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Part of culture or toxic substance? Realities in transition in Australian and Canadian alcohol policy documents

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Abstract

This article analyzes alcohol policy documents through the framework of ontological politics developed by science and technology studies theorists John Law and Annemarie Mol. Specifically, it analyzes seven Australian and Canadian documents from 2006 to 2020, focusing on different enactments of alcohol as a harm-producing substance that requires regulation. The article identifies and discusses two co-existing realities of alcohol enacted in these documents: 1) alcohol as part of culture, with benefits and harms manageable through the promotion of moderation; and 2) alcohol as an inherently harmful and toxic substance whatever its pattern of use. The enactment of alcohol as a toxic substance is supported by

recent scientific knowledge, in particular the link between drinking and cancer. This second reality of alcohol as toxic is more prominent in the more recent documents; in particular, a transition from one dominant reality to another is clearly apparent in the changes from the 2006-2009 Australian national alcohol strategy to the 2019-2028 strategy. Changes in the dominant reality of alcohol enable or at least support certain policy initiatives while making others less possible and defensible. Focusing on the single reality of alcohol as inherently harmful to health and wellbeing reduces the options for preventing alcohol-related harms.

Keywords: alcohol, alcohol policy, drinking culture, harm

Introduction

In public health discourse and practice, alcohol has been constituted as “no ordinary commodity,” a product whose accessibility and appeal produces a range of social and health harms (Babor et al., 2010). Its status as an economically and socially embedded consumer substance is contrasted to the magnitude and range of harms it causes. Alcohol policy in countries such as Australia and Canada aims to regulate the consumption of this risky substance, within a landscape of wide availability, social acceptability, and energetic industry promotion. In neoliberal contexts, the task of governing alcohol produces tension between the protection of individual and community wellbeing versus respect for the autonomy of consumers acting as “independent decision makers for their own pleasure and satisfaction” (Reith, 2004; Sulkunen, 1997, p. 1117).

Currently the harms of alcohol are high on the global public health and policy agenda, as well as in many national contexts. The World Health Organization (WHO) released a draft global alcohol action plan in 2021 which focuses on the “unacceptably high” health and social

burden attributable to alcohol (World Health Organization, 2021, p. 2). The plan also points out that alcohol is the only psychoactive and dependence-producing substance with a significant impact on global health that is not controlled by legally binding regulation at the international level (p. 7). Similarly, a recent commentary on European Union policy in *The Lancet* stresses the need for comprehensive and effective policy that treats alcohol as a dangerous substance with toxic effects (de Coninck & Gilmore, 2020, p. 11).

In earlier work, we have examined how alcohol is problematized in Australian policy as a source of harm, with harm operating as an aggregate category of diverse phenomena ranging from cancer to intimate partner violence (Duncan et al., 2022). Our focus has been on the notion of “alcohol-related violence” and how this policy object acts to obscure gender differences in drinking practices and experiences of violence (Duncan et al., 2020; Duncan et al., 2022). In this article, we broaden the frame to examine and compare the problematization of alcohol as a harmful substance in Australian and Canadian alcohol policy documents.

As in our previous work, we approach policy as “productive, performative and continually contested” (Shore & Wright, 2011, p. 1). As Shore and Wright argue, the classificatory logic and regulatory power of policy creates new sets of relations and new semantic and social spaces, while also consolidating knowledge regimes. Therefore, alcohol policy texts can be understood as producing the very problems they seek to address (Bacchi, 2015). This is not to argue that alcohol consumption has no deleterious effects prior to the enactment of policy, but rather that policy is one of the key sites where the problem of alcohol is shaped and formed into a legible entity that can be targeted through a set of government interventions.

A growing body of critical policy literature has developed this problematization perspective, including work specifically addressing the regulation of alcohol (Butler et al., 2017; Manton & Moore, 2016; Sebeelo, 2021). In their comparative analysis of alcohol policy in four

European countries, Butler et al. emphasize that policy success involves effectively framing a problem in such a way that it becomes the default understanding among key groups and gains political traction. Thus policy development and advocacy is “not simply about evidence but about hegemony” (Butler et al., 2017, p. 2). Our analysis builds on this critical tradition, while adopting the specific framework of “ontological politics” outlined below.

Alcohol policy texts, especially those attached to a national strategy, have certain characteristic features related to the communication of objectivity and neutrality (Moore et al., in press). As Fraser and Moore observe in relation to drug policy, these texts “must establish and sustain their authority and legitimacy” (2011, p. 500). They are usually authored by a committee or other organizational entity, which suggests that they represent a balanced, consensus view based on a disinterested evaluation of the available evidence. Moreover, this evidence is understood as objective and impartial, and as existing outside the policy sphere (Lancaster, 2016). As we have argued elsewhere, the evidence drawn on in alcohol policy is generally limited to a relatively narrow range of quantitative research, which also reinforces the authority of policy statements and recommendations as objective responses to reality (Moore et al., 2017; Moore et al., 2020).

Given these generic characteristics and widespread approach to alcohol policy, it is not surprising that we found many similarities between the Australian and Canadian documents we studied, including the prominence of risk and harm as organizing categories. However, we also identified differences which we argue stem from two realities of “alcohol as a problem” that are produced and enacted by the policy texts. In this article we discuss each reality in turn, and then the documents in which they coexist.

Approach

Our approach is influenced by early work on discursive formations or “governing images” in the construction of problematic drinking (Room, 2001). In Room’s account, a “governing image” is “a whole way of thinking about alcohol” which shapes everyday communications in a way that is taken for granted (p. 34). However in contrast to the Foucauldian concept of governing images, our analysis of alcohol realities adopts the framework of ontological politics developed by science and technology studies theorists John Law and Annemarie Mol (Law, 2011; Mol & Law, 2002). This approach views reality as multiple and mutable, and therefore contestable. Realities are brought into being through the methodological and representational instruments and practices that operate to construct reality *as if* it were singular, stable, and independent. But the possibility always exists to do reality otherwise, no matter how stable the reality appears to be.

Importantly, the enactment of a stable reality inevitably involves processes of simplification, ordering, and reduction – what Law refers to as selection, juxtaposition, deletion, ranking, and framing (2011, p.162). These processes act as the basis for action and understanding but also produce gaps, aporias, and tensions between practices and their realities (Law, 2011, p. 171). Adopting this ontological framework allows us to attend to the specificity of the two alcohol realities we discuss, while also recognizing that as researchers we are also actively producing the phenomena we address.

In what follows, we outline two coexisting realities of alcohol that create different policy problems and solutions. In the first reality, ***drinking is part of culture***. It has positive and negative effects which are manageable through an ideal of moderation and the promotion of cultural change. In the second reality, ***alcohol is an inevitably harmful, toxic substance***, and altering its cultural meanings and patterns of use cannot guarantee safe consumption. In this second reality, drinking alcohol becomes more like smoking as a public health priority (as seen in the WHO and *The Lancet* texts referred to above). The ascendance of this reality

shapes related policy objects such as “alcohol-related violence” because it reinforces the appropriateness of population-wide restrictions, such as those on availability and pricing. We argue that we may be in a time of transition as the second, newer alcohol reality becomes increasingly prominent and powerful in policy.

Method

Our analysis is based on three Australian and four Canadian alcohol policy documents, all publicly accessible (see Table 1). The Australian documents are the current national alcohol strategy (2019-2028), the previous national alcohol strategy (2006-2009), and the current guidelines to reduce health risks from drinking alcohol (2020). The Canadian documents are the 2007 recommendations for a national alcohol strategy, the Chief Public Health Officer’s 2015 report *Alcohol Consumption in Canada*, Canada’s low-risk drinking guidelines developed by the Canadian Centre on Substance Use and Addiction in 2011, and an *Alcohol Policy Framework* published by the Centre for Addiction and Mental Health in 2019. These documents are part of a larger set collected in an Australian Research Council-funded project on alcohol, violence, and gender in Australia, Canada, and Sweden.

[Table 1 near here]

The texts analyzed in this article were selected as representative of national policy discourse in each country, as opposed to state and provincial initiatives, although it is important to note that alcohol is regulated at the state/provincial level in both countries. The drinking guidelines were included because they are a prominent part of policy discourse and play a key role in public debate about alcohol and health. However, as Carol Bacchi (2009) observes, selecting texts for critical analysis is itself an interpretive exercise. As such our choice of texts (and our selection of specific excerpts within them) reflects our analytical concerns and the issues we wished to address.

In Australia, the existence of a clearly identifiable current national strategy document made the selection straightforward. The situation in Canada is more complex. The 2007 national alcohol strategy document *Reducing Alcohol-Related Harm in Canada* was produced by a federal-provincial working group but not officially endorsed. While a monitoring report on the Canadian National Alcohol Strategy was produced in 2017, the strategy has not been updated since 2007. The *Alcohol Policy Framework* is included because although it focuses on Ontario, its general scope and emphasis map onto documents such as the Chief Public Health Officer's report, including some of the same information and graphics.

Our methodology involves comparison of the Australian texts with the Canadian texts to articulate the two realities of alcohol. Inspired by recent critical research comparing drug policy and practice across countries (e.g., Moore et al., 2015; Fraser, 2016; Fraser & Ekendahl, 2018; Sultan & Duff, 2021), we chose Australian and Canadian texts because they offer several general points of similarity and difference. In Esping-Andersen's (1990) highly cited typology of 'welfare-state regimes,' Australia and Canada's regimes are both characterised as liberal-welfare. Although both are rated in the top ten countries for the strength of their alcohol policies (Brand et al., 2007), their alcohol regulation frameworks differ. Australia has a privatised alcohol retail system regulated by the states, while most Canadian provinces have combinations of government-run and privatised alcohol outlets.

Consistent with our approach to knowledge production, it is important to acknowledge that through the selection, deletion, and juxtaposition of elements from our selected texts we are bringing a certain reality into being rather than uncovering truths about them and the world they represent (Law, 2009, 2011). Moreover, recent critical investigations have highlighted both the usefulness and limitations of comparison as a particular practice of selection and juxtaposition frequently relied upon in social science research (Deville et al., 2016; Fraser & Ekendahl, 2017; Krause, 2016; Seear et al., 2020). As Fraser and Ekendahl (2018) explain by

drawing on Deville et al., comparison inevitably creates simplified and reductive versions of phenomena which are mobilized for particular purposes. But rather than eschew comparison, the point is to ask “when and where we want to reduce and with what goals in mind?” (Deville et al., 2016, cited in Fraser & Ekendahl, 2018, p. 92).

Here our goal is not to compare Canada and Australia as nation-states with distinct and complex histories of alcohol consumption and regulation, although the juxtaposition of policy texts enacts differences between these entities. Nor are we suggesting a causal hypothesis linking national characteristics with alcohol policy. Rather the goal is to identify different problematizations of alcohol from these texts, without necessarily connecting them to general national characteristics or broad trajectories. Our aim is therefore to utilize what Monika Krause calls “comparative description” in order to understand the particularity of our cases (2016, p. 52).

In the following sections we first address the *drinking as part of culture* reality, followed by the *alcohol as toxic substance* reality. We then discuss their coexistence, as found in the Canadian documents.

Drinking enacted as part of culture

The executive summary of the now superseded 2006-2009 Australian National Alcohol Strategy begins with the following paragraph:

Alcohol plays an important role in the Australian economy. It generates substantial employment, retail activity, export income and tax revenue. Alcohol also has an important social role. It is a familiar part of traditions and customs in this country and is often used for relaxation, socialisation and celebration [...] It is a drug that can promote relaxation and feelings of euphoria. It can also lead to intoxication and dependence and a wide range of associated harms. (2006, p. 2)

This passage is followed by paragraphs focused on the costs of “alcohol-related social problems” and on the harms of “unsafe alcohol use,” with the latter ending with the statement: “Developing Australia’s drinking cultures to produce healthier and safer outcomes is the key challenge for this Strategy.”

In these passages, the enactment of alcohol as useful in both financial and social terms precedes the acknowledgement of its harms. This ordering is what Law (2009) identifies as a ranking practice, in which alcohol as bearer of value is positioned above alcohol as source of harm. Drinking is located within a prosocial realm of national traditions, and is linked to the image of a quintessentially relaxed Australian lifestyle. Alcohol is also described as having “deep-rooted cultural significance” (p. 26). Thus, alcohol is framed as a substance saturated with meaning and significance, and is not a problem *per se*. The harms associated with alcohol are not inherent to its properties as a substance, but result from its misuse. Misuse is correctible as it implies the existence of proper use that produces “healthier and safer outcomes.”

This assembling of alcohol consumption as an element of national culture, and therefore shaped by social values, meanings, and norms, draws on a long tradition of anthropological, sociological, and historical work on drinking (although this debt is not reflected in the reference list of the strategy). However, in contrast to the anthropological framing of culture as a complex and multilayered system, the version of drinking culture constituted in alcohol policy is generally a discretely bounded entity. In this context, drinking culture, although historically enmeshed in Australianness, is amenable to improvement through policy interventions and educational approaches.

The ideal of moderation is a central feature of this problematization of alcohol (Yeomans, 2013). As Room has argued, the promotion of moderate drinking as an individual

responsibility is one way of resolving the dilemmas around alcohol in modern consumer societies (one he is critical of) (2011). Indeed, the ideals of moderation and healthy drinking culture have been selected and appropriated by the alcohol industry to frame itself as a contributor to social wellbeing and to characterize any policies it opposes as extreme (Pietracatella & Brady, 2016). In the 2006-2009 strategy, the terms moderation and moderate drinking are not extensively used, but the overall goal of safer and healthier drinking cultures is a version of moderate consumption. This envisages drinking practices that retain the benefits of relaxation and sociability (and economic benefit) while lowering the risks of harm.

Intoxication is the underside of moderation in the Australian strategy (p. 11); indeed intoxication is juxtaposed as a definitional “other” to moderate consumption, given the difficulties of defining moderation itself (Yeomans, 2013). Intoxication, described as “excessive single occasion drinking,” is the first priority area in the strategy because of well-documented and serious harms such as injury, violence, and crime. In the strategy, intoxication is framed as an individual behavior, a “normalised activity for many Australians who routinely drink to get drunk” (p. 11), but it is also positioned as a cultural problem, linked to white Australia’s national mythology (p. 12). Therefore, changing the culture of drinking is key to reducing harm.

The strategy prioritizes and juxtaposes two engines of cultural change: 1) stricter regulation of alcohol availability, marketing, and advertising; and 2) education and awareness campaigns about the harms of intoxication. These mechanisms aim to change behavior and reduce the social acceptability of intoxication (p. 27). The first enacts the population as the site of change; the second, individual drinkers. Here drinking culture is constituted as a one-dimensional phenomenon, amenable to rational and goal-focused manipulation.

We now turn to two Canadian documents that are roughly contemporaneous with the Australian strategy we have just discussed: *Canada's Low-Risk Alcohol Drinking Guidelines* (Canadian Centre on Substance Use and Addiction, 2018) and *Reducing Alcohol Related Harm in Canada: Toward a Culture of Moderation* (Recommendations for a National Alcohol Strategy) (2007). Our analysis of the Canadian drinking guidelines focuses on the simple two-page leaflet aimed at consumers published in 2018, although these guidelines are based on recommendations developed nearly ten years earlier (Butt et al., 2011; Stockwell et al., 2012). The guidelines are due to be updated this year. Both the guidelines and the strategy enact a reality similar to the Australian 2006-2009 strategy, that is, alcohol consumption as part of culture. In these Canadian documents moderation is framed even more prominently as a desirable, harm-reducing goal.

The front page of the guidelines leaflet states that “Drinking is a personal choice. If you choose to drink, these guidelines can help you decide when, where, why and how.” The back page of the leaflet states that “Low-risk drinking helps to promote a culture of moderation. Low-risk drinking supports healthy lifestyles.” Here the notions of personal choice, drinking culture, and lifestyles are juxtaposed in a way that enacts the individual drinker as responsible for bringing about positive cultural change. Here low-risk drinking is a behavior that produces the desired culture, inverting the usual relationship between action and culture or at least producing a circular, self-enforcing network. The guidelines also include a list of safer drinking tips, one of which is “while drinking may provide health benefits for certain groups of people, do not start to drink or increase your drinking for health benefits.”

As we shall see in the next section, the linking of a form of drinking (low-risk) with health in these guidelines contrasts strongly with the current Australian guidelines’ deletion of the idea that safe levels of drinking exist. It is almost certain that this theme will also be absent from the updated Canadian guidelines as the association of alcohol with “healthy lifestyles” is not

possible in the more recently established reality of alcohol as a carcinogen (see below).

Canadian researchers have also called for reduced weekly drinking limits on the basis of the same science that is cited in the more recent Australian guidelines (Canadian Centre on Substance Use and Addiction, 2021; Young, 2020).

The Canadian Recommendations for a National Alcohol Strategy document (2007) is subtitled “*Toward a culture of moderation*” and, as this suggests, the term “culture of moderation” appears throughout the document. “Drinking sensibly” is also used in the document as a synonym for moderation. The Executive Summary outlines the framing of the strategy:

The notion of sensible alcohol use, or developing a culture where moderation is the goal, underpins the Strategy. Moving towards a culture of moderation signals a new way of thinking about alcohol use that includes an understanding of when, when not, and how much to drink, appropriate motivations for drinking and settings in which responsible drinking should take place. It requires an understanding of the different risks involved in drinking – both acute injuries and chronic diseases – and learning how to minimize these risks. (2007, p. 1)

In this passage, the goal of moderation is attached to a style of thought, a deliberative and well-informed approach to drinking. The Canadian strategy is also similar to the 2006-2009 Australian strategy in highlighting the value and social significance of alcohol. The introduction states that “Alcohol serves a variety of functions – relaxation, socialization and celebration – often accompanying meals or incorporated into religious rituals and celebrations of holidays and events” (p. 3). This is not to say that the harms of alcohol are minimized in this text. Indeed, in two paragraphs following the cited text on page three, the impact of alcohol-related death and disability is quantified, and harms ranging from chronic illness to violence are listed. But as in the 2006-2009 Australian strategy, the description of

harms follows statements about cultural, social and economic value. The linking sentence – “However, alcohol use is *also* a public health issue, as it can cause harm” (p. 3, emphasis added) – demonstrates the ranking of value over harm in this introductory section, even though the rest of the strategy is focused on the reduction of harm.

Interestingly, in the nine principles listed in the introduction to the Canadian strategy, the principle ranked first is “alcohol *misuse* is a public health issue” (p. 5, emphasis added), reiterating the constitution of the problem as one of incorrect forms of consumption, rather than of consumption itself. Later in the document, however, the misuse/use distinction is set aside in a “strategic area for action,” which focuses on the control of alcohol availability and population-level measures such as pricing and hours of sale (this is one of four strategic action areas). This area of action invokes the “total consumption model,” a central pillar of the public health approach to alcohol, which posits a strong association between overall consumption of alcohol in a population and the prevalence of alcohol-related harms (Room & Livingston, 2017). This model suggests that use and misuse are not opposites, but rather exist on a continuum. In addition, it questions the efficacy of moderation as a harm-reducing ideal. If the accepted norm of moderation in the population corresponds with too high a level of consumption, then moderation can in fact sustain harmful drinking. This scepticism about moderation is a feature of the second reality of alcohol, which we find in more recent policy documents.

Alcohol Enacted as a Toxic Substance

The current Australian national alcohol strategy is framed around the same goal as the previous strategy: the prevention and minimization of alcohol-related harms (2019, p. 3). However, it enacts a different reality of alcohol as a substance, in which harm is

foregrounded and drinking culture becomes part of the problem, rather than a site of social benefit. The strategy offers a simplified and linear account of alcohol and harm, by selecting and presenting less detailed information and fewer fine-grained graphs and tables than the 2006-2009 strategy. Characteristic of the text is a full-page visual summary of the “harms associated with alcohol” (see also Duncan et al., 2022). This comprises seven tiles with each containing a key point illustrated by a pictograph: for example, “10-15 % of emergency department presentations are alcohol-related” is illustrated by an image of an ambulance (p. 7). Perhaps most arresting is the image of headstones, accompanied by the statement: “Alcohol is a leading cause of drug-related death – with more than 4,000 deaths [and in smaller font] estimated to be attributed to alcohol in any year” (p. 7). The reality of alcohol stabilized here is that of a substance (specifically, a drug) defined by its capacity to harm, indeed to kill. While the “alcohol as part of culture” reality uses an anthropological, sociological, and historical understanding of consumption practices, this harmful-substance reality is supported by epidemiological knowledge, in particular large scale studies of the “burden of disease” attributable to alcohol (Griswold, 2018; Rehm et al., 2017).

In contrast to the earlier Australian and Canadian documents, moderate drinking and moderation have been deleted as goals or ideals in the current Australian national strategy. Intoxication is no longer a priority area, and is only mentioned three times. Notably, one of these mentions is found in the discussion of the social and cultural place of alcohol in Australia. Rather than drinking culture, the object enacted here is “alcohol culture”: “Australia is regularly reported or casually referred to as having an ‘alcohol culture’ where not consuming alcohol can be viewed as being ‘unAustralian’” (p. 5).

The following passage from the introduction demonstrates the enactment of culture as the source of harm:

Examples of alcohol being embedded in the Australian culture include drinking to intoxication being seen as a rite of passage to adulthood, the perception that celebration and consuming alcohol are intrinsically linked, public figures are glorified for drinking alcohol, widespread alcohol availability and accessibility of cheap alcohol products, social and peer pressure/expectation to consume alcohol and exposure to alcohol advertising and promotion. (p. 5)

The priority areas listed in this policy document are: 1) improving community safety and amenity; 2) managing availability, price, and promotion; 3) supporting individuals to obtain help and systems to respond; and 4) promoting healthier communities. While these overlap with the 2006-2009 priorities, there is an increased focus on harm as the salient effect of alcohol consumption. For example, regulation of availability in the 2006-2009 document (p. 26) becomes “reducing opportunities for availability” in the 2019 document (p. 13). “Developing community understanding about the special properties of alcohol” (2006, p. 26) becomes “improving the understanding and awareness of alcohol-related harms in the Australian community” (2019, p. 13).

The framing of alcohol as an inherently harmful substance is even clearer in the recently revised Australian guidelines to reduce health risks from drinking alcohol (National Health and Medical Research Council, 2020). They explicitly state that the adult guideline of “no more than ten standard drinks a week” does not represent a “safe” drinking level, nor does it “completely eliminate all risk of drinking alcohol” (p. 4). Instead, the reiterated message (emphasized in bold type at the top of the page) is “the less you drink, the lower your risk of harm from alcohol,” or to put it another way, “not drinking at all is the best way to reduce the risk of harm from alcohol” (p.4).

The 2020 guidelines lowered the threshold of consumption recommended to reduce risk and use stronger language to recommend zero alcohol consumption for those under 18 years, or during pregnancy or breastfeeding. The new recommendations explicitly draw on recent epidemiological research, especially findings of “increased risks of cancer that occur even at low levels of regular consumption” (p. 27). In addition, the same modelling demonstrates that the protective effects of alcohol for heart disease have been over-estimated. Thus, scientific evidence is used to enact the reality of alcohol as a toxic carcinogen, masked as a socially acceptable pastime. In this reality of alcohol, abstinence is the healthiest choice, whatever the cultural context.

Coexisting Alcohol Realities

While the Australian texts demonstrate a chronological move from one reality to another, as alcohol is increasingly stabilized in discourse as a carcinogen, the Canadian documents are harder to classify according to our schema. The recent Canadian policy documents we analyzed demonstrate the coexistence of both realities: “alcohol as part of culture” and “alcohol as toxic substance.” The alcohol policy framework (2019) published by the Centre for Addiction and Mental Health (CAMH) promotes what it describes as an evidence-informed approach to alcohol policy, “one that recognizes the social and economic significance of alcohol in our society, while prioritizing public health and safety and the mitigation of harm” (p. 2). In this sentence, accepting the cultural importance and social benefits of alcohol and “prioritizing” health are positions which can and should be combined and balanced in policy.

However, there is a process of ranking at work. The reality of alcohol as toxic substance is more prominent in the document, and is explicitly legitimized by scientific knowledge in a way that is similar to recent Australian documents. The discussion of alcohol-related health

harms enacts the materiality of a substance that causes “dose-dependent health and behavioural impacts” (CAMH, 2019, p. 6). These impacts are set out in a table, entitled “An overview of the dose-dependent health and behavioural impacts of alcohol consumption,” which lists 38 bullet points in four categories: Direct Effects (e.g. memory loss and blackouts); Disease and Conditions (e.g. liver disease); Functions and Systems (e.g. effects on the immune system); and Behaviour (e.g. violence). While this table includes moderating phrases such as “alcohol is linked to” and “drinking can lead to,” the layout of the table and use of the word “impacts” in its title overwhelms this more careful wording around causality. Above the table is a graphic presenting the health effects of alcohol as a series of arrow-shaped tiles graded from grey to red, illustrated with increasing numbers of martini glasses as the risk increases from left to right. These textual and visual representations of dose dependence locate alcohol within a pharmacological discourse in which exposure produces universal and predictable effects on human bodies. This effect is enhanced by the account of alcohol as a carcinogen on the same page:

... alcohol is classified as a Group 1 carcinogen by the International Agency for Research on Cancer, meaning that it is known to promote the formation of cancer in humans. Epidemiological studies have shown that even low levels of consumption increase the risk of developing certain cancers. (p. 6)

Identifying alcohol as a carcinogen with effects at low doses undermines the value of “moderate” and “sensible” drinking, and in fact re-frames such ideals as smokescreens for continued harm. In this reality, alcohol takes its place alongside tobacco as a public health threat defined by its ability to cause harm. Therefore its cultural acceptability is an appropriate target for health policy. This orientation is clear when the framework states that “for most adults, alcohol poses greater health risks than cannabis and many illegal drugs” (p. 6), a comparison that aligns alcohol with tobacco as legal, normalized, and deadly, and

produces illicit and previously demonised substances as benign by comparison. In the appendix supporting this claim, alcohol is represented as riskier than heroin, cocaine, nicotine, MDMA, and methamphetamine according to its margin of exposure, the ratio between the dose known to cause adverse effects, and the average dose ingested (p. 25).

The Chief Public Health Officer's *Report on Alcohol Consumption in Canada* (2015) is the source of the graphic and table on dose dependence reproduced in the CAMH policy framework. This report is a substantial document full of detailed information supported by an extensive bibliography. Its opening message from the Chief Public Health Officer begins with the statement that "alcohol is a socially accepted part of everyday life for most Canadians." But his message goes on to assert that alcohol is "a mind-altering drug" and its social acceptability therefore demonstrates the need for "frank discussions" about its use, especially since "our children grow up seeing alcohol in many aspects of their environment" (no page number). "Mind-altering drug" and the implication that children should be protected from its presence is consistent with the reality of alcohol as innately harmful.

However, after this opening message the report is more mixed in its constitution of the problem. Similarly to the CAMH policy framework, it enacts both realities of alcohol, and it appears to be aiming for balance. This results in a characteristic textual strategy beginning with positive/neutral statements about alcohol, followed by statements of harm and risk. For example, "Many Canadians who consume alcohol do so responsibly. However alcohol consumption is linked to over 200 different diseases, conditions and types of injuries" (p. 4). The juxtaposition of these two sentences raises questions about the relationship between responsible drinking and diseases, conditions, and injuries; it is not clear if the former protects against the latter or if the latter undermines and constrains the value of the former.

Another characteristically contrasting “however” statement appears in the list of key messages:

For many Canadians, drinking is associated with many positive situations including important celebrations, forming friendships, positive mood and relaxation. However, risky drinking can increase the risk for family conflict, violence, crime including rape and traffic accidents through impaired driving. (p. 3)

In this passage, both benefits and harms are expressed in terms of “association” and possibility rather than with causality and certainty. This contrasts with the subsequent passage in which “dose dependent health effects” include carcinogenesis:

The International Agency for Research on Cancer’s *World Cancer Report 2014* and the Canadian Cancer Society state that there is no “safe limit” of alcohol when it comes to cancer prevention. (p. 3)

The highlighting of universal carcinogenic effects stands out against other statements in the report, which emphasize the importance of drinking patterns and factors such as genetics and socioeconomic status in determining health impacts. For example: “many factors influence how alcohol affects a person’s health, including how much and how often a person drinks, that person’s specific risk factors, and what they are doing while they are drinking” (p. 7). This sentence is next to a highlighted box with a bolded question and answer: “Is alcohol consumption the same as alcohol abuse? No.” (p. 7). Although the message about the multiplicity of situationally varied factors and influences shaping alcohol effects is prominent in the report, this feature exists alongside the unequivocal communication of dose-dependent health risks.

Conclusion

Alcohol as a policy problem is constituted through networks of practices and discourses that produce regimes of knowledge and power (Shore & Wright, 2011, p. 2). One site where realities of alcohol are stabilized are national strategies and guidelines, which in different ways aim to govern and regulate alcohol and its consumption. Our article has analyzed Australian and Canadian policy documents through the framework of ontological politics, which views reality as multiple and therefore as mutable and contestable (Law, 2009; Mol, 1999). Our analysis has identified the enactment and stabilization of two distinct realities of alcohol in policy discourse. In the first, alcohol is part of culture and its risks can be managed through moderation. In the second, alcohol is inherently harmful and toxic, with no safe level of consumption. In this more recently established reality, drinking cultures and norms of moderation are part of the problem rather than a solution.

In the Australian documents we found a chronological movement from the first reality to the second, perhaps most clearly evident in the current drinking guidelines, which emphasize that there is no safe level of drinking. Here we can observe alcohol consumption moving closer to smoking as a threat to public health, even though the social acceptability and popularity of the two practices are currently very different. The Canadian texts are more complicated. In two of the recent Canadian policy documents we found the coexistence of the two realities, in which an acknowledgement of the cultural place of alcohol is paired with unequivocal statements about the disease and injury resulting from this ‘mind-altering drug.’ Given global trends, however, this balance is likely to shift more toward the toxic-alcohol reality.

Our analysis raises questions that we can only briefly address here. Firstly, what accounts for the increasing presence of the toxic-substance reality in countries such as Australia and Canada, and also in global public health? Demographic changes such as an ageing population

could amplify attention to long-term health effects. The globalization of the alcohol industry and rising alcohol consumption in low- to middle-income countries are of increasing concern to public health (Room & O'Brien, 2021). An obvious factor in the intensified focus on inherent harm is the recently published epidemiological evidence of the 'substantial health loss' attributable to drinking, evidence that includes meticulously quantified measures of global disease burden (Griswold et al., 2018). However, changes in policy agendas do not simply follow evidence (Butler et al., 2017). Indeed from our perspective, evidence itself is performed and practiced (Lancaster, 2016). One direction for future research would be to further explore how policy actors build networks, alliances, and assemblages to enable evidence on alcohol harms to be translated into impact.

A second set of questions concerns the effects of the two alcohol realities in contemporary policy practices. Different alcohol realities enable or at least support certain policy initiatives and approaches while making others less feasible, defensible, or even possible. In Australia, and increasingly in Canada, arguments for more restricted availability of alcohol are reinforced by the reality of alcohol as inherently harmful to health and wellbeing, whether through risk of disease or encouragement of violence. We would argue that such a focus limits the range of options for preventing the broad range of alcohol-related harms and tends to exclude options that address factors associated with alcohol-related harms such as gender and context (see Moore et al., 2020, Moore et al., 2022).

Thus, while scientific evidence supports the reality of alcohol as a carcinogen, this selective focus ignores social practices of drinking that act to stabilize alcohol consumption as a routine feature of life, enmeshed with sociability. As we noted in our analysis, there is a long tradition of qualitative and ethnographic research that supports the reality of alcohol as part of culture. Unfortunately, the orthodox epistemic ranking of quantitative over qualitative knowledge in policy discourse and practice means that the latter rarely gains policy purchase.

However, recent contributions have reinvigorated and elaborated concepts such as ‘drinking cultures’ and ‘social worlds’ to understand alcohol consumption (MacLean et al., 2021; Savic et al., 2016). Examining drinking practices in context makes visible positive and valued experiences of intimacy, connection, and happiness, as well as the agency of people who drink (e.g. Duncan et al., 2021; Emslie et al., 2015; Foley et al., 2021). Of course, the pleasures of alcohol consumption do not cancel out its harms and risks. But taking these insights seriously in policy debates and practices would expand the possibilities for harm reduction and for affirmative and equitable interventions.

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