Alcohol policy, the concept of personal responsibility, and 'drink responsibly' narratives



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Thesis abstract

‘Responsibility’ narratives play a central role in contemporary alcohol policy. Recently, there have been increasing calls to reevaluate or even do away with ‘responsibility’ narratives within alcohol policy. The goal of this thesis is to ask what we mean when we talk of ‘responsibility’ in this context by analysing the concept of responsibility itself. In doing so, it argues that even if we were to argue that ‘responsibility’ narratives in contemporary policy ought to be reevaluated, this does not mean that we by extension need to do away with talk of responsibility altogether.

This thesis claims that talk of responsibility qua alcohol begins to make sense if we talk specifically about responsibility qua being ‘sensible’ and ‘prudent’. It explores what I call the ‘traditional’ account, whereby ‘responsibility’ narratives play a (indeed, the) central role in contemporary UK alcohol policy as well as what I call the ‘alternative’ account arising from the field of commercial determinants of health, which argues that there are several reasons why ‘responsibility’ narratives ought not play the role in policy that they do. It also explores connections between responsibility and alcohol that extend beyond ‘responsibility’ narratives’ role in contemporary policy.

It argues that ‘responsibility’ in the sense of ‘drinking responsibly’ and the concept of responsibility can come apart and that, when we have done this conceptual work, we will be able to have a more meaningful conversation about responsibility as it relates to alcohol and alcohol policy, and in so doing move beyond the contentiousness and confusion that relates specifically to ‘drink responsibly’ narratives.

1. Introduction

1.1. Personal responsibility and 'Drinking responsibly'

The sun has come out for the first time this year, and you sit in the pub and watch as people around you get more and more inebriated. Your attention is drawn to one man, who gets so drunk he falls over. He is OK, though shaken, and perhaps more than a little embarrassed. Once the dust has settled and everyone has gone back to their own conversations, someone turns to you to ask, 'Is he responsible for what has just happened?'.

Now, putting aside the impertinence of this interruption and choosing to engage, there are a range of initial possible responses. On the one hand you might say that you did watch him hand over cash in return for his drinks, and he appeared to be drinking them un-coerced. All else being equal, he could have stopped drinking before he fell. But if your interlocutor informs you that this individual has alcohol dependency issues, you may be more reticent to ascribe full responsibility.

But as the conversation progresses, you might begin to explore further factors that could dilute the man's responsibility beyond alcohol-dependency. What of the fact that alcohol is often a socially and culturally sanctioned way to have fun, socialise, and let off steam? Or what if the individual was normally tee-total, but on his way home from work he saw an advert of an inviting looking, condensation-dripping pint glass full of lager and got carried away (the sun has come out after all, he thinks, so why not)? Does

any of this impact on the extent to which we ascribe responsibility? Either way, what is at play in our wanting (or not wanting) to ascribe 'responsibility' to the man, and what do we mean when we do (or do not) do so?

But it is the first day that the sun has come out, and all over the country people are drinking too much. More than one person will be falling over. If the same thing is happening to all of these people in the same way on the same day, is it just a mass example of a nationwide lack of responsibility? Does what appears prima facae to be 'irresponsible' at an individual level an indication of something quite different when it happens en masse?

This leads us to 'drinking responsibly' as a message promoted within public health policy. When policymakers and alcohol companies talk of 'drinking responsibly', what does this mean? What are we appealing to when we encourage people to 'Drink responsibly'? Does talk of 'personal responsibility' *in practice* in public health differ from *the concept of* 'personal responsibility'? In other words, is there any difference in how we talk about personal responsibility and what it actually is? After all, 'Personal Responsibility' plays a significant and central role in contemporary UK alcohol policy. This approach came to the fore in the late 1970s, and its centrality to public health messaging has grown since. 'Drink Responsibly' messaging features in government public health campaigns, industry-funded education campaigns, and in alcohol advertising. Nevertheless, there are significant debates within public health about the effectiveness and ethics of using 'Personal Responsibility' within alcohol policy. Indeed, some have suggested that we ought to do away with all talk of 'personal responsibility' related to alcohol altogether.

The goal of this doctoral project is to evaluate the concept of 'personal responsibility' as it relates to alcohol policy; to unpack and clarify the way in which the term is used so that its ethical significance might become clearer. My argument within this thesis is that the concept of 'personal responsibility' differs significantly from 'personal responsibility' within alcohol policy. 'Drink responsibly'-messaging and 'personal responsibility qua alcohol' differ in such a way that we can encourage people to exercise personal responsibility around alcohol without full endorsement of responsibility-sensitive alcohol policies.

1.2. Objectives

The aim of this research is to investigate responsibility within the context of alcohol policy. It aims to disentangle what is intended in campaigns using 'drink responsibility' messaging from personal responsibility simpliciter. In delineating this difference and the linkages between the two I evaluate whether (and if so on what grounds) we should talk of responsibility within the context of alcohol policy.

I adopt an interdisciplinary approach in order to identify, delineate, and compare different conceptions of personal responsibility qua alcohol, in order to investigate whether what we mean by 'drink responsibly' (in practice) aligns with the concept of personal responsibility. This interdisciplinarity is necessary in order to examine the historical development, contemporary policy application, and philosophical and conceptual underpinnings of 'drinking responsibly', which is particularly pertinent at

a time when there is increasing calls for the cessation of use of 'responsibility'-sensitive alcohol policy within the UK (calls which I shall outline within this thesis).

In doing so, I also shed light on the difference between 'use' vs 'meaning' of responsibility. Throughout the thesis, in showing different uses of 'responsibility', I show how the term has been used in different ways that differ from the concept of responsibility. I differentiate between how responsibly is talked about (e.g. 'drink responsibly') and use philosophical analysis to show how these uses of 'responsibility' differ from responsibility simpliciter, and in doing so aim to provide a novel solution to the debate about the role of 'drink responsibly' messaging within contemporary policy[1].

1.3. Why now?

1.3.1. The problem alcohol poses to population health

Having outlined the specific area of focus, it will be worthwhile at this point to outline public health justifications for a focus on alcohol consumption, before turning in the next section to why this is timely beyond contemporary morbidity statistics.

Within the UK, alcohol is a particularly pressing public health concern. In 2022, there were 10,048 deaths (16.6 per 100,000 people) from alcohol-specific causes registered

[1] Before continuing, it is worth making a quick statement about notation. As I argue that there is a difference between the concept of responsibility and 'drink responsibly' as used in contemporary policy, I refer to the concept of responsibility when talking about what responsibility actually *is* (conceptually, theoretically) and use inverted commas (e.g. 'Drink responsibly') to refer to specific uses of the term in messaging and so on. Incorporating this narrative separation from the start is necessary in order to examine whether we in fact are talking of two separate things, and to differentiate between 'use of' the term, and 'meaning of' the term.

in the UK; the highest number ever recorded (Office for National Statistics, 2024). The number recorded in 2022 was 37% higher than 2019, the last pre-coronavirus pandemic year. During the pandemic, drinking patterns became more polarised, representing a significant sharpening of health inequalities (Maani, Schalkwyk, et al., 2023), as research suggested that on average those drinking higher amounts before lockdowns drank significantly more during, and those who drank less before, research suggests, drank significantly less during the course of the pandemic (Angus et al., 2022).

Across Europe, nine of the top ten countries with the highest level of alcohol consumption in the world are within the WHO European Region (World Health Organization Regional Office for Europe, 2022b), where alcohol also makes the largest contribution to all-cause mortality (World Health Organization Regional Office for Europe, 2022a). Across Europe, 30% of all alcohol attributable deaths are caused by cancer (World Health Organization Regional Office for Europe, International Agency for Research on Cancer (IARC), 2023).

At the same time as these health harms, attention has been turned also towards the notion that the alcohol industry itself may be a disease vector. In 2024, Prof Sir Ian Gilmore (chair of Alcohol Health Alliance UK), claimed:

> *"As the death toll reaches record levels, so do the profits of the multibillion-pound drinks industry. There's clear public support for policies that tackle this*

crisis, despite what we hear from the industry about claims of a nanny state[2]*."*

(Booth & correspondent, 2024).

This quote highlights the pressing health burden of alcohol-related harms, and the potential conflict of interest there may be within industry-promoted health campaigns. What is a hidden hinted-at message within this quote is the notion that the implementation of the most effective population health policies is being prevented by industry. The relationship between 'responsibility' messaging and industry activity (and whether this can be seen as a tension) is one of the threads that shall be examined throughout this thesis. This potential 'tension' is a key motivating factor in the examination of whether what we mean by 'drink responsibly' (in practice) and what personal responsibility (conceptually) *is* can come apart.

1.3.2. Relevance

Clearly, then, alcohol-related harm is a pressing population health issue. The relationship between 'responsibility' and alcohol-related health harms is also interesting in light of three further ongoing academic and public health debates. First, the development (mentioned above) of the field of 'commercial determinants of health'; second, ongoing debates within alcohol policy, and third, ongoing discussions around the conception of 'responsibility'. These issues together justify the particular focus and relevance of this thesis.

[2] The 'nanny state' argument is an argument to the conclusion that the state should not interfere in such a way that impacts the enjoyment of 'moderate' drinkers.

1.3.2.1. Commercial determinants of health

In 2023, Dr Tedros Adhanom Ghebreyesus, the Director General of the World Health Organization, opened the Lancet commission on the 'Commercial Determinants of Health' by stating:

"Achieving health for all requires action on the economic and commercial determinants of health", and that "*...health starts with the conditions in which we are born and raised, and in schools, streets, workplaces, homes, markets, water sources, kitchens, and in the very air we breathe".* (Ghebreyesus, 2023)

Increased research attention has begun to be focused on what are at times collectively called 'unhealthy commodity industries' (Knai et al., 2021). This focus of this field of population health was first defined in 2013 as "*factors that influence health which stem from the profit motive"* (West & Marteau, 2013). That the Lancet produced their first commission on Commercial Determinants of Health in 2023 (Lancet, 2023), and that the WHO released the first report on the Commercial Determinants of Health in 2024 (World Health Organization Regional Office for Europe, 2024), and their first 'fact sheet' on the topic in 2023 (World Health Organization, 2023c) is testament to the increased attention being given to this field of public health research, within which alcohol-related harm (and the role of the alcohol industry) is a central tenet. Additionally, how the concept of 'responsibility' as used (and misused) by the alcohol and other industries is a lively and ongoing debate within the field of commercial determinants of health (Blaszczynski et al., 2021; Knai et al., 2015a; Maani, 2023), with some arguing that 'responsibility' ought not play a role in alcohol policy. I explain this fully later in this thesis.

1.3.2.2. Ongoing policy discussions

Given the health burden of alcohol-related harm, it is natural that there is a rich ongoing debate about what best-practice alcohol related policy in the UK looks like, and where (if at all) responsibility for preventing health harms should lie; be it with the individual, or more 'upstream' factors such as those impacting on pricing and availability of alcohol (Knai et al., 2015a)[3]. For example, there are calls for a 'Minimum Unit Pricing' model to be rolled out across the UK (Alcohol Concern UK, 2023), though some (before the introduction of MUP in Scotland) have highlighted the potential for these interventions to target low-income groups without specifically addressing those heavy drinkers that are at most risk of alcohol-related harms (Walker, 2010). The debate, naturally, links up with the aforementioned tension between those deemed to drink 'responsibly' and those deemed to drink in a way that is not 'responsible'. The normative claim that policy should not negatively impact 'responsible drinkers' (which has been called 'Prudentialism' (John, 2018)) gets to the heart of the focus of this thesis. Simultaneously, there in an ongoing call for the increased implementation of policies that require labelling on alcohol products, as well as debates around both the ethics and equity of this. In their 2023 'Call to Action' on alcohol and cancer in the European Union, the WHO called for adding cancer warning labels to alcohol labels (World Health Organization Regional Office for Europe, International Agency for Research on Cancer (IARC), 2023), and in 2022 called for:

[3] The fact that there are high morbidity statistics at present does not necessarily mean that the contemporary policy is wrong. It could be that the policy is correct but is being implemented ineffectively, it could be that messaging is not pervasive enough but would have the desired effect if it were more pervasive, etc.

"*(the) independent mandating, monitoring and enforcement of what appears on all alcohol labels*[4]" (emphasis added).

In a 2024 study, 19,110 participants completed an online survey related to alcohol labelling, and the study found that health warnings on labels are an effective policy option to increase knowledge of alcohol causing cancer (Correia et al., 2024). However, like the MUP debate, this debate is suffused with debates about 'responsibility'. Labelling is linked to behavioural change in the consumer, and the effectiveness of the policy, therefore, is contingent on taking in provided information and changing behaviour accordingly, and so personal responsibility is assumed to play a central role.

1.3.2.3. Responsibility

There are also ongoing debates about responsibility, both within health policy and as a concept in its own right. There are debates about the effectiveness and equity of appeals to individual responsibility in preventing health-related harms (see e.g. Boni, 2020; Hook & Rose Markus, 2020). The debate is complex and ongoing, with some arguing for example that appeals to personal responsibility are unfair and ineffective (Friesen, 2018), and some arguing that based on theoretical considerations of justice, using 'responsibility' as a rationing criteria within (under-resourced) healthcare systems is ethically justified (Buyx, 2008). This thesis will explore some of these debates. Additionally, there is ongoing (and perhaps renewed) attention on the concept of 'responsibility' itself (see e.g. Kiener, 2023), both in terms of historically rich discussions around free will and moral agency, but also related to shifts in how people

[4] They also called for these labels to be '*free from influence or interference from corporate interests'*

are being held ‘responsible’ today, given changes to social and legal contexts in which ‘responsibility’ is currently applied.

1.4. Plan and overview of the thesis

As we have seen at the beginning, it is not obvious that there is an easy answer to the question of whether one individual at all times bears complete ‘personal responsibility’ for their alcohol-related behaviour, and I have suggested that understandings of ‘drinking responsibly’ are separable from robust conceptual underpinnings of personal responsibility. *Chapter 2* examines and outlines the role that ‘personal responsibility’ plays in contemporary alcohol policy, in order to situate the debate. I refer to this as the ‘traditional’ account of personal responsibility within alcohol policy. It examines the role of personal responsibility in contemporary policy in three steps. First, it outlines alcohol in the UK today, problematising and highlighting the substance that is central within this thesis; the health effects it has and so on. This is important as, in order to examine that which we may be said to have responsibility regarding, we ought to have a clear outline of the entity itself, as well as some of the environmental factors that impact on consumption.

Second, it outlines the broader policy environment within with ‘personal responsibility’ sits. Responsibility is not the only tool within public health policy used to try to prevent alcohol-related harm, and sits alongside a range of measures that aim to impact on access to and exposure to alcohol. In order to examine the role that responsibility plays, it is useful to contextualise this within a broader web of policy. In other words, what has been implemented *beyond* (or even upstream of) personal responsibility in order to

prevent harm, and how does responsibility dovetail with these policies? The goal of this chapter is to situate 'personal responsibility' in contemporary alcohol policy, so we have a specific conception of 'responsibility' as it exists within contemporary alcohol policy laid out to analyse moving forward.

With this foundational starting point outlined, *Chapter 3* begins the problematisation of this specific understanding of alcohol policy. The chapter takes an interdisciplinary approach in order to examine the foundational historical factors that led to the development of the specific understanding of 'drink responsibility' that we have today. In doing so, the chapter adds to the argument the notion that 'personal responsibility' qua alcohol is used in a certain way, and has developed over time to mean certain specific things.

In this chapter I outline the specific late 1970s/early 1980s origins of the message from charities and public health bodies, and then trace the development of the notion, including the increased role of so-called 'Corporate Social Responsibility' groups such as Drinkaware in the early-2000s. I highlight specific case examples of joint Department of Health and Drinkaware public health campaigns that use 'Drink Responsibly' as their central message, and analyse what 'Responsible Drinking' means within this context. I argue that 'Drink Responsibly' is inherently unclear, and does not come close to having one specific meaning. I finish this chapter by arguing that this thesis must engage with the term 'Drink Responsibly' not necessarily on (linguistic) face value, but rather through a deeper understanding of the multiplicity of meanings that the term has come to have, given its specific context.

Chapters 2 and 3 work in tandem to present what I shall call the 'traditional' account of responsibility qua alcohol.

Next, in *Chapter 4* I present the 'alternative' view that cuts against the development and centrality of 'personal responsibility' in alcohol policy; namely arguments from the 'commercial determinants of health'. I outline the field of 'commercial determinants of health', and then go on to present a three-part argument from the literature that 'Personal responsibility' is an unethical (and ineffective) basis for alcohol policy as:

A. It is not the most effective way of preventing alcohol-related harm
B. It remains a dominant narrative as it is a narrative promoted by the alcohol industry to prevent implementation of more effective measures
C. It is wrong to place (full) blame on individuals whose health behaviours are often driven by a range of factors beyond their control.

This naturally presents a conflict with the 'traditional' account. While on the 'traditional' account government bodies and industry jointly agree that personal responsibility ought play a role in alcohol policy (even if, as I argue, what is meant when they speak of 'responsibility' may be unclear), what I call the 'alternative' account from the commercial determinants of health argues against the centrality of responsibility in contemporary policy.

With the 'traditional' and 'alternative' arguments outlined, *Chapter 5* examines one of the preconditions of the 'alternative' argument and explores the concept of the 'alcohol industry'. The debates from the literature presented in *Chapter 4* that aim to argue that we should not use 'personal responsibility' within alcohol policy refer in part to 'the

alcohol industry' and conflicts of interest. The aim of this chapter is twofold; first to explain and map out what the heterogeneous term the 'alcohol industry' refers to, and second to engage with the debate around whether alcohol industry interaction with policy related to 'personal responsibility' a) counts as a conflict of interest, and b) whether this as problematic.

However, responsibility and alcohol are tied for reasons that extend beyond contemporaneous alcohol policy, and a full understanding of the relationship between them ought to be attentive to this fact. So next, in *Chapter 6*, I present some of the key historical factors beyond the contemporary policy landscape that have helped shape our understanding of the relationship between responsibility and alcohol (and, relatedly, alcohol policy). Responsibility-centric policy options, I argue in this chapter, have emerged in part because of a long history that ties responsibility and alcohol. Through understanding this, we can see that 'Drink Responsibly' messaging is not *simply* a specific element of policy that emerged from a vacuum in the latter half of the C20th and has remained dominant since, but rather taps into some interesting factors on the relationship between the British and alcohol. This is not to say that alcohol and responsibility ought to stay entwined at a policy level because they have historically been so. Rather, it is to a) explain and contextualise some of the depth behind 'drink responsibly' in policy beyond the 'traditional' and 'alternative' accounts, and b) problematise the notion that, whether we want to or not, it would be feasible to stop talking of responsibility qua alcohol.

So far, we will have at this stage explored what I am referring to as the 'traditional' account and the 'alternative' account, as well as appealed to some deeper historical and

contextual factors that tie responsibility and alcohol beyond contemporary policy. With these elements all outlined, it is now time to turn to the concept of responsibility itself, as opposed to how responsibility is used in contemporary alcohol policy. In this chapter I argue that we need to turn attention to the concept of responsibility in order to better understand the debate about 'drink responsibly'. I explore philosophical conceptions of responsibility, examining what responsibility itself might consist of.

I then turn to arguing that the concept of responsibility differs from how responsibility is used within contemporary alcohol policy. I examine how the concept of responsibility overlaps with and differs from 'drink responsibly' messaging, and then look at some possible options about what could bridge the gap between conceptual responsibility and 'responsibility' within contemporary policy. I argue that with a strong conceptual understanding in place, we can more meaningfully talk about responsibility qua 'drink responsibly' which, as I have argued up to this point in the thesis, is an amorphous, ill-defined concept. With this outlined, I then turn to two questions regarding whether we may be ethically justified in exhortations for individuals to 'drink responsibly'.

This argumentative work lays the foundations for a return to the debate between the 'traditional' and 'alternative' accounts, and I argue that there is space for meaningfully speaking of and engaging with the idea of responsibility qua alcohol *even if* there are problematic elements about the centrality of 'responsibility' in contemporary alcohol policy.

2. Personal responsibility in contemporary alcohol policy (the 'Traditional' account)

In this chapter, I do three things. First, I provide an overview of 'alcohol' in the UK today. This is to begin the discussion with an outline of the 'problem', so-called, and factors that influence alcohol consumption (and scope thereof). With this done, next I provide an overview of the UK alcohol policy space, to examine what policies are in place to respond to the 'problem'. This is to provide the policy context within which 'responsibility' sits. I finish by exploring what role 'Personal responsibility' plays within contemporary policy relative to other policy approaches. With alcohol, alcohol policy, and the relative centrality of 'Responsible drinking' outlined, we will be ready to turn to 'Responsible drinking' as a concept in the next chapter. Together, this chapter and the next constitute the 'traditional' account of personal responsibility within contemporary alcohol policy, in order that this 'traditional' account can be questioned by the 'alternative' account in *Chapter 4*.

2.1. Alcohol in the UK today

To understand alcohol policy in the UK, we first need to get a clear picture of alcohol itself in the UK as a public health issue. To do this, I outline some health impacts related to alcohol, before outlining some trends in alcohol consumption. I then describe some

factors which have been described as factors that influence alcohol consumption. With this, we will have a view of alcohol in the UK that will enable us to move onto policy.

2.1.1. Overview: Consumption and health impacts

To examine alcohol in the UK, I will focus first on a general overview of consumption levels and alcohol-related health outcomes, before moving onto trends in drinking patterns.

In 2022, 55% of adults in the United Kingdom reported drinking alcohol in the past week (NHS, 2025; Stiebahl, 2025). More men (61%) than women (49%) drank alcohol in the past week, with this difference being equal across age groups (NHS, 2025). Proportionally, 16-24 year olds were least likely to drink (37% reported drinking in the last week), whereas as a percentage, 63% of 55-64 year olds reported drinking in the last week (NHS, 2025).

Alcohol was deemed a cause or causative factor in 320,082 hospital admissions in 2022/23, the last year that data was available (Stiebahl, 2025). 10,048 deaths were attributed to alcohol in the UK in 2022, with alcoholic liver disease accounting for 77% of these deaths (Stiebahl, 2025). Alcohol is estimated to cost the NHS £3.5bn per year in England, and cost an estimated £21bn per year to society more generally (UK Parliament, 2023)[5].

[5] The £21bn figure is widely quoted in the most recent governmental statistics, but actually is a figure from 2003.

Within public health, there has recently been a move towards arguing that no level of alcohol consumption is safe for health (B. O. Anderson et al., 2023; Topiwala et al., 2021; World Health Organization Regional Office for Europe, 2023)[6]. Within public health and epidemiological literature, alcohol has been variously linked with liver disease (Osna et al., 2017; Patel & Mueller, 2024), which in the UK has increased 74.2% over the past two decades (Office for Health Improvement and Disparities, 2023), cancer (World Health Organization, 2023d; World Health Organization Regional Office for Europe, International Agency for Research on Cancer (IARC), 2023), mental health issues (Puddephatt et al., 2021), and issues for the heart and circulatory system including stroke, heart attacks and arrhythmias (British Heart Foundation, 2025). In all, the UK government states that alcohol has been identified as a whole or partial cause of 200 health conditions (Office for Health Improvement and Disparities, 2022).

It is worth noting, however, that alcohol harms do not directly correlate to amount consumed. This is what is called the 'Alcohol Harm Paradox'. In short, this is the fact that though people of lower socio-economic status appear to drink less in general, they are more likely to experience health harms related to alcohol compared to those of higher socioeconomic status who drink more (Boyd et al., 2022). There are a range of factors that have been postulated as to why this is the case. For example, one study found that drinkers from lower socioeconomic status backgrounds were more likely to smoke, be overweight, and have poor dietary and exercise behaviours, which cumulatively have multiplicative effects on risks of conditions fully (e.g. alcoholic liver

[6] I am not saying here that I endorse such statements as helpful ways of communicating alcohol-related health risks but rather am highlighting this current trend within some areas of public health.

disease) or partly (e.g. cancer) attributable to alcohol consumption (Bellis et al., 2016). Other potential explanations include differences in drinking patterns, whereby those of low SES were perceived to engage in heavier single-sitting episodic drinking (i.e. drank less overall in a week, but in a more 'binge'-like way (Probst et al., 2020), and the different distribution of alcohol outlets; in short, there were more places that sold alcohol in low SES neighbourhoods (Bloomfield, 2020)[7]. Nevertheless, some claim that despite the different hypotheses, it is not possible to identify one single causative factor (L. Jones et al., 2015). More recently, an argument has been made in favour of application of health inequality theory, looking at the influence of genetic inheritance, the role of social networks, psychological experience of lower SES, and more (Boyd et al., 2021).

That this paradox exists is both a challenge to alcohol researchers and epidemiologists, and perhaps an unsurprising reality within population health, given what we know of the social determinants of health. Nevertheless, the paradox remains and is important to consider as we move forward in the discussion of 'responsibility' surrounding alcohol, drinking, and alcohol-related ill health.

2.1.2. Addiction / Alcohol dependency

One of the key complexities at the heart of alcohol research, indeed of alcohol generally, is that some people become addicted. Addiction to the substance will naturally increase the risk of the health outcomes outlined above, but also has

[7] Though outlet density does not explain the paradox (which states that people of lower SES drink less in general, and (one would assume) also buy less), nevertheless Bloomfield suggests that alcohol outlet density and alcohol harm correlated positively with neighbourhood deprivation (Bloomfield, 2020), so outlet density may be correlative, not causative.

potentially significant impacts on the discussion of the relationship between alcohol consumption and responsibility. I will return to this question throughout the thesis, but it is worth stating the question before we move on. If addiction means having reduced control over doing, taking, or using something, where does 'responsibility' come into the picture around alcohol consumption? This of course raises questions about the still amorphous concept of the 'responsible' or moderate drinker, all of which I will cover as we move through the thesis.

There is not one single recognised cause of alcohol addiction (which has variously been called 'Alcohol dependence', 'alcoholism', and most recently Alcohol Use Disorder (AUD)). And a range of factors have been postulated as causing it, including drinking before the age of 15, mental health conditions, a history of trauma, genetics and or family history of alcohol addiction (NIAAA, 2024). It is generally accepted that there is no single causative factor, and that addiction arises out of an interaction between genetics, environment, and lived experience. Though some cognitive research (not necessarily focused on alcohol) has identified what makes some individuals subject to impulse control disorders (Grant et al., 2014), there is no one thing that means that one person is unable to stop drinking, while another can, for want of a better phrase, take it or leave it.

According to the latest available data (published in March 2024 and recording data from the year 2019-2020), there were an estimated 608,316 adults (over the age of 18) with alcohol dependence in England in 2019-2020, which was 1% (n=6,025) more than 2018 to 2019 and 2% (n=12,560) more than 2015 to 2016 (Office for Health Improvement and Disparities, 2024). The lower bound and upper bound 95%

confidence intervals were 501,037 and 766,536 respectively for 2019-2020. This is between 11.3 and 17.3 per 1,000 population. So, at the higher end of the estimate scale (17.3 per 1000), 1.73% of the population (note this is the total population, not the alcohol-drinking population, and does not include those under the age of 18) may have alcohol dependency in England.

2.1.3. Drinking patterns

I now turn to *how* people in the UK drink. A useful lens through which to understand this is 'drinking patterns'.

Some recent academic attention has been paid to attempting to examine or understand British drinking cultures (Ally et al., 2016; Holmes et al., 2016; Purshouse et al., 2017). As Ally et al note, that there is a 'national drinking culture' is widely recognised, both socially and in policy debate. In recognition of this fact, in a study from 2009-2011 Ally et al attempted to identify a specific typology of British drinking culture. They identified eight occasion types within which British people drink. The top three were found to be 'light drinking at home with a partner', 'get-together at someone's house', and 'drinking at home alone'. Together, these accounted for nearly 50% of drinking occasions, with 'heavy drinking' (mixed location, and at home with partner) accounting for just shy of 20% of drinking occasions. From this research, it appears that (within the period 2009-2011 at least), 'moderate' drinking practices (broadly understood) were dominant in the UK.

Research has also suggested that drinking at high levels that can be categorized as 'bingeing' are found across all age, sex and socioeconomic groups, with the majority of high risk occasions found in those aged over 35 and of high socioeconomic status, in a way that extends beyond what Holmes et al refer to as 'caricatures' of heavy episodic binge drinking in city centres (Holmes et al., 2016)[8]. Holmes et al also found that those of lower socioeconomic status drank less frequently, but consumed significantly more when they did, which may in part account for the harm paradox mentioned above. Pursehouse et al conducted an examination of the cross-sectional General Lifestyle Survey of Great Britain to conduct a similar typology, but with a specific focus on heavier drinking occasions (Purshouse et al., 2017). They identified four groups of heavier drinking styles (high volume beer, beer and spirits, all beverages, and wine and sprits). Of these groups, there was a five-fold increase in the 'wine and spirits' cluster over the study period, as well as an increased representation of female and older drinkers.

Alcohol consumption does appear to be decreasing among young people across the UK, with potential reasons for this reduction including, among other things, substitution for other substances, affordability, changes in sites of socialisation, potential for alcohol-related harm, access to alcohol and the regulatory environment. This tallies with other research on the 'denormalisation' of alcohol consumption internationally (Caluzzi et al., 2022). This trend is bolstered by a rise in what some in the press are calling a 'sober curious' movement (Beddington, 2024; Roberts, 2024). A 2021 survey of health in the UK found that, while 55% of the population reported

[8] By 'caricatures', Holmes et al refer to 'caricatures' of *who* binge drinks (e.g. solely young people in city centres). They do not deny that this happens (and that, e.g. anti-social behaviour arises in this context), but rather argue that the 'caricature' of young people in city centres obscures the reality of who else within the population binge drinks.

having drunk alcohol in the past week, 37% of 16-24 year olds reported having drunk, compared to 61% of 65-74 year olds and 63% of 55-64 year olds (NHS, 2022a)[9].

In total, alcohol consumption between 2012 and 2022 did generally decline. A study examining how many people drank in the past week found that, for men, 61% drank in 2022, down from 67% in 2012, and for women 51% drank in 2022, down from 63% in 2012 (Stiebahl, 2024). However, naturally, the population (both generally, and the population of drinkers) is far from homogenous, and a general reduction in alcohol consumption does not necessarily mean that generalized statistical trajectories do not hide nuances within the data. In other words, that overall consumption is going down does not necessarily mean that everyone is drinking less, nor does it tally with a reduction in overall harm, or harm to those that do drink[10]. As mentioned at the start, alcohol-related deaths are at the highest level ever recorded in the UK, despite this overall reduction in consumption[11]. This may be in part explained by (and a further entrenchment of) socioeconomic inequalities in alcohol-related mortality and

[9] This raises an interesting question. Why still focus on alcohol research? If trends continue this way, then maybe the harms caused by alcohol will naturally lessen over time as subsequent generations drink less and less. There are (at least) two possible responses to this. First, even if less people are drinking, that does not mean that it is not worth continuing the work for the sake of those that are experiencing harm. Second, even if the general trend shows a reduction in consumption, it appears as though it is the case that young people who do drink do so in more harmful or high-risk ways than the general population. A survey by the group 'Drinkaware' (which shall be discussed later in this thesis) found that young adults were more likely (by a factor of 11%) to binge drink than the general population, and are almost twice as likely to drink at high-risk or dependent levels compared to the general population (Drinkaware, 2024c). Additionally, alcohol is the biggest risk factor for ill-health, disability, and early mortality for those age 15-49; a wide age range but nevertheless still highlighting the not-insignificant health impacts that alcohol can have on young people (Public Health England, 2016)

[10] In 1956, Ledermann argued that trends in per capita consumption tallied with mortality rates within that population (Ledermann, 1956). Though widely held for some time, this has been problematised since.

[11] A sharp increase in deaths during the pandemic has been ascribed to a steep rise in liver damage, as well as an increasing in deaths from alcohol poisoning (Oldham et al., 2025). Research from the ONS suggests that deaths are in part a result of 'acute-on-chronic' liver failure; whereby increases in consumption among those consuming at higher risk levels can increase mortality (Office for National Statistics, 2024)

morbidity (Oldham et al., 2025). Therefore, despite the overall general (though still slight) reduction in alcohol consumption, there are nuances in the statistics regarding alcohol-related harm. Rather than being explained fully, for example, by factors such as demographic lag, the increase in morbidity despite overall population-level reduction in consumption is in part due to the fact that though overall people are drinking less, heavier drinkers are drinking much more than ever before. For example, heavy drinkers increased their consumption in lockdown, purchasing the equivalent of a litre of vodka weekly (NIHR, 2022), and for those between 65-74, heavy drinking increased from 6% to 7.3% in the 15 years to 2021 (Nuffield Trust, 2024).

2.2. Environmental influences

Alcohol consumption does not exist in a vacuum. After the overview above, it is useful to examine some of the environmental factors that might influence alcohol consumption in the UK.

2.2.1. 'Alcogenic' environments

Accessibility, advertisements, alcohol outlet density and peer pressure all contribute to consumption levels. These interrelated factors are all elements that contribute to what has been referred to as 'alcogenic' environments (K. M. Hill et al., 2018; World Health Organization, 2023a). In short, these are environments that normalize alcohol consumption and make consumption easier to do. For the sake of clarity, when speaking of alcogenic environments here I am referring specifically to the physical world. I will turn to the influence of the online space shortly. I acknowledge that social media does

play a part in alcogenic environments, but for clarity I separate here online and offline, with ‘alcogenic environments’ referring to the offline space. I will use a term borrowed from a paper by Atkinson et al to refer to the online space (the ‘alcohol matrix’) when referring to this distinction (Atkinson et al., 2024).

Research conducted in Wales found that alcohol was situated in areas of the supermarket in ways that encourage alcohol purchases (ends of food aisles, in checkout areas, and in ‘dump bins’ (wire baskets where items are normally on sale)). This placement, the research suggests, is not accidental; checkout space accounts for 7% of sales and 1% of sales space (which is one reason why bans on confectionary at checkouts were introduced in the UK in April 2022), with end of aisle products contributing to 20% of overall sales (Alcohol Change UK, 2020).

That outlet density has an impact on alcohol-related harm is both widely accepted within the research and – potentially – is a common-sense conclusion to draw. Though limitations in the data have been acknowledged, that there is a direct impact of temporal and spatial availability on acute alcohol-related harms and that these results hold when data is aggregated appears fairly uncontroversial (Holmes et al., 2014). Research has also begun to suggest that risk environments (alcogenic environments) might not affect all socioeconomic groups equally. A study based on responses to the Scottish Health Survey (2008-11) found that those in lowest income groups are disproportionately affected by outlet density (Shortt et al., 2018). This, of course, will compound other factors postulated to be at the root of the issue of the ‘alcohol harm paradox’ discussed previously.

Another key element of alcogenic environments is the pervasiveness of alcohol and alcohol brands in popular culture. One particular example from recent history is alcohol sponsorship of shirts in the English Premier league. There have been no shirt sponsorships since the 16/17 season, with Chang Beer's sponsorship of Everton the only one in the premier league after 2010 (BBC, 2018). There is, however, no actual ban on sponsorship from the alcohol industry, and it does remain a key part in sponsorship deals for many lower league clubs. Yeovil Town, for example, announced Carling as one of their sponsors for their return to the National league in the 2024/25 season.

I will turn to direct effects of marketing in the next section. Beforehand, however, it is worth noting that part of the effects of 'alcogenic' environments is that children and young people (to whom the alcohol industry is legally forbidden from advertising) come to understand the 'social meaning' of alcohol and are exposed to alcohol information below the age of 18. A 2012 study of 401 students aged 10 and 11 from across Wales found that, though significantly below legal drinking age, 62% were able to identify 'Magners' as an alcohol brand, 79% were able to recognise Carlsberg as an alcoholic drink, and 95% were able to recognise and identify the Stella and Fosters logos (Alcohol Concern, 2012). This is significantly more than the 74% able to identify ice cream brand Ben & Jerry's, and 41% able to identify cake company Mr Kipling. Internal industry documentation has stated that young people are a 'key target' for alcohol advertisers (Alcohol Concern, 2012) – though I shall leave discussion of this to *Chapter 4*. This is all to say, then, that some have suggested that 'alcogenic' geographical environments can have additional impacts on consumption rates.

2.2.2. Marketing

The marketing and advertising of alcoholic products is one factor that contributes to 'alcogenic' environments (Petticrew, Shemilt, et al., 2017). Marketing has been identified as one of the core mechanisms through which transnational corporations influence health (Kickbusch et al., 2016)[12]. Marketing aims to imbue personalities into brands, to align the brand with consumer's particular interests or ideals, and has the aim of increasing sales and consumption, as well as the more diffuse aim of raising awareness and reinforcing a particular image of the brand (Purves, 2017, p. 147). In 2010, alcohol advertising spending in the UK was estimated to be at £800m (IAS, 2020). Indeed, advertising is a significant outlay for the alcohol industry internationally. A report published in 2021 estimated that by 2023 alcohol brand spending on advertisements in the UK would be at £6bn (Zenith, 2021). I will turn to the (debated) impact of alcohol advertising and marketing shortly, but it is worth stating outright that it is claimed by industry representatives that the aims of advertising (both online and off) are only, and explicitly, to help consumers choose between different brands rather than, for example, encouraging an increase in consumption in the individual or society (Petticrew, Shemilt, et al., 2017).

As just mentioned, alcohol advertising aims to align the brand with consumer's interests or ideals. I will mention in the next section how this has been increasingly achieved through big data use and algorithmic targeting, but for now it is worth outlining one example; the use of sport in alcohol advertising imagery. For example, as Ireland notes, events like the Fifa world cup provide alcohol companies with popular

[12] The alcohol industry has always been at the forefront of marketing. The first trademark registered in the UK was in 1876; the red triangle used to market Bass beer (Nicholls, 2016).

events (and hence large markets) to advertise their products (Ireland et al., 2019). The 2014 World Cup in Brazil and 2018 World Cup in the Russian Federation both heavily featured sponsorship from Budweiser. As Ireland notes, FIFA's former Secretary General is on record as stating that "*Alcoholic drinks are part of the FIFA World Cup".* This is not restricted to international tournaments, with annual revenue from beer sales making 40 million euros for clubs in the German Bundesliga (Ireland et al., 2019)[13]. Nor is it limited to football. Allen notes that, after a 2005 ban on advertising of alcohol during sporting events, the drinks company 'Brains' (sponsor of Welsh rugby team 'SA Brains') kept their recognisable font and lettering, but used the word 'Brawn' instead, sidestepping the ban but allowing continued sponsorship and brand recognition (Allen, 2020).

In addition to professional sport, alcohol sponsorship has also been closely tied to high-volume alcohol consumption environments, such as university sports teams. A 2014 study of 2,450 university students involved in sport were asked if they were in receipt of alcohol-related sponsorship. Of those surveyed, 36% reported sponsorship. Within this group, receiving sponsorship was associated within increased odds of being a hazardous drinker. This is interesting in light of previous research which estimated that 84.5% of students who played team sports at university were classified as having an alcohol use disorder (Partington et al., 2010).

Increasingly, brands have begun advertising 'no/lo' alcohol drinks (more on these in the Chapter Five) during sporting events. For example, Heineken 0.0 is closely aligned

[13] Naturally, this is not a UK-specific statistic, and alcohol sale is prohibited in much of the professional men's game, but German clubs still play a significant role in international tournaments in which UK teams play, and is also of note given the multi-national nature of alcohol companies.

with F1; with Max Verstappen acting as a Heineken 0.0 ambassador. Though no/lo drinks do not carry the same health risks necessarily as those outlined earlier, it is worth noting that some are calling the health impacts into question. The No/Lo alcohol market is expanding, but public health bodies have expressed concern that NoLo branded products may increase brand awareness and potentially increase new occasions of drinking (World Health Organization, 2023b). I will return to this more in *Chapter 5*.

With some insight into relationship between alcohol and advertising outlined (using sport advertising as an example), it is worth turning to the question raised at the start of this section. Namely, the veracity of the claim that advertising aims only to help consumers discern between products, not increase consumption (Petticrew, Shemilt, et al., 2017).

The evidence, however, does appear to problematise this assertion. A cross-sectional survey of 11-19 year olds in the UK conducted in spring 2017 found that both above and below the legal purchasing age (18), nearly all young people were aware of alcohol marketing, and awareness of alcohol marketing campaigns was positively associated with increased drinking – both drinking in general and so-called higher-risk consumption (Critchlow et al., 2019). Similar results were gleaned from a systematic review of cohort studies investigating longitudinal effects of alcohol advertising exposure. This study (which looked at studies covering over 13,000 young people between the ages of 10-26) found a positive association between advertising exposure and consumption increases. Another study of longitudinal effects of exposure on young people globally found positive associations between exposure and initiation of alcohol use, as well as binge and hazardous drinking episodes (D. Jernigan et al., 2017). A

systematic review of prospective cohort studies examining marketing and drinking behaviours in young people found that (across seven cohort studies featuring over 13,000 participants) there was evidence for an association between prior alcohol advertising and marketing exposure and subsequent alcohol drinking behaviour in young people. A study examining findings from narrative and systematic literature reviews also found that the relationship between exposure to marketing and youth drinking was causal (Sargent & Babor, 2020), consistent with the view that advertising and consumption are linked.

As well as evidence disproving the 'brand choice vs increased drinking' narrative, there is evidence to suggest that alcohol advertisers themselves are aware of (and encourage) increased consumption. An examination of industry documents about alcohol advertising is titled "*They'll drink bucketloads of the stuff"*; a quote taken directly from industry documentation (Hastings, 2010). This report highlights industry intentions to target younger drinkers (particularly important as studies suggest that earlier initiation of drinking is correlated with increased consumption later in life), as well as techniques such as the idea that consumption is tied to increased social and sexual success.

Additionally, research suggests that the speculated aims of alcohol advertising to increase consumption is not limited to young people. Maani and colleagues reviewed case studies over a 35-year period to analyse whether alcohol advertisers were aware of direct causality between advertising and increased consumption. 77% of campaigns referred to increasing or maintaining market share as an intention, with specific campaigns (particularly Grey Goose whisky and Stella Artois lager) being almost exclusively targeted at heavy drinkers (Hessari, Bertscher, et al., 2019). That

advertising's sole aim is to help consumers choose brands seems to be not only untrue, but against industry intentions when advertising their products.

The causative link between alcohol advertising and consumption has been problematised, both by the industry itself and others. The right-wing free market think tank 'Institute for Economic Affairs', for example, produced a narrative review of studies which goes against the trend of public health research. They argue that the academic literature has produced mixed findings, with evidence suggesting overall that advertising has no important effect on consumption, while at the same time arguing that *if* it were to be proved that advertising influenced consumption, that reducing per capita consumption is not a 'defensible or desirable' policy (Snowdon, 2023), as studies suggest that alcohol advertising does not impact on consumption in the short term. A study by Stautz et al is quoted, whereby heavier drinkers were found to not drink more after being shown 'alcohol promoting advertisements' (Snowdon, 2023; Stautz et al., 2017). However, the study looks at a ten minute period and involved solely drinkers that already count as 'heavy drinkers', so does not indicate a lack of influence overall; indeed, the authors argue that restricting alcohol-promoting advertising could remove an influence on positive alcohol-related emotions and cognitions (Stautz et al., 2017)[14].

To use this as an example of the fact that advertising does not increase consumption is perhaps to extrapolate from the study findings too far. Snowdon also argues that expenditure on advertising is not linked to per capita alcohol consumption, but this is

[14] The IEA that published this research aims to promote 'free-market thinking' and to 'expound the role of markets in solving economic and social problems'. Author Christopher Snowdon has received funding from the alcohol industry. He has argued against plain packaging for tobacco, the SSB sugar tax, refers to paternalistic public health policymakers as 'killjoys' and refers frequently to the 'Nanny state'.

not necessarily to say that advertising does not influence consumption in specific ways. As Maani et al show, industry documentation demonstrates a belief that advertising influences consumption of heavy drinkers (Hessari, Bertscher, et al., 2019). It may well be the case that advertising does not influence per capita consumption but still influences the consumption within specific sub-groups of drinkers.

Another study suggests that within the United States sales for beer, wine and spirits have remained consistent between 1971 and 2012, while during the same period alcohol advertising expenditures have increased 400% (Wilcox et al., 2015). The authors use this to conclude that advertising does not increase consumption. The argument that advertising does not influence consumption does not follow from placing these two facts side by side. We do not know if consumption would be, for example, four times less if there were no adverts. The authors assume that lack of correlation means lack of causation.

Econometric analysis of France, Germany, the Netherlands and Sweden from 1994 also suggests that parental and peer behaviour are far more influential on consumption than is advertising, and that advertising did not ward off a trend in consumption while there was reduced demand during the 1970s and 1980s (Calfee & and Scheraga, 1994). This, arguably, falls prey to the same criticism. Overall demand reduction does not imply the ineffectuality of advertising. Additionally, the advertising landscape has changed significantly since the study's publication in 1994.

A study of alcohol representations in the media also found that the evidence of exposure to alcohol content (particularly on television, in film and in music) and consumption

found that the evidence (and causal inferences to support the evidence) was weak in suggesting a link (Bonnie et al., 2004). The researchers found that survey studies (though not experimental or ecological studies) did suggest a link between exposure and consumption.

Since 2004, however, a significant corpus of research does suggest a link between advertising exposure and consumption. The alcohol industry maintains that advertising only serves to assist with choices. This is despite some public health evidence to the contrary (see, for example, Critchlow et al., 2019; Hessari, Bertscher, et al., 2019; L. A. Smith & Foxcroft, 2009; White et al., 2017).

2.2.3. The 'Alcohol Matrix': Social media

Alcohol marketing has developed significantly in recent years due to the advent of social media[15]. Indeed, the affordances of social media marketing to alcohol brands is such that brands have repositioned their marketing focus, with Bacardi and Smirnoff shifting a significant amount of their advertising spend to social media as early as 2011 (Nicholls, 2012a). This has not only influenced the potential reach of alcohol advertising, but also changed the way advertising itself works, in two key ways. First, through recommender algorithms and affordances of big data, advertising is able to be targeted to individuals or groups with high levels of specificity and precision. Second, alcohol advertising is bolstered by so-called native content (user-generated content that

[15] These have been referred to as 'intoxigenic digital spaces' (Griffiths & Casswell, 2010). As useful as this terminology is, I will not use it here for risk of confusion with 'alcogenic'. The difference is between environments that encourage the consumption of alcohol (alcogenic) vs encouraging intoxication (intoxigenic).

presents the same messaging as industry-presented content); whereby it is not clear what is and is not industry-sponsored messaging.

Any individual using a social networking site generates a significant amount of data. The cumulative data generated by millions of social media users enable brands to target adverts (and products) to users with similar 'digital footprints' (Boniface et al., 2021). Industry advertising can appear in people's feeds in a way that blends in with other (non-advertising) materials on the site – these adverts can be rolled out, accumulate data on user reaction, and be customised to improve their impact in real-time. Carah has referred to these adverts as "*iterative and ongoing experiments"* (Carah, 2017). This flexibility has clear benefits for the advertisers, enabling adverts to be increasingly nimble and effective.

As Carah notes, something such as 'liking' a sports team's social media page has the potential to indicate certain things, by which a brand may be able to target content at fans during specific time in a game, for example (Carah, 2017). Brands may also create advertising content that aligns with individuals' gender, and their political or social views. For example, a study of 2,600 posts on Facebook and Instagram found that brands attach to social causes such as racial and gender equity, and LGBTQ+, which could appear on individuals' newsfeeds or homepages if they had showed an interest in (liked or interacted with) similarly socially-oriented content or pages (Atkinson et al., 2022). Through this targeting, alcohol marketing on social media can present women's drinking as an important way of 'performing' gender, such as through appealing to feminist and post-feminist femininities (Atkinson et al., 2022). The content that appears on specific individuals' news feeds is contingent on other content that they have liked

and interacted with in the past; making content increasingly targeted, and hence increasingly effective.

A novel addition to the debate around promotion of alcohol on social media is 'native content' and user-generated content that serves the same purpose as industry-funded information. Young people, in particular, have become a part of industry marketing strategy, specifically that young people promote alcohol-related content without industry funding, passively promoting alcohol consumption and normalisation of regular consumption; furthering industry aims while allowing groups (like industry group the Portman Group[16]) to claim that it is "*beyond our control"* (Leyshon, 2011). This has been referred to as '*user generated marketing content'*(Atkinson et al., 2017a). In terms of normalising regular alcohol consumption, and presenting alcohol in a positive light, user-generated marketing content has the potential to reach many more people than the industry would necessarily be able to. A 2021 study of alcohol-tagged posts on TikTok found that the 100 most popular videos tagged with 'alcohol' were collectively viewed just shy of 300 million times, with 98% presenting pro-alcohol sentiment (Russell et al., 2021). Notably (and perhaps unsurprisingly as individual posters are not required to post moderation messages), these videos do not necessarily contain the paradigmatic 'Drink Responsibly' message that is used to promote moderation and prevent harm (a more detailed overview of 'Drink Responsibly' messaging will be outlined in the next chapter)[17].

[16] A 'social responsibility' group established by alcohol producers in 1989 to promote 'responsible use of alcohol' (The Portman Group, 2019).

[17] This raises the point, naturally, that user-generated content is not necessarily required to promote the 'Drink Responsibly' message in the same way that industry content is. However, a study in 2018 of alcohol brands and venues posting on social media found that less than 2% of posts by brands, and no posts by venues, included the drink responsibly message (Griffin et al., 2018)

The scale of alcohol-related content found online has been referred to as the 'Alcohol Matrix' (Atkinson et al., 2024). In a series of semi-structured interviews with 15 sober women talking about alcohol content online, women referred to marketing messages that linked drinking with motherhood, female friendship, and empowerment. The embeddedness of alcohol in perceptions and presentations of these traits online, and choosing sobriety to separate from these presentations, led one interviewee to say:

> "*You're in the alcohol Matrix, then you unplug from it and you're like 'Wow'*" (Atkinson et al., 2024, p. 57).

One key technique that is seen in both alcohol-industry funded and native content is the idea of 'identity formation'; with portrayal of the self as a 'drinker' appearing to be an important part of construction or presentation of identity on social media (Atkinson et al., 2017a). And, as the 'Matrix' paper argues, alcohol is marketed in such a way that it can be used to help present these identities (e.g. motherhood, female friendship etc) (Atkinson et al., 2024). It is essential to note, however, that these adverts do not exist in a vacuum. It was stated in the previous section that advertising and marketing spend appears to correlate with increased alcohol consumption. Simultaneously, research has suggested that it is rare to see alcohol-related health warnings on alcohol adverts on social media (Lou & Alhabash, 2020). In the social media space (and beyond), it is not right to assume that viewers are passive consumers. Social media users are heterogeneous and savvy, and often aware of industry-funded information. For example, some have suggested that identities related to alcohol may not be perceived as superior as identities not linked to consumption (Monk & Heim, 2017).

2.2.4. Alcohol in the media

Some of these techniques are not fully novel. For example, the role of gender in promoting alcohol consumption is far from new. Before the majority shift to online marketing, alcohol was 'gendered' frequently in print media such as magazines; males and females being presented as engaged in different and gender-specific drinking practices (with males being more likely to drink alcohol, and drink greater quantities when they do) (Atkinson et al., 2012). In many of these publications, women were frequently and brazenly treated as objects of male sexual desire. This patriarchal objectification may have played a role in contributing to some of the post-feminist and fourth wave feminist messages present on social media in later years.

However, just as social network site users are heterogenous and may respond to alcohol content differently (as mentioned above), the same is true for offline media representations of alcohol. This goes both ways. For example, young people in a 2009 report were stated to believe that news representations of the negative impacts of alcohol to be heavily exaggerated (Nicholls, 2009). This critical analysis (as active not passive consumers) also exists when focusing on positive representations of alcohol. Young people are often aware of editorial or commercial aims that lead to positive representations of alcohol, and may be critical of celebrities drinking to intoxication (Atkinson et al., 2011). Alongside, this there has been a large reduction (by four fifths) in the amount that children were exposed to alcohol advertising on TV between 2010 and 2023 (Advertising Standards Authority | Committee of Advertising Practice, 2024b)

2.3. Alcohol policy

With some of the background tools and conceptions in place, I turn now to current alcohol policy in the UK. I provide an overview of various policy approaches, focusing here on non-responsibility focused policies. This is to provide an overview of the general policy system within which 'personal responsibility' exists. Specifically, I look at policies aimed at impacting access to alcoholic drinks (MUP and Licensing rules), and the environment (marketing, advertising regulation). Next, I outline the role that personal responsibility plays in contemporary alcohol policy. I will then turn to arguments made by some researchers that such policies are emblematic of wider contemporary policy approaches, in order to better inform the understanding of the role 'responsibility' at an individual level plays.

2.3.1. Overview

The conception that a few harmful problematic drinkers were where the problem of alcohol lay was further propounded by a late '80s and early-90s concern around the 'lager lout' (Nicholls, 2011, p. 216). This, of course, was nothing particularly new. In his history of the UK from 1979-1982, historian Dominic Sandbrook refers to the trend of football hooliganism across the period, where people were left aghast at accounts of England fans travelling overseas, leaving "*sodden with drink"* and with "*broken bar windows, assaults, abuse and unpaid drink bills*" in their wake (Sandbrook, 2019, p. 212). The 'Lager lout' image was turbo-charged after 41 people were arrested after Millwall's cup game with Arsenal at Highbury. Findings of studies of 'lager louts'

recommended extension of pub opening ours, sidestepping ‘fixed closing’ times which were perceived to add to the risk of violence through everyone being sent out of pubs at the same time (Nicholls, 2011, p.218).

Partly related to this, and partly related to the growing rave culture in the late-‘80s through the ‘90s, alcohol was increasingly marketed as a ‘party’ drug (to compete with the increasingly popular drug ‘ecstasy’), and, importantly, drunkenness itself began to be marketed, in part to assuage the negative financial impacts to industry of increasing attention on ecstasy as young people’s drug of choice (Nicholls, 2011, p.223). Against this backdrop, the white paper ‘Time for Reform’ was introduced in 2000, and presented in parliament in 2002. In short, it recommended local authorities be the decision-makers around licensing, and the lifting of fixed closing hours. As Nicholls notes, before the 2001 election, this was seen as part of the Labour party’s attempt to win over young voters, sending out texts to young people reading “*cdnt give a xxx 4 lst ordrs? thn vte Lbr on thrsday 4 xtra time”* (Nicholls, 2011, p.229).

Related to the liberalisation of opening hours in an attempt to sidestep problems and violence, the Government Alcohol Harm Reduction Strategy was introduced in 2004 (Nicholls, 2012b). At the core of this approach was the idea of cultural change around alcohol consumption. As quoted in the strategy, the aim was “*to improve the information available to individuals and to start the process of change in the culture of drinking to get drunk”* (quoted in Nicholls, 2012c). Education (and therefore acting ‘responsibly’ based on received information) became central to policy. From this, the group ‘Drinkaware’ was formed (following an MoU between the Portman Group, the

Departments of Health and the home office) following complaints at the Portman Groups' lack of impartiality (McCambridge, Kypri, et al., 2014).

This was augmented by the Public Health Responsibility Deal (launched in March 2011), a partnership involving government and industry. The deal contained a range of approaches aimed at ensuring the consumer is armed with the right material to make the 'right' choice, such as labels on drinking and promoting a 'responsible drinking' message (Knai et al., 2015a). I will return to the Public Health Responsibility Deal shortly. With this general headline overview of the last few decades of UK alcohol policy, we have a backdrop from which to be able to investigate specific policies in more depth. This must be viewed against the backdrop of the policy environment within which health policy exists. In short; in national policymaking decisions, health is not the only thing that matters.

2.3.2. Access control policies

To explain contemporary policy, I divide it into two sections; focusing first on policies that aim to control or inhibit access to alcohol and then policies which aim to impact on environmental influences. I discuss 'access' policies here, before turning to policies relating to environmental influences in §2.3.3.

As the section above shows, there is a cultural change idea embedded in the heart of much UK alcohol policy, as well as a notion that the expected utility calculation for each individual affected is lower in the population strategy than in the high-risk

strategy. There are specific policies relating to impacting on access to alcohol which complement this. I will explain two in turn, MUP and current licensing law.

2.3.2.1. Minimum Unit Pricing

One key debate within alcohol policy since 2000 has been the introduction of minimum unit pricing for alcohol. This was introduced in Scotland in May 2018 (the first country in the world to do so), and in Wales (on public health grounds) in March 2020 (Suchenia et al., 2021) and at present these are the only areas of the UK to have the policy introduced. HM Government's alcohol strategy from 2012 (article 2.8) stated that there would be a UK-wide introduction of the policy under David Cameron's government, though this did not come to pass (HM Government, 2012). There have been calls for the government to introduce MUP more widely (Alcohol Concern UK, 2023), as well as counter-arguments that MUP is ethically problematic in terms of who it burdens. Specifically, Walker argues that, despite health benefits, MUP still places burdens on those most financially disadvantaged in society (Walker, 2010).

The minimum unit pricing in Scotland now stands at 65p per unit, meaning that a bottle of wine will cost at least £6.09, lager will be at least £1.30, and whisky will be at least £18.20 (BBC, 2024). A 2023 report by Public Health Scotland found that introduction of MUP led to an overall reduction of 3% in alcohol consumption population-wide, but that this measure reduced deaths directly caused by alcohol consumption by an estimated 13.4%, with largest reductions seen in men and those living in the most deprived areas of the country (Public Health Scotland, 2023). An earlier study also found that there was a trend towards consuming less units per day after introduction of

MUP, and that there was not a 'replacement effect' whereby drinkers turned to other drugs in lieu of cheap alcohol (McCann et al., 2020).

Katikireddi et al adopted a lens of theories of the policy process to analyse the development of MUP, and found that data specific to Scotland led to calls for implementation, as well as a change in policy to focus on alcohol harms as a population-based problem that led to calls for implementation[18] (Katikireddi et al., 2014). Research has also suggested that industry lobbying played a role in attempting to delay or interrupt policy implementation (Katikireddi & Hilton, 2015; McCambridge, Hawkins, et al., 2014). I will return to this later.

The most recent alcohol strategy was published in 2012 (HM Government, 2012). In 2022, the government stated that there were no plans to publish a new alcohol strategy (UK Parliament, 2022). The motivation behind this strategy was the so-called 'problem of binge drinking' (and, notably, what PM David Cameron in his foreword referred to as 'the scourge of violence' that binge drinking causes). Before turning to the role that responsibility plays in this strategy, two related points should be made. First, as mentioned above the strategy aimed to introduce UK-wide MUP. This did happen in Scotland under the minority SNP government in 2018, but support for the policy appeared to reduce over the course of the Conservative Party's time in office (Matt

[18] There is a criticism of nudge and related behavioural economics-based techniques from Gigerenzer that may be applicable here (I. Gilmore & Williams, 2019). They argue that nudges are based on the idea that there is 'latent irrationality' in humans that justifies nudging interventions, as this irrationality assumes populations are not educable. Though MUP is not a 'nudge' (as raising the minimum unit price is much more than a 'nudge' in a certain direction), the argument may be applicable here. Gigerenzer argues that we can increase risk literacy in populations in such a way as to ensure effective education has the benefits that libertarian paternalists believe nudge has. The same argument, it could be said, could apply to MUP, where if there is more education of health risks there is less need for more paternalistic interventions.

Hancock stated in 2019 that he was 'dead against' MUP introduction (I. Gilmore & Williams, 2019))[19]. Second, the strategy mentions the 'root cause of the problem' being cheap alcohol, but still places 'responsible drinking' as a central part of policy. Indeed, the (unsympathetic) language used in Cameron's foreword (particularly 'tackle the drunks turning up in A&E' (HM Government, 2012)) does perhaps demonstrate that the strategy left a lot of room for personal responsibility to play a central role; that the 'root cause of the problem' was not solely the lack of nationwide MUP.

The strategy's argument for MUP introduction was premised on the fact that some do not act with sufficient responsibility, and that as a result interventions must be put in place to counter this irresponsibility. The below quotes from the strategy illustrate this:

> "*The majority of people who drink do so in an entirely responsible way ,but too many people still drink alcohol to excess"* (p. 3)

> *"A combination of irresponsibility, ignorance and poor habits…"* (p. 3)

> *"Support individuals to make informed choices about healthier and responsible drinking, so it is no longer considered acceptable to drink excessively"* (p. 4)

The strategy does identify the alcohol industry as a key factor in driving irresponsible drinking. For example:

[19] In addition, the 2021 Autumn Budget and Spending review introduced unit-proportional taxation, whereby higher strength products were taxed proportional to content, with lower rates of taxation for low-strength drinks (below 3.5% ABV). This is not MUP, with the UK government allowing Welsh and Scottish MUP to continue but ruling out English MUP, but nevertheless is based on some of the same principles.

> *"The result is a situation where responsible citizens and businesses are paying the price for irresponsible citizens and businesses"* (p. 4)

And that partnership with industry is the key way to tackle alcohol-related problems:

> "*we will build on the Responsibility Deal to drive greater industry responsibility and action to prevent alcohol misuse"* (p. 4)

The strategy, then, aimed to create change through two interrelated processes: introduce MUP and work to create culture change (in partnership with the alcohol industry) to promote responsible consumption. However, the strategy was not implemented in full. As mentioned above, MUP was introduced in Scotland in 2018, but of the dual-pronged approach, 'responsibility' has played a significant role in the years since the strategy, and promoting responsible drinking and addressing irresponsibility remains a central part of attempts to tackle alcohol-related harm.

Before moving on, it is worth pointing out the obvious; the MUP does not remove 'personal responsibility' from the equation. Rather, the focus is on restricting or limiting access; so individual 'responsibility' plays less of a role. 'Responsibility' is still there, in so far as government viewed it as their responsibility to implement a more paternalistic intervention. MUP's effectiveness (and its criticism from those such as Walker who object on ethical grounds) relies on one thing: access, dependent on finances. As a policy, it is not about access to the right information and acting in the 'correct' way.

2.3.2.2. Licensing Law

It is worth also outlining some of the key recent developments in alcohol licensing.

Proposals introduced in 2000 were aimed to influence drinking culture. Changes to licensing laws increased flexibility to businesses in the shape of relaxing opening hours, with one Home Office Minister stating the intention that phasing opening hours will "…*hopefully, in the longer term, encourage a change in our drinking culture*" (Berman & Danby, 2003; quoted in Nicholls, 2012c) Nicholls argued that focus on cultural change was problematic and undermined the success of this (and the subsequent 2003 licensing act) (Nicholls, 2012b). This change to licensing law, in its liberalisation of opening hours, was for some public health advocates an indication that government had "*abdicated its proper responsibility for protecting the public good"* (Nicholls, 2012c, p. 256). Nevertheless, within different regions, results demonstrated an 'exposure-response' reaction to more stringent implementation; with areas with tighter licensing policies being associated with reductions in hospital admission rates for issues related to alcohol (Vocht et al., 2016). However, though there was an effect, this was of around 5%, which likely indicates how licensing law linked to on-trade sales only captures a sector of the market (as off-trade is cheaper and was becoming increasingly available). This is supported by research that showed that after liberalisation (i.e. when certain venues with alcohol licenses were able to open later), there was a significant increase in admissions to the emergency services after the introduction of liberalising legislation (Newton et al., 2007).

Partly in response to what was perceived as limited impact of the legislation (and due to public concern around drunkenness and anti-social behaviour increasing), 'Safe. Sensible. Social' was introduced, which led to the establishment of Drinkaware and more stringent data gathering for the NHS. At the same time, discussion of increased tax in on-trade establishments (e.g. pubs) was met with arguments that off-trade consumption (such as the phenomenon of 'pre-drinking' with drink bought from supermarkets) was on the rise. Conservative politicians when elected in 2010 following defeat of New Labour sought to re-write licensing policy, seeing it as an example of 'Broken Britain', and attempted to use licensing to tackle problematic drinking cultures (introducing a levy on late-night vendors, greater powers to fix closing times etc) (Nicholls, 2012b). This was a measure for which the Home Office was responsible, which differs from the Department of Health report 'Healthy Lives, Healthy People' (Department of Health, 2010), which relied on industry self-regulation, partnerships, and nudging approaches (Nicholls, 2012b).

The Licensing Act of 2003 is still the legislation followed in the UK today. However, one key development in licensing law has been the changes brought about by the coronavirus pandemic, during which pubs and breweries were granted license to sell drinks for home consumption, and off-licenses were added to the list of essential businesses allowed to stay open.

2.3.3. Policies controlling environmental influences

MUP and licensing legislation attempt to curb alcohol consumption by restricting access to alcohol in some way; regulating the environment in which drinkers exist[20]. I will return to this in more depth in the section on 'drink responsibly' narratives, but one key way this is done is through regulation of marketing. I mentioned in §2.2.1 that the marketing and advertising of alcoholic products is one factor that contributes to 'alcogenic' environments (Petticrew, Shemilt, et al., 2017). In this section I will outline marketing regulations that exist today, first by outlining these and their purported efficacy, and then turning to the issue of industry-self-regulation, which has become an increasingly central part of policy since the formation of the Portman Group.

2.3.3.1. Alcohol marketing controls

Bans or restrictions on advertising are seen by the WHO to be a 'best buy' policy (in other words, one of the most cost-effective ways to reduce harm) (Boniface et al., 2023). Alcohol marketing uses the 'four Ps' approach (product, price, promotion, place) to increase sales and consumption (IAS, 2020). As mentioned above, research has suggested that marketing to women is tied to gender performativity, implying that consumption is a correct way to 'do' gender (Atkinson et al., 2022) and, though industry claims that marketing aims solely to help individuals choose between products, research suggests that advertising can increase consumption (IAS, 2020).

UK code of practice changes around alcohol were introduced in 2005 (Gunter et al., 2008). These changes have led to a decrease in celebrities used in UK alcohol advertising (though this is not the case internationally, and high-end spirits still have

[20] However, as mentioned above, there has also been a shift towards attempting to influence and change the culture around drinking in the C21st. Cultural change relies not on curtailing access, but rather on influencing perceptions of alcohol.

some celebrity endorsements), as has the suggested linkage between consumption and sexual success (wherein in adverts consumption of drink was seen to be linked with ability to have 'success' in finding a sexual partner on a night out (Ruddock, 2017, p. 197)).

The Committee of Advertising Practice codes mandate that alcohol not be marketed using images of immoderate consumption, as a solution to problems, must feature models over 25, and must not appeal to, reflect, or be directed at those under 18, and cannot be seen to enhance confidence and/or interpersonal skills (Advertising Standards Authority | Committee of Advertising Practice, 2024a). The latest marketing strategy was released in 2012, which cemented self-regulation (more on that in the next section), and stated that there was insufficient evidence of the dose-response relationship between advertising and consumption to consider an advertising ban (as there is in countries like Lithuania and Norway, and as there is in the UK for cigarettes, for example) (Boniface et al., 2023). Suggestions of a subsequent alcohol strategy (in 2018) which included marketing as one of the three central aims, have not been released.

Before turning to self-regulation, which is a core part of the alcohol marketing strategy, it is worth stating that some public health research has suggested that current regulation is insufficient. Partly, some have argued that the increase in deaths and disease linked to alcohol in times just before and following the pandemic led some to call for more stringent measures (Boniface et al., 2023), and reviews have suggested that the partnership approach of current regulation is ineffective at ensuring, for example,

young people are not explicitly targeted in advertising campaigns (Casswell, 2012; Critchlow et al., 2019; Hessari, Bertscher, et al., 2019; D. Jernigan et al., 2017).

2.3.3.2. Industry self-regulation

Regulation of (and enforcement around) alcohol advertising is a mix of co-regulation (between government and Ofcom (on television)), and self-regulation, a joint effort between the Advertising Standards Authority and the Portman Group (IAS, 2020). Established in 1989, the Portman Group is a key partner in efforts to prevent breaches in advertising code. From 2006 to 2017, the panel published 99 decisions on alleged breaches of code. Though some complaints were upheld, research has suggested that decisions of whether or not there was a breach has been inconsistent over time, with decisions appearing subjective, and without a space for decisions to be appealed (Alcohol Concern, 2018).

This is not to say that self-regulation is inherently problematic. Indeed, research has suggested that non-industry respondents often see industry as having some part to play in partnerships to prevent alcohol harm (Baggott, 2006). Still, in the same research, policymakers and public health professionals did express concern about the impartiality of the Portman Group; "*some critics saw it as a lobbyist for industry, which the Portman Group vehemently denied"* (Baggott, 2006). These allegations were made based on the group's decisions that favoured corporate interests over policy success.

More recently, though there is agreement that alcohol advertising ought not be targeted to (or easily accessed by) children, as reflected in codes of practice around alcohol advertising, research has suggested that self-regulation does not meet the stated aim of

protecting children and young people (Boniface et al., 2023). Relatedly, analysis of internal industry documents has suggested that, though signing up to and agreeing with advertising codes, industry still aims to (and has success in) directly targeting younger audiences, as well as going against advertising codes by presenting alcohol as a key to social and sexual success, and using drunkenness in advertising messages (Hastings, 2010)[21]. Similar observations are made by Maani et al, who looked at 39 case studies of alcohol advertising, and found that a third of these demonstrated that young people (though not necessarily underage drinkers) were an important market to the industry – the authors quote the importance to Famous Grouse whiskey, who in internal documentation referred to young people as the 'heavy using loyalists of tomorrow' (Hessari, Bertscher, et al., 2019).

Systematic reviews and meta-analyses have also been conducted into the efficacy of self-regulation of alcohol marketing as a way of preventing the 'wrong' kind of marketing (e.g. suggesting alcohol helps with interpersonal or sexual success), or marketing to the wrong people (e.g. young people). A systematic review from 2016 showed that of 44 studies evaluating specific marketing codes or advertising content analysed, all contained evidence of content that could appeal to (and, the authors say, be harmful to) young people, and of 57 studies looking at alcohol advertising exposure, a high level of exposure and youth awareness of advertising were found in the TV, radio, print, digital, and outdoor spaces (Noel et al., 2017).

[21] The name of this report (a 50-page analysis of internal industry documentation) is telling. As mentioned previously, it is titled 'They'll drink bucket loads of the stuff', a quote from a Lambrini campaign. This quote is, however, contemporaneous with the introduction of the advertising codes (2005), but nevertheless expresses desire to encourage young people to not only drink, but drink large amounts. The contemporaneity of the quote with the legislation is not problematic to the argumentative thrust of the report; the 2005 legislation was not a line in the sand before and after which youth advertising (and drinking to excess) was seen as problematic.

This is not a UK-specific issue[22]. A meta-review of studies into self-regulation with specific focus on whether self-regulation prevents adverts from being unnecessarily seen by (and influencing) young people found that the complaint process by which self-regulation works does not protect young people from such adverts, and argued that: "*The process of determining the validity of complaints employed by most industry groups appears to suffer from serious conflict of interest and procedural weaknesses that could compromise objective adjudication of even well-documented complaints"* (Noel & Babor, 2017).

It ought to be noted that industry representatives argue that self-regulation is effective. A systematic review of papers referencing industry consultation or feedback on policy approaches (between 1990-2013) showed that industry argues against (and questions the efficacy of) statutory regulation when compared to industry self-regulation[23] (Savell et al., 2016). This is referred to in the literature as the 'regulatory redundancy'

[22] Nor, increasingly, is it an issue confined to marketing. WHO's initial proposal for the action plan on alcohol 2022-2030 proposed co-regulation with industry on the topic of labelling would be useful going forward. O'Brien et al argue that co-regulation on alcohol labelling would be problematic as: there is scepticism that co-regulation of labelling by industry would present the right information, the existing evidence on co-regulation suggests that industry does not follow best practice (i.e. the Portman Group removed the Chief Medical Officers' low-risk drinking guidelines from mandatory info that members were required to include on product labels), and has threatened legal action over potential new legislation (P. O'Brien et al., 2021)

[23] A separate but related strategy that has been used is to argue about the importance of promoting responsibility in the individual drinker, as opposed to more traditionally perceived 'paternalistic' approaches, but I will discuss this more in the section on the 'responsible drinking' narrative. It is worth noting here though, there is also a slight internal contradiction in arguments in favour of personal responsibility as the most effective way to reduce harm and simultaneously arguing against more stringent regulation of advertising. If advertising is used to help choose between products not increase consumption, and if preventing harm is a matter of personal responsibility, then there need not be a problem with stricter legislation. If stricter legislation (that industry argues against) would impede on sales and volume drunk, then there is more at play than failures of individual responsibility (as is supported by stricter legislation leading to a decrease in sales in Norway and Lithuania). It seems, then, that marketing is too important (financially) to be impeded by stricter regulations, and at the same time industry claims that it is not an important factor in driving consumption.

argument; that legally binding regulation is either doing work that current legislation already does (i.e. industry self-regulation) or would be less effective than current legislation. Industry arguments along these lines from the review were that not only were self-regulatory approaches successful and effective, but that they were able to be 'faster' (i.e. more nimble) in regulation enforcement than centralised government interventions were be able to be (Savell et al., 2016). This is, however, problematised by research that questions the effectiveness of industry self-regulation, with either young people still being advertised to, alcohol presented as central to social and sexual success, and applications of the 2005 code being applied inconsistently (Boniface et al., 2023; Hastings, 2010; Hessari, Bertscher, et al., 2019).

2.4. The role of personal responsibility within contemporary alcohol policy

2.4.1. Government policy

Provision of information and resources to help monitor ones own drinking and to internalize (and act on) health warnings play a central part in policy. Intentions to introduce population-wide approaches like MUP have not been implemented throughout all of the UK, though there are ABV-related taxation policies, wherein alcohol duty is charged on drinks exceeding 1.2% ABV (Balogun et al., 2025). Nevertheless, personal responsibility does play a, if not the, central role in population-level approaches to preventing alcohol harm. Relatedly, the alcohol industry is a key partner of government attempts to reduce alcohol related harm. Both in terms of the public health responsibility deal's encouragement of industry to act in a 'responsible'

manner, but also in industry self-regulation of marketing and in funding of bodies such as Drinkaware which promote 'drink responsibly' messages.

To go into more detail on the role of responsibility in contemporary policy, I will rely primarily on three government policy documents; the latest government alcohol strategy from 2012, the 2011 public health responsibility deal on which the 2012 strategy was in part built; and the 'All Our Health' documentation from 2022 (built on the 2019 Green paper 'Advancing our health: prevention in the 2020s', and supported by other campaigns such as 'Drink Free Days').

2.4.1.1. 2012 Alcohol Strategy

The latest government alcohol strategy was published in 2012, and as of September 2022 the government stated that there were no plans to publish a new alcohol strategy in the future (Lewis et al., 2025). The 2012 strategy was motivated by a desire to crack down on the '*…scourge of violence caused by binge drinking'* (HM Government, 2012). Indeed, so much is the centrality of binge drinking to the strategy that in the foreword to the strategy, then-PM David Cameron closes by stating that '*Binge drinking is a serious problem. And I make no excuses for clamping down on it'* (HM Government, 2012, p. 2).

So what of responsibility within the strategy? The strategy explicitly states that it does not aim to cut down on 'responsible drinking', and states that '*the majority of people who drink do so in an entirely responsible way'* (HM Government, 2012, p. 3). The strategy states that due to '*irresponsible citizens and businesses'*, and the

‘*irresponsibility, ignorance, and poor habits’* of binge-drinking individuals, there is need to address the harms caused by binge drinking through four approaches:

- Introduce MUP;
- Facilitate devolved decision making to allow local agencies to challenge binge drinking;
- Secure industry’s support in changing individual drinking behaviour;
- Support individuals to make informed choices about healthier and responsible drinking, so that it is no longer considered acceptable to drink excessively.

It is already clear that ‘responsible drinking’, and implementing measures to support and encourage responsible drinking, are central to this strategy. However, after a public consultation in 2012, the government decided not to introduce MUP in England (Lewis et al., 2025), and then-UK Secretary of State for Health and Social Care Matt Hancock said (as mentioned previously) that he was ‘*dead against minimum unit pricing*’ (I. Gilmore & Williams, 2019). Through not introducing MUP, the centrality of responsibility is even clearer: through the third and fourth approaches (partnering with industry to change individuals’ behaviour and supporting individuals to make informed choices about healthier and responsible drinking), the role of ‘responsibility’ plays a significant role. Individual behaviour change, encouragement of responsible drinking, and provision of labelling etc are a crucial part of contemporary UK alcohol policy approaches that have remained dominant since the latest strategy in 2012.

It is worth noting that the fact that there has not been an alcohol strategy since 2012 has been criticised by some within politics. The House of Commons Public Accounts Committee in 2023, citing the sharp rise in alcohol-related deaths since the pandemic

(and the 89% rise in deaths over the preceding two decades) claimed that what they called 'appalling' harms from alcohol were not being taken seriously enough (House of Commons Committee of Public Accounts, 2023). The Labour MP Dan Carden, leader of the Public Accounts Committee that released this report, claimed in the press briefing that followed the release of the report that there was a "*lack of political will to address alcohol harm*" due to both the amount of time since the last alcohol strategy, and the "*failure to deliver on promised initiatives"* such as implementation of MUP.

2.4.1.2. The Public Health Responsibility Deal

The 2012 strategy was built, in part, on the 'Public Health Responsibility Deal', launched in 2011. The 'Deal…' aimed to facilitate partnerships between government, health organisations, and business, aiming to improve population health. Business partners included, but were not limited to, the alcohol industry. Organisations signed up to the deal to commit to action voluntarily. The language of the deal focused explicitly on personal responsibility. For example in describing the deal the Department of Health (which became the Department of Health and Social care following the 2018 cabinet reshuffle) referred to the fact that "*Too many of us are eating too much, drinking too much and not doing enough physical activity",* which led to a need to "*support people to make informed, balanced choices that will help them lead healthier lives"* (Department of Health, 2012a).

Signatories to the deal agreed to support a set of five commitments, the third of which explicitly focused on alcohol:

- *'We will foster a culture of responsible drinking, which will help people to drink within guidelines'* (Department of Health, 2012c)

Of the seven pledges made at first by the alcohol industry, all but one included (in different ways) provision or helping with the provision of information so that individual consumers would be better able to act with responsibility. This included funding Drinkaware and the 'Why let the Good times go bad?' campaign[24], ensuring over 80% of products on shelves would have unit content information[25], and the intention to develop a new sponsorship code requiring the promotion of responsible drinking (Department of Health, 2012b).

The industry partnership which typified the deal was later bolstered by industry commitment to tackle 'the £21 billion a year cost of drink-related harm' (Home Office, 2014). This 2014-bolstering of the deal focused heavily on individual behaviour change. It did include pledges to ensure bars and pubs had wine below 12.5% ABV and the reduced sale of super-strength products in large cans, but focused in the main on health warnings, unit information, and funding by industry education programmes in schools (the latter is raised elsewhere in this thesis (in §4.3.2), and has been heavily criticised (see for example van Schalkwyk et al., 2022)).

The deal was contentious within public health from the outset. Before the launch of the deal, six bodies (including the British Medical Association, the Royal College of Physicians, and Alcohol Concern) withdrew support from the network before the

[24] I include two images from this campaign later in this thesis; figs 6 and 8.
[25] This commitment was later assessed as not being fully met (Petticrew et al., 2016)

launch, claiming that industry interests had been prioritised over public health and that no alternative had been put in place if it eventually proved that the deal was ineffective (Petticrew et al., 2013). Later analysis has suggested that 'responsibility' messages within the deal are ambiguous, and industry-funded campaigns can promote drinking instead of dissuading consumption (Knai et al., 2015b). However, I do not aim to dwell on this criticism here, but rather to focus on the role that 'responsibility' plays within contemporary policy, and the role that the deal played in contributing to this.

This role is perhaps best demonstrated in the wording used alongside the announcement of the deal: '*Creating the right environment can encourage and empower people to take responsibility for their health and make healthy choices'* (Department of Health and Social Care, 2011). The focus is clearly on the individual and helping to create the right environment for individuals to make 'correct' choices. But nevertheless, the choices (and responsibility for health and health harms) are the individuals' to make.

2.4.1.3. The 2022 'All our Health' campaign

The 2019 Green Paper 'Advancing our health: prevention in the 2020s' introduced and/or promoted a range of measures to tackle alcohol harm (Cabinet Office & Department of Health and Social Care, 2019). These included ensuring people are aware of health risks through the One You campaign (mentioned in more detail below), increasing access to lo- and no-alcohol products, and investing to support children with alcohol-dependent parents. The target and scope of the policy here is clear; provide targeted support for those (including children) who may be most at risk of developing alcohol-related issues in later life, and ensuring there is sufficient information provision to enable people to act 'responsibly' when it comes to alcohol consumption.

The ’One You’ campaign from Public Health England was launched in 2016, and in 2018 PHE began working with Drinkaware on the ‘Drink Free Days’ campaign to help people cut down on the amount of alcohol they drink regularly (Public Health England, 2018). The campaign announcement encourages people to take a ‘few drink free days each week’ (Public Health England, 2018). As demonstrated in Fig. 2., the image used to promote the campaign, the onus is on the individual to change how much they drink by opting to take more drink-free days. I return to this in Ch 3. Again, government’s role is facilitative of individual behaviour change (in part through the introduction of an app that can help people track their drinking), but the role that individual responsibility plays is clear.

2.4.2. Public opinions on contemporary policy

A key remaining question is of public acceptance of and adherence to policy, two potentially important factors in determining long-term success of policy. In a 2023 report by the alcohol health alliance, a sample of 12,271 adults found that 55% of those who expressed an opinion on contemporary UK alcohol policy felt that the government should take more action on alcohol, with 70% wanting government to be protected from industry influence, and 76% feeling positively that number of units be legally required on alcohol labels (Alcohol Health Alliance, 2023). 7% of the sample felt that the government was doing too much, with 38% arguing that the government is doing the right amount. It might be noted that the survey was conducted by ‘Action on Behalf of Smoking and Health’, with 37% of responders reporting not drinking alcohol in the average week (Alcohol Health Alliance, 2023, p. 8). Of the UK population, between

14% and 17% of men and 20% and 23% of women are non-drinkers. An over-representation of non-drinkers (when compared to the population) in a survey on alcohol policy may have influenced overall perception of policy.

A survey of people across the north-east of England found that nearly 50% supported the introduction of a Minimum Unit Price in England. 67% felt that the government has a responsibility to protect people from alcohol harms by raising awareness or risks and encouraging people to drink within low-risk guidelines, whereas 59% say government has a responsibility to protect people from alcohol harms via introduction of regulations and licensing laws (Balance, 2025). What this shows, then, is that even if there is support for increased regulatory policy work, policies and approaches that support encouraging personal responsibility are some of the most popular.

A UK wide mixed methods study found that of the surveyed participants, UK alcohol policies restricting access to alcohol via pricing were the least popular (with nearly 45% of survey participants opposing or strongly opposing price increases, 10% more than the amount of survey participants that supported price increases) (Li et al., 2017). Alcohol labels warning of health harms, public information campaigns, and doctors asking patients about drinking habits all proved more popular with study participants (Li et al., 2017). The latter three all rely on a level of 'personal responsibility' within the drinking individual, as opposed to upstream measures that fall into a more paternalistic bracket. A study of public opinions around alcohol policy reported in the Lancet referring to an online survey of 2,100 adults in England found that the highest support was for displaying units on labels, and lowest was for increasing alcohol prices (73.6% vs 26.6%) (Buykx et al., 2016).

A Health Foundation survey that examined MUP (along with bans of alcohol at sporting events and banning muti-buy promotions) found that 45% of study participants supported or strongly supported introduction of MUP, as opposed to 32% of those that opposed or strongly opposed (Heatlh Foundation, 2024). There was no information in this survey on how these 'upstream' interventions appealed to the population compared to things such as information provision and labelling, which rely more on the 'responsibility' of the individual drinker.

That there may be comparatively lower support for paternalistic interventions (such as MUP) does not necessarily mean that these approaches are inferior. As Anderson et al argue, factors beyond empirical evidence influence policy decisions around implementation of MUP, and they argue that one factor that would increase support would be increased public awareness of the harm done by alcohol (P. Anderson et al., 2024). The authors refer to a study conducted in Canada that found that increased knowledge that alcohol can cause cancer can lead to increased support for MUP policies (P. Anderson et al., 2024; Weerasinghe et al., 2020).

2.4.3. Policy environment

Many of these policy approaches could be seen as falling within the boundaries of paradigmatically 'neoliberal' approaches to policy. Within the context of alcohol policy, Goodwin and Griffin refer to two definitions of neoliberalism that provide a useful lens. In one sense, neoliberalism is a set of rationalities that 'drive actions of the state', such as making policies that prioritise individual entrepreneurial freedoms,

within a framework that highlights strong property rights, a free market and a free trade (Goodwin & Griffin, 2017). The second (and not mutually exclusive) conception holds neoliberalism as a form of governmentality which focuses on how individuals ought to conduct themselves and take responsibility for their own lives. It ought not, however, they argue be understood or construed as (using Ferguson's language) 'a sloppy synonym for capitalism itself' (Ferguson, 2010; quoted in Goodwin & Griffin, 2017).

Lencucha and Thow refer to neoliberalism along the lines of the first definition – as a freedom of individuals to drive the market, wherein there is an assumption that economic growth is given comparatively greater policy importance than other policy aims (e.g. social goals)[26]. This, they argue, provides a unique opportunity for industries like alcohol (and tobacco) to increasingly globalise and increase profit margins (Lencucha & Thow, 2019). This, they argue, is not a case of policy makers being aligned with commercial interests, but rather that these approaches to policy are 'historically structured patterns of thinking and doing' that (not always but can) foreground economic interests over other considerations. This approach, they argue is "*a critical driver of the tension that arises when the health sector attempts to intervene in the supply of unhealthy products governed by economic sectors"* (Lencucha & Thow, 2019).

In a separate paper, they highlight that strong intersectoral policy on unhealthy products is needed, with health, finance, agriculture, industry and trade all pulling in separate directions on policy. The policy paradigm of neoliberalism, they argue, is a problem

[26] The assumption being that economic growth directly or indirectly achieves many of these other objectives.

from a population health perspective (not, of course, assuming that this ought to always be treated preferentially), with calls for tighter regulation being:

> "*Heavily influenced by traditional economic paradigms, they have been more receptive to industry calls for (unfettered) market competition, the rights of consumers to choose and the need for government to allow industry free rein; at most to establish voluntary standards of consumer protection, and certainly not to directly regulate industry products and practices."* (Lencucha & Thow, 2019)

This approach to policy may be useful in discussion going forward for two reasons. First, it provides a corpus of research on the same 'type' of policy approach that may be informative. Second, and perhaps more importantly, it presents current policy approaches as matters of historical contingency, which avoids the risk of using loaded language, wherein industry is 'the bad guy' and governments could easily be doing more. Instead, it provides a framework through which to perceive why, and how, certain decisions are made that are deemed problematic from a public health perspective. That the general policy framework drives decision-making is more informative than were it to be a matter of blame and, at worst, accusations of industry malevolence and government negligence.

2.5. Conclusion

This chapter has done three things. First, it has presented an overview of alcohol in the UK today, in terms of consumption, health impacts, and environmental influences that

impact on this consumption. Next, it discussed the broader web of policy approaches within which 'responsibility' approaches sit. It then explained the role of 'personal responsibility' within contemporary alcohol policy. In doing so, it has begun to flesh out what I call the 'traditional account' of responsibility within contemporary alcohol policy. By this, I refer to the accepted understanding of the role that responsibility plays in contemporary policy. Next, I bolster this 'traditional account' by explaining the development of this messaging, both as a narrative that has developed over time, and as something that has come to play a central role in policy, and, ultimately. what (if anything) we can take 'responsibility' to mean within this account.

3. 'Responsible drinking' messaging

In this chapter I outline first the specific late 1970s/early 1980s origins of the 'Responsible Drinking' message from charities and public health bodies, and then trace the development of the notion, including the increased role of so-called 'Corporate Social Responsibility' groups such as Drinkaware in the early-2000s. In so doing, this chapter investigates what 'drink responsibly' means, and how it has come to have the specific policy role that it does now. It examines some specific examples of the message in contemporary policy. It is useful to look at the history of the message to understand how it has come to mean what it does – and at the end of this chapter I use this to help unpack what 'responsibly' means within what I call the 'traditional account'.

3.1. Public health development of the 'Drink Responsibly' message

To analyse the 'responsible drinking' message/narrative, It will be useful to examine the historical origins of the message. As 'responsible drinking' is not one clear thing (with the possibility of interpretation in a range of different ways, and government/policy/industry interpretation of what 'responsible' looks like changing over time), examining the genesis of the concept will contribute to understanding specifically what it means contemporaneously.

The origins extend further back than late 1970s/early 1980s[27]. Barry and Goodson highlight Eng (1981)'s identification of 1969 as the first date of the 'responsible

[27] Indeed, reference to 'sensible drinking' goes back at least as far as the 4th century BC, and as mentioned later, in Chapter 6, the temperance movement in the UK focused (at times) on

drinking' message being used as harm prevention, introduced by the North Conway Institute who held a symposium on the concept and message (Barry & Goodson, 2010; Eng, 1981). They note that the National Institute on Alcohol Abuse and Alcoholism used 'responsible drinking' as a harm-prevention mechanism in 1971. They argue that, by the late 1970s, messages about responsibility were the spine running through most population health campaigns around drinking (a population-level approach building on previous public health approaches which focused on notions of 'alcoholism' as a disease within a minority (explored further in Chapter 6.5-6.6 of this thesis)). They note that, as this took hold, from the 1990s onwards large transnational alcohol corporations (e.g. Anheuser-Busch, Coors and Miller Brewing) began using 'responsibility'-centric language in their marketing campaigns. Similarly, Jones, Hall and Kyrpri argue that 'Drink Responsibly' messaging emerged in the 1970s as a means of reducing harmful drinking; and echo Barry and Goodson in referencing a shift in the source of most 'Drink Responsibly' messages; from NGOs and public health agencies, towards increasing dissemination of the message from alcohol industry bodies (S. C. Jones et al., 2017).

Mold refers to this increasing 'notion of balance' as typifying the move away from public health campaigns that focus on 'high risk' individuals, rather focusing on population-wide interventions that relied on individual behaviour; which was seen as 'both cause and cure' for public health issues (Mold, 2020). Mold agrees that public health policy increasingly turned attention to individual responsibility in the 1970s but argues that increasing linking of lifestyles with disease outcomes in the post-war period

moderation (Ball et al., 2007). However, here I am focused specifically on 'responsible drinking' as it appears in policy.

(particularly due to Doll and Hill's work on smoking in the 1950s) was a precursor to this view.

Similarly, the work on the 'Ledermann curve', originating in 1956 (which purported to show the link between per capita alcohol consumption within a population and correlated population health risks) helped kick-start a shift from 'high risk' and targeted interventions (e.g. targeted towards those with alcohol dependency issues, and trying to reduce drink driving), to a population-wide focus which would, in turn, usher in increased attention on individual behaviour as the focus of interventions (Mold, 2020).

Even before 'personal responsibility' played a major role in policy, , the centrality of 'personal responsibility' messaging qua alcohol increased, and messaging became increasingly emotion-driven. In 1974, the Health Education Council introduced the 'Everybody likes a drink. Nobody likes a drunk' campaign, which the council introduced with the aim of encouraging the adoption of a positive message without being perceived as, in the HEC's own terms '*Killjoys'* (Mold, 2020). This campaign, visually, included the words in black script on a white background in bold, with the words 'Drink in moderation' below. Later in the decade (1979 to be precise), appeals to individual responsibility were increasingly aimed at the emotions; one campaign poster features a large image of a crying child looking directly at the camera, above the lines 'Eight pints of beer and four large whiskies a day aren't doing her any good'. This appeal to emotion focused on the social elements of 'irresponsible' consumption, with a noticeable shift from the 'Nobody likes a drunk'-style messaging to implying that irresponsibility was tied to moral failure. The 'drunk'-messaging is presented as almost

a nuisance, the use of the child in the 'Eight pints…' case is presented as an abhorrent dereliction of parental obligation.

3.1.1. Beyond messaging (in practice)

This shift in messaging towards centralizing individual behaviour is best typified by the introduction of recommended limits on units consumed. The Royal college of psychiatrists offered unit-specific recommendations in 1979, and the Health Education Council recommended 2 to 3 pints a sitting, 2 to 3 days a week (for men) in their 'That's the Limit' report from 1984 (Ball et al., 2007). The widespread dissemination of this unit-specific information (following the 1987 work on 'recommended units' by the Royal Colleges of General Practitioners, Psychiatrists and Physicians) was a way for the public to understand a benchmark for what 'sensible' looked like. And, as Nicholls notes, what was at stake here was less the specific amount recommended, but that there was a recommendation at all (Nicholls, 2011). Wide dissemination of this information was intended to introduce to the population a means of self-regulating their consumption[28]. Ball et al argue that the 'sensible drinking' message typified by these units is poorly understood, and that the best unit-based education campaigns can do to reduce alcohol related harm is to have a 'braking effect' on problematic consumption (Ball et al., 2007). This is demonstrated in the Alcohol Concern / Drinkwise public awareness campaign from 1990, which used elephants as central characters, playing on the notion that elephants never forget (Mold, 2021). The campaign image in Fig 1, for

[28] Mold notes that the move to focus on 'personal responsibility' in this way was not just a matter of population health, but also a means of balancing different policy priorities; that is, public health, economic, employment and industry priorities.

example, uses units as a key way for the viewer to understand how to approach 'sensible' drinking.



Fig. 1 'Speechless and Legless' Drinkwise poster from 1987 (in (Mold, 2021)

Kendell has suggested that the landmark 'Drinking Sensibly' report (Department of Health and Social Security, 1981) (which I shall explore in more detail later in this thesis) differs substantially from the central policy review staff report of 1979 upon which it was based, in such a way that accusations have been made that '*this booklet was actually written by the Brewer's society'* (Kendell, 1987). This is, specifically, as the report ignored the 1979 recommendations for increased alcohol duties (tax rates) due to the (Kendell argues) false assumptions that heaviest drinkers would not be disincentivized by price increases, and that most of adverse effects were generated by

the heaviest drinkers. Instead, Kendell argues that most adverse effects were generated by more numerous moderate drinkers (Kendell, 1987, p. 1285). I will not analyse this claim of conflict of interest here, but it does lead us onto discussion of industry relationship to the 'drink responsibly' narrative.

In this section, I have outlined the genesis of the 'sensible drinking' narrative, which is reliant on the effectiveness of personal responsibility to reduce alcohol-related harms, from its introduction to its increased centrality towards the end of the C20th. I now turn to the narrative's use within public health campaigns in the C21st

3.2. Drinkaware, corporate social responsibility messaging and partnerships

In this section I shall explore the 'Responsible Drinking' message as presented in public health campaigns that are run either in partnership between government and arms-length bodies such as Drinkaware, or by these industries at arm's length from specific government public health campaigns. Corporate Social Responsibility (CSR) activities lead, amongst other things, to the dissemination of 'drink responsibly' messages. 'Drink Responsibly' messaging aims to promote individuals' self-awareness of their alcohol consumption, and a phrase that makes it clear to individuals that they are responsible (at least in part) for preventing alcohol-related harms.

In 2004, Tony Blair set out to tackle the 'new British disease' of excessive drunkenness, which culminated in an interdisciplinary report titled 'Drinking Responsibly' in 2005 (Nicholls, 2011, p. 238) This report stressed that the responsibility for putting a stop to problematic binge drinking across the British Isles lay more with the individual than

with the ‘industry or licensed premises’. This attention on the role of individual responsibility was such that interventions to tackle licensing and industry activity were given less attention. This is natural, for if the individual is responsible, then to a greater or lesser extent upstream factors need not necessarily be the centre of attention. As Nicholls states:

> “*the overall presumption remained that the suppliers of alcohol should be given the freedom to ply their trade with as little interference as possible. Producers were asked to draw up voluntary agreements to curb irresponsible promotions, but the fundamental responsibility for not drinking to excess fell to the consumer”* (Nicholls, 2011, p. 238).

With efforts to increase information provision in such a way as to encourage population-level changes towards more ‘sensible’ or ‘responsible’ drinking habits, and with policy turning attention almost wholly towards individuals, the UK government, devolved governments, and the Portman Group (as mentioned above; a social responsibility group established in 1989 by alcohol producers) founded the group Drinkaware, an independent charity which ‘aims to reduce alcohol-related harm by helping people make better choices about their drinking’ (Drinkaware, 2024a). It began as a website in 2004, before changing into the ‘Drinkaware Trust’ in 2006 (Maani, Van Schalkwyk, et al., 2024).

The aim of Drinkaware, as stated, is to help facilitate individuals' 'better choices about their drinking'[29]. In this section I will outline what this looks like contemporaneously. Drinkaware work in schools, for example, providing educational materials for young people. Along the charity's stated aims, it provides material which aims to help people 'make better choices' about their drinking. As it is responsibility and choice-focused, these educational materials do not discuss taxation, policy, industry activity etc. Rather, they focus on what individuals can do to 'decide' differently qua alcohol. This includes discourses of personal responsibility, moderation in consumption, as well as looking at 'poor choices' and peer pressure (van Schalkwyk et al., 2022).

Beyond schools-based education (though, naturally, still 'education'-focused, as the 'personal responsibility' narrative requires provision of information that the recipient can understand and act on), Drinkaware (along with the Portman Group and Public Health England) promotes 'Drink Free Days'. In research that examines the relationship between Drinkaware and PHE, Petticrew et al examine email exchanges between Drinkaware CEO and a PHE chief executive, where the latter states '*it was good to be reminded that Drinkaware's constitutional role is educational'* (Maani, Van Schalkwyk, et al., 2024). The 'Drink Free Days' campaign launched in September 2018, focusing on blood pressure, weight and cancer. Crucially, as research suggests, responsibility-focused campaigns like this that focus on information provision to enable citizens to make 'responsible' choices are run by government in partnership with bodies such as Drinkaware, demonstrating that industry bodies are seen as part of a solution that requires individual risk behaviour adaptation (Maani, Van Schalkwyk, et

[29] The language here is interesting. 'Better choices about their drinking' means something different to 'better choices about drinking'. The inclusion of the word 'their', by nature of its being a possessive pronoun, implies a that the individuals do keep drinking, and change how they do so, as opposed to making choices about drinking generally.

al., 2024). The campaign aims to encourage individuals to consider the cumulative effects of drinking most days. The imagery from the 'Drink Free Days' campaign shows clearly the central role that personal responsibility plays within policy (fig 2).



Fig 2. 'Drink Free Days' campaign poster

The use of the second person pronoun 'you' (shown here in bold and underlined) shows that risk is directly tied to individual behaviour. The campaign is part of a wider 'One You' campaign. The motivation behind the campaign is that people regularly tell doctors and themselves a 'little white lie' about how much they drink (Selbie, 2018), and that encouraging days of abstention reduces cumulative effects of regular drinking. The government acknowledges scepticism from the public health community around partnership with Drinkaware (due to Drinkaware's funding), but argue that the charity

is governed independently, a fact over which government is 'fiercely vigilant' (Selbie, 2018). The campaign ties into broader government efforts to 'build new social norms' around health, and has been said to follow a similar structure to the Change4Life campaign, as stated in the government press release (Selbie, 2018). The Change4Life campaign aims to make sure everyone has the 'right information', and that 'individual willpower and personal responsibility' can be harnessed in the most effective way (i.e. through self-monitoring through apps, food labelling etc) (Moore & Evans, 2020)[30].

Like the 'Change4Life' campaign, the 'Drink Free Days' campaign relies in part on self-monitoring using digital technologies, with the Drinkaware website providing questionnaires that individuals can take to analyse their drinking (with questions covering topics such as units drunk a day, whether you can stop drinking after starting, etc). Scores are provided as a result of these questions, and suggestions made on how to adjust drinking patterns accordingly. This has parallels with Mulderrig's analysis of the 'multimodal strategies of emotional governance' qua app-based behaviour change mechanisms as part of the Change4Life campaign. Mulderrig draws on the Foucauldian concepts of biopolitics and governmentality to examine how these app-based tactics aim to '*manage (one area of) public health by enlisting individuals in practices of self-regulation, while leaving unchallenged material and cultural inequalities'* (Mulderrig, 2018). For Mulderrig, such activities are 'pre-emptive (bio)politics' insofar as they assign responsibility to health and wellbeing to 'citizen-consumers'. This is exemplified by what is referred to as 'shaping individual psychology' qua leaning into

[30] Coggon and Adams argue that this 'highly agentic' approach to public health interventions is not ethically justified as a) it is less effective than alternative, more structural interventions, and b) higher agency interventions may perpetuate or further entrench inequalities (Coggon & Adams, 2021).

the worries and concerns of individuals, and relies on individuals wanting to act on these concerns in order to change their behaviours.

In a similar vein, to line up with Alcohol Awareness Week in 2024, Drinkaware launched the free 'Drinkaware Drinking Check', which functions the same way (and with the same questions) as the 'Drink Free Days' campaign. Drinkaware partnered with Heineken on the project. Announcing the 'Drinking Check', Karen Tyrell (Chief Executive of Drinkaware) said: "*We are used to regularly checking our eyesight or going to the dentist, so we should be doing the same for our drinking"*(Drinkaware, 2024b). The aim of the resource is to help people identify risky behaviour, and to moderate their drinking accordingly, so as to stay within recommended guidelines[31]. Whereas education campaigns (in school and beyond) intend to provide information that agents can internalize and act on, the provision of app- and web-based mechanisms further provide tangible tools the intend to enable individuals to self-regulate their alcohol consumption to fit with responsible drinking guidelines.

The digitalization of mechanisms that aim to help aid individuals exercise 'responsible drinking' behaviours includes increased activity by Drinkaware and others on social media. This includes warnings related to alcohol consumption on advertisements on social media (both integrated into the advert and not). These include legal drinking age warnings, as well as 'drink responsibly' messages on adverts. A study by Lou &

[31] It is worth noting that the Drinkaware Drinking Check' is based on the WHO Alcohol Use Disorders Identification Test (AUDIT) (World health Organization, 2001) which is used by medical professionals to identify 'risky behaviour' and problems such as alcohol dependence. AUDIT refers to the 'opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use (World health Organization, 2001). The WHO has changed its language around alcohol in the two decades since AUDIT, and now argue that 'No level of alcohol consumption is safe for our health' (World Health Organization Regional Office for Europe, 2023)

Alhabash on the placement of these warnings found that large-sized warnings presented close to the advert itself were effective in reducing harmful drinking intentions (Lou & Alhabash, 2020). They called, however, for more enforced warnings (e.g. policy requiring large integrated warnings) than are currently mandated by policy.

Regulation of alcohol advertising and messaging (on and off of social media) is the responsibility of the Advertising Standards Authority and the Portman Group (IAS, 2020). This, policy-wise, aims to ensure that there is an arms-length body analysing messaging and ensuring that advertising does not breach code; such as glamorizing drinking immoderately.

At this stage, it is worth noting that by definition, Drinkaware on paper exists in quite a liminal space. It was created by and continues to partner with governments that aim to focus on 'responsibility' of the individual as the key way to prevent alcohol-related harm. This was driven by a policy paradigm that was trying to balance public health against economic goals, and to mutually empower and rely on individual behaviour change. However, public health research suggests that responsible behaviour adoption in the individual is not the most effective (or equitable) way to create change (i.e. positive health outcomes). Due to this, and to wariness of the body's ties with industry funding, bodies such as this have variously been referred to as (strategically) perpetuating ambiguity in terms of what 'responsible' drinking looks like (Pettigrew et al., 2016; Smith et al., 2006), and working to 'disguise fundamental conflicts of interests' and thereby helping 'legitimize corporate efforts to promote partnership as a means of averting evidence-based alcohol policies' (McCambridge, Kypri, et al., 2014).

I will explore this debate in due course, but it is worth noting at this stage the work that has been conducted from a public health perspective that problematizes this narrative.

Drinkaware (and other bodies with financial links with the alcohol industry) have been criticized in terms of their engagement with young people in schools (N. Jackson & Dixon, 2020; van Schalkwyk et al., 2022). Research with adolescents has also suggested decreased opposition to being drunk when exposed to 'please drink responsibly' messaging (Giesbrecht et al., 2022).

However, though this criticism levies that these bodies promote responsibility over and above interventions that public health professionals have argued are more effective (taxation, minimum unit pricing etc), Drinkaware was established within the policy paradigm where individual responsibility was the focus. Drinkaware (and other such bodies) have the stated aim of helping people make better choices, rather than tackling upstream factors that may lead to alcohol-related harms. Helping individuals take responsibility and make better choices is the body's stated aim in the first instance. It was the contemporaneous policy environment's focus on the individual that encouraged development of such bodies, rather than (necessarily) pernicious or insidious actions conducted by industry.

3.3. What does 'responsible' mean in this context?

The question follows, then, what does 'responsible' mean when using the term 'drink responsibly' in this chapter and the one before it? It could mean any and all of the below non-exhaustive list:

- Do not binge drink
- Do not drink more than X times a week
- Do not drink while taking medication
- Do not drink more than 14 units a week
- Do spread your 14 units over 3 days (at least)
- Do try to have some drink-free days a week
- Do learn what your recommended units are
- Do not drink while pregnant
- Do not drink underage
- Do not drink and drive
- Do not get embarrassingly drunk

There is clearly no clear meaning unifying ‘Drink responsibly’ messaging. What ‘Responsible’ is is context (and even individual) specific. There is no central notion of ‘responsibility’ at play. In a study from 2017, Maani and Petticrew conducted a documentary analysis, comparing alcohol industry CSR activities with outputs from NGOs and Public Health England. Their examination found that there was no clear definition used when talking of ‘responsible drinking’; there was no level at which drinking was classified as no longer being ‘responsible’, and there was minimal reference to government alcohol guidelines. This is supported by research by Jones, Hall and Kypri, who also examined ‘responsible drinking’ messaging and found ambiguity and uncertainty about what ‘responsibly’ meant in this context (S. C. Jones et al., 2017). This included lack of clarity around the widely differing interpretations of whether ‘responsibly’ meant not to excess, or even to drink in a way that made the drinker look more ‘sophisticated’.

Similarly, but focusing on recipients' interpretation of messaging, Pettigrew et al examined a 'drink responsibly' messaging campaign and found that study participants were unable to say specifically what 'responsible drinking' looks like; and that 'drink responsibly' messaging was seen to even support social norms around drinking, rather than promote change of behaviours (Pettigrew et al., 2016). Giesbrechet, Reisdorfer and Rios also found that 'drink responsibly' messaging often had at best limited efficacy, and that in some instances messages were interpreted as having a wide range of different meanings (Giesbrecht et al., 2022).

So it would appear that the 'responsibly' in 'drink responsibly' is relatively unclear. If we are being strict, then 'drink responsibility' could be an exhortation to stick within the UK chief medical officer's low-risk drinking guidelines (consume no more than 14 units of alcohol a week on a regular basis, or just over 5 pints) (Department of Health, 2016). Even within the guidelines, however, there is not a definition of 'on a regular basis'. The rule is to generally not consume more than 14 units per week, but it is implied that it is ok to drink more than that as long as not 'regularly'. 'Drinking responsibly', then, could well refer to internalising health risk messaging and advice about how to drink, and adjusting behaviour accordingly; with no hard and fast rule about what 'responsible' looks like in a way that may be the same for all persons. It could be a matter, then, of knowing what is 'responsible' for the individual.

Even with this relative lack of clarity, we can possibly define 'responsible drinking' by what it is not. It is not drinking too regularly, drinking to excess, or drinking in a way that demonstrates a lack of moderation, control, or restraint. What each of these means

differs depending on the individual and the context. I will examine the concept of Responsibility and how it relates to 'Drink responsibly' messaging later in this thesis, but it is worth preceding with this loose understanding of 'drink responsibly' at present; it is a loosely defined set of exhortations to internalise alcohol-related messaging and adjust behaviour accordingly so as to not drink to excess (or perhaps, not drink to excess too regularly, or not drink in such a way that might increase the risk of long-term impacts on health). These exhortations mean different things in different contexts, and perhaps to different people.

3.5. Conclusion

In the previous chapter I outlined the role that 'responsibility' plays in contemporary policy. In this chapter I have expanded on this 'traditional' account by explaining the development of this narrative, and how and in what way it has come to play the role that it does. This chapter, ultimately, helps show that, although on the 'traditional' account personal responsibility plays a central role in policy, it is nevertheless an ill-defined, amorphous concept. There is no one uniting definition of 'drinking responsibly'. With this outlined, it is time now to turn to the 'alternative' (responsibility-sceptic) account.

4. Responsibility and the Commercial Determinants of Health (the 'Alternative' account)

So far, we have examined the role of 'personal responsibility' within contemporary policy (*Chapter* 2), and fleshed out the development of 'Drink responsibly' messaging, and how it has come to play the role that it does (*Chapter* 3). This, together, I have referred to as the 'traditional' account. It is now time to turn in this chapter to the so-called 'Commercial Determinants of Health', and an argument to the conclusion that 'personal responsibility' ought not play the role it currently does within alcohol policy. As it argues against the accepted (or, at least, policy-dominant), contemporary role that 'responsibility' plays within alcohol policy (the 'traditional account'), I shall refer to the argument from the commercial determinants of health as the 'alternative account'[32].

4.1. What is the 'Commercial Determinants of Health'?

This field gained significant attention in the 2010s, and has continued to grow as an area of interest in the 2020s. Indeed, in just three years since 2022, the first book has been published on the topic, the first lancet special addition has appeared on the topic, and the WHO have begun to publish reports looking specifically at commercial determinants[33].

[32] I am not here advocating either for or against either the 'traditional' or 'alternative' accounts but rather presenting them as two separate interpretations of and arguments about 'responsibility' within alcohol policy.

[33] Note that the title of this section is 'what **is** the CDoH?' (emphasis added). I focus here on the CDoH as a field, not 'what are the CDoH?', which is explained throughout this chapter

Though the field and conceptualisation is relatively novel, the interplay between finance, corporate activity and health have historically been heavily intertwined. As Freudenberg notes, the historical underpinnings for CDoH can be seen in the way markets have long influenced human health (Freudenberg et al., 2021). He argues that, corporations and European imperialism in the 17th and 18th centuries, the impact of the industrial revolution (and, relatedly, industrial capitalism) on living conditions, and "*transnational corporations, financial markets, and globalization – a transformation driven by neoliberal ideology"* (Freudenberg et al., 2021, p. 2204) are all historical antecedents of our contemporary concept.

Indeed, an interest in 'Commercial Determinants' did not emerge out of a void. Farmer's 'Fevers, Feuds and Diamonds' examines the impact that extractive colonialism (and financial incentives) has had (and continues to have) in West Africa; culminating in the so-called 'public health' deserts that provided fertile context for Ebola to have the impact that it did. Even novels like the Grapes of Wrath and Down and Out in Paris and London have at their core themes like how markets, poverty and economic inequality impact health.

However, a shift in recorded causes of death has brought CDoH into focus in recent years. Non-communicable diseases killed at least 43 million people in 2021, which constituted 75% of non-pandemic deaths globally (WHO, 2024a), and 79.7% of deaths in the United Kingdom (WHO, 2025). In light of this, public health efforts have increasingly focused on addressing changeable behaviorual risk factors (K. Lee & Freudenberg, 2020), due to the impact that certain behaviours (like what and how we eat, drink, smoke, work and exercise) can have on these diseases. However, CDoH

'*offers an important alternative perspective, notably by pushing against the notion that NCDs are primarily self-inflicted, and that people must simply be convinced of the error of their unhealthy ways'* (Lee & Freudenberg, 2020, p. 1)[34]. CDoH, then, has emerged against the background of increased NCD morbidity and mortality, and in part as a response to the notion that behavioural factors, personal responsibility and individual 'error' are solely or primarily the cause of ill-health; the idea that these risk factor behaviours may be driven (at least in part) by commercial and market forces.

4.1.1. Two questions

Before moving onto definitions and examining what 'CDoH' actually *is*, it is worth examining two key questions. First, is 'CDoH' worth (or justifiable) examining from a population health perspective? Is it not a space for sociology and/or economics to focus? I put aside (and accept as uncontroversial) the argument that purely siloed approaches are insufficient to most effectively promote population health. However, does it not remain the case that while, for example, physical inactivity and water, sanitation and hygiene practices (WASH) come under the purview of public health, analyses of market forces, corporate activity and economic/business policy is beyond the scope of public health? While we can imagine a Chief Medical Officer instructing us about hand washing and airborne contagions, it would maybe take us by surprise if they called for a complete ban on advertising, or argued for a dismantling of the current economic status quo. Given our expectations of the purview of their role, we would

[34] I include this quote for two reasons: both to explain the justification of the growth of the CDoH as a field, and to highlight the potential tension (at best; at worst a diametric opposition) between CDoH and 'personal responsibility'

likely not blink twice about them saying ‘carcinogenic’ but may raise an eyebrow at the mention of ‘industrial capitalism’.

However, population health acknowledges the wide range of determinants of health and wellbeing, and of inequalities within populations. It focuses on action to prevent the occurrence of ill health. If fast food, tobacco and alcohol can cause heart disease, lung cancer and liver cirrhosis, it surely makes sense to look at how and by whom these products are sold.

‘But why’, we could ask, ‘examine fast food, red meat and alcohol, why not salad, lentils and water?’. The answer is twofold. First, an increased interest in industrial and commercial companies’ impact on health does not mean that other things are not of interest still. Population health is always evolving, and there may well be a time when interesting findings crop up, and the carcinogenic effects of lentils gains focus. However, the evidence suggests that they are less carcinogenic than smoking and fast food, so the examination of carcinogens follows the evidence. Second, by examining the way that e.g. fast food, red meat and alcohol are sold, marketed, regulated and so on, we can learn particular things with a cross-industry focus that CDoH allows. Like or dislike the lens, adopting a new lens can be informative; and there is something informative in examining the practices, systems, pathways and processes through which commercial activities in these spaces impact on health.

4.1.2. Definitions

As mentioned above, the 'Commercial Determinants of Health' as a field has only emerged in the C21st. Also referred to as the 'Impact of corporate practices on health' (Freudenberg & Galea, 2008), and the 'Corporate Determinants of Health' (Millar, 2013), the literature has centralised on the term 'Commercial Determinants of Health' since 2013. The debate about how to define the field is still ongoing, with systematic reviews examining separate definitions (de Lacy-Vawdon & Livingstone, 2020), and a call for and move towards including systems approaches in defining the CDoH (Knai et al., 2018; Knai & Savona, 2022). I will here discuss four definitions that have driven the literature on this field. I aim not here to present a watertight definition of CDoH, but rather through examination of these four definitions examine and explicate an outline of the field that will be sufficient for this debate[35].

1. "*Factors that influence health which stem from the profit motive*" (West & Marteau, 2013).

This definition is often cited in the literature, and has the clear benefit of being, linguistically, very close to what we would expect 'Commercial Determinants of Health' to mean. Just as social determinants of health are non-medical factors that influence health outcomes, according to West & Marteau's definition commercial determinants are those factors that stem from a profit motive that influence health. The definition has the initial benefit that it accounts for vagaries in how, specifically, factors

[35] Some may take issue with the language of 'determinants'. Taken philosophically it is wrapped up with connotations from the 'Free will and determinism' debate. Along these lines, the fact that a factor may or may not influence health (rather than certainly will) may make us pause when using the language of 'determinants'. However, this does not stand in the way of it playing a role in this space. A determinant is something that decisively affects the nature or outcome or something. The fact that one smoker may not get cancer from smoking does not mean that it was not smoking that caused the cancer in a large number of smokers. Indeed, in talking of social and commercial determinants of health, it makes sense to want something stronger than 'influence'.

that stem from a profit motive influence health. What is key is *that* the consequence/health outcome stemmed initially from a profit motive.

This benefit is also a drawback for this definition. There is not much that falls into the 'outgroup' made by this definition. Yes, transnational alcohol, tobacco and fast food companies come under the purview of the definition, but given the myriad environmental influences on health, so too may post-it notes, cushion covers, and selling theatre tickets. This is not to say that these may not all be usefully examined using a CDoH lens, but does indicate that the definition is extremely broad, which may damage its ability to help us delineate what is a CDoH, or what comes under the purview of CDoH research.

2. "*Strategies and approaches used by the private sector to promote products and choices that are detrimental to health*" (Kickbusch et al., 2016)

This definition, it follows, has a clear benefit. It tightens up the focus, fitting more tightly with what we might want a CDoH definition to do – delineating a field that examines those things that negatively impact health. Under this definition, strategies to promote sale and consumption of cigarettes, alcohol and fast food fall within the boundaries. Indeed, it works also in line with Freudenberg's view that CDoH shifts attention away from individual behaviours – this definition enables to us look at factors driving behaviours. Yes, an individual may drink or smoke, but there may be environmental or marketing factors that drive this behaviour that are deserving of population health focus.

However, one key drawback of the definition is the focus on the 'private sector'. Increasingly, attention has been placed on the role of the public sector in influencing health –through activities such as partnership with the private sector, policymaking processes being permeated or altered by private companies, and through adopting (or perpetuating) a policy environment that enables focus on individual choices and behaviours while leaving the free market free from intervention. These are all certainly and tightly tied to CDoH, and a definition that does not allow for focus on these may not be perfectly suitable.

Second, this definition carries with it a value judgement at the start which may be problematic. In talking of private companies strategies to promote health-harming products; we may run the risk of ad hominem criticism when, e.g. tobacco companies try to promote harm reduction products[36]. We may rightly or wrongly greet with scepticism tobacco companies' promotion of harm reduction products like vapes, or alcohol companies' promotion of lo- and no-alcohol products. It is entirely possible that these companies might want to and fully intend on engaging in positive public health measures. Whether they do or not is a different story, but we ought not rule out the possibility that they can.

Third, and most crucially, do we want to exclude the various and complex ways in which financial incentives and product promotion can benefit health? A lens that looks at how commercial factors influence health could allow us to look at ways we could

[36] We may rightly or wrongly greet with scepticism tobacco companies' promotion of harm reduction products like vapes, or alcohol companies' promotion of lo- and no-alcohol products. It is entirely possible that these companies might want to and fully intend to engage with positive public health measures. Whether they do or not is a different story, but we ought not rule out the possibility that they can.

undo negative activities that stem from this cause, or adapt positively. Commercial things are not by definition bad, so foreclosing on the positive ways that commerce can improve health may be unwise.

As a caveat to this, it is true that most CDoH research looks at how health is negatively impacted. However, this does not mean that this ought be the case definitionally. Within public health research it is natural to look at things that directly negatively impact health and want to create ways to prevent this harm. Just as social determinants research may have more tangible impact when looking at cramped overcrowded housing than looking at the landed gentry does not rule out the possibility that it could. Indeed, we know the negative impact of smoking by looking at those who smoke, and can only look at the positive impact of not smoking by comparing non-smokers to smokers. That CDoH has a negative bent does not mean that it definitionally ought to.

3. "*A good or a service where there is an inherent tension between the commercial and the public health objective*" (Kosinska et al., 2016)

This definition does not have a focus on the private sector specifically, which is a benefit for the reasons outlined above. Additionally, it may be beneficial to frame in terms of the 'public health objective'. There is significant debate (not least within this thesis) about what 'moderation' is and how moderation qua unhealthy commodities relates to health. One burger every now and again may not be terrible for health (and may even be worth the positives of taste and reward as part of a 'balanced' lifestyle). Public health need not by definition be a puritanical endeavour. Some moderate indulgence in chocolate is not terrible. However, regularly eating unhealthily is bad for

health, and so against a public health objective. This definition has the positive that it allows for this flexibility and discretion.

However, the focus on a 'good or service' may be too limiting. Goods and services are part of a broader web of things including markets, patterns of knowledge production, industries themselves, supply chains etc. Second, the term 'tension' needs analysing. There is not necessarily a need for there to be a 'tension' for it to be worth studying qua CDoH. For example, there are instances where industries aim to partner with governments to reduce harm related to the products they produce (such as tobacco companies trying to reduce smoking, or alcohol industries promoting moderate drinking) which are certainly not prima facae in any form of tension with the public health objective. However, the picture is often more complicated, and the lack of tension that may appear here is, itself, worth examining. Relatedly, on the other side of the coin, this definition stands in the way of looking at fruitful collaboration between the commercial and public health objective. As such, this definition can be seen as highlighting a key, valuable focus of CDoH research, but not to provide a complete definition.

4. "*The influences of commercial actors can be both positive and negative, defining CDOH as: the systems, practices and pathways through which commercial actors drive human health and health equity"* (A. B. Gilmore et al., 2023)

This definition sidesteps some of the criticisms of previous definitions. It acknowledges 'influences', refers to both positive and negative impacts, and looks not just at products or approaches, but systems and pathways through which health (and equity) is impacted. Increasingly, there have been calls for using a systems lens within CDoH

research (Knai et al., 2018; Knai & Savona, 2022). A systems lens allows for analysis of the emergent properties within a system that can have impacts over and above the separate elements of a system. So, within CDoH, rather than focusing on a 'good' or an 'approach' etc, a systems approach can look at how these elements interact; how non-CDoH factors can become enmeshed with other (paradigmatically commercial) factors to create health impacts.

Initially, it may seem that this definition is susceptible to the same criticism levelled at definition 2; namely focus on private sector. However, this is not a risk for this definition for two reasons. First, 'commercial actor' does not delineate between public and private. Rather, any 'actor' that has a role to play comes under the definition. However, even if we were to claim that 'commercial actors' are typically private sector companies, the inclusion of 'systems' and 'pathways' allows for integration into and impact on the policymaking process. This broad, systems-inclusive definition has the benefit of including space for factors such as 'Power' and an analysis of Neoliberalism (both which will feature later within this chapter) to be included within CDoH research, as has been called for previously (de Lacy-Vawdon et al., 2022; Wood et al., 2021).

One potential flaw with this definition is the notion of 'driving' health and equity. Commercial actors (and their products and approaches) are one part of a complex web of factors that influence health. As the alcohol harm paradox mentioned above suggests, there is more to health harms than commercial actors alone (Bellis et al., 2016; Bloomfield, 2020; Boyd et al., 2021; L. Jones et al., 2015). How these factors interact with environment, genetics, and much more play a role. Can we justifiably say that commercial actors 'drive' health and equity? Their actions might have a (significant)

impact, but ‘drive’ implies a central causative role that we may not correctly be able to ascribe given the complex web that determines health outcomes.

However, in response, I return to a similar kind of argument to the one made in footnote 36. Yes, granted, the fact that ill health does not directly correlate with total number of cigarettes smoked, burgers eaten or shots drank does indicate that there is more to health outcomes than these risk factors alone. However, as mentioned above, the fact that one smoker may not get cancer from smoking does not mean that it was not smoking that caused the cancer in a large number of smokers. There is something that seems at first paradoxical about this – the fact that the ‘alcohol industry’, for example, does not determine whether one particular individual becomes addicted to alcohol (there may be genetic and environmental factors that lead someone to turn to drink), but nevertheless the ‘alcohol industry’ can be seen as a driver of ill-health at a population level. However, this is not as paradoxical as it seems. An actor or system can drive health at a population level even if it does not seem as if it does so at an individual level. Individual-level prognostications of alcohol-related ill health may be hard to draw, but population-level epidemiological prognostications depending on total consumed population-wide are less difficult.

To further demonstrate, consider a moderated version of Rose’s ‘Prevention Paradox’. Rose’s paradox is that ‘*a measure that brings large benefits to the community offers little to each participating individual’* (Rose, 1981, p. 1850). The paradox language can work equally for health harms. Each drinker or smoker may not be thinking of the transnational corporation that drives behaviour, but that does not mean that it does not

still have large impacts on/is a driver of health outcomes at a population/epidemiological level.

4.2. Scope

Naturally, the scope of the CDoH supervenes on the definition of CDoH that we choose to use. The inclusion or exclusion of private/public financial actors, or things that count as 'detrimental' (or not) to health in the definition limits, naturally, CDoH's scope. Nevertheless, there are at least three things that can be identified in the CDoH literature that are worth exploring when examining the scope of CDoH: so-called 'Unhealthy commodity industries', cross-industry practices, and the notion of 'power'. These are not individually nor jointly necessary or sufficient to help outline what CDoH are, but are useful to explore nevertheless. Neither do I claim to align myself fully with the research outlined here. My purpose here is not to outline a stance which I intend to defend, but rather to outline CDoH as explored within the literature. Namely, what does this field look at?

4.2.1. Unhealthy Commodity Industries

One of the three things[37] that Mialon states CDoH covers are the so-called 'Unhealthy commodities' (Mialon, 2020). These, alongside the 'unhealthy commodity industries' which produce and sell them (henceforth UCI) (Knai et al., 2021; Maani, Petticrew, et

[37] Alongside "*business, market and political practices that are harmful to health and used to sell these commodities and secure a favourable policy environment"* and "*global drivers of ill-health, such as market-driven economies and globalisation, that have facilitated the use of such harmful practices*" (Mialon, 2020)

al., 2023) are the primary focus of the CDoH. UCIs are defined as "*industries or groups of corporations where a significant share of their product portfolio comprises unhealthy commodities with high profit margins aimed at, and easily accessible to, large numbers of consumers"* (Knai et al., 2021, p. 2). The focus on UCIs is, in no small part, because just four products (alcohol, tobacco, fossil fuels, and ultra processed foods) cause 19 million deaths worldwide annually; or 34% of all deaths (WHO, 2024b). This is not to say that these four UCIs constitute the whole focus of CDoH. Indeed, UCI that have been examined using a CDoH lens include (but are not limited to) alcohol, gambling, tobacco, vaping, fast food, sugar sweetened beverages, the automobile industry, social media, and more. Indeed, there have even been calls to broaden CDoH methodologies beyond the realm of 'health' (Hagenaars et al., 2024)).

Nevertheless, UCIs are deemed to be paradigmatic examples of industries selling products that are detrimental to health. This is not to say that CDoH does not look beyond UCIs. Indeed, UCIs as thus defined may exclude independent alcohol retailers for example. This is not to say that consumption of alcohol created by an independent brewer does not deserve the same level of public health analysis that alcohol created by transnational corporations does, but rather that the nature of trade and commerce that enables UCIs to sell so much deserves particular interest.

Note also that a focus on UCI does not necessarily tie us to definitions 2 or 3 above that rely on the tension between industry and health or choices that are detrimental to health. A focus on UCI does not rule out examination of the role that the policymaking process plays, the role of governments, or the role of markets within which UCI operate. Rather, it is just one lens/focus towards which attention can be directed.

4.2.2. Cross-industry practices

As well as unhealthy commodity industries, another core focus is cross-industry practices. Another particular focus of CDoH research are so-called 'cross-industry approaches/practices' (Crosbie & Schmidt, 2024; Fooks et al., 2019; S. E. Hill & Friel, 2020) or the 'industry playbook' (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017; WHO, 2024b). In short, these are techniques used by one industry that have been used by other industries previously for financial gain. For example, Fooks' research suggests that activities conducted by SSB industries, for example, are similar to techniques used by the tobacco industry to prevent policy implementation (e.g. conflation of absence of evidence with evidence of absence, cherry picking of evidence and denialism). As Hilton's analysis of areas of similarity between Scottish MUP debates and the UK's sugar tax debates argues, it is not necessarily that industries mirror each others' methods. Rather, some clusters of stakeholders share cross-industry ties and advice when campaigning against policy implementation (like the two mentioned) (Crosbie & Schmidt, 2020; Hilton et al., 2020).

A not unsubstantial corpus of research has emerged within the CDoH space looking at cross-industry techniques, and whether approaches used by one industry can be informative about those used by others. Indeed, the 2024 WHO report on CDoH referred to strategies used to defend and extend profits being '*shared across industries'* in what is called the 'industry playbook'(World Health Organization Regional Office for Europe, 2024, p. 7), citing research on how fast food companies ('Big Food') used 'Big Tobacco's playbook to, for example, evade regulation and deny legal

responsibility for harm (Malik, 2010). Similarly, Hill and Friel look at how the alcohol industry's interaction with gender (with a particular focus on women) often follows the tobacco industry's 'playbook' in terms of engaging with women in CSR and marketing activities (S. E. Hill & Friel, 2020). Petticrew et al argue that food, beverage, alcohol and gambling industries all use similar 'complexity' arguments, for example arguing that disease aetiology is complex, so an individual product cannot be blamed (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017).

This is, naturally, not to assume a complete homogeneity in aims, approaches etc. Rather, examining cross-industry practices are useful in examining how industries have taken each others' lead in ensuring retention of market share and sidestepping of policy change (Fooks et al., 2019; World Health Organization Regional Office for Europe, 2024); following a cross-industry 'playbook' in undermining effective regulation of industry activities that harm health (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017). Additionally, it must be noted, that cross-industry playbook is more than just recognition of use of identical techniques for the same end; in many cases it is a concept underpinned by revolving doors between industry bodies (Collin et al., 2018; Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017).

4.2.3. Power

The concept of 'power' has increasingly played a role in CDoH research. Lacy-Nichols and Marten draw on Luke's three-dimensional concept of power to examine how corporate actors exert power (Lacy-Nichols & Marten, 2021). The three-dimensional concept of power includes (Lukes, 2004):

- Instrumental: Exertion of direct influence on decision-makers
- Structural: Influencing agenda-setting process within policy
- Discursive: Influences norms and ideas, shaping public opinion

Lacy-Nichols and Marten identify two ways that 'power' (as outlined above) relates to the CDoH; one being 'coercive' power whereby there is a visible (often antagonistic) conflict of interests between two parties; such as lobbying and threatening reduction of funds if industry-unfavourable measures are implemented (Lacy-Nichols & Marten, 2021, p.1). The second, in contrast, refers to appeasement and accommodation. These are less brazen; including subtle ways to reduce pressure for change to the status quo; such as CSR activities that can reduce opposition to industry activities (Lacy-Nichols & Marten, 2021, p.2). Luke's framework has also been used by Madureira and Galea to create a framework examining how corporate interests impact health at distal, structural, and societal levels (Madureira Lima & Galea, 2018).

This increased focus (or call for focus) on subtle and brazen exertions of power for the sake of industry interests reflects the move (in the last decade) towards an increased focus on the systems and pathways of CDoH, as well as actors and products; as reflected in Knai's call for adoption of a systems lens and Gilmore et al's inclusion of 'systems' in their Lancet definition (A. B. Gilmore et al., 2023; Knai et al., 2018). This examination of multitudinous and varied (often subtle) exercises of power, Lacy-Nicholls and Marten argue, is crucial in enabling public health advocates to recognise how the CDoH have the impact they do (Lacy-Nichols & Marten, 2021, p.3).

Reflecting this focus on the myriad mechanisms through which corporations (purposefully or not) exert power, Wood et al examine how corporate strategies and practices have been integrated into broader strategies that aim to positively impact health, recognising the fact '*that power imbalances that favour corporations...are central to the ways in which corporations influence population health'* (Wood et al., 2021, p.1). Like Lacy-Nichols and Marten, they argue that an examination of corporate power could help outline the broader strategies and practices used by corporations to influence health. They emphasise the ideas, norms, values and paradigms that constitute and are shaped by social systems, and how paradigms such as neoliberalism shape social environments in a way that is directly beneficial to corporations, echoing further research that has been conducted examining how neoliberal frameworks enable the proliferation of corporate impacts on health (Lencucha & Thow, 2019; van Schalkwyk et al., 2022; Wood et al., 2021).

4.3. In practice

I now turn to examining some of the key ways that CDoH work in practice. I focus on four key methods; influence on policy, influence on education (through corporate social responsibility initiatives), influence on knowledge and creation of doubt, and perpetuation of industry-favourable narratives.

4.3.1. Policy

In examining the CDoH, it is worth examining how they function in practice, in order to best understand (and, later, steelman), the argument regarding personal responsibility. One key way that the CDoH functions in practice (both within the alcohol context and beyond) is influence on policy. Corporate influence over policy, as well as industry permeation of the policymaking space, and at times resultant inertia/stalling within policy are all mechanisms through which CDoH influences policy in practice. I will examine each of these in turn.

As mentioned above, one way through which the 'power' of corporates is exerted is through influence over policymaking processes and policymakers. Wiist uses the USA as a case study, and examines (through reference to the transatlantic slave trade) how the history of the country can be used to draw out the tangled history of corporate rights (Wiist, 2023). A key consequence of this, Wiist argues, is the notion that corporations are 'persons', and that consequently they have the rights held by humans to sue and be sued, have equal protection under the law, and right to political and commercial free speech. This legal status, Wiist argues, enables corporations to lobby and make election campaign donations in a way that directly influences the policymaking process (Wiist, 2023).

In the context of alcohol policy, interviews with key informants has suggested that alcohol industry actors attempt to develop long-term relationship building enterprises ('constituency building'), partially to encourage policymakers to support alcohol industry self-regulation (B. R. Hawkins & Holden, 2014). The research suggests that civil servants, ministers and MPs have all been targets of alcohol industry lobbying, which involves written submissions and face-to-face meetings. The research also

suggested that industry was involved in all stages of the policymaking process, in part due to the industry's ever-presence and provision of information to policymakers. As Hawkins and Holden state, '*at a time when departmental budgets and resources are being squeezed, the ability to outsource regulatory competencies to industry-sponsored agencies such as Drinkaware and the PG (Portman Group) are attractive options for ministers'* (Hawkins & Holden, 2014, p. 67).

Corporate influence over policy is not restricted to lobbying alone, however. In a systematic review of alcohol industry influence over marketing regulations, Savell, Fooks and Gilmore identified five strategies through which the alcohol industry attempted to influence alcohol marketing regulation (Savell et al., 2016). Their research suggests that these attempts included (direct and indirect (using third parties and front groups)) lobbying, but also establishing partnerships, contesting the validity of independent scientific evidence, and substituting self-regulation for existing policies. Relatedly, Zeigler has examined the alcohol industry's attempt to influence policy around trade agreements, whereby the industry promotes free trade agreements (which lower prices, promote consumption, and reduce trade barriers), over alcohol control measures which may raise prices and impact on advertising (Zeigler, 2009). These free trade agreements, negotiated in partnership with industry lobbyists, are another example of industry influence over policy and the policymaking process. Zeigler notes that often these agreements are reached without public health input. This is not fully surprising, given the siloed way in which policymaking is conducted (with 'trade' covering 'trade' and 'health' covering 'health'), but it nevertheless demonstrates the importance of systems-level analysis of CDoH mechanisms, and how non-health

policymaking (e.g. trade deals) can nevertheless have a significant impact on public health.

Relatedly, Maani's FoI request on conversations between the CDC and Coca-Cola found evidence of significant lobbying from the company in a way to shift attention and blame away from SSBs as a cause of obesity[38]. Drawing on Dilk, Maani highlights 'traditional lobbying activities' such as blocking taxation on SSBs (Dilk & Savaiano, 2017; Maani Hessari et al., 2019, p. 76), as well as attempts to influence narratives (to which I shall turn shortly) on an international level, with attempts to lobby then- WHO Director-General Margaret Chen. This particular lobbying attempt was made with an explicit reference to negative financial consequences (to industry) of public health messaging about the health harms of SSBs, with Coca-Cola representatives warning of '*significant negative consequences on a global basis'* (Maani Hessari et al., 2019, p. 82).

These examples provide a (non-exhaustive) account of corporate influence over the policymaking process. There is a fine line between influence over policy and permeation into the policymaking process. Nevertheless, it is worth highlighting the role that 'permeation' plays in providing industry with opportunities to influence (and help shape) policy (often from 'within'). Madureira and Galea developed a tool called the 'Corporate Permeation Index', using a framework to investigate and provide insight

[38] Though not focused on alcohol, this example is still informative in terms of unhealthy commodity industry influence on policy. There is some evidence or arguments to suggest that sugar sweetened beverage companies and alcohol companies follow the same 'playbook' (as mentioned above) (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017; WHO, 2024b). This is not to say that example directly informs the alcohol case, but given ideas of cross-industry practices, it is worth including here.

about whether there has been industry permeation at national policy level that reduces the comprehensive efficacy of health policy because of industry interests (Madureira Lima & Galea, 2019). Their examination found that there is no regional pattern about permeation levels globally, with intra- and inter-regional variability. Interestingly, the researchers state their intention that the CPI may one day be used to explain variations in alcohol consumption and provide counter-arguments to the prevailing notion that inter-country differences in alcohol consumption are attributable primarily to culture.

In a related study based on the relationship between the alcohol industry and the policymaking process in Australia, Brown examines what he refers to as how the '*capitalist imperative appears to have commodified the public interest'* (T. Brown, 2019, p. 781). He found that alcohol industry political donations were indicative of 'legislative capture' to the extent that there were amendments to public-health-focused alcohol policy which preference 'consumer convenience' over public health outcomes, even when this preference corresponded with higher rates of violence, social disadvantage, and social dislocation (T. Brown, 2019, p. 776). Brown goes so far as to say that this is tantamount to 'corruption' of government processes (T. Brown, 2019, p. 781).

Lee et al have built on the CPI by conceptualising commercial actors as more than corporations (including national, governmental economies, and suggest methods for explicitly measuring structural components that enable corporate permeation (K. Lee et al., 2022). They apply their extension of the CPI (which they refer to as the 'Commercial Determinants of Health Index (CDoHi). One element of their analysis is particularly worth examining here; namely the indicators of corporate permeation and

commercial influence on policy, with the consequent ability to analyse risk exposures to CDoH, with UK ranking medium/high for 11/17 indicators of corporate permeation. For example, they suggest that fewer than 4% of lobbyists are covered by the UK lobbying register (Lee et al., 2022, p. 122).

Corporate permeation has elsewhere been referred to as 'corporate capture', with Miller and Harkins referring to fast food and alcohol companies' engagement in (similar) tactics to use lobbying not just to influence policy, but to 'capture' the policymaking process (D. Miller & Harkins, 2010). A key method through which this is accomplished is through 'partnerships' (which are discussed in the alcohol context in more detail elsewhere within this thesis); through which industry (either on their own or in partnership with 'trade associations') impact on or play a role in policymaking or amendments to policy. As Miller and Harkins argue, '*the involvement of unelected partners in the delivery of policy is an increasing facet of social policy at all levels of governance'* (Miller & Harkins, 2010, p. 15). Within the alcohol context, the authors note that in Scotland an agreement between industry and the Scottish government was led by an individual seconded to the civil service from his job for Diageo, and that alcohol policy in the EU is driven by the Alcohol and Health Forum, composed of NGOs and alcohol interest groups (Miller & Harkins, 2010, p. 15). As Freeman and Sindall note, policy-making partnerships often result in regulations that favour industry rather than consumer health (Freeman & Sindall, 2019, p. 2). As the Diageo example suggests, another mechanism through which permeation is enacted is the so-called 'revolving door', as mentioned above (Collin et al., 2018; D. Miller & Harkins, 2010; Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017).

Another key way that industry has been involved in the policymaking process is through attempting to ensure policy inertia or stalling. Petticrew et al, for example, have highlighted how the food, beverage, alcohol and gambling industries have all used 'complexity' arguments; arguing that population health measures are 'too simple' to address complex public health problems (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017). These industries use the above-mentioned 'cross industry playbook' in jointly arguing that disease aetiology is so complex that individual products cannot be blamed for harm. Focusing on alcohol, for example, they highlight how the Portman Group used complexity arguments to reject calls for alcohol labelling to have more health warnings, and how of the 37 submissions from alcohol producers to the WHO Global Strategy on Alcohol, 20 referred to complexity, with 25 arguing against 'one size fits all' approaches (Petticrew et al., 2017, p. 1079).

Gilmore et al argue that so-called 'policy inertia' occurs as a result of increased commercial sector wealth and power, which correspondingly decreases the power of governments and civil society to respond to the increased strength of health-harming industries (Gilmore et al., 2023, p. 5). It is in the stalling or stymying of policy implementation to tackle the CDoH that the relationship between corporate political activity and 'personal responsibility' narratives is perhaps best seen. Personal responsibility, the argument goes, is key to preventing health harms. This is because the problem is too complex, the causes too multi-faceted, and the aetiology of illness too hard to glean for reliance on one simple policy solution. Instead, we ought encourage individuals to act with responsibility; as this (so the argument goes) is the sure-fire way to prevent harm individually, as the 'complexity' is too much to ensure that a 'one-size fits all' policy approach could prevent harm (Maani, 2023; Petticrew,

Katikireddi, Knai, Cassidy, Hessari, et al., 2017). The potential contradiction here, between arguing that a 'one size fits all' approach is the key way to prevent harm, and arguing that personal responsibility is one key thing that should be focused on to prevent harm (instead of policy change) has been pointed out by Petticrew et al, who note that industry argues that complex problems require complex solutions (so argue against individual policies), but argue simultaneously that personal responsibility will prevent harm (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017).

Given the above involvement of CDoH in (and influence on) public health policy regarding UCIs, this has led some to argue that UCIs ought have no place 'at the policy table' (Labonte, 2022). There is, some argue, too much of a conflict of interest between industry financial aims and public health goals to allow industry to have a say in how health-harming products ought be regulated (Babor, 2009). Indeed, the WHO recognised this when they implemented the FCTC Article 5.3 preventing any partnership with the tobacco industry with regard to tobacco policy. Given the 'playbook' and risk of conflict of interests, the argument goes that there is too great a conflict between industry interests, and too much evidence of industry effectively preventing implementation of effective public health policy, to allow them a place at the policy table. Indeed, some have argued that the FCTC Article 5.3 is a shining light of the positive impact of legally binding treaties, and can be used as an 'obvious pathfinder' (or example) when it comes to dealing with harms from other harmful commodities (McHardy, 2021).

4.3.2. Education

Research has also investigated the role that CDoH has in influencing educational agendas. This is covered in part elsewhere within this thesis (particularly when examining CSR), but it is worth at this stage highlighting some of the key ways that industries influence education, which links to shaping knowledge and doubt, to which I shall turn next.

Van Schalkwyk et al examined how alcohol companies use youth education to disseminate industry-favourable discourses[39] (van Schalkwyk et al., 2022). They found that CSR groups and campaigns such as Drinkaware for Education, 'The Smashed Project' (funded by Diageo) and the Alcohol Education Trust provide information to schools that promotes industry aims, such as promoting 'personal responsibility' (and, correlatedly, not succumbing to peer pressure and poor choices) as the key tool for preventing alcohol-related harms. Their research suggested that industry-affiliated programmes promoted narratives of personal responsibility (and correlated individual-level understandings of and blame for alcohol related harm) and promotion of moderate consumption, highlighting the 'good consumer', while obviating any role that industry has in alcohol-related harm (Campbell & editor, 2022; van Schalkwyk et al., 2022). For similar reasons, Jackson and Dixon have cautioned schools against involving alcohol-industry funded materials in education around alcohol, based on their analysis of the 'Smashed' campaign in Australia (N. Jackson & Dixon, 2020)

In response to this, it could be argued that this is not necessarily a flawed approach. Industry promotion of discourses of self-control and personal responsibility are perhaps

[39] Often, this is done in ways that mirror campaigns by tobacco and fast food industries, another example of the 'playbook'.

more suitable to young people than are analyses of which policies could more successfully prevent alcohol-related harm. Granted, MUP may be more effective than youth-focused education campaigns around responsibility, but this does not mean that young people ought not be taught about responsibility.

Though this argument has some weight, and shall be returned to throughout the thesis, industry education campaigns often tie in this messaging with untrue or unhelpful information. If we are to best exert 'personal responsibility' over consumption, a necessary precondition of this is that the information that we internalise and act upon is true to fact. The idea is that, given the correct information, I can act 'responsibly' accordingly. However, van Schalkwyk et al's research suggests that industry-funded educational campaigns often not only runs against accepted public health evidence, but often contradicts it (van Schalkwyk et al., 2022).

For example, the researchers suggest that Drinkaware's factsheets for school-age children on the relationship between alcohol and the body omits information on the risk of cancer, just as 'Talk about Alcohol' (created by the Alcohol Education Trust and funded by the alcohol industry) materials talk about irregular heartbeats while omitting reference to cardiovascular disease. Beyond omission, however, it is suggested that there is misrepresentation of the causative elements involved; with 'Talk About Drinking' information suggesting that risk of cancer is due to excess intake, whereas epidemiological evidence suggests that cancer risk increases linearly with consumption (van Schalkwyk et al., 2022, p. 15).

Before moving on, another key point to be made is that, even were it not the case that alcohol-funded education campaigns contained potentially problematic information, or information that contradicted evidence arising from research conducted within the field of public health, over-emphasis on education as a public health measure may itself be problematic. A systematic review analysing evidence on inequalities that result from public health interventions found that 'upstream' interventions generally reduce inequalities more than 'downstream' interventions focused on individual-level behavioural change (such as education) (Lorenc et al., 2013); though they note that the evidence is inconclusive. Research has also suggested that results looking at success of alcohol education campaigns are hard to fully discern; one systematic review of 40 individual programmes found that 3 had good evidence of positive effect, 4 had some evidence, 1 had no evidence of effect, 2 showed negative outcomes, and 29 were inconclusive (N. K. Lee et al., 2016). Though there were some positive impacts, this is not necessarily sufficient to show that alcohol education campaigns, in general, are effective. Note that this may be different with peer-led interventions, for which MacArthur et al found six studies investigating peer-led education regarding alcohol use found some evidence of benefit of the interventions (MacArthur et al., 2016).

4.3.3. Knowledge and doubt

As mentioned above, another element at play within the scope of CDoH research is investigating how industries shape public knowledge around certain health conditions, or to cast aspersions on existing scientific evidence about disease aetiology. Doubts, in short, about causality or the veracity of the existing public health views of disease causation and scientific evidence about the role that alcohol, for example, plays.

In a (cross-industry) study on the difference between independent and industry funded messaging about harms, Maani et al examined 'alternative causation' arguments and similar industry arguments that created more uncertainty or false certainty in study participants (Maani et al., 2022). Looking at industry-sponsored information about the links between alcohol and breast cancer, the study found that the effect of industry misinformation is significant, increasing the odds of an inaccurate perception of risk by around 60% (Maani et al., 2022, p. 3). The impact of this increased uncertainty as a result of industry misinformation is significant in particular, they argue, given the ubiquity of industry-related information out there. The authors reference Drinkaware, which was one of the case studies in the report, and state that it is named on most labels, posters and adverts, and had 10 million unique visitors in 2018 (Petticrew et al., 2018).

Research is also suggestive of the potentially intentional 'misleading' of the public about the link between alcohol and cancer. Qualitative analysis of 27 alcohol industry organisation websites and documents variously found evidence of denial, disputing, or omitting the link between alcohol and cancer, mentioning cancer but mis- (and under) representing the risk, and focusing discussion away from the independent effects of alcohol on common cancers (Petticrew, Maani Hessari, et al., 2018a). The authors argue that this represents 'extensive misrepresentation' of the alcohol and cancer link. For example, the International Alliance for Responsible Drinking are quoted as stating '*light to moderate drinking is not significantly associated with an increased risk for total cancer in either men or women',* and Australian CSR group Drinkwise as stating '*cancer risk associated with the consumption of alcohol is related to patterns of drinking, particularly heavy drinking over extended periods of time'* (Petticrew et al.,

2018, p. 7-8). Both of these statements, the authors argue, are misrepresentations of the scientific evidence, indicative of '*actively disseminating misinformation about alcohol and cancer risk'*, which is particularly relevant given partnership with governments in policymaking, and the active role of the industry at WHO and UN-level (Petticrew et al., 2018, p. 19). In a commentary in response to industry criticism of their research, Petticrew et al clarify that they do not claim that all information on CSR sites is misleading, but rather that presenting a mix of accurate and misleading or false information increases overall doubt about the evidential link between alcohol and cancer (Petticrew et al., 2018b, p. 313).

These are examples of what (when referring to sugar-sweetened beverages) Fooks calls 'agnogenic practices'; attempts to share or produce scientific research and evidence that creates doubt, regardless of the strength of the evidence (Fooks et al., 2019, p. 2). Given alcohol companies' increased attempts to become partners in policymaking process alongside rejection of so-called '*basic tenets of an evidence-informed population-based approach'*, this has led researchers to refer to a 'David and Goliath' situation, whereby attempts to implement effective alcohol policies are inhibited by the power that the industry has within this space (Madden & McCambridge, 2021).

Agnogenesis is not about industry partnership within policy or delaying policy; but rather a case of active creation of both alternative evidence and doubt about existing scientific evidence. In short; impacting the space upstream of the policymaking process itself. Not preventing implementation of effective policy alone, but creating uncertainty about what 'effective' policy looks like by casting doubt about what needs to be changed in order for an effect to be seen. This is not due solely to creation of alternative

evidence per se. Babor, for example, has suggested that industry funding of research may not have a significant impact on the field of alcohol science itself, but it nevertheless has the potential to '*confuse pubic discussion of health issues and policy options'* (Babor, 2009). At worst, there are examples where this potentially problematic relationship between the alcohol industry and scientific evidence is brazen, such as Diageo's CEO explaining how its funding of a research project at University College Dublin was a way to discourage policymakers from increasing taxes on alcohol (Babor & Robaina, 2013).

As Stockwell and Hobin argue, alcohol industry lobbying and CSR has led to consumers globally being unaware of the full impact of alcohol on health, which has created, they argue, '*public apathy or outright opposition'* to policies that would reduce consumption (Stockwell & Hobin, 2023, p. 95). Much of this centres around the notion of 'personal responsibility'; with this downstream, individual-level factor playing a significant role and continuing the narrative (to which I shall turn shortly) of the 'irresponsible minority' 'getting it wrong', as opposed to existing evidence of total population consumption and total alcohol harm, which has led to calls for MUP and related attempts to reduce per capita consumption overall (Stockwell & Hobin, 2023, 92)

4.3.4. Narratives

Relatedly, CDoH research has examined to industry's role in defining particular narratives. Given the above discussion of influence upstream of policymaking

processes, it is useful to now turn to how the alcohol industry helps shape narratives and cultural norms in a way that serves commercial interests.

Industry plays a role in shaping norms and narratives around alcohol consumption. Gilmore refers to a 'pathological system' in which UCIs are able to influence economic systems, policies and behaviours, but also societal norms and values (Gilmore et al., 2023, p. 8). Reminiscent of the above discussion of power, Gilmore et al argue that one of the norms that the industry both benefit from and help perpetuate is the shaping of norms that prioritise market share and corporate interests over public health (and the environment) (Gilmore et al., 2023, p. 17). One of these norms, which plays a central part within this thesis, relates to '*poor individual choices',* the *'irresponsible drinker'* and so on (Gilmore et al., 2023, p. 26). This is particularly crucial in examining the interplay between scientific evidence and policy. As stated elsewhere within this thesis, if the 'irresponsible drinker' and their 'poor individual choices' are where harm is located, then the countervailing narrative is of the 'responsible drinker' who is not harmed by poor choices. In short, the individual is to blame (or praise, or, at least, not criticise) for alcohol-related health outcomes. The focus is on the individual at the bar who chooses to have one more pint when they know they are already well over the limit. That this norm may make some prima facae common sense (it is them, after all, who order), that does not mean that it is right necessarily to blame them rather than a broader network of norms around alcohol consumption, advertising etc.

This notion of norms is what McKee and Stuckler refer to as 'Defining the Narrative'. Corporations can determine what is in stores and at what price, as well as social norms around how people seek pleasure (e.g. whether alcohol is an acceptable social norm

(McKee & Stuckler, 2018). McKee and Stuckler argue that this is through a range of factors, including marketing materials. Similarly, they argue, companies can shape norms about what an 'acceptable' intervention is (McKee & Stuckler, 2018, p. 1168). This, it could be argued, is in part through so-called 'corporate capture'. Millar and Harkins argue that in some cases there exists so-called 'media capture', and refer to activities by the Social Issues Research Centre (SIRC) to make their case (Miller & Harkins, 2010, p. 11). SIRC claim to carry out 'balanced, calm and thoughtful' research on behaviours such as drinking, and count Diageo as one of their funders. The SIRC uses the term 'riskfactorphobia' to suggest that public health policymakers are too risk-averse. This is not to state that there is a direct or sizeable impact of, for example, Diageo, on media narratives, but just to demonstrate some of the arguments outlined within the CDoH literature vis a vis norms. Along the same lines, Hilton argues that companies use the media to shape public perception of the benefit of weak regulation that serves industry interests (aligned with Gilmore's point about norms about industry freedom, above), perpetuating discourse that blames the individual for the negative outcomes of consumption of UCI products (Hilton, 2023)[40].

4.4. The argument against 'Personal Responsibility'

Various arguments have been made within (and beyond) the CDoH literature against the use of 'personal responsibility' as a central tenet of public health policy generally, and alcohol policy specifically. I will draw out and explore some of these arguments in

[40] This may be worth quoting in full: "*Heavily influenced by traditional market discourse, policymakers have been more receptive to industry calls for an unfettered marketplace and the rights of consumers to choose, often implementing weaker policy options that do not protect people"* (Hilton, 2023, p. 280)

turn. Firstly, that 'personal responsibility is insufficiently useful for tackling alcohol-related harm, secondly, that 'responsibility' is a narrative promoted by the alcohol industry to promote industry interests, and thirdly that responsibility leads to blame, which is unfair given environmental factors. It is worth noting that some have argued that the term 'responsible drinking' is used 'almost exclusively' by industry or industry-funded organisations (Maani Hessari & Petticrew, 2018).

The argument against 'personal responsibility' as a health policy approach is nothing new, and arguments to this end from the CDoH are bolstered when examined against this background. Notably, Peter Ubel has argued that within the context of allocation of healthcare resources, individuals' views that personal responsibility ought play a role in allocation decisions is not fully a result of 'personal responsibility' being the cause of illness, but in part because of stigmatised behaviours (Ubel et al., 1999). His study found that what most significantly determined views on organ allocation was unhealthy behaviour (with participants being least likely to hypothetically allocate organs transplants to intravenous drug users regardless of potential outcome). Friesen expands on this by arguing that what motivates discussion of personal responsibility is not causal or moral responsibility (to which we shall turn later), but rather biases against stigmatised behaviours such as drinking, smoking, drug use, obesity, past suicide attempt; the so called 'considered cases' that are paradigmatic of this debate (Friesen, 2018, p. 56).

In a separate approach to criticising personal responsibility within health, Levy argues that we may only rightly expect people to take responsibility for their own health if they satisfy certain epistemic conditions – those which are not possible in an

environment that is significantly 'epistemically polluted' (Levy, 2018, p. 127-128). In a move reminiscent of CDoH literature, Levy refers to actors who use 'deception' as a way of reducing people's trust in expert sources, and therefore diminishes their capacity to distinguish reliable factual scientific advice from unreliable. (Levy, 2018, p. 128).

Which brings us to the CDoH argument about 'personal responsibility'. The argument, put simply, runs something like this:

- We want alcohol policy to prevent alcohol-related harm
- Alcohol policy currently is not doing this, partly as personal responsibility is not an effective mechanism to prevent alcohol-related harm
- Nevertheless, PR continues to play a significant role in alcohol policy.
- One reason PR plays the role it does in in part because of the alcohol industry, which perpetuates this narrative (of personal responsibility and individual blame for harm) as it prevents policies being implemented that harm industry profits (such as taxation, MUP etc).
- This has the joint consequence of being both insufficiently helpful for the individual, and at the same time shifting blame onto these individuals.
- This is unfair, given it is industry (and other CDoH factors) that drive this ill-health.
- We should look at and direct policy towards more upstream factors, rather than relying on 'personal responsibility' to prevent harm.

4.4.1. 'Responsibility' messaging lacks effectiveness in preventing alcohol-related harm

As Maani et al note, alcohol-specific deaths in the UK have taken a concerning turn, with the ONS reporting 9,641 deaths in 2021; the highest ever recorded (Maani, Schalkwyk, et al., 2023). This, they state, is particularly worrying given polarised drinking patterns since the pandemic – with those who were drinking more before the pandemic drinking lots more now; arguing that this marks an increase in health inequalities[41]. These statistics have led some advocates and researchers to argue that government should 'step up' regarding alcohol policy, such as by introducing MUP (Alcohol Concern UK, 2023).

The argument, then, is that we assume that alcohol policy is in place in order to prevent alcohol-related harm. Whether this is to prevent harm simpliciter, excess harm, harm to society etc is a separate question. But the assumption is that alcohol policy ought do some work to prevent harm that arises from alcohol consumption. And, with this in mind, from a public health perspective some argue that it makes sense to implement policies such as MUP that evidence suggests is a useful way of preventing excess harm (Public Health Scotland, 2023). Research into the effectiveness of responsibility-sensitive alcohol policies suggests that labelling, responsible drinking messaging etc are less likely to reduce overall alcohol harm than making alcohol less available and more expensive (Knai et al., 2015a).

[41] Given the current statistics, it is unclear if, and whether, this is impacted by the 'Alcohol Harm Paradox'. The paradox holds that more affluent people drink more yet are harmed less. If so, then those that are drinking significantly more may be from higher SES groups, thus potentially 'reducing' health inequalities along socio-economic lines. However, the rate of alcohol-related deaths was four times higher among men in the poorest areas compared to the most affluent ('Record Alcohol Deaths from Pandemic Drinking', 2022)

The view underlying this is that, when given a (potentially zero-sum) decision between promoting the public health objective and the financial gain of UCIs, policy ought to prioritise public health. And, the argument goes (both within and beyond CDoH), that we ought to both reduce harmful consumption, and reduce overall consumption within the population. As the IARC (the specialised cancer agency of the WHO) state, '*if you drink alcohol of any type, limit your intake'* (World Health Organization, 2023d). If the aim is to reduce alcohol-related harm, and the assumption is that public health goals ought to take precedence over, e.g. industry profits, the conclusion naturally follows that price and availability policies are better than relying on PR as a central tenet of policy.

4.4.2. 'Responsibility' is a narrative promoted by the alcohol industry to prevent implementation of different policies

The question then arises, why does personal responsibility still play a central role in public health policy surrounding alcohol, even if and when evidence suggests that it is less effective than other approaches. One argument made within the CDoH research (explored both here and elsewhere within this thesis), is that 'Personal Responsibility' is a narrative promoted by the industry in order to prevent implementation of more effective measures. This occurs in industry activities both in partnership with and external to partnership with government.

As part of the 'Public Health Responsibility Deal', industries including the alcohol industry partnered with UK government to promote and implement responsibility-sensitive measures such as more informative labelling on alcohol products, and

responsible drinking messaging (Knai et al., 2015a). Researchers have suggested that partnership with the alcohol industry comes at the expense of public health, with promotion of 'personal responsibly' narratives serving primarily to bolster industry interests (Maani, Petticrew, et al., 2024; Maani, Van Schalkwyk, et al., 2024; Petticrew, McKee, et al., 2018)[42].

Beyond partnership with government in promoting PR messaging, the alcohol industry has argued that PR is the right approach to alcohol policy. As mentioned previously, industry has argued that alcohol-related disease aetiology is too 'complex' to be ascribed solely to alcohol consumption, and as a result policies that impact overall consumption are misguided (Petticrew, Katikireddi, Knai, Cassidy, Hessari, et al., 2017). Consequently, the argument goes, individual moderation is the only way to prevent harm. However, research suggests that even in campaigning for 'responsible drinking', there is at times confusion in alcohol industry messaging. Maani's qualitative documentary analysis of alcohol industry CSR initiatives found that there was no clear definition of 'responsible drinking' relating to levels of consumption, and consequently argued that the term was *'strategically ambiguous[43]'* (Maani Hessari & Petticrew, 2018). Separate research based on reverse-engineering of a 'responsible drinking' campaign in Australia found that 'responsible drinking' messaging, though introduced as part of an alcohol-industry CSR campaign, actually had the benefit of reinforcing drinking norms, with the messaging having little impact on young people's views as to

[42] Even within this, there is some confusion. In response to a EU consultation on alcohol harms, the Portman Group within one document both points to the importance of labelling and states '*health warning labels are an ineffective strategy to minimise alcohol-related harm'* (Petticrew et al., 2017, p. 1080).

[43] They also found that the term 'responsible drinking' itself was used almost exclusively by industry or industry-funded organisations; which is particularly interesting given its role in policy and discussions elsewhere within this chapter of the 'power' of industry, or of industry impact on or shaping of policy.

whether they should alter their drinking behaviours (Pettigrew et al., 2016). In a separate study into the potential strategic ambiguity of alcohol industry 'drink responsibly' messaging, Smith et al also found that 'responsible drinking' campaigns on television were perceived as having a diverse range of meanings, and that seemingly pro-health messaging can serve industry interests (S. W. Smith et al., 2006).

4.4.3. 'Responsibility' policies lead to blame, which is unfair given environmental factors

Based on the above arguments, a third one naturally arises. Even if we accept that responsibility may not be the best approach to alcohol policy, and we accept that 'responsibility' is a narrative pushed by the alcohol industry, it is still not necessarily bad to focus on encouraging responsible drinking. Indeed, all else aside, it may seem prudent to engender notions of what 'responsible drinking' looks like. However, a third argument holds that the corollary of promoting personal responsibility is blame (or even stigmatisation) for those who are not perceived to act 'responsibly'.

Allen argues in his overview of the CDoH that we ought eschew talk of making responsible, healthy choices when the language is used to blame individuals, in part as 'choice' is often limited or, as Allen states '*an instrumental mirage'* (Allen, 2020, p. 10)[44]. Indeed, some have argued that the fact that poor health is blamed on personal

[44] I do not here necessarily endorse Allen's view apropos choice, I use it here to illustrate the argument made that 'responsibility' is used to blame individuals for choices that may arise out of a lack of 'genuine choice'; i.e. when autonomy may be undermined by environmental factors, for example.

choices that are the result of 'bad choices' shifts attention away from the business activity that drives these behaviours (Okwuosa, 2023)[45].

Indeed, there appears to be a direct conflict between alcohol industry framing of alcohol harm as a matter of individual responsibility (a manifestation of a 'lack of control' over one's own drinking (Maani Hessari, van Schalkwyk, et al., 2019), p. 8) and the industry itself at times recruiting new drinkers (especially young drinkers) and targeting heavy drinkers in advertising campaigns (Maani Hessari, Bertscher, et al., 2019). This is perhaps particularly pronounced in industry attempts to promote 'responsible drinking' whilst relying financially on what could be referred to as 'irresponsible' consumption (Bhattacharya et al., 2018).

Additionally, if the corollary of responsibility is blame for acting irresponsibly, where does the 'alcohol harm paradox' leave us? Recall that the paradox refers to the fact that individuals of lower SES suffer more from alcohol-related harms than individuals of higher SES, despite drinking less overall. What the paradox does is argue that there is more to alcohol harm than responsibility (or lack thereof). Whatever the reasons for the paradox, it appears there are factors beyond the individual and their responsibility (or lack thereof)[46].

[45] Note that this does not in itself establish that individuals are not responsible.

[46] However, it could be argued that responsibility for health outcomes and behaviour differ. A critique of the above argument could hold that it is possible to have the same responsibility for behaviour, even if not for the worse health outcomes. In short, worse (and iniquitous) health outcomes do not preclude responsibility for the behaviour that caused the health outcomes. The 'transitiveness' inherent in this argument is something I return to in *Chapter 7*.

If the above factors hold, the argument runs (something like) this. Firstly, 'personal responsibility' is insufficiently useful for tackling alcohol-related harm. Secondly, 'drink responsibility' is a narrative promoted by the alcohol industry to promote industry interests, rather than prevent alcohol-related harm. Thirdly, responsibility leads to blame, which is unfair given environmental factors.

4.5. Three initial responses

Before moving on, it is worth putting this argument under some scrutiny. I explore three initial counterarguments below.

'Just because it does not work, does not mean it could not work'

The argument above has as a foundational premise the notion that 'Drink responsibly' messaging does not do enough to prevent alcohol-related harm. Maybe upstream measures like MUP or taxation should be implemented in order that policy may do more to prevent harm, as 'responsibility'-centric policy is insufficiently effective.

A natural counterargument arises, using language similar to the 'is-ought' problem. The 'is-ought' problem holds that one cannot easily transition from a descriptive statement to a prescriptive one. In this case, the counterargument would be to say, 'just because 'responsibility'-centric policies are not currently working, does not mean that we can say that they cannot work'. Maybe they have not been implemented effectively enough; maybe the messaging has not reached enough people or has not impacted people in the right way. Maybe better implementation of this approach would have the required

benefits, without moving to more paternalistic measures such as those that involve an increase in alcohol prices. Maybe the best solution is to re-double our efforts, rather than change tack.

The first response to the argument could come from evidence discussed earlier. In Scotland, for example, Public Health Scotland found that introduction of MUP led to an overall reduction of deaths directly caused by alcohol consumption by an estimated 13.4% (Public Health Scotland, 2023). Granted, it may be the case that conceptually it is feasible that different implementation techniques could improve results, but nevertheless more upstream measures (such as MUP) have a tangible evidence-base behind them.

A second response could come from a social justice angle. 'Responsibility'-centric approaches rely on the individual to adapt their behaviour in certain way in order to produce positive results. However, almost three times as many additional alcohol-specific deaths occur in areas of high deprivation, compared to areas with less deprivation (Oldham et al., 2025). 'Responsibility' approaches focus at the individual level, yet there is clearly more going on than less 'responsibility' being shown in areas with higher levels of deprivation (especially when considering the alcohol harm paradox, whereby people in more affluent areas drink more overall yet are harmed less). Maybe we ought not want to continue with 'responsibility' approaches that focus on the individual if we are aware of embedded environmental and social inequalities that affect health outcomes.

This does not conceptually undermine the initial argument, however. Maybe health inequalities, too, could be addressed through more thorough implementation of policies. Nevertheless, if one was arguing from a CDoH-perspective (even putting aside scepticism of the alcohol industry's involvement in perpetuation of the 'Drink Responsibly' narrative[47]), it could still be argued that the evidence from Scotland suggests a quick, impactful positive impact on population health. So that, even if 'responsibility'-centric policies could prove more effective if implemented differently in the future, nevertheless an alternative approach (changing tack to e.g. MUP) has a quick-acting positive impact that we may want to adopt. As 'responsibility' has played a role in policy for decades, the CDoH response may go, why hold out hope that it may become more effective (at a time when alcohol-related deaths are the highest they have ever been) when we have an evidence-based, effective alternative?

'*Competing policy priorities'*

This brings us, however, to a second counterargument. '*Fine'*, the sceptic may respond. *'MUP may have more positive impact than 'responsibility'-focused approaches, but not everyone prioritises public health over other policy priorities.'*. The alcohol industry provides a lot of jobs, and alcohol sales contribute a significant revenue stream for the government. One benefit of 'responsibility' approaches is that the government (sometimes in partnership with industry) is intervening to reduce alcohol related harm

[47] Such as the fact that industry actively campaigns for perpetuation of the centrality of 'Drink responsibly' in alcohol policy (Petticrew, Katikireddi, Knai, Cassidy, Maani Hessari, et al., 2017), while at the same time the industry financially benefits from 'irresponsible' consumption; such as the fact that the majority of industry profits come from those that do not drink 'responsibly' (Bhattacharya et al., 2018), and that research suggests that some alcohol campaigns specifically target heavy drinkers (Hessari, Bertscher, et al., 2019)

through attempting to change behaviour, and the taxation revenue, alcohol-related employment, and fun that people get from alcohol is unimpeded.

The first response could follow the social justice line taken in the previous section. Is it acceptable for the 'status quo' to continue if it disproportionately impacts on those from more deprived areas? Some may argue that it is, but it depends on how we prioritise government policy interventions. Nevertheless, it seems uncomfortable to suggest that policy ought perpetuate alcohol-related inequalities when we are examining the problem from a population health angle.

Perhaps, however, the argument remains. It may be uncomfortable from a public health angle, but that does not mean that it is not 'what needs to be done' for the sake of the economy, employment, etc. However, the counterargument from CDoH could argue that this argument does not hold up to scrutiny from a public health perspective for one key reason. Without arguing for the primacy of public health over all other policy areas, it could nevertheless be argued at least in theory that acknowledging that there are other important policy areas does not mean that population health professionals and policymakers ought to dilute their approach. Analyses of the intra-governmental policy prioritisation process is beyond the scope of this thesis, but an argument could nevertheless be made that if there is (or appears to be) a policy that has significant public health benefits, all else being equal, those that focus on population health should not dilute their recommendations because there may be loud business or industry voices arguing against their recommendations.

It is, naturally, much more complicated than this in reality. The complexity of policy inevitably means that the health benefits of, for example, MUP, would have to be weighed against the health harms of some people losing their jobs, or even reduced socialisation due to reduced access to alcohol. But nevertheless, those arguing from a CDoH perspective could still argue that differing policy priorities need not undermine their argument outright.

'Is it a step too far?'

The third counterargument is perhaps the most problematic from the CDoH perspective, and I will return to it in the final two chapters of this thesis. At the start of this thesis, I mentioned the difference between the concept of responsibility and messaging that uses the 'drink responsibly' narrative. I return to this distinction later, but it is worth presenting one related counterargument here.

We may agree that 'drink responsibly' messaging is ineffective, and either agree or disagree that such messaging is promoted by the alcohol industry for their own ends, and agree that it is unfair that those in the most disadvantaged areas are impacted most by alcohol-related harms. Nevertheless, does this mean that we ought do away with talk of responsibility altogether? At least intuitively, we may want to believe that we are all in a sense at least to some degree 'responsible' for our actions. Or, to present the other side of the coin, we may not like being told that we are unable to be 'responsible'. So, the counterargument goes that though we may want to do away with talk of 'drinking responsibly' as it appears in current alcohol policy, this may not mean that we want to do away with talk of responsibility itself. Maybe the two can separate, and

we may not want to do away with talk of both. Maybe 'drinking responsibly' as a policy approach is problematic in some way (and we can remain agnostic on this point), but we may still want to be able to talk of, and even encourage, responsibility simpliciter. This is a complicated, conceptual question that I do not aim to answer here. Rather, I raise this counterargument here to signpost the debate that will take up the final two chapters of this thesis.

4.6. Conclusion

Up until this chapter, this thesis has examined the 'traditional' account of 'responsibility' as it relates to alcohol policy. This chapter presents an 'alternative' account drawn from the commercial determinants of health literature. Whereas the 'traditional' account holds that 'personal responsibility' plays a significant role within contemporary alcohol policy, this 'alternative' account argues that 'responsibility' ought not play this role. The 'alternative' account holds that 'responsibility' messaging is (compared to other possible policy approaches) insufficiently effective, and promoted by industry in order to prevent implementation of alternative population health policies that may have an impact on industry revenue. The argument is that we should reduce (perhaps completely) the role that 'responsibility' plays as a tool to prevent alcohol-related harms.

To present the 'alternative' account, this chapter first outlined the field of the commercial determinants of health, exploring definitions of the field, as well as its scope and how commercial determinants have an impact in practice. It then presented the 'alternative' account (the argument against the 'traditional' account), namely that

‘personal responsibility’ ought not play a central role in alcohol policy. This ‘alternative’ account refers to the ‘alcohol industry’, and so in the next chapter we turn to an exploration of what the ‘alcohol industry’ is; what the ‘industry’ is, whether it is too homogenous a term, and whether there is an inherent conflict of interest at play.

5. The ‘Alcohol Industry’

In the ‘alternative’ account, as well as in earlier chapters, there has been throughout references to the ‘Alcohol Industry’. It will be valuable at this juncture to outline what this is. Despite the singular noun applied, the alcohol industry is a heterogeneous, complex, hard to define group of corporations and activities. So, given this heterogeneity, how much does it make sense to talk of the ‘alcohol industry’? As the ‘alcohol industry’ plays a significant role in the argument presented by the ‘alternative’ account, it is worth exploring what the ‘industry’ is and does.

5.1. Composition

5.1.1. What (or who) is the ‘Alcohol Industry’?

The term ‘Alcohol Industry’ refers not only to producers (so-called ‘brands’), but also distributors, hotels, bars, pubs, and wholesalers (Babor & Robaina, 2013). In addition to these sales-focused categories, the industry is bolstered by ‘Corporate Social Responsibility’ (CSR) groups, Social Aspect and Public Relations Organisations (SAPROs) (a term public health researchers use when arguing that ‘corporate social responsibility’ schemes do more to help with the public relations of industry than have genuine, positive health impacts within society), and industry trade organisations. In the literature, the term ‘Alcohol Industry’ is often used as shorthand for transnational corporations (such as Diageo, AB InBev) who produce a significant amount of global alcohol by volume. Jernigan notes that the globalized element of the alcohol industry

is concentrated in the hands of a small number of companies (D. H. Jernigan, 2009). As such, the 'alcohol industry' de facto tends to refer to transnational corporations, rather than, for example, the local pub. Babor and Robaina argue that, though it is not possible to assume a homogeneity in industry actor's intentions, there are corporate interests across the industry as a whole to do with increasing sales volume (which, they argue, are at times in conflict with public health goals, but which are not necessarily incompatible by definition (Babor & Robaina, 2013). However, it is worth using the term 'Alcohol Industry' to refer to the set of alcohol-related TNCs specifically, as these industries account for the vast majority of sales. Within the scope of this thesis, it is the 'Alcohol Industry' thus defined that is closely tied to promotion of the 'Drink responsibly' narrative.

5.1.2. Revenue and value

In a 2008 overview of the alcohol industry, Jernigan reports that, in 2005, the 26 largest alcohol beverage companies had a total turnover of $155 billion, with a total profit of $26 billion. Of this, the 10 largest companies accounted for 48% of sales by volume (D. H. Jernigan, 2009). The alcohol industry is expected to continue growing throughout the 2020s, to an estimated 2,100.35 billion dollars in 2028 (Statista, 2024b)

In the UK, revenue is 66.8 billion US dollars in 2024; with just under half of sales generated from off-licence (supermarkets etc) (30.4 billion dollars), with on-trade (bars, pubs, restaurants) at 36.4 billion (Statista, 2024a). The average revenue per capita is 447.50 US dollars, with a combined expected volume of 5,590 million litres consumed in 2024 (Statista, 2024a) (the equivalent of 2,236 Olympic swimming pools;

190 seconds worth of water passing over Niagara falls, or just shy of 70 million bathtubs full). In 2014, alcohol accounted for 2.5% of GDP, and 3.7% of all consumer spending (IAS, 2024).

5.1.3. Key players

Due to the size of the alcohol industry and the different metrics by which it is measured (volume sold, revenue etc) there is no singular 'key player' within the alcohol industry that is the central focus of most research. Additionally, as many companies are transnational by nature, outlining who some of the 'key players' within the UK market are is complicated. In order to shed some light on this, then, I first outline revenue of companies globally, before showing most popular drinks by brand in the UK, and then showing which of these are owned by which of the parent companies outlined first.

According to 2024 data, the top ten alcohol companies globally (by revenue) are: Anheuser-Busch Inbev, Heineken, Diageo, Kweichow Moutai, Asahi Group, Ambev, Kirin Holdings, Pernod Ricard, Wuliangye Yibin and Molson Coors (Statista, 2024a, 2024b).

Name	**Revenue (Billions USD in 2024)**
Anheuser-Busch Inbev	59.92

Heineken	33.56
Diageo	32.34
Kweichow Moutai	22.71
Asahi Group	19.25
Ambev	15.77
Kirin Holdings	15.03
Pernod Ricard	13.24
Wuliangye Yibin	12.31
Molson Coors	11.93
Other	33.68

Table 1. Top ten alcohol companies globally in 2024 (by revenue)

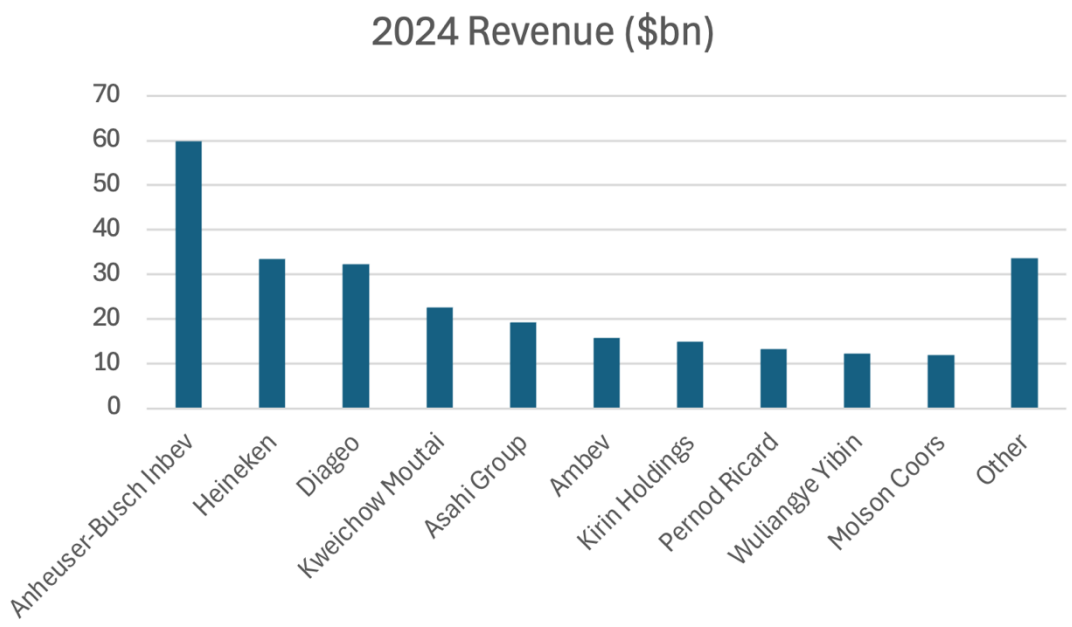


Fig. 3. Top ten alcohol companies globally (by revenue)

This data is international. Turning to the UK, the top 20 most popular beverages/brands are as follows:

Brand	**Sales in 2024 (£m)**	**Parent Company**
Stella Artois	625.1	Anheuser-Busch Inbev
Smirnoff	598.4	Diageo
Budweiser	415.3	Anheuser-Busch Inbev
Gordons	390.7	Diageo

Hardys	305.9	Accolade Wines
Carling	301.8	Molson Coors
Fosters	298.2	Heineken
Jack Daniels	290.9	Brown-Forman
San Miguel	257.5	San Miguel
Strongbow	255.5	Heineken
Yellowtail	249.5	Casella
Barefoot	235.5	E&J Gallo Winery
Corona	229.4	Anheuser-Busch Inbev
The Famous Grouse	208.8	Edrington Group Ltd
Heineken	203.3	Heinkenen
Birra Moretti	202.6	Heinkenen
Peroni	198.4	Asahi
McGuigan	193.3	Australian Vintage Ltd

Casillero Del Diablo	186.2	Concha y Toro
Baileys	183.4	Diageo

Table 2. Top 20 most popular beverages/brands in the UK (by £m)

Though the UK market is distinct, and what constitutes the top 20 brands depends on culture, history, brand recognition and so on, these top 20 still play a significant role in the global market. To demonstrate this, the table above illustrates the parent company of each brand. To further illustrate, the data below has been rearranged with sales tallied in terms of the market share that parent companies have when all their brands are combined:

Parent Company	**2024 UK sales (£m)**
Anheuser-Busch Inbev	1269.8
Diageo	1172.5
Accolade Wines	305.9
Molson Coors	301.8

Heineken	959.6
Brown-Forman	290.9
San Miguel	257.5
Casella	249.5
E&J Gallo Winery	235.5
Edrington Group Ltd	208.8
Asahi	198.4
Australian Vintage Ltd	193.3
Concha y Toro	186.2

Table 3. UK sales by parent company (£m)

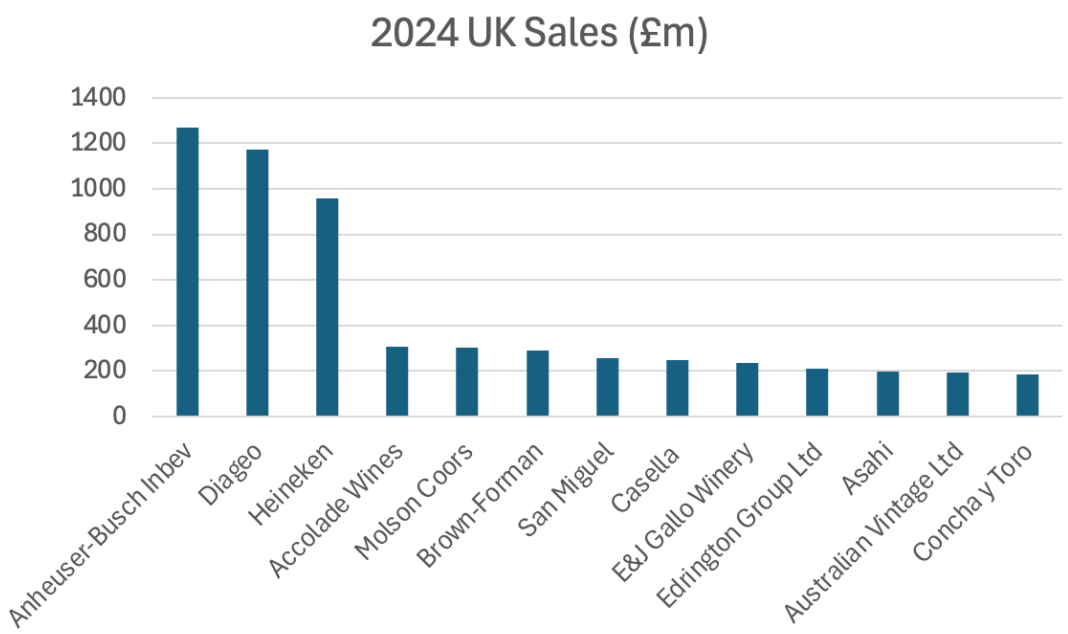


Fig 4. UK sales by parent company (£m)

5.2. Is it too homogenous a term?

Before moving on, it is important to point out the inherent difficulty in using a term like 'the alcohol industry'. Singular language like this runs the risk of presenting the 'industry' as one homogenous thing, with shared intentions, approaches, aims, and so on. Though Babor and Robaina note that there are, in general, shared interests across the industry as a whole concerned with increasing sales volume (Babor & Robaina, 2013), nevertheless the homogeneity of the term is problematic for our purposes. It can, broadly, refer to raw materials suppliers, producers, distributors, equipment/freight/marketing suppliers, as well as on-license businesses (pubs, restaurants) and off-trade vendors (supermarkets and off licences) (IAS, 2024). I will, for the sake of clarity, use the term as it is often used in the literature. Namely, as a

shorthand for the collection of transnational corporations defined above[48], as well as CSR and SAPRO groups.

5.3. Reliance on harmful drinking

Research has suggested that the alcohol industry (particularly the globalised, trans-national players within the industry) is heavily reliant on so-called 'harmful drinking'. Bhattacharya et al took data from two nationally representative surveys and analysed how much of alcohol consumed (both in terms of revenue and volume) came from categories above the 'low-risk' guidelines (Bhattacharya et al., 2018).

Those whose drinking was classed as being in the 'hazardous' or 'high risk' consumption (above the government's guidance (as of August 2016) that 'low-risk' drinking was 14 units per week for both men and women) categories accounted for 68% of total alcohol sales revenue (Bhattacharya et al., 2018). The heaviest drinking sector of the population (representing 4% of all drinkers) accounted for 30% of total consumption and 23% of industry revenue (Bhattacharya et al., 2018). Their analysis showed that 'heavy drinkers' within the English population accounted for 25% of the population, but over two-thirds (68%) of alcohol industry revenue. This, they claim, problematises the industry narrative that they are in favour of 'moderate drinking' across the population. If all of the English population drank 'moderately', this would constitute a reduction of 38% of total alcohol sales revenue in England (Bhattacharya

[48] It is an open question whether the 'Alcohol Industry' refers to CSR and SAPROs also. I use the terms to refer to separate sets of activities, but acknowledge for some researchers that CSRs and SAPROs are, if not part of the 'Alcohol Industry', then at least very related.

et al., 2018). And, given the evidence presented by Maani, Petticrew and van Schalkwyk that those drinking less before the pandemic drank less during, and those who drank more before the pandemic drank more during (Maani, Schalkwyk, et al., 2023), we can expect this overall percentage reduction to total alcohol sales revenue.

Though the industry, naturally, is aware of the financially advantageous implications of 'heavier drinking', research has suggested that the industry makes attempts to keep public awareness of the alcohol harms associated with harmful drinking to a minimum. As Stockwell and Hobin note, industry representatives argue that the great majority of users consume alcohol 'responsibly' (Stockwell & Hobin, 2023). This is true, in terms of percentage of total drinkers (and especially so when people self-report amount consumed, which typically only accounts for between one third and half of alcohol sales, due to unreliability of under-reporting), but a misrepresentation of the reality financially, where a significant amount of industry revenue relies on the minority who do not consume 'responsibly'.

5.4. Corporate Social Responsibility and 'Social Aspects and Public Relations Organisations'

The 'alcohol industry' is engaged in activities that typically extend beyond the realm of sales and production. One key aspect of the contemporary alcohol industry is what is called 'Corporate Social Responsibility' (CSR) schemes. These have also been defined as 'Social Aspects and Public Relations Organizations' (SAPROs) in the literature. These play a key role in the debate about alcohol and responsibility, so they (and the purpose of having two separate terms) shall be outlined below. Before going

into more detail, it is worth justifying inclusion of CSR in a chapter on the Alcohol Industry. AI players are enthusiastic to demonstrate that CSR is a core part of their business activities. ABInBev, for example, in their 2022 report stated an aim to invest 1bn USD on marketing campaigns related to 'smart drinking', and aim to *'engage with consumers to improve behaviour by helping to shape social norms'* (ABInBev, 2022, p. 31). It is worth analysing CSR initiatives as part of a chapter on the industry itself.

5.4.1. Definition

First, CSR. There are three agreed-upon definitions that are used when discussing CSR (Paichadze et al., 2020, 2023; World Health Organization Regional Office for Europe, 2024, p. 70). The 'Business and industry' definition refers to organizations' responsibilities to 'give back' to societies or communities in which they trade. The 'transformative definition' refers to CSR's ability, through positive socially focused actions, to influence consumer perceptions and choices. In this definition, CSR is seen as akin to a public relations strategy. This definition is familiar to those aware of concepts such as 'pinkwashing', 'greenwashing' and 'rainbow-washing'. The third definition is the 'public health' definition. In this conception, CSR is a tool that may be used by industries to "*deflect attention and whitewash tarnished reputations*" (Kickbusch et al., 2016). This involves activities aimed to make the social and legislative environment (both within and beyond the UK) amenable to continued or growing sales by a brand.

Borne out of the public health definitions is so-called 'Social Aspect Public Relations Organisations' (SAPROs). SAPROs (note that SAPROs is not a name that SAPRO

members apply to themselves) are organisations funded to present information favourable to industry, both to the public, and to help advocate for policies that are favourable to industry (Babor, 2009). These SAPROs have also been referred to as a specific type of 'front group'. They are industry-funded, but do not necessarily represent industry interests on surface level. This enables them to perform indirect lobbying functions on behalf of their funding industries (Pietracatella & Brady, 2020). Importantly for the subject at hand, SAPROs have been said to "*hegemonically promote the idea of personal responsibility"* (Pietracatella & Brady, 2020)[49]. Maani et al argue that, though SAPROs aim to educate the public about health risks and promote (in the case of alcohol industry SAPROs) 'responsible drinking', evidence suggests that their purpose is improving public relations and turning attention away from evidence-based policies that may impact on sales through emphasizing personal over corporate responsibility (Hessari, van Schalkwyk, et al., 2019; Petticrew, Maani Hessari, et al., 2018b).

5.4.2. Activities

CSR and SAPRO activities cover a broad spectrum of activities. For clarity, I will divide some of these into different sections; research and influence on science, education and health warnings, and alignment with causes. The next section (partnership with government) may also fall under the umbrella of CSR/SAPRO activities, but due to its direct relationship with legislation I have separated it into its

[49] In other words, are united in together promoting the idea that 'personal responsibility' (downstream, individual approaches) as opposed to policy change ('upstream' factors) is the key way to prevent alcohol-related harm.

own category. Similarly, promoting responsibility falls under the category of CSR, but I will leave this to discuss in a separate chapter.

5.4.2.1. Research and influence on science

The alcohol industry funds, produces and disseminates scientific research as part of its CSR initiatives. This involvement in science has been referred to as 'at best' funding for behavioural scientists involved in alcohol research, and 'at worst' a mechanism that confuses public discussion of health issues (Babor, 2009). For example, the Alcoholic Beverage Medical Research Foundation and the International Center for Alcohol Policies are both funded by Coors Brewing Company, with the aim of helping education and prevention programmes (more in this in the next section) (Babor, 2009). It has been stated that some of this funding of research is a direct attempt to avoid implementation of regulations that could be detrimental to industry business interests. For example, in 2006 Diageo Ireland gave €1.5 million to University College Dublin for a project related to hazardous drinking in young people. Diageo's chief executive stated that they wanted to tackle binge drinking (as a behavioural problem) so as to avoid regulation that placed higher taxes on products, hence reducing revenues (Babor, 2009). Here we see CSR in terms of industry funding of scientific research being identified by the funders from the start as a mechanism to prevent specific legislation being passed, serving industry interests overall.

Naturally, we cannot assume that Alcohol Industry funding of data inevitably leads to industry favourable results, or to interference in such a way that biases results in industry's favour. For example, Requarth notes that the industry often supports science

and promotes studies aligned with its interests; this is existing, unbiased research, but as its results are favourable to industry, it is more likely to be funded, and so there is an increase in industry-favourable information in the complete corpus of scientific research into alcohol (Requarth, 2023). This has been referred to as financially-driven 'selective amplification' of research.

The subtlety of influence is important to note here also. It is not necessarily the case that industry-funded research always points in industry-favourable directions. A review looking at 75 studies sponsored by various industries (beyond alcohol) found that industry-funded research found results were more favourable to industry funders 27% of the time when compared to non-industry-funded studies (Lundh et al., 2017). Nevertheless, it is worth noting that potentially over a quarter of industry-funded research studies included in the review were more likely to be favourable to industry when reviewing the same or a similar topic. If there is a correlation between funder and recommended next steps then this might be problematic if the recommended next steps are recommended because they may benefit the funder.

In addition to funding potentially influencing the design and results of studies, the alcohol industry can have impacts on what and how research results are disseminated. Fabbri and Gilmore refer to 'megaphone' and 'silencer' effects (Fabbri & Gilmore, 2022). The former refers to maximising industry favourable research, and the latter refers to suppressing of unfavourable results.

An example of the 'megaphone' effect can be seen in the debate around the cardio-protective effects of wine. As Requarth notes, research into cardioprotective effects was

included in industry conversations with policy makers. Not all research results needed to be favourable. Rather, the alcohol industry "*has only to emphasize the positive ones to paint a skewed picture of the science"*; in such a way that the discussion around cardio-protectivity has played what Requarth refers to as a "*outsized role inthe public debate over alcohol and health*" (Requarth, 2023).

'Silencer effects' can be seen in industry's 'denialism' of the role industry plays in negative health outcomes (such as cancer). This 'denialism' sometimes comes in the form of normalization of harmful drinking to such an extent that awareness of harmful effects of such behaviour is significantly watered down; for example in presenting drinking as a central part of socialisation to young people (Petticrew et al., 2022). In a study of 27 alcohol industry CSR / SAPRO campaigns, the authors examined websites and documents to see how the link between alcohol and cancer was represented. Of these 27 case studies, 17 had selective omission of cancer risk or specific cancers, and 5 explicitly deny that alcohol causes at least one form of cancer (and say that rather than focusing on alcohol, attention should be turned elsewhere, e.g. to exercise and diet etc[50]). Thus, it is not just industry funding that influences research and science, but decisions about dissemination (or lack thereof) of scientific research by the industry shapes public and policymakers understanding of what 'the science' says about the link between alcohol and health-related harms.

5.4.2.2. Education and health warnings

[50] This is not, of course, to say that these things do not have an impact. It is only problematic if the 'look elsewhere' is used to say that there is no link between alcohol and cancer, rather than say that alcohol is one (not insignificant) factor among many.

In this section I focus on CSR in terms of education around the health harms of alcohol. The alcohol industry funds organisations such as Drinkaware for Education, and the Alcohol Education Trust. These are active in schools as well as providing information to the general public in the UK and are run with the express aim of helping people understand the health harms of alcohol (to the individual, family, society etc).

Industry-funded CSR activities in schools reach a significant amount of the population of under-18-year-olds. In the last pre-pandemic academic year (2019/20), the Alcohol Education Trust estimated that they would reach 700,000 children across the UK (van Schalkwyk et al., 2022). Researchers in 2022 analysed the discourses present in industry-funded CSR materials and found that programmes on the whole promoted narratives of personal responsibility, individualised problem definitions, and promotion of moderate consumption; this referred to being familiar with the qualities (positive and negative) of drink, being in control, not giving in to peer pressure, and so on (van Schalkwyk et al., 2022).

These messages, some suggest, may promote narratives favourable to the industry (Babor & Robaina, 2013) in a way that could prove illuminative of the relationship between alcohol and personal responsibility. In short; the personal responsibility narrative may hold that the problems related to drinking-related harms come from lack of responsibility, giving into peer pressure, drinking immoderately. These, then, are all the fault of the individual drinker. If there is to be an assignation of blame in this situation (not that there necessarily needs to be), it would fall on the individual, with

no blame falling on producers, advertisers, and so on[51]. There is a growing literature on cross-industry tactics within the commercial determinants of health (as discussed in §4.2.2), but it is worth noting that researchers have suggested that the alcohol industry's funding of education programmes in schools (which normalises consumption) closely mirrors the tobacco industry's approach decades before[52]. Specifically, the promotion of the narrative that peer pressure and 'poor choices' are to blame for underage and harmful consumption, with no mention of advertising or marketing practices (Petticrew et al., 2022).

This is not, of course, to say that personal responsibility and peer pressure ought not to play a role. However, it is worth noting that research (into alcohol education in general, not into industry CSR materials) has suggested that there is little evidence of effectiveness of alcohol education programmes in improving young people's alcohol-related decision-making skills (Martin et al., 2013). Similarly, in research that compared education campaigns to other interventions to prevent alcohol-related harms it appeared that education campaigns were comparatively less effective than 'upstream' mechanisms such as tax and pricing measures to prevent harm (Babor et al., 2023).

[51] Consider a parallel with the case of oxycontin - the funding of doctors concerned with the undertreatment of pain was a big way of promoting oxycontin by Purdue pharma. If 'responsibility' takes the whole focus, then we lack a more nuanced understanding of why and how people consume (and get addicted to or otherwise rely on) certain substances.

[52] It could be argued that consumption is, after all, pretty normal, so therefore reinforcing a descriptive norm that most adults drink does not seem particularly problematic. The counter-argument from the public health perspective would likely be that, true as this may be, young people are drinking proportionally less than other age groups, and therefore reinforcing this 'norm' may be problematic as it reinforces a norm for older generations with different drinking habits. As stated earlier, proportionally, 16-24 year olds were least likely to drink (37% reported drinking in the last week), whereas as a percentage, 63% of 55-64 year olds reported drinking in the last week (NHS, 2025). Nevertheless, the point remains that some researchers have argued that this normalisation is problematic.

As mentioned previously (§4.3.2), education campaigns are not limited to schools-based education. In the mid 2000s, the alcohol industry was identified as a key partner in preventing alcohol-related harm. This policy decision precipitated the industry-funded body the 'Drinkaware Trust'. Public information programmes run by the Drinkaware Trust promote the message that dangers emerge from excessive or immoderate consumption, and that to reduce health harms there ought be a behavioural shift within the population (B. R. Hawkins & Holden, 2014). Similar to the Drinkaware Trust, the Portman Group (an industry CSR body or a SAPRO, depending on the language you prefer) is another industry-funded body established in 1989 and a key regulator of alcohol marketing (Alcohol Concern, 2018). Some critics saw the Portman Group as a lobbyist for industry, and campaigned for its role in education campaigns be removed due to bias – it is many of these campaigns that are now run by Drinkaware (Baggott, 2006).

Critics have argued that bodies like Drinkaware and the Portman Group, even in their education campaigns, serve to benefit industry sales through a number of mechanisms. This is not the space to explore these all here (more in the 'conflict of interest' and CDoH sections), but it is worth noting that, even in promoting campaigns to assist with health awareness, alcohol industry SAPROs promote national campaigns around the essential health benefits of responsible drinking whilst not mentioning the consumption-influencing roles of marketing etc (van Schalkwyk et al., 2022). An analysis of the impact of independent vs industry-funded health bodies found that survey respondents who were not aware of the funding source of the health body were increasingly likely to report uncertainty or false certainty about (lack of) risk after having viewed industry-funded CSR materials (Maani et al., 2022). This is in large part

due to ‘complexity’ and ‘alternative causation’ arguments. I will not go into detail on these here (as they are mentioned in §4.3.3), but it is worth noting that alcohol industry-funded CSR and SAPRO bodies do appear in some cases to increase uncertainty about health harms (Maani et al., 2022; Petticrew, Maani Hessari, et al., 2018a).

5.4.2.3. Alignment with social causes

Another arm of alcohol industry CSR is alignment with social causes. One particular strand of this is alignment with gender equality causes. Companies demonstrate their support for movements towards gender equality through, for example, creating brand offshoots specifically for the female market to symbolise unity with the gender equality movement, such as ‘Jane Walker’ (a rebranding of Johnnie Walker marketed to women) and ‘Pink IPA’ as opposed to Punk IPA (S. E. Hill & Friel, 2020). As Atkinson et al note, consumption is a marker of identity making, and consumption-based practices can be a way to demonstrate or perform the authentic self (Atkinson et al., 2022). It is through this lens that brands support movements towards ‘post-feminism’, with an emphasis on pleasure, choice, female friendship, and celebration of traditionally ‘girly’ things (such as the colour pink) (Atkinson et al., 2022). Brands also move beyond celebrating women, and also raise awareness of gender inequality, such as raising awareness of sexual assault, and issues such as women’s underrepresentation in the music industry (Atkinson et al., 2022).

A similar example of brands demonstrating alignment with social causes was seen during the COVID-19 pandemic, when brands promoted messages of togetherness, as well as being presented as private partners to national responses, such as through philanthropic donations, and brands like Bacardi, BrewDog and Bombay Sapphire

shifting production to create hand sanitiser (Atkinson et al., 2021). Atkinson et al note that CSR served a dual purpose, both helping local communities during challenges faced during the pandemic, and also building legitimacy and brand identity (and, they argue, protecting brands' economic interests in the long term).

Before moving on, it is important to note that the growth of social media has enabled a shift in the way that brands are able to demonstrate alignment with social causes. As Carah notes, the marketing mechanisms of social media enable highly targeted content to be shared with individuals (Carah, 2017). Carah uses the example of targeted advertising to people who support a specific sports team. However, the same is possible with social justice causes, such as women's' equality and rights for the LGBTQIA+ community. Individuals' digital footprints are such that demonstrating support for these issues (through liking pages or posts) increases the possibility that they will receive targeted alcohol advertising that aligns with these causes.

5.4.2.4. Partnership with government

Since the mid-2000s, the alcohol industry has also played an increasingly significant role as a partner to government in preventing harm, demonstrated best by the aforementioned Public Health Responsibility Deal (2010-2015)[53], which encouraged businesses to make voluntary pledges to contribute to reducing health burdens

[53] Critics have raised awareness of the 'revolving door' between industry and government, as the government official responsible for alcohol under the 'Responsibility Deal…' leaving to take on a leadership role with the Portman Group, a body representing alcohol industry interests (Knai et al., 2021). It is also noteworthy that all health organisations involved in the process of developing the deal pulled out prior to its launch, with one representative claiming that it was "*not acceptable for the drinks industry to drive the pace and direction that such public health policy takes"* (Nicholls, 2012b, p. 264).

(Bhattacharya et al., 2018)[54]. More than 100 retailers and producers signed up to the 'core commitment of the Responsibility deal' which aimed to prevent excessive drinking, and ensure that when it did occur it was done 'responsibly' (Bhattacharya et al., 2018). Under the Responsibility Deal, industry volunteered to increase self-regulation in a way that prevented extreme harm whilst not punishing the 'majority drinking responsibly' (Nicholls & Greenaway, 2015). The Portman Group host an 'Independent Complaints Panel' which responds to complaints around naming, packaging and promotion. This removes the onus for the government to keep track of and respond to potential problems. An examination of the 99 decisions made in response to alleged breaches of its code of practice found that a number of products that breached the code were removed, but there was arguably inconsistency and lack of accountability in decision-making (Alcohol Concern, 2018).

Industry partnership helps government through providing a consultative role in the policy making process, as well as assisting with policy delivery (B. Hawkins et al., 2012). Partnership was also at the heart of previous policy approaches with the Alcohol Harm Reduction Strategy for England also stressing the worth of voluntary partnerships with industry (Ball et al., 2007). Industry bodies argue that partnership is the best way to ensure wider cultural change away from problematic alcohol use. As stated in a Diageo response to a 2008 Government consultation:

> *As a responsible company, Diageo believes that at a minimum industry and government should work together to root out all irresponsible promotions…*

[54] Beyond the UK, alcohol industry partnerships extend further, with research suggesting that companies have actively supplanted government roles in developing policy initiatives in Lesotho, Malawi, Uganda and Botswana (Bakke & Endal, 2010).

> *Going further, we believe that industry can play an important role in changing consumer attitudes to alcohol by working in partnership with government and civil society, because partnership has the greatest chance of success in changing Scottish consumers' relationship with alcohol.*(quoted in B. Hawkins & Holden, 2013)

A 2006 study contemporaneous with the early stages of development of the Public Health Responsibility deal found that most non-industry respondents to the study recognised that the industry had a part to play in national and local partnerships to combat alcohol problems, and that self-regulation (discussed above in §2.3.3.2) can play an important role (Baggott, 2006). There was concern, however about the potential of industry to problematically dominate partnerships. Industry-government partnerships was not limited to the Public Health Responsibility Deal, however, and industry remains active in partnerships with government health departments to provide health-related information to the public (as stated in the previous section) (Maani, Ci van Schalkwyk, et al., 2023).

5.5. Links between 'Alcohol Industry' and CSR organisations

This raises questions, naturally, about conflicts of interest. Are industry CSR activities (in terms of partnership, education campaigns, etc) an example of conflict of interest? In this section I explore, rather than attempt to find a definitive answer to, this question. Conflicts of interest can be defined as "*A set of conditions in which professional judgement concerning a primary interest (such as a patient's welfare or the validity of*

research) tends to be unduly influenced by a secondary interest (such as financial gain)" (Thompson, 1993, quoted in Cullerton & White, 2023).

Such conflicts (especially when financial transactions are involved) can occur particularly when indebtedness is created between two parties and, crucially, these conflicts need not always be explicitly recognised by participants (Cullerton & White, 2023). In the context of alcohol industry CSR initiatives, Babor notes that conflicts of interest may arise when activities affect objectivity of scientists (Babor, 2009). The same, we must imagine, must be true for policymakers. Naturally, it would be incorrect to assume that any involvement or partnership with industry or industry-funded CSR or SAPRO bodies leads to conflicts of interest. Provided correct oversight and complete independence from decision-making or results dissemination, conflicts of interest need not necessarily be present. Conflicts of interest only arise when involvement, financial contributions etc interfere with what the actual results, or what the 'best practice' or 'best outcome' might be. As stated above, it is the influence of a secondary interest over judgements concerning primary interests. If e.g. Diageo were to provide a grant to an alcohol researcher and not have any say in research design, dissemination etc, this is not *necessarily* a conflict. The conflict occurs when results are skewed in a way favourable to the funder, or when choice of experiment design, sample size, duration of study etc, are all influenced by the 'secondary' (i.e. fiscal) interest.

As stated earlier in this chapter, a significant amount of alcohol industry profits come from harmful or hazardous use of alcohol. Casswell et al argue that CSR and SAPRO bodies that argue for 'responsible drinking' are guilty of a conflict of interest as they argue that individual responsibility is comparatively ineffective as a means of

preventing alcohol-related harm when compared to interventions such as minimum unit pricing (Casswell et al., 2016)[55]. As an example, they refer to a 1996 internal document by Phillip Morris International (which at the time produced alcohol as well as tobacco products) which stated that positioning alcohol companies as partners to government would prevent alcohol from being treated as as problematic and stigmatised as tobacco industry companies[56]. This is reflected in industry desire to present 'responsibility' as the key way to prevent harm; as opposed to legislative interventions by government (B. Hawkins & Holden, 2013). This narrative was particularly present during the debate around potential implementation of minimum unit pricing policy in Scotland. Katikireddi and Hilton conducted an analysis of how MUP was presented in mass media, and found that industry submissions to Scottish Parliament had a dominant framing of needing to target those behaving irresponsibly, and targeting those that misuse alcohol, as opposed by framing by non-industry actors who aimed to frame MUP as a valuable mechanism to reduce overall population consumption (Katikireddi & Hilton, 2015).

In a 2006 study based on semi-structured interviews with government, drinks industry, and the voluntary sector etc, Baggot looked at the development of alcohol policy since the alcohol industry became a key partner. They found that most non-industry respondents recognised that industry had some role to play to counter problems, and

[55] Casswell et al's claim qua conflict of interest could be seen as contentious, however. These messages may seem to be favourable to the industry in some way as they do not endorse a complete ban on drinking. There is a significant gap, however, between this and saying that it by definition is a conflict of interest. The industry is not necessarily endorsing binge drinking with this messaging, or unhealthy or excessive drinking patterns. The purported conflict of interest comes, as in the subsequent example, when industry uses 'Drink Responsibly' as a way of preventing profit-harming government interventions.

[56] Some have suggested that co-ownership of tobacco and alcohol by corporations such as Miller and Phillip Morris has led to a significant transfer of knowledge and techniques across these industries (Hawkins & Holden, 2013). I have explored this in the previous chapter (4.2.2.).

that the financial resources and expertise of industry was beneficial (Baggott, 2006). The key point of dissention, however was on the notion of responsible drinking and overall population-wide consumption. Industry was found to be opposed to policies that seek to control overall levels of consumption, and rejected the link between total consumption and total harm. The key result of the research was the recognition of the need for a clearer framework to ensure that industry could act as a beneficial partner without enabling it to "*dominate partnerships and to gear partnership working to narrow commercial aims"* (Baggott, 2006).

5.6. Conflict of interest?

One last area that is worth mentioning in terms of industry CSR and conflict of interest is in the context of narrative setting/framing of the debate for the public. McKee and Stuckler argue that one of the key ways that corporations shape health is through defining the dominant narrative (McKee & Stuckler, 2018). CSR activities are able to define and shape public discourse, such as through putting emphasis on personal responsibility; having an impact on perception of potential legislative changes (i.e. if the 'public' agree that drinking harms are a matter of individual responsibility, then there may be less support for e.g. population-level interventions) (Hilton, 2023). If this is the case, then there does appear to be a conflict of interests, as industry is able to "*tactically achieve policy influence while emphasizing their corporate social responsibility credentials"* (Hilton, 2023).

The same holds through industry promotion of education as a solution to the harms of alcohol[57]. If CSR activities shape the narrative so that personal responsibility is the focus, and this benefits the industry (through avoiding legislation that could impact on their revenue) that funds the CSR body, this could be perceived as a significant conflict of interest. To return to the definition at the start of this section, *"professional judgement concerning a primary interest"* (i.e. reduction of alcohol-related harms) is *"unduly influenced by a secondary interest"* (Thompson, 1993, quoted in Cullerton & White, 2023) (an example of which could be seen in financial incentives to perpetuate a narrative of 'personal responsibility', which blames individual failings for alcohol harms, which enables the industry to continue to trade as usual without risk of revenue-harming legislation).

A key caveat must be discussed at this juncture, however. Responsibility for health generally, and responsibility for drinking specifically, are not zero-sum games. Even, for the sake of argument, say that we do assume that 'responsibility' narratives are promoted by industry in order to preclude implementation of more 'upstream' measures by government, such as minimum unit pricing, which relies less on responsibility and more on who is able to access drinks. Even if we do accept this (at best cynical, at worst accurate) intentionality behind alcohol industry CSR, this need not definitionally be a bad thing. First, individual longitudinal health outcome-focused harm reduction is not the only goal of educational campaigns. There are also things related to alcohol such as violence, accidents, and so on, that may benefit from wide proliferation of individuals' internalisation of what 'responsible' could look like within this context.

[57] Though, as Hawkins and Holden note, there may be a contradiction here in that problems are framed as failures of individual responsibility that must be addressed by changing the social attitudes and cultural beliefs about alcohol (B. Hawkins & Holden, 2013).

Second, the alcohol industry provides tax revenue for government, provides employment for many, many people, and provides happiness (through its centrality to socialisation, for instance) to many. Even if it is the industry promoting 'responsibility' narratives, teaching people to drink responsibly may be beneficial, and could even still be encouraged if more paternalistic interventions such as MUP were put in place. Even in terms of overall public health goals, all else being equal something, arguably, is better than nothing. Even if 'responsibility' messaging is, at worst, vague, the very existence of an ideal of 'responsible' drinking may potentially be beneficial in terms of people having something to aim for and understand. In short, and to be blunt, banning a behaviour is more effective at stopping it than telling people about its downsides or how to act with caution around it. But that does not mean we should ban it. And it does not mean we should not tell people about its downsides. We may need a more nuanced understanding of what 'effective' means and what we should be aiming at in relation to informing people about the consequences of (and how to relate to) alcohol consumption.

Third, perhaps even if there is a conflict of interest within current campaigns, this does not mean that the campaigns themselves are 'bad'. Even if at worst we view industry CSR activities as a way of preventing implementation of measures such as MUP, this does not mean that the message itself is bad. All else being equal, if a brand promotes non-drink driving campaigns and stresses that it is the individuals' responsibility to make sure they do not drink at all if they are driving, if this results in an individual not drink-driving this must be seen as a positive outcome, even if the policy machinations

that ensure ‘responsibility’ narratives continue to play a dominant role in policy may be seen as a conflict of interest.

5.7. ‘No’ and ‘Lo’ content beverages

Since the mid-2010s, a particularly novel development is the growth of the ‘No and Lo’-content beverages. These are alcohol free (classed as less than 0.5% abv) or low alcohol content (no more than 1.2% abv). Traditional ‘alcohol industry’ bodies (such as Heineken) play a large role in this market, and there is a growth of independent brands that have had an impact on the UK market (such as Lucky Saint).

Research suggests that alcohol free drinks have been important for harmful and hazardous drinkers who attempt to reduce their consumption. A study of 1,478 extremely hazardous and harmful drinkers showed that 83% of the sample found that alcohol free drinks helped them towards cutting down, and 53% found alcohol free drinks ‘essential’ or ‘very important’ in cutting back (Piper & Leyshon, 2023). The benefits of alcohol-free drinks appeared to help people regardless of age, income level, and gender.

Some researchers have argued for a more cautious approach; presenting a degree of hesitancy and scepticism shown by some within public health regarding no- and lo-beverages. Miller et al argue that there is a lack of evidence of the substitution hypothesis, due to companies marketing zero-alcohol content beverages to places such as the workplace, or to groups that previously did not drink (e.g. pregnant women) (M. Miller et al., 2022). They also argue that there is insufficient evidence about how no

and lo-alcohol beverages may shape social norms around alcoholic beverages. This concern has been echoed by the World Health Organization, who argue that no- and lo-drinks may subtly lead to more drinks due to shop positioning, and also point out that there is possibly some misleading information about actual ethanol content in these beverages (World Health Organization, 2023b)[58].

The No/Lo alcohol market share is bucking the trend for overall alcohol market in the UK. While the total volume of alcohol sold decreased by a -1% compound annual growth rate in 2022-2023, the no/lo segment grew by 47% across this time period (Aswani, 2024). Nevertheless, this No/Lo market does account for 0.7% of total beer sales in the UK (Marsh & Jones, 2023), so is still a relatively small amount by volume.

5.8. Conclusion

In this chapter I have explored both the heterogeneity and unifying activities of the 'alcohol industry'. Though heterogenous, there are certain activities that the industry performs (such as CSR initiatives, as well as influence over policy and reliance on harmful drinking), that those adopting the 'alternative account' would hold seem to suggest at least some level of conflict of interest. This holds even if, as discussed in this chapter, industry involvement in campaigning and policymaking is not by definition necessarily a conflict of interest.

[58] It is worth noting that much of this scepticism is conjectural, rather than based on a strong body of evidence..

6. Historical underpinnings of the relationship between alcohol and responsibility in modern discourse

So far in this thesis attention has been focused on what I have referred to as the 'traditional' and 'alternative' accounts, and the arguments and work underpinning them. However, responsibility and alcohol have been interlinked for much longer than the last fifty years. 'Drink responsibly', as a narrative and message that perhaps (as I have suggested) lacks precise definition (and is the source of debate about whether it is justifiable to use in alcohol policy, as presented in the 'alternative' account in *Chapter 4*) is but one interpretation (or set of interpretations) of the relationship between alcohol and responsibility. As responsibility is ill-defined within 'drink responsibly', it is worth turning to some historical examples of the relationship between alcohol and responsibility that underpin the understanding of 'responsibility' qua alcohol that we have today. In so doing, this chapter presents (through historical examples) the argument that there may be more to the relationship between alcohol and responsibility than is suggested when we discuss 'drink responsibly' messaging.

6.1. Social and cultural underpinnings

Perhaps by virtue of its ability to get the drinker inebriated, alcohol has always raised interesting questions around personhood. As Nicholls claims, alcohol 'plays havoc' with Cartesian dualism – that something imbibed by the flesh can wreak havoc on the mind, it poses a problem for any dualist metaphysical stance (Nicholls, Gresham College, 2013). Additionally, it is more than just a 'drug'. As Sulkunen notes, "*Alcoholic beverages are enveloped in a symbolic shroud too thick to surrender to*

simply utility calculations" (Sulkunen, 1997). Due to the inherent complexity of alcohol (it's 'ambiguity' (Edwards, 2000)), it has also historically occupied an interesting space socially.

Now, it will be useful to provide a brief history of responsibility and alcohol. This is not, I must stress, a full history, for that would require dozens of other theses, but rather an overview of some of the key strands that demonstrate how a) alcohol and questions of responsibility have always been intertwined, and b) show how we have come to arrive at the particular relationship between alcohol and responsibility that exists today. These are not just historical episodes where we can see the link, they are foundations for our understanding of alcohol and responsibility that have remained, and are present today. It is also worth noting that these are not necessarily discrete historical eras. Rather, they are some key different historical concepts that have led to the specific reality within which we are examining responsibility and alcohol today. Exploring these will help us better understand alcohol, responsibility, and the contemporary relationship between them.

6.2. Alcohol, drunkenness, and nationhood

Alcohol does, and historically has, held a significant role within religion, notably Christianity. The Church historically played a significant role in popularising and culturally embedding alcohol within British culture way beyond alcohol's (contemporary) role in transubstantiation rituals. In early modern England, ale played such an important financial role in aiding church finances that in 1529 Henry VIII barred 'spiritual persons' involvement in running a 'brewhouse' (Nicholls, 2011, p. 7).

Contemporaneously, concerns about alcohol-induced social breakdown led to the introduction of England's first licencing act in 1552 (whereby anyone running an alehouse had to acquire licences in order to do so (Nicholls, 2011, p. 11)). In the same year, public drunkenness first became punishable under civil law (Edwards, 2000). Around the same time, at least one commentary (from Sir Walter Raleigh) about alcohol's negative effects on social cohesion actually comes close to mirroring contemporary language about the addictiveness of alcohol[59]:

> "*It is a bewitching and infectious vice. A drunkard will never shake off the delight of 'beastliness' for the longer it possesses a man, the more he will delight in it"* (Sir Walter Raleigh, in Edwards, 2000, p. 35-36)

The separation of the 'drunkard' from the 'vice' which 'possesses' him is an interesting precursor of current language around the potential loss of 'responsibility' due to addiction.

However, despite the introduction of legislation, for the next century or so alcohol continued to play a central role in socialisation for the British. So much so that, against perceived threats posed by introduction of wine and port to the UK, beer remained the key national drink in the late C17th, a "*symbol of honesty and a down-to-earth Protestantism - with all the political potential that associating such values with 'Englishness' could afford'"* (Nicholls, 2011, p. 31). Such was alcohol part and parcel with Britishness in the late 1600s, in fact, that multiple ballads were sung at the time suggesting that to not drink was suspect and, crucially, un-British (McShane, 2014).

[59] What I will refer to later in this chapter as the 'public health' model.

The association of alcohol consumption with camaraderie, friendship and Britishness runs counter to the popular historical narrative that in this period alcohol was drunk mainly because it was cleaner than water. Rather, it was something people enjoyed, and it played a central role in socialisation; it had an appeal over and above necessity. We see in this period the embedding of the cultural linkage between drinking and nationhood (both as drinking was popularised with assistance from state-sponsored churches, and as beer then became imbued with symbolic, nationhood-laden meaning), that remains a part of drinking culture today, and which we shall return to later in discussions of alcohol and responsibility.

So, why discuss this in a thesis on alcohol and responsibility? Two reasons, first, to show that even in the C16th there was a separation of the 'drunkard' from the 'vice'. In other words, that it has long been understood that there are in some cases instances where responsibility is not fully possible, or where the 'will' is impacted, by alcohol. Second, to show how deeply woven alcohol (particularly beer) is in British culture.

Alcohol (and beer) have a particular, deep-rooted role within British culture, that makes alcohol a unique entity to discuss when talking of responsibility. This tie to nationhood, history, as well as the pervasiveness of 'drink responsibly' messaging[60] today both point, perhaps, to the same goal. Unlike smoking, for example, which may one day cease in the UK (and is regulated much more strictly than alcohol, perhaps in part due to the significance of alcohol to British identity and socialising), it seems unlikely that alcohol consumption will cease. If we acknowledge this, it potentially brings the

[60] Which very significantly says 'drink responsibly' rather than 'don't drink'.

discussion of ‘responsibility’ and the role it plays within contemporary policy to the fore; to discuss how individuals ought relate to this substance that, for better or worse, is so deeply culturally and socially embeddedness in Britishness that it is unlikely to go away in the near future.

6.3. Moral panics: the ‘Gin Craze’ and its effects

Between the ascension to the throne of William III in 1689 and the middle of the century following, alcohol moved from being a tool of sociality, tied to religion and ‘Englishness’, to a source of moral panic. Alcohol (specifically gin) became a symbol of poverty, social collapse, and moral degradation. Parliament introduced five major acts to control gin consumption (1729. 1736, 1743, 1747 and 1751). The paradigmatic image of this craze was William Hogarth’s ‘Gin Lane’ in 1751 (Fig. 5). The print summarises the social threat posed by gin. To the left of the image, a couple in rags pawn off their worldly possessions in order to get money for gin, and the bestial nature of the drunkard is shown as a man fights a dog for a bone. In the centre, a baby is left alone next to a prematurely deceased mother, and someone has died by suicide in the top right. The two main figures are of a drunken mother who has dropped her baby, and an emaciated figure, we assume deceased, empty gin glass in hand. The print was produced to be viewed alongside ‘Beer Street’, an altogether happier scene. Here there are no emaciated figures, and there is plenty food to go round. Continuing the thread of nationalistic pride in beer consumption mentioned in the previous era, an inscription on the print reads “*Beer, happy Produce of our Isle / Can sinewy strength impart”.* As these two prints indicate – the Gin Craze was just that; a moral panic specifically tied

to gin; and was linked to the consumption of one particular substance (by one particular class).



Fig 5. 'Beer Street and Gin Lane' by William Hogarth (1751).

Figures differ in terms of total amount drunk during the craze, but Nicholls identifies that estimates for consumption in the peak of the craze are up to two pints a week for every man, woman and child in London (Nicholls, 2011, p. 37). The 'Gin Craze' effected such moral panic that, as Edwards notes, a speech was made in the House of Lords referring to 'debauched women', threats to the nuclear family, and national degradation (Edwards, 2000, p. 41). However, as Porter notes, the gin craze was also crucial in shifting conceptions of drunkenness. Whereas previously it was seen as in some cases a failure of self-control, the gin craze led to acknowledgement of the fact that when it came to drunkenness, responsibility (and the sin of a lack thereof) was not the whole picture. Drunkenness and heavy alcohol use was not solely down to:

> "*personal weakness of will: it needed to be understood in terms of a tyranny of habits which, reinforced by the chemistry of alcohol, became ever more ingrained and difficult to combat – indeed, engulfed the personality"* (Porter, 2005, p. 399)

The craze began to abate after the 1751 act, which added 20 shillings to annual licences, and only granting licenses to landlords in expensively-rented establishments who donated to the church or poor (Nicholls, 2011, p. 47). The cost of production also increased due to the rising cost of grain which, alongside poor harvests, impacted on availability. The combination of the 1751 act with these availability issues led, historians claim, to the craze being all but over come 1757 (Dillon, 2003).

The Gin Craze, then, is significant to our current debate for several reasons. First, as mentioned, it helped problematise the popularly held notion that drunkenness was a matter of 'personal weakness of will'. Here we see the historical antecedents to current debates about whether alcohol is a matter over which 'responsibility' can and should be exercised. Second, with the introduction of increasingly strong items of legislation to tackle the social harms, we can see the beginnings of ideas of using politics to tackle the 'harm' that alcohol poses both to individuals, and to societies[61]. It is not just that drunk individuals are a 'nuisance'. Rather, paternalistic legislation was introduced with the explicit aim of preventing harm. And third, uniting these two, in the fact that Gin and Beer were viewed so differently we see for the first time the explicit

[61] In a way that is noticeably different from Henry VIII's legislation, mainly based on political and religious grounds.

problematisation of working-class and female consumption (hence *'mother's ruin'*); beer, in moderation (as shown in the Hogarth image, was still seen as positive). As Critcher has noted, in the Gin Craze we see the historical foundations of or parallels to contemporary 'moral panics' around alcohol, gender and class (to which we shall return later) (Critcher, 2011). Responsibility, perceived need for paternalistic legislation to protect and prevent harm to the drinker, and the notion that different *types* of people drink (or respond to alcohol) differently, are all threads that have continued in the discussion up to today.

So, why discuss this in a thesis on alcohol and responsibility? This is particularly significant as in the gin craze (as an interesting historical precursor for C21st concerns around 'binge drinking') we see the notion that drinking can be in itself irresponsible, as is shown in the phrase 'mothers ruin'; there are certain societal expectations to which some people are held, and drinking in itself can be seen as a dereliction of duty and lack of responsibility.

6.4. Temperance

Another historical strand that is informative for contemporary discussions around alcohol and responsibility is the Temperance movement[62]. If the Gin Craze can teach us about historical antecedents of moral panics and the problematisation of the notion that drunkenness is a matter of 'personal weakness of will', the Temperance movement

[62] In this section I am talking about a generalised movement in the UK and Ireland from the early-1800s onwards, not to be confused with American prohibition in the early C20th.

in the UK can teach us about the historical antecedents for praise for moderation, and the idea of volitional self-control around alcohol being a moral value.

However, this is not to say that drunkenness was a moral failing per se. As Schrad notes, the 'father of British temperance' John Dunlop, who set up the Glasgow and West of Scotland Temperance Society in 1829 (later to be renamed the Scottish Temperance Society), argued that drunkenness was not a moral failing, but rather a natural consequence of a socioeconomic societal structure that benefits from generating addiction in certain groups (Schrad, 2021, p. 132-133). This is in no small part related to the fact that the Temperance movement in the UK began in Scotland and Ireland; a retaliation against what Schad refers to as the:

> "…'*colonizers' self-justifying alcohol narrative: painting a picture of 'savage' inebriety among the subject population as a justification for continued colonial domination and exploitation under the guise of a 'civilising mission'"* (Schrad, 2021, p. 134)

However, temperance is not necessarily to be tied to any one political viewpoint (Nicholls & Kneale, 2015). For example, in an article discussing the significance of Hindley Earnshaw's alcoholism in 'Wuthering Heights', Lock notes that Hindley's '*reckless dissipation*' is something of particular significance due to its result on the immediate family; with the 'drunkard's daughter' becoming an emblem of anxiety about the threat to social status alcoholism caused (Lock, 2019). This represents a particular strand of the argument for temperance that Lock argues grew out of the Brontë' sister's father's involvement in temperance as a "*traditional middle-class*

movement (comprised of) …clergymen and upper-class reformers". Despite the very different conceptions of the foundations of temperance, both accounts share the common theme that abstemiousness is key to a better future, whether for society (in the case of Ireland and Scotland against English rule), or the nuclear family.

Nicholls identifies separate temperance-focused societies that emerged in the early C19th, notably in Skibereen in 1817 and Manchester in 1809, before the American Temperance Society in 1826, which pledged not just the reduction of consumption, but international reform on a policy and industry supply-level also (Nicholls, 2011, p. 97). Even acknowledging the multiplicity of sources of Temperance, there are two strands of the Temperance movement of note; notably those that pledge Teetotalism, and those that promoted moderation (elsewhere referred to as 'moderate' vs 'other prohibitionists' (Fahey, 2020)) .

The aforementioned Irish Temperance movement, as well as providing a means of rejecting racist caricatures of the nation, also provided a mechanism through which Irish nationalists could spread their message (Nicholls, 2011, p. 105). Indeed, the parallels drawn between drunkenness and subjugation in Ireland were mirrored by similar arguments made by abolitionists in America. For teetotalists, drunkenness was to blame for the subjugation of the poor, social conditions which could begin to be reversed through complete abstention.

Beyond Ireland, Christian groups like the 'Band of Hope'[63] (est. 1847) were established to teach children the importance of teetotalism. Within this movement, teetotalism was

[63] Which still exists in a different form today, as 'Hope UK'

a way through which young people were able to conceive of themselves as having political agency', through being what has been referred to as 'good and responsible' citizens (Nicholls & Kneale, 2015). Due to the previous historical developments whereby alcohol was seen to threaten one's control over oneself, as well as nationalist movements where drunkenness was seen to impact on political agency and freedom, we can see in teetotal temperance movements the championing of the idea that 'responsibility' required total abstention, for clarity of thought and action.

It is important to note that early C19th temperance movements did not pledge total abstemiousness. Indeed, the centrality of consumption mentioned in previous sections remained hugely prevalent, and the idea remained that to decentralise the pub in socialisation would be to "*tear out the heart of the community"* (Nicholls, 2011, p. 101). Despite pushes for a total prohibition on alcohol (which we will get to shortly), for many the Temperance movement was defined by self-restraint and moderation, rather than total abstention. Indeed, in 1907, The National Temperate Society was comprised of:

"*That class of the community known as 'moderate drinkers', men who after a day's work enjoy an hour or two's social intercourse on licenced premises"* who joined the temperance movement with the aim of "*resisting any unreasonable interference with the liberty of pleasing themselves"* (The Manchester Courier, quoted in Hands, 2018)

So, why discuss this in a thesis on alcohol and responsibility? Through both teetotal and moderate temperance movements, we can see two strands developing that remain key to discussions of alcohol and responsibility today. First, teetotal temperance

advocates, aware of the 'threat' posed by alcohol and drunkenness, deemed total abstention 'responsible' qua responsible citizenship. Second, in moderate teetotal movements, we see the development of 'responsible drinking' in terms of 'moderate drinkers', and a consequent further separation between the disease concept (alcoholism), and those who were, for whatever reason, able to consume in 'moderation.

6.5. Alcohol and addiction

It is worth noting briefly here however the trajectory that the concept of 'alcohol addiction' has taken. This is not to say that alcohol addiction did not exist as we see it today before the concept was developed, but rather to outline how the move to a medicalised conception took place.

Though of course there is no clear line in the sand, there has historically been a shift in the definition of addiction (or what was historically called 'habitual drunkenness') from being a 'sin' to an issue worthy of medical attention. The 17th and 18th century in Britain saw an increase in social and political concerns over the effects of alcohol. Along with this, there was an increased reflection on the causes of 'habitual drunkenness'. Nicholls points out that in 1673, though theologian Richard Baxter still ultimately identified drunkenness as a sin, in his *Christian Directory* he identifies factors such as lack of knowledge about what drives the decision to drink, and the role of social pressure in increasing drunkenness (Nicholls, Gresham College, 2013). In the 18th century, many began to ask what it was that made the drunkard 'incapable of reason', and Benjamin Rush introduced in 1784 the concept of a 'moral thermometer'; whereby habitual

drunkenness was a sin, but one that could be understood on a scientific scale (Nicholls, Gresham College, 2013).

In 1870 the 'American Association for the Study and Cure of Inebriety' was established in New York. The group actively argued for compulsory seclusion for "*a sufficient length of time for their permanent cure",* but the language of their statement of intent is informative; it opens with the line *"Inebriety is a disease"* (Edwards, 2000). There is a clear shift between alcohol addiction as a sin for which the sinner can be blamed, and a disease for which the habitual drunkard need not necessarily bear responsibility. This is reflected in Charles Dickens' language on Temperance:

> "*If they would rest their cause on the fair ground of temperance for those who can be temperate, and total abstinence for those who cannot be temperate"* (emphasis added – quoted in (Nicholls, 2011)

It is worth noting, as should be expected, that this generalised historical shift in conception of 'habitual drunkenness' from sin to disease was not universally accepted. Intense and blame-laden disapprobation of the 'habitual drunkard' (and those addicted to other substances) remained (and in places remains today). In 1915 Dr Arthur Shadwell argued that "*The primary malady is not physical but moral…Every desire which any individual fails to resist is to that individual an irresistible craving, and in no other sense is the drunkard's craving irresistible"* (Shadwell, 1915). In this quote, the tension that the assignation of alcohol addiction as a 'disease' has with the notion of 'responsibility' is clear.

Both Edwards and Mann et al identify the development of Alcoholics Anonymous (in the 1930s) as a key turning point in the recognition of the disease concept of alcoholism (Edwards, 2000; Mann et al., 2000). Not long after (in 1954), the WHO recognised the existence of significant withdrawal symptoms (delirium tremens), further adding to the medicalised notion of alcohol addiction (Mann et al., 2000). With this (and significant other developments, such as the inclusion of alcoholism in DSM-I in 1952), the scales had generally shifted to recognition of alcoholism as a medical issue and not (or, at least, not solely) a sin or failing in the individual.

It is clear from the development of the history of understanding the relationship between alcohol and addiction that there is a tension between the disease of addiction and the notion of responsibility. In short, we may not want to ascribe or refer to 'failings' of responsibility in some cases when addiction is present. Where we draw the line is a separate question, but it is of note specifically insofar as this provides a lens through which to examine the extent to which we can justifiably use 'responsibility' messaging.

6.6. The move to a 'Public Health' model

A final key historical thread to outline before moving on is the development, popularisation, and dominance of a 'public health' approach to alcohol in the latter half of the C20th, which has retained a dominant lens through which alcohol issues are

viewed now[64]. Under the public health model, alcohol and drinking came to be seen as a health issue relevant to the whole population, rather than specific groups (such as the 'habitual drunkard', or children) (Nicholls, 2011, p. 199). The public health model is premised on the idea of each citizen's internalisation of knowledge of risk, and ability to act in a way reflective of this awareness.

The disease model of alcoholism was a thread that led into this paradigm, as stated by the inclusion of alcoholism in the second edition of the Diagnostic and Statistical Manual in 1968 and the formation of Alcoholics Anonymous in 1935. In short, the introduction of the public health model to UK alcohol policy was a precursor to what Geoffrey Rose discussed in 'Sick individuals and Sick populations' (Rose, 1985). Rose's seminal epidemiological work discusses the comparative values of a 'High risk' vs a 'Population' strategy (i.e. a clinical approach aiming to conduct preventative work with high-risk individuals, as opposed to a population-wide approach which aims to decrease the overall risk in the population, in so doing preventing more burden of disease overall than just targeting high-risk individuals or groups).

UK alcohol policy adopted this exact stance in the late 1970s, moving from attention on the individual with an alcohol problem, to understanding alcohol as an issue to be addressed primarily through the adoption of an epidemiological lens. One of the seeds of this shift was the 'Ledermann curve'; which aimed ot demonstrate that increased consumption in a population led to compounded increases in harmful drinking (Nicholls, 2011, p. 206), and that subsequently alcohol-related issues ought be tackled

[64] Note that this does not supplant social understandings inherited from the previous eras. Elements of these remain, but the 'Public Health' model introduced a new lens through which to view alcohol issues.

at a population level. A key tenet of this approach, that remains a central part of alcohol policy today, was the introduction of 'sensible drinking' limits.

By the mid-late 1980s, UK policy identified a safe limit of 21 units for men and 14 for women, which signalled a reduction in previous recommendations (the Royal College of Psychiatrists Special Committee on Alcoholism (1979) recommended a maximum consumption of approximately 8 units per day (Ball et al., 2007)). The same group advised in 1986 that potential for harm increases greatly above 50 units of alcohol per week for men and 35 for women, and the general consensus was lowered to 3-4 units a day for men and 3-4 units a day for women in the government's 1995 'Sensible Drinking' report (Department of Health, 1995) (Ball et al., 2007). Men and women are now advised not to drink more than 14 units per week, with it being recommended that these units are spread over 3 days or more (NHS, 2022b). Clearly, what matters here is to an extent what the specific guidance is[65], but what matters more to our debate is the very introduction of population-wide, generalised guidelines by which individuals (and emergently society as a whole) could learn to drink in a 'sensible' manner.

This is echoed in the 1994 publication of the WHO report 'Alcohol Policy and the Public Good'; with the stated aims of alleviating population-wide alcohol problems through introduction of guidelines "*intelligible to the ordinary citizen*" (Edwards, 1997). This approach, dubbed by Edwards and colleagues as the 'Alcohol problems

[65] As Nicholls notes, attention has been drawn to the 1987 Royal Colleges of General Practitioners, Psychiatrists and Physician's recommendation that limits be set at 21 units for men and 14 for women – with member Richard Smith claiming these figures were "plucked out of the air" (Nicholls, 2011, p. 212). This is however not to take away from the perceived value of these figures, if these limits were introduced as a way to introduce a universalizable comprehensible figure, as opposed to identifying longitudinal health risks of consumption for each individual (which, of course, is not possible – the amount and pattern of drinking that may induce cirrhosis in any given individual is inevitably speculative).

perspective', explicitly moves beyond viewing 'alcoholism' as the key problem, and extends concern to events, accidents, chronic illness, psychological harms, and those who are harmed by someone else's drinking (Edwards, 1997). This approach, typified in the UK by the 'Drinking Sensibly' report (Department of Health and Social Security, 1981), explicitly encouraged personal responsibility over consumption, and in the framing of alcohol-related issues as a population-level problem, carried with it the corollary that drinking in a way that was not perceived as 'responsible' was to potentially be met with moral disapprobation; as the harm was not just to the individual drinker, but to the society as a whole of which that individual was a part. As Nicholls writes, this approach was:

> "*an expression of the classic liberal argument in which moral responsibility was inextricably tied to individual freedom"* (Nicholls, 2011, p. 209)

The road to the introduction of the 'Drinking Sensibly' report, however, was not smooth. The Department of Health and Social Security (1968-1988) began work on the document in 1977. Not everyone within the department was convinced of the Ledermann thesis (Mold, 2020), and an initial iteration of the report encouraged tax and price controls. These recommendations were questioned by other departments (Department of Trade, Customs, Excise, Home Office, Treasury), and it was argued that such approaches would impose punitive measures on undeserving 'sensible drinkers' (Mold, 2020). Upon publication, as Mold notes, most newspapers reported on the publication of the 'Drinking Sensibly' report (Department of Health and Social Security, 1981) by focusing specifically on the fact that the government was *not* recommending tax increases. Indeed, the population-wide approach was introduced in

such a way that the 'problem' of alcohol was presented as an issue able to be dealt with by an individual with agency able to ingest advice and recommendations and adjust behaviours in line with this received information.

Notably, and importantly for our debate, there was not (and arguably, conceptually, could not be) a particular benchmark or figure to which 'sensible drinking' was tied. Alcohol metabolises differently in different people (and indeed within the same person, depending on whether or not a person is full, for example). By virtue of this population-wide, generalised approach, the waters inevitably begin to get murky. What is at stake in the population-wide approach (as opposed to paradigms that have come before), is the introduction of an ideal (the 'sensible drinker'), and some rough guidelines to guide rational, autonomous citizens towards this goal.

So, why discuss this in a thesis on alcohol and responsibility? The public health approach built on other approaches and understandings outlined above. Specifically, the public health approach led to the population-level dissemination of the importance of individualised approaches that are central in 'drink responsibly' messaging today, particularly in exhortations for everyone to 'drink sensibly', and provision of related unit recommendations by which to judge this.

6.7. Conclusion

I have not aimed in this chapter to examine in depth the entire history of alcohol within the UK. However, it is useful to examine some of the historical threads that have fed into and shaped our contemporary understanding of alcohol, and in particular the

relationship between alcohol and responsibility. There is more to the relationship between alcohol and responsibility than may at first appear to be the case when we are focusing on contemporary 'drink responsibly' messaging. The impact of this fact is twofold. First, it further highlights a potential separation between the concept of responsibility (or what responsibility *is*), and what we understand by 'drink responsibly' messaging. In so doing, it highlights that even if we were to argue that 'drink responsibly' messaging as used in contemporary policy is problematic (as presented in the 'alternative' argument in *Chapter 4*), it may be hard to get rid of responsibility talk qua alcohol altogether, as it is much more deeply, richly embedded than the 'drink responsibly' debate may at first suggest. This is a foundation of an argument that I shall return to in *Chapter 8*.

The relationship between alcohol and responsibility as discussed in this chapter can be outlined as follows. First, alcohol's tie to 'Britishness', and the imbibement of beer being a particularly (proud) British thing. Alcohol has long been tied with national pride and sociability within Britain, a contingent social value ascribed to alcohol that goes beyond any one particular era. As Schrad states, "*British history is soaked in alcohol*" (Schrad, 2021, p. 130). Next, we see in the Gin Craze is a historical antecedent for contemporary moral panics around alcohol, and tied to this moral panic we saw anger and disappointment in individuals failing in their 'responsibilities' (for example as mothers) by succumbing to the 'mother's ruin' (gin). From disapprobation regarding lack of responsibility, the temperance movement in the UK began to present responsibility, moderation and for some abstention as morally praiseworthy, and a source of (in the case of some Irish and Scottish temperance movements) breaking free from the colonial rule of the British. The history of an understanding of addiction to

alcohol provides an understanding of how 'responsibility' is not necessarily enough in all cases; everyone may react differently, and when in the thrall of an addiction the notion of 'responsibility' seems problematic to turn to as a way to prevent harm, given the extent to which addiction leads to compulsive consumption[66]. Within the last 50 years, conceptions of how to tackle alcohol-related harm have shifted, with moves to a population-wide approach which requires 'responsibility' of the individual for the good of both self and society.

[66] Some have contested the notion that addictions compromise a person's self-control (see for example Foddy & Savalescu, 2010). However, though an important and interesting debate, is beyond the scope of this current discussion to debate whether addiction does or does not undermine self-control. The focus here is historical underpinnings and justifications for retention of 'responsibility' discussion qua alcohol.

7. What is Responsibility?

It is now time to turn to the concept of 'Responsibility 'itself. In examining responsibility in contemporary policy (*Chapter 2*), the development of 'Responsible Drinking' narratives (*Chapter 3*) (which together I have referred to as the 'traditional' account), and the 'alternative' account from the commercial determinants of heath against the centrality of 'responsibility' within contemporary policy (*Chapter 4*), it has become clear that what the responsibility in 'drink responsibly' is arguably ill-defined. *Chapter 6* highlighted that there (at least historically) has been more to the relationship between alcohol and responsibility than 'drink responsibly' messaging. These discussions have focused on how responsibility is talked about, or perhaps how the concept is used.

So what of 'Responsibility' itself? Across the separate contexts in which 'drink responsibly' is used, and the different purposes it serves, conceptually, what (if any) constituent parts does it have? How (if at all) do different responsibility concepts relate to one another? Are there things we can learn about 'responsibility' itself that can breathe some clarity into responsibility in these different contexts? It is the purpose of the next two chapters to examine these questions. In this chapter, I turn to the concept of responsibility to try to examine responsibility itself.

7.1. Existing taxonomies

Significant research has gone into attempting to create taxonomies of responsibility concepts[67]; examining descriptive and normative usages that include (but are not limited to) responsibility defined as:

- being the cause of something
- having a task to complete
- having authority
- having the ability to act in a certain way
- a dispositional character trait
- a moral obligation
- accountability
- blameworthiness
- liability.

For example, Vincent provides a structured taxonomy of responsibility concepts, drawing on terminology from HLA Hart to identify six separate conceptions of the term (Hart, 2008; N. Vincent, 2010). Van de Poel identifies nine conceptions which overlap with and expand upon Vincent (van de Poel, 2011). More recently, Kiener traces the history of the notion of moral responsibility; from the Aristotelian notion of 'hekon' (i.e. voluntariness, wherein blameworthiness only attaches to voluntary actions), through the scientific revolution and Hobbes' views around the will and mechanistic determinism, to modern political emphasis on the responsibility of the individual (Kiener, 2023). Work has also been conducted analysing responsibility qua reactive

[67] See Annex 1 for a table that outlines over 20 different conceptions of 'Responsibility' as discussed in contemporary philosophy.

attitudes (Fischer & Ravizza, 1998; Strawson, 1962). More recently, research has investigated the relationship between responsibility and distributive justice (Daniels, 2011; Hurley, 2011; Knight, 2011; Vallentyne, 2011).

I do not here aim to examine each of these notions, taxonomies, and constituent parts of responsibility in turn. This would be the subject of multiple theses, and would not go far in helping us understand and analyse the concept of 'drinking responsibly'. Instead, I highlight specific responsibility concepts that are relevant to and at play in the alcohol system and the 'drinking responsibly' narrative and use this as a stepping stone for later analysis. When doing so, I highlight how the conceptions within this chapter map onto/overlap with previous conceptions. With the intentions of this chapter outlined, we now turn to some senses of 'responsibility' that have some impact on our current debate.

7.2. Causal responsibility

The foundational notion of responsibility that I will build discussion around is what is often referred to as 'causal' responsibility (see for example Hart, 2008; van de Poel, 2011). To focus on human agents specifically, a person is causally responsible insofar as they perform (or fail to perform) an action that, as a knock-on consequence, leads to something else being the case. Put differently, agent A is causally responsible for X when something that they did (or did not) do caused X to be the case. A key differentiation to make here between this conception of responsibility and others (to which I shall turn shortly), is that it is not normatively loaded; it is not 'good' or 'bad'

that I am responsible in this way. It is (or shall be taken to be here), a non-moral statement of fact about causality in the world. Consider some examples:

- I dropped my pint glass. Upon impact, the glass broke and liquid spread out on the floor. I am causally responsible for the glass breaking and for people getting sticky shoes in the pub.
- If I had bought and consumed a significant number of pints before I dropped the glass, which cumulatively had an impact on my motor skills, which in turn caused me to drop the glass, we can say that I am causally responsibly for the glass breaking, and causally responsible for making myself drunk. If I buy myself a drink, I am, all else being equal, response for the effect it may have on me
- Or, to use Hart's example, if the captain of a ship is inebriated, we can say that the alcohol consumed by the captain caused his drunkenness (Hart, 2008; N. Vincent, 2010). This example is particularly explanatorily useful, as it highlights the non-normativity of causal responsibility (as explained here), to which I shall return again shortly. The alcohol itself is the subject of the sentence.

These examples demonstrate causal responsibility as we are able to see that, given that event Y has occurred, we are able to see in hindsight (and we may have been able to predict with some certainty beforehand) that Y was preceded by X, and that Y would not have happened had it not been for X, and therefore X caused Y. This does not mean that X necessitates Y (in the dropping the pint glass example, in a different (carpeted)

pub the glass could have bounced, meaning the shattering and consequent shoe-stickening might not have occurred).

As mentioned, a key thing to note about causal responsibility is its non-normativity. That a person can be called 'responsible' in this sense need not be good or bad, noteworthy, praiseworthy or otherwise. For example, if open a door I am responsible for the hinges that link the door and the door jamb moving against each other. I am responsible as I have caused this event, but I am not by necessity morally blameworthy or praiseworthy here. Just as, above, the alcohol consumed by the ship's captain is responsible for his inebriety. I am stressing this point to help differentiate causal from moral responsibility, to which I shall turn shortly.

Non-normativity, however, does not imply non-debatability[68]. Ascriptions of causal responsibility are fallible, and the fact that someone can be causally responsible in a way that does not imply moral responsibility does not mean that the ascription of responsibility cannot be mistaken. Relatedly, causal responsibility is open to interpretation. Exchanges of the form 'X caused Y', 'I disagree, Z caused Y' are common. Additionally, there can be degrees of causal responsibility. There is a lively history of debates around degrees of responsibility in terms of moral responsibility (Coates & Swenson, 2013; Fischer & Ravizza, 1998); but arguably the same can be said for causal responsibility. I have mentioned that qua causal responsibility one can be responsible or not, but not 'irresponsible'. I will discuss this in more depth later. Additionally, we could say that an agent is 'partially' or (colloquially) 'a bit'

[68] To use other language that will be explained later, for causal responsibility it makes sense to say 'not responsible, but does not make sense to say 'irresponsible'.

responsible. In fact, rarely when we invoke causal responsibility do we imply full responsibility; though causal responsibility can still be ascribed if the action is one of several that brought the result about. I will explain how causal responsibility relates to other conceptions of responsibility (and to responsibility as discussed earlier within this thesis) shortly. First however, with causal responsibility laid out (as it may be foundational to other conceptions), I move onto 'moral responsibility'.

7.3. Moral responsibility

Though broadly the same as causal responsibility in terms of being an ascription of responsibility related to a cause of an action, it is worth differentiating between 'causal' and 'moral' responsibility. While the former is descriptive, the latter, in addition to this causal element, is normative. Moral responsibility refers to the responsibility of an agent and the rightness or wrongness that relates to this responsibility (Hart, 2008; Knight, 2011). Moral responsibility and discussions around justification of assignations of 'right' and 'wrong' has an extremely long history; from Greek philosophy (Adkins, 2021), through Kant (Bacin, 2013), and as a central concept debated in discussions around distributive justice (Knight & Stemplowska, 2011). I do not here examine the whole history of the concept; nor do I enter into the fascinating (but here tangential) related debates about free will and determinism (thus eschewing lively and important debates about compatibilism, (doxastic) (in)voluntarism, and so on (McKenna, 2008; Strawson, 1962)).

A key to understanding the distinction between causal and moral responsibility is the notion of 'blameworthiness'. One can be accountable (Hurley, 2011) for something qua

'causal responsibility', but only insofar as one is the cause of that event. There is no attachment of moral judgement. If one is causally responsible, *and* this is the kind of thing that can be deemed good or bad on a moral level, then they are also morally responsible[69]. For example, if I buy my friend (a recovering alcoholic) a drink, I am in a sense responsible (being aware of the trigger that alcohol is for them) for their consequent resumption of unhealthy alcohol-related activities. Or, to further the example, consider two parallel cases. In one, I buy my friend a non-alcoholic beer and (unbeknownst to me) the bartender pours an alcoholic one instead. In the other, I tell my friend I am buying them a non-alcoholic beer, but decide instead to give them a drink containing alcohol, I am causally responsible in both cases (I bought the drink that led to the unravelling), but the latter case (due to the awareness I have and the deceit involved) appears a lot less morally acceptable. I will turn to why this may be the case in the next section, but at this juncture it is sufficient to show that I am morally responsible if I cause a future event to happen, and am deserving of moral approbation or blame due to the quality of the action; an action which is appropriate for moral assessment.

The example is informative as it highlights another difference between moral responsibility and causal responsibility. Traceability appears to apply more in the case of moral responsibility than mere causal responsibility. Traceability refers to

[69] Though the division is often made in the literature between 'causal' and 'moral' responsibility, the relationship between the two (and the supervenience of the latter on the former) is perhaps more clearly outlined linguistically by Hurley within the luck egalitarianism literature, who refers to 'Primary' and 'Secondary' responsibility (Hurley, 2011). The former is accountability for an action or event, and the latter is the desirability, and reward-deservingness of the action or event. Hurley further disambiguates these conceptions by referring to 'Primary responsibility' as 'responsibility' and 'secondary responsibility' as 'deservingness' (Hurley, 2011). While I acknowledge the usefulness of this clarification, hopefully it is clear and understandable why I do not muddy the waters with this terminology within the text.

responsibility being ‘traceable’ to early actions (or omissions) undertaken by the agent at an earlier time (Talbert, 2024). For example, if I am responsible for X, and X causes Y, which causes Z, through ‘traceability’ I am responsible for Z also[70]. Specifically, I could in a sense be seen as morally responsible for actions that I am not directly causally responsible for. I am not directly causally responsible for my friend having his eighth pint two weeks after I bought him his first one. He, the bartender, his current company etc could be causally responsible in a less-diluted way than I am (given the time that has elapsed). However, given the traceability that seems to apply here, I could still be seen as morally responsible.

Or, to be perhaps more precise, given the multiplicity of contingencies, I am not necessarily directly causally responsible for my friend drinking too much, being sick, missing work, feeling remorseful and choosing to mollify his hangxiety in one specific pub with more drink two weeks after I get him that first drink. He could have acted differently, ended up in a different pub, and so on. I may have been the first domino, but this is heavily diluted in terms of direct non-normative causality two weeks later. This later drink at this later time and place is dependent on a range of contingent decisions, actions and factors. However, contingencies of direct descriptive cause and effect aside, I can still be morally responsible in some more meaningful sense than with causal responsibility. It does not matter which pub he is drinking in, or which schadenfreude-driven acquaintance is now encouraging him to drink more. The fact that he is doing any of these things is a result of my initial action that set him on his path. What is at stake here is what counts as a relevant cause to pick out. If I have

[70] We could also use the phrase ‘derivative responsibility’ here, whereby an agent’s responsibility for an outcome may derive from their responsibility for a causally related action (Talbert, 2024). I use ‘traceability’ here as it refers to tracing backwards through links in the chain, rather than responsibility for Z deriving from performance of Y.

obligations/duties to look out for my friend and not facilitate his slide back into drinking, then my morally blameworthiness is particularly interesting (prominent, relevant) in a way that my causal responsibility (as one of only many contributing factors that led to the subsequent drinking behaviour) is not.

I will delve into this potentially counter-intuitive relationship more when going into more detail about the relationship between moral and causal responsibility. For now, and in short, it suffices to say that moral responsibility is a normatively-loaded version of causal responsibility, and that it is sometimes possible to trace moral responsibility back to a point in time prior to the event of interest actually happening. Within a discussion of 'drinking responsibly', this traceability principle is key. If moral responsibility did not allow for traceability, the ascriptions of blame (or moral judgements generally) for actions related to intoxication would be impossible[71].

This does raise a question. Must I be aware of an action's consequences in order to be morally responsible? I will turn to this directly in the next section, as it is a crucial question to address before we move on. It is worth stating in advance, however, that requiring full awareness of consequences is potentially too high a bar for moral responsibility. Otherwise, those actions for which people are morally blameworthy are only those that are perfectly thought out, reasoned, and so on. An ethical theory whereby only the actions of homo economicus can be assessed as moral is not much use as an ethical theory. People tend not to think in that way.

[71] Dimock et al, however, problematise the use of the tracing principle (as it exists in law) qua intoxication (calling into question the view that when a person is responsible for their reduced mental capacities through self-induced intoxication they are still responsible due to full capacities when first drinking) (Dimock, 2011). This, however, is a debate about the legal justification of the use of the tracing principle as it relates to capacitarianism in terms of intoxication, and so is not directly relevant here.

7.3.1. Epistemic and control conditions of (moral) responsibility

Paradigmatically within the literature, it is generally agreed that there are two necessary and jointly sufficient conditions that must be met in order to hold someone morally responsible for some deed. These are the 'epistemic' and 'control' conditions of moral responsibility. The control condition refers to whether or not a person has (a certain level of) control over their actions, and the epistemic condition refers to whether a person has sufficient knowledge and/or was in a suitable cognitive/intellectual state in order to be held accountable[72].

Consider, once again, the friend whose alcohol-dependence was re-invigorated by my getting them a drink. Qua epistemic and control conditions of moral responsibility, I will have to have met both the epistemic and control conditions in order to be held morally responsible. So, what would this look like? It is clearer to explain by outlining what it would look like if those conditions were missing. If I buy my friend a drink that kick-starts his harmful alcohol behaviours once again, but I am *completely unaware* that he has a troubled history with alcohol, I may be seen as causally but not (necessarily) morally responsible for the subsequent behaviour.

However, to refer briefly to 'capacitarianism', we may want to say that I am blameworthy if I did once know but had forgotten. As a friend, it ought be an obligation

[72] I acknowledge that there is a long, storied, and ongoing discussion regarding the challenges posed to both the epistemic and control conditions of moral responsibility. For the former, there is ongoing debate about doxastic involuntarism (lacking direct control over beliefs). However, these debates are theses in themselves. For the debate at hand, it is sufficient to outline the epistemic and control conditions, and how these relate to moral responsibility.

of mine to look out for and help my friends. To have forgotten such a deeply important fact may be a dereliction of duties, and so I may be deemed morally responsible as I did once meet the epistemic condition, and ought to have retained that information. And, to further the example, if I am fully cognizant of what will happen when I put the drink in front of him, I meet the epistemic condition and am thus morally responsible. A key thing to take from this example is the notion of 'capacity'; one has to have certain capacities in order to meet the epistemic condition. For example, if an individual cannot read, we are unlikely to blame them for not taking in written information. They lack the capacity that is required in order to take in the information.

Let us turn to the control condition. This refers to my having sufficient control over my actions to be correctly deemed the person 'responsible'. In the case of my friend and his drinking problem, if I am aware that he will suffer as a result of me encouraging him drinking the first pint, and I have control over my actions, then I am apt for being deemed morally responsible. However, we may be more hesitant in apportioning moral responsibility (and blame) if it looks like I do not have control. Say I am under hypnosis, or am being forced to get him the drink by a third party who threatens to kill me if I do not. My coercion makes it look like I do not have full control, and hence may not be deemed (fully) morally responsible[73].

There are more nuances in both the epistemic and control conditions that will come out as we progress through the discussion, but it is sufficient at this stage to have explained

[73] I also acknowledge here the debates about coercion and moral responsibility (see for example Arnold, 2001; Bagnoli, 2023; Frankfurt, 2015). Though interesting, these do not overlap sufficiently with the debate about responsibility and alcohol to be of relevance here.

what they both are, and how they contribute to a picture of 'moral responsibility 'before moving on.

7.4. Being 'sensible'

Within the alcohol system, responsibility expands beyond moral and causal responsibility. Another conception is of responsibility as 'sensibleness'. In other words, *acting* in a 'sensible' way; not causing undue harm to the self or others. A range of factors about context determines if something is sensible in this way. The same act can be sensible in one situation and not in another. Sticking to two pints in the pub could be sensible, sticking to two pints before your PhD viva, when driving, or when at a child's birthday party - less so. It is this sense of responsibility we invoke in some cases when someone is called a 'responsible' drinker. I can say that someone is responsible whenever they drink, as they have a strict three-pint limit as they know that when they have the fourth they are liable to get too chatty and annoy their mates and/or send that long paragraph text to their ex.

As suggested above, what 'sensible' is is context-sensitive (not to be confused with culturally relative). In turn, naturally, what 'responsible' is depends on notions of what 'sensible' is, which is obviously a changeable definition. If we are talking about what it means to be sensible in the context of alcohol, this can change from context to context, and has also changed significantly over time, as indicated in *Chapters 3* and *6*. The Tap, the pub of choice for all my friends and family in Dorset, has been a pub for about 150 years. Naturally, what was considered 'sensible' drinking 150 years ago

and now may have looked wildly different (as I have expanded upon elsewhere[74]). The same person could sit in the same corner of the pub once every ten years and not change his drinking habits and potentially fall in and out of classifications of 'sensible' as legislation, social norms, scientific and medical understandings of alcohol etc, all oscillated around them.

Indeed, a central notion to bear in mind throughout this discussion (and when discussing alcohol (and the history thereof) generally) is that what counts as 'sensible' when discussing alcohol has varied significantly. To summarise some threads discussed earlier within this thesis, 'Responsible Drinking' limits have changed significantly over the previous five decades in the UK, with civil servants stating that the first 'sensible drinking' recommendations were "plucked out of the air" (Nicholls, 2011, p. 212)[75]. Drinking a small glass of red wine in the evening was seen as 'sensible' for a significant amount of time before the supposed cardioprotective quality of red wine was proved to not be the case (arguably was debunked as a marketing ploy) (Requarth, 2023).

[74] Interestingly (and as fleshed out in the section earlier in this thesis on the British temperance movement), using a 150-year old pub in this discussion may be an inopportune choice as 1870 was at the peak of the UK temperance movement, which fizzled by the end of the century. This is explored in depth in the previous chapter. Conceptions of 'sensible' 150 years ago may align a lot more with contemporary accounts of 'sensible drinking' than at any other period during the intervening years. In reality ultimate 'sensible drinking' as being non-consumption is a notion that potential C21st epidemiologists and public health practitioners and certain members of British 1870s society could agree on. In 1876 the British Women's Temperance Association was formed, and legislation in 1879 (the Habitual Drunkards Act) was deemed insufficient for many who were starting to view 'drunkenness' as a disease not a vice. Indeed, in the 1870s and 1880s the temperance movement received support from the Liberal party during Gladstone's era; particularly noteworthy given Gladstone's appeal to some of the working class, who played a significant role in the temperance movement.

[75] This could be phrased in the language of epistemic and control conditions of moral responsibility. The provision of unit guidelines was meant to provide individuals with the knowledge of what 'sensible' drinking looked like. To take this to its conclusion, someone can be seen as being 'morally responsible' (or blameworthy, deserving of disapprobation) for not drinking 'responsibly' if they meet the control condition (are in control of whether or not they drink) and know what 'responsible' looks like; are aware of and choose to transgress recommended unit suggestions.

Similarly, guidelines from the Royal College of Physicians given to the UK government in 1987 allowed for 'sensible limits of drinking' for men at 150% what is now perceived to be 'sensible'. Similarly, in 2016 (when UK guidelines were updated from previous ones set in 1995), the recommended upper limits of 14 for men and women in the UK differed from other countries where, for example, recommended safe limits for men were almost twice the amount than for women in countries such as US and Denmark (and in both countries the upper recommended amount was higher for men than recommended in the UK and lower for women than in the UK), and where men in Spain could drink almost 20 units more per week than those in the UK and still be within the recommended upper limits (Arnett, 2016). All this to say, what is 'sensible' (and, consequently, 'responsible') is possibly context-sensitive.

Before moving on, a question naturally arises: why should I be sensible? And is there any obligation to act this way, either related to alcohol or otherwise? I recognize the importance of this question here, and answer it in more depth in the next chapter, when examining how responsibility qua sensible relates to the concept of 'drinking responsibly'.

It is worth distinguishing a second point. We have so far discussed sensible qua responsible. Related to alcohol, a second point arises. With alcohol, we often mean responsible qua sensible when we are talking about 'drink responsibly'. But there is a significant elephant in the room. There may be a notion, perhaps, that sometimes being sensible is not 'fun'. Or, rather, it is fun to not be sensible. It is often this idea that is referred to when people talk of the 'nanny state'. A notion, perhaps, of public health as a puritanical discipline that treasures health over all else, even when as humans we may

treasure fun, being drunk, and reckless abandon. We are, after all, homo sapiens, not homo economicus.

Changes have occurred significantly in dominant advertising narratives between e.g. NTE (nighttime economy) and hedonism-focused advertising in the late '00s to increased prevalence of low- and no-content drinks now. But nevertheless, subverting exhortations to be 'sensible' is, for want of a better phrase, part of the fun. Advertising of alcohol often relies on the promise of fun, congeniality, camaraderie, and sexual success once that limit of maximum recommended unit consumption has been reached and exceeded (Atkinson et al., 2017b; Gunter et al., 2008; Hastings, 2010). Not being 'sensible' is part of the appeal, and controlled irresponsibility (or 'responsible irresponsibility') is important in alcohol advertising campaigns, and it is implicitly suggested that on a three-part spectrum, hitting the middle sweet spot is key (a spectrum that runs: Strictly responsible qua 'sensible' > responsible irresponsibility > irresponsible irresponsibility). It is important to mention that the middle part of the spectrum is often what people enjoy.

To illustrate, consider the below Dance Floor / Toilet floor Drinkaware advert from 2012.



Fig. 6. Drinkaware 'Dance floor / Toilet floor' poser (2012).

Drinking until social inhibitions are lessened is presented as desirable here, drinking until vomiting is not. However, the likelihood is that there is a significant grey area between exceeding the 'sensible drinking' guidelines and alcohol-induced vomiting for a lot of people. This shows an inherent complexity in the notion of 'sensible'. It is, to some extent (as the Drinkaware ad and the fact of changing unit recommended limits shows) subjective.

'Sensible' can refer to both an action and a trait. This is referred to as 'being sensible' and 'acting sensibly'. The former is a trait (qua behavioural characteristic), and the latter can be much shorter term. Relatedly, the former says something about the agent, whereas the latter appraises an action. Someone choosing to limit their drinking so that they can be clear-headed tomorrow can be said to be acting responsibly. This was a sensible decision to take, and so we can say they made a 'responsible' decision. If someone generally, as a rule, performs sensible actions, then we could say that, as a person, they are sensible. Transitively, we may refer to them as being 'responsible' in

this way. The repeated performance of (or disposition towards performing) sensible actions is such that we want to say that, as an agent, they are responsible. Though this may seem a trivial distinction, it is nonetheless important to make. Specifically, because not all actions or behaviours that we deem sensible need be manifestations of an agents' trait-sensibleness. People we may generally see as irresponsible can make responsible (qua sensible) decisions, and responsible people can make irresponsible decisions. 'Being sensible' is a personality trait that (likely) leads to the performance of repeated sensible actions. From seeing one sensible action we are unlikely to be able to infer whether the actor is themselves sensible. The two come apart, refer to different things, and one may be present without the other. However, nevertheless (and for clarity at this stage) we may frame 'being sensible' as the disposition to perform 'sensible' acts.

So far, we have discussed 'causal responsibility' which refers to non-normative responsibility descriptions, 'moral responsibility' which refers to normative ascriptions (or 'blameworthiness'), which differs from causal responsibility in terms of normativity. Next, we have discussed being 'sensible'. In saying that X is responsible qua sensible, we could either be referring to a particular action (acting sensibly) or to a trait (being sensible).

7.5. Being 'prudent'

A similar yet distinct notion of responsibility is responsibility as prudence[76]. This sense of responsibility refers to acting in a way that is best for ones' health and wellbeing,

[76] This is not to be confused with John's argument around prudentialism in terms of 'Drinking Responsibly' (John, 2018). In this paper, prudentialism refers to the normative claim that alcohol

with flourishing and future best interests in mind. This conception relates to Brown et al's claim that agents may have prudential reasons to maintain their health, given that a certain level of health is often a foundation for achieving certain goals (R. C. H. Brown et al., 2019). While being responsible qua sensible could drive someone to commit to drinking no more than two or three pints in one sitting, being responsible qua prudence could drive someone to reassess their drinking for long-term health reasons.

To highlight the difference, consider the following scenario. Say someone is absolutely desperate for a cigarette. If they know for absolute sure that they can have just one cigarette (i.e. it'll just be a one-off not a domino effect) and it will assuage the craving that makes them irritable and a nightmare to live with, it might well be sensible to have that one cigarette (it will sidestep tension and arguments at home), but it could not be prudent. It's 'sensible' insofar as it's restrained, and is considered within the specific environment as the lesser of two evils. However, all else being equal it would be hard to consider this prudent[77].

Or, consider the case of alcohol. We could say that Bob is responsible with alcohol. His mother, father and grandparents have had problems with alcohol before, so he drinks as a Christmas treat (and in moderation at that), but as a rule steers clear and does not tie his social events to alcohol as he knows he might be susceptible to drink-related

policies should not unduly negatively affect 'responsible' drinkers. It is valuable to have a term to refer to this conception, and it features elsewhere within this thesis. However, it has no bearing on responsibility qua being prudent as described here.

[77] I do appreciate of course that this is hard to state as an indubitable fact; the cigarette-craver may binge on UPF snacks as a result of their craving, or their having the one cigarette may induce such a feeling of guilt that they instigate a regular exercise regime to aid cardiovascular health. However, the aim of this thesis is not to rank one against the other, and I use the example of a single cigarette here in an 'all else being equal' sense.

problems. He might say it's 'not worth the risk'. He is being sensible in his seasonal abstemiousness, his occasional moderate drinking, and given his family history and consequent potential epigenetic makeup, he is prudent in his general abstention[78].

In the case of moral responsibility I mentioned that the traceability principle was at play in terms of my blameworthiness (responsibility) for that friend continuing to drink weeks after I broke his spell of abstention at the pub. In the example, I said that two weeks later, he had been drinking too much, being sick, missing work, feeling remorseful and choosing to nullify his hangxiety with more drink. Say I am aware of my moral blameworthiness in this situation, and choose to stage a mini intervention. 'Look', I might say, passive-aggressively placing a lime and soda in front of him. 'This has got too much. I should never have got you that first drink. I love you, but you look a mess, and you could do with a shower'. After skirting around the subject a bit more in true British fashion, I get down to it. 'You should stop drinking. Entirely. Your job is suffering as a result, your housemates are getting really annoyed, and your bottle recycling bin is out of control. You have so much potential, and you've got time to turn it around. Even if you don't do it to save your job, do it for your hobby. You're a talented musician, but you're spending all of your time drinking, It's a waste'.

Preachy and annoying as I am, it's the appeal to his sense of prudential responsibility that I'm trying to use to change his habits. It is an appeal to flourishing and future best interests[79]. Whether or not this could work depends, obviously, on a huge range of

[78] Of course, as mentioned above recent research suggests that there is no safe limit of alcohol consumption whatsoever (World Health Organization Regional Office for Europe, 2023), but lets set this contemporary perspective on total risk aside for the sake of argument.

[79] This, naturally, raises questions about the link between this conception and notions of 'virtue'. In this section here I am referring to ways in which the agent can be responsible, which differs

factors, but one in particular (addiction) is worth mentioning, and gets to the difference between being irresponsible and not being responsible. I will come onto this shortly.

Before moving on, it is worth noting that, like 'sensible', 'prudence' can be something that applies to both an action and a trait. The sense in which this applies is the same as for responsible qua sensible. An action can be prudent and not reflect the general prudence of the actor, and people that are generally prudent can perform actions that are not prudent. That is, you can do something that is irresponsible in terms of a prudent action and still, generally, be prudent as a character trait or behavioural disposition. As with 'being sensible' and 'acting sensibly', with 'being prudent' and 'acting prudently', the former refers to a trait or behavioural disposition, and the latter refers to an assessment of actions. In other words 'being prudent' is a judgement of an agent, and 'acting prudently' generally refers to actions performed by an agent.

7.5.1. Two questions about prudence

I will come to the question of irresponsibility vs not responsible. First, though, responsibility qua prudence raises a question. I said above that prudence is acting for one's own good, with flourishing and future best interests in mind. I've also outlined above (when discussing causal responsibility) that one can be causally responsible for something without any normative element. Does this conjunction not, then, raise a question. Can I be responsible (qua prudent, but also qual moral responsibility) if I have no idea of the health benefits?

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from questions about what the agent ought be responsible for. 'Virtue' links to this latter conception, so is not directly relevant here.

For example, for the sake of argument, lets say that a) the cardioprotective properties of red wine had not been disproven and b) I did not know about the cardioprotetivity of red wine. In drinking red wine (something that I think is bad for my health), then, I could be said to be responsible for the positive health outcome of this action. In what sense am I responsible? It fits closest to prudence, however this conception seems to relate to making positive decisions qua health. There is something morally praiseworthy at stake in terms of making positive decisions about your health. For example, intuitively, it seems incorrect to say 'That person is breathing. What responsible behaviour' or 'Every time I have seen her she is breathing. She must be very responsible'. Ascriptions of prudence (either as a character trait or analysis of an action) seem to rely on an agent's awareness of what the prudent thing is, and choosing to act in that way. This parallels the epistemic condition for moral responsibility; the view that there is a knowledge/cognitive condition that must be met in order for agents to be morally responsible (D. J. Miller, 2023; Rudy-Hiller, 2022)[80]. Mistaken beliefs (the red wine case) or autonomic actions (like breathing) do not amount to prudence[81][82].

[80] I do not aim here to get into the debate around moral responsibility (I will come to some of these questions later), but rather just highlight the parallel.

[81] It may be tempting to say that, because of this, we should think that prudence (in terms of actions) should be defined in terms of being specific instantiations of prudent trait behaviour. However, they come apart. Persons that are prudent generally can perform actions that are not prudent, and persons that are not generally prudent can perform actions that are prudent. One need not imply the other, but both rely on knowledge of what 'is' prudent. But what about 'a stopped clock is right twice a day' beliefs – or false true beliefs? Consider if someone smokes because they think it strengthens their lungs, and then in 10 years the scientific community makes the shock discovery that smoking does strengthen the lungs. In that sense we may want to say that that action is a prudent action, but it is not a prudent trait as they should have known better. A false true belief can lead to a prudent action, but not a trait-prudent person.

[82] Granted, it may be possibly to retrospectively think someone acted prudently even if it was not obvious at the time, such as fixing a mortgage for 5 years just before a large interest rate hike. However, I am stipulating here that in the vast, vast majority of cases mistaken beliefs do not amount to prudence.

In fact, then, in the given example, it fits within causal responsibility. I am causally responsible, but am not acting prudentially. Given my lack of knowledge, I am acting in a way that is not prudent, even if it does have positive health outcomes.

This, though, raises a second question. If I drink red wine for the cardioprotective effects (again, this is a thought experiment), I am acting prudentially from a cardiovascular perspective, but *not* prudentially (i.e. irresponsible) from many other perspectives health-wise. We seem to have a bit of a 'responsibility paradox', in that I seem to be acting both responsibly and irresponsibly in a single action.

But this is actually not a proper paradox. It both may be prudential from one organ's health perspective and not prudential for another. In sum, you may be able to (in theory at least) weigh up these positives and negatives, and conclude whether it is *overall* prudent. It can be irresponsible overall (i.e. not prudent) in terms of general health to drink, but still possible to acknowledge that it is prudent from a cardiovascular perspective. The health harms outweigh the prudent from a cardiological perspective to conclude that, overall, it is not prudent. It is not a true paradox, but rather a case of weighing up positives and negatives on different parts of the body from the single action[83].

[83] Remember that in this example I am using we are pretending that there is still an acceptance of the view that red wine has cardioprotective effects. The actual history of the unravelling of the 'cardioprotectivity' myth includes, in part, a similar argument to the one I am making in this paragraph. Jurgen Rehm, a scientist at University of Toronto's Centre for Addiction, still believes that the potential for cardioprotectivity cannot be ruled out ("the current state of knowledge can't rule out a theoretical level at which drinking is beneficial to the heart"), but nevertheless argues that "No matter if there is a dip for heart disease, there is a risk for cancer, there is a risk for some other diseases, and those have to be weighed against each other" (as quoted in Requarth, 2023).

7.6. The difference between 'not responsible' and 'irresponsible'

Linguistically this is confusing, as the prefix 'ir' means 'not', but it is worth using the language for clarity within this thesis. Irresponsibility and not being responsible (irresponsible vs not responsible) come apart in two ways.

When we say 'not responsible', this refers to the set of 'causal' and 'moral' responsibility'. Responsibility in this sense is a cause, and works in the sense that we can say such and such a thing either was or was not the cause of something else. It is not a question of acting in a certain way, it is a question of whether or not it forms part of a chain of cause and effect. The difference, as stated above, is that while causal responsibility is descriptive, moral responsibility is normative.

Conversely, irresponsibility refers to acting in a way that is, for want of a better phrase – a 'failure' to be responsible. Of the four types defined above (causal, moral, sensible, and prudent) I can be irresponsible in the sense of responsibility defined in the latter two, as these are such that they can be phrased in a way that could be normative ('You should act responsibly'), in a way that the descriptive causal responsibility may not. The tricky differentiation is with moral responsibility. This contains an element of normativity in a way that causal responsibility does not. Agents would need to have moral responsibility in order to be irresponsible (i.e. you need the capacity to be responsible in a given circumstance in order to act irresponsibly), as being within the purview of a judgement regarding moral responsibility is a necessary precondition for irresponsibility. One could be irresponsible in terms of a failure to be morally responsible for good actions – that is, blameworthy for actions (e.g. allowing my child

to eat far too many sweets). One could also be not responsible, as in not morally responsible (e.g. some other agent is morally responsible, not me). Irresponsibility and not responsible can both apply to being morally responsible.

Not responsible tracks causes (causal, moral responsibility), and irresponsibility tracks different senses of responsibility (being morally responsible, being sensible, being prudent).

In other words, not responsible refers to a 'yes or no' about responsibility (or degrees of e.g. moral responsibility (Fischer & Ravizza, 1998)). An agent can be responsible or not responsible without changing the moral quality of the act itself, in a way that is not possible with irresponsibility.

Consider an event when I do the 'irresponsible' thing but have no choice. The 'forced to at gunpoint' thought experiment trope. In cases like these, we might want to say that we are not irresponsible, but rather are not responsible. I mentioned that blameworthiness distinguishes moral from causal responsibility, but the normativity implicit in being sensible and being prudent implies the possibility for blameworthiness also. An agent can be to blame for doing the wrong thing (which in the context of this discussion may be synonymous with 'being irresponsible')[84]. This differs from being not responsible. Ascriptions of 'not responsible' and 'irresponsible' are qualitatively different. The former refers to a 'yes/no' about whether the agent is (causally, morally)

[84] It may be the case that 'blame' refers to other-regarding actions alone. If so, self-regarding (or self-harming) actions qua irresponsible may not be the kinds of things that we are apt to be 'blameworthy' for. If so, the ascription of 'blameworthiness' is incorrect. I am using 'blameworthy' here as shorthand in this one example for 'at fault for an action that is self-regarding'.

responsible. With the latter, it is assumed already that the agent is (causally, morally) responsible, but the analysis is rather on whether they have acted in a way we deem to be not sensible, for example. Being 'not responsible' for X precludes the possibility that the agent is 'irresponsible' qua X, but being (causally, morally) responsible (in some way) is a necessary precondition for an ascription of 'irresponsibility'.

Consider two cases.

First, two people are sat at the pub, both drink 5 pints and get drunk. One person erroneously believes they are drinking alcohol free beer, whereas the other is fully aware that their beer is alcoholic. In terms of being sensible and prudent, it is feasible to say that the person who correctly believes that they are drinking an alcoholic beverage acts irresponsibly, and that the person who erroneously believes that they are drinking alcohol-free beer does not. In addition, the mistaken alcohol-free drinker is not morally responsible for their being drunk in the same way as the intentional drinker is, due to their different epistemic positions.

Second, recall my friend that I sat down to try to encourage them to stop drinking. If they are not addicted to alcohol, and just enjoy the reckless abandon that alcohol can provide, we can say that their activity is irresponsible. But if they are medically addicted, we are less inclined to call them irresponsible. Or, again, the 'at gunpoint' trope. If they had consumed all that lager at the behest of a gun-wielding (time rich) sadist over the course of a couple of weeks, it seems sensible to say they are not responsible, rather than irresponsible. The shift from 'irresponsible' to 'not responsible' in perceptions of alcohol-addicted individuals is something mentioned earlier in this

thesis, notably in the development of the addiction concept and the move to the 'public health' model (as discussed in the previous chapter).

What the two cases explained just above aim to get at is that, in the first case, lacking the epistemic condition leads to not being responsible, but meeting the epistemological condition and, as it were, 'doing it anyway' constitutes irresponsibility. Miller refers to the 'Blameless Ignorance Principle', namely that if one is blameless for their ignorance then they are ipso facto blameless for acting wrongly from that ignorance (D. J. Miller, 2023)[85]. Similarly in the second case, but in this instance it refers to the control condition.

7.7. Relationships between the different conceptions

Next, it will be useful to attempt to examine some of the relationships between these different notions of responsibility. Do all stem from one core notion of responsibility, or share particular elements? Does responsibility (or lack thereof) lead to (or preclude) responsibility in another sense? There are multiple ways of examining this. If we take the four conceptions presented above and look at all the possible combinations there are, there would be 24 different links to analyse. Rather more simple, then, would be to look at pairings, and conclude afterwards if meta-pair relationships can be drawn out. This will be drawn out in the following ways:

[85] Miller's argument has interesting nuances. For example, he distinguishes between two kinds of ignorance; circumstantial and moral. The former refers to ignorance of wrong that depends on ignorance of some features that make it wrong, and the latter refers to not knowing that wrong-making features are wrong. Miller also refers to an 'akratic requirement'; that blameworthiness applies only if agents behaved contrary to their beliefs about what they ought to do.

- Causal responsibility and Moral responsibility
- Causal responsibility and responsibility qua 'sensible'
- Causal responsibility and responsibility qua 'prudence'
- Moral responsibility and responsibility qua 'sensible'
- Moral responsibility and responsibility qua 'prudence'
- Responsibility qua 'sensible' and responsibility qua 'prudence'

Causal responsibility and Moral responsibility

First to examine is the link between causal and moral responsibilities. There is a clear link between these two. In order to be morally responsible for some X we may assume that an individual will have to be causally responsible in some way[86]. If an agent is to be held morally responsible for e.g. tripping someone up (an act we deem to be bad), it is natural that we would have to hold them causally responsible in some way – either they stuck out their leg to trip someone up, or they asked someone else to trip the person up, or they saw that someone was about to be tripped up and did nothing to stop it. We can see from this that even if there are multiple agents that are causally responsible, that does not necessarily dilute one agents' moral responsibility. By definition, in order to be morally responsible, an action (or omission) must have occurred. Therefore, one cannot be held morally responsible without causal responsibility. Or, to borrow language from set theory, all actions of moral responsibility are part of a broader set of causal responsibility actions. To be morally responsible is necessarily to be causally responsible, but agents can be causally responsible for actions without being morally

[86] Frankfurt presents cases whereby we still hold someone morally responsible for acts or choices even if they were unable to have chosen/acted differently. These cases are significant as they present a compatibility account whereby (moral) responsibility may be present even if determinism is true.

responsible (as not all actions/events/happenings are things we deem appropriate to assess in the realm of normativity). But is it not possible that one can be morally responsible for X yet lack causal responsibility for X?

One way this is complicated is the link between moral responsibility and actions that were the first 'link in the chain'. Consider the case above, of my causing a friend to break their alcohol abstinence and therefore drinking six pints in the pub two weeks later. The friend could have ended up in a different pub, could have slept in, could have drunk at home, and so on. In this sense I may not on the surface want to say that I am causally responsible for this activity at this time. And if I am not causally responsible, then by potentially my moral responsibility may be called into question. However, we naturally do want to hold me morally responsible, even if all the contingencies and possibilities mean that I may not be causally responsible for the friend drinking *that* drink at *that* time on *that* day. There is something valuable in knowing I was the first link in the chain; I knocked over the first domino. To work around this, we could say that holding morally responsible relies on a level of counterfactuality. My action did not mean that the friend would drink *that specific* drink at *that specific* place at *that specific* time of day, but my action meant that friend was likely to drink (whether it was here or somewhere else).

Had I not been responsible for knocking over that first domino, it could be argued that the friend would not be engaging in these drinking behaviours. So even if my causal responsibility for drink one could have led to a multiplicity of outcomes in terms of where he drinks, when etc, so this multiplicity of outcomes dilutes my causal responsibility for this drink at this later time, I am still morally responsible as I knocked

over the first domino that (more likely than not) led to this *kind of* outcome. I ushered in future behaviours that fall within this category, so am morally responsible even if not directly causally responsible for the specificities of how this plays out. This is not to say that I am not causally responsible at all. My action forms part of a link in the causal chain, but I am morally responsible in a more meaningful sense. It is likely that the friend would end up in the pub, even if not likely that they would be in this pub at this time.

Causal responsibility and responsibility qua 'sensible'

In one sense, there is a clear link between causal responsibility and responsibility qua 'sensible'. It is actions I do that are then judged to be within the scope of 'being sensible' or not (the related and obvious link between moral responsibility and responsibility qua sensible will be explained below). However, this is non-controversial and (for our purposes), not that informative.

More informative is the distinction in *kinds* of responsibility. While causal responsibility and moral responsibility are referring to different kinds of causal responsibility, 'being sensible' (and, for that matter, being prudent) refer to different kinds of what may be called trait responsibilities. Being sensible is a personality trait of an individual. A diverse and unrelated series of actions for which I am (morally or not) causally responsible can all attest to my being sensible. Sticking to just two pints in the pub, washing my hands, changing my sheets once a week, eating fruits and vegetables etc – these are all unrelated to one another, but can all be used to paint a composite picture of me as a sensible person. Responsibility qua sensible links to

conceptions such as virtue and perfectionism, in a way that extends beyond specific instances of causal responsibility.

Beyond being sensible (as a trait), we have specific sensible actions that we may want to refer to as ‘responsible’. The link between causal responsibility and responsibility qua sensible is clear. An action that I do cannot be referred to as ‘responsible’ in terms of ‘sensible’ if I am not causally responsible for that action.

Causal responsibility and responsibility qua ‘prudence’

Similarly, the non-controversial link between causal responsibility and responsibility qua prudence is there. To be able to be seen as acting prudentially, I have to be seen as acting. If I am to be seen as acting prudentially (or otherwise), this is necessarily building on my acting (or otherwise), so in a sense prudential responsibility build upon (and presumes) causal responsibility.

However, as in the link explained above between causal and ‘being sensible’, ‘being responsible qua prudent' is a trait, and can contain a broad spectrum of actions that are not related to each other. However, the set of actions that constitute (or ar indicative of an agents’) being prudent differs from those that can constitute being sensible as these actions are (consciously or otherwise) directed at or are otherwise constitutive of positive health outcomes. In this sense, if we say that someone is prudent this is due to their regularly performing actions that are (individually, and when viewed collectively) prudent, and for these there is necessarily the presence of causal responsibility.

Moral responsibility and responsibility qua 'sensible'

Must an agent be morally responsible for actions that are (or demonstrate that the person is) 'sensible'? Intuitively, the actions which constitute my being sensible rely on me being morally responsible for those actions. I am morally responsible for the actions that I do (whether good or bad) that lead to me being seen as sensible or not. Say I choose to regularly stick to a two drink limit, and regularly choose to only have one alcohol-centred social occasion during the week, I am morally responsible for these decisions, and so my being sensible qua responsible is dependent on this moral responsibility.

Say that, under duress, I am forced to drink a lot more than I would normally, and in a harmful way. In this sense, I am not morally blameworthy for this consumption (the 'gun to the head' thought trope). My not being morally responsible for these actions, it could be argued, means that doing these actions does not impact on my actually being sensible. I may be doing actions that seem 'irresponsible' qua not sensible. However, I am still a sensible person, just one under duress. As soon as I take control of my own actions again, I can return to my being sensible. So, being sensible seems to depend on my being morally responsible for actions.

Another solution could come from Bagnoli's work on responsibility. Bagnoli argues that when there is a relationship of dominance and coercion between two agents, a victim can take responsibility and yet not be blamed; that judgements of taking responsibility are not necessarily blameworthiness judgements (Bagnoli, 2023). This is as, Bagnoli argues, agents can be forced to take responsibility for actions they would

not choose prior to and independent of the coercive threat. Bagnoli does not refer to the relationship between responsibility conceptions, but it is informative here.

However, another problem faces the supervenience of responsibility qua sensible on moral responsibility proposed above. Could we describe someone has having a sensible character without thinking they are morally responsible for that sensible-ness? Say a parent is determined to raise a sensible child, and succeeds. Is the child morally praiseworthy for that (in this context) desirable trait? Or, on the flip side of the nature nurture debate, say that someone just is, naturally, predisposed to being sensible; had from birth a 'sensible character'. It is not an unrealistic thought experiment to think of someone who as a child never played with fire or heights, was responsive to parents' and teachers' instruction, and later grew into an adult to whom drunkenness (and the financial toll, inhibition reduction and reduction in motor control involved) just never appealed.

This is a convincing argument on first blush, but I argue that it is not sufficient to sever the link between responsibility as being sensible and moral responsibility; and the supervenience of the former on the latter. This is because of the notion of accountability / attributability. I have mentioned above that I am steering clear of the free will / determinism responsibility debate. However, it is worth dipping into it slightly here to clear up confusion. Yes, we may want to say that the person raised to be sensible (or naturally so) does not bear full moral responsibility for their actions. Just as being from a family of drinkers in a culture that celebrates alcohol consumption, or an genetic makeup that makes a difficult relationship with alcohol more likely does act as a mitigating factor. Nevertheless, mitigation does not fully negate accountability and

attributability. The moral responsibility for actions (or even a persons' traits) can be shared, but that does not remove their responsibility fully. They are still suitable subjects for moral approval or opprobrium, and still accountable in this way. Yes, there may not be *full* responsibility, but given the complex web of childhood, environment, genetics and epigenetics etc, it may be hard to attribute full responsibility anyway[87].

Consider the (trait) sensible person described above. Naturally, if they took it upon themselves to scratch a sadistic urge by chasing down and kicking an unassuming duck in their local park, we would hold them morally responsible for this. It would not make sense to hold them accountable for this, but not for behaviours that we have come to expect from them.

Moral responsibility and responsibility qua 'prudence'

Intuitively, it seems that we would want to say that in order to be responsible qua prudent, an agent has to bear moral responsibility. Though generally this is the case (deciding to abstain from drinking, reading Carr's 'Easy way…' etc), is it theoretically possible that on the definitions provided an agent could be prudentially responsible even if not morally responsible?

Say it's draughty, so I close the door. Unbeknownst to me, this also manages to keep out carbon monoxide (though my flat is draughty, the doors create a perfect seal. It's unlikely that these two features would co-exist, but go with it). It's just a bit of luck

[87] This could be debated by a strong libertarian, but, again, for the sake of clarity and concision in this thesis I do not aim to enter into a metaphysical debate.

that means that I kept the secret noxious gas out. In a sense I am not morally responsible (due to my obliviousness (recall the epistemic and control conditions above)), and the fact that my action of closing a door is something we may not want to ascribe moral / normative value to), but I am still acting prudentially. However, recall the debate earlier about the linkage between prudential responsibility and knowledge above. Doing something that is positive to health and acting prudentially are not one and the same. A 'responsible' (prudent) action relies on doing what is in one's best interests. Closing the door in the example is good for my health, but it does not really make sense to say I am acting 'responsibly'/prudentially. I am just lucky. Prudence requires information and judgement calls. Recall above, the statement that mistaken beliefs (the red wine case) or autonomic actions (like breathing) do not amount to prudence.

Responsibility qua 'sensible' and responsibility qua 'prudence'

Whereas by definition all actions for which one may be morally responsible one must also be causally responsible, the relationship between responsibility qua sensible and responsibility qua prudent is more like a venn diagram. Some actions can be one or the other, and some can be both. Moreover, this applies also for sets of actions. Certain repeated behaviours or sets of actions can mean that one may be perceived as sensible (as a character trait) or prudent (as a character trait), or both. They overlap significantly (and this overlap is crucial within the discussion about alcohol), but there is not any specific relationship between the two in the same way as there is with causal and moral responsibility. They are linked, but one does not supervene upon the other.

Indeed, it is possible to be responsible qua sensible and irresponsible qua prudent, and vice versa. In the case of the former, recall the case of having that one cigarette to quell the craving to ensure there are no domestic arguments etc. In the case of the latter, consider cases where your safety, and that of those around you, is at risk. Say the boat is sinking and I reach the lifeboat first, and I'm aware that the longer I hang around the more likely it is that the wave that follows from the ship fully submerging will capsize my lifeboat. It could be prudent to take off straight away, but not sensible. Other people will need to be saved also, and in no way could it be seen as 'responsible' (in any way other than on the consideration of my own health) to leave and condemn the others in the face of a possible but by no means inevitable risk.

Another difference may appear to be the way that being prudent and sensible relate to moral responsibility. Given that being prudent and sensible are both senses in which one can be 'irresponsible', it seems to imply then that moral responsibility must be at play. However, consider the below example, which may also problematise the relationship between moral responsibility and being prudent outlined above:

Say my family relate to me much as I relate to my dog. I am unaware that I am ill, but my family is aware. They mash up a pill that makes me better into my food. I am causally responsible for consuming this pill, though not morally responsible (it is my family that is morally responsible in this case). Does it still classify as a 'prudent' thing for me to have done to consume the pill-containing food, even if I am just causally and not morally responsible for the positive, curative outcome. I lack, in other words, the epistemic condition of moral responsibility.

Does this mean that responsible (qua prudent) actions can exist without moral responsibility? At first glance it would appear so, but this is actually not the case. The confusion is I am certainly performing an action, and were I not to have performed that action I would not have received the positive health outcome. However, this can be clarified by differentiating between actions. What is the action I am responsible for here? If action implies agency, the 'action' I perform here is consuming my food, *not* eating the pill. The former is intentional, and the latter is not. If responsibility qua prudence relies on at least some level of the epistemic condition outlined above, it would appear as though prudence and moral responsibility are not as separable as the case at first suggests. As mentioned above, ascriptions of prudence (either as a character trait or analysis of an action) seem to rely on an agent's awareness of what the prudent thing is, and choosing to act in that way.

A good example of this is discourse around nudge and behavioural science-based approaches to health interventions. Here we are concerned just with the foundational idea that the choice architecture can be adapted in such a way as to make it more likely that agents will do things that are for their own good (whether or not these approaches are truly effective or ethical is a separate question[88]). Embedded in this is the idea that people are not fully (or solely) morally responsible for the decisions they make. If 'nudge' approaches are successful, it is not due solely to the responsibility of those being 'nudged', it is due at least in part to successful adaptation of choice architecture. Nevertheless, this is not to say that people are not responsible qua sensible and prudent; the motivating factors behind behavioural economics approaches is that it makes it easier for people to make certain choices; not that it forces them to do so.

[88] See, for example, (Mulderrig, 2018; Weatherby, 2023) on 'Nudge'.

7.8. Responsibility across persons

Naturally, an analysis of 'responsibility' within the alcohol system that focused solely, or even mainly, on individual responsibility, is a misrepresentation of different responsibilities within the complex system within which individuals act. In structuring this chapter as building up from conceptions of individual-level responsibility, this is not aimed at representing individual-level responsibility as more important than other responsibilities within the alcohol system. Rather, the concept of responsibility is so frequently used and applied to different nodes within the complex system that a full account of it requires building out from the simplest notion possible. Building up and out from the individual level, then, certain things must be examined beyond this level to gain a fuller picture of how 'responsibility' is used. In what sense is responsibility shared among peers, family members, teachers etc., and what does this tell us about 'personal responsibility'?

The concept of dyadic responsibility has been explored previously (see for example (R. C. H. Brown & Savulescu, 2019) on Diachronic and Dyadic responsibility). The notion is that responsibility can be shared across persons. In the examples provided above, this is clear. I appeal to my friends' sense of prudential responsibility in an attempt to curb their consumption. This is as a result of my feeling morally responsible for knocking over the first domino, and leading to their alcohol-related harmful behaviours. In a social world, it makes sense that I am able to be causally and morally responsible for things that happen to others. But can I be responsible qua sensible and/or prudent (when these are understood as looking at a specific act, not a trait?) for these things also?

Intuitively, yes. As annoying as it is, if I give a friend a raised-eyebrow look to say 'are you sure that a third pint is what you want?', I am acting in a way that taps into their notion of responsible qua sensible. I know he has to drive in the morning, and know that that third pint is a slippery slope, so the performance of being responsible qua sensible can be spread across persons. Indeed, if this friend has asked me to collar him as he goes to buy pint number three, he is outsourcing his 'sensible' decision-making to someone he can trust. It makes sense, therefore, to say that personal responsibility qua sensible can be shared across persons.

What about prudential responsibility? This, too, can be shared. If I have been noticing that all of my social events seem to revolve around drink, I can make the health-conscious decision that as a group we could go for a walk or do another activity that does not revolve around alcohol. This decision extends beyond me, so acting prudentially can be dyadic also.

As such, it if these responsibilities can be shared across persons, then it follows that peers, friends, family members, teachers etc can in theory be at least in part responsible for alcohol-related harms that befall others. Whether or not they are depends on whether they meet the conditions outlined above, but it certainly is possible. This raises the possibility also of something like composite responsibility. There need not be anyone ultimately responsible for an act or trait; it can be a composite picture built up from the responsibility (or irresponsibility) of a range of actors within the system.

In this way, then, potentially the notion of 'personal responsibility' linguistically implies an individualism that does not best represent the enmeshed, encultured nature in which exercises of 'personal responsibility' take place. Levy, for example, argues that capacities for responsible choice, and how 'responsibility' is enacted, are not distributed evenly throughout society (Levy, 2019). As such, Levy argues, we must not hold individuals solely responsible but must view this in relation to the actions of those who help determine how resources that help determine capacities for responsibility are distributed. Employing the language of 'Dyadic' responsibility here helps demonstrate the potentially contradictory notion of personal responsibility as embedded in, and impacted and diluted by, social, economic and cultural elements.

7.9. Responsibility as 'duty'

The way that different individuals can tap into and impact on another's' 'personal responsibility' obviously differs. Teachers are responsible for different things than friends are. Teachers are meant to provide information to young people and help best shape them for the future. Friends do this too, but the relationship is more fluid, bi-directional. Responsibility as 'duty' differs from the definitions supplied above, and calls for another conception[89]. Namely, responsibility in terms of duty towards others. This conception also gets to some of the differences between teachers and friends. This could be seen as similar to Vincent (drawing on Hart)'s conception of 'Role Responsibility'; whereby though social, employment, convention, and interpersonal

[89] This is not to be confused with van de Poel's argument that 'accountability', properly understood, ought be seen as based on the failure to act properly on the basis of a 'moral duty' (van de Poel, 2011)

rules – there are things that a person 'should (not) or ought (not) to do' (N. Vincent, 2010).

In this way, responsibility qua duty is what we refer to when we say a captain is responsible for her ship (Hart, 2008) and a shepherd is responsible for her flock. If a parent glorifies drunkenness to their impressionable children, we may think that they are being 'irresponsible'[90]. They have a duty as a parent to shepherd their children towards decision-making and worldviews that are beneficial for the child, in a way that glorifying alcohol consumption fails to do. They demonstrate a failure in personal responsibility qua duty. In this way, we could well see responsibility qua duty as linked to responsibility qua sensible and prudence, but in a way that is formalised by the duties that are incumbent on the individual due to the role/position they hold.

7.10. Conclusion

With this chapter, the focus has been to examine the concept of responsibility. I have discussed throughout this thesis that what responsibility *is* (the concept of responsibility) may differ from how the word 'responsibility' is used, particularly in 'drink responsibly' messaging. Having done so, this chapter has explored the concept of responsibility; or what responsibility *is* that 'drink responsibly' may differ from. The aim has been to provide some robust conceptions to help us understand what responsibility itself is, and perhaps, as we shall turn to in the next chapter, what we can actually, concretely refer to if we do talk of responsibility qua alcohol.

[90] I will return to this in more detail when discussing 'obligations' in the next chapter.

8. Towards a better understanding of personal responsibility in alcohol policy

The previous chapter outlined conceptual elements of 'responsibility'. It remains, then, to answer these related questions:

- How could and should we understand the 'responsibly' in 'Drinking responsibly'? (§8.1)
- Could it be ethically justifiable to exhort people to 'drink responsibly'? (§8.2)
- What does this mean for the debate about 'responsibility' in alcohol policy (and the argument from the CDoH)? (§8.3)

To respond to these questions, I will address each in turn in a separate sub-section.

8.1. How should we understand the responsibility in 'drinking responsibly'?

In this section, we approach the first question in two ways. First, with an analysis of whether the 'responsibility' in 'drink responsibly' gets or could get any of its weight from any of the conceptions outlined in the previous chapter, and second, by building on this and developing a charitable, composite picture of what 'drink responsibly' means when used in context. Before proceeding, one key point must be made. Why the insistence on analysing the relationship between conceptions of responsibility and what 'drink responsibly' means *in context*?

This is because 'Drink responsibly', I argue, is not a specific instantiation of some platonic form of 'responsibility' transposed into an alcohol context. 'Drink responsibly'

is made by and given meaning by the contexts in which it is used, and is thus inseparable from it. It is not given meaning by the synergy of the words 'drink' and 'responsibly'. If we were to proceed with a discussion on that basis we would fundamentally misunderstand (and not do justice to) what the concept means. As explained earlier in the thesis, it has a specific history within policy, and specific meanings that are context-dependent (such as the non-exhaustive list of potential interpretations explained in *Chapter 3.3*).

What 'drink responsibly' means cannot be separated from that context. This is why the conceptual analysis around 'responsibility' is crucial, especially given the richer understanding of the relationship between responsibility and alcohol provided in *Chapter 6*. By analysing what 'responsibility' is, we are able to analyse if and how far 'drink responsibly' has become removed from what responsibility is. If we were to take 'drink responsibly' as a literal interpretation of what the words mean separately and then put together, this would miss the mark. Rather, having analysed and explicated the concept of responsibility, now it is time to turn to what this concept ('drink responsibly') has to do with philosophical, conceptual notions of responsibility. Put differently, is it a case of the words matching, or can and do the meanings match?

8.1.1. How do philosophical conceptions of responsibility inform 'drink responsibly'?

I shall shortly turn to an examination of whether the conceptions outlined above tally with 'drink responsibly'. First, however, it is worth justifying this approach. Why, after all, should we turn to the concept of responsibility in order to illuminate 'drink responsibly'?

8.1.1.1. A justification of approach

Two questions: First, why should we turn to the *concept* of responsibility in the hope that it can prove illuminative? Second, and relatedly, maybe this conceptual work is all academic; why can we not just focus on how 'drink responsibly' is used, and go from there?

To address the first question first, it is clear that 'drink responsibly' is unclear in meaning. As some have argued, use of the 'responsibility' narrative is vague and imprecise (S. C. Jones et al., 2017; Maani Hessari & Petticrew, 2018; Pettigrew et al., 2016). It is unclear what 'drink responsibly' means, and this vagueness necessarily has consequences for those that are being told to behave 'responsibly'. If it is unclear what it means to behave 'responsibly', then attempts to encourage people to act thus may not get very far. Being asked to behave in a certain way whilst it is unclear what behaving that way looks like or consists of may make it difficult (though not impossible) to behave that way. This is one reason why turning to the concept of 'responsibility' may be informative. If we turn to a grounded (even philosophical) concept, we can at least hope to have something internally consistent, in a way that 'drink responsibly', contemporaneously, is not. If at least some definitional elements that can point us towards what 'responsibility' is, then we can return to the use of 'drink responsibly' in policy. A firm conceptual foundation is essential in such discussions. Without it, discussions of whether some behaviour or action is or is not responsible, or whether it can be relied upon to prevent harm at a population-level, are difficult.

‘But why’, you could ask, ‘focus on the concept of responsibility?’. We could just look at how ‘responsibility’ is used and go from there. Reference to the ‘concept of responsibility’ implies a singular concept, which may not tally with the potential multiplicity of uses present. Are appeals to the concept of responsibility just an academic, intellectual exercise, when we ought to look at usage in practice (and policy)?

The answer is two-fold. Firstly, the phrase ‘drink responsibly’ is used *as if* there is one single meaning, but there is significant uncertainty in the term’s meaning, not just in terms of different interpretations, but uncertainty in what is meant by the term (S. C. Jones et al., 2017; Maani Hessari & Petticrew, 2018; Pettigrew et al., 2016). It is this uncertainty that has led to the debate about whether we should do away with talk of ‘responsibility’ qua alcohol altogether (as presented in *Chapter 4*).

Secondly, focusing on use alone leaves us with shaky foundations. If we sum all the different meanings and extrapolate, and lack a central definition and meaning, we risk casting the net too wide. ‘Responsibility’ would be defined by at best a confusing, complex web of meanings, and at worst contradictory ones (given, for example, the UK government recommends drinking not above a certain amount of units per week, while the WHO messaging could be interpreted as suggesting that no amount is ‘responsible’ as all alcohol consumed is bad for health). We could also risk a ‘runaway’ definition, where more and more interpretations are added, each one shifting or adding to the sum of parts that are used to create a definition. This could lead to circularity, where in order to define whether it is right to use the term ‘responsible’ we look at how

responsible is used. Use of the term could ipso facto be correct by the very fact that we have used the term. This is not ideal for a concept that plays a central role in policy.

Now, with this justification of approach outlined, it is time to turn to an examination of whether and how strands of the concept of responsibility link with 'drink responsibly'.

8.1.1.2. Causal responsibility

Are imperatives to 'drink responsibly' related to causal responsibility? In a sense, yes. At a base level, it is the individual who imbibes the drink (regardless of environmental, historical, epigenetic factors), so they are 'causally responsible' in one sense. However, in a more meaningful sense this is not what is at stake in 'drink responsibly' messaging. This messaging relies on behaviour change, ability to act based on information provided, and (implicitly), blame if there is a failure to act in the correctly 'responsible' way.

8.1.1.3. Moral responsibility

In this sense, then, moral responsibility does play a role. 'Drink responsibly' is, linguistically, an imperative. The messaging instructs individuals to act in a certain way, and implicit in this is the assumption that behaving in this way (drinking responsibly) is the *right* thing to do. Or, to turn it on its head, there is the assumption that drinking irresponsibly is morally problematic. If I have been provided with information about alcohol's harms to my health and my social environment; if adverts have told me to 'drink responsibly', and I have been provided with sufficient information on units to know what is and is not 'responsible' consumption, the argument goes, I am (at least partially) blameworthy for the harm that befalls me if I ignore this information and get

extremely drunk. So, moral responsibility does have some role to play in 'drink responsibly' messaging. However, this is far from the full meaning of 'drinking responsibly', and we cannot explain 'drink responsibly' solely with reference to moral responsibility.

8.1.1.4. Responsibility qua sensible

Within 'drink responsibly' messaging, the 'responsibility' referenced relates in part to being 'sensible', as defined above. Individuals (and groups) are encouraged to receive information about what 'responsible' (i.e. sensible) behaviour looks like, i.e. levels of consumption that will not cause excess drunkenness. The imperative is to act in the 'right' way based on this information and adjust behaviour accordingly. Defined above, responsibility qua sensible in the context of alcohol could mean not causing undue harm to self or others. Being responsible qua sensible is about level-headedness, rationality, and self-restraint. 'Drink responsibly' refers to behaving in this way; with self-restraint and control over impulses to drink to excess. Responsibility qua sensible, then, goes some way to explaining what we mean when people are encouraged to 'Drink responsibly'. I illustrate this with examples from contemporary use of 'drink responsibly' messaging in the section after next.

8.1.1.5. Responsibility qua prudence

Relatedly, and predictably, given that there is significant cross over between responsibility qua sensible and 'drink responsibly', there is related involvement of

responsibility qua prudence within ‘drink responsibly’. This is explicitly seen in two examples: health warnings and unit recommendations.

‘Drink responsibly’ messaging is often linked with attempts to educate[91] about health risks linked to alcohol. Language around reducing health risks by reducing consumption and warning of the negative health risks of overconsumption are common within both public and school-age education campaigns. Unit recommendations are separate but play into this. Units provide a ‘safe’ guideline or barriers within which consumption can happen. The notion is that transgression of these guidelines increases health risks (putting aside here the acknowledged arbitrariness of ‘unit’ recommendations explained elsewhere in this thesis[92]). The individual is provided with information about risks to health, and a metric (units) by which to measure whether or not they are behaving ‘responsibly’ qua health.

8.1.2. Examples in practice

So, these are ways that ‘drink responsibly’ overlaps with conceptions outlined within the literature. But, naturally, the exact meaning of ‘drink responsibly’ is beyond the synergy of these conceptual elements of responsibility. However, with responsibility qua sensible and responsibility qua prudence (at least) there are two robust, clearly defined concepts that are worth attending to. These are concepts of responsibility where there are clear overlaps with what is intended by ‘drink responsibly’ messages. With

[91] I acknowledge here but put aside temporarily the scepticism that exists on the extent to which the intention is to best educate recipients of information, as this is discussed in detail elsewhere within this thesis (in Chapters 4.3.2. and 5.4.2.2).
[92] As elsewhere within this thesis, the purported arbitrariness need not imply uselessness whatsoever.

these at the very least (I shall explore the overlap with moral responsibility shortly), we are able to point to two concepts of responsibility that can begin to serve as conceptual underpinnings as we continue to unravel 'drinking responsibly'.

The above section aims to use conceptual responsibility to inform the use of 'responsibility' within the context of drinking responsibly. To illustrate this, I now draw on recent 'drink responsibly' campaigns in the UK to examine how we can pick out and pick apart these different conceptions in the ways that 'drink responsibly' messaging is used in or related to policy.

Moral responsibility:

As stated above, 'Drink responsibly' is, linguistically, an imperative. The messaging instructs individuals to act in a certain way, and implicit in this is the assumption that behaving in this way ('drinking responsibly') is the *right* thing to do (morally).



Fig. 7. Northern Irish Drink Driving campaign advert (2024)

In November 2024, a new safety public information campaign was introduced in Northern Ireland, with the tagline: 'Never ever drink and drive: Risk your license? Risk taking a life?'. Of the campaign, infrastructure minister John O'Dowd stated:

> *"As road users we all have a personal responsibility to behave in a way that keeps ourselves and others safe. The sad reality is that if we do not change our own attitudes when we are using the roads, our death toll will continue to increase"* (Department for Infrastructure, NI, 2024).

Moral responsibility is present, insofar as blameworthiness is baked into the message. Drink driving is a morally blameworthy action. Even if you do not take a life, it is

presented as a morally unacceptable act to engage with that risk; that the intention (drink driving) is morally proximate to causing a death by drink driving even if you do not do so.

'Sensible':

As stated above, being responsible qua sensible is about level-headedness, rationality, and self-restraint. 'Drink responsibly' refers to behaving in this way; with self-restraint and control over impulses to drink to excess.

Responsibility qua sensible is invoked in the below 'Telling a joke / Being the joke' poster from the 2011 'Why let the good times go bad?' Drinkaware campaign. The image highlights how being 'sensible' is the best way to engage with alcohol. The antithesis of 'sensible' is taking it too far, as in the image on the right. The man passed out in the bathtub is not presented as doing something necessarily *morally* wrong, and likewise there is no long-term health or wellbeing metrics being cited. Rather, the individual has not been responsible qua sensible.



Fig. 8. Poster from Drinkaware's 2011 'Why let the good times go bad?' campaign

'Prudent'

As stated above, 'drink responsibly' messaging is often linked to health risks linked to alcohol. Language around reducing health risks by reducing consumption and warning of the negative health risks of overconsumption are common.

Drinkaware campaigns that refer to 'keep(ing) health risks from alcohol low' can be seen as an example of responsible qua prudent. Individuals are provided with information about consumption levels, and told to consume in a certain way so as to keep health risks as low as possible. The viewer is asked to internalize the unit-related information, and act based on this information with their future and long-term health in mind.



Fig 9. Drinkaware unit recommendation poster

So, there are clear instantiations of the concept of responsibility in 'drink responsibly' campaigns, and different concepts relate to 'drink responsibly' differently. What is clear, however, despite this is that there is not a single concept of responsibility that tracks onto all of the different 'drink responsibly' messages. Moral responsibility, responsibility qua sensibleness and responsibility qua prudence are close to capturing some of the senses of 'responsibility' in 'drink responsibly' messaging in different ways.

However, it is clear that 'drinking responsibly' is no one single thing[93]. It may be worth, then, examining if there are any other assumptions built into 'drink responsibly' messaging that can explain how we step beyond conceptual responsibility. I explore some of these below.

8.1.3. What else does 'drink responsibly' consist of?

The above aims to demonstrate that the meaning of 'Drink Responsibly' overlaps with (though consists of more than) conceptions from the philosophy of responsibility. This leaves two key questions. What else does 'Drink responsibly' consist of, and is this a realistic thing to ask/recommend/expect? For the rest of this section, I address the first question, before moving onto the second in the next section (§8.2). This will then leave us in a position to return to the argument from CDoH (§8.3) and evaluate the role (and/or conceptual acceptability of the use) of 'personal responsibility' within contemporary policy. Having expounded different concepts of responsibility and their relationships (and contributions) to 'drink responsibly', I now look at what other assumptions are made in 'Drink responsibly' messaging.

So, what does it mean when public health messages, advertisements, labels on bottles, and educational campaigns tell us to drink responsibly? What is meant (or assumed), I argue, is three things:

[93] Which is not surprising, given aforementioned research that highlights the lack of clarity around what 'drink responsibly' means (S. C. Jones et al., 2017; Maani Hessari & Petticrew, 2018; Pettigrew et al., 2016).

- being able to comprehend and internalize messaging about the 'best/right' way to act when it comes to alcohol;
- being able to act on this messaging in each drinking event/environment;
- possess an awareness and understanding of the notion that in order to prevent (short- and long-term) alcohol-related harm, one must take ownership of one's own alcohol-related behaviour, and adapt it in such a way as to minimize potential risk (in line with point 1)[94]

To justify the inclusion of each of these in turn:

'Being able to comprehend and internalize messaging about the 'best/right' way to act when it comes to alcohol'.

A foundational assumption of 'Drink Responsibility' messaging is that individuals can conceptualize and comprehend this messaging. The provision of unit recommendations, guidelines around consumption, and the fact that 'drink responsibly' messaging appears on bottles, alcohol adverts etc, all indicates that being able to comprehend and internalize messaging is an assumption implicit in the inclusion of 'Drink Responsibly' messaging in policy. If it were not assumed that individuals were able to comprehend and internalize messaging, the enterprise would stumble before it started. Note that the 'capacity' element of the epistemic condition normally found in the moral responsibility literature plays a key role in point 1.

[94] These, I argue, are not to be confused with what I shall refer to as the 'corollary meanings'. For example, a corollary meaning of point three is that the individual is in some sense blameworthy for acting in the 'incorrect' way vis a vis alcohol.

The ‘Drinking Sensibly’ report (Department of Health and Social Security, 1981) can be seen as an event which typifies the move in (and since) the late 1970s UK alcohol policy space towards creating guidelines that the individual ought to internalize and act on in order to prevent harm (as a pragmatic instantiation of Geoffrey Rose’s Bell Curve theory) both to themselves and to reduce harm within the population. This non-paternalistic approach (based on presumed effectiveness of social norms) can be seen as an attempt to get individuals to adopt certain behaviours when it comes to alcohol, and to encourage individuals’ internalization of regulations and expectations.

‘Being able to act on this messaging in each drinking event/environment’

The second foundational assumption is that agents are able, once they have comprehended and internalized messaging, to act on the messaging in the right way in each drinking event/environment by demonstrating the right self-control and restraint. The imperative is on the individual to act in the ‘correct’ way given comprehended information; not in one-off scenarios, but repeatedly in each new drinking event/environment. Naturally, responsibility qua sensible is in place in point 2: being able to act on messaging in the right way in each drinking event/environment; and having the right self-control and restraint.

‘Possess an awareness and understanding of the notion that in order to prevent (short- and long-term) alcohol-related harm, one must take ownership of one’s own alcohol-related behaviour, and adapt it in such a way as to minimize potential risk’

Implicit in ‘Drink Responsibly’ is an expectation that one *ought* to behave thus for ones’ own good. ‘Drink Responsibly’ acts as (at least part of) the instructional toolkit that we are provided with, and ought understand how to act based on this instruction for the reason that it is positive for our health. As such, responsibility qua prudence is in place in point 3; being able to act in the best way in relation to one’s own best health outcomes. Responsibility qua character traits such as being sensible and being prudent are in place in terms of regularly (even displaying a predisposition to) leading to the individual being deemed ‘Responsible ’in this way.

8.1.4. Where does this leave us?

There is no one single definition of ‘drink responsibly’, and it is used in a diverse set of ways. As there is no one single definition of ‘drink responsibly’, and the closest thing that the concept of responsibility has to some of the intended messaging around ‘drink responsibly’ is the concepts of sensible and prudent, let us proceed with these as a foundation of how we can better understand ‘personal responsibility’ within this context. In terms of being sensible, individuals (and groups) are encouraged to receive information about what ‘responsible’ (i.e. sensible) behaviour looks like, i.e. levels of consumption that will not cause excess drunkenness. The imperative is to act in the ‘right’ way based on this information and adjust behaviour accordingly. In terms of being prudent, the aim is to provide individuals (and groups) with information about risks to health, and they are meant to adjust their behaviour and consumption in such a way as to minimise risk to health.

In addition, there are extra assumptions in place, I argue, when 'drink responsibly' is used. These are discussed in the section above. Through responsible qua sensible and prudent, and these extra three (interlinking) assumptions, I argue, we can a) begin to make more sense of the 'responsibility' within 'drinking responsibly', and b) come closer to bridging the gap between conceptual responsibility and 'drinking responsibly'.

Before moving on, one extra point must be clarified. That causal responsibility is not present may make sense, but moral responsibility may appear conspicuous by its absence, especially since it appeared above in the examples of conceptual responsibility with correlates in contemporary 'drink responsibly' messaging. However, I have not included it in this section for two key reasons. First, because (as mentioned above), the assumption that behaving this way is only *implicitly* presented as being the 'right' thing to do. Being sensible and being prudent are much more logical conceptual underpinnings than is moral responsibility. Especially given the public health environment within which policies are currently made (see *Chapter 6.6: The move to a public health model*); the idea that drinking to excess is by definition morally problematic may strike many as uncomfortable. The idea that drinking 'irresponsibly' is morally wrong would be much more aligned with conceptions of responsibility within the 'Gin Craze' (*Chapter 6.*3) or 'Temperance' (*Chapter 6.4*) eras.

Second, even if it were the case that drinking 'irresponsibly' were morally wrong (a point that I am not making), this would not necessarily help us define what 'drinking responsibly' is. We would still need to try to understand it and have a foundational grasp

of what it is in order to then evaluate it morally, so having moral responsibility as part of a central conception may be problematic.

8.2. Could it be ethically justifiable to exhort people to 'drink responsibly'?

So far, we have tracked how 'responsibility' concepts track onto 'Drink responsibly', and examined some extra assumptions made in 'Drink Responsibly' messaging. Nevertheless, it remains a very much open question as to whether it is ethically justifiable to endorse exhortations to 'drink responsibly', even as re-explained in the previous section. Putting aside the CDoH argument temporarily (until §8.3), ethical questions still remain. In what way (if at all) are exhortations to 'drink responsibly' ethically justifiable?

8.2.1. 'Why should I?': Obligations and responsibility qua sensible

To summarise the argument somewhat brusquely, in response to exhortations to 'drink responsibly', the question naturally arises, 'Why should I'? Even with the re-explication from the previous section outlined, it is all well and good to provide information about the best way to act and to provide health-related information, but this surely does not work if it is not the case that individuals ought to heed this message. It is assumed that individuals will want to act on this exhortation for their own good. Is this an accurate or ethical assumption to make?

To engage with this question, it is useful to turn to the notion of obligations to be healthy. If policy encourages us to 'Drink Responsibly', there must be presumption

within this that the individual who will view this message ought to want to (or can be supposed/expected to want to) follow these instructions. In what sense, then, is there such a thing as an 'obligation to be healthy' (as it relates to responsibility for one's own health)? In other words, in arguing that one ought to display 'personal responsibility' qua being sensible and prudent, how (if at all) can we justify this being something we *ought* to do? It makes sense to explore obligations to be healthy in order to examine the foundations upon which this exhortation is based. I will discuss this in three sub-sections: Obligations to self; Obligations to (immediate) interpersonal environment; Obligations to society.

Obligations to self

The notion of self-directed obligations is not uncontroversial. The central contentious issue within the literature is the concept that obligations (interpersonally) are in some way binding. If I am obligated to do X for Y, I am in some sense obligated to Y and it is only Y that can (if they choose) free me from this obligation. Non-binding obligations are, then, not strictly obligations. However, if I am personally creating an obligation between myself and myself, then I am free to (so the argument goes), remove the obligation at will. MG Singer popularized this argument in the 1959 paper 'On Duties to Oneself' (Singer, 1958).

Schaab argues that within this argument there is a hidden premise, that if it were possible to self-release from an obligation, it would be impossible to violate that obligation[95] (Schaab, 2021). Schaab refutes the incoherence of self-obligations

[95] Shcaab uses 'obligation' and 'duty' interchangeably.

argument in two ways, but one reason will be sufficient here. Drawing on Schofield, Schaab argues that throughout our lives we have different perspectives (Schaab, 2021; Schofield, 2013). So, though the person who makes an obligation to themselves is the same person as that to whom the obligation is made (sidestepping tangential metaphysical questions of personal identity through time[96]), they hold different 'perspectives'. Therefore, perspective A can conflict with perspective B, and these can act as ways through which the agent can relate to themselves 'second personally' (Schofield, 2013). So it seems that we can, at least to some extent, talk meaningfully of 'obligations to the self'.

To examine self-obligations further, particularly within the context of obligations to the self qua health, Hills' paper 'Duties and Duties to the self' may be informative (Hills, 2003). Hills argues that we all have duties to promote our own wellbeing, based on the argument that:

- everyone has a duty to promote others' wellbeing
- duties to promote others' wellbeing is sometimes unwaivable
- reasons for actions are universal if some consideration is a reason in certain circumstances, it will also be a reason in similar circumstances

In this argument, the obligations to self qua health are supervenient on the universality of promotion of wellbeing of others (and, if universalizable, then that other-directed obligation is justifiably directed internally also).

[96] This could lead to a longer discussion on the validity of the idea of personal identity over time consisting of the sameness of consciousness through time (Schechtman, 2005), but problematising 'drink responsibly' vis a vis metaphysical questions of continuity of consciousness through time appears to miss the mark somewhat.

Though Kant's work 'Human Being's Duty To Himself Merely As A Moral Being' within 'Doctrine on Virtue' focuses on the negatives of lying, avarice and servility (Bacin, 2013), the 'Duty of self-perfection' that can be drawn from the Categorical Imperative provides a related argument that could be read through the lens of self-directed obligations to be healthy (which I will further illustrate below). The duty to perfect ourselves enables us to "develop certain powers that would enable us to effectively set and pursue ends of our choosing" (Timmons, 2012, p. 214).

A similar argument for the obligation or duty to promote ones' own health can be drawn from Daniels' work within the field of distributive justice; in particular the 1981 paper 'Health-care needs and distributive justice', and the 2011 chapter 'Individual and social responsibility for health' (Daniels, 1996, 2011, p. 270). Daniels argues that health is of special importance as it plays a role in protecting the opportunities available to individuals. A similar presentation of the instrumental value of health is provided by Carel in 'Illness: The Cry of the Flesh", when she argues that:

"In other words, the healthy body is transparent, taken for granted. We do not stop to consider any of its functions and processes because as long as everything is going smoothly, these are part of the bodily background that enable more interesting things to take place" (Carel, 2018)

I argue that the Kant/Daniels/Carel view of health can be taken together to provide one argument for what we can see as a self-directed obligation to the self, an argument that I call the 'Instrumental 'argument. That is, if an agent has any future-oriented

aim/goal/direction/desire (and so on), at least some level of health will be instrumental to meeting these aims/goals/direction/desires.

This argument, however, seems weak at the outset. Obligations to self qua health are supervenient on the possession of other factors (such as wanting to do X, Y, Z) in the future. But does this constitute an *obligation*? The answer, I believe, is both yes and no, depending on what we take health to be. If health is to be defined along the WHO's lines ("*a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"* (World Health Organization, 1946)), it seems hard to frame this as an obligation. I can decide to commit myself to reaching (or at least aiming towards) this perfectionist notion of health, but it seems counter-intuitive to classify as an obligation any obligation to 'be' healthy in this supremely idealised way. However, if we take Carel's approach above, it begins to make more sense to refer to the 'obligation' in this arena. Self-directed obligations to be healthy qua WHO's definition would be exclusionary, difficult to attain, and too perfectionist. However, self-directed obligations to the self qua the 'instrumental' notion of health make more sense. If 'health' is whatever is instrumentally necessary in order for other things to take place/be achieved etc, then by nature of being committed to these things we are, presumably, obligated to want to be 'healthy' in this way.

In this sense, then, what are my self-directed obligations to be healthy (and, by definition, my obligation to act prudently)? If I choose to binge drink, if I know I have a family history of alcohol addiction and drink heavily, or if I choose to drink to drink several pints daily, am I somehow failing in my obligation to myself? If these things will impinge on my ability to do other activities/reach other goals, then the answer must

surely be yes[97]. Prudential responsibility (as further clarified by this discussion of the instrumental value of health) should, then, be something that individual agents aim to demonstrate. Whether this is feasible, impinged by environments, or easily doable is a slightly different debate (and the public health and bioethics literature more generally).

Obligations to (immediate) interpersonal environment

Once we move beyond the scope of the internal life of the agent, obligations get markedly easier to ascertain. It is worth referring back to responsibility as duty, which has overlaps with 'role responsibility' (Hart, 2008). This is a duty (/obligation) to others based on (professional, interpersonal, familial etc) role. It is what was referred to earlier (in *Chapter 7.9*) as responsibility as 'duty'. It is, I argue, fairly uncontroversial to argue that there is an obligation to act with sufficient 'Personal Responsibility' with regards to alcohol to be able to look after one's children, perform at one's job etc. These roles come with obligations inbuilt.

Obligations to society

The ways in which individuals have obligations to society are varied. However, as a foundation for 'Drink Responsibly', there are some distinct reasons, included but not limited to different arguments which I shall refer to as; healthcare, social cohesion, and respecting others' freedom of choice.

[97] I would like to stress that I am aware that 'choice' qua alcohol does not exist in such a vacuum. Indeed, what one key focus of this thesis is is examining the tug of war between notions of exhortations to 'choose' in a certain way, and the environmental elements which impact upon this choice (or the freedom of it).

Healthcare: There is a significant literature on the feasibility and ethics of using personal responsibility for ill health as a rationing criterion for healthcare resource allocation, and in debates about distributive justice (Bognar, 2020; Buyx, 2008; Symons & Chua, 2021). I argue that what is present (though implicit) in cases of exhortations to 'Drink Responsibly 'is a notion of 'Responsibility 'socially; to not drink 'irresponsibly 'and negatively impact on scarce resources through the short- or long-term harms that can come from drinking 'irresponsibly'. This links to the individualization and internalization of expectations and regulations.

Social cohesion: the centrality of 'personal responsibility' in policy, as mentioned in *Chapter 2*, especially in the mid-2000s in England, was tied directly into the so-called 'moral panic' around binge drinking at the time[98]. Drinking to excess within public spaces was heavily stigmatized (often along class and gender lines). The exercise of 'personal responsibility' therefore fulfils the role of outlining a morally praiseworthy relationship to have to alcohol. Though changes were made to licensing laws, specifically the staggering of closing times in city centres to avoid interpersonal violence that was assumed to follow uniform 'kick-out' times (Nicholls, 2012b), within 'Personal responsibility' there is an assumed obligation to one's fellow citizens, to act with 'responsibility' and so avoid the negatives of perceived 'excess'.

Respecting others' freedom of choice: There is a common argument[99] in response to suggestions that personal responsibility (and education in order to support individuals exercise of the right kind of 'responsibility') is an ineffective policy approach to

[98] Exemplified by the 2012 alcohol strategy's focus on binge drinking and violence, and the changes in 2000 made to stagger 'kick-out' times in order to reduce violence.
[99] Often, it must be said, put forward by alcohol industry representatives.

prevent alcohol-related harms. Namely, that the vast majority of drinkers do so 'responsibly', and that policy approaches ought not affect the freedoms of 'responsible' drinkers (this is an argument that John refers to as 'prudentialism' (John, 2018)). Within the 'Personal Responsibility' alcohol narrative then, I argue, is a (implicit/hidden) argument that one acts with responsibility out of a sense of obligation to others within society; acting irresponsibly is disrespectful to (and potentially threatens the freedoms of) the 'responsible' drinking majority[100].

So, it appears that, though the 'why should I?' argument is at face value a stumbling block for exhortations to 'drink responsibly', it does not defeat the imperative outright. All else being equal (and remember we are here putting aside the arguments from CDoH), it appears acceptable to offer exhortations to drink responsibly. It makes sense to think that individuals will want to behave responsibly so defined. There is at least the beginnings of a foundational notion about why we should want to behave responsibly qua sensible and prudent. By nature of our obligations to ourselves and our wider environment, it makes sense to assume that agents ought, to a greater or lesser extent, to act with a certain sense of 'responsibility'. 'Drink responsibly' messaging, then, may even be interpreted as reminding us (implicitly) of these obligations.

8.2.2. Time for (more) paternalism?

Before returning to the debate from CDoH, now that we have responsibility explicated and 'drink responsibly' better understood as a result, one other clear question remains.

[100] I argue that this is an argument that supports the dominance of 'Drink responsibly' messaging within policy, and present that argument here as part of the notion of obligations to society. Analysis of this argument will come later.

Say we accept the above argument, that it does make sense to think that agents have some imperative to want to act with some responsibility qua alcohol consumption; and may even be obligated to do so. However, alcohol-related morbidity and mortality in the UK is the highest it has ever been (Maani, Schalkwyk, et al., 2023). Whatever the cause (or complex network of causes) be it the COVID-19 pandemic, commercial influences, or any other mix of factors; current policy does, it appear, seem insufficient in the face of this uptick in alcohol-related harm. Harm has not even remained on a level, it has noticeably increased.

'Drink responsibly' -based policy approaches rely on individual behaviour change, and thus a change in alcohol statistics and health outcomes would appear to rely on individuals adjusting behaviour. In the face of these statistics, are exhortations on an individual level an ethically justifiable stance for policy to take? During the COVID-19 pandemic, it was deemed (at first at least) that individual behaviour change alone could not prevent large-scale harm, and population-level interventions (lock downs) were introduced. The argument could be made, then, that in the face of an epidemic of alcohol-related deaths in the UK, we ought to put aside attempts to inculcate individual-level behaviour change through 'drink responsibly' messaging. It would be very hard to justify (and even harder to implement) a full ban on production and sale of alcohol. This was notoriously ineffective and damaging during the USA's prohibition experiment, and even today would arguably be a '*disproportionate restriction of liberty'* (John, 2018, p. 35). However, it may be time (and, indeed, may be ethically

permissible, even obligatory) to turn to more population-wide approaches, such as UK-wide MUP or Norway style laws around alcohol sales[101].

This is a big question, and in part is a microcosm of debates that have been at play throughout this thesis. It is also something whereby the 'right 'answer is likely led by statistical analysis of alcohol deaths, and a government-wide decision vis-à-vis the primacy of one department's work over another (does public health, for example, trump trade?[102]). I do not aim to settle this here. I lack the space, time, and governmental influence to do so. However, the question remains; are we (even from a public health perspective) *ethically obligated* to do away with individual-level exhortations and adopt a more paternalistic stance?

Even from a public health perspective (putting aside the free marketeer and the non-interventionist libertarian stance), this is arguably hard to justify as an ethical *obligation*. I provide three reasons (two conceptual and one practical) for this.

First, it may be argued from a population health perspective that, borrowing from Rose, even despite the large-scale alcohol morbidity and mortality harms contemporaneously, that the best approach (in terms of harm prevention and respect for individual autonomy) is to encourage small changes to behaviour on a population level. As Rose states, a 'large number of people exposed to a small risk may generate more cases than a small number exposed to a large risk' (Rose, 1981, p. 1849). Counterfactually, it is

[101] In Norway, beer is only sold in supermarkets before 8pm on weekdays and 6pm on Saturdays, and state alcohol shops (Vinmonopolet) must be visited if one is to buy wine, spirits or strong beer (Visit Norway, 2025).

[102] Even if one thinks it does, one cannot expect that for everyone the public health imperative trumps other goals (as discussed in *Chapter 4.5*).

impossible to know (whatever our predictions or estimates) whether rates would be different were it not for attempts to inculcate population-level 'responsible' drinking behaviours.

Second, (as discussed in *Chapter 4.5*) that a policy approach or method is not working does not by definition mean that it cannot work. This is more a conceptual argument than anything else, but if we are examining the possibility of ethical obligations to move away from responsibility-focused drinking policies, the fact that it (arguably) does not work need not lead by necessity to the conclusion that it may never be effective.

Third, consider the 'prudentialist' argument[103] discussed (and ultimately rejected by) John (John, 2018). The argument is this:

> *"...public policy aimed at changing individual behaviour may disadvantage those who engage in that behaviour in an 'irresponsible' manner, but should not disadvantage those who engage in that behaviour in a 'responsible' manner."* (John, 2018, p. 35)

This debate will resurface in the subsequent discussion of the CDoH argument, but it is worth including here in discussing hypothetical obligations to shift from responsibility-centric approaches. Unlike the previous two points which aimed to argue that, though shifts to more paternalistic measures may be supported, we are not *necessarily* conceptually or ethically obligated to argue for them, this third point is

[103] Overlapping with but not to be confused with 'prudentialism' as it pertains to responsibility within this thesis.

more context dependent. The prudentialist argument that we ought not disadvantage those that engage 'responsibly' highlights a particularly pertinent contextual (not conceptual) argument that problematizes calls for increased paternalism. As an argument it is not watertight, nor is it intended to be. Rather, it is an unavoidable and central consideration that must be attended to in this discussion. As discussed in *Chapter 6*, alcohol is deeply embedded in British history and culture. Naturally, this is contingent and could have been otherwise. But, practically speaking, the tight ties between alcohol and Britishness that can be traced back centuries may mean shifts towards more paternalistic stances will not be met without friction.

Again, this is not intended to be presented as a water-tight argument or a justification of policy stasis, but rather a cultural contextual factor that, even if intra-governmental debates about primacy of public health over economics could be settled, and even if statistics seem to necessitate a shift in policy approaches; the prudentialist argument that policy ought not impact on the perceived 'freedoms' of self-perceived 'responsible' drinkers will be incredibly hard to sidestep given how deeply woven into the fabric of British history (and identity) alcohol arguably is.

With 'Drink Responsibly' further explicated qua responsibility concepts and built upon in more depth in §8.1.4, and preliminary arguments for the prima facie ethical justifiability of 'Drink Responsibly' outlined, it is time to return to the arguments outlined within the CDoH.

8.3. Returning to the argument from the commercial determinants of health: Should we do away with talk of personal responsibility related to alcohol and alcohol policy?

Through re-analysing the 'Drink Responsibly' narrative in this chapter and the previous one, we have a nuanced understanding of what 'Drink Responsibly' does (or, rather, could, consist of). Recall the three-pronged argument developed out of the CDoH literature:

A. It is not the most effective way of preventing alcohol-related harm.
B. It is a narrative promoted by the alcohol industry to prevent implementation of more effective measures.
C. It is wrong to place (full) blame on individuals whose health behaviours are often driven by a range of factors beyond their control.

The aim of this thesis has been to discuss, rather than to comprehensively respond to or provide a final answer to, the above questions. Rather, the aim has been to evaluate the concept of 'personal responsibility' as it relates to alcohol policy; to unpack and clarify the way in which the term is used so that its ethical significance might become clearer. Alongside this, I aim to examine whether it is a conceptually coherent, justifiable public health message to employ. Based on the discussion so far in this thesis, I argue that the above three points do not lead to the conclusion that we ought to dismiss talk of responsibility altogether. Through a nuanced and conceptually-grounded approach, an alternative emerges. We can critique how 'drink responsibly' is used in contemporary policy, and still attempt to encourage responsible behaviour around alcohol based on the conceptually-underpinned understanding of responsible in

this context provided in the above section (§8.1.4). We do not, as it were, have to throw the baby out with the bathwater.

Before turning to how this relates to the argument from the CDoH, it is worth justifying this argument. In this thesis I have shown that responsibility is much more than specific examples of usage of the term 'responsibility' in contemporary policy. It is a conceptually grounded notion that links to being sensible and being prudent, for which we may even have obligations to act in this way. Even if we question 'responsibility' messaging's use at a population level within policy, we do not need to do away with responsibility talk or incentives altogether. It is surely justifiable to attempt to engender a sense of individuals' being sensible or prudent, even if the 'right' population health approach[104] focuses more on upstream measures than, for example, 'responsibility' messaging. In short, even if population health approaches move away from 'responsibility' narratives, this does not mean we have to do away with responsibility altogether; the concept of responsibility and 'drink responsibly' messaging can come apart, and through this conceptual analysis we can come to a clearer understanding of how personal responsibility may relate to alcohol, even if we are sceptical of 'responsibility' language in contemporary policy, industry messaging, and so on.

First, that 'drink responsibly' messaging is not the most effective way to prevent harm does not mean that it is unable to play a role. If we assume (especially given government reneging on commitments to MUP) that 'drink responsibly' is a central as

[104] I have not intended in this thesis to argue what a 'right' population health approach could look like.

presented in *Chapter 2* of this thesis, public health may want to argue for more stringent measures to prevent harm. Even if this is the case, this does not rule out a role for responsibility. Population-level changes that may seem even marginal at an individual level could have significant public health benefits epidemiologically, qua Rose's population work. And even if that were not the case, given individual obligations to the self and beyond in terms of health, it makes sense to have policy that incorporates encouragement of responsibility. With a conceptually-grounded understanding of what responsibility could look like within this context, it may even be possible to give in to the argument from CDoH completely (that is, accept all its premises), without doing away with talk of responsibility altogether. In other words, critiquing 'drink responsibly' messaging as it is understood and used today does not rule out responsibility being something that we can encourage individuals to attempt to practice, once we understand responsible, in this sense, refers to sensible and prudent (and we know what these consist of).

Second, for the sake of argument let us assume for the moment that point B of the 'alternative' account is correct, and that the 'conflict of interest' and CSR discussion included in this thesis is taken at face value and we read jointly industry cynicism and government enabling into contemporary 'Drink Responsibly' campaigns. Having discussed the idea of various obligations regarding responsibility qua sensible (and at times, prudence). That messaging (that has significant historical threads in the UK, not least in the temperance movement, and particularly starting again in the 1970s when public health campaigners promoted the messaging) is promoted in partnership with industry contemporaneously does not mean that a) it by necessity is tied to industry

(and their retention of market share or increase in profits), or that b) increased regulation as argued for (e.g. in arguments for MUP) cannot co-exist with talk of responsibility narratives.

This gets to the key point; there is a separation between the notion of engendering responsibility (qua sensible, prudent) as something that government can intend to promote or engender in populations, and 'drink responsibly' as a message almost entirely funded by, promoted by, and spoken of (vaguely) by the alcohol industry (and, as a result of the government-industry partnerships discussed earlier in this thesis, by government). Indeed, it may even be in industry's long-term interests to promote 'responsibility' to prevent more 'moral panics' like the 'binge drinking' panic that led to the latest government strategy (even if in the end the 2012 strategy did not lead to implementation of MUP). Quite often, good actions are at least partly motivated by self-interest. That does not necessarily mean those actions are not good. The difficulty comes when 'drink responsibility' is perceived as 'doing enough' by government, and so other measures are not implemented as a result.

The reconceptualization of 'responsibility' above helps make the argument for the co-existence of responsibility messages as schema to help individuals to moderate their drinking; as something ethically desirable and justifiable from a public health perspective even if control of the narrative of 'responsibility' qua alcohol were completely removed from alcohol industry influence. This is possible through the in-depth conceptual analysis that is able to shed some light on the previously ill-defined and amorphous 'drink responsibly' messaging.

The third strand of the 'alternative' account argument held that it is wrong to place (full) blame on individuals whose health behaviours are often driven by a range of factors beyond their control. As with the previous two strands of the argument, I argue that this does not mean we ought to do away with talk of responsibility altogether. There is significant space within this for responsibility to still play a role. A level of ownership over health outcomes may be a beneficial thing for individuals to aim for, for a sake of engagement in outcomes, as well as due to 'obligations' as outlined above. A more nuanced understanding of responsibility also helps us differentiate between where blameworthiness is and is not suitably attributed. The reasoning outlined in the previous (and this) chapter allows for some level of blame or disapprobation of individuals who act recklessly (or, even, go against their obligations to their own health and wellbeing and that of those around them), without shifting blame to all individuals who suffer with alcohol-related issues. Responsibility ought to be informed by a nuanced understandings of the meanings and constituent parts involved, in a way that has not been the case with 'drink responsibly' messaging. This, then, leaves us at a place where we could argue for a reassessment of the role of the alcohol industry in promoting (and potentially benefitting fiscally from) the 'drink responsibly' narrative, while leaving room for responsibility to work. This allows for a shifting from the idea that 'responsibility' is something used to primarily blame those for those acting with insufficient responsibility, but as something that individuals can, and even ought, to aim for. A facilitative rather than critical public health use of 'responsibility'-centric language.

This argument is not a purely theoretical/intellectual exercise, but rather an attempt to work out how responsibility can be best placed to minimise harm and adverse health impacts. We may have certain obligations to ourselves and others to be healthy, as well as deeply embedded cultural views about how alcohol and responsibility are related to one another. Through a clearer understanding of responsibility, we can be true to these factors and retain talk of responsibility while critiquing the vague and perhaps unuseful way that ‘drink responsibly’ messaging is used contemporaneously.

Conclusion

The aim of this thesis has been to examine the relationship between alcohol, responsibility, and 'drink responsibly' messaging. It has argued that it is possible to separate responsibility as it relates to alcohol from messages that use 'drink responsibly' narratives, which often rely on vague and unhelpful definitions. First through explication of the meaning and development of the 'traditional' account of alcohol and responsibility, and presentation of the 'alternative' accounts, and historical accounts, and second through careful analysis and examination of the concept of responsibility, this thesis has intended to prise these notions apart.

It has argued that through careful analysis of the concept of responsibility, we could even accept the premises that drive the 'alternative' account while retaining meaningful talk of responsibility. That is, we can be sceptical of the efficacy or value of the role of 'drink responsibly' messages, without doing away with talk of responsibility altogether. Responsibility and alcohol are related in a much deeper way than the debate around 'drink responsibly' narratives suggest. The argument in this thesis respects this and defends the notion that we can aim to encourage people to act responsibly (once we have a clearer understanding of what this looks like), even if we are sceptical of 'responsibility' narratives role in contemporaneous UK alcohol policy. We do not, as it were, have to throw the baby out with the bathwater. As we have seen, the confusion around 'responsibility' narratives is such that it has been necessary to return to the concept of responsibility in order to charitably shed some light onto this complex area.

To make this argument, this thesis took specific argumentative steps. First, it explored significant debates about 'responsibility' in contemporary UK alcohol policy,

presenting the 'traditional' account (wherein 'drink responsibly') has come to play a (if not *the*) central role in policy. This hegemonic account has been problematised by what I refer to as an 'alternative' account from the nascent field of the commercial determinants of health. Once this argument had been outlined, I turned to relationships between alcohol and responsibility beyond the 'drink responsibly' debate. Through picking out threads in a longer-term relationship between alcohol and personal responsibility, I began to show how there was more to responsibility than was at play in either the 'traditional' or 'alternative' accounts made out. To clear up some of the confusion around 'responsibility' qua alcohol policy, I turned to analysis of the concept of responsibility and presented some conceptions of responsibility that are pertinent to the debate. Based on this work, I argued that we could understand the relationship between personal responsibility in a much better way than is presented in either 'traditional' or 'alternative' accounts. In so doing, I argued that we may be able to accept critiques of the contemporaneous policy dominance of 'drink responsibly' narratives without having to do away with talk of responsibility altogether.

This thesis has not attempted to engage in a full-scale discussion of the comparative benefits of responsibility-centric vs upstream (e.g. MUP) interventions as ways of preventing harm. Nor has it attempted to argue comprehensively that alcohol industry promotion of 'responsibility' narrative either is or is not, by definition, a conflict of interest, though the thesis has engaged to some extent with these questions. However, if future research is to be able to answer these questions, and evaluate for once and for all the direct links between 'responsibility' narratives and alcohol-related health harms (either positively or negatively), and the ethical justifiability of its use, it helps to have much clearer conceptual understandings of what responsibility is, and to not have to

throw the concept out just because ‘responsibility’ narratives in contemporary policy may be convoluted and ill-defined. This thesis has been an attempt to provide this necessary clarity.

Annex 1. Different conceptions of 'Responsibility'

Name	Reference	Definition
Causal Responsibility		A is causally responsible for X when A caused X
Outcome Responsibility	(Hart, 2008; Vincent, 2010)	Event or action attributed to person as something they did
Primary Responsibility	(Hurley, 2011)	Accountable
Moral Responsibility		A is morally responsible for X when blameworthy or praiseworthy for X
Secondary Responsibility	(Hurley, 2011)	Desireable, deserves reward or criticism.
Prudental Responsibility	Knight, 2011	Furthers interest or welfare of the individual
Appraisal Responsibility	Knight, 2011	Following through on an agreement plus is morally praiseworthy or blameworthy for doing so
Responsibility as **Obligation**		A has an obligation with regard to X
Role Responsibility	(Hart, 2008; Vincent, 2010)	Institutional, social or conventional roles
Liability Responsibility	(Hart, 2008; Vincent, 2010)	What someone must do to make things right
Responsibility as **Authority**	(van de Poel, 2011)	Power over another/group.
Task Responsibility	(van de Poel, 2011)	Has been assigned an event to undertake
Basal Responsibility	(Knight, 2011)	Following through on an agreement
Responsibility as Accountability	(van de Poel, 2011)	Is answerable for certain actions
Primary Responsibility	(Hurley, 2011)	Accountable
Responsibility as a **character trait/something possessed by the individual**		A is deemed to be responsible as they possess characteristic(s) X
Virtue Responsibility	(Hart, 2008; Vincent, 2010)	A is e.g. normally a dependable person
Capacity Responsibility	(Hart, 2008; Vincent, 2010)	In full capacity of mental processes, so is responsible for what they do when in this state
Distributions of/**adjectival clarifications** of Responsibility		
Dyadic Responsibility	(Brown & Savulescu, 2019)	Responsibility across persons
Diachronic Responsibility	(Brown & Savulescu, 2019)	Responsibility across time
Forward-looking Responsibility	(van de Poel, 2011)	Obligation to bring about or prevent future affairs
Backward-looking Responsibility	(van de Poel, 2011)	Held accountable for event that occurred in the past

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