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Societal responses to intoxication

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ABSTRACT

Alcohol intoxication is unwelcome to a majority in modern societies, though tolerated in specific circumstances. Societal responses have generally sought to minimise harm and discourage recurrence. Public intoxication, seen as impairing community amenity, was traditionally criminalised, with chronic cases imprisoned or compulsorily treated. Where decriminalised in recent decades, other discouragements have been substituted. Recognising alcohol's role in domestic violence has brought renewed attention to intoxication in private. Intoxication is involved in many serious crimes and torts, and enters into consideration in many ways in legal proceedings. Prevention policies have had the greatest recent success in deterring intoxication prior to driving. Otherwise, discouragement of intoxication has had limited success, with effective steps in the neoliberal era resisted by political elites and alcohol industry interests.

Responding to the effects of intoxication

With alcohol and many other psychoactive substances, consumption produces intoxication, affecting the mental and physical capabilities of the consumer. In everyday language, and often in law, the distinction between sobriety and intoxication is often seen as a dichotomy, but in reality there is a great deal of variation in the extent and manifestations of intoxication. This is dependent not only on the nature and amount of the substance consumed, but also on sociocultural constructions and expectations of the meaning and implications of intoxication (Paton-Simpson, 1996). The associations and implications of intoxication may be positive or negative or both. On the positive side, drinking or using drugs together is often a signal of commensality and equality of status, and may be seen as a means and signal of lowering social and personal boundaries. Potentially on the negative side, intoxication reduces predictability for others who interact with the intoxicated person. The intoxicated person's physical coordination may be impaired; reasoning and judgement may be affected; emotions may become more labile. The mental effects are often characterised in terms of disinhibition (Room & Collins, 1983). Most forms of intoxication impair the person's performance in working, parenting and other major social roles in everyday life. While those involved may feel a special bond where the intoxication is shared and social, on the other hand their commensality has boundaries, and is defined in contrast to those outside the ring (Room, 2005); getting drunk together excludes as well as includes.

Such considerations and expectations about intoxication form the basis for societal and interactional responses to it. Since it interferes with carrying out the normal responsibilities of life, and is commonly seen as resulting in irrational and unpredictable behaviour, intoxication tends to be heavily moralised, and often subject to legal prohibitions; there are many occasions and situations where intoxication is regarded as wrong and often is legally prohibited. While the ethnographic literature on alcohol intoxication shows enormous variation between cultures in expectations about

and forms of comportment when intoxicated, MacAndrew and Edgerton (1969) observed that there is always a “*within limits clause*”, restricting not only the nature of the acceptable intoxicated behaviour, but also the circumstances of its occurrence.

In European and many other societies, conclusions about and reactions to intoxication were primarily initially formed in terms of alcohol. However, in the last two centuries responses to intoxication have also been extended to other psychoactive substances, often without much specific attention to differences in psychoactive effects between substances. Thus, much Australian criminal law about “intoxication”, originally adopted concerning alcohol, has been legislatively extended without adaptation to cover other drugs (Quilter et al., 2016). Although, reflecting the different cultural and legal position of other drugs, “intoxication” is often interpreted for illicit drugs as synonymous with “use”. Except as noted, the discussion in this chapter is primarily in terms of alcohol intoxication, but often applies also to intoxication in relation to other substances.

Normative acceptance of intoxication

Even where intoxication is encouraged or tolerated, it tends to be confined to specific circumstances and occasions. In population surveys of the collaborative Gender, Alcohol and Culture: an international study (GENACIS) project in the early 2000s, surveying drinking practices and problems in the general population in a wide variety of countries (Wilsnack et al., 2009), respondents were asked to describe the injunctive norms on drinking in a series of 10 situations and roles. These situations and roles were chosen to cover a wide range of variation in the acceptability of drinking at all, and of intoxication. For each situation, respondents were asked “how much a person in that situation should feel free to drink,” with response alternatives of “no drinking; 1 or 2 drinks; enough to feel the effects, but not drunk; or getting drunk is sometimes all right”. There was indeed wide variation between societies, and between situations in the acceptability of drinking at all and of drinking “enough to feel the effects”, though there was considerable agreement across societies in the ordering of the situations in terms of the degree of acceptability (Room et al., in press). Extending that analysis to the issue of intoxication – that is, responses that “getting drunk is sometimes all right” -- Table 1 shows the percentage of respondents agreeing with this answer in each country for each of the ten situations and roles.

[Table 1 here]

It will be seen that only for the four items at the right of the table was there agreement by 5% or more in any of the countries that getting drunk in that situation was sometimes all right. Further, in only three of the 13 countries – in Uganda, Sweden and Australia – did more than 10% of the respondents accept intoxication in one or more of the four situations. Table 2 shows the rates of acceptance of intoxication in a subsample of each population: those who at least occasionally themselves drink 5 or more drinks on an occasion (i.e., about 60gm or more of ethanol).

[Table 2 here]

These respondents had thus acknowledged that they at least now and then had consumed enough alcohol to feel some effects, though they may not consider that they had become intoxicated. Among these occasional heavy drinkers (OHDs), at least 10% in one or more societies agree that “getting drunk is sometimes all right” in each of the seven situations on the right in the table. Still, there is a minority of OHDs agreeing that getting drunk in any of these situations is all right, even in the three societies (Uganda, Sweden and Australia) where the acceptance is greatest.

These data illustrate that, at the level of whole populations, and even at the level of those in the population who at least occasionally drink fairly heavily, intoxication is not normative, in the sense of

there being substantial consensus on its acceptability, even in situations where it more commonly occurs. Qualitative studies among groups who engage in heavy drinking have found that even in these groups there is uncertainty about intoxication as constituting a “time out” when normal rules of behaviour are relaxed (Cavan, 1966), and ambivalence about the “excuse value” of intoxication by which otherwise unacceptable behaviour becomes acceptable (Tryggvesson, 2005). At the same time, it needs to be acknowledged that intoxication is not a rare phenomenon in many societies. In the the European School Survey Project on Alcohol and Other Drugs (ESPAD) studies of 15-16-year-old schoolchildren in European countries in 2003, 34% of those in northern Europe (Baltics, Nordic countries except Denmark, Poland) reported having been drunk in the last 30 days, versus 17% in the wine cultures of Southern Europe and 44% in the beer cultures in between (Denmark, Czech Republic, Ireland, UK, Germany). The percentages were closer together (40%, 36%, 55% respectively) for having drunk 5+ drinks at a time in the last 30 days, suggesting there are cultural differences in what it means to be “drunk” (Room, 2007). A recent analysis of Swiss data found that, for five harms due to drinking which might have occurred on a weekend drinking night, the threshold of amount of drinking which was the best predictor of any harm was 4+ drinks for women and 5+ drinks for men. For more serious harms -- injury or involvement in a fight -- the best thresholds were 2 to 3 drinks higher than that (Labhart et al., 2018). If such levels of drinking are taken as likely thresholds of what is viewed as “intoxication”, these patterns of occurrence of harms give some empirical weight to popular concerns about intoxication as a source of harm in the community, and a precipitator of assault or injury (see below).

Although there is a large ethnographic literature on subcultures and social worlds where intoxication is normative (Savic et al., 2016), the survey findings on situational norms for drinking are a reminder that intoxication is not necessarily expected or welcomed in societies as a whole. At a societal level, responses to intoxication are likely to be tolerant at most, and even when tolerated the responses will seek to channel and constrain it to particular situations, roles and times.

Societal responses to intoxication

Responses to intoxication are oriented in two main directions: towards minimising any immediate harm from intoxication, and towards preventing or discouraging intoxication as a recurrent pattern of behaviour. There are a variety of potential immediate harms from intoxication. One is the danger of poisoning or other acute overdose effects, which may require medical assistance or at least watch and care for some hours afterwards. A second is the risk of self-harm or violence or injury to others while under the influence of alcohol or another drug. A third set of harms is threats to amenity, to use a community planning term. The presence of intoxicated persons -- threatening, unpredictable or uncouth in their demeanour and behaviour -- may discourage others from using public transport or a park, or coming into a restaurant or store.

Intoxication in public places

Societal responses to intoxication thus reflect a mixture of concerns and motivations. A primary political concern is with protecting people in public places from harm from others’ intoxication; thus, criminal laws against public drunkenness have a long history. With the ready availability of cheap alcohol as an early product of the industrial revolution, European nations and their settler societies found they had to redouble their efforts to hold down the extent of public drunkenness. The main expedient was active street policing, with those arrested for public intoxication becoming a large part of the population of city jails and lock-ups. Thus, the Comptroller-General of Prisons in New South Wales, Australia complained in 1896 that “men and women afflicted with the disease of habitual drunkenness are ignorantly dealt with as criminals.... Scores of these poor creatures spend

years of their unhappy lives in moving backwards and forwards between the public-house and the prison" (Room, 1976, pp. 113-114).

For those staffing the criminal justice system, it was readily apparent that many of the drunkards were repeat offenders. By the late 19th century, there were substantial efforts to look beyond the intoxication episode and deal with the repeated pattern of behaviour, labelled "inebriety" (Baumohl & Room, 1987). The connection between chronic intoxication and serious mental deficiency or diseases was increasingly recognised, and as state mental hospitals grew in number it was increasingly recognised that "chronic inebriates" were a large proportion of their patients. Specialist doctors pushed, with mixed success, for governments to fund "inebriate asylums" to provide treatment for inebriates and hopefully cure their habit of intoxication (Clark, 2014; Edman & Stenius, 2007; Tracy, 2004). The combined effects of the First World War (with its privations for all and military discipline for men), and of the prohibitionist phase of the temperance movement, substantially reduced public drunkenness and thus undercut support for state-supported inebriates treatment. In the 1940s and 1950s, inebriety was primarily handled in the health system in mental and general hospitals, and in the criminal justice system with local lock-ups, backed up by "prison farms" where those with multiple arrests for chronic drunkenness were sent to spend substantial periods as farm labourers (for the U.S., see Corwin & Cunningham, 1944; Spradley, 1970; for Australia, see Room, 1988).

In the post-World War II period, the alcoholism movement, pushing forward a disease concept of alcoholism as a conceptual frame for understanding habitual drunkenness (Room, 1983), sought to replace criminal justice system handling of chronic intoxication with alcoholism or addiction treatment institutions in the health system, or halfway houses and other social housing in the welfare system. From a civil liberties perspective, it was also argued that public intoxication was a "status offence", used primarily as a way of getting poor and dishevelled men off the street and out of sight. Efforts were made in the U.S. to get repeated arrests for public drunkenness declared unconstitutional, with the argument that this constituted punishment for acts (drunkenness in public) which were symptoms of a disease (alcoholism). Though in the end the Supreme Court did not accept this argument, public drunkenness was decriminalised in many places in the 1960s and after, both in the U.S. and elsewhere (Room, 1976; Pennay & Room, 2012).

However, the view of public intoxication as a blight on the amenity of public spaces remained. Local merchants, in particular, did not appreciate drunks on the doorstep of their shop, and often local residents' associations have felt the same way about intoxication in public spaces. Where public intoxication has been decriminalised, other measures for discouraging or deterring it have often been adopted. Such measures have included "detoxification centres", where an intoxicated person can be taken to sober up for a couple of days, and provisions under civil law for police to take someone found intoxicated in a public place to a shelter or other "*proclaimed place*" where they can be held until sober (Room, 1976, 1988). The growth of alcoholism treatment centres and sober housing in the U.S. in the postwar period was in part funded by "urban renewal" programs. Sociologists involved in such programs remarked that "urban renewal" should be called "Skid Row removal", since a primary local motivation was often to get those publicly and chronically intoxicated off the streets and doorsteps (Hoch, 1991; Wittman & Polcin, 2014).

A more recent measure, now widely spread, for instance, in Australia (Pennay & Room, 2012), is to criminalise public drinking, so that it is illegal to be drinking, and often to have an open container, in public spaces. These provisions are likely to be at least as selectively applicable or enforced as public intoxication provisions were: in many places in Australia, for instance, it is legal for a restaurant customer to be drinking in the space on the public footpath where the restaurant is allowed to set

tables, while it is illegal for someone to be drinking from a bottle on the footpath across the street. The prohibition has been pushed one step further back, to forbid any drinking rather than intoxication, but the primary object remains the elimination of intoxication in public spaces.

The social handling of intoxication

Intoxication in systems of law

How intoxication is handled by societal response agencies is commonly governed or influenced by laws and regulations, whether criminal or civil. In different areas of law, the assumptions about how intoxication should affect the decision in a particular case can be very different. In the U.S., for instance, in civil cases under tort law on compensation for harm from negligence, the basic question is whether the party acted as a “*reasonable person*” would have acted; whether or not the person was intoxicated is seen as irrelevant. In general criminal law, intoxication can serve as a legal excuse for a crime for a limited range of offenses where “*specific intent*” to have committed the offense is required. Otherwise, bringing up the defendant’s intoxication during the trial is usually not in the defendant’s interest. In “*per se*” crimes such as driving while intoxicated, the intoxication is an element of the offense (Mosher, 1983). Depending on the particular laws and regulations in a society, whether and how intoxication is responded to by law enforcement or other social response agencies may vary tremendously.

Intoxication and coerced treatment

Repeated intoxication can be problematic for others in the household, family or workplace, and many of those coming to alcohol treatment acknowledge that they were under pressure from others to do something about their drinking (Storbjörk, 2006). More formally, in many countries there are provisions for coerced treatment of alcohol and other drug problems. These can be under criminal law, often as a sentencing option backed up with the threat of instead going to prison if the treatment is not undertaken. Other provisions in many countries provide for “civil commitment”, often under adaptations of mental health commitment laws, where the person’s alcohol or drug use is seen as a danger to him/herself or to others (Israelsson & Gerdner, 2010; Carter and Hall, 2018). For instance, Finnish law in this area is applied to persons who are “given to insobriety or otherwise repeatedly making improper use of alcoholic substances or other intoxicants”, and who also meet one of seven statutory tests ranging from “are manifestly violent, abuse their spouses or children” to “are in need of social assistance” (Porter et al., 1986, p. 42).

Intoxication in private spaces

In most legal systems, the focus in prohibiting intoxication has primarily been on public spaces. However, in some places, for instance the Northern Territory in Australia, it is possible to get alcohol and drinking banned in one’s home to preclude intoxication in private, with the decision by the licensing authority based on “the wishes of the majority” of residents in a particular space (Northern Territory Government, 2018). Measures such as this, and other civil controls applied at individual levels, have primarily been adopted with particular relevance to Indigenous drinking in settler societies such as Australia (Smith et al., 2013). Otherwise, individualised restrictions which affect drinking in private spaces, common in the restrictive systems of alcohol availability set up in the first half of the 20th Century as an alternative to general prohibition where temperance movements had been strong, were generally abandoned half a century ago as unacceptable restrictions of individual choice, though there has been some reinvention of them in recent years (Room, 2012). Renewed attention to the role of alcohol in domestic violence is focusing attention again on potential harms

from intoxication in the home, and how alcohol availability restrictions may reduce this (Lippy & DeGue, 2016).

Intoxication in criminal law: often dichotomous and ill-defined

In clinical thinking, it is well recognised that intoxication is a matter of degree. A clinical textbook (Schuckit, 2000), for instance, includes a chart of the “rough correlation between blood alcohol and behavioural/motor impairment” in its discussion of the diagnosis of Acute Alcohol Intoxication. In popular culture, too, there is a wide recognition of gradations in degree of intoxication, as in such sayings as the listing of the “*five stages of intoxication: jocose, verbose, bellicose, lachrymose, comatose*” (Spear, 2018). However, in the legal world, intoxication tends to be seen dichotomously, as either there or not. There is thus a substantial mismatch between popular and medical thinking about intoxication as a dimension with gradation in terms of degree, and the law’s tendency to think of intoxication as either present or absent. Legislatures do not help with this: frequently intoxication is defined in law only in circular terms. A study of intoxication in Australian laws found that “41% of the criminal law provisions that attach significance to intoxication contain *no definition of intoxication* or a *very limited definition* (typically, simply to include the effects of other drugs as well as alcohol)” (Quilter et al., 2018, p. 38, emphases in original). Where definitions were offered in legislation, there was considerable variation in the concepts and wording, and in specifications on how the determination of intoxication is to be made. With respect to illicit drugs, intoxication was often defined in terms “of the mere *presence*” of the drug “in a person’s system – no matter how much was consumed” (Quilter et al., 2018, p. 45, emphasis in original).

In the absence of any specification in the law, what counts as “intoxicated” is left to the individual judgment of police or others implementing the law, and then of those involved in the judicial process. This opens a wide door for prejudice and discrimination, whether conscious or not, in law enforcement and other social handling, by such factors as race and ethnicity, socioeconomic status, age and gender (e.g., Zemore et al., 2016; Mazerolle et al., 2003).

The diverse relevance of intoxication in criminal cases

The study of intoxication in Australian criminal law examined when and how it entered into the evidence and proceedings in the 327 cases involving intoxication (two-thirds involving alcohol) which were decided between 2010 and 2014 by the highest appeals courts in Australian jurisdictions (McNamara et al., 2017). Intoxication came up often in these mostly quite serious criminal cases, most commonly in consideration of sentencing after a finding of guilt (in 145 out of 327 cases). From the defendant’s perspective, bringing up intoxication is a two-edged sword: it may figure either in mitigating or aggravating arguments. In the trial phase of the case, intoxication can be used to support a defence - most notably in terms of *mens rea*, the argument that the defendant cannot be guilty because s/he was too intoxicated to form an intent to commit the crime. On the other hand, it can also contribute to or form an element of the offence. Particularly in sexual assault cases, the intoxication of the victim is also an issue, which depending on the circumstances can cast doubt on evidence or contribute to a finding of guilt, since an intoxicated person is considered incapable of consenting to a sexual act, although a victim’s intoxication is often used to discredit female victims of sexual assault and rape.

Intoxication as an excuse or as increasing blame: a contested issue

Particularly in countries such as Canada and Australia with legal traditions derived from British common law, the role of intoxication in findings of serious crime has periodically been in substantial political contention in recent decades (Stoduto et al., 2006). Public attitudes tend to view

intoxication as increasing the blame for a criminal act, while courts have wrestled with the issue of intoxication as an excuse – how intoxication relates to the legal tradition that a “guilty mind” intending the crime is required for conviction. A US study of attitudes concerning blame in an event ending in violence found that American college students assigned more blame to a participant who is drunk, regardless of gender or whether the participant was the perpetrator or the recipient of the violence (Aramburu & Critchlow Leigh, 1991). In the same vein, a Canadian population study found that 92% agreed that a drunk person is responsible for his/her actions, and that this attitude was positively associated with believing that intoxication plays a causal role in violence (Paglia & Room, 1998). Against these attitudes, courts in common-law countries have tended to move in recent decades to a wider acceptance of an intoxication defence. Thus, the Canadian Supreme Court decided in 1994 that an intoxicated 72-year-old man who sexually assaulted a wheelchair-bound 65-year-old woman could not be convicted if he could show that he was in a state of extreme intoxication “akin to automatism or insanity”. There was an immediate public furore: the *Toronto Star* reported that “judges across Canada admit to being under fire because of the perception that [the Court] has given drunk men an excuse to rape women.... ‘Everywhere you go, you get it’, said a British Columbia judge. ‘You can’t go to coffee or a lunch or a party without being attacked’” (Vienneau, 1994; Room, 1996). In June 1995 the Canadian parliament passed a bill designed to overturn the court’s decision, stating that “self-induced intoxication” is not a defence with respect to any offence involving “assault or any other threat or interference by a person with the bodily integrity of another person” (Bondy, 1996). However, a 2018 court decision that this law is unconstitutional has again put the issue on the Canadian political agenda (McQuigge, 2018; DiManno, 2018; Star Editorial Board, 2018). Also reflecting a popular furore, in this case about “one-punch” deaths from assaults while intoxicated, the New South Wales parliament passed a law in 2014 which specifies a double penalty for assault causing death if the assailant was intoxicated at the time (Quilter, 2014).

Other systems of law have found solutions which steer around the issue of intoxication as a potential excuse for crime. In Germany, for instance, there is a separate *per se* crime of severe intoxication with harmful consequences, which is regularly invoked where a violent crime has occurred, but the accused was so intoxicated that intention is in question. In the 1990s, there were some 7,000 sentences a year under this provision (Fischer & Rehm, 1996).

Policies to prevent intoxication

There are a wide range of strategies, of varying effectiveness, for preventing or reducing rates of harm from drinking or other drug use (Babor et al., 2010; 2018). Whether or not the strategy is specifically aimed at intoxication, if a strategy reduces social harms and injuries related to an intoxicating substance, it will almost certainly have been reducing rates or levels of intoxication. The focus here is on strategies which are more directly aimed at alcohol intoxication, and consideration of the effects of general restrictions on availability on rates of alcohol intoxication. We are thus considering availability restrictions where the substance is legally available – a circumstance in which government has more control over the circumstances in which the substance is sold and used than where the substance is not legally available. The findings from alcohol on policies to prevent intoxication are thus potentially applicable with suitable adjustments where cannabis has become legally available, for instance, but are not particularly relevant where a substance remains illegal (Room, 2018).

Server responsibility and intoxication

State control of the conditions under which alcohol is sold and served has a long history in many societies, with public order a major concern. A common provision in regulations governing those licensed to sell alcohol is a prohibition on serving or selling alcohol to those who are already intoxicated. However, cutting off someone who is drunk is against the economic interest of the seller, and may provoke an angry reaction; the general evaluative finding is that the prohibition on service to the intoxicated is rarely applied, even if backed up with server intervention training. However, the prohibition is somewhat more effective if backed up with regulatory enforcement (Babor et al., 2010, pp. 150-152; Graham et al., 2014). In some parts of the US, a further legal rule, known as “dram shop liability”, makes the provider potentially liable for damages that occur to a third party because someone was served while already intoxicated. Though these liability provisions have been found to be effective in changing server behaviour enough to reduce drink-driving crashes (Rammohan et al., 2011), in a neoliberal age it has proved almost impossible to implement this provision outside the U.S.

Policies to prevent drink-driving

There has been considerable success in a number of high-income countries in reducing rates of traffic crashes, and preventing drinking and then driving has been an important element of this. In most countries (where the blood-alcohol limits are .05% or .08%), this has been a matter of preventing driving after having more than two or maybe three drinks, so that the policies are fairly specifically aimed at preventing drinking to intoxication before driving. (In a few countries, e.g., Sweden with a .02% limit, the goal is essentially no drinking before driving.) What has worked in the campaigns against drink-driving is worth examining for its implications on preventing intoxication and intoxication-related harms more generally (Graham et al., 2014). A notable feature of successful government efforts in this regard, as in Victoria, Australia, has been the integrated and sustained approach, including sustained political commitment, collaboration across government departments and investment in evaluation (International Technology Scanning Program, 2006).

Intoxication and regulation of availability

For alcohol, the literature is very clear that limiting availability -- whether fiscally through tax and price, physically through limiting the number of sales outlets, or temporally through limits on times and days of sale -- is an effective strategy to reduce amount of drinking and the rates of alcohol-related problems (Babor et al., 2010). Such strategies are thus featured in the World Health Organization’s SAFER alcohol control initiative to reduce harms from alcohol (WHO, 2018).

The evidence is strong that such measures have their effect in considerable part by reducing the prevalence or degree of intoxication in the population. Alcohol consumption, like many other forms of consumer behaviour, is highly concentrated in the population, with 20% of those who drink at all accounting for about 80% of the total consumption (Room & Livingston, 2017); typically, episodes of drinking to the level of intoxication will account for half or more of the total alcohol consumed in a population (Callinan et al., 2018). Since heavier drinkers are more likely to gravitate to the cheapest drinks, raising the minimum price for a given amount of alcohol is also likely to affect rates of intoxication, as suggested by findings that a raised minimum price reduces rates of alcohol-attributable deaths (Zhao et al., 2013).

Future trends in alcohol intoxication and associated harms: is the tide changing?

In population surveys, approval for intoxication tends to be scanty. Approval of the many social and health harms which intoxication contributes to causing would be even rarer. One might think that measures such as limiting availability, which are likely to reduce intoxication, and which cost governments relatively little or even gain resources for them, would be passed and implemented. However, that has not been the general pattern in the neoliberal era of the last half-century. Rather, much of our knowledge of the effects of alcohol availability restrictions comes from studies of liberalisations of alcohol availability during that era (Olsson et al., 2002).

In most high-income countries, and in many others, drinking alcohol is an accepted behaviour, associated particularly with conviviality and surrounded by many social customs. In most of the world, alcohol is a legally marketed psychoactive substance. Alcohol is commonly served at receptions and celebrations in political and media circles; alcohol is “our drug” for those most politically influential at national and international levels. Also in this era, most of the market for alcohol is run for private profit, and the market is highly concentrated, with the beer and spirits markets increasingly dominated by a few transnational companies, with wine markets also heading in that direction (WHO, 2018, p. 130). In country after country, those in the alcohol market are among the most active political lobbies, visiting government ministers regularly and contributing regularly to political party coffers (e.g., FARE, 2017; Hawkins et al., 2012).

As this is written it appears that neoliberalism may be in retreat. Legislation for more restrictive controls on the alcohol market has begun to pass (e.g., O’Halloran, 2018; Miller et al., 2017). In Europe, as in several other high-income countries, alcohol consumption levels are falling (WHO, 2018, p. 45), and the current youthful generation seems to be cutting down on drinking (Pennay et al., 2018). We may be heading into an era in which rates of alcohol intoxication and of related harms decline in Europe and other high-income societies.

For other intoxicating substances, the current picture is mixed. The decline in youthful drinking does not seem generally to have been accompanied by an increased use of other substances. As cannabis becomes legally available for recreational use in an increasing list of jurisdictions, issues of market regulation to prevent intoxication-related harm parallel to those for alcohol need to be addressed. Particularly, but not only in North America, heavy use of opioids – from the pharmaceutical as well as the illicit market – has been an increasing problem (Fischer & Rehm, 2018), though the policy emphasis seems more on overdose poisoning than on intoxication. As the world slowly moves away from a “war on drugs” approach to substance use issues, pragmatic approaches to reducing harms from drug intoxication become more possible.

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Table 1. Percentage answering “getting drunk is sometimes all right” to “How much drinking is all right [in each situation]?”
Would you say no drinking, 1 or 2 drinks, enough to feel the effects, or getting drunk is sometimes all right?”

How much drinking is all right ... -- <u>Getting drunk is sometimes all right</u>	j. when going to drive a car	b. as a parent, spending time with small children	g. for a couple of co-workers out for lunch	d. for a wife having dinner out with her husband	c. For a husband having dinner out with his wife	i. when getting together with friends after work before going home	f. for a woman out at a bar with friends	a. At a party, at someone else's home	e. for a man out at a bar with friends	h. when with friends at home
Country (sample N)										
Argentina (N=1000)	0.0	0.0	0.2	0.7	0.8	1.2	2.4	3.1	4.7	3.4
Uruguay (N=1000)	0.1	0.0	0.3	0.2	0.2	0.4	1.5	1.8	3.4	1.5
Brazil (N=1244)	0.0	0.0	0.4	0.0	0.0	0.0	0.0	1.0	0.8	1.5
Peru (N=1531)	0.0	0.2	0.2	0.8	0.9	0.5	1.0	2.0	9.1	3.3
Costa Rica (N=1273)	0.0	0.0	0.0	0.1	0.1	0.5	2.2	0.8	4.3	2.6
Nicaragua (N=2030)	0.3	0.3	0.3	0.3	0.4	0.6	0.9	1.2	3.3	0.9
Nigeria (N=2070)	0.8	0.1	1.2	0.7	0.2	2.8	1.2	4.0	4.0	2.5
Uganda (N=1479)	0.7	0.7	2.4	3.3	4.1	4.1	2.5	8.7	13.5	7.1
Sri Lanka (N=1201)	0.2	0.0	0.0	0.0	0.0	0.2	0.0	1.5	0.3	1.4
India (N=2597)	0.1	0.0	0.7	0.0	0.1	3.2	0.3	2.9	4.7	0.3
Sweden (N=1765)	0.0	0.7	0.1	2.2	2.4	1.0	13.6	22.2	15.2	15.3
Australia (N=1210)	0.0	0.4	1.4	4.9	4.5	4.3	16.2	18.1	20.0	20.6
U.S.A. (N=1126)	0.0	0.0	0.1	NA	0.4	0.6	2.6	2.8	4.4	5.1

NA: not asked. Note: The items are arranged in rough order of the acceptability of drinking at all or enough to feel the effects in the situation (see Room et al., in press), but were asked in the order indicated by the leading letter (a, b, c...)

Table 2. Percentage of Occasional Heavy Drinkers (5+ drinks on an occasion at least once in the last year) answering “getting drunk is sometimes all right” to “How much drinking is all right [in each situation]?”

How much drinking is all right ... -- <u>Getting drunk is sometimes all right</u>	j. when going to drive a car	b. as a parent, spending time with small children	g. for a couple of co-workers out for lunch	d. for a wife having dinner out with her husband	c. For a husband having dinner out with his wife	i. when getting together with friends after work before going home	f. for a woman out at a bar with friends	a. At a party, at someone else's home	e. for a man out at a bar with friends	h. when with friends at home
Country										
Argentina	0.0	0.0	0.8	2.6	3.2	2.0	6.7	9.5	11.5	8.6
Uruguay	0.0	0.0	0.7	0.7	0.7	2.0	7.4	8.1	8.7	7.0
Brazil	0.0	0.0	2.3	0.0	0.0	0.0	0.0	4.7	2.3	4.7
Peru	0.0	0.2	0.0	0.8	0.8	1.0	1.4	4.5	17.3	5.3
Costa Rica	0.0	0.0	0.0	0.0	0.0	2.6	10.8	3.8	17.0	9.9
Nicaragua	1.5	1.5	1.9	1.9	2.2	2.8	4.0	5.0	10.5	4.4
Nigeria	1.9	0.0	2.5	1.1	0.3	4.6	2.7	5.9	7.0	6.2
Uganda	1.8	1.8	4.5	10.6	12.9	12.5	5.7	20.8	37.1	15.9
Sri Lanka	0.0	0.0	0.0	0.0	0.0	2.2	0.0	12.2	2.2	6.7
India	0.6	0.0	3.5	0.0	0.0	12.6	1.3	16.9	21.4	1.6
Sweden	0.0	1.2	0.3	3.9	3.9	2.0	25.4	38.0	28.1	29.5
Australia	0.0	0.4	5.0	9.4	9.8	9.5	27.4	35.4	31.4	41.1
U.S.A.	0.0	0.0	0.3	NA	0.3	1.5	7.4	7.3	11.9	15.7

NA: not asked.