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Berridge, Virginia, Herring, Rachel ORCID logoORCID: <https://orcid.org/0000-0002-8588-5842>
and Thom, Betsy ORCID logoORCID: <https://orcid.org/0000-0003-4975-7613> (2009) Binge
drinking: a confused concept and its contemporary history. *Social history of medicine*, 22 (3) .
pp. 597-607. ISSN 0951-631X [Article] (doi:10.1093/shm/hkp053)

Final accepted version (with author's formatting)

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Second Opinions

Binge Drinking: A Confused Concept and its Contemporary History

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Summary. Binge drinking is a matter of current social, political and media concern. It has a long-term, but also a recent, history. This paper discusses the contemporary history of the concept of binge drinking. In recent years there have been significant changes in how binge drinking is defined and conceptualised. Going on a 'binge' used to mean an extended period (days) of heavy drinking, while now it generally refers to a single drinking session leading to intoxication. We argue that the definitional change is related to the shifts in the focus of alcohol policy and alcohol science, in particular in the last two decades, and also in the role of the dominant interest groups. The paper is a case study in the relationship between science and policy. We explore key themes, raise questions and point to a possible agenda for future research.

Keywords: binge drinking; alcohol policy; contemporary history; science and policy

Binge drinking is a matter of current social, political and media concern. There is a particular focus on the behaviour of young people in public spaces. Media coverage is extensive¹ and dramatic headlines abound: 'Drunken yob blitz to reclaim city streets';² 'Binge drink deaths soar';³ 'Drunk and disorderly: Women in the UK are the worst binge drinkers in the world'⁴ are just a few examples. A recent report by the authors has looked at the concept of the normalisation of binge drinking and its historical context.⁵ We drew a number of conclusions: among them, that heavy drinking and the consumption of large amounts of alcohol, by men in particular, was seen as normal and even beneficial well into the nineteenth century; and that current definitions of binge drinking used by surveys and by different government departments were confused and did not tally.

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¹For example, entering the phrase 'women binge drinking' into the *Daily Mail* on-line search facility produced 'about 9,166' articles (<http://www.dailymail.co.uk/home/index.html>, search conducted 19 September 2006).

²*Daily Mail* 2004.

³Wheldon 2006.

⁴Dobson *et al.* 2006.

⁵Berridge *et al.* 2007.

We also touched on another issue that we want to explore further in this discussion paper. Binge drinking as a concept has a distant history: but it also has a recent one. The term has come in recent years to describe two quite distinct phenomena. First, it is used to describe a pattern of drinking that occurs over an extended period (usually several days) set aside for the purpose. This is the 'classic' definition, linked to clinical definitions of the disease of alcoholism, as in Jellinek's 1960 classification.⁶ Secondly, binge drinking has come to be used to describe a single drinking session leading to intoxication, often measured as the consumption of more than a specific number of drinks on one occasion, often by young people. There is no consensus on how many drinks constitutes this version of binge drinking—how much alcohol—and a variety of 'cut-offs' are used.

The second meaning has become prominent in recent years, is used extensively in research and informs UK policy. The 'new' definition has largely, but by no means entirely replaced the 'classic' definition, and both terms co-exist, if somewhat uneasily at times, in the alcohol field. Thus, it was evident from our research that there has been a shift in recent history in the meaning of the term. What was less clear was how the current confused definition of binge drinking has come to hold sway in public and policy discussions when it seems to be different from definitions which operated in the past. This is an issue which has implications for policy. But it is also a change which throws light on the relationship between science and policy. Our overall hypothesis, which is set out in this discussion paper, is that the definitional change must be related to the shifts in the focus of alcohol policy and alcohol science, in particular in the last two decades, and also to the role of the dominant interest groups in the alcohol field. It is not a change simply in the types of people drinking and the ways in which they drink, but rather an issue of perception which tells us something about the ways in which science and policy interact. Our paper will explore these key themes, will raise questions and will point to a possible agenda for future research.

Post-War Alcohol Policy

Back in the 1940s and 1950s, going on a 'binge' meant an extended period of heavy drinking, possibly over several days, and was strongly associated with clinical definitions of alcoholism. Ray Milland's portrayal of the alcoholic Don Birman in the 1945 film *The Lost Weekend* typifies this type of binge drinking. In the book upon which the film is based, Don Birman is described as a 'periodic drinker with periods of sobriety in between'.⁷ But in current discussion, binge drinking does not mean this style of drinking at all. It means heavy drinking (with different numbers of drinks specified) on one occasion and is often connected with fears about public disorder and young people's alcohol consumption. When did this change occur? Our suggestion is that the concept began to change in the 1990s, but that this change had its origins in scientific and policy interests which dated from the 1970s. We are not arguing that one concept has completely replaced the other. In fact, earlier usage of the contemporary definition can

⁶Jellinek 1960.

⁷Jackson 1967, p. 36.

be found in the literature of the 1950s, but we are arguing that they coexist uneasily and that the balance between forms of definition has changed over time.⁸

The general context of the analysis is the changes in UK and international approaches to alcohol and alcohol treatment over the last 50 years. The post-war history of alcohol policy in the UK has been explored through a number of recent studies.⁹ These have identified overall changes in policy and in the dominant conceptualisations of alcohol use and misuse, revealing that the way in which alcohol use and abuse are conceptualised has undergone a number of changes since 1950. Thom identifies two major shifts between 1948 and 1990.¹⁰ The first shift was away from a 'moral' model of alcoholism which viewed the problem as one of individual deficiency of willpower or moral worth towards a 'disease' model which regarded the problem as a medical condition requiring treatment. The second shift, away from the 'disease' model, towards a public health perspective, saw a redefinition of the problem in epidemiological and public health terms as arising from levels of alcohol consumption in the population as a whole and, at an individual level, as a result of life-style and 'risk behaviour'. From the 1990s, alcohol issues have been increasingly conceptualised within a criminal justice framework with the introduction of surveillance, harm reduction and community safety approaches. The change in UK and international approaches to alcohol and alcohol treatment over the last 50 years provides the context in which to explore the shift in the meaning of the term binge drinking. The rest of the paper sets out some key themes and questions.

Have Risk Groups Changed?

One explanation of the change in the conceptualisation of binge drinking could be a simple 'realist' one—that the major groups who are drinking in society have changed. So an initial area of interest is the relationship of perceptions of 'risk groups' and the role they have played against a general background of rising alcohol consumption. Since the 1970s, per capita consumption of alcohol in Britain has risen by 50 per cent and the vast majority of adults report drinking in the past week.¹¹ However, within this context, a significant proportion of the adult population do not drink alcohol: 13 per cent of respondents in an Office for National Statistics survey had not drunk in the past year and in another survey of students a quarter did not drink.¹² Alcohol consumption is by no means concentrated in the groups most in the public eye. The classic concept of bingeing in the 1950s and 1960s was of the male alcoholic, and also of the homeless street drinker. Although older men (aged 55–74) remain the group with the highest alcohol-related mortality, they are now rarely discussed and the current binge concept draws on different conceptualizations of 'binge drinkers'.¹³ The current focus is on

⁸For example, Alan Sillitoe in his 1958 novel *Saturday Night and Sunday Morning* set in 1950s Nottingham uses 'binge' to refer to a night of heavy drinking.

⁹Baggott 1990; Berridge 1990; Thom 1999; Greenaway 2003; Thom in Berridge (ed.) 2005.

¹⁰Thom 1999.

¹¹The Academy of Medical Sciences 2004, p. 7. The Information Centre 2009, p. 7.

¹²Lader and Goddard 2006, p. 13; Coughlan 2006. Many universities have reduced the number of bars because of declining sales and have opened coffee/juice bars and even galleries in their place. See Coughlan 2006; *The Times* 2006; Attwood 2007, p. 5.

¹³Breakwell *et al.* 2007, p. 9.

women and young people. Let us explore how current discussion relates to the reality of their patterns of drinking.

Women's drinking became visible in the 1970s and 1980s in part through the determined efforts of feminists, but also through more traditional concerns about the effect of women's alcohol consumption on unborn children and on the family. The focus tended to be women's drinking at home, 'misery drinking' as women drank to escape from their domestic role.¹⁴ In the 1990s, new ideas about women's drinking began to emerge, not directly connected with reproduction nor with the whole population approach. These emphasised the 'laddette' culture among young girls. By 'keeping up with the boys', young women were seen in public and media discussion to jeopardise their health and put themselves at risk of chronic liver disease. However, within the context of a rise in deaths due to chronic liver disease across both sexes and at all ages, the picture is not one where women's drinking is the dominant problem. Men account for two-thirds of alcohol-related mortality and have a death-rate which is more than twice the rate for women.¹⁵ Moreover, this gap between the sexes has widened over recent time.¹⁶ Our hypothesis here is that the focus on women is less a reflection of reality and more a representation of long-standing trends. It carries with it connotations of women's classic role within public health as both 'innocent victim' and vector of infection.

The role ascribed to young people is also problematic. There has been a shift away from the older street drinker to the young 'otherwise sensible' drinker as the object of concern—and this reflects a more general fear of 'youth'.¹⁷ Addressing alcohol-related criminality and public nuisance has become a key plank of the current government's broader 'Respect' agenda, with the police and local authorities having an increasing array of powers at their disposal, including anti-social behaviour orders (ASBOs), fixed penalty notices and 'alcohol free' zones. These reflect a wider concern with the management of public space and public disorder. The focus of interest in public space is not the homeless drunken offender of the 1950s and 1960s who seems to have largely disappeared from any policy agenda, but rather the young men and especially women who crowd city centres. There seems to be a history of a gradually emergent focus on young people and young girls here. There were earlier formulations of this fear of young people in public spaces—the 'lager louts', the football hooligans and the under-age drinkers on street corners of the 1980s are likely to be linked to the rise of interest in the youth 'binge drinkers' of today.

Therefore, an explanation just in terms of changing risk groups cannot provide the rationale for the change in concepts. In the rest of this paper, we look elsewhere, and in particular at four areas: the changing nature of alcohol science; the balancing act within alcohol policy; the role of science/policy transfer; and industrial interests.

¹⁴Thom 1999.

¹⁵In 2004, the male death-rate was 17.6 deaths per 1,000,000 population compared with 8.3 deaths per 100,000 for females. See Breakwell *et al.* 2007, p. 9.

¹⁶*Ibid.*

¹⁷Gofton 1990; Pearson 1983.

Changes in Alcohol Science and Varying Definitions

Binge drinking in the 1940s and 1950s was related to the change towards a 'disease' view of alcoholism. What are the changes in alcohol science that have underpinned the new definition? Here we must consider a number of factors: changes in the whole population arguments of alcohol epidemiology; the role of the alcohol unit; and also the changing nature of the scientific interests which operate in the alcohol field. The whole population approach in alcohol epidemiology which was elaborated during the 1970s led to an emphasis on possible policy measures to reduce drinking in the population as a whole. This approach was associated with the alcohol 'purple book', a cross-nationally authored report which had a major influence in altering responses to look at the whole population rather than just the diseased minority.¹⁸ This approach was in tune with changes within public health, which began to focus on the role of the individual within the whole population.¹⁹ But an emphasis has emerged more recently which stresses 'high risk' consumption rather than overall consumption and harm.²⁰ The population approach has been modified to give way to a greater focus on high risk individual drinking. It may be hypothesised that this scientific shift, the idea of high risk harm, has had a relationship to the redefinition of the binge.

The changing role of alcohol units as a population consumption measure also seems to be relevant. This is because of the way in which this discussion has recently come to focus attention on daily consumption. During the 1980s, the UK adopted a 'units' system for the measurement of alcohol: one unit comprised eight grammes of alcohol. Since the 1980s, the unit concept has been extensively utilised in large-scale surveys measuring alcohol consumption and harmful drinking, to convey health promotion messages about 'sensible drinking' and to identify 'risk groups'. Reports in the 1980s from the three Royal Colleges—General Practitioners, Physicians, Psychiatrists—all contained the same advice about levels of alcohol consumption and risk to health expressed in units of alcohol consumed in a week.²¹ Women were identified as more at 'risk' of the harmful effects of alcohol at lower doses than men and this was reflected in the guidelines; women were advised that drinking 14 units in a week was 'safe' whilst for men it was 21 units. But in 1995, the UK 'sensible drinking' message was revised and there was a change in emphasis away from weekly consumption to daily consumption and the introduction of daily benchmarks alongside the weekly ones.²² The unit concept has been criticised since its inception for being 'unscientific' and the change in the 1990s was also controversial because of possible industry involvement.²³ Again, it is reasonable to suppose that the new emphasis on daily drinking has contributed to the reconceptualisation of the binge.

The scientific interest groups in the field have also changed in recent decades and their world outlook is also relevant to this discussion. In the 1960s and 1970s, the alcohol 'policy community' (a term meaning the dominant interest group with links both inside

¹⁸Bruun *et al.* 1975.

¹⁹Rose 1992.

²⁰Stockwell *et al.* 1996.

²¹Royal College of General Practitioners 1986; Royal College of Physicians 1987; Royal College of Psychiatrists 1986.

²²Department of Health 1995.

²³Thom in Berridge (ed.) 2005; Edwards 1996.

and outside government) comprised psychiatrists, members of the alcohol voluntary sector, criminal justice interests (the magistrates) and Department of Health civil servants. This community has undergone change. The role of psychiatry, where key figures were identified strongly with the 1970s whole population approach, has become less significant.²⁴ Other interests, for example, gastroenterology and hepatology, and brain science, with the rise of alcohol genetics and psychopharmacology, have taken the lead in recent public discussion.²⁵ Such interests have focused attention on accident and emergency admissions and the individual clinical case rather than a whole population approach. What role have these newer scientific interests in the field played in redefining the concept of the binge?

Tensions between Medical and Criminal Justice Approaches

Other issues also come into play, including the dominant tendencies within policy responses and the way in which tensions have played out over time. The question as to whether habitual drunkenness should be a matter for medical or criminal justice systems goes back to the nineteenth century and has been a recurring theme in the development of policy responses. Until the nineteenth century, habitual drunkenness or inebriety was regarded as a criminal offence and as such punishable. The nineteenth century witnessed the emergence of the idea that inebriety was a disease and moved towards treatment rather than punishment and the establishment of state-funded reformatories.²⁶ The reformatories were a resounding failure and ceased to function before the First World War. During the 1950s and 1960s, increasing attention was paid to public drunkenness and in particular the 'habitual drunken offender', many of whom were homeless and thus a visible 'problem'. Once again the question as to whether habitual drunken offenders were in need of punishment or treatment surfaced. Although the possibility of compulsory incarceration was re-visited, Thom argued that an increasingly effective medical lobby meant that at policy level this 'problem' never gained a strong foothold.²⁷

Although the potential harms of binge drinking to health are recognised, the 'new' binge drinking is located firmly within a criminal justice framework. Home Office research has focused on binge drinking and criminality with a particular focus on young people.²⁸ Medical evidence, where it counts, comes largely from accident and emergency departments rather than the specialist units of the past. This rebalancing between medical and criminal justice responses to alcohol will have repercussions for the 'current binge definition' which is strongly predicated on a community safety and criminal justice response.

The Role of Overseas Models and Policy Transfer

Policy is an international matter and it seems likely that the new concept has been influenced by the transfer of models and of science from other cultures.²⁹ Science is an

²⁴Edwards *et al.* 1994.

²⁵For example, in the *Panorama* programme 'Booze: What Every Teenager Should Know' 2006.

²⁶Berridge 2004.

²⁷Thom 1999.

²⁸Engineer *et al.* 2003; Richardson and Budd 2003.

²⁹Walt *et al.* 2004.

international matter. There are three areas in particular that we think need to be examined: the role of US models, the role of eastern Europe and the role of the World Health Organisation (WHO) and international networks.

The popularity of the current meaning of the terms appears in part to be rooted in the work of US researchers on college drinking.³⁰ With a legal drinking age of 21 years in most US states, these studies are primarily about under-age drinking. Binge drinking was defined in the USA as drinking five drinks in a row for men and four in a row for women, and it was argued that this was the threshold for alcohol-related social consequences such as fights, injuries, hangovers and unplanned sexual activity. This definition, although widely used, has been challenged by other researchers and the meaning of the term remains contested.³¹ How did a definition which related initially to US college students become accepted in British public and policy discourse? What impact has discussion of the concept in the USA, where disease views of alcoholism are much stronger, had on the different situation in the UK?

The changes in eastern Europe and the expansion of western public health research there has also played a role. Such research revealed the harms associated with high levels of alcohol consumption, in particular in Russia. In the 1990s, researchers established that there was a link between alcohol consumption and fluctuating mortality rates in post-communist Russia and highlighted the importance of the pattern of consumption on mortality.³² In particular, they identified the negative consequences on health of acute intoxication, and used the term binge drinking to describe drinking at least 25cl of vodka (80 g of alcohol) in one go at least once a month. Russian drinking patterns approximated more to the classic concept of the 1950s and 1960s, in particular the heavy weekend-long patterns of drinking. How far did the publicity given this research spill over into discussions of drinking in the UK, given that the key researchers were British public health personnel? And how were the concepts then reformulated to fit the British situation?

The role of WHO as an international disseminator of scientific concepts is well known, in this as in other fields.³³ WHO has played a role in the redefinition of 'binge', but seems to have operated as a broker, not quite dropping the old version nor fully adopting the new. It seems that the 'classic' use of the term has been displaced rather than replaced. Anderson and Baumberg state that the terms used in their report are taken from the WHO's lexicon of drug and alcohol terms.³⁴ This sets out a 'classic' definition of binge drinking, but the authors go on to use the term in its current form, reporting and synthesising a great deal of material on binge drinking (as currently defined). In its own work, the WHO has used the term heavy episodic drinking, although this does not appear in the WHO lexicon of terms.³⁵ The role of WHO both in Geneva and in the WHO Euro Office in Copenhagen in relation to this shift needs further investigation, as will the international

³⁰Wechsler *et al.* 1994; Wechsler 2000.

³¹De Jong 2003; Naimi *et al.* 2003.

³²Leon *et al.* 1997.

³³Room 1984.

³⁴Anderson and Baumberg 2006; WHO 1994.

³⁵For example, in the WHO *Global Status Report on Alcohol* 2004.

networks operating in this field and which draw on Australian and Canadian researchers. The international networks established in the 1970s via the WHO linked North American and Scandinavian researchers. It may be that current WHO confusion over the use of terms also relates to the different models of drinking which operate in the US and Scandinavian contexts.

If we were writing as public health researchers on alcohol rather than as contemporary historians, one of our first themes might well have been the culpability of the drinks industry in seeking to extend its market to younger people. Certainly this argument does have some points in its favour in relationship to dominant conceptualisations. Concerns about under-age drinking were amplified in the late 1990s through the decision of the alcohol industry to market fruit-flavoured alcohol drinks termed 'alco pops'.³⁶ Commentary on alcohol policy has also argued that the drinks industry has exerted greater influence on recent government policy. But the industry position is also more complex than at first sight. The industry itself is fragmented with horizontal organisation through large companies rather than the vertical organisation of the past dependent on the brewers.³⁷ 'The industry' is not a monolithic force with a unified influence on policy. These recent structural changes in the industry, its marketing and its policy influence seem to have contributed to a focus on high-risk, harmful drinking—rather than the whole population approach which had been maintained by the alcohol policy community with its roots in the 1970s.³⁸

Conclusion

Having set out some key themes, we need to consider where we go from here. Clearly there are areas which need further investigation. The role of the media and its use of the term over time need investigation. So, too, does the perception—and significance—ascribed to the term and its use in policy discussions and documents. Our report for the Alcohol Education and Research Council was a short-term undertaking but there is much unexploited archival material now available, as well as the reports of different professional bodies over the last 20 or more years. The National Archives have a number of potentially useful sources. These include the Home Office Departmental Committee on Liquor Licensing (commonly known as the Erroll Committee)³⁹ which published its findings in 1972.⁴⁰ There are also extensive records (for example, consultative documents, draft papers) associated with the White Paper on Prevention and Health.⁴¹ There is also the preparation of *Drinking Sensibly* published in 1981.⁴² More

³⁶Greenaway 2003.

³⁷Berridge 2005.

³⁸Babor *et al.* 2003; Edwards *et al.* 1994.

³⁹The National Archives (hereafter TNA) HO 281 Home Office: Departmental Committee on Liquor Licensing: Minutes and Papers, 1970–3.

⁴⁰Home Office 1972.

⁴¹For example, TNA MH 154/1138: White Paper on Prevention and Health: contributions on alcohol and drug misuse; revised drafts and preparation for publication, 1977; TNA MH 154/1139: Consultative Document on Alcohol following publication of White Paper on Prevention and Health: drafts, comments and amendments, 1978.

⁴²Department of Health and Social Security 1981.

recent policy documents could be available. Interviews with key participants in the interest groups we have identified will also help to explain changing conceptions.

Why is this research important? We are not denying that patterns of drinking have changed or that there are problems in current British society. We are not taking a totally constructivist approach, although we aim to highlight the ways in which this 'problem' is being defined and possible rationales for change. Policy makers should be aware of the context in which they operate. Concepts do not appear out of thin air, but have their own history. This study can in fact be seen as feeding in 'evidence' to policy on the rational model. On a more theoretical level, this change of definitions over time is also a case study of evidence and policy itself. It tells us how science interacts with policy making and the policy environment. Some of the factors and issues which mediate that relationship are set out in this discussion paper. We hope to build on previous work to further elucidate this complex relationship.⁴³

Acknowledgements

The ideas in this paper have their origins in a research study funded by the Alcohol and Education Research Council (*The Normalisation of Binge Drinking? An Historical and Cross-Cultural Investigation with Implications for Action*, grant number: R 02/2005). The paper was first given at the annual conference of the Kettil Bruun Society in Budapest in June 2007.

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⁴³In previous work, Berridge and Thom 1996 have discussed the nature of the relationship between research, evidence and policy, using examples from alcohol, drugs and smoking. Berridge (ed.) 2005.

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