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Time for reform? Alcohol policy and cultural change in England since 2000

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Abstract Throughout history, alcohol policy has been tied to ideas of cultural change. In 2000, the New Labour government proposed deregulatory legislation that was designed, in part, to change British drinking cultures. However, implementation of the subsequent 2003 Licensing Act coincided with developments in alcohol retail and drinking behaviours which created widespread public concern. Government alcohol policy was also criticised by public health advocates who rejected the model of cultural change which underpinned it. Focussing on England and Wales, this article considers how an emphasis on culture-change outcomes undermined the political success of New Labour's alcohol policy; how media responses reinforced problematic ideas around British drinking culture; and how public health policy lobbying on alcohol has exposed a marked political divide over the role of legislation in shaping public attitudes and behaviours.
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Introduction

Throughout modern history, British alcohol policy has been characterised by efforts to achieve cultural change through legislation. While the primary goal of licensing law has always been the prevention of disorder and the regulation of markets, there are numerous instances of governments using licensing reform as a mechanism by which to 'civilise' popular drinking cultures (Greenaway, 2003; Jennings, 2007; Nicholls, 2009, 2010). Culture-change is a prominent concern in the major Royal Commissions and Parliamentary Committee reports on alcohol published over the last century.

Both the 'Peel Commission' (1899) and the Royal Commission on Licensing (1931) argued forcefully that the State had both the duty and the capacity to change drinking culture (House of Commons, 1899, 1931). The Report of the Departmental Committee on Licensing (1972, known as the 'Erroll Report') was more circumspect, arguing that only extreme legislative interventions could have a significant impact on consumption. However, it also emphasised that it was 'not endorsing the hypothesis that licensing legislation has no effect whatsoever on drinking behaviour' (House of Commons, 1972, p. 46).

The Erroll Report concluded that because most drinkers were moderate they should not be subject to undue legislative interference in their free choice to drink. To this extent, it reflected a broad trend in British alcohol policy since the early 1960s away from the notion that licensing should seek directly to affect drinking cultures. Nevertheless, the pull of the culture-change agenda remains powerful and recent debates on alcohol policy have been dominated by questions around national drinking cultures and the capacity, or otherwise, of Government to influence behaviour in this regard.

Research on alcohol policy since 2000 has emphasised the significant problems it poses for government. Baggott shows that while New Labour's alcohol policy was characteristic of the 'Third Way' attempt to 'chart a middle way between state control and free markets', it suffered from the 'departmental pluralism' that has historically bedevilled attempts to construct coherent alcohol policy as well as the difficulty of negotiating the interests of the many competing stakeholders involved (Baggott, 2010, p. 136). Greenaway (2011) argues that a core New Labour policy of licensing deregulation became drawn into an unstable, and unpredictable, process of policy framing in which alcohol was posited variously as an issue of economics, leisure, health and policing. Lack of departmental coherence, conflicting policy frames, unpredictable media coverage and consistent pressure from industry to curtail regulation all proved corrosive to efforts by New Labour to establish consensus on its alcohol policies. Based on a survey of policy literature, media coverage and Hansard records, as well as interviews with key figures, this article will look at how the question of culture-change cut across debates on alcohol policy between 2000 and 2011. In particular, it will consider how competing models of culture-change, as well as the evident success of health-oriented culture-change interventions such as the ban on smoking in public places, underpinned shifts in the framing of alcohol policy debates over the period. From this perspective, it will outline the key trends in public and political discourse as regards alcohol policy in England and Wales (Scottish alcohol policy diverges so significantly as to merit separate discussion), and it will consider what this reveals about problems associated with both policymaking on alcohol and claims about policy-driven cultural influence.

2000–2003: Time for Reform

In 1998, Home Office minister George Howarth said that New Labour intended to 'blow away the cobwebs in British life' by transforming alcohol licensing (Institute of Alcohol Studies, 1998, p. 6). As John Greenaway has shown, plans for licensing reform were initially driven by a desire to tidy up a messy and convoluted area of market regulation; indeed, there was some initial resistance to making cultural change part of the policy goal, and a key 1998 Better Regulation Task Force (BRTF) report into licensing had explicitly followed the Erroll Report in rejecting the notion that licensing could, or should, target culture (BRTF, 1998; Greenaway, 2011). However, Howarth's language demonstrates the extent to which the idea of cultural modernisation was embedded in the language of New Labour's alcohol policy from the start. Furthermore, New Labour's decision to move responsibility for licensing from the Home Office to the Department for Culture, Media and Sport (DCMS) marked a new approach to political thinking around alcohol. Whereas previously, licensing was understood primarily as an issue of regulatory enforcement and the prevention of antisocial behaviour, now it was to be an enabling process – facilitating the development of a leisure economy and promoting a culture of socialised consumption (Baggott, 2010).

The subsequent White Paper, *Time for Reform* (2000), set out the Government's proposals: licensing responsibilities would be moved from magistrates to local authorities, fixed closing hours would be removed, the array of licences covering both alcohol retail and public entertainment would be consolidated into a simple system involving a single premise licence, and a personal licence would be available to anyone over 18 who passed the requisite examination.

From a historical perspective, the transfer of licensing powers from the magistracy (where they had sat since 1552) to local authorities was by far the most radical proposal. Despite this, however, it was the relaxation of opening hours that became the headline provision of *Time for Reform*. In 1972, the Erroll Report had proposed opening hours between 10:00 and midnight, and two later studies – one funded by the Home Office, the other by the Portman Group – had argued that 11 o'clock closing exacerbated a culture of antisocial behaviour and drunken violence (Tuck, 1989; Marsh and Fox-Kibby, 1992). Relying heavily on these studies, *Time for Reform* insisted that not only were fixed closing times anachronistic and bad for tourism, but that a relaxation would lead to 'significant reductions' in drink-related crime and also 'reductions in binge-drinking' (DCMS, 2000, p. 68). The public goal of removing fixed closing times was both business deregulation *and* culture-change: as one Home Office Minister put it: 'flexible licensing hours will help tackle the problem of alcohol-related disorder by phasing closing times and hopefully, in the longer term, encouraging a change in our drinking culture'

(Berman and Danby, 2003, p. 13). More than anything, it was on this claim that the subsequent legislation would be judged.

When the Licensing Bill was introduced to the House of Lords in November 2002, the Government emphasised that it was 'about modernisation and reform to stimulate a richer range of leisure opportunities for the consumer' (HL Deb 26 November 2002 vol 642 c641-2). Underpinning this was the assumption that problem drinking was confined to an identifiable minority, and that the majority of moderate drinkers should be protected from state intervention: a presumption which, as we shall see, ran counter to a 'whole population' perspective then gaining ground among public health advocates. According to Baroness Blackstone, Minister for Culture, Media and Sport, while over 80 per cent of men and women drank the 'vast majority behave responsibly', and the Bill would 'remove perverse influences on drinking culture, such as fixed, artificially early closing times that can lead to problems of violence and binge drinking' (HL Deb 26 November 2002 vol 642 c641-2). Left to their own devices, the vast majority of drinkers would behave sensibly; for those who didn't, the Bill would 'bring about a positive change in the drinking culture of England and Wales' (HL Deb 20 January 2003 vol 643 c477).

Initially, there was clear support for the relaxation of 'outmoded' opening hours (HC Deb 15 November 2002 vol 394 c328; HL Deb 26 November 2002 vol 641 c647; HC Deb 24 March 2003 vol 402 c63) and the broad Parliamentary consensus on relaxed opening hours was bolstered by early support from the police, who accepted that fixed closing probably exacerbated disorder (*Times*, 1998; HC Deb 15 November 2002 vol 394 cc316-7). However, New Labour's 'modernising' frame was always undermined by an alternative perspective in media reporting of the policy: one in which cultural relaxation, business deregulation and the 'civilisation' of drinking behaviours was presented instead as the promotion of irresponsible behaviour at an individual level, a wilful naivety about the realities of British drinking culture, and the dereliction of government responsibility towards the law-abiding majority.

Ever since it had been mooted in a 1998 BRTF report, the relaxation of closing hours had commonly been referred to in the press as '24-hour drinking' (for example, *Times*, 1998; Eastham, 1998; Morris, 2002).[1] This gave an entirely different perspective on the legislation which was seized on by opponents in the subsequent months and years. While the Government strongly emphasised crime reduction (for example, HC Deb 18 November 2002 vol 394 cc10-11), the failure to successfully contain the media narrative of '24-hour drinking' meant that relaxed opening hours were routinely presented as an invitation simply to drink more, rather than to drink more slowly.

Compounding this problem was the fact that the density and operating hours of drinking outlets in city centres had increased significantly over the previous decade. Partly as a consequence of attempts to regenerate post-industrial city

centres, and partly as a result of powerful retail chains entering the market following the 1990 Beer Orders, many city centres had already seen a proliferation of large, high-turnover bars (sometimes referred to as 'vertical drinking establishments'), which opened until 2:00 thanks to the effective use of Special Hours Certificates by operators (Hadfield, 2006). In effect, the attempt by many local authorities to develop vibrant '24-hour cities' with an emphasis on the cultural industries had, in many cases, led to the creation of city-centre zones dominated by an alcohol-fuelled night-time economy in which all other leisure options were squeezed out (Measham and Brain, 2005; Hayward and Hobbs, 2007).

Nevertheless, although the Bill had a difficult passage through the Lords, the relaxation of opening hours was broadly supported, as was the transfer of licensing powers from magistrates to local councils. Media debate on the Bill was also muted: the day after Royal Assent, only the *Daily Mirror* reported that the Act had passed into law – tellingly, under the headline '24-hour pubs are closer' (*Daily Mirror*, 2003). Despite its occasionally rocky journey through Parliament, the 2003 Licensing Act emerged to limited public concern over its potential impact on drinking behaviours.

2004–2006: Changing Perceptions

The enacting of the 2003 Licensing Act was a slow process, with implementation not scheduled until November 2005. While this period saw rising tensions between the DCMS and the Home Office over policing and enforcement (HC Deb 8 June 2004 vol 662 c223; Light, 2005a; Greenaway, 2011), it also saw a marked increase in media reporting of alcohol issues and the beginnings of a concerted campaign on alcohol policy from public health lobbyists. Between enactment and implementation, public debates on alcohol shifted dramatically.

A key issue was the promise of positive culture change. Scepticism had long been expressed over the idea that flexible licensing would engineer a 'café society' in England (for example. HL Deb 26 November 2002 vol 641 c654; Tighe, 2003). Ironically, however, it was the launch of the Government's long-delayed Alcohol Harm Reduction Strategy in March 2004 – presented as a joined-up correlative of the Licensing Act – that drew attention to the risks that such an experiment posed (Greenaway, 2011). In 2003, the Strategy Unit had published a preparatory study of the costs of alcohol misuse to the UK economy (PMSU, 2003). Building on this evidence base, the Harm Reduction Strategy acknowledged that alcohol misuse was 'a very real problem', noting that alcohol was responsible for half of all violent crimes, 22 000 deaths per year, 17 million lost working days and £95 million costs in specialist

treatment (PMSU, 2004, p. 7). The 'first key aim of the strategy' was 'to improve the information available to individuals and to start the process of change in the culture of drinking to get drunk' (ibid, p. 22). However, health campaigners immediately condemned the solutions the Strategy proposed, and were furious that the government's own research into effective policies for reducing alcohol-related harm appeared to have been ignored (Institute of Alcohol Studies, 2004).

At the heart of the Harm Reduction Strategy were funding for alcohol education, media awareness campaigns, and voluntary partnership with the alcohol industry to promote sensible drinking. However, health campaigners had long been calling for supply-side interventions such as increased taxation and restrictions on retail, and many were angry that proposals for macro-economic restrictions that had appeared in the research briefing for the Strategy were missing from the final document. Publication of the Harm Reduction Strategy was, according to the then Registrar (and later, President) of the Royal College of Physicians, Sir Ian Gilmore, 'a low point in that our expectations had really been built up by a superb evidence gathering process … but then [the Government] unfortunately, ignored it' (interview). Writing shortly afterwards, one leading public health researcher, Robin Room, described the demand-side measures adopted in the Strategy as 'a recipe for ineffectiveness' in dealing with alcohol-related harm (Room, 2004, p. 1083).

In backing industry self-regulation and education, New Labour very publicly rejected the 'public health' approach which had been promoted by alcohol health campaigners since the mid-1970s (Thom, 1999; Plant and Plant, 2006). The public health model asserted that consumption needed to be reduced across whole populations (as opposed to simply among problematic minorities), and should be achieved through increased taxation and stricter licensing controls (Edwards *et al*, 1994; Babor *et al*, 2003). Fundamentally, the population approach argued that while Government action couldn't by itself change culture, the State nevertheless had a duty to act on those contextual features which it could change: specifically affordability (through taxation) and availability (through licensing). New Labour explicitly rejected both the public health model and its associated policies, adopting instead the 'voluntarist' approach favoured by, among others, the alcohol industry. This model assumed that harms were largely confined to a minority and that demand-side interventions were the appropriate policy response (PMSU, 2004, pp. 21, 23).

In March 2004, coinciding with publication of the Harm Reduction Strategy, the Academy of Medical Sciences launched a report setting out evidence that both consumption and harm had increased dramatically in the preceding decades, and calling forcefully for the adoption of public health approaches to alcohol policy (AMS, 2004). The AMS report was seen by a number of its authors as a turning point: for Sir Ian Gilmore it was 'when I really cottoned

on to the fact that factors like pricing, availability and marketing were … where the evidence lay for what could actually change consumption', while Robin Room felt it marked the point where, in addition to psychiatrists, 'public health and general internal medicine really began to take [alcohol] seriously in Britain' (interviews). The AMS report insisted that drinking cultures were influenced by price and availability, and that the social and economic costs of alcohol to the society at large more than justified Government intervention in the alcohol market. Elsewhere, public health experts lined up to accuse New Labour of adopting policies which ran counter to the available evidence on the drivers of alcohol-related harm (Babor, 2004; Marmot, 2004; Stockwell, 2004). The government claimed it wanted to 'walk the tightrope between liberalisation and laissez-faire' (HC Deb 24 March 2003 vol 402 c52); for an increasing number of public health advocates it had simply abdicated its proper responsibility for protecting the public good.

Consumption data seemed to bear out the warnings from public health: average weekly consumption had been increasing throughout the early 2000s, and reached a peak between 2002 and 2004 – a trend that reflected both increasing affordability and weakening licensing constraints (Lader and Steel, 2010, p. 22).[2] However, while the AMS and others sought to frame alcohol policy debates around long-term health consequences, news reporting began to focus increasingly on the issue of antisocial behaviour. In January 2004, the *Sunday Times* published an article entitled 'Street violence jumps in binge Britain' (Iredale, 11 Jan 2004): coining a slogan which would become inextricably tied to New Labour's alcohol policy, but which also tapped into deep-seated assumptions about British drinking behaviours. By the end of the year, the phrase 'Binge Britain' was used in stories published in the *Daily Mirror* (16 August), the *Observer* (5 September) and the *Daily Mail* (12 July and 18 December). The day before the Harm Reduction Strategy was launched, the *Sunday Times* reported leaked Home Office papers expressing concern over drunken violence (Winnett and Leppard, 14 March 2004). Six days later, a leaked Metropolitan Police report revealed concerns over the impact of flexible hours on crime and disorder (Johnston, 2004). The Home Secretary, David Blunkett, described binge drinking as a 'major scourge' – revealing widespread misgivings in the Home Office about the policy (HC Deb 10 May 2004 vol 421 c16; Greenaway, 2011). Tony Blair, meanwhile, attempted to demonstrate that New Labour took industry responsibilities seriously by trailing a plan to charge retailers for the cost of policing in city centres (an idea favoured by the Home Secretary); however, when Blair warned that binge drinking risked becoming the 'new British disease', it merely raised questions as to why licensing was being liberalised when the Prime Minister and Home Secretary both accepted that heavy drinking was a significant cultural problem (BBC, 2004a; Wilson, 2004).

Partly in response to growing concerns, the Government published a cross-departmental consultation paper, *Drinking Responsibly* (2005), setting out plans to strengthen police and local authority enforcement powers. *Drinking Responsibly* also promised to 'support the industry in working towards ending all promotions that encourage speed drinking' – but with the critical caveat that 'normal price competition … should not be put in doubt' (DCMS, 2005, p. 14). *Drinking Responsibly* illustrated many key characteristics of New Labour's alcohol policy. It affirmed the primacy of the market and the tenet that the principles of free competition should apply to alcohol as to other commodities. It asserted that problematic drinking was limited to an irresponsible minority, and that this minority should be dealt with in isolation from the broader alcohol market. It posited alcohol harm both as a matter of anti-social behaviour and as a demand-side issue, to be dealt with through strengthened law enforcement, not supply-side interventions. And it insisted that where marginal constraints were to be placed on suppliers (such as regulating irresponsible promotions) this should be done on a voluntary, self-regulating basis rather than through statutory requirements. New Labour's alcohol policy was premised on giving responsible adults maximum choice – because 'autonomy is a right, not a privilege' (Jowell, 2004) – and tackling problematic externalities at the level of the individual miscreant.

Such a liberal model of social policy might have been expected to go down well with traditionally right-wing sections of the press. However, the press narrative of 24-hour drinking posited those freedoms as being bequeathed upon sectors of society often viewed with suspicion and anxiety by those same newspapers. Binge drinking, as popularly conceived, was youth drinking: indeed, the Harm Reduction Strategy defined 'binge drinkers' as 'those who are likely to get drunk and are likely to be under 25' (PMSU, 2004, p. 7). News reporting of 'binge Britain' routinely used images of young people, to the extent that many have asked whether it is best understood as a classic 'moral panic' over youthful transgression rather than a coherent critique of alcohol policy (Measham and Brain, 2005; Borsay, 2007; Hayward and Hobbs, 2007; Critcher, 2008; Yeomans, 2009; Nicholls, 2011a). For the government, this focus on individual miscreants matched entirely their model of harm, in which problems were isolated among a small number of binge and chronic drinkers (PMSU, 2004, pp. 7–8). However, even though that model was broadly accepted outside the public health community, the threat those particular miscreants posed proved disastrous for efforts to present the liberalisation of licensing hours as a responsible course of action. By the time the Act came into force on the 24 November 2005, media reporting was overwhelmingly negative: the *Daily Express* was not out of step with much of the coverage when, the day before implementation, it prophesied an 'explosion of binge-boozing from tonight' (Price and Blacklock, 2005).

2006–2008: A New Focus on Health

New Labour failed to establish a dedicated procedure for monitoring the effects of the 2003 Licensing Act (Hadfield, 2007); however, published reviews presented a mixed picture. One concluded that the effects of the Licensing Act have been 'largely neutral in terms of alcohol-related harms' (Foster *et al*, 2009, p. 119). Another found that, on average, operating hours increased by just 21 min (Hough *et al*, 2008, p. ii). While the Home Affairs Committee reported a 'strong perception among police forces that alcohol-related violence is on the increase' (Home Affairs Select Committee, 2008, p. 36), other studies pointed to a flatlining, or even a small decline, in alcohol-related crime (Babb, 2007; Hough *et al*, 2008), though these figures may mask significant differences between urban and rural areas (Roberts and Eldridge, 2007; Hadfield and Measham, 2010; Humphreys and Eisner, 2010). Some studies showed little change in admissions to alcohol and emergency departments (Durnford *et al*, 2008; Hough *et al*, 2008), while other data suggested a dramatic increase in overall hospital admissions for alcohol-related conditions (HC Deb 21 April 2009 vol 491 c572w). While police support for the Act fell away in 2004–2005 (White, 2005), subsequent reviews found police support for many of the new powers – especially the powers to trigger licence reviews and impose Drink Banning Orders (Herring *et al*, 2008, p. 261; Hadfield *et al*, 2009, p. 472).

In terms of consumption, the anticipated 'explosion in binge-boozing' did not materialise – indeed, overall consumption levels began to decline from around 2005, albeit it from a historically high peak (Health Committee, 2010, p. 17; ONS, 2011). However, there was scant evidence of the significant *reduction* in harm that had been promised – nor of any shift towards a more sensible drinking culture. Consequently, New Labour were unable to counter the 'Binge Britain' media narrative with evidence that their promise of positive cultural change was anything other than empty rhetoric. Furthermore, New Labour's declining popularity made alcohol policy an attractive target for sceptical journalists: according to one senior Civil Servant:

> it was around the time of Iraq, the government was unpopular, the right wing press were into a position where they wanted to give Blair a kicking, and in those sorts of circumstances it was quite easy for the *Daily Mail* to switch from 'pubs are open all day what a wonderful thing' to 'yet more opportunities for our youth to get bladdered and beat each other up'. (interview)

Put on the defensive, a raft of subsequent legislation was introduced to tackle public drunkenness: in 2006, Alcohol Disorder Zones were included in the Violent Crime Reduction Act – though these were widely condemned as

'unduly bureaucratic', and none were ever established (Merits of Statutory Instruments Committee, 2008, p. 3); Drink Banning Orders, introduced at the same time, were better received and widely used (Hadfield *et al*, 2009, p. 472).

In 2007, the Harm Reduction Strategy was updated and re-launched under the title *Safe. Sensible. Social*, though health campaigners saw little in it to suggest a move towards public health approaches (Anderson, 2007). However, the updated strategy introduced two key developments. Firstly, it formalised the creation of 'Drinkaware' an industry-funded charity whose remit was to promote a change in drinking culture through education, awareness and public information campaigns. Drinkaware had both industry and health representatives on its board; however, it further confirmed that demand-side interventions – particularly education – were at the heart of New Labour's approaches to culture change, while the supply-side measures favoured by public health campaigners continued to be rejected. Secondly, the updated strategy established more stringent data-gathering for alcohol harms in the NHS. According to the then Minister for Public Health, Dawn Primarolo, in a climate where public debates on alcohol were contradictory and often confused, improved data-gathering 'was important for policy development, to actually be able to say "this is what the figures are showing us" ' (interview). However, the generation of detailed data sets on hospital admissions and alcohol-attributable mortality also proved a powerful weapon in the armoury of alcohol health lobbyists.

As we have seen, Government action on alcohol was spurred not only by media reporting of 'Binge Britain', but by a well-coordinated advocacy campaign on the part of health campaigners, who had become 'more strident, more frustrated probably, after the 2004 strategy [and] prepared to be more outspoken' (Gilmore, interview). In 2007, Gilmore established the Alcohol Health Alliance, made up of 24 organisations including the Royal Colleges of Physicians, Surgeons, Psychiatrists, GPs and Nurses as well as specialist health groups such as the British Liver Trust and organisations such as Alcohol Concern and the Institute of Alcohol Studies. Gilmore was active in promoting alcohol issues to ministers at the Department of Health and became a regular contributor to news reports on alcohol. Indeed, the success the Alcohol Health Alliance achieved in influencing the news agenda can be measured by the extent to which health practitioners such as Gilmore became primary sources for news stories on alcohol in the late 2000s (Nicholls, 2011a). This combination of medical authority and media profile made Gilmore a formidable figure. According to a senior Civil Servant in the Department of Health:

> if Ian [Gilmore] is regularly getting into the *Daily Mail* as the voice of reason, then you've got a problem. So, in that sense I think it began

> to put alcohol on the agenda … Ian had an open door because he was the president of a Royal College, but he would have been invited in a lot more often because of the profile he was getting. (interview)

Furthermore, the success of the ban on smoking in public places provided impetus to alcohol health campaigners buoyed by – and influenced by – the success of colleagues in smoking cessation. It also reinforced the perception among key political figures and journalists that alcohol presented the next big public health challenge (Kevin Barron MP, interview). In November 2008, the Public Health Minister, Dawn Primarolo, stated that there was 'a very strong argument that problem drinking is becoming the new smoking in terms of the challenges that it presents to public health' (Primarolo, 2008): a speech which, according to one senior health reporter at the BBC, 'really made me go away and think about what was going on [in alcohol policy] and start noticing some of the things shifting around the debate' as health campaigners turned their attention from cigarettes to alcohol (interview). Later the same year, in his Annual Report, the Chief Medical Officer, Sir Liam Donaldson, drew a direct parallel between anti-smoking and alcohol health campaigning, writing that 'passive drinking' was 'a concept whose time had come' (Chief Medical Officer, 2009, p. 19), and calling for supply-side restrictions on pricing and availability. Although the phrase 'passive drinking' failed to gain traction in public debates, Donaldson's attempt to position alcohol regulation as the natural successor to restrictive legislation on smoking (which he had done much to promote) is telling (Burgess, 2009).

Alcohol health campaigners also targeted both the political and media agenda through a series of high-profile reports which set out a consistent policy line. In 2008, the BMA published *Alcohol Misuse: Tackling the UK Epidemic* – which, like the AMS report four years earlier, promoted a public health approach and insisted that the harm reduction evidence-base pointed clearly towards increasing price and reducing access (BMA, 2008). Alcohol Concern published a review of the Harm Reduction Strategy which also called for increased alcohol taxation (Diment *et al*, 2007). In 2009, a BMA report on alcohol advertising reasserted the public health approach, while calling for further restrictions on marketing (BMA, 2009). Alcohol policy campaigners also achieved a degree of influence at policy development level: when the Conservative-led Social Justice Policy Group produced a lengthy study of social breakdown, it commissioned the Institute of Alcohol Studies (an organisation founded in 1983 by the United Kingdom Temperance Alliance) to review drink policy, and accepted their conclusion that pricing strategies were needed to reduce overall consumption (Gyngell, 2007, pp. 99–101).

Although beyond the scope of this article, it is important to note that public health perspectives did become established in the alcohol policies of the

devolved government in Scotland. There, the Scottish National Party adopted a distinct approach to alcohol from that taken by the previously dominant Scottish Labour Party. The 2005 Licensing (Scotland) Act included the 'protection of public health' as a statutory licensing objective; later, the 2010 Alcohol etc. Act imposed restrictions on retail discounts and promotions that went far beyond those attempted through voluntary agreements in England and Wales. The acceptance of public health approaches by the Scottish Nationalists is notable in that the challenge of changing Scottish drinking culture has been adopted by the ruling administration as a measure of the power of devolved decision-making.

While news reporting of antisocial behaviour focussed much political attention on alcohol problems, health campaigners were also keen to address the rise in domestic drinking and supermarket sales – which, in reality, represented the key cultural trend in post-war British drinking cultures (Nicholls, 2011b). In 2007, new social research suggested that 'pre-loading' had become an established part of drinking culture, and that the drunkenness witnessed on the streets of major cities was often arrived at before drinkers had even left their houses (Hughes *et al*, 2007). Some young people may have been drinking in pubs, but alcohol was both cheaper and easier to access in off-licences and supermarkets – especially where proxy-buying took place. Giving evidence to the Health Select Committee in 2009, the sociologist Martin Plant described supermarkets as exhibiting 'the morality of the crack dealer' – a claim which was widely reported in the press the following day, and which provided an epigraph to the Health Committee report into alcohol when it was published in January 2010 (Health Committee, 2010; also see Bolger, 2009, Kaniuk, 2009; Martin, 2009).

In May 2008, the Department of Health launched a units awareness campaign aimed at middle class drinkers and those who drank at home: an acknowledgement that the primary consumers of alcohol were in professional and managerial positions, and that more alcohol was drunk at home than elsewhere (Lader, 2009, pp. 32–33). According to the Minister responsible there 'was a public perception that it's a youth issue or that somehow you had to be an alcoholic to have a drink problem … and that everybody else thought they were handling it', when the reality was that not only did most drinking take place in the home, but the increased strength of drinks meant people had little idea how much they were consuming (interview).

The increasing awareness of the role of home consumption and supermarket sales also contributed to renewed debates on alcohol pricing. In 2003, the Labour peer Lord Davies of Oldham had acknowledged that 'the overriding factor that determines the amount of alcohol people consume is its price in relation to their disposable income', but the following year his colleague Lord McIntosh of Haringey insisted that 'the idea that we should intervene to raise prices … is a little remote from the ethos of the time' (HL Deb 20 January 2003

vol 643 c478; HL Deb 11 November 2004 vol 666 c1018). By 2008, however, that ethos had shifted significantly. In that year's Budget, the Chancellor, Alistair Darling, announced a 6 per cent rise in duties on alcohol in the annual Budget, with further 2 per cent rises above inflation over the subsequent four years (HC Deb 12 March 2008 vol 473 c298).

Many in the pub trade objected that tax rises would do nothing to tackle cheap alcohol in supermarkets, which could absorb duties rises and continue to use alcohol as a 'loss leader' (Champ, 2008). However, the Budget coincided with the publication of a Home Office-commissioned review of alcohol pricing which drew attention to a novel approach pricing mechanism which seemed able to overcome that anomaly. Minimum unit pricing (as opposed to the use of taxation) was first proposed in a report by Scottish Health Action on Alcohol Problems in 2007 (Gillan and Macnaughton, 2007), but swiftly gained support among public health researchers and lobbyists. The following year, a Home Office review of pricing interventions found 'low quality but demonstrable evidence to suggest that minimum pricing might be effective as a targeted public health policy': reducing consumption overall, but especially among young binge-drinkers (Booth *et al*, 2008, p. 6).

Minimum pricing seemed to overcome the intractable problem of supermarkets selling alcohol cheaply in order to draw in customers. However, when the Chief Medical Officer formally endorsed the idea in March 2009 (Donaldson, 2009, p. 25), Gordon Brown and David Cameron swiftly and very publicly rejected the recommendations, with both citing the injustice of punishing the majority of moderate drinkers for the excesses of a minority (Nicholls, 2011a). Nevertheless, in November 2008, the Home Affairs Select Committee came out in support (Home Affairs Select Committee, 2008, pp. 42–43); in January 2010 the Health Select Committee made it one of the central recommendations in their extensive report on alcohol (Health Committee, 2010, p. 116), and in June 2010 the National Institute for Health and Clinical Excellence called for minimum pricing in its guidance on harmful drinking (NICE, 2010, p. 9). Trade interests were divided on the issue. The brewers SAB Miller commissioned the Centre for Economic and Business Research to assess the idea, and it concluded that minimum pricing was a 'blunt instrument' that would have 'very limited benefits in curbing the excesses of the minority' (Health Committee, 2010, p. 108). By contrast, the Campaign for Real Ale supported the idea, as it would level the playing field between supermarkets and pubs (Health Committee, 2010, p. 112).

When Liam Donaldson wrote that 'passive drinking' was an idea whose time had come, he was mistaken (Burgess, 2009). However, when he backed minimum unit pricing, he was supporting an idea that became established with remarkable speed. The swift rise to prominence of this previously unknown (and untried) strategy reflects the impact of the public health campaign to

make affordability the centrepiece of public policy on alcohol (at the time of writing, minimum unit pricing is close to being introduced in Scotland at a level of 50p per unit). However, the political resonance of minimum unit pricing also reflected a major shift in public perceptions over the root causes of excessive drinking. Whereas the media outcry in 2004 had centred on drinking in pubs and bars, by 2008 it had become clear that a primary source of alcohol harms was not the on-trade, but off-sales in supermarkets – where conventional licensing interventions had only a limited impact.

2008–2010: Mixed Messages

Despite a long-term decline in overall levels of alcohol consumption, as well as declining pub numbers, Conservative politicians seized upon the Licensing Act as a paradigm of failed social policy. This was partly motivated by political opportunism (Greenaway, 2011), but it also fitted neatly into the narrative of 'Broken Britain' which had been adopted by the Conservatives under David Cameron. In a speech to the 2009 Conservative conference, the shadow Home Secretary Chris Grayling, promised to tackle antisocial behaviour by 'tear[ing] up this Government's lax licensing regime' (Grayling, 2009) – a promise repeated by the new Home Secretary, Theresa May, the following year (May, 2010). In August 2010, just three months after coming to power – and having already moved responsibility for alcohol licensing back to the Home Office – the Coalition launched a consultation on 'rebalancing' the 2003 Licensing Act which proposed a number of provisions, many of which had been tabled as amendments to the original Bill: a levy on operators who opened late at night to cover the extra costs of policing, including local authorities as 'responsible bodies', increased penalties for underage sales, greater powers to impose fixed closing times, and including health authorities as responsible bodies – thereby allowing health bodies to launch objections to licensing applications (though it stopped short of following the example of Scotland, where the protection of public health was enshrined as a licensing objective under the 2005 Licensing (Scotland) Act). It also proposed a ban on the below-cost sale of alcohol in supermarkets (Home Office, 2012).

It is a measure of the political consensus around the perceived failure of the 2003 Licensing Act that, despite vociferous trade objections, the provisions set out in the Home Office consultation not only made it into the Policing and Social Responsibility Bill unchanged, but that the amendments passed through Parliament equally smoothly (see Coulson, 2010; Leek, 2010; Turney, 2010b; Harrington, 2010 for trade responses). The 'rebalanced' Licensing Act appeared to signal a clear desire within the Coalition to use licensing legislation as a means of tackling problematic drinking cultures.

At the same time, however, the Department of Health took a very different approach. Published in the same week as the Policing and Social Responsibility Bill, the Department of Health White Paper, *Healthy Lives, Healthy People* proposed tackling alcohol-related harm through 'nudging' and self-regulatory 'Responsibility Deals' rather than statutory action (Department of Health, 2010). The Secretary of State for Health, Andrew Lansley, talked about 'tearing up' the 2003 Act and insisted that, while 'regulation doesn't work', partnership with industry, and the 'nudging' of social norms, did (Wilmore, 2010). Although the Lord's Science and Technology Committee would later express scepticism towards the evidence that 'nudging' worked as a driver of cultural change, the strategy was welcomed by the head of Drinkaware as evidence that 'Big Society' policies could 'solve the problem of binge drinking' (House of Lords Science and Technology Committee, 2011; also see Sorek, 2010).

In the end, the launch of the Responsibility Deal in March 2011 was severely undermined when six major public health organisations – including the BMA, the British Liver Trust and the Royal College of Physicians – refused to sign up. According to the then Chief Executive of the British Liver Trust, Alison Rogers, the discussions towards the Deal were 'abysmally badly done … [the Department of Health] made no real attempt to make it feel like anything other than bi-partisan government with us tacked on to make it feel rubber-stamped' (interview). After 'all sorts of negotiations about whether to withdraw from the deal and whether to do it publicly, and whether to do it just before the event so the media had the story', the major public health signatories pulled out on the eve of the announcement of the Deal, insisting that it was 'not acceptable for the drinks industry to drive the pace and direction that such public health policy takes' (Rogers, interview; Boseley, 2011).

Once again, the instincts of different Government departments clashed over alcohol policy, as did the political rhetoric. While the Home Office risked alienating the pub trade in its desire to show that Government could legislate to tackle antisocial cultures, the Department of Health alienated the alcohol health community in its desire to assert that changing culture was a matter of personal choice and persuasion. Of course, the policy debate on alcohol is shaped not only by models of behaviour change but by the relative desire of departments to protect the rights and interests of economic sectors, and here it appeared the supermarkets – who are largely unaffected by amendments to the Licensing Act, but affected by price interventions – had considerably more political weight than the once-mighty, but increasingly beleaguered, pub trade.

The publication of the Coalition Government's Alcohol Strategy (GAS) in March 2012, however, included the headline (and largely unexpected) announcement that minimum unit pricing for alcohol would become government policy,

superseding the previous policy of simply banning below-cost sales (Home Office, 2010). At the time of writing, consultations on the level at which a minimum price per unit would be set are ongoing and methods for evaluating its impact on behaviour remain unclear. However, its adoption marks the acceptance of a key public health principle: that alcohol is, indeed, 'no ordinary commodity'. It also shows a change in political calculation since Cameron rejected the policy in 2009 – one influenced by the lack of electoral damage minimum unit pricing appeared to cause the Scottish National Party in the 2010 General Election. Whatever the short-term effects on consumption, this represents a shift in the political framing of alcohol which, especially if other countries follow the UK's lead, could have significant long-term repercussions.

Conclusion: Alcohol Policy and Culture Change

The Strategy Unit discussion paper *Achieving Culture Change* (2008) identifies consistency of policy narratives as a key to shaping social norms and changing behaviour (Knott *et al*, 2008, p. 10). However, alcohol policy has historically been dogged by a failure to reconcile the competing principles of individual freedom and social responsibility which alcohol throws into relief – just as it has struggled to reconcile the competing interests of both stakeholders and government departments. The story of alcohol policy since 2000 is no different: by seeking to conspicuously extend the freedoms of moderate drinkers, while acknowledging the threat of binge drinking, New Labour exposed itself to the claim that it was doing neither. The media narrative of 'Binge Britain' implied, instead, that New Labour's alcohol policy was lifting the constraints on binge drinkers while making life more difficult for the moderate majority. However, the alternative model – the public health approach favoured by public health campaigners – risks appearing to punish the majority of moderate drinkers for the excesses of the minority. Political sensitivity to this was clearly illustrated by the rejection of the Chief Medical Officer's minimum unit price proposals in 2009, and by the fact that the minimum unit pricing was presented in the 2012 GAS as a measure to tackle 'the scourge of violence caused by binge drinking', when it is, in reality, an instrument targeting long-term health impacts and population-level consumption (Home Office, 2012, p. 2). Overlaying this is the fact that alcohol consumption is, in its essence, a cultural practice: an activity predominantly carried out in groups, in which both consumption and behaviour are inextricably tied to cultural norms and learnt behaviours. Alcohol policy, therefore, is policy directed at culture; albeit culture mediated by powerful market interests.

Alcohol presents a number of intractable problems for policymakers. It is cross-departmental in a way which tends towards the creation of competing silos rather than joined-up government (Baggott, 1990, 2010), it also sets the

economic benefits of a thriving alcohol industry against enormous costs to the public finances arising from policing and health care. However, it is also an issue which throws into relief the problematic relationship between policy and culture: both the cultural values and presuppositions (often codified in media reporting) which frame policymaking and popular responses to policy, and the vexed question of whether and how policy can drive changes in cultural attitudes. The last decade has demonstrated how difficult it is to reform alcohol policy without being drawn into making risky claims about cultural change; it has shown the extent to which politicians fear that alcohol interventions will be perceived as 'nanny state' attacks on personal freedom; and it has shown how alcohol policy speaks directly to cultural assumptions about the nature of alcohol as a commodity, and the role of the state in regulating markets more broadly.

While it is accepted that 'behaviour change often – if not always – lies at the heart of complex policy issues' (Halpern *et al*, 2004, p. 5), the challenge posed by alcohol is that drinking involves behaviour inextricably bound to cultural norms. Those norms are not static, as the decades of low consumption in the early twentieth century demonstrate; nor are they impervious to policy interventions (Health Committee, 2010). Public health campaigners would argue that Government should use those instruments which it can control – taxation levels, licensing restrictions and marketing regulation – to make an impact; the drinks industry, by contrast, insists that education and responsible retail are key. New Labour failed to strike a balance that achieved political credibility, and they were not the first administration to make that mistake. It remains to be seen whether the Coalition will fare any better.

Notes

1 Between 2000 and 2005, the phrase '24-hour drinking' appears 956 times in all UK national newspapers. By contrast, the phrase 'extended opening hours' appears 157 times and 'flexible licensing' 28 times (search carried out using Newsbank press archive).
2 Reported consumption appears to increase sharply after 2007, but this is due to a recalibration of the number of units taken to be contained in an average glass of wine and new data on wine glass sizes (Goddard, 2007).

References

Academy of Medical Sciences. (2004) *Calling Time: The Nation's Drinking as a Major Health Issue*. London: AMS.

Anderson, P. (2007) A safe, sensible and social AHRSE: New Labour and alcohol policy. *Addiction* 102(10): 1515–1521.

Babb, P. (2007) *Violent Crime, Disorder and Criminal Damage Since the Introduction of the Licensing Act 2003*. London: Home Office.
Babor, T. (2004) Alcohol policy research: A quoi bon? *Addiction* 99(9): 1091–1092.
Babor, T. *et al* (2003) *Alcohol: No Ordinary Commodity*. Oxford, UK: Oxford University Press.
Baggott, R. (1990) *Alcohol, Politics and Social Policy*. Aldershot, UK: Avebury.
Baggott, R. (2010) A new approach to an old problem: Alcohol policy and New Labour. *Policy and Politics* 38(1): 135–152.
BBC. (2004a) Alcohol 'the new British disease'. BBC News online. http://news.bbc.co.uk/1/hi/uk/3731025.stm.
BBC. (2004b) *Panorama: cldnt give a xxxx 4 lst ordrs?* (Transmitted 6 June 2004) Transcript: http://news.bbc.co.uk/nol/shared/spl/hi/programmes/panorama/transcripts/xxx.txt.
Berman, G. and Danby, G. (2003) The Licensing Bill [HL] (House of Commons Library Research Paper 03/27). London: House of Commons Library.
Better Regulation Task Force. (1998) *Review on Licensing Legislation*. London: BRTF.
Bolger, M. (2009) Supermarkets acting like crack dealers. *Publican*, 24 April. http://www.thepublican.com/story.asp?sectioncode=7&storycode=63581&c=1.
Booth, A. *et al* (2008) *The Independent Review of the Effects of Alcohol Pricing and Promotion: Summary of Evidence*. Sheffield, UK: University of Sheffield.
Borsay, P. (2007) Binge drinking and moral panics: Historical parallels? *History and Policy*. http://www.historyandpolicy.org/papers/policy-paper-62.html.
British Medical Association. (2008) *Alcohol Misuse: Tackling the UK Epidemic*. London: BMA.
British Medical Association. (2009) *Under the Influence: The Damaging Effect of Alcohol Marketing on Young People*. London: BMA.
Burgess, A. (2009) 'Passive drinking': A 'good lie' too far? *Health, Risk and Society* 11(6): 527–540.
Champ, H. (2008) A new kick in the teeth. *Publican*, 29 November. http://www.thepublican.com/story.asp?sectioncode=13&storycode=62011.
Chief Medical Officer. (2009) Annual Report of the Chief Medical Officer on the State of Public Health. London: HMSO.
Coulson, P. (2010) Nice time for consultation. *Morning Advertiser*, 17 August. http://www.morningadvertiser.co.uk/news.ma/article/88073?Ntt=nice%2Btime%2Bfor%2Bconsultation&Ntk=All&PagingData=Po_0~Ps_10~Psd_Asc.
Critcher, C. (2008) Moral panics and newspaper coverage of binge drinking. In: B. Franklin (ed.) *Pulling Newspapers Apart*. London: Routledge, pp. 162–171.
Daily Mirror. (2003) 24-hour pubs are closer. 11 July (accessed via Newsbank).
DCMS. (2000) *Time for Reform: Proposal for the Modernisation of our Licensing Laws*, CM4696. London: HMSO.
DCMS. (2004) *Guidance Issued Under Section 182 of the Licensing Act 2003*. London: HMSO.
DCMS. (2005) *Drinking Responsibly: The Government's Proposals*. London: Stationary Office.
Department of Health. (2010) *Healthy Lives, Healthy People*, CM7985. London: Stationary Office.
Diment, E., Shenker, D. and Sen, S. (2007) *A Glass Half Empty?: Alcohol Concern's Review of the Impact of the Alcohol Harm Reduction Strategy*. London: Alcohol Concern.
Donaldson, L. (2009) *Annual Report of the Chief Medical Officer*. London: Department of Health.
Durnford, A.J., Perkins, T.J. and Perry, J.M. (2008) An evaluation of alcohol attendances to an Inner City Emergency Department before and after the introduction of the UK Licensing Act 2003. *BMC Public Health* 8, doi: 10.1186/1471-2458-8-379.
Eastham, P. (1998) Call time on pub laws and allow 24-hour drinking, Blair urged. *Daily Mail*, 22 July (accessed via Newsbank).
Edwards, G. *et al* (eds.) (1994) *Alcohol Policy and the Public Good*. Oxford, UK: Oxford University Press.

Foster, J., Herring, R., Waller, S. and Thom, B. (2009) The Licensing Act 2003: A step in the right direction? *Journal of Substance Use* 14(2): 113–123.
Gillan, E. and Macnaughton, P. (2007) *Alcohol: Price, Policy and Public Health*. Edinburgh, UK: SHAAP.
Goddard, E. (2007) *Estimating Alcohol Consumption from Survey Data: Updated Method of Converting Volumes to Units*. London: Office for National Statistics.
Grayling, C. (2009) A no-nonsense approach to crime and disorder, Conservative Party, http://www.conservatives.com/News/Speeches/2009/10/Chris_Grayling_A_no-nonsense_approach_to_crime_and_disorder.aspx.
Greenaway, J. (2003) *Drink and British Politics Since 1830: A Study in Policy-Making*. Basingstoke, UK: Macmillan.
Greenaway, J. (2011) How policy framing is as important as the policy context: The story of the English and Welsh Licensing Act 2003. *British Politics* 6(4): 408–429.
Gyngell, K. (2007) *Breakthrough Britain: Volume 4 – Addictions*. London: Social Justice Policy Group.
Hadfield, P. (2006) *Bar Wars: Contesting the Night in Contemporary British Cities*. Oxford, UK: Oxford University Press.
Hadfield, P. (2007) A hard act to follow: Assessing the consequences of licensing reform in England and Wales. *Addiction* 102(2): 177–180.
Hadfield, P., Lister, S. and Traynor, P. (2009) This town's a different town today: Policing and regulating the night-time economy. *Criminology and Criminal Justice* 9: 465–485.
Hadfield, P. and Measham, F. (2010) After the Act: Alcohol licensing and the administrative governance of crime. *Criminology and Public Policy* 9(1): 69–76.
Halpern, D., Bates, C., Mulgan, G., Aldridge, S., Beales, G. and Heathfield, A. (2004) *Personal Responsibility and Changing Behaviour: The State of Knowledge and its Implications for Public Policy*. London: Prime Minister's Strategy Unit.
Harrington, J. (2010) Reform plan is a baleful attack on the trade. *Morning Advertiser*, 1 September. http://www.morningadvertiser.co.uk/news.ma/article/88204?Ntt=baleful%2Battack&Ntk=All&PagingData=Po_0~Ps_10~Psd_Asc.
Hayward, K. and Hobbs, D. (2007) Beyond the binge in 'booze Britain': Market-led liminalization and the spectacle of binge drinking. *British Journal of Sociology* 58(3): 437–456.
Health Committee. (2010) *Alcohol: First Report of Session 2009–10 – Vol. I, HC151-I*. London: Stationary Office.
Herring, R., Thom, B., Foster, J., Franey, C. and Salazar, C. (2008) Local responses to the alcohol Licensing Act 2003: The case of Greater London. *Drugs: Education, Prevention and Policy* 15(3): 251–265.
Home Affairs Select Committee. (2008) Policing in the 21st Century, Seventh Report of Session 2007–2008 – Vol. 1, HC364-I. London: Stationary Office.
Home Office. (2010) *Rebalancing the Licensing Act: A Consultation on Empowering Individuals, Families and Local Communities to Shape and Determine Local Licensing*. London: Home Office.
Home Office. (2012) *The Government's Alcohol Strategy*. Cm 8336. London: Stationary Office.
Hough, M., Hunter, G., Jacobson, J. and Cossalter, S. (2008) *The Impact of the Licensing Act 2003 on Levels of Crime and Disorder: An Evaluation*. London: Home Office.
House of Commons. (1899) Final Report of Her Majesty's Commissioners Appointed to Inquire into the Operation and Administration of the Laws Relating to the Sale of Intoxicating Liquors C. 9379. London: HMSO.
House of Commons. (1931) Report of the Royal Commission on Licensing (England and Wales) Cmd. 3988. London: HMSO.
House of Commons. (1972) Report of the Departmental Committee on Liquor Licensing, Cmnd. 5154. London: HMSO.

House of Lords Science and Technology Committee. (2011) Behaviour Change. HL Paper 179. London: HMSO.
Hughes, K., Anderson, Z., Morlea, M. and Bellis, M. (2007) Alcohol, nightlife and violence: The relative contributions of drinking before and during nights out to negative health and criminal justice outcomes. *Addiction* 103(1): 60–65.
Humphreys, D. and Eisner, M. (2010) Evaluating a natural experiment in alcohol policy: The Licensing Act (2003) and the requirement for attention to implementation. *Criminology and Public Policy* 9: 41–67.
Institute of Alcohol Studies. (1998) Alcohol, violence and the law. *Alcohol Alert* 2: 6.
Institute of Alcohol Studies. (2004) The strategy: After the long wait, humbug and evasion. *Alcohol Alert* 2: 1–4.
Iredale, W. (2004) Street violence jumps in binge Britain. *Sunday Times*, 11 January (accessed via Newsbank).
Jennings, P. (2007) *The Local: A History of the English Pub*. Stroud, UK: Tempus.
Johnston, P. (2004) 24-hour drinking 'will fuel crime'. *Daily Telegraph*, 20 March. http://www.telegraph.co.uk/news/uknews/1457306/24-hour-drinking-will-fuel-crime.html.
Jowell, T. (2004) Grown-up politics for an adult world. *Observer*, 21 November. http://www.guardian.co.uk/world/2004/nov/21/humanrights.society1.
Kaniuk, R. (2009) Forty thousand Brits dying for a drink. *Daily Star*, 24 April. http://www.dailystar.co.uk/posts/view/78200/Forty-thousand-Brits-dying-for-a-drink-/.
Knott, D., Muers, S. and Aldridge, S. (2008) *Achieving Culture Change: A Policy Framework*. London: Cabinet Office.
Lader, D. (2009) *Drinking: Adults Behaviour and Knowledge in 2008*. Newport, UK: Office for National Statistics.
Lader, D. and Steel, M. (2010) *Drinking: Adults Behaviour and Knowledge in 2009*. Norwich, UK: Office of Public Sector Information.
Lansley, A. (2010) *Responsibility Deal 2: Working with Business to Improve Public Health*. London: Conservative Party.
Leek, M. (2010) Licensing plan an 'attack on natural justice'. *Morning Advertiser*, 17 September. http://www.morningadvertiser.co.uk/news.ma/article/88353?Ntt=natural%2Bjustice&Ntk=All&PagingData=Po_0~Ps_10~Psd_Asc.
Light, R. (2005a) Licensing reform: From order to chaos? *Journal of Social Welfare and Family Law* 27(3–4): 403–417.
Light, R. (2005b) The Licensing Act 2003: Liberal constraint? *Modern Law review* 68(2): 268–285.
Marmot, M. (2004) The rising tide of alcohol. *Addiction* 99(9): 1090.
Marsh, P. and Fox-Kibby, K. (1992) *Drinking and Public Disorder*. London: Portman Group.
Martin, D. (2009) 24-hour drinking toll: Doctors show alcohol kills 40 000 Britons a year – Five times official figure. *Daily Mail*, 24 April. http://www.dailymail.co.uk/news/article-1173021/24-hour-drinking-toll-Doctors-alcohol-kills-40-000-Britons-year.html.
May, T. (2010) A plan to fight crime. Conservative Party website, http://www.conservatives.com/News/Speeches/2010/10/Theresa_May_A_plan_to_fight_crime.aspx.
Measham, F. and Brain, K. (2005) Binge drinking: British alcohol policy and the new culture of intoxication. *Crime, Media and Society* 1(3): 262–283.
Merits of Statutory Instruments Committee. (2008) 18th Report of Session 2007–8 HL Paper 100. London: Stationary Office.
Morris, N. (2002) Dobson to lead Labour rebellion over 24-hour drinking. *Independent*, 2 November (accessed via Newsbank).
NICE. (2010) *Alcohol-use Disorders: Preventing the Development of Hazardous and Harmful Drinking*. London: NICE.

Nicholls, J. (2009) *The Politics of Alcohol: A History of the Drink Question in England*. Manchester, UK: Manchester University Press.
Nicholls, J. (2010) Drink: The British disease? *History Today* 60(1): 10–17.
Nicholls, J. (2011a) UK news reporting of alcohol: An analysis of newspaper and television coverage. *Drugs: Education, Prevention and Policy* 18(3): 200–206.
Nicholls, J. (2011b) Wine, supermarkets and British alcohol policy. *History and Policy*. http://www.historyandpolicy.org/papers/policy-paper-110.html.
Office for National Statistics. (2011) *Smoking and Drinking Among Adults, 2009*. London: ONS.
Plant, M. and Plant, M. (2006) *Binge Britain: Alcohol and the National Response*. Oxford, UK: Oxford University Press.
Price, T. and Blacklock, M. (2005) 24-hour drinks chaos. *Daily Express*, 23 November (accessed via Newsbank).
Primarolo, D. (2008) Speech delivered 5 November 2008 to the 3rd National Licensing Conference, http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/MediaCentre/Speeches/DH_090429.
Prime Minister's Strategy Unit. (2003) *Alcohol Misuse: How Much Does it Cost*. London: PMSU.
Prime Minister's Strategy Unit. (2004) *Alcohol Harm Reduction Strategy for England*. London: PMSU.
Roberts, M. and Eldridge, A. (2007) *Expecting 'Great Things'?: The Impact of the Licensing Act 2003 on Democratic Involvement, Dispersal and Drinking Cultures*. London: Central Cities Institute.
Room, R. (2004) Disabling the public interest: Alcohol strategies and policies for England. *Addiction* 99(9): 1083–1089.
Sorek, C. (2010) The big society can solve the problem of binge drinking. *Telegraph*, 7 September. http://www.telegraph.co.uk/health/7986417/The-Big-Society-can-solve-the-problem-of-binge-drinking.html.
Stockwell, T. (2004) Lies, damned lies and no statistics: A study of dysfunctional democracy in action. *Addiction* 99(9): 1090–1091.
Thom, B. (1999) *Dealing with Drink: Alcohol and Social Policy from Treatment to Management*. London: Free Association.
Tighe, C. (2003) Fears of boozy brawls mar vision of cafe society. *Financial Times*, 1 April.
Times. (1998) Police back 24-hour opening of pubs. 22 May (accessed via Newsbank).
Tuck, M. (1989) Drinking and Disorder: A Study of Non-Metropolitan Violence. Home Office Research Study 108. London: HMSO.
Turney, E. (2010a) BBPA warns Lords on mandatory code. *Morning Advertiser*, 15 March. http://www.morningadvertiser.co.uk/news.ma/article/86299?Ntt=bbpa%2Bwarns%2Blords&Ntk=All&PagingData=Po_0~Ps_10~Psd_Asc.
Turney, E. (2010b) Licensing changes could drown pubs. *Morning Advertiser*, 6 September. http://www.morningadvertiser.co.uk/news.ma/article/88240?Ntt=could%2Bdrown%2Bpubs&Ntk=All&PagingData=Po_0~Ps_10~Psd_Asc.
White, M. (2005) Judges say new drink laws are lunacy. *Guardian*, 10 August. http://www.guardian.co.uk/politics/2005/aug/10/drugsandalcohol.immigrationpolicy.
Wilmore, J. (2010) Lansley offers hope war on alcohol could end. *Publican*, 28 October. http://www.thepublican.com/story.asp?sectioncode=7&storycode=68281.
Wilson, G. (2004) Blair targets the binge-drinkers yet backs all-day pubs. *Daily Mail*, 21 May (accessed via Newsbank).
Winnett, R. and Leppard, D. (2004) Drunken street violence out of control, admits government. *Sunday Times*, 14 March (accessed via Newsbank).
Yeomans, H. (2009) Revisiting a moral panic: Ascetic protestantism, attitudes to alcohol and the implementation of the Licensing Act 2003. *Sociological Research Online* 14, doi:10.5153/sro.1908.

Interviews

Professor Sir Ian Gilmore (ex-President, Royal College of Physicians; Chair of Alcohol Health Alliance), 18 October 2011.

Alison Rogers (ex-Chief Executive of the British Liver Trust), 25 November 2011.

Professor Robin Room (Director of the Centre for Alcohol Policy Research, Turning Point), 16 October 2011.

Kevin Barron MP (ex-Chair of the Health Select Committee), 19 October 2011.

Dawn Primarolo MP (ex-Minister for Public Health), 13 January 2012.

Matt Tee (ex-Permanent Secretary for Communications, Department of Health), 20 October 2011.