Minimum Unit Pricing, Discipline and the Politics of Drinking

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On 1st May 2018, Scotland became the first country in the world to implement a Minimum Unit Price (MUP) for alcoholic drinks. The Scottish Government asserts that prohibiting the sale of alcoholic drinks for less than 50 pence per unit will increase the price of cheaper drinks and thus help to ameliorate violence, ill-health and other individual or social harms that are linked to alcohol consumption. The Welsh Assembly has also approved the introduction of a MUP and is likely to implement it in summer 2019. Both Northern Ireland and Ireland look set to follow Scotland's lead and implement their own MUP policies. Plans for an MUP in England were shelved by the Coalition Government in 2013 but, except in the unlikely event that the policy proves an unmitigated disaster elsewhere, it seems certain that Westminster will come under increasing pressure to formulate a further MUP policy for England. While the specific policy of regulating drinking through a units-based price floor is unusual, I have argued elsewhere that British governments have used other interventions in pricing, namely excise taxation, to try to regulate drinking for centuries (Yeomans, 2017). Here I wish to draw attention to how, despite being widely hailed as a "historic" moment (Carrell, 15/11/17) or a "turning point" (Douglas, 27/3/18), the introduction of MUP policies across the British Isles indicate the persistence of older, and rather pernicious, forms of disciplinary politics.

Throughout the modern historical period, the politics of drinking in Britain has been marked by regular outbursts of acute anxiety about the actions of certain disadvantaged or disempowered social groups. The (in)famous 'gin craze' of the eighteenth century was ostensibly a reaction to a perceived increase in gin-drinking amongst lower social classes in newly-urbanised areas (Warner, 2003). Moreover, in this period, particular condemnation was reserved for lower class female drinkers. The central figure in William Hogarth's nightmarish depiction of 'Gin Lane' is, of course, the bare-breasted mother, negligently dropping her child off a set of steps upon which she is drunkenly sprawled. Lower class women were thus singled out as persons whose drinking was in need of heightened censure. The Victorian temperance movement was, on the one hand, a teetotal affair marked by rejection of all forms of drinking by any sorts of persons. But, on the other hand, its various activities were largely oriented towards the drinking habits of the industrial working classes (Harrison, 1971; Shiman, 1988). Joseph Gusfield documents how, in the USA, temperance was further bound up with ethnicity as well as class as it became a key symbolic means of asserting Protestant, Anglo-Saxon control over various, newly-arrived immigrant groups (Gusfield, 1962; 1996). By the mid-twentieth century, young people's drinking had also emerged as a locus of public anxiety and drunkenness was constructed as one ingredient within the deviance of various subcultures, from Mods and Rockers to football hooligans. Drunkenness, and more specifically 'binge drinking', was seen as a mainstream, socially normalised part of broader youth culture in the 2000s and it was widely blamed for turning night-time city centres into arenas for violence and

disorder (Yeomans, 2014). Stan Cohen once included “wrong drugs: used by wrong people at wrong places” (2002: xiii) on a list of objects of moral panic. The point reverberates with the social construction of drinking problems through time outlined briefly here. The issue is rarely drinking as such, it is the *wrong* forms of drinking done by the *wrong* people and occurring in *public* places.

MUP, however, was initially spawned from a contrasting view of the ‘drink problem’. In the 1970s, a distinctive “public health model” for understanding and responding alcohol-related harms began to gain popularity (Rutherford, 2012: 893). Central to this model was evidence that total alcohol consumption levels within a population are closely related to total levels of harm. It thus follows that, rather than concentrating on certain consequences of drinking or certain groups of drinkers, governments should be able to reduce levels of alcohol-related harm through preventative action that lowers overall levels of drinking (Thom, 1999: 105-133; Nicholls, 2009: 199-215). The public health model has since gained some political traction. Notably, its basic tenets were apparent in the Chief Medical Officer for England’s 2008 Annual Report (Donaldson, 2009). Forcefully arguing that excessive drinking is a social problem and not an individual problem, the report proposed an MUP of 50 pence as a radical but necessary policy and, in doing so, instigated the first significant public debates about minimum pricing in Britain. The public health model’s influence was also apparent more widely around that point in time. Notably, groups like the Alcohol Health Alliance sought to shift public attention away from the teenage, city centre binge-drinkers, who had been subject to so much denunciation in the popular press from around 2004 onwards, and towards older, often wealthier drinkers who, despite drinking mainly in private, appeared to be doing so at levels likely to risk long-term harm to themselves and/or others (e.g. Adams, 12/10/12). For a while, the public health model thus seemed to constitute a genuine challenge to the typical politics of drinking that sought to impose discipline upon the *wrong* people who engaged in the *wrong* drinking in the *wrong* places.

However, in the last 5 years or so, the contours of the politics of drinking have shifted again. This change is vividly apparent in how MUP has been recast by its proponents as a targeted measure that will impact most greatly upon those most affected by the harms of drinking rather than, or rather than just, a population-based measure. While gauging the distribution of alcohol-related crime within a population is very difficult, there is some evidence that the risk of crime victimisation generally might be affected by socio-economic status (e.g. Green, 2011). The picture is clearer with alcohol-related health harms and it is well-established that people of lower socio-economic status are most susceptible to such conditions (Jones et al, 2015). Building on this, the ScHARR group at the University of Sheffield have projected that MUP policies will have the greatest harm-reducing impact upon the economically disadvantaged (Angus et al, 2016; 2018). This point appears to have influenced the UK Supreme Court’s judgment on the legality of MUP. The Court’s decision that MUP is a proportionate policy was connected to its acceptance that MUP would have little or no effect on ‘moderate’ drinkers but would have a targeted impact on “the health and social problems arising from extreme drinking by those in poverty in deprived communities” (*Scotch Whisky v Lord Advocate 201*7). It decided that the policy had a dual objective – it is both population-based and targeted. As such, MUP was ruled to be legal only after it could be shown to conform to the central tenets of the dominant politics of

drinking in which the social problem of drinking is located within the problematic behaviour of a small group situated at the bottom of the social pile.

Mark Monaghan and I have argued that, in the last 15 years or so, the spread of conditionality within alcohol and drugs policy has been fueled by an "underclass politics" (2016: 122). The proliferation of alcohol-specific or drug-specific conditions that can be attached to court sentences or welfare benefits indicates the fixing of governmental attention upon the behaviour of the economically disadvantaged. The recasting of MUP as targeted resonates strongly with this political trope. The resonance is amplified by the curious existence of the 'alcohol harm paradox'. This paradox arises from the well-evidenced situation in Britain whereby the socio-economic group who suffer the most alcohol-related harm is not the socio-economic group who consume the most alcohol. Poor people are most at risk of alcohol-related harm, yet research on Scotland and Wales shows they are also more likely to abstain from alcohol than wealthier people and less likely to drink at levels defined as hazardous (14-34 units for women/21-49 for men) or harmful (above 50 units per week for men/35 for women) (Angus et al, 2016; 2018). Similarly, in England "disadvantaged populations who drink the same or lower levels of alcohol, experience greater alcohol related harm than more affluent populations" (Public Health England, 2016: 26; see also Jones et al, 2015). The paradox could result from differences in drinking habits between different social classes; perhaps harmful drinkers on low incomes consume more than harmful drinkers on higher incomes (see Jones et al, 2015; Angus et al, 2016). The paradox could instead exist because alcohol-related harm is not solely determined by alcohol consumption and is also shaped by biological, lifestyle or environmental factors. It has even been suggested that the alcohol-harm paradox could result from differential access to health services between different social groups (Public Health England, 2016). Perhaps heavy drinkers with higher incomes possess either the financial capital to purchase preferable healthcare or the cultural capital to ensure that they receive it through the NHS.

Whatever the cause of the alcohol-harm paradox, its existence renders problematic the idea that MUP is politically progressive. If the policy does as projected and reduces alcohol-related harms amongst poorer communities, it may simply be addressing the symptoms of the alcohol-harm paradox (more harm amongst poorer groups) rather than its cause. Wider issues relating to lifestyle, environment or access to healthcare will be unaffected. Moreover, if alcohol-related harm declines significantly amongst the targeted groups, the alcohol-harm paradox may cease to be noticeable in future studies of aggregate-level data. It will fade from analyses while the aetiological complexities and structural inequalities, which could be at its root, continue to exist. From this perspective, MUP starts to look less like a politically progressive measure and more akin to what has been called "lid-dology" (Reiner, 2016: 176); it will keep a lid on alcohol-related harms without directly or fully addressing them.

This political shift might not necessarily interest criminologists that much. Recent debates about alcohol pricing interventions have been primarily conducted with reference to health problems (as partly illustrated here) and so have attracted very little attention within criminology as a subject area. It is pertinent, however, to point out that crime reduction still features as a recurrent, secondary theme within this political discourse and so the steady rise of MUP policies should warrant further criminological attention. But, the more salient point to make here is about how the adoption of a

historical perspective makes visible the manner in which certain social problems are constructed and reconstructed through time. In the 2000s, the ‘drink problem’ was largely understood with reference to the crime and disorder arising from night-time binge drinking in town and city centres. As discussed, the focus has since shifted and the problem has been redefined with greater reference to health. But, although a punitive concentration on troublesome young binge drinkers has largely been replaced by a political interest in the health consequences of poor people’s drinking, an underlying tendency to concentrate regulatory attention and intervention upon disadvantaged or disempowered social groups endures. This point parallels the heightened governmental interest shown in lower class, female and/or young drinkers at different points in history. Only by juxtaposing current debates with recent and more distant history does the temporality of this disciplinary politics of drinking - its endurance, its variability, its ebbs and flows, its drift between distinct problem-focused public discourses (i.e. crime and health) – start to become clear.

So, while the progressive value of MUP is being trumpeted, it is worth remembering that its capacity to advance social justice is questionable. Proponents of MUP argue that the policy will help poorer drinkers by protecting them from the ravages of the free market. But, it is also possible to see such attempts to ‘help’ these disadvantaged people as the governmental flipside of punitive attempts to control them. MUP will operate through a price-based intervention that places constraints on the liberty of the poorest that will not exist, or not exist to the same extent, for wealthier people. These people may ‘benefit’ in some ways from these constraints; but the aggregate effect of these benefits may be to mask some of the hardships and inequalities that structure their lives. And, perhaps most fundamentally, a centuries-old discourse will be reproduced in which the social problem of drinking is to be understood and regulated as something that is specific only to the lives of certain deviant or problematic social groups. The public health model that originally underpinned MUP has thus been augmented or replaced by a disciplinary politics which zeroes in, not on drinking per se, but on the *wrong* drinking by the *wrong* people in the *wrong* places. While most people in Scotland or elsewhere will be unaffected by a 50p MUP, anyone with a genuine interest in social justice should take note of this development.

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