

Critiquing the alcohol policy process

Amy Pennay and Robin Room

Centre for Alcohol Policy Research, Turning Point & Centre for Health Equity, University of Melbourne

The series of papers in this issue of *Contemporary Drug Problems* is a collection of work emanating from a recent thematic meeting of the Kettil Bruun Society of Social and Epidemiological Research on Alcohol. The international meeting, held in Melbourne in September 2014, was titled *Alcohol Policy Research: Putting Together a Global Evidence Base*, and was attended by alcohol researchers from 15 countries, including, besides Australia, the USA, South Africa, Bhutan and Denmark. The conference sought to expand the evidence base about alcohol policies and their effects by bringing together an international group of researchers on alcohol and policy and others interested in the field. Papers from the conference are in the process of being published as special editions in four international journals – besides *Contemporary Drug Problems*, they include *Alcohol and Alcoholism*, *Drug and Alcohol Review* and the *International Journal of Alcohol and Drug Research*.

This particular set of papers were selected as a collection of historical, conceptual and qualitative pieces from the conference. All five papers offer critiques of alcohol policy at various levels. The first two papers, by James Nicholls and Shane Butler, are critical of the policy making process, that is, the way that alcohol policy is made and operationalised. Butler's focus is at the national level, while Nicholls' focus is at the local government level. The next two papers, by Peter d'Abbs and Carol Bacchi, are more conceptually oriented. The d'Abbs paper raises and explores the issue of drinkers' resistance to public health-oriented alcohol policies, while Bacchi is critical of the way that alcohol problems are defined and understood. The final paper, by Aaron Hart, offers a critique of the way in which alcohol policies focused on reducing consumption inadequately account for the complex social and cultural factors that influence the experience of alcohol problems. Each with their own critical

view of aspects of policy making, these papers offer ways forward for the conceptualisation and operationalisation of alcohol problems and of the policies adopted in response.

In his historically-informed piece, Nicholls (2015) discusses the way in which the relatively recent inclusion of public health objectives in UK liquor licensing presents some opportunities for more effective alcohol policy, but also many ongoing challenges. His main argument is that the epistemological tensions between public health and licensing make implementing effective alcohol policy at the local level incredibly challenging. In reality, decisions about licenses are left to the discretion of individual street-level bureaucrats, which means the application of the laws vary widely. Other challenges include the flawed use of public health data as evidence – either because it is not derived from the local area or because the evidence is complex and conflicting – and the selective interpretation and/or neglect of data, depending on individual values, political climate, lobbying activities and stakeholder persuasion. Nicholls suggests that the challenges of incorporating public health in liquor licensing decision-making are not easily solved, but important ways forward include the consistent collection of better alcohol consumption and harm data at a local level (and better systems of data sharing), and using public health teams more effectively in licensing.

Butler's (2015) paper also offers a critical view of alcohol policy bureaucratic processes, but at the national level. A promising new alcohol public health bill in Ireland has been put forward, and Butler questions whether it represents a policy window in terms of Kingdon's (2011) three "streams" determining policies – problems, policy and politics. Butler argues that the current proposed bill more closely reflects a political sop than a policy window. Firstly, while there is sufficient evidence that the Irish population drinks heavily, this is not increasing, and the high rate is not new information for politicians or the community (problems stream). Secondly, the report puts forward a list of policies that are likely to reduce alcohol consumption, but this same information has been put forward numerous times in previous health policy documents (policy stream). Finally, there is no evidence to suggest that the climate of public opinion and 'national mood' is in favour of 'drier'

political strategies, no evidence to suggest that there is a strong mobilisation of public health advocates to match the powerful drinks industry representatives, and no evidence to suggest that the bill will be enacted before the current group of eager politicians and Ministers are redeployed to other areas of government (politics stream).

In his thought-provoking paper, d'Abbs (2015) tackles and analyses the common finding that that drinkers, individually and collectively, are often resistant to policies which aim to reduce problems from drinking. Bringing into play social science theories about resistance as an everyday practice, particularly by those in a less powerful position, d'Abbs considers how these may be applied in the context of alcohol control measures, paying specific attention to young people's drinking cultures and to drinking by Indigenous Australians. He concludes that resistance is a ubiquitous response in the context of the power relationships in the social order, and in particular is an important factor to take into account in thinking about alcohol policies and their place in society.

Bacchi (2015) continues the exploration of the conceptualisation of factors relating to alcohol, suggesting that more attention needs to be paid to the way in which alcohol policies create and reinforce the notion of alcohol problems. Using an approach to policy analysis called the WPR approach ('What's the Problem Represented to be?') (Bacchi, 2009), Bacchi guides us through the ways in which health, social and economic problems are constructed and accepted without question as the consequence of alcohol consumption, and suggests that various disciplines, research methods and measurement tools become part of this process. She also points towards a range of actors: the state and its representatives, research experts and other professionals, and the way in which the knowledge they produce shapes public discourse and popular understandings of alcohol use. She challenges us to question assumptions and conceptualisations involved in characterisations of drinking in terms of alcohol problems, as commonly framed in public health approaches to alcohol use.

In the final paper in this thematic issue, Hart challenges us to question often taken-for-granted notions about the nature of alcohol consumption and harm, particularly that alcohol is a stable agent with predictable effects and that alcohol consumption is a reliable proxy for harm. Drawing on ethnographic research with a sample of socioeconomically marginalised and ethnically diverse men and women in Australia, Hart (2015) draws on Science and Technology Studies (STS) literature to critically re-evaluate previous causal models seeking to explain higher rates of alcohol-related harms among socio-economically disadvantaged groups. Drawing on rich data and the presentation of case studies he suggests how a range of social factors – including but not limited to family, ethnicity, gender norms, victimization, and environment – shape drinking events, and argues that it is in their intersections with one another that relationships between alcohol and harm emerge. Hart suggests that alcohol policies need to take into account the social factors that make socio-economically disadvantaged drinkers more susceptible to alcohol-related harms. In parallel with Bacchi's analysis, Hart's approach appears to suggest that population-based approaches to policy, such as limiting the availability or accessibility of alcohol, neglect important factors such as social class, gender and ethnicity.

These papers in one way or another focus their attention on the 'new public health' paradigm of alcohol policy making (Room, 2015). In this paradigm, alcohol is designated as a special commodity, subject to special attention by governments because of its capacity to contribute to social and health harms. Avoiding extreme measures such as the prohibition applied to other drugs and seeking to de-emphasise measures with stigmatising effects such as individual bans on drinking or public drunkenness arrests, the new public health paradigm seeks to control the market, and limit the availability of alcohol in ways which will reduce rates of harms. By allowing a market of private actors, Nicholls and Butler explore the way in which systems in market-liberal countries like the U.K. and Ireland make it hard for the new public health to function. d'Abbs points to another difficulty with 'top-down' measures – the potential for resistance by those committed to heavy drinking. By implication, d'Abbs' analysis raises an issue to be considered in decisions on strategies to reduce

alcohol problems: what kind of target does the strategy offer for individual acts of resistance?

Banning drinking in public places, for instance, offers a more obvious target for resistance than raising alcohol taxes. Bacchi and Hart tackle the new public health paradigm from another angle by putting in question the paradigm's focus on alcohol among the many factors often in play in the occurrence of social and health harms in which drinking is involved.

So how do these papers help us move forward with alcohol policy? In part, it depends on what the purpose of the alcohol policy is – for example, if the aim is a) to reduce alcohol consumption, b) to change the way people drink, or c) to reduce problems from alcohol. In terms of the first of these, the most effective policies for reducing alcohol consumption are consistently reported to be those restricting the availability, accessibility and affordability of alcohol (Babor et al., 2010; Toumbourou et al., 2007). However, as pointed out by Nicholls and Butler, the challenges at all levels of government to implementing such population-level approaches are substantial. This suggests that future alcohol policy research might focus its attention on the policy-making process: we know 'what works' – so we need to shift our attention to how to navigate and influence bureaucratic processes.

If the aim is to change the way we drink – and a good example of this is the shift in practices and attitudes concerning drink-driving in many countries (Babor, et al., 2010), d'Abbs reminds us that we need to keep in mind and take account of how attempting to alter the complex relationships between drinking practices and other aspects of social life might manifest in resistance. This suggests that more research exploring the social and cultural aspects of drinking is needed to inform the reasons that alcohol control measures are either not implemented, or are resisted.

Finally, if the aim is to reduce alcohol-related problems, for example, social and health harms or involvement in anti-social behaviour associated with alcohol consumption, then Bacchi reminds us that we need first to question the assumptions made about alcohol problems – for example, is it really a problem and what is the problem represented to be? And both Bacchi and Hart suggest that we need to recognise that alcohol is not the sole source of the problem, but that a broad range of

social, cultural, economic and environmental factors influence the experience of alcohol problems. More attention needs to be paid in future alcohol policy research, both Bacchi and Hart would argue, to how other factors interact with the drinking in the production and experience of alcohol problems.

None of the five articles in this issue give a free ride to what may be called the “3Cs” model of public health action on alcohol: Control → Consumption → Consequences. Each complicates such a model in its own way, whether focusing on what controls the “control” at the beginning of paradigm, as Nicholls and Butler do, or on the first arrow, as d’Abbs’ analysis tends to do, or on the second arrow, as Bacchi and Hart do. But it would be hard these days to find a public health textbook treatment of alcohol as a “risk factor” in problems and of policy approaches to alcohol problems that does not acknowledge the complexity and difficulty of what the public health approach is aiming to do. Implementing alcohol policies on behalf of the public good is a difficult and often debatable task in today’s world. Critiques such as those in this issue are thus a salutary reminder and challenge to those involved in alcohol policy studies and implementation.

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