

## Drinking patterns as an ideology

Drinking patterns are important. My mentor, Genevieve Knupfer (1966), made the point almost 40 years ago by showing 'striking' contrasts between two general population groups with roughly equal volume of drinking but divergent patterns. Knupfer's demonstration reflected an already well-established emphasis on patterns in social science studies of drinking. This emphasis contrasted with the medical epidemiology tradition, which settled on volume of drinking as a convenient summary for a factor which in those days it considered of marginal importance. Despite pleas by social scientists (e.g. Room 1979; Rehm *et al.* 1996), the medical epidemiology literature has not yet fully caught up, partly because of the long lead-time of prospective studies. However, the importance of measuring patterns as well as volume is now generally recognized (e.g. Tolstrup *et al.* 2004; Bobak 2005).

Amount of drinking is also important. Enough drinking over a period of time brings in its wake many health problems—as medical epidemiology has demonstrated—and also social problems. In survey analyses, amount of drinking and patterns of intoxicated drinking usually both contribute to predicting alcohol-related problems (e.g. Gmel *et al.* 2000). At the population level, if the consumption goes up, rates of such diseases as liver cirrhosis also go up. There seems to be a stronger relation between changes in alcohol consumption level and changes in homicide rates in northern than in southern Europe, presumably reflecting differences in drinking patterns (Rossow 2001). However, amount of drinking is important there, too: homicide rates are related to changes in the amount of drinking in southern as well as in northern Europe. Both at the individual and at the aggregate level, a common finding is that both amount and pattern of drinking matter.

So far, my discussion has stayed within the world of research. But the world of research interacts with the political world, and actors in the political world have a strong interest in the governing images by which we think about alcohol consumption and problems. In particular, alcohol industry interests have a deep concern with how their product is viewed, in terms of its relation to problems and in terms of potential remedies. Industry interests will almost always resist a conceptualization which might mean selling less of their products. The ideal framing from an industry perspective was the old alco-

holism model (Rubin 1979): that there are a few people with defective genes or upbringing doomed to be alcoholics, and the rest of us are safe no matter how we drink. The updated version of this is the 'drunken yobs' theory cherished by the current British government: hit the few 'bad apples' with anti-social behaviour orders (ASBOs) or other banning orders, and the rest of us can get on with the party.

In contrast, any focus on level of consumption as a factor in rates of alcohol problems has always been anathema to industry interests. In part, this simply reflects that identifying the level of consumption as an issue invites attention to measures to reduce it, and thus would be counter to the industry's interest. Also involved, though, is an aversion to identifying the product as a source of problems; instead, in the industry's view, the focus should be on the drinker. Thus the International Center for Alcohol Policies (ICAP), an industry-funded public relations group, defines its task as 'changing the debate about alcohol's place in the world by shifting the discussion from the commodity to the behavior', away from the 'the traditional focus of policy discussions [which] has been on the regulation of beverage alcohol' (ICAP 2005a).

In this context, drinking patterns become not a matter of science but rather an ideology—a 'body of ideas reflecting the social needs and aspirations of an individual, group, class, or culture', to quote one *American Heritage* dictionary definition. The ideology, which ICAP has now pursued for 10 years, is not simply that drinking patterns need to be taken into account along with level of drinking. Rather, in ICAP's view, drinking patterns should replace attention to level of drinking: 'there is now strong empirical evidence that it is more relevant to focus on heavy drinking occasions than on level of consumption *per se*' (Grant & Litvak 1997); 'the authors have attempted to provide a strong rationale for a paradigm shift from per capita consumption toward drinking patterns...' (Grant & Single 1997). Looking back in 2005, ICAP claims that it has 'helped shift the paradigm in the world of alcohol studies. Instead of focusing only on quantity of consumption, researchers now train their eye on drinking patterns. That same approach is influencing policy in many countries', replacing 'a control-based view [which] once dominated' (ICAP 2005a).

Along with the drinking patterns ideology goes a commitment to shaping alcohol policies away from population-level measures—or at least those with demonstrated effectiveness. The new ICAP *Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches* (ICAP 2005b) states its guiding principles squarely on the access page: along with ‘partnerships’, it is committed to ‘drinking patterns and their outcomes as a sound scientific basis for policy development; [and] targeted interventions that address specific “at-risk” populations, potentially harmful contexts, and drinking patterns’ (emphasis in original). In practice, this turns out to mean that there are no ‘modules for policy development’ concerning alcohol taxation or general restrictions on availability. Instead, these measures are discussed briefly and one-sidedly in an introductory discussion of ‘an integrative approach to alcohol policies’; about the most positive comment is that ‘there is debate about the effectiveness of these measures’. Licensing hours (but extending rather than reducing them) also show up as a potential harm reduction measure in the ‘responsible hospitality’ module.

On the other hand, included in the 18 modules are a number which are not particularly targeted—for instance, those on ‘alcohol education’, ‘life skills’ and ‘social norms marketing’; so it is hard to take the commitment to focus on targeted interventions very seriously. The *Blue Book* comes sprinkled with references—47 pages of them—but it is notably unhelpful concerning the relative strength of the strategies it does address: that there is ‘debate about the effectiveness’ is a recurrent motif. It is hard to see how it could be used to decide on effective policies.

Despite the veneer of science and objectivity, and ICAP’s claims to being a go-between ‘uniquely placed to bring together the different constituencies in the world of alcohol policy’ (ICAP 2005a), the *Blue Book* is an ideological instrument on behalf of a set of political actors with deeply vested interests. In ICAP’s hands, ‘drinking patterns’ have moved out of the realm of science and have become an ideology.

Let me propose a simple test, based on my reading of the current research. Anyone who tells you that either amount of drinking or patterns of drinking is unimportant for alcohol problems is in the realm of ideology rather than science. If they tell you that amount of drinking is unimportant, they are probably working for the alcohol industry.

ROBIN ROOM

Centre for Social Research on Alcohol and Drugs

Sveaplan

Stockholm University

Stockholm S-10691

Sweden

E-mail: robin.room@sorad.su.se

## References

- Bobak, M. (2005) Drinking volume and patterns: back to basics. *Addiction*, **100**, 883.
- Gmel, G., Rehm, J., Room, R. & Greenfield, T. K. (2000) Dimensions of alcohol-related social and health consequences in survey research. *Journal of Substance Abuse*, **12**, 113–138.
- Grant, M. & Litvak, J. (1997) Introduction: beyond per capita consumption. In: Grant, M. & Litvak, J., eds. *Drinking Patterns and Their Consequences*, pp. 1–4. Washington, DC/London: Taylor & Francis.
- Grant, M. & Single, E. (1997) Shifting the paradigm: reducing harm and promoting beneficial patterns. In: Grant, M. & Litvak, J., eds. *Drinking Patterns and Their Consequences*, pp. 287–298. Washington DC/London: Taylor & Francis.
- International Center for Alcohol Policies (ICAP) (2005a) *International Center for Alcohol Policies: the First Ten Years*. Washington, DC: ICAP. Available at: [http://www.icap.org/download/all\\_pdfs/Other\\_Publications/10\\_year\\_report.pdf](http://www.icap.org/download/all_pdfs/Other_Publications/10_year_report.pdf). Accessed 3 July 2005.
- International Center for Alcohol Policies (ICAP) (2005b) *ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches*. Washington, DC: ICAP. Available at: [http://www.icap.org/ICAP/publications/blue\\_book/index.html](http://www.icap.org/ICAP/publications/blue_book/index.html). Accessed 3 July 2005.
- Knupfer, G. (1966) Some methodological problems in the epidemiology of alcoholic beverage usage: the definition of amount of intake. *American Journal of Public Health*, **56**, 237–242.
- Rehm, J., Ashley, M. J., Room, R., Single, E., Bondy, S., Ferrence, R. et al. (1996) On the emerging paradigm of drinking patterns and their social and health consequences. *Addiction*, **91**, 1615–1621.
- Room, R. (1979) Measurements of drinking patterns in the general population and possible applications in studies of the role of alcohol in cancer. *Cancer Research*, **39**, 2830–2833.
- Rosso, I. (2001) Alcohol and homicide: cross-cultural comparison of the relationship in 14 European countries. *Addiction*, **96**, 77–92.
- Rubin, J. L. (1979) Shifting perspectives on the alcoholism treatment movement 1940–55. *Journal of Studies on Alcohol*, **40**, 376–386.
- Tolstrup, J. S., Jensen, M. K., Tjønneland, A., Overvad, K. & Grønbæk, M. (2004) Drinking pattern and mortality in middle-aged men and women. *Addiction*, **99**, 323–330.