 40% and 70% increased risk for cancer of the female breast” (p. 1500).

A Canadian study found that for both the respondent's experience of harm from his or her own drinking, and for assault associated with another's drinking, "the probability of harm rises steadily with the respondent's volume of drinking, with no clear lower threshold of drinking below which there is a chance of harm" (Room, Bondy and Ferris 1995, 509). These results are generally consistent with results found in other populations for social and interactional consequences of drinking. Furthermore, it has been consistently found that the number of heavy drinking occasions is a stronger predictor of alcohol-related problems than level of consumption (Rehm et al. 1996; Room 1996).

Using modern statistical tools, Norstrom (1996) re-analysed the historical data relating to total mortality and per capita consumption presented and discussed by Ledermann, providing the foundation for the distribution of consumption model. He found that generally a one litre increase in per capita consumption entailed an increase in mortality of slightly more than one per cent. Using Swedish data from 1860 to 1913, Norstrom showed how a decrease in consumption from 10 litres to approximately 7 litres resulted in a decrease in mortality of about 3.5 per cent. While a thirty per cent reduction in consumption resulting in only a 3.5 per cent reduction in mortality may seem modest, it would be unrealistic to expect a single factor to have a dramatic effect on a phenomenon with such an inherently multi-factoral aetiology as mortality. The impact of alcohol consumption is considered significant because: "First, the modest overall effect of a change in consumption may well be locally substantial, because of its concentration in specific categories of the population. Secondly, if the estimated effect of per capita consumption is expressed in terms of an attributable fraction..., the role of alcohol appears more weighty" (Ibid., 344). The second part of this statement has important implications for the "wet"/"dry" paradigm. For the same period, Norstrom (1996) found that in France, where per capita consumption was averaging approximately 18 litres, about one-fifth of male deaths in the 35-59 year age range resulted from alcohol. In low consumption countries, however, the alcohol effect on overall mortality is considered marginal.

6.1 Cirrhosis Mortality and Other Long-term Physical Consequences

Cirrhosis mortality is used as the most reliable indicator of the long-term physical consequences of heavy alcohol consumption but this is by no means a straightforward cause and effect relationship. Contrary to popular belief, excessive drinking is not the only cause

of cirrhosis and “over-indulgence, however gross, only causes cirrhosis in, at most, a third of cases” (Stuttaford 1989, 36). In most studies, not only are the estimates of hospital morbidity for diseases such as cirrhosis inflated (Hunter et al. 1988), but there are significant problems related to classification of disease for cirrhosis and other types of hospital morbidity which pose a serious impediment to cross-sectional comparisons across societies. Therefore, the links between the heavy consumption of alcohol and liver cirrhosis and other long-term physical consequences are far more tenuous than is often assumed. Inadequacies aside, cirrhosis mortality statistics are widely reported and comparisons give a reasonably good indication of the degree of alcohol-related harm between countries (Edwards et al. 1995).

6.1.1 Chronic Liver Disease and Cirrhosis Mortality

As can be discerned from the following tables, there has been a decrease in chronic

TABLE 7

DEATH RATES PER 100,000 POPULATION FROM CHRONIC LIVER DISEASE AND CIRRHOSIS BY COUNTRY, 1981-90

Year	Canada	France	Sweden	U.K.
1981	11.14	27.53	10.49	5.42
1982	9.72	26.22	8.72	4.57
1983	9.49	25.73	8.25	4.75
1984	8.88	24.43	8.16	4.92
1985	8.76	22.62	7.44	5.43
1986	8.69	21.42	7.95	5.23
1987	8.42	20.15	7.29	5.56
1988	7.98	19.71	7.16	5.77
1989	8.51	18.66	7.57	6.15
1990	8.10	17.81	n.a.	6.31

n.a. = not available.

Sources:

United Nations, Department of International Economic and Social Affairs, Statistical

Office, Demographic Yearbook,

World Health Organization, World Health Statistics Annual.

TABLE 8

SDR PER 100,000 POPULATION FROM CHRONIC LIVER DISEASE AND CIRRHOSIS

Country	1980			1992		
	Total	Male	Female	Total	Male	Female
France	28.9	44.3	16.8	15.6	23.2	9.0
Sweden	11.2	15.8	6.9	6.4	8.8	4.2
U.K.	4.6	5.4	3.9	5.8	7.2	4.5

Source: Harkin, Anna May and Lilian Klinkenberg. Profiles of Alcohol in the Member States of the European Region of the World Health Organization, Copenhagen: WHO Regional Office for Europe (European Conference on Health, Society and Alcohol, Paris, 12-14 December 1995) (unedited draft copy).

liver disease and cirrhosis in Canada, France and Sweden and an increase in the United Kingdom in recent years. As of 1995, these rates had not changed significantly with mortality rates from chronic liver disease and cirrhosis per 100,000 population amounting to 10.2 for males and 4.9 for females in Canada, 22.3 for males and 9.6 for females in France³², 8.2 for

TABLE 9

DEATHS FROM LIVER CIRRHOSIS PER 100,000 LIVING WITH AGE STANDARDIZED POPULATION, AND RANKING FROM HIGHEST TO LOWEST INCIDENCE

Country	Year of Report	Standardized Mortality				
		Total	Males	Females	M/F Ratio	
France	1991	17.0	23.3	10.6	2.2	
Canada	1990	9.3	12.7	5.8	2.2	
Sweden	1990	6.8	8.8	4.7	1.9	
U.K.	1991	6.1	6.9	5.3	1.3	

Source: Statistics supplied by World Health Organization, Geneva. cited in Edwards et al., Alcohol Policy and the Public Good, 1995.

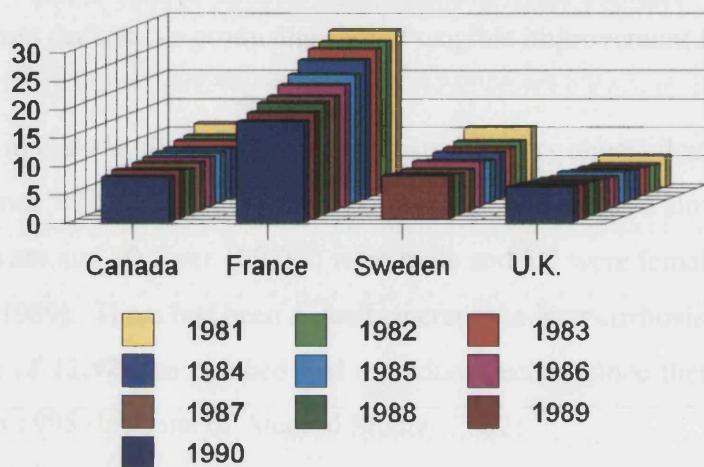
³²Data for France is for 1994.

males and 5.2 for females in Sweden and 8.4 for males and 5.5 for females in England and Wales (WHO 1998).

To enable more accurate comparability, in table 9, standardisation is to a European population base and statistics are for cirrhosis deaths only.

E. Liver Disease Mortality

Death Rates per 100,000 Population from Liver Disease



In Canada, deaths from alcohol-related chronic liver disease and cirrhosis practically doubled between 1963/4 and 1973/4, escalating from 6.1 to 11.5 per 100,000 population. There was a steady decline from 1979, when a peak of 12.2 per 100,000 population was reached (Addiction Research Foundation 1989), to 1988 when the rate was 7.98 (United Nations 1989; WHO 1989), followed by a marginal increase to 8.10 in 1990.

Deaths from chronic liver disease and cirrhosis steadily increased in England and Wales from the early 1960s until 1992 when there was a slight decline. In 1990, mortality rates amounted to 6.0 per 100,000 population (United Nations 1991), approximately double the rates recorded in the early 1960s. The increase in cirrhosis mortality may be a concern from a public health perspective nevertheless, in proportion to per capita consumption, these rates are remarkably low. This is probably attributable to a combination of factors: given that per capita consumption is considered moderate while the abstention rate is low it is likely that either heavy drinking or episodes of intoxication are less common; the vast majority of

consumption is in the form of beer; and the consumption of spirits is low. The increase in cirrhosis mortality may be a result not just of the overall increase in consumption but more specifically the recent increase in wine consumption.

In France, mortality rates from cirrhosis of the liver have steadily declined since the 1970s. For most of the 1960s and 1970s, chronic liver disease and cirrhosis deaths were more than 30 per 100,000 population (Hurst, Gregory, and Gussman 1997); by 1994, they had decreased to 15.8 (Institute of Alcohol Studies 2001). Still by far the highest of the four countries, this significant decline is a promising sign of tangible improvement from a public health perspective.

In Sweden, as in Canada, the rate of liver cirrhosis mortality almost doubled between 1963/4 and 1973/4, from 5.7 to 10.5 per 100,000 population. There was a similar decrease to 8.2 by 1984; of this amount 10.9 per 100,000 were male and 5.5 were female (Addiction Research Foundation 1989). There had been a steady increase in liver cirrhosis mortality up to 1976 when a peak of 12.92 was reached and a gradual decline since then to 6.67 per 100,000 population in 1995 (Institute of Alcohol Studies 2002).

Trends in mortality rates from chronic liver disease and cirrhosis since 1980 can be described as relatively high and decreasing in France, relatively low and stable in the United Kingdom, and relatively low and decreasing in Sweden (Harkin, Anderson, and Lehto 1995) and in Canada.

6.1.2 Cirrhosis Mortality and Per Capita Consumption

For the period 1960 to 1980, in most countries, the figures for cirrhosis of the liver mortality follow a broadly similar pattern to that of per capita consumption (Silbereisen, Robins, and Rutter 1995). Normally there is a time lag problem with respect to changes in per capita consumption and cirrhosis mortality, usually underestimating the extent of long term changes in the health of the population, however, a dramatic change in consumption rates can have an immediate effect. The data from Paris during the Second World War confirms a rapid response in mortality as a result of a dramatic change in aggregate consumption. An extreme shortage of alcoholic beverages necessitated the introduction of rationing in 1942. This resulted in a profound reduction in consumption of approximately 80 per cent, which lasted until 1947. This “unique and involuntary experiment in detoxification” resulted in a striking reduction in cirrhosis mortality from 1941 levels of more

than 50 per cent after the first year, and in excess of 80 per cent after five years (Edwards et al. 1995; Prestwich 1988).

6.1.3 Other Types of Alcohol-related Mortality

The majority of alcohol-related mortality is from cirrhosis and other liver disease. Another, much less significant, source of alcohol-related mortality is alcoholism and alcoholic psychosis. Very few countries are able to provide reliable statistics partly because of a lack of agreement on the definition of terms, and partly because many physicians are loath to use these terms for either the primary or secondary cause of death (Moser 1992).

In Canada, deaths as a result of alcohol-related mental disorders accounted for 2.3 per 100,000 population in 1990. The highest proportion of these are to be found in the 65-69 year old age range with 9.7 deaths per 100,000 and the rates are extremely low under the age of 45, 1.5 per 100,000 at the very most (Single, Williams, and McKenzie 1994).

Although mortality data of this kind remain controversial, it is reported that there were 873 deaths from alcoholism in the United Kingdom in 1995, a significant increase from 540 such deaths in 1990 (Institute of Alcohol Studies 1999).

In France, the decrease in deaths from alcoholism has been even more pronounced than the decrease in mortality from chronic liver disease and cirrhosis. In 1960, deaths from alcoholism amounted to 11.1 per 100,000 population, but by 1988 there had been a decrease in excess of 50 per cent to 5.5 (Hurst, Gregory, and Gussman 1997). By 1995, this figure was still only 5.6 (Institute of Alcohol Studies 2002).

In Sweden, deaths from alcoholism as the underlying cause showed a marked increase from 1960 to 1985, escalating from 0.59 to 5.29 per 100,000 population (CAN 1988), but decreasing to 3.27 by 1995 (Institute of Alcohol Studies 2002). The number of deaths from alcoholic psychosis as the underlying cause of death has been negligible and remarkably stable, 0.11 per 100,000 population in 1960 (CAN 1991) and .22 in 1995 (Institute of Alcohol Studies 2002).

6.1.4 Alcohol-related Morbidity

In “wetter” cultures, most individuals admitted to psychiatric hospitals “with alcohol-related doses should also probably be counted in this category (alcohol-related encephalopathies), while in ‘dryer’ cultures ‘alcoholic psychosis’ is more likely to reflect acute effects or addictive behavior” (Room 1989b, 6).

In Canada, the prevalence of alcoholism steadily decreased between 1977 and 1989, from approximately 2,700 to 1,900 per 100,000 population (Royal College of Physicians and Surgeons of Canada undated, 3).

For 1989-90 the total number of recorded alcohol-related hospital separations³³ in Canadian mental and general hospitals amounted to 150.1 per 100,000 population; males accounted for 71.8 per cent of these cases. These rates have steadily decreased; in 1986-7, for example, the total figure was 170.4 per 100,000 population (Single, Williams, and McKenzie 1994). Alcohol dependence syndrome proved to be the most common alcohol-related diagnosis, with 69.1 cases per 100,000 population in 1989-90, which amounted to 46 per cent of all alcohol-related hospital separations.

There are no direct statistics on morbidity or social problems related to alcohol for the United Kingdom as these data are not collected in a systematic manner. Admissions to general hospitals with various diagnoses, however, have been shown to be substantially higher among heavy drinkers than among the general population (Moser 1992). Between 1970 and 1980, the number of first admissions to English hospitals for alcohol dependence more than doubled, rising from 5.17 to 10.96 per 100,000 population aged 15 or over (Royal College of Psychiatrists 1986). This steep increase was, in part, due to the significant increase in treatment facilities. Without providing a figure, the Institute of Alcohol Studies (2001) states that the SDR per 100,000 population from alcohol dependence has risen fairly sharply since 1991 but remains at a relatively low level by global standards.

In 1970, in France, 3.2 per cent of all cases treated in public hospitals had a primary diagnosis of alcoholism, alcoholic psychosis, or liver cirrhosis; by 1978, this rate had decreased to 2.8 per cent (Moser 1992). There is no current data available on the rate of admission to psychiatric hospitals for alcoholic psychosis since morbidity statistics are not routinely collected in France.

The rate of hospital discharges with a diagnosis of alcoholic psychosis in Sweden is considered to be on the border of the low/middle ranges with 20.6 per 100,000 population in 1991 (Harkin, Anderson, and Lehto 1995). A study of males between the ages of 50 to 60 determined that 40 per cent of hospitalisation within this group was attributable to the 12 per

³³This refers to the number of cases discharged, not persons involved, therefore a person is counted on each separate occasion that s/he stays in hospital.

cent registered as alcoholics (Moser 1992). While the number of deaths from alcoholic psychosis is relatively insignificant, it has been estimated that approximately 40 per cent of patients discharged from psychiatric hospitals were diagnosed as alcoholic or alcohol-psychotic (National Board of Health and Welfare 1988).

6.2 Overdose and Other Acute Effects of Drinking

Alcohol poisoning deaths and deaths from contaminants are much less significant in terms of the number of deaths in modern industrial societies, but the same problem of classification of disease holds true for their reporting. In keeping with this, statistics for these indices could only be found for Canada and Sweden. This is not to suggest that they do not exist in "wetter" cultural environments, but in all likelihood the incidence is negligible. Mortality of this kind seems to be related to the type of drinking taking place within the "dryer" cultures: the consumption of spirits, drinking associated with illicit production (this is particularly the case with death from contaminants), and "explosive" or "binge" drinking patterns. The actual number of deaths from overdose or contaminants, relative to those from long-term physical consequences, are minimal, so from a public health perspective these are not considered to be a priority.

In Canada, the total number of hospital separations for cases referred to as **toxic effects of alcohol** amounted to 3.8 per 100,000 population in 1989-90. The highest proportion of these cases occur within the 15-19 year-old age range, 7.1 per 100,000 population, with males about twice as likely to suffer these effects than females. For the same year, hospital separations from general and psychiatric hospitals for **nondependent abuse of alcohol** amounted to 13.4 per 100,000 population; of these, 17.5 were men, while the remaining 9.4 were women. Again, by far the highest proportion of these was amongst the 15-19 year old age range with 34.0 per 100,000 population (Single, Williams, and McKenzie 1994).

Poikolainen's (1977) study of alcohol poisoning mortality in four Nordic countries substantiates the claim that alcohol poisoning mortality is connected to a "dryer" cultural pattern. This study found that, in Sweden, deaths from **alcohol poisoning** occurred on the first of May and on Midsummer Day more often than could be attributed to chance. Mortality rates for alcohol poisoning increased from 0.23 per 100,000 population in 1960 to 4.07 in 1978 and decreased to 2.85 in 1985 (CAN 1991). New classification principles were

introduced in 1987, so the figures before and after this date are not comparable. The 1995 figure was 1.38 per 100,000 inhabitants (Institute of Alcohol Studies 2002).

This vast discrepancy in rates for alcohol poisoning in Sweden is likely a result of recording procedures and the very small numbers that are being attributed to this (therefore any change will appear significant).

The link between deaths from overdose or contaminants and a “dryer” cultural pattern appears to be substantiated. The same pattern was found within the United States with alcohol poisoning several times more prevalent in the “dryer” parts of the country than in the “wetter” parts (Room 1989b). This is exemplified in the Canadian context with respect to “dry” Native reserves with the consumption of spirits and “binge” drinking patterns making them more conducive to this type of mortality.

6.3 Public Drunkenness and Other Alcohol-specific Arrests

As discussed, the nature and extent of the problematisation of alcohol and, by extension, the propensity to define social and health problems as alcohol-related, is related to the cultural meanings of alcohol and the extent to which drinking is integrated into the culture. Good controlled comparisons across cultures are virtually nonexistent, but there are some temporal comparisons within a given culture over the course of “wetting” and “drying” periods, particularly in “dryer” cultures. At the “dryer” end of the spectrum, “the involvement of drinking in any untoward event or condition is more likely to be noticed and noted, and the event or condition is more likely to be responded to in terms of its drinking component” (Room 1989b, 7). Alcohol-specific offences and alcohol-related casualties and crimes (to follow) are tied in with this. While there are differences in the societal responses to these behaviours, it is not as apparent whether the actual associated behaviour is qualitatively different. It can be assumed, however, that because drinking patterns vary quite significantly between cultures and if violence or social disruption is involved, as is more common with the type of “explosive” drinking associated with “dryer” cultures where drinking is marginalised, there is a greater likelihood for public drunkenness to be viewed as problematic and for the law to be more strictly administered. This is in keeping with the social control hypothesis which emphasises “the fact that the observed arrest rates are a product of both the true incidence of the behavior in question and the society's reaction to that behavior” (Linsky, Colby, and Straus 1991, 567-568).

6.3.1 Public Drunkenness

A facet of social conduct subject to a great deal of regulation in most western societies is that of drunkenness. By the eighteenth century much of the western English-speaking world was becoming concerned with overindulgence in alcohol. Similar excess existed amongst the French but “its presence was probably less obtrusive: drinking habits were different and the drinking of spirits was far less common” (Sournia 1990, 33).

Gurr (1977b) identifies a trend, in both Stockholm and London, for a large proportion of police activity to be devoted to public drunkenness, more than any other nontraffic offense. During the last century in London, when temperance activity was at its height, 30 to 45 percent of all arrests were for drunkenness and disorderly conduct. This was particularly pronounced in the 1830s when annual rates of arrest were in excess of 2,000 per 100,000 population³⁴, which coincided with the formation of their temperance movement in 1832 (Peirce, Grabosky and Gurr 1977a). In Stockholm in 1910, the year strict rationing policies were introduced, 80 percent of all court sentences were for drunkenness. In 1960, five years after rationing was abolished, this figure was approximately 70 percent.

Heightened concern with public inebriation corresponds to the advent of each country's respective temperance movement. In fact, in Sweden, the gathering of crime statistics also coincides with this time, which presumably is significant³⁵.

Government statistics indicate that alcohol consumption nearly tripled between 1820 and 1869 in France but, prior to the 1870s, drunkenness was not an offence. Drinking establishments, rather than the drinking itself, were the focus of concern. “The insouciance of the prewar years was rendered totally inappropriate by the nightmare of the *annee terrible*, 1870-71. From the anguish of foreign and civil war emerged the myth, sturdy and none too subtle, of the habitually drunken, politically dangerous commoner” (Barrows 1979, 208). By equating revolution with alcoholism it was possible to bypass any painful discussion of the social and economic causes which had triggered this revolt. Public drunkenness legislation, enacted in 1873, one year after the formation of the first French temperance association,

³⁴Which exceeded by a factor of eight the rate of committals to trial for all indictable offences during the same period.

³⁵Statistics relating to persons sentenced for drunkenness date back to 1814, but regular recording did not begin until 1825.

represented a sharp shift in focus from the setting in which drinking took place to the public drunkard.

In many countries, the last quarter of the nineteenth and the first quarter of the twentieth centuries seems to have been a time of heightened concern with regard to alcohol and public disorder, with definite class elements brought into the equation.

Between 1875 and 1915 it was not unusual for 3.5 to 4.5 percent of the population of Stockholm to be convicted for public drunkenness (Grabosky, Persson, and Sperlings 1977b). “Since virtually all the guilty were adult males, this means that about one man in eight was convicted of the offense each year...” (Gurr 1977b, 640). These exceptionally high rates are attributed primarily to chronic recidivism and the fact the enforcement seems to have been unusually stringent, with authorities wary of any form of disorderly conduct at this time.

In London, convictions for drunkenness tripled between the 1880s and 1913. The least complicated explanation for this trend and the similar trends in vagrancy and prostitution, which also rely on active policing, is to attribute them to fluctuations in official concern in general and policing specifically. “The similarity suggests that all were part of a concerted effort to achieve a more ‘orderly’ city by discouraging garden-variety nuisances” (Peirce, Grabosky, and Gurr 1977b, 127). As a corollary, it could be suggested that these trends represent part of a more concerted official response to rising class tensions and growing control, although it is doubtful, yet not inconceivable, that the police would view this particular segment of society as a danger to the establishment. The decline during the First World War³⁶ has a much more obvious explanation in that there was an acknowledged lack of police manpower at this time (*Ibid.*).

Not surprisingly, the extent of public drunkenness drastically diminished in Canada as a result of prohibition (Pederson 1991).

Grabosky, Persson, and Sperlings (1977a, 1977b) identify an interesting, albeit imperfect³⁷, inverse relationship between public drunkenness and theft rates for the period

³⁶Convictions for drunkenness in England and Wales fell in 1915 by 28 per cent, in 1916 by 56 per cent and in the first quarter of 1917 by 66 per cent (Williams and Brake 1980).

³⁷Both rates were prone to considerable fluctuation and seemed to bear no consistent relationship with each other or economic well-being.

between 1830 and 1930 in Stockholm. Periods when drunkenness rates were high³⁸ correspond to the times when theft rates were low; the opposite trend can be discerned for the periods when theft rates were high. Generally, economic adversity had a positive effect in terms of lowering the rates of convictions for drunkenness, while the reverse was evident in times of economic prosperity and these varied inversely with crimes of theft. Although no reference is made to rates of public drunkenness, Field (1990) identified a similar inverse relationship between property crime and economic factors in England and Wales and in France, but stated that this relationship was not apparent in Sweden. The evidence suggests that this effect is *short term* but has been particularly strong over the past quarter century.

Arrests for drunkenness declined dramatically in London over the 50 years following the establishment of the temperance movement, as did official indicators of most kinds of crimes. While drunkenness arrests depend on active policing and the high rates in the 1830s may indicate a certain amount of police enthusiasm at the time, there is clear evidence of an improvement in the establishment of public order. Peirce, Grabosky and Gurr (1977a) attribute this to “some combination of socioeconomic improvement and innovations in the institutions of social control” (p. 73).

Discussing the significance of trends in crimes of violence and theft, Gurr (1977b) states that “[i]n the conventional or ‘official’ view they are a direct reflection of changes in criminal behavior... But conviction data present at best a diffracted image of social behavior that has passed through the distorted lenses of differential public concern, selective reporting and enforcement, and bureaucratic processing” (p. 653). This argument can easily be extended to apply to drunkenness convictions and is in keeping with the “wet”/“dry” paradigm. Increased consumption, of course, has played a significant role in rising arrest rates. There has been a substantial increase in drunkenness arrests in London since 1945, of approximately 300 percent (*Ibid.*), which seems to correlate with the increased levels of consumption in the post-World War II years. Similarly, a dramatic increase in arrests in Stockholm coincided with an increase in consumption when rationing was abolished. Between 1955 and 1965, drunkenness constituted the largest source of arrests for nontraffic offenses. This motivated authorities to consider alternatives to strict enforcement of the

³⁸For instance, peak years for drunkenness convictions were 1833-1834, 1843-1844, 1850, 1860, 1877, 1908, and 1919 drunkenness rates were high.

applicable law (Grabosky, Persson, and Sperlings 1977c). It is most likely that a combination of factors, not the least of which is the extent of public and official concern with regard to this type of social behaviour, contribute to the rates of conviction for drunkenness. For instance, referring to the pre-war period in France, Prestwich (1988) states that public drunkenness statistics often fluctuated as a result of political and public pressures: “prefects responded to official concern about alcoholism by ordering stricter enforcement of laws against drunkenness” (p. 32).

Likewise, Gurr (1977b) identifies the variability in the regulation of drunkenness in Stockholm over the past century and a half and claims that the rates are misleading about the actual incidence of the offense because they do not indicate the rate of recidivism or enforcement practices. In particular, the “sixfold, sixty year increase from the 1840s to 1910 is an official testimonial to the influence of the temperance movement” (*Ibid.*, 640). The trends discerned over the following six decades, however, seem to adequately reflect the fluctuating availability of beer and aquavit.

Following the re-emergence and widespread acceptance of the disease concept of alcoholism in the mid-twentieth century, in most temperance cultures in the 1960s and 1970s, there was a social movement to decriminalise public drunkenness (for further discussion see Appendix E) and a concomitant development of detoxification centres to provide treatment and rehabilitation.

Certainly, at least in the two “dryer” cultures, Canada and Sweden, a great deal of police activity still seems to be devoted to public drunkenness. In Canada there was a total of 819.5 liquor act offences per 100,000 population in 1991. This represents 65 per cent of offences reported under provincial statutes, with the exception of traffic offences, although the number of liquor offences has steadily decreased since 1983 at a rate of approximately 3.5 per cent per year. In Sweden, after more than a decade of decline in the incidence of drunkenness, there was a 17 per cent increase between 1993 and 1994. As table 10 demonstrates, men outnumber women by a very considerable margin.

TABLE 10

MALE / FEMALE ARRESTS FOR DRUNKENNESS IN SWEDEN

Year	Men	Women	Total	Ratio of Men to women	Rate per 1,000 Population
1975 *	114,538	5,562	120,100	20.6	14.7
1980	119,231	7,405	126,636	16.1	15.3
1982	118,437	7,396	125,833	16.0	15.1
1984	103,300	6,985	110,285	14.8	13.2
1986	91,558	5,964	97,522	15.4	11.7
1988	81,323	6,128	87,451	13.3	10.4
1990	69,812	5,587	75,399	12.5	8.8
1992	62,130	5,514	67,644	11.3	7.8
1994	72,707	7,141	79,848	10.2	9.1

* The figures since 1980 may not be strictly comparable to 1975 as there was a change in the law regarding drunkenness offences in 1977.

Source: W. Hurst, E. Gregory and T. Gussman. International Survey: Alcoholic Beverage Taxation and Control Policies (9th edition). Ottawa: Brewers Association of Canada, 1997.

In the United Kingdom, increases in consumption have been shown to play a significant role in rising arrest rates. As table 11 demonstrates, generally these two indices move up and down in concert with one another. More recently, the connection is less clear which would seem to indicate that official concern regarding drunkenness is currently at a low ebb.

TABLE 11

PER CAPITA ALCOHOL CONSUMPTION AND DRUNKENNESS OFFENDERS IN THE UNITED KINGDOM

Year	Drunkenness Offenders Per 10,000 Population(a)		Per Capita Consumption of Pure Alcohol in Litres
	Total	15 & Over	
1964	15.9	20.7	4.9
1965	14.9	19.5	4.7
1966	14.4	18.9	4.9
1967	15.2	20.0	4.9
1968	15.9	20.9	5.0
1969	15.9	21.0	5.1
1970	16.3	21.6	5.3
1971	17.0	22.5	5.6
1972	17.9	23.7	5.9
1973	19.8	26.1	6.5
1974	20.2	26.4	6.8
1975	20.5	26.8	6.8
1976	21.0	27.3	7.0
1977	20.7	26.7	6.9
1978	20.3	26.1	7.5
1979	21.4	27.2	7.7
1980	22.1	28.0	7.3
1981	19.4	24.5	7.0
1982	19.0	23.9	6.9
1983	18.9	23.6	7.2
1984	15.7	19.5	7.2
1985	14.3	17.6	7.4
1986	12.6	15.5	7.4
1987	15.3	18.8	7.5

(a) Based on the total population.

Source: The Brewer's Society. Statistical Handbook, 1988

6.3.2 Violence and Social Disruption

There has been a vast amount of research on the association of criminal behaviour and alcohol which establishes that there is, on some level, a relationship between alcohol and crime. This relationship is not well understood and leaves many questions unanswered (Greenfield and Weisner 1995). “When an offense is committed in a state of intoxication or by an habitual user of strong drink, the causal relations seem unmistakable, even inevitable, no matter how infinitely complicated the problem appears to the criminologist” (Koren 1916, 49). Alcohol has been associated with a wide range of violent acts including accident, suicide, sexual assault, violence within the family, felony, and homicide (Evans 1980). Different studies reveal that: almost 50 per cent of rapists had been drinking when they committed their assault; nearly 40 per cent of the prison population have a tendency to alcohol abuse; almost 50 per cent of murders are linked to excessive alcohol consumption (acute or chronic); and 60 to 70 per cent of those suffering physical violence had a positive blood alcohol level at the time of the attack (Glucksman 1994).

In Canada, approximately 50 per cent of violent crimes involve an offender and/or victim who has been drinking. In the United Kingdom, in 1993, it was determined that alcohol was a factor in 60-70 per cent of all homicides, 75 per cent of stabbings, 70 per cent of beatings, and 50 per cent of fights and domestic assaults (Dingle et al. 2002).

Although initially investigated from a criminological perspective, over the past fifteen years, alcohol researchers have made some important contributions regarding the role of alcohol as an intermediate link in the understanding of violence.

While verbal and physical aggression may be common outcomes of drunkenness, they are in no way universal, and where they do arise, they are by no means random. “Aggressive behavior takes culturally patterned forms, and even a heavily intoxicated individual is careful to express it only within a relatively narrow range...” (Heath 1974, 26) of circumstances. In many societies, aggression is not even associated with drunkenness.

Pernanen (1991) has carried out an extensive review of studies of alcohol involvement in “real-life”³⁹ violence. Studies of alcohol involvement in officially documented violence, particularly those showing **total** alcohol involvement (by offenders and victims), but also those showing drinking by victims and offenders separately, have been

³⁹As opposed to that studied in an experimental setting.

frequently cited as showing the true **causal** contribution of alcohol use to the level of violent crime. Most of these rely on statistics derived from police and autopsy reports. Studies of these types have indicated, for instance, that: 44 per cent of homicides in Canada were alcohol-related; for Swedish assaults and homicides, figures were consistently higher than 80 per cent for total alcohol involvement; and in France 76 per cent of **victims** in homicides and assaults had been drinking. Whereas the “high Scandinavian figures can no doubt in part be explained by Scandinavian officials' and researchers' greater sensitization to alcohol problems in general and to the presence of alcohol in violent crimes in particular” (*Ibid.*, 28), it can be similarly assumed that countries at the “wetter” end of the spectrum may underestimate the extent of alcohol involvement in violent crimes.

According to Pernanen (1991), none of the studies reporting on the prevalence of an alcohol component in violent crime, using officially documented violence, have related their findings to population bases or consumption rates which would provide much better comparability between estimates. Having done this for Canada and Finland, whose homicide rates appear quite similar, the probability of an alcohol-related homicide per volume of alcohol sold was over 80 per cent higher in Finland than in Canada. It can be assumed that several southern European countries would exhibit a significantly higher volume of alcohol consumption per homicide given their relatively high per capita consumption rate and their lower homicide rates but many of them lack adequate reporting systems for gathering information on the presence of alcohol in cases of homicide.

Even with research which examines the relationship between aggregated data on alcohol consumption in a population and the proportion of violent crime, connections seem to be contingent on some other societal factors being present. “[I]t is quite clear that alcohol is...only one of a number of causes of violence, not the least of which are social and situational determinants” (Evans 1980, 114). Complications inherent in cross-national comparisons of this type of data mean that most studies are confined to time series analyses. Although Scandinavian studies show a relatively clear connection between increases in alcohol consumption and higher violent crime rates, a similar Canadian study showed very divergent trends. For some time France has served as a case in point for those repudiating the existence of a relationship between alcohol consumption and crimes of violence. France is not known for having a high rate of violent crimes despite its remarkably high rate of per

capita alcohol consumption. For this reason very few studies exist on the topic. Of those that do, the concentration seems to be on the relationship between alcohol and property crimes (Lenke 1990). In fact, “[e]xperts now deny any direct relationship between alcohol and criminality in France, except in certain very specific areas...” (Prestwich 1988, 32). In a 1989 study by Lenke, “the determinant strength of aggregated alcohol consumption varied markedly among different societies in a four-country comparison, notably between Finland (where there was a strong effect of alcohol on the extent of violent crime) and France (where there was practically no effect). Sweden and Denmark showed intermediate effects. Causal processes underlying the aggregate-level relationship are thus more complicated than a mere bivariate connection between rates of alcohol use and rates of violence” (Pernanen 1991, 30). Further, results seem to be equivocal across cultures with respect to increases in per capita consumption. There is no indication that significant increases in alcohol consumption within a society will necessarily lead to increases in violent crime or, more specifically, alcohol-related violent crime. A study by May in 1976 (as cited in Heath 1986) compared “wet” and “dry” Indian reservations in the United States and found that those where alcohol was legally available had lower rates of violent crime than those where alcohol was prohibited. No clear trend seems to be emerging which would seem to indicate that drinking culture (or at least drinking patterns) play a significant role in determining the amount of violent crime within a given society. The socio-anthropological case studies that form the basis of MacAndrew and Edgerton's (1969) theory on drunken comportment, whereby alcohol-related violence was interpreted as primarily **cultural** phenomena and consequently mainly as **learned** behaviour, were re-analysed by Lenke (1990). “The re-analysis yields, however, that it is nearly exclusively those cultures that are characterized by a high level of conflict and (non-alcohol related) violence in everyday life which also display high rates of alcohol-related violence. High (non-alcohol related) level of aggression, thus, seems to be a precondition for a strong alcohol effect on violence rates” (p. 142).

Grabosky, Persson, and Sperlings (1977c) propose that the increase in alcohol consumption in Stockholm during the late 1960s and early 1970s precipitated a disinhibition of aggressive behaviour. Consequently, rates of alcohol consumption and assault showed a strong positive relationship during this period.

Parker and Rebhun's (1995) investigation of alcohol and homicide further substantiates this conclusion. Here, it is argued that while the link between violence and alcohol has not been prominent in most cultures, either historic or current, industrialised or preindustrialised, the United States "is unique in the establishment of a cultural system in which these two traditional elements are brought together" (p. 2). As can be seen from the following table, Canada and the United States have similar rates of per capita consumption, however, the homicide rate in the United States is almost four times as high as Canada's.

Much clearer are the results from research on crimes of violence conducted during "natural experiments," occurring when there have been abrupt changes in alcohol availability, either decreases⁴⁰ or increases⁴¹. Overall, these studies indicate that with decreased availability there tends to be an associated decrease in violent crime and domestic

TABLE 12								
INTERNATIONAL COMPARISONS OF HOMICIDE ¹ AND ALCOHOL CONSUMPTION ²								
Nation	Homicide	Rank	Spirits	Rank	Beer	Rank	Wine	Rank
Canada	2.1	2	2.16	3	78.9	3	8.93	4
France	1.3	3	2.51	1	41.5	5	72.7	1
Sweden	1.3	3	1.72	4	59.8	4	12.24	2
England & Wales	0.8	5	1.71	5	109.5	1	11.56	3
U.S.A.	8.3	1	2.29	2	90.8	2	7.69	5

¹ Rate per 100,000 population; from National research Council, 1993:52.
² Per capita consumption in 1990.

Sources:
Parker, Robert Nash and Linda-Anne Rebhun Alcohol and Homicide: A Deadly Combination of Two American Traditions, Albany: State University of New York, 1995.
World Drink Trends, 1993.

⁴⁰Such as those provided as a result of strikes by liquor store outlet employees, Saturday closings of liquor outlets, rationing, or large tax increases.

⁴¹Such as the opening of outlets in previously "dry" areas or significant increases in the number of outlets.

disturbances, and in injuries resulting from various causes presenting at hospital accident and emergency rooms. Those determining the effects of increased availability have found that there are simultaneous increases in the same factors (Pernanen 1991).

In Sweden, even though per capita consumption has been decreasing, there has been a fairly steady increase in crimes of violence as measured by the incidence per 1,000 inhabitants. In 1973 the rate was 2.94, in 1983 it was 4.58, and in 1990 6.1, an increase in excess of 100 per cent.

It becomes clear that the relationship between alcohol and violence is by no means as straightforward as is often assumed. There appears to be some relationship between the "wet"/"dry" paradigm and alcohol-related violence but the complexities involved in establishing the role of alcohol in violent encounters requires much more in-depth examination.

6.4 Drink-driving

In terms of violence and social disruption "dry" societies report higher rates than "wet" societies, but in terms of road traffic accidents, the reverse is true. Much of this can be attributed to stricter penalties and variation in drinking patterns, particularly drinking within the home as opposed to going out to drink. Many other factors, such as public transportation and geographical proximity to drinking establishments, also need to be considered. Furthermore, the number of alcohol-related accidents is a function of the size of the population, of the number and kinds of cars and other motor vehicles, and of the number, length and condition of roadways, as well as of the level of impairment of drivers or pedestrians, the legal definitions used for impairment, and the level of enforcement.

Room (1989b) asserts that driving after drinking is not particularly either a "wet" or "dry" phenomenon. The evidence, however, casts doubt on this contention. This is hardly surprising given that although drinking is socially condoned behaviour in most societies, the parameters of this vary according to the degree of "wetness" or "dryness." Certainly, drink-driving regulations, while existing in both "wet" and "dry" cultures, are viewed more seriously and enforced much more rigorously in "dryer" cultural environments. Moreover, it is not beyond the realm of possibility that the disparity between "wet" and "dry" cultures in rates of road traffic accidents involving alcohol is even greater than that which is reported

given the propensity for “dry” cultures to more readily report the involvement of alcohol in potentially harmful circumstances.

6.4.1 Road Traffic Accidents and the Involvement of Alcohol

Motor vehicle accidents are the leading cause of death for persons under the age of 35 and alcohol is involved in over half of these (National Bureau of Economic Research 1993; Papoz et al. 1987). Those between the ages of 16 and 19 tend to be most at risk (Addiction Research Foundation 1997; Dingle et al. 2002; Single et al. 1999) although in the United Kingdom it is those between the ages of 25 and 40 (Institute of Alcohol Studies 1999). Alcohol is capable of affecting motor skills, sense of balance, visual acuity, reaction time, reasoning and ability to perform several tasks simultaneously (Addiction Research Foundation 1997). The degree of impairment shows marked variation, especially at low levels of blood-alcohol concentration (BAC). Laboratory tests have consistently shown that most people display a reduced performance for response time and technical tasks as their BAC increases (which may be evident after as little as one drink), and that impairment will continue even as BAC decreases (Edwards et al. 1995). “Those most susceptible to alcohol when driving are inexperienced drivers and infrequent drinkers: for these, the risk of an accident increases sharply at low levels of alcohol, and at the legal limit is five times that with no alcohol. Even for those least susceptible, the more experienced drivers who are heavier drinkers, the sharp increase occurs only a little beyond the legal limit” (Sabey 1989, 121). Statistics published by the police and the National Organisation for Road Safety in France demonstrate that “the risk of fatal accident, when compared with drivers having less than 0.4 g/l of alcohol in their blood, is increased eight-fold between 0.8 and 1.2 g/l, forty-fold for the range 1.2-2.0 g/l and 100-fold, if levels exceed 2 g/l” (Sournia 1990, 162).

Furthermore, it is generally accepted that accidents in which alcohol is involved tend to be more serious than other accidents and the more severe the accident, the higher the percentage in which alcohol contributes (Papoz, Balkau and Delaunay 1989). “Typically, alcohol plays a role in less than 10% of run-of-the-mill accidents, about 20% of accidents involving serious injury to the driver or passenger, about 50% of all fatal crashes, and about 60% of all single vehicle fatal crashes” (Dunbar 1985, 5).

As Gusfield (1981), Room (1987a), Ross (1991) and others have noted, the use of BACs in excess of the legal limit to assess blame in automobile accidents can be dangerous.

Studies of alcohol and driving "frequently present alcohol *as if* it were the only, or the major, cause in drinking-driver accidents...and such work necessarily turns one element in a complex pattern of "causes" into a single major factor" (Gusfield 1981, 72). Estimating the proportion of accidents in which alcohol is a causal factor is an extraordinarily difficult task. Even though causation and responsibility may lie elsewhere, a consideration which must be acknowledged, this is the type of data which is widely reported and easily available.

TABLE 13				
MOTOR VEHICLE TRAFFIC ACCIDENTS				
Country	Number of Deaths		Deaths per 100,000 Population	
	Male	Female	Male	Female
Canada (1990)	2,543	1,102	19.4	8.2
France (1990)	7,316	2,690	26.5	9.2
Sweden (1989)	597	260	14.2	6.0
England and Wales (1991)	3,071	1,337	12.3	5.1

Source: World Health Organization. World Health Statistics Annual 1992. Geneva: World Health Organization, 1993.

The United Kingdom has one of the lowest toll of road deaths in the world, totalling approximately eight per 100,000 population in 1992 (Church 1995). Despite their concerted efforts to improve road conditions (improvements in infrastructure, new motorways, safer cars, harsher penalties for road traffic offences, and a more stringent driving test), France continues to have mortality rates higher than any other industrialised country, regardless of whether these rates are measured per capita (two and a half times greater than Great Britain), per vehicle (twice that of Japan) or per kilometre travelled (Sournia 1990).

BAC and Fatally Injured Drivers

A 1993 study of driver fatalities in Canada revealed that 85 per cent of those tested with a positive BAC were above the legal limit of 80 mg%; 63 per cent of these individuals registered BACs in excess of 150 mg% (Hurst, Gregory, and Gussman 1997). In France in 1994, according to the Road Safety department, illegal BAC limits were mentioned in 37 per

cent of fatal traffic accident reports (Institute of Alcohol Studies 2002). In Sweden, alcohol is believed to be involved in between 7.1 and 11.5 per cent of fatal accidents. In Great Britain (England and Wales), in 1995, 580 people died in traffic accidents where the driver was intoxicated but this official figure is undoubtedly considerably inferior to the reality as BAC limit testing is not systematic in the case of accidents (Institute of Alcohol Studies 1999).

Alcohol-related Road Traffic Accidents

The total number of road traffic accidents involving one or more persons under the influence of alcohol in 1993 are reported in table 14. In Canada, the majority of accidents involved drivers of passenger cars, although there was a considerable number of drivers of other power driven vehicles under the influence of alcohol involved in accidents in comparison with the other countries. It is unclear how reliable the statistics for France are given that identical figures were cited each year from 1989 to 1993 (United Nations 1995). In both Sweden and the United Kingdom, the vast majority of accidents involved drivers of passenger cars under the influence of alcohol; 802 of the 971 accidents in Sweden and 6,171 of the 6,967 accidents in the United Kingdom (Ibid.).

TABLE 14			
ROAD TRAFFIC ACCIDENTS INVOLVING ONE OR MORE PERSONS UNDER THE INFLUENCE OF ALCOHOL, 1993			
Country	Number of Accidents	Persons Killed	Persons Injured
Canada	172,713	3,501	249,821
France	170,590	10,528	235,999
Sweden	971	83	1,294
U.K.	6,967	101	7,244

Source: United Nations, Economic Commission for Europe, Statistics of Road Traffic Accidents in Europe and North America New York and Geneva: United Nations Publication, 1995.

Comparing the tables for motor vehicle accidents (table 13) and for those involving alcohol (table 14), even though different years are represented, it appears that almost all

motor vehicle **deaths** are attributed to alcohol in Canada and France, while in Sweden and the United Kingdom, the proportion attributed to alcohol seems to be less than ten per cent.

In the following table the number of persons killed in motor vehicle accidents involving drivers under the influence of alcohol per 100,000 population have been interpolated from the United Nations Statistics of Road Traffic Accidents in Europe and North America.

TABLE 15				
PERSONS KILLED IN MOTOR VEHICLE ACCIDENTS INVOLVING DRIVERS UNDER THE INFLUENCE OF ALCOHOL PER 100,000 POPULATION				
Year	Canada	France	Sweden	U.K.
1982	n.a.	n.a.	1.14	0.89
1987	n.a.	n.a.	1.41	0.61
1992	12.57	18.35	1.16	1.27

n.a = not available
* Data for 1993.

Recent Trends in Alcohol-related Road Traffic Accidents

The number of road traffic accidents involving alcohol marginally decreased in France from 303.8 per 100,000 population in 1989 to 297.3 in 1992. Corresponding figures for Sweden indicate that there were 12.0 such accidents per 100,000 inhabitants in 1992, similar to the 12.5 recorded in 1985 and a decrease from the 15.4 recorded in 1990. In the United Kingdom, there were 21.9 road traffic accidents per 100,000 population involving alcohol in 1992, similar to the 1985 figure, but rates have fluctuated significantly between these years, reaching 25.5 in 1989 and dropping to 17.5 in 1990. For this indicator Harkin and Klinkenberg (1995) compared 30 European countries. France, with its rate of 297, overshadowed all others being more than five times greater than the next highest country. It must be borne in mind that these figures are influenced significantly by official requirements at the scene of an accident⁴² but the figures for France are 13.5 times higher than the United Kingdom and almost 25 times higher than Sweden.

⁴²For example, the extent to which accident victims are tested for blood alcohol content.

Canada

The number of road traffic accidents involving alcohol is significantly higher than might be expected given Canada's position on the "wet"/"dry" continuum. It is likely that much of this can be attributed to the condition of the roads as a result of the climate, the distances travelled, and the cultural reliance on the automobile.

France

The fact that France appears to have submitted precisely the same figures for five consecutive years and that there is virtually no available trend data on alcohol-related accidents could be interpreted as a "wet" response. This stands in stark contrast to the "dryer" societies where problems tend to be responded to in terms of their drinking component and every minutiae of problematic behaviour is scrupulously reported.

Sweden

The figures for alcohol-related road traffic accidents in Sweden are extremely low but not unexpectedly so given their position on the "wet"/"dry" continuum. Traffic fatalities involving alcohol have steadily decreased and in 1996 there were only 30 such accidents (4.8 per cent of all traffic accidents with fatalities) (Institute of Alcohol Studies 2002).

United Kingdom

It is clear that mortality rates amongst drivers in the United Kingdom are uncommonly low. Precisely what this can be attributed to is less clear. Perhaps the ubiquitous nature of drinking establishments encourages people to do the majority of drinking at their "local," thus reducing the need to drive. Goddard (1991) found that although the heaviest drinkers go out more often than other people, those who had consumed the greatest amounts were the least likely to have driven themselves home, and the most likely to have walked, taken a taxi, or been driven by someone else. Many country pubs are facing closure for a variety of reasons. Not only has the rural population become increasingly apprehensive about drinking and driving but less expensive alcohol is more widely available from supermarkets. Furthermore, the steep rise in property values make it more profitable for pub owners to sell on the housing market rather than try to stay in a declining trade. Great Britain has undoubtedly achieved enormous success in reducing the number of drink-drive accidents over the past two decades but there are large variations in the reported figures. Discrepancies in the application of drink-drive legislation, incompleteness or unreliability of data (i.e., many

drivers and passengers involved in accidents are not breath tested, post mortem blood alcohol levels are not always available for many dead drivers, some of the available data is not reported to the Department of Transport (DoT), etc.), as well as the difficulties involved in collating and presenting epidemiological data for the constituent countries may account for much of the observed disparity. To compensate for these shortcomings, the DoT has made adjustments to the reported data. They estimated the number of drink-drive fatalities in Great Britain to be 1,650 in 1979 and their provisional estimates for 1994 indicated a decrease of

TABLE 16								
ESTIMATES OF ACCIDENTS INVOLVING ILLEGAL ALCOHOL LEVELS AND THE CONSEQUENT CASUALTIES ADJUSTED FOR UNDER-REPORTING: 1984- 94								
Year	Number							
	Accidents				Casualties			
	Fatal	Serious	Slight	Total	Fatal	Serious	Slight	Total
1984	1,000	4,790	11,540	17,330	1,170	6,820	19,410	27,390
1985	900	4,900	11,460	17,260	1,040	6,810	19,380	27,220
1986	850	4,590	11,510	16,940	990	6,440	19,220	26,650
1987	780	4,220	10,560	15,560	900	5,900	17,670	24,470
1988	680	3,660	10,190	14,520	790	5,100	16,860	22,740
1989	700	3,390	10,300	14,390	810	4,790	16,620	22,220
1990	650	2,910	9,650	13,210	760	4,090	15,550	20,400
1991	570	2,590	8,530	11,690	660	3,610	13,610	17,880
1992	540	2,360	7,890	10,790	660	3,280	12,770	16,710
1993	460	1,870	7,160	9,480	540	2,660	11,780	14,980
1994	450	2,090	7,330	8,880	510	2,830	11,760	15,800
* Provisional data. Final fatality data from Coroners are available for 1993 but 1994 results are based on only 53 per cent of Coroners' returns expected for the year and therefore remain provisional until more complete information for 1994 is available.								
Source: Niblett, Paul "Drinking and driving" in <u>Road Accidents in Great Britain 1994</u> London: HMSO, 1994.								

two-thirds to 510 (Niblett 1994). This accounts for approximately one-seventh of all road traffic fatalities, and nearly half of those killed were not drinking themselves; these figures (see table 16) are infinitely more plausible than the United Nations figures cited previously.

For the most part, the evidence presented here indicates that driving after drinking is a “wet” phenomenon. The United Kingdom represents a curious exception to the “wet”/“dry” paradigm in this respect. Although considered “dry” in a number of respects (such as rates of per capita consumption and cirrhosis of the liver), the drinking culture veers towards the “wetter” end of the spectrum. Given that drinking is well integrated into many aspects of British life and drink-driving legislation is not rigorously enforced, at least in a uniform manner, it seems peculiar that the rates of alcohol-related traffic fatalities should be quite as low as they are.

6.4.2 Drink-driving Countermeasures

Legal Limits

While Sweden set the precedent for drink-driving countermeasures, enacting the first drink-driving legislation in the 1920s and penalty stipulations based on promille rules in 1941, virtually every country in the world has now set a blood alcohol level indicative of impaired driving. Despite the clear results of medical research indicating an unequivocal connection between the results of blood tests and the general degree of intoxication, it took the rest of the western world until the 1960s and 1970s to enact this type of legislation (CAN 1982; Harvard 1985). Research has been unable to establish a “safe” level of blood alcohol so the limits imposed depend primarily on what is deemed politically and socially acceptable (Stewart and Sweedler 1997). Lately, the level of public concern over drinking and driving has been escalating which has meant that blood alcohol levels have recently been lowered in a number of countries.

Countries vary, often quite significantly, in the legal limits they set for impairment. Any limit “inevitably reflects a compromise between perceived public convenience and public acceptability on the one hand, and public safety on the other” (Edwards et al. 1995,

154). In both Canada⁴³ and England the BAC limit is 80 mg%⁴⁴. Over the past few years, France has lowered its legal limit from 80 mg% to 70 mg% to 50 mg% where it currently remains (Assailly 1995). In 1990, Sweden lowered its limit from 50 mg% to 20 mg%. This indicates a considerable discrepancy in the determination of risk.

General Deterrence: Level of Enforcement

While “dry” societies are inclined to more rigorously enforce drink driving legislation which, providing intensive enforcement is maintained, would affect the incidence of drink-driving in the long term, it tends to be the case that drinking-driving countermeasures have a much more potent effect in the short term than in the long term regardless of “wetness” or “dryness” (Room 1992; Ross 1992).

Deterrence has been the primary approach to the prevention of drinking and driving and is based on the premise that the rate of crime (drinking and driving) varies with the certainty of detection and the severity of punishment (Edwards et al. 1995; Room 1992; Ross 1992). This theory has been successfully tested in a succession of spontaneously occurring modifications either to the law or in the administration of alcohol safety laws. Studies indicate that of the three factors underlying deterrence (certainty of detection, celerity of punishment, and severity of punishment), certainty of detection is the most effective, particularly if the certainty is well known by drivers.

Random breath testing (RBT) was introduced in a number of countries as a result of these findings. The aim of RBT is to generate a feeling of unease about driving after drinking amongst potential offenders “through highly visible police enforcement which gives the impression of being unpredictable, unavoidable and ubiquitous” (Homel 1993, 28S). Britain rejected the idea of RBT when the Breathalyser was introduced in 1967, but Sweden began to introduce RBT in 1976 and France introduced a form of RBT in 1978. Although RBT is carried out in France, it is done infrequently (Harkin and Klinkenberg 1995; Institute of Alcohol Studies 2001). The degree of success of RBT varies considerably between countries.

⁴³The province of Quebec is in the process of instituting new legislation which will decrease the legal limit to 50 mg% and include an unprecedented 00 mg% legal limit for professional drivers (Picard 2001).

⁴⁴According to a 2002 survey, seven out of ten Canadians support lowering the existing BAC limit from the current 80 mg% to 50 mg% (MADD 2002).

While France reports some degree of success with the institution of RBT, both in terms of road traffic accidents and mortality⁴⁵ (Davies and Walsh 1983; Moser 1992), when the police began conducting random tests in Sweden in 1976 the perception of risk of detection did not rise and drink-driving arrests did not decrease. In 1990, when the blood alcohol limit in Sweden was reduced from 50 mg% to 20 mg%, evidential breath testing was introduced concurrently. In England, there was an initial reduction in drink-driving arrests following the introduction of the British Road Safety Act of 1967 (Hodgson 1984; Williams and Brake 1980), but this was not sustained. This has been attributed to the fact that the public were originally led to believe that the likelihood of being tested for alcohol and arrested was significantly higher than it actually was. Having gradually ascertained that they had overestimated the certainty of punishment, there was a subsequent reduction in the effectiveness of the law. For a fuller discussion of general deterrence see Appendix F.

Specific Deterrence: Punishment

Severity of punishment represents an aspect of general deterrence strategy. General deterrence refers to the primary prevention of drink-driving whereas specific or special deterrence refers to the prevention of recidivism, relying on “the punishment experience to sensitize the offender to the threat of further punishment for committing a similar crime in the future” (Ross 1992, 45). Many countries have enhanced both the severity of punishment and the probability of conviction for drink-driving over the past two decades⁴⁶.

Among the most commonly used punishment strategies, licence suspension seems to have the greatest specific and general deterrence potential. The results for incarceration appear more equivocal in terms of recidivism, although the threat of a jail sentence may have

⁴⁵In the three months following the introduction of the law of the 9th July 1978 there was a decrease in road deaths of 11.3 per cent as compared with 1977 and of 20.9 per cent by comparison with 1976. The number of injuries diminished correspondingly by 9 per cent compared with 1977 and 10.2 per cent compared to 1976.

⁴⁶For instance, federal legislation was enacted in Canada in 1985 which provided for harsher impaired driving penalties and permitted blood samples to be taken from suspected drunk drivers who are unwilling or unable to provide a blood sample. In Ontario, legislation was passed providing for longer licence suspensions, possible imprisonment for first time offenders and increased fines for impaired drivers. Many Canadian provinces have implemented or are in the process of introducing zero or reduced BAC limits for young or novice drivers (Hurst, Gregory and Gussman 1997).

an effect in terms of reducing the number of fatally injured drivers and drivers with high BACs. For over half a century the Scandinavian countries have used harsh jail sentences for drinking drivers, particularly recidivists, and according to various studies they have far lower rates of fatally injured drivers and those with high BACs. This may have more to do with the fact that they introduced breath testing a considerable time before the rest of the world and have traditionally set lower BACs, not to mention their “dry” culture. According to Gusfield (1996) and Ross (1992) the literature on the effects of jail sentences contain no support for expectations of special deterrence. Fines seem to be the least effective means of deterrence, but with the exception of the Scandinavian countries⁴⁷, these often tend to trivialise the drink driving offense. “The principal opportunity for criminal law to be effective in reducing drunk driving is...in affecting unapprehended individuals who are sensitive to the threat that, should they behave illegally, they will be punished” (*Ibid.*, 55). In other words, general deterrence, particularly when punishment is perceived as severe, swift, and certain is far more effective than specific deterrence.

The deterrence literature suggests that any further increases in the severity of punishment is unlikely to affect the incidence of drink-driving in the long term for this population. “In general, the deterrence effectiveness of severe punishments for drink-driving conviction may be lowered if judges or juries see the punishment as excessive and are thus reluctant to convict or sentence” (Edwards et al. 1995, 158).

6.4.3 Trends in Alcohol-related Traffic Offences

Canada

In Canada, despite the recent concerted efforts by the police to detect impaired drivers, the number of persons charged with impaired driving offences in 1995 fell for the twelfth consecutive year, reaching the lowest point since the inception of the data collection system in 1974 (Hurst, Gregory, and Gussman 1997). Although enhanced enforcement predictably leads to increased arrest rates, this decrease seems to indicate that fewer Canadians are willing to risk driving while impaired, leading one to conclude that changing

⁴⁷Swedish drink-driving legislation also distinguishes between the lesser offence of driving with a BAC between the legal limit and 100 mg% and the more serious offence of driving with a BAC over 100 mg% (Institute of Alcohol Studies 2002).

police practices have made a difference. Public opinion also appears to be much less tolerant of drinking and driving than it once was.

Between 1971 and 1981, the number of alcohol-related traffic offences grew steadily, reaching a peak in 1981 (Addiction Research Foundation 1985). In 1995 impaired driving offences amounted to 358 per 100,000 population. This represented an average annual decrease of 5.7 per cent since 1985 (Hurst, Gregory, and Gussman 1997). The rate of federal drink-driving offences across Canada per 100,000 aged 16 or older declined an average of 3.4 per cent per year between 1983 and 1991. In 1996, impaired operation of a motor vehicle accounted for 92 per cent of all drink-driving offences, with failure or refusal to provide a breath or blood sample accounting for a further 6 per cent, and the most serious offence of impaired operation of a motor vehicle causing death or bodily harm accounting for 1.5 per cent of the total. The remaining offences involved impaired operation of boats, vessels or aircraft. Over the past decade, the rate of impaired driving offences has declined an average of 4 per cent per year (Single et al. 1999). In 1999, 72,925 Canadians were charged with an impaired driving offence which amounted to a rate of one in every 287 licensed drivers⁴⁸.

In Ontario, convictions for alcohol-related driving offenders increased from 5.7 in 1950 to 56.0 per 100,000 persons aged 15 and older in 1973 with the greatest absolute increases occurring between 1970 and 1972. Several legislative changes contributed to the 1970-72 increase. The conviction rate increased by 53 per cent the year following the 1969 expansion of drinking and driving offence categories and there was a 20% increase in the first full year following the lowering of the legal drinking age from 21 to 18 in September, 1971 (Giesbrecht and McKenzie, 1983). From 1984 to 1993, there was a decrease in the number of alcohol-related traffic offences in Ontario from 46,444 to 28,221. Of the 1993 figure, 93 per cent involved impaired operation of a vehicle with a BAC over 80 mg%. Of the 26,177 persons charged for alcohol-related offences, 90.0 per cent were men (Addiction Research Foundation 1999).

In 1996, 41.6 per cent of fatally injured drivers⁴⁹ had some alcohol in their blood, 34.9 per cent were over the legal limit of 80 mg% BAC, and 25.6 per cent had a BAC in excess

⁴⁸The comparable American rate is one in every 121 licensed drivers.

⁴⁹Using statistics from seven provinces.

of 150 mg%. In 1979, 58.3 per cent and in 1981, 62.0 per cent of fatally injured drivers had some alcohol in their blood, so there has been a substantial decrease in these figures over the previous two decades. The percentage of tested fatally injured drivers with no alcohol in their blood increased from 46.9 per cent to 58.4 per cent between 1987 and 1996. In 1996, those exceeding the legal limit amounted to 34.9 per cent, the lowest figure ever posted. The highest proportion of impaired fatally injured drivers is amongst those in the 20-25 year old category (Single et al. 1999).

Approximately 20 per cent of respondents to the 1994 Health Canada survey reported driving after consuming two or more drinks in the previous hour. This was a marginal decrease from the 1989 Health Canada survey estimate of 23 per cent (Hurst, Gregory, and Gussman 1997). Self-reported driving after drinking is particularly pronounced amongst males (29%), those with a university education (29%) and shows a strong relationship to higher consumption levels (those drinking 28 or more drinks over the past week) (Single, Williams, and McKenzie 1994).

England

In the years between 1983, the year evidential breath testing began, and 1989, the rate of convictions for drinking and driving increased by 17 per cent in England and Wales. The overall number of drivers failing a breathalyser test in connection with a motor vehicle accident, however, improved over the same years. Between 1988 and 1994, while breathalyser test screenings increased by 50 per cent, the number of drivers convicted of drink-driving decreased by 25 per cent. During the same period, although there was no appreciable change in the number of drivers involved in accidents, the number required to take a breathalyser test increased by 64 per cent but the number with positive results decreased by 22 per cent (Hurst, Gregory, and Gussman 1997).

A continuous and significant shift in public attitudes toward drinking and driving has become evident since 1979 with attitudes becoming far less tolerant than they once were. A 1986 opinion poll showed that 47% of respondents favoured the adoption of a lower blood alcohol limit. When this was confined solely to motorists, 44% wanted stricter limits whereas, in 1977, only 31% deemed that a stricter limit was necessary (Harrison 1987).

Market research has shown that while in 1979, 51 per cent of respondents admitted to drinking and driving on at least one occasion during the previous week, by 1994 the

proportion had decreased to 25 per cent. From 1979 to 1994 the proportion of respondents admitting to drinking six or more units on at least one occasion during the previous week fell from 31 to nine per cent. There was also a significant decrease in two commonly held beliefs: first, the proportion of those stating that they found drinking and driving difficult to avoid in a social context decreased from 61 per cent to 30 per cent; and second, the proportion of those who felt that if you go out for a drink with friends, knowing you have to drive spoils your evening, fell from 64 to 49 per cent (Niblett 1994).

The results of the Office of Population Censuses and Surveys' (Goddard 1991) study of self-reported drinking in England and Wales in the late 1980s appear even more optimistic. Between 1987 and 1989 there was a marked decline in the proportion of those admitting to drinking and driving. While the proportion of women was relatively small and there was minimal change, from seven to six per cent, for men, those stating that they had been drinking prior to driving on at least three occasions over the preceding year decreased substantially, from 12 to five per cent, and those stating that they had not driven at all while under the influence of alcohol increased from 78 to 85 per cent. Whether these results represent a true decrease in the incidence of drinking and driving amongst men or whether it indicates a greater reluctance to confess to it, it suggests at least a greater cognizance of the drink-driving issue and probably a tangible change in associated behaviour.

France

Despite recent legislative changes, France continues to have the highest accident and mortality rates of any of the industrialised countries. A study of accidents between 1977 and 1984 showed that 38 per cent of those responsible for fatal road accidents had been over the legal blood alcohol limit of 0.80 grammes per litre; these accidents accounted for between 41 (Brazeau and Burr 1993) and 45 per cent (Williams and Brake 1980) of all road fatalities. Even though the number of drivers tested by police for drunkenness increased from 3.2 million to six million between 1988 and 1994 and arrests increased from 90,000 to 120,000, drink-driving killed 3,600 people and was responsible for 40 per cent of all fatal accidents in 1994 (Hurst, Gregory, and Gussman 1997). So, although recently there has been a slight decline, the figures remain alarmingly high. The desired psychological effect of drink-driving countermeasures has been partially achieved but judges generally deal leniently with drink-driving offences, opting in favour of a light sentence or a fine. In France, “[b]oth in

the parliament and the courts, it is frequently forgotten that a driving licence in the hands of a drunk is a licence to kill" (Sournia 1990, 182).

Sweden

Sweden has a very low rate of road traffic accidents involving pedestrians and/or drivers under the influence of alcohol. This is likely a consequence of a number of factors: harsh penalties for drink-driving offenses; a maximum allowable blood alcohol level of under 0.2 promille; and that the majority of drinking takes place within the home.

TABLE 17			
PERSONS FOUND GUILTY OF DRUNKEN DRIVING AND DRIVING UNDER THE INFLUENCE OF ALCOHOL PER 1,000 POPULATION 15 YEARS AND OVER IN SWEDEN			
Year	Drunken driving	Driving under the Influence of Alcohol	Total
1983	1.2	1.2	2.4
1984	1.1	1.1	2.2
1985	1.1	1.0	2.1
1986	1.2	1.0	2.2
1987	1.2	1.0	2.2
1988	1.3	1.1	2.4
1989	1.3	1.2	2.5
1990	1.2	1.2	2.5
1991	1.1	1.5	2.6
1992	0.9	1.5	2.5
1993	0.8	1.5	2.4

* In July, the legislation was changed to lower blood alcohol levels and change the penalty structure.

Source: W. Hurst, E. Gregory, and T. Gussman. International Survey: Alcoholic Beverage Taxation and Control Policies (9th edition). Ottawa: Brewers Association of Canada, 1997.

As table 17 indicates, the total number of persons convicted of drunken driving and driving under the influence of alcohol declined slightly at the beginning of the 1980s but by the end of the decade the numbers had returned to previous levels. The more serious offence of drunken driving decreased the least and began to increase sooner than the lesser offence of driving under the influence of alcohol.

6.4.4 Recommendations

As the deterrence literature reveals, there is little point in increasing the severity of threatened punishment for drink-driving offences. The area of law and criminal justice showing promise lies in heightening the driving public's perception that swift and certain punishment is meted out for violations of the law. Increased enforcement of existing laws clearly provides this opportunity (Ross 1992; Stewart and Sweedler 1997).

Farrell (1989) has summarised current scientific evidence about the impact of public policy measures on alcohol-related motor vehicle crashes. Of the five policy measures considered (minimum drinking age laws; alcoholic beverage taxation; drink-driving laws; laws and regulations governing the physical availability of alcoholic beverages; and server intervention programmes), it was concluded that the most effective measures to reduce alcohol-related crashes were higher taxes on alcoholic beverages and at least some laws and regulations governing the physical availability of alcohol (including the minimum drinking age). Moreover, it is suggested that intensifying drink-driving laws without also adopting these other measures may have less than optimum (and conceivably disappointing) effects. This may help to explain why, even with enhanced drink-driving laws, France continues to have such high rates of alcohol-related crashes.

Professionals in the field of alcohol and highway safety have largely neglected the sociocultural context in which the problem of alcohol-related accidents arises and persists. Although there has been some movement towards a greater social acceptance of a broad perspective of the problem, perhaps eventually, "the adoption of longer range, more comprehensive approaches to dealing with this problem may create genuine opportunities for social scientific research, including the allocation of funds sufficient to take advantage of them" (Donelson 1985, 88).

6.5 Alcohol-related Casualties and Crimes

Room (1989b) makes a clear distinction between “intentional” and “unintentional” behaviour, culturally separating alcohol-related accidents from crimes. Physiological impairment resulting from intoxication is viewed differently from “the ‘disinhibited’ behavior in which cultural and individual expectancies play a large part” (*Ibid.*, 8). The effect of alcohol on intentions is likely predominately part of the realm of disinhibition, thereby intrinsically involving cultural and individual expectancies or patterns of “drunken comportment,” whereas the role of alcohol in unintentional casualties might be expected to vary more directly with the degree of “wetness,” except as the relation is moderated by (a) learned tolerance by heavy drinkers; and (b) heightened involvement in risky drinking behaviours in “dryer” environments.

There has been a substantial amount of research and prevention initiative devoted to alcohol-related casualties involving motor vehicles but there has been considerably less for other types of alcohol-related casualties. Increasingly, the scope of research and prevention initiatives is being expanded to include: industrial, recreational, public transportation and home accidents, and casualties related to poisonings and violence. Perhaps one of the reasons for the lack of attention to traumatic morbidity or mortality stems from the fact that there are many contributory causes of accidents, poisonings, and violence, alcohol being only one of them, and that casualties may be accidental, self-inflicted, or other-inflicted complications related to alcohol consumption.

It is relatively easy to show the “involvement” of alcohol in casualties but ascertaining the extent of this involvement is vastly more problematic. There is also an understandable apprehension about inferring too much from these statistics. Obviously, these relationships are unlikely to be either direct causal relationships or simple relationships applicable to a heterogeneous collection of situations resulting in trauma. “The attribution of causes requires much more than mere evidence of juxtaposition” (Macdonald 1987, 16). Statistics should neither be discredited nor treated as invalid because alcohol is considered an unreliable indicator nor should they be inflated, although imputation of causal links should be resisted. A sense of perspective, better reporting systems, and carefully conducted research will likely lead to a better understanding of the nature of alcohol's involvement in serious or traumatic events.

The scope of research initiatives and prevention policies may be expanding, but there has been no concerted attempt to collect statistics internationally, therefore, it is difficult to apply the “wet”/“dry” paradigm to this category in any systematic way.

In Canada, aside from motor vehicle injuries and fatalities, there are virtually no national data for other types of alcohol-related trauma (Single et al. 1999). It has been estimated, however, that 45 per cent of motor vehicle accidents, 40 per cent of accidental falls, 30 per cent of accidents due to fire, 30 per cent of accidental drownings, 30 per cent of suicides, and 60 per cent of homicides, were attributable to alcohol in 1990 (Single, Williams, and McKenzie 1994) and alcohol is believed to be involved in 40 per cent of boating fatalities (Dingle et al. 2002).

Alcohol is considered to be an important contributory factor in about one-third of all domestic accidents in Britain. Estimates suggest that alcohol is a factor in up to 30 per cent of child abuse cases (Institute of Alcohol Studies 2001) and is the single most common factor in drownings, featuring in approximately 30 per cent of such deaths, although this proportion may rise to 50 per cent in the 20-30 year old age group (Dingle et al. 2002). In 1977 the Department of Trade and Industry stated that alcohol consumption was a factor in 43 per cent of deaths from falls and in 39 per cent of deaths from fires (Royal College of Physicians 1987; Royal College of Psychiatrists 1986). Argyropoulos-Grisanos and Hawkins (undated) suggest that in England the cost of drinking to industry ranges between 100 and 500 million pounds per annum.

In France, it is estimated that 20 per cent of serious crimes result from excessive alcohol consumption. A study conducted by the French High Committee on Alcoholism of patients treated in hospital following accidents determined that 7.5 per cent of persons in the workplace and 19.3 per cent of persons in the home had blood alcohol levels of 0.80 g/l or more (Brazeau and Burr 1993). For patients below the age of 30, blood-alcohol levels were in excess of 2 g/l in 34 per cent of men and 32 per cent of women and for those over the age of 30, the same level was detected in 57 per cent of men and 49 per cent of women. These findings appear to indicate “that ‘accidents’ are rarely attributable to chance alone and are possibly better explained within the context of the acute effects of alcohol ingestion” (Sournia 1990, 162). In 1993, it was reported that over one-third of deaths from road traffic

accidents, one-quarter of suicides and half of all homicides may be directly linked to alcohol (Institute of Alcohol Studies 2002).

According to the Swedish Institute (1993), intoxicated persons are more likely to suffer accidental injuries and to be involved in violence. Studies reveal that 20-25% of those seeking treatment in the casualty departments of various hospitals were under the influence of alcohol. In 1994, 34 out of a total of 46 people who died in boating accidents were over the legal alcohol limit (Institute of Alcohol Studies 2002) and alcohol has been found to be present in 50 per cent of those dying in domestic fires (National Board of Health and Welfare 1988).

6.5.1 Alcohol and Suicide

The relationship between alcohol and suicide is by no means straightforward, but Edwards et al. (1995) suggest that it is not too far-fetched to postulate some sort of causal links:

First, heavy drinking may lead to a deterioration of social ties. Secondly, the acute state of intoxication may reduce the individual's self-control and thereby trigger a suicidal inclination. Third, heavy alcohol use is associated with depression, a primary precursor of suicide. (p. 99)

A large number of epidemiological and psychiatric findings substantiate the association between heavy drinking and suicide. Very high suicide rates among alcoholics have been established in both follow-up and retrospective studies (Rivers 1994). According to the Royal College of Physicians (1987) the suicide rate among alcohol abusers is fifty-eight times that of the general population, and 30 per cent of those who take their own lives are excessive drinkers. Rossow (1996) suggests that in "dryer" cultures there may be cultural "prescriptions" to choose suicide as a response to frustration or "anomie" whereas in "wetter" cultures alcohol will be used to assuage frustration.

The possibility of national differences in the degree to which suicide responds to changes in per capita consumption has been addressed by Norstrom (1995). To test the hypothesis that the effect of alcohol consumption on suicide risk is stronger in typically "dry" cultures than in typically "wet" cultures, the Swedish and French drinking cultures were used as archetypal examples. This hypothesis is predicated on the assumption that differences should be expected between the two cultures with respect to: (i) the compositions of alcohol abusers; and (ii) the degree to which heavy drinking is condoned.

It has been well established that the composition of alcohol abusers differs between “wet” and “dry” cultures. Social interaction theory suggests that “an individual living in a fairly dry environment may tend to become a light drinker, while the same individual could have become a heavy drinker in a wet environment” (Edwards et al. 1995, 91). The heavy drinking population in “wet” cultures probably includes more ordinary people than the heavy drinking population in “dry” cultures “where instead heavy drinkers would tend to be selected on factors that are conducive to suicide, i.e. social and psychiatric problems” (Norstrom 1995, 1464). It is likely that the relationship between alcohol and suicide is an interactive or cumulative process, whereby alcohol abuse potentiates other risk factors of suicide.

The degree to which heavy drinking is tolerated is another point of divergence between “wet” and “dry” cultures. The increased acceptance of heavy drinking in “wet” cultures is likely to lead to less socially damaging effects.

Norstrom (1995) found there to be a general, although by no means clear cut, tendency that the higher the per capita consumption, the weaker the alcohol effect on suicide. While the alcohol effect is significant for both France and Sweden, it is markedly stronger in Sweden. It is suggested that “a 1-litre increase in consumption entails a 10% increase in the suicide rate in Sweden, while the corresponding figure for France is 3-4%” (p. 1466).

It is interesting to note that Lenke's (1990) analysis (see alcohol and social disruption) of the same design (but investigating the relationship between alcohol and criminal violence) obtained results which correspond with the results from this study; that is a significantly weaker relationship between alcohol and criminal violence in France than in Sweden. These findings can be interpreted in terms of concrete differences between “wet” and “dry” cultures regarding not just drinking patterns but also the genesis of heavy drinking, and the reaction of the environment to the exhibited behaviour (Edwards et al. 1995).

6.5.2 Alcohol-related Casualties

If the discussion is confined solely to alcohol-related casualties or “accidents,” using the distinction based on “intent,” a slightly different pattern emerges. The situation in terms of alcohol-related casualties seems somewhat paradoxical because in terms of the “wet”/“dry” paradigm, “dry” societies appear more eager to show a connection between alcohol and casualties, while “wet” societies appear to be doing more in terms of prevention, at least in areas other than automobile accidents. “The United States and Canada have had

notable success in reducing drunken driving - a success matched by their corresponding failure to prevent accidents linked to alcohol at work, which the French...have dealt with far more effectively" (Sournia 1990, 176).

The recording of alcohol-related casualties appears to be in keeping with the contention that alcohol is less problematised in "wetter" cultures, whereas policy initiatives, at least in the area of work-related accidents, may indicate otherwise. Although a harsher reaction to this type of behaviour would be anticipated in "dryer" societies, the extent and particular type of problem could easily account for this seeming lack of attention. For instance, there is only sparse national information on the extent of alcohol use by Canadian workers (Single et al. 1999) and no definitive statistics on the contribution of alcohol to accidents in the workplace in England (Dingle et al. 2002). In the absence of comparable international data there is considerable difficulty in ascertaining the prevalence of most alcohol-related casualties. If, as expected, the role of alcohol in unintentional casualties varies with "wetness," except as modified by the factors previously discussed, it seems plausible that the reason that "wet" societies appear to be doing more in terms of prevention has more to do with a greater need for intervention rather than indicating the inherent problematisation of "alcohol." Also, drinking constitutes more of a leisure-time pursuit in "dryer" societies, whereby the demands of work are clearly separated from those of leisure. In "wet" societies, drinking has traditionally been integrated into all aspects of life, which presumably includes the realm of work. Moreover, given that "wetter" societies appear to be accomplishing more in terms of the prevention of accidents linked to alcohol at work, which is only one area of unintentional alcohol-related casualty, there seems to be a danger of inferring too much from too little. Finally, Sournia (1990) implies that the French statistics on accidents at work may be misleading. Given that French insurance companies refuse to pay compensation in cases where the worker was evidently responsible, there is a strong possibility that employers and workers collude to deny the role of alcohol in any work-related accidents. Restrictive laws in the workplace appear to have less effect on behaviour than the overall attitudes of employers and staff.

6.6 Summary

This chapter summarises current epidemiological knowledge and research concerning alcohol-related problems. As discussed, there is a considerable range of potential problems

associated with alcohol, only some of which have been touched on here. Most are elusive and largely subjective. While an attempt has been made to concentrate on those indices which are the least elusive, there is no escaping the value judgements attached to the compilation of this type of data. For reasons of policy formation, there is substantial pressure on researchers to produce estimates of various types of alcohol-related harm or problems caused by alcohol such as those stated throughout this chapter. The issue of **causation**, in particular, is inherently problem-ridden. Alcohol-related problem statistics are subject to substantial cultural variation both in what is defined as a problem and the manner in which these are recorded. Because the problems associated with most public issues “emerge long after events and processes have been set in motion” (Gusfield 1981, 3), a historical perspective on alcohol-related problems lends itself well to a historical analysis of the process by which established alcohol-related problems have come to be regarded as public problems. Moreover, not all potentially problematic situations arise in the public arena and become targets for social action or remain static in terms of importance to various interest groups or those charged with solving the problem. The substantial shifts in the solutions to alcohol problems endorsed during various historical periods, although overlapping considerably, reflect not just the prevailing public consciousness but also reveal much about the symbolic aspects of social problem formulation, encompassing “culture--public meanings--and social structure--authority, control, and deviance” (Ibid., 1) as revealed in Gusfield's seminal work in developing a theoretical perspective with which to examine public problems.

The “wet”/“dry” paradigm provides a different way of interpreting international comparative measures; integral to this perspective is that societies differ, often quite substantially, in what they consider to be social problems and their willingness to attribute them to alcohol. Many of the differences which arise can be related to cultural differences in the social control of drinking.

Insofar as the “wet”/“dry” paradigm is concerned, cirrhosis mortality statistics indicate movement in a “wetter” direction for England and movement in a marginally “dryer” direction for Canada and Sweden. The very pronounced decreases in cirrhosis, alcoholism and alcoholic psychosis mortality further accentuates the contention that France is moving in a “dryer” direction.

Problems associated with determining comparative cross-cultural data on various forms of alcohol-related morbidity prevent any specific inferences to be made with respect to the “wet”/“dry” paradigm apart from the manner in which the extent of “wetness” or “dryness” affects disease classification. The “dryer” the culture the more likely it is that acute effects or addictive behaviour are counted in the “alcoholic psychosis” category, whereas in “wetter” cultures most cases who end up in psychiatric hospitals with alcohol-related doses should, but rarely are, counted in this category. In fact, as in the case of France and in keeping with their lesser problematisation of alcohol, the “wetter” the culture, the less likely they are to routinely collect morbidity statistics.

As anticipated, the extent of “wetness” or “dryness” seems to have a bearing on alcohol-specific arrests in keeping with the propensity to define various problems as alcohol-related. In “dryer” cultures the likelihood of identifying the role of alcohol in an untoward event or condition is enhanced. Certainly, arrests for disorderly public drunkenness and violence and social disruption are higher in “dryer” cultures and this is particularly pronounced over the course of “drying” periods. It is difficult to discern whether the actual associated behaviour is qualitatively different, although it likely is, given the “explosive” drinking patterns associated with a “dryer” cultural configuration and that alcohol expectancies and attributions vary considerably between cultures. Even if the associated behaviour was not qualitatively different, the likelihood of responding to the event or condition in terms of the drinking component is greatly enhanced in “dryer” cultures. The contention that drink-driving is not a particularly “wet” or dry phenomenon does not appear to be supported by the evidence, although the English case is exceptional in this respect. Generally, the “dryer” the society the lower the number of alcohol-related auto accidents, the lower the arrest rates and the more harshly the legal system deals with infractions of this kind.

While certain problems, such as cirrhosis of the liver, are more dose-related than others, virtually every type of harm is confounded with other factors which play intervening and associative roles. As mentioned, not only is there a clear relationship between per capita levels of alcohol consumption and the physical, psychological, and social harms due to alcohol use, it has been consistently found that the number of heavy drinking occasions is a stronger predictor of alcohol-related problems than level of consumption (Rehm et al. 1996; Room 1996). This may explain why certain countries with relatively low levels of per capita

consumption but where intoxication is a desired consequence of drinking, experience rates of certain alcohol-related problems which appear to be out of proportion with the amount of drinking taking place.

According to Rehm and Fischer (1997) using consumption as a surrogate measure for harm raises two main problems: first, “the relationship between alcohol and major harm categories like mortality and morbidity is curvilinear...and thus, an increase of consumption at very low levels of consumption decreases the mortality or morbidity risks... Second, part of harm reduction is aimed at finding ways to decrease harm independent of consumption” (p. 249). Harm and consumption are obviously related but the relationship is complex, therefore, independent indicators for harm need to be found and established.

Generally, two distinct patterns emerge with respect to alcohol-related problems and the “wet”/“dry” paradigm. First, permissive normative systems or “wet” drinking patterns appear to be significantly correlated with all the indicators of heavy drinking and liver cirrhosis mortality. Second, prescriptive normative systems or “dry” drinking patterns seem to be significantly correlated with all the indicators of alcohol-related disruptive behaviour. In other words, those societies with the strongest cultural biases against alcohol are inclined to experience the greatest problems or at least the highest arrest rates associated with drinking (Linsky, Colby, and Straus 1991; Miruchi and Perrucci 1962). Lenke's (1990) work on alcohol and criminal violence and Norstrom's (1995) work on alcohol and suicide appear to substantiate this conclusion. Furthermore, these arrest rates are seemingly unrelated to the actual incidence of heavy drinking, as alcohol-related arrests appear in no way correlated with the quantity of alcohol consumed or with the self-reported incidence of driving while under the influence of alcohol. “The data suggest that even in respect to behaviors that are seemingly objective and obviously dangerous, such as driving while intoxicated, norms regarding drinking may be as important as the drinking behavior itself in the determination of the extent to which alcoholism is defined as a social problem” (Linsky, Colby, and Straus 1991, 570). For this reason, strong normative proscriptions with respect to alcohol appear to produce results antithetical to their intent. Strong normative proscriptions extend law enforcement against disorderly behaviour once it develops but seemingly does little to discourage the incidence of this type of behaviour.

CHAPTER 7

ALCOHOL POLICY

As discussed in previous chapters, there are two primary policy responses used to reduce the rate of alcohol-related problems, a “dry” solution and a “wet” solution. The “dry” solution advocates a reduction in the physical and cultural availability of alcohol while the “wet” solution attempts to attain a reduction in the problems associated with intoxication by better integrating drinking practices into the culture. Although one need not necessarily preclude the other, policy directives are usually pitched in one direction or the other.

From one century to the next, the debate continues regarding the most appropriate social control policies to reduce alcohol-related harm. Proposed policies must be “cognizant of what our past historical experiences are, the social customs of the population and an awareness of current social trends” (Pittman 1987, 1289). As such, “we must be cautious as to the degree of change we can exert on human behaviour by specific social control measures” (*Ibid.*) and the positive roles which alcohol plays (such as the pleasure-providing and integrative roles) should not be ignored when considering major social policy changes.

The effect of drinking customs in determining rates of alcoholism and alcohol-related damage should be one of the primary considerations in determining effective alcohol policy directives. Given that drinking patterns are dependent upon the general cultural ethos as well as specific structural variables such as age, sex, race, class, religious affiliation, where possible, the encouragement of slow, incremental, self-imposed changes within drinking cultures is likely to be more beneficial than the imposition of formal legislation. If moderation were to become a primary tenet of the particular population's belief system, it would seem to be a sensible and cost-efficient option. The imposition of formal legislation, to a greater or lesser degree, however, seems to be a reality for most cultures throughout the world. Informal controls have been hopelessly inadequate in certain respects (i.e., drink-driving), and formal measures have become inevitable, or at least the logical next step. That formal measures have worked has important implications for the “wet”/“dry” model and will be discussed in Chapter 8. It could be that a blanket prohibitionist approach is doomed to fail

in societies where alcohol is culturally prescribed and institutionalised. But specific curtailments which buttress informal controls stand a much better chance of success.

Alcohol control policies, independently of their direct effects on consumption, are characteristic of the perpetual structuring and restructuring of cultural frameworks. Even in the absence of direct short-term effects, state actions may be symbolically relevant. The mass media coverage of state actions and the legislative process give a symbolic force to political actions that often outweigh their content.

Government actions are not solely responsible for shaping cultural frameworks. Social reform movements are also intimately involved in altering the cultural perception of, and symbolism surrounding, particular behaviours and their ideologies are frequently encoded in legislation (*Ibid.*). For instance, various temperance movements have had an enduring influence on popular thinking about alcohol.

As these contributing elements have been discussed in the preceding chapters, this chapter concentrates primarily on the imposition of formal legislation and its effects. The focus is on legislation aimed at the whole population of consumers (or potential consumers) of alcohol, and intended to prevent the occurrence of alcohol-related problems through regulation of the amount or character of alcohol consumption⁵⁰. As an outgrowth of policy initiatives, patterns of professional treatment handling are discussed. Furthermore, given that the amount and type of ongoing alcohol research has a strong bearing on the types of control measures instituted or maintained, this chapter concludes with a brief summary of current research initiatives.

7.1 Patterns of Professional Treatment Handling

It seems clear that the cultural variation in the mixture of alcohol-related problems is unlikely to change to any significant extent in the foreseeable future given the surprising endurance of traditional patterns of drinking. There have been, however, many signs of change in the social response to alcohol-related problems which seem to endorse strongly a public health perspective. The original optimism, both intellectual and scientific, regarding the treatment of “alcoholism” as a disease has been slowly dissipating. Concurrent with the ascendance of the “disease” concept of alcoholism there was an overall increase in health

⁵⁰Excluded from consideration is legislation concerned exclusively with special segments of the drinking population such as incorrigible alcoholics or public inebriates.

expenditure in most countries, although, straitened state finances mean that public health expenditure on alcohol-related problems is now scrutinised much more closely. There has also been a shift in the allocation of welfare resources in some countries, from marginal groups and the elderly (i.e., non-productive groups) to those better equipped to contribute to the national economy (WHO 1983). This is reflected in the services concerned with alcoholism, whereby the help available for the homeless or unemployed alcoholic, both in terms of care and rehabilitation, has recently decreased. By contrast, more public and industry funds are being funnelled into alcoholism programmes as a strategy for reducing the cost to production of drinking amongst workers. The more recent focus on the drinking habits of the population as a whole and not just those categorised as "alcoholics," has meant that the targets for therapeutic intervention have greatly expanded.

Apart from these fairly universal changes, differences in the social response to alcohol-related problems between "wet" and "dry" cultures can be clearly discerned in their patterns of professional treatment handling.

"Dryer" cultures are more inclined to have alcohol-specific treatment systems, which presumably reflect the greater problematisation of alcohol within these cultures (Room 1989b). These tend to be quite extensive and involve a much broader range of professions although, with their cultural focus on the effect of alcohol on behaviour, the psychiatric profession is at the forefront in providing treatment. Treatment systems in "wetter" cultures are more prone to place an emphasis on the physical consequences of drinking, with treatment often regarded as a branch of internal medicine. Given that their dominant image of alcohol problems is in terms of the physical consequences of drinking, which in part reflects reality, this is not surprising.

7.1.1 France

The ambivalent attitude of the French toward alcoholism is exemplified in their lack of coherent or rational organisation of prevention and treatment policies. As with the discovery of addiction and their anti-alcohol movement, the growth and apparently arbitrary development of treatment networks, beginning just after the Second World War, has been stimulated almost exclusively by professional interests. Government policy has done little, if anything, to encourage an alcohol-specific treatment system (Mosse 1992). Undoubtedly

this relates to the tremendous power and influence of their wine industry and its ability to shape public policy.

Prior to 1954, patient placement for alcoholism came under the auspices of the 1838 law on mental patients and “intervention mostly meant confinement, with no prospect of treatment...” (Ibid., 206). The introduction of the disease concept of alcoholism eventually made it possible to begin coordinating a treatment network aimed at integrating this population into the health care system.

Since the late 1960s the French medical profession has been anxious to gain control of the alcohol treatment system from screening to follow-up, vying for both recognition and specialisation in this field. It is this struggle for control from within the medical profession which has led to fierce competition and discouraged the development of collaborative efforts.

More recently, there has been a concerted effort to reduce the influence of the psychiatric profession and allow other social welfare and health care professionals to share their expertise in the diagnosis and treatment of alcoholics. While France has developed an eclectic system capable of accommodating various perspectives, its haphazard organisation and lack of consistency has diminished its effectiveness.

France differs somewhat from the archetypal “wet” culture where alcohol treatment is predominantly concerned with the physical manifestations of drinking and thus merely regarded as a branch of internal medicine. These are naturally of grave concern given the extraordinarily high rate of liver cirrhosis, but the French medical profession has also developed a specialised field of practice, alcoholology, and an alcohol-specific treatment system. Given the struggle for control, it seems unlikely that altruism was the sole motivation, although, it is remarkable that this has occurred with such limited support from the French government. As with various other problem indicators, this may indicate a shift to the “dryer” end of the spectrum.

7.1.2 England

A number of parallels can be drawn between England and France with respect to the development of alcohol-specific treatment services. First, there has been marked government apathy in developing alcohol treatment services (Hunt, Mellor, and Turner 1992). Over the past century, most services have resulted from the combined efforts of the medical profession and voluntary services. The medical profession appeared resolutely committed to providing

care early on but because the government was equally committed to the notion that the English did not suffer from problems related to alcohol, the first treatment centres were not established by the health service until the early 1960s. The legislation which does exist is geared towards solving particular problems (such as drink driving or football hooliganism) and usually results from heightened public concern over these specific issues.

Secondly, professional organisations and small dedicated groups of individuals (specifically the temperance movement, medical professionals, law enforcement and penal professionals) have been responsible for exhibiting concern and advocating the development of alcohol-specific treatment, each in pursuit of their own political agenda.

Third, much of the reticence on the part of the government to enact legislation has been attributed to the tremendous power and influence of the brewing and distilling industries to exert control over the enactment of new legislation. It has been in the interest of these industries to exhibit concern with regard to certain problematic areas of drinking, such as its association with driving and in relation to young people, in order to maintain respectability and to ensure that attention is deflected away from any connection between social drinking and harmful consequences. Baggott (1990) refers to the clash between “health” and “wealth” to describe the way in which certain social policy concerns, when put into practice, are at variance with other policy perspectives pursued by the government.

Another reason cited for apparent government apathy is the extent to which alcohol is integral to British culture. Like the French, the English view alcohol as part of their cultural identity and cannot be easily mobilised to alter these long-standing perceptions. This probably exerts far more influence than it is credited with: from the point of view of society, cultural beliefs with strong historic traditions are almost unassailable.

A final reason for government apathy is the imposed division between social and problem drinking in English society. Although this is more of an illusion than reality, there is a clear separation between social drinking of the type engaged in by the middle and respectable working classes and so-called problematic drinking of the type engaged in by certain, what has been described as, “less desirable segments of the working class,” most notably “public inebriates” or “skid row alcoholics.” Some treatment facilities exist for the latter segment of the population but alcohol-specific treatment is not thought to be necessary for the former. Even though some services do exist, the number of arrests for public

intoxication (Peirce, Grabosky, and Gurr 1977c) would suggest that the government prefers to keep this kind of drinking behaviour within the domain of law enforcement, or finds it more expedient to do so, rather than allocating valuable resources to treatment facilities.

The idea of treatment arose from the disease concept of alcoholism which, although certainly not novel, had become well-established as the central explanation of chronic drunkenness by the latter part of the nineteenth century in England. Popular acceptance of the disease concept of alcoholism came about much later in France but, discrepancy in timing aside, results were similar; the sole use of punishment within the criminal justice system was no longer viewed as appropriate for dealing with inebriety given that rehabilitation could offer a possible cure. In fact, within medical circles, cure was believed to be the inevitable and certain outcome of treatment for alcoholism. “The medical reformers envisaged an extensive institutional system to which drunkards could be transferred from within the criminal justice system” (Berridge 1989, 28). The legislative reality, however, never lived up to the ideal. The idea of treatment was in place in England long before it was in France, but the reality of the two situations were not very far apart. In the late nineteenth century, some private clinics, combining medical expertise with spiritual guidance, opened in England, but few survived past the end of the First World War. State efforts proved even less successful and by the end of the First World War, all efforts were terminated.

There was a resurgence of interest in the public inebriate with the introduction of the Criminal Justice Act 1967 which eliminated the sentence of imprisonment for being “drunk and disorderly” and legislated that alcoholics be referred to community-based hostels (Hunt, Mellor, and Turner 1992). Archard (1979) cites four main reasons for this renewed interest in the homeless alcoholic or public drunkard: the creation of a new voluntary social-work movement that drew attention to this particular group; the development of a medical model; the closing of mental hospitals; and a decrease in the availability of “skid-row” accommodation. The redefinition of habitual drunkenness offenders as sick instead of criminal necessitated their removal from the penal system and subsequent treatment by the health and social services, but the scarcity of alternative treatment services has meant that, in practice, very little has changed; offenders would be subject to virtually identical handling, both before and after the change.

All the above have hindered the development of a comprehensive network of treatment services in England, in much the same way as France. If anything, France appears to have a more developed alcohol-specific treatment network. In what has been referred to as “the United Kingdom's present **ad hoc** and confused prevention strategy” (Royal College of General Practitioners 1986), there is a haphazard formulation of government treatment services, confined almost exclusively to a single area, that of the National Health Service, and in particular the Alcohol Treatment Units and hospital-based units, which has necessarily but fortunately been supplemented by voluntary or private undertakings (Hunt, Mellor, and Turner 1992).

Currently, the range of treatment services available in England includes statutory facilities such as the Alcohol Treatment Units, voluntary agencies such as shop-fronts, advice centres, residential facilities, private clinics and self-help groups such as Alcoholics Anonymous (AA) and Drinkwatchers (*Ibid.*).

7.1.3 Canada

With the introduction of the Alcoholics Anonymous movement to Canada in the 1940s there was a clear shift in attitude toward the disease concept of alcoholism which profoundly altered the course of treatment. A few private treatment facilities existed in the late nineteenth and early twentieth centuries, but the moralism within these institutions was inescapable; the social and legislative control of alcohol was placed much higher on the political agenda than treatment facilities. Not only was alcoholism not considered worthy of governmental spending, but the medical profession largely ignored it as well. The “treatment” response throughout most of Canada was primarily a legislative one, providing for the committal of chronic alcoholics to psychiatric facilities or imprisonment for public drunkenness.

In the 1940s, the evolution and growth of treatment facilities began in earnest, with a phenomenal expansion in the number of treatment facilities between 1965 and 1980. There were approximately 340 specialised agencies operating in 1976, two-thirds of which had been established since 1970, and their costs had escalated from Can.\$14 million to Can.\$70 million over this six year period (Rush and Ogborne 1992). Moreover, a much broader range of services were made available (including short-and long-term inpatient facilities, detoxification centres, outpatient programmes, and aftercare services) and treatment-service

personnel became more professionalised and multidisciplinary. Services now included medical and paramedical professionals, psychologists, social workers, recovered or “recovering” alcoholics, and mental health counsellors (*Ibid.*). Since 1980 there has been a much more modest and controlled growth of services with diversification of new and established services, a broader approach to the nature of addiction (the disease concept has been superseded by the “biopsychosocial” approach to alcoholism which holds that the antecedents of alcohol problems are multidimensional, thus necessitating diversity in treatment needs), and a systems based approach to the planning and delivery of treatment.

Whether or not people suffering from alcohol-related problems seek out the treatment available to them, there is an acceptance and expectation of government intervention which is typical of most Canadians. Canadians expect governments to solve social problems rather than see them as the responsibility of individuals or others (Smart and Ogborne 1986). Although Canadians favour the development of alcohol treatment services and the institution of alcohol controls, there is a perceived conflict insofar as governments are also responsible for the sale and distribution of alcoholic beverages. This conflict has sometimes been blamed for the lack of more serious efforts toward prevention. Interestingly, the same sort of acceptance and expectation of government intervention seems to exist in Sweden, but without the perceived conflict; on the contrary, because the Swedish government is responsible for the sale and distribution of alcohol, they take their responsibility for dealing with any undesirable side effects very seriously (Romanus 1990⁵¹, interview).

7.1.4 Sweden

Following the abolition of rationing in 1955 in Sweden there was an appreciable change in emphasis in the alcohol field from control to treatment and a shift from a predominately social to a more medical definition of alcohol problems. Their current alcohol treatment system reflects this. While the Alcoholics Act of 1913 established a specialised sector for the care of alcoholics, providing various types of care in various institutions, the Temperance Act of 1954 maintained the spirit and provisions of the previous act but reduced the emphasis on the individually oriented alcohol control policy sector and expanded the treatment sector (Rosenqvist and Kurube 1992).

⁵¹While this interview was conducted in 1990, this still adequately represents the current situation in Sweden.

Prior to the change in legislation, separate temperance boards, composed almost exclusively of local lay people, were responsible for individualised measures relating to the treatment of alcoholics. Since 1954, there has been a more medically oriented treatment response and currently there is a much broader range of programmes available. These are provided by both the social and health care services in the recognition that individuals differ a great deal in their treatment needs. Sweden goes considerably further than the other countries in its treatment provision, with the municipal social services not only offering services to those seeking help for their alcohol problems, but also attempting to seek contact with alcohol abusers who do not take the initiative to obtain help (The Swedish Institute 1993).

The work of Huss on alcoholism in the mid-nineteenth century was very influential and gave a great deal of support and credibility to the Swedish temperance movement. As a result, Huss managed to establish special clinics, separate from the asylums previously used to house those suffering from problems related to drinking, offering various forms of treatment including hypnotism. This very early treatment response seems to have been a portent of the ubiquitous treatment system currently in place.

7.1.5 Alcoholics Anonymous

One organisation worthy of special mention for its pervasive influence in the treatment of alcoholism is the self-help group of Alcoholics Anonymous. For a variety of reasons AA "seems to be at least as 'successful' (in lessening drinking problems) as clinical facilities staffed by various kinds of health professionals" (Heath 1987b, 18). It is predicated on two seemingly contradictory notions -- "first, that alcoholism is an incurable disease, and second, that its symptoms do not respond to medical treatment but rather to religious belief and moral education through total abstinence" (Hunt, Mellor, and Turner 1992, 122). Using the format of group meetings, normally held weekly, anonymity is integral to its success. During the meetings, members are encouraged to share their drinking experiences and their progress with the recovery process (Williams and Brake 1980). The basic principles are described in *twelve steps*, "which follow a progression from admitting the power that alcohol has gained, to recognising a 'spiritual awakening' and a determination to carry the message to other 'alcoholics'" (Faculty of Public Health Medicine 1991, 139). This type of moral indoctrination and social support appears to be highly successful for many people, although

the regimen is not palatable to everyone and the approach is not conducive to all alcohol-related problems. Estimates from AA indicate that 95 per cent of those who begin going to meetings relapse (Raphael 2000).

A great deal of the dramatic increase in the use of self-help groups recently has been attributed to the success of self-determination in overcoming personal problems, such as alcohol abuse, disillusion with existing helping services, and the decline in traditional support systems (Hunt, Mellor, and Turner 1992). Much of the success of AA may have to do with the nature of the organisation itself: it is run on an entirely voluntary basis; it is described as a “fellowship of recovering alcoholics”; there is an intrinsic basis for camaraderie; and there is an established forum which allows for social networking which promotes solidarity and mutual assistance in the pursuit of a common goal.

According to Valverde (1998), a major point of departure between alcoholism treatment programmes which existed prior to World War I and those which have become popular since the establishment of AA is the progression from self-help to *mutual* help. The watershed in the dissemination of mutual help is the founding of AA which seems to mark the democratization of pastoralism. Whether or not it cures alcoholism, “AA has certainly succeeded in developing a whole array of non-professionalized, low-cultural capital techniques for acting on oneself that have profoundly shaped our present” (Ibid., 19).

Williams and Brake (1980) identify AA as being one of the earliest and most renowned responses resulting from the acceptance of the disease concept of alcoholism. There is also an implicit connection to temperance sentiment. Their membership would refute any suggestion that they belong to temperance societies but their objectives are identical, the pursuit of sobriety. The difference lies in the fact that AA views alcohol to be a fairly innocuous substance to the population at large but as a “deadly poison” only to specific individuals. Moreover, the resolutely nonjudgmental posture of AA may account for some of their success because “alcoholics as a group are notoriously resistant to moral suasion” (Antze 1987). AA has a much broader sphere of influence in “dryer” cultural environments which, given that their teachings draw their essential logic from Protestant theology, should hardly be surprising. This may also “reflect those societies’ greater propensity to popular movements problematizing alcohol issues” (Room 1989, 7).

AA was established later and has had a much more modest membership in France than in the other countries but a number of similar associations of cured alcoholics began to appear shortly after AA became established elsewhere. These groups “bore witness to the possibility of successful treatment” (Prestwich 1988, 266) and thus influenced public attitudes. Alcoholism was no longer accepted with the customary resignation that it had been previously.

More in keeping with their position on the “wet”/“dry” continuum, France and England put considerable effort into teaching alcoholics to drink responsibly, a tenet antithetical to AA’s philosophy. Controlled drinking therapy (teaching alcoholics to drink in moderation) is offered in three quarters of Britain’s alcohol treatment units whereas no treatment centre in America pursues this as their official policy (Barr 1999). It is not clear whether this is because research has deemed that controlled drinking therapy does not work in “dry” societies or, more likely, that the idea of controlled drinking does not correspond to policy-makers “dry” ideals. In fact, the National Institute of Alcohol Abuse and Alcoholism has recently conducted the largest clinical trials of alcoholism treatment in history, called Project MATCH, which indicated that those who quit drinking altogether do not succeed better than those who do not. All of the various treatments evaluated seemed to work well but very few subjects stopped drinking entirely. Rather, on average, they decreased their drinking from 25 to 6 days a month and from 15 to three drinks on each occasion. As discussed, the relapse rate with AA is extremely high and often those who do take a drink, at this point, abandon all restraint (Peele 2000b). Given that a reduction in drinking is more easily achieved than abstinence, it would seem prudent to have an official policy which condones reducing drinking within healthy levels as an alternative.

7.2 Alcohol Control Measures and Alcohol Policymaking

Each country’s alcohol policy has evolved over time and is the outcome of various historical precedents both within and between cultures. Following a general overview of the control apparatus in place within each country, with an historical dimension where appropriate, specific aspects of certain pertinent policies and a comparative analysis with respect to the “wet”/“dry” paradigm will be considered.

Canada

In 1792, licenses to sell liquor were first imposed in Upper Canada and by 1818, magistrates began passing laws to regulate behaviour in taverns. Licensing is the oldest and, until prohibition acts were passed in the early twentieth century, the most common method of alcohol control in Canada. Prior to Confederation in 1867, the English colonies regulated alcohol sales by means of issuing licenses to manufacture or sell alcoholic beverages. Licensing regulations imposed strict conditions on the manufacture and sale of alcohol which were rigidly enforced, and infractions resulted in the revocation of licenses.

Licensing remained the primary form of alcohol control in the post-confederation era. A second form of control, that of local option whereby municipalities were permitted to pass by-laws prohibiting the sale of alcohol, also became prevalent at this time. Where local option was in effect, the powers previously granted under licensing provisions were negated (Geraghty and McMeans 1975).

Confederation and the resulting Canadian Constitution left the exact rights and responsibilities of the Dominion and Provincial Governments with respect to control of the alcohol trade open to question, particularly the role of licensing. Throughout the remainder of the century, successive resolutions by the Privy Council determined that the provincial governments would control the retail alcohol trade while the federal government would control the manufacture and importation (Brewers Association of Canada 1973).

Provincial prohibition was the third form of alcohol control attempted in Canada. Before prohibition had been adopted, several of the provinces had been investigating the Swedish Gothenburg system of government alcohol retailing monopoly to reduce the private profit motive in the alcohol industry. While Canada began to usher in this form of control, the Swedish government had just begun instituting another control measure, alcohol rationing, to assuage the increasingly large temperance movement demanding prohibition at this time. A variation on the new Swedish form of alcohol rationing, alcohol permits, was incorporated into the new Canadian legislation. Government alcohol retailing monopolies were adopted in British Columbia and Quebec in 1921, in Manitoba in 1923, in Alberta and Newfoundland in 1924, in Saskatchewan in 1925, in New Brunswick and Ontario in 1927, in Nova Scotia in 1930, and in Prince Edward Island in 1948. “Control boards” or “commissions” were established to administer the new Liquor Acts.

Rather than replacing the previous methods of alcohol control, the new system incorporated earlier methods with the exception of total prohibition. Most of the current alcohol legislation in Canada has been derived from influential forces and events having taken place between 1870 and 1920, the period which gave rise to a strong and influential temperance movement, prohibition, and the first institution of a government alcohol monopoly.

The current level of availability of alcohol in Canada is a relatively recent phenomenon and has resulted from a distinct shift in public attitudes in the post-war period. Before the end of the Second World War, in many provinces beer parlours and hotels were common but served only beer to an almost exclusively male clientele; there was no on-premise consumption of spirits, no bars or lounges, and only a few restaurants where alcohol could be purchased (Smart and Ogborne 1986). From 1948 to 1975 there were many changes in the availability of alcohol. Although each seemingly fairly insignificant, they had a notable combined impact. Canada was transformed from a strongly temperance-oriented “dry” country to one in which alcohol was easily obtained with much less bureaucratic interference. Minor changes have been instituted in the past quarter century but few have increased the availability of alcohol and in some cases, or in certain parts of the country, availability has marginally decreased⁵².

Draper (1985) summarised the Canadian position with respect to alcohol as a public health issue and its response to alcohol as a public health problem as “squarely in the middle.” This seems to be in keeping with the general Canadian temperament. As so many, including Pederson (1991), have pointed out, Canadians define themselves as “not American,” and are also neither British nor French. Despite protestations by many to the contrary, this gives Canada a unique identity. In terms of per capita consumption and alcohol-related problems, with few exceptions, Canada ranks somewhere around the middle. The twentieth century began with the overwhelming influence of the temperance movement which advocated total abstinence, followed by a short period of prohibition, which was then succeeded by a period, which lasted until the end of World War II, of intensely restrictive alcohol controls. Against this backdrop of rigid restrictions, current alcohol controls have,

⁵²For instance, the legal drinking age was increased in Ontario in 1979 and Saskatchewan in 1976.

over the past half a century, gradually come to achieve a balanced mid-point, whereby they have been described as "in place but not restrictive."

There are fourteen governments in total (the federal government, ten provinces, and three territories), which compose the infrastructure within which alcohol policy is developed. The federal government plays a peripheral role, with the provincial governments responsible for instituting the majority of alcohol controls. The federal government is endowed with the responsibility for levying taxes and duties on alcohol and establishing penalties for impaired driving under the Canadian criminal code. It shares responsibility with the provincial governments for regulating the advertising of wine and beer on radio and television. The provincial governments determine the final price for alcohol, regulate the conditions under which it may be advertised and sold, and are usually the principal vendors under monopolistic arrangements (Draper 1985).

According to a 1994 public opinion survey, most Canadians favour current alcohol controls and intervention efforts (Single et al. 1999). Likewise, Ferris and Room (1992) found that although Ontario's alcohol and tobacco policies were considered relatively restrictive by international standards, there was strong support for continuing these policies.

Despite this affirmation, provincial governments are in the midst of trying to strike a delicate balance between privatising liquor boards and retaining control of distribution. Three provincial governments have recently agreed to withdraw from the retail liquor trade, allowing liquor outlets to be privatised. The Liquor Control Board of Ontario (LCBO) is in the process of trying to decide which direction to take. Proponents of privatisation point out that by privatising not only would more outlets, price competition and longer hours benefit consumers, but the Ontario government could save approximately \$300 million a year in operating expenses, \$175 million in lost sales as a result of smuggling, and still count on the almost \$800 million a year it takes annually from taxes and mark-ups on wine and spirits (Yakabuski 1994). Arguments against privatisation centre around the fact that the LCBO provides a uniform service throughout the province, it is efficient and cost-effective because it purchases such enormous quantities (being the single largest purchaser of beverage alcohol in the world), but primarily because of the potential impact on Ontario's already overburdened health care system. This is based on the evidence which shows that privatisation leads to increased consumption, resulting from increased availability and less rigorous

supervision in terms of selling alcohol to minors and intoxicated persons (*Ibid.*). In 2001, the Ontario government announced the creation of a franchise system permitting 150 new private outlets in rural areas across the province. For the time being, there has been no action beyond this initial step but having opened the door to privatization it is hard to imagine that it will stop here. It seems somewhat absurd for the government to entertain this idea given that the LCBO is one of the most profitable agencies in the world, operating more than 600 stores with sales of approximately \$2.7 billion and profits of \$876 million a year.

England

England was the first country to realize the necessity of alcohol controls (Fleming 1975). An act passed in 1495, which “empowered two justices of the peace to suppress ale houses” (Williams and Brake 1980, 1), marked the beginning of the present system of British alcohol licensing administration.

Currently, there are a wide range of departments with diverse alcohol interests and responsibilities within the British government. The policy-making structures are complex and continuously changing. Tether and Harrison (1988) have divided the departments into three groups or “leagues,” those with **direct** interest (Customs and Excise; Treasury; Ministry of Agriculture, Fisheries and Food; Department of Transport; Home Office; Department of Health and Social Security; Department of Employment; and Department of Trade and Industry), those with **indirect** interest (Cabinet Office; Ministry of Defense; Lord Chancellor's Office; Department of the Environment; Department of Education and Science), and those with **residual responsibility** (Scottish Office; Welsh Office; and Northern Ireland Office), based on the extent of their involvement in policymaking. “In the departments with a direct interest, aspects of alcohol policy are seen as central to the organisational task whereas in departments with an indirect interest, alcohol policy is peripheral, unimportant and seldom debated...[T]hose departments with residual responsibility...usually liaise with, and are often represented by, their Whitehall partners which will often determine the direction of national policy...” (p. iv).

The United Kingdom has a highly co-ordinated set of alcohol policies achieved through a process referred to as “partisan mutual adjustment” (*Ibid.*). This process is democratic and malleable and although the groups involved pursue their own interests and seek to influence others through negotiation, they are capable of accommodating interest

groups and make adjustments by adapting to the decisions made by other agencies. This form of incremental policy-making precludes the formulation of a theoretically consistent overall policy revision but ensures that there will be general agreement, managing to placate the participants at the very least and allows for considerable diversity. The British are not alone in this respect. As discussed in the Introduction, most governments have been unable to create any semblance of a coherent system with a clear rationale where alcohol controls are concerned but in the United Kingdom this seems to be particularly pronounced.

Since July 2002, the Prime Minister's Strategy Unit has been working on the development of the National Alcohol Harm Reduction Strategy for England. They have examined a large range of evidence on alcohol abuse, the harms it causes, and how these may be addressed. They have published their Interim Analytical Report⁵³ with supporting documents which presents the evidence on which the strategy will be based. It is anticipated that the strategy will be implemented in 2004.

France

Prior to the middle of the last century, the alcohol trade in France was relatively unrestricted. At various times and to various degrees, drinking establishments, particularly cabarets, have been viewed as venues where sedition, criminal activities, debauchery, and behaviour in any way equated with alcoholic excesses were likely to develop and flourish. Anti-alcohol campaigners actively promoted this viewpoint and targeted these establishments for increased regulatory measures. Still relatively unrestricted by international standards, certain regulatory measures have been imposed with respect to the on-premise consumption of alcohol over the past century and a half. Public opinion did not concur with such extreme views and the government has been torn between the interests of public health and order on the one hand and state revenue on the other. Also, because so much of French social life transpires within the parameters of the tavern, bar, or café, with these establishments providing far more for their clientele than merely the supply of alcoholic beverages, any attempt to seriously curtail their existence is met with strong resistance. In the early decades of the twentieth century, there was one drink shop to every 82 inhabitants in France while in England there was one to 430, and one to 5,000 in Sweden (Koren 1916).

⁵³This is not the final strategy and does not contain any policy recommendations at this point.

The control measures instituted during the First World War, including the laws of 1915, 1917, and 1919 prohibiting the opening of new cabarets, alcoholic beverage consumption in the workplace, and increasing license tariffs respectively, helped to reduce consumption at this time. Sournia (1990) states that the side-effects of the war were far more effective in controlling the alcohol trade than these legislative efforts and suggests that “the government followed a policy of compromise in alcohol-related issues: the intention was to keep tax revenues at a level acceptable to consumers, but which did not encourage excessive consumption” (p. 66). Alcohol legislation introduced during the Second World War was similar to that introduced during the First World War with similar effects.

In fact, it was the legislation regulating the distribution of alcohol created between the two World Wars that has survived to the present day despite the decline in propagandist activity by anti-alcohol groups at this time. These societies “were never powerful enough in France to change drinking habits or dictate government policy” (*Ibid.*, 119) but they had some input. Politicians became more reticent to pass the protectionist measures requested by the pro-alcohol lobby and the relatively restrictive alcohol policy developed between 1930 and 1950 was largely the outcome of their efforts.

The idea of establishing an alcohol monopoly in France “consumed vast quantities of paper and innumerable hours of debate from the time it was first proposed (in 1880...), until its *de facto* inception in 1916” (Prestwich 1988, 111). Control measures governing alcohol production were established during World War I, but these were refined as a result of the Decree of the 30th July 1935, the Decree of the 21st April 1939 and the law of the 1st January 1941, which established the organisation of the alcohol market by partial state monopoly (Davies and Walsh 1983). With the exception of spirits produced from certain fruits and domestic distillation, all spirit alcohol produced in France is under state control. Although the state does not produce alcohol directly, distillation being carried out by private enterprise, commercial societies, and co-operatives, the monopoly acquires the alcohol produced and sells it back to the manufacturers according to certain arrangements and prices.

While there are national minimum age restrictions, almost all of the alcohol legislation in France is either devised and/or administered at the local level (Williams and Brake 1980).

In an attempt to strike a balance between the production and consumption of alcohol in France, measures such as the “prohibition of enlargement of vineyards, compulsory distillation of a percentage of harvests, [and] bonuses for upgrading wine quality” (Guerin-Fleury 1988, 6) were implemented prior to the establishment of the EEC wine market in 1970. Since the inception of the EEC policy, the pressure of imports from other member states has posed a threat to this balance.

Private production privileges for distilled beverages are divided into two categories, bouilleurs ambulants and bouilleurs de cru. The bouilleurs ambulant produce a colourless eaux-de-vie, somewhat akin to American moonshine, and trace their origins to the 12th century as part of the tradition of alchemy, witches and superstition. As of 1981, there were approximately 230 in the trade (Hurst, Gregory, and Gussman 1997).

The bouilleurs de cru are small local distillers who account for most of the domestic distillation in France. They are permitted to produce distilled spirits solely for personal consumption under state control. Reported production statistics indicate that this type of production accounted for more than 20 per cent of the spirits consumed in 1950 but, by 1987, the percentage had decreased to 4 per cent; actual production, however, is assumed to be at least twice the reported amount (*Ibid.*).

In 1991, the Haut Comite de la sante publique was established which includes a permanent commission “alcohol and public health,” replacing the Haut Comite d’etudie et d’information sur l’alcoolisme which was created in 1954. The overriding objective of this organisation is to promote moderate consumption. It is charged with: advising the government on policy and regulatory actions concerning public health; proposing actions on prevention and providing information and education on matters of health; collecting statistics; providing relevant and comparable indicators at regular intervals; producing an annual public report; and analysing overall and prospective problems of public health (Hurst, Gregory, and Gussman 1997). The Comité National de Defense Contre Alcoolisme is also responsible for informing and educating the public on alcohol problems, with the assistance of other bodies such as the Pharmaceutical and Social Education Councils and the Scientific Nutritional Health Society. The French Society of Alcoholology develops contacts between members and organisations of various disciplines in the study of alcohol matters (Institute of Alcohol Studies 2001).

Sweden

The imposition of taxes on distilleries and the grain used in the production of brannvin, during the 1600s and 1700s, was not intended as a means of reducing consumption or controlling alcohol-related problems but merely as a source of revenue. Early legislation fluctuated in accordance with the state's need for revenue and the success of grain harvests. Measures instituted varied from "total prohibition against distilleries, different restrictions, higher taxes," to "unrestricted home manufacture" (National Board of Health and Welfare 1988, 34).

An early awareness of the potential effectiveness of control measures in reducing alcohol-related problems was documented by Linnaeus, naval physician at Stockholm, in the 1748 almanac. He observed that the prohibition of distillation during the 1740s resulted in a ten percent decrease in crimes committed by sailors and a fifty percent decrease in illness (Makela 1980 as cited in Austin 1985).

Various attempts were made to establish controls on the manufacture of brannvin during the eighteenth century but most were ineffective; in essence, distillation was without controls.

In 1756, a year of severe crop failure, Sweden's first attempt at total prohibition was instituted (Systembolaget 1990). The immediate positive effects of this legislation, including the closure of drinking houses, a decline in criminality, and increased availability of bread, were offset within a year when home manufacture and unlicensed drinking houses proliferated in an attempt to meet the demand for alcohol (The National Board of Health and Welfare 1988). Stricter penalties for infractions of these laws were imposed but their effect was negligible and they were repealed four years later.

Prohibition against private alcohol manufacture was attempted again in 1772. Primarily because of the dire state of the Swedish national economy at this time, King Gustav III declared all production of brannvin to be "the exclusive privilege of the Crown." This early attempt at a state monopoly was short-lived and crown distilleries were soon abolished.

Thompson (1935) attributes the lack of success in establishing government controls to their conflict with the general spirit of the time. Referring to the 18th century as the "age of liberty," he suggests that during this period, which followed the prolonged and repressive absolute monarchy of Charles XII, the Swedish people were wary of governmental controls

and were content to revel in the emancipation from absolutism. Social restraints were regarded with derision and the pubs and coffee houses of Stockholm were the centres of social life.

According to Bruun (1985), the history of Swedish alcohol control systems can be divided into four distinct periods:

1) Period:	1850-1915
Name of system:	Gothenburg
Main emphasis:	Control of economic interest in alcohol
Main responsible authorities:	Municipal authorities
Basic definition:	Moral question
2) Period:	1916-1954
Name of system:	Bratt
Main emphasis:	Control of individual drinking
Main responsible authorities:	State administration, Royal Control Board
Basic definition:	Social question
3) Period:	1955-1975
Name of system:	State monopoly
Main emphasis:	Freedom and responsibility
Main responsible authorities:	State monopoly (weak)
Basic definition:	Alcoholism, medical and social question
4) Period:	1976-
Name of system:	State monopoly
Main emphasis:	New control orientation
Main responsible authorities:	State monopoly (weak)
Basic definition:	Public health question

With the abolition of the Bratt system, alcoholic beverages are now sold according to the principle of freedom under liability (CAN 1982). The many monopoly retail companies have been combined into one centralised authority, Systembolaget, covering the entire country. Initially, the intention behind abolishing the Bratt system was to introduce a liberal era, and further liberal reform was anticipated. By the mid-1970s, the negative effects of this liberalisation became increasingly apparent and signs of a swing back to a control era began to emerge (Bruun 1985).

In 1955, the right to purchase spirits was extended to all adults upon reaching the age of majority. Shortly after the abolition of rationing, special black lists of known alcoholics and persons found guilty of illegal trafficking in spirits were drawn up. These were later extended to include persons found guilty of more than one drunkenness or drinking and

driving charge in any one year. In 1976, when the penalty for drunkenness was abolished, it was considered prudent to do away with the black lists altogether. Instead, legislation prohibiting intoxicated persons from purchasing alcoholic beverages was enacted.

The regulations governing the sale of alcohol instituted in 1955 remain more or less unchanged, but some legislation, indicative of this new era of control, has been enacted. One such act was the abolition of so-called "medium beer" (3.6 percent alcohol) in 1977. In 1978, existing regulations governing the trade and manufacture of alcohol were combined in a joint law and the advertising of alcohol other than beer was banned. In 1982, Parliament decided that alcoholic beverage stores should be closed on Saturdays in order to reduce weekend consumption. Also, in the 1960s restrictions were introduced on tax deductions for business purposes, and in the 1970s further restrictions on alcohol for purposes of state representation were introduced (*Ibid.*).

A public campaign in favour of reintroducing some form of rationing was launched in 1981. In 1984, nearly half of the professors of medical faculties and 30 per cent of the doctors in Sweden signed a petition which proposed the reintroduction of rationing for an initial trial period of three years, to be followed up by an evaluation (Hurst, Gregory, and Gussman 1997). As yet, the Swedish government has made no concerted effort to revert back to this type of system.

The primary social objectives of Swedish alcohol policies are: reduction of harm; reduction of abuse; and reduction of consumption. Secondary social objectives include: protection of minors; discouraging private profit interests; shift to lower alcohol content beverages; and encouragement of alcohol-free alternatives (Kolstad 1993; Moser 1992). In addition to the social motives for alcohol controls, ultimately concerned with limiting alcohol-related harm, there are economic and fiscal motives. The economic motives of the alcohol industry and the fiscal interests of the state traditionally wielded considerable power to influence legislation but for quite some time now, social motives have eclipsed economic and revenue interests in the development of legislation. The Swedish government and parliament also endorsed the World Health Organization's goal of reducing alcohol consumption by 25 percent between 1985 and 2000. The means used to achieve these goals was the imposition of comparatively high taxation on alcoholic beverages and the provision

of comprehensive information to the consumer about the risks associated with alcohol consumption.

A recent study attempted to estimate the possible changes in alcohol problems in Sweden if the state retail monopoly was modified to permit private licensing or abolished entirely. Depending on the changes implemented, the projected consequences include an increase in alcohol-related mortality of from 600 to over 4,000 additional deaths, an increase in non-fatal assaults from 3,000 to over 22,000 new non-fatal assaults, and an erosion of the current legal purchase age enforcement, making alcohol more accessible to young people (Holder et al. 1993).

7.2.1 General Trends in Alcohol Control Measures in the Post-war Period

While it is clear that levels of consumption have been influenced by alcohol control policies, the mixture of control measures and the rationale for implementing them has differed greatly from one country to the next, as has the outcome. Religious beliefs, concerns over the detrimental effects of excessive consumption, the conditions of domestic production of alcohol, and fiscal considerations, are reflected in and are important determinants of control policies. Religious beliefs are not as pertinent to the discussion of these four countries as they would be, for instance, in the Islamic (i.e., Libya, Saudi Arabia, Yemen, or Kuwait) or South East Asian (i.e., India or Thailand) countries where the impetus for control policies comes from a strong religious aversion to alcohol and in most cases is backed up by either very restrictive policies or national prohibition.

Despite the degrees of restrictiveness and the individual differences in control policies, some trends in policy change can be discerned in most countries since the 1960s. Coinciding with the general relaxation of controls during the 1960s and 1970s, there was a general shift in emphasis away from the regulations on the retailing of alcohol and towards the treatment of alcoholics. Largely as a result of the general acceptance of the "disease" concept of alcoholism, there was a growing belief that alcohol abuse could be most effectively reduced by fully integrating alcohol into social behaviour. The "integrationist" or "wet" position, while seemingly antithetical to the "disease" theory, is in fact complementary. The disease theory proposed that drinking is relatively benign for the vast majority of the population and only a problem for the minority of so-called alcoholics. It was

postulated that if treatment was provided for this segment of society, alcohol could be made more freely available to the rest of society and people would develop better drinking habits. In various parts of the world, this was the type of thinking behind, for instance, extending pub opening hours and lowering drinking ages.

By the early 1980s, the prominence of the disease theory of alcoholism began to be eclipsed by the distribution of consumption model, whereby the level of per capita consumption is thought to have a bearing on the rate of alcohol-related problems within any given society. It suggests that a reduction in the proportion of heavy drinkers will only be achieved by a reduction in the mean rate of alcohol consumption within the population and proposes that control measures which reduce availability are necessary to limit consumption. Rather than focussing on the individual, measures were aimed at reducing aggregate consumption. This was expedited by the generally disappointing results achieved by treatment facilities and fiscal restraints which placed further pressures on treatment facilities.

Since the late 1980s there seems to be a further shift in emphasis, this time to control particular problems connected with alcohol consumption. Many countries have focussed on both drink-driving, heightening enforcement of regulations and increasing penalties for infractions, and youthful drinking, partially as a result of its association with impaired driving. This change is reflected in the major reorientation in thinking about prevention in the alcohol field. The recent broadening of prevention approaches and methods “reflects the shift away from a perspective that sees alcohol problems only in terms of alcoholism or alcohol addiction, and the adoption in its place of a ‘disaggregated’ perspective” (Room 1990, 84). This broadened approach, encompassing a more diverse range of alcohol-related problems, has opened up the possibility of new approaches to prevention.

Over the past half century, the alcohol industry has had a growing influence over control policies. In many countries, alcohol production has become increasingly centralised, with a few large firms controlling the majority of production. They have developed effective lobby groups which have helped generate resistance to enhanced restrictions by representing them in terms of increased prices and loss of employment. More recently, there has been a concerted effort on the part of many large companies to join together and promote campaigns aimed at combatting specific high profile alcohol problems. Industry-sponsored alcohol research has tended to implicitly reject the validity of the distribution of consumption model

and located the source of problematic drinking within narrowly defined boundaries, thereby promoting the beneficial aspects of drinking for the vast majority of the population.

A further influence on control policies has been international trade agreements. Countries joining the European Community (EC) have been obliged to relax certain restrictions in order to align their policies more closely to the original six member states. Certain aspects of Canadian policies, in particular taxation, have been challenged under the General Agreement on Tariffs and Trade (GATT) (now supplanted by the World Trade Organization) and, more recently, these have been influenced by the Free Trade Agreement with the United States. Furthermore, since mid-century, international trade in alcoholic beverages has meant that alcohol has become more widely available.

During the 1990s, there was unparalleled action at the European level to reduce the harm associated with alcohol use. The first action, taking place in 1991, was a reconfirmation of the commitment by Member States of the European Region of the World Health Organization to the health policy for Europe, as declared in the **Health for All Targets**, particularly target 17 which suggested a reduction in alcohol consumption of 25% between 1980 and the year 2000, specifically that associated with harmful use. This target has provided a stimulus for policy development and is considered significant for the following three reasons: evidence suggests a strong relationship between per capita consumption and population problem experience (as suggested by the distribution of consumption model); 21 out of the 40 European countries, for which data was available, have experienced an increasing trend in consumption for either all of the 1980-93 period or in more recent years; and in 90% of European countries, per capita consumption currently exceeds 2 litres, a level which evidence suggests constitutes the lowest mortality risk for populations (Anderson 1996).

A second action in 1992 followed, whereby Member States strongly endorsed the European Alcohol Action Plan, with its aim of helping to prevent the health risks and social consequences associated with alcohol use. The unifying principle of the Action Plan is to enhance the health of Europeans through implementation of policy based on science and it has provided the framework for both governmental and non-governmental action and the background to publications, policy implementation and programmes at European, national and local levels, and in primary health care. By 1995, of the 39 countries providing

information, only eight countries considered their national alcohol policy to be comprehensive, while six considered theirs to be virtually non-existent.

In December 1995, the European conference on Health, Society and Alcohol was hosted by the French government in Paris, which constituted the third action. Official delegations from 46 countries for the first time united behind a conference message of "alcohol-less is better." The conference was successful in seeking the adoption of the European Charter on Alcohol, composed of five ethical principles and 10 goals and strategies for alcohol action. The adoption of this charter indicates a strong endorsement for a public health approach to the reduction of alcohol-related problems.

7.2.2 Government Monopoly Systems

The creation of government alcohol monopolies has been one of the more prominent forms of government intervention into alcohol availability. Generally, the most comprehensive government monopoly systems can be found in those countries where there were strong temperance movements in the late nineteenth and early twentieth centuries. Nevertheless, alcohol monopolies should not be equated with strict control policies. In several central European countries, state monopolies control industrial distillation of alcohol but they have little bearing on the availability of alcohol and most people are oblivious to their existence (Makela 1988). Government monopoly systems have existed in many times and places and vary in purpose and scope. The degree of control ranges from control of the entire process, from manufacture and importation of alcohol to sale to consumers, to control of any one part of the process, or even just one beverage. The reason for establishing government monopolies also varies from one country to another or even within a particular country. In some cases monopolies have been instituted for control purposes, in some to generate revenue, in some to eliminate private profit motive, and, in yet others, for quality control purposes (Hurst, Gregory, and Gussman 1997).

Prior to the nineteenth century, the fundamental reason for government alcohol monopolies was the maximisation of state revenues. Although still important, its relative importance has rapidly declined in most industrialised countries during the past century. Concern with various types of harm associated with alcohol consumption became evident in the early nineteenth century. The first government-franchised monopoly of alcohol, devised

with the intention, at least in part, of reducing alcohol-related harm, appeared in the Swedish town of Falun in 1850 and later was referred to as the “Gothenburg system.” This idea spread rapidly throughout the English-speaking and Scandinavian temperance cultures prior to the First World War.

In Sweden, the original system aimed at providing drinking places for workers that minimized social disruptions and added to town revenues (Room 1993). Later alcohol monopoly schemes retained the emphasis on eliminating the violence and disorder deemed to be associated with working-class public drinking. A variation on this theme was the appropriation of pubs in shipyard towns by the British government during World War I with the express aim of increasing productivity. Conversely, early municipal monopolies in North America were concerned with off-premises sales, frequently being established in places where on-premises sales were already prohibited.

Before 1900, most government monopolies were confined to alcohol sales and functioned at the municipal level. They soon began to operate at the national, state, or provincial level and broadened to include the wholesale level, and occasionally, as with the French brandy monopoly, to the exclusion of the retail level (*Ibid.*). The British cabinet came within one vote of gaining control of the alcohol industries at a state level during the First World War.

Set against the backdrop of the temperance movements' continual appeal for total prohibition, the idea of government monopolisation was offered as an alternative policy, initially primarily by academic or professional groups. The proposed aim was to diminish alcohol-related harm by allowing a “limited legal supply in controlled circumstances.” For the most part, temperance organisations vehemently opposed monopoly proposals, “which were seen as a technocratic and tepid response to more thoroughgoing proposals for prohibition” (*Ibid.*, 175). Not only were they concerned that governments would become overly dependent on alcohol revenues, but they particularly abhorred the potential approbation bestowed upon the alcohol trade as a result of the state's involvement.

Following various brief experiments with prohibition during and after the First World War, many countries adopted various forms of alcohol monopolies. Most present-day monopolies in developed societies had been established by 1940. Their primary objectives were to secure government revenue, to eliminate organised crime and to structure purchasing

and consumption in an effort to minimise harmful drinking (*Ibid*). These monopolies evolved against the backdrop of the failure of prohibition where the main aim was to individually reform drinkers. Controlling environments and publicans, then, “through mechanisms heavily laden with the most prohibitory tactics of sovereign governance, liquor licencing is an innovative system for managing the risks of drinking without touching the individual drinker, in a type of risk governance characterized by moralization and commonsense” (Valverde 1998, 161).

Until 1995, the government monopoly in Sweden controlled the entire process of production, importation and distribution, with the following exceptions: the production of beer (except for one nationalised brewery); and weaker beers were permitted to be sold through licensed outlets, rather than having to be purchased through government monopoly liquor stores.

To fulfill the requirements for entry into the EU, Sweden’s alcohol monopoly needed to be radically restructured. The monopoly which had previously exercised control of production, import, export and wholesale, V & S Vin and Sprit, now operates as a state-controlled company which must compete with other importers and distributors who are permitted to sell directly to on-premise outlets and its supervision and control functions have been transferred to a new central authority (Hurst, Gregory, and Gussman 1997).

Canada also operates rather restrictive government monopoly systems. Although the manufacture of alcoholic beverages remains privately controlled, importation falls within the domain of the monopoly. The wholesale and retail sale of spirits to private consumers is a function of the alcohol monopoly. The sale of wine is normally carried out by the monopoly, although certain provinces permit the operation of private wine stores. Generally, the distribution of beer is given more leeway, but it varies from one province to another (*Ibid*.). The essential feature of the current legislation in Ontario “is the division of authority between the Liquor Control Board, which is responsible for the marketing of alcohol and off-premise outlets, and the Liquor Licence Board which is responsible for licensing and the regulation of on-premise service of alcohol” (Single 1988, 28). In 1995, Canadian First Ministers signed an Agreement on Internal Trade, intended to remove interprovincial barriers to trade resulting from provincial monopolies (Hurst, Gregory, and Gussman 1997).

7.2.3 Production and Trade

Very few countries seem willing to reduce production and trade in alcoholic beverages with the express purpose of reducing consumption. France is one country which has recently made a concerted effort to reduce production and improve the quality, particularly of wines, and this has been replicated to some extent in other Latin countries (Moser 1992). Many countries appear to prefer a policy of increasing rather than decreasing production in order to benefit from increased revenue and employment.

TABLE 18		
WINE PRODUCTION (thousands of metric tonnes)		
Country	1982	1991
Canada	46	50
France	7,995	6,200
Sweden	0	0
U.K.	1	2

Source: United Nations, Department of International Economic and Social Affairs, Statistical Office, Industrial Statistics Yearbook, 1990.

TABLE 19					
DISTILLED ALCOHOL BEVERAGE PRODUCTION* (thousands of hectolitres)					
Country	1981	1982	1987	1988	1989
Canada	950	**	**	**	780
France	2,715	2,771	**	**	**
Sweden	438	**	506	**	**
U.K.	**	2,844	**	3,569	**

* Excluding production of ethyl alcohol.
 ** Data was not available for each country in the same sets of years.

Source: United Nations, Department of International Economic and Social Affairs, Statistical Office, Industrial Statistics Yearbook, 1990.

TABLE 20				
BEER PRODUCTION (thousands of hectolitres)				
Country	1981	1986	1987	1990
Canada	23,085	23,547	*	*
France	21,052	19,000	*	*
Sweden	3,684	3,979	4,106	*
U.K.	61,716	59,439	*	78,000

* Data was not available for each country in the same sets of years.

Source: United Nations, Department of International Economic and Social Affairs, Statistical Office, Industrial Statistics Yearbook, 1990.

7.2.4 Price Regulation

Measures affecting the price of alcoholic beverages have been among the earliest forms of control imposed by the law, however, “the original objectives were to prevent overcharging rather than overdrinking, and most particularly, to secure revenue for government” (Popham, Schmidt and de Lint 1976, 595). As a result of ardent temperance agitation, by the late nineteenth century, taxation came to be viewed as an effective means to combat insobriety and protect the health, morals, and stability of society. By now, in virtually every country, government controls extend to the pricing of alcoholic beverages.

7.2.5 Retail Price Influences on Alcohol Consumption

There are many determinants of drinking other than the price factor (Godfrey 1989), but humans are economic animals and “[l]ay wisdom would suggest that the price of alcohol is likely to bear tangibly on its consumption” (Edwards et al. 1995, 109). The effect of price changes has been investigated more thoroughly than any other aspect of alcohol availability (Bruun et al. 1975; Edwards et al. 1995; Godfrey 1989; Schmidt and Popham 1977). Price undoubtedly has some bearing on consumption, although the extent of its influence has been subject to controversy, and interacts with all other formal and informal controls (such as income, advertising, health information, and availability). Taxation, which clearly affects price, has been regarded as an important public health strategy to combat alcohol-related problems in addition to being a well-established means of raising government revenue.

Alcoholic beverages are considered classic semi-luxury economic commodities. Short-term fluctuations in consumption are primarily influenced by two prime economic factors, price and income, and econometric analysis has shown that fluctuations in demand for alcoholic beverages are largely explained statistically in those terms. The conventional measure of the sensitivity of consumption to variations in price or income levels is **elasticity**. **Price elasticity** can be defined as the percentage change in quantity demand caused by a percentage change in price. For example, the price elasticity of beer is the percentage change in quantity demand, either increase or decrease, in response to a one per cent change in the price to the consumer. Similarly, **income elasticity** demonstrates the sensitivity of consumption to income levels. Real income governs consumption through the amount of disposable or discretionary money available for purchasing. Elasticities can also be determined for other supply factors, such as changes in the number of outlets and changes in advertising (Edwards et al. 1995; Hagan and Waterson 1983).

The importance of price elasticities for alcohol control is the effect of taxation on consumption and the effectiveness of the use of taxation as a government control policy. For a fuller discussion of price elasticities see Appendix G.

Values of price elasticities

The table in Appendix G (Price Elasticities of Beer, Wine, and Distilled Spirits) summarises a set of econometric studies for the four countries considered here. Given that all price elasticity values have an absolute value greater than zero and are negative, this means that price changes affect consumption in a direction consistent with economic theory. Although this confirms that, if prices increase, consumption will decrease and if prices decrease, consumption will increase, this relationship is not as straightforward as it appears. Different values of income- and price-elasticities have been found with regard to both total consumption and different beverage types in studies dealing with a variety of geographical regions and periods.

If the demand for a particular category of beverage is price elastic (relatively sensitive to price change), an increase in price will have a strong diminishing effect on consumption and reduce the amount of discretionary income allocated to that particular beverage. Likewise, a decrease in price is likely to have a fairly strong positive effect on consumption and the amount of discretionary income devoted to that beverage is prone to increase. This

can be seen with regard to spirits in Canada between 1949 and 1969 and with strong beer in Sweden between 1956 and 1968 (Edwards et al. 1995)

Similarly, if the demand for certain beverage types is price inelastic (not very sensitive to price change), a price increase will generate a fairly small reduction in demand and increase the portion of discretionary income allocated for that beverage. A decrease in price is likely to have a minimal positive effect on consumption while simultaneously decreasing the share of discretionary income allocated to that beverage. This can be seen with respect to wine in France between 1954 and 1971.

Lastly, if the demand for a certain beverage is unit price elastic, a price increase will have a diminishing effect on consumption of the same proportion and keep the share of discretionary income allocated to that beverage approximately the same. A decrease in price is likely to have a positive effect on consumption of the same proportion and keep the share of discretionary income allocated to that beverage equal.

The influence of price changes on revenue income depends on both elasticity values and the reasons for the price change. If production and distribution costs are responsible for the change, the effect on government revenue is generally proportional to the effect on consumption. If the price change results from taxation, a more complex scenario unfolds. Very often, an increase in taxes will increase government revenue even when demand is price elastic and total expenditure on alcohol decreases. It is only in cases where taxes are already extremely high, that additional taxes are likely to reduce revenue when consumption decreases. “When talking about relatively small or large price effects on alcohol consumption, one is referring to a unit change in price. Hence, even in circumstances where the demand is price inelastic, a big absolute change in price will have a larger effect on consumption than only a slight change in price in a situation where alcohol demand is price elastic” (Edwards et al. 1995, 115). When predicting the impact of price on consumption, then, both the degree of price change in addition to the value of the relevant elasticity must be jointly considered.

Furthermore, the impact of price changes may be stronger in the long run than in the short-term. For instance, the Johnson and Oksanen (1977) Canadian study in Appendix G demonstrates that the short-term price elasticity has a smaller absolute value than the long-term price elasticity (Edwards et al. 1995).

Variations in price elasticities

The discussion thus far demonstrates the utility of price elasticity as a construct describing the relationship between price change and change in consumption. As established, these are not universal (*Ibid.*). While this can be partially attributed to methodological differences, the accuracy of the basic data and the statistical factors of uncertainty relating to the elasticities, these variations are more likely to result from the diversity in social, cultural, and economic circumstances prevailing in different areas and during different periods (Bruun et al. 1975). This has important implications for the “wet”/“dry” paradigm, suggesting that the various components which comprise this paradigm need to be considered in the development of control policies. Furthermore, policies which have been successful at a particular time and place cannot necessarily be transplanted to another country or attempted again in the same country at a different time with the anticipation of similar results.

There is a tendency for the beverage of choice in a particular country to be less price elastic than the other beverages which are more price responsive. For instance, studies in Canada and the United Kingdom suggest that beer has generally been price inelastic, while French studies show that the demand for wine is fairly unresponsive to price changes. For this reason consumer preferences and the circumstances determining them must be considered.

“On a very general level, it may be noted that consumer preferences are linked in quite a complicated way to the benefits derived by consumers from the consumption of commodities” (*Ibid.*, 75). Given that alcohol serves a variety of functions, for instance it may be used as a social lubricant, a nutrient, an intoxicant, or for medicinal reasons and these vary from one country to another and over time, understanding the drinking habits of a particular society at a specific point in time is essential to adequately interpret elasticity values (Edwards et al. 1995). Because the benefits of alcohol use may be derived in a number of ways, and for the most part these are culturally given, consumers may react in various ways to price and income changes. Alcoholic beverages also vary in terms of alcohol content and quality and, consequently, their use values will similarly vary from one brand to another (Bruun et al. 1975).

It is apparent, given the variety of uses to which alcoholic beverages are put, that they “both serve as substitutes for other commodities and can be replaced by other commodities”

(Ibid., 75). Therefore, the level of consumption and the uses of alcoholic beverages are linked to the prices of alcoholic beverages relative to those and other products.

Elasticity values, or the way in which consumers respond to price changes, are also affected by the level of discretionary income of consumers -- not just changes in discretionary income (i.e., income elasticity) but the absolute level of income.

Elasticity values may be further modified as a consequence of measures other than price aimed at controlling alcohol consumption such as legal restrictions on the availability of alcohol. Following the repeal of rationing in 1955, there was a sharp increase in the price of distilled spirits in Sweden. This resulted in an increase in the absolute value of the price elasticity for distilled beverages (Edwards et al. 1995). Therefore, it has been argued that the greater the restrictions on the availability of alcohol, the more modest the influence of price changes and consumer income on consumption (Bruun et al. 1975).

Elasticity values may also change as a result of increasing prosperity, and of changes in the social and cultural position of alcoholic beverages (Edwards et al. 1995).

Cross-price elasticities - the economics of substitution

Cross-price elasticities refer to the percentage change in demand for one type of alcoholic beverage brought about by a percentage change in price of some other category of alcoholic beverage. Given that alcoholic beverages can be expected potentially to substitute for each other and can be substitutes for, and replaced by, other commodities, the level of consumption, and the manner in which alcohol is consumed, may be influenced by the price of these beverages relative to each other and in relation to other commodities.

As all alcoholic beverages contain ethanol, the potential for substitution cannot be ignored. If the price of one type of alcoholic beverage increases, consumers may search for less expensive alternatives. This phenomenon of substitution is not well understood and it has been difficult to study empirically for various reasons. Moreover, the substitution of one type of beverage for another has "usually been found to be only within a modest range, with cross-price elasticities small or insignificant" (Ibid., 117).

One difficulty in estimating cross-price elasticities is that price changes are normally similar for all three beverage classes (Bruun et al. 1975; Schmidt and Popham 1977).

Similar to own price elasticities, "the cross-price elasticities between different categories of alcohol are not inherent attributes of alcoholic beverages but reflections of the

prevailing drinking habits and culture" (Edwards et al. 1995, 117). The relationship is often more complex than merely substituting one beverage for another. For instance, in a culture where wine and spirits are consumed at the same sitting, an increase in the price of spirits may lead to a decrease in the consumption of both beverages (*Ibid.*). Thus, while substitution frequently does occur, it is seldom straightforward.

Moreover, cross-elasticities estimated in econometric studies may be of little use in designing control policies. One reason for this is that many studies have noted a tendency amongst heavy consumers to choose the least expensive alternative within each category of alcoholic beverage (Bruun et al. 1975; Edwards et al. 1995). Within this scenario, substitution between different categories is not likely to be determined by shifts in the average price of each category of beverage but rather by shifts in the price of the least expensive brands within each category. Likewise, the relative price of different categories is likely to determine which categories of beverage will function as substitutes. For instance, an increase in the price of wine may, in some countries, shift consumption from wine to beer, while in other countries, shift consumption from wine to spirits, or manifest different consequences within the same country at a different time.

As with rates of per capita consumption, studies of price elasticities are based on recorded alcohol sales and do not take into account the level of unrecorded production from various sources. The potential effect of taxes on unrecorded consumption should be an important consideration in designing tax policies on alcohol.

In designing control policies, the substitutability of alcoholic beverages with other commodities is a significant consideration. The substitution of other commodities for alcohol may encourage the development of healthier or less healthy habits. Amongst the inherent difficulties in studying this type of substitution is the fact that the substitutive process is connected to the use-values of alcohol and other commodities. For instance, if the primary use-value of beer is as a thirst-quencher, it may be substituted by non-alcoholic beverages, but if its primary use-value is as an intoxicant, it may be replaced by homemade beer or illicitly produced alcohol. Even though an increase in alcohol prices may encourage a shift to illicit alcohol or other drugs, "in all probability the more decisive factor in these substitutions is the control measures that bear upon these substitutes" (Bruun et al. 1975, 76). While it seems unlikely that illicit traffic could be eliminated altogether, it is possible that it

could be diminished by reducing alcohol prices. "If prices of legally produced alcohol are, however, kept constant or lowered because of worry over a potential substitution by illicit alcohol, the harmful effects of the legitimate alcohol may exceed the feared dangers arising from contaminated alcohol" (Edwards et al. 1995, 118).

The impact of dramatic price changes on consumption

Most econometric studies deal with relatively small changes in alcohol prices. Drastic measures, when introduced, have been shown to have equally dramatic consequences. For instance, during the First World War, a serious food shortage in Denmark prompted the price of Danish aquavit to be raised more than ten times over while the price of beer doubled. Within two years, per capita consumption was reduced by three-quarters, which resulted in recorded cases of delirium tremens declining to one-thirteenth, and mortality due to "alcoholismus chronicus" to one-sixth, of their previous levels (Bruun et al. 1975; Edwards et al. 1995). A less extreme but more recent example can be found in Sweden. In 1957 and 1958, just after rationing had been abolished, the real price of potable spirits increased by more than 30 per cent. This resulted in a decline in the consumption of spirits of one-quarter, from 0.8 to 0.6 litres per capita per month between 1956 and 1958 (Edwards et al. 1995).

The impact of price changes on heavier or dependent drinkers

While most econometric studies estimating the values of price elasticities concentrate on the average reaction of the population to price changes, some studies have attempted to ascertain the effect of price changes on various groups of consumers. Where available, these seem to indicate that heavy or dependent drinkers are at least as responsive to price changes as more moderate drinkers and in some cases even more so (Ibid.).

Income elasticities

Alcohol prices obviously cannot be determined without considering trends in the disposable or discretionary income of consumers. For policy purposes, the values of coefficients of elasticity can be used in two ways:

First, by means of the income-elasticity, the effect of the trend of incomes on the consumption of alcoholic beverages can be predicted. Second, price-elasticity can be used to estimate the magnitude of the price increase needed to keep consumption at the desired level. (Bruun et al. 1975, 76-77)

In other words, an increase in the real incomes of consumers coupled with an increase in real prices of alcoholic beverages may not result in a reduction in consumption, but rather, would be expected to limit increases in consumption.

Trends in real price

In France, the real price of beer has been stable, that of wine decreasing, and that of spirits increasing during the last five years. In Sweden, the real price of beer increased in the 1985-90 period but has been decreasing since 1990 and the real price of wine and spirits has been decreasing since 1987. In the United Kingdom, the real prices of beer and spirits have been stable, and that of wine decreasing, over the last five years (Harkin and Klinkenberg 1995).

7.2.6 The Use of Taxation as a Public Health Strategy

While there is evidence that price changes are effective in controlling alcohol consumption, certain problems arise in using elasticities to formulate control policies -- are the measured elasticities accurate and will they continue in the future? (Bruun et al. 1975). Much of this has to do with the accuracy of the basic information supplied and that the models used are necessarily simplifications of reality; estimated elasticities are not exact values. A straightforward reading of elasticity values loses much of the subtlety inherent in actual drinking practices and the confounding variables discussed here pose certain problems and limitations in determining policies.

A serious problem connected with price manipulation for preventative purposes is the consistent finding that the demand for a country's beverage of choice is largely price inelastic. This means that consumption will be maintained often at the expense of some other commodity which, for low income consumers, may be a necessity. If price increases are, however, confined to just the other classes of beverage, it is likely that shifts in the demand to the lower priced class will occur and overall levels of consumption may largely be unaffected (Schmidt and Popham 1977).

Furthermore, Edwards et al. (1995) identify four objections occasionally levelled against the use of alcohol taxation as a public health instrument.

1. Price increases imposed on commercial beverages may encourage illicit or home production. ...While this does pose a danger, not imposing price increases carries its own potential risks.
2. If budgetary authorities consider taxes acquired from beverage alcohol as a valuable and easily collectable revenue, they may be loath to impose tax increases for fear that this

may lead to a net loss in revenue. This may happen in certain circumstances but, for the most part, tax increases lead to an increase, rather than a decrease, in overall revenue.

3. Price increases are not considered socially equitable, with increases placing a proportionally greater burden on low-income groups. The evidence currently available refutes this contention. ...[A]lcohol taxes, in most circumstances, impose a lower relative burden on lower-income groups than most other commodity taxes.
4. The efficacy of fiscal control may be diminished where borders are long or open. This means that there is a need for serious consideration to be given to health advocacy at the international level when trade and custom deals are being negotiated.

These objections, while valid, are surmountable.

Of particular concern for three of the countries discussed here is the large tax differentials between either adjacent countries or those in close proximity which bring about massive smuggling and duty free purchases and subsequent illegal resale. The large tax differentials between Canada and the United States and both the United Kingdom and Sweden and the rest of Europe pose serious limitations to the use of increased taxes on alcoholic beverages to decrease consumption⁵⁴. It is the stated intention of the EU to harmonise taxes between member states, but that will be an extremely difficult task, and as yet there has been no sign of agreement. The dilemma facing governments is whether to raise taxes to reduce consumption or to lower taxes to reduce illegal importation. Harmonising taxes could reduce consumption for countries that have low taxes or might increase consumption in countries where taxes are reduced. As with many policy decisions there is no easy way for a balance to be achieved.

Research findings seem to support the assumption that, generally, alcoholic beverages operate in a similar manner to other commodities on the market: consumption is affected by price and thus by increases and decreases in taxation. Moreover, the heavy drinker is no exception. Not only does price affect consumption levels, it also affects the incidence of alcohol-related problems. Given that economic influences do not operate in a vacuum, it can be concluded that taxation is likely to be a useful instrument, in conjunction with other public health or control measures, in reducing alcohol-related problems.

Harkin, Anderson, and Lehto (1995) state that while the exact relationship between the price of alcohol and the level of consumption depends on the population, the beverage

⁵⁴An example of this type of tax differential was the smuggling of cigarettes into Canada forcing the Canadian government to reduce tobacco taxes in 1995. It has been suggested that the smuggling was done with the complicity of the cigarette manufacturers.

type, and the historical time period, as a rough generalisation, a 10% price increase leads to a 5% decrease in beer consumption, and a 7.5% decrease in wine and 10% decrease in spirits consumption. Furthermore, some evidence suggests that heavier drinkers would be disproportionately affected because an increase in price leads to a larger decrease in cirrhosis mortality than alcohol consumption. It is estimated that a 10% decrease in per capita consumption would lead to approximately a 20% decrease in male alcohol-related mortality and a 5% decrease in fatal accidents, suicides, and homicides in the total population (*Ibid.*).

7.2.7 Role of Alcoholic Beverage Taxation

As with various other control measures, the purpose and rationale for special taxes on alcoholic beverages are often not explicitly stated. Taxes may be used for control as well as revenue purposes; in some cases, to control total consumption, in others, to shift consumption between beverages. Also, taxation may be used as a means to protect one type of beverage over the others for economic reasons (Hurst, Gregory, and Gussman 1997). The rationale varies from one country to another as does the degree of emphasis placed on these roles.

Control of consumption

In Sweden, taxation is viewed as one of the government's main instruments for controlling alcohol consumption and, according to the Systembolaget, taxes are imposed more as a policy against alcohol problems than as a source of revenue (Romanus 1990, interview). To reduce the total consumption of alcohol, the policy of the Swedish alcohol monopoly is to tax higher alcohol content beverages at higher rates. In 1996, Class II beer (the most popular) was taxed at a rate of approximately one-half that of spirits and approximately two-thirds that of light wine.

In the United Kingdom, a new tax system was introduced for beer in 1988 whereby alcohol content would determine the amount of excise tax payable. The stated purpose of this reform was to encourage consumption of lower alcohol content beverages, given that beer occupies the majority of the share of the alcohol beverage market. This resulted in price reductions for beers with an alcohol content lower than regular strength.

As a general rule, in countries where control of consumption is a stated objective and taxation is used as a public health measure, tax burdens are higher than elsewhere. In many of these countries, between 1980 and 1990, there was a decline in per capita consumption,

in spirits consumption in particular, and an increase in beer consumption. But, a problem common to most countries where alcohol prices are high, is the significant level of unrecorded consumption. Sweden experiences extraordinarily high levels of unrecorded consumption while Canada encounters a smaller but still significant degree of unrecorded consumption.

Contribution to government revenues

Various governments use the taxation of alcoholic beverages as a means to raise government revenues without any specific reference to control objectives. “The willingness of populations to accept taxes on alcohol production as a revenue measure has been an enticing path to regulation for financially hard-pressed governments” (Lemert 1991, 693). The increased frequency of tax changes during the recessionary period in the early 1980s indicated that, for many countries, revenue requirements have been the primary motivation for increasing taxes (Hurst, Gregory, and Gussman 1997).

In the United Kingdom, the government response to recommendations to use taxes as a means of control seems to suggest that, in recent years, the principal motivation for raising alcoholic beverage taxes has been for revenue purposes rather than as a means of regulating consumption.

In 1980, as a means to raise revenues, the Canadian federal government introduced an indexing mechanism to automatically increase unit-based taxes on alcoholic beverages every year by at least the annual rate of inflation⁵⁵.

The proportion of total federal and regional revenues contributed by alcoholic beverages taxes varies from one country to the next. The following table shows a calculation of such contribution based on tax and consumption data as well as published government tax revenues. These estimates are to be viewed as conservative indicators only, since the tax calculations were frequently based on modestly priced beverages for home consumption and certain relevant indirect alcoholic beverage tax components, such as licence fees and customs duty revenues, were not accounted for.

⁵⁵This was abolished in 1985.

TABLE 21

ESTIMATED SHARE OF TOTAL FEDERAL AND REGIONAL GOVERNMENT REVENUES* COMPRISED OF ALCOHOLIC BEVERAGE TAXES** IN 1996	
Country	Alcoholic Beverage Taxes as Percentage of Government Tax Revenues
Canada	2.3
France	1.1
Sweden	1.8
U.K.	3.0

* Published government tax revenues for 1995 were inflated by the average rate of increase for the two preceding years to obtain an estimate for 1996.

** Alcoholic beverage tax revenues were calculated by multiplying taxes on alcohol by consumption for each beverage.

Source: W. Hurst, E. Gregory and T. Gussman. International Survey: Alcoholic Beverage Taxation and Control Policies (9th edition). Ottawa: Brewers Association of Canada, 1997.

In certain instances, government revenue expectations fail to be met because tax generated price increases coincide with volume decreases greater than the rate of tax. In the 1991 fiscal year, several Canadian provinces made tax changes and when the federal government changed their tax structure from a narrowly based sales tax to a more broadly based goods and services tax in addition to increasing excise duties on alcoholic beverages, sales of all categories of alcoholic beverages decreased by 3.2 per cent. As a result, there was a decrease in net income to provincial liquor authorities, for the first time since 1950, of 1.8 per cent (Ibid.).

Economic support

In some countries alcoholic beverages taxes are used specifically in support of agricultural, cultural, or economic objectives. This is not the case in the four countries considered here.

Other considerations

In certain countries, alcoholic beverages taxes have undergone broad internal reforms of tax levels or systems, such as the federal value added Goods and Services Tax introduced in Canada in 1991. Also, in some countries taxes and duties on alcohol have been, or will be, affected by trade agreements with other countries. For instance, the EC has caused an

excise tax increase on cognac in France and a reduction in rates on “Lower” wine in the United Kingdom. Countries in the European Free Trade Association (EFTA), signed a far-reaching agreement with the EU to create a common European Economic Area (EEA) in 1992. This agreement and the application of countries such as Sweden for full membership in the EU caused these countries to make a number of changes to their tax systems. Sweden eliminated the ad valorem portion of the excise levies on spirits and wine, replacing this with taxes based solely on alcohol, and joined the EU in 1995.

The EU is currently trying to harmonise alcohol taxation between its member states but so far has only succeeded in setting minimum tax rates (see Appendix H). As part of their attempt to harmonise taxes and duties, the EU has raised to a very high level the limits on the quantity of alcoholic beverages which a traveller, excluding air travellers, may transport for personal use between one member state and another.

The World Trade Organization (which replaced GATT) administers the international trade agreement which requires that a tariff reduction granted to one country be extended to all others in the group. GATT trading partners concluded a series of trade negotiations that dealt with tariff and non-tariff barriers in 1979. As a result, some countries, such as Canada, are undergoing staged reductions of customs duties on certain alcoholic beverages in order to comply with their agreements.

Customs duties on alcoholic beverages between Canada and the United States (U.S.) are being phased out as a result of the Canada-U.S. Free Trade Agreement. Also, tax adjustments of varying degrees on individual beverages are being carried out as a result of a recent GATT complaint by the EC against Canada.

Other Taxes

In almost every country, there are taxes in addition to special levies applied to alcoholic beverages. In the countries discussed here these take the form of value added tax, although in Canada this is only one of three additional levies after excise. The reason for the various levies in Canada is that more than one jurisdiction may tax alcoholic beverages. Of the countries surveyed by Hurst, Gregory, and Gussman (1997), collection of taxes by both the federal and provincial governments in Canada ranks the Canadian tax burden on alcoholic beverages as the third highest for beer, the fourth highest for spirits and the seventh highest for wine.

TABLE 22

RATES OF OTHER TAXES ON ALCOHOLIC BEVERAGES IN 1996

Country	Tax Type	Beer	Spirits	Table Wine	Fortified Wine
Canada	Federal goods and services	7.0%	7.0%	7.0%	7.0%
	Provincial markups	Varies between beverages and provinces & sales			
France *	Value added	20.6%	20.6%	20.6%	20.6%
Sweden	Value added	12.0%	25.0%	25.0%	25.0%
	Container	Fixed dollar amount			
U.K.	Value added	17.5%	17.5%	17.5%	17.5%

* An additional special fixed tax is levied on beverages above 25% alcohol by volume.

Source: W. Hurst, E. Gregory and T. Gussman. International Survey: Alcoholic Beverage Taxation and Control Policies (9th edition). Ottawa: Brewers Association of Canada, 1997.

7.2.8 Weight of Taxation

Special taxes

The weight of taxation, measured by the tax levied on the amount of alcohol contained in a beverage, is higher on distilled beverages than on beer in most countries. In a 23 country comparison, Hurst, Gregory, and Gussman (1997) found that, on the basis of the mean of the ratios of the tax on spirits to the tax on beer, spirits are taxed over three times as heavily as beer, and special wine taxes average approximately 70 per cent of the beer levy. Generally, the relative weight of taxes on spirits and wine has remained relatively stable over time, at around 3.3:1 for spirits and 0.7:1 for wine.

While there are certain variations on the basic theme, the concept of differential taxation stems from traditional beliefs that alcoholic beverages differ in their effects on behaviour, by implication for reasons other than the amount of alcohol involved. The most commonly encountered of these, in terms of control measures, is that beer is a relatively innocuous beverage of moderation while spirituous liquor is a comparatively harmful beverage of excess. As discussed in Chapter 5, the actual type of beverage is fairly

inconsequential; cultural differences in behaviour must be sought in terms of strength of beverage, patterns of drinking and cultural meanings of alcohol.

The ratios of special levies from 1975 are listed below.

TABLE 23						
SPECIAL LEVY RATIOS PER UNIT OF ALCOHOL IN SPIRITS AND WINE AS COMPARED WITH BEER						
Country		1975	1985	1988	1991	1996
Canada (a)	Spirits to Beer	3.3	2.8	2.8	2.0	2.0
	Wine to Beer	0.5	1.0	1.0	0.8	0.9
France	Spirits to Beer	21.5 (b)	24.5 (b)	23.7 (b)	24.4 (b)	6.8 (c)
	Wine to Beer	0.5	0.5	0.6	0.5	0.1
Sweden	Spirits to Beer	3.8	4.6	5.5	5.1	3.8
	Wine to Beer	1.3	2.2	2.4	2.4	2.2
U.K.	Spirits to Beer	3.1	2.0	1.9	1.9	1.8
	Wine to Beer	1.9	1.2	1.11	1.1	1.1
<p>(a) Does not include provincial special taxes; comparison of federal excise only.</p> <p>(b) Beer compared with brandy.</p> <p>(c) Beer compared with whisky.</p>						
<p>Source: W. Hurst, E. Gregory, and T. Gussman. <u>International Survey: Alcoholic Beverage Taxation and Control Policies</u> (9th edition). Ottawa: Brewers Association of Canada, 1997.</p>						

Beverages with higher alcohol contents are taxed progressively higher than lower alcohol content beverages in all four countries. This is particularly pronounced in France where the policy of the French government is to keep taxes on beer and wine significantly lower than on stronger alcoholic beverages. In the United Kingdom, however, the ratio of excise levy from spirits to beer declined significantly from 1975 to 1996. In France, wine appears to be selected for special treatment (with the exception of fortified wine), given that the excise levy is one-tenth that of beer.

Spirits are normally subject to a single excise levy based on a unit of pure alcohol, whereas, most countries, including these four, set up more than one tax rate for different

kinds of wines and beers. In countries which differentiate amongst wines based on alcohol content for tax purposes, the tax per unit of alcohol is typically roughly proportional or progressive, whereas countries where tax is not based on alcohol content, tax on wine is regressive. Similarly, beer may be subject to more than one tax rate depending on alcohol content. Although there is usually some progressiveness in tax rates, this is not necessarily the case for all categories of beer. In several countries, malt beverages, often those with very low alcohol contents, are exempt from tax (Ibid.).

All taxes: beer, spirits and wine

The general taxes, as stated, are virtually always ad valorem types and may be the same as those for other taxable commodities or a special rate may be applied to alcoholic beverages. As these almost always are applied to all alcoholic beverages at the same rate, this usually effectively reduces the relative weights of taxation on spirits, and increases the total relative tax on wine compared to beer. The following table shows how the relative weight of taxation changes when the ad valorem taxes are combined with the special levies. In all four countries, the relative weight of taxation on spirits is reduced, although two of these represent an exception to the usual trend in that the total relative tax on wine as compared with beer either remains the same (as in Canada) or is reduced (as in the United Kingdom).

TABLE 24				
RELATIVE WEIGHTS OF ALL TAXES COMPARED WITH RATES FOR SPECIAL TAXES ONLY IN 1996				
Country	Ratio of Special Taxes		Ratio of All Taxes	
	Spirits to Beer	Table Wine to Beer	Spirits to Beer	Table Wine to Beer
Canada	1.8*	0.9*	1.5	0.9
France	6.8	0.1	3.0	0.4
Sweden	3.8	2.2	3.7	2.4
U.K.	1.8	1.1	1.4	1.0

* Includes special provincial levies.

Source: W. Hurst, E. Gregory, and T. Gussman. International Survey: Alcoholic Beverage Taxation and Control Policies (9th edition). Ottawa: Brewers Association of Canada, 1997.

Impact of taxes on price

The degree of tax burden on alcoholic beverages as a percentage of price varies considerably from country to country (see following tables). The highest tax burdens tend to be found in countries where alcohol monopolies retail some or all of the alcoholic beverages. These tend to be the same countries where control of consumption is a stated government objective and taxes are used as one of several control measures. Taxes also tend to be high in these countries as a result of the inclusion of retailing costs in the tax rates. In other words, the “dryer” the country, the higher the tax burden on alcoholic beverages.

TABLE 25			
APPROXIMATE TAX BURDEN ON ALCOHOLIC BEVERAGES			
Country	Percentage of Price for Home Consumption		
	Beer	Spirits	Table Wine
Canada	52	76	44
France	24	53	19
Sweden	46	87	66
U.K.	40	61	45

Source: W. Hurst, E. Gregory, and T. Gussman. International Survey: Alcoholic Beverage Taxation and Control Policies (9th edition). Ottawa: Brewers Association of Canada, 1997.

TABLE 26

TAXATION ON ALCOHOL

Country	Taxation
France	<u>Table wines</u> : 22F/hl. <u>Sparkling wines</u> : 54.8F/hl. <u>Beer</u> (with alcohol content not exceeding 2.8% alcohol by volume): 6.25F/degree of alcohol/hl. <u>Other beer</u> : 12.5F/ degree of alcohol/hl.. <u>Spirits</u> (with a pure alcohol content greater than or equal to 40%): 5125F/hl pure alcohol.
Sweden	<u>Table wines</u> : 58%. <u>Strong beer</u> (3.5-5.5%): 55%. <u>Spirits</u> (over 35% proof): 84%.
U.K.	<u>Table wines</u> : 51.1%. <u>Beer</u> (4-6%): 31%. <u>Spirits</u> (over 35% proof): 66.5.

Source: Harkin, Anna May and Lilian Klinkenberg. Profiles of Alcohol in the Member States of the European Region of the World Health Organization. Copenhagen: WHO Regional Office for Europe (European Conference on Health, Society and Alcohol, Paris, 12-14 December 1995) (unedited draft copy).

7.2.9 Licensing System - Retail Establishments

In some countries, an on-premise licence also carries with it the privilege of selling alcohol for off-premise consumption, as is the case in France. Over half the establishments licensed for on-premise consumption in the United Kingdom are licensed to make retail sales for home consumption. Some licensed on-premises establishments in Western Canada are also permitted to apply for a license for selling beer off-premises.

Limits are occasionally placed on the number of licences issued on the basis of population in certain countries, such as France, and a few limit the number of licences on the basis of beverage type.

Commonly a licence, whether for on- or off-premise sale, restricts sale to one or more beverage type. Where this is the case, distilled beverages are usually less accessible than fermented.

On-premise Licensing

In most countries, more licences are granted for the sale of lower alcohol content beverages than for the sale of all beverage types. Consequently, there are more outlets for on-premise consumption of beer and wine than for spirits. In Canada, France, and Sweden, this type of licensing can be found to varying degrees. France probably has the most complex licensing system with four main types of licence:

- non-alcoholic beverage licence which includes beverages with an alcohol level under 1.2%;
- fermented beverage licence allowing sale of non-distilled beverages up to three per cent alcohol by volume;
- restricted beverage licence allowing sale of beer, cider, wines, liqueurs and aperitifs with not more than 18 per cent alcohol by volume; and
- full beverage licence allowing sale of all alcoholic beverages. (Hurst, Gregory, and Gussman 1997, 547; Institute of Alcohol Studies 2001).

Additionally, restaurants in France not possessing any of these licences for on-premise consumption may have one of the following: Petite Licence Restaurant - permitting the sale of fermented beverages up to three per cent by volume, but only with food; or Licence Restaurant - permitting the sale of all alcoholic beverages, but only with food.

In the United Kingdom, for on-premise consumption, distribution is very wide, through virtually any kind of eating or drinking establishment. Over half of these possess the privilege of selling for off-premise consumption as well. There are two kinds of licensed public houses, tied and free. Tied houses are brewery-owned and are either managed by the brewer or leased to individuals on the proviso that they enter into exclusive supply agreements with the brewery. Free houses are not affiliated, financially or otherwise, with a brewer. There has been a great deal of controversy surrounding the tied house system over the past few decades. Since 1966 there have been eight investigations into the tied house system, primarily having to do with pricing and supply competition. As a result of the most recent, by the United Kingdom Monopolies and Mergers Commission, the government decided to order "brewers owning more than 2,000 licensed premises to release half of the number of premises above 2,000 from exclusive supply ties...result[ing] in the release or sale of some 11,000 licensed premises" (Brazeau and Burr 1993, 438-439).

Off-premise Licensing

Many off-premise licensing systems, particularly those in countries with state alcohol retailing monopolies, stipulate that spirits and, sometimes wine, are not sold through the same

outlets as beer. In Canada, for instance, spirits are always sold through government monopoly liquor stores; wine is normally sold in this way, as well as a certain amount of beer. The vast majority of beer is sold through licensees which are brewers' retail stores in Ontario; grocery stores in Quebec; hotel licensees in the western provinces; and brewers' stores or agents (grocery stores) in Newfoundland. Sweden operates a similar system whereby some or all beer and some light wine may be sold in food shops under licences granted by local authorities and all strong alcoholic beverages are sold through government monopoly retail stores.

Generally, alcoholic beverages for off-premise consumption are more widely available in countries without state alcohol retailing monopolies. Outlets for off-premise consumption in the United Kingdom, in addition to those already mentioned, include many ordinary shops and supermarkets, and specialist wine and spirits merchants. Any establishment licensed to sell for on-premise consumption in France may also sell alcoholic beverages for off-premise consumption. Other licences for off-premise consumption include: Petite Licence à Emporter - permitting the sale of fermented beverages up to three per cent alcohol by volume; and Licence à Emporter - permitting the sale of all types of alcoholic beverage.

Similar to the systems for on-premise licences, many countries favour lower alcohol content beverages over higher. Consequently, there are many more outlets for buying beer and wine for off-premise consumption than there are for purchasing spirits.

There have been various alterations to licensing legislation in many countries over the years, some of which decrease availability (including France and Sweden) and others which increase accessibility. In France as of 1960, the privileges granted to "bouilleurs de cru" were no longer transferable which resulted in a significant reduction in their numbers. As of 1977 in Sweden, higher alcohol content medium beer was no longer available in ordinary shops and could only be purchased through government liquor stores. Examples of increased accessibility can be found in the Canadian provinces of Quebec and Alberta. In 1978, legislation was changed to allow the sale of wine in grocery stores in Quebec. Previously its sale had been restricted to government liquor stores. Alberta began privatising retail operations in 1993 and by March 1994, all government liquor stores were replaced with full-range privately operated stores under licence.

Sournia (1990) claims that there is no evidence to suggest that controlling the number of drink outlets reduces levels of alcohol consumption. For instance, in Tunisia, a Muslim country, the number of outlets fell from 665 in 1956 to 337 in 1972 but per capita consumption has steadily increased.

7.2.10 Days and Hours of Sale

In almost every country there are restrictions on the days and hours of sale for both private and government retail establishments although these vary considerably from one country to the next. The Nordic countries, where hours are very restrictive, are at one extreme with countries such as Portugal and Spain, where hours of business determine hours of sale, are at the other (Hurst, Gregory, and Gussman 1997).

Hours of sale are not dependent on beverage type in most countries, particularly for on-premise consumption. In Sweden and certain areas of Canada there are marginally extended hours for the sale of beer for off-premise consumption.

Generally, studies examining the effects of changes in the opening days or hours of sale for alcohol outlets have determined that drinking is decreased with the elimination of certain days of sale and increased with extended hours of sale (Edwards et al. 1995).

Experimentation with these restrictions has gone in both directions, from more restrictive to less restrictive, with varied results (Popham et al. 1976). There has been some liberalisation in Canada and the United Kingdom with respect to hours of sale. Sweden, having experimented with closing government liquor stores on Saturdays during the summer months, found that consumption was reduced and there was a decrease, on Saturdays, in arrests for drunkenness and incidents of alcohol-related violence and domestic disturbances requiring police intervention. For this reason, legislation was enacted in 1982 which prohibits the sale of alcohol from government liquor stores on Saturdays. Similar experiments have been conducted in other countries with conflicting results. Norway found that consumption actually marginally increased, problems for the skid row population were exacerbated, and although there were fewer arrests, violence increased with Saturday closing (Hurst, Gregory, and Gussman 1997). While there is no obvious explanation for the different consequences of Saturday closing between Norway and Sweden, it may indicate the importance of drinking cultures in the outcome of legislative changes.

Extensions in the hours of sale have also been enacted in these and other countries. As of 1985, retail sales of medium-strength beer began to be permitted after 08.00 on Sundays in Sweden. In 1982, 1985, 1987, and 1988, three Canadian provinces extended the hours of sale for either on- or off-premise consumption. England and Wales on-premises licenses were liberalised in 1988 by abolishing the closing requirement between lunchtime and evening business on every day except Sunday and lengthening the mid-day opening by one hour on Sundays.

A 1989 survey comparing drinking patterns in the United Kingdom before and after the extension of hours found no significant change in alcohol consumption; in fact, average consumption per drinker declined (*Ibid.*). Marsh and Fox Kibby (1992) have shown that the peaks for public disorder arrests in the United Kingdom are between 23.00 and midnight, and between 02.00 and 03.00 in places where there are a significant number of clubs and discotheques, which appears to be a direct result of the present fixed licensing hours. They also claim that closing times are partially responsible for particular aspects of drinking styles in British pubs, whereby the amount of drinking increases immediately prior to leaving, which creates a temporary peak of intoxication (*Ibid.*; Tuck 1989). In 1995, hours were further liberalised in England and Wales, with Sunday hours extended. Presently, late afternoon closing is required only on Christmas Day. In 2001 the Labour government planned to repeal the 80-year-old law banning most establishments from serving alcohol after 23.00 so that alcohol may be sold 24 hours a day. The intention was to encourage Britons to drink in a less hurried, more “integrated” manner (Honore 2001).

As with most other aspects of alcohol policy, France is located at the “wet” end of the spectrum, with Sweden at the “dry” end. In France, restrictions on hours of sale are determined by local authorities and there are no restrictions on days of sale, although it is illegal to sell alcohol between 22.00 and 06.00 hours at petrol stations. Furthermore, it is illegal to sell alcohol in automatic vending machines and at sports events and only limited consumption is permitted in facilities for physical and sports activities (Institute of Alcohol Studies 2001). In Sweden, most government liquor stores (selling spirits, wine, and strong beer) are open Monday through Friday from 09.00 or 09.30 to 18.00 and some are open until 19.00 on Thursdays and Fridays; all government liquor stores are closed on Saturdays and Sundays. Class II beer is sold in grocery stores in Sweden and may be sold during the store’s

opening hours; some stores open as early as 07.00 and others as late as 23.00. Canada and England fall somewhere in between the two extremes, with Canada somewhat “dry,” and England, somewhat “wet.”

7.2.11 Legal Drinking Age

Most countries are in agreement with regard to restricting the availability of alcohol for young people. Minimum ages for the purchase and consumption of alcoholic beverages and associated restrictions are legislated in almost every country, as are penalties established for infringements of these laws, both for the individual and for those in any manner involved with the infractions.

For various reasons, countries differ somewhat in their choice of minimum drinking age(s), as well as the environment in which they permit consumption to take place. Many countries have established a uniform legal drinking age, while others have preferred to differentiate between types of beverages and whether or not a beverage is purchased for on- or off-premises consumption. Alternatively, some may combine the two approaches.

In Canada, the legal age for purchase and/or consumption of alcoholic beverages remains at 18 or 19, depending on the region, and does not vary according to beverage type or the premises in which it is consumed. In France, both on- and off-premises, there are no age restrictions if accompanied by a parent or guardian; the sale and on-premise consumption of alcoholic beverages is prohibited to anyone under the age of 16 unless accompanied by a parent or guardian over the age of 18; and the sale and consumption of beverages covered by a category 1 licence (beverages containing less than 1.2 per cent alcohol by volume) to unaccompanied young people over the age of 13 is permitted. Sweden has a uniform drinking age of 18 for on-premise consumption regardless of beverage type, whereas for off-premise purchase and/or consumption, the age of 18 has been established for beer and 20 for wine and spirits. In the United Kingdom, beer and wine may be purchased on-premise at the age of 16, while the age of 18 has been set for the on-premise consumption of spirits and for off-premise purchase and/or consumption of all types of alcoholic beverages (Hurst, Gregory, and Gussman 1997).

As discussed in Chapter two, the “integrationist” or “wet” policy approach was primarily responsible for the widespread lowering of minimum age restrictions in North America in the 1970s. Proponents of this perspective argued that, since the limits were out

of step with actual behaviour, they served only to generate disrespect for the law. Furthermore, it was felt that age limits (particularly when high) encouraged clandestine drinking by the young, and reduced the likelihood that healthy attitudes toward alcohol use would be learned (Popham et al. 1976).

Country	On-Premise			Off-Premise		
	Beer	Wine	Spirits	Beer	Wine	Spirits
Canada	18-19 (a)	18-19 (a)	18-19 (a)	18-19	18-19	18-19
France	(b)	(b)	(b)	(b)	(b)	(b)
Sweden	18	18	18	18 (c)	20	20
U.K.	16 (d)	16 (e)	18	18	18	18
(a) None, if accompanied by an adult in two provinces. (b) None, if accompanied by a parent or guardian; otherwise the individual must be at least 16 years of age for beverages over 1.2% alcohol by volume and 13 years of age for beverages under 1.2%. (c) For beer 3.5% alcohol by volume or less, otherwise the individual must be 20 years of age. (d) In England, Wales and Scotland, if consuming a meal, except in a bar; otherwise the individual must be 18 years of age. (e) In Scotland, if consuming a meal; otherwise the individual must be 18 years of age.						
Source: W. Hurst, E. Gregory, and T. Gussman. <u>International Survey: Alcoholic Beverage Taxation and Control Policies</u> (9th edition). Ottawa: Brewers Association of Canada, 1997.						

Alternatively, from a public health perspective or “dry” policy approach, minimum age restrictions serve to reduce overall consumption, thereby reducing the associated alcohol-related problems and positively affecting the health of the people in any given society. As a result, some countries, such as the United States, have raised their minimum drinking ages fairly substantially in the hope of reducing associated alcohol problems. This has led, at least in the short term, to a considerable reduction in alcohol-related problems amongst young people, particularly noticeable in terms of alcohol-related road accidents. “Reports using data both from individual states and multiple states found reductions in alcohol-involved crashes

for young drivers of from 5 to 28%" (Edwards et al. 1995, 138). Canadian research has offered similar conclusions, albeit from the opposite perspective: the lowering of the minimum age of purchase in the early 1970s corresponded to increases in alcohol-involved traffic crashes. Generally, "increases and decreases in the minimum age seem to be followed by parallel changes in consumption levels and traffic accidents, but the effects are not entirely consistent and seem to depend on community acceptance" (Silbereisen, Robins, and Rutter 1995, 522). Most countries, including the four discussed here, have opted to leave their minimum drinking ages as they now stand, with a preference for instituting more rigid penalties and tightening detection practices for contravening the present restrictions.

The degree of enforcement of legal drinking ages undoubtedly varies considerably from one country to the next. The degree to which the alcohol retailer shoulders the responsibility for ensuring that alcohol is not supplied to underage drinkers is an important determinant of enforcement. In Canada, for instance, there are harsh penalties for anyone selling or supplying alcohol to minors whereas, in some countries, it is only an offence if someone "knowingly" sells alcohol to a person under age.

7.2.12 Advertising Regulations

There is not a great deal of concrete evidence on the effects of advertising on alcohol consumption (Bucholz and Robins 1989; Johnson, Grady, and Maclean 1990; National Board of Health and Welfare 1988; Smart 1988; van Iwaarden 1983). Even studies of dramatic changes in advertising, such as advertising bans, show fairly equivocal results. In two such studies, of single provinces in Canada, no effect of the bans were shown, although they could not control for advertising influences outside these provinces (Edwards et al. 1995). A recent WHO publication, however, claims that restrictions on advertisements lead to reduced alcohol consumption and alcohol-related harm.

OECD countries with bans on spirits advertising have about 16% lower alcohol consumption than countries with no bans, while countries with bans on beer and wine advertising have about 11% lower alcohol consumption than countries with bans only on spirits advertising. Motor vehicle fatalities are about 10% lower when spirits advertising is banned, and about 23% lower in countries with bans on beer and wine advertising as well as spirits. For young people, a five minute increase in exposure to alcohol [ads] can be associated with an increase in alcohol consumption of 5g a day. (Harkin et al. 1995)

Although this sounds convincing, it is more than likely that those countries with few or no restrictions on advertising take a similarly laissez-faire stance with regard to other alcohol

controls and that advertising restrictions are not solely responsible for lower rates of consumption and associated harm. Moreover, this fails to take account of the effects of advertising restrictions within each country. The evaluations of mass media campaigns “usually end on a note of disillusionment: indisputably successful examples are few and far between” (Partanen and Montonen 1988, 54). Results obtained by Hagan and Waterson (1983) suggest that advertising has no effect on total consumption. Godfrey (as cited in Silbereisen, Robins and Rutter 1995) proposes that, in the United Kingdom, a ten per cent decrease in advertising a particular alcoholic beverage would result in no more than a three per cent decrease in consumption.

According to Smart (1988) “research suggests that advertising is, at best, a weak variable affecting alcohol consumption” (p. 321). The results are not entirely negative, but the evidence is generally disappointing (Waterson 1989) and suggests that, given limited resources, there may be other more fruitful areas of research.

Restrictions on advertising vary considerably from country to country, ranging from no restrictions (Italy, Japan, the Netherlands, and West Germany) to a complete ban on all advertising (Czechoslovakia, Finland, and Norway). In the countries discussed here they range from very restrictive, as is the case in France and Sweden, to relatively permissive, as is the case in the United Kingdom. Canada would be considered moderately restrictive. Restrictions may be media initiated, government initiated, as they are in Canada, France, and Sweden, or industry initiated, as they are in the United Kingdom. Increasingly, alcohol producers are becoming more involved in the formation of codes of behaviour with regard to advertising.

The precise nature of restrictions also varies considerably (see Appendix I) but, generally, restrictions are harsher for the advertising of spirits than for other beverages. Likewise, there are stricter constraints on broadcast advertisements than print advertisements. Restrictions on the content of advertisements, such as not permitting lifestyle advertising or the portrayal of excessive drinking, are similar in most countries.

While most countries have implemented more restrictive regulations on alcohol advertising, in Canada, regulations have tended to become more relaxed, at least for beer and wine.

In many countries, advertising which discourages the consumption of alcoholic beverages or, at least, encourages responsible use has emerged. Usually these are sponsored by government agencies or alcohol foundations but, increasingly, alcoholic beverage industries are introducing messages which encourage moderate consumption and discourage both drinking and driving and underage drinking. In 1987, in Canada, the brewing industry voluntarily introduced and has maintained a "responsible use" media and billboard campaign, the Portman Group in the United Kingdom runs similar campaigns, however, in France, responsible use messages by the alcoholic beverage industries are dictated by legislation (Hurst, Gregory, and Gussman 1997).

Country	Television			Radio			Print		
	Beer	Wine	Spirits	Beer	Wine	Spirits	Beer	Wine	Spirits
Canada (a)	*	*	*	*	*	*	*	*	*
France (b)(c)				*	*	*	*	*	*
Sweden (d)				*					
U.K. (e)	*	*		*	*	*	*	*	*
(a) In nine out of ten provinces. (b) Radio advertisements not permitted between 5:00 p.m. and 12:00 p.m. and at all times on Wednesday. All advertisements must include responsible use message. (c) Content of advertisements limited to description of product. (d) Print advertising of beer permitted with an alcohol content by volume of 3.5% or less. (e) Although not prohibited by legislation, spirits advertisements are not accepted by television.									
Source: W. Hurst, E. Gregory, and T. Gussman. <u>International Survey: Alcoholic Beverage Taxation and Control Policies</u> (9th edition). Ottawa: Brewers Association of Canada, 1997.									

7.2.13 Impaired Driving Regulations

Generally, in recent years, blood alcohol levels have been lowered, penalties made harsher, and/or enforcement made easier (see Chapter 6 for more sustained discussion). While only two of the four countries discussed here have reduced blood alcohol levels, both twice, in all four countries penalties have been stiffened and enforcement made easier. In most countries the message is clear: not only is impaired driving socially and economically unacceptable but it is considered criminal behaviour as well.

TABLE 29				
PERCENT BLOOD ALCOHOL LEVELS INDICATIVE OF IMPAIRED OR DRUNKEN DRIVING				
Country	0.0	0.02	0.05	0.08
Canada	*(a)			*
France			*	
Sweden		*		
U.K.				*

(a) Zero per cent or reduced limits for young or novice drivers implemented or under consideration in most provinces.

7.3 Alcohol Research

One interesting aspect of the anthropological perspective in the field of alcohol studies, which applies to societies like Canada and Sweden, “is the persistence of interest in the subject-matter itself” (Warsh 1993, 5).

Prior to World War I, alcohol researchers and policy-makers tended to come from the temperance movement, and thus primarily adhered to an abstinence philosophy. It is apparent, then, why the temperance cultures or ambivalent “dry” societies have predominated in the alcohol field. “This ideological orientation strongly affected the choice of certain areas of inquiry and the conspicuous neglect of others” (Bruun 1963, 219).

Similar to Baggott's (1990) discussion of the clash between “health” and “wealth,” Babor, Edwards, and Stockwell (1996) express concern over the increasing involvement of the alcohol industry in alcohol research and in the interpretation of that research. While the

authors are unsure whether this represents “a conspiracy to subvert science,” “a well-meaning attempt to develop industry-academic partnerships in the interests of public health,” or “a dangerous alliance between naive scientists and self-serving commercial interests,” what seems indisputable is the vast proliferation in the number of industry organisations and activities in this field over recent years.

Several common themes appear in the industry's academic initiatives which contradict much of the research in the alcohol field. One such theme is that there is a clear distinction between moderate and “social” drinking and “alcohol abuse” and alcoholism, the underlying message being that the former is “good” while the latter is “bad.” This perpetuates the idea that most of society is immune from problems related to alcohol. Other common themes running through industry-sponsored initiatives are that “there is no linkage between average alcohol consumption in a society and the prevalence of alcohol-related harm; that policies that restrict alcohol availability are ineffective; and that alcohol control policies of the type proposed in the recent book *Alcohol and the Public Good*, are part of an organized movement of neoprohibitionists...” (Ibid., 6). Furthermore, the industry resists referring to alcohol as a “drug,” denies any association between alcohol and crime, and attributes the problems of drink-driving to “hard cases.”

Promotion of the beneficial aspects of drinking is not inherently a bad thing and much of the industry-sponsored research may be perfectly valid but it is important that it be placed in perspective and to be cognisant of vested interests and the potential for undue influence. Bias is by no means confined to the alcohol industry and, consequently, it is prudent to also be aware of other possible sources. Public health and temperance lobbyists are not immune from interpreting information in such a way as to suit their own ends. “[E]arly hopes that ‘research’ and ‘science’ were objective, value-free processes capable of directing policy making were...dashed by critics who pointed out that the construction of scientific ‘fact’ and its translation into the policy process were the result of complex social processes and the interplay of diverse interests” (Thom 1999, 11). While establishing unbiased standards in the alcohol field poses extraordinary difficulties, Room (1988) identifies the need for scientists to struggle with themselves to distinguish their expert knowledge from their political opinions.

A preponderance of recent examples of industry-sponsored initiatives seem to relate to activities in the United Kingdom. The United Kingdom falls under the “dry” heading in many respects but in others, such as their drinking culture and patterns of professional treatment handling, they veer towards the “wet” end of the spectrum. This sort of controversial alliance is not confined to “wet” societies but appears to be more prevalent on the “wetter” side of the equation. Alcohol research tends to obtain more funding from the government in “dryer” cultures. Obtaining government funding is not necessarily a guarantee of objectivity, as most governments derive a substantial amount of revenue from alcohol, but given that both the Canadian and Swedish governments have declared a firm commitment to public health, sponsored initiatives are likely to have a more balanced perspective.

The degree of “wetness” or “dryness” is reflected in the amount of ongoing research in each of the four countries. In France, there are no research institutes which specialise in, or have major responsibility for, research on alcohol issues.

In the United Kingdom there is a modest amount of alcohol research, with the National Addiction Centre, Institute of Psychiatry at Kings College London, the Institute of Health Studies at the University of Hull, the Centre for Health Economics at the University of York, the Alcohol & Health Research Group at the University of Edinburgh, and the Centre for Alcohol and Drug Studies at the University of Paisley specialising in research on alcohol issues. In 1983, the United Kingdom Temperance Association established the Institute of Alcohol Studies as a forum for generating research and debate (Thom 1999). There has been a concerted effort by the government to acknowledge and investigate various alcohol-related problems, but because there are several government departments responsible for issues regarding alcohol misuse, their efforts reflect this diversity (Harrison 1989⁵⁶, interview). It is unlikely that this is the best use of available resources. Private sector initiatives are also diverse with several small private organisations involved in alcohol research. As discussed, much of the funding for research is provided by the alcohol industry itself.

In Sweden, there is a considerable amount of ongoing alcohol research. Research is conducted by various organisations and there has been a concerted effort to coordinate

⁵⁶While this statement was made in 1989, it seems to adequately reflect the current situation in Britain.

activities so that the funding available is put to the best possible use (Romanus 1990⁵⁷, interview). Research is carried out in various university departments, some of which specialise in alcohol research, while most have a more general profile where alcohol research is only one of many different research programmes. Two main research councils have been established, the Swedish Medical Research Council and the Council for Research in the Humanities and Social Sciences, to help supplement university research and to facilitate greater cooperation between research organisations (Sparrow et al. 1989). Also, in collaboration with the National Institute of Public Health, the state retail monopoly supports, to a certain extent, research in this area by providing a special fund for alcohol research (Harkin and Klinkenberg 1995). Furthermore, several private organisations promote alcohol research including the Central Union for Social Work which consists of nine affiliated bodies.

Canada is renowned for its contribution to alcohol research, in fact, "...the leaders in the field of the public health approach have come from the staff and collaborators of the Addiction Research Foundation...[now Centre for Addiction and Mental Health]" (Pederson 1991, 165). Although there was virtually no objective research carried out in Canada prior to World War II (Smart 1985), during the late 1940s and 1950s most provinces established government-funded alcohol foundations, commissions, or departments. There are numerous ongoing private sector initiatives and, in 1988, the federal government established the Canadian Centre on Substance Abuse.

7.4 Summary

There is considerable variation between "wet" and "dry" societies in terms of patterns of professional treatment handling and the contention that the "wetter" the culture, the less likely they are to have an alcohol-specific treatment system, seems to be substantiated. Canada and Sweden are relatively close to the archetypal "dry" societies insofar as patterns of professional treatment handling are concerned. In both countries there is an extensive and well developed alcohol-specific system for treating or otherwise handling problems related to alcohol, presumably reflecting the greater problematisation of alcohol within these cultures. While psychiatry seems to be the medical specialty with custody in these "dryer"

⁵⁷Cooperation between the various organisations involved in alcohol research is still evident in Sweden.

societies, reflecting their cultural focus on the effects of alcohol on behaviour, there is also a wide range of other professions involved in handling a broad spectrum of alcohol problems. "At least until recently, other disciplinary perspectives and other professional groups entered the heart of the policy community only in alliance with psychiatry" (Thom 1999, 15). Of course, the considerable growth in treatment response and the escalating involvement of different types of "caring" professions is in no way simply the result of greater need. As discussed, the vested interests of these professions are well served by attempts to inflate both the size and scope of the problem. This has been helped along by the focus on epidemiology in alcohol studies and the expansion of treatment targets to include those whose lives have been affected by alcohol. The extent of "wetness" or "dryness" certainly appears to have a bearing on the extent of government involvement in, and consequently availability of, treatment services. As with most of the indicators discussed thus far, on a spectrum of "dry" to "wet," Sweden would be appropriately placed at the "dryer" end, followed by Canada, with England and France further towards the "wetter" end. There are a number of similarities between England and France as far as patterns of professional treatment handling are concerned although their usual positions on the "wet"/"dry" continuum appear to be transposed in this instance. Deferring to the powerful vested interests of their respective alcohol industries, both governments appear to have abdicated responsibility in this area. As with France's professionally inspired temperance movement, the medical profession has been primarily, if not solely, responsible for developing treatment services.

In keeping with the "wet"/"dry" paradigm, the "dryer" the society, the more likely they are to have interfered in the market to limit the availability of alcohol through an alcohol-specific control system. Following brief but unsatisfactory experiments with the "wet" solution, the "dry" societies have opted for the "dryer" solution. In "wetter" societies, the state's involvement in the alcohol market seems to be primarily for the purpose of stabilising an agricultural market or for product quality assurance and this is substantiated in the case of France. The idea of having a general alcohol policy seems to make more sense in the context of a "dryer" culture and certainly, the "dryer" the culture, the more clearly articulated this is.

Generally, availability of alcohol has been found to be positively related to levels of consumption by both moderate and heavy drinkers which, in turn, influences various types of chronic and acute health and social problems.

In various settings, controls on days and hours of sale have been found to correspond to consumption patterns and alcohol-related problems. For instance, when outlets close early, as is the case in England, large quantities of alcohol are often consumed rapidly immediately prior to closing. This may not affect per capita consumption but certain alcohol-related problems such as those discussed with reference to “lager lout” behaviour or drink-driving may be exacerbated.

The results of age restrictions appear unequivocal. In the 1970s, the “integrationist” position suggested that lowering the minimum legal purchase age would encourage demystification of alcohol use and instill healthy drinking norms. When attempted, as was the case in Ontario in 1971 when the drinking age was lowered from 21 to 18, it resulted in a sharp increase in alcohol-related problems amongst adolescents, particularly drink-driving accidents.

The use of alcohol taxation and pricing is an extremely important aspect of availability. Alcohol consumption has been shown to be “price elastic” with consumption increasing when prices go down and decreasing when prices go up. For this reason alcohol taxation, in conjunction with other measures, provides a promising mechanism for the prevention of alcohol-related problems.

The findings with respect to the impact of advertising regulations on consumption are more equivocal. Even though it appears self-evident that increased alcohol advertising would encourage increased consumption, there is little in the way of concrete research to substantiate this.

If controls over availability only affected light to moderate drinkers there would only be weak support for their use as a preventative measure. Studies linking decreased availability to decreased consumption by heavy drinkers clearly lends support to the “dry” side of the argument or more specifically the single distribution model.

Although France does not appear to correspond to the “wet” society archetype in terms of alcohol policy, in reality it fits quite well. On the surface, there appears to be a relatively well-developed alcohol control structure but, in practice, France has an

extraordinarily relaxed and non-interventionist approach to alcohol controls. For instance, the production of spirits is controlled by a state monopoly, but this is almost certainly more for quality control rather than to prevent alcohol-related problems. Alcohol taxation in France is amongst the lowest in Europe and is adjusted the most infrequently. While there is a complex system of licensing which varies according to beverage type and alcoholic strength, in terms of days and hours of sale, French licensing is very liberal. Relatively lenient age restrictions are imposed for unaccompanied young people but, if accompanied by a parent or guardian, there are no restrictions on the purchase or consumption of alcoholic beverages. There are extensive legislative controls on alcohol advertising but these are not rigorously implemented. Likewise, formal legislation governing impaired driving is relatively strict, however, enforcement and punishment is lax. France's relaxed and non-interventionist approach to alcohol controls may be indicative of their "wet" culture but, presumably, a truly successful "wet" culture would have imposed informal controls that worked. The trend to reduced consumption seems to have resulted from informal measures such as hierarchical diffusion, therefore, it is not inconceivable that drunken driving fatalities and liver cirrhosis could be controlled in a similar manner.

As for the three remaining countries and the measures aimed at reducing the availability of alcohol discussed in this chapter, with few exceptions their positions correspond to their usual positions on the "wet"/"dry" continuum. The main exception to this is in terms of production and trade; the three countries located towards the "dryer" end of the spectrum have resisted reducing production and trade in alcoholic beverages as a means of reducing consumption, while France has chosen the "dry" option in this instance.

Sweden operates the most restrictive government alcohol retailing monopoly and has the strictest licensing systems for both on- and off-premises, days and hours of sale, advertising and impaired driving regulations. It also has the highest minimum drinking ages as well as the highest tax burden on alcoholic beverages. These policies appear to be subject to more rigid enforcement than the rest of the countries, in keeping with the greater degree of problematisation of alcohol within their society. Having implemented relatively rigid alcohol controls, Sweden has not managed to contain high levels of illicit production.

Canada comes a close second and operates in a similar manner to Sweden for most of the "dry" policy indicators examined here. Although the blood alcohol content indicative

of impaired driving is higher than might be expected given Canada's relatively "dry" stance, enforcement is quite strict.

While, for several of the indicators, England veers toward the dry end of the continuum, in many respects England's drinking culture would more appropriately be labelled "damp." This is the case for days and hours of sale, minimum drinking ages, and impaired driving restrictions, however, licensing restrictions are similar to France with alcoholic beverages being widely available for both on- and off-premises consumption. England and France's usual positions are transposed in the case of advertising restrictions, given that these are entirely industry initiated and therefore not subject to formal legislation. In England, the principal motivation for raising alcoholic beverage taxes has been for revenue purposes rather than as a means of regulating consumption, although the stated purpose of recent changes in the tax structure was to encourage the consumption of lower alcohol content beverages.

Reflecting patterns of problematisation, alcohol research tends to be more adequately funded and, therefore, more developed and addresses a broader spectrum of problems in "dryer" cultures, whereas, in "wetter" cultures alcohol research tends to focus on the long-term physical consequences of drinking.

CHAPTER 8

CONCLUSION AND IMPLICATIONS

There is a vast, eclectic assortment of material on alcohol use and its effects coming from a variety of disciplines. In distilling this material it is evident that the developing anthropological perspective on alcohol use and its consequences combines various ways of viewing relevant phenomena. These sociocultural models coalesce and help to make sense of the numerous and diverse areas of behaviour under study.

The abundant quantity of empirical findings about alcohol have been remarkably diverse and dispersed. Although currently they appear axiomatic, it was not until relatively recently that the “most fundamental proposition -- that social and cultural factors must be considered in combination with biological and psychological factors, if we are to understand patterns and consequences of alcohol use” (Heath 1988, 397) came to be widely accepted.

The preceding chapters illustrate how popular and official attitudes towards alcohol use vary not just between different cultures, but also metamorphose -- sometimes antithetically -- within a particular culture over very short periods of time. This suggests that problems are not inherent in the substance itself, but emerge from its interaction with users and their context. An important corollary is that “the user is not only a biological organism affected by a chemical, but is also a complex biopsychosocial system comprising and affected by experience, expectations, values, attitudes, and a host of other variables that have little relationship, of a kind that might be discernible by strict scientific methods, to a psychoactive substance” (Heath 1992, 135). As a result, many of the problems typically presumed to be associated with or caused by alcohol can successfully be viewed as social constructs. The selection of Canada, England, France, and Sweden for examination was based on the existence of social and cultural differences and variation in alcohol use and their application of alcohol control legislation. As such they have been used to exemplify this point. The “wet”/“dry” paradigm offers a useful way of organising an otherwise unwieldy group of characteristics.

This final chapter outlines the main themes of this thesis and draws together the main strands of analysis. It also suggests some areas for further inquiry and discusses some shortcomings of the formal evaluative literature.

8.1 The “Dream of a Better Society” - “Wet”/“Dry” Remedies

It seems indisputable that alcohol control measures can influence per capita consumption and a number of alcohol-related problems. What is less clear are the limits of these restrictions and the desirability of certain changes. For instance, raising minimum legal drinking ages in the United States seems to have a positive affect on drink-driving within the most vulnerable age group and has led to a decrease in certain alcohol-related problems but has had an adverse effect on other problems, most notably alcohol-related violence and episodes of acute intoxication.

The evidence that price/tax controls are effective in curtailing consumption, thus reducing alcohol-related problems, provides unequivocal support for the “dry” side of the argument. While there are certain problems and limitations in determining policies, “[t]he sensibly moderate conclusion must be that taxation is likely to be useful in support of, and alliance with, other public health measures directed at curtailing the health and social burden resulting from drinking” (Edwards et al. 1995, 120).

Most restrictions, such as those with respect to advertising, show equivocal results; at best, the results have been disappointing.

Given that there is no absolute “success” story, perhaps Room’s “better society” is a more appropriate term. Some of the problems integral to the solution of the “wet”/“dry” debate have been identified by Room (1992) and tend to be definitional in nature. The “dream of a better society” hinges on these issues.

First, much depends on what alcohol-related problems are selected for examination. For instance, somewhat paradoxically, the “dry” proponents primarily focus on medical issues, the long-term consequences of alcohol consumption such as cirrhosis of the liver, while the “wet” proponents are far more concerned with the social disruptiveness associated with drinking. These two perspectives correlate with very different types of drinking patterns or habits, chronic heavy consumption as opposed to sporadic bouts of intoxication. Indeed, the dream of a better society usually involves a combination of all the positive aspects of drinking without any of the negative but, of course, no course of action is without its costs.

In policy discussions there must be some sort of decision as to what type of society one wants to live in -- which is more tolerable -- and to a certain extent one is always trading one set of problems for another. For instance, in countries where intoxication is the explicitly sought goal of drinking, rates of public drunkenness, social disruption, and aggression tend to be high but certain chronic physical manifestations of drinking, drink-driving and per capita consumption may be low. In choosing alcohol policies, complex choices must be made about the relative importance of different consequences as well as choices about how this can be most effectively achieved. Furthermore, the feasibility of getting from here to there, given the current cultural position of alcohol and the functions it may serve, must be considered.

There is also the issue of unanticipated consequences of particular policies, which may take place in the short, medium, or long term. The process of generational revolt against restrictive policies, which results in the entrenchment of alcohol or other drug use as a high-status behaviour, is pertinent here (*Ibid.*). This has been seen clearly with respect to prohibition. The initial effects of prohibition may have shown a great deal of promise from a public health perspective but, in the aftermath, both consumption and alcohol-related problems soared far above those immediately prior to its institution. In considering integration versus segregation, it is imperative to have a clear idea of all that this entails, the negatives as well as the positives. Three of the four countries attest to the fact that spirits drinking countries can be transformed into predominantly beer drinking countries. Both Canada and Sweden, however, are conducive to externally imposed controls and there is an expectation of government involvement in matters of public health. Interestingly, in both countries, there are vestiges of the "explosive" drinking patterns originally associated with spirits drinking. Wine-drinking "wet" countries are fairly impervious to change unless instigated from within, no doubt as a result of the level of integration of alcohol into all aspects of daily life. In these cases, change is more likely to come from informal controls, such as those discussed in the case of hierarchical diffusion in drinking habits in France, or some combination of the two.

Secondly, how is a reduction in alcohol problems defined? Is this an absolute reduction in problem rates or is this a reduction in problems related to the amount consumed (*Ibid.*)? There is an abundance of examples whereby rates of certain alcohol-related problems have risen at a less rapid rate than consumption., There do not, however, appear

to be any examples of a society in which there has been an overall reduction in problem rates without a drop in consumption. In specific instances where problem rates decreased while consumption increased, such as arrests for public drunkenness, the decrease appears to be related to the society reclassifying the behaviour as unproblematic. These rates are those in which societal reaction to drinking is integral, and consequently, more prone to fluctuation. Whether there has been a swing in one direction or the other in terms of actual behaviour is difficult to determine from the statistics. What is clear is that a decline in consumption is almost certain to reduce problem rates.

The post-war (World War II) experience in the Netherlands provides support for the “wet” prescription, at least in terms of problems per litre declining. Even though there was a fourfold increase in consumption, health and casualty consequences of drinking rose at a less-than-proportional rate than consumption during the 1960s and 1970s and drunkenness arrests actually decreased. The Dutch case is atypical in many respects and may not be directly applicable to other cultures, but it is a sound reminder that formal legislation is not always necessary and that long term results may be best achieved through informal rather than formal measures (*Ibid.*).

The Australian case also indicates some support for at least a restricted version of the “wet” model. Although consumption and associated problems rose in the post-war period, there were fewer problems per litre. Consumption almost quadrupled while liver cirrhosis only doubled and public drunkenness arrests rose two and a half times initially but subsequently fell to one and a half times the previous rate (*Ibid.*).

Various explanations have been proposed to explain the origin of “wetness” and “dryness” and how change in the cultural position of alcohol occurs, what the processes are which hold together the clusters of “dry” characteristics and of “wet” characteristics, and how the historic division between “wet” and “dry” cultures actually occurred (Room 1989b). The assortment of plausible explanations (discussed in Appendix C) include: historical attitudes (Apollonian versus Dionysian); religion (Catholic versus Protestant); social attitudes (ambivalence versus integration); geography (wine cultures versus spirits and beer drinking cultures); historic events (the spirits “epidemic”; or the rise of modernity); social movements (populism, feminism); and cyclical theories of alcohol consumption. As these do not all operate at the same level of explanation nor are they mutually exclusive, they may tackle

different elements and be combined to give a more comprehensive perspective. More than other disciplines, alcohol research seems capable of “multi-causal” explanations for alcohol use and abuse. While interesting, currently none of these explanations have been studied to a sufficient degree from a cross-national frame of reference to warrant much more than speculation.

It is much more difficult to transplant certain “wet” attitudes toward alcohol to “dry” societies given that “wet” attitudes have normally evolved over a prolonged period of time. In addition, the “dry” reliance on paternalistic controls and the expectation of government involvement in the personal lives of citizens means the opportunity to develop healthy attitudes towards alcohol is far less likely without eliciting the help of the government to make this happen.

The fact that three out of the four countries discussed here had previously been decidedly “wet” attests to the fact that one can move from “wet” to “dry.” All three, of course, had been predominately spirit-drinking cultures which still lingers to some extent in their drinking cultures. Even with a low rate of consumption, the proportion of spirits to other types of alcohol tends to be high. Furthermore, some approaches or attitudes toward drinking are more amenable to assimilation than others.

Certainly the failure of prohibition in North America had a profound impact on the decision not to enact similar legislation in Sweden and England. The use of more subtle approaches such as alcohol rationing and alcohol controls appeared to be a worthwhile alternative. Various measures that have yielded favourable results have been replicated in other cultures but often with different ramifications. Dramatic price changes could lead to a change of beverage preference or to increases in illicit production. While some countries have had a great deal of success with increased drink-driving restrictions, others have had decidedly less so. Countries like Canada with a cultural reliance on the automobile and with few alternatives regarding public transportation outside the main metropolitan areas have had less success in deterring drink-driving.

It is not merely a matter of identifying how one group has instilled healthy drinking patterns and have another emulate them. In fact, drinking patterns may be immune to manipulation by conscious policy. The goal “dry” societies might aspire to would be an

alternative social order in which drinking habits become integrated into daily life and customs. Encouraging demystification of alcohol use would be a good starting point.

8.2 Shortcomings of the Formal Evaluative Literature

Almost all of the formal evaluative alcohol policy literature has concentrated on short-term effects and certainly “dry” policies have had a better track record than “wet” policies. “In part this reflects funding cycles and the impatience of funding agencies and researchers...[b]ut more fundamentally, evaluation technology is inherently better at measuring short-term results and at measuring the results of discontinuous change in policy or program, than at measuring results that are long-term and incremental” (Room 1992, 95). To assume that conclusions reached based on the results of evaluations of short-term changes would hold true for the long term, although tempting, would be a mistake. It does not necessarily follow that long-term effects represent a reflection and magnification of short-term effects; the “wet”/“dry” policy debate cannot be settled on this basis.

Moreover, the “assumption that measures which within limits conduce to sobriety by making excess difficult will continue to do so in proportion to their stringency is a fallacy” (Shadwell 1923, 150). Prohibition, rationing, or severe restrictions on the production and distribution of alcohol create an environment whereby illicit production and distribution thrive. The creation of these networks is not immediate so the initial effect of these controls appears quite positive. The same results can be seen in the case of strikes within the alcohol industry. Consumption initially decreases dramatically, but, once in place, illicit production and distribution invariably increases consumption, albeit not necessarily to its former level.

Punitive drink-driving countermeasures have displayed similar results (Moskowitz 1989; Room 1992; Ross 1992). The initial deterrence effect usually diminishes over time because, in most cases, it is difficult to maintain this elevated level of police attention and resources. The public realises that, despite the publicity, the realistic expectation of punishment is minimal and becomes desensitised to it. Hence, there tends to be a waxing and waning of drink-driving which coincides with the relaxation and heightening of enforcement.

Room (1992) has discussed the possibility of paradoxical effects of restrictive policies. The process of generational revolt against restrictive policies is but one of many elements that comprise the long waves of social response to drinking that form part of the dynamic of the “long waves of alcohol consumption.”

Restrictive or punitive policies may also contribute to “the creation of an embattled contra culture of drug use, increasing rates of conflict and disruption in the society” (Ibid., 97). This can be seen in traditionally “dryer” cultures where drinking tends to be more marginalised into definable subcultures and more socially disruptive. Whether the marginalisation of drinking materialises as a response to the high levels of social disruption surrounding drinking occasions, or whether the social disruption occurs as a response to the marginalisation, is unclear.

“Wet” policies have not performed nearly as well as “dry” policies in terms of the formal evaluative literature but there is evidence that the long-term effects may be weaker or antithetical to the short-term effects of most empirical evaluations. The long-term success of “wet” strategies is much more difficult to **prove** empirically and relies, largely, on anecdotal evidence. In order to initiate long-term behavioural changes, it must be recognised that legislative or regulatory controls, imposed externally and enforced by government agencies, have never been as effective in regulating behaviour as internalised controls, which are valued and shared by significant others (Cooper 1989). This can be seen very clearly in terms of the process of hierarchical diffusion discussed predominately with reference to France. It is dubious whether any government-initiated regulatory controls could have achieved the same degree of success in reducing the level of per capita consumption and associated problems.

In assessing the effects of alcohol policy initiatives, then, a focus on the long term should be at least as important as the short term. As for the longer term, there are a few possibilities for extending the effectiveness of current policies. Given that, as with drink-driving countermeasures, the effects of restrictive legislation deteriorate over time, one possible policy response would be to continually adopt new strategies⁵⁸. Another would be to enhance and maintain the level of enforcement⁵⁹.

Room (1992) cites various examples of societies in which the prevalence of occasions of intoxication, of aggressive and disruptive behaviour while drinking, and of chronic and heavy drinking decreased in the medium term despite the fact that they had shifted from the

⁵⁸This has been done with some degree of success with anti-drug laws in the United States.

⁵⁹This has been done with random breath testing in Australia.

“dryer” to the “wetter” end of the spectrum. Rather than discuss “wetness” or “dryness” as a state, the dynamic processes of change are examined. Unfortunately, those societies which are typically referred to in the literature as models of what a better society might resemble, are not the best for detailed case studies of processes of change. The two cases most frequently cited in the literature are the Chinese and the Jews. For both, there was a significant shift in the cultural position of alcohol, however, these developments took place so long ago that there is insufficient historical documentation. As for the Mediterranean wine cultures, there have been significant changes in the level of consumption⁶⁰, but a distinct lack of historical record of how they initially came to be “wine cultures.”

For this reason, case studies of processes of change must concentrate on societies in the modern historical period. Out of a number of likely candidates, no convincing example of a society where alcohol has become more integrated into daily life and problem rates declined was found. Some success could be noted with each (for examples see Appendix J) but there were also significant drawbacks.

Furthermore, as discussed, misrepresentations of the data are extraordinarily common. The cautious and nuanced conclusions of responsible social scientists frequently become “converted or ‘translated’ into dogmatic and slanted premises...” (Heath 1989, 40). Certain popular beliefs, once established, become almost unassailable. For instance, the conclusions of Bruun et al. (1975) have become the foundation for most policy decisions with respect to alcohol controls, even though the focus of their study was cirrhosis. Although cirrhosis is an important outcome of long-term heavy drinking in some individuals, it does not correlate with many other alcohol-related problems. In a report written a few years later and focussing on problems other than cirrhosis, many of the same authors acknowledge that, “[r]elations of alcohol consumption level and patterns to casualties and social problems associated with drinking are far less clear and universal... In cross-sectional comparison of societies, correlations of these problems with consumption level are frequently negligible or negative” (Makela et al. 1981, 90). Equipped with this knowledge, it is remarkable that so many societies continue to base their control policies on the distribution of consumption model.

Some methodological caveats, discussed in previous chapters, should be reiterated here. Given that most of the data are limited to statistics routinely reported by treatment, law

⁶⁰During the nineteenth century consumption tripled in France.

enforcement, and government regulatory agencies, conclusions cannot be drawn from these without a certain amount of circumspection. By viewing the available data in the context of the “wet”/“dry” paradigm, cultural variables help explain certain inconsistencies. For many important aspects of alcohol use there is limited or no data available. Moreover, various sources of data have certain strengths and deficiencies. For instance, treatment data often gives more of an indication of the availability of services rather than the incidence of disease. Likewise, enforcement data are influenced by factors other than the incidence of alcohol-related crime. Even for self-reported drinking, respondents tend to under-report their drinking or events in connection with drinking. Sales data is considered the best indicator of aggregate consumption but does not reflect alcohol not consumed as a result of breakage or spoilage. The manner by which estimates of alcohol consumption are derived - both at the individual and the aggregate national level - their accuracy and usefulness with regard to alcohol policy has been the subject of much academic debate (Thom 1999). More importantly, sales data does not reflect the level of unrecorded consumption, including non-regulated production, illegal trade or that in connection with travel. For certain countries, particularly Sweden, this may be quite significant. Also, comparing different countries poses problems in that reporting systems are likely to use different definition or interpretations. The formulae for converting the alcohol content of various beverages into absolute alcohol varies between countries and even sometimes within each country (Single et al. 1999). Where possible, statistics from the same source have been used. As this was not always the case, as much as possible similar statistics have been used.

Comparative study of alcohol control legislation tends to be extraordinarily difficult because the strategies used and purpose of regulation have shifted dramatically over time and across jurisdictions. For instance, Valverde (1998) addresses the very different role played by time and space in different systems. The history of licencing in the United Kingdom has been a debate concentrating primarily on pub opening hours, while American authorities have concentrated on regulating the space in which drinking takes place, and the Nordic countries have targeted the liquid itself. To complicate matters further, numerous regulatory strategies are always operating simultaneously. While challenging to study comparatively in the traditional sense, these cultural differences in the social control of drinking can be incorporated into the “wet”/“dry” paradigm.

8.3 Informal Controls

The “dry” approach has been successful in a number of areas but alcohol controls are not intended to transform the values associated with drinking. Drinking habits and patterns have been resistant to change that is externally imposed. For this reason, in societies where, for instance, heavy or “binge” drinking by a small segment of the population is of paramount concern, alcohol controls may exacerbate the problem insofar as drinking outside very narrowly defined boundaries becomes even more intolerable to the general population. Breaching culture-specific norms which, in temperance cultures, may be very narrowly defined, can lead to punishing sanctions and eventually to various outcomes discussed in connection with the sociocultural model of alcohol use such as anomie, deviance or labelling. The over-reliance on formal controls in temperance cultures also means that informal controls or healthy attitudes towards alcohol are unlikely to develop naturally.

In keeping with a sociocultural perspective, this thesis has investigated the full range of drinking behaviour rather than focussing solely on the problematic aspects. Likewise, although much more difficult to investigate empirically, an attempt must be made to discuss the efficacy of informal controls rather than relying, as most of the alcohol literature does, solely on formal controls.

Heath (1992) points out that it is commonplace for writers on alcohol to use the words “control” or “controls” as if they were the monopoly of the state apparatus. “Such narrow usage, however, flies in the face of popular experience and widespread usage. In many societies, the kinds of control that are exercised by parents, peers, and other people are far more important than those exercised by institutions” (*Ibid.*, 139). This basic differentiation forms the basis of the sociological distinction between “formal” and “informal” controls. In most people’s daily lives informal controls, such as peer pressure, parental pressure, gossip, ostracism, play a much larger part than formal (legal and regulatory) controls and, as such, are more effective in regulating human behaviour. The current reliance on formal controls, at least in part a result of their highly acclaimed success, has allowed many people to abdicate their responsibility for instilling or enforcing informal controls. “In principle, formal controls should be invoked only in those rare instances when informal controls have proven to be

ineffective" (Ibid.). In those countries located towards the "drier" end of the spectrum this pattern is often peculiarly inverted.

Even more important than the use of informal controls to correct problematic behaviour is the use of informal controls as a preventative measure, to infuse society with acceptable drinking patterns and customs. Altering norms and attitudes is possible through education, but education in the broadest sense of the word. "Most people's information about and orientations to alcohol are derived, not just from formal teaching in educational institutions, but from their total socialisation, their families, friends and life experiences" (Plant and Plant 1997). As discussed in Chapter 2, various criticisms have been levelled at alcohol education programmes. Most of those subject to evaluation have been declared ineffective or counterproductive. Closer to the point, however, is that most attempts made under the guise of education have been inappropriate. Certainly, more of the same is not good enough. More effective strategies were also discussed in Chapter 2; broadening and deepening both the subject matter and audience are essential, and education should be recognised as a life-long process rather than part of the classroom curriculum. This type of strategy seems to lack appeal to the "drys," primarily because it is less tangible than formal controls and the results would be very long term and therefore impossible to adequately evaluate in the short term. It would, however, offer a sensible and cost efficient means to reverse conflicting or "ambivalent" attitudes toward alcohol prevalent in this type of society and one that could supplement current efforts without the need to dismantle them.

It is also likely that informal controls would be effective in defining limits of acceptable (and unacceptable) behaviour. The socially disruptive behaviour, which often accompanies drinking episodes, found primarily in "dry" societies, frequently referred to as part of "the alcohol problem," are behaviours that would be unacceptable under any conditions. As discussed in Chapter 6, the concept of **causation** with respect to alcohol-related problems is highly problematic. Though often presented as such, none of these are straightforward cause and effect relationships. Even with some of the more reliable indicators, such as cirrhosis and alcohol poisoning, there are always other mitigating factors. Homicide, suicide, random violence, dangerous driving or other types of harmful behaviour, that are often viewed as alcohol-related, are inexcusable and would not be tolerated under any conditions, even without the alcohol element. Drownings, accidents, cirrhosis, or other kinds

of harm are rarely “caused” by alcohol; rather, they are usually consequences of behaviour which would be considered equally inappropriate in a moderate drinker or abstainer from alcohol (Heath 1992).

Moreover, it is possible to change people's behaviour without necessarily changing their attitudes. To return briefly to the Dutch case as discussed in Chapter 3, using neither the “wet” nor the “dry” prescription, a strong moral-persuasion movement successfully instilled “dry” sentiments within the general population without the need for formal legislation. Drinking habits have been modified by means of hierarchical diffusion or social interaction and, although perhaps not so easy to intentionally orchestrate, these have been effective in altering some deeply entrenched drinking patterns.

The importance of informal controls cannot be overemphasised. Informal controls need not be viewed as an alternative to formal controls but, in policy discussions, the propensity to take a stance on either the “dry” side or the “wet” side precludes some potentially effective compromises. Most societies would benefit from the use of both informal and formal controls operating in a complementary manner. In Chapter 7 it was suggested that, in societies where alcohol is culturally prescribed and institutionalised, specific curtailments which buttress informal controls stand a much better chance of success than blanket prohibitionist approaches. Several countries “liberalised” their alcohol policies in the 1970s but the lack of positive results in the short term, in most cases, led to a swing back to more restrictive policies. As discussed, results obtained in the short term do not necessarily have a bearing on those that may have been obtained in the long term. As these efforts at “liberalisation” were abandoned before any long-term results could be established and because they were attempted without making provisions for informal controls to develop, it is hardly surprising that they are viewed as unmitigated failures, providing ammunition for the “dry” side of the argument.

8.4 The Impact of Popular Movements on Policy

Last century began with the overwhelming influence of the temperance movement. As discussed, social reform movements, the temperance movement in particular, have had a profound impact in altering the cultural perception of, and symbolism surrounding, particular behaviours associated with drinking. In addition, and equally important, their ideologies are frequently encoded in legislation. More recent popular movements and

pressure groups have continued to influence policy but nineteenth century temperance movements had an unparalleled impact on alcohol policy. These influences and their temperance sentiments, can be detected in most current alcohol policy. Much of the current alcohol legislation in all four countries has been derived from influential forces and events having taken place between 1870 and 1920, the period which gave rise to a strong and influential temperance movement and the institution of most government alcohol monopolies. The most comprehensive government monopoly systems tend to be found in those countries where there were strong temperance movements in the late nineteenth and early twentieth centuries. While, initially, temperance organisations vehemently opposed monopoly proposals, it was temperance agitation that led to government monopolisation being offered as an alternative policy to prohibition.

Clearly, popular movements and pressure groups can be credited with exhibiting concern and advocating the development of alcohol-specific treatment services. In all four countries the initial impetus came from the temperance movement and, not surprisingly, the relative strength of their temperance movements prior to the First World War determined how profound and lasting these developments would be.

Beginning in the 1950s but becoming particularly evident in the 1960s and 1970s, the voluntary sector in most countries emerged as a powerful force in shaping policy. This was a result of their collaboration with professional agencies in providing treatment services and was facilitated by the general acceptance of the disease model of alcoholism. The decriminalisation of public drunkenness in temperance cultures necessitated service provision for the skid row population and habitual drunken offenders, those previously dealt with almost exclusively by the criminal justice system. The philanthropic efforts of the late nineteenth century directed at providing treatment and rehabilitation for public inebriates lacked both resources and political clout. Their alliance with temperance and religion made for an uneasy partnership with the statutory sector. But, having cut these religious ties, their partnership with the voluntary sector has given temperance groups a clear voice in policy development.

In keeping with their greater problematisation of alcohol, historically and currently, "dry" societies have had a much greater tendency to include alcohol-related issues on their

political agenda. Many alcohol-related issues are still only of interest to small elite segments of “wet” societies, whereas these are embraced by a much broader audience in “dry” societies.

Prior to World War I, alcohol researchers and policy-makers tended to come from the temperance movement. Thus, “dry” societies have predominated in the alcohol field and their ideological orientation has strongly affected the choice of certain areas of inquiry and the apparent neglect of others.

Although temperance activity is currently at a low ebb⁶¹, there has been a recent profusion of pressure groups, the outgrowth of a similar sensibility. These have had considerable impact on policy, particularly in “dry” societies. Pressure groups such as Mothers Against Drunk Driving (MADD) constantly lobby to lower the blood alcohol limit and heighten the detection and enforcement of current laws. Such pressure groups have experienced a great deal of success in altering public opinion regarding the acceptability of drinking and driving and have influenced legislation. For instance, ignition interlock devices⁶² are now mandatory following licence suspensions in several Canadian provinces.

Popular movements and pressure groups have had an enduring influence on popular thinking about alcohol. It seems likely that these actors will continue to provide the impetus for change but this will be dependent on the extent to which they can garner and sustain public support.

8.5 Implications

Perhaps the main implication of the evidence is that alcohol problems do not have a single or unitary origin so that, consequently, no single or unitary approach or prevention measure can be a panacea for the range and diversity of problems. Furthermore, as much as the alcohol industry would like us to believe that alcohol problems are confined to a small group of so-called “alcoholics,” the range of problems discussed here attests to the fact that this is blatantly untrue. This same range of problems also indicates that, although certain drinking styles have been suggested as more ideal than others, there are no drinking patterns that are without drawbacks.

⁶¹Except in Sweden where the temperance movement still exerts significant influence on Swedish alcohol policy.

⁶²This is an in-car alcohol breath screening device that prevents a vehicle from starting if it detects a BAC over a pre-set limit of 20 mg%.

Reviewing the historical background of alcohol consumption in these four societies, it becomes apparent that both the level of consumption and the type of alcohol-related problems are prone to considerable fluctuation over time. For this reason, even if a particular country achieved what it considered to be respectable levels of consumption and problems, there would be no room for complacency.

For most problem indicators there is a relationship between the amount consumed and rates of alcohol-related problems, both at the individual and aggregate level. This is not as straightforward a relationship as the distribution of consumption model suggests but it is an important consideration. The benefits of moderate drinking, as discussed in Chapter 5, are much more difficult to pinpoint or articulate. These benefits are many and varied and transcend the evidence on reduced risk of coronary heart disease but are often ignored in “dry” societies.

It is abundantly clear that individualist policies have very limited utility in terms of decreasing alcohol consumption or misuse. Effective prevention mechanisms, therefore, must be sought elsewhere. Gusfield (1996) suggests viewing the drinking problem as situational and refers “to measures that change the environmental surroundings of behavior, but that do not depend on changing the psychic or consumer values of alcohol to the user” (p. 263), thus proposing a reversal in the characteristic way in which we have approached alcohol-related problems. A recent study by the National Institutes of Health and the World Health Organization, testing the cross-cultural applicability of alcohol dependence assessments, confirmed that “[w]hat people consider an alcohol problem, and even whether they experience one and of what type, varies tremendously across cultures” (Peele 2000a, 1). This contradicts the distribution of consumption model which assumes a correspondence between consumption and problem indicators and provides unequivocal support for the “wet”/“dry” paradigm developed here in that it confirms that social trends can and do influence whether people experience alcohol-related problems regardless of the amount consumed.

Virtually every theory discussed in Chapter 1 identifies the importance of the social environment in the development of alcohol-related problems. While it appears self-evident that solutions to the prevention of problematic drinking be sought at the source, a lingering temperance mentality in all three “dryer” cultures has meant that curtailment of the

availability of alcoholic beverages has been the preferred policy choice - whether by increasing taxes or restricting physical availability. Lemert's (1991) "wet" policy suggestion of substitution of functional equivalents, discussed in Chapter 2, whereby values satisfied through drinking or drunkenness can be satisfied through other activities, also has relevance here.

The "wet"/"dry" paradigm is particularly pertinent, given the recent emphasis on the emerging paradigm of drinking patterns,⁶³ and their social and health consequences, both harmful and beneficial (Rehm et al. 1996; Room, Bondy and Ferris 1995; Room 1996). The emphasis over the past three decades on negative consequences of drinking related to chronic health can be attributed to the general acceptance of the distribution of consumption model in alcohol studies. While volume of consumption is important, the "wet"/"dry" paradigm also emphasises patterning of consumption which permits a much broader range of characteristics to be discussed and adds an important dimension in explaining the propensity for certain cultures to experience particular types of alcohol-related harm. Therefore, even if overall consumption remains constant, different patterns of consumption can lead to very different risks. This approach permits the discussion of certain alcohol-related problems without the need to determine comparative international measures and the interpretation of different national statistics, consequently there is less emphasis placed on chronic health problems. Further work is planned in order to establish the role of drinking patterns in harm, but what is currently needed are "*routinely collected descriptive statistics on the different harm indicators*" (Rehm and Fischer 1997).

The "wet"/"dry" paradigm is still in its infancy but there seems to be some movement in this direction, although most of what currently exists on the subject has been collected piecemeal and offered on an ad hoc basis. In Chapter 5 it was discussed that while the "wet"/"dry" paradigm still applies, there has been a significant decline in almost all countries of the traditional beverage type, indicating a trend towards internationalisation and modernisation in beverage choice. Depending on how far this continues, the "wet"/"dry" paradigm as developed here could be outdated before maturity. The movement towards

⁶³The term "drinking patterns" is used to refer to all aspects of alcohol use not covered by the term "volume of drinking."

internationalisation, however, seems to be very long term, leaving the “wet”/“dry” paradigm of considerable usefulness in current analysis.

As stated in the Introduction, in most countries, multiple regulatory strategies are operating simultaneously with little or no effort to coordinate these. The forthcoming National Harm Reduction Strategy for England appears to represent an attempt to redress this although there have been concerns expressed that the alcohol industry may still be exerting undue influence over policy given their involvement in the development of this strategy (Institute of Alcohol Studies 2003b). Given that most alcohol control systems have evolved purely pragmatically, professionals have generally been excluded from the decision-making process. In order to produce an overall rationale for alcohol control, the involvement and guidance of experts in the fields of psychology, law, medicine, fiscal policy, sociology and social policy is imperative. In the interest of public health, alcohol policy needs to be formulated by public health interests without the interference of the alcohol industry.

A different perspective to the “wet”/“dry” paradigm alone is offered here by placing it within a sociocultural framework whereby the full range of drinking behaviour is discussed and not merely the problematic aspects. The cultural differences in the social control of drinking impinge upon the statistics which are particularly vulnerable to societal construction and interpretation and an attempt has been made to account for this. Specialists in the alcohol field prefer to concentrate on the pathological aspects of consumption for obvious reasons. While these are important and must be acknowledged, it has been my intention to broaden this narrow focus and discuss normal drinking patterns and habits, the values and beliefs associated with these, as well as the beneficial aspects of drinking.

There have been a number of studies of each of these countries but what sets this body of work apart is that it is the first to set forth a comparison of these four societies with a historical dimension and to apply the information to the “wet”/“dry” paradigm.

Many more areas could conceivably have been covered. The purpose here has been to present the current state of knowledge and theorising regarding the nature and explanation of variation between “wet” and “dry” cultures as archetypes, both in terms of the cultural position of alcohol and policy preferences, and about the processes of change in a “wetter” or “dryer” direction. Rather than providing a definitive statement on the subject, it is hoped

that this work has helped to develop a foundation and framework from which more sustained discussion can proceed in the future.

8.6 Conclusion

The preliminary paradigm for classifying characteristics associated with “wetness” and “dryness” has been developed to a sufficient degree to add a new dimension in explaining the propensity for certain cultures to experience particular types of alcohol-related harm.

Social and cultural variables impinge upon every aspect of alcohol use and abuse. It is also the case that these cultural values are rarely explicitly discussed in terms of policy preferences. By highlighting the importance of social and cultural aspects of alcohol use, it is hoped that in future these aspects may be included in the determination of policy or at the very least acknowledged in policy discussions and decisions.

This thesis concerns the interaction of cultural and social factors in the effectiveness of alcohol control policies. Four countries were examined for their differing social and cultural aspects and the effect these have had on their actual alcohol control policies. The main conclusion is that those countries that have taken account of the social and cultural aspects when implementing their alcohol control policies have been most successful. It is noted that the economic effects of price, almost always through taxation, are, as one would expect; that is, higher taxes and prices reduce consumption. But in certain social and cultural situations even the impact of price may be blunted or exaggerated by the society in which it is imposed. When the social and cultural aspects have been ignored, then control policies have often failed to produce the desired results. In further research on the issue of alcohol control policies and the implementation of those policies, researchers and policy-makers need to take account of the relevant social and cultural aspects of the society or risk failure in their research and policy-making. Also, legislators must be careful not to simply follow successful examples from other societies but, rather, concentrate on their own cultural influences when developing policy.

Related to this, is the need to concentrate on both formal and informal controls and to use them together in the hope of having a synergistic outcome. Formal controls have enjoyed a fair degree of success in “dry” societies but these controls have not shown the same degree of success in “wet” societies. Also, just because formal controls have been relatively successful in “dry” societies, does not mean that the results could not be enhanced by being

reinforced by informal controls. For “wet” societies informal controls are crucial to instill a change in the perception of certain drinking practices.

Regional and global economic integration has undoubtedly played a part in overriding traditional “wet”/“dry” cultures. Additionally, convergence in technological and social trends have imposed increasingly similar regulatory constraints as, for example, in the case of drink-driving. Valverde (1998) claims that the dual forces of economic unification and public health concerns will soften the historic differences in the regulation of alcohol within Europe but that there is little or no evidence for claims about globalization and increasing uniformity. There may still be remarkable variety in regulatory strategies but there is clearly some degree of convergence as evidenced by the four countries discussed here. While slowly dissipating, there is marked differentiation between “wet” and “dry” cultures so the “wet”/“dry” distinction may be less compelling than was once the case but, at least for the time being, it is a useful tool for discussing the differences in drinking cultures. Although this type of convergence will continue, it is also likely that the different characteristics between “wet” and “dry” cultures will remain for the foreseeable future. Thus, the usefulness of the “wet”/“dry” paradigm will continue to be felt in the development of effective alcohol control policies.

APPENDICES

APPENDIX A

HISTORICAL DEVELOPMENT OF ALCOHOL USE

Canada

North America is one of the few major geographical areas where virtually no indigenous alcoholic beverages existed prior to contact with European colonial cultures in the 1600s.

Early accounts of Native alcohol use appeared in the historical literature on European conquest and settlement (Hunt 1981). “[I]t could be said that much of Canada was built on Jamaican rum and local whisky” (Warsh 1992, 4). The Jesuits wrote extensively on the Natives and their use of alcohol in this early period. The introduction to alcohol, through the fur trade, came to have far-reaching social, economic, and political implications for both the Native and immigrant populations. First offered by traders and explorers “in the spirit of cordiality, [alcohol] quickly became an adjunct to trade and negotiation, and finally an article of trade” (NIAAA 1985, 1). Alcohol served as a tool of exploitation, leading to and supporting social discrimination; the first restrictive alcohol legislation was eventually enacted in Canada to counter this trend. Efforts to abolish liquor traffic were unrealistic at this time because it was felt that the solvency of the colony could not be assured without the existence of a prosperous fur trade. In the absence of a firm agreement between the French, Dutch, and English to cease the use of alcohol in forging alliances with the Natives, the regular distribution of alcohol played an important role in their power struggle for control of North America.

The Jesuits held alcohol responsible for the majority of general disorders (including immorality and the disunion and dissolution of families) and physical violence among the Natives (Dailey 1968). Drinking parties were reported to have lasted the duration of the liquor supply, usually three to four days but sometimes as long as two weeks. During these occasions, physical violence and murder was common. But it has been noted that this drunken, physically violent behaviour closely approximated that found among “frontier” men. MacAndrew and Edgerton (1969) argue convincingly that the Natives “learned how to

behave while intoxicated (disreputably or otherwise) from the handiest models - the Europeans themselves" (NIAAA 1985, 1).

There were myriad reports of heavy drinking and drinking took place almost everywhere, by all segments of society, although more so by men. Festivals, special events such as weddings and funerals, elections, and pioneer "bees" were particularly renowned for heavy drinking. Pioneer bees enabled early settlers to accomplish acts of hard labour, such as barn raising or building a house, which were simply not possible for a single family to accomplish on their own.

Episodic recreational drinking, usually to the point of drunkenness, was the main pattern of drinking in the early decades of the nineteenth century. Abstainers were "often regarded as less than normal and of weak constitution and were sometimes denied insurance coverage" (Austin and Prendergast 1989).

During severe winters all family members were "encouraged to knock back generous slugs of whiskey after breakfast before venturing out into the cold and their daily chores" (Gray 1982, 18).

England

Ale, mead and cider were probably the earliest intoxicants in Britain with wine seemingly unknown prior to the Roman conquest. The festivals of the ancients, Celts, Danes and Saxons, were characterised by drinking orgies (Zacune and Hensman 1971).

The majority of Saxon drinking took place within private households during festive occasions. Before converting to Christianity, the Saxons engaged in periodic bouts of drunkenness. According to contemporary chroniclers and poets, "oceans of ale were quaffed in Anglo-Saxon England..." (Clark 1983, 20). Beer and mead were incorporated into religious ceremonies referred to in Beowulf. Intoxication was far from discouraged, and the ability to drink heartily was highly regarded.

The English retained their reputation for heavy drinking throughout the Central Middle Ages. Communal gatherings, referred to as "ales," functioned in a manner similar to Canadian pioneer "bees."

With the end of the Saxon period in 1066, actual consumption rates did not appear to change but the Normans extended the parameters of the traditional Saxon drinking

practices. Taverns proliferated, wine-drinking became far more popular and drinking was no longer restricted to festive occasions (Austin 1985).

Throughout the thirteenth century, the lower classes consumed substandard “weak” ale daily with all meals. Water sources were so contaminated that “ale was the daily refreshment of all classes, with small beer for children” (Plaisted 1962, 14). Ale had come to be considered integral to the national identity and production increased substantially at this time.

A relatively accurate accounting of alcohol consumption, kept since 1684⁶⁴, indicates that both overall and specific beverage consumption levels have fluctuated considerably since then for a variety of reasons.

With the ascent of William of Orange to the throne in 1688, gin from Holland was introduced and shortly thereafter domestic production began. By the 1720s, domestic production was in full force. Between 1690 and 1750, the consumption of gin increased from 2 to 36 million litres a year, at which time annual consumption in London was alleged to have reached 64 litres per person, an alcohol intake close to four times the current UK average (Crooks 1989).

The period between 1720 and 1751, was plagued by what has been aptly referred to as the “gin epidemic.” This, in conjunction with the social disruption caused by the Industrial Revolution, has been held responsible for the increase in poverty, vice, drunkenness, and high mortality rate among the urban poor (Babor 1986). In keeping with this type of selective concern over alcohol, “[t]he wickedness of intoxication among the poor was generally preached but intoxication among the gentry seemed acceptable” (Faculty of Public Health Medicine 1991, 14).

The plight of the urban poor during this era has been immortalised in William Hogarth's popular 1751 “Gin Lane” etching. It graphically depicts various forms of debauchery, drunkenness and poverty, and shows a sign advertising a gin shop which reads: “drunk for a penny, dead drunk for twopence, clean straw for nothing,” a notorious sales pitch of the period. The popular press was “full of terrifying accounts of the woes of

⁶⁴The imposition of excise duty on alcoholic beverages, beginning with a tax levied on beer in 1643 to help pay for the Civil War, facilitated the documentation of statistics.

prostitution and infanticide, and of stories of women convicted scores of times for being drunk in the streets" (Sournia 1990, 21-22).

Despite the large increase in gin consumption, beer remained an integral component of the British self image. Beer was "considered the patriotic drink, praised as the support of the farmer and landed interest, the promoter of public morality (as opposed to "demon gin") and the saviour of public revenues" (Austin 1985, 276). In stark contrast to the depiction of the urban poor in Hogarth's "Gin Lane," his "Beer Street" etching "presents an idealized picture of prosperous, happy, overfed ale drinkers" (Babor 1986, 39-40).

There was a dramatic increase in consumption of both beer and spirits after the introduction of the "Beerhouse Act" in the 1830s which lifted the licensing system in place at the time. This continued until the 1860s and 1870s, when new licensing legislation was put into effect (OPCS 1985). The Cobden Treaty of 1860, which lowered the duty on French wines, resulted in a considerable increase in wine consumption. Beer consumption escalated yet again in 1880 with the introduction of Gladstone's free mash tun system which permitted brewers to use carbohydrate sources other than malt, resulting in a drop in the cost of production and therefore the price. By the end of the nineteenth century alcohol consumption had again reached proportions whereby there was considerable cause for concern, reaching the equivalent of almost 11 litres of pure alcohol per year for each man, woman, and child (Royal College of Psychiatrists 1987).

France

The roots of French wine production appear to date back to 218 B.C. when, during the invasion of Southern Europe, the Carthaginian general Hannibal began the long march that would take him across the Alps to invade Rome. A group of soldiers deserted Hannibal about halfway along the march, settling in Grand Roussillon in southern France and planting the vineyards which began French wine production (Fleming 1975).

France's celebrity as a wine-drinking country, however, began when Caesar conquered Gaul and incorporated this region into his Roman Empire in 58 A.D.. Previously, the Gallic national beverage had been a type of beer called cervoise, brewed without hops or yeast.

The popularity of wine greatly increased between the sixth and sixteenth centuries, eventually spreading to all strata of French society. The type and quality of wine consumed

directly reflected the hierarchical structure of French society and heavy drinking to the point of intoxication was considered normal.

The development of strong national identities led to distinct national drinking cultures more pronounced than they had been previously. The French developed a reputation as light drinkers, presumably as a result of the manner in which alcohol was consumed and the behaviour that accompanied their drinking practices.

The prestige attached to wine by the ecclesiastical and lay aristocracies had become so pervasive that throughout French society, regardless of income or wealth, wine occupied a privileged position and was consumed by all. Wine consumption superseded that of beer but beer remained an important and prestigious national beverage.

There was a sharp increase in inebriety at the end of the sixteenth century amongst the upper classes, literati, and urban dwellers (Austin 1985), but drinking amongst the peasants, who constituted three quarters of the population, remained relatively rare.

The agricultural depression, between 1655 and 1690, led to a viticultural crisis, wine having been the most acutely affected of all crops. The distillation of wine surpluses led to a simultaneous increase in spirits production and consumption which meant that sales privileges and controls became necessary.

Initially developed between 1668 and 1690, it took more than a century to refine the technique of champagne production, at which time its popularity vastly increased.

Consumed most commonly as an elixir until the middle of the seventeenth century, by the end of the century and earlier in some regions, brandy became increasingly popular. Consumption and production of brandy as well as liqueurs escalated dramatically. Spirits provided a new dimension to daily drinking activities in that they were consumed primarily in the early morning or late evening.

There was a substantial increase in the consumption of eaux-de-vie in France in the first half of the nineteenth century. In addition to the proliferation of cabarets, factors responsible for increased production and lower prices were advances in distillation technology, the use of raw materials for distilling purposes other than the traditional ones (grape pressings, cider, and perry), and the blockade which reduced the import of West Indian rum (*Ibid.*).

During the 1850s, a vine mould spread throughout French vineyards (Prestwich 1988; Sournia 1990). This was followed, from 1878 to 1892, by an influx of the parasitic insect phylloxera. Over this period, all the vineyards in France had been affected by these two plagues and wine shortages were common and widespread. This led to a significant alteration in the previously well established wine-drinking habits so commonly associated with French society. The most common replacement for wine was distilled spirits.

Eventually, the discovery of insecticides and new, more resilient strains of vine stock, as well as new viticulture techniques led to a recovery in French viticulture by the 1890s, but pre-plague drinking habits did not resume. New habits combined with the old so that actual consumption increased considerably around the turn of the century (Sournia 1990). Of the new scientific techniques applied to viticulture, the discoveries of Louis Pasteur, during the 1860s, regarding fermentation and the application of the pasteurisation process to wine, were the most significant because they enabled producers to ensure a standard quality of wine and regular output (Prestwich 1988). The “striking growth in alcohol production and consumption from the mid-nineteenth century to the eve of the First World War brought new wealth to France...” (*Ibid.*, 6); this fuelled the political, economic, and popular forces who staunchly resisted any attempt to restrict consumption, and who argued that the alcohol industry was essential to the maintenance of French national wealth.

Sweden

State concern with alcohol consumption in Sweden and its assumed responsibility in this area date as far back as 1494 when the first ordinance relating to distilled spirits, a royal decree banning the “distilling and sale of brannvin in Stockholm,” was issued.

Spirits were originally imported from France in the middle of the 15th century for the manufacture of gunpowder, their beverage or medicinal qualities remaining virtually unknown for just over a century.

During the reign of Gustavus I (1523-1560) measures were instituted in an effort to stop the production of spirits. This coincided with the discovery of its beverage and medicinal uses and marked the end of the industrial stage of spirits use. At this time, beer consumption was believed to be forty times higher than its current rate (Austin 1985).

The medicinal stage of spirits use began shortly before the plague in the latter half of the sixteenth century; during this epidemic brannvin was hailed as a panacea.

The transition from the use of alcohol for medicinal purposes to its use as a preventative appeared to be quite logical. It remained largely inaccessible to most people because distilling spirits from grain was as yet unknown to the Swedes and expensive imported wines were used for the distillation of brannvin.

It was not until the early 17th century that the notorious vodka-like brannvin became popular. Prior to this, the alcoholic beverage of choice was beer. This change can be dated back to 1590, during King Johan III's military campaigns in Russia, when Swedish soldiers acquired a new alcohol custom and returned with the knowledge required to manufacture alcohol from grain. As this was much less expensive, more people could indulge in what was previously considered a luxury. This knowledge spread rapidly and the popularity of this new beverage was practically instantaneous.

Between the middle of the 17th century and the first quarter of the 18th century excessive consumption of brannvin had become widespread. "...[N]othing short of a famine seemed adequate to abate the flood which poured from the stills into the parched throats of the people" (*Ibid.*, 7).

A further increase in consumption in the early nineteenth century has been attributed to increased incomes as well as the improved technical knowledge which allowed spirits to be produced inexpensively from potatoes (Hurst, Gregory, and Gussman 1997). Immediately prior to the formation of the first temperance societies, Swedish society was extremely liberal about alcohol. A good example of the climate of opinion of the time can be found in a lecture by a prominent member of the priesthood Dean C. Rabe held in the Swedish parliament of 1817-1818. "Brannvin belongs to the Swedish climate. It is healthful for the working man...; it is necessary for he who, with little nourishment, maintained on salt and potatoes, must use all his strength to provide a meagre meal for his wife and children. And why deny the working class a few cheerful moments?" (as cited in Board of Health and Welfare 1988, 36-37).

APPENDIX B

CATEGORISATION OF DRINKING HABITS

In a WHO study, Moser (1992) divided Europe into five groups based on certain broad similarities of drinking habits and the manner in which they respond to alcohol problems: *Nordic, Latin-Hellenic, Anglo-Germanic, Mixed Germanic-Latin and Eastern European.*

Sweden falls under the *Nordic* heading where the beverages of choice are beer and spirits, per capita consumption is low, but there is a tendency to periodic heavy drinking and drunkenness among certain segments of the population. “There has been a long traditional concern about alcohol problems, with emphasis on temperance and the Protestant ethic. Strong attempts have been made to develop national alcohol policies that include education, controls on availability and consumption, and development of treatment services” (p. 3). This is also typical of Canadian drinking habits and their response to alcohol problems.

Countries that come under the *Latin-Hellenic* heading, including France, have a long tradition of widespread wine production and consumption and are among those with the highest levels of per capita consumption and liver cirrhosis mortality. “There is a notable tendency to daily drinking, especially among men. ...In general, these countries are of Roman Catholic...background, have no temperance movement tradition, and have tended to condone heavy drinking and to deal with severe alcohol problems mainly through long-term hospitalization, although alternative responses are slowly developing. The commercial importance of alcoholic beverages...impede[s] the development of national alcohol policies” (Ibid.).

England falls under the *Anglo-Germanic* heading, grouped together as a result of their vaguely similar cultural origins and because beer is by far the most popular alcoholic beverage. Consumption levels are relatively low, there is a range of religious backgrounds with temperance traditions in the more Protestant regions. “Again...trade in alcoholic beverages has obscured the need for national policies. Preventive programmes on the whole

show greater reliance on education than on legislative controls, but treatment systems are receiving considerable attention..." (Ibid., 4).

Silbereisen, Robins, and Rutter (1995) have divided drinking patterns in Europe in a comparable manner. Sweden is categorised as part of the *Nordic* group, France as one of the *Latin-Hellenic* countries, and England as an *Anglo-Germanic* country, all with virtually identical characteristics to those offered by Moser.

Similarly, Engs (1992; 1995) suggests that there are two dominant drinking norms, and to a certain extent an amalgamation of the two, in Western Europe. To the aforementioned *Nordic* characteristics she adds that the *Northern* or Nordic pattern is fraught with ambivalence concerning drinking. Sweden, and to a certain extent England and Canada, would fall under this heading. The *Southern* or Mediterranean pattern is similar in some respects to Moser's *Latin-Hellenic* heading, however, using Eng's classification, France would be more appropriately placed under the *Blended* category which is characterised by high per capita consumption of both wine and beer and an average number of alcohol control policies.

Extending the parameters of the characteristics offered by Moser, Babor (1986) suggests that Europe is ideally suited to the production of a variety of alcoholic beverages because of its unique climate and geography, and that the specific environments of different European countries leads them to specialise in the production of wine, beer, and spirits and to develop specialised beverage preferences in response to local supply. Europe can be divided into three relatively distinct areas, identified according to the mode of production and consumption of alcohol.

Wine-drinking countries tend to be located mostly in southern Europe because of its moderate climate and abundance of sunshine. Wine is considered a standard dietary beverage and "[i]ts use as a social lubricant, medicine, and stimulant is supported by popular attitudes and cultural traditions dating back to Roman times" (Ibid., 76). Drinking is thoroughly integrated into all aspects of life, although more valued for its social and nutritional value than its psychological effects. Children are socialised into an acceptance of drinking from early on and there are few legal restrictions on availability.

Beer-drinking countries are generally located in central Europe where hops and barley are plentiful. Beer has become associated with various customs and rituals which play a distinctive role in the national identities of these countries.

Northern countries, where there are lots of grains and fruits tend to be *spirits-drinking countries*. Drinking establishments are not prevalent, therefore, most drinking takes place within the home or in restaurants and is normally prefaced with the word “Skol,” an invitation to drink to health. The climate of Northern Europe “may have contributed to the popularity of spirits which Boswell described as ‘a means to supply by art the want of that genial warmth of blood which the sun produces’” (Zacune and Hensman 1971, 68).

APPENDIX C

EXPLANATIONS OF WETNESS OR DRYNESS

AND PROCESSES OF CHANGE

Apollonian versus Dionysian

Apollo and Dionysus represent antitheses in Greek and Roman mythology, and hence in human life. Apollo, patron of music and poetry, is depicted as serene, thoughtful, and self-disciplined, while Dionysus, the Greek god of wine, is portrayed as sensual and unrestrained (Barr 1999; Sournia 1990). The categories of Apollonian and Dionysian have been developed for anthropological studies to characterise attitudes about drinking. The “wet” wine drinking cultures are reminiscent of the Apollonian attitude while the “dry” spirit drinking cultures are more reminiscent of the Dionysian attitude.

The simplicity of the assertion that wet and dry cultures are the way they are because they have always been that way has a certain appeal, but a static dualism of cultures is difficult to sustain historically (Room 1989b). While many of the basic characteristics (such as beverage choice and drinking patterns) of drinking cultures are deeply engrained and surprisingly immune to change, over the centuries there have been some very significant shifts in the degree of wetness or dryness experienced by virtually every culture.

The policy implications of the sociocultural model suggest that drinking habits become integrated into daily life and customs in order to avoid many of the problems found in “dry” cultures. By imposing essentially “wet” ideas on historically “dry” cultures, in other words, trying to produce an Apollonian attitude in a firmly entrenched Dionysian culture, there is a risk of addition rather than substitution, at least in the short term. Unfortunately, most societies which have experimented with “wet” policies in the hopes of initiating cultural change away from the problems of dryness, have never made it to the long term. Once it has been established that alcohol problems have increased, most efforts have been disbanded. This is not to say that cultural change is impossible; there are many historical examples of

this process of cultural evolution; the “dry” cultures discussed here have all been decidedly “wet” at some point in history, although the process of going from “wet” to “dry” seems to be more common than the other way around. One important point identified by Room (1989b) is that “cultural change does happen to and in the context of the existing cultural matrix, and cultures do differ substantially on many dimensions” (p. 11). Particular pre-existing socially disruptive forms of drinking, such as those described to a greater or lesser degree in all three of the “dry” societies, seem to be a necessary prerequisite for the imposition of controls. It can be argued that Dionysian cultures “needed” temperance movements and Apollonian cultures did not. Certain objectionable behavioural characteristics seem to need to be present before society, or at least certain segments of it, demand changes to the existing social order. In the temperance cultures, the degree to which episodes of “intoxication” had become part of the culture, more so than the actual level of per capita consumption, seemed to be a good predictor as to the force of temperance sentiment. In France, although heavy drinking did exist, intoxication *per se* never really came to be considered a social concern.

Catholic versus Protestant

It has been shown that almost all countries which experienced strong popular temperance movements prior to World War I were Protestant (Eriksen 1990; Levine 1991; Pittman 1991; Tyrrell 1991).

The evidence suggests that religion plays a greater role than other socio-cultural factors in terms of attitudes to alcohol. “Attitudes to alcohol develop according to a general vision of the human being and his place in nature; of his relationship to the world's bounties; of his duty to God, and to himself as a divine creation” (Sournia 1990, 137). Protestant and Catholic denominations embrace different notions of morality and sin and adopt different stances on intemperance.

Switzerland may be used as a test case of the relative influence of linguistic ethnicity and of denomination: the temperance movement originated amongst the French-speaking rather than the German-speaking population where it currently derives its strength, but among Protestants rather than Catholics (Room 1989b). France may also be used to strengthen the case for the importance of denomination over ethnicity. Although most temperance organisations in France were moderate in their views, advocating the limited use of fermented

but not distilled alcohol, a notable exception was the **Croix bleue**, a Protestant organisation which required total abstinence from its members (Prestwich 1988).

Any explanation of cultural dryness “as a late manifestation of the Protestant Reformation tends to presume that the natural (or at least pre-existing) state of humankind (or at least of the European branch) is wet” (Room 1989b, 11). All three temperance cultures discussed here would be described as wet prior to the establishment of their respective temperance movements.

Perhaps less vigorous than it once was, the Protestant/Catholic divide in world view still retains much of its original character with Protestants more inclined to stress individualist and Catholics communitarian values (Greeley as cited in Room 1989b; Levine 1992) and Eriksen (1990) stresses that it is a particular type of Protestantism, the Anglo-American revivalist style breakthrough, that strongly embraced temperance ideals.

Ambivalence versus integration

From the beginning, ambivalence theorists have viewed hedonic wetness as the natural state of humankind and “ambivalence as resulting from the interplay with the hedonic impulse of the ‘extraordinary’ historic rise of asceticism” (Room 1989b, 11). Ambivalence theorists regarded what they perceived as a particularly high rate of alcoholism in the United States as an inevitable result of the advent of the temperance movement. This historic event was seen to expedite a fundamental cultural shift in the place of alcohol in American culture. Presumably, at least at some level, this can be extended to include other “dry” or proscriptive communities as well. Ambivalence theory assumes a higher true incidence of unruly drinking behaviour amongst those who drink within proscriptive communities (Linsky, Colby, and Straus 1991).

Others have argued that temperance movements were a rational response to the phenomenally high, and since unparalleled levels of consumption in late eighteenth century.

Wine cultures versus spirits and beer drinking cultures

Geography, as an explanation of the extent of “wetness” or “dryness,” had a great deal of currency during the nineteenth century but has since lost much of its appeal. Prior to various technological advances, regional agricultural conditions dictated beverage preference. Only with agricultural improvements, better methods of brewing, preservation techniques,

mass transportation, and new technologies for distillation, did a much wider variety of alcoholic beverages become available (Babor 1986).

Historically, drinking habits in the “northern” countries reflected seasonal cycles of agriculture. These were predominantly beer and cider drinking countries which later became spirits drinking countries. Communal drinking behaviour, such as those described in the three “dryer” cultures, was a response to these seasonal cycles, given that beer and cider could not be preserved for year round consumption. Patterns of binge-drinking developed during the times when these beverages were available given the necessary immediacy to consumption. “[N]orthern Germanic-Celtic cultures, untouched by Roman influences developed ambivalence (either binge drinking or abstinence) concerning alcohol because it was not always available” (Engs 1992, 2). Later, spirits drinking was added to this pattern of binge-drinking, with its cultural emphasis on intoxication, and was carried forward into urban and industrial environments, the difference being that with a cash economy these drinking patterns could be indulged in on a more frequent and individual basis (Room 1989b).

An explanation for the “wet” or integrated drinking patterns of the Mediterranean countries, renowned for less social disruption, has to do with the fact that wine was not subject to seasonal patterns of consumption; wine could be stored and consumed at any time throughout the year.

Although France is invariably held as the quintessential example of a “wet” wine-drinking culture, the type of regular heavy consumption, for which the French are internationally renowned, is a relatively recent phenomenon, at least for those below the middle class. For financial reasons, prior to the nineteenth century, wine was not available for daily consumption by French peasants. Therefore, cultural adaptations to the type of consumption we associate with “wet” cultures must have some fairly recent elements. If this is also true for other wine cultures, perhaps their drinking patterns have historically been more moderate than is often assumed⁶⁵.

One difficulty using geographical differences (or wine-drinking as opposed to the rest) as an explanation of “wetness” or “dryness” is the fact that wine-drinking cultures have

⁶⁵Rolleston (1927) discusses the absence of drunkenness among the lower classes in classical antiquity.

tended to be Catholic while the others have tended to be Protestant, although “the geographical distribution of the vine does not coincide exactly with that of Catholicism” (Sournia 1990, 136). In order to determine the relative explanatory power of religion and of wine cultivation, an examination of those cultures where these intersect would be necessary. For instance, in Catholic Poland drinking tends to be more reminiscent of the “dry” cultures in that it is unintegrated and problematic and there have been some temperance traditions.

Engs (1995) suggests that the extremes of seasonal light and dark cycles may be a factor in episodic heavy drinking. In extreme northern areas of Europe including Scandinavia and Britain, there are wide seasonal variation of light and darkness and for a good deal of the winter many of these areas are in almost perpetual darkness. At least one study has implied that mammals consume more alcohol during darkness than light. Given that a certain proportion of the population suffers from Seasonal Affective Disorder (S.A.D.) and that heavier drinking has been found amongst depressed people, it seems plausible that extremes in northern seasonal cycles could be a factor in the “binge” drinking associated with “dry” cultures.

The spirits “epidemic”

For several centuries after distilled beverages were introduced in Europe, they were culturally enclaved as medicines (Fleming 1975; Room 1989b; Sournia 1990). Industrial production was well under way by the seventeenth century and by the eighteenth century spirits had become an important item of trade. Lurid contemporary accounts attest to the disastrous impact of this potent and inexpensively produced form of alcohol, which was easily preserved and consequently could be transported long distances.

The spirits trade seems to have had significantly more success in penetrating the beer and cider markets than the wine markets and consequently had a much greater and more sustained impact in “dryer” societies. Even though spirits drinking was far less common in France (Sournia 1990), there was a substantial increase in the consumption of eaux-de-vie in the first half of the nineteenth century. It is interesting to note that, currently, although distilled beverages play a marginal role in adult drinking in France, they play a prominent role in excessive drinking (Sadoun, Lolli, and Silverman 1965); spirits are held primarily responsible for excessive drinking, intoxication, and alcoholism by the majority of the French.

The three “dryer” societies all formed large ongoing temperance movements and although once established advocated total abstinence, at the beginning spirits were singled out as either the main or sole source of the problem. Also, while the French temperance movement surfaced later and was of a different character and composition, the use of distilled, but not fermented, beverages was discouraged.

Given the greater penetration of the beer and cider markets by spirits, the spirits epidemic appears to be a plausible explanation of why temperance movements became strong specifically in the non-wine-drinking areas of Europe. The overriding problem with viewing the temperance movement as a cultural response to the spirits epidemic is one of timing. Even in North America and Sweden, where the dramatic rise in spirits consumption transpired somewhat later than it did in Britain, and therefore closer to the birth of the temperance movement, there is still over half a century dividing these events.

The rise of modernity

The notion that alcohol problems or alcoholism is a malady peculiar to modern industrial societies is far from new and has emerged in numerous forms over the years. Some scepticism is warranted, however, “[i]n view of how well such ideas tap into the recurrent Arcadian myths of our culture” (Room 1989b, 13). A tendency to blame society’s alcohol-related problems on “modern,” newly arisen phenomena is a recurring theme in the writings of any historical period (Keller 1979) although it is virtually impossible to find examples of alcohol-related problems without historical precedent.

As discussed, the functions or use values of alcohol have changed in complex societies (Bacon 1945; 1963 as cited in Rivers 1994; Makela 1983; Ross 1992) whereby the nutritional, intoxicant, and religious-ecstasy values have diminished and the “social jollification” and the tension-reduction values have increased. “Complexity has also brought more vested interests in alcohol production and a loosening of social controls which limited consumption, on the one hand, and a greater demand for attentiveness and responsibility, on the other” (Room 1989b, 13).

Although somewhat contentious, a common theme in the anthropological literature is that, in the vast majority of cultures where drinking occurs at all, most drinkers have few, if any, alcohol-related problems. “Among those individuals who do develop drinking problems, aspects of the cultural context in which they live often play a major role in the

etiology of their problem" (Heath 1988, 398). Likewise, classic Marxists would likely concur with the idea that alcohol problems are uncommon in precapitalist societies, given their view that alcoholism is a disorder of capitalism and of state socialism.

It seems to be generally accepted that "alcoholism" or "addiction" is primarily a disorder of post-Enlightenment industrial societies (Sournia 1990). It has been argued that alcoholism, in this sense, is a "culture bound syndrome" that requires the existence of a cultural expectation of self-control for all adult members of the society. "The expectation of individual self-control...is how industrial cultures reconcile the conflict between increased expectations of attentiveness and work precision and the ready availability of cheap alcohol in an economy that depends on mass consumption" (Room 1989b, 13). Certainly, employers' interests in labour discipline seems to be a recurrent theme in the social history of temperance movements in "dry" societies.

These explanations, of course, are only capable of demonstrating changes in one direction. Moreover, they must somehow interpret the remaining differences in cultural position and understandings of alcohol between northern and southern Europe given that, by now, industrialisation and urbanisation are present everywhere in Europe.

Populism, feminism

Popular movements of social response to alcohol have been particularly strong in cultures with strong populist political traditions, and often temperance movements were integral to the development of these traditions (Room 1989b). This pattern is still evident today with respect to membership of Alcoholics Anonymous; membership tends to be considerably stronger in populist, non-authoritarian cultures.

Temperance sentiment seems to have been the strongest in the very same cultures where the first women's movements began. It seems plausible that the two movements fuelled each other and that consciousness-raising was reciprocal. In most societies, women have generally had far more to lose than to gain from heavy drinking (Hey 1986). The political success of most temperance movements has frequently relied on the validation and empowerment of women (Room 1989b). No effort was made to enlist women as active supporters and propagandists in the French Temperance Society until the beginning of the twentieth century. As they became increasingly aware of the British and American success in attracting women to temperance, they sought and obtained the active support of several

women's rights organisations; in return for this support, they advocated suffrage for women (Prestwich 1988).

Cyclical theories of alcohol consumption

Room (1987 as cited in Silbereisen, Robins, and Rutter 1995) suggests that there is a 'natural' periodicity in rates of substance use with intervals of approximately two generations (70 years). The troughs are the result of increasing social concerns following a period of rising consumption. Strengthening of social controls and legislation, instituted in response to increasing social problems and disruption, ultimately contributes to a reversal of this trend. The trough ends when the disappearance of earlier social problems leads to a subsequent growth in consumption. Silbereisen, Robins, and Rutter (1995) admit that there may be some substance to this suggestion, although more detailed analyses of time trends suggest that multiple factors are operative.

Makela et al. (1981) refer to this "natural periodicity" as the "long waves" of alcohol consumption. Alcohol consumption was high virtually everywhere in Europe and North America by the middle of the nineteenth century. Consumption declined at the turn of the century, a trend which continued until the period between the two world wars. This decrease was particularly significant with regard to distilled beverages, and hence more pronounced in the "dry" spirit-drinking countries of Northern and Eastern Europe. Intricacies aside, decreased consumption was recorded in diverse alcohol cultures and in countries at various stages of economic development over essentially the same period.

It has been suggested that, at the material level, increases in consumption may be linked cross-culturally by advancements in technology which make alcohol less expensive and more widely available -- for instance, with beer, bulk production and refrigeration in the late nineteenth century and preserving technology and intensive advertising in the 1940s and later. Furthermore, "[a]t the level of ideas, the diffusion of professional ideologies, legislative approaches, and mass organizing techniques could be the cross-cultural linkage, particularly for societal responses to drinking" (Room 1989b, 14)

APPENDIX D

GUIDELINES FOR SAFE OR LOW-RISK DRINKING

There are two sets of guidelines endorsed by the Addiction Research Foundation (ARF) in Canada. One, used for many years by ARF and Homewood Health Services, recommends a weekly consumption of no more than 12 drinks⁶⁶ for either gender and a daily consumption not to exceed four drinks for males and three drinks for females. No safe limit is suggested for pregnant women and “binge” drinking, regardless of daily consumption, is considered harmful and dangerous to health and strongly advised against. The second, more recent set of guidelines, developed by ARF and the Canadian Centre on Substance Abuse (CCSA), recommends at least one day a week of abstinence and consumption not to exceed two drinks for men and one drink for women on any drinking day.

In England, Alcohol Concern and the Health Education Authority recommend the weekly limit of “safe” consumption be set at 21 units⁶⁷ for men and 14 units for women with two or three drink-free days. A more liberal set of guidelines is recommended by the UK Office of Health Economics; a weekly consumption of up to 70 drinks for men and 49 for women. In 1996 the British Medical Association (BMA) suggested that the currently favoured advice pitched at 21 units for men and 14 units for women should not be relaxed (Guidelines of Sensible Drinking 1996). However, against the better judgment of the medical profession, over the 1995 Christmas period, a government document entitled Sensible Drinking recommended a relaxation of levels of “safe” consumption from three to four units per day for men and from two to three units daily for women.

⁶⁶One unit or standard drink is defined as 12 ounces (341 mL) of beer (5 per cent alcohol), 5 ounces (142 mL) of wine (12 per cent alcohol) or 1.5 ounces (43 mL) of spirits (40 per cent alcohol). Each of these amounts to approximately 13.6 g. of pure alcohol.

⁶⁷One United Kingdom unit equals: 8-10 g alcohol -- 1/2 pint of ordinary beer, lager, or cider; 1/4 pint of strong lager, beer, or cider; a single measure (1/6 gill) of spirits; a standard glass of wine; or a small glass of sherry or fortified wine.

Room, Bondy, and Ferris (1995) state that guidelines to low-risk drinking should address the number of drinks consumed per occasion or per day, rather than outlining the number of drinks consumed over one week. They compared three of the sets of guidelines for low-risk drinking described above (both of the Canadian ones, and the one set by Alcohol Concern) in terms of the proportions of respondents reporting harm from their own drinking. Among those who had kept within the guidelines in the previous week they discovered that “[m]ore restrictiveness in the guidelines was associated with substantial reductions in reported drinking-related harm” (p. 499).

Duffy (1989), however, asserts that the widespread uncertainty about where to invoke standards of “safe” and “dangerous” drinking is a direct result of how, over time, the Ledermann theory, which became the foundation for the “control theory,” has mistakenly been treated as if it were based on empirical findings and not on statistical models. This has resulted in “a kind of Dutch auction in which researchers and pressure groups continually bid to reduce the threshold level of safe consumption from an original 15cl a day to, now, less than 4 cl a day” (p. 54).

Stuttaford (1989) advises that the lay public should be very cautious when interpreting alcohol-related problem statistics. The manner in which these are presented can be, and frequently is, misleading. Moreover,

[w]hen alcohol is judged little regard is paid to its beneficial effects when it is taken in socially acceptable doses. It is not even condemned because of its side effects, which are minimal in small doses, but only because of its toxicity when taken in overdosage; no other pharmacologically active substance is judged in this way and there are very few if any entries in the British Pharmacopoeia which would escape castigation if they were. Even water when taken in gross overdosage can, and a few times each year does, kill. (*Ibid.*, 37)

APPENDIX E

DECRIMINALISATION OF PUBLIC DRUNKENNESS

Discussing the Canadian situation and presumably applicable to other temperance cultures as well, Single, Giesbrecht, and Eakins (1981) identify several factors which contributed to, or at least helped to expedite, the eventual decriminalisation of the offence of public drunkenness and the associated emphasis on treatment for the offender during the 1960s and early 1970s. These are: urban renewal of many inner city areas which threatened the habitat of many skid row inhabitants; police dissatisfaction with the amount of time and money expended on the enforcement of public drunkenness laws, as well as the inevitable questioning of their significance, specifically for chronic offenders with recidivism rates which would signify that criminal penalties offered little if any deterrent effect; a general political climate favouring decriminalisation of “victimless” crimes; and a general acceptance of the “disease” concept of alcoholism whereby this type of social problem was considered to be more appropriately dealt with by the social welfare and public health systems.

The offence of public drunkenness was decriminalised in Canada in 1971 and in Sweden in 1977. In Canada, this led to some unanticipated and undesirable consequences. “Ironically, there is considerable evidence that this more benign approach actually had a negative impact on the health and well-being of the skid row population. With less police intervention and less time spent in gaol, the public inebriates suffered from poorer diets, greater exposure to the cold, and a higher rate of beatings and muggings” (*Ibid.*, 151). While the failure of the criminal justice system to deter chronic drunkenness offenders paved the way for decriminalisation, in most countries treatment and rehabilitation have not fulfilled inflated expectations (Rubington 1991).

Although there was a fairly radical restructuring of the criminal law in England in 1967, with the decriminalisation of various offenses, the criminal law of the early 1970s still retained certain archaic provisions and “public intoxication, for example, remained a crime rather than an occasion for treatment and continued to be prosecuted energetically” (Peirce,

Grabosky, and Gurr 1977c, 184). Section 91 of the 1967 Criminal Justice Act eliminated the sentence of imprisonment for being “drunk and disorderly” and legislated that alcoholics be referred to community-based hostels (Hunt, Mellor, and Turner 1992) but was not implemented until 1978. Even though there was an apparent shift in ideology, the lack of provision of alternative treatment services has meant that, in reality, few changes have been instituted and offenders are likely to be treated in almost exactly the same manner as they were prior to the change (Archard 1979). The legislation governing public drunkenness in Britain is complex, with some of the applicable legislation having fallen into total disuse; “the overall position has...been described as ‘unsatisfactory, illogical and confusing’” (Zacune and Hensman 1971, 19). For instance, although it is an offence to be drunk in a public place, Plant (1987) maintains that in practice, arrests only result when drunkenness is accompanied by either loud, boisterous or some form of antisocial behaviour. Most alcohol-related offences come under the auspices of the Road Traffic Act, but less well known is the fact that “this legislation also makes it an offence to be in charge of a bicycle, a horse or a child when under the influence of alcohol...” (Ibid., 54).

APPENDIX F
DRINK-DRIVING COUNTERMEASURES:
ELEMENTS OF GENERAL DETERRENCE

General deterrence is a concept which is derived from English utilitarian philosophy in an attempt to explain why people obey laws.

It is believed to consist of both long- and short-term components. The long-term components of deterrence are concerned with internalization of the desired behavior. Two processes, moral education and habit formation, have been hypothesized to explain compliance with a law over the long term. The short-term component of deterrence, or simple deterrence, assumes that people comply with a law to avoid punishment. Three factors are believed to contribute to such compliance: the swiftness, severity and certainty of punishment. (Moskowitz 1989, 65)

Several factors are involved in the effectiveness of general deterrence measures applied to drink-driving; an interaction of public awareness or media profile, public perception of risk of detection, and actual enforcement. It has been shown that once the "publicity" phase of a programme has been phased out, there is a "reality testing" phase in which there is usually an increase in the incidence of drink-driving (although not to pre-programme levels) and following this there is the "adjustment" phase, during which, if enforcement remains steady, there will be a levelling off, with an overall decline from pre-programme levels. The perceived increase in the threat of punishment seems justified in the honeymoon period following the introduction of new measures, as it is likely that there are considerable police resources devoted to enforcement. There is a tendency for enforcement to attenuate as publicity dies down and other policing problems compete for attention. Sustained enforcement, as has been the case in Australia (Homel 1993), can lead to a permanent decrease in drinking and driving independent of the initial publicity. Furthermore, "criminological theory leads to the expectation that over time such efforts can permanently affect the public's judgments concerning the acceptability of drinking and driving, thus building constraints against it into social norms and personal values" (Ross 1992, 185-86).

Not only does the extent of enforcement affect the perception of risk of detection but also the technology employed. The use of portable breath analyzers to determine the BAC of a driver is considered an effective means of detecting those who are impaired. However, even with the use of this technology, particularly when applied in a random manner, the potential for avoiding prosecution is relatively high. This is supported by Vingilis et al. (1982 as cited in Edwards et al. 1995) who found that, in Canada, 95% of drivers over the legal limit of 80 mg% who were briefly interviewed at checkpoints, were not apprehended by the police.

Success is also contingent upon maintaining police motivation (Homel 1993). However, given that motivation is likely to wane with decreasing arrest rates as a result of successful programmes, this can pose a perplexing, if not insurmountable, dilemma. There is also a problem with the ability to maintain public support for extensive random checking of drivers; police enforcement procedures such as random breath testing are contingent upon public support. There have been cases where the police have taken the initiative to crack down on drink driving within their locality (such as with the "Cheshire Blitz") and, despite their success, public pressure has been sufficient to require the abandonment of the scheme (Edwards et al. 1995).

Another area of concern within the realm of alcohol and traffic safety is that of inebriated pedestrians. An English study ascertained that pedestrian casualties were five to seven times more likely to have high alcohol levels as injured drivers (*Ibid.*). While in many countries there are laws against public drunkenness, normally this is not associated with a BAC level. Also, the rationale for this type of legislation is nuisance-oriented rather than for reasons of safety.

APPENDIX G

PRICE ELASTICITIES AND ALCOHOL CONSUMPTION

Commodities may be described as **price elastic**, **price inelastic**, or as having a **unit price elasticity**. If a commodity is described as **price elastic**, this means that “the per cent change in quantity demanded is greater than the operative per cent change in the price of the product” (Edwards et al. 1995, 110), therefore, the total amount spent increases if prices go down, and the total amount spent decreases if prices go up. Conversely, if a commodity is described as **price inelastic**, this means that the percentage change in the quantity demanded is less than the change in the price of the commodity. Inelasticity does not necessarily mean that there is no response to price changes, only that the change in demand amounts to less than one per cent in response to a one per cent increase in price. **Unit price elasticity** indicates that the percentage change in demand is equivalent to the percentage change in price.

Certain studies include lag terms in order to account for long-term shifts in demand; immediate effects may be ascertained by short-run price elasticity while long-term price elasticity gives the total effect of price changes on consumption.

The values of price elasticities have consistently shown that when other factors remain unchanged, an increase in alcohol prices has generally led to a decrease in the consumption of alcohol. Likewise, a decrease in the price of alcohol has typically led to an increase in consumption. In an analogous manner, income elasticities ascertained from various studies show that when other factors remain unchanged, an increase in the disposable income of consumers has generally led to a rise in consumption while a decrease usually has led to a drop in demand (Bruun et al. 1975; Edwards et al. 1995).

Price Elasticities of Beer, Wine, and Distilled Spirits

Author	Place	Time	Beer	Wine	Distilled Spirits
Lau (1975)	Canada	1948-1969	-0.03	-1.65	-1.45
Johnson and Oksanen (1977)	Canada	1955-71 (a) 1955-71 (b)	-0.22 -0.38	-0.50 -1.30	-0.91 -1.60
Johnson and Oksanen (1977)	Canada	1955-71 (a) 1955-71	-0.27 -0.33	-0.67 -1.78	-1.14 -1.77
Quek (1988)	Canada	1953-82	-0.28	-0.58	-0.30
Johnson et al. (1992)	Canada	1956-83 (a) 1956-83 (b)	-0.26 to -0.31 -0.14	-0.70 to -0.88 -1.17	-0.45 to -0.82 NA
Labys (1976)	France	1954-71	NA	-0.06	NA
Prest (1949)	UK	1870-1938	-0.66	NA	-0.57
Wong (1988)	UK	1920-48	-0.25	-0.99	-0.51
Stone (1945)	UK	1920-38	-0.73	NA	-0.72
Stone (1951)	UK	1920-48	-0.69	-1.17(c)	-0.57
Walsh (1982)	UK	1955-75	-0.13	-0.28	-0.47
Clements & Selvanathan	UK	1955-75	-0.19	-0.23	-0.24
McGuiness (1983)	UK	1956-79	-0.30	-0.17	-0.38
Duffy (1983)	UK	1963-78	NA	-1.0	-0.77
Godfrey (1988)	UK	1956-80 1956-80	NA NA	-0.76 to -1.14 -0.91	-0.88 to -0.98 -0.56 to -0.99
Duffy (1987)	UK	1963-83	-0.29	-0.77	-0.51
Selvanathan (1988)	UK	1955-85	-0.13	-0.37	-0.32
Jones (1989)	UK	1964-83	-0.27 -0.40	-0.77 -0.94	-0.95 -0.79
Selvanathan (1991)	UK	1955-85	-0.13	-0.40	-0.31
Baker and McKay (1990)	UK	1970-86	-0.88	-1.37	-0.94
Duffy (1991)	UK	1963-83	-0.09	-0.75	-0.86
Malmqvist	Sweden	1923-39	NA	-0.9	-0.3
Bryding and Rosen (1969)	Sweden	1920-51	-1.2	-1.6	-0.5
Sundstrom-Ekstrom (1962)	Sweden	1931-54	NA	-1.6	-0.3
Huitfeldt and Jorner (1972)	Sweden	1956-68	-3.0(d)	-0.7	-1.2

Notes: (a) Short run. (b) Long run. (c) Imported. (d) Strong beer.

Source: Edwards et al. *Alcohol Policy and the Public Good*.
Oxford: Oxford University Press 1995

Values of price elasticities

The previous table summarises a set of econometric studies for the four countries considered here. Given that all price elasticity values have an absolute value greater than zero and are negative, this means that price changes affect consumption in a direction consistent with economic theory. Although this confirms that, if prices increase, consumption will decrease and if prices decrease, consumption will increase, this relationship is not as straightforward as it appears. Different values of income- and price-elasticities have been found with regard to both total consumption and different beverage types in studies dealing with a variety of geographical regions and periods.

If the demand for a particular category of beverage is price elastic (relatively sensitive to price change), an increase in price will have a strong diminishing effect on consumption and reduce the amount of discretionary income allocated to that particular beverage. Likewise, a decrease in price is likely to have a fairly strong positive effect on consumption and the amount of discretionary income devoted to that beverage is prone to increase. This can be seen with regard to spirits in Canada between 1949 and 1969 and with strong beer in Sweden between 1956 and 1968 (Edwards et al. 1995)

Similarly, if the demand for certain beverage types is price inelastic (not very sensitive to price change), a price increase will generate a fairly small reduction in demand and increase the portion of discretionary income allocated for that beverage. A decrease in price is likely to have a minimal positive effect on consumption while simultaneously decreasing the share of discretionary income allocated to that beverage. This can be seen with respect to wine in France between 1954 and 1971.

Lastly, if the demand for a certain beverage is unit price elastic, a price increase will have a diminishing effect on consumption of the same proportion and keep the share of discretionary income allocated to that beverage approximately the same. A decrease in price is likely to have a positive effect on consumption of the same proportion and keep the share of discretionary income allocated to that beverage equal.

The influence of price changes on revenue income depends on both elasticity values and the reasons for the price change. If production and distribution costs are responsible for the change, the effect on government revenue is generally proportional to the effect on consumption. If the price change results from taxation, a more complex scenario unfolds.

Very often, an increase in taxes will increase government revenue even when demand is price elastic and total expenditure on alcohol decreases. It is only in cases where taxes are already extremely high, that additional taxes are likely to reduce revenue when consumption decreases. “[E]ven in circumstances where the demand is price inelastic, a big absolute change in price will have a larger effect on consumption than only a slight change in price in a situation where alcohol demand is price elastic” (*Ibid.*, 115). When predicting the impact of price on consumption, then, both the degree of price change in addition to the value of the relevant elasticity must be jointly considered.

Furthermore, the impact of price changes may be stronger in the long run than in the short-term. For instance, the Johnson and Oksanen (1977) Canadian study demonstrates that the short-term price elasticity has a smaller absolute value than the long-term price elasticity (Edwards et al. 1995).

APPENDIX H
EUROPEAN UNION MINIMUM TAX RATES

As of 1 January 1993, the minimum rates, according to the Council Directive on the approximation of the rates of excise duty on alcohol and alcoholic beverages (92/84/EEC 19 October 1992) are:

- for wine (still and sparkling ECU(1) 0;
- for beer ECU 0,748 per hectolitre/degree Plato, or ECU 1,87 per hectolitre/degree of alcohol of finished product;
- for intermediate products (beverages with alcohol content under 22% and not belonging to the group of wines or beers) ECU 45 per hectolitre of product; and
- for spirits ECU 550 per hectolitre of pure alcohol (Member States which apply a duty not exceeding ECU 1000 per hectolitre of pure alcohol may not reduce their national rate. Member States which apply a duty exceeding ECU 1000 per hectolitre of pure alcohol may not reduce their national rate below ECU 1000).

(1) 1 ECU = US \$1.14(August 1993).
(Harkin, Anderson, and Lehto 1995, 49)

APPENDIX I **ADVERTISING REGULATIONS**

Canada

Responsibility for alcohol advertising is shared between the federal and provincial governments in Canada and as such varies across the country. As much as possible the discussion will be confined to Ontario. For newspaper advertising, most provinces permit brand, corporate, and public service advertising, although alcohol beverage advertisers require prior provincial approval and must comply with size and frequency limitations. Likewise, magazine advertising requires compliance to size and frequency limitations and some provinces, including Ontario, the use of fold overs, inserts, and front outside covers, is prohibited. Beverage trade magazines, however, are exempt from frequency restrictions with prior approval. The advertising of beer, wine, and coolers on television and radio, whether brand, corporate, or public service, is allowed in most provinces with prior board approval but requires preclearance. In Ontario, brand, corporate, and public service advertising is permitted on billboards, posters, and exterior signs, with certain location restrictions. Also, advertising is permitted on car cards (including transit advertising and airport signs), circulars, price lists, programs, novelties, and calendars. Point-of-purchase advertising and brand advertising are also permitted (McMullen 1989).

France

In France, after considerable public pressure, a total ban on alcohol advertising on both national and private television and radio became law in 1987 (Guerin-Fleury 1988). With the passage of the public health legislation *Loi Evin* in 1991, severe restrictions were placed on alcohol advertising, the most restrictive in the EU. These restrictions, effective from January 1, 1993, have provoked a great deal of controversy in France and the EU regarding whether the law contravenes EU rules on the free movement of goods and services. Direct and indirect advertising of alcohol and tobacco on television is prohibited, with some exceptions. Radio advertising is banned from 5:00 p.m. to midnight daily and all day on Wednesday. Also, alcohol advertising is restricted in newspapers, magazines and cinemas.

On August 8, 1994, an amendment to this legislation reinstated the freedom to advertise on posters (Hurst, Gregory, and Gussman 1997). Furthermore, health warnings must accompany all advertisements, except those intended for the trade. The National Committee of Defence Against Alcohol, established in 1972, functions in a watchdog capacity, providing constant surveillance of alcohol advertising and prosecuting legislative infractions (Davies and Walsh 1983). Interestingly, given the level of integration of alcohol into French culture, two-thirds of the French population believe that alcohol advertising is harmful and should be more controlled (Dubois 1989).

Sweden

Since rationing was abolished in 1955, there have been strict controls over alcohol advertising in Sweden (National Board of Health and Welfare 1988). A total ban on alcohol advertising on either television or radio was enforced in 1978. Advertising for alcoholic beverages is forbidden, by self regulation, in any publication targeted towards persons under the age of 20 years. It is also prohibited to advertise alcoholic beverages in the sports pages of daily newspapers and in sports magazines. There is an additional restriction on the amount of advertising space any one publication may allocate to alcoholic beverages: half page in dailies; one page in evening newspapers; and one page in the popular press. Trade and industry (producers and distributors) are excluded from the aforementioned restrictions.

The advertising of all spirits, wine, strong beer and class 2 beer (alcoholic content of between 1.8% and 2.8% proof) is not permitted in direct mail advertising, outdoors, in the cinema, in hospitals or in educational or nursing institutions.

In terms of general restrictions, alcoholic beverage advertising must not encourage excessive consumption and must be unobtrusive. This applies to choice of media advertising content and form, price introduction and packaging. The text used in alcoholic beverage advertising must be objective (no personal opinions or subjective statements). Illustrations of people's sporting or natural environments are not to be used and when advertising a class 2 beer product this must be clearly stated in the advertising message (Mediafact undated).

United Kingdom

The advertising of hard liquor on television, radio, and in the cinema is forbidden by voluntary agreement in the United Kingdom. For the first time, in late 1995, the alcohol industry broke their self-imposed ban on advertising spirits on television. There are no

specific restrictions governing the advertising of alcoholic beverages in the press or on outdoor billboards. The Independent Broadcasting Authority code of Advertising Standards and Practice should be adhered to for the advertising of alcohol across all media. It suggests that:

- liquor advertising not be addressed to young people, feature any personality whose example they are likely to follow, and children should not be seen or heard in any advertisement for alcoholic drinks;
- advertisements may not imply that drinking is essential to social success or contribute towards sexual success and refusal to drink should not be portrayed as a sign of weakness;
- advertisements should not foster immoderate drinking or imply that solitary drinking is acceptable;
- drinking should in no way be associated with acts of masculinity;
- references to round-buying is not acceptable;
- advertisements must not claim that alcohol has any therapeutic qualities or offer it expressly as a stimulant, sedative or tranquilliser;
- undue emphasis must not be placed on the strength of alcoholic beverages;
- no liquor advertisement may publicise a competition;
- nothing in an advertisement may link drinking with driving or operating dangerous machinery (Mediafact, undated).

APPENDIX J

CASE STUDIES OF PROCESSES OF CHANGE

Although Denmark has adopted a more “continental” style of drinking than the other Scandinavian countries, with fewer drunkenness episodes and fewer acute consequences of drinking, there was also a 35-fold increase in spirits taxes between 1911 and 1919 (Hurst, Gregory and Gussman 1997), which instantaneously transformed a spirits-drinking country⁶⁸ into a beer-drinking country, with a three-quarter decrease in drunkenness arrests and delirium tremens admissions. As this long-term change resulted more from control than from persuasional measures, the Danish case would appear to provide more ammunition for the dry side than the wet side of the argument. Furthermore, as in most industrialised countries, Denmark experienced a significant increase in per capita consumption in the 1960s and 1970s, accompanied by increases in liver cirrhosis, alcohol-related traffic casualties and psychiatric morbidity and mortality.

The Netherlands poses an altogether different scenario. With very high levels of per capita consumption during the nineteenth century, somewhere between 5 and 6.5 litres of pure alcohol per annum, consumption abruptly decreased in the early twentieth century, reaching an all-time low of 1.7 litres in the 1940s. This was followed by a fourfold increase in the post-war (World War II) period which brought consumption levels up to 7.2 litres by the 1970s, exceeding levels of the late nineteenth century. The low levels of consumption early this century have been attributed to the strength of temperance sentiment, which resulted from the close identification of a strong moral-persuasion temperance movement with social reform and working-class movements. These had all but disappeared by the 1960s and 1970s (Room 1992).

The Dutch case in the early twentieth century represents an interesting exception to the “wet”/“dry” paradigm. This is an example of how a previously “wet” society, using neither the “wet” prescription (integrating alcohol into the culture) nor the “dry” prescription

⁶⁸Denmark had the highest recorded spirits consumption among western European countries at this time.

(alcohol controls), managed to dramatically reduce per capita consumption and associated problems. A strong moral-persuasion social movement, similar to those found in the three “dry” societies, successfully managed to instill “dry” sentiments within the general population without the need for formal legislation.

Given that health and casualty consequences of drinking rose at a less-than-proportional rate than consumption during the 1960s and 1970s and drunkenness arrest rates actually decreased, the post-war experience may well provide support for the wet prescription, at least in terms of problems per litre declining. It deserves mention, however, that rates of alcohol-related problems, both before and after the increase in consumption, tended to be lower here than in the rest of Europe.

Dutch policies regarding illicit drugs, both in terms of tolerating their use and integrating rather than marginalising users into society, deviate significantly from other countries. Providing somewhat of a haven for those living in cultures where drugs are restricted, for the majority of the Dutch, the forbidden fruit or rebellion aspect does not exist. Its unconventional history, both in terms of altering the social position of alcohol and its experience with illicit drugs, makes the Netherlands a particularly interesting case study in processes of change.

Drinking in Australia developed in a similar manner to the type of frontier drinking discussed in the North American context. “Historically, drunkenness and, indeed, any alcohol consumption at all, became a major cultural marker of the boundary between the rough and the respectable, the frontier and the suburb, the male drinking group and the more feminine domain of the home” (Room 1992, 100). The cultural position of alcohol has altered dramatically since the 1950s but with relatively little drama. The influx of immigrants, many from southern Europe, has altered traditional Australian drinking habits. Not only did women enter the public drinking arena, with restaurants becoming a principal location of public drinking, but drinking began to take place amongst couples in the home as well.

Between the early 1930s and the 1980s, Australian alcohol consumption almost quadrupled, however, liver cirrhosis mortality only doubled and arrests for public drunkenness rose 2 1/2 times initially but then fell to 1 1/2 times the previous rate (Room 1992). As in the Dutch case, while both consumption and problems rose in the post-war

period, there were fewer problems per litre, which indicates some support for at least a restricted version of the wet model.

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