

# Consultation Response

## Health Select Committee Inquiry on the Government's alcohol strategy

### Submission from the Royal Geographical Society (with IBG)

#### 1. Introduction

1.1. The Royal Geographical Society (with the Institute of British Geographers) welcomes this opportunity to comment on the inquiry on the government's alcohol strategy

1.2. Formed in 1830, the Society's Royal Charter is for 'the advancement of geographical science'. We are a charity that seeks to develop, promote and support the discipline of geography and its practitioners in the areas of research and higher education, teaching and fieldwork, policy and wider public engagement. The Society has more than 16,000 Fellows and members, of whom a substantial number are academics and other researchers whose work we support through a range of activities. These include holding the largest geographical research conference in Europe, publishing three of the leading international peer-reviewed geography journals in the world (including Transactions of the Institute of British Geographers which is often ranked first), co-ordinating twenty seven specialist research groups, and providing small grants for researchers at all career stages. We work very closely with all Higher Education (HE) geography departments in the UK.

1.3. The Society's policy work aims to raise the level of understanding of the contribution of geography to policy making. As part of this work a one-day policy conference was held in February 2010 as part of our Environment and Society series to discuss issues around alcohol policy in the UK linked to research being undertaken by geographers based in UK academic institutions. This led to the publication of a policy briefing *Consumption Controversies: Alcohol Policies in the UK* in late 2010 presenting an overview of research relating to the debate. This consultation submission summarises the main points from this briefing relevant to the inquiry. A key theme of both the conference and publication was that policies cut across departments including the department of Culture Media and Sport who deal with licensing and were responsible for the Licensing Act of 2005, Home Office, Communities and Local Government, and the Department of Health.

#### 2. The geography of alcohol consumption

2.1. Analysis has shown there is a marked regional difference in levels of alcohol consumption and the propensity for 'binge drinking', particularly between north and south, with those adults who 'binge' at least once a week ranging from one-third of male alcohol drinkers in London, southern England and the Midlands, up to almost half in the North East. Women drinkers follow this same pattern, from less than one quarter of drinkers, up to more than one third. Regional patterns of alcohol consumption also demonstrate much higher rates of abstinence in London than anywhere else in the UK [i; ii]. Patterns relating to differences in 'binge drinking' are not solely confined to regional differences, and analysis has shown that other factors are also significant. For example, the health survey data for England demonstrates that managerial and professional workers are much more likely to drink alcohol (79% of men and 67% of women) than manual workers (64% and 46% respectively), and are more likely to exceed recommended limits (38%, compared with 29%).

2.2. National analysis has also shown that people of Pakistani or Bangladeshi origin were much less likely to drink alcohol (just 4% and 5% respectively), than white British (68%) [i]. However the experience of survey work undertaken in Stoke-upon-Trent by a team led by Professor Gill Valentine, School of Geography, University of Leeds [iii] found that whilst drinking amongst Pakistani Muslims appears to be low in the survey results, this may be hiding significant levels of drinking within the group that simply isn't being reported, with official statistics actually under-recording consumption levels.

### 3. Drinking spaces: alcohol consumption within the home

3.1. Research carried out by a team of geographers (Professor Sarah Holloway, Loughborough University; Professor Gill Valentine, University of Leeds; and Dr Mark Jayne, University of Manchester) has led to a conclusion that public and policy debates about alcohol, focusing on regeneration and fears of drunken disorder/binge drinking within the night-time economy, are overly biased towards framing the debate around 'problem' drinking in public spaces. Their research found that it is regular 'home drinkers' who may be at greater risk of longer term alcohol-related ill health and conditions and of developing increased alcohol dependency. They found that a large number of these can be identified as 'de-stress' drinkers who are typically middle class, have a stressful home life or pressurised job, and 'drink to calm down and regain control of their life'. Many continue to regard their own practices as unremarkable and find themselves insulated from concern [iv].

3.2. These same researchers have carried out a number of other research projects around alcohol consumption, much of which has been funded by the Joseph Rowntree Foundation. One project compared drinking practices in urban Stoke-upon-Trent, and rural Eden in Cumbria [v; vi; vii] and found that across all age groups the home is the most popular venue for consuming alcohol, followed by friends' homes. This finding has been supported by market research from Mintel which showed a rapidly growing off-trade with a strong shift in consumption away from pubs and bars, 1.8 million more people now drinking at home than in 2004 [viii; ix]. This means that "at home" is now the most important place to drink for nearly half of all drinking adults and volumes of alcoholic drinks purchased from for consumption outside the home (i.e. in pubs and bars) decreased by 31% between 2001/02 and 2007 affected by sales in supermarkets and other retailers. The increasing volume of sales for home drinking is attributed to women, managerial or professional occupations, with higher earners shown to be most likely to have drunk on five or more days in the last week and the most likely to have exceeded the recommended weekly guidelines [x].

### 4. Underage drinking

4.1. Evidence from Elizabeth Fuller, Research Director for the Survey of Smoking, Drinking and Drug Use among Young People In England at NatCen, shows that on average more than half of children (11-15 year olds), both boys and girls, have tried at least one alcoholic drink, the relative proportion increasing with age from 16% of 11 year olds to 81% of 15 year olds [xi]. Survey data for England [xii] has revealed how 18% of 11-15 year olds reportedly drink alcohol every week, with these children consuming an average of 14.6 units per week. The proportion drinking alcohol every week also increases with age, from 3% of 11 year olds to 38% of 15 year olds. The types of alcohol being consumed also vary, with boys more likely to drink beer, lager or cider, and girls tending towards alcopops or wine. Regional variations in consumption levels match the national picture for adults in England. In London just 37% of children have tried alcohol, whereas in all other regions this varies between 51 and 63%, the highest also being in the North East region as for adults [i; xi].

4.2. Studies have found a strong relationship between family attitudes and drinking, with much lower levels of alcohol consumption by children where their family does not approve. Children who drink usually do so with friends of their own age rather than with their parents and in a mixture of locations. The main locations are their own home, at someone else's home, at parties with friends, or out of doors (such as on the street or in parks), but only a very small proportion in either pubs or bars [xi].

4.3. Research has also revealed however that pupils are actually becoming less tolerant of drinking and drunkenness by their peers. The proportion of children agreeing it is 'ok for someone of their age to drink alcohol' fell from 46% in 2003 to 35% in 2008, and the proportion who thought it was 'ok for someone of their age to get drunk once a week' also fell over this same time, from 20% to 12% [xii]. Evidence also points out that teenagers in better-off areas are more likely to consume alcohol, with higher numbers of pupils drinking at schools where lower proportions of students were eligible for free school meals and from ethnic minorities. Young white people were the most likely to have tried drink, followed by mixed-race teenagers and those from black Caribbean backgrounds. Young people of Pakistani and Bangladeshi origin were amongst the least likely to have done so, as were those with parents who were unemployed, and those whose mothers had no qualifications [xi].

4.4. Further research led by Professor Gill Valentine of the University of Leeds [xiii] examined adults' recollections of drinking patterns in childhood. While there are different stories and perspectives on how, when and where children should be allowed to drink, for many adults looking back it remains a very important 'rite of passage' in their lives and they view their own experiences (both positive and negative) as an important part of 'growing up' [xiv].

## 5. The use of "units" to measure alcohol consumption

5.1. Medical experts tried to define safe levels of consumption, establishing drink as a matter of personal health and responsibility. Dr James Kneale, Department of Geography, University College London has undertaken extensive work on the historical background and culture of alcohol consumption. From his work he found that whereas today's 'alcohol unit' is often treated with suspicion, but at the start of the twentieth century a glass of wine or pint of stout was suggested as a safe daily limit [xv]. What may be seen as current 'problems' actually closely resemble the 'old' ones: the Victorian 'habitual inebriate' has become 'the alcoholic', but notes there is still little agreement about what 'problem' drinking means and how it is defined [xvi; xvii].

5.2. The research from a team led by Gill Valentine [xiii] found that very few people acknowledge the use of 'units' as a way of either measuring, and hence controlling, their own levels of drunkenness, or of monitoring the health impacts of alcohol consumption. In a survey of drinkers in urban Stoke-on-Trent and rural Eden, Cumbria, not one single person surveyed said that they used units in their day to day life and that measuring 'units' simply did not work. However what the study did find was that people tend to consider the impact of drinking on their health in terms of how they felt, with their level of drunkenness determined by a number of factors including their mood, food intake, level of tiredness, and their own personal (often changing) tolerance to alcohol.

5.3. The conclusion is that a whole range of factors, including cultural norms and peer pressure, are what are important in determining what, and how much, people drink [xviii]. This suggests the use of 'units' in alcohol policy may not resonate as a useful public health tool: first, 'units' do not always correlate to the actual negative health effects of alcohol on our bodies; second, under current government guidance, a majority of drinkers are being classified officially as 'bingers'. In practice, however, these same drinkers may experience little or no harmful (immediate) health issues because of their alcohol consumption [vii].

5.4. Research by Dr Liz Twigg, Reader in Human Geography, University of Portsmouth, and Professor Graham Moon, Centre for Geographical Health Research, University of Southampton, has also focused on issues around alcohol consumption. Their work concludes that in the UK people have tended not to worry about their consumption, even when reporting excess consumption [xxiv]. People living in social housing tend to report lower levels of drinking, yet worry more about their consumption [xx]. At the same time, evidence shows that the amount of alcohol consumed reported in surveys is considerably (about one third) less than that sold [xxi].

## 6. Treatment

6.1. Policy responses to ameliorate 'problem' drinking have tended towards harm reduction strategies grounded in the influence of positive, responsible drinking in family life [xxii] alongside an alternative, usually sporting, lifestyle. But recent work on rural drinking questions this approach in the countryside where drinking is viewed as a normal part of life with research from Dr Michael Leyshon, Geography, University of Exeter, showing how family members invariably introduce rural youth into a drinking culture whilst many rural parents find it difficult to discuss harm reduction strategies with their children [xxiii].

6.2. Research carried out by geographers Dr Nicola Shelton, based at the Research Department of Epidemiology and Public Health at University College London and Emily Savell, University of Bath has found that binge drinkers are much more likely to feel it is acceptable to be drunk, say that it is easier to enjoy a social event if drinking, and be of the view that they would be thought of as odd if they did not drink. The acceptability of 'binge drinking', and the desire to do something about it, both collectively and individually, also shows significant regional variations, with a very close relationship with the pattern of overall levels of drinking in each area: a higher proportion of binge drinkers in London and the South want to reduce consumption [xxiv]. Binge drinkers are also much less likely to support government proposals for increasing alcohol taxation. Despite this over a quarter of adults who are binge drinkers say in national health surveys that they wanted to reduce their levels of drinking [xxiv]. Generally, people who say they want to drink less, or reduce drinking when older, view alcohol as the main way to relax and unwind after a stressful day. Though their 'best intentions' are to lower consumption, the reality is that most do not actually want to reduce their consumption at all [v].

